



The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

PUBLIC PETITIONS COMMITTEE

Tuesday 13 November 2012

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PUBLIC PETITIONS COMMITTEE
16th Meeting 2012, Session 4

CONVENER

*David Stewart (Highlands and Islands) (Lab)

DEPUTY CONVENER

*Chic Brodie (South Scotland) (SNP)

COMMITTEE MEMBERS

*Jackson Carlaw (West Scotland) (Con)

*Adam Ingram (Carrick, Cumnock and Doon Valley) (SNP)

*Angus MacDonald (Falkirk East) (SNP)

*Anne McTaggart (Glasgow) (Lab)

*John Wilson (Central Scotland) (SNP)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Murdoch Cameron (Balloch and Haldane Community Council)

Gordon Hall (The Unreasonable Learners)

Professor Richard Kerley (Queen Margaret University)

Jim Mather

Jonathan McColl

Dot McLaughlin (Improvement Service)

Lynsey Pattie

Dr Nicola Richards (Scottish Government)

Dave Watson (Unison)

Janet Whitley (Scottish Government)

CLERK TO THE COMMITTEE

Anne Peat

LOCATION

Committee Room 1

Scottish Parliament

Public Petitions Committee

Tuesday 13 November 2012

[The Convener *opened the meeting at 10:00*]

Current Petition

Public Sector Staff (Talents) (PE1423)

The Convener (David Stewart): Good morning, ladies and gentlemen. I welcome you all to this meeting of the Public Petitions Committee. I remind everyone to switch off their mobile phones and electronic devices, because they interfere with our sound system.

Agenda item 1 is PE1423, on harnessing the talent of public sector staff. We previously agreed that we would have a round-table discussion on the petition, which is the first such discussion in this session for the committee. All the witnesses are very welcome, and I thank them very much for giving up their time to come along to speak to us. Obviously, we want to learn more about the petition from the Unreasonable Learners, and about current management practices in the public sector.

I ask people to make their contributions through me so that the meeting can be managed. We have around 45 minutes. Obviously, we have a number of very experienced and talented witnesses. I ask everyone to introduce themselves.

I am a Labour MSP for the Highlands and Islands region.

Chic Brodie (South Scotland) (SNP): I am a Scottish National Party MSP for South Scotland.

Jim Mather: I am the chairman of Gael Ltd in East Kilbride.

Dot McLaughlin (Improvement Service): I am from the Improvement Service.

Angus MacDonald (Falkirk East) (SNP): I am a member of the committee.

Prof Richard Kerley (Queen Margaret University): I am from Queen Margaret University.

Adam Ingram (Carrick, Cumnock and Doon Valley) (SNP): I am the MSP for Carrick, Cumnock and Doon Valley.

Gordon Hall (The Unreasonable Learners): I am from the Unreasonable Learners.

Jackson Carlaw (West Scotland) (Con): I am an MSP for West Scotland.

Dave Watson (Unison): I am the head of bargaining and campaigns for Unison Scotland.

Janet Whitley (Scottish Government): I work on workforce development in the Scottish Government.

John Wilson (Central Scotland) (SNP): I am an MSP for Central Scotland.

Dr Nicola Richards (Scottish Government): I am from the Scottish Government's organisational development, leadership and learning division.

Anne McTaggart (Glasgow) (Lab): I am a Glasgow MSP.

The Convener: I thank you all for introducing yourselves. Just for the record, I ask that my membership of Unison be noted. Obviously, Dave Watson is the senior officer with whom I currently deal.

I should welcome back Jim Mather, who was an MSP and is a well-kent face from the Scottish Government in the past. You are very welcome, Jim.

I ask Gordon Hall to briefly run through some issues to do with the petition. The key point for me is what you hope to achieve through it.

Gordon Hall: We are dealing with very broad and complex issues, which I am trying to simplify into one major issue. I have reflected that in my handout.

We are observing that very good people are putting great efforts into all kinds of projects throughout the public sector and in the private sector, but we need to move away from application of methods and new structures to consideration of how we think—not only how the individual thinks, but how the organisation thinks. If we apply new structures and methods from the existing thinking, all we will do is repeat the problems that we already have. Albert Einstein had a famous phrase about that. I do not know when he died—perhaps in 1940, so it was said pre-war. Everybody has said the same as him ever since, of course: that change happens at the thinking level, not the doing level. If people continue to do from the same thinking, very little will change.

The Christie commission identified large areas that we should address but did not address the thinking that has created those problems or the thinking that is necessary in order to move forward. As Jim Mather keeps saying, the two have to go together. I am trying to create that balance by concentrating on how we think. The second diagram that members have recognised that we cannot do that in bits and pieces. Our experience over the past 20 or 30 years is that although we have had excellent projects, the

whole has not learned from them, and with time the status quo has come back and eroded the progress that has been made. Therefore, we need to think about how we will change thinking or enable thinking about the whole, and not just for individual projects.

The Convener: What is the Scottish Government's view of the petition?

Dr Richards: The petition and the substance behind it are of great interest to the Scottish Government and much of the theory and thinking that underpin it have been influential within the Government. Our difficulty is in trying to work through what action we would take on the back of it.

We have a lot of work under way. The thinking behind the petition is influential in some of the improvements and more experimental approaches that are becoming more and more embedded in how the national health service thinks. At Government level, we are trying to bring that through within our own structures. My responsibility is for civil servants and their learning. We have done a lot of work around systems thinking, which is now embedded in the way our civil servants learn. The outcomes-based approach encourages people to work across the system and to engage others in the system to think about possible solutions. I chair a collaborative leadership group of people who have been brought in from across the system. That group is all about trying to bring such ideas and concepts through into our ways of working.

I have a huge amount of sympathy with the theory that underpins the petition. The question is how we take it to a whole-society level. We are trying, across the piece, to engage with partners in different systems and with communities to take that forward. Is there something that we are missing or have not yet struck upon?

A lot of the research that underpins the petition is familiar to us. We have been taking forward such work for some time.

The Convener: How do we change the way that the public sector thinks and operates?

Dave Watson: I suspect that trade unions are probably more in the "doing" category than they are in the "thinking" one, so Gordon Hall would rightly pick us up on that. However, I agree with the petition's underlying approach.

Gordon Hall mentioned the Christie commission, to which I was an expert adviser. Although it may not be clear, the commission was focused on writing a relatively short report, so it did not include a huge amount of background thinking, but it considered the issues that are addressed in the petition, which underpinned its recommendations.

I notice that it is not often quoted—it is not in the briefing papers for the meeting—but the Christie commission highlighted systems thinking as a way forward for the public sector. That was not an accident. I will illustrate the point in a practical way with one story. While the Christie commission was doing its work, we went to a large local authority and ran a round-table discussion with revenues and benefits—including housing benefit and council tax—staff. That local authority had taken away most of the staff from the sharp end and put them into a shared service centre. I explained systems thinking to that group of staff, told them about John Seddon and what he does, and asked them whether it rang any bells with them. They said, "Oh absolutely, Dave." The front-office person told me, "We used to deal with 80 per cent of inquiries when people came through the door. Now, we deal with 20 per cent of inquiries at the door and punt the other 80 per cent off to a shared service centre." The staff from the shared service centre said, "Yeah, they come to us and most of the queries that we deal with are because someone hasn't got something they wanted. We punt things around and they get lost."

Most of us would recognise that from any call centre operation. We all know that that is what happens when we ring up a power company or a television company, but we persist with the view that, if we lump everything together into a big factory somewhere, it will somehow be more effective and more efficient.

That is a practical example of the fact that, if we redesigned the work and worked out what was necessary to deal with the customer's or service user's demands first time, we would design very different public services from the current thinking that is imposed by management consultants who come in with a "Blue Peter" approach—"Here's one we made earlier".

Chic Brodie: It is an interesting petition. As a follower of Seddon's view of command and control, I am sympathetic, but some questions were raised in my mind, even when reading his book "Freedom from Command and Control: A Better Way to Make the Work Work".

First of all, are leaders born or are they made? Your leaflet quite rightly points out that

"we need leaders to provide direction".

The second point is to do with the management culture. This is not just about management culture; it is also about how we change our society's culture to be more participative and less divisive. That said, we have an agenda at national level—the national performance framework. How do we feed that agenda through? How do we encourage all levels of the public sector to achieve national

outcomes—I will not say “targets” or “goals”—as we wish?

My last point is about systems thinking, which is important. I have been involved in manufacturing for a lot of years and have lately run up against continuous improvement processes and quality circles and systems such as lean, Six Sigma and kaizen. I never see those mentioned in the public sector. That is what we are addressing. How do we encourage improvement of our processes from the bottom up?

The Convener: Thanks for that. I am looking for a victim to answer that question. Jim Mather looks like a good subject.

Jim Mather: I think that leaders are tutored. We want to see more leaders mentoring and bringing people forward and so on. On the point about societal changes, it is absolutely fundamental that we have a strong society with people participating at all levels.

On national outcomes, perhaps we could change politics if we had enough statistical process control charts on Government desks and the Government was monitoring everything from hip operations to the level of unemployment and feeding that information back into the process.

As far as the manufacturing sector is concerned, Seddon is quite clear—he thinks that we should be more about method and thinking and less about tools. The genius of Seddon is that he has taken systems thinking from manufacturing and applied it to the service sector, while recognising that the service sector is different. Services are about activities; they are intangible and require trust relationships, communications and so on. What is different about services is that the variation comes in the punter—in the case that is being dealt with—whereas manufacturing tries to squeeze variation out of sub-components of its products. Seddon says that we have to handle that variation. That is why, as Dave Watson correctly said, the back office shared services approach does not work. We need to try to nail things at the point of contact. Seddon also says that we should not look for savings in procurement or in scale and that the savings are to be made in flow—in end-to-end times and how quickly we get the job done.

Last year I went down to the City of Lincoln Council and spent a month there looking at what they were doing on housing benefits, housing repairs, void lets, planning, building control and controlled adult social care. I was watching the Vanguard method in action and the best example was adult social care. Previously, it had been taking the council 1,189 days to have a shower put in on the ground floor of an elderly person's house. They got that down to 25 days, so there was a big impact on the person and on their

family. That means keeping a person at home four years longer and their not having for that time to go to a residential home, a nursing home or hospital.

I would like to put on the record that my Seddon awareness came from Tom Tumilty—a civil servant who slipped me the book “Freedom from Command and Control”, for which I continue to be grateful.

Gordon Hall: On leadership, the leader in the new world—if I can call it that—is a systems designer. He is not one of the decision-makers or one of the people who can inspire people; he is the one who designs the systems to enable people.

John Seddon and others are successful because they concentrate on designing the system with the people—with the customer—in mind. They think systems-wise and they respect people highly. They do not want to control people; they want to enable them. The leader is the systems designer, so in terms of the leadership of the group of people at this meeting, I hope that we can design a system to answer Nicola Richards's question about how we involve the whole of society in thinking about how we move forward.

10:15

Jackson Carlaw: My experience in business was that all discussions had to come to a practical conclusion. I am struck by Nicola Richards's comments. I have immersed myself in the content of the petition, and two expressions from my childhood come to mind: “Trying to catch a bar of soap in a bath” and “Playing tag with a fox”. This is a petitions committee, so the petition must result in something practical that we then do. We can all identify examples, and we can all sympathise with the underlying concern of the petition and recognise it from our own experience. However, what should the committee ultimately seek to do as a next practical step?

Gordon Hall: Maybe the second step is to facilitate a dialogue across the whole of our society. A lot of people within our society are already systems thinking. If we can connect them to create a critical mass, we will start moving forward. I am again arguing what I said earlier—doing it in bits and pieces has not worked over the past few years. You are right in saying that it is a bit like a bar of soap, but that is basically what we are trying to get to.

The first stage in the committee's leading this is to look at how the public sector thinks. If we can do a study on how organisations think, that is a basis on which you can move the process out into the whole of society—and it is happening in the whole of society. We are starting to realise that the

old ways are not producing wellbeing and effectiveness in our society. There is beginning to be discontent within society, so we should try to accelerate the process so that we are talking to the whole of society. "Facilitating dialogue" is the technical term for it.

John Wilson: Mention has been made of the Christie commission and what we can take out of its findings. Unfortunately, and particularly in times of cutbacks in local and central Government, silo thinking seems to become more entrenched. Instead of delivering front-line services, the management structures seem to close in on themselves and take away front-line services. Dave Watson and Jim Mather gave good examples of where, if the right front-line services are delivered, that is preventative spending that saves money.

What do Dave Watson and Gordon Hall think we can learn from the Christie commission? How do we see those practical solutions being implemented at local government level? That might also be a question for the Improvement Service. It is about delivery of front-line services and trying to get back into the process the thinking that preventative spending can make savings at the front line. It is not about shutting down front-line services.

Dot McLaughlin: The Christie commission has set up a different kind of conversation among public services more widely and, in my experience, the silos are starting to break down more. Once we start to talk about outcomes, that takes us away from asking what is our service provision and what is yours and towards asking how we can work collaboratively. With the statement of ambition around the community planning partnerships and so on, there is a thrust towards the public sector working even more collaboratively to achieve outcomes with communities, rather than doing things to communities. Christie was very strong on that. I have the sense that there is a greater appetite and willingness to work together collaboratively to achieve outcomes. There is an acceptance that that is how we have to work and that individual organisations do not have the answer.

Dave Watson: Gordon Hall is probably right about the lack of underlying thinking. I read a range of reports about change in the public sector, and there are bits of Christie and bits of systems thinking that come out of that. However, there is still a strong belief in the heroic leadership models that Chic Brodie talked about. Time and again, I read Scottish Government and other reports that are all about leadership involving Richard Branson-type figures who come rushing in to save us; in reality, they do not.

That is the wrong model because, as Jim Mather said, the difference from manufacturing is that most public services are delivered by people. What we therefore need are enabling management styles and the people stuff. To be frank, report after report and proposal after proposal—whether for adult care or any other big changes—includes perhaps only three little paragraphs about the workforce in a 60 or 70-page report. It is as if those involved say "We've got this great thing. We're going to merge these people and going to move things around." Then they say "Oh! There are people who are going to have to do this, at the end of the day. Let's stick in a few paragraphs about the people at the end."

We need to do something else in order to find a practical way forward. Government can help by using a broad framework approach, particularly in respect of some of the people issues. Someone said earlier that turkeys do not vote for Christmas. However, we can create frameworks that allow people to innovate. The health service is a good example of that. Many big changes have been made in the design of health services because there is a framework that allows staff to suggest better ways of doing things in the knowledge that they will not be made redundant the next week as a result of coming up with the innovation. Such a staffing framework creates an atmosphere and environment in which staff can innovate.

Gordon Hall: I compliment the work that has been done and the initiatives that have been taken. However, we also need to look at the barriers that prevent such things from happening. A command-and-control culture creates a massive barrier for all the work that Dave Watson and the rest of us have talked about. We therefore need to think about what stops us from moving forward.

Adam Ingram: It is clearly leadership at the front line that matters rather than strategic leadership. The critical factor is that the people who deliver services should engage with each other. Nicola Richards suggested that the main problem is about how we change society's culture and thinking. Are there examples of that from other parts of the world? What mechanisms are available to us to initiate culture change? To what extent can Parliament and Government assume responsibility for that?

I have recently reread the book "The Spirit Level: Why Equality is Better for Everyone", which discusses the importance of reducing inequalities and ensuring that everyone has a stake in our society. Can I have some thoughts on those pretty wide-ranging questions?

The Convener: I will bring in Richard Kerley first, then Janet Whitley.

Professor Kerley: Thank you for that. [Laughter.]

I will make a number of observations that will not really answer Adam Ingram's question, but I will come to that. I have been bedevilled for a long time now by various observations when working in public services, as I still do, and since I became an academic. One of them is the manifest experience of seeing some very good islands of practice in virtually every public service organisation with which I come into contact. However, I emphasise the phrase "islands of practice", because they often float in a sea of—to say "mediocre" would be harsh—indifferent practice. There is often considerable resistance to both scaleability and dissemination across the entire system. Jim Mather gave an example that one can find in a number of public organisations, whereby the organisation achieves X—"X" might be completion of an appendectomy, installation of a shower, or assessment of special education support within three weeks—and the outcome is good over perhaps a five-year period. The question is: "Why aren't the rest of you learning from that?"

I think that there are two or three reasons for that. One is that there is a considerable degree of what I would call non-competitive competition between public bodies. If you go and talk to people in one of the local authorities in the area that you represent and ask them in passing, while chatting, what they think of South Ayrshire Council or East Ayrshire Council, they will say, "Oh, no. We can't learn anything from them." That attitude is hard to break down. It needs to be challenged.

The second factor is that we often confuse areas of public service activity that are actually far more heterogeneous than we think they are. We talk about public services as though they are all the same. There is a place for command and control and for mass procurement. If I were running a local authority and I wanted to acquire 5,000 water glasses, I would expect the variation and tolerance on those to be according to Six Sigma, and I would go to the cheapest provider of that glass, as this Parliament did with its glasses—it probably got them from the Czech Republic or somewhere like it.

One has to build in the variation factor, which requires a lot more reflection than action. This is where I sympathise and agree with Gordon Hall. I say to Jackson Carlaw that we are focused on "doing", but sometimes one has to say, "Actually, there is no immediate conclusion here. We need to throw a stone in the water and come to an absolute outcome." I could come to some sub-outcomes for this committee—

Jackson Carlaw: That is not really the purpose of this committee.

Professor Kerley: I understand that. When I first spoke to a committee clerk one of my queries was, "What are we trying to achieve here?"

The committee is the water into which this petition has thrown a stone. I hope that you will speak to other MSPs about this and reflect on the issues when legislation or proposals come before you.

The Convener: Another petition might serve as an example of what we are talking about. It deals with an issue that I have been keen on, which is the provision of insulin pumps throughout Scotland. There is a clearly laid-down Government policy on the issue, but there is massive variation from one health board to another. I know that it is a cliché, but I can think of no better phrase to describe that than "postcode lottery". The unfortunate fact is that someone on one side of a border who requires an insulin pump will get it but someone on the other side of that border will not. At one level—perhaps I am being naive—that seems totally unfair. In respect of who is in power, it is frustrating for the Cabinet Secretary for Health and Wellbeing to find out that the health boards are not doing what they are required to do. This committee is investigating the matter. I will say no more than that, other than to mention that we are visiting the Western Isles soon to have a more detailed discussion about it.

Petitioners come before us and say, "We cannot understand why there is a laid-down Scottish Government policy but the service is not available where we live." That is one of the frustrations with which we have to deal.

Janet Whitley: It might be helpful to bring to the attention of the committee some of the work that the Scottish leaders forum has taken forward on such workforce issues. Of course, like others, I have a lot of sympathy with the points in Gordon Hall's report, and I am not suggesting that the work of the forum is a panacea that will solve all issues.

The Scottish leaders forum brings together about 300 chief executives from across public service. It has had a lot of interest in workforce development issues. Recently, a workforce development group has started to do specific strands of work to address issues that have come out of the Christie commission report, and to address the issues about culture, attitudes and behaviours that we have been talking about, in the context of public services. Workstreams are moving forward with deliverables and outcomes and have involved quite a lot of consultation and involvement across various public service organisations. I mention that in order to point out that some practical action is being taken through that route, beyond that which others have

mentioned, to try to address specifically the culture change that the petition is concerned with.

The Convener: I am conscious of Jackson Carlaw's point about focusing on what we can do as a committee. The petition urges

"the Scottish Government to review the considerable research into the thinking that underpins the approach to managing the contribution from staff that has been undertaken over the past decades".

Does the Scottish Government have a view on that specific aspect?

10:30

Dr Richards: We reviewed the research through some of the initiatives that Jim Mather and others put in place during their time, right across the organisation, and there has been an interest in systems thinking. I do not see a huge amount of additional value in reviewing the research again. We draw on Jake Chapman and systems thinking and a lot of that is used in the organisation to underpin things. If I was thinking about how we would apply resources, I would struggle to see reviewing the research as a valuable next step.

The Convener: That really is the key point for us.

Jim Mather: I want to pick up on culture change, which Chic Brodie and Janet Whitley raised. The observation that comes from the practitioners that we deal with in my work with the University of Strathclyde is really quite interesting. There is a disbelief in culture change and a belief that culture change is too hard and cannot be made to happen on its own. However, having a new purpose can drive culture.

An example would be telling a planning department that its purpose is to approve good projects and, the corollary, to disapprove bad projects. There would then have to be measuring of the end-to-end time that it takes to come to decisions. Measuring would start a process in which the number of jobs that a planner has open at any one time could be cut. A front end could be put in to handle the interrupt calls that come in, and there might be greater clarity on applications so that there would be fewer mistakes and referrals. Planners might do much less multitasking. Although women are better at multitasking than men, multitasking does not work, because there is just too much overhead. Once there is a purpose, it can drive the culture change and there can be ownership of it.

I am very keen on Nancy Kline, who says that people think only when they talk and that they prefer to thinking to obeying. Talking to planners about purpose and getting them talking can give

them a sense of ownership of something to the point at which it is actually implemented.

The Convener: Thank you. I ask members to keep their questions reasonably short.

Chic Brodie: I should clarify that the systems that I mentioned were in the context of manufacturing, but my point was that they do not just apply there. The key element is to generate participation. On the idea of a systems designer, I sort of demur. The key thing is how we encourage participation in the formulation of processes and policies, particularly with things such as the proposed community empowerment and renewal bill and procurement reform bill. That is why I asked about leadership, because leaders have to understand and accept that.

John Wilson: The local authority in the area where I live has the sub-banner "Service and People". Janet Whitley talked about the 300 leaders in the Scottish leaders forum, who are chief executives from local authorities and public bodies across Scotland. Richard Kerley referred to islands of good practice and good delivery. How do we ensure that local government and central Government instil that good practice? That comes through systems design at local level. What Deming did with the manufacturing industry in Japan after the war showed that, if the right tools are given to the right people at the front line, they will deliver, and deliver well. We need to ensure that the lessons about how that is delivered are replicated and used.

Unfortunately, when there is a top-down approach, people still end up thinking in their silos. They think about command and control rather than innovation and development taking place from the ground up. I would be interested to find out whether the Government thinks that the Scottish leaders forum gets to the root of how services are being delivered locally by people on the ground, not how chief executives or senior managers think that they are being delivered.

Jim Mather gave the example of the time taken to fit a shower going from more than 1,000 days down to 25. As elected members, every time we approach a local authority on behalf of a constituent, we are told, "No, that can't be done," yet if we speak to someone in a local office, they say, "We could do that." The problem is that the management tell us, "We can't do that." We need a can-do culture, rather than a cannot-do culture. I would like to find out how the Government is reflecting on good practice that is happening on the ground.

The Convener: Would either of our guests from the Scottish Government wish to make a brief comment on that? As we are a little tight for time, I ask that you keep it sharp.

Janet Whitley: I can make a quick start on that. The role of the Scottish leaders forum and the chief executives is very much about the commitment, but the participation and the work involve staff at all levels from different sorts of organisations. That is central and key to the success of what comes out of the workforce development activities. An example of a work stream is the one on community asset-based workforce development, which is a specific strand of work to involve communities in the design of workforce development interventions for the people who deliver services. It is a case not only of involving staff at all different levels of the workforce, but of ensuring that there is a clear commitment to involving communities more widely in determining the workforce development needs.

The Convener: I will bring Mr Hall in after we have heard from other committee members.

Angus MacDonald: I note that the papers that Mr Hall provided us with prior to the meeting contain some good examples, such as the comparison with the interdependence of the parts in a motor vehicle. He gives us a wealth of references to research by people such as John Seddon and Tom Johnson, which I hope that we will get hold of soon. He also refers to the Finnish education system, which significantly outperforms the systems in the United Kingdom and the USA. Our education secretary has been over to Finland to investigate that success story.

However, although Mr Hall has given the committee a number of good examples, he has not provided us with an example of a country that we could point the Scottish Government to where the change from command and control has happened or where the concept that he favours has been implemented or embraced. Perhaps he could address that point.

The Convener: If any other colleague wants to come in, please let me know.

Gordon Hall: I do not think that any other country has taken on quite such a big challenge, but the idea is, "This is Scotland—we can do it."

To go back to what John Wilson said, there are loads of islands of very good practice. The problem is that we have not been learning from them. Such good practice has been around for the past 20 or 30 years and we are not learning from it. That is the big challenge that we have in front of us. There is not a shortage of effort or of good people, but we do not learn from the good practice.

Could we develop what Nicola Richards was talking about? Would it be possible for the guests at today's meeting to get together and come back to the committee with a proposal for how we address the whole? It is the whole that needs to

be addressed if we are to get round the problem of not learning from the islands of good practice. Could we do that? Would you be happy with such an outcome?

The Convener: Perhaps that is something that the witnesses can discuss offstage. From my point of view, I think that it would be a very good idea.

I want to ask Richard Kerley about the islands of good practice and the fact that there is a lot of bad practice throughout Scotland and the rest of the UK. In your experience, is it sometimes difficult for the best practice to be translated from one local authority or health board to another? Is that the issue? We know what the good practice is, so why cannot we ensure that everyone raises their game?

Professor Kerley: The phenomenon is more pervasive than that. It is not simply one that exists between local authorities, health boards and other organisations; it can often exist within those organisations overall and within individual units. As well as observing as a participant, I have spoken to a number of doctors about the extent to which nurses, other support staff and doctors observe different practices in different wards and clinical divisions of the same hospital. They will comment quite freely about the fact that in X unit the staff are encouraged and motivated and there is open discussion, whereas in another unit there is a culture of not challenging or discussing what is laid down. The same is true in different local authorities.

You asked how we can extend and develop the good practice. I have one fairly simple suggestion. When I go to the Convention of Scottish Local Authorities award ceremonies I find them a bit glitzy. Jackie Bird—I hope she gets better, by the way—or someone like that is always there and there is an element of people drinking too much and being self-congratulatory. However, those events tend to throw up observations about unit-level practice led by a bunch of men and women in Cumnock, Dalmellington or wherever. I look at those examples of practice and think, "That is good, but why are they not shared more widely?"

That touches on a slightly different consideration of leadership. On occasion, there needs to be shared leadership—whether from the leading people in local government, their organisations, the Parliament or ministers—that draws good practice to the attention of a wider body of people and pushes it more so that it is not noticed only by the people who are at that ceremony that night and those who read about it in the following morning's paper. People need to be asked what they are doing about that.

On occasion, there must be collaborative leadership, which involves drawing people out and

encouraging them, but, sometimes, leadership just involves kicking some people. You can do both by contrasting the bullying approach with the other approach.

All the lessons of leadership that I can see from the research that Gordon Hall refers to, which goes back a good while, involve variation and contingency in leadership. Sometimes people need to be told, "Here's something good that is happening. What is your reaction to it? Don't just poo-poo it and look the other way."

The Convener: That is an interesting point.

Dave Watson: The Christie commission produced a lot of good examples. Obviously, people can always argue that something that works in one place need not necessarily work elsewhere, but the underlying ideas are worth thinking about.

The difficulty with the heroic leadership model, which is still the pervasive one, is that the emperor's new clothes principle applies as well. Essentially, people just say, "Oh, yes, yes, we'll do that." The public and private sectors are riddled with that attitude.

I attend many discussions with various senior managers in the public sector about particular projects. I say to them, "Have you really thought about systems thinking for this project rather than listening to a management consultant who has given you something that they have produced in 20 other places?" They say, "Oh, I think systems thinking is a great thing, Dave. We must do more of it." So I say to them, "But you're not doing it here," and they say, "Aren't we?"

The point that I am getting at is that large numbers of senior leaders simply do not get it. That applies in the private sector as well as the public sector. Fifteen years ago, I was involved in negotiations around some of the shambles in the private sector that everyone wishes they had not become involved in now.

There is a point about the underlying thinking. If we could change things so that people had an understanding of that, we would at least be on the first page of a solution.

The Convener: I am at the point of winding up this discussion.

We need to be clear about what the petition is calling for—I think that I mentioned that to our Scottish Government colleagues.

I believe that Gordon Hall pointed the way forward when he suggested that the guests that we have with us today should meet elsewhere and come back with a paper that we can consider in more detail. I hope that all our guests will agree

with that—I see that Jim Mather is nodding. That would be useful to us.

I am sure that all committee members agree that this is an interesting area and that there is a lot more to do on it. I would be keen for the clerks to read the *Official Report* of this debate, analyse all the comments that have been made and come back to us with suggestions that we can take forward.

Clearly, the Scottish Government is key. I am sure that it has considered the issue of research. We have had feedback from Dr Richards on that point.

Chic Brodie: I agree with that suggestion. Part of the consideration might concern pilots of good practice. Is there a council with a known competitive position that could put together examples of good practice in a way that would enable us to see how they work? If that is effective, the translation to other areas would be quite simple.

Jackson Carlaw: I will not oppose the suggestion, but I am distinctly lukewarm about it. I think that the petition should be closed. The Scottish Government has told us that it has considered all this. There is a danger that, in an attempt to give effect to a solution, we try to translate a sentiment into—ironically—an institutionalised approach. That is the antithesis of the approach that we have been discussing. That is my reservation.

The Convener: Thank you for your comment, Mr Carlaw. I believe that you made your views clear at the start as well. Nevertheless, it would be useful if the clerks could produce a paper that we could consider at a future meeting. Obviously, the suggestion that you make would be one of the options.

We have had a good and stimulating discussion—our first round-table discussion. It is excellent that we are talking about improvement in the public and private sectors.

I thank everyone for coming along. We look forward to hearing from you again. I am sure that Gordon Hall will co-ordinate the response with all our other guests.

I will suspend the meeting for five minutes to allow our guests to leave.

10:45

Meeting suspended.

10:48

On resuming—

New Petitions

Mental Health Services (PE1438)

The Convener: Item 2 is consideration of two new petitions. First, PE1438, by Lynsey Pattie, is on improving services for people with mental illness. Members will have received a note from the clerk, a briefing from the Scottish Parliament information centre and the petition. I welcome the witness to the meeting and invite her to make a short presentation of around five minutes. After the presentation, I will kick off with a few questions and then open it up to additional questions from my colleagues.

Lynsey Pattie: I thank the committee for inviting me to give evidence on my petition. Mental health is an extremely important issue that is gradually coming to public light. Given that one in four people will suffer from a mental health problem at some time in their life, it is likely that everyone will be affected by it either personally or through family and friends.

I submitted this petition because, unfortunately, I am one of those one in four people. As someone with a mental health problem, I feel that the stigma in having a mental health issue is extremely strong and that there are not enough services of a high standard available. Although I emphasise that most care is now given in the community, I feel that the waiting time for seeing a mental health professional is too long. I understand that the Scottish Government is going to cut the waiting time to 18 weeks, but I think that that is still too long to wait. Every day, two people in Scotland die from suicide; if more people were seen quicker by a mental health professional, that statistic would be lower.

Although care in the community is encouraged, people with mental health problems sometimes go to hospital. From my experience and having heard the experiences of others, I believe that hospital is not the best place for getting better. There is a lack of activities for patients and any activities that are available are mostly not suitable for everyone. A wider variety of activities would keep patients stimulated and take their minds off their illness, even for a short period of time. There was no exercise group, but that sort of thing is essential because medication and lack of exercise can cause dramatic weight gain. Exercise has also been proven to help mental health.

My two biggest concerns about hospital are, first, that under-18s are admitted to adult wards. Those who are under 18 are already vulnerable because of their age, but the addition of a mental

health problem makes them even more vulnerable. Having more child and adolescent wards would be beneficial. I also feel that a waiting time of 26 weeks to see a child and adolescent mental health professional is too long, especially as discovering a mental health problem quickly can sometimes allow it to be treated fully.

My second and biggest concern about hospital is that nurses sometimes have no time to help patients. That is especially true at night when the shifts change. A patient is more likely to be given a drug instead of being talked to; usually they are sedated with Valium without the problem itself ever being solved. The luckiest patients in hospital are those with families. Unless you know where to find information on benefits, services and other matters, you are left to fend for yourself.

When patients leave hospital, they should be given support to get back into the world. Many of them end up back in hospital because they cannot cope with being at home. Help should also be given when they go back to work, if they are ready to do so. Although there are groups that already do such work, they are not widely known or advertised. Having more groups that are specifically designed for mental health needs would greatly benefit the mentally ill, particularly given that disability living allowance is being cut for many people who suffer from mental health problems. They should also receive support from their mental health team, who should make regular visits and encourage the person in question. After all, it can be very hard to adjust to being at home again.

Finally—and most important—we need to address the stigma of mental ill health. From a young age, children are taught social education, starting with relationships in primary school and going right through to drugs and alcohol in secondary school. I feel that mental health should feature more heavily in such education, with the correct facts being given. I find it amazing and saddening that so many people have the wrong facts about mental health. For example, people think that schizophrenics have split personalities or are violent. By making information more easily available, those misconceptions would not happen.

In my opinion, the media are hugely to blame for this situation. Words such as “psycho” are used daily in newspapers for no other reason than to describe a footballer making a bad tackle. Just yesterday, I heard a news reporter calling a news story “bonkers” and someone else being called a “loony” because they had a different opinion. When there is a murder, people automatically assume that the person is mentally ill. The most recent example is Anders Breivik, who was not mentally ill. Why do we not focus on people such

as Florence Nightingale, who had bipolar disorder, or Gandhi, who had depression and anxiety? Mental illness does not have to be portrayed as a negative personality trait. With the right help, even the most ill people can do the most amazing things.

The Convener: Thank you for that very interesting presentation. I also note the example of Winston Churchill, who suffered from depression.

You have predicted my first question, which is about stigma. I have always been struck by a Scottish Health Education Department poster from the 1980s that said something like, "Six months after Mary had a nervous breakdown, her friends are still recovering." I thought that that was a neat way of looking at stigma by association. Can you tell us a bit more about your experience of stigma and what you hope to achieve in that respect with your petition?

Lynsey Pattie: I know that people I have talked to have difficulty finding work if they disclose their mental illness, because employers might think that they are unreliable. In my opinion, people with mental health problems are no less or more reliable than anyone else. Anything could happen to anyone at any time.

The Convener: I will ask a second question before I bring in my colleagues. When I spoke to some armed forces personnel recently, they told me that there are concerns that, when personnel who have been on the front line are discharged—when they leave the Army, the Royal Navy or the Royal Air Force—and come back into the community, their experience of acute anxiety from having been on the front line may not be picked up. Have you had experience of that with your colleagues or friends?

Lynsey Pattie: I work as a volunteer with the Scottish Association for Mental Health, which has just started a scheme with Poppyscotland to help troops who have just come back from the front line to get back into work and to help their mental health. That is something that I will probably be involved in in the future.

John Wilson: I should declare that, until recently, I was convener of the cross-party group on mental health and I am currently the deputy convener of that group.

I want to ask about the curriculum for excellence. Lynsey, you mentioned that there is a range of educational opportunities for children when they are at school. Do you think that there is not enough awareness of mental health issues in the education system? If there was more awareness, perhaps people would be able not only to recognise the symptoms but to look for support and assistance. They might even be able to develop their own solutions to episodes of poor

mental health not only for themselves but for their friends.

Lynsey Pattie: I would say that there is not enough about mental health at school. In my experience, we got taught about depression and stress during exams, but we were not taught that it was okay to have a mental illness. Fortunately, I had a teacher who had depression and he talked to our class about it, but that was just in our class—it was not in the curriculum. I think that there needs to be more about a wide variety of mental illnesses. I have the feeling that more serious psychotic illnesses are not talked about because they can be seen as scary.

Nowadays, there are quite a lot of mental health first aid courses. My local college offers a mental health higher, which quite a few people, including some of my friends from school, are doing. I think that that is really good because, even if you do not know what to do later on, if you see something at the start you can help and you will know what is happening rather than be scared about it.

Jackson Carlaw: Do you think that the term "mental health" is too broad and can be too easily misunderstood? In my lifetime, the vocabulary attached to a number of conditions has changed, and public perception has changed with that change in vocabulary. The term "mental health" encompasses such a huge range of conditions that it is very easy for ordinary members of the public to misunderstand or be intimidated by people who experience such issues or, for whatever reason, to be unhelpful. Is there a need to try to crystallise a new vocabulary in the public domain that would help to change public perception? I worry slightly that, as long as the term "mental health" is used and can be employed in so many different ways, it will always be misunderstood.

Lynsey Pattie: I think that you would need to keep the term "mental health" because what we are talking about is an illness of the mind. You can have different labels, but I do not like labelling people by, for example, calling them a depressive or a schizophrenic. That is almost as if you are defining them by their illness. Personally, I am not my illness; an illness is just part of me. I would not want someone to call me by the illness that I have. I understand why some people might have anxiety if someone said that they were mentally ill, because the term covers such a broad range of conditions. However, I think that the term "mental health" needs to be kept because what we are talking about is an illness of the mind.

11:00

Angus MacDonald: I notice from the papers that, as we heard, you are a volunteer with the Scottish Association for Mental Health. You must be commended for that. I have been happy to support the see me campaign—as I am sure all my colleagues have been—which deals with the stigma of mental health issues. There is also the choose life campaign, which is a Scottish Government-funded NHS initiative to address suicide and self-harm.

One of the key Government strategies is to encourage more peer-to-peer work with support from trained staff who have themselves recovered from mental illness. Would encouraging more of that be a way forward?

Lynsey Pattie: Definitely. That would be great. It is starting to happen in some SAMH places in my local area, North Lanarkshire. I have not heard whether it is a success yet, because it has just started, but it is a great idea.

Adam Ingram: Thank you very much for bringing the matter to our attention.

The Mental Health (Care and Treatment) (Scotland) Act 2003 was an attempt to shift the focus away from institutional care to community treatment and care. You seem to be quite critical of hospital treatment. Will you expand a little more on that issue? Also, do you think that there are issues to do with treatment in the community that need to be addressed? Are there obstacles to people's needs being addressed in the community?

Lynsey Pattie: The issue is due to nursing cuts and nurses not having enough time. A lot of paperwork comes with mental health nursing. The nurses have to do a diary every day for each patient and, if there are 25 patients in a ward, that can take a long time, which is understandable.

If somebody needs to be in hospital, they are very ill. More talking needs to be done in hospital to work out the problem, rather than medication simply being used to sedate the patient. That is more an issue of time rather than the nurses not caring.

Adam Ingram: Is that your experience or the experience of people you have worked with through your SAMH volunteering?

Lynsey Pattie: It is my experience and that of people I have talked to.

Adam Ingram: Are you looking for more talking therapies in the hospital? You feel that people are being referred correctly to hospital because they have significant, severe illnesses that need to be treated urgently rather than treated over time in

the community, but you are concerned most of all by what happens in the hospital. Is that correct?

Lynsey Pattie: Yes. What happens in hospital concerns me. People end up being in hospital a lot longer than they need to be because they are not talked to. Sometimes, people are just in to have their medication changed but end up being in for months.

People can become institutionalised. For example, at 10 o'clock, I want a cup of tea, because I got tea at 10 o'clock in hospital. A wee thing like that might not seem a big deal, but it has had an impact on my life because I need to drink tea at 10 o'clock. Wee things like that can change a person.

Adam Ingram: The other specific criticism that you mentioned in your opening remarks was the lack of particular provision for children and adolescents and the fact that young people have to go into adult wards. Was that your experience? My understanding was that there had been a significant move towards establishing separate wards for young people.

Lynsey Pattie: When I was in hospital, I was 17 and in an adult ward. The person closest to me in age was two years older than me but had been in hospital for a long time. I got good care—I had the same care as everyone else—but, obviously, I had different needs from the adults. I was a teenager. I was going through puberty and had different hormones as well as being ill. There need to be more wards just for children and adolescents, with specialists who can deal with the hormones of normal teenagers.

Adam Ingram: That would be quite scary, I would imagine.

Lynsey Pattie: Yes.

Adam Ingram: Thank you.

John Wilson: I should have said earlier that I welcome the petition, Lynsey. In your comments in the petition's supplementary information, you referred to the 18-week referral time for a patient to see a consultant or specialist. Do you think that general practitioners have enough knowledge or experience of mental ill health to make such referrals? The 18-week timetable will kick in only after an individual is referred. From some of the experiences that have been related to me, I understand that sometimes general practitioners are not fully aware of the issues that individuals are trying to deal with and therefore either do not make correct assessments or, as you said, prescribe drugs rather than referring people on. Do general practitioners have enough knowledge to deal with mental health issues at surgery level?

Lynsey Pattie: No; I think that GPs need more knowledge of mental health issues. They mostly

deal with physical issues. Sometimes, it can be hard for GPs to diagnose mental illness or even just to notice that someone is mentally ill, having a breakdown or having some sort of mental health issue. If GPs had more knowledge, a lot more people could be saved.

Anne McTaggart: Thank you for bringing this to the attention of the Public Petitions Committee. I have some prior knowledge of the field, as I worked in social work for a while before coming to the Parliament. You mentioned younger children being admitted to adult wards, and it is quite scary that that still goes on. What really frightens me is that there is still a lack of community support. You mentioned nursing support within the NHS and we heard what you said about nursing staff feeling so low that they were not there to talk to you but were just there to medicate. I think that that happens in local authorities as well. It is a really difficult process for the person with the illness, but it is also a difficult process for the person's family. It is difficult for the family to come to terms with things and be comforted, supported and guided through how they deal with their family member.

Eighteen weeks is still far too long for anybody to wait, and if we were able to tackle the load sooner, other areas in local government such as social work and the police would not necessarily have to go on red alert and be called on.

It is important for us to seek further information from some of the agencies that we have discussed so that we can take the petition further. I am extremely interested in it and I am extremely saddened by some of the details that we have heard today.

The Convener: A general theme that is coming through is support in the community. In America, where therapy is fairly standard, there is almost no stigma attached to saying, "I am going for therapy." If people do not get a job that they were after, for example, they go for therapy. I am not trivialising the issue; it is a different culture.

I am aware that, particularly in the third sector, people are putting a lot of work into studying for diplomas in counselling, for example. That is a long, hard struggle; a few friends of mine are currently doing that.

We need to make sure that counselling is available for people through statutory services, obviously, and through voluntary services. Does that link in with your view, Lynsey? Should there be a lot more support and counselling available in the community for those who are suffering from mental illness?

Lynsey Pattie: Yes, that is my view. If people can avoid hospital, that is the best way to go.

The Convener: Anne McTaggart has helpfully suggested a way forward, which is that we should continue the petition and call on the Scottish Government and others for their views on it. The clerk has laid out a number of different groups that we could write to. Do committee members agree that we should continue the petition?

Chic Brodie: The Health and Sport Committee looked at this issue—not solely—in 2009, so I wonder whether it would be best to refer the petition to it, in the first stage, so that it could build on the evidence that it took before.

John Wilson: Although I respect what Chic Brodie suggested, I suggest that we have a first trawl through this issue and write to a number of organisations to seek their views before we pass it on to the Health and Sport Committee. There are issues that we may be able to draw out. The clerks have helpfully provided a list of organisations that they suggest we write to regarding the petition, and I have noted a couple of other organisations that we could write to.

The clerks have suggested that we write to the Scottish Government, the Scottish Association for Mental Health, the Scottish Recovery Network, the Royal College of Psychiatrists, Penumbra and a selection of NHS boards. I suggest that we also write to the Renfrewshire organisation Recovery Across Mental Health, the Glasgow Association for Mental Health and, on the issue of GP referrals, the British Medical Association. Lynsey gave a startling response about GPs in local surgeries not always being aware of what they are looking for. It would be worth writing to the BMA to ask what its guidelines are for GPs for dealing with patients who present with what may be a mental illness, whatever it may be.

The Convener: We will ask the various organisations their views on the petition. Do members have any other questions that they wish to have answered by the various organisations?

Anne McTaggart: John Wilson mentioned education. Would it be possible to hear from people involved in education and the curriculum for excellence?

The Convener: Taking up my point on the important role that the third sector plays, I think that it might also be useful to write to the Scottish Council for Voluntary Organisations. We will write to one voluntary organisation, but the SCVO is the umbrella body for the sector and it would be useful to get its views.

Are members happy with that course of action?

Members indicated agreement.

The Convener: I thank Lynsey Pattie for her presentation. The committee members really enjoyed your comments and you have raised our

awareness of the issue. As you heard, we will continue your petition and call on care organisations for their views on it. The clerks will keep you up to date with all the stages of development. Thank you again for coming along—I know that it is a daunting task.

11:13

Meeting suspended.

11:15

On resuming—

Betting and Loan Shops (Deprived Areas) (PE1439)

The Convener: Our second new petition is PE1439, from Jonathan McColl, on betting and loan shops in deprived communities.

I welcome our witnesses, who are Jonathan McColl, from West Dunbartonshire Council, and Murdoch Cameron, who is the chairman of Balloch and Haldane community council.

Gil Paterson was interested in attending, but I do not think that we have him with us so far.

I invite Jonathan McColl to make an opening statement.

Jonathan McColl: Before I begin, I should say that Gil Paterson was hoping to come along but I understand that he has to attend a meeting of another committee, which is discussing the budget. If that finishes early, he might appear. I also want to make it clear that although I am a member of West Dunbartonshire Council, I am not here representing it. I have lodged the petition in my own name.

Thank you for giving me this opportunity to raise this issue before a parliamentary committee. I also want to thank your clerking team, especially Mr Chris Hynd, who has been extremely helpful and has kept me informed at every stage.

I have raised the issue because I believe that we need to stop the proliferation of betting and high-interest loan shops in deprived communities across Scotland. You already know of the support that I have from individuals and groups from the rest of the UK; it is detailed in your papers. Supporting me today is Mr Murdoch Cameron of Balloch and Haldane community council, who is the convener of the West Dunbartonshire community councils forum, which represents all the community councils in the area.

It is my firm belief that betting and high-interest loan shops are targeting deprived areas, are taking advantage of low rents that have been

caused by the current economic situation and are saturating our town centres.

It is important to note that I am not asking the committee to seek a change in legislation at this time. I understand how the system works, and if we are to come up with a fit-for-purpose solution, we will need robust evidence of a link between the number of those premises and levels of deprivation, coupled with evidence of a link between fixed-odds betting terminals and problem gambling, and statistical evidence for individual communities.

Research that was done in England and Wales by Geofutures and the National Centre for Social Research on behalf of Channel 4's "Dispatches" shows that in affluent areas with low unemployment there are only five betting offices per 100,000 people, compared with 12 per 100,000 in areas with high unemployment.

The real issue is the relationship between so-called fixed-odds betting terminals and problem gambling, which has an adverse effect on families, communities and the wider local economy. In Dumbarton, there are two bookmakers from the same company a stone's throw from each other, as well as other operators. As I understand it, that is because they are permitted to have only four fixed-odds betting terminals in any one shop, so opening two shops doubles their income from them.

Gambling Commission statistics from April 2008 to March 2011 show that, in the UK, around £1.2 billion was lost by people on those machines. It is possible to gamble £18,000 every hour on a single machine, because of how the timing on them is set up. Further research by Professor Jim Orford of the University of Birmingham suggests that in the UK, in the same period, people with a gambling addiction lost about £57 million on horse racing, £75 million on dog racing, £75 million in casinos and a staggering £297 million on fixed-odds betting machines. That is where the problem is.

As a councillor, it has been extremely frustrating for me over the past five years to see decisions of planning committees to refuse permission for such premises being quashed on appeal. We need the powers to help our communities to improve and flourish.

I am not anti-gambling but, given that we can use an overprovision policy to regulate the number of alcohol-licensed premises in order to help to protect those with alcohol addictions, I cannot see why, with the right evidential and statistical base, we could not regulate gambling in the same way.

I am also not anti-payday loan companies. I think that their interest charges are ridiculous and there are serious concerns about how those

operations treat people who have trouble paying their loans back on time, but I also know that, used responsibly and carefully, they provide a service to people in emergency situations. Of course, I advise my constituents to join their local credit union as a much better alternative.

Bookmakers will tell you that there are procedures in place to protect people with problems and that, in extreme cases, they can intervene and stop people playing the machines. However, with the best will in the world, there is nothing they can do if the customer, caught in a downward spiral of addiction, simply moves on to one of the many betting premises on the same street that has not seen him in a while.

I am fortunate that I have never had an addiction and, therefore, I cannot possibly fully understand what sufferers go through. However, I know that people with an addiction such as problem gambling think differently from the rest of us. They do not reason in the same way, and running out of cash is often not enough to stop them, which is where the payday loan shops come in. What is to stop a person from popping next door to the payday loan shop and getting £200—which is a normal poor-credit-limit loan—and losing it in less than a minute on one of the machines?

Interest charges and late payment fees aside, you might not think it a serious issue to be losing an extra £200, but what if there are three or four payday loan shops in the area? With fixed-odds betting machines eating up to £300 a minute, that is a potential £800 lost in less than three minutes. With an average of around £25 interest for every £100 that is borrowed from those lenders, you are talking about someone potentially increasing their debt by £1,000 or more depending on the number of payday loan shops in their area. This is a serious issue, and I strongly believe that the Scottish Government needs to take a serious look at it.

I had a quick look at the Scottish Parliament information centre briefing that was prepared on the petition and saw that it notes that gambling is a reserved matter. I am aware of that, which is why I am not seeking any change to gambling legislation. I think that the matter can be dealt with by the Scottish Parliament through an overprovision policy in relation to planning.

The Convener: That was helpful, thank you. Mr Cameron, if you want to speak at any stage, please indicate that you do.

Murdoch Cameron (Balloch and Haldane Community Council): Yes, convener—

The Convener: I am sorry, that was not an invitation to make another five-minute speech. You

are free to come in any time during the question-and-answer session.

Councillor McColl, do you feel that the current planning provisions give local authorities any controls in this area or are you looking for more powers on planning? I understand from the UK Government that article 4 directions give power to local authorities to control betting shops and so on by removing permitted development rights. Are you saying that that power is not being used, or do you want councils to have more powers around planning in order to give them more clout?

Jonathan McColl: In practice, that power does not work. Our planning officers tell us that there are no grounds on which we can refuse permission. That is why, when we do so anyway, decisions are overturned on appeal to the Scottish Government. I am seeking a position that is similar to that which pertains with alcohol licensing, whereby provided that you have the proper statistical evidence, you can refuse on the ground of overprovision. The current legislation does not give us enough flexibility.

The Convener: If I recall correctly from my past days on licensing boards, a decision on the ground of overprovision is open to appeal as well.

Chic Brodie: Increasingly, betting is done on the internet. Given that, how could we achieve what your petition seeks to achieve?

Jonathan McColl: I agree that online gambling is increasing. Unfortunately, however, gambling is a reserved matter; there is nothing that the Scottish Parliament can do. In lodging the petition, I have to operate within the constraints on the Scottish Parliament. I feel that changes to the planning legislation could make a significant difference to the lives of people in our communities. Many of the people about whom we are talking do not have internet access, which means that it is not as easy for them to access online gambling. I know that my suggestion is only a small one, but I think that it would be a step in the right direction.

Chic Brodie: After hearing the R3 customer survey this morning, I think that payday loan shops are a major blight on what is happening economically.

Should there be more control over payday loan shops, as is the case in Australia and some states in America, where the systems involve people registering and the creation of databases that show how much they have been loaned? Might that be feasible?

Jonathan McColl: I was not aware of that, but it certainly sounds as though a very sensible approach is being taken elsewhere. I am sure that Parliament and the Government will look at that,

as there is a very serious problem. However, the petition sticks strictly to the issue of problem gambling and the links between access to payday loan shops and their proximity to many gambling premises.

Chic Brodie: You might want to check a company called Veritec Solutions, which issued the software in Australia and the States.

Anne McTaggart: Welcome to the Scottish Parliament and thank you very much for your petition. In a recent parliamentary debate, on a motion in the name of John Mason, we debated exactly what you describe in your petition.

It is important that we refer the issue back to the Scottish Government and the UK Government to ask them to look at whether planning laws might help to eradicate the problem. More and more frequently—certainly in areas of Glasgow—betting shops are situated next to payday loans shops and there can be loads of them in a confined area. It is quite frightening.

Both John Wilson and I are on the cross-party group on credit unions, which has previously asked for investment in credit unions to try to assist communities. We have gone down that route in tackling the payday loans sharks.

Jonathan McColl: I whole-heartedly agree with that point. To contact the UK Government would also be a positive step. As you will see in the paperwork, the petition was born out of my online discussions with Councillor Rowenna Davis, who represents a ward in Peckham, London. She got involved with a group called Gambling Reform and Society Perception, which lobbies on problem gambling issues.

The Convener: Perhaps Mr Cameron might also want to give us his views on the petition.

Murdoch Cameron: Briefly, I concur with Mr McColl. I represent 10 community councils and there is no doubt from our discussions that such premises cause great misery to members of those communities.

According to the police, the FOB terminals, as they are called, are one of the main reasons for violence in gambling premises. I know that the high streets are going through difficult times and that businesses are failing, but it seems that every vacant premises is filled by one of these businesses, which, unfortunately, inflicts more misery on people.

I happen to know from personal experience—obviously, I will not go into details—that these loan-shark shops are really a terrible thing. Before you know where you are, you are hundreds and hundreds of pounds in debt. It is difficult to address how they might be controlled, but Mr Brodie's suggestion might be one way. As

experienced people, you will all know that gambling has been with us since time immemorial—since the Egyptians and right through, so it is nothing new—but it is on the increase on our televisions, on the internet and everywhere. More and more people are being dragged into gambling, which means misery and debt for many people.

The Convener: Mr McColl made a good point about planning controls. If a council rules against an application and the matter goes to appeal, the council is impotent. However, would a provision that was analogous to the overprovision element in alcohol licensing be useful? Obviously, that is something that the UK Government would have to deal with.

Murdoch Cameron: Yes. Back when we had shipyards and steelworks, the workers flowed out and went into the pubs. To a certain extent, we still have too many pubs and we have licensed shops on nearly every corner. To get rid of some of those, there ought to be control over the number of premises that are provided with a licence.

The Convener: The petition is clear about what it is calling for from the Scottish Government. I understand that the Government is consulting on national planning framework 3, so this is perhaps a good time for us to refer the petition to the Government to get its views. I think that that would be a sensible way forward. Do members who have not commented on the petition wish to do so?

11:30

Angus MacDonald: I have a lot of sympathy for the petition and, as a former local councillor, I can relate to a lot of the points that have been raised about it. I was particularly interested to hear how betting shops can get round the limits on fixed-odds betting machines by opening another shop next door. I am concerned about that practice, which I had not picked up on. Again, as a former councillor, I am aware of the frustrations with regard to planning applications that have been refused by planning committees being approved on appeal, particularly in cases involving payday loan shops and betting shops.

Another issue that has concerned me for some time and which Chic Brodie touched on is the proliferation of online casino adverts on TV, but that is perhaps an issue for another day. However, such adverts clearly have an impact on families in deprived communities.

I know that the Minister for Energy, Enterprise and Tourism, Fergus Ewing, has made representations to the UK Government on payday loan companies. He said that in the chamber in response to a question some time ago, so I know that the Government is aware of the issue.

However, given that the petition deals with such a significant issue, it may be worth asking the Minister for Local Government and Planning to respond to it, in addition to asking the Government to do so.

The Convener: Most definitely. Does any other member wish to comment? Do either of our witnesses wish to add anything?

Jonathan McColl: No. I thank the committee for taking on board my concerns and trying to find a way forward with them.

The Convener: Please stay for a few seconds as we consider the next stage. My view is that we should certainly continue the petition. It has a lot of merit, particularly at a time when the Scottish Government is consulting on NPF3. I suggest that we take the actions that the clerks have laid out in paper 4, which includes contacting the Gambling Commission, the Office of Fair Trading and the Association of British Bookmakers. We can ask those bodies for their views on the petition. Do members agree with that suggestion?

Members *indicated agreement.*

John Wilson: I agree with Anne McTaggart that we should also write to the UK Government about the petition and get its view on it, the Gambling Act 2005 and payday loan companies. In that regard, I like Mr Cameron's reference earlier to "loan-shark shops" in the high street. If only they were classified as loan sharks, we would not have so many of them. However, the rates that payday loan companies charge are a lot higher than those of loan sharks. As I said, we should write to the UK Government because it is mainly UK legislation that covers the issues that we have discussed—for example, the Gambling Act 2005. We should also write to the Financial Services Authority.

Chic Brodie: I do not know whether you have checked this, Mr McColl—I certainly have not—but do you think that bookmakers and payday loan companies might be under the same ownership in some cases?

Jonathan McColl: I have absolutely no idea.

Chic Brodie: It might be worth checking.

Jonathan McColl: When there is a verbatim report, I do not like to speculate, but I agree that it is certainly worth checking.

Jackson Carlaw: I agree with what you have suggested, convener. Just to prove that I am not curmudgeonly all the time, I say that the presentation on the petition was one of the best and most focused that I have heard on the Public Petitions Committee, and that it took a measured and sensible approach. I am happy with the recommendation that we continue the petition. My

reticence about asking questions should not be taken as my being uninterested or unimpressed.

The Convener: Praise from Jackson Carlaw is praise indeed.

I thank the witnesses for their evidence, which I think the committee enjoyed. It is a very good petition.

I suspend the meeting for one minute to allow our witnesses to leave.

11:34

Meeting suspended.

11:34

On resuming—

Current Petitions

Adult Attention Deficit Hyperactivity Disorder (Diagnosis and Treatment) (PE1402)

The Convener: Agenda item 3 is consideration of current petitions. The first petition is PE1402, by Richard Jones, on behalf of Addressing the Balance, on a strategy and policy for diagnosing and treating adult attention deficit hyperactivity disorder in Scotland. Members have a note by the clerk on the petition. As the Scottish Government's mental health strategy has now been published and a commitment has been given to develop appropriate specialist capability, which meets the terms of the petition, we are in a good position to close the petition. Do members agree?

Members indicated agreement.

Bond of Caution (PE1412)

The Convener: The second current petition is PE1412, by Bill McDowell, on bonds of caution. Members have a note by the clerk on the petition, which is paper 6, and submissions. Members may wish to comment on the petition, but I think that there is a strong argument for continuing it until the Scottish Government's consultation on succession law is complete.

Jackson Carlaw: I agree.

John Wilson: I had better check that I have got the right petition, convener, because I was caught out in that regard at the previous meeting.

The petitioner has suggested that we refer the petition to the Justice Committee. I do not know whether it would be appropriate at this time to do that, but if the petitioner thinks that that would be the best course of action, perhaps we should pass it on.

The Convener: I am perfectly relaxed about referring the petition to the Justice Committee. I do not have an up-to-date concept of its work programme, but I know that it is a busy committee. Nevertheless, it is perfectly competent to deal with the petition. If members wish to pass the petition to that committee, I would certainly agree to do so.

Jackson Carlaw: I am happy to wait for the outcome of the consultation before taking that decision.

The Convener: What are other members' views?

Angus MacDonald: I can see the merits of both arguments, but I suppose it would be fair to wait

until the publication of the Scottish Government's consultation report.

The Convener: I certainly would not rule out our referring the petition at that stage, but the consultation report would give us a bit more intelligence on the issue.

John Wilson: I accept Mr Carlaw's desire to keep the petition open. [*Laughter.*]

The Convener: I think it is a case of "Physician, heal thyself."

Jackson Carlaw: You can dine out on that.

The Convener: Is it agreed that we keep the petition open until the Scottish Government's consultation on succession law is complete?

Members indicated agreement.

Burial Grounds (Scotland) Act 1855 (PE1415)

The Convener: The third current petition is PE1415, by John Steele, on updating the Burial Grounds (Scotland) Act 1855. Members have a note by the clerk on the petition. Having looked at the issue in detail—members will remember the evidence from our previous discussion of the petition—I think that there is a strong argument for closing the petition, given that the Scottish Government has followed through on the issues raised by the petition and that the excavation of Ardrossan cemetery has now taken place. In my mind there is certainly a strong argument for closing the petition. Do members agree that we should do that?

Members indicated agreement.

John Wilson: I would just say that I like the last paragraph of the Scottish Government's recent response to us, in which the Government seems to indicate what the decision on the petition will be. The Government has made a helpful recommendation with regard to the petition, but it might be worth our while to remind the Government—through the *Official Report* of this meeting—that it is the Public Petitions Committee that decides whether or not to close petitions or refer them on, not civil servants in the Scottish Government.

The Convener: John Wilson is exactly right: irrespective of what decision we take, it is our decision and no one else's. Nevertheless, we are still closing the petition.

Driver and Vehicle Licensing Authority Local Office Closures (PE1425)

The Convener: The fourth current petition is PE1425, by Maureen Harkness, on the adverse impacts of DVLA local office closures. Members

have a note by the clerk on the petition and submissions. There was a late submission from the petitioner, which was circulated on Friday. I invite contributions on the petition from members. We could refer the petition to the Infrastructure and Capital Investment Committee. However, I leave it open to members to make the decision. John Wilson?

John Wilson: Thank you, convener, but I have no comment to make on this at the present time.

The Convener: Are members happy to refer the petition to the Infrastructure and Capital Investment Committee under rule 15.6.2?

Members indicated agreement.

Jackson Carlaw: I note that following the request of—I think—Mr Wilson to consult the Scottish Motor Trade Association, it rather supported my view that there is nothing great to be lost by closure of DVLA offices. However, the SMTA has concerns about effective provision of services after that, rather than about the DVLA offices mechanism.

John Wilson: Just to clarify, the SMTA raised concerns about the cost of delivering the new services. I am sure that Mr Carlaw, when wearing another hat, would be quite concerned about the changes to the provision of DVLA services. The SMTA believes that, instead of saving costs, they could cost us more money.

The Convener: I am sure that our colleagues on the Infrastructure and Capital Investment Committee will look carefully at our comments.

National Donor Breast Milk Bank (PE1426)

The Convener: The fifth current petition is PE1426, by Donna Scott, on a national donor milk bank service. Members have a note by the clerk on the petition and the submissions. I think that there is quite a strong argument for continuing the petition until next spring. Do members agree with that course of action?

Members indicated agreement.

A83 (Improvements) (PE1428)

The Convener: The sixth and final current petition is PE1428, by Councillor Douglas Philand on behalf of Argyll First, on improvements for the A83. Members have a note by the clerk on the petition and the submissions.

Members will know that I have a regional interest in the issue. I feel that it is a strong petition. In respect of a course of action to take on the petition, there is an argument for asking Argyll and Bute Council whether it has asked for the trunking of the road to Campbeltown, because that was referred to in the report by the Minister for

Transport and Veteran Affairs. I assumed that that had already happened, but if it has not happened, the route to it is for the relevant local authority to request that the Scottish Government trunk that section of the road. I suggest that we check that out.

Councillor Philand made a strong point about establishing a roll-on, roll-off ferry from Campbeltown to the Ayrshire coast, using a spare vessel from the CalMac fleet, if there is one. That echoes my experience when visiting Campbeltown recently; there is a strong demand in the area for such a service. There is a real sense that Campbeltown is a bit cut off because of the road problems and its not having an adequate ferry, particularly for freight.

Chic Brodie: As you will know, convener, there is on-going discussion about a ferry between Campbeltown and Troon, but there are issues about volumes and financial stability.

The Convener: My recommendation is that we continue the petition to chase up the points that have been raised here and the point in option 1 of paragraph 15 of the clerk's paper. Does any other member wish to contribute?

John Wilson: On the responses to the petitioner's point about the economic impact of road closures, we had a wider discussion about the economic impact of the road network for the region when we took oral evidence. We suggested writing to local authorities in the area to ask whether they had undertaken any assessment of the economic impact of expanding the road network. The petitioner raised the issue of the economic impact of road closures, but it might be worth writing to him to ask whether he has had any joy through asking the local authorities or Highlands and Islands Enterprise whether they have done a review of the economic impact on the area of improving the roads.

The Convener: HIE would certainly have an interest in the issue, but I do not know whether it has done any assessments in that regard. I will meet HIE's new chair in a few weeks' time, but perhaps we should independently contact HIE about the issue.

Are members happy with the suggested course of action?

Members indicated agreement.

The Convener: I thank members for their contribution to today's busy meeting.

Meeting closed at 11:43.

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