

Questions (in reverse chronological order)**Up to: 11/12/09****Mental Health**

Jackie Baillie (Dumbarton) (Lab): To ask the Scottish Executive what additional capacity in mental health services is being made available for veterans. (S3W-29621)

Shona Robison: All NHS boards continue to work with their partners towards improved access and outcomes for Veterans, their carers and families based on prevention, appropriate intervention and sustained recovery.

These principles are at the heart of new arrangements and investment in place since April this year for improved access to specialist and community based mental health services for Veterans and their families.

In partnership with NHS Scotland, we have made £1.2 million available each year to fund new arrangements through Combat Stress, the ex-services mental health welfare charity, to provide specialist mental health services for Veterans in Scotland at Hollybush House in Ayr. A range of specialist evidence-based treatments, therapies and rehabilitation are available based on comprehensive individual needs assessment. The new arrangements represents almost double the investment made in the previous year.

We are also funding Combat Stress to provide two regional multi-disciplinary teams to cover the East and West of Scotland to improve access to community outreach services at nearly £560,000 over three years. The teams will seek to ensure Veterans with service related mental ill health are appropriately assessed, supported and treated in order that they can maintain their place in the local community and achieve their full potential.

In partnership with NHS Lothian we are also investing £930,000 to 2011 for the Veterans First Point pilot in central Edinburgh. Operational since March this year, the community based service provides a "One Stop Shop" for assistance to Veterans and their families no matter what that need might be. The pilot will be fully evaluated and the outcome published. The learning will inform the further development of improved mental health services for veterans across Scotland.

Attendance Allowance (Older Disabled People)

Willie Coffey (Kilmarnock and Loudoun) (SNP): To ask the Scottish Government whether it has discussed with the United Kingdom Government the impact on Scotland's older disabled people of changes proposed to attendance allowance. (S3O-8726)

The Minister for Public Health and Sport (Shona Robison): I have put on record to the Secretary of State for Health my concerns about the limited detail set out in the English green paper exploring the options for the future funding of social care and support. Any reforms to the benefits system by the UK Government will need to give due consideration to the needs of older disabled people in Scotland.

Willie Coffey: Does the minister agree that the decision to exclude Scotland's older disabled people from the consultation on this issue represents a real slap in the face by a Labour Government that is increasingly out of touch with the lives of ordinary Scots? Will she raise that point with the responsible minister at Westminster and secure a commitment to consult those affected in Scotland on any proposals to change UK-wide benefits?

Shona Robison: We have generally been very concerned about the lack of thought given to the impact of such changes to the benefit system on social care delivery, not just in Scotland but in Wales. Of course, a different system operates in Northern Ireland.

As I say, very little thought has been put into it, but the fact is that these changes could profoundly impact on social care services in Scotland, which is why we have been making extensive attempts to have this particular dialogue. Our officials have been discussing the issue with Department for Work and Pensions officials and, on behalf of the ministerial strategic group on health and community care, Councillor Ronnie McColl and I have issued a joint letter to the Secretary of State for Health, Andy Burnham, expressing our concerns and urging him to consider the views on and concerns about attendance allowance and other benefits that have been raised by the voluntary sector and the individuals in Scotland who will be most directly affected by the changes.

Jackie Baillie (Dumbarton) (Lab): I refer the minister and the member to the minister's written answer of 29 October, which sets out in full the very detailed consultation in which the Scottish Government is engaged. That response is particularly welcome.

Given that the Secretary of State for Health has made it clear that the UK Government has categorically ruled out the use of disability living allowance and attendance allowance in proposals for the reform of care, does the minister agree that any suggestion otherwise serves only to deliberately confuse the most vulnerable people in our society? However, on a positive note, will she consider what we could learn from the UK Government's proposal for a simple, fair and affordable care system that will allow us to end Scotland's postcode lottery of care?

Shona Robison: I will leave the business of trying to confuse vulnerable people to the Labour Party. That is not how this Government goes about its business.

The issue of disability living allowance for those under 65 has been clarified, but I do not think that it is by any means clear that DLA for the over-65s and attendance allowance are off the table. Indeed, it is clear that one of the proposals is to combine those benefits in the care package. I thought that it would have been more in Jackie Baillie's interest to stand with us and say that any such changes must take full cognisance of the impact on social care in Scotland. I would very much doubt the Labour Party's commitment to do anything for vulnerable people in Scotland if it did otherwise.

Health and Wellbeing

Cathie Craigie (Cumbernauld and Kilsyth) (Lab): To ask the Scottish Executive whether it considers that it will be able to gather accurate statistics on the number of deaf, deafblind and hard of hearing people by means of the proposed long-term health conditions question in the 2011 Census that allows respondents to identify that they have deafness or partial hearing loss and blindness or partial sight loss. (S3W-29130)

Ms Shona Robison :

The aim of the proposed long term health conditions question in the census is to gather statistics on the prevalence of certain broad types of condition in the population, rather than obtain exact numbers of those with very specific conditions. This means that health conditions have to be grouped into general categories for the response options in the question, such as deafness and partial hearing loss and blindness or partial sight loss. It will be possible to obtain accurate statistics on the number of deaf and hard of hearing as an overall category and also the number of people who responded to both the deafness and partial hearing loss and the blindness or partial sight loss categories.

Work is ongoing to develop a harmonised question to collect detailed information on disability groups through social surveys. Space is not as restricted in social surveys as it is in the census, which may provide an opportunity to collect more detailed information, on specific categories, in certain surveys. The major social surveys carried out by the Scottish Government have large sample sizes which allow for the provision of accurate, reliable information and can be used to provide population estimates.

Health and Wellbeing

Cathie Craigie (Cumbernauld and Kilsyth) (Lab): To ask the Scottish Executive what its position is on concerns expressed by the Scottish Council on Deafness about the impact on the planning of services of a lack of accurate statistics on deaf, deafblind and hard of hearing people. (S3W-29131)

Ms Shona Robison: It is proposed that the forthcoming 2011 Census in Scotland will contain a question on long term health conditions with the aim of gathering statistics on the prevalence of certain broad types of condition in the population. The proposed question contains response categories for deafness and partial hearing loss and blindness or partial sight loss, so it will be possible to obtain accurate statistics on the number of deaf and hard of hearing as an overall category and also the number of people who responded to both the deafness and partial hearing loss and the blindness or partial sight loss category.

Work is on going to develop appropriate questions for use in social surveys which could allow for more detailed information on specific conditions to be collected. This will increase the ability of Community Planning Partnerships to provide appropriate services for each group.

Health and Wellbeing

Cathie Craigie (Cumbernauld and Kilsyth) (Lab): To ask the Scottish Executive whether it considers that Scotland can be a world leader in gathering accurate statistics on deaf, deafblind and hard of hearing people. (S3W-29132)

Shona Robison: Information (statistics) on deaf, deafblind and people with hard of hearing people is not held centrally.

Data on prevalence of deafness in Scotland, by age group, is published by the Royal National Institute for the Deaf (RNID): http://www.rnid.org.uk/about/in_your_area/scotland/statistics/

The Information Services Division (ISD) Scotland is currently working with the Scottish Government Health Directorate (SGHD) Lead Officer for Allied Health Professionals (AHPs) on a number of information projects with the aim of finalising a national AHP dataset, which includes data on Audiometry Services:

<http://www.isdscotland.org/isd/4452.html>

The Scottish Government is also working on an Audiology Pilot scheme aimed at improving the information held on the number of children diagnosed with a hearing loss. This will be launched and is expected to be underway by early 2010.