OFFICIAL REPORT
AITHISG OIFIGEIL

Public Petitions Committee

Thursday 16 March 2017

Session 5

The Scottish Parliament
Pàrlamaid na h-Alba

Thursday 16 March 2017

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PUBLIC PETITIONS COMMITTEE
5th Meeting 2017, Session 5

CONVENER

*Johann Lamont (Glasgow) (Lab)

DEPUTY CONVENER

*Angus MacDonald (Falkirk East) (SNP)

COMMITTEE MEMBERS

*Maurice Corry (West Scotland) (Con)
*Rona Mackay (Strathkelvin and Bearsden) (SNP)
*Brian Whittle (South Scotland) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Duncan Bowers (Cromarty Rising)
Aileen Campbell (Minister for Public Health and Sport)
John Finnie (Highlands and Islands) (Green)
Kate Forbes (Skye, Lochaber and Badenoch) (SNP)
David Fotheringham (Scottish Government)
Murdo Fraser (Mid Scotland and Fife) (Con)
Greg Fullarton (Cromarty Rising)
Rhoda Grant (Highlands and Islands) (Lab)
Mike Liddle (Scottish Government)
Elizabeth Porterfield (Scottish Government)
Shona Robison (Cabinet Secretary for Health and Sport)
Dr Gregor Smith (Scottish Government)
Loreine Thomson (Cromarty Rising)

CLERK TO THE COMMITTEE

Catherine Fergusson

LOCATION

The James Clerk Maxwell Room (CR4)

Scottish Parliament

Public Petitions Committee

Thursday 16 March 2017

[The Convener opened the meeting at 09:01]

Continued Petitions

Alzheimer's and Dementia Awareness (PE1480)

Social Care (Charges) (PE1533)

The Convener (Johann Lamont): I welcome everyone to the fifth meeting in 2017 of the Public Petitions Committee. I remind members and others in the room to switch their phones and other devices to silent.

The first agenda item is consideration of continued petitions. The committee will take evidence on PE1480, by Amanda Kopel, on Alzheimer's and dementia awareness, and PE1533, by Jeff Adamson, on behalf of Scotland against the care tax, on the abolition of non-residential social care charges for older and disabled people. I am delighted that we are joined by the Cabinet Secretary for Health and Sport and her officials David Fotheringham, head of adult social care, and Mike Liddle, policy manager. Welcome to the meeting.

As we have limited time, we intend to move straight to questions, if that is acceptable. I will start. In your submission to the committee of 2 November 2016, you explained that the Scottish Government is conducting a feasibility study on expanding free personal care and nursing care to people with dementia who are under 65. I understand that that is due to be completed in the summer of this year. The committee would welcome a copy of the study when it is published.

You will recall that you gave evidence on PE1480 to the session 4 Public Petitions Committee on 6 October 2015. At that meeting, you explained:

> "We are absolutely trying to avoid lists of conditions, because we will always miss one, and that will be the condition that will form the basis of the next petition to this committee".—[*Official Report, Public Petitions Committee*, 6 October 2015; c 42.]

It would seem from the details that we have on the feasibility study that you are focusing on dementia. The petitioners for PE1533 argue that the scope of the study should be extended to include people with disabilities.

Can you explain why you have decided to focus on a specific condition while acknowledging that that approach will be criticised?

The Cabinet Secretary for Health and Sport (Shona Robison): Thank you for giving me the opportunity to give evidence. I must clarify that the feasibility study will look at the feasibility of extending free personal care to all those under 65 who need it. During the members' business debate that took place on 6 December last year, that issue was explored and members asked us to look at all conditions. As I have said previously, it would be difficult to look only at one condition. We have taken into consideration the views that members expressed during that debate and how challengeable it would be to look only at one condition, not to mention the issue of basic fairness, and we have agreed that the scope of the feasibility study will look at all those under 65. I hope that that provides the clarity that you seek.

The Convener: So you have extended the scope of the feasibility study beyond people with dementia.

Shona Robison: Yes.

Maurice Corry (West Scotland) (Con): Good morning. Calls have been made to establish a cross-party working group to consider what a fair social care charging system would look like and what it would cost. Have discussions on that taken place? What has been the outcome?

Shona Robison: We need to proceed in an orderly manner. The feasibility study will give us a lot of important information so that we can make informed choices about the way forward. The point at which to have discussions with members of other parties is when we get that feasibility study, and I would be very happy to have those discussions. I think that I gave that commitment during the members' business debate, and I am happy to give it again today. Rather than talking before we have that information in front of us, we would then have something to talk about. I think that that would be the best process. Once we have the feasibility study, I will be happy to engage with members from other parties.

Maurice Corry: Are any stakeholders represented in producing the feasibility study? Is it on track to be completed by summer this year?

Shona Robison: Yes, it is on track. It is being taken forward by Scottish Government officials and analysts, and it involves talking to local authorities and ensuring that we get the right information. However, I am happy to ask my officials to meet stakeholders who want to discuss the feasibility study further and to keep them informed of the work that we are undertaking.

Obviously, I would be very happy for the feasibility study to be brought to the committee once it has been published. The convener asked for the committee to receive a copy of it, and I am very happy to agree to that and to confirm that copies can be sent to stakeholders. If they want to discuss it further once they have seen it, I would also be happy to agree to that.

The Convener: A slightly different proposal to having a meeting with folk who are interested in looking at the report is having a cross-party working group, perhaps with stakeholders, to look at it and see what the challenges of implementation are. Would you at least consider that?

Shona Robison: I am happy to consider that. I hope that the information that we get in the summer will give us clearer options for the way forward. Obviously, they will have to be deliverable, affordable, fair and consistent. First of all, we need to have the information on which to be able to make informed decisions about what is possible. I will not rule out an initial cross-party meeting to look at that and the view being taken that we should continue cross-party discussions. I would be happy to consider that further.

The Convener: At this stage, should stakeholders and the petitioners simply contact your officials about feeding into the feasibility study?

Shona Robison: Yes. Absolutely.

Brian Whittle (South Scotland) (Con): Good morning. In previous evidence, you have explained that there are various models that could be implemented to make the charging regime fair. One approach that you have mentioned is to reconsider the threshold at which people start to pay charges. You have explained that the income threshold that determines when people will begin to pay charges will rise from 16.5 to 25 per cent. The PE1533 petitioners are concerned that a blanket increase in the social care charging threshold will not reflect relative costs of living in different parts of Scotland. What is your view on whether applying blanket thresholds promotes a fair charging system?

Shona Robison: We have taken action on the threshold. We raised it from 16.5 to 25 per cent above the pension credit guarantee, or the income support personal allowance and disability premium, because we thought that, in making charging fairer, which is our aim, starting with those on the lowest incomes was the fairest thing to do. That is why we took that step to raise the threshold.

We have also taken action to ensure that members of the armed forces have their war pensions disregarded in income assessments, and it was already the case that local authorities were not charging for people with a terminal illness in the final six months of their life. Steps have already been taken on that.

On the question of whether there should be different thresholds in different parts of Scotland, we would also want to listen to stakeholders who tell us that they want greater consistency in charging policies throughout the country. That issue has been raised with me by a number of MSPs over the years and more recently. It would seem to run counter to the idea of greater consistency to move to different charging thresholds in different parts of the country. As we take forward the information that the feasibility study will give us in the summer, I hope that achieving greater—as opposed to less—consistency will be one of the principles. Having different thresholds in different parts of Scotland would lead to greater inconsistency, and I think that, on balance, members are asking me to ensure that there is greater consistency rather than less consistency.

Brian Whittle: In the debate on 6 December, you explained that the Convention of Scottish Local Authorities had implemented a new standard financial assessment tool that should reduce the variation in local authorities' charging regimes. The petitioners for PE1533 have been very critical of the tool's ability to meet that aim. They argue that there is evidence that variation continues and that some local authorities have increased their social care charges despite the tool being in place. What assessment has been carried out of the tool's impact and its effectiveness in meeting that aim?

Shona Robison: COSLA's standard financial assessment tool is in its first year of operation. COSLA has said that it will monitor its impact, and we expect it to do that.

I want there to be greater consistency and fairness in the system, as I said in answer to the previous question. Although we have powers to require local authorities to charge or not charge for any particular aspect of social care, the partnership agreement that we have with local government means that local authorities should retain local accountability. They are keen that that remain the case. That is where we are as we seek to make progress on fairer charging, and that is where we want to remain. Although we have the power to mandate such things, we have worked with local government to reach agreement so that we can tackle matters in a different way. That is why the standard financial assessment tool is important. I will continue to discuss with COSLA the monitoring and implementation of that. We need greater consistency, and the local authorities should use the tool to achieve that.

Rona Mackay (Strathkelvin and Bearsden) (SNP): Good morning. You have explained that, if the variation in local authorities' charging regimes does not improve, you might consider using legislative powers to ensure that it does. At what point would you consider introducing such legislation? How would you use that approach to diminish the variation in charging?

Shona Robison: As you say, that power has existed for a number of years. However, the approach that we have taken has been one of partnership. We have attempted to achieve greater consistency, and COSLA has worked with us on that through the assessment tool. We have taken action on raising the threshold, on terminal illness and on armed forces veterans receiving the full value of their war pension. We have taken an incremental approach to improving the system and making charging fairer. I see that continuing, and I hope that the feasibility study that will be published in the summer will help us to reach a consensus—one that involves local government—on the way forward. I would rather take that approach than tackle the issue in a different way. For me, that represents a better route forward.

Rona Mackay: But would legislation be used as an absolute last resort?

Shona Robison: That option has always been there—I think that the power in question was brought in when free personal care for the elderly was legislated for in 2002. It is there as a backstop, but we want to avoid taking such an approach by working with local government to get to a fairer charging position.

We have already made progress—I have outlined some of the progress that we have made on the threshold, armed forces veterans and those in the final six months of their lives—but there is more to be done, and I expect us to do that in partnership with local government, which will be heavily involved in the feasibility study that will be published in the summer.

09:15

Angus MacDonald (Falkirk East) (SNP): Good morning, cabinet secretary. You have mentioned the standard financial assessment tool and your commitment to work with local authorities on that. The petitioners for PE1533 raise concerns about the democratic accountability of social care charging. In their view, the integration of health and social care has made it less clear which body is responsible for setting policy in the area. What is your view on that? How should councils and integration joint boards work together on the issue in practice and communicate clearly with members of the public who use social care services?

Shona Robison: As you know, the integration of health and social care has established a new relationship between health, local government and other partners around the table. We expect that, when the provision of social work services is considered, all those partners will be in dialogue and those discussions will be taken into account when decisions are reached on social care charging.

The framework for the setting of charges is clear. Social care charges will continue to be set by the local authority, taking into account the guidance that has been produced by COSLA, which we discussed earlier, and the other guidance that has been produced. The guidance makes a number of things clear, including—importantly—the need to ensure that people have good, clear information about the available services and the types of charges that might apply. It recommends that all councils provide charging information in a standard format on their websites and that information about benefit entitlement should also be available.

Ultimately, it is for local authorities to decide and, if they make decisions that local people do not like, it is for local people to make their views known about that, and there is an opportunity to do that through the ballot box. If a local authority has a policy on charging that local people do not favour, that is where democratic accountability is exercised.

In the new integrated landscape, local authorities will retain authority over charging.

Angus MacDonald: Dr Kopel has raised concerns about the six-month end-of-life guidelines, arguing that it is often difficult for practitioners to assess whether someone is in the final six months of their life. You have previously explained that, once a DS1500 form has been completed, a person will not be chased by the local authority if their prognosis continues beyond six months. What written guidance is there to support that policy? Are you aware of any complaints that that guidance is not being followed?

Shona Robison: That is an important issue. COSLA's charging guidance recommends that local authorities use their discretion to extend the waiver of charges beyond six months. We would expect all local authorities to follow that guidance, and I am not aware of any evidence that it is not being followed. If members have any evidence of the guidance not being followed, I would be happy to look into that and, if need be, work with COSLA to clarify the guidance.

It is important that no one who is in the last stages of a terminal illness is charged for the personal care that they receive at home. If there is any evidence that that is happening, I would be keen to see that and to take action accordingly. It is important that we continue to monitor the situation and, if there is any such evidence, I would want to see it.

Angus MacDonald: If the committee receives any such evidence, we will forward it to you.

The Convener: I have a couple of questions. First, on disability-related expenditure, you will be aware that in England it is a legal requirement that any additional expenditure related to a person’s disability is taken into account. That is not the case in Scotland, and it seems that the overwhelming majority of local authorities in Scotland make no allowance for additional costs. That, in turn, raises issues with regard to people’s ability to fulfil their potential, for example to work. Will you be looking at the fact that that issue is simply not recognised in the charging regime?

Shona Robison: We will want to continue to discuss with local authorities what is disregarded and what is taken into account as we take the issues forward. There is variation in practice across these islands. The approach of disregarding income and having a buffer on top of that is designed to try to ensure that the income that people are left with is adequate not just to pay care charges but to meet other needs. I guess that we will want to keep the matter under review.

Does Mike Liddle have anything to add about the difference?

Mike Liddle (Scottish Government): Not really; David Fotheringham might have something to say.

David Fotheringham (Scottish Government): Obviously, the disability benefits that people get should take into account their relative needs, and we will be getting additional powers in relation to some of those matters.

The Convener: In England, it is a legal requirement that additional costs as a result of a person’s specific disability are taken into account and properly assessed. That is what I am talking about, not the general situation in which a person with a disability ticks a particular box and therefore comes under a particular charging regime. The person is specifically assessed with regard to the extra expenditure that comes with their particular disability. For some people, that expenditure can be very significant.

Shona Robison: So it would be more of a needs-based assessment.

The Convener: Yes. Would you at least look at that?

Shona Robison: It is something that we can take into consideration and explore further. I come back to David Fotheringham’s point about the devolution of some welfare benefits, which will enable us to look at all these things and perhaps take a different approach. We will certainly give further consideration to the matter.

The Convener: PE1480 focuses on the issue of people under 65 who have dementia not having access to certain supports; that is clear, and I acknowledge that your feasibility study is looking at that. However, PE1533 is really about whether access to such services should be free at the point of need, which, as I understand it, your feasibility study is not looking at. What is your view on what I think is quite a compelling argument that this is a human rights issue? According to that argument, we should all be entitled to achieve our potential and have the supports to allow us to access work, education and whatever else, but at the moment we have a care and funding regime that actually denies people that entitlement. Disability-related expenditure is part of that, but do you see the argument that a system of support and care that is not very closely connected to people’s individual needs could be a human rights issue?

Shona Robison: I agree with you to the extent that a person’s ability to live life to the full and their being supported to do so is a basic right; indeed, we have recognised that in some of the policies that we have taken forward. Let us step outside charging for a second and look at things such as self-directed support or the independent living fund, which, unlike elsewhere, is being continued in Scotland. I think that those are examples of resources that are being used very much to enable people to live the lives that they want to live, for example by continuing to work. The ILF supports people to remain independent at home, hold down a job and go about their daily lives, while the principle behind SDS is very much about personalised support to allow people to live life as they would wish to instead of perhaps being restricted by having to fit into the services that are available. All of that is based on empowerment, personalised care and the ability to live an independent life. To that extent, therefore, I have sympathy with what you are saying.

The fairer charging policy is being taken forward with a view to maximising people’s independence and improving the quality of care that they receive, as well as ensuring that they are not in a position in which they do not accept support because of charges. We want to assess issues such as unmet need in that regard, and the feasibility study will examine that. There might be people who currently do not accept support because of the charging regime. That is a concern, because it means not only that they might not be living life to the full but that they might be encountering severe difficulty in their day-to-day lives.

The Convener: I note what you say about the independent living fund, and I appreciate that you have continued it for those who are already in it, but the fund is not accepting new applicants.

Shona Robison: It will. Resources—£5 million—are available for new applicants to the ILF, so new applicants will be able to apply. The focus has been on establishing the infrastructure around that, and it has taken some time to ensure that the application processes are in place.

As some of the welfare benefits are devolved, there is an opportunity to join the dots a bit more effectively around the supports that are available, whether they involve mainstream care support through local authority or third sector providers, self-directed support, the independent living fund or some of the other benefits that will be devolved. Over time, we will have an opportunity to bring more coherence to those benefits so that we can focus more on what the person needs to be able to live a fully independent life.

The Convener: I suppose that the human rights approach would mean that saying, “It’s too expensive,” would be an unacceptable answer. The campaigners who submitted PE1533 are exploring that issue, as are some members. For example, you would not say that universal education is too expensive so we will just educate our boys. That is the kind of issue that is being explored.

My final question concerns your understanding of the definition of care. Some of the evidence that we have received on the kind of support that people require suggests that people need not only physical care but support that enables them to be active citizens, to work and so on. Such support would not be included in a narrow definition of care. Local authorities, obviously, have quite significant constraints with regard to what they are doing. Are you concerned that, generally, our definition of care does not recognise people’s entitlement to support that enables them to achieve their full potential and, instead, because it is so narrow, inhibits what they do?

Shona Robison: As part of the free personal and nursing care policy, it was necessary to define what was meant by “care” in terms of entitlement. Finances are not infinite, so there has been a focus on support needs around personal care and a prioritisation of needs, with those who have the greatest needs getting support, particularly in relation to dignity and the ability to remain living in their homes. Without that personal care, many people would not be able to remain in their homes, or their families and carers would have to provide all that care without any external support, which would put huge pressure on them.

We will always need definitions. Personal care has been given that level of priority because it has been recognised that it is, by nature, personal. Personal needs—washing, dressing, getting up, going to bed and so on—are about dignity.

I would be cautious about whether there is a need for a redefinition. We live with finite resources, and the focus of our attention at the moment is on what we can do around the personal care needs of those who are under 65. I would like to keep our focus on that and try to see whether we can resolve that issue in a fairer way before we consider the definition of personal care more generally.

The Convener: From the point of view of the petitioners, the issue is clearly not one that will be resolved by a feasibility study, even though that study will provide a lot of information. A strong and compelling case has been made in relation to the under-65s and issues such as the variation across the country, the definition of need and the comparisons around disability-related expenditure. We might want to examine those issues further, and we appreciate the evidence that the cabinet secretary has given us.

Do members have a view on what we should do now? We will want to reflect on what the cabinet secretary has said. Clearly, the publication of the feasibility study will be a critical milestone and perhaps the committee can consider the issue further at that point. Do we agree to do that?

Members *indicated agreement.*

The Convener: Okay, we will do that, and we will take the opportunity to reflect on the cabinet secretary’s evidence. Obviously, the petitioners will also have a view, and that will help us decide on a course of action at a later meeting.

I thank the cabinet secretary for her attendance.

09:31

Meeting suspended.

09:34

On resuming—

Adult Cerebral Palsy Services (PE1577)

The Convener: I welcome to the meeting Murdo Fraser, who is here for the next agenda item, which is PE1577, by Rachael Wallace, on adult cerebral palsy services. We are also joined by the Minister for Public Health and Sport, and her officials: Dr Gregor Smith, who is deputy chief medical officer, and Elizabeth Porterfield, who is head of strategic planning and clinical priorities. I welcome you to the meeting.

We have a bit of time, so if you would like to make an opening statement we would be happy to hear it.

The Minister for Public Health and Sport (Aileen Campbell): I understood that the committee wanted to go straight into questions.

Thank you for the opportunity to respond to Rachael Wallace's petition. I had the privilege of meeting Rachael with her member of the Scottish Parliament, Murdo Fraser, last week, when I had the chance to explore some of the issues about which she has concerns. It is a tribute to her that she has articulated those concerns to try to make a difference and make improvements for others across the country who suffer from cerebral palsy.

We undertook to explore further some of the issues that Rachael raised around physiotherapy access, and the main point that she had been trying to articulate, which is about a national clinical pathway. I think that the committee will want to probe us with questions on those things and on our work with Bobath Scotland and the local pilot in West Dunbartonshire, which we hope will go a long way towards reassuring Rachael about the action that we are taking to address the concerns that she has raised.

We have undertaken to work with Rachael on a range of activities to provide her with a bit more reassurance and comfort that the action that we are taking addresses her concerns. In addition, I will instruct my officials to explore a bit more fully with national health service boards across the country their provision and how they are helping people who have cerebral palsy to cope with their transitions. A lot of people who have disabilities and conditions face a tough transition from children's services into adult services. We should explore that issue not just in terms of NHS Tayside, in whose area Rachael lives, but across the country.

That work will complement the work that Capability Scotland is undertaking in its mapping exercise and the work that Bobath Scotland is undertaking on the pilot. Together we will get evidence and information that will allow us to take forward a framework that provides reassurance to Rachael and the committee. We will keep the committee updated with our progress on making the difference across the country that Rachael wants us to make.

The Convener: You will be aware that the petition has been carried over from session 4. As you said, you are funding a pilot project that is being led by Bobath Scotland in conjunction with the West Dunbartonshire health and social care partnership. The Scottish Government has described the pilot project as an

> "alternative supported pathway for adults with cerebral palsy".

The suggestion appears to be that the Scottish Government will not consider the need for a national clinical pathway until the pilot programme is completed. For the record, will you explain the scope of the pilot and why it is described as an

> "alternative supported pathway for adults with cerebral palsy"

in circumstances in which there does not appear to be an established clinical pathway?

Aileen Campbell: For your benefit, I might ask Gregor Smith to explain more fully the processes for establishing a national clinical pathway.

In a broad sense, national pathways are delivered for more specialist conditions that require fewer interventions from clinicians and fewer providers. Because of the range of ways in which cerebral palsy can manifest itself and because its management relies very much on a variety of providers across health and social care, there is much more merit in having a more local and bespoke way of ensuring that people get the care that they need. That is why we are keen to learn from the Bobath Scotland pilot in West Dunbartonshire, understand the information that has been amassed during its 18 months and work alongside Capability Scotland and its mapping exercise. From that, we will be able to develop a framework that will allow us to have national principles that will enable a bit more consistency across the country.

We will not proceed with a national clinical pathway because the way in which cerebral palsy manifests itself does not allow its management to be easily translated into that course of action. We want to ensure that local activity is as good, strong and robust as it can be. We are proceeding with the pilot to amass evidence, so that we can ensure, with an evidence backing, that local services are delivered appropriately and in a timely way.

Dr Gregor Smith (Scottish Government): We have a couple of decades of experience in developing pathways at local and national level, and a better understanding of the conditions required for the development of pathways in either of those manners.

The petition refers to an "alternative pathway", but it would be better described as an alternative approach. Traditionally, when we developed a clinical pathway—this goes back to the first pathway that I was involved in, in the early 2000s—a group of clinicians and experts would get together in a room and examine the evidence for a particular approach to care, look at the contributions from each of the professionals and develop a pathway with supporting data to assess the quality of care along it. That approach is used less now, and we have a very different approach with much more co-creation of pathways with patients and the public.

The alternative approach that Bobath has suggested is to develop a pathway from the service user up, working closely with people who have experience of cerebral palsy to see what their needs are and to develop a pathway using evidence of those needs. That is why the phrase "alternative pathway" has been used.

As the minister has explained, for a condition such as cerebral palsy, there are a number of influencing factors when the approach to developing a pathway is considered. One is the kind of evidence base that exists for that pathway, whether there is consensus around that evidence base and whether the data exist to support the development of that pathway. Is a high-volume specialty or a particularly specialist type of service needed? There can then be consideration of whether the pathway is necessary on a national basis or at a local level. I am convinced by the argument that, in the case of cerebral palsy, we require a stronger evidence base that is developed from the ground up and that informs the national framework for services, so that local pathways can be developed and people can receive care on a local basis.

The Convener: To me, it feels illogical to say that, because cerebral palsy is a complex condition, it cannot have a national pathway and the process has to start at a very local level. I do not understand that from the petitioner's point of view. She describes having had a series of people around her when she was a youngster but, as an adult, she had to go and find all the support for herself. It feels as if it should be pretty basic to have a system whereby she would have someone to go where those services would be identified. The idea of a condition being too complex to have a national pathway does not make sense to me. Even if that were the case, I do not get the logic of saying that a pilot in one particular area is going to tell us everything about the condition right across the country.

Dr Smith: I am sorry If I have suggested that it is the complexity of—

The Convener: I think that it was the minister who said that it is too complex.

Aileen Campbell: I think I said that there needs to be cognisance of the fact that the condition manifests itself in a number of different ways. If, as Gregor Smith says, we have local pathways, that will give us a much more holistic picture of the individual patient and their individual needs so that we can ensure that the appropriate transitions are in place and that local services are delivered around the patient in a way that allows them to move seamlessly from children's to adult services, as in Rachael Wallace's case.

That is why I said that, at this point in time, there are no plans to develop a national clinical pathway. Nevertheless, the Bobath work is important. It is not just a local pilot; it will develop and enhance our understanding of the condition and the way in which services are delivered. We can then upscale that model and ensure that the principles are understood across the country, so that people do not have the feeling, which Rachael Wallace has described, of falling through the cracks at transition.

That is why we will engage with every NHS board in the country to make sure that appropriate provision is in place so that people do not fall through the cracks, because none of us wish that to happen. There should already be ways in place to help people move seamlessly from children's services to adult services. If we have much more rigour and a much better and clearer understanding of how services are delivered—which is what the Bobath pilot will offer us—that will move us towards a situation in which the transition is seamless and people feel supported, which I think and hope is what Rachael Wallace wants.

09:45

The Convener: I am still not clear on that. You said that it has to be done locally because it is complex, and that we cannot just have a national provision or pathway. However, we are not developing local services or pathways—we have a pilot.

Aileen Campbell: It is a pilot to help us understand what we need to do to enhance local provision around the country, but with the national principles that we all understand will be useful and critical to ensure that the transition is seamless.

The Convener: Is there a possibility that the pilot will lead to a national pathway? Are you excluding that as a possibility?

Dr Smith: From a clinical perspective, one of the characteristics of national pathways tends to be a really narrow range of providers that can give care to patients, so if one or two providers can deliver that care at a national level, that would be a tangible approach for a national pathway.

In the case of the cerebral palsy pilot, there is a requirement in the planning phase to develop robust evidence that suggests the services and approach that are necessary at a local level by multiple providers so that patients receive the best care possible. That is the best way that I can describe it.

National pathways tend to be for a very narrow provider range—for the one or two providers throughout Scotland who are capable of providing care. However, the Bobath pilot will provide the evidence for a framework that underpins local pathway development, allowing for care according to the needs of the local population. I hope that that makes sense.

The Convener: In your meeting with the petitioner, there was a suggestion that it might take 10 years to develop a clinical pathway and framework for adults with cerebral palsy. Do you agree that that is far too long? Will you set a timetable for developing that work?

Aileen Campbell: At the time of our discussion with Rachael Wallace, there was a misunderstanding about the 10-year timeframe and we tried to give reassurance that it will not take 10 years to develop improvements for cerebral palsy.

The Bobath pilot is 18 months long. It will be pulled together with work that is happening on other neurological conditions—for instance, Huntington’s disease—to help us to develop a framework to make the changes that Rachael has said that she would like to see. That will not take 10 years.

Rona Mackay: We know that there are national clinical pathways in Scotland for other conditions, such as motor neurone disease. Roughly, what would it cost to set up a national pathway? Does that have any bearing on what you are planning to do for cerebral palsy?

Elizabeth Porterfield (Scottish Government): I honestly do not know how much it would cost, but I know that it would—as Gregor Smith described—have several layers and areas of work that would need to be progressed with the involvement of people with cerebral palsy, as well as specialists, non-specialists and all the managers. It is possible to do that, and the Bobath pilot has been looking at how that is done locally with all the providers.

Although there may be, and I use the phrase in quotation marks, “specialist needs” within a general service—physiotherapists are all trained to provide physiotherapy for a range of conditions—what someone with cerebral palsy needs must be defined by looking at the individual.

Yes, we can set up a pathway, but the time costs of the people who would need to get together in order to do that would vary. No specific cost has been attached to this work and cost has not entered into any thinking around it. We agreed that we needed to do the work, so we funded the pilot to see how it could be done in the partnership context, because of health and social care integration. Meeting the needs is not all about healthcare services; there are also issues in the join up with social care. IJBs are responsible for commissioning services, which is why the work must be done locally.

Rona Mackay: Will you remind us how much the pilot costs?

Elizabeth Porterfield: It is £73,000, so far.

Rona Mackay: Dr Smith, do you want to comment?

Dr Smith: I do not recognise cost as a consideration when thinking about what qualifies for a national pathway and what needs work to develop local pathways. That is not one of the considerations that people factor in.

Aileen Campbell: In the discussion that I had with Rachael Wallace, she described a situation that is often the case in many areas of social policy and health policy, which is that, had issues been identified earlier and the transition been smoother, perhaps she would not have needed costlier services, because some of the issues that she is encountering now would have been prevented.

That is a lesson about the importance of getting services delivered holistically around the person, so that they are empowered to be in control of what services are delivered to them, that they are able to articulate clearly and that they feel that they are being responded to by local services. In that way, the costlier consequences for people’s health and the public purse of not identifying and dealing with something can be avoided.

The whole reason for developing the alternative pathway is to embed the approach of early intervention and prevention. That is the right thing to do for the person; it is also the right thing to do for how we marshal public funds.

Rona Mackay: Thank you; that is helpful.

The Convener: The point is that there is no transition. That was the petitioner’s experience—not that it was not terribly well organised.

Aileen Campbell: The pilot is in place to try to identify how transition can be dealt with adequately. We want to make sure that we have a better understanding of what other NHS boards are doing, whether the situation that arose is particular to Rachael Wallace, and whether it is a matter that we need to address much more quickly. The evidence from and the research into the pilot will allow us to speed up some of that across the country.

The Convener: Is the work to identify what the health boards are doing across the country taking place in parallel with the Bobath pilot?

Aileen Campbell: Yes, it will do. Although I have not been involved in the work, I understand that Capability Scotland is doing a mapping exercise through which it will identify areas that need to be addressed, which will complement the learning not only from the Bobath pilot but from other work on neurological conditions such as Huntington's disease. The Scottish Huntington's Association is also developing a framework to help people cope with the condition. I understand that those involved in other neurological conditions welcome that work and want to build on and develop it further, so that it caters not just for Huntington's disease, but a suite of other conditions.

At this time, we are gathering the evidence and the research in order that we can proceed in a much stronger way and give the reassurance that Rachael Wallace needs.

Dr Smith: To expand on that response, it is utterly critical from a clinical perspective that work on transitions is led at a local level. The experience of people with childhood illnesses who transition into adult care—whether that be in chronic diseases such as asthma, epilepsy or whatever else—is about how local services configure themselves, develop the relationships between clinicians and their patients—

The Convener: Surely transitions must be shaped by the national understanding of issues relating to a particular condition. You are not suggesting to everyone in a geographical area who has asthma that their asthma is specific to their local conditions. There must be a national perspective on how you would manage any condition, which would then inform the local issues.

Dr Smith: But that is different from a national pathway, where you might get national guidance or a national framework to help support that local work. A national pathway would take us into a whole different spectrum of approach with regard to how we manage that condition.

Aileen Campbell: There are key principles for transition with regard to any issue or condition, and they are about having those relationships and ensuring that services are delivered timeously to an individual and that they feel empowered. Unfortunately, that does not seem to have happened in Rachael Wallace's case, and she has explained that to us.

The Convener: With respect, I think that she would suggest that this is an issue not just for herself but for other people with her condition. Anyway, let us make progress.

Brian Whittle: Ms Wallace is calling on the Scottish Government to consult stakeholders on the development of a clinical pathway, and she is particularly keen for national health service professionals who support and deliver services for adults with cerebral palsy to be involved in that. Are you prepared to do that?

Aileen Campbell: Absolutely. I am always keen to engage with people with real-life experience of such issues. Again, we have offered to work—and to continue to work—with Rachael Wallace herself to ensure that she has the confidence that our actions are addressing the concerns that she has raised in the petition. Moreover, Bobath Scotland's work in West Dunbartonshire features very deep engagement with people with the condition, clinicians and the whole range of service providers in that area. We are always absolutely keen to engage with people who have lived experience, because that is how we enhance services.

Brian Whittle: The petitioner notes in her written submission that she has experienced difficulty in using self-directed support to pay for specialist physiotherapy. It is one example that she uses to highlight why, in her view, a national clinical pathway for cerebral palsy is merited. Are you familiar with that problem and why there might be confusion about which types of services self-directed support can be used for?

Aileen Campbell: The guidance that accompanies the self-directed support legislation states that direct payments can be spent in this way, provided that approved outcomes are met, and that such support should be empowering for people with particular conditions. In our discussion with Rachael Wallace, we undertook to carry out further work in case that was not understood in a national sense, and we have also worked with COSLA on developing much more consistency in the more general application of self-directed support across the country. After all, the desire behind and the aim of self-directed support is to ensure that people feel empowered and in control of their condition and the way in which they get help.

Murdo Fraser (Mid Scotland and Fife) (Con): First, I want to put on record my thanks to the minister and her officials for the opportunity to meet her and the petitioner a couple of weeks ago and her officials prior to that. The meetings were very helpful.

Reflecting on some of the exchanges that we have just heard, I think from my experience of talking to Rachael Wallace her biggest issue was the inability to find anyone in the NHS with the correct knowledge and expertise to address her issues. It was different when she was a child, but when she made the transition to adulthood there seemed to be nothing available and no one to even point her in the right direction. That is really what led to the petition being taken forward, because she was left having to source specialists in physiotherapy herself and, in some cases, to travel quite large distances to get the specialist treatment that she needed.

I am quite keen to focus on two issues that have come up, the first of which is the local pathway that has been mentioned. The petitioner has made it very clear that there is a need for a national clinical pathway. My concern about going down a local route is: if you leave it to health boards to develop this pathway themselves, what confidence is there that they will do so? I am sure that Rachael Wallace's experience so far in Tayside is not atypical of what is happening elsewhere in the country, and the whole point of having a petition calling for the establishment of a national clinical pathway was to ensure some uniformity of care and support for CP sufferers right across the country.

The second issue, which the convener has already touched on, is about timing. We want to know that there will be some urgency in dealing with this matter. I am encouraged by what the minister has said about the work that is going on, but we do not want to come back here in five years' time and find that very little has happened.

10:00

Aileen Campbell: Absolutely. People will be going through transitions now, and we do not want to hear more stories like Rachael Wallace's. I agree that pace needs to be injected.

We are coming to the end of the pilot. After it, we will be able to move forward on ensuring that there is a better national understanding and that there are ways in which we can build a framework that has national prominence for local NHS boards or local providers to understand.

I go back to the points that Gregor Smith made about the local clinical pathway needing to be based on cognisance of the individual's condition and the local support that can be brought around them. Murdo Fraser is also right, however, that we need to drive this nationally, too. That is partly about ensuring that people have a better understanding of the condition and that there is much more general awareness of it, so that Rachael does not feel that she has to go over what her condition means for her or explain it to people whom she believes should already have knowledge of what she might be going through. One of the points that Rachael made was that she was not able to speak to anyone who could tell her what related conditions she should anticipate as part of her cerebral palsy. We will certainly undertake to ensure that there is greater awareness raising.

I think that there will be the ability to develop a framework that is based on the Bobath Scotland pilot. Bobath Scotland has just launched a new website and, although it is for children, we want to explore ways in which we can develop it to be applicable to everybody, including adults with cerebral palsy. We will continue to work with Rachael on all those things to give her the confidence that pace has been injected into the work so that she does not find herself having to resubmit her petition in five years' time.

Murdo Fraser: So that I am clear about the local pathways that you have talked about, what is the role of the Scottish Government and the national NHS in ensuring that such pathways are delivered by local health boards?

Dr Smith: Local ownership is really important in pathway development, because local clinicians and local co-ordinators are relied on to champion that. One of the best ways of trying to resolve some of the problems that Ms Wallace has experienced in co-ordination at a local level—the signposting, the availability of services and the visibility of those services to local clinicians—is by local ownership and development. That can be influenced in a variety of ways through the national medical directors and the national nurse directors group, who can be examined on where they are with that development and how they assure themselves of the service through their local clinical governance structures. There is also a really strong role for groups such as Capability Scotland to hold to account the local boards, alongside the Scottish Government, for the services that their members and the people whom they represent experience.

Aileen Campbell: We also have the national advisory committee for neurological conditions. There might be a role for it to ensure that there is national oversight of the way in which local provision is delivered. A workforce planning sub-group is part of that. That gives us another opportunity to have a national understanding of local delivery.

Dr Smith: Ultimately, our aim is to improve the service that people with cerebral palsy experience. There is a variety of ways to do that. I will use the example of another area of clinical practice: respiratory medicine. The pathway work with respiratory medicine started between 2006 and 2008. Across the country, we gradually saw huge improvements in the way in which patients with chronic obstructive pulmonary disease, in particular, experienced care. The formation of the national airways group, which represented all those pathway groups coming together, sharing good practice and learning from one another, has meant that they are able to take things on further. There was never a national pathway for respiratory medicine. Those pathways developed cognisant of local needs and local services, they were owned by local services and respiratory care has been taken forward.

The Convener: I think that it is remarkable to suggest that it is the job of the charity Capability Scotland to hold an NHS board to account, given that I would imagine that the board often commissions work from an individual charity. That would seem to me to be a very uneven battle. However, are lessons emerging from Bobath Scotland's work at a local level about what local services care would encompass, including health and social care, beyond physiotherapy? Are there early lessons emerging just now that might be worth sharing with those who are concerned about this question?

Aileen Campbell: I think that what Dr Smith said earlier was about the number of ways in which boards can be held to account and I mentioned in response to Murdo Fraser the national advisory committee for neurological conditions. I think that it is a bit disingenuous to suggest that we are only and solely looking for Capability Scotland to be holding boards to account.

The Convener: I did not say that. I said that it would be remarkable if a charity was able to hold a board to account. It would be a first, as most—

Aileen Campbell: Actually, third sector organisations evolved—

The Convener: I think that there is an issue about anyone holding a board to account, so there would be an interesting lesson to learn from that.

Aileen Campbell: Perhaps. There are early lessons from the Bobath Scotland pilot, which has been on-going for around 18 months. The organisation has been concentrating on working with the workforce and ensuring that they have a better understanding of the condition and where the gaps in provision exist. The organisation has been working to ensure understanding of the transitions for people with cerebral palsy. Phase 2 of the pilot has been looking at practical improvements that can be made and what interventions need to be undertaken to ensure that the transition is smooth and outcomes are improved. We will shortly get the final lessons of the pilot and we can share that full learning with the committee, if that would be of interest to it.

The Convener: Okay. Are there any further questions from members?

Brian Whittle: I know that the convener has gone over this issue previously, but I still have a problem with it. I understand the necessity for the local delivery of services, but I am struggling to connect the dots between having a pilot for one local pathway and developing different local pathways across Scotland. How can each local authority have its own pathway to follow if there is not at least at least a framework for a national pathway?

Aileen Campbell: It is not unusual to develop policy and practice by having a pilot to test what works and what is possible, to understand what barriers there are, to see what more needs to be done and to see what unintended consequences might crop up through the process, then to distil that learning and share it and those key principles nationally. That is why there has been a pilot and why there has been the engagement with Bobath Scotland. Given its expertise on cerebral palsy, it was commissioned to provide us in the Government, before we undertake national policy decisions, with research evidence and understanding about what needs to happen with the condition and what needs to be improved, which we can then share with boards so that they can apply the key principles to their local clinical pathways to ensure that provision is improved across the country for people with cerebral palsy.

Brian Whittle: To me, you have just described a national pathway.

Dr Smith: As is often the case in these circumstances, Mr Whittle, it is really easy for the terminology to get mistaken. You referred to a national framework, which is important. The evidence from a variety of sources, including current practice across the boards, will provide us with a sense of a national framework that can inform best practice in pathway development, rather than provide us with a national pathway, which is a completely separate thing. A national pathway would be a way of delivering care to patients from only one or two providers on a national basis.

Maurice Corry: Would it not be sensible, bearing in mind what Mr Whittle has just said, to run a parallel project in, say, Aberdeen or in another local authority area and perhaps have even a third one? Statistically, that would be more sensible than relying on just one, particularly one in West Dunbartonshire. That is in my local area and has a lot of rural parts, which means that we are not looking at the conurbations so much. I believe that there should be a balance in that regard in order to get the right result.

Aileen Campbell: That might be one option, although I am also aware that the committee has asked me to inject pace into this work. As well as working with the clinicians, this is about working with individuals with cerebral palsy and the expertise and knowledge that Bobath Scotland has more generally, aside from the pilot. I think that, together, we will be able to get to a place where we can provide a national framework that understands the reality and complexity of Scotland's geography, from the cities and urban areas to the islands. Understanding the condition as best we can will enable us to improve provision nationally. I do not think that the committee would want me to undertake more pilots at the risk of delaying improvements across the country.

Maurice Corry: It is just a pity that you did not start off with pilots in, say, three different areas rather than just one. There are 31 other local authority areas.

Aileen Campbell: I ask Elizabeth Porterfield to comment on the reasons why West Dunbartonshire was picked.

Elizabeth Porterfield: It was done entirely in working with Bobath. We wanted to look at the matter and that was Bobath's suggestion, so that is how we agreed to go forward. There was no proposal to do pilots in two or three areas. We wanted to look at the possibilities, and the integration joint boards and the community health partnerships are now the commissioners of the services, so we have to look at it in that way.

I take your point, Mr Corry, that we might have looked at doing pilots elsewhere, but the partner in this case is Bobath, and West Dunbartonshire is where it proposed doing the pilot. It is as simple as that, I am afraid.

Aileen Campbell: Bobath Scotland has an in-depth, national understanding of the condition, as it works with many people across the country. Along with the individual outcomes of the West Dunbartonshire pilot, Bobath's national understanding and expertise will be used as we all work together towards ensuring that we get a framework that is deliverable throughout the country. The mapping exercise by Capability Scotland is looking to see where provision may need to be enhanced, and we have undertaken to further enhance that by working with NHS boards across the country. In addition, there is the work that the Scottish Huntington's Association is doing on frameworks for that condition, which those who work on other neurological conditions have said they would like to use to enhance services for their particular conditions.

Piecing all that together will put us in a strong position to deliver a national framework that understands the geography of Scotland, understands the desire that we all share to improve services across the country for people who suffer from cerebral palsy and addresses the issues that Rachael Wallace raises in her petition such as transition, access to things such as physiotherapy and the sense of powerlessness that she felt as someone with the condition. I anticipate that that work will lead to improvements, and I hope that it gives her comfort. We will continue to work with her and test that against her expectations.

Maurice Corry: I am just concerned about the situation. I would not say that you have been led by the nose by Bobath and I am not decrying the work that it does, but the approach takes away from the national picture. That is my concern. You might have gone out to a bigger area of Scotland.

Aileen Campbell: As I highlighted, Bobath has a national presence and, probably, far more expertise in the condition than any of us round the committee table has. We have undertaken to test with all NHS boards what they are doing and whether it is appropriate, looking at their transition programmes and how they are helping people to overcome the barriers. We are also funding the Scottish Huntington's Association to develop its framework, which people who work on other neurological conditions have said they are keen to use to enhance provision for their particular conditions.

Maurice Corry: Thank you.

The Convener: The only thing that I would add is that there is a bit of a chicken-and-egg situation here. I presume that you actively chose Bobath to do your pilot and had a conversation with it about defining the pilot. However, we will await its findings with interest.

We have come to the end of our consideration of the petition. I thank the minister and her officials for attending. We will want to reflect on the evidence that we have heard and to test it against the responses of the petitioner and others. We will decide what further action to take at a future meeting. We have been given plenty of food for thought.

Is there any suggested action that you would like to highlight, Mr Fraser?

Murdo Fraser: It has been a helpful session. Quite a lot of information has come out over the past half hour or so. It would be useful to take that away, digest it and get the petitioner's view on where we should go from here.

The Convener: In that case, we are agreed that we will reflect on the evidence from the minister. At that point, we will decide what further action to take.

I again thank the minister and her officials for their attendance. It has been a very useful session.

Aileen Campbell: We undertake to make sure that, as the committee undertakes its deliberations, it has an idea of when the learning from the pilot will be available. That might help the committee with its understanding of how to proceed.

The Convener: We are particularly happy with your clear view that the process will not take 10 years. That will be reassuring to everybody.

10:16

Meeting suspended.

10:18

On resuming—

New Petition

Ship-to-ship Oil Transfers (PE1637)

The Convener: Agenda item 2 is consideration of a new petition: PE1637, on ship-to-ship oil transfers and trust port accountability. I welcome Kate Forbes and John Finnie to the meeting.

The petition has been lodged by Greg Fullarton on behalf of Cromarty Rising. This is the first time that we have considered the petition. We will take evidence from the petitioner, who is joined by Duncan Bowers and Loreine Thomson.

I invite Mr Fullarton to make a brief opening statement of up to five minutes, after which members will have an opportunity to ask questions.

Greg Fullarton (Cromarty Rising): Thank you very much for inviting me here today.

The petition reflects our experience of a recent proposal to undertake ship-to-ship transfers of crude oil in the inner Moray Firth and comes a decade after a similar proposal was rejected on the basis of the environmental impacts in the Firth of Forth. The question is, why has the issue not been resolved in the intervening years?

North Sea ports and infrastructure are in need of support, but the proposed transfers at sea anchorages would bring no new jobs and would threaten existing ones. There would be no benefit for the areas affected, and businesses and communities depending on the natural environment need clarity to be able to make investment decisions for the future.

Lord Donaldson’s landmark “Safer Ships, Cleaner Seas” report, which followed a catalogue of oil spills around the United Kingdom coast, recommended that such transfers take place at only two UK locations: Southwold and Lyme Bay. No sites in Scotland were mentioned. Ship-to-ship transfers of crude oil in Scottish waters should be subject to both a strategic environmental assessment and a sustainability appraisal that would also consider economic impact. Why have those strategic assessments not been undertaken in Scotland?

Twenty-seven Highland and Moray community councils and several high-profile non-governmental organisations are in opposition to the recent Cromarty Firth Port Authority application, and more than 100,000 people have signed a petition opposing the plans. Three councils representing more than 900,000 people opposed the application in the case of the Firth of

Forth, and the issue was raised in the Scottish Parliament. How can the Scottish Parliament use its powers to reflect the will of the people in protecting our environment and the businesses that depend on it? Although ship-to-ship oil transfers are not a devolved matter, environmental protection certainly is, and, in our view, that leads to significant process anomalies. However, we are not here to argue for the devolution of ship-to-ship transfers; we are simply calling on the Parliament to use its powers to protect our environment.

How can Marine Scotland, Scottish Natural Heritage and the Scottish Environment Protection Agency protect our environment, our designated areas and our wildlife when they are no more than consultees in, or advisers to, the process? Moreover, how can we ensure that our environment is protected if our environmental agencies disagree with the awarding body, the Maritime and Coastguard Agency?

Implementation of the habitats regulations in relation to ship-to-ship oil transfers requires authority in the discipline area by those qualified in each subject matter. Currently, the Maritime and Coastguard Agency, which has the expertise of mariners, is the competent authority and can overrule our environmental experts. What legislative levers are available in Scotland to enable the Scottish Government to contest decisions that are made by bodies external to Scotland that might have significant detrimental impacts on the Scottish environment?

The recent inner Moray Firth application process highlighted a number of inadequacies and uncertainties with regard to environmental impact. That would not be limited to the impact of an oil spill, which would be a catastrophe for marine life and businesses alike; there are also significant operational concerns about ballast water treatment, acoustic disturbance underwater and the discharge of carcinogenic volatile organic compounds into the atmosphere. For example, in the case of an oil spill, the modelling is based on a worst-case scenario of the discharge of 1 tonne of crude oil even though the tankers that are involved in the transfers can carry up to 180,000 tonnes. As a result, the environmental impact is grossly underestimated. One of the most shocking elements of an oil spill is the potential for euthanasia of whales and dolphins following their live stranding.

I should say that, in order to simplify the petition, we have made a technical submission to SEPA on ballast water hazards, and we ask the committee to obtain SEPA’s response to that as guidance. One question is, how can the Scottish Government enforce its own code of practice on non-native species when the decision to allow ballast water discharge is taken by a body external to Scotland that is acting contrary to SEPA’s advice? Another question is whether the planned euthanasia of a European protected species is lawful or, indeed, ethical when it could be avoided completely.

In the case of the Moray Firth application, there is not enough certainty in the process to say beyond all reasonable scientific doubt that there would be no impact on the integrity of the Moray Firth special area of conservation. Such certainty is a fundamental requirement, and the situation is not unique to that case. With such process uncertainty, how can we allow another Scottish trust port to make such an application?

The other part of our petition deals with the accountability of ports. Cromarty Rising—which the three of us here represent—has written to individual board members of the Cromarty Firth Port Authority as well as to the chairman of the board and the chief executive about its recent application. However, there has been no meaningful engagement. Transport Scotland has stated that it is up to each trust port to ensure that it complies with its own legislation. Is the committee comfortable with the idea that an unelected, self-appointed organisation that is looking after a public asset should be able to police itself?

Transport Scotland has no remit in disputes and, if stakeholders feel aggrieved, their only further recourse is to take legal action, which is both costly and time consuming. That is wrong. Trust ports manage valuable assets that belong to the people of Scotland. They are managed on behalf of the people and, ultimately, they should be responsible to the people and not to themselves. At the very least, there must be independent oversight. Trust ports are responsible to their stakeholders—they can receive indirect public funding via the Scottish Enterprise network and should reinvest all profits in the ports. Their ability to do that should not be diluted by private sector joint ventures or by their using penetration pricing strategies to the direct detriment of local stakeholder competitors and other Scottish ports.

Is it desirable or in the spirit of the Harbours (Scotland) Act 2015 that Scottish trust ports should deliberately set themselves up in direct competition with their local stakeholder businesses? Does the committee agree that there is a need for oversight of our trust ports?

The Convener: Thank you very much for that opening statement. I will start with a question about existing ship-to-ship oil transfer licences in Scotland. We understand that licences exist for transfers at Scapa Flow, Nigg and Sullom Voe. Our background information indicates that there have been no major incidents at Scapa Flow since 1980 and that 86 transfers took place at the Nigg terminal between 2009 and 2014 without any incidents. We also understand that, in 2009, there were two minor spills at Sullom Voe, although investigations confirmed that there were no adverse effects on or damage to the environment. Are you opposed to all ship-to-ship oil transfers, or do you think that there are specific locations and/or infrastructure that provide appropriate facilities for the activity?

Greg Fullarton: That is the crucial part of it—such transfers need the infrastructure if they are to be undertaken safely. We have absolutely no issue whatever with ship-to-ship transfers taking place at Nigg. As you say, transfers have been undertaken safely there for the past 30 years. The ships are tied up at a jetty and the supporting infrastructure is there. Wood Group employs 40 people to support the process of ship-to-ship transfers and the previous operations of the Nigg oil terminal.

However, if the transfers are moved out to sea, they will be undertaken in an open-sea situation. The Cromarty Firth Port Authority has no intention of using the shore support. It will, therefore, be able to offer the service at around a third of the cost of anywhere else in the UK, which brings me back to my point about penetration pricing strategies: the authority will make it so cheap that it will attract the business. Also, the transfers will take place within a couple of kilometres of a very rocky shoreline and, if anything goes wrong, there will be no emergency tug on hand, although there will be harbour tugs on hand. As far as we are concerned, it is a disaster waiting to happen.

The other issue with the current application that has brought us here is that there will be an 800 per cent increase in the quantity of oil that is transferred. That is what the application is for.

The Convener: Part of your concern is about the need for infrastructure and an appropriate site.

Greg Fullarton: Exactly.

The Convener: Are you also concerned about the activity being carried out in sensitive environments? If so, what specific characteristics of the environments are you concerned about?

10:30

Greg Fullarton: The whole issue probably comes down to the fact that a strategic environmental assessment should have been carried out. If we are going to undertake the process in Scottish waters, we should have thought about it before we started doing it willy-nilly. It should have been done on a UK basis as well.

The Cromarty Firth is in the middle of a special area of conservation for bottlenose dolphins and birds, and we think that it is wholly inappropriate that the process should be undertaken in that location when it could be undertaken very safely at the alternative location of Nigg. If strategic thought were given to where we want to allow the transfers to take place, that would give the general public and the ports clarity about where that may be acceptable.

The Convener: Just as an idiot’s guide, can you confirm that such a strategic environmental assessment is within the domain of the Scottish Government?

Greg Fullarton: We believe so.

The Convener: It is possible to have a UK-wide policy within which devolved powers could be used to address other sets of considerations. We have examples of that with nuclear power and so on. Is this another area in which a strategic environmental assessment could be acted on to address the matter?

Greg Fullarton: We believe so.

The Convener: That is helpful. Thanks very much.

Angus MacDonald: I declare an interest in that, as a councillor on Falkirk Council, in 2006-07 I was actively opposed to the proposal by Forth Ports for ship-to-ship oil transfers in the Firth of Forth. I am on record as opposing those plans at the time.

The petition considers the issue from the perspective of using environmental legislation to prevent ship-to-ship oil transfers. We understand that, although some of the areas where ship-to-ship transfers may be proposed are protected by existing legislation for environmental protection, the licences for such transfers are a matter for the UK Government. You have said that that is your understanding of the matter. The Scottish Government has regularly called for devolution of those licensing powers. Do you agree that it would be a lot easier for the Scottish Government if it did not have to rely on the environmental regulatory powers that it has but had full powers over the licensing? Would that not help to expedite the whole situation?

Greg Fullarton: I agree fully with that. It would be much easier if it was a devolved matter. However, it is not a devolved matter, and we believe that the Scottish environment would be put at risk if a licence was granted for transfers in the Cromarty Firth. In addition, the application for a licence for transfers in the Firth of Forth could come back, and the Maritime and Coastguard Agency would make the decision on that. The point is that the Scottish Parliament has powers over the environment—it is one of your responsibilities—and we have to look to whatever levers or legislation are available to ensure that our valuable environment and wildlife are protected.

Brian Whittle: Good morning. Turning to another aspect of the petition, I note that you are also calling for reform of trust ports. It would be helpful if you could provide some information about the current status of those ports. The information that we have says that they are independent statutory bodies that are run by independent boards for the benefit of stakeholders. Is that your understanding? If so, do you know who the stakeholders in question are?

Greg Fullarton: It is up to each individual trust port to name its stakeholders. In the case of the Cromarty Firth, those are businesses that use the port, customers of the port, communities that surround the port and—specifically in the Cromarty Firth—the environment. Obviously, the environment cannot speak for itself, but the communities surrounding the port can speak for themselves and, as we have stated, 27 community councils in the Cromarty Firth Port Authority area are directly opposed to the proposals, with one in favour. There is something of a democratic deficit when the port authority ploughs on with its plans in the face of massive public opposition.

Loreine Thomson (Cromarty Rising): As you have rightly said, Mr Whittle, the trust ports are independent statutory bodies. However, the Harbours (Scotland) Act 2015 repealed sections 10 and 12 of the Ports Act 1991, with the effect that Scottish trust ports are no longer under any pressure from Scottish ministers to be the commercial ventures that they were required to be under the 1991 act.

Basically, a trust port that was set up for the benefit of its stakeholders has now set up a private company with private investors, with 50 per cent of the profits returning to those private stakeholders, rather than all the profits being invested back in the port. Our contention is that, although the trust ports operate in a commercial environment and have no direct public funding, they receive indirect funding from Highlands and Islands Enterprise and so on. Our main concern is that the trust board is supposed to represent the stakeholders and the community, but it has set up a private company with two private stakeholders, with the result that there is a 50:50 division of the profits, with 50 per cent of the profits going elsewhere. We would like the Scottish Government to clarify how a Scottish trust port that is set up for the stakeholders and which is supposed to be independently managed can set up a private company operating in direct competition with the local businesses that sit on the trust board.

Rona Mackay: You have answered the first question that I was going to ask, which was quite a naive one about why the proposal had been made. You have said that the reasons are financial—in other words, the issue is to do with money.

Greg Fullarton: Absolutely, yes.

Rona Mackay: I also want to ask about accountability. You have said that there has been no meaningful engagement with the trust port board. Given that we are where we are, what do you suggest can be done to overcome that? You have said that independent oversight might be needed, but what independent oversight might be appropriate?

Loreine Thomson: There has to be some governance to ensure that ministers clearly see that, whatever the considerations around the profits for commercial companies, which operate in a commercial environment, there is no asset stripping. The trust ports were set up for the benefit of the community and the stakeholders, but if a trust port sets itself up in direct competition with, for example, a local company that is providing stevedore services, it hardly looks as if it is acting in the community's best interests. At some point, Scottish ministers have to ask whether that sort of direct competition is appropriate, and that is particularly the case in relation to trust ports.

Greg Fullarton: The other thing that we would like is financial clarity. We are talking about a public asset here. Trust ports are not private companies, but are set up by acts of Parliament to look after a public asset. There needs to be complete financial transparency, which is not there at the moment. When something goes wrong—we are just one of several stakeholder groups that are in dispute with our local trust port—there is no recourse and no one to turn to. Transport Scotland cannot intervene, the Parliament cannot intervene and there is no ombudsman or other independent body that can look at such an issue and take a balanced view.

Rona Mackay: So, in that respect, you are in no-man's-land.

Greg Fullarton: Yes. Our only option is to take legal action.

Maurice Corry: Bearing in mind what you have said in response to my two colleagues, if you were given a blank piece of paper and a blue-sky objective, what changes to trust port boards would you want to be effected? What interests would you want to be represented on those boards?

Greg Fullarton: We would like board members to be appointed through the public appointments process, as any other public figure would be. At the moment, the ports appoint their own boards, with no transparency or public scrutiny whatever. We would like stakeholder groups to be better represented. I think that five of the eight members of the Cromarty Firth Port Authority board—it is certainly more than half—are from an oil industry background. There is no one on the board to represent communities, no one to represent competing businesses and no one to represent the environment.

Maurice Corry: You are basically saying that there should be a representative of each of those sectors on the board.

Greg Fullarton: There should be better representation, and there should be more public transparency with regard to how people are appointed.

John Finnie (Highlands and Islands) (Green): I thank the convener for allowing Kate Forbes and me to come to the meeting. I do not know whether the committee is aware of this, but I understand that there is a case about trust ports that is still live at Tain sheriff court. However, it should not intrude on the committee's deliberations.

I do not want to presume that members do not understand the fact that the geographic area that the proposal covers extends more widely than the ports of Cromarty, Invergordon and Nigg, but I ask the witnesses to expand on that.

Greg Fullarton: Invergordon sits at the head of the Cromarty Firth, at the western extent. It is proposed that ship-to-ship transfers will be undertaken at the mouth of the Cromarty Firth, pretty much opposite the village of Cromarty, and—on the other side—opposite Nairn. Therefore, it is not just the villages of the Cromarty Firth but the whole Moray coastline that could be affected. The proposed location of the ship-to-ship transfers sits bang in the middle of that geographic area.

John Finnie: As a layperson, I would call it the sea. Is that reasonable?

Greg Fullarton: Yes.

John Finnie: What is your understanding of the initial engagement by the Cromarty Firth Port Authority? That engagement was not with the communities around the area of the proposal, was it?

Greg Fullarton: No. The first that the communities knew about the proposal came from a statutory advert in *The Inverness Courier* in the week before Christmas that was seen completely accidentally. The community council was not consulted in any way, shape or form until the issue was raised internally, in the village of Cromarty. Our community council had to contact the port authority.

On several occasions, the port authority has refused to come along to an open public meeting to discuss the issue openly. It has come to a closed meeting of the community council, which had to be unminuted—the committee can take from that what it wants. All the way along, we have written to the chairman and each individual member of the board, and to the chief executive, and we have never had a reply to any of our questions.

10:45

John Finnie: To reinforce the question that the convener asked at the outset, does Cromarty Rising have—or has it ever had—concerns about the relative safety of the procedure being undertaken at Nigg harbour?

Greg Fullarton: No—absolutely not. That can carry on all day long.

John Finnie: My next question is most likely for Duncan Bowers. I do not understand the mechanics of all this, but we have heard that the modelling for any spillage is based on approximately 1 tonne, and we have heard about the tonnages involved. For the committee's benefit, can you say something—as I have heard you say at other meetings—about the number of seconds that it would take to close down valves and what the implications of that would be?

Duncan Bowers (Cromarty Rising): There are a couple of points to make about spills. To come back to a point that we raised earlier, we looked back at the Orkney isles licence application from 2014. A risk assessment was done by an oil spill service provider, which estimated that the entire shipload could be lost from a ship-to-ship transfer there. It put the figure for a worst-case scenario at 300,000 tonnes. That assessment was signed for and accepted by SEPA and SNH officers in June 2014. Six months later, the regulator changed the maximum spill volume to 1 tonne. There is an enormous difference between what the Scottish agencies think and what the regulator thinks.

John Finnie: What is the speed of transfer? It is all open sea, and the ships are anchored side by side.

Duncan Bowers: There are no clear figures in the application, but, given the volume and the time involved, it works out at about 2 tonnes per second being pumped between the ships.

The Convener: I remind the committee that we are dealing with the general issues that arise from specific applications. We are getting some information, but I reiterate that we are not investigating an individual port authority—we are learning lessons with regard to what the Scottish Government might do.

John Finnie: Yes—I understand that, convener.

Fairly recently, a committee in which I am involved deliberated on, and approved, the decision of Aberdeen Harbour trust on a very sensitive environmental issue. Are the witnesses aware of that at all?

Greg Fullarton: No.

Kate Forbes (Skye, Lochaber and Badenoch) (SNP): The petition calls on the Scottish Government to look at how environmental legislation could be strengthened. Given your experience of the process, which devolved powers would you want to see exercised more fully?

Duncan Bowers: The national marine plan would be the beginning point for everything. Loreine Thomson might want to say something on that.

Loreine Thomson: The Marine (Scotland) Act 2010 (Consequential Provisions) Order 2010 empowers Scottish ministers—as was agreed in 2015—and says that public authorities must deal with any reserved matters in the same way as they would deal with devolved matters. In other words, we have the Marine (Scotland) Act 2010 and the subsequent regulations, and at present we cannot look at a reserved matter. However, under the 2010 act, there are regulations to ensure that public authorities conform with what is contained in our national marine plan, whether the matter that they are dealing with is reserved or not. That is Scotland's way of ensuring that, when the various bodies consider the application that we are discussing, for example, they must take cognisance of our marine plan. Our marine plan says that we must protect species and the environment. We do not want invasive species coming from ships through ballast water, and the public authorities must take such things into account.

Even though this is a reserved matter, the order means that UK Government agencies must apply the same scrutiny that Scottish Government organisations apply. However, that intention is so diluted that it is lost in the legislation. We need to get to the point where it is highlighted. We have a competent authority in England that is making a decision about Scottish marine protected areas, but the Scottish Government is the body that issues the protected species licence. We have two competent authorities: one is saying, "Yes, we will agree to that," but the Scottish Government could say, "No. We are not going to issue a licence."

There is provision in regulations under the 2010 act for co-ordination where there are two competent authorities. The area of co-ordination needs to be explored and developed until we get a fully devolved version of the powers.

The Convener: If the matter was fully devolved, you might find that there was conflict within Government, although that might be easier to manage.

Do you have any other questions, Kate?

Kate Forbes: What were the views of SEPA and SNH?

Greg Fullarton: SEPA objected, and SNH felt that it could not object, because it operates in an advisory capacity only. However, SNH made a very lengthy, eight-page response to the application that raised significant concerns. Marine Scotland put in no response whatsoever.

The Convener: We have come to the end of our questions, so I thank the witnesses for their evidence, which has been very useful.

There are clearly areas that the committee will want to explore. I suggest that, as a starting point, we write to the Scottish Government and relevant stakeholders, including the Maritime and Coastguard Agency, Scottish Natural Heritage and the UK Harbour Masters Association, to ask for views on the action that the petition calls for. I think that Greg Fullarton also made a point about SEPA.

Greg Fullarton: And Marine Scotland.

The Convener: Would members like to suggest any other actions?

Brian Whittle: I would like to understand whether the Scottish Government has the authority, under environmental legislation, to prevent ship-to-ship oil transfers.

The Convener: I am thinking of the parallel of nuclear power stations. Establishing a nuclear power station is a matter for the UK Government, but the Scottish Government made it quite clear that it would use planning legislation to block the building of a nuclear power station here. Is there an equivalent relationship regarding ship-to-ship oil transfers? The Scottish Government could say that the environmental damage would be such that it simply will not let that happen.

There is also a series of questions around the harbour authorities that we might want to explore further with the Scottish Government.

Do members agree to write to the Scottish Government and the agencies and organisations that have been identified to ask for their views?

Members *indicated agreement.*

The Convener: The Public Petitions Committee will come back to the petition. I thank the witnesses for their attendance.

10:53

Meeting suspended.

10:55

On resuming—

Continued Petitions

Pernicious Anaemia and Vitamin B12 Deficiency (Understanding and Treatment) (PE1408)

The Convener: Agenda item 3 is consideration of current petitions on which no evidence will be taken. PE1408, by Andrea MacArthur, is on updating understanding and treatment of pernicious anaemia and vitamin B12 deficiency. Members have received a note by the clerk and submissions from the Scottish Government and the petitioner.

As members will see from the submissions, the petitioner is seeking a new method of diagnosing and treating pernicious anaemia. Since she submitted the petition, the British Society for Haematology has published new guidelines. Initially, the Scottish Government took the view that the format of the BSH guidelines was inappropriate for use in the practice setting and that its recommendation for second-line testing was not standard in Scottish laboratories.

For that reason, the Scottish Haematology Society was given the task of summarising the BSH guidelines for use in Scotland. The society has completed that task, but the petitioner has expressed concern about the contents of the guidelines and the draft summary document. In this context, the Scottish Haematology Society has noted that it is not able to contribute any further to the process, citing its limited resources. The Scottish Government does not seem willing to publish the draft summary document and now suggests that the BSH guidelines will suffice. It is not clear why that is the case, and the petitioner is dissatisfied with the lack of progress on the issue and with the Scottish Government's engagement with her throughout the process.

Do members have any views on what action we might take on the petition?

Brian Whittle: I suppose that we could invite the minister to come and enlighten us.

The Convener: That would be useful, because there is a lot here that we might not be getting to the heart of. Some of it is very technical. It seems odd that the BSH guidelines were not appropriate to begin with, but now they are. Of course, there might be a very simple explanation for that, but it would be worth while pursuing the matter with the minister.

Rona Mackay: Do we know why the Scottish Haematology Society's work has not been published? Was any reason given? Was it lack of resources, as has been mentioned?

The Convener: I do not think that we know that. The society has now stepped back; my sense is that it was just trying to provide a service, but that it found itself at the centre of the issue with ownership of the guidelines and was having to deal with questions and the back-and-forth around that.

Rona Mackay: So it was the Government's decision not to make the report public.

The Convener: As far as I understand it, it does not seem willing to publish the draft summary document. It might be worth while exploring that issue. I know that the petitioner has already given us a lot of evidence, but I think that having a session with the minister would provide her with another opportunity to focus on the matter. As I have said, I think that that would be useful.

Is the committee agreed?

Members *indicated agreement.*

The Convener: Members appear to have no other suggestions. I have to say that it feels to me that that course of action provides the best opportunity. I know that we have received a briefing, but we might see whether there is any more information about why we are where we are, as it would help our deliberations. Perhaps we can also ask the minister to provide some clarification ahead of our meeting.

Healthcare Services (Skye, Lochalsh and South-west Ross) (PE1591)

The Convener: The final petition this morning is PE1591, by Catriona MacDonald, on behalf of SOS-NHS, on the major redesign of healthcare services in Skye, Lochalsh and south-west Ross. I welcome Kate Forbes and Rhoda Grant to the meeting for this item. Members have received a note by the clerk and submissions from the Cabinet Secretary for Health and Sport and the petitioners.

Members will recall that when we previously considered the petition in December, we agreed to write to the cabinet secretary, inviting her to respond to the points raised in the critique provided by the petitioners and to address concerns on patient transport provision. In the context of the decision-making process, the cabinet secretary is quite clear in her view that she cannot reasonably add anything to what she has already communicated in previous submissions to the committee. She notes that, with regard to patient transport provision, the Scottish Ambulance Service has confirmed that the region is covered by two service vehicles, both of which have stretcher capabilities and are covered by three full-time posts. She indicates her understanding that the service will

> "work with NHS Highland and other partners to deliver services which support the public and local communities".

11:00

The petitioners consider that the cabinet secretary has failed to answer specific key questions and has ignored the "fundamental issues" that were set out in the critique that was submitted on 8 December last year. They identify five areas that they feel have not been sufficiently addressed, which are a response to the critique, the mandatory guidance in the Scottish capital investment manual and the Treasury green book, a failure to include evaluation of the relative costs and risks of the possible locations for the new hospital, the role of the Scottish health council, and concerns that were highlighted by elected representatives.

Do members have any views on what action we might take on the petition?

Angus MacDonald: In the cabinet secretary's letter, she says that she is

> "content that independent scrutiny would not significantly contribute to the local consideration of options."

She goes on to say, with regard to the Scottish Ambulance Service, that it

> "will continue to work with NHS Highland and other partners to deliver services which support the public and local communities"

in Skye and Lochalsh.

Given the cabinet secretary's assurances and her statement that

> "the decision to approve the Health Board's proposals has been made",

there is little more that the committee can do to allow NHS Highland and local stakeholders to move forward on the issue, other than to write to the cabinet secretary along the lines that the convener has suggested.

The Convener: Does Kate Forbes or Rhoda Grant, with their local perspectives, want to help us with our deliberations?

Rhoda Grant (Highlands and Islands) (Lab): There is concern in the community still, and things that have happened recently have not provided people with any comfort. We heard about there being two ambulance vehicles supported by three full-time staff. Three full-time staff for two ambulances? You do not need to do the maths.

There were press reports last week about the ambulance staff—who are now being balloted for industrial action—saying that they were falling asleep at the wheel. Quite often, ambulance staff take people not just to Broadford or Portree hospitals, but to Inverness. If they are in Inverness and a 999 call comes in, as theirs is the closest vehicle, they have to attend the incident, so it is not without reason that both ambulances could be off-island. If those staff report that they are fatigued in Inverness, they are not allowed to travel home, so there is a huge disincentive for them to report fatigue when they are in Inverness. They are on duty until they can find a window of opportunity to get home, which leads to many of them reporting that they are falling asleep at the wheel trying to get home.

That is the situation, so when that service is cited to provide comfort on the new set-up, you can imagine why the community does not feel particularly comforted.

The community also does not have the services. I have said previously to the committee that we have waited a long time for the new hospital in Skye. Although it is not ideal and I understand what people saying, a further delay will impact on patient care—it is already having an impact. Procedures are being moved back to Inverness that could take place in Skye.

There are big issues about how patient care will be dealt with, what care will be available at the north end of Skye—where people have been used to having their own hospital—and patient transport. One of the issues with the emergency ambulance service, which is why the staff are balloting on strike action, is that they feel that they are being used as a patient transport service rather than an emergency service. There is not enough resilience in the other services such as general practitioners and the out-of-hours service. In Raasay—which came up at the last committee meeting—there is no qualified health professional to provide cover on the island outwith the hours of 9 to 5. Their help comes from Portree at the moment and, under the new set-up, it would have to come from Broadford.

There are a lot of unanswered questions. However, rather than hold back the building of the hospital, which has to go ahead, we need a lot of reassurance with regard to what will be provided in the north end of Skye and Raasay, and what support there will be from GP services, out-of-hours services, NHS 24, the Scottish Ambulance Service and others.

Kate Forbes: It might be helpful to the committee if I break down the three strands of concern, because it can get quite complicated. The first strand is the current healthcare provision, the second is the decision-making process that has got us to this point and the third is the location of the new hospital.

On current healthcare provision, I echo everything that Rhoda Grant has said, particularly on emergency and out-of-hours care. I add to that my concerns about palliative and elderly care. There are reports in the *West Highland Free Press* today, which I have not been able to verify, that the Haven, which has the only 13 elderly care beds available in north Skye, is due to close in three months. Whether it be ambulance services, beds closing or the fact that a ward in Portree community hospital had to close because staff were unavailable, issues to do with service provision are causing tangible fear in north Skye, which is the area of higher population density. There is concern about transport, care beds and emergency and out-of-hours care.

The concern about the decision-making process, which the petitioner picks up in her response, is that mandatory guidelines in the Scottish capital investment manual have not been followed. That is the issue that the committee needs to decide how to take forward today.

The third matter is the location of the new hospital. The cabinet secretary has said there would always be disagreement about whether the new hospital should be located in Broadford or Portree. The bigger question is whether there are sufficient health services in the north and south ends of Skye. Is there sufficient transport? Are enough care beds being offered? Is palliative care sufficient? Is there enough stakeholder engagement to ensure that there is confidence in the service redesign?

To summarise, current healthcare provision, particularly in terms of care beds and ambulances, is causing genuine concern in the north end. The petitioner picks up on the decision-making process and the mandatory nature of the SCIM. Thirdly, on the location of the new hospital, there must be clearer and more substantial promises made on care bed provision in the north and south ends.

The Convener: That is helpful. I suggest that we might want to ask the cabinet secretary to reflect on the concerns arising as a consequence of the decision of where to locate the hospital and what the provision of all services—not just the ambulance services—looks like across the island. An unintended consequence might be to centralise services that, in the past, could have been delivered in Skye. There is also the whole question of ambulance services and their conflation with patient transport services. We should look for reassurances on those points.

Presumably, the argument on process is a consequence of an objection to the conclusion on where the hospital is to be sited; the petitioner has raised process because she is not happy with that conclusion. As Angus MacDonald said, the cabinet secretary has been clear that the correct process has been followed; others have said that the correct process has not been followed. I might be wrong, but that might be a judicial matter. How else would a decision on that aspect be made? Although it does not feel as though the local members are asking us to focus on that aspect, we can certainly ask the cabinet secretary to clarify the points that have been raised and get reassurances on the consequences of the decision.

The point has been made in our previous reflections that, although the cabinet secretary says that she is absolutely clear that she has done the right thing in reaching her decision, if local people are unhappy, what responsibility does the Scottish Government have to bring people together to reassure them? We might want the cabinet secretary to reflect on that. Although the Government might consider that it has done the right thing legally, there is a fracturing of relationships in the Skye area, and there is no confidence in the health board or a proper understanding of the consequences. Given that situation, we could ask whether the Government sees itself as having a role in pulling that back together, and we could say that we expect to get a report on its work in that regard.

Rona Mackay: For clarification, is the cabinet secretary aware of all the points that Kate Forbes and Rhoda Grant have made? Was the decision made in spite of everything that has been said and the views that have been put forward?

The Convener: I assume that what you are saying is that these issues are not insurmountable. They may have been used as arguments for the siting of the hospital but, once the site is chosen, the question of the ambulance drivers still has to be addressed.

Rona Mackay: It is about the transport side and the current services—I wonder whether all that has been thought through.

The Convener: There is the example in my city—everybody agreed that the new hospital should be built on a particular site there, but then consequences occurred that had been not envisaged and which have to be dealt with in terms of provision.

Kate Forbes: The last time I had a meeting with the petitioners, I asked whether their main concern was current healthcare provision, the decision-making process or the location of the new hospital. The current healthcare provision always comes into it. If people feel confident that services will remain locally and that they will not be disadvantaged by the location of the new hospital, they will be far more confident in the redesign. The critical point at the moment is to ensure that there is confidence that the life of somebody in Staffin, for example, will not be at risk because of where they live—that is what it boils down to. The recent unfortunate situation of beds having to be closed in Portree hospital due to staff being off, the new reports of care homes there closing and the very serious issues with ambulance services are all making confidence fall even further.

The Convener: I suggest that we write to the cabinet secretary about the consequences of the decision that was made and ask what reassurance can be given about provision. We can also say that we feel that there has been a fragmenting of confidence in the process and that, although the Scottish Government is confident in its view—we do not know the technicalities of that—we think that the Government has a job to do in bringing people together. We can ask for a response from the Government to our points. Does the committee feel that that would be reasonable?

Members *indicated agreement.*

The Convener: I thank everybody for their attendance, but particularly Rhoda Grant and Kate Forbes.

Meeting closed at 11:12.

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