



**OFFICIAL REPORT**  
AITHISG OIFIGEIL

# Public Petitions Committee

**Thursday 16 January 2020**

**Session 5**



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Pàrlamaid na h-Alba

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**PUBLIC PETITIONS COMMITTEE**

**1<sup>st</sup> Meeting 2020, Session 5**

**CONVENER**

\*Johann Lamont (Glasgow) (Lab)

**DEPUTY CONVENER**

\*Gail Ross (Caithness, Sutherland and Ross) (SNP)

**COMMITTEE MEMBERS**

\*Maurice Corry (West Scotland) (Con)

\*David Torrance (Kirkcaldy) (SNP)

\*Brian Whittle (South Scotland) (Con)

\*attended

**THE FOLLOWING ALSO PARTICIPATED:**

Rhoda Grant (Highlands and Islands) (Lab)

**CLERK TO THE COMMITTEE**

Lynn Russell

**LOCATION**

The Sir Alexander Fleming Room (CR3)



# Scottish Parliament

## Public Petitions Committee

Thursday 16 January 2020

[The Convener opened the meeting at 09:16]

### New Petitions

#### Fire and Rescue Legislation (Human Rights) (PE1767)

**The Convener (Johann Lamont):** Welcome to the first meeting of the Public Petitions Committee in 2020. I wish everyone a happy and peaceful 2020. The first item on our agenda is the consideration of new petitions.

The first new petition for consideration is PE1767, on Scottish fire and rescue legislation and human rights, lodged by Stewart Munro.

The petition calls on the Scottish Government to conduct a review of the Fire (Scotland) Act 2005 and the Fire (Additional Function) (Scotland) Order 2005 to ensure full compliance with article 2 of the European convention on human rights, the Human Rights Act 1998 and the Scotland Act 1998.

The petitioner is concerned that legislation pertaining to the principal functions of the Scottish Fire and Rescue Service is not compliant with article 2 of the ECHR: the right to life.

With regard to firefighting, the 2005 act provides that the SFRS must make provision to extinguish fires and protect life and property in the event of fires.

With regard to road traffic emergencies, the 2005 act sets out that the SFRS must make provision for the purpose of rescuing persons in the event of road traffic accidents and, to the extent that it considers it reasonable to do so, protect persons from serious harm in the event of road traffic accidents in its area.

The petitioner has provided a written submission that challenges the supposition in the Scottish Parliament information centre's briefing that

"The SFRS's principal function to protect life and property in the event of fires would include the rescue of individuals from fires, but only on the basis that to effect such a rescue would not endanger the lives of others or firefighters themselves".

The petitioner contends that

"it is practically impossible to carry out the successful rescue of victims from a fire without exposing firefighters to some degree of risk"

and that, were the SFRS operating to this criterion,

"the vast majority of ... rescues would not have taken place."

Do members have any comments or suggestions for action? Brian Whittle?

**Brian Whittle (South Scotland) (Con):** Do not come to me—that is a hospital pass. I am struggling with this, to be honest. I do not understand exactly what the petitioner is asking for. Is he suggesting that firefighters should try and rescue somebody from a fire no matter what? There must be a judgment call in circumstances where the likelihood is that effecting a rescue would put others in danger. For me, that must remain a judgment call for those who are in that position. I do not quite understand what the petitioner is asking for.

**Gail Ross (Caithness, Sutherland and Ross) (SNP):** Firefighters put themselves in situations in which they have to rescue other people, and everything is relevant on a case-by-case basis. They are trained to the highest degree.

It would be interesting to write to the Scottish Government to ask about the contravention, almost, of the ECHR. I cannot imagine that there is a contravention of the law, but it would be helpful to get that in writing.

**Maurice Corry (West Scotland) (Con):** As has been mentioned, such matters might come down to a judgment call at the time. The Scottish Fire and Rescue Service is a body of professional people who have been trained to the highest degree. Obviously, their aim is to save lives, but equally they have to make judgment calls at the time of incidents. I agree with Brian Whittle and Gail Ross on that. I cannot believe that they do not put that into full operation every time an incident happens.

**The Convener:** I recollect from our briefing that the Scottish Government made a commitment to review the 2005 act, which I do not think has happened. It might be worth while asking whether it intends to do so, which in itself might offer some resolution to the petitioner, who might then feel that the matter has been considered. We might ask what the balance is, in firefighters' roles, between firefighting and ensuring the safety of all those involved, about which everyone will be concerned.

I think that the committee would want to be reassured that the logical and rational things that we would expect firefighters to do are being done, with the greatest consideration for the safety of all involved. More specifically, we should ask about the review of the 2005 act, which might reassure the petitioner.

Does the committee agree to write to the Scottish Government and the Scottish Fire and

Rescue Service, to seek their views on the action that the petition calls for?

**Members** *indicated agreement.*

### **Water Safety (PE1770)**

**The Convener:** The second new petition for consideration is PE1770, on improving water safety, which has been lodged by Margaret Spiers. The petition calls on the Scottish Government to work with all relevant bodies across Scotland to improve water safety by ensuring that all waterways have life-saving equipment—such as lifebelts and buoyancy throw bags, with ropes to allow multiple attempts at rescue—and that tampering with water safety equipment is made a criminal offence under the heading of endangering public safety.

The petitioner was due to give evidence today, but that has not been possible due to circumstances beyond her control. In advance of our consideration she was able to provide a written submission, which is included in our meeting papers.

Do members have any comments or suggestions for action?

**Gail Ross:** The petition concerns really emotive and tragic circumstances. It is completely logical that there should be life-saving equipment beside all our waterways in Scotland—I cannot see an argument against that. From what I have read in our meeting papers, it seems that in Glasgow there has been real progress towards achieving what the petitioner asks for. We should definitely follow up such issues with the Scottish Government and other appropriate bodies, such as Water Safety Scotland. I know that the cross-party group on accident prevention and safety awareness, of which Maurice Corry is a member, is also considering them.

I have every sympathy with the aims of the petition, and I agree with what the petitioner is calling for.

**Maurice Corry:** As Gail Ross said, I am on the cross-party group on accident prevention and safety awareness—I am its deputy convener. One issue that the group is considering is that there is no statutory requirement for a local authority to have a water safety policy in relation to coastal or inland waters. At the moment, only three authorities have or are in the process of establishing one, so the group is pushing that aspect, as is the Royal Society for the Prevention of Accidents.

When I have asked the Government the questions that are in the petition, the response has been much as members will have seen from the committee papers—that it is very much left to

councils to do what they think is appropriate. However, I think that the issue has now got beyond that stage and that we need to ask the Scottish Government perhaps to put a little more pressure on local authorities, from a national level, to address such issues.

All the time, we see situations in which lifebelts are found to be damaged, vandalised or missing or ropes are not there—as the petitioner has rightly highlighted. I will give an example of that. Last year, RoSPA lodged a petition concerning water safety issues relating to beach toys, in which it requested that people should keep such toys for use in pools rather than on beaches. I refer to the types of toy that float away and on which, sadly, kids drown or narrowly escape doing so. We have discovered that, in the past six months, there has been a distinct drop in the number of lifeboat call-outs in such situations, so it seems that that advice is having an effect.

My take is that we should challenge the Government to see what it can do to encourage local authorities to establish such policies, perhaps through the Convention on Scottish Local Authorities.

**The Convener:** I am interested in two aspects of the matter. The first is that we should highlight how unacceptable it is to tamper with water safety equipment. Why anyone would want to do so, heaven alone knows. We must bring to public attention the very serious impact that such actions can have. I am sure that a lot of work on that is already being done in our schools. The other aspect is to look at life-saving equipment that goes beyond, for example, throwing lifebelts into the water, on which I am sure that work has been done. The petition highlights ways in which people could think about how such tragedies might be prevented, which has been useful.

Clearly, all committee members have been struck by the petitioner's direct personal experience. As we often do, we recognise the courage that people show in highlighting aspects of their experience in their desire to prevent the same thing from happening to anyone else. It is unfortunate that the petitioner is unable to be here. If she would find it useful, perhaps a couple of committee members could meet her to talk through the issues that she has highlighted, so that we can ensure that those are put into the system. However, that would be very much a matter for her.

Sadly, such incidents happen far too often. If practical measures could be taken to help to prevent them, clearly we would be supportive of those.

Do members agree to write to the Scottish Government, to the Royal Society for the

Prevention of Accidents and to Water Safety Scotland, after which we will reflect on their responses?

**Members** *indicated agreement.*

### **Local Government (Decision Making and Complaint Handling) (PE1771)**

**The Convener:** The third new petition for consideration is PE1771, on potential abuse within Scottish local authorities, which has been lodged by William Tait. The petition calls on the Scottish Government to close or overhaul COSLA and to review and rewrite the remit of the Scottish Public Services Ombudsman in relation to council complaints.

In 1975, COSLA was set up to act as a national voice for local government in Scotland. It is a politically led, cross-party organisation, and currently represents all 32 local authorities at Scottish, UK and European levels. COSLA works with the Scottish Government and the Scottish Parliament to influence public policy and represent the views of Scottish communities. The organisation encourages political consensus and continuous improvement.

Our briefing note for the petition goes on to explain that, although the Scottish Government can make changes to the structure and role of local government, it is not responsible for the formation of COSLA, which it would be unable to close or overhaul as it did not establish it.

The SPSO has a wide remit, covering a variety of functions and services, but has three distinct areas of statutory function. It is the final stage for complaints about most devolved public services in Scotland. It also has specific powers and responsibilities to publish procedures for and to monitor and support best practice in complaints handling. Further, it is the independent reviewer of the Scottish welfare fund, with power to overturn and substitute decisions made by councils on community care and crisis grant applications. The SPSO is independent of Government and has a duty to act impartially. Although the Scottish Government can legislate for changes to the powers of the SPSO, it does not scrutinise the ombudsman.

Members will note that we have before us a written submission from Ewen Cameron, who supports the action that is called for in the petition

Do members have any comments or suggestions for action?

**Brian Whittle:** I should declare to the committee that Mr Cameron is a constituent of mine, on whose behalf I have previously acted on the matter. In my correspondence with the relevant ministers I found it difficult to get any

information back from them—I am not suggesting anything other than that. When the SPSO has been asked for information by the general public or members of the Scottish Parliament, it should consider how it delivers it, because it seems to be reticent about going into any great detail. Whether there is a case to answer on that is an issue for the committee, but my initial thought on the petitioner's case is that information has not been free flowing—let me put it in that way.

**The Convener:** What particular information do you mean?

09:30

**Brian Whittle:** I wrote to Michael Matheson and Annabelle Ewing, who were the relevant ministers at the time, and their replies, in relation to funding and accountability, seemed to be slightly at odds with each other.

**The Convener:** To clarify, are you talking about the extra written submission or the petitioner?

**Brian Whittle:** I am talking about the extra submission, which is how I know about the petition. When the petition was lodged, I was aware of my constituent's case. The extra submission arrived quite late, and I am not particularly surprised to see Ewen Cameron writing in support of the petition.

**The Convener:** We do not want to go into the details of a case not relating to the petitioner, but would those matters be resolved by closing COSLA or reviewing the remit of the Scottish Public Services Ombudsman?

**Brian Whittle:** No. My view is that the call to close or overhaul COSLA will not fly. However, there is a reticence to engage and to allow information to flow. In relation to reviewing the SPSO, I hope that it is constantly looking at how it operates, given its role in public life. There is no harm in writing to the SPSO with that ask. We can discuss it if we like, but the idea of closing COSLA will not fly at all and it would be a retrograde step, in any case. However, if COSLA is not operating as it should be operating, that is a different matter.

**The Convener:** The question is whether an organisation is not operating properly in the view of an individual, based on their experience, or whether it is functioning albeit that individuals might be disappointed with it. That is the challenge.

**Brian Whittle:** That is exactly right. We need to find out whether the issue is with an individual case or whether there is something more substantial to the question.

**Gail Ross:** In her opening comments on the petition—this is also in our papers—the convener

said that the Scottish Government does not have the power to close or overhaul COSLA. The question is whether what the petition is trying to achieve can be achieved. I do not think that it can be achieved, given the powers that are currently available.

**Maurice Corry:** I agree. The Local Government and Communities Committee scrutinises the SPSO annually, so there is a safeguard for that organisation. I want to clarify that.

COSLA is set up by its members. We need to be very careful, because authority has been delegated to local authorities, so it has a mandate for many issues. It may be that the petitioner has been unhappy with the outcome of a single issue. Unfortunately, that happens in some situations, but he can redress that by going through the normal channels.

**The Convener:** It is important that we do not misrepresent what the Public Petitions Committee can do. COSLA will continue to exist. It might be appropriate to flag up to the Local Government and Communities Committee that there has been a concern about the SPSO. There is an on-going issue. A long time ago, I was involved in the review of all the public bodies, ombudsmen and so on, so it would be good to have a sense of how things are. Maurice Corry's point, however, is that the Local Government and Communities Committee has a specific role in relation to the SPSO.

Notwithstanding the particular issue that Brian Whittle flagged up, and given what Gail Ross said about it not being in the Scottish Government's power to get rid of COSLA, and that there is a specific mechanism for reviewing the SPSO's work, we could agree to close the petition. In doing so, we could write to the Local Government and Communities Committee to flag up the issue and to say that we are keen for it to reflect on that in its review of the SPSO's work. Our paperwork would be available to that committee. Does that sound acceptable?

**Maurice Corry:** I agree. That is straightforward.

**The Convener:** That is notwithstanding the individual circumstances of people's experience with the SPSO or COSLA.

**Maurice Corry:** I want to point out that Mr Tait is a constituent of mine and he has had various constituency issues, which we have resolved, so we have obviously been in contact. That is similar to the situation that Brian Whittle described.

**The Convener:** I think that we agree to close the petition, although we recognise the issues that have been flagged up. In closing the petition, we will write to the Local Government and Communities Committee to highlight the

importance of scrutinising the SPSO, particularly in terms of individual constituents who have expressed concerns. We thank the petitioner for lodging the petition. Of course, in a year's time, if he feels that there has not been progress on the specific issue about the SPSO, he will be entitled to lodge another petition.

### **Vaping-related Illnesses and Deaths (Recording) (PE1774)**

**The Convener:** The next petition is PE1774, by Craig Edward, on formally recording vaping-related illnesses and deaths. The petition calls on the Scottish Government to collect data on vaping-related illnesses and vaping during pregnancy to ensure that the best health interventions are provided to all.

As our briefing note explains, because of the known harms of smoking, the data tends to track prevalence of smoking and cessation via surveys. Maternal smoking rates are recorded by the national health service's Information Services Division from information that is collected antenatally. The Scottish Public Health Observatory provides sources of data on smoking and on smoking-related illness and behaviour. The observatory also provides information and data on illnesses related to smoking such as cancers and chronic obstructive pulmonary disease. Not enough is known about vaping to make any direct causal links to particular diseases or conditions.

In response to a question about the recording of health harms, the Scottish Government stated that, as yet, there is no international coding for harms related to vaping but that, in October 2019, guidance was issued to enable the coding of health harms linked to vaping under existing codes.

Do members have comments or suggestions for action?

**Brian Whittle:** For me, there are two aspects to vaping. Obviously, there is the smoking cessation aspect, which all the vaping companies make great play of; the use of vaping in that way is an NHS intervention that I think we probably all support. The other aspect, which is what sticks in my throat, is the fact that vaping products are in the main owned by tobacco companies. The idea that tobacco companies are trying to prevent people from smoking does not fly. Those are two completely separate aspects.

The petitioner is absolutely right that we do not have any evidence of the negative effects of consistently vaping although, personally, I think that inhaling anything into your lungs that is not supposed to be there is not going to be great for you. In the United States, certain health issues are over time starting to be linked with vaping.



I am sympathetic to the petition. I suggest that we write to the Scottish Government to ask whether it will accept the petitioner's suggestion. We should also link that with the work that has been done on the issue in the US. I would like us to make the distinction between using vaping as a smoking cessation mechanism and vaping for vaping's sake, because those are two completely different things.

**David Torrance (Kirkcaldy) (SNP):** I support Brian Whittle's points. My main concern is with the number of people who now buy vaping products on the internet, because that is unregulated and people do not know what is in the products. Like Brian, I would like to know what effect vaping has on individuals.

**Gail Ross:** As vaping products are regulated at a United Kingdom level, maybe we should write to the UK Government to find out whether it has any plans to regulate in this area.

**Maurice Corry:** I agree with that.

**The Convener:** It comes out in the paperwork that, if vaping is used to prevent the harmful effects of smoking, it is a positive thing, but there is anecdotal evidence that some young people vape despite never having smoked, even though the advice is that people should not vape unless they are trying to stop smoking. Vaping is not good for people, but it stops them doing something that is even worse for them. That is the trade-off that people will have to make.

We agree that there is an issue here. Do members agree that we should write to the Scottish Government and the relevant body at UK level to seek their views on the action that is called for in the petition?

**Members indicated agreement.**

### **Allergy Care Legislation (Nurseries and Schools) (PE1775)**

**The Convener:** The final new petition for consideration today is PE1775, on the introduction of legislation on allergy care in nurseries and schools, which has been lodged by Catrina Drummond. The petition calls on the Scottish Government to introduce legislation that will make the provision of an allergy care policy a statutory requirement for every nursery and school, and to establish appropriate standards of medical training, education and care for children with anaphylaxis.

Concerns about the treatment of anaphylaxis in schools grew after the tragic death of a boy in a school in London in 2017. Following the inquest, the coroner raised concerns that pupils

"had a patchy understanding of his allergies, what they were and the consequences of exposure to allergens."

The coroner was also concerned about the school's care plan. Following the coroner's conclusions, the Anaphylaxis Campaign established its making schools safer project to support schools' allergy awareness and planning.

The Scottish Government's guidance, "Supporting children and young people with healthcare needs in schools", provides detailed guidance for schools and early learning and childcare centres on the use of adrenaline auto-injectors, such as EpiPens, in schools. Since 1 October 2017, schools have been able to obtain, without a prescription, adrenaline auto-injector devices for use in emergencies, if they wish to do so. The guidance notes that any member of staff can volunteer for training but that no member of staff can be forced to do it, and that schools should ensure that a reasonable number of designated members of staff are available to provide sufficient coverage.

The guidance, which is also applicable to early learning and childcare centres, states:

"Schools must arrange specialist anaphylaxis training for staff where a pupil in the school has been diagnosed as being at risk of anaphylaxis. The specialist training should include practical instruction in how to use the different AAI devices available."

Do members have any comments or suggestions for action?

**Gail Ross:** If you do not mind, convener, I will go first, given that I have been named as the member who has been dealing with the matter for Catrina Drummond, who is a constituent of mine. I want to start by thanking her for getting in touch.

We have received a response from the Highland Council and, without going into details of the case that we have been dealing with, I can report back to the committee on what the council's policy is and what is being done to move it forward. The council says:

"The implementation protocol and procedure in the case of severe allergies begins at the time of enrolment, which in most cases is 6 months prior to the child starting in the setting. The process begins with effective communication between the health visitor as the keyperson and the setting manager to ensure that they can plan for any child transitioning into the setting. In severe cases there should also be a letter from the paediatrician detailing the diagnosed allergy with recommended guidance on how best to manage the diagnosis. A child's plan meeting with relevant health professionals in attendance takes place identifying and implementing a plan to meet the individual needs of the child, including specific allergy/anaphylaxis training for staff and a robust risk assessment of the setting."

The council goes on to say that it is

"committed to ensuring that staff have access to 'anaphylaxis training' as required",

and that the protocols that are in place are

“monitored and approved by the Care Inspectorate.”

In addition, it points out that

“the Highland Council catering team are currently developing specific allergy awareness training for Early Years Practitioners and there is an online course which staff undertake as an introduction to the topic.”

We have written back to the council with another set of questions, and we are waiting for a response on who delivers the anaphylaxis training, whether a health and safety professional carries out the risk assessment and what communication takes place. However, as the petitioner states, there is no statutory training—staff have to apply to receive it.

I would be inclined to write to Highland Council to get an update on where it is with the training and its response to what the petitioner has said. We should also write to the Government to ask whether staff should have a statutory responsibility to undertake the training as part of their overall training.

09:45

I would be quite concerned if something had been missed, if training had not taken place because a staff member had been absent, or if anything had fallen through the net because training was not mandatory, especially when we are dealing with something as serious as an allergy that could affect a child’s life. I would want to follow that up with the Scottish Government as well.

**The Convener:** Obviously, we are not taking up an individual case. We are taking up the general concerns that have emerged from that.

**Gail Ross:** That is it—we do not know who else is affected, Scotland-wide.

**The Convener:** Highland Council has been specifically mentioned, so the committee could write to it for an update.

**Brian Whittle:** This is one of those petitions that causes you to raise your eyebrows. I would have assumed that this kind of training was already standard in these kinds of settings. If it is not, and we are going to write to Highland Council, it would be interesting to compare what it is doing with what other councils are doing or not doing. It seems reasonable to me that this kind of cover should be available.

**The Convener:** Would it be worth while writing to COSLA in the first instance? There might be a general issue. I am thinking back to my own time in teaching and how little awareness there was of children who could have epilepsy or diabetes, or who could not eat a banana, for example. I am always struck by how little I knew about all the

young people who were in front of me. I am sure that things have moved on a million miles since then. Some of the information is simply about being alert and being able to refer the young person to the right person to help them. The issue is also about getting the balance right between general information for staff and specific training.

**Brian Whittle:** Not to widen out the discussion any further—

**The Convener:** Please do not.

**Brian Whittle:** In our day, there was a school nurse—I will say no more.

**The Convener:** I think that you are generous to say “our day”, but never mind.

**David Torrance:** It would be interesting to find out whether first aiders in schools are trained in this. Most youth organisations and other organisations have designated first aiders. I trained as one.

**Maurice Corry:** My wife is a first aider at her school—a primary school in Helensburgh—and I know that first aiders there have been told of certain cases of whatever the issue is, and they are ready for that. They are given specific training, I do not think that it is the same in all schools. Perhaps we should write to COSLA and ask what the situation is in individual councils and schools. Filtering it down in that way should be the first approach that we take to try and get a handle on the issue.

**The Convener:** We agree that there is an issue. Gail Ross has given us an update with very helpful information on Highland, but we are agreeing to write to it specifically because it has been mentioned. We also want to write to COSLA to get its response to the petition and to get its view on getting the balance right. The petition has a proposal for a statutory responsibility. Is that the way forward, or is there some other way that it can be done? We would welcome COSLA’s comments on that. We can also write to the Scottish Government to highlight these issues. Is that agreed?

**Members:** Yes.

**The Convener:** I will suspend the meeting briefly before we move to item 2.

09:49

*Meeting suspended.*

09:55

*On resuming—*

## Continued Petitions

### Adult Cerebral Palsy Services (PE1577)

**The Convener:** Item 2 is consideration of continued petitions, the first of which is PE1577, on adult cerebral palsy, which was lodged by Rachael Wallace. The petition calls on the Scottish Parliament to urge the Scottish Government to develop and provide funding for a clinical pathway and services for adults with cerebral palsy.

When we last considered the petition, the Scottish Government was aiming to publish a neurological action plan, following consultation with stakeholders. We agreed to write to the Scottish Government to seek an update on the timescale for publication of the neurological action plan, the extent to which the action plan would address the action called for in the petition and whether it would explicitly include cerebral palsy. We also agreed to write to the petitioner to find out whether she was involved in or consulted on the action plan. The action plan was published as “Neurological Care and Support in Scotland: A Framework for Action 2020-2025” on 18 December 2019.

The petitioner advised that she had not been involved in drafting the national action plan or consulted on it. She tried to arrange a meeting with the clinical priorities team to discuss that, but the team wanted to wait for the action plan to be published before meeting her. The petitioner also had personal and work commitments that prevented the meeting from happening.

The Scottish Government response notes that “the plan is not condition specific.”

However, it advises that

“it covers neuro conditions as defined by the World Health Organization.”

The petitioner has raised concerns about the plan being non-condition specific. She says:

“I fail to see how non-condition specific plans will solve the issues raised in this petition as cerebral palsy and the people living with it are unique.”

Do members have any comments or suggestions for action?

**Brian Whittle:** I have couple of suggestions. One is to ask the petitioner her views on the care and support framework and the other is to ask the Scottish Government whether it will properly engage with the petitioner, which seems a reasonable ask.

**The Convener:** It feels as if the conversation is missing the point.

**Brian Whittle:** Yes, absolutely.

**The Convener:** The petitioner has consistently made the point that cerebral palsy is not properly understood and that there is not a specific pathway, but the response has always been, “These are general things that encapsulate it.” There is no ill intent, but it is as if the Scottish Government is not getting what the petitioner is asking for.

It would be useful to ask the Scottish Government to engage with the petition and to try and get a positive response. We recognise that there have been a number of reasons why that has not happened thus far. The underlying issue is that there has not been an acceptance that there is a specific issue about the condition, which is what has driven the petition.

**Brian Whittle:** We are not medical experts. I cannot comment on a specific condition, but the Scottish Government should, at least, listen to the petitioner’s concerns.

**The Convener:** I suggest that we write directly to the minister—we can get advice on who the relevant minister is. That might be a way of dealing with the fact that the discussion is missing the point. The most productive option might be to ask the minister to engage specifically with the petition.

Is there anything else that we could do? We have agreed to write again to the petitioner. She has made a specific point about the plan not recognising the unique nature of cerebral palsy. Do we agree to ask her for an update, and to write to the relevant minister to draw attention to the petition and ask that they engage with it?

**Members indicated agreement.**

### Ocular Melanoma (MRI Scans) (PE1629)

10:00

**The Convener:** The second continued petition for consideration is PE1629, on magnetic resonance imaging scans for ocular melanoma sufferers in Scotland, which was lodged by Jennifer Lewis.

When we last considered the petition, we heard evidence from Dr Paul Cauchi in his capacity as clinical oncologist at Gartnavel general hospital and on his role in leading the work of the Scottish group for consensus on metastatic surveillance for uveal melanoma.

At the meeting, the committee agreed to reflect at a future meeting on the evidence that was heard. We also agreed to write to the petitioner,

NHS England and Dr Cauchi. The committee has received written submissions from the petitioner, Dr Cauchi, NHS England and Iain Galloway, which are summarised in the clerk's paper.

Do members have any comments or suggestions for action?

**Gail Ross:** Since Dr Cauchi came to give us evidence, he has challenged some of the prevailing opinion about what is offered elsewhere and what is the best course of action for patients in Scotland. I found his oral evidence to the committee and follow-up written evidence quite compelling. He sets out exactly what is happening and how it is working in various hospitals.

I take on board the petitioner's response that the specific hospitals that they asked to be looked at were not looked at. However, I think that we now have enough information in front of us to put the petition to bed, even if we are not completely satisfied, because the petition's points have been addressed as much as they can be.

**Maurice Corry:** I agree with Gail Ross on that. The presentation that Dr Cauchi gave in committee was very good, and he has obviously done a lot more work in examining other areas. I am quite satisfied that there have been big leaps and bounds in Scotland, and the change of regime at Gartnavel has helped, so patients now have six-monthly scans. I am comfortable with closing the petition, because we have taken it as far as we can go. The medical advice that we have been given by specialists is clear.

**Brian Whittle:** When the petition first came to us, it struck us as slightly odd that a certain methodology and treatment were being offered in England but not in Scotland. There are a lot of discrepancies in the evidence that we received about what is offered down south compared to up here.

The petitioner has raised the issue to a level at which significant change has happened. [*Interruption.*] That noise is not me, by the way.

I think that we would want to thank the petitioner for enabling significant progress to be made. I agree that it would be difficult for us to take the petition any further, but we have to note that the petitioner has definitely driven change in this area.

**The Convener:** I was struck by Dr Cauchi's concern that there was an implication that the petition was a reflection on his team, but I do not think that anybody, including the petitioner, wanted to it to be seen as that. However, there was a specific issue about whether a process available in other parts of Britain was not available in Scotland. There is still some question about that, because the petitioner suggests that if a particular hospital

does not provide the service, patients could be referred elsewhere. That is clearly still an issue.

In terms of what more can be done, the petitioner has been effective in highlighting the area, which is not something that I knew anything about—why would I? That awareness raising has been important and it has required people involved in the system to focus on those concerns. There has been progress and I hope that there can be further progress.

My sense is that the committee feels that there is nothing more that we can do. We think that the petition has served the purpose that it sought to, which was to highlight gaps in provision. There is no doubt that the petitioner and has been very engaged, as has Dr Cauchi and his colleagues. The fact that we got evidence and two further submissions recognises that they take the issue seriously, and we find that exceptionally encouraging. I underline that neither we nor the petitioner, at any point, wanted to call into question the commitment of Dr Cauchi and his colleagues to the service of their patients.

I think that we should agree to close the petition under rule 15.7 of standing orders, recognising that significant work has been undertaken to explore the issue, which has concluded in a consensus statement that all patients with uveal melanoma should be offered six-monthly surveillance for liver metastases for the first 10 years after diagnosis, and that all new patients in Scotland are now offered prognostic biopsies. Are we agreed?

**Members indicated agreement.**

**The Convener:** We again thank the petitioner for giving very powerful evidence and engaging with the committee, as the clinicians have also done. In a year's time, the petitioner will have the opportunity to bring back a petition if they feel that there has not been the progress that their petition warranted.

### **Multiple Births (Support for Families) (PE1683)**

**The Convener:** The next continued petition for consideration is PE1683, on support for families with multiple births, which was lodged by Jennifer Edmonstone.

We last considered the petition at our meeting on 5 September 2019, when we agreed to write to the Minister for Children and Young People, Maree Todd, to establish what assessment the Scottish Government had made of the impact that multiple births could have on all families, not just those on lower incomes, and the support available to them.

The committee has now received written responses from the minister and the petitioner, which are summarised in the clerk's paper. Do members have any comments or suggestions for action? For what it is worth, I am frustrated that the minister has not engaged with the question. The question did not ask what we do generally; we specifically asked what assessment has been made of the impact of multiple births on a family, and I do not think that the minister has engaged in that discussion at all. That is reflected in the frustration of the petitioner and the issues that have been highlighted.

I am interested in other views, but my feeling is that it might be worth inviting the minister to come in to give evidence. That would provide an opportunity for her to outline, as she has done in written form, what is actually being done for families, and to have the conversation about what she is looking at on the specific impacts of multiple births. Multiple births can impact on families in a way that is not regardless of income; they can have a particular impact on families that are just above the low-income category.

**Brian Whittle:** I concur with that. In her response, the minister has missed the point a wee bit. We could probably make the process a bit quicker by bringing the minister here and allowing her to directly answer the points that the petitioner has made. I concur that bringing in the minister would be a good move.

**Maurice Corry:** I agree with that.

**Gail Ross:** I am not sure that she has completely missed the point. She has laid out that there is a lot of help for, as the convener stated, low-income families. She acknowledges that

"None of the support mechanisms operating currently treat multiple births as a criterion for targeted support."

We need to flesh that out.

**The Convener:** That is the petitioner's point—that when you target support to a particular group, there can be a direct impact that perhaps was not planned for. That quote is simply a recognition of that point. This petition continues to raise interesting issues. Are we agreed that it would be useful to have a further conversation with the minister about what the Scottish Government might be able to do?

**Members** *indicated agreement.*

### **Funeral Arrangements (Murder Victims) (PE1699)**

**The Convener:** The next continued petition for consideration is PE1699, which has been lodged by Amanda Digby, on the release of murder victim bodies for funeral arrangements.

We last considered the petition on 27 June 2019. At that meeting, we agreed to write to the Scottish Government to seek its views on the suggestions that are outlined in the Law Society of Scotland's written submission of 15 October 2018. The Committee also agreed to ask the Scottish Government for its reflections on the petitioner's concerns about the monitoring of a new consultation protocol, including whether it could potentially lead to more cases being treated as special cases.

Responses have now been provided by the Scottish Government and the Crown Office and Procurator Fiscal Service. A further written submission was sought from the petitioner, but none has been received.

Do members have any comments or suggestions for action?

**Brian Whittle:** The consultation protocol has recently been published by the Crown Office and Procurator Fiscal Service. In the light of that, we might now consider closing the petition, because although the protocol is not necessarily a response to the petition, new rules have been published. With regard to the petition, I think that it would be very difficult to change them any time soon. We could write to the Scottish Government to ask what support and commitment it can give, in liaison with the Law Society, to make sure that the public and bereaved relatives understand the time that a post mortem takes and how the system works. That would be helpful, because it seems to me that the issue is partly lack of understanding of the process.

**The Convener:** I should declare an interest, because I attended a meeting, along with the petitioner, with the Lord Advocate and the Cabinet Secretary for Justice, at which there was recognition that that is an issue. Part of what is unclear is what drives delays. There is also an issue about defence counsel having the right to another post mortem here, which is not the case in other parts of the United Kingdom. The protocol addresses some of that.

There might also be a question about whether there are sufficient numbers of people who can carry out such post mortems, and whether that is driven by lack of resource or simply by process. I was struck by the recognition that what the family had experienced was a real problem: the Lord Advocate and cabinet secretary were very sympathetic and empathetic. However, the issue will be whether the protocol works out.

I agree that we should close the petition. It might, however, be something on which the petitioner and others wish to keep a close eye. If they feel that the protocol has not worked, or that

there is a continuing problem, that could be brought to the committee's attention.

I propose that we also write to the Scottish Government, enclosing the petition and highlighting the issue, and asking it to make sure that there is sufficient public information. One of the problems has been that people have been told "There's nothing we can do—that's just the way it is", but it turns out that that is not "just the way it is", and that there have been other reasons for what has happened. I understand that the protocol seeks to address that.

**Maurice Corry:** Should the information also be shared with the Association of Funeral Directors? Funeral directors have a strong part to play when people are bereaved, as we know, so they should perhaps be included, so that if such a situation occurs, they know how to address it with the families. People might engage very quickly with the funeral director when someone has passed on, but might then have to deal with the process of post mortems and things like that.

Would it be possible to do what I have suggested?

**The Convener:** We can flag up to the Scottish Government that a range of groups should be made aware of the issues. The petition is about the very specific situation in which the family of a murder victim are told that they may not have their loved one back, in what feels like a very cold process. The question was really whether that is absolutely necessary. We can flag up the issue that Maurice Corry raises in any correspondence that we send.

**The Convener:** In closing the petition, we thank the petitioner very much for highlighting an important issue in very difficult circumstances. We acknowledge that they secured a meeting with the Lord Advocate and we recognise that the issue that they raised was legitimate. I highlight that there is an opportunity to bring back the petition in a year if the petitioner feels that the matter has not been addressed sufficiently. We thank them for their engagement with us.

10:15

### **Island Lifeline Ferry Ports (Parking Charges) (PE1722)**

**The Convener:** The next continued petition for consideration today is PE1722, on parking charges at island lifeline ferry ports, which has been lodged by Dr Shiona Ruhemann on behalf of Iona Community Council, Mull Community Council and others. We last considered the petition in June, when we agreed to seek written views specifically on why island community impact assessments, as detailed in the Islands (Scotland)

Act 2018, have not been brought into force, and why Argyll and Bute Council has introduced such parking charges in Iona and Mull.

Responses have been received from the Scottish Government, Argyll and Bute Council, CalMac Ferries, Shetland Islands Council, Orkney Islands Council, Maree Todd MSP, Liam McArthur MSP and the petitioner. Michael Russell MSP has also contacted the clerks to highlight his strong support for the action that is called for in the petition.

Do members have any comments or suggestions for action?

**Gail Ross:** Argyll and Bute Council did not make an impact assessment. Although the statute has not been commenced, the council knows that the requirement for island community impact assessments is coming: it knows that they will have to be done. I completely understand where the community councils are coming from.

There has been some backtracking from Argyll and Bute Council, and it has given an apology and an admission that it did not carry out the process as it should have. That has not satisfied the petitioner, whose has stated that the concessions are a temporary measure. We have also heard a lot of representations from the other two islands authorities and from MSPs.

It is difficult to know where we should go with this, because we are talking about local authorities and what they feel they need to do. We should write to the Scottish Government because there are other things that the submissions have thrown up in relation to the Islands (Scotland) Act 2018 and Shetland Islands Council.

**Brian Whittle:** Gail Ross has highlighted an issue. There is a dilemma in that although local councils have a high degree of autonomy to set their own rules and regulations, island communities are, of course, particularly vulnerable in such circumstances because they have no choice but to use the services.

I agree with Gail Ross that we need to write to the Scottish Government to seek its views, especially given that we have had representations from nearly all the MSPs from the relevant communities. If we are going to maintain communities on the islands, they must be specifically supported. It seems to me that this is an issue that we should be able to resolve.

**The Convener:** I am surprised that island community impact assessments have not been commenced, because they are absolutely the core bit of the 2018 act. It would be worth our while to ask why there has been a delay. It is reasonable to suggest that the council knows that the requirement is coming; if everybody knows that it

is coming, why are assessments not already being done? It is significant that two Government ministers are arguing for the petitioner. I presume that they can use their influence.

The committee might not all agree, but I wonder what is underpinning this. Why would any local authority do that? There is a suggestion that it is because of pressure on budgets. My point in that regard is that in an island community impact assessment there has to be understanding of the specific funding needs of local authorities that include island and remote communities. I presume that that was the driver behind the legislation. We could flag that up to the Scottish Government, too.

Do members agree to write to the Scottish Government seeking its views on the matters that have been highlighted, and asking when it will commence the requirement for impact assessments to be carried out, and how it will address the specific issue of funding, which is a particular challenge for island communities?

**Members** *indicated agreement.*

### **Essential Tremor (Treatment) (PE1723)**

**The Convener:** The next continued petition for consideration today is PE1723, on essential tremor treatment, which has been lodged by Mary Ramsay. I welcome Rhoda Grant MSP, who is attending for our consideration of the petition.

We last considered PE1723 in September 2019, when we agreed to write to the Scottish Government and Dr Gilbertson of NHS Tayside, and to delegate authority to the clerks to write to other relevant stakeholders. Responses have been received from the Scottish Government, NHS Tayside, Sue Ryder, the National Tremor Foundation and the petitioner.

NHS Tayside notes that magnetic resonance-guided focused ultrasound—MRgFUS—is a technology that has significant potential as a treatment for patients who suffer from essential tremor and Parkinson’s disease. NHS Tayside is in the advanced stages of achieving its fundraising target for acquisition and installation of MRgFUS equipment.

The Scottish Government submission notes that the national specialist services committee met on 4 December 2018 to consider a stage 1 application for specialist treatment of patients with essential tremor using MRgFUS. The committee was unable to endorse the application for funding as a nationally designated service. It was highlighted that National Institute for Health and Care Excellence guidance is permissive, and that although there is some evidence for use of MRgFUS in essential tremor treatment, there is a clear statement that research is needed into its

application for Parkinson’s disease and multiple sclerosis tremor.

I ask Rhoda Grant to contribute before further discussion.

### **Rhoda Grant (Highlands and Islands) (Lab):**

As you know, Mary Ramsay has written to the committee to describe her situation. She has gone through the process of having electrodes placed in her brain and can tell that, if she had had the ultrasound treatment, it would have been a game changer for her, and that it would be a game changer for other people with the condition. She is keen that it be made available.

I know that the committee is considering writing to NHS Tayside and encouraging it to apply to the funds that the Scottish Government has suggested. That suggestion was made when I secured a debate on the subject a couple of years ago, but it was not seen as suitable. I have written to the Cabinet Secretary for Health and Sport—perhaps the committee would consider backing me up on this—asking whether NHS National Services Scotland might reconsider its decision about funding the treatment. That would be a game changer, because we are really close to success.

All the science and all the casework on the treatment are positive. It is a new treatment, so it will take time to embed the process, but it is a game changer for people with essential tremor and other conditions. We are only beginning to find out how it might affect people, but it could also have an impact in treatment of people with brain cancer, Parkinson’s disease and so on.

I would be happy if the committee were to get back to NHS Tayside to ask whether the Government’s response is helpful to it, but I am also keen for the committee to write to the Government asking it to push NHS National Services Scotland a wee bit, because it would be a shame if people in Scotland were not able to access a treatment that is available elsewhere and which they really need.

Mary Ramsay was keen that I attend today’s meeting to speak to you, and she wrote something that I would like to read out, if members will indulge me. She says:

“My tremors, and the lack of understanding surrounding them, has impacted my entire life. Those of us with essential tremor deserve better, and there is a better option. If there is a will and determination to fight essential tremor, and to understand its causes, it can be overcome for the generations that will come after me. It is for those determining the outcome of this consultation to decide whether their will, and their determination, is sufficient for Scottish doctors and Scots with essential tremor to have the best opportunity to fight this fight. For me, and my part, if focussed ultrasound helps someone avoid what I went through, I will fight to my last breath to get it.”

She is absolutely passionate about this. This is not something that will impact on her, but she is really clear that she does not want anyone else to go through what she has been through. The treatment is a game changer, and dragging our feet is not an option. We need to embrace it, get it in place and get people treated.

**The Convener:** Thank you. Do committee members have comments?

**Brian Whittle:** The Sue Ryder submission says:

“we would urge the committee to approach NHS HIS to establish if the General Standards for Neurological Care and Support, published earlier this year, would provide any direction to service providers”.

NHS Tayside says that, should the treatment be made available, it

“would expect a significant demand”

and it would look for Government support. The Scottish Government suggests that there is a fund to support the development of such treatments. It seems to me that all the pieces are there.

I suggest that we write to NHS Tayside to ask whether it has applied to the fund for the equipment and its installation; it seems to be readily available. We should certainly ask whether it has applied or is going to apply to that fund. It seems to me that, as Rhoda Grant says, everybody agrees that this is the way forward. It is just that somebody has to have the will to make it happen.

**The Convener:** The national specialist services committee is saying that there needs to be a clear evidence base and that it would support a re-application that was more evidenced. It is waiting for more evidence to come.

**Brian Whittle:** I was struck by the Sue Ryder submission, which asks us to consider whether

“the General Standards for Neurological Care and Support, published earlier this year, would provide any direction to service providers.”

It seems to me that we will get to where we need to be on this. Why not just cut to the chase and do it?

**The Convener:** If we work on the assumption that people would offer the treatment if they could, I suppose that it is about understanding what the block is to their doing so. The NSSC is saying that it needs more evidence, but is the evidence being gathered and put forward? It is reassuring that the NSSC says that it will consider a re-application if it gets more evidence. If we write to the Scottish Government, we will want it to unpick that for us.

**Brian Whittle:** Yes.

**The Convener:** The NHS says that it cannot fund the treatment because it has not been

cleared. The NSSC is saying that it will clear the treatment if it gets more evidence. What, if anything, is stalling progress? Obviously, there will be reluctance to introduce a procedure if it will not do what it is supposed to do, and it needs to take into account direct experience. That is a question that we need to ask. We are not assuming that anybody is holding back, but how can progress be unblocked?

**Brian Whittle:** We are not medically trained and we cannot offer an opinion, but NHS Tayside says that it

“would expect a significant demand”.

It seems to me that there is a direction of travel.

**The Convener:** Should we ask the Scottish Government on what timescale the NSSC expects the treatment to be progressed and what it is looking for? If everybody is vehemently agreeing with one other that the treatment has benefits, what is the delay, if we work on the assumption that nobody is wilfully delaying it? Would it be worth our while to highlight that to the Scottish Government?

10:30

**Gail Ross:** I will follow up on Rhoda Grant’s point about the national specialist services committee. Is it correct that you have written to it?

**Rhoda Grant:** I wrote to Jeane Freeman to get in touch with the NHS. We have chased that up, but there has not been a response yet. I assume that something is happening. Jeane Freeman is not in a position to reply to me yet, so I hope that some discussion is going on. It would be helpful if the committee put its weight behind that to see whether we can get some change.

**Gail Ross:** Absolutely—I agree with that. Our papers say that

“the National Specialist Services Committee ... met on 4 December 2018”.

It is now January 2020. It would be interesting to see how far, if at all, things have moved on. I support Rhoda Grant on that.

**Brian Whittle:** We should probably also write to Healthcare Improvement Scotland, because the issue is within its remit. It would probably be able to answer the questions just as well as the Scottish Government, which will go to HIS.

**The Convener:** Okay. We can ask the clerks to identify the most useful people to go to. However, we agree that there is an issue. How can the process be unblocked, and what is the expected timescale for the NSSC to make a decision? The Scottish Government could be passive and say that it might think about the issue when it hears



some more, but it would be useful to push to get that information. Is that agreed?

**Members indicated agreement.**

**The Convener:** I thank Rhoda Grant for her attendance.

### **Commercial Attorneys and Party Litigants (Equal Rights in the Legal System) (PE1724)**

**The Convener:** The next continued petition for consideration is PE1724, on equal rights for commercial attorneys and party litigants in the legal system. The petition was lodged by Bill Alexander.

At our previous consideration of the petition in September, we agreed to write to the Scottish Government and other relevant stakeholders to ask for views on the written views that had been received from the Lord President and the petitioner. Responses have been received from the Law Society of Scotland, the Scottish Courts and Tribunals Service, the Competition and Markets Authority, the Scottish Government and the petitioner.

Mary Fee MSP has contacted us to indicate that she is unable to attend the meeting to hear the consideration of the petition, and she has given her apologies. However, she has provided a written statement, in which she says:

"I have spoken at length to the Petitioner and am fully supportive of the Petition for the following reasons—

Commercial Attorneys are not treated in the same way as other members of the Legal Profession, they were invited to put a submission to the recent Robertson Review but were not included as part of the review body.

Commercial Attorneys do not have Equality of Arms with Solicitors.

There is an ongoing issue of how Commercial Attorneys can meet the test set out by the Lord President to wear Gowns in the Courtroom.

There is merit in continuing this Petition and fully examining this issue."

Do members have any comments or suggestions for action?

**David Torrance:** I do not think that the committee can take the issue any further, because the Scottish Government has made it quite clear that it does not support the petitioner's proposed action. We should therefore close the petition.

**Brian Whittle:** If the Scottish Government was not adamant that it will not move on the issue and that it does not support the proposal, we would probably do what Mary Fee has asked us to do and at least do a little more digging, because it looks like the petition has merit. However, the reality is that nothing will happen because the

Scottish Government has said in its response that it has no intention of moving its position. We cannot do anything with the petition, so—reluctantly—I agree with David Torrance.

**The Convener:** I wonder whether we should encourage the petitioner to engage in the Scottish Government's planned consultation on the development of a new statutory framework for a modern, forward-looking legal service regulatory system in Scotland in response to the findings of the Robertson review. Actively engaging directly with the Scottish Government would allow the petitioner to try to influence what is decided.

We have provided a platform for the argument and considered it on a number of occasions, so it has not been dismissed. The arguments have been presented and the paperwork exists, but my sense is that it is difficult to see what we could do further in an argument in which there are two particular views of what has happened.

I think that we agree to close the petition under rule 15.7 of standing orders on the basis that the Scottish Government has confirmed that it does not support the action that is called for in the petition, and recognising that the petitioner has an opportunity to engage in future consultation by the Scottish Government in response to the findings of the Robertson review. Is that agreed?

**Members indicated agreement.**

**The Convener:** We again thank the petitioner for engaging in the process. Of course, in a year's time, if they continue to be unsatisfied, they may wish to consider presenting another petition to the committee.

### **Suicide Awareness (Support for Young People) (PE1725)**

**The Convener:** The next continued petition for consideration is PE1725, by Ann Marie Coccozza, on suicide awareness and support for young people. When we considered the petition last September, we agreed to write to the Scottish Government and explore the issues that have been raised through our current inquiry into mental health support for young people in Scotland.

Written submissions have been received from the Deputy First Minister and Cabinet Secretary for Education and Skills and from the petitioner, and those are included in our papers. The clerk's paper on the petition highlights the ways in which we have considered the issues that are raised in the petition through our inquiry work.

Do members have any comments or suggestions for action?

**Maurice Corry:** We need to explore the issue a bit further and talk with FAMS—Families and

Friends Affected by Murder and Suicide—to gather more information so that we really understand the distressing situation that is involved. We need to get more of a handle on the issue before we come to a conclusion.

**Brian Whittle:** The petition plugs into the many other petitions on mental health and into the committee's investigation on the issue. I agree with my colleague that we should hear from FAMS, as the petition plays into the committee's wider work.

**The Convener:** We were clear that the areas that FAMS said could usefully be developed were interesting and could form part of our inquiry. We took the matters that FAMS raised seriously. They are related to practical ways in which FAMS can support people. I am interested in meeting FAMS, and I know that it has offered a meeting at the site where it operates, which would be interesting. In particular, I was struck by its arguments on addressing the cause as well as the consequence of mental health distress. There has been a cross-party commitment to more school counsellors, but FAMS made a compelling argument that something different is needed and that there is no easy fix.

I am keen to engage with FAMS, probably at its location, so that we can see what it does and hear from it directly. That would not be part of a formal hearing, but it would be part of our inquiry. We would ensure that a number of members could attend. FAMS is keen for its experience on certain issues to be fed back into our inquiry, so we should ensure that that happens, if members agree with that approach.

As Brian Whittle said, with all the issues on mental health that have been brought before us, there is a recognition of the seriousness of the issue, particularly for young people, and of the need to ensure that the right interventions are available at the point when young people need them. The findings from the engagement with FAMS could form part of our inquiry report.

Do members agree to that approach?

**Members** *indicated agreement.*

**The Convener:** We look forward to that work being progressed.

### **Local Authority Public Meetings (Audio Recording) (PE1731)**

**The Convener:** The ninth and final continued petition for consideration is PE1731, which was lodged by Tom Taylor and which calls on the Scottish Parliament to urge the Scottish Government to amend the Local Government (Scotland) Act 1973 to permit audio recording of

all public council meetings by members of the public.

When the committee considered the petition on 19 September 2019, it agreed to write to the Scottish Government, COSLA and all local authorities to seek their views on the action that is called for in the petition. Responses have been received from the Scottish Government, COSLA and 16 of the 32 local authorities. The clerk's note summarises the responses.

Do members have comments or suggestions for action?

**Gail Ross:** A number of local authorities have come back to us with concerns about how such recordings would be used, whether they could be tampered with to put forward a particular point of view and whether they might record sensitive or private information. However, the Scottish Government has stated that that does not happen in other places where public recording is permitted. Furthermore, the petitioners are talking only about public meetings, in which no private or sensitive information should be discussed in any case.

The Scottish Government has said that it has no objection in principle to the proposal. I think that our next step should be to write to the Scottish Government to find out whether it plans to implement the proposal and how it would work.

**Brian Whittle:** We are in a public meeting right now that is being recorded—

**The Convener:** For good or ill.

**Brian Whittle:** If we need to discuss sensitive information, we go into private session and the meeting is not recorded.

As Gail Ross said, the Scottish Government has said that it has no objection in principle to the request. I would be interested to find out how it is going to support the petition. I think that, in principle, the proposal is reasonable.

**The Convener:** I was struck by the variety of responses from various local authorities, and I wonder whether at least part of the concern about the proposal is to do with funding. In circumstances in which there are—to put it kindly—huge pressures on budgets, local authorities might have decided that the proposal is not a priority and, on that basis, have come up with lots of reasons why they cannot do it. If that is the case, perhaps we could ask the Scottish Government whether some funding might be provided for the proposal in recognition of the extra costs that it might entail. I note that the recording of our meetings in Parliament is funded.

**Gail Ross:** As a counter to that, I suggest that the local authorities that do not have webcasts and

archived meetings because of funding issues should welcome the fact that members of the public want to come in and record the meetings, as that means that there will be a recording of them somewhere. I can see other reasons, too.

**The Convener:** Yes. For example, in more remote areas, we can see the benefit of someone recording meetings, because it might not be possible for people to attend physically, but the recordings will enable them to engage with the process. There is that practical, democratic element, as well.

**Maurice Corry:** The subject came up a number of years ago when I was a councillor in Argyll and Bute Council. An issue of concern at that time was the cost of the proposal, and another was the content of the meetings. It was suggested that it would be fine to have recordings of full council meetings that were held in public, but that recording meetings that were held in private was another matter. There were similar issues around regulatory meetings and so on, such as meetings of the licensing board at which, for example, character references were discussed in relation to the issuing of taxi driver licences. Another worry that the council had concerned the possibility of recordings being tampered with. We wanted any recording to be a true one.

Although the council felt comfortable having recordings of public meetings, we felt that, if there was such recording, it should be done by the council, and that brought in the issue of financial constraints.

We agreed that the recording of meetings would be beneficial to people in island communities.

**The Convener:** I might have slightly misrepresented the petition. It specifically asks that people should be able to record meetings. If the reservation about the proposal is that recordings might be falsely edited, perhaps there could be a fund that local authorities could access in order to provide recordings themselves. That might be part of the tension between the two ways of recording meetings.

I think that the committee feels that the proposal is a good idea in the interests of transparency. In light of its support for the petition, we could write to the Scottish Government to ask how it plans to take the proposal forward, and to suggest that it puts in place safeguards to address local authorities' concerns.

**Brian Whittle:** On the point that we made about our meeting today being recorded, we should note that it is being officially recorded—the public are not allowed to record it. That is probably the standard that we want to promote.

**The Convener:** Yes. We should ask whether the concerns about the fallback position that is proposed in the petition could be dealt with by having a more formal process. We could flag that issue up to the Scottish Government.

Do we agreed to the proposed action?

**Members indicated agreement.**

**The Convener:** I thank everyone for their attendance.

*Meeting closed at 10:45.*



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Pàrlamaid na h-Alba