



**OFFICIAL REPORT**  
AITHISG OIFIGEIL

# Public Petitions Committee

**Thursday 10 May 2018**

**Session 5**



The Scottish Parliament  
Pàrlamaid na h-Alba



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**Thursday 10 May 2018**

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**PUBLIC PETITIONS COMMITTEE**

**7<sup>th</sup> 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:**

Jim Clark

Charles Gore (Hepatitis C Trust)

**CLERK TO THE COMMITTEE**

Catherine Fergusson

**LOCATION**

The James Clerk Maxwell Room (CR4)



## Scottish Parliament

### Public Petitions Committee

*Thursday 10 May 2018*

*[The Convener opened the meeting at 09:00]*

### Decision on Taking Business in Private

**The Convener (Johann Lamont):** Good morning, and welcome to the seventh 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 a decision on whether to take in private item 4, which is consideration of the committee's annual report. Do members agree to take item 4 in private?

**Members indicated agreement.**

## Continued Petitions

### Mountain Hares (Protection) (PE1664)

09:00

**The Convener:** The second item on the agenda is consideration of continued petitions. The first petition for consideration is PE1664, by Harry Huyton on behalf of OneKind, on greater protection for mountain hares. We last considered the petition in December and agreed to ask the Scottish Government what opportunity there is for members of the public, including the petitioner, to contribute to the development of the new principles of moorland management guidance on sustainable hare management, which is currently being developed.

The Scottish Government responded by stating that the moorland forum is developing the guidance, which is technical in nature and therefore not suitable for public consultation. However, the Government highlights that the petitioner can seek membership of the forum if they wish to do so. The written submission also reiterated a point that was made in previous submissions that an independently led group has been set up to look at the environmental impact of grouse moor management, including mountain hare culls, the findings of which will be reported in spring 2019.

Members may also wish to note that Alison Johnstone MSP recently raised a question during First Minister's question time in relation to the large-scale culling of mountain hares. In response, the First Minister stated that the Government intends to hold meetings with stakeholders to explore the prevention of mass culls of mountain hares, including legislation and a licensing scheme.

Do members have any comments on what action we should take?

**Brian Whittle (South Scotland) (Con):** Given Alison Johnstone's question and the Government's response, maybe it is realistic to wait for the Government to come to its conclusions on the matter, because it is already doing an investigation.

**Michelle Ballantyne (South Scotland) (Con):** It would be useful to get a response from the petitioner to what the Government has said. If the petitioner is happy to seek membership of the forum and work through it, that would probably make best sense. We need to know what the petitioner is thinking at this stage.

**The Convener:** We have not had a written response from the petitioner, but we can seek one.

We can also look for information on the response that has been elicited by Alison Johnstone's question.

**Rona Mackay (Strathkelvin and Bearsden) (SNP):** We need an update on what has happened since then. Like most people, I saw the footage that Alison Johnstone referred to, and it was horrible. Given that the question was raised at the end of March, it would be interesting to know what has happened since then.

**The Convener:** Is that approach agreed?

**Members** *indicated agreement.*

### **Prescription (Scottish Law Commission Report) (PE1672)**

**The Convener:** The next petition is PE1672, by Hugh Paterson, on the Scottish Law Commission report on prescription. We last considered the petition in December, when we agreed to ask the Scottish Government for its views. The Scottish Government's response states that there should be no reform on the issue of negative prescription, and highlights that it is

"an essential part of balancing individual interests on one hand and serving the wider public interest on the other."

As such, the 20-year long stop is considered to create

"legal certainty, finality and fairness."

In response to that point, the petitioner states that he understands the reason for the 20-year cut-off point, but that there should be something in place to cover title deed holders if discrepancies are discovered after 20 years. He also highlights that title deed holders are unaware of the 20-year cut-off period.

Members will recall that the committee discussed a potential solution, which would involve purchasers being informed immediately at the time of purchasing a property whether a title has been adequately registered. The Scottish Government responded by stating that there is already relevant legislation in place that requires the keeper of the register to notify the applicant,

"so long as it is reasonably practicable"

to do so.

Do members have any comments?

**Michelle Ballantyne:** I said when we considered the petition previously that I have concerns about the 20-year cut-off. Although I accept that it is important to have an end point and not leave things in perpetuity, if someone has lived in a house for a long time, it is not just about the situation at the point of transfer; as the petitioner states, changes such as computerisation of deeds

can mean that boundaries move through no fault of the landowner.

It is suggested somewhere in the papers that notification could be made one year prior to the cut-off point. I do not know how practical that is, but I remain slightly uncomfortable about the idea that, if someone has lived somewhere for a long time, and changes have been made to do with mapping, they can be left high and dry with a boundary change with no right of recourse, through no fault of their own. Maybe there is an issue about raising awareness that, if someone has lived in a property, it is up to them to check that, but I am left with a slight feeling that there is a missing link. I am not sure that I have an adequate answer as to how we protect people at that end point. I do not know what other members feel.

**Rona Mackay:** It is clear that the Government is not going to change the law on the issue, but it is fair to ask whether it would consider an awareness campaign. If enough people were aware of the issue, that would greatly lessen the problem. The issue could just be down to people not being aware. Other than that, we have gone as far as we can with the petition, but it is fair enough to ask the Government whether it will consider an awareness campaign.

**Angus MacDonald (Falkirk East) (SNP):** I agree with Rona Mackay. There is a strong argument for an awareness scheme about the 20-year cut-off period. Clearly, the Government has no plans to amend the law relating to prescription and limitation, but an awareness scheme would maybe help to improve the situation a little, if not completely.

**Michelle Ballantyne:** I am not sure that it would, because the problem with an awareness campaign, unless it is a continuous thing, is that an issue is highlighted for a short period, a few people pick up on it, a lot of money is spent and, in the end, nothing really changes. For most people, if they check today, that will not mean that they will be in a better position in 10 years' time. To be honest, I am not sure whether an awareness campaign would solve the problem or what the return on that investment would be.

The issue is more about the closure point and whether it would be feasible, at about 18 months before the 20-year cut-off—

**The Convener:** Who would do that? How would that be triggered?

**Michelle Ballantyne:** I have no idea. As I said, I do not have the answer, but that could be triggered if a registration has sat unchanged for a period of time. Computer systems can flag up something and send an automatic letter; it could be programmed in, I guess, from transfer date.

**The Convener:** Whose computer would that be?

**Michelle Ballantyne:** It would be the land registration body's.

**Brian Whittle:** It is a council issue.

**Michelle Ballantyne:** No—it is land registration. It is nothing to do with councils.

**Angus MacDonald:** It would be Registers of Scotland.

**The Convener:** Everybody recognises that there needs to be a stopping point and that having a stopping point that does not really stop would not work either. I wonder whether it would be worth asking the Scottish Government how it addresses the issue of ensuring that people are aware of their rights or the consequences. Are people made aware of the issue at the point of transaction? Something could happen a long period after that, and people would not even be thinking about the issue. If the Scottish Government will not consider running an awareness campaign, maybe we could ask what else it would consider. It would be reasonable to test those options with the Government.

**Michelle Ballantyne:** I suppose that I am asking whether it would be feasible for us to write to Registers of Scotland to ask whether its system could work so that, when a land registration has not been changed and it is coming up to the 20-year cut-off point—say 12 months or 18 months before—a letter could be sent automatically saying, “Your registration has been in place for 18 and a half years and in 18 months you will have no right of redress should there be any errors, so you may wish to check the issue before then.” The letter does not need to have a name; it can be sent just to the owner of the property and then the onus would be on them. It is worth asking whether that is feasible. The number of properties that do not change hands in 20 years is probably relatively small now.

**The Convener:** I suggest that we flag up to the Scottish Government the question of an awareness-raising scheme. It may be that it will say that, if people are not paying attention, why would such a scheme trigger anything? It is also worth asking whether it is feasible to have the sort of system that Michelle Ballantyne has outlined. Is that approach agreed?

**Members** *indicated agreement.*

## **Child Protection Services (PE1673)**

### **Children's Hearings (PE1675)**

**The Convener:** The next petitions, both of which are by James Mackie, are PE1673, on the

operation and running of child protection services in Scotland, and PE1675, on attendance at children's hearings. We last considered the petitions at our meeting on 23 November, when we agreed to join them together for consideration and to seek a response from the Scottish Government on the action called for in them. Members will note that we have received responses from the Scottish Government and a response from the petitioner. We have also received three other submissions on PE1673, from three individuals with an interest in the petition.

Members will recall that PE1673, in particular, sets out issues in relation to a number of elements of child protection and the Government response provides commentary on those points. In addition to addressing the various points of the petition, the Government response also refers to two specific areas of work: the reconvening of the child protection systems review group in April 2018 and the work being undertaken by the independent care review, which is chaired by Fiona Duncan.

The petitioner's response addresses the points made in the Government's response, as do the submissions from Maggie Mellon and Gary Clapton. Overall, the view offered by the petitioner and others is that the practical experience of the operation of child protection systems differs from what is envisaged by the regulations and procedures that govern the system.

Do members have any comments or suggestions for action?

**Rona Mackay:** I said when we considered the petition previously that I did not recognise a lot of the opinion and claims in it, much as I sympathise with the petitioner for having had a bad experience. The Government's response is comprehensive, and I do not see any justification for keeping the petition open. The review is going on. The children's hearings system is always under scrutiny, so I cannot see where we can go with the petition. I am in favour of closing the petition.

**The Convener:** Bear in mind that we are considering two petitions. Specifically on the petition on attendance at children's hearings, which is PE1675, there is an important issue about the purpose of children's hearings and making sure that the young person is at the centre of consideration. It looks as though we have had a reasonable response from the Government on that.

However, some questions have been flung up by PE1673. One point is about what supports we are putting in at an earlier stage instead of responding to a crisis by bringing a child into care. That is a different argument, which is about what

is around the hearings system rather than simply the system itself. Might that be worth exploring?

**Brian Whittle:** I agree with Rona Mackay. I do not recognise a lot of what we heard but, in raising the issue, the petitioner continues to keep child protection at the forefront. I also agree with you, convener, in that there are some issues around early intervention that still have to be addressed. It would not do any harm to continue to flag that and investigate it.

**Michelle Ballantyne:** The problem with the child protection system is that it is very people based, so there can be some really good positive experiences but there can also be some very negative experiences. It is a complicated and difficult process. It is very emotional, and getting it right is extremely difficult. The review that Fiona Duncan is leading on is important. I have already talked to the review about some of the work that is being done and I think that it may well have a big impact on our systems, particularly our child protection system. To an extent, we need to wait and see what comes out of the review.

We cannot dismiss the petitions, because there is a basis for concern, and it is the same concern that lies behind the review. However, we have to let the review take place and let the processes that are already in hand go through and then maybe come back to consider whether that has answered some of the questions.

09:15

**The Convener:** The Education and Skills Committee, on which I sit, took evidence from Fiona Duncan along with a couple of care-experienced young people. That was very impressive and thought provoking. It certainly left that committee far from feeling that those people felt that they simply have to go through the process. It was genuine engagement with people in the care system. Equally, that committee has had a watching brief on the hearings system and in fact produced a report on it recently.

We can probably close PE1675, which is on the importance of having the child or young person taking part, as we have an answer on that. A debate is going on about whether we need to rethink the system, because there is a desire to bring children into care, where they have a very bad experience—I am not sure that I agree with that, but that is the argument—and, as a consequence, we do not invest enough in supporting families who might be in crisis. I am not sure whether that is what is happening, but that is the balance of the argument and it might be interesting to get views on that from the key organisations that are involved. The petitioner's direct experience might have been very poor, or

they feel that it was very poor, but I am not sure that we can extrapolate from it that that is the mindset of everybody who is engaged in the system. I am not sure that that is true, but it would be worth asking some of the organisations that are involved.

**Michelle Ballantyne:** Because this is quite a complicated area, which spreads into what we are doing on vulnerable two-year-olds and the early years, there is a big conversation to be had about how we support families and how we prevent children from ending up in the hearings system and in care.

**The Convener:** That is a massive issue but, in relation to the petition, we would want to look at whether we are inappropriately bringing children into care because there is not enough support or because there is a mindset that says that that is the solution.

We should contact the Scottish Children's Reporter Administration, the Association of Directors of Social Work and perhaps some of the other organisations that are involved in the field. Is that agreed?

*Members indicated agreement.*

**The Convener:** Am I right in thinking that we are content to close PE1675, under rule 15.7 of standing orders, as we have the Government's view on that and we think that there are enough protections in place?

*Members indicated agreement.*

### **Cat Population (Management) (PE1674)**

**The Convener:** The next petition for consideration is PE1674, by Ellie Stirling, on managing the cat population in Scotland. At our first consideration of this petition, we agreed to seek the views of the Scottish Government, animal welfare charities and veterinary bodies. The petition calls for a review of the code of practice under the Wildlife and Natural Environment (Scotland) Act 2011, to make neutering, microchipping and registration of owned domestic cats compulsory.

In her submission, the Cabinet Secretary for the Environment, Climate Change and Land Reform notes that any change to the code of practice does not change the law. She does, however, indicate that she will ask the non-native species action group to explore this issue, adding that the group liaises closely with representatives of the Scottish wildcat action plan.

In their submissions, the animal charities and veterinary bodies indicate an acknowledgement of the issue raised by the petition but do not consider that microchipping and neutering of cats should be



compulsory. To support their position, they cite issues of enforcement, concerns about unintended consequences such as an increase in cats and kittens being abandoned, and a lack of evidence to support the action that the petition calls for. Members will note, however, that all the agencies that responded have indicated a willingness to work together to deliver and promote an effective public awareness campaign on responsible cat ownership.

The petitioner argues that an assertive approach is required in relation to neutering cats and encouraging responsible cat ownership. She suggests some stakeholders that the committee might contact to address this issue from a conservation perspective. She has also highlighted measures that have been implemented elsewhere in Europe and beyond. In particular, she refers to the model that has recently been adopted in Belgium and suggests that it would be helpful to learn from the experience there.

Do members have any comments or suggestions for action?

**Michelle Ballantyne:** To be honest, I found this quite a surprising petition—because I did not know about issues with cats—but it was thoughtful. Perhaps we should do as is suggested in our papers and write to the partner organisations of the Scottish wildcat action plan to invite their views. It would be interesting to know whether this is as big a problem as the petition suggests. We should look at the conservation issues and find out what the thinking is. It is suggested that we write to Professor Anna Meredith, and I think that that is probably worth doing. It is also suggested that we seek an update from the Scottish Government on its five-year Scottish wildcat conservation action programme and establish whether it will publish any interim findings. I think that the suggestions that have been made in our papers are good and we should follow through on them.

**Brian Whittle:** The Scottish Government clearly does not think that the petition on microchipping and neutering is the way forward. I would be quite interested to explore what the unintended consequences might be, because I cannot quite see what those would be. It is certainly worth exploring further.

**Angus MacDonald:** Following on from Brian Whittle's comments, I think that it is worth highlighting a salient point that the Scottish Society for the Prevention of Cruelty to Animals has made:

"A proposal to make cat neutering legally compulsory throughout Scotland in an effort to protect the Scottish Wildcat does not make sense, cats in the central belt and major cities and towns do not pose a threat to Scottish Wildcats."

There is clearly an issue there, although the SSPCA is clearly confirming its support for vaccination, microchipping and neutering, and highlighting that more public education is certainly required in this area. I agree that we should contact the partner organisations to the Scottish wildlife action plan to seek their views.

**The Convener:** I am struck by the fact that this is one of those things where there is not an obvious answer and there is a genuine argument to be made on both sides. Sometimes, if there is a right and a wrong, you can identify it quite quickly. I am not an expert in this by any stretch of the imagination, but it seems to me that we are more prescriptive about what we expect from dog owners than we are about what we expect from cat owners. I do not know whether that is a very controversial thing to say, but do dogs not have to be microchipped?

**Michelle Ballantyne:** Yes, they do.

**The Convener:** I think that we would like to explore this further. My feeling—and I think that the committee is reflecting this—is that there is something interesting here. It may be that the solution is not what the petitioner has asked for and perhaps the wildcat issue is really not a problem in the central belt, but I think that it would be worth looking at whether there are other issues in the central belt that affect cats. I think that we are agreed on the proposals that have been identified, and the petitioner will have an opportunity to make a further submission once we have heard the response from the folk we are seeking information from.

**Members indicated agreement.**

## **Land Registration etc (Scotland) Act 2012 (PE1676)**

**The Convener:** The next petition for consideration today is PE1676, by Tony Rosser, which calls for a review of the Land Registration etc (Scotland) Act 2012, in particular with regard to the cadastral map and the provision of supporting materials. Following our initial consideration of the petition, the committee wrote to the Scottish Government and Registers of Scotland.

In its submission, the Scottish Government indicates that it has no current plans to review the use of the cadastral map. It states that powers are available to ministers under the act to make an order to change the mapping system, where there is sufficient evidence that there is a better alternative. It indicates that it is not aware of a better alternative. The keeper of the registers of Scotland confirms that Registers of Scotland has "no capacity issues" under the current system but considers that it would be

“impractical and extremely resource intensive”

for it to take its own view on the accuracy of updated information provided by Ordnance Survey.

In response, the petitioner argues that, under the current system, the potential for errors to be made remains, with no opportunity for owners to approve the changes. In response to the views presented by the Scottish Government and Registers of Scotland in relation to costs and resources, the petitioner states that

“significant costs and delays are borne by property owners at present”,

and suggests that those should be borne by the Scottish Government and Registers of Scotland.

In relation to the provision of supporting materials, the Scottish Government notes that the act requires solicitors to take reasonable care to ensure that all information is accurate and up to date but states that this is an operational matter for Registers of Scotland. The keeper of the registers of Scotland indicates that Registers of Scotland does not consider it necessary to ask solicitors to provide supporting materials, such as death certificates, as the solicitors are

“under a professional duty to act in the best interests of their clients”.

The petitioner reiterates his position that provision of supporting materials

“negates the possibility of error and, in extreme cases, could prevent fraud”.

The act will be included in the Public Audit and Post-legislative Scrutiny Committee’s work on post-legislative scrutiny.

Do members have any comments or suggestions for action?

**Michelle Ballantyne:** Given that the act is going to be reviewed by the Public Audit and Post-legislative Scrutiny Committee, would it not be sensible to just send it to that committee for it to look at as part of its work?

**Rona Mackay:** I agree with Michelle Ballantyne.

**Angus MacDonald:** Agreed.

**The Convener:** This is clearly an issue that has concerned the petitioner greatly. If he wants a review of the act, we can refer the petition formally to the Public Audit and Post-legislative Scrutiny Committee for it to consider as part of its programme of post-legislative scrutiny. Is that agreed?

**Members indicated agreement.**

**The Convener:** We thank the petitioner for presenting the petition to us. He will have the opportunity to follow the considerations of the

Public Audit and Post-legislative Scrutiny Committee in that regard.

### **Welfare Cuts (Mitigation) (PE1677)**

**The Convener:** The next petition is PE1677, by Dr Sarah Glynn, on behalf of the Scottish Unemployed Workers Network, on making more money available to mitigate welfare cuts. We first considered the petition in February, when we agreed to invite the Scottish Government to address three points: to what extent it had considered mitigating welfare cuts as part of its budget consideration; whether it had considered redirecting expenditure to enable more funding to be made available for mitigation; and whether it had considered increasing the Scottish welfare fund and the support that is available to help people access their benefits.

The Scottish Government’s submission is set in the context of the United Kingdom Government’s welfare reforms, which it says will result in a reduction of approximately £4 billion in welfare spend by 2020-21. It reiterates its

“on-going commitment to continue to mitigate alongside the work on delivery of devolved benefits devolved under the Scotland Act 2016”,

and lists the areas that it has allocated over £100 million to for 2018-19. It also identifies a range of other policies and measures, including the best start grant, carers allowance and others as identified in the clerk’s note.

The petitioners refer to that as “simply a reiteration” of what the Scottish Government has already announced or is already doing. They argue that the Government’s submission does not address their concerns about, among other things, discretionary housing payments, child benefits, a living wage for carers and the Scottish welfare fund.

The Scottish Government states that it considers the Scottish welfare fund to be a “vital lifeline”. The petitioners refer to the UK Government’s recent reversal of its policy on the provision of housing subsidy to 18 to 21 year-olds on universal credit. They suggest that any money that the Scottish Government had set aside within the Scottish welfare fund to budget for support in that area

“can be used for other welfare mitigation”,

and seek confirmation from the Scottish Government that it will keep the money for welfare, and they ask what other help it plans to give.

Members may also be aware that the Social Security Committee is expected to undertake some inquiry work on the Scottish welfare fund from 17 May.

Do members have any comments or suggestions for action?

09:31

*Meeting suspended.*

**Brian Whittle:** Given that the Social Security Committee is about to undertake some of this work, it seems logical that we feed the petitioners' thoughts into that inquiry. I would quite like to see the petition referred to the Social Security Committee.

**Angus MacDonald:** I agree. Given that the Social Security Committee's work on this is imminent, we should send the petition to that committee directly to help with its deliberations.

**Rona Mackay:** I agree with Angus MacDonald and Brian Whittle. It is a good fit for the Social Security Committee. It is quite timely that it is going to be doing an inquiry on this, so we should send the petition to it.

**The Convener:** If, as is highlighted, money had been set aside to mitigate the policy of not giving housing support to 18 to 21-year-olds, and that policy has changed, it would be interesting to know whether the Scottish Government will direct that money elsewhere within the welfare budget. We cannot direct what the Social Security Committee looks at, but I think that we would want to flag up that issue, as well as the question of the size of the Scottish welfare fund relative to the many calls on it.

I am sensing from the committee that there are big issues on both sides of the argument about whether the UK Government has taken the right approach and whether the Scottish Government is doing enough to mitigate the impact, but I think that the question of how that budget is spent, and what size it is, is one that the Social Security Committee is looking at.

**Brian Whittle:** It will certainly be interesting to ask what the Scottish Government is going to do with that money that was allocated and then not required. It will be quite interesting to find out what it is going to do with that.

**The Convener:** We could decide not to refer the petition and get that question answered first, but I suspect that, if the Social Security Committee is doing this work now, it would be helpful to feed in the views of the petitioner, what has been provided to us already, as well as the questions that have been prompted by it, if that is agreed.

**Members** *indicated agreement.*

**The Convener:** In that case, we will refer the petition to the Social Security Committee for consideration as part of its inquiry into the Scottish welfare fund and as part of its wider work on managing the implementation of the Scotland Act 2016.

09:32

*On resuming—*

## New Petitions

### Hepatitis C (Treatment Targets) (PE1689)

**The Convener:** Our third agenda item is consideration of new petitions. The first new petition for consideration today is PE1689, by Jim Clark, on hepatitis C treatment targets in Scotland. We will take evidence from the petitioner and Charles Gore, who is chief executive of the Hepatitis C Trust.

I welcome you to the meeting and invite you to make a short opening statement of up to five minutes, after which members of the committee will ask questions.

**Jim Clark:** I am a former patient who was diagnosed with hepatitis C about 10 years ago, and got rid of it in 2013. Getting rid of the disease has had a massive positive impact on my life; doing the same for other people would be the humanitarian thing to do.

I was on long-term sickness for about 10 years, during which I was misdiagnosed a few times. Since getting rid of the virus I have got myself back into employment. It has taken a while, but I am off benefits and working. I feel that if we can make such a positive impact in my life, we should do it for everyone who is affected.

Putting a limit on numbers is not the way to go. The longer someone is infected, the more chance there is that they will pass on the infection. The financial costs are expensive—the cost to the welfare bill and so on—and money that the national health service spends would be saved and sent in other areas.

**The Convener:** Does you want to say anything, Charles?

**Charles Gore (Hepatitis C Trust):** Thank you, convener.

The Hepatitis C Trust very strongly supports Jim Clark's petition. I echo what he said about the tremendous potential benefits to individuals. It so happens that I, too, have had hepatitis C. If I had not been treated, I could well be dead by now, or have had a liver transplant, because I also had cirrhosis at the time.

Also, from the individual point of view, members might know that hepatitis C disproportionately affects marginalised groups—people who inject drugs, people in prison, certain migrant communities from countries in which it is highly endemic and homeless people, so addressing hepatitis C is a health intervention that will help to address inequalities.

It is also a public health issue. As Jim Clark said, the longer someone is left living with the virus, the more likely they are to transmit it to other people. That, of course, applies especially to people who inject drugs, which is where a lot of transmission is happening. If we do not get out and treat them, there will be continuing new infection. From a public health point of view, it is clear that the sooner we eliminate hepatitis C, the sooner we will get all the benefits from people not needing long-term care.

My third point is that until the end of last year I was president of the World Hepatitis Alliance, during which time I spent a lot of time going round the world lauding the Scottish approach to hepatitis C. Scotland has been an absolute leader in this. I do not think that there are many health areas in which we have been a leader, so it has been really wonderful for me to be able to hold Scotland up.

The World Health Organization has recognised that the Scottish action plan—"The Sexual Health and Blood Borne Virus Framework 2011"—was a masterpiece, and I would like to see us continue with that approach. I feel that we are, at the moment, stepping back a little bit and saying, "Let's try to do the minimum and not be aspirational." The petition is not calling for the Government to increase the minimum targets—in other words, to force the health boards to spend more money. Rather, it is asking to have aspirational targets, too, and really to try to eliminate hepatitis C. NHS Tayside has said that it could do that locally in five years. Why cannot we do it in the rest of Scotland? That health board is being aspirational, but the rest of Scotland is not. Thank you.

**The Convener:** I thank you both—in particular, the petitioner, for bringing his direct experience, which always helps to inform our considerations.

One of the matters that are discussed in the petition is the cost of treatment. What is the estimated figure for treating an individual, and what factors might contribute to the number varying among people who receive treatment? For example, are treatment costs reduced if it is commenced as early as possible after infection?

**Charles Gore:** The price of the drugs is commercially confidential so I cannot, I am afraid, comment on that, because I do not know. However, we can estimate that it is £10,000 or less. In England, the cost of some treatments is down to £5,000 and may be less. Those treatments were previously, by the way, considered to be cost effective at somewhere between £30,000 and £35,000, so we are now talking absolutely about cost savings. Those treatments are clearly where money should be invested, from a rational point of view: you spend

money on the cost-saving things first and then work your way down through the increasingly less cost-effective things.

In respect of early treatment, some drugs require shorter courses of treatment the sooner they are started. As people advance towards cirrhosis, they may need longer courses of treatment, so it is cheaper to treat people early. That is quite apart from the fact that when a person infects somebody else, another course of treatment must be paid for. I hope that that answered your question.

**The Convener:** Is there evidence that as the price of the drugs has gone down, the number of people who are being treated has gone up? Is there a suggestion—I think that we have this in our papers—that the expected number continues to be treated, and the money that is saved because drugs have become cheaper is not then reinvested in aspirational targets for hepatitis C, but is used for other things?

**Charles Gore:** That is exactly right. The fall in the price of drugs has been very steep, but although the minimum targets have increased, they have not increased in line with the fall in the price of drugs. It was estimated that even if a treatment this year, which has been set at £2,000, were to cost £3,000, the cost would still be less than the cost of treating the 1,800 people who were treated last year and the year before. What appears to be happening is that some health boards are treating more people if they have saved money, but the majority of health boards—eight—are not; they are pocketing the savings. At least two of the others are under pressure to pocket the savings. I completely understand the financial pressures in the system, but this is one of the very few areas in which something can be done, but it need not be done year after year, indefinitely.

**The Convener:** Thank you for that

**Angus MacDonald:** The petition refers to the report that was published by the Hepatitis C Trust in January 2018, which

“found that some clinicians were being asked to slow down the numbers of patients being treated in order to treat patients in line with targets, rather than in line with the allocated budget”.

I am keen to know what the prevalence of hepatitis C is in different parts of the country, and what variations there are in approaches to treatment. Do you have information about such differences?

**Charles Gore:** Yes. NHS Tayside is a stand-out example. It is reinvesting everything from savings into treating more people, and is aggressively going out and finding people. One of the issues is that there was a group of people who knew that

they were infected and were waiting for treatment, who have in many areas been treated. There is a second group of people who are diagnosed but have somehow fallen out of the care pathway, and then there is the undiagnosed group.

The second and third groups need a really proactive approach in order to re-engage the first and to diagnose the second. That is exactly what NHS Tayside has done: it has particularly concentrated on its injecting drug-user population. It has set up an extremely good system in which it has used its needle exchanges to engage people, get them tested and then present them for treatment. At the moment it is trying to show that by treating injecting drug users, prevalence falls because that stops new infections.

There are other parts of the country—I do not wish to name and shame anyone—that are literally hitting the target then stopping.

**Angus MacDonald:** It would be good if you could name and shame them privately to the committee.

**Charles Gore:** Fine. I would be pleased to do that.

**Angus MacDonald:** That is just so that we have the figures—although I am sure that NHS Tayside will be pleased to get some praise this week, given the issues that we have seen there.

**Rona Mackay:** The petition notes that

“hepatitis C is preventable, treatable and curable for the vast majority of people”

—which is great news—and goes on to state that

“new treatments are now available, with short treatment durations, limited side effects and cure rates upwards of 95 per cent.”

Are those new treatments available as standard, or is it still a bit of a postcode lottery, as you suggested earlier? Are people who present, having been diagnosed, routinely given new treatments?

09:45

**Jim Clark:** I think that most cases would be.

**Charles Gore:** The problem is that if the patient is in a part of the country where there is a waiting list—for example, in NHS Greater Glasgow and Clyde—the new drugs are certainly being used, but the board will tell the patient that they will be treated, but in six months. The health board might then not be in touch with that person for six months. Some people who are infected with hepatitis C are from groups that are fairly randomly in touch with services. When a person comes into a drug service, the ideal would be that they are tested and started on treatment as soon

as they come into the service, and are not told, "Come back in six months". Who knows where they will be, then?

**Rona Mackay:** Can you clarify that? If a person presents, why would they be asked to come back in six months? Are the drugs not available, or are there not enough people to treat those who are infected?

**Charles Gore:** It is about the cost. Boards have waiting lists. If the board can treat only a certain number in a year, it will, typically, try to treat the people who have the most need first. Those will include people with cirrhosis—for whom there may be other issues—or advanced fibrosis. When a young drug user, for example, presents, they might be being told, "I am sorry, but we do not have the capacity to treat you, at the moment, within our budget. I have 30 people on my waiting list, who I will treat first." That is the issue.

**Jim Clark:** There have been cases in which people have been told that they are not ill enough, but are told, "Come back when you feel worse", basically.

**Rona Mackay:** Is that quite widespread?

**Jim Clark:** It is not happening so much now, but it did in the past.

**Rona Mackay:** That is interesting. Thank you.

**Jim Clark:** We had campaigns to get more people tested, diagnosed and into treatment, and that is what some of them were told.

**Rona Mackay:** Thank you.

**Brian Whittle:** You will obviously be aware that there was a debate on hepatitis C in Parliament yesterday, which I was fortunate to take part in. It was mentioned in the debate—the petition states this—that a number of people might be unaware that they have hepatitis C. I think that it is believed that in the region of 44 or 45 per cent of cases are still to be diagnosed. As part of trying to raise awareness of and knowledge about hepatitis C, could you explain the symptoms that might indicate that a person has hepatitis C?

**Jim Clark:** The symptoms are very varied. In the past, the disease has been quite commonly misdiagnosed as myalgic encephalomyelitis, or "yuppie flu", which is what I was told I had. The main symptoms were extreme fatigue and depression, lack of motivation and pains in the back and side.

**Brian Whittle:** Is it the case that symptoms do not really manifest themselves until the virus starts to damage the liver?

**Jim Clark:** Yes, I would say that. However, the liver serves so many functions that it is quite difficult to say when the disease actually starts to

have an effect. There are extra-hepatic illnesses that go along with it, so the longer you have hepatitis C the more chance there is that you will develop extra-hepatic illnesses, which include rheumatoid arthritis, vasculitis and cardiac problems. The liver affects the blood, so hepatitis C has knock-on effects on other parts of the body.

**Brian Whittle:** Is the important thing that there is outreach into the community to seek out those who may be in an environment in which hepatitis C is a danger?

**Jim Clark:** Yes.

**Brian Whittle:** I imagine that programmes such as needle exchange programmes are important, as you have already indicated. I wonder whether there is a pattern that is more prevalent where there are needle exchange programmes. I was very much struck by the idea of the peer-to-peer approach, which is a strong way of bringing people in for testing because we have also, of course, to overcome stigma. What work has been done in that peer-to-peer space within the prison population and with third sector organisations, outwith a clinical environment, that people who are more on the periphery of society would be comfortable engaging with?

**Jim Clark:** I have worked as a peer with the Hepatitis C Trust for a while. Maybe Charles Gore is in a better position to talk about the peer programme that he runs.

**Charles Gore:** I thank Brian Whittle for his contribution yesterday in the debate. Certainly, we are great believers in the peer-to-peer approach. We have done less in Scotland than we have in England, but there is some good work going on. We are doing some good work in prisons. We have just been asked by NHS health and justice in England to find and train peers in every English prison, which will happen over the next two years.

There is a huge amount of stigma in prisons, which we think can be overcome only through the peer programme. I was talking to somebody yesterday who had organised a meeting in Wandsworth prison. Nobody turned up because nobody wanted to be seen to be going to the meeting and admitting that they had hepatitis C, so it is a big issue. Stigma stops people from talking about it and sharing correct information to make sure that people are supported into testing and treatment.

Stigma is not just in prisons—it is out in the community, so we would like to see peer programmes in all drugs services. Many drugs services have volunteer programmes as part of their recovery. Upskilling people about hepatitis C and turning them into peers would add another string to their bow and be a really useful way of giving people self-esteem, and helping them

through them helping other people. We have found that peer programmes help the peers as much as they do the people whom they help.

We would like to see that model being introduced across Scotland, because it will become increasingly difficult to engage with people. As we start curing the people with whom it is easier to engage, the more chaotic people whom we need to find will be left. I completely agree with Brian Whittle that that is the way we need to go.

**Michelle Ballantyne:** You have talked a little about how people come into services. I used to head up a drug and alcohol service, and blood-borne virus testing was a core part of what we were delivering, particularly through the needle exchange. I am very concerned about the concept that we test someone, find out that they have hepatitis C and then block treatment, because that begs a lot of questions.

You said that, besides those whom we never get to diagnose for whatever reason, some of those who have been diagnosed are not in touch with services. It is as if we are letting them walk out the door again and losing them. Will you tell us why you think they are not maintaining contact with services, and also say a little about the range of services that might be available? I have a sense that, on the ground, we are losing a lot of services and getting thinner rather than enhancing provision. I would like to know your views on that.

**Jim Clark:** I work in drug services as a trainee in the addiction worker training project at the Scottish Drugs Forum, and I think that a lot of the people who come along may be scared. They will be on prescriptions and they might still be using drugs, and they will be scared to have a blood test taken in case their prescription is stopped, basically. That is one of the main things. Another group of people have collapsed veins, and they will be scared of going to the nurse for a blood test because they do not want to go through that experience. Those problems are typical.

There is also a lack of education on the new drugs. A lot of people know that there are new drugs out there but are not aware of how effective they are and how few side effects there are. They are still thinking back to the old days, with Interferon and that kind of stuff.

**Michelle Ballantyne:** It was pretty awful.

**Charles Gore:** People have been getting diagnosed since 1991. If they were diagnosed in the first 10 years, the treatment was not just awful but ineffective. Either people tried it and it did not work or they did not want to try it so they drifted away from services.

Jim Clark mentioned what people have thought more recently—first, that they will have to have a biopsy if they are going to get treatment; secondly, that the treatment is horrible; and thirdly that, because they have been using drugs, it is probable that nobody will give them the treatment anyway. Those ideas have persisted with the new drugs because there has been a big hoo-hah in the press about how incredibly expensive they are, and some of our experience is that people who are injecting drugs do not feel that the system cares for them so they do not think that they are going to get something that is unbelievably expensive—not that they are.

I know from my personal experience that people who inject drugs often get kicked around by the system, or certainly feel that they are being kicked around by the system. They end up thinking, “I don’t really deserve this”. They get into a mindset where they feel that what is happening to them is in some way deserved, which is terrible. That is one of the things that treatment reverses by saying to people, “No, you are worthy of being cured. We do value you.” That is an extremely important message for that group of people.

**Michelle Ballantyne:** Do you believe that we have got it right on the understanding of hepatitis? Are people engaged with that? A lot of work was done to get people to understand that hepatitis exists and that it can be cured. Has that message been missed?

**Jim Clark:** We need to do more work to get the message out on how it is transmitted. Some people might feel that they have only used drugs once and that that was 20-odd years ago so it will not have affected them, but it might have. We need to get education out there to let people know that there are other ways that it can be transmitted. It can be transmitted through hairdressers, piercings, tattoos and things like that. If we make people aware of the risks, they will be in a better position to understand whether they have been at risk and then to test.

**Michelle Ballantyne:** My sense is that the range of services has got smaller and there is less access. Is that right, from your position on the ground? If people want to go and get checked and to access treatment, is there a range of services that they can go to, or are the pathways limited?

**Jim Clark:** Most health boards have sexual health and blood-borne virus departments that will deal with them.

**Charles Gore:** In some areas the services are very good, but drug services are under a lot of pressure. There are questions about how much time key workers have to talk to people about hepatitis C on top of what may appear to be more pressing issues. Of course, if someone has

advanced liver disease and is in danger of developing liver cancer, there may be nothing that is more pressing.

I do not believe that we are fully ramped up to do the outreach that we need to do. There is still quite a lot of service development that needs to happen.

**Michelle Ballantyne:** So there are two stages. First, there is the issue of getting people engaged and having outreach services, and secondly, once they have been engaged, tested and diagnosed, there seems to be a blockage affecting treatment.

**Charles Gore:** Yes. We need to take the treatment as close as possible to where we diagnose. Ideally, we would be in a position to test somebody, know whether they have it—there are point-of-care tests for the virus—and have them start treatment that day. That is what we should be aiming for.

**Michelle Ballantyne:** Absolutely. Thank you.

10:00

**Angus MacDonald:** You might have covered this partially, but I want to go back to the point about hepatitis C being preventable and treatable. You mentioned the on-going work in prisons and your wish to see more peer programmes being developed, but what efforts are being put in to target people who are at higher risk of infection? How are resources split between prevention of infection and diagnosis or treatment of people who may already be infected?

**Charles Gore:** The question of how resources are split is a difficult one given that the work is largely driven by health boards. The prevention side has two parts. One is about needle exchange, opiate substitution therapy and harm reduction in general. There is a discussion at the moment about safe consumption rooms, for example. There is then the aspect of treatment as prevention, where we treat people and they cannot then transmit because they have been cured.

I do not know how the resources are split. There is probably quite a squeeze on the primary prevention side, because drug services tend to be under a lot of financial pressure at the moment and there will be a temptation to cut. In needle and syringe programmes, the coverage in terms of how many needles and syringes we make available, where such services are, their opening times and how convenient people find them all make a big difference.

Sorry—I have forgotten the first bit of your question.

**Angus MacDonald:** It was about targeting people who are at high risk.

**Charles Gore:** As far as I am aware, we do not have an official opt-out testing policy in prisons, but that is what we should have. Everyone who goes into prison should automatically be tested for blood-borne viruses unless they do not wish to be tested. The same should happen in drug services. I think that, broadly, that is happening, but it needs to be absolutely clear that it has to happen. We then need to look back through records in drug services for people who have been tested but never linked into services.

We need to look at our south Asian community. Pakistan happens to be a country that has very lax healthcare and tremendous overuse of injections—mild analgesics—delivered by quasi-medical staff for just about anything, with reused syringes. Some of our Pakistani community are certainly at high risk. We need to make sure that we use community centres, mosques and so on to get the message out there and provide the testing.

Where there are homeless populations, homeless health services need to be responsible for making sure that they are tested, too.

There is a lot going on, but we need to do more of it, and we particularly need to concentrate on the group of people who have never been diagnosed. We have probably not done enough around awareness. I note the Minister for Public Health and Sport's response yesterday, in which she said that the Government is looking at a public awareness campaign. The problem with awareness campaigns is that we have tended to do something on world hepatitis day and then do nothing for a year and wait until it comes round again.

Anita Roddick, who, as you know, was diagnosed with hepatitis C 25 years after she contracted it through giving birth, said that when you are doing awareness, you need to keep banging away at the same message until people are literally fed up with hearing it, because then you get something to happen.

**Angus MacDonald:** Okay. That is good to hear. *[Laughter.]*

**Brian Whittle:** Welcome to politics. *[Laughter.]*

I note from the information that was provided to us that the October 2017 report of the treatment and therapies sub-group that you refer to in the petition is not yet in the public domain. It is understood that the Minister for Public Health and Sport has stated that the recommendations of that sub-group will be used to inform an elimination plan to be published this year. Have you had an indication of when the elimination plan is due to be published?



**Charles Gore:** The initial indication was that it would be on world hepatitis day, but that seems to have wobbled, if that is the correct expression.

**Brian Whittle:** Okay. I can see a parliamentary question coming.

**The Convener:** As members have no other questions, we will move on to comments and suggestions for action.

We have received a lot of evidence. I particularly thank the petitioner for emphasising that hepatitis C is curable and that curing it transforms lives. There is no stronger message than that. The related issue for me is around aspiration. If we are seeing a fall in the cost of drugs and effective treatment but maintaining the same number of people rather than using that as an opportunity, I think that that is something that we will want to raise with the Scottish Government.

**Brian Whittle:** I thank the petitioner for bringing the matter to our attention. Yesterday's debate highlighted that we have a rare opportunity to eliminate a disease, and to me, that is an opportunity that we must grasp. The other thing is that we know where to look for those who are undiagnosed.

On the back of yesterday's debate, the minister was positive about what she wants to do. She wants to look at the example of NHS Tayside and see whether that can be rolled out across the country. Because of that, I would like us to write to the Scottish Government and ask it for its views on the actions in the plan, and to reiterate in writing what the minister committed to yesterday after what was a very good debate. We should write to the Scottish Government and see whether we can get that commitment in writing to the committee.

**Michelle Ballantyne:** We should write to the health boards and ask the question about treatment. Let us find out about the approaches that they are taking to treating individuals, the times and any budget constraints. We should also write to the alcohol and drug partnerships and ask for their views on the petition. They are on the front line of decisions about blood-borne viruses and so on, so they should be able to give us a good picture of what is going on in each area.

**The Convener:** I think that, in writing to the health boards, we will want to ask them whether there is a correlation between the fall in the costs of drugs and an increase in the number of people who have been treated. The term "pocket the savings" was used, but boards might be diverting the money to meet other pressures. If so, we can understand them making that choice, but I think we would want to eliminate it and say, "Actually, there's a huge potential gain here." Hepatitis C

sufferers are not benefiting from the fall in the cost of the drug, which we would hope they would do.

**Michelle Ballantyne:** Our health board letter should contain a series of closed questions that we want specific answers to. The ADP one should be a much more open one saying, "Tell us about what's going on and how you feel about it."

**The Convener:** Another suggestion is that we write to the Scottish Prison Service to ask what its understanding is. Would it welcome an opt-out system rather than an opt-in? We could also ask whether it has a view on the peer-to-peer work that has been highlighted.

**Michelle Ballantyne:** Am I correct in saying that the Scottish Prison Service now contracts its drug and alcohol work? I am not sure which company holds the contract, but I believe the work is contracted.

**The Convener:** We will ask the question and find out.

**Jim Clark:** It is mainly NHS staff who work in the area—drug nurses and so on.

**The Convener:** Okay.

We are keen to pursue the petition further. Some very interesting information has been highlighted today, and the subject is clearly something that the Scottish Government is exercised about as well. I was unable to be at the debate, but I received reports that it was very positive.

We will write to the Scottish Government and the ADPs, as has been suggested. We will also write to the health boards to ask about the impact of the reduction in costs, and there might be other issues around how they get the balance right. The question that Angus MacDonald asked about the balance between prevention and identification and treatment is an important one as well. Is that agreed?

**Members indicated agreement.**

**The Convener:** I thank the petitioner for coming along today for what was a very useful session. Once we have the evidence and responses back, you will have a further opportunity to comment on those submissions, and the petition will come back at a meeting of the committee later in the year.

I suspend the meeting briefly to allow the witnesses to leave.

10:09

*Meeting suspended.*

10:10

*On resuming—*

### **Local Authority Executive Committees (PE1684)**

**The Convener:** The next new petition for consideration is PE1684, on the composition of local authority executive committees, which was submitted by James Swan on behalf of Whitburn and district community council. The petition calls on the Scottish Government to amend the Local Governance (Scotland) Act 2004 to require that the composition of the executive body must reflect the political party membership of those who have been elected.

The background information on the petition states that the petitioners feel that

“executive committees or similar governing bodies in charge of local authorities’ policies and budgets do not always reflect the electorate’s votes in terms of composition”

and believe that a power-sharing arrangement

“would be a more practical method of creating consensus decisions”.

They suggest that the single transferable vote system does not work as intended.

The note that was prepared jointly by the clerk and the Scottish Parliament information centre explains that there is no statutory guidance that sets out how a local authority must form its administration, which is in line with the Scottish Government’s approach of allowing local authorities to self-govern. It notes that a number of local authorities have altered their decision-making structures in recent years.

Do members have any comments or suggestions for action?

**Michelle Ballantyne:** Yes. As someone who has been a local councillor, I know that councils form their own scheme of administration that decides on committee structure, membership and so on. I would be very reluctant for that to be legislated for at the top. It is important that councils can flex to meet what they perceive to be the needs of their local community. The situation varies. Some councils have committees that reflect the political structure; in fact, most of the committees do, but the executive often does not. I think that that is not inappropriate at times. It is important that councils have a say in how they do it. The electorate can vote them out if they do not like the decision that has been made. Therefore, I would not support the petition.

**Rona Mackay:** I agree with Michelle Ballantyne. I do not think that we should go down the road of

legislation, because that would reduce local authorities’ ability to self-govern.

**Angus MacDonald:** The issue is one that has been raised in my neck of the woods, and it remains a hot topic that is causing much angst between political parties and the local authority. I do not think that there would be any harm in asking the Scottish Government what its view on the petition is, but I think that we already know what the answer is going to be.

**Michelle Ballantyne:** Yes, we do.

**Angus MacDonald:** However, I do not think that we should close the petition—we should still contact the Scottish Government.

**The Convener:** I wonder whether it would be worth while contacting local authorities, too. I do not know the detail behind the petition, but the idea behind the introduction of the STV system was that the decisions would be made in a more inclusive way and that people would therefore not feel excluded when it came to decisions at a local level. There are a number of challenges in all of that, but my instinct would be to not want the Scottish Government to impose a set of rules. However, we should also reflect on what has motivated the petition.

It would be useful to get responses from the Scottish Government and local authorities, as that would afford the petitioner an opportunity to further clarify his views in response to those responses.

Do members agree that we should seek the views of the Scottish Government and local authorities on the action that is called for in the petition?

**Members indicated agreement.**

### **Homelessness (PE1686)**

10:15

**The Convener:** The next petition is PE1686, on the homelessness crisis in Scotland, by Sean Clerkin. The petition calls on the Scottish Government to front-load £40 million of the £50 million in its ending homelessness together fund to be used in the next year as part of an expanded housing first approach.

The SPICe briefing explains that the ending homelessness together fund that was announced in September 2017 is intended to support recommendations by the homelessness and rough sleeping action group, which is chaired by Jon Sparkes, the chief executive of Crisis.

Members will note that the Local Government and Communities Committee has recently undertaken work on homelessness. Among other points, that committee recommended the

implementation of a housing first policy in Scotland. In its response to the committee, the Government set out that it has accepted in principle recommendations from the homelessness and rough sleeping action group in relation to rapid rehousing and a housing first approach. The Government considers that the work that is to be undertaken in that respect will cover the actions that the Local Government and Communities Committee called for.

Do members have any comments or suggestions for action?

**Rona Mackay:** It is a very interesting petition. Given that the money and the policy are there, I think that we should ask for views from the Government and all interested stakeholders—I am thinking of Shelter, the Scottish Federation of Housing Associations and the Convention of Scottish Local Authorities—to find out what they think. The suggestion that the petition makes is one that should be put forward.

**Angus MacDonald:** I am sure that the Scottish Government would front-load the funding if it could, but I am keen to learn why it cannot, if that is the case. If it can, we need to know why it will not.

**Brian Whittle:** I agree that it is an interesting petition. In such a situation, you would front-load the funding if you could, because it makes perfect sense to do so. I agree with Angus MacDonald that we should ask the Scottish Government whether it can and, if it can, whether it will. That seems a very reasonable question to ask.

**The Convener:** Part of the action group's work was to address the immediacy of the problem of homelessness in winter. It might be the case that very practical, reasonable measures have had to be taken in the short term while a broader policy is developed, and I think that that is being done. I was very struck by the fact that the Local Government and Communities Committee had taken such an interest in the housing first proposal. It seems an obvious thing to do, and one might ask why it has not been done before, given that there is a desire across the board for people to address homelessness.

We can flag up those questions to the Scottish Government, and I think that Rona Mackay was right to suggest that we write to the stakeholders that she identified.

Do you have anything to add, Michelle?

**Michelle Ballantyne:** Homelessness is a far more complicated problem than it first appears. I know that from having tried to deal with the issue a few years back. Therefore, it is important that we hear what everybody has to say before we take the petition any further. We should do as Rona

Mackay said—write to everybody and find out what they are thinking.

**The Convener:** We recognise the importance of the petition and the whole challenge of homelessness and the need to address the vulnerability of people who are homeless. We also recognise that work is being done by the Scottish Government, particularly through the homelessness and rough sleeping action group, but we want to find out its views on the petition and how resources might be directed to the approach that it advocates. There certainly seems to be a view that it would help to address the challenge that people are facing.

Does the committee agree to do what has been suggested?

*Members indicated agreement.*

### **Fireworks Displays (Regulation) (PE1687)**

**The Convener:** The final new petition for consideration today is PE1687, on the regulation of fireworks displays in Scotland, by Jane Erskine. It calls for a review of the existing regulations governing fireworks displays in Scotland to protect animals from fear and distress.

It appears from the background information on the petition that one of the petitioner's principal concerns is about who is responsible for enforcing the regulations under the relevant legislation. The SPICe briefing provides information on the Fireworks (Scotland) Regulations 2004, including the different categories of fireworks and the curfews to which they are subject. The briefing also discusses the issues identified by the petitioner with regard to responsibility under the Animal Health and Welfare (Scotland) Act 2006, and notes that, as recently as October 2017, the Cabinet Secretary for Environment, Climate Change and Land Reform stated that the Scottish Government had no plans to review the existing regulations in the area.

Do members have any comments or suggestions for action?

**Michelle Ballantyne:** I have some empathy for the petitioner, because a neighbour of mine decided to have a huge fireworks display right above my horses, which sent them into absolute panic and they went through a fence.

We need to ask some questions on the issue. Although, on the whole, fewer people now let off personal fireworks than was the case when I was young, how we regulate them and how we make sure that people act sensibly with them is still an important issue, so we should seek the views of the Scottish and UK Governments on what is being asked for in the petition.

**Rona Mackay:** The fact that the sale of fireworks is a reserved matter makes it a complicated issue. I have huge sympathy with the petition. I do not like fireworks unless it is an organised display. We should seek the views of the Scottish and UK Governments, but I fear that the split nature of the responsibilities, with the licensing being devolved and the sale of fireworks being a reserved matter, complicates matters.

**Angus MacDonald:** I certainly agree with Rona Mackay and Michelle Ballantyne. I have a lot of sympathy with the petition. It is a recurring issue in my casework and, I am sure, in that of other MSPs. As has been said, there has clearly been an issue with addressing it properly because it is a reserved issue—the sale of fireworks is regarded as a consumer safety issue. The fact that the 2004 Scottish regulations introduced a curfew has helped a bit, but there is still room for improvement. I would be keen for us to seek the views of the Scottish and UK Governments.

**Brian Whittle:** I know that there is a lot of personal responsibility involved in letting off fireworks, because I once let off fireworks for the street in my back garden. That responsibility involves going round all your neighbours, especially the ones who have pets, and making sure that they know what is going to happen and at what time. People are obviously not doing that. I wonder whether we have the legislative ability to make that change, but I certainly agree with Angus MacDonald that we should write to the Scottish Government and seek its views.

**The Convener:** This shows my age, but I was very involved in the debate on the Fireworks (Scotland) Regulations 2004. The regulations came about not so much because of thoughtlessness with regard to pets but because the letting off of fireworks was a form of antisocial behaviour that was intimidating people in communities. My sense is that that calmed down for a long period of time. I have not picked as many issues with that as there were in the past. At one point, it was a horrific situation.

The question that we need to ask is how we manage the purchase of fireworks. The regulations were introduced in 2004, which was before online buying came in. The extent to which we can manage the process is an important issue. Back in 2004, there was a desire to move people towards more public displays, because of the safety element for children and so on. There is some reference in our papers to the number of accidents. It would be interesting to know whether that has gone up or down.

I think that we agree that we should write to the Scottish and UK Governments on the action that is called for in the petition, recognising that there are competing interests here. There are people who

like the idea of a fireworks display—there are sometimes fireworks displays at weddings, for example, which did not used to be the case—whereas there are pet owners who think that any form of fireworks display can be very frightening for animals.

**Rona Mackay:** The other point to make is that the curfews are always broken—no one sticks to them. Where I live, fireworks can go off at midnight and after. We should find out whether there is any way that that could be better regulated.

**The Convener:** Regulation is one thing; the other thing is enforcement. That is true in relation to many antisocial behaviour issues. With a lot of low-level antisocial behaviour involving noise and so on, the question is the amount of resources that a council can invest in getting somebody to go and check things out.

**Michelle Ballantyne:** The petition focuses on animals in rural areas, so it is looking at what happens to all those animals—particularly those that are in fields—that suddenly find fireworks breaking over the top of them. That can send flocks of sheep and cows into apoplexy, with the result that they charge across fields. Horses in particular can go berserk, and the subsequent injury can be quite significant. That impact is different from the impact on dogs, for example, which will still be frightened but will often be in the house with their owner. There is a particular problem with those animals that are out in the open, which might be unattended, so there will be nobody there to reassure them.

**The Convener:** Does the committee agree to seek the views of the Scottish Government and the UK Government on the action that is called for in the petition? The petitioner will be afforded a further opportunity to respond when we receive those submissions.

**Members indicated agreement.**

**The Convener:** Thank you. I now close the public session.

10:25

*Meeting continued in private until 11:03.*

This is the final edition of the *Official Report* of this meeting. It is part of the Scottish Parliament *Official Report* archive and has been sent for legal deposit.

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