



PUBLIC PETITIONS COMMITTEE

AGENDA

14th Meeting, 2017 (Session 5)

Thursday 29 June 2017

The Committee will meet at 9.15 am in the Sir Alexander Fleming Room (CR3).

1. **Consideration of a continued petition:** The Committee will consider a continued petition—

[PE1458](#) by Peter Cherbi on Register of interests for members of Scotland's judiciary;
and will take evidence from—
Lord Carloway, Lord President of the Court of Session; Roddy Flinn, Legal Secretary to the Lord President.

2. **Consideration of new petitions:** The Committee will consider the following new petitions—

[PE1651](#) by Marion Brown on behalf of Recovery and Renewal on Prescribed drug dependence and withdrawal;
and will take evidence from—
Marion Brown, Psychotherapist, Recovery and Renewal self-help support group; Beverley Thorpe, Founder and Consultant, Collaborative Medication Consulting.

and will then consider—

[PE1653](#) by Michaela Jackson on behalf of Gorebridge Community Trust on Active travel infrastructure;

and will take evidence from—

Michaela Jackson; Dave duFeu, Member, Spokes, The Lothian Cycle Campaign; David French, Member, Spokes, The Lothian Cycle Campaign.

3. **Consideration of continued petitions:** The Committee will consider the following continued petitions—

[PE1592](#) by Shaheen McQuade on Group B Strep information and testing;

[PE1621](#) by James Robertson on Sepsis Awareness, Diagnosis and Treatment;

[PE1623](#) by Spencer Fildes on behalf of Scottish Secular Society on Unelected church appointees on Local Authority Education Committees;
[PE1626](#) by Pat Rafferty on behalf of Unite Scotland on Regulation of Bus Services;
[PE1629](#) by Jennifer Lewis on MRI scans for Ocular Melanoma sufferers in Scotland;
[PE1630](#) by Fiona Webb on Nursery funding for 3 year olds;
[PE1632](#) by Amanda Macdonald on Concessionary transport for carers;
[PE1638](#) by Sean Clerkin on Local Housing Allowance (Bedroom tax 2);
[PE1643](#) by Jack Douglas, LGBT+ Officer on behalf of NUS Scotland on Introduce individual risk-based blood donation in Scotland.

Catherine Fergusson
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The papers for this meeting are as follows—

Item 1 & 2

PRIVATE PAPER

PPC/S5/17/14/1 (P)

Item 1

Note by the Clerk

PPC/S5/17/14/2

Item 2

Note by the Clerk

PPC/S5/17/14/3

Note by the Clerk

PPC/S5/17/14/4

Item 3

Note by the Clerk

PPC/S5/17/14/5

Note by the Clerk

PPC/S5/17/14/6

Note by the Clerk

PPC/S5/17/14/7

Note by the Clerk

PPC/S5/17/14/8

Note by the Clerk

PPC/S5/17/14/9

Note by the Clerk

PPC/S5/17/14/10

Note by the Clerk

PPC/S5/17/14/11

Note by the Clerk

PPC/S5/17/14/12

Note by the Clerk

PPC/S5/17/14/13

Public Petitions Committee**14th Meeting, 2017 (Session 5)****Thursday 29 June 2017****PE1458: Register of Interests for members of Scotland's judiciary****Note by the Clerk****Petitioner** Peter Cherbi**Petition summary** Calling on the Scottish Parliament to urge the Scottish Government to create a Register of Pecuniary Interests of Judges Bill (as is currently being considered in New Zealand's Parliament) or amend present legislation to require all members of the Judiciary in Scotland to submit their interests & hospitality received to a publicly available Register of Interests.**Webpage** parliament.scot/GettingInvolved/Petitions/registerofjudicialinterests**Introduction**

1. This is a continued petition last considered by the Committee at its meeting on 30 March 2017 when the Committee agreed to invite the Lord President to provide oral evidence. The Lord President has accepted that invitation and will provide evidence at this meeting, accompanied by Roddy Flinn, Legal Secretary to the Lord President.

Committee Consideration

2. Both the current Lord President and his immediate predecessor have explained that they do not consider the establishment of a register of financial interests.
3. One of the points that has been made is that a register of financial interests would not capture the circumstances in which a judge may decide to recuse themselves from hearing a case, such as instances where it became apparent that the judge had a social connection with a possible witness.
4. In the most recent correspondence from the Lord President, comments were provided in respect of some particular areas on which the Committee wished to seek clarification—
 - whether there have been any inhibitions to the administration of justice arising in relation to those members of the judiciary who have to register financial or other interests in connection with other roles
 - whether a decision on “recusal” should rest with a judge other than the individual who has been challenged or who has been identified as having a potential conflict of interests; and

- whether it would be in the interests of greater transparency for the “Register of Recusals” to be extended to cover instances where recusal has been considered or requested but jurisdiction has not been declined

5. In respect of the last of these points, the Lord President indicated that he would have “no difficulty with the proposition that the register of recusals...be extended to cover instances when a judge has recused himself, and when he has declined to do so.”

6. On the question of any inhibitions to the administration of justice, the Lord President commented—

“I am concerned that, at a time when online fraud is becoming increasingly sophisticated, a dissatisfied litigant, or a convicted person, may choose to retaliate by these means. A register of judicial interests may provide a starting point for that. That has not, to the best of my knowledge, happened with the small cohort of judges who have disclosed financial interests through JABS or the SCTS Board, but that sample is so small that no comfort can be derived from that. Rather, I expect that judges will become increasingly vigilant about the risks of personal information appearing in the public domain.

Accordingly, one possible inhibitory effect on the administration of justice is that judges may start to decline positions on important public bodies such as these if that requires the disclosure of financial interests. In the same way, a register of judicial interests may have a damaging effect on judicial recruitment.”

7. On the question of recusal resting with a judge other than the individual who has been challenged, the Lord President stated that at “present, if a judge is asked to decline jurisdiction, and does not do so, then that decision can be reviewed, on appeal, by the appellate court. Any other system would not be an improvement.”

8. The Lord President commented that such a system could have a knock-on effect in that a “case is likely to be adjourned for that purpose, to the disappointment of litigants and the inefficient disposal of business in the courts.” He expands that—

“The present system whereby a judge, having seen the papers and being aware of the precise extent of any interest financial or otherwise he may have, makes the decision on recusal, is the preferred option. Judges are invariably prudent in declining jurisdiction appropriately, but the right of appeal ensures that in, any rare case where that is not done, redress is available.

I should add that, as a generality, the problem, if there is one at all, rests with an over cautious approach to declinature: ie with judges or sheriffs declining jurisdiction and thus prompting an adjournment and causing delay when they should, in accordance with their duty, have heard and determined the cases placed before them.”

9. The petitioner has provided three submissions in advance of the Committee’s consideration. In his submission of 21 March, the petitioner comments on the

concerns Lord Carloway expressed about the potential risks of financial information of judicial office-holders being made available—

“Online fraud is a matter which everyone in society must deal with. Information readily published by the courts, the Crown Office and other bodies within the justice system in relation to court opinions or verdicts, contain financial, location or other personally identifiable information of significantly greater detail than is currently published about any member of Scotland’s judiciary.

With regards to concerns in relation to judges declining positions on public bodies which require the disclosure of financial details, I wish to point out judges are wealthy, well connected and influential members of the most powerful group of people in society – the judiciary. The viewpoints they hold, their status, power, and their part in decision making goes on to form public policy or law, impacting on all areas of public life.

Members of the judiciary who hold positions on public bodies, remunerated or not, should be required to declare their financial and other interests, like other members of those bodies, as there is a public expectation of transparency in all decision making and branches of Government.”

10. In relation to the question of decision on recusal being taken by someone other than the judge hearing a case, Mr Cherbi comments that the current system “has been proved to hold significant failures, where cases have been heard by judges who refuse to recuse themselves or, have failed to declare an interest.” Mr Cherbi argues—

“A new system of someone else deciding if a judge should recuse themselves, along with a full and open account of the recusal decision, should be created. I do not believe such a system would pose unwarranted financial expense or considerable delays to cases.”

11. The Committee has also received a further submission from Melanie Collins in which she highlights an entry in the [register of recusals](#) that was included in the register a number of months after the relevant event and for which there was no indication provided of when the update was made. The petitioner also comments on this in his submission of 24 May.

Conclusion

12. The Committee is invited to consider what action it wishes to take. Options include —
- Inviting the petitioner to provide a written response to the Lord President’s evidence and to reflect on the evidence and the petitioner’s response at a future meeting
 - Any other action the Committee wishes to take.

Clerk to the Committee

Annexe

The following submissions are circulated in connection with consideration of the petition at this meeting—

- [PE1458/DDD: The Rt Hon Lord Carloway Lord President letter \(220KB pdf\)](#)
- [PE1458/EEE: Petitioner Letter of 21 March 2017 \(89KB pdf\)](#)
- [PE1458/FFF: Melanie Collins submission of 17 May 2017 \(449KB pdf\)](#)
- [PE1458/GGG: Petitioner submission of 24 May 2017 \(70KB pdf\)](#)
- [PE1458/HHH: Petitioner submission of 21 June 2017 \(121KB pdf\)](#)

All written submissions received on the petition can be viewed on the [petition webpage](#).

Public Petitions Committee**14th Meeting, 2017 (Session 5)****Thursday 29 June 2017****PE1651: Prescribed drug dependence and withdrawal****Note by the Clerk**

Petitioner	Marion Brown on behalf of Recovery and Renewal
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to take action to appropriately recognise and effectively support individuals affected and harmed by prescribed drug dependence and withdrawal.
Webpage	parliament.scot/GettingInvolved/Petitions/PE01651

Introduction

1. This is a new petition that collected 285 signatures and attracted 60 comments. The Committee has also received 11 published written submissions on the petition from patients and professionals. These are annexed to the clerk's note below.
2. The petitioner will provide oral evidence at the meeting and the Committee is invited to consider what action it wishes to take.

Background (the following is taken from the [SPICe briefing](#))

3. The petition focuses on drug dependence and subsequent withdrawal issues associated with some prescribed drugs such as benzodiazepines, antidepressants and painkillers.
4. Benzodiazepines are a group of medications which are used to treat anxiety, agitation and restlessness, epileptic seizures/fits, mania, alcohol withdrawal and sleeping problems. The [Royal College of Psychiatrists](#) note that around 4 in every 10 people who take them every day for more than 6 weeks will become addicted. They go on to comment that, in most cases, they should not be used for longer than 4 weeks.
5. Antidepressants are drugs that relieve the symptoms of depression. Although antidepressant drugs don't generally cause addictions many people taking SSRIs (Selective Serotonin Reuptake Inhibitors) and SNRIs (Serotonin and Noradrenaline Reuptake Inhibitors) have withdrawal symptoms ([Royal College of Psychiatrists](#)).

6. Opiate analgesics are painkillers such as codeine, methadone, and tramadol. They are commonly used to treat chronic pain and can lead to tolerance and physical dependence, especially with prolonged treatment and at higher doses ([BMA](#)).
7. The [Medicines and Healthcare Products Regulatory Agency](#) (MHRA) is responsible for monitoring the safety of all medicines on the UK market including concerns about misuse. The MHRA uses a variety of methods to collect information on the safety of prescription medicines and can take action to safeguard public health.¹ Guidance over the use of licensed drugs in the NHS in Scotland is a devolved matter. In Scotland the [Scottish Intercollegiate Guidelines Network](#) (SIGN) develops evidence based clinical practice guidelines.² It is important to note that, despite licensing procedures and guidance, it is ultimately the decision of clinicians to decide whether or not a drug should be used in the treatment of their patient.

Recent development

8. The British Medical Association (BMA) has recently considered the issue of dependence and withdrawal associated with prescribed drugs. In 2015, they published an [analysis report](#) which followed on from a call for evidence. It focused on prescription drugs with an established dependence potential (benzodiazepine, opioids and Z-drugs³) and withdrawal effects (antidepressants).
9. Following this, the BMA made three recommendations:
 - (i) The UK government, working with the devolved nations, should introduce a national, 24 hour helpline for prescribed drug dependence.
 - (ii) Each of the UK governments, relevant health departments and local authorities should establish, adequately resourced specialist support services for prescribed drug dependence.
 - (iii) Clear guidance on tapering and withdrawal management should be developed collaboratively with input from professional groups and patients.
10. The UK Parliament has established an [All Party Parliamentary Group for Prescribed Drug Dependence](#).

¹ S3W-16016

² [SPICe Briefing 12/15](#)

³ Z drugs are zaleplon, zolpidem and zopiclone which are prescribed for the short-term relief of disturbed sleep. There is not enough evidence to show that they are less likely to cause dependence than benzodiazepines. ([Royal College of Psychiatrists](#)).

Scottish Government action

11. The Scottish Government's Drug Strategy, [The Road to Recovery](#), was published in 2008. This strategy focuses on problem drug use and does not make specific reference to prescribed drug dependence.
12. The Scottish Government commented that good practice prescribing guidance for psychotropic medication and other drugs exists in SIGN guidelines, the British National Formulary and local health board formularies. All GPs prescribing is monitored and discussed individually through annual appraisals. An audit of prescribing in mental health commonly occurs involving health board pharmacy departments. There is national annual reporting of prescribing patterns and trends which are considered by the Scottish Government and other agencies.⁴
13. In the Chief Medical Officer's [Annual Report 2014-15](#) the concept of realistic medicine was discussed. This seeks to put the person receiving health and care at the centre of decision-making and encourages a personalised approach to care. It aims to reduce harm and waste and tackle unwarranted variation in care. This has been followed in 2015-16 with the publication of [Realising Realistic Medicine](#).

Scottish Parliament action

14. SPICe briefing 17/22 on [Drugs Misuse](#) explores the wider issue of drug misuse in Scotland. It provides an overview of the Scottish Government's National Drugs Strategy, a summary of the prevalence and trends in drug use and covers approaches to treatment and drugs services.
15. A number of written questions have been asked on this issue including S5W-03537 on addiction to anti-depressants and other prescription drugs and S5W-03821 on the support available to people coming off antidepressants.

Conclusion

16. The Committee is invited to consider what action it wishes to take. Options include —
 - To write to the Scottish Government seeking its view on the petition.
 - To take any other action the Committee considers appropriate.

Clerk to the Committee

⁴ Scottish Government, personal correspondence.

Annexe

The following submissions are circulated in connection with consideration of the petition at this meeting—

- [PE1651/A Sonia Macphee submission of 15 May 2017 \(11KB pdf\)](#)
- [PE1651/B Barry Haslam submission of 2 June 2017 \(57KB pdf\)](#)
- [PE1651/C: Alyne Duthie submission of 5 June 2017 \(79KB pdf\)](#)
- [PE1651/D: Beverley Thorpe, Collaborative Medication Consulting submission of 5 June 2017 \(87KB pdf\)](#)
- [PE1651/E: Council for Evidence-based Psychiatry submission of 5 Jun 2017 \(213KB pdf\)](#)
- [PE1651/F: Dr Peter J Gordon submission of 3 June 2017 \(158KB pdf\)](#)
- [PE1651/G: Professor John Read submission of 5 June 2017 \(12KB pdf\)](#)
- [PE1651/H: Fiona French submission of 30 May 2017 \(102KB pdf\)](#)
- [PE1651/I: Katalin Bálint submission of 20 June 2017 \(39KB pdf\)](#)
- [PE1651/J: Petitioner submission of 20 June 2017 \(298KB pdf\)](#)
- [PE1651/K: Ann Kelly submission of 21 June 2017 \(88KB pdf\)](#)

All written submissions received on the petition can be viewed on the petition [webpage](#).

Public Petitions Committee**14th Meeting, 2017 (Session 5)****Thursday 29 June 2017****PE1653: Active travel infrastructure****Note by the Clerk**

Petitioner	Michaela Jackson on behalf of Gorebridge Community Trust
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to develop an active travel infrastructure strategy that will require active travel provision to be incorporated into all new major infrastructure projects for Scottish cities, particularly those projects designed to improve commuter routes from regional centres into city centres.
Webpage	parliament.scot/GettingInvolved/Petitions/activetravelinfrastructure

Introduction

1. This is a new petition that collected 332 signatures and attracted 27 comments. The petitioner will provide oral evidence on her petition and the Committee is invited to consider what action it wishes to take.

Background (the following is taken from the [SPICe briefing](#))

2. The Scottish Government sets out its long term vision for transport in the [National Transport Strategy](#) (NTS) which was first published in 2006, with a “refreshed” version published in January 2016. The NTS sets out the Scottish Government’s vision, high level objectives and key strategic outcomes for the transport system.
3. The Scottish Government’s policies on walking are set out in [The National Walking Strategy](#), which was published in November 2014. Unlike CAPS, this does not set out a modal share target, rather it aims for “A Scotland where everyone benefits from walking as part of their everyday journeys, enjoys walking in the outdoors and where places are well designed to encourage walking.”
4. Transport Scotland also sets out a longer term vision for the development of walking and cycling in its [Long-Term Vision for Active Travel in Scotland 2030](#), which envisages that by 2030 “Scotland’s communities are shaped around people, with walking or cycling the most popular choice for shorter everyday journeys.”

Scottish Government Action

5. No active travel, walking or cycling investment strategy is set out in any of the Scottish Government policy documents mentioned above. Improvements to active travel infrastructure are included in major transport infrastructure projects on an ad hoc basis.
6. It is worth noting that Scottish Government investment in active travel (both cycling and walking) currently amounts to approximately 1.6% of total Scottish Government transport expenditure.

Sherrifhall roundabout

7. The Sheriffhall Roundabout is currently the only junction on the A720 Edinburgh City Bypass that isn't grade separated, which means the City Bypass is at the same level as the local approach roads. This is a complex junction, connecting six A-roads; A7 North; A6106 Millerhill Road; A720 East; A6106 Old Dalkeith Road; A7 South and A720 West. It is also located in an area of historical mine workings and a geological fault – potentially complicating any upgrade work.
8. Transport Scotland is [developing detailed plans](#) for the construction of a grade separated roundabout at Sherriffhall, where the City Bypass will be carried over the junction on bridges and a new roundabout created at ground level. The design chosen by Transport Scotland has been criticised as indirect and potentially dangerous by cycling organisations, including [Sustrans](#), [SPOKES](#) (the Lothian Cycle Campaign) and on the [City Cycling Edinburgh](#) forum, as it would require cyclists to cross numerous slip roads to the roundabout – placing them in conflict with motorised vehicles that may be moving at high speed.

Scottish Parliament Action

9. The Scottish Parliament has not considered the development of an Active Travel Infrastructure Investment Strategy.

Conclusion

10. The Committee is invited to consider what action it wishes to take. Options include —
 - To write to the Scottish Government, Sustrans and Society of Chief Officers of Transportation Scotland seeking their view on the petition.
 - To take any other action the Committee considers appropriate.

Clerk to the Committee

Public Petitions Committee**14th Meeting, 2017 (Session 5)****Thursday 29 June 2017****PE1592: Group B Strep Information and Testing****Note by the Clerk**

Petitioner	Shaheen McQuade
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to ensure all pregnant women receive information about Group B Strep and are given the option to be tested; and to set aside funding to find more reliable methods of testing.
Webpage	parliament.scot/GettingInvolved/Petitions/groupbstrep

Introduction

1. This is a continued petition that the Committee last considered at its meeting on 27 April 2017. At that meeting, the Committee agreed to write to the Scottish Government representative on the UK National Screening Committee. A response has been received and the Committee is invited to consider what action it wishes to take.

Background

2. The [UK National Screening Committee](#) advises ministers and the NHS in the four UK countries about all aspects of screening and supports implementation of screening programmes. Ms Sarah Manson is the Scottish Government's country representative on the UK National Screening Committee. Dr Sue Payne of the Scottish Government also has an observer role.
3. The UK National Screening Committee holds three meetings each year to review current decisions and make recommendations on screening programmes. Meetings are usually in February, June and October. They are held in London twice a year, with the June meeting hosted by one of other three UK countries on a rotating basis.
4. The last review of group B streptococcus was in November 2012. That review did not recommend screening for group B streptococcus.
5. The UK National Screening Committee's review of the latest evidence on screening for group B streptococcus was published in [March 2017](#). The review concluded:

Following a review of the evidence against strict criteria, the UK National Screening Committee does not currently recommend

introducing a national screening programme for carriage of group B streptococcus.

6. The key findings in the review are as follows:
 - Carriage of group B streptococcus changes with time. A woman may be found carrying group B streptococcus when screened at 35 to 37 weeks, but it may no longer be present at labour
 - There is no way to predict which babies will be affected by EOGBS [early-onset group B streptococcus] and which will be born without complications
 - The treatment for preventing EOGBS in babies is giving antibiotics to the mother during labour. There is serious concern that large numbers (tens of thousands) of women will be offered and take antibiotics when they do not need to. The long term effects of antibiotics for mother and baby are unknown
 - It is not clear whether benefits associated with screening outweigh the harms for the majority of the population
 - The proportion of babies affected by EOGBS in the UK is similar to the level reported in countries that have introduced screening
7. The UK National Screening Committee involves stakeholders in the review process. The relevant stakeholders for this review were: Group B Strep Support, National Childbirth Trust, Royal College of Midwives, Royal College of Obstetricians and Gynaecologists, Royal College of Paediatrics and Child Health and SANDS.
8. The UK National Screening Committee reviews its screening recommendations against the latest available evidence usually on a three-year cycle. The UK National Screening Committee has indicated in this regard that the next review for group B streptococcus will be conducted in 2019/20.
9. The petitioner has not responded to the invitations to date to provide the Committee with a written submission outlining her views.

Committee consideration

10. The Scottish Government's submission dated [5 June 2017](#) explains—

The National Institute of Health Research has been asked to commission a UK-wide clinical trial to compare universal screening for GBS against usual risk-based care. We hope this will commence as soon as practicable.

Additionally, the UK Government Chief Scientific Adviser held two research workshops last year to bring together a broad range of

experts on GBS from across the UK. The workshop group to bring together a broad range of experts on GBS from across the UK. The workshop group intend to publish an outcome paper outlining a tractable, high priority questions agreed which could move us closer to reducing the harm caused by GBS.

11. The petitioner was invited to comment on the Scottish Government's response. A submission has not been received.

Conclusion

12. The Committee is invited to consider what action it wishes to take. Options include —
 - To close the petition under Standing Orders Rule 15.7 on the basis that the UK National Screening Committee has reviewed the latest evidence in March 2017 and does not recommend screening for group B streptococcus but has asked the National Institute of Health Research to commission a UK-wide clinical trial to compare universal screening for GBS against usual risk-based care.
 - To take any other action the Committee considers appropriate.

Clerk to the Committee

Public Petitions Committee**14th Meeting, 2017 (Session 5)****Thursday 29 June 2017****PE1621: Sepsis Awareness, Diagnosis and Treatment****Note by the Clerk**

Petitioner	James Robertson
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to raise the awareness of Scottish Health Professionals and public of the early signs of Sepsis.
Webpage	parliament.scot/GettingInvolved/Petitions/PE01621

Purpose

1. This is a continued petition, last considered by the Committee at its meeting on 17 April. At that meeting the Committee agreed to write to the Scottish Government, inviting it to respond to questions raised by the petitioner in his submission of 6 April, with regard to—
 - the continuing work on sepsis awareness and management as part of the Scottish Patient Safety Programme (SPSP), and how its impact is being measured
 - what aspect of the life support training programmes and undergraduate training programmes includes sepsis
 - whether the work and training is mapped across all health boards in Scotland, for consistency.
2. A response has been received from the Scottish Government, along with a submission from the petitioner. These are included in the annexe to this paper. The Committee is invited to consider what action it wishes to take on this petition.

Committee consideration

3. In its submission, the Scottish Government explains that the SPSP was originally part of Healthcare Improvement Scotland's collaborative approach to sepsis, in which local collaboratives increased awareness of sepsis through educational sessions and awareness events such as World Sepsis Day. The Scottish Government's submission states that an evaluation report on the collaborative approach – which ended in December 2014 – had been “effective in driving widespread and sustainable improvement in sepsis care”.
4. The submission advises that sepsis work continues within local boards as part of the Deteriorating Patients pathway, which has the aim of reducing mortality and harm by reliable recognition and response to acutely unwell patients. It

adds that progress is monitored through “outcome measurement for hospital standardised mortality, mortality from sepsis and cardiac arrest rate”, and is supported by the SPSP team through the National Early Warning Score system, implementation of a process for structured response and treatment, and person-centred care planning and early referral where required.

5. With regard to training programmes, the Scottish Government indicates that “sepsis teaching is generally included in core training for Foundation year 1 doctors through mandatory training sessions and also forms part of departmental sessions in many areas”. It adds—

“More formally, sepsis scenarios are included in the Advanced Life Support Course undertaken as a mandatory component of training for all doctors and which nurses and other healthcare staff can undertake.”

6. The submission explains that, over the 12-week module, students are taught how to assess, recognise and manage deteriorating patients. The required pass mark for practical exams is 70%. In the exams, students are given scenarios where they are asked to assess a patient and provide a structured handover in which they are “expected to explicitly list the key actions to be taken and the urgency involved”.

7. In response to the third question, the Scottish Government states—

“The life support courses and SPSP programme are in place across the whole of the Scottish Healthcare system. Junior doctor training is the same throughout the country with the same mandatory components in all areas although there is no formal mapping process.”

8. The Scottish Government says that “there is much activity around the awareness and treatment of sepsis within both Health Boards and hospitals throughout Scotland”, and cites a current collaborative made up of NHS Highland, NHS Lothian and jointly Scottish Ambulance Service and NHS Greater Glasgow and Clyde as an example of ongoing programmes. It notes that Healthcare Improvement Scotland aims to form a learning network to share the outcomes and learning from this programme, which is due to run until December 2017.

9. The submission reflects on campaigns run by the Fiona Elizabeth Agnew Trust and Sepsis Trust UK, and recognises World Sepsis Day as an “international event widely publicised on social media and locally within boards and sites”.

10. In his submission the petitioner acknowledges the Scottish Government’s detailed response to his previous questions but, based on his own experience of the system remains “unconvinced of the effectiveness of the training”.

11. The petitioner refers to a recent resolution by the World Health Organisation to launch a global public awareness campaign on sepsis, and states that the resolution “also urges Governments to teach their people about the symptoms of Sepsis”. He asks whether, in light of this, the Scottish Government will

commit to launching a national public awareness campaign to be led by NHS Scotland.

Action

12. The Committee is invited to consider what actions it wishes to take. Options the Committee may wish to consider include—
- To write to the Scottish Government inviting it to indicate whether it will launch a national public awareness campaign to be led by NHS Scotland or Healthcare Improvement Scotland
 - To take any other action the Committee considers appropriate.

Clerk to the Committee

Annexe

The following submissions are circulated in connection with consideration of the petition at this meeting—

- [PE1621/S: Scottish Government submission of 19 May 2017 \(60KB pdf\)](#)
- [PE1621/T: Petitioner submission of 9 June 2017 \(10KB pdf\)](#)

All written submissions received on the petition can be viewed on the petition [webpage](#).

Public Petitions Committee**14th Meeting, 2017 (Session 5)****Thursday 29 June 2017****PE1623: Unelected church appointees on Local Authority Education Committees****Note by the Clerk****Petitioner** Spencer Fildes on behalf of Scottish Secular Society**Petition summary** Calling on the Scottish Parliament to urge the Scottish Government to remove the constitutional anomaly that imposes unelected Church appointees on Local Authority Education Committees.**Webpage** parliament.scot/GettingInvolved/Petitions/ChurchAppointees**Purpose**

1. This is a continued petition, last considered by the Committee at its meeting on 27 April. At that meeting, the Committee agreed to write to the Scottish Government, asking it to provide—
 - an update on the anticipated timescale for publication of its findings from its Education Governance Review
 - clarification on whether it will carry out an Equality Impact Assessment on any policy changes made through the Review
 - clarification on whether its reference, in its submission of 24 March, to the Scottish Secular Society's proposals related to the petition, or to the Society's response to the Governance Review consultation
2. The Scottish Government's response has been received, and is included in the annexe to this paper along with a subsequent submission from the petitioners.

Committee consideration

3. In its submission the Scottish Government states—

“...it is our intention to publish a Next Steps document in June setting out how we will build on the proposals in the Education Governance Review and consult on our commitment to a funding formula.”¹
4. The Scottish Government confirms that it “will carry out an Equality Impact Assessment on any policy changes made through the Education Governance Review adhering to the Public Sector Equality Duty of the Equality Act 2010”,

¹ This information was published by the Scottish Government on 15 June 2017. Available at:
<http://www.gov.scot/Publications/2017/06/2941>
<http://www.gov.scot/Publications/2017/06/7994>
<http://www.gov.scot/Publications/2017/06/6880>

and clarifies that its previous response “referred to the Scottish Secular Society’s proposals relating to the action called for through Petition PE1623”.

5. The petitioners welcome the Scottish Government’s commitment to carrying out an Equality Impact Assessment on any policy changes arising from the Education Governance Review, and for the clarification that their proposals as set out in the petition will be considered “in the light of the situation as it will then be”.

Action

6. The Committee is invited to consider what action it wishes to take on this petition. Options include—
 - To close the petition under Standing Orders Rule 15.7 on the basis that the Scottish Government has given a commitment to consider the issues raised in the petition as part of its Education Governance Review, and has confirmed that it will carry out an Equality Impact Assessment on any policy changes made through that review.
 - To consider a note by the clerk at a future meeting, reflecting key issues from the Education Governance Review Next Steps document as they pertain to the petition
 - To take any other action the Committee considers appropriate.

Clerk to the Committee

Annexe

The following submissions are circulated in connection with consideration of the petition at this meeting—

- [PE1623/X: Scottish Government submission of 25 May 2017 \(49KB pdf\)](#)
- [PE1623/Y: Petitioner submission of 29 May 2017 \(7KB pdf\)](#)

All written submissions received on the petition can be viewed on the petition [webpage](#).

Public Petitions Committee

14th Meeting, 2017 (Session 5)

Thursday 29 June 2017

PE1626: Regulation of Bus Services

Note by the Clerk

Petitioner	Pat Rafferty on behalf of Unite Scotland
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to legislate to regulate bus services in Scotland and to carry out an inquiry into the benefits of bringing bus services in Scotland into common ownership.
Webpage	parliament.scot/GettingInvolved/Petitions/busregulation

Purpose

1. This is a continued petition, last considered by the Committee at its meeting on 27 April. At that meeting the Committee agreed to write to the Scottish Government, seeking its response to questions posed by the petitioners. [The Scottish Government's response](#) has been received and the Committee is invited to consider what action it wishes to take.

Committee consideration

2. In the context of the Scottish Government's 22 February submission, which stated that it did "not see wholesale re-regulation as the answer", the petitioners sought clarity on what was meant by "wholesale regulation". The Scottish Government clarifies—

“Wholesale re-regulation’ refers to nationwide re-regulation of bus services carried out wither through a national franchise or by compelling all local authorities to franchise or directly operate bus services.”
3. The petitioners referred to the Scottish Government's wish to see simpler processes for partnership working, and asked what processes the Scottish Government was referring to, and how these would be simplified. The Scottish Government response states—

“The current processes for statutory Quality Partnerships are set out in the Transport (Scotland) Act. We are considering whether that legislative framework is adequately flexible to provide a true basis for partnership between local transport authorities and bus operators. We will hold a full public consultation on our proposals.”
4. In response to the petitioners' query about why a 'case' needs to be made for franchising, and what the criteria for that test would be, the Scottish Government clarifies—

“Franchising means that local authorities would take on a substantial financial risk using public money. Therefore the local authority would be expected to make an assessment of the full costs of moving to a franchising model and weigh those against the benefits for the public in such a move.”

5. It confirms that “there will be a full consultation on this and all of the elements of the proposed Transport Bill”.

Conclusion

6. The Committee is invited to consider what action it wishes to take on this petition. Options include—
 - To write to the Scottish Government seeking an indicative timescale for its full consultation on the proposed Transport Bill and to ask that the Government engages with the petitioners at an early stage of this consultation.
 - To take any other action the Committee considers appropriate.

Clerk to the Committee

Public Petitions Committee**14th Meeting, 2017 (Session 5)****Thursday 29 June 2017****PE1629: MRI scans for Ocular Melanoma sufferers in Scotland****Note by the Clerk****Petitioners** Jennifer Lewis**Petition summary** Calling on the Scottish Parliament to urge the Scottish Government to ensure NHS Scotland recognise patients with Ocular Melanoma and enable them to receive enhanced MRI scans with contrast of the liver in an attempt to detect early metastatic disease.**Webpage** <http://www.parliament.scot/GettingInvolved/Petitions/PE01629>**Purpose**

1. This is a continued petition last considered by the Committee at its meeting on 27 April. At that meeting the Committee agreed to write to the Scottish Government, to establish what views the Chief medical Officer has on the action called for in the petition and to ask what steps are in place to support the development of further evidence. The Committee also agreed to ask what plans the Scottish Ocular Oncology Service has to work with other UK centres to establish a consistent and equal approach to deliver the 'gold standard' in terms of screening and identification.
2. A response has been received from the Chief Medical Officer, with a subsequent response from the petitioner. The Committee is invited to consider what action it wishes to take.

Committee consideration

3. In her submission the Chief Medical Officer refers to the Scottish Government submission of 7 March, noting that "the Specialist Scottish Ophthalmic Oncology Service protocols for the surveillance of people with ocular melanoma are supported by the Uveal Melanoma National guideline", which was accredited by NICE in January 2015. The CMO understands that the guidelines will be reviewed in December 2019 but adds—

"... should any new evidence become available in the interim that may have an impact on the recommendations set out in the guidelines, an intermediate review would be carried out..."

4. On that subject, the petitioner argues that new evidence has been submitted during the course of the evidence session on 2 February and also in the petitioner's submission of 12 April, which state that "there are treatments and trials open to Ocular Melanoma sufferers if tumours to the liver are detected in time for these to be effective, in time for a patient to be allowed some quality of

life". She expresses her concern that "by the time any new guidelines are reviewed and presented, it is likely to be too late for some ocular melanoma patients".

5. Within the submission, Iain Galloway, who gave evidence to the Committee alongside the petitioner in February, comments on what he regards as intransigence—

"To go by the guidelines when there is clear, peer-reviewed scientific evidence ... is to actually ignore the intention of such guidelines."

6. Mr Galloway notes that the same guidelines are used in the rest of the UK, but observes that if a patient requests an MRI scan – even in a centre that does not routinely offer that facility for first line surveillance – they are able to get it. The petitioner expresses her view that this demonstrates discrimination towards ocular melanoma sufferers in Scotland, and asks—

"Why can these procedures be offered outwith the guideline recommendations in other NHS regions of the UK but are still not available in Scotland?"

7. In response to the Committee's request for information on supporting the development of further evidence, the Chief Medical Officer states—

"Research proposals looking at the underlying causes, diagnosis and treatment of ocular melanoma are welcomed."

8. She explains that funding applications can be made to the Scottish Government's Chief Scientist Office, where they would be subject to the CSO's independent peer review process, and adds that further support is provided through the Scottish Government's annual contribution to National Institute of Health Research funding programmes.

9. The Chief Medical Officer refers to research into the use of ultrasound for first line surveillance, advising that "the Specialist Scottish Ophthalmic Oncology Service will be auditing all their patients who develop metastatic disease, to ascertain whether a delay in diagnosis ... was incurred due to the use of liver ultrasound as the modality". However, she notes that it could take up to two years to collect enough "statistically significant data" due to the small number of patients.

10. On the specific reference to the small number of patients, the petitioner believes that this should show "the extra cost of an MRI is also minimal compared to the rest of the UK". She considers that undertaking research on the use of ultrasound is "futile", when consultants "have all agreed throughout this consultation ... that ultrasounds are less sensitive and operator dependant compared to MRI scans".

11. Mr Galloway believes that it would be a backward step "to test something already know to be inferior, not least it would come at significant expense and take years to conclude". He, along with the petitioner, notes that Cancer

Research UK has already indicated that it can't invest in this area due to the lack of knowledge.

12. With regard to the Committee's query on the Scottish service's plans to work with other centres across the UK, for consistency and equality of service provision, the CMO refers to a Commissioning for Quality and Innovation (CQUIN) meeting in May. She states—

“At this meeting, it was agreed that a UK wide group would be formed to develop UK wide guidance and recommendations on surveillance. This work will ensure there is a national, consistent approach to screening and surveillance for people in the UK, regardless of where they live.”

13. Mr Galloway raises some questions about this, suggesting that this work was done three years ago and that “a relevant CQUIN is already in place”. He hopes to be able to view the minutes of that meeting, in order to understand more about “the effect a UK wide group could have”.

14. The petitioner welcomes this information from the Chief Medical Officer, stating—

“I am pleased to see a potential step in the right direction ... and I can now only hope Gartnavel will work proactively with the other centres in the UK who hear their patients wishes and work with them to secure a positive consultant/patient relationship.”

Conclusion

15. The Committee is invited to consider what action it wishes to take on this petition. Options include—

- To write to the Scottish Government to—
 - seek its position on the suggestion that some UK centres interpret guidelines flexibly, and will provide MRI scans to patients on request
 - seek an indication from the Scottish Government on an anticipated timescale for the formation of a UK wide group to undertake work on development of UK wide guidance and recommendations on surveillance
 - invite it to respond to the arguments presented by the petitioner that new evidence has been submitted.
- To write to NICE to seek its views on the action called for in the petition and, in particular, to consider the argument presented by the petitioner that new evidence is available
- To take any other action the Committee considers appropriate.

Clerk to the Committee

Annexe

The following submissions are circulated in connection with consideration of the petition at this meeting—

- [PE1629/I: Chief Medical Officer submission of 17 May 2017 \(129KB pdf\)](#)
- [PE1629/J: Petitioner submission of 26 June 2017 \(142KB pdf\)](#)

All written submissions received on the petition can be viewed on the petition [webpage](#).

Public Petitions Committee**14th Meeting, 2017 (Session 5)****Thursday 29 June 2017****PE1630: Nursery funding for 3 year olds****Note by the Clerk**

Petitioner	Fiona Webb
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to revise their criteria for children becoming eligible for part-time funded nursery places following a child's third birthday.
Webpage	parliament.scot/GettingInvolved/Petitions/nurseryfunding

Introduction

1. This is a continued petition that the Committee last considered at its meeting on 27 April 2017. At that meeting, the Committee agreed to write to the Scottish Government. The Scottish Government's response has been received and the Committee is invited to consider what action it wishes to take.

Committee Consideration

2. The Scottish Government advised in its submission dated [22 May 2017](#) that the Minister for Childcare and Early Years made a statement to the Scottish Parliament on [23 March 2017](#) in response to the consultation.
3. The Minister explained that 128 organisations contributed to the consultation or attended a consultation event. The Minister also noted that the Scottish Government "will provide local authorities with up to £50 million additional annual revenue funding to enable funded providers to pay the living wage to childcare staff delivering the entitlement. Up to 8,000 staff in the private and third sectors will benefit from that uplift".
4. Ross Thomson asked the Minister about parents' ability to access the full entitlement for their children—

The Conservatives have consistently raised the unfairness of birthday discrimination, whereby a child who was born in August receives a full two years of Government-funded provision before starting school, but a child who was born in September receives only 18 months and a child who was born in January receives only 15 months. Will the minister clarify whether the measures that he has outlined will tackle that inherently unfair situation for children and families in Scotland?¹

¹ Official Report, 23 March 2017, cols 52-53.

5. The Minister replied—

Currently, local authorities have the flexibility to offer entitlement at an earlier stage than that which was outlined by Ross Thomson, and some authorities choose to do so. That will not change as a consequence of the position that I have outlined.

I am determined to continue to focus on driving improved uptake among eligible two-year-olds who are looked after or come from low-income backgrounds. We recognise that they have much to gain from accessing the entitlement, which I believe addresses some of the points that the Conservatives have raised about ensuring that those who require the provision and would benefit most from it receive it.²

6. The Scottish Government has published an [action-plan](#) for implementing the new policy. This includes the development of a monitoring and evaluation framework for the early learning and childcare expansion. In this regard, the action plan states “We recognise that this framework needs to remain flexible to adapt to changes in delivery, and we will ensure it remains proportionate, minimises duplication, costs and utilises existing data wherever possible.”
7. The action plan explains that the evaluations will encompass the views of stakeholders and be published regularly. In this regard, it makes a commitment to “...publish the first in a series of evaluation reports by the end of 2017. This will include an evaluation of the current expansion to 600 hours per annum as well as baseline indicators for monitoring progress towards the expansion to 1140 hours.”
8. The petitioner was invited to provide a written submission in response to the Scottish Government. A written submission has not been received.

Conclusion

9. The Committee is invited to consider what action it wishes to take. Options include —
 - To close the petition under Standing Orders Rule 15.7 on the basis that the Scottish Government has published an action plan for the expansion of early learning and childcare in Scotland and has made a commitment to publish an evaluation report of the expansion by the end of 2017.
 - To take any other action the Committee considers appropriate.

Clerk to the Committee

² Official Report, 23 March 2017, col 53.

Public Petitions Committee**14th Meeting, 2017 (Session 5)****Thursday 29 June 2017****PE1632: Concessionary transport for carers****Note by the Clerk**

Petitioner	Amanda Macdonald
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to allow free concessionary transport for carers.
Webpage	parliament.scot/GettingInvolved/Petitions/PE01632

Introduction

1. This is a continued petition that the Committee last considered at its meeting on 2 March 2017. At that meeting, the Committee agreed to write to the Scottish Government, COSLA, Enable Scotland, the Coalition of Carers in Scotland and Carers UK. The Committee also agreed to meet informally with the petitioner. Responses have been received and the Committee is invited to consider what action it wishes to take.

Committee Consideration

2. The Committee agreed to invite the petitioner to give oral evidence at its first consideration of the petition. The petitioner was not able to attend and as such the Committee agreed to meet with the petitioner informally to discuss the petition. The Committee arranged an informal meeting with the petitioner, which she was not able to attend. The petitioner has been invited to provide a written submission to set out her views.
3. The petitioner explained in her written submission that “young carers are included in those who save the government an average of £132 billion per year...however they are not eligible for carers’ allowance.” Ms Macdonald also noted that many carers do not live with the person they care for, which means their caring-related transport costs are not always covered by the companion card.

Scotland Act 2016: Carer’s Allowance

4. The [SPICe briefing](#) on the devolution of the carer’s allowance to Scotland explains that the Scottish Census in 2011 reported that 1,328 people up to the age of 15 provide 35 hours or more of care.¹ The UK Government figures from 2016 estimate that 280 people under the age of 18 meet the carers’ allowance

¹ [SPICe briefing 16/52](#), Scotland Act 2016: Carer’s Allowance, p. 28.

eligibility criteria and of them 30 people are eligible but not receiving the benefit.²

5. The briefing explains further that “The provisions in the Scotland Act 2016, unlike the regulations governing Carer’s Allowance, provide the flexibility to change the legal definition of a carer for the purposes of paying a benefit and could be used to allow a carer’s benefit to be paid to carers who work, study full-time, or are under the age of 16.”³
6. The briefing also explains that Carers (Scotland) Act 2016 received Royal Assent on 9 March 2016. The Act provides a duty on local authorities–

...to provide support to carers who meet locally agreed eligibility criteria. They would also have a discretionary power to provide support for needs that do not meet the criteria. Local authorities will be required to consult on the local criteria and review them every three years. Carers organisations voiced concern that locally set criteria could lead to a postcode lottery and favoured nationally set criteria. Ministers will also have the power to set national eligibility criteria; if this happens the national eligibility criteria would supersede any local criteria. Where support is provided to eligible carers, charges will be waived.⁴

Carers’ organisations’ responses

7. Carers Scotland, Coalition of Carers in Scotland and Enable Scotland noted their support for the petition. Carers Scotland and Coalition of Carers in Scotland noted the financial hardships faced by many carers, particularly in relation to transport.
8. Carers Scotland explained that some carers are entitled to ‘companion concessionary travel’, which does not assist with many aspects of carers’ transport costs, including collecting prescriptions, shopping and hospital visits. Carers Scotland explained that more than a quarter of carers care for more than one person and a “...similar proportion do not live with the person they care for”.
9. Carers Scotland and Coalition of Carers in Scotland explained that carers’ organisations have investigated the potential cost of extending concessionary travel using different models. Carers Scotland’s submission sets out in detail the costing information they have developed with other carers’ organisations and explain that these costings have been shared with the Scottish Government.
10. In the view of the carers organisations that responded to the petition, extending the provision of concessionary travel to carers could help alleviate many of the social and financial issues that carers face. Enable Scotland explained that many cared-for people would also benefit from such a scheme.

² [SPICe briefing 16/52](#), Scotland Act 2016: Carer’s Allowance, p. 28.

³ [SPICe briefing 16/52](#), Scotland Act 2016: Carer’s Allowance, p. 28.

⁴ [SPICe briefing 16/52](#), Scotland Act 2016: Carer’s Allowance, p. 31.

Scottish Government and COSLA's responses

11. The Scottish Government explained that the Carers (Scotland) Act 2016 will place a duty on local authorities to support “the identified needs of carers who meet local eligibility criteria”. The relevant provisions of the Act will come into force on 1 April 2018.

12. In relation to the cost of extending concessionary travel for carers, the Scottish Government explained–

These numbers suggest that over 600,000 additional people would be entitled to concessionary travel if the scheme were extended to all carers aged 16 and over. This, in turn, would lead to potential cost increases of upwards of 50% to the existing scheme as people under retirement age have a greater propensity to travel than those aged 60 and over.

The cost of allowing free concessionary transport on other modes of transport is unknown as, unlike for bus, there is currently no agreed national reimbursement model in place for other transport modes. At present local authorities in Scotland can, if they wish, provide local concessions for their residents on modes of transport other than bus.

13. The Scottish Government also explained that the National Concessionary Travel Scheme for Older and Disabled People was developed following a public consultation. It noted in this regard, “It is felt that the extensive disability criteria are fair and inclusive in that they provide access to transport concessions for those whose ability to travel is most impaired by their condition or disability.”

14. The Scottish Government explained the eligibility criteria for a companion card, noting–

In order to be eligible for a companion card a person must be in receipt of the appropriate level of benefits - the medium or higher rate of the Care Component of Disability Living Allowance (DLA); the Daily Living component of Personal Independence Payment (PIP) or Attendance Allowance – or be certified blind.

15. The Scottish Government also explained that it has invested over £127 million between 2007 and 2017 towards a range of programmes and initiatives specifically designed to support carers.

16. COSLA explained that local authorities address carers' needs in a targeted way to assist those in the greatest need. COSLA questioned whether the scheme proposed by the petition would be affordable or “...represent the most effective way to invest resources to improve outcomes for carers in the greatest need”.

Conclusion

17. The Committee is invited to consider what action it wishes to take. Options include —
- To close the petition under Standing Orders Rule 15.7 on the basis that the Carers (Scotland) Act 2016 that will be in force by 1 April 2018 will provide a duty on local authorities to support the identified needs of carers who meet local eligibility criteria.
 - To take any other action the Committee considers appropriate.

Clerk to the Committee

Annexe

The following submissions are circulated in connection with consideration of the petition at this meeting—

- [PE1632/A: Carers Scotland submission of 27 March 2017 \(134KB pdf\)](#)
- [PE1632/B: Coalition of Carers submission of 29 March 2017 \(209 KB Pdf\)](#)
- [PE1632/C: Transport Scotland submission of 29 March 2017 \(67KB pdf\)](#)
- [PE1632/D: ENABLE Scotland Submission of 31 March 2017 \(66KB pdf\)](#)
- [PE1632/E: COSLA Submission of 20 April 2017 \(48KB pdf\)](#)
- [PE1632/F: Petitioner submission of 7 June 2017 \(8KB pdf\)](#)

All written submissions received on the petition can be viewed on the petition [webpage](#).

Public Petitions Committee**14th Meeting, 2017 (Session 5)****Thursday 29 June 2017****PE1638: Local Housing Allowance (Bedroom Tax 2)****Note by the Clerk****Petitioners** Sean Clerkin**Petition summary** Calling on the Scottish Parliament to urge the Scottish Government to bring forward a debate on the issue of the bedroom tax, in particular the planned Local Housing Allowance cap ("bedroom tax 2").**Webpage** parliament.scot/GettingInvolved/Petitions/PE01638**Purpose**

1. This is a continued petition, first considered by the Committee on 27 April. At that meeting the Committee agreed to write to the Scottish Government, the Scottish Federation of Housing Associations (SFHA) and the association of Local Authority Chief Housing Officers (ALACHO).
2. Responses have been received, along with a submission from the petitioner and the Committee is invited to consider what action it wishes to take.

Committee consideration

3. In its submission, the Scottish Government acknowledges that the petition reflects the concerns among stakeholders, "especially in relation to the impact on those in supported accommodation and on single people under the age of 35".
4. The Scottish Government indicates that it shares these concerns and would welcome further parliamentary discussion of the issues and the implications of the extension of LHA to the social rented sector. However, it states—

"At present, the full details of how the policy will be implemented are not currently known, for instance the DWP has not at this time confirmed whether the exemptions and eligibility within LHA rates in the social sector will directly mirror that of the private sector. This creates a degree of additional uncertainty for tenants and landlords and prevents the Scottish Government from making a robust assessment of either the financial impact of the policy overall, or the impact on specific groups."
5. With regard to the Committee's question on what steps the Scottish Government can take, and the extent and limitations of powers available to it, the Scottish Government states that it is unable to provide a detailed assessment of options available to it "without further detail on the UK Government policy and how they intend to implement it legislatively", noting

that there are a number of practical and statutory limits available to it under the additional social security powers extended under the Scotland Act 2016. It adds—

“In addition to the Scotland Act powers an assessment will be made of whether any negative consequences of the DWP policy can be mitigated through alternative action to support those affected.”

6. With regard to funding arrangements, the Scottish Government has welcomed the indication from the UK Government that the current level of funding for supported accommodation will be maintained when LHA is introduced into the social rented sector. However, it adds that Scottish Ministers are “increasingly concerned that the current lack of detail means that there is very limited time to put in place a system of funding to support some of the most vulnerable people in Scottish society”, indicating that Ministers plan to raise these concerns directly with the UK Government.
7. The Scottish Government’s submission includes an interim report of findings from research undertaken in partnership with the Chartered Institute of Housing, adding that it will share the final report with the Committee once it is completed, which is expected to be in the summer.
8. The interim report executive summary (paragraph 2) sets out the proposals as they currently stand. From that, it seeks to identify potential challenges, which include—
 - an expectation that the LHA cap for under 35s will place significant pressure on household budgets, creating a rent affordability gap
 - an expectation that fewer alternative options will be available for those affected, than under the ‘Bedroom Tax’
 - subject to the calculations used, estimates of the annual rent gap across Scotland range from £8.6m to £22.6m
 - there is no certainty about the supported accommodation fund (which might cover some of the £22.6m gap)
 - around 14,000, or 65% of mainstream young social tenants might be affected, including an estimated 7,000 young people in supported accommodation who may be eligible for additional support or exemptions
 - landlords with fewer smaller properties will be at greater financial risk (paragraph 8 of the summary provides examples of the comparison of average rents for all property sizes and LHA Shared Accommodation Rate)
9. The interim report advises that the analysis has been based on average data on rents by individual landlord and Housing Benefit awards, and expresses its hope that “the DWP will allow access to case study level awards information to allow further refinement of the estimates”.
10. In its submission, ALACHO supports the action called for in the petition. It refers to the planned Local Housing Allowance cap as—

“... one of the more complex changes being made to the welfare system and its phased introduction and restriction to those claiming universal credit combined with the variations in rent levels across the social housing sector has made measuring the likely impact very difficult.”

11. It notes that, while the measure will apply to all social housing including supported housing and temporary accommodation for the homeless, other adjustments will be made to funding with the intention of mitigating the impact of the cap in these areas. In this context, ALACHO restricts its comments to the likely impact on mainstream tenants and young single homeless people.
12. ALACHO considers that the SPICe briefing “sets out as clearly as is possible the nature of the LHA cap and the way it is to be implemented”.
13. ALACHO notes that, on average, local authority rents are lower than those of housing associations, and the rent structures tend to be relatively ‘flat’ by comparison—

“One bedroom rents are typically around 80% of four bedroom properties compared to the LHA where the average one bedroom LHA is just over 51% of that for a four-bedroom property.”
14. It compares the LHA to the so-called ‘bedroom tax’, noting that while that affected “all tenants living in a property deemed to be too large for them, the LHA cap will only impact on tenants living in a property that costs more than the LHA rent for the ‘appropriate’ property size”. It adds—

“...given the complexity of the factors involved it is simply not possible to produce a precise Scotland wide assessment of impact and difficult in the extreme to do so at local level.”
15. ALACHO considers that it will be difficult for the Scottish Government to mitigate the impact of the LHA cap. On this aspect, it concludes—

“if local authority rents are to continue to be genuinely affordable to our tenants, Councils may have to take account of the impact of the LHA in setting rents and ensure that as few tenants as possible are charged rents in excess of their housing support entitlement.”
16. In terms of the impact on rents and investment, ALACHO identifies a number of challenges, including ensuring that while bedsit and one-bedroom rates are lower than the relevant shared accommodation rate, two-bedroom rates should remain affordable and the gap between rents for larger properties and the LHA rate for smaller properties is kept as narrow as possible. It notes that “this may require looking at options to move some tenants to smaller properties...”.
17. ALACHO refers to Housing Revenue Accounts, noting that currently over 90% of the HRA surplus is reinvested in capital projects including new build. It considers the impact of the LHA cap on HRA business rates. It concludes that—

“Without some degree of mitigation, the introduction of the LHA rate to social rented housing presents a direct threat to work currently underway to reduce fuel poverty and to the ability of Councils to assist in meeting the Scottish Government’s target for new social rented homes.”

18. With regard to the impact on young single homeless people and the ability of Councils to discharge their statutory duties, ALACHO advises that it will be presenting evidence to the Local Government and Communities Committee later this year. It discusses a number of factors which lead to a conclusion that—

“Without mitigation or a reduction in rents by housing associations young single homeless households may be excluded from some parts of the Housing Association sector. The likely impact of this is longer waiting times in temporary accommodation, less choice for applicants and increased pressure on local authority housing.”

19. Overall, ALACHO considers that the introduction of the LHA cap has implications for rent affordability; rent setting; investment; access; choice; management of homeless temporary accommodation, and the ability of Councils to discharge their duties to homeless households. It considers that a debate in the Parliament would “provide an opportunity to explore the options to mitigate the LHA cap and the balance that needs to be struck between action by landlords to reduce and restructure rents and other mitigation options”.
20. In its submission the SFHA contrasts the existing Housing Benefit/Universal Credit system to the LHA cap. It argues that the advantage of the existing system is its “simplicity and transparency”, explaining—

“if the rent is known and the housing composition is known, the amount of bedroom tax is easily calculated – and if it easy to calculate it is straightforward to mitigate...”

21. By contrast, it says, the LHA cap predicates the calculation of housing cost entitlement on the household size and location of the home. It sets out three examples, based on 2016-17 rent levels, to illustrate the level of complexity involved when considering how to mitigate the impact. It also provides three tables which “illustrate the potential distortion that the use of LHA can cause”.
22. The SFHA also considers the impact of the LHA cap on single housing benefit claimants under 35, with no child dependants (table 4 of its submission) It states—

“In November 2016 there were in Scotland 23,856 Housing Benefit claimants renting from councils or housing association homes who were under 35, single and without child dependants. The average award was £81.21. If all those were in general needs housing and on Universal Credit by April 2019, taking the median shared accommodation rate of £60.70, the weekly shortfall would be £20.51. The overall annual cost would be £25.5 million. This compares to the £47 million set aside in 2017/18 to mitigate the bedroom tax.”

23. In its conclusion, the SFHA states that the LHA is “beset with anomalies” which will have a particular impact on regional and national housing associations. It says—

“It can disadvantage claimants as much as where they live as the relationship between property size and household size. To that extent it could be argued that it is not just a bedroom tax, but it is also a locality tax.”

24. In his submission, the petitioner considers that the responses highlight his concerns which prompted him to bring forward the petition. He believes that the LHA cap will “cause homelessness to thousands of young under 35s and this will also happen to senior citizens and disabled people living in supported accommodation”. He adds that it could also exacerbate fuel poverty.
25. He considers that the submissions “make it clear that the Scottish Government will have real difficulty” in mitigating the impacts of the cap, and expresses his strong view that there should be a parliamentary debate on the issue.

Conclusion

26. The Committee is invited to consider what action it wishes to take on this petition. Options include—
- To write to the Scottish Government, to ask when it expects to raise its concerns on funding arrangements with the UK Government and, subject to receiving more policy detail from the DWP, whether it plans to schedule a debate on the issue
 - To seek clarification from relevant subject committees as to whether the subject of local housing allowance is included in their future work programmes
 - To take any other action the Committee considers appropriate.

Clerk to the Committee

Annexe

The following submissions are circulated in connection with consideration of the petition at this meeting—

- [PE1638/A: Scottish Federation of Housing Associations \(SFHA\) submission of 18 May 2017 \(99KB pdf\)](#)
- [PE1638/B: Association of Local Authority Chief Housing Officers \(ALACHO\) submission of 19 May 2017 \(107KB pdf\)](#)
- [PE1638/C: Scottish Government submission of 19 May 2017 \(332KB pdf\)](#)
- [PE1638/D: Petitioner submission of 28 May 2017 \(10KB pdf\)](#)

All written submissions received on the petition can be viewed on the petition [webpage](#).

Public Petitions Committee**14th Meeting, 2017 (Session 5)****Thursday 29 June 2017****PE1643: Introduce individual risk-based blood donation in Scotland****Note by the Clerk**

Petitioner	Jack Douglas, LGBT+ Officer on behalf of NUS Scotland
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to change the regulations that prevent people within the LGBT+ community from donating blood and to replace it with an evidence based system that examines people on their individual risk to provide blood rather than their sexual orientation and gender.
Webpage	parliament.scot/GettingInvolved/Petitions/blooddonationpolicy

Introduction

1. This petition was first considered by the Committee at its meeting on 27 April, at which it heard evidence from the petitioners. The Committee agreed to write to the Scottish Government, the Standing Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO), the Scottish National Blood and Transfusion Service (SNBTS), the Equality Network, the Freedom to Donate campaign and the Terrence Higgins Trust. Responses have been received and the Committee is invited to consider what action it wishes to take.

Committee consideration

2. In her submission, the Minister for Public Health and Sport indicates that the Scottish Government and SNBTS are “very much open to revising the deferral criteria for MSM and other categories of donors”, and refers to improvements in the testing regime—

“The Scottish Government is also sympathetic to the petitioners’ argument that, given the improvements in the reliability of the tests now used to screen donated blood for blood-borne infections, a twelve month deferral period may well no longer be necessary...”.
3. The submissions from SNBTS, Terrence Higgins Trust, Equality Network and HIV Scotland support a revision of the current rules on deferral.
4. SNBTS states that it “agrees with the principle that deferral periods should be as long as required to protect patient safety but no longer and is supportive of a reduction in the current deferral period for higher risk groups”, while the Terrence Higgins Trust believes that the current rules are “out of date” and, with regard to progress in knowledge and science, add—

“We can no longer confidently assert that the 12 month delay period for MSM is based on the most up-to-date evidence and the current restrictions must be examined.”

5. The submissions also refer to the review being undertaken by SaBTO’s Donor Selection Working Group, with different levels of understanding of progress, but suggesting that the review may recommend a reduction in the deferral period.¹ The Equality Network sets out its understanding that the review has “recommended that the 12 month deferment period is reduced to 3 months”; while HIV Scotland and SNBTS understand that recommendations are due to be announced in the summer: SNBTS states its understanding that—

“SaBTO is scheduled to consider the report from [the Donor Selection Working Group] on 9 June and will make recommendations to the UK and Devolved Administration Ministers and Departments of Health subsequent to that meeting.”

6. HIV Scotland considers that if a reduction in deferral period is recommended “this should be done in conjunction with active efforts to inform those communities for whom a change will affect most”. It adds that it considers that eligibility criteria should be reviewed regularly, to ensure that they are based on the most up-to-date evidence.
7. The submissions address the proposal of an individual risk-based system. The Equality Network argues that a risk-based system can eliminate discrimination, and increase blood safety which will improve confidence in the system. It concludes—

“In our view, it is past time that the blood services worked to develop and assess a more accurate system of individual risk assessment...”.

8. HIV Scotland expresses its support for SNBTS to work in collaboration with a range of stakeholders and academics to explore the feasibility of an individual risk assessment system, suggesting that this would ensure “confidence in a system that is grounded in public safety and does not unnecessarily exclude donations”.
9. SNBTS explains that it is “supportive of the concept of individual risk based assessments in principle” but sets out some factors that it considers have led the workgroup to regard this as not feasible at this time. These include—
 - the lack of evidence base, which requires further studies with the engagement of public health bodies
 - interpretation of what individual risk assessment means

¹ The minutes of the [Donor Selection Working Group meeting held on 11 November 2016](#) record: It was agreed that 90 days should be considered as the minimum period for deferral but that further research into what is best practice was needed. The group decided that it would like to have the risk of transmission modelled if the deferral period was reduced to 3 months from the current 12 months.

- individualised risk assessments with the current donation system would be highly labour intensive, time consuming and difficult to implement confidentially
- while it would be possible to implement through an online donor selection portal, such a portal would have to be scoped, designed and constructed.

Conclusion

10. The Committee is invited to consider what action it wishes to take. Options include—

- Seeking an update from the Scottish Government and SaBTO on the current status of the review being undertaken by the Donor Selection Working Group, and to clarify whether any recommendations have been made to Scottish Ministers
- Any other action the Committee wishes to take.

Clerk to the Committee

Annexe

The following submissions are circulated in connection with consideration of the petition at this meeting—

- [PE1643/A: Scottish National Blood Transfusion Service submission of 12 May 2017 \(35KB pdf\)](#)
- [PE1643/B: Terrence Higgins Trust submission of 19 May 2017 \(145KB pdf\)](#)
- [PE1643/C: Equality Network submission of 19 May 2017 \(184KB pdf\)](#)
- [PE1643/D: Minister for Public Health and Sport submission of 19 May 2017 \(45KB pdf\)](#)
- [PE1643/E: HIV Scotland submission of 30 May 2017 \(252KB pdf\)](#)

All written submissions received on the petition can be viewed on the petition [webpage](#).