The Scottish Parliament
Pàrlamaid na h-Alba

PUBLIC PETITIONS COMMITTEE

AGENDA

11th Meeting, 2017 (Session 5)

Thursday 25 May 2017

The Committee will meet at 9.00 am in the James Clerk Maxwell Room (CR4).

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

   PE1408 by Mrs Andrea MacArthur on Updating of Pernicious Anaemia-Vitamin B12 Deficiency understanding & treatment;
   and will take evidence from—
   Minister for Public Health and Sport; Elizabeth Sadler, Deputy Director of Planning and Quality; Dr Padmini Mishra, Senior Medical Officer, Scottish Government.

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

   PE1646 by Caroline Hayes on Drinking water supplies in Scotland;
   and will take evidence from—
   Caroline Hayes; Lesley Dudgeon, Secretary, Kincraig & Vicinity Community Council.
   and will then consider—
   PE1647 by Angus O'Henley on Protection for all employees in NHS Scotland.

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

   PE1480 by Amanda Kopel on behalf of The Frank Kopel Alzheimer's Awareness Campaign on Alzheimer's and dementia awareness / PE1533 by Jeff Adamson on behalf of Scotland Against the Care Tax on Abolition of non-residential social care charges for older and disabled people;
   PE1577 by Rachael Wallace on Adult Cerebral Palsy Services;
   PE1581 by Duncan Wright on behalf of Save Scotland's School Libraries on Save Scotland's school libraries;

PE1591 by Catriona MacDonald on behalf of SOS-NHS on Major redesign of healthcare services in Skye, Lochalsh and South West Ross;
PE1603 by Mairi Campbell-Jack and Douglas Beattie on behalf of Quaker in Scotland & Forces Watch on Ensuring greater scrutiny, guidance and consultation on armed forces visits to schools in Scotland;
PE1639 by Maureen Macmillan on Enterprise agency boards.

Catherine Fergusson
Clerk to the Public Petitions Committee
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The papers for this meeting are as follows—

Item 1 & 2

PRIVATE PAPER	PPC/S5/17/11/1 (P)

Item 1

Note by the Clerk	PPC/S5/17/11/2

Item 2

Note by the Clerk	PPC/S5/17/11/3
Note by the Clerk	PPC/S5/17/11/4

Item 3

Note by the Clerk	PPC/S5/17/11/5
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Public Petitions Committee

11th Meeting, 2017 (Session 5)

Thursday 25 May 2017

PE1408: Updating of Pernicious Anaemia-VitaminB12 Deficiency understanding & treatment

Note by the Clerk

Petitioner	Andrea MacArthur
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to review and overhaul the current out-dated and ineffective method of diagnosing and treating Pernicious Anaemia/VitaminB12 Deficiency.
Webpage	parliament.scot/GettingInvolved/Petitions/PE01408

Introduction

1. The Committee last considered this petition at its meeting on 16 March 2017. At that meeting, the Committee agreed to invite the Minister for Public Health and Sport to give evidence at a future meeting. The Minister has accepted the invitation and the Committee is invited to consider what action it wishes to take.

Background

2. This petition calls for the Scottish Government to review and overhaul the current method of diagnosing and treating pernicious anaemia/vitamin B12 deficiency. The petitioner is concerned that many cases of this condition are undiagnosed in patients and the lack of diagnosis or late diagnosis can cause serious health problems.

3. The petitioner would like to see an overhaul of testing by adopting the Active B-12 test, as well as routine testing of presenting patients for Homocysteine, Methylmalonic Acid levels, folate and ferritin. She also supports the use of trial injections as a treatment option.

4. The Session 4 Public Petitions Committee held a debate on this petition on 7 March 2012. Following the debate, the Scottish Government raised awareness of the issue with SIGN but it became clear that the British Society for Haematology was already working on the development of guidelines. In this regard, the consensus was that any work by SIGN would be duplicative.

5. The British Society for Haematology (BSH) published its guidelines on the diagnosis of B12 and folate deficiency in June 2014. These guidelines note that "the clinical picture is the most important factor in assessing the significance of test results assessing cobalamin [substances including vitamin B12] status because there is no 'gold standard' test to define deficiency". It recommends

which tests in its view should be used as a first-line test and second-line test to help diagnose the patient.

6. In its submission dated 4 August 2014, the Scottish Government initially took the view that the BSH's guidelines were not suitable for the Scottish practice setting. It raised concerns that the second-line testing recommended by the BSH guidelines is not standard in Scottish laboratories and the format of the guidance is not appropriate to be circulated for use in the practice setting. As such, it referred the guidelines to the Diagnostic Steering Group (the national group responsible for providing advice on laboratory and imaging diagnostics) to consider further.

7. The Scottish Government explained in its submission of 8 December 2014 that it had been advised that the Scottish Haematology Society (SHS) should prepare a summary document based on the guidelines to provide to GPs in Scotland. The SHS is the principal organisation representing the specialties of laboratory haematology, clinical haematology and blood transfusion in Scotland.

8. At its meetings on 1 December 2015 and 1 March 2016, the Session 4 Public Petitions Committee considered the draft summary document prepared by the SHS. It decided to write to the Scottish Government and the SHS with a number of questions posed by the petitioner.

9. Subsequently, on 22 March 2016, the SHS wrote to the Committee to advise that the draft summary document was produced "…as an aid for primary care, as the BSH's guidelines were produced for a specialist (haematology) audience." The SHS also explained that it was withdrawing from further involvement in the project because it did not have the resources to respond to the petitioner's queries or to produce Scottish guidelines.

10. The Scottish Government explained in a submission dated 12 October 2016 that no further work will be done on the document and it has no plans to publish it. In this regard, Scottish general practitioners will be expected to refer to the BSH guidelines.

Consideration at the last meeting

11. Following its meeting on 8 December 2016, the Committee agreed to write to the Minister for Public Health and Sport seeking clarification on why the Scottish Government now considers the BSH's guidelines are suitable for use in the Scottish practice setting.

12. In its submission dated 15 February 2017 the Scottish Government explained that its previous position was that the form, rather than the contents, of the BSH's guidelines are inappropriate for the Scottish practice setting. That submission noted that the BSH's guidelines "…remain extant and readily accessible/available for use in the clinical setting".

13. The Scottish Government did not comment on the concerns raised by the Scottish Government in its submission dated 4 August 2014:

"As far as the BSH guideline is concerned, and in particular the suggestion that the usual test for B12 deficiency should continue, with second line testing where this is indicated, we understand that the second line test is not standard in the vast majority of laboratories in Scotland, therefore the impact of introducing it could be significant and will need to be considered."

14. The petitioner's submission dated 28 February 2017 seeks clarification on why on the Scottish Haematology Society's work is not being published. In her view, the BSH's guidelines are not user friendly for general practitioners who will not have time to read through the lengthy document.

15. The petitioner also highlights two concerns regarding the contents of the BSH's guidelines. In her view, they do not adequately address how general practitioners recognise and respond to patients presenting symptoms of the condition. Relevant excerpts from the BSH's guidelines on this issue are quoted in paragraph 3 of this note.

16. The petitioner also considers that practitioners should use gastric parietal cell antibody testing in diagnosis and treatment. The Scottish Government stated its position on gastric parietal cell antibodies in its submission dated 16 February 2016:

> The SHS considers that gastric parietal cell antibody testing is often used during investigation of B12 deficiency although not technically used per se to diagnose B12 deficiency. As such, the statement is not controversial as there is a general acceptance that these antibodies are indeed not specific for the diagnosis of Pernicious Anaemia. This is also reflected in the BSH guideline which is based on a full systematic review of available data and which has gone through a significant and documented process of scrutiny and review. Regarding the finding of eosinophilia there are many potential causes for this and it is not possible to advocate empiric therapy without a diagnosis having been established.

Conclusion

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

- To reflect on the Minister for Public Health's evidence and consider a note by the clerk at a future meeting;
- To take any other action the Committee considers appropriate.

Clerk to the Committee

Public Petitions Committee

11th Meeting, 2017 (Session 5)

Thursday 25 May 2017

PE1646: Drinking water supplies in Scotland

Note by the Clerk

Petitioner	Caroline Hayes
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to i) review the role of the Drinking Water Quality Regulator and ii) commission independent research into the safety of the chloramination of drinking water.
Webpage	parliament.scot/GettingInvolved/Petitions/PE01646

Purpose

1. This is a new petition that collected 157 signatures, and 45 comments in support. The Committee has a SPICe briefing and the petitioner has been invited to provide evidence. The Committee is invited to consider what action it wishes to take.

Background (taken from the SPICe briefing)

The role of the Drinking Water Quality Regulator

2. The SPICe briefing provides a graphic of the governance arrangements for Scottish Water.[1] The Scottish Water website supports the graphic with further information on the structure of accountability—

    - **The Scottish Parliament** – holds Scottish Water and Minister to account and regularly calls executives to its committees to give progress updates
    - **Scottish Ministers** – set the objectives for Scottish Water and appoint the Chair and Non-executive Members
    - **Scottish Water** – responsible for providing water and waste water services to household customers and wholesale Licensed Providers. Delivers the investment priorities of Ministers within the funding allowed by the Water Industry Commission for Scotland
    - **Water Industry Commission for Scotland** – Economic regulator. Sets charges and reports on costs and performance. Drinking Water Quality Regulator responsible for protecting public health by ensuring compliance with drinking water quality regulations

[1] Scottish Water. "How the water industry is run in Scotland". Available at: http://www.scottishwater.co.uk/business/about-us/governance/water-industry-in-scotland

- **Scottish Environment Protection Agency (SEPA)** – Responsible for environmental protection and improvement
- **Scottish Public Services Ombudsman** – Responsible for investigating complaints about public services in Scotland, including Scottish Water, once the services' complaints procedure has been completed and sharing lessons from complaints to improve the delivery of public services
- **Consumer Futures** – Responsible for representing the views and interests of Scottish Water customers and is a statutory consultee for matters relating to the Scottish water industry.

3. The post of Drinking Water Quality Regulator (DWQR) was established by section 7 of the Water Industry (Scotland) Act 2002 which set out its responsibility for enforcing drinking water quality standards in Scotland.

4. Overall, the 2002 Act defines the structure of the Scottish water industry following the merger of the three former authorities to create Scottish Water. The DWQR web site sets out some of the key points—

- The post of Drinking Water Quality Regulator for Scotland (DWQR), as well as Scottish Water and the Water Industry Commission, was created
- DWQR is responsible for enforcing The Public Water Supplies (Scotland) Regulations 2014
- DWQR is independent of Scottish Ministers
- DWQR has powers to obtain information, power of entry or inspection and, power of enforcement
- DWQR also has emergency powers to require the water supplier to carry out works that ensure the quality of water supplied is safe for public consumption.

5. DWQR describes its role as follows—

"The Drinking Water Quality Regulator for Scotland (DWQR) exists to ensure that drinking water in Scotland is safe to drink. This is done by ensuring that everything Scottish Water does safeguards the quality of the public supply, through a process of inspections and monitoring.

"Additionally, DWQR has a role to ensure drinking water is not only safe, but pleasant to drink and has the trust of consumers.

"DWQR ensures that Scottish Water complies with its duties in respect of the quality of public drinking water supplies in Scotland. This is done by:

Auditing and inspecting Scottish Water's water treatment works, operational activities and laboratories to ensure that the quality of drinking water is maintained at all times and that tests undertaken to check the quality of the water supplied are carried accurately and reported correctly:

- ✓ Investigating Scottish Water's response to events and incidents that could affect drinking water quality

- ✓ Receiving, interpreting and presenting data on water quality throughout Scotland
- ✓ Participating in the investment planning process to ensure that any necessary improvements to water quality are delivered
- ✓ Checking that Scottish Water responds appropriately to any concerns from consumers about drinking water quality and that information it publishes on the subject is accurate and appropriate
- ✓ Ensuring future issues that may affect drinking water quality in Scotland are adequately understood, and that any knowledge gaps are filled through research
- ✓ Providing Scottish Ministers with an annual report on the quality of drinking water in Scotland.

"The DWQR also supervises local authorities' enforcement of the regulations governing the quality of private water supplies in Scotland, which serve about 3% of the population."

6. Information on the range of audits and inspections carried out by DWQR, along with the results of previous inspections are available at:

   http://dwqr.scot/regulator-activity/audit-and-inspection/

7. DWQR describes its audit process as follows—

   "Audits are an important way of checking how Scottish Water is performing and ensuring that the Regulations are being complied with. DWQR regularly inspects the following areas:

   - Water Treatment Works
   - Management of the Distribution System
   - Sampling and Analytical Services
   - Consumer Contacts about Water Quality

   "When selecting areas to audit, every attempt is made to follow a risk-based approach at the same time as ensuring the audit programme covers the whole of Scotland."

8. The DWQR annual report describes the inspection process in more detail—

   "DWQR uses standardised inspection templates to ensure consistency between inspectors, and the audit process is subject to an ISO accredited procedure. DWQR also participates in benchmarking audits with other regulators in the UK and beyond in order to drive consistency and spread best practice."

9. The petitioner, however, indicates that in the case of Badenoch and Strathspey, although it undertook a "full audit, the DWQR found no issues with the treatment works which it said were working within normal parameters. It took the intervention of a third party – our MP – to request an independent survey,

which eventually revealed that the quality of the drinking water was substandard".

Quality of drinking water in Scotland

10. The (2015) annual report also gives an overview of the quality of drinking water in Scotland and includes the following—

> "In 2015 the figure for compliance with the standards set out in our legislation and in the EU Drinking Water Directive was 99.92%. This is our highest ever compliance.
>
> "The numbers of contacts received by Scottish Water from consumers who are dissatisfied with the quality of their supply is also an important indicator. The number of contacts continues to decrease, with only 0.2% of consumers reporting concerns with the quality of their supply, almost half that of numbers reported six years ago."

11. The DWQR performance data and tables provide a range of detailed statistics on water quality and performance across Scotland. Examples are provided in the SPICe briefing.

Chloramination and health

12. On the chloramination of water, the petitioner states that—

> "the chloramination process involves a combination of chlorine and ammonia and can form toxic by-products, including cancer carcinogens. This process is being banned in some states in the USA as it has been shown that the by-products can be connected to a range of health concerns including weakening the immune system and disrupting the central nervous system."

13. Scottish Water have published a fact sheet on chloramination which states that—

> "Chloramination is based on the formation of chloramines, formed when chlorine combines with very small quantities of ammonia at our treatment works.
>
> "This treatment process lasts longer within the pipe distribution system than using chlorine on its own so there is no need to add additional chlorine along the network of pipes. Plus, unlike chlorine, chloramines have the benefit of having no significant taste or odour.
>
> Chloramination is widely practiced in other parts of the UK to treat public water supplies. As part of our long term investment programme to improve water quality for our customers, Scottish Water is gradually increasing the number of areas in Scotland being supplied with chloraminated water."

14. Health Protection Scotland has suggested a number of sources of evidence regarding the health effects of chloramine in drinking water on humans.

- WHO Guidelines for Drinking Water Quality – 4th Edition – The World Health Organisation guidelines address a vast range of chemical and microbiological agents that may be present in drinking water. Chloramines are addressed within Chapters 10 and 12 of the document. WHO set a guideline value (GV) of 3000 micrograms per litre (or 3 milligrams per litre) for monochloramine, but do not set GVs for di- or trichloramine (due to lack of available evidence). The justification for setting this guideline level for monochloramine is provided within the WHO Background Document for Monochloramine in Drinking Water. The limited evidence on health effects available at the time of publication (2004) is summarised in Chapter 6.

- US EPA Drinking Water Criteria Document – The United States Environment Protection Agency publish evaluations of evidence on health effects of contaminants, used to establish standards or guideline levels for contaminants. The health effects of chloramines are summarised in Section VI of this document. However, this is very limited and deals with several pathways of exposure rather than just drinking water.

- CDC Chloramine Q&A – Centres for Disease Control and Prevention provide some very basic information relating to health effects of chloramines, but again, due to lack of published evidence, this tends to focus on impacts on dialysis.

- IARC Monograph for Chloramine – The International Agency for Research on Cancer have evaluated the evidence on carcinogenicity for chloramine (monochloramine) and concluded that chloramine is not classifiable as to its carcinogenicity to humans (Group 3). This report concludes—

  "There is *inadequate evidence* in humans for the carcinogenicity of chloramine."

Water quality in the Strathspey area

15. Scottish Water has provided information for local residents in the Aviemore area about "supply enhancements". This includes the results of surveys and consultation with customers.

16. The Strathspey and Badenoch Herald has covered the issue and has reported[2] the results of—

    "…a damning independent survey to gauge what residents in the Strath think of the tap water and the utility company. Only two per cent of businesses and seven per cent of residents were "very satisfied" with the water being supplied. Overall, just 30% of business and 39% of residents interviewed were satisfied.

[2] Strathspey and Badenoch Herald. 19 January 2017.

> "One third of those surveyed were worried about the impact on their health and trust in the company was also low. The majority who responded said that their perception of tap water in the area had worsened in the past five years."

Scottish Parliament Action

17. Petition PE842, lodged in April 2005, called on the Parliament to urge the Scottish Executive to review the use of chloramines disinfectant in the treatment of drinking water". Following the gathering of evidence the petition was closed in 2006.

18. Scottish Water presents its annual report to the Parliament and is regularly invited to give evidence, the latest occasion to the Environment, Climate Change and Land Reform Committee on 6 December 2016.

Conclusion

19. 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 views on the action called for in the petition
- To seek the views on the action called for in the petition from those agencies identified on page 1 of the SPICe briefing—
    - Scottish Water
    - Drinking Water Quality Regulator
    - Scottish Environment Protection Agency
    - Water Industry Commission for Scotland
    - Customer Forum
    - Consumer Futures
    - Scottish Public Services Ombudsman
- To take any other action the Committee considers appropriate.

Clerk to the Committee

Public Petitions Committee

11th Meeting, 2017 (Session 5)

Thursday 25 May 2017

PE1647: Protection for all employees in NHS Scotland

Note by the Clerk

Petitioner	Angus O'Henley
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to make it a specific offence to assault any employee within NHS Scotland whilst that employee is carrying out any patient service in the Scottish NHS.
Webpage	parliament.scot/GettingInvolved/Petitions/PE01647

Purpose

1. This is a new petition that collected 14 signatures, with three comments in support. There was one comment which argued that there is no case for separate legislative protection as the Scottish Government "already has the tools to deal with assault and its focus should be on tackling all crime at source".

2. The petitioner was invited to provide evidence to the Committee but was unable to attend. Members have a summary of the petition and the SPICe briefing. The Committee is invited to consider what action it wishes to take.

Background (taken from the SPICe briefing)

3. The petition seeks the creation of a specific statutory offence covering the assault of any employee within NHS Scotland whilst that employee is carrying out any patient service in the Scottish NHS.

4. Any such assault can already be prosecuted under existing criminal offences – in particular, the common law offence of assault. However, the petition makes the point that additional offences currently set out in the Emergency Workers (Scotland) Act 2005 (the '2005 Act') do not apply in the same way to all health sector workers.

Emergency Workers (Scotland) Act 2005

5. The 2005 Act[1] provides that it is an offence to assault, obstruct or hinder various people involved in the provision of emergency services. Given that it covers obstruction and hindering, it can be used to prosecute behaviour which

[1] As amended by subsequent legislation (eg the Emergency Workers (Scotland) Act 2005 (Modification) Order 2008).

would not be caught by the common law offence of assault (although at least some such behaviour might be covered by other offences such as breach of the peace). The proposals in the petition (as lodged) do not refer to obstruction or hindering.

6. The following sections set out a series of offences dealing with people who assault, obstruct or hinder another person acting in the capacity mentioned:

- section 1 - protects police officers, firefighters, doctors, nurses, midwives and ambulance staff. The offence applies whether or not the worker is responding to emergency circumstances
- section 2 - protects additional categories or worker (eg prison officers), but only where they are responding to emergency circumstances
- section 3 - protects a person assisting someone falling within any of the above categories of worker, but again only where the worker is responding to emergency circumstances
- section 5 - protects (a) doctors, nurses, midwives and ambulance staff; and (b) any person assisting one of those health sector workers. There is no need to show that the relevant worker is responding to emergency circumstances. However, the offence only applies on hospital premises.

7. Thus, in the context of health care:

- doctors, nurses, midwives and ambulance staff are protected

- other people (including other health sector workers) are protected if assisting one of the above categories of worker, either in responding to emergency circumstances or whilst on hospital premises.

8. The justification given for providing some workers with additional protection under the 2005 Act is based on their role in responding to emergencies. Thus, for example, the policy memorandum published along with the Emergency Workers (Scotland) Bill said that the additional protection for relevant workers—

> "…is in recognition of the fact that these workers perform a vital service to society in difficult and often dangerous circumstances. They need to respond quickly and if they are assaulted or obstructed the consequences may be very grave, not only for the emergency workers but for those they are trying to help." (paragraph 5)

9. In relation to incidents in hospitals, where there is no need to show that relevant workers are responding to emergency circumstances, the policy memorandum noted that the Bill—

> "…makes special provision for health workers in hospital accident and emergency premises, indicating that a state of emergency is to be considered to exist at all times in such departments. This is in view of the nature of these departments, whose purpose is to be always ready to receive and treat casualties, and the significant number of attacks on medical personnel that occur there." (paragraph 10)

10. During the passage of the Bill through the Parliament, the situations in which a person could be prosecuted for an offence, without the need to show that a relevant worker was responding to emergency circumstances, were substantially expanded. This included the creation of the offence now set out in section 1 of the 2005 Act and the expansion of the offence, initially applying to hospital accident and emergency premises only, to all parts of a hospital. A Scottish Executive news release (18 November 2004) stated that—

> "…we are extending the protection offered by the Bill to ensure that the police, fire and ambulance workers as well as medical staff in hospitals are covered whenever they are on duty, as well as when they are actually dealing with emergencies. These workers often face attack and are those who most often deal with emergencies – and they should be given the most protection. An attack on any one of these workers, even when they are just on duty, can mean less capability to deal with emergencies – putting lives at risk. That is why we have amended the Bill."

Protection of Workers (Scotland) Bill

11. Although clearly different from the proposals in the petition, comparisons may be drawn with the reforms put forward in the Protection of Workers (Scotland) Bill.

12. The Bill, introduced by Hugh Henry MSP in June 2010, sought to create a specific statutory offence relating to assaults on people whose work brings them into face-to-face contact with members of the public. It was not passed by the Parliament (falling after its general principles were not agreed).

13. The Bill would not have extended the scope of the criminal law. Any behaviour which could have been prosecuted under the proposed offence could also be prosecuted under existing criminal offences (eg the common law offence of assault). However, by creating a specific offence, the Bill sought to highlight the problem of assaults on a particular group of people. Further information is set out in a SPICe briefing on the Bill.

14. A key argument advanced by those supporting the Bill was that the Parliament would, by passing it, send out a strong public policy message that it views assaults on relevant workers as a particular problem which should be treated as such by all those involved. Supporters of the Bill also sought to draw parallels between its provisions and the protections provided by the 2005 Act. The Bill was similar to the 2005 Act in providing for a specific statutory offence of assaulting particular types of worker. There were, however, also differences, including the fact that the 2005 Act also makes it an offence to obstruct or hinder a relevant worker.

15. In outlining, during the stage 1 debate, why the Scottish Government did not support the Bill, the Justice Secretary stated that—

> "No one disagrees that workers who serve the public deserve protection. What the stage 1 scrutiny has revealed, however, is that there is disagreement on how best that can be achieved. It is important to be clear

about the effect that the Bill would have if it were passed. It would take a bit of the existing common law of assault and replicate it as a new statutory offence. It would not extend the criminal law in any way and it would not, therefore, extend new protections at all."[2]

16. A SPICe bill summary outlines the arguments advanced during parliamentary consideration of the Bill.

Sentencing

17. As indicated above, the fact that proposed legislation would not extend the scope of the criminal law has been highlighted by critics of such legislation. However, supporters may still argue that it could assist in highlighting a particular problem and, in practice, lead to tougher sentences.

18. The maximum sentence which would have been available on conviction for the offence provided for in the Protection of Workers (Scotland) Bill did not exceed that available for a common law assault.[3] Nevertheless, the policy memorandum published along with the Bill said that—

"The core rationale of this Bill is that the roles of workers who provide services to the public are nonetheless socially important and that the increasing number of assaults committed against such workers makes it imperative that they receive tougher criminal protections from assault." (para 12)

19. It may be argued that this outcome is achievable (and may at least in some cases already be achieved) under existing laws. Certainly, it is the case that the criminal courts can take a wide range of factors relating to the victim (eg vulnerability), the offender (eg previous convictions) and the offence (eg impact on the victim and others) into account when determining the appropriate sentence for a common law assault conviction.[4]

20. However, the general ability of the courts to treat relevant circumstances as aggravating factors when sentencing has not prevented the Parliament from passing legislation creating specific statutory aggravating factors (eg in relation to hate crime). The Abusive Behaviour and Sexual Harm (Scotland) Bill included provision for a domestic abuse aggravator.[5] Paragraphs 13 to 16 of the policy memorandum published with that Bill stated that—

"Statutory aggravations exist to assist in the identification and prosecution of a number of different types of crime. For example, the Offences (Aggravation by Prejudice) (Scotland) Act 2009 provides for statutory aggravations for any crimes where the perpetrator is motivated by malice or ill-will towards an individual based on their sexual orientation, transgender identity or disability.

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[2] Scottish Parliament. Official Report, 22 December 2010. Col 31859.
[3] In fact, a conviction for common law assault may result in a greater fine and/or longer custodial sentence if prosecuted under solemn procedure (used in relation to more serious offences).
[4] Factors that are likely to increase a sentence are called 'aggravating' whilst those likely to decrease a sentence are called 'mitigating'.
[5] Now set out in section 1 of the Abusive Behaviour and Sexual Harm (Scotland) Act 2016.

This could, for example, be an assault motivated by ill-will towards a person because of their sexual orientation. Where offences are proven to have been motivated by such malice or ill-will, the court must take that into account when determining sentence. Evidence from a single source is sufficient to establish the aggravation.

"Section 74 of the Criminal Justice (Scotland) Act 2003 makes similar provision for offences aggravated by religious prejudice, and section 96 of the Crime and Disorder Act 1998 provides for a statutory aggravation that an offence was motivated by malice or ill-will towards the victim based on their membership (or presumed membership) of a racial group.

"The Human Trafficking and Exploitation (Scotland) Bill recently passed by the Parliament, establishes a statutory aggravation that an offence was committed against a background of human trafficking. This recognises that many cases involving other offences, for example, producing false documents, immigration offences, brothel-keeping and drugs offences, are committed in the context of human trafficking, even though there may be insufficient evidence to raise proceedings for a specific human trafficking offence.

"A statutory aggravation that an offence or offences involved abuse of a person's partner or ex-partner provides a means of ensuring that the courts formally recognise a victim's experience. By placing a statutory duty on the courts to take this fact into account when sentencing the offender, as they are required to do by existing legislation concerning eg offences aggravated by prejudice, victims can have greater confidence that the sentencing decisions of the courts reflect the fact that the offence occurred in the context of an abusive relationship."

21. Further relevant information is set out on the Scottish Sentencing Council's website under the heading of Sentencing Factors.

Conclusion

22. 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 views on the action called for in the petition
- To seek the views on the action called for in the petition from other relevant agencies. The SPICe briefing provides a list of key organisations, representing the medical and legal professions, and unions. These include: British Medical Association; NHS Scotland's Partnership Information Network; Royal College of Nursing; Crown Office and Procurator Fiscal Service; Faculty of Advocates, and the Health and Safety Executive
- To take any other action the Committee considers appropriate.

Clerk to the Committee

Public Petitions Committee

11th Meeting, 2017 (Session 5)

Thursday 25 May 2017

Note by the Clerk

PE1480: Alzheimer's and dementia awareness

Petitioner	Amanda Kopel on behalf of The Frank Kopel Alzheimer's Awareness Campaign
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to raise awareness of the daily issues suffered by people with Alzheimer's and dementia and to ensure that free personal care is made available for all sufferers of this illness regardless of age.
Webpage	http://www.parliament.scot/GettingInvolved/Petitions/alzheimers

PE1533: Abolition of non-residential social care charges for older and disabled people

Petitioner	Jeff Adamson on behalf of Scotland Against the Care Tax
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to abolish all local authority charges for non-residential care services as under Part 1, Paragraph 1, Subsection (4) of the Community Care and Health (Scotland) Act 2002.
Webpage	http://www.parliament.scot/GettingInvolved/Petitions/PE01533

Introduction

1. The Committee last considered these petitions at its meeting on 16 March 2017. At that meeting, the Committee took evidence from the Cabinet Secretary for Health and Sport and agreed to reflect on the evidence heard at a future meeting. A submission has been received from the petitioner for PE1533 and the Committee is invited to consider what action it wishes to take.

Committee Consideration

2. The Cabinet Secretary for Health and Sport explained in her evidence that the Scottish Government will conduct a study to examine the feasibility of extending free personal care to all those under 65 years who need it. The study is expected to be completed by the summer.

3. It was noted that there is cross-party interest in examining this issue and the Cabinet Secretary explained that she will discuss the study with other political parties once it has been completed. In this regard, the Cabinet Secretary

indicated that she would be happy to consider the formation of a cross-party working group to consider the options.

4. The Committee asked the Cabinet Secretary about stakeholder engagement and she explained that local authorities will be consulted as part of the study. Ms Robison also noted that she would be "happy to ask my officials to meet stakeholders who want to discuss the feasibility study further and keep them informed of the work that we are undertaking".[1]

5. The Cabinet Secretary was also asked about whether applying different thresholds in different regions to take account of varying costs of living would be an alternative approach. Ms Robinson considered this would be counter to delivering greater consistency in charging.

6. In relation to COSLA's standard financial assessment tool, the Cabinet Secretary noted that this is in its first year of operation. In her view, 'local authorities should retain local accountability'.[2] She explained that she would "rather take that approach than tackle the issue in another way", such as by legislation.[3]

7. The Committee also questioned the Cabinet Secretary on the issue of disregarding additional expenditure related to a person's disability. The Cabinet Secretary stated that the Scottish Government would give further consideration to this issue. The Cabinet Secretary also explained that £5 million has been made available for new applicants to the Independent Living Fund.

8. In relation to the definition of care, the Cabinet Secretary explained that personal care has been given priority because personal needs "are about dignity".[4] Ms Robison explained that the feasibility would focus on this aspect of care charging and that she is not minded to consider a redefinition of care at this stage.

9. Jeff Adamson has provided a written submission dated 16 May 2017. He considers that the introduction of COSLA's financial assessment tool will not ensure consistency and fairness in social care charging because it does not address the differing charges for services and taper rates.

10. The petitioner explained that he has met with Scottish Government officials to discuss their work on social care charging. The petitioner notes that a key issue for the feasibility study will be the projected demand for services. In the petitioner's view, the level of demand will be less than is anticipated by the Scottish Government, although its work remains at an early stage. The petitioner would like the petition to remain open until the outcome of the feasibility study is known.

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[1] Official Report, 16 March 2017, col 2.
[2] Official Report, 16 March 2017, col 4.
[3] Official Report, 16 March 2017, col 5.
[4] Official Report, 16 March 2017, col 10.

11. The petitioner noted that local authorities have failed to address fairness in social care charging since 2002. Mr Adamson also noted that people with disabilities do not have a strong enough electoral voice to hold decision makers to account at a local level. The petitioner considers it is therefore for the Scottish Government to provide leadership in setting national policy on social care charging.

Conclusion

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

- To write to the Cabinet Secretary for Health and Sport asking her officials to meet with the petitioner to discuss the feasibility study and to provide the Committee with a copy of the study once it has been completed. In taking this action, the Committee may wish to defer further consideration of the petitions until the feasibility study is completed;

- To take any other action the Committee considers appropriate.

Clerk to the Committee

Public Petitions Committee

11th Meeting, 2017 (Session 5)

Thursday 25 May 2017

PE1577: Adult Cerebral Palsy Services

Joint note by the Clerk and SPICe

Petitioner	Rachael Wallace
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to develop and provide funding for a clinical pathway and services for adults with cerebral palsy.
Webpage	parliament.scot/GettingInvolved/Petitions/adultcerebralpalsyservices

Introduction

1. The Committee last considered this petition at its meeting on 16 March 2017. At that meeting, the Committee took evidence from the Minister for Public Health and Sport and agreed to consider a note by the clerk at a future meeting. A submission has been received from the petitioner and the Committee is invited to consider what action it wishes to take.

Committee Consideration

2. The Minister for Public Health and Sport explained that "we will not proceed with a national clinical pathway because the way in which cerebral palsy manifests itself does not allow its management to be easily translated into that course of action".[1]

3. In relation to the pilot project being led by Bobath Scotland and West Dunbartonshire Health and Social Care Partnership, the Minister explained–

> It is not just a local pilot; it will develop and enhance our understanding of the condition and the way in which services are delivered. We can then upscale that model and ensure that the principles are understood across the country…[2]

4. The Committee asked the Scottish Government about the relative costs involved in taking forward this work. The Scottish Government was not able to provide a cost estimate for developing a pathway but advised that the pilot project has cost £73,000 to date.

5. Following the evidence session, the petitioner provided a submission dated 11 May 2017. Ms Wallace explained that a transition from the paediatric service to

[1] Official Report, 16 March 2017, col 12.
[2] Official Report, 16 March 2017, col 17.

an adult service does not currently exist for people with cerebral palsy. She expressed concern at the Minister's proposals to develop localised pathways. In her view, health boards may not make this issue a priority and national leadership is required to ensure progress is made.

6. Ms Wallace reiterated her view that the Scottish Government needs to consult "paediatric experts who specialise in children with the condition, and other healthcare professionals, in order to build a service/pathway that will meet the needs of an adult with cerebral palsy."

7. Ms Wallace also intimated that she would like to provide further oral evidence to the Committee. She also suggested that her mother could provide oral evidence to offer a parent's perspective on the issues raised by the petition.

Background information

8. The Minister mentioned a number of different ways in which clinical information about the diagnosis and management of conditions can be disseminated at the national level. The following information has been provided by SPICe to inform the Committee's consideration of the petition.

Types of Networks

9. There are many different types of networks. The 1998 Acute Services Review recognised that Networks would cover different geographical territories:

- National Networks: This type of network is reserved for when conditions are so rare or complex that not all care can be provided at local level.
- Regional Networks**:** Work across aggregates of Health Boards. There could also be networks for remote and rural communities concerned with a number of specialties rather than one single specialty or disease.
- Health Board Area**:** Equating to Health Board boundaries and concerned with tackling the boundary between primary and secondary care.
- Local Networks**:** Managed Clinical Networks for primary and community care

National Networks

10. A managed clinical or diagnostic network is collaboration among health professionals across professional and geographical boundaries. National networks are reserved, in general, for the most rare/complex conditions where the patient journey includes access to highly specialist care. They have a remit from Scottish Government and NHS Boards to bring together all the people/structures involved in delivering care to a particular group of patients, such as children with exceptional healthcare needs. They work with stakeholders, including patients/carers and third sector representatives, to design national, evidence based, pathways of care.

11. The pathways set out what is required and who is involved at key stages in a patient's journey from identification/diagnosis to a specific point that may terminate at the point of transfer to adult services or could extend to adulthood /end of life. This depends on the scope of the National Network (some are purely for paediatric services). It is recognised that how they are implemented may vary across Regions/Boards but Networks have a role in monitoring this. There are likely to be dozens of national pathways of care, not all of which will have been developed through National Networks. However, they are usually created at that level if the pathway includes highly specialist care that may only be available in a single centre (or two) within Scotland[3].

12. The core principles of networks were defined in NHS MEL(1999)10 and were refreshed in in HDL(2007)21 and CEL 29 (2012).

13. Guidance produced by the National Specialist Services Committee (NSSC) notes that the prime focus of networks is to:

- produce benefits for patients through improvements in services
- establish the evidence base for interventions/elements of care
- develop appropriate evidence-based standards and agree these with NHS Healthcare Improvement Scotland
- use their experiences to develop protocols and to share good practice
- perform clinical audit to support improving patient care
- apply protocols and support local clinicians across wide geographical areas to offer care locally to patients within national protocols
- subsequently re-audit to assess the impact on patient care
- assist clinicians in gathering information about their performance
- produce an annual report.

Criteria for National Clinical Networks

14. The guidance also provides information on the criteria for national clinical networks. MEL(1999)10 defines a national clinical network as one which "would be concerned with those diseases or services which are so rare or specialised that it only makes sense to organise them on a Scotland-wide basis".

15. National networks need to provide:

- A clear patient pathway/s – ensuring equitable access to services for all patients in Scotland (diagnostic services in the case of an National Managed Diagnostic Networks)

[3] National Specialist and Screening Services Directorate ppersonal correspondence.

- Education of health professionals - to support generalists in delivering specialist care

- Information and engagement with patients, carers and families

- Data capture and clinical audit – to drive up quality

16. Most Managed Clinical Networks (MCNs) are local or regional. National networks aim to support the safe delivery of care, as locally as possible given the specialist nature of care. A network may require national designation if it would make the best use of the rare talent of a few individuals to benefit many patients, i.e.:

    - The core services requiring networking are specialist (as specified in the NSSC criteria)

    - Few clinicians in Scotland have the specialist skills and experience to deliver the service – national networking is needed

    - National collaboration, communication and knowledge sharing and transfer is required to inform decision making around patients who might have rare conditions or complex needs

    - Without a network, patients would have to travel more often across regional (not just NHS Board) boundaries to obtain a comprehensive service

    - National organisation and support is needed to strengthen public and patient engagement, integrate care across Scotland, agree patient pathways and protocols, and drive up clinical quality.

    - There is a clear need for the national provision of a network.

17. Each National Managed Clinical Network and National Managed Diagnostic Network must have a defined structure which sets out the points at which the service it supports is to be delivered and the connections between them. Networks applying for national designation must be multi-disciplinary and/or multi-professional and require collaboration across Scotland to generate a critical mass of expertise and ensure equitable access and treatment.

Conditions

18. Networks currently cover a number of different conditions. There are:

    - 21 National Managed Clinical Networks

        - For Adults, Young People and Children: Burns, Cleftcare, Familial Arrhythmia, Inherited Metabolic Disease, Gender Identity, Phototherapy, Brain Injury, Diaphragmatic Hernia, Sex Development, Muscle, Haemoglobinopathies and Inherited Bleeding

  - For Young People and Children: Allergy, Exceptional Healthcare Needs, Paediatric Cystic Fibrosis, Rheumatology, Infection & Immunology, Paediatric Endocrine, Paediatric Epilepsy, Renal and Urology and Visual Impairment

- 4 National Managed Diagnostic Networks
  - Biochemistry, Microbiology and Virology, Pathology and Clinical Imaging
- 2 National Cancer Networks
  - Sarcoma and Neuro-Oncology
- 2 Other National Network Models
  - Neurosurgery and Police Care

Becoming a National Network

19. The National Specialist Services Committee (NSSC) considers applications from managed clinical and diagnostic networks if they cover the whole of Scotland. The NSSC guidance provides information on the two-stage process for approval of new national managed clinical networks.

20. The aim of stage 1 is to provide an opportunity for applicants to obtain the views of NSSC on whether or not a full application should be worked up. This is because the process to develop a full application involves considerable work by applicants and engagement with professional, patient, public interests as well as NHS Board management in Boards across Scotland to establish support and the requirement for national networking. If NSSC recommend that the application is progressed to stage 2, a full application that includes a high level work plan is required.

Other National Principles, Guidelines and Frameworks

21. In January 2017 National Institute for Health and Care Excellence issued a guideline on cerebral palsy in under 25s: assessment and management. NICE is also developing a guideline on cerebral palsy in adults which is due for publication in 2019. This guideline does not apply directly in Scotland as the responsibility for the production of clinical guidelines in Scotland falls within the remit of the Scottish Intercollegiate Guidelines Network (SIGN). SIGN have do not have a guideline on cerebral palsy and have not had a proposal or any current plan to cover the topic[4].

22. Healthcare Improvement Scotland has also developed standards for a number of conditions and services such as Clinical Standards for Neurological Health Services.

[4] SIGN personal correspondence.

23. It is worth noting that the Scottish Government in its National Clinical Strategy for Scotland highlighted that care should be "person centred rather than condition focussed" it notes that "Services will be based around supporting people, rather than single disease pathways, with a solid foundation of integrated health and social care services based on new models of community-based provision."

Conclusion

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

- To ask the Scottish Government for the findings from the pilot programme and the mapping exercise. The Committee may also wish to ask the Scottish Government to provide its assessment on the way forward, including whether it will produce national guidance for health boards on the management of adult services for people with cerebral palsy and, if so, the timeframe for completing any planned work;

- To take any other action the Committee considers appropriate.

Clerk to the Committee

Public Petitions Committee

11th Meeting, 2017 (Session 5)

Thursday 25 May 2017

PE1581 Save Scotland's School Libraries

Note by the Clerk

Petitioner	Duncan Wright on behalf of Save Scotland's School Libraries
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to set out a new national strategy for school libraries which recognises the vital role of high quality school libraries in supporting pupils' literacy and research skills.
Webpage	parliament.scot/GettingInvolved/Petitions/SaveScotlandsSchoolLibraries

Introduction

1. This petition was last considered by the Committee at its meeting on 20 April, at which it took evidence from the Deputy First Minister/Cabinet Secretary for Education and Skills.

2. Members have been provided with the petitioner's submission following the evidence heard on 20 April. The Committee is invited to consider what action to take on the petition.

Committee consideration

3. During his evidence to the Committee, the Deputy First Minister said—

> "I do not think there is unanimity on the need to have a national strategy, but the petitioner makes a fair point about the importance of having such an approach and it is my intention to formulate such a strategy."

4. In his submission, the petitioner says—

> "We welcome this statement from the Cabinet Secretary for Education, which fully supports the original aim of our petition".

5. The submission then seeks further detail on the strategy, namely—

- how it will be developed
- which organisations will be involved in any consultation
- how the strategy will be delivered
- the timescale for the strategy to be in place
- whether national standards for school libraries across Scotland will be established as part of the national strategy.

6. The petitioner's submission suggests that it "would be of great benefit to the future success of the national strategy if the Cabinet Secretary were to meet relevant representatives of [COSLA and ADES], as it would allow him to express many of the pertinent points he made about the role of school libraries and school librarians … during the meeting".

7. The petitioner comments that CILIPS has also "fully welcomed" the Deputy First Minister's intention to formulate a national strategy and has indicated that it would be happy to support its development. He indicates his full support for CILIPS being involved in the development of the national strategy.

Action

8. The Committee is invited to consider what action it wishes to take on the petition. Options include:

    - to invite the Deputy First Minister to—
        - respond to the petitioner's request for further detail on the strategy
        - indicate whether he will meet with representatives of COSLA and ADES to discuss the role of school libraries and school librarians
        - indicate whether he will invite CILIPS to be involved in the development of the national strategy
    - to close the petition, on the basis that the Deputy First Minister fully supports the original aim of the petition has given a commitment to deliver a national strategy
    - to take any other action the Committee considers appropriate.

Clerk to the Committee

Annexe of written submissions –

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

- PE1581/Y: Petitioner submission of 27 April 2017 (63KB pdf)

All previous written submissions received on the petition can be viewed on the petition webpage.

Public Petitions Committee

11th Meeting, 2017 (Session 5)

Thursday 25 May 2017

PE1591: Major redesign of healthcare services in Skye, Lochalsh and South West Ross

Note by the Clerk

Petitioner	Catriona MacDonald on behalf of SOS-NHS
Petition summary	The petition calls on the Scottish Parliament to urge the Scottish Government to reverse its approval of the major service change to healthcare services in Skye, Lochalsh and South West Ross.
Webpage	parliament.scot/GettingInvolved/Petitions/skyelochalshsouthwestross

Introduction

1. This is a continued petition, which was last considered by the Committee at its meeting on 16 March. At that meeting, the Committee agreed to write to the Cabinet Secretary to ask i) what consideration had been given to any unintended consequences of the decision in terms of the impact on current healthcare provision, including ambulances, GPs, out of hours provision, palliative and elderly care, and the number of care beds, and ii) what steps the Scottish Government can take to support and encourage NHS Highland and local stakeholders to move forward constructively, and to address the fragmenting of confidence in the process.

2. The Cabinet Secretary's response has been provided to members, together with the petitioner's subsequent submission. The Committee is invited to consider what action to take on the petition.

Committee consideration

3. In her submission, the Cabinet Secretary says that the purpose of the proposals were to "modernise and safeguard local healthcare services; to ensure medical (especially out of hours) cover would be sustainable and to replace and/or update old, out of date infrastructure". She adds—

> "In addition to the proposed developments to the facilities in Portree and Broadford to bring local patient care up to modern standards, it is important to note that the Board's re-design programme will see a necessary expansion of care at home, community services, the further integration of health and social care, and some additional provision of palliative and respite care. I also noted that there were no plans to change the arrangements for out-of-hours and emergency cover in Portree."

4. The Cabinet Secretary indicates that she had been "convinced that the plans were in the best interests of patients; that key local services would be safeguarded and improved; that the Board had credible and viable plans for the provision of the new hospital (the 'Hub') in Broadford; the redeveloped 'Spoke' facility in Portree; and that the proposals were consistent with national policies, frameworks and guidance".

5. In that regard, the Cabinet Secretary indicates that she is content that due process has been followed.

6. With regard to concerns around the 'fragmenting of confidence' in the process, the Cabinet Secretary reiterates her previous comments that in approving the Board's proposals she had "made it clear to NHS Highland that further work was necessary to address the concerns raised during the consultation, and that this work had to be undertaken with the continued full engagement of local stakeholders", and confirms that she has received such assurance from NHS Highland. She repeats her encouragement to "all local people to continue to make their views known to NHS Highland…".

7. The petitioners express their view that the Cabinet Secretary "has avoided answering the detailed questions we have repeatedly posed…".

8. They assert that, despite the Cabinet Secretary's belief that the plans will safeguard and improve key local services, "changes have already taken place reducing access to primary and emergency care". They ask—

> "How are local people to have any confidence in the democratic process when what they are being told is already completely contrary to the actuality of the situation?"

9. Further concerns presented by the petitioners to demonstrate their lack of confidence in the process are a lack of information about what will be in the 'Spoke' facility (with the last discussion about this being in March 2016) and that there is "absolutely no evidence" of the 'necessary expansion' referred to by the Cabinet Secretary. The petitioners say—

> "Far from continuing to engage with this community NHS Highland are completely ignoring the people who will be most affected by their proposed redesign."

Action

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

- To close the petition, on the basis that the Cabinet Secretary has confirmed that she is content that due process has been followed. If the Committee agrees to close the petition, it may wish to add to the Cabinet Secretary's encouragement to all local people to work with the Board, and also encourage the Board to reciprocate the involvement of local stakeholders by ensuring that it is proactive, open and transparent in its engagement

- To invite the Cabinet Secretary to respond directly to the concerns presented by the petitioners, specifically around the apparent reduction in access to primary and emergency care; the 'Spoke' facility, and the lack of evidence of the 'necessary expansion' to be delivered when Portree hospital closes
- 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—

- PE1591/R: Cabinet Secretary for Health and Sport submission of 30 March 2017 (53KB pdf)
- PE1591/S: Petitioner submission of 11 May 2017 (145KB pdf)

All previous written submissions received on the petition can be viewed on the petition webpage.

Public Petitions Committee

7th Meeting, 2017 (Session 5)

Thursday 25 May 2017

PE1603: Ensuring greater scrutiny, guidance and consultation on armed forces visits to schools in Scotland

Note by the Clerk

Petitioner	Mairi Campbell-Jack and Douglas Beattie on behalf of Quaker in Scotland & Forces Watch
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to ensure that: 1. Guidance is provided on how visits to schools by the armed forces should be conducted so that information presented to children takes account of the unique nature of armed forces careers, ensures political balance, and offers a realistic representation of the role of the armed forces and what a career in the armed forces involves. 2. Information is collected to enable public monitoring of the number and location of visits, the purpose and content of visits, and comparison with the number of visits by other employers. 3. Parents/guardians are consulted as to whether they are happy for their child to take part in armed forces activities at school.
Webpage	parliament.scot/GettingInvolved/Petitions/armedforcesvisitstoschools

Introduction

1. The Committee last considered this petition at its meeting on 20 April 2017when it took oral evidence on the petition from the Deputy First Minister. The Committee agreed to consider the evidence heard at a future meeting and to invite the petitioners to make a written submission. A submission has been received and members are invited to consider what action they may wish to take on the petition.

Evidence from the Deputy First Minister

2. The Committee took evidence from the Deputy First Minister (DFM) on a range of issues that have been brought up in its consideration of the petition. These included the content of careers advice, data about armed forces visits to schools and the question of a child rights and wellbeing impact assessment.

3. In relation to the content of careers advice, the DFM was asked about guidance and strategies for careers services and whether the strategies support the

provision of careers advice that presents a full and accurate picture of careers. The DFM responded that—

"The central requirement of a careers service must be to provide a dispassionate assessment of any career opportunity and how it would relate to the skills, interests, attributes and outlook of any individual young person who interacts with the service, so my answer to that is yes."

4. The DFM later expanded on this, saying—

"Our general approach to careers guidance is to make sure that, when young people engage with careers advice, they get dispassionate advice and they hear about all the ups and the downs of a particular career so that they can make their own judgment about it. If I found that that was not the case, I would be deeply troubled."

5. In relation to the collection of data, the Committee considered who might be requested to collect data about armed forces visits to schools in Scotland. On the question of that being a role for the Scottish Government, the DFM stated—

"We have not collected data so far on the existence or the substance of that activity. Obviously, we can give consideration to whether that would be appropriate, but I am mindful of how much information we are trying to collect from our schools, given my general desire to reduce the volume of bureaucracy that we require on the part of schools."

6. When asked whether he would consider asking for a commitment from the armed forces to make good quality data available, the DFM indicated that he would be happy to ask for such a commitment and if the Committee would wish to specify what data it thinks would help in that regard.

7. Previous evidence on the petition has addressed the question of armed forces visits to schools from a rights perspective and the DFM was asked whether he would consider commissioning a child rights and wellbeing impact assessment. In response, the DFM said—

"I am certainly happy to consider whether such an approach should be taken. Obviously, in such a circumstance we would have to weigh up a range of factors. I am happy to give consideration to that point."

8. Visits by the armed forces to special schools, which had previously been commented on by the petitioners, was also raised with the DFM who stated that he was not aware of the issue but would be happy to hear information about this if the Committee could share it with him.

9. This issue is discussed below in respect of the most recent submission from the petitioners.

Submission from the petitioners

10. The petitioners have provided a submission responding to the evidence taken from the Deputy First Minister. In relation to the delivery of careers advice, the submission refers to a "gap between policy and practice" noting—

"The Careers Advisers refer all students they speak with to their jobs website, My World of Work; the armed forces sections of this website mention some of the risks and legal restrictions, but with serious omissions. Some sections refer to 'mental, physical and emotional challenges' but others, such as the Army Soldier page does not. There is no detail or indication of the severity of the risk. No reference is made on any of the pages to risk to life, taking life, or being under military law."

11. The petitioners also discuss the content of any presentations/advice on armed forces careers and the impact this may have on the subsequent experiences of recruits—

"Giving pupils balanced, full information about armed forces careers along with other options, may reduce the number of young people who begin training only to become Early Service Leavers or even leave before completing training, and find themselves without employment or training. However, the evidence provided to the Committee shows a lack of balance around armed forces visits to schools, both in relation to visits made by other employers and in terms of the messages given over during visits. As such, it is more likely that young people join without adequate information about the reality of a career in the armed forces and less likely that their career in the military will be long and successful."

12. On the question of armed forces visits to special schools, the submission provides data compiled via freedom of information requests of thirteen such visits. The petitioners urge the Committee to recommend that no visits are made by the armed forces to special schools.

13. Other specific requests made by the petitioners are—

- Urging the Committee to recommend that a Child Rights and Wellbeing Impact Assessment is applied to armed forces visits to schools
- That good quality data on armed forces visits to schools is requested
- The there is a more specific stipulation made in relation to ensuring balance in armed forces visits to schools in Scotland.

Conclusion

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

- Writing to the Scottish Government to ask it to respond to the actions requested by the petitioners

- Any other action the Committee wishes to take.

15. The Committee will recall that it has previously agreed to seek a briefing on armed forces visits to schools. Arrangements for this will be taken forward and the Committee may wish to defer further consideration of the petition until this briefing has been arranged.

Clerk to the Committee

Public Petitions Committee

11th Meeting, 2017 (Session 5)

Thursday 25 May 2017

PE1639: Enterprise Agency Boards

Note by the Clerk

Petitioner	Maureen Macmillan
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to reverse its decision to create a single Scotland-wide board for enterprise and skills and instead retain separate boards for each enterprise agency, including the Highlands and Islands Enterprise.
Webpage	parliament.scot/GettingInvolved/Petitions/PE01639

Introduction

1. The Committee last considered this petition at its meeting on 20 April 2017. At that meeting, the Committee agreed to write to the petitioner to seek her view on the recent statement from the Cabinet Secretary for Economy, Jobs and Fair Work on the enterprise and skills review. A response has been received and the Committee is invited to consider what action it wishes to take.

Committee Consideration

2. The petitioner's submission dated 3 May 2017 welcomed the Scottish Government's decision to retain the Highlands and Islands Enterprise. The petitioner reiterated her support for the board's work, including its social remit, which she considers is very important. She noted it is not yet clear how the strategic board will work with the Highlands and Islands Enterprise. In this regard, she noted the board members for the Highlands and Islands Enterprise will have a key role to play.

Conclusion

3. 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 decided to retain enterprise agency boards as part of its enterprise skills review.

   - To take any other action the Committee considers appropriate.

Clerk to the Committee