

# Citizen Participation and Public Petitions Committee

3rd Meeting, 2022 (Session 6), Wednesday  
23 February 2022

## PE1915: Reinstate Caithness County Council and Caithness NHS Board

### Note by the Clerk

<b>Petitioner</b>	William Sinclair
<b>Petition summary</b>	Calling on the Scottish Parliament to urge the Scottish Government to reinstate Caithness County Council and Caithness NHS Board.
<b>Webpage</b>	<a href="https://petitions.parliament.scot/petitions/PE1915">https://petitions.parliament.scot/petitions/PE1915</a>

### Introduction

1. This is a new petition that was lodged on 29 December 2021.
2. The petition seeks to reinstate Caithness County Council and Caithness NHS Board, stating the petitioner's view that services operated better when run by local people, compared to the current structure with Highland Council and NHS Highland. The loss of maternity services and two palliative care hospitals are highlighted as examples of this. Concerns about funding allocations are also raised in the petition. A petition summary briefing can be found at **Annexe A**.
3. A SPICe briefing has been prepared to inform the Committee's consideration of the petition and can be found at **Annexe B**.
4. While not a formal requirement, petitioners have the option to collect signatures on their petition. On this occasion, the petitioner elected to collect this information. 720 signatures have been received.

5. The Committee seeks views from the Scottish Government on all new petitions before they are formally considered. A response has been received from the Scottish Government and is included at **Annexe C** of this paper.
6. A submission has been provided by the petitioner. This is included at **Annexe D**.

## Action

7. The Committee is invited to consider what action it wishes to take on this petition.

### **Clerk to the Committee**

**Annexe A**

# PE1915: Reinstate Caithness County Council and Caithness NHS Board

## Petitioner

William Sinclair

## Date Lodged:

29/12/21

## Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to reinstate Caithness County Council and Caithness NHS Board.

## Previous action

I have raised these points in communications with Members of the Scottish Parliament and our Member of Parliament. I have also raised these issues at meetings of our local Community Council and have their backing on raising this petition. I have also raised these issues in letters to our local newspaper and have received positive feedback from members of the public.

## Background information

Prior to the inception of the Highland Council and NHS highland, local people from Caithness were responsible for the delivery of both council and NHS. During that period both of these services were a massive improvement compared to what we have under the present regimes.

Under NHS Highland we have lost our consultant-led maternity services, are seeing more people than ever travelling the 115 miles to Inverness for appointments and treatment and had to protest at NHS Highland decision to close down two palliative care hospitals.

At present we in Caithness seem to have to fight the Highland Council and NHS Highland for money to be spent just for the upkeep of what little we have let alone any improvements.

We who live in rural areas see money being spent on vanity projects throughout Scotland when we are told there is no money for basic infrastructure maintenance here.

Briefing for the Citizen Participation and Public Petitions Committee on petition PE1915: [Reinstate Caithness County Council and Caithness NHS Board](#), lodged by William Sinclair  
Brief overview of issues raised by the petition

[PE1915](#) calls on the Scottish Parliament to urge the Scottish Government to reinstate the Caithness County Council and Caithness NHS Board. Caithness is a historic county, registration country, and lieutenancy area with a land mass of 1,601km<sup>2</sup>. [The 2011 Census showed that Caithness & Sutherland had a population of 40,330.](#) demographic decline in rural areas, with 21.1% projected as the most severe population decline for Caithness between 2016 and 2041.

## Background

- [The National Health Service \(Scotland\) Act 1972](#) established 15 health boards and other bodies. [Provisions in the Act were introduced in 1974 and the new health boards took over many of the health responsibilities of the local authorities.](#)
- [The Caithness and Sutherland National Health Service Trust operated from 1st April 1993.](#) With the introduction of the Internal Market in 1989, [NHS Trusts had their own autonomy as providers and were able to negotiate with health boards, who commissioned services.](#)
- In 1997, '[Designed to Care](#)' merged the 47 Scottish trusts into 28.
- In 2004, the [National Health Service Reform \(Scotland\) Act](#) abolished trusts, which were absorbed into health boards, and Community Health Partnerships were established.
- Highland was created as a two-tier region (a regional council and eight district councils) in 1975 under the [Local Government \(Scotland\) Act 1973.](#)

- The Highland Region was divided into eight districts, one of which was Caithness. In 1996, under the [Local Government etc. \(Scotland\) Act 1994](#), the Highland Regional Council and the district councils were transferred to the new Highland Council.

## Related petitions

The subject of rural healthcare, including services in Caithness, have been the subject of previous petitions. Over recent decades, there has been a general trend towards the greater centralisation of some health services in Scotland. [The Kerr Report – National Framework for Service Change in the NHS in Scotland was published in 2005](#) and explored some of the issues surrounding centralisation.

- [PE1839: Review maternity models in remote and rural areas](#)
- [PE1890: Find solutions to recruitment and training challenges for rural healthcare in Scotland](#)
- [PE1845: Agency to advocate for the healthcare needs of rural Scotland](#)

## Recent developments

- The consultant-led maternity unit at Caithness General Hospital became a Community Midwifery Unit Service in 2016. Only certain types of births can now take place in Caithness Hospital, with higher-risk births which may require greater intervention being transferred to other obstetric units.
- NHS Highland is undertaking a redesign of Caithness health and social care services. [The Cabinet Secretary for Health and Sport approved the redesign plans for Caithness in May 2019](#) and [the initial agreement was approved by the NHS Highland Board in November 2021](#).
- NHS Highland received [£800,000 new capital funding from the Scottish Government](#) in 2020 to enable the first stages of the Development Plan for the Caithness Hospital site. Work will include an extended A&E department and the creation of a Community Midwifery Unit. The Community Midwifery Unit was expected to be complete by the end of 2021.
- The SNP's [2016](#) and [2021](#) manifestos stated included commitments to review the “number, structure and regulation of health boards.”
- The Scottish Government's [Programme for Government 2021-2022](#) includes a commitment to establish a centre of excellence for

rural and remote medicine and social care in order to “ensure that our islands and rural areas are not left behind as we work to improve health services”. Scoping work is due to start in 2021.

- [The Highland Council recently received a motion in support of localism, raised by Cllr Struan Mackie. The original motion can be found in the agenda for the Highland Council’s meeting for 9 December 2021 \(delayed until 10 December 2021\). The motion was discussed by Highland Council on 10 December, which was recorded \(See 8i. Notices of Motion\), and an amendment was raised.](#) 22 votes were received for the motion and 26 votes were received for the amendment.

**Cristina Marini**  
**Health & Social Care Trainee**  
[10/01/2022]

The purpose of this briefing is to provide a brief overview of issues raised by the petition. SPICe research specialists are not able to discuss the content of petition briefings with petitioners or other members of the public. However, if you have any comments on any petition briefing you can email us at [spice@parliament.scot](mailto:spice@parliament.scot)

Every effort is made to ensure that the information contained in petition briefings is correct at the time of publication. Readers should be aware however that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

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## Annexe C

# Deputy First Minister submission of 20 December 2021 PE1915/A - Reinstate Caithness County Council and Caithness NHS Board

The Scottish Government is committed to the principle of subsidiarity – that decisions are taken at the right level, and as close as possible to those most affected. The governance of our communities and the ability of these communities to shape their own future is vital. The difficult experience of COVID demonstrates that many results can be achieved at the local level.

The ongoing joint Local Governance Review with COSLA aims to strengthen local democracy by considering how power should be shared between national and local government, and with our communities. Programme for Government 2021-22 confirms that we will conclude the review and introduce a Local Democracy Bill within this parliament.

As part of the review process, we published [Democracy Matters](#) material which outlines how ambitious new democratic decision-making structures and processes could work in Scotland's towns, villages and neighbourhoods. These new arrangements would offer local communities the option of taking responsibility for different elements of a potentially wide-range of public services and associated budgets, including existing health and council functions.

The *Democracy Matters* material also includes many of the questions which will need to be answered if these ambitious new arrangements are to meet people's aspirations to improve outcomes for all, tackle inequalities, and enhance human rights. We are not asking people to respond to these questions now. Rather, we will work with COSLA in order to take forward a further phase of nationwide community engagement.

The timing of this engagement will be in part dependent on the extent of the pressures created by the ongoing public health emergency. It is vital that we hear as many voices as possible in discussions about the future



of local democracy in Scotland. A Highland perspective will be vital, and we look forward to working with local public sector partners, community councils and community groups to understand how alternative governance arrangements might work in different geographies, including Caithness.

In response to the specific call in the petition for a separate NHS Board for Caithness, as the Scottish Government takes forward work to create a National Care Service we will also review the number, structure and regulation of Health Boards and other related delivery services, to remove unwarranted duplication of functions and make best use of the public purse. However, the analysis of the National Care Service consultation, which ended on 2 November, is on-going, and there are currently no plans to bring about any changes to the structure of NHS Boards. As the Committee will appreciate, NHS Boards continue to operate under a state of emergency as a result of the Covid-19 pandemic; the priority therefore continues to be on operational resilience and the safe, effective remobilisation of services, in line with the [NHS Recovery Plan](#).

NHS Highland have been providing statutory services locally for over 20 years, having replaced the Caithness and Sutherland Health Trust. Over those years, local services have been reshaped as medicine, health and technology have evolved. Indeed, it is for individual NHS Boards to review, plan and deliver services to their local population, consistent with national frameworks and policies; and I have set out below some of the work NHS Highland advise they are doing in relation to the delivery of high quality, safe and sustainable services in Caithness. I hope this is helpful.

The Board are clear that they are actively investing in health and social care services in Caithness. At its November meeting, the Board of NHS Highland approved the Initial Agreement for the Caithness Re-design (the former Cabinet Secretary for Health and Sport Jeanne Freeman approved NHS Highland's proposals for the re-design of health and social care services in Caithness on 2 May 2019). As part of a national pilot in association with the Scottish Futures Trust, the redesign will see the development of a new local care model, aimed at shifting the balance of care. As part of that approach, NHS Highland will focus on strengthening their workforce locally: for example, developing new and innovative posts such as a Frailty Practitioner and enhancing the

community response overnight to ensure people can remain at home for their care, where appropriate. In terms of facilities, NHS Highland advise they are investing in health and care services in Caithness with: the recent opening of an improved Community Midwifery Unit, the development of proposals for two new Community Hubs (in Wick and Thurso) and the refurbishment of Caithness General Hospital. The new hubs will replace the community hospitals in Wick (Town & County) and Thurso (Dunbar) and the residential care homes in Wick (Pulteney House) and Thurso (Bayview House). Day Services currently provided in Wick and Thurso will also be included in the Hubs and they will form a base for the community integrated teams (Community Nursing, Allied Health Professionals, Adult Social Care, Care at Home).

In relation to the specific points raised in the petition on palliative care and maternity, NHS Highland advise that, while Caithness does not and has not had specific hospice facilities, the teams locally work very closely with the Highland Hospice located in Inverness. The Board are clear that there have been no closures of palliative care beds locally; rather, there has been a strengthening of services locally. The community teams (community nurses, care at home and Macmillan Nurses) support the care homes and families locally to allow patients to die in the place of their choice. NHS Highland advise that they are currently working with the Highland Hospice to further develop end of life care, together with enhanced training and development of care staff providing a 24/7 service to patients in their own home.

Changes to the provision of maternal and neonatal services at Caithness General were introduced in November 2016 following NHS Highland Board consideration of the evidence set out in the [Caithness Maternity and Neonatal Services - A Public Health Review](#). Following consideration of the report, the Board endorsed the recommendation that the consultant-led obstetric unit in the Caithness General Hospital should be reconfigured as a midwife led Community Maternity Unit (CMU). It is important to note that this was not a planned service change, but one taken on the grounds of safety, which is clearly of paramount concern. The Board's considerations in this respect were reviewed and endorsed by the Scottish Government's Chief Medical Officer at the time.

Further recent changes to the medical model at Caithness General Hospital to ensure operational resilience include the establishment of

rotational consultants for both Raigmore Hospital and Caithness General Hospital for both medical and surgical services, as well as the development of the Rural Practitioner post. This has led to a fundamental, positive change in the service from one substantive physician in post to eight. The Board note that this has allowed the Deanery to support more junior doctor placements and medical students; and the service is now seen as an exemplar for Rural General Hospitals. The Board recognises that there is a need to prevent unnecessary patient travel and will continue to develop and fully support digital access options, such as *Near Me*, to ensure as many people can be seen locally as possible.

## Annexe D

# Petitioner submission of 28 January 2022

## PE1915/B Reinstate Caithness County Council and Caithness NHS Board

Dear Deputy First Minister.

Thank you for your communication regarding my petition.

There are a number of points I would like to bring to your attention.

Caithness traditionally had a wide ranging and substantial range of services available locally, as indeed did Sutherland. Do we still have these facilities? Clearly the answer is that we do not, which is why CHAT {Caithness Health Action Team} exists, why many people are obliged to travel vast distances for treatment – much of it routine – and why we have particular concerns regarding women's healthcare and maternity.

The ideal model is simply based on what we had before the inception of NHS Highland.

1. A first class General Hospital in Wick, where we had a highly qualified General Surgeon as did the Lawson Hospital in Golspie.
2. The people of Caithness had access to virtually all routine medical services locally.
3. The vast majority of Caithness mothers gave birth in Caithness.
4. The requirement to travel south was the exception whereas now it is the rule.
5. District nurses were in most of our villages.

What we did not have in the past was Mental Health Care, but this has now become a major issue of concern as the suicide rate in Caithness has sky-rocketed this past two years and there are no Mental Health services available locally. People are obliged to travel to Inverness or be seen by video link, when face to face is essential, and there are clear and concerning issues relating to seeing people with MH issues on a remote video link.

You say there are no plans to change the structure of NHS boards. NHS Highland replaced the Caithness and Sutherland Health Board 20 years ago. Since that time we have experienced our local NHS service going through death by a thousand cuts. I challenge you to tell me what improvements we have seen at a local level to our NHS during the past 20 years.

You use the word configured when describing the maternity service in Caithness when in fact the word should be downgraded. My children and grandchildren were born in Caithness under a consultancy lead maternity service. How can the grounds for reconfiguring be safety when NHS Highland withdrew our consultancy lead service? If Caithness and Sutherland still had its NHS board this situation would never have arisen.

Even with all the speculative proposed changes you mentioned there would still be very little in the way of women's health services like obstetrics and gynaecology in Wick and still no paediatric and orthodontic services available. These changes, if they happen, are several years away, so what are the people of Caithness supposed to do now?

We cannot understand how Orkney with a population similar to Caithness has all these services supplied at a local level whereas Caithness has had many of these services at a local level withdrawn by NHS Highland - in my opinion this is tantamount to discrimination!

Your reply does not address the overwhelming support in the north for the return of consultants to Wick, and a midwife led CMU backed up by consultants like Orkney, which fulfils the Best Start criteria, would allow far more births in the new CMU, so the 90% of expectant mums don't have to travel to Inverness. It would also stop babies who develop jaundice or who need a hearing test from having to go back down to Raigmore, and it would also allow miscarriage care.

CHAT has asked repeatedly for a Risk Assessment for expectant mums travelling down the A9 to give birth. This has never come into fruition although this has been backed by campaign groups and MSPs and local councillors.

Patients should not have to travel over 100 miles for services they once had locally.

You state in the principal of subsidiarity that decisions are taken at the right level and as close as possible to those most affected. The decisions that affect Caithness are taken at Inverness 115miles distance from Caithness and at present many of these decisions are detrimental to both NHS and the Council services provided in Caithness. What would be the reaction if decisions that affect Edinburgh were made in Glasgow?

The idea of Caithness and Sutherland being administered from Inverness, with a suggestion of perhaps devolving some functions locally, may sound possible in principle, I think we need to examine what has happened in practice. Ever since Caithness and Sutherland Health Trust ceased, and we entered into the area administered by NHS, we have - regrettably - seen a reduction in local services. This must be corrected, and I would suggest to the Scottish Government that there is a great need for an in-depth review of the current arrangements, with a view to the re-establishment of a local Health Trust or Board for the far north - this would be far better equipped to reflect the needs, and unique circumstances, of the people in this remote area.

I look forward to the outcome of “Democracy Matters”. If these new arrangements come into fruition it could well be a game changer for people who live in Scotland’s rural areas and go a long way in reversing the rundown we have experienced since decision making was transferred to NHS Highland and the Highland Council.

We in Caithness look forward to taking part in these discussions as we see it as a start in improving the services supplied at a local level.

Under the SNP policy of centralisation and past and present Scottish Governments, the needs of the people who live in Scotland’s rural areas have been ignored.

I would like the members of the Scottish Parliament who represent the people of the Highlands to take strong and immediate action on these issues.