



OFFICIAL REPORT
AITHISG OIFIGEIL

Public Petitions Committee

Thursday 29 March 2018

Session 5



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Pàrlamaid na h-Alba

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PUBLIC PETITIONS COMMITTEE
5th Meeting 2018, Session 5

CONVENER

*Johann Lamont (Glasgow) (Lab)

DEPUTY CONVENER

*Angus MacDonald (Falkirk East) (SNP)

COMMITTEE MEMBERS

*Michelle Ballantyne (South Scotland) (Con)

*Rona Mackay (Strathkelvin and Bearsden) (SNP)

*Brian Whittle (South Scotland) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Finlay Carson (Galloway and West Dumfries) (Con)

Kate Forbes (Skye, Lochaber and Badenoch) (SNP)

Murdo Fraser (Mid Scotland and Fife) (Con)

Edward Mountain (Highlands and Islands) (Con)

David Stewart (Highlands and Islands) (Lab)

CLERK TO THE COMMITTEE

Catherine Fergusson

LOCATION

The Adam Smith Room (CR5)

Scottish Parliament

Public Petitions Committee

Thursday 29 March 2018

[The Convener opened the meeting at 10:00]

New Petitions

Private Water Supplies (PE1680)

The Convener (Johann Lamont): Welcome to the fifth meeting in 2018 of the Public Petitions Committee. I remind members and others in the room to switch phones and other devices to silent.

The first item on the agenda is consideration of two new petitions. We will not hear evidence on them at this stage.

PE1680, on private water supplies in Scotland, was lodged by Angela Flanagan. The petition calls on the Scottish Parliament to urge the Scottish Government to

“review the Private Water Supplies (Scotland) Regulations 2006”,

“produce guidance for all relevant bodies to comply with the Private Water Supplies (Scotland) Regulations 2006”,

“transfer the Regulatory powers over the Drinking Water quality of private water supplies from Local Authorities to the Drinking Water Quality Regulator for Scotland”

and

“ensure an Equal Right of Appeal in the Planning process where objections on public health grounds are intimidated by interested parties.”

Members have a copy of the petition and a briefing by the Scottish Parliament information centre.

The petitioner raises a range of issues in relation to private water supplies, including inconsistent compliance with a European Union directive. The petitioner is of the view that her suggestion of ensuring an equal right of appeal in the planning process would avert unduly preferential treatment of commercial developers over individual households. She is also of the view that developers would not be able to pass on provision and maintenance costs for essential services to individuals or their communities.

Members will note from our briefing paper that the Scottish Government has no current plans to review the regulation of private water supplies, following the recent introduction of the Water Intended for Human Consumption (Private Supplies) (Scotland) Regulations 2017. Furthermore, the Scottish Government introduced the Planning (Scotland) Bill to the Parliament on 4 December 2017, and ministers have specifically

ruled out the introduction of a third-party right of appeal as part of that bill.

Do members have any comments?

Brian Whittle (South Scotland) (Con): It strikes me that the petition is connected to one that we passed to the Environment, Climate Change and Land Reform Committee a couple of weeks ago. It certainly has the same sort of intonations. I know that that committee met and discussed that petition earlier this week and that it decided to move it on. Members can correct me if I am wrong, but I think that it will be meeting Scottish Water in a couple of weeks' time and will raise the matter with it. Angus, do you sit on that committee?

Angus MacDonald (Falkirk East) (SNP): Yes. We will be meeting Scottish Water on 17 April.

Brian Whittle: I wonder whether PE1680 is sufficiently linked to that petition such that they could be considered together.

The Convener: Are you suggesting referring it immediately?

Brian Whittle: Given that the petition that we considered and passed to the Environment, Climate Change and Land Reform Committee was particularly about the quality of drinking water and the way that Scottish Water is conducting itself, and given that Scottish Water is going to be questioned on that soon, I wonder whether there is a way that we can link PE1680 to that one.

The Convener: Okay. Are there other views?

Michelle Ballantyne (South Scotland) (Con): A slight problem with the petition is that it is about two things. On one level it is about water quality, which is what that previous petition was about, but it is also about the responsibilities and some of the planning regulations that sit around that. “Private water supplies” covers myriad things. There are whole estates that have private water supplies, and then there are individual houses that have private water supplies, and the needs of each might be different.

On the one hand, I agree with Brian Whittle that there is a direct connection, but my concern is that the petition is partly about who is responsible for a water supply and where the planning responsibility lies. Where is the handover of responsibility, particularly where a rural or isolated set of houses has been built? I think that there are those two elements. Perhaps Angus MacDonald can say whether that second element lies within the remit of the Environment, Climate Change and Land Reform Committee in the same way.

Angus MacDonald: I take on board what Brian Whittle said, but the earlier petition that he mentioned highlights an issue with regard to

chloramination. PE1680 highlights issues with the quality of private supplies, but it also involves planning regulations. The Planning (Scotland) Bill is going through committee at present—I think that it is going into stage 2.

The petitioner details four main asks. However, until we can get further information from the Scottish Government, I do not think that we can take the petition further. As I said, the Planning (Scotland) Bill is going through Parliament, and Scottish ministers have specifically ruled out the introduction of a third-party right of appeal. I am sure that quite a number of people are disappointed by that.

It would be helpful to get an official response from the Scottish Government first, before we consider any further action on the specific points that the petitioner raises. I do not think that it would be helpful to refer it straight to the ECCLR Committee.

The Convener: Would it be worth while to flag up to that committee that the petition has been lodged, and perhaps to provide the paperwork on it from the petitioner? That would at least inform the members in their conversations with Scottish Water. We could do that, and we could ask the Scottish Government for more information specifically on a third-party right of appeal—or an equal right of appeal, as it is now called. That will be debated in the Parliament. The Scottish Government has a view and individual parties will be coming to a view, as will the committee. That aspect is going to be interrogated pretty strongly in the parliamentary process.

Do we agree that we will write to the Scottish Government asking for its view on the issues that are highlighted in the petition and that we will flag up to the Rural Economy and Connectivity Committee, if that is the right one—

Angus MacDonald: It is the ECCLR Committee.

The Convener: What is that?

Angus MacDonald: It is the Environment, Climate Change and Land Reform Committee.

The Convener: Okay—ECCLR Committee is easier. Do we agree to flag up to it the contents of the petition and the petitioner's argument in order to inform further discussion?

Members *indicated agreement.*

Log Burner Stoves (Smoke Control Areas) (PE1685)

The Convener: PE1685, which was lodged by Jim Nisbet, calls on the Scottish Parliament to urge the Scottish Government to introduce legislation to prohibit the use of log burner stoves

in smoke control areas. The petitioner considers that the Clean Air Act 1993 is not fit for purpose. He refers specifically to section 21 of the act, which he considers is open to interpretation.

In the background information on his petition, Mr Nisbet sets out his concerns that the Scottish Government is not treating log burner pollution as seriously as diesel vehicle pollution, and he refers to a number of research studies and media articles to support his position.

The briefing paper refers to the Scottish Government's cleaner air for Scotland strategy and provides a summary of the Environment, Climate Change and Land Reform Committee's findings on the issue from its recent inquiry into air quality in Scotland. The report notes that the inquiry identified

"a gap in regulations around the installation of wood burning stoves, with conflicting guidance coming from environmental health department officials, planning regulations and building standards."

The recommendations that are set out in the report ask the Scottish Government to review the current regulations and to undertake research to understand the extent of pollutants emanating from wood burning stoves.

Do members have any comments or suggestions for action on the petition?

Angus MacDonald: As we have just discussed, I am also a member of the ECCLR Committee, which recently concluded its inquiry into air quality in Scotland, and it published its report exactly a month ago. We took conflicting evidence on the impact of wood burning stoves on air pollution. The jury is still out on the issue, mainly due to the lack of available data. However, it was interesting to hear the Cabinet Secretary for Environment, Climate Change and Land Reform, Roseanna Cunningham, acknowledge when she gave evidence to the committee that the Clean Air Act 1993 might need to be updated.

The ECCLR Committee has asked the Scottish Government to undertake research and to review the current regulations and guidance, and the committee is still waiting on the Government's response. We await it with interest, because there is clearly an issue. In other evidence that we took, it was highlighted that there are issues with multi-fuel and log burning stoves.

The Convener: Do we have a timescale for the response from the Scottish Government? It must have to respond within a certain time.

Angus MacDonald: I am not sure.

The Convener: My understanding is that it has to respond within two months of the report being published.

Angus MacDonald: It is a month since the report was published, so the response should be any time now.

The Convener: It will be interesting to see what the Scottish Government has to say.

Michelle Ballantyne: We should wait and see what the Scottish Government's response is, because that will be the starting point for where we go with the petition. If it comes back and rules against it, job done. If it comes back and says that it does not think that there is an issue, we can look at the matter from there. There seems little point in doing anything before then.

The Convener: Do we agree to defer consideration of the petition until the Scottish Government responds, but with an expectation that it will respond within the given timescale, so that this is not deferred to a vague time in the future? There are explicit timescales for the Scottish Government's response.

Members *indicated agreement.*

Continued Petitions

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

The Convener: Agenda item 2 is continued petitions. I intend to change the order of petitions under this item slightly to take PE1591 first, because some of the MSPs who have an interest in this petition also have other parliamentary commitments this morning. I welcome David Stewart, Kate Forbes and Edward Mountain for this agenda item.

PE1591, by Catriona MacDonald on behalf of SOS NHS, is on the major redesign of healthcare services in Skye, Lochalsh and South West Ross. We have received submissions from the Cabinet Secretary for Health and Sport and the petitioner, and these are included in our meeting papers. Members also have a copy of more recent correspondence that we have received from Councillor Ronald MacDonald.

Following our previous consideration of the petition, including representations from local members, we wrote to the cabinet secretary regarding a possible mismatch between what she understood to be happening and what was reported to us as actually happening in terms of the redesign of health and social care. The cabinet secretary indicates that she has sought reassurances from NHS Highland and, in her submission, sets out the relevant text of correspondence between the board and local councillors. The cabinet secretary also refers to the "Locality Planning Group", which she asked NHS Highland to establish, which should include

"all key stakeholders to discuss and address any on-going local concerns."

The petitioners refer to the review of out-of-hours care that is being conducted by Lewis Ritchie. Members will note that the terms of reference for that review state that it will not be considering the wider redesign. However, the petitioners repeat their concern that out-of-hours care

"cannot be reviewed realistically without considering the impact of the redesign on other key aspects of local health services."

They are also concerned that the board has already implemented some changes without the associated arrangements being tested. They believe this to be contrary to the conditions set by the cabinet secretary when she approved the initial agreement.

The petitioners feel that NHS Highland has not acknowledged what they believe to be the deeply held view within the local community that the redesign proposals are fundamentally flawed. The

petitioners conclude their submission by stating that they

“do not have confidence in NHS Highland’s ability or willingness to redesign health services that have served their community for decades in a safe and person-centred manner”

and reiterate their request for an independent scrutiny panel to be set up.

That briefly summarises the submissions that we have received. Before I invite comments on the petition, I invite all members to reflect on the role of the Public Petitions Committee to consider matters of national policy or practice. We do not have a remit to intervene in operational matters. While that can sometimes involve the treading of a fine line, I think that it is a pertinent reminder in respect of this petition, given the position of the cabinet secretary regarding her decision on the redesign and the nature of some of the concerns that have been mentioned by the petitioner.

I will take comments from our invited guests after members of the committee have given their views.

10:15

Brian Whittle: I am uncomfortable with the way in which NHS Highland and the cabinet secretary have conducted themselves in relation to this petition. I feel that they have tried to hold us and the petitioners at arm’s length. I understand that the Public Petitions Committee is not here to intervene in regional issues such as this one, but I feel uncomfortable about the way in which this particular petition has been handled. I am not sure what we should do with it but I want to put on record that I do not think that it has been handled particularly well.

Angus MacDonald: Clearly, since the petition was submitted back in October 2015, additional issues have arisen, particularly on Skye, not least of which are the frequent suspension of the out-of-hours service at Portree and the issue of the recruitment processes on Raasay. Although it is clear from the responses that we have received that the cabinet secretary is adamant that there will be no reversal of the approval of the major service change and that the issue is an operational matter for NHS Highland, there may be some merit in waiting for the outcome of the external review of out-of-hours urgent care services in Skye, Lochalsh and South West Ross, which you mentioned is being conducted by Sir Lewis Ritchie. It might be good to get that back before we decide how to proceed.

Michelle Ballantyne: Like my colleagues, I am concerned that, if it had all been fine, there would have been a better relationship and a better conversation. I am concerned that the approach

on both sides has been a bit obstructive. There has obviously been an enormous difference of opinion here but there is now an independent review that is having a look at the issue, which would suggest that both sides have agreed that that would be useful. I would be more comfortable if we waited to see what the outcome of that independent review was before we made a decision to close the petition.

The Convener: I think that the review is looking only at out-of-hours care services, not at the redesign. However, given how these things all connect to each other, it might reflect some issues that might impact on the broader question of redesign.

Michelle Ballantyne: Yes. The issues are all interconnected. If there is a problem with out-of-hours services and if what has been put in place as part of the redesign is not going to work, the health board is going to have to rethink some of links at the back end of all of that. For me, the issue is about closing the loop, and I think that we need to allow that to go through.

It is difficult. It is not our role to interfere in operational decisions, but somebody has petitioned us because they feel very strongly that the decisions that are being made are not right. We need to satisfy ourselves that everything that can be done has been done to make sure that due process has been followed.

Rona Mackay (Strathkelvin and Bearsden) (SNP): I agree with what has been said. The review is one part of a huge issue, but it is a very important part. Although it does not encompass the whole issue, we would be wise to wait until we see the outcome of that.

Kate Forbes (Skye, Lochaber and Badenoch) (SNP): Obviously, my views have been made clear at previous meetings of the committee. In a nutshell, I believe that North Skye deserves resilient and excellent access to healthcare services. At the moment, that is not being provided, particularly with regard to out-of-hours services, which, as Angus MacDonald said, have been suspended semi-regularly. I believe that that is completely unacceptable.

The petition has provided a useful platform for the discussion of some of these issues, and I thank the committee for the work that it has done to try to get answers. Although the subject has perhaps moved off the main request in the petition, which was for an independent scrutiny panel to be established, I think that there are still outstanding issues that are of grave concern.

The most significant development in the past six months goes back to a meeting that I had with campaigners in October at which they explicitly asked for an independent, external review of what

was going on. I know that Professor Sir Lewis Ritchie has been actively engaged with members of the public, with committee councils and with front-line staff. That review is not complete yet. Although the main remit concerns out-of-hours services, I believe that there needs to be a wider review of other services, too. I would hope that people would agree that you cannot look at out-of-hours services independently and in isolation from other issues such as beds. If the committee was minded to wait until the outcome of that review, or at least until the review was reported on, I would be very supportive of that.

There are hard-working staff involved in this issue, and we need to protect them. However, there is a problem if out-of-hours services are being suspended, as they are being. That is completely unsustainable. For that reason, I would be grateful if the committee would keep the petition open until the review has been reported.

Edward Mountain (Highlands and Islands) (Con): I will make a few points. First, this is an interesting petition because the issue has brought members from all parties to work closely together—Kate Forbes, David Stewart and I are from three different parties but we are here today representing all the people who have taken a specific interest in this issue.

I remind the committee that the petition came about because of the lack of trust in the way in which NHS Highland was working. Therefore, the petition is still seen as vital to the people on Skye and Raasay. I was there two weeks ago, Kate Forbes is there regularly and Rhoda Grant and David Stewart go there as well, and we know that people in the area still feel that the petition is causing NHS Highland to focus on the issue.

With regard to the remit of the Public Petitions Committee being to consider only national issues, I would say that the issue that the petition deals with is a national one in the sense that what happens in Skye—if the review decides that something good can come of all this—could be something that is worth all of Scotland looking at. There is a national interest in trying to resolve this local issue.

I agree with what you have said, convener. The issue is interconnected with everything that has been brought up. I am delighted that each member of the committee—Brian Whittle, Angus MacDonald, Michelle Ballantyne and Rona Mackay—have all said that they believe that there is merit in keeping the petition open until Sir Lewis Ritchie finishes his review. We have met Sir Lewis Ritchie and we are looking forward to seeing what comes out of his review. It has been pretty in-depth, from what I can see. I think that the petition remaining open will allow the people on Skye to

feel that their views are being considered and focused on.

I urge you, convener, to keep the petition open, as it appears that everyone on the committee is saying. Thank you very much for allowing me to come for a second time in two weeks to your committee.

The Convener: The pleasure is all yours.

David Stewart (Highlands and Islands) (Lab): First, I thank the committee for allowing me to come along with my colleagues. I spent many happy years on the Public Petitions Committee in the previous session and I know what powerful work all the committee members do on petitions.

I endorse the comments that Kate Forbes and Edward Mountain have made. My colleague Rhoda Grant has been leading within the Labour Party on this and has done a great job with colleagues to fight the case for the petition. I agree whole-heartedly with their conclusions.

The fact that we have such strong cross-party support, as Edward Mountain has identified, says a lot about the Highlands and Islands and I am strongly in support of the petition. My request is simply that you keep the petition open until the review is complete.

The Convener: I have a letter of apology from Rhoda Grant. In it, she says:

“I am supporting petitioners who want to keep open the petition on the Major Redesign ... I strongly believe that building the new hospital at Broadford cannot be delayed.

That said, Sir Lewis Ritchie’s report will not cover all the areas of concern expressed by the petitioners. However, it may provide a greater insight and the Committee should hold the petition until they have that and can then assess what other pieces of work flow from that and indeed may be required over and above that.

The people in the north of Skye need to know what services they will have going forward.

There has been poor information, and indeed disinformation, in the process so far, as I’ve discovered from talking to local constituents. For example, people were told that there would be in-patient beds at Portree and now discover there will be no beds in the hospital and any beds will be in care homes.

There is also a need for emergency care and step up and down beds and people need to know what services such as clinics and physio will be available.”

Sir Lewis Ritchie will have to look at the point that Rhoda Grant makes about in-patient beds and out-patient beds if he is looking at out-of-hours service, as that is probably quite integral to the issue.

Members have endorsed the view that we hold on to the petition until we see the review from Sir Lewis Ritchie. Do we agree not to close the

petition but to await the outcome of the review before we further consider the petition?

Members *indicated agreement.*

The Convener: I thank Kate Forbes, Edward Mountain and David Stewart for their attendance, and I suspend the meeting briefly.

10:25

Meeting suspended.

10:26

On resuming—

Alzheimer's and Dementia Awareness (PE1480)

Social Care (Charges) (PE1533)

The Convener: The next petitions for consideration are PE1480, by Amanda Kopel, on behalf of the Frank Kopel Alzheimer's awareness campaign, and PE1533, by Jeff Adamson, on behalf of Scotland against the care tax. Members will recall that at our last consideration of these petitions, we agreed to write to the Scottish Government to ask what conditions, in addition to dementia, would be covered under free personal care to people under the age of 65. The Scottish Government's response confirms that

"adults with any long-term condition, or those who develop dementia or other degenerative conditions under the age of 65, who are assessed as needing it will receive free personal care."

The committee also asked the Scottish Government whether other services such as day services would be included, given that they are not currently captured by the current definition of free personal care. The Scottish Government response states that free personal care is subject to the Community Care and Health (Scotland) Act 2002. It is understood that the Health and Sport Committee will be the lead committee for scrutiny of the legislation to give effect to the proposal to extend free personal care to people under the age of 65.

The petitioner has submitted two written submissions, the first of which is included in our meeting papers. Due to the deadline for issuing meeting papers, the clerks were unable to include the second submission in our papers but we have received this information separately. The submission has now been published on the petition webpage.

The petitioner expresses concern about how the extension of free personal care will be funded by the Scottish Government. The petitioner suggests an alternative approach that would involve a

personal care rebate. The petitioner also asks the committee to write to the Scottish Government to clarify its policy objectives in relation to the extension of free personal care and its funding approach to supporting its policy objectives. Do members have any comments?

Michelle Ballantyne: To be honest, it feels as though the Government made a mistake when it looked at how that funding would be distributed. I hope that it is just a mistake, because the petitioner has quite clearly pointed out why the current proposal is likely to backfire on the people who need it the most. It is very important to revisit that.

In terms of how it is revisited, I know that Brian Whittle sits on the Health and Sport Committee and I would be interested to hear whether it would be appropriate for that committee to pick up on that issue as part of the scrutiny of the legislation. It definitely needs to be looked at and the petitioner's proposal makes a lot of sense. I am not sure that it is for us as a committee to decide whether that is the best approach but it needs to be revisited.

Brian Whittle: This has been raised at the Health and Sport Committee as well. My colleague Miles Briggs also sits on the Health and Sport Committee. I know that he was instrumental in pushing forward this legislation. I think that there is consensus across all parties that the Government should introduce this legislation. It is the implementation of it that we are currently scrutinising. I would be comfortable for the Health and Sport Committee to pick this up if that is what the Public Petitions Committee decides.

The Convener: Are you suggesting that we refer the petition to the Health and Sport Committee?

Brian Whittle: We should certainly give the Health and Sport Committee cognisance of this particular petition. I would like us to write to the Health and Sport Committee and give it details of this petition. It would allow us to gather more information.

The Convener: Especially about the unintended consequences of the funding model; nobody would intend the local authorities to get the extra money but for there to be not one coin extra in the pockets of the people who have been campaigning for this change. That does not make any sense to me.

Michelle Ballantyne: That is why I said that I hope it is just a mistake and it has just not been properly thought through.

Rona Mackay: Perhaps we should write to the Scottish Government for further clarification. I find the situation quite confusing. I agree that it would

come within the remit of the Health and Sport Committee for scrutiny. As an initial step, we should write to the Scottish Government for further, straightforward clarification. If the Government has made a mistake, we need to find out.

10:30

The Convener: The problem with alerting the Health and Sport Committee to the issues that have been flagged up around the funding model is that it would need to be done before these regulations go through, which is in about four weeks. We would want to inform enough of the discussion with the minister on the proposal.

There is also a broader question here, which might not be specifically around what the Government is planning for now—that is what the regulations will deal with—but around extending free personal care. Extending it to people aged below 65 would be a massive thing. We need to consider the nature of the conditions of people below 65 who might require free personal care and the kind of care they require. We asked whether that free personal care would include day services and so on. We may not be capturing the scale of the problem.

I think that I have flagged up before a particular instance that was brought to my attention of a young disabled woman—an amazingly talented young woman—who said that her student loan was calculated as income when working out her care package, which I find astonishing. That is not going to be sorted out in the next four weeks in relation to the regulations that the Government is introducing but I think that exploring that element of the issue is still very important. It links in with the second petition, PE1533, which is on potentially scrapping the social care tax altogether. I would not want to lose that broader piece of work.

Is it possible to agree to write to the Health and Sport Committee on the specifics of the funding model that is being used ahead of the regulations, and ask it to factor that into its considerations, but also agree to write to the Scottish Government on the broader issue of its understanding of what those care needs will be and how people can be supported?

PE1533 is predicated on the idea that you cannot have a care tax that denies people the right to live out their lives the way that everybody else would. It is about levelling the playing field so that people can work and study in the same way that other people might do. It would be worth asking the Scottish Government to reflect on that as well.

I suggest that on the very specific issue around the regulations, we inform the Health and Sport

Committee about the work of the petition, and we ask the Scottish Government to respond to these broader questions as well. Is that agreed?

Members *indicated agreement.*

Adult Cerebral Palsy Services (PE1577)

The Convener: The next petition is PE1577, by Rachael Wallace, on adult cerebral palsy services. I welcome Murdo Fraser MSP, who is joining us for this petition.

At our last consideration of the petition, we noted that the Scottish Government had not contacted the petitioner since the beginning of 2017, despite making a commitment to work with her. The Minister for Public Health and Sport has since apologised for this lack of engagement. The petitioner and Murdo Fraser MSP have now met Scottish Government officials to discuss the main issues in the petition. The petitioner indicates that this was a positive meeting and hopes to build a constructive working relationship with the Scottish Government.

The petitioner refers to several projects and evidence-gathering exercises that the Government is currently working on, which relate to the action called for in the petition. That information is set out in our meeting papers. The petitioner highlights that this work is still at an early stage and asks the committee to monitor closely the Scottish Government's commitments regarding the petition.

I will look for comments or suggestions for action from members, but first, I will ask Murdo Fraser to give us an update from his perspective.

Murdo Fraser (Mid Scotland and Fife) (Con): I thank the committee for keeping this petition alive and pressing the Government for action. It has been quite a long process but I am pleased to say that we seem to be making a bit more progress. There was, as you indicated, a meeting with a Government official in January that I attended along with the petitioner. It was a very positive meeting. A number of strands of work are being taken forward, which you have referred to and are also referred to in the committee papers. The petitioner is engaged quite closely with that work and is pleased to have that role. Things are progressing and we can now see a route towards trying to achieve some of the objectives behind the petition.

Although work is starting, clearly there is a long way to go before we see how that work is going to progress. The petitioner would be keen to see some time being allowed to let these work projects proceed and see how they develop. I think that the petitioner's view would be that it might be appropriate for the committee to keep the petition alive and revisit the issue in the autumn when we

have a better idea of how these work streams are developing.

The Convener: We are grateful for the progress that has been made and recognise what you have said. The timescale for the consultation on the national action plan is for the consultation to take place in the autumn and for it to run for about 12 weeks. My anxiety is that if we simply defer the petition, we would not be looking at it again until spring 2019. We are all very alive to the challenge presented to us by the petitioner, who says that she does not want to come back in five years to discover that there has been no progress.

I wonder whether we could close the petition but be explicit in saying to the petitioner that we want to look at the issue again once that consultation is over. The conclusions of that consultation would inform what a new petition would say. Since we cannot edit a petition once it is lodged, submitting a new petition would give the petitioner an opportunity, once she knows exactly where we are and Murdo Fraser knows where we are, to reflect any changes. I am trying to find a way for the committee to be as helpful as possible to the petitioner in relation to the issues that she highlights. If we simply defer the petition, realistically, it would be almost a year down the line before we would look at it again. Do members have comments on that?

Rona Mackay: I absolutely take your point but I think that it is really important to stress to the petitioner that we are not discarding the issue in any way. We can revisit the issue with fresh information once we see the findings of the national action plan because that could alter entirely what she wants to focus on. It is important to stress that if we close the petition, it is not because we think that the issue is not worth considering; it is because we want to wait to see what comes back from the review.

Brian Whittle: The initial response is always that we must keep the petition open because we need to respond to the issues raised in it. On reflection, I think that it is important that any future deliberations by this committee are on the very specific issues that are raised within that consultation.

As Rona Mackay said, we need to stress how important this petition is and that if we close it, it is only because we want to look at the very specific issues raised through the consultation.

Murdo Fraser: I cannot speak for the petitioner in relation to this matter. I do not know what view she would have. The advantage of the petition is that it has drawn to the Government's attention the fact that there is an issue to be dealt with. The interest that the convener and other committee members have taken in it has been very helpful in

encouraging the Scottish Government, ministers and officials to take this seriously and we are now seeing some more progress.

My only concern about closing the petition would be that somehow the foot would be taken off the accelerator. Clearly it is up to committee members to decide how to take this forward.

The Convener: That is the decision that we have to make. My sense is that the petitioner has been able to shift the Government from a position where it has said, "There is nothing to see here," to accepting that there is something to see, that there needs to be action, and has commissioned that action.

The judgment call for us is whether, in closing the petition, we would send a message that we have drawn a line under it—which we have not. It may be that the most productive thing would be to have a new petition that reflected the gap between what the petitioner wanted and what the national action plan itself has developed.

Brian Whittle: Is it possible to leave the petition open and for the petitioner to submit a separate petition on the back of the report? If we do that, do we get the best of both worlds?

The Convener: We could write to the Scottish Government, simply to say that we expect progress and we would expect to reconsider this issue if there is no progress. In that way, the foot is still on the pedal; we are not just looking as though we are doing something by simply letting a petition lie.

Michelle Ballantyne: I am trying to stand in the petitioner's shoes and ask what I would be thinking if I was listening to this. The petitioner is very specific. She is looking for the development and provision of funding for a clinical pathway and services for adults with cerebral palsy. The Government is doing a national action plan on neurological conditions, which is much broader. If I was the petitioner, my slight concern would be that that would not necessarily mean that I would get anything near what I was asking for.

We are trying to second-guess the petitioner's position. Maybe we should write to the petitioner and say, "We are concerned there would be a year's gap before the petition would come back to us because we would need to wait to see what comes out of the action plan and consultation. Our suggestion is that the best option would be to close the petition. When you see the outcomes, you could submit a new petition, if necessary. Would you be comfortable with that or are we missing something in terms of your thinking following your meeting in January?"

I would be more comfortable if we ask the petitioner what she is feeling, and explain why we

think it would be logical, from what we know, to close the petition at this point. She may have a view or a thought that we are missing because we were not present at the meeting that she had with the Scottish Government.

The Convener: That sounds eminently sensible to me. I suggest that we write to the petitioner in those terms and put the two options to her and also acknowledge the progress that she has been able to secure already with the work that she has done on the petition.

Is it agreed that we shall write to the petitioner and subsequently make a decision on what action we will take on the petition?

Members indicated agreement.

A75 (Upgrade) (PE1610)

A77 (Upgrade) (PE1657)

The Convener: The next petitions for consideration are PE1610, by Matt Halliday, and PE1657, by Donald McHarrie, on behalf of the A77 Action Group. I welcome Finlay Carson MSP to the committee for this discussion.

We last considered the petitions in November, when we heard evidence from the Minister for Transport and the Islands. The committee will recall that we covered a wide range of issues with the minister, including previous investment in the road infrastructure, the rationale for building a single carriageway bypass rather than a dual carriageway at Maybole, and the south-west transport study that the Scottish Government has recently commissioned. A summary of our discussion is contained in our meeting papers.

In recognising the particular concerns that have been raised in relation to the condition of the A75 and the A77 and the impact on the economy of the area, the committee asked the Scottish Government for information so that we could understand the economic profile of Dumfries and Galloway. That information has now been received and is also contained in our meeting papers.

Members will recall that the committee asked the Scottish Government whether there was scope to pilot a 50mph speed limit for heavy goods vehicles on the A77, similar to the pilot that is under way on the A9. The Government has responded by stating

“There are no ... plans to increase the HGV speed limit ... as ... there is insufficient evidence ... to justify a change.

The petitioners have provided further written submissions in response to the evidence session with the minister. They continue to raise concerns about a range of issues, including the impact of the condition of the route on the economy, both in Dumfries and Galloway and across Scotland more

widely, the decision not to pilot a 50mph speed limit for HGVs on the A77, and the options that were considered in relation to the Maybole bypass.

Do members have any comments or suggestions for action on the two petitions? Brian Whittle submitted a written parliamentary question that was due to be answered yesterday. Has it been answered, and can you share the findings with us?

10:45

Brian Whittle: It has been answered in one line, which basically says, “No plans”. As you know, convener, Finlay Carson and I have been quite vociferous in tackling the issue. I met Stena Line recently to talk about its plans and the investment that it has made on the back of conversations that were had and promises that were made some time ago.

Stena Line and P&O are quite dismayed and disappointed by the lack of investment in the area. The route from Dublin to Holyhead is starting to pick up a lot of new traffic; that route is growing much faster. There has been significant investment in the infrastructure around Holyhead, so it is inevitable that the route will continue to grow.

I am going to throw my hat in the ring and say that during the recess I plan to take the trip in an HGV to get a feel for it. I travel the A77 every week. Over the past two or three weeks, I have been trying to raise the issue in Parliament. The way in which the route has crumbled since the petitions were submitted is scary. The last time that I went down the route, my passenger took a picture of an HGV overtaking the line of traffic that I was in. I mean no slight against the HGV driver—they were on the charge to try to get to Cairnryan.

The Ayrshire transport summit that was held fairly recently was well attended by MSPs from all parties. The economy of the local area and the safety of the route are suffering so much now and will continue to suffer. My worry is that there is movement on the Ayrshire growth deal, which will increase the volume of traffic. The whole infrastructure of that area is now under review, but if nothing is done to the road between now and the review coming out next winter, it will be in the sea.

I cannot stress enough the poor state of the road, yet we have 44-tonne lorries going up and down it in convoy 26 times a day. By the time next winter comes along, the A77 is going to be in the sea given the state that it is in now, and the same applies to the A75. Somehow or other, we have to get some movement on this.

Finlay Carson (Galloway and West Dumfries)

(Con): I agree with everything that Brian Whittle said. We have a fantastic opportunity with the Ayrshire growth deal, the borderlands growth deal and the establishment of the south of Scotland enterprise agency. That opportunity must be underpinned by good road and rail infrastructure. At the moment, we are looking at the end of this year and into next winter before we get the infrastructure review, and I think that everybody knows what the review is going to tell us. There has been a severe lack of investment in both the A77 and the A75. I cannot overstate how key those two roads are to the economic sustainability of Dumfries and Galloway and South Ayrshire.

I understand that we want to make decisions that are based on the evidence that is put in front of us, but I am calling for the strategic review to be brought forward so that it can underpin the growth deals that are being brought to the table right now.

Michelle Ballantyne: I find this slightly frustrating. When we visited the area, we had a look at the route and talked to people, including the shipping lines, and it is quite clear that there is a major issue. I also found our conversation with the minister frustrating, as he seemed quite dismissive. I understand that there is only so much money and that decisions have to be made about where it goes, but it feels as if the route is being allowed to disintegrate.

That disintegration will have a big impact; it is not just about whether people can drive from A to B. There is a lot of economic reliance on the route. We are reaching the point at which it will be neither here nor there whether there is a single carriageway bypass at Maybole because the rest of the road will be virtually unusable if the situation carries on.

It is a time thing. As time goes on, the bill will get bigger. I agree with Finlay Carson that we could do with somebody moving earlier and giving a proper assessment of what needs to be done.

In the first instance, we probably need to go back to the minister to ask whether he can address the points that have been raised. I do not think that we have had satisfactory answers to the questions that the petitioners are raising.

The Convener: We should ask what options were considered for the Maybole bypass specifically and what the rationale was for the final decision.

I was also struck by the minister saying that he would establish whether the Government could look at a pilot 50mph speed limit for HGVs but then coming back to us to say that it would not do that due to there being no evidence. What was considered between the minister saying that he

would find out about that and his coming back and saying that the Government will not have a pilot?

Those are two specific issues, but there are a number of others.

Brian Whittle: It is not just about the area's economy. There is a knock-on effect. For example, consideration is being given to ending cancer treatment at Ayr hospital, with the service moving to Crosshouse hospital in Kilmarnock—and all the extra travel that that will entail. If the route up the A77 to Girvan and Ballantrae was of a much higher quality than at present, there would be a different conversation, in that perhaps the centralisation of treatment in Kilmarnock would not be such a big issue. When the A77 closes, which happens often, ambulances coming up the road have to be diverted, adding 40 minutes to an hour to the journey.

We need to understand that the issue is about more than commercial decisions, massively important though they are. This affects people's day-to-day lives and their ability to move up and down the route to the main conurbations in Ayrshire. I forgot to say that earlier—I said a lot, but I want to put that on the table as well.

Rona Mackay: Until the committee visited the area last year, I had absolutely no idea how bad the conditions were. I was shocked, to be honest. When we write to the Government, we should ask not just retrospective questions about the Maybole bypass but questions about what plans there are to go forward. We should ask the Government to come up with something concrete. It must have something in its sights.

Angus MacDonald: I do not have much more add. I agree with everything that has been said. I know that the two local members have met P&O and Stena Line, but is it possible to get an update from the companies on the stance that they are taking? We had some evidence from them when we were on our committee visit to Dumfries and Galloway but the committee has not heard from them although the local members have. It would be good to get their perspective on the situation.

The Convener: We might want to invite representatives of the hauliers and the ferry companies. The question is whether we do that in an evidence session or in a round-table session, which would allow community representatives and so on to participate too. There is a question about our focus in that regard. Perhaps we can reflect on that with the clerks. I think that it would be worth hearing from the companies in some way. We might also want to look at the suggestion that we hold a committee debate on the petitions in the chamber, perhaps after we have made a bit more progress.

Rona Mackay made a telling point. People are aware of and talking about the issue, but the broader question of the impact on the Scottish economy, on safety and on the delivery of public services is not necessarily one that everybody is alive to.

Brian Whittle: We could take Angus MacDonald's suggestion further, as I am convinced that Stena Line, for example, would host such a meeting at its headquarters. That would allow the committee, if it was so minded, the opportunity to go down the A77 and see it for itself.

The Convener: Let us look at that. I think that the authority of a public committee hearing may be a productive way of looking the issue. We are clear that we want to ask the companies for their views, so we can write to them, but we want to think about how best to create a forum in which the broader issues can be highlighted. I can do that in consultation with the deputy convener and the clerks. We can think about what would be feasible, if the committee agrees. As a minimum, we should write to the Scottish Government, the hauliers and the ferry operators to get their views.

The committee's papers also flag up the issue of the way in which other routes for goods have been developed and the impact of that on the Scottish economy. We should look at that, too.

Michelle Ballantyne: If we are going to take views from companies such as Stena Line and P&O, I think that it would be good to do that in a formal evidence session. Maybe we could include the Scottish Ambulance Service, too. There is something about getting formal evidence and allowing the wider population to tune in and hear and look at that evidence. Our visit was useful for us, but it was very much something for us to engage with—it was not open and visible.

The Convener: We will look at the format, but that is the balance we want to strike. We want to hear from the different voices but also we need to have a focus. There are a lot of different strands to the issue, but we will look at how best it can be taken forward.

Does Finlay Carson have any final comments?

Finlay Carson: I thank the committee for putting the petitions at the top of the agenda. The transport minister has said on more than one occasion that the issue is at the top of his in-tray, but I would like to see it at the top of his out-tray—as something that is being dealt with. People in Dumfries and Galloway and those on either side of the A77 are very aware that it is being discussed, but we need a way forward so that we know that there is a timescale that we are working to.

I welcome comments from Brian Whittle and Michelle Ballantyne about the Ambulance Service. The health board is looking to provide centres of excellence, but at the moment some patients in Stranraer have to travel 75 miles to Dumfries—and that is without patients having to travel to the central belt for cancer treatment. Such travel times have to be taken into consideration alongside the safety of the roads and the impact on hauliers and the people who use them to get to work every day.

On the issue of more centralised health treatments, people need to be able to get to those centres safely. That is certainly not how people are travelling at the moment.

Angus MacDonald: I have a final thought. When we write to the Scottish Government, can we ask how members of the public can contribute to the south-west transport study?

The Convener: That is an important point. Good transport infrastructure is important no matter where you decide to put individual services. There will always be some services that are centralised, and we want people to get to them safely.

There are a number of issues that we can pursue. I think that we should probably flag up to the conveners group our interest in having a chamber debate on the petitions at some point. We may have that before the next stage, or at the conclusion of our inquiry. We can make decisions about that later. I thank Finlay Carson for his attendance.

Mental Health Treatment (Consent) (PE1627)

11:00

The Convener: The final petition for consideration today is PE1627, by Annette McKenzie, on consent for mental health treatment for people under 18 years of age. We last considered the petition at our meeting on 18 January, when we heard evidence from the Minister for Mental Health. The committee considered a range of important issues with the minister, including the prescription of antidepressants to under-18s, general practitioner training, early intervention and prevention measures, including child and adolescent mental health services provision and issues relating to consent. A summary of the discussion that took place is contained in our meeting papers.

In the petitioner's written submission, she suggests a possible solution that may address the issue of consent for young people who have been prescribed antidepressants, through the use of a written consent form. There was also a submission that we circulated late but which is now on the

petitions web page. We also have access to it here. Do members have any comments or suggestions for action?

Michelle Ballantyne: I am really troubled by the petition, and I am keen for us to progress or endeavour to progress down a route that makes real change. The underpinning problem is that, when young people seek help with a GP as the first port of call, they often do not receive appropriate care. I am not suggesting that GPs are deliberately not endeavouring to do their best, but the circumstances of 10-minute appointments, very busy clinics and the underpinning training and on-going continuous professional development that doctors receive mean that, fundamentally, we have an inadequate approach to dealing with young people who come in with anxiety, depression or feelings of inadequacy.

It is clear from the evidence in our papers that GPs are struggling to get the kind of CPD that they need to update them on issues such as safeguarding, mental health or the appropriate use of drugs. When the petition is combined with the other one that is before us on the impact of antidepressants, they paint a very troubling picture. I would like us to go back to the Minister for Mental Health and ask what she feels about the need for engagement on written consent. I am also keen to speak again to the General Medical Council to say that we have seen what it has to say about the process of training and the elements that have to be undertaken, but we think that there is an issue and we would like its thoughts on what can be done to improve engagement with young people, particularly by GPs.

We need a broader conversation about whether GPs should in some way be stopped from giving prescriptions to young people on their first visit. The Scottish intercollegiate guidelines network clearly says that medication should not be prescribed until other therapies have been tried, but clearly that is not happening. We have a number of pieces of evidence in front of us that indicate clearly that it is not uncommon practice for young people to be given a prescription on their first visit. That alone sends shivers down my spine. As somebody who has worked in children's services providing alternative therapies, I would be very concerned about any child being given a prescription on their first visit, and extremely concerned about their being given it without any other person being made aware of that and being able to support that young person. However, that is what currently happens in our system.

The issue is not about blaming individuals or taking doctors to task; it is about looking at a system that has a problem and addressing that problem. It is not about individuals; it is about a systemic problem that we need to address. The

petition is before us, and I believe that we need to drive forward on the issue. We need to discuss how we do that. I suspect that we cannot do it in this short meeting, so I wonder whether we should have a broader session to look at what is going on and what might be the best way to approach the issue.

Brian Whittle: Of all the petitions that we have dealt with, this one has probably impacted me the most personally. It is one of the most important petitions that we have had. As my colleague Michelle Ballantyne highlighted, the petition raises the much bigger issue of, for want of a better expression, the protection of our GPs. The CPD has not kept pace with the rise in mental health conditions. It is all very well saying that GPs are not following the SIGN guidelines, but that appears to indicate that other therapies and options are available to GPs.

The idea that youngsters can be given medication on a first visit to a GP just frightens me. We need a particular and longer session on the petition, somehow or other. We need to consider it in an environment that is not as constrictive as the one that we are in at present. I back a call to have a specific session on the petition.

The Convener: I suggest that, if we do that, we would implement the decisions that we have made, and we would report back on those. It would just give us a wee bit of space to reflect on all of the evidence. We do not want to take the issue out of the public domain and not return it, but that approach would give us a chance to think through some of the issues.

On the minister's evidence, I do not think that we got a satisfactory answer on the extent to which antidepressant drugs or other drugs are prescribed as the first port of call or the last port of call. The guidance says that that should not be the first thing that is done, but the minister and her official did not seem to be able to give evidence on what happens. They could not say, "The evidence is that it happens only when someone is in crisis." I have a question about that.

There is also a question about access to CAMHS. I have picked up elsewhere that people feel that there is gatekeeping going on, which might be because the resource is so precious and limited that GPs cannot lean on it routinely.

We should write to the minister and ask her to comment on the petitioner's view on written consent. If the issue was easy, it would have been sorted by now. There is a difference between telling somebody about somebody else's right to confidential advice and understanding that, in circumstances such as these, people need a bit of support. The minister accepted that, if it were

cancer, of course the family would be brought in and there would be consideration of how that person could be supported. However, the presumption is that, for somebody who has a mental health issue, that support would not be as positive. That is an interesting indication of the different way in which we deal with mental health issues.

The written submission from the Royal College of General Practitioners talks about communication and consultation and says that GPs should

“enable parents or carers, children and young people to ... Participate in their own care”

and be “routinely involved”. However, it flags up

“the need for confidentiality balanced with the parents’ need for information”.

I do not know whether that is specifically for under-16s. The matter is not absolutely black and white, but there are issues here. How can GPs be as supportive as possible of somebody who may need particular treatment and reach out to people who would be supportive of them? The petitioner has underlined that, although she felt that it was not appropriate for the drugs to be prescribed, if she had known, that would have explained the behaviour changes and she might even have been able to help with dispensing the drugs. There are questions there.

I think that we want to go back to the minister with those points. If members want to flag up other points that should be included in the letter, I will take them in a moment. I think that we also want an opportunity to reflect a bit on all the ways in which we might pursue the issue. We want to flag up to the minister the question of written consent, as highlighted by the petitioner.

Do members have any issues to add to that?

Rona Mackay: Yes. As my colleagues have said, the petition is hugely troubling and massively important. It encompasses many different issues, so we must get as much information as we can. So far, the responses that we have had have not added much. I am sure that the petitioner feels that those responses have not dealt with her reasons for bringing the petition, so we need to get closer to doing that. We should certainly write to the Government and ask about the consent forms, but we definitely need longer to consider the issue. We cannot deal with it in 15 minutes once a fortnight. We need a longer session, because it is a much wider issue. What has been suggested is what we should do for now, but we need to look at the issue in the longer term as well.

Angus MacDonald: The convener mentioned funding for CAMHS. The minister referred to extra funding of about £10 million, although there is no

doubt that there are capacity issues. Could we write to Young Scot for an update on the work of the youth commission on mental health to explore the extension of CAHMS to those up to the age of 25? We should also ask Healthcare Improvement Scotland for further information about its work with health boards to improve CAMHS services in Scotland. It seems from what the minister said that the intention is there to improve CAMHS services, but funding is clearly required.

The Convener: Part of the issue might not be about funding; it might simply be about whether we wait until somebody is in crisis before we access support for them or whether CAMHS have a role in preventative work. I do not know the answer to that. From evidence that I have heard elsewhere, people who we might think would have access to CAMHS have not had that. It would be interesting to explore that. Your suggestions on Young Scot and Healthcare Improvement Scotland would help to inform that.

We want to write to the minister about the suggestion of having written consent forms. Perhaps we should also ask her to reflect on the findings of the Scottish Association for Mental Health survey regarding GP knowledge of SIGN and other guidelines and how the Government promotes the available guidance to all GP practices in Scotland. I think that we are also agreed that we will reflect on the issue in private and report back on the conclusions of that in a public session. Is that agreed?

Members indicated agreement.

The Convener: Significant issues have been flagged up by the minister and in the submissions that we have received, which gives us an opportunity to pursue the issue further.

I hope that everyone has a good recess and a happy easter. I look forward to seeing you in the new term.

Meeting closed at 11:13.

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