

Questions

Concessionary Travel

George Foulkes (Lothians) (Lab): To ask the Scottish Executive what further discussions have taken place regarding possible changes in the eligibility criteria and terms of operation of the Scotland-wide free bus travel scheme for older and disabled people since the publication of its review. Holding answer issued: 22 July 2009 (S3W-25247)

Stewart Stevenson: There have been no further discussions to date regarding possible changes to the eligibility criteria. As recommended by the review, an independent led examination will look at improving the evidence for setting the reimbursement rate payable to bus operators. We are currently in the process of commissioning this work.

Mental Health

Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab): To ask the Scottish Executive what action it is taking to ensure that single outcome agreements include outcomes for mental health. (S3W-25394)

Shona Robison: It is not the purpose of single outcome agreements (SOAs) to provide a comprehensive description of all services provided by partners within a community planning partnership (CPP). SOAs set out strategic priorities for a local area, described as local outcomes. It is for each CPP to derive its local outcomes which should be drawn from an integrated profile of the social, economic and environmental conditions of the area concerned. In reaching agreement with CPPs on the SOA, the Scottish Government will be looking for evidence that local outcomes reflect an area's strategic priorities and that they are capable of being linked to one or more of the national outcomes.

Tackling health inequalities was one of the key areas that the Scottish Government asked to be included in 2009-10 SOA's.

Copies of all 32 SOAs for 2009-10 and beyond, which community planning partnerships and the Scottish Government agreed in June 2009, can be obtained via the following link to the Improvement Service website <http://www.improvementservice.org.uk/single-outcome-agreements/>.

Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab): To ask the Scottish Executive what action it is taking to address the higher level of mental health problems in deprived communities and what funding has been allocated specifically for this purpose. (S3W-25416)

Shona Robison: It is the responsibility of the local government and NHS boards to work in partnership and allocate funds from the total financial resources available to them on the basis of local needs, priorities and agreed targets, including the Scottish Government's key strategic objectives and commitments.

Spend on mental health services continues to be drawn from record funds allocated to NHS boards and local government overall. Funding is set to rise to record levels with the overall health budget increasing from £10.6 billion in 2008-09 to £11.03 billion in 2009-10. Each health board's allocation from this budget is based on a formula that includes information about characteristics that influence healthcare needs including deprivation. Local government funding will also rise, from £11.2 billion in 2008-09 to £11.8 billion in 2009-10.

Equally Well, the report of the Ministerial Task Force on Health Inequalities, recommends that NHS interventions on depression, stress and anxiety should be increasingly targeted at Scotland's deprived communities and tailored to these communities. It also recommends that the Keep Well

health checks should identify depression and anxiety and provide adequate treatment and support within deprived communities.

Jackie Baillie (Dumbarton) (Lab): To ask the Scottish Executive, further to the answer to question S3W-24423 by Shona Robison on 11 June 2009, when NHS Scotland will evaluate its dissemination strategy for Facing Dementia with NHS Quality Improvement Scotland and whether the outcome will be published. (S3W-25230)

Shona Robison: NHS Health Scotland is continuing to monitor demand and ensure further distribution of this publication through NHS board Health Promotion Departments, Dementia Integrated Care Pathway Coordinators, the Alzheimer Scotland Helpline, the Dementia Services Development Centre and the Scottish Dementia Working Group. A report on the dissemination during 2008-09 is to be made to the Dementia Forum in spring 2010 and whilst there are no plans to publish formally it will be available on request.

Jackie Baillie (Dumbarton) (Lab): To ask the Scottish Executive whether it is satisfied that the forcible injection of a drug to a person detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 prior to a tribunal hearing does not constitute a breach of Article 6 of the European Convention on Human Rights. (S3W-25280)

Shona Robison: There are three ways in which a person may be deprived of their liberty or subjected to compulsory measures of treatment under the civil regime in the Mental Health (Care and Treatment) (Scotland) Act 2003 ("the 2003 Act"), namely (a) emergency detention, (b) short-term detention and (c) long-term detention or compulsory measures under the authority of a compulsory treatment order. In addition, mentally disordered offenders may be made subject to compulsory measures of treatment by the courts under the Criminal Procedure (Scotland) Act 1995 ("the 1995 Act").

The majority of compulsory measures of treatment for mental disorder are first approved by an independent and impartial tribunal, either by the Mental Health Tribunal for Scotland under Part 7 of the 2003 Act (compulsory treatment orders) or by a court under the 1995 Act in relation to mentally disordered offenders. The two exceptions to this prior authority for treatment for mental disorder by a court or tribunal are: civil emergency detention under Part 5 of the 2003 Act and short-term detention under Part 6 of the 2003 Act.

In relation to emergency detention, the authorised period of detention is just 72 hours and the purpose of the detention is to determine what medical treatment requires to be provided to the patient. There is no general authority to give treatment for mental disorder under an emergency detention certificate, and this certificate therefore differs from other measures under the 2003 Act; urgent medical treatment only may be given under section 243 of the Act. Given the very short duration of the certificate and the emergency situation with which it is dealing, and by reference to the leading Strasbourg case on lawfulness of detention (*Winterwerp*), the Scottish Government is satisfied that this measure is European Convention of Human Rights (ECHR) compliant.

Short-term detention is governed by Part 6 of 2003 Act. The authorised period for detention is 28 days and the purpose of the detention is to determine what medical treatment should be given to the patient and/or to give that treatment to the patient. The detention certificate is granted by an approved medical practitioner provided that certain statutory conditions are satisfied, and treatment can be given for mental disorder in accordance with the rules set out in Part 16 of the Act. Protections are built in for the patient within the Act: the patient's views should be taken into account, including where these are expressed in an advance statement; the patient's responsible medical officer is under a duty to consider from time-to-time whether it continues to be necessary for the patient to be detained in hospital and to revoke the certificate where he or she is no longer satisfied that this is the case; and the patient and their named person has the right to apply to the Mental Health Tribunal for release. The provision within Part 6 for an appeal by a patient to the tribunal for

revocation of a short-term detention certificate ensures access to "an independent and impartial tribunal established by law" for the purposes of article 6 ECHR.

Any act of the Scottish Parliament requires to be within legislative competence, which includes its provisions being compatible with rights under the European Convention on Human Rights. Both the Scottish ministers and the Scottish Parliament were satisfied during its passage through the Parliament that the 2003 Act, which authorises compulsory measures of treatment for mental disorder, was ECHR compatible.

Mary Scanlon (Highlands and Islands) (Con): To ask the Scottish Executive what action is being taken by NHS Quality Improvement Scotland to review its guidance on pharmacological interventions in Scottish Intercollegiate Guideline Network guidelines in order to provide national guidance on prescribing to treat the behavioural symptoms for people with dementia, as recommended in the Remember, I'm still me report by the Mental Welfare Commission and the Care Commission. (S3W-25282)

Shona Robison: The Scottish Intercollegiate Guideline Network will be consulting on the need to review this guideline in the autumn as part of its routine process.

Mary Scanlon (Highlands and Islands) (Con): To ask the Scottish Executive how it will ensure that doctors and pharmacists review all prescriptions for people with dementia for antipsychotic drugs. (S3W-25283)

Shona Robison: We will consider arrangements for the safe and appropriate prescribing of antipsychotic drugs for people with dementia as part of the work to be taken forward to prepare a Dementia Strategy for Scotland.

Mary Scanlon (Highlands and Islands) (Con): To ask the Scottish Executive how it will ensure that doctors and pharmacists work with care homes to ensure that legal documentation is completed and to give appropriate advice on disguising medicines. (S3W-25284)

Shona Robison: We will consider this as part of the work to prepare a Dementia Strategy for Scotland.

Mary Scanlon (Highlands and Islands) (Con): To ask the Scottish Executive whether it will outline the circumstances underlying the use of disguised medicines given to patients with dementia in care homes. (S3W-25285)

Shona Robison: The revised Scottish Government Code of Practice on Part 5 of the Adults with Incapacity (Scotland) Act 2000, published on 11 March 2008, notes that the use of covert medication is permissible only in certain limited circumstances, for example to safeguard the health of an adult who is unable to consent to the treatment in question and where other alternatives have been explored and none are practicable. The revised code of practice can be accessed at: http://www.sehd.scot.nhs.uk/mels/CEL2008_11.pdf.

The code of practice refers practitioners considering the use of covert medication to guidance documents prepared by the Mental Welfare Commission for Scotland (MWC): Consent to Treatment (2006) and Covert Medication – a Legal and Practice Guide (2006). Both documents are available on the Mental Welfare Commission's website at: http://www.mwscot.org.uk/newpublications/good_practice_guidance.asp.

This issue will also be considered further during our development of a Dementia Strategy for Scotland.

Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab): To ask the Scottish Executive what action it is taking to address mental health problems experienced by looked after children and what funding has been allocated specifically to this issue. (S3W-25384)

Shona Robison: We are implementing the recommendations from Looked after children and young people: We Can and Must Do Better. We recently wrote to NHS boards to remind them of their responsibility to these children and young people, not just whilst they are in care but also in their transition out of care. This responsibility is to ensure that the physical, mental and emotional health needs of all looked after children and young people for whom they have responsibility is assessed and that appropriate measures are put in place to ensure that any package of care that is put in place following this assessment, is delivered.

To support the child and young people's mental health improvement agenda, we have recently made available £2 million new money each year to accelerate the development of specialist services. In addition, we recently announced £6.5 million over three years to increase the number of psychologists working in specialist services in the NHS. This is staff that will be able to offer direct services and to support others such as teachers and social workers in the work that they do with young people with mental health problems.

Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab): To ask the Scottish Executive what action it is taking to record and publish data on waiting times for psychological services. (S3W-25388)

Shona Robison: The Scottish Government recognises the importance of waiting times for patients. That is why we are continuing to look at ways to improve and expand waiting times information across NHS services.

We have a specific commitment to improving access to evidenced-based psychological therapies that now includes consideration to establishing a waiting time target to access psychological therapies. To support this we are working closely with Information and Statistics Division and NHS boards to develop systems for collecting workforce, activity and waiting times data.

Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab): To ask the Scottish Executive when data on the availability of psychological therapies will be available. (S3W-25389)

Shona Robison: We are putting in place arrangements to collect accurate and complete data based on common definitions that link therapies to particular conditions. The first stage of that work has been completed with the publication of The Matrix - a Guide to delivering evidence-based Psychological Therapies in Scotland. This can be accessed at:
<http://www.scotland.gov.uk/Topics/Health/health/mental-health/servicespolicy/matrixfeb2009>.

We are about to commence stage two of this work which will focus on referral pathways and information systems. That work should be completed during 2010-11.

Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab): To ask the Scottish Executive what action it is taking to address the likely shortage of mental health officers as highlighted in the Audit Scotland report, Overview of mental health services. (S3W-25390)

Shona Robison: The Scottish Government has continued to monitor Mental Health Officer (MHO) numbers over the past four years, by means of an annual MHO workforce survey, to assess the Scottish position and assist local services to address workforce planning. This annual survey has found that the numbers of social workers practising as MHOs had steadily increased over the period since 2005 that the new Mental Health (Care and Treatment) (Scotland) Act has been in force, starting from 553 MHOs (495 whole-time equivalents) in 2005 and rising to 691 (625 whole-time equivalents) by 2007, with a small drop to 674 (622 whole-time equivalents) in 2008. The Audit Scotland Report was based on the 2008 MHO Workforce Survey figures.

However, the number of local authorities reporting a shortfall also fell in that latter period, from 23 out of the 32 local authorities in 2007, to 14 of the 32 in 2008. In addition, the survey found in 2008 that there were 105 social workers undertaking training.

Progress is being made by local authorities in redesigning services and, where necessary, increasing their MHO workforce and providing succession planning.

The Scottish Government provides resources to local authorities by means of the Grant Aided Expenditure allocation. In order to meet the additional costs of implementing the 2003 Act when it came into force, including the costs of MHOs, the Scottish Government provided additional resources of £13 million per annum to local authorities; that additional funding has continued to be made to local authorities.

Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab): To ask the Scottish Executive what action it is taking to ensure that older people in each NHS board area have access to psychological services. (S3W-25392)

Shona Robison: We have a specific commitment to increasing the availability of evidenced based psychological therapies for all ages and are working closely with NHS Education for Scotland and NHS boards to deliver on this commitment and meet patients needs better and sooner. We have a specific focus on the delivery of psychological services to older people that includes access issues such as delivering care to the housebound and those in care homes. We have also funded NHS Health Scotland to work with partners, such as Age Concern Scotland and the Mental Health Foundation, to address mental health in later life.

Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab): To ask the Scottish Executive what action it is taking to collect data on the length of bed occupancy in psychiatric inpatient units to inform future planning of services. (S3W-25395)

Shona Robison: Through the Mental Health Benchmarking Project we have developed a balanced scorecard which measures 20 indicators to ensure information is available to allow NHS boards to measure and compare performances. One of these indicators is specifically around length of stay.

Information and Statistics Division also currently collect and publish length of stay occupancy for mental health inpatients. This can be accessed at:

http://www.isdscotland.org/isd/information-and-statistics.jsp?pContentID=1721&p_applic=CCC&p_service=Content.show .

Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab): To ask the Scottish Executive when it will publish its report on the implementation of quality standards for community mental health services. (S3W-25398)

Shona Robison: NHS Quality Improvement Scotland (NHS QIS) published the standards for integrated care pathways in mental health (Bib. number 44374) in December 2007 and established an accreditation system which was rolled out to the NHS boards in December 2008.

This accreditation system is intended to be incremental and will support continuous quality improvement within mental health services, to ensure that NHS boards are moving forward with the development and implementation of mental health ICPs and that those ICPs are in line with the national standards.

NHS boards are now working towards achieving foundation level accreditation, focusing on a number of the process standards. A number of NHS boards have already come forward and been successful in achieving foundation level accreditation; all results will be made public once the final ICP accreditation panels are held in August 2009.

Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab): To ask the Scottish Executive when it will assess the effectiveness of action taken by local authorities and NHS boards to identify and address gaps in services for children, adolescents and older people with mental health problems in light of the findings in the Audit Scotland report, Overview of mental health services. (S3W-25405)

Shona Robison: As part of our ongoing twice yearly performance management reviews with NHS boards and partners we will be reviewing progress against the published challenging national performance targets which cover the full spectrum of mental health.

Specifically to support improvements in the children and adolescent mental health services agenda (CAMHS) we are providing £6.5 million new money over the next three years to develop specialist CAMHS psychology workforce and support additional training places and posts.

Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab): To ask the Scottish Executive what progress has been made in improving provision of psychological therapies for people with mental health problems. (S3W-25406)

Shona Robison: We are working closely with NHS Education for Scotland (NES) and NHS boards to develop a range of initiatives to support the development around our commitment to expand and increase access to psychological therapies to meet patient's needs better and sooner. This includes a tool for NHS boards to use in reviewing available evidence and in considering which psychological interventions might best be used to meet local need and demand. In collaboration with Skills for Health, NES has also produced psychological therapy competence frameworks to ensure that training equips staff to delivery therapy safely and effectively. We have also funded NES to support the training of a range of staff in a number of evidenced based therapeutic approaches.

We will also be giving consideration in the coming months to establishing a waiting time target to access psychological therapies.

Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab): To ask the Scottish Executive what action it is taking to monitor the allocation of resources at local level to support the move from hospital to community services for people with mental health problems. (S3W-25407)

Shona Robison: NHS boards and local authorities have responsibility to work in partnership and allocate resources on the basis of local needs and priorities, within the context of the Scottish Government's key strategic objectives and commitments.

Allocation of resources from boards to local authorities are a contribution towards the costs involved in shifting the balance of care from hospital to the community, and are negotiated, agreed and monitored locally. NHS board chief executives remain accountable for ensuring that resources allocated by boards to local authorities are used for the level and type of services agreed with care partners.

Discussions are taking place between the Scottish Government and COSLA to assess the current arrangements for agreeing and managing resource transfers, to ensure consistency across Scotland.

The Scottish Government's Mental Health NHS Benchmarking Project is working to obtain more comprehensive information around both in-patient and community services; this data will enable boards, local authorities and others to compare and measure services and enhance local planning. The project has representation from the local authorities and through them we have approached the Association of Directors of Social Work (ADSW) who are working to commission core definitions around local authority services. This work has to go to ADSW and local authorities for consultation and approval.

Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab): To ask the Scottish Executive whether data on waiting times for mental health services are now being collected routinely. (S3W-25408)

Shona Robison: I refer the member to the answer to question S3W-24333 on 11 June 2009. All answers to written parliamentary questions are available on the Parliament's website, the search facility for which can be found at <http://www.scottish.parliament.uk/Apps2/Business/PQA/Default.aspx>.

Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab): To ask the Scottish Executive what action is being taken to address mental health services where there have been long waiting times for access to treatments. (S3W-25409)

Shona Robison: In most cases, those requiring access to mental health services already receive treatment well within 18 weeks. However, for those areas where delays do occur, we are considering new waiting times targets.

We are currently working to establish by April 2010, a referral to treatment waiting time target for specialist child and adolescent mental health services and over the coming months will be giving similar consideration to establishing a waiting time target to access psychological therapies.

Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab): To ask the Scottish Executive what action it is taking to collect accurate statistics on dementia in light of the Audit Scotland report, Overview of mental health services, which identifies underreporting as an issue. (S3W-25411)

Shona Robison: Under the GMS contract GPs are paid for maintaining a register of patients with a diagnosis of dementia. We recognised in 2007 that the number of people on the dementia register was less than we expected from survey data available. That is why we put in place a target for NHS boards to deliver agreed improvements in the early diagnosis and management of patients with dementia and specifically linked to the number of people on the dementia register. The Mental Health Collaborative is also continuing to support NHS boards in their delivery of this target.

Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab): To ask the Scottish Executive what action it is taking to develop services for people with dementia given the prediction by Alzheimer Scotland that the number of people with dementia will increase by 75% by 2031. (S3W-25412)

Shona Robison: Dementia is a priority for the Scottish Government and we have already put in place and planned a range of practical measures to improve early diagnosis, information, support and care management that is making a real difference not just to those with dementia, but also to their carers and families.

We recently announced our intention to develop a Dementia Strategy over the summer months to review our current work to identify any gaps and further opportunities for change and improvement.

Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab): To ask the Scottish Executive whether it intends to collect data from GPs on the number of people recorded as having (a) schizophrenia and (b) bipolar disorder. (S3W-25413)

Shona Robison: As part of the Quality and Outcomes Framework (QOF) of the General Medical Services contract, GP practices hold a register of patients with schizophrenia, bipolar disorder and other psychoses - the Mental Health register. The combined number of patients per 100 is reported as part of National Statistics and published by Information and Statistics Division (ISD), Scotland. There are no plans to collect data on the individual conditions.

Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab): To ask the Scottish Executive what action it is taking to improve access to places of safety and assessment for people with mental health problems who are in police custody. (S3W-25417)

Shona Robison: Psychiatric Emergency Plans (PEPs) set out locally agreed, multi-agency plans for the safe and appropriate transport of people assessed as requiring emergency detention in hospital. PEPs cover a range of topics including the role of the Police and other agencies in emergency detention and the provision of appropriate places of safety. PEPs are all developed in keeping with the principles of the Mental Health (Care and Treatment) (Scotland) Act 2003. Every health board has produced a PEP, agreed with the local authority, police and partner agencies. The PEP describes the procedures to be followed in identifying a suitable place of safety.

In addition the Association of Chief Police Officers in Scotland (ACPOS) has published and distributed a diversity booklet, A Practical Guide, to all police staff within the Scottish Police Service. In relation to the issue of "place of safety", the booklet contains a section specifically about mental health.

All Scottish forces also have a place of safety policy in place which provides police staff with much more detailed information and guidance relating to local arrangements for place of safety.

The ACPOS Mental Health Group continually monitors issues around the place of safety and has a strong working relationship with the Mental Welfare Commission. Indeed, work is currently ongoing to consider the reporting process for place of safety to the Mental Welfare Commission.

Robert Brown (Glasgow) (LD): To ask the Scottish Executive what action it is taking in response to the report, Remember, I'm still me, produced jointly by the Care Commission and the Mental Welfare Commission for Scotland, relative to the quality of care for people with dementia living in a care home. (S3W-25434)

Shona Robison: The Dementia Strategy, to be developed over the summer months, will also focus on the issues identified in that report.

Robert Brown (Glasgow) (LD): To ask the Scottish Executive whether it will develop a national dementia strategy. (S3W-25435)

Shona Robison: I refer the member to the answer to question S3W-24446 on 11 June 2009. All answers to written parliamentary questions are available on the Parliament's website, the search facility for which can be found at <http://www.scottish.parliament.uk/Apps2/Business/PQA/Default.aspx>.

Mary Scanlon (Highlands and Islands) (Con): To ask the Scottish Executive how it plans to identify, diagnose and treat older people with depression (a) at home and (b) in care homes. (S3W-24962)

Nicola Sturgeon: The Scottish Government is committed to providing appropriate care and treatment to all of those who experience depression, including ensuring early identification and diagnosis.

We recognise that a large proportion of people in all age ranges with depression remain undiagnosed, so we continue to work with partners on campaigns to end stigma around mental ill-health and to encourage those in need of help to seek it.

Activity on clinical identification, diagnosis and treatment across age ranges includes ensuring care pathways standards; increasing access to psychological therapies and reducing the reliance on antidepressants; and improving screening for depression for those with diabetes and coronary heart disease.

The GP contract has been enhanced in recent years to improve detection and treatment of depression, and follow-up care. Some health boards in Scotland have locally enhanced services in place to deliver health care services to people in care homes, tailored to specific needs such as monitoring of medication. We are working with NHS Education for Scotland specifically on the issue

of delivering psychological therapies for older people, including a particular focus on delivery to those housebound and in care homes.

On mental health promotion and prevention of common mental health problems such as depression, we have funded NHS Health Scotland to work with partners, such as Age Concern Scotland and the Mental Health Foundation, to address mental health in later life. Work focuses on research to underpin health promoting activities with older people and to disseminate the learning from research; building older people's capacity to engage in mental health-promoting activity at local, regional and national level; and developing information resources.

Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab): To ask the Scottish Executive what action it is taking to address mental health problems in black and ethnic minority communities and what funding has been allocated specifically to this issue. (S3W-25385)

Nicola Sturgeon: Scottish Government funds health boards and local authorities to provide equal mental health services to all communities and groups within Scotland. In addition we fund a national and strategic race equality mental health programme within NHS Health Scotland to develop better understanding of, and to address the particular mental health needs of Scotland's black and minority ethnic communities. £90,000 is provided each year from 2008 to 2011 to support projects, practitioners' networks and initiatives designed to promote good practice and challenge issues and barriers. Within this programme the Scottish Government also funds two local projects within primary care mental health services (NHS Lothian and NHS Glasgow) to support black and minority ethnic communities. These projects will each receive £200,000 between 2008 and 2011.

Digital Technology

Tavish Scott (Shetland) (LD): To ask the Scottish Executive how much of the €1 billion funding package for rural broadband under the European Economic Recovery Plan will be allocated to Scotland. (S3W-25116)

Tavish Scott (Shetland) (LD): To ask the Scottish Executive what criteria will be used to determine the distribution of Scotland's share of the €1 billion funding package for rural broadband under the European Economic Recovery Plan. (S3W-25117)

Tavish Scott (Shetland) (LD): To ask the Scottish Executive whether Scotland's share of the €1 billion funding package for rural broadband under the European Economic Recovery Plan will be distributed under the Scotland Rural Development Programme through the LEADER programme and, if so, whether it will be ring-fenced and whether it will be additional to any LEADER funding already allocated. (S3W-25118)

Tavish Scott (Shetland) (LD): To ask the Scottish Executive when applications can be made for funding from Scotland's share of the €1 billion funding package for rural broadband under the European Economic Recovery Plan. (S3W-25119)

Richard Lochhead: Scotland's share of the €1 billion funding package for rural broadband under the European Economic Recovery Plan is approximately €2.9 million. Criteria to determine the distribution of the funding package are currently being considered by the Scottish Government and will be concluded over the summer. Applications for the funding will be invited as soon as practicable thereafter.

As I announced on 10 June, funding for broadband services will be distributed under the Scotland Rural Development Programme through LEADER. I can also confirm that this funding will be ring-fenced and is additional to LEADER funding already allocated.

Credit Unions

Bill Butler (Glasgow Anniesland) (Lab): To ask the Scottish Executive how many credit unions currently operate in Scotland, broken down by local authority area. (S3W-25501)

Alex Neil: We do not hold up-to-date details of credit unions in Scotland, including their common bond coverage, which would allow us to provide a breakdown by local authority area. However, the Financial Services Authority (FSA), which regulates credit unions, has advised us that 119 credit unions currently operate in Scotland.

National Conversation

Jeremy Purvis (Tweeddale, Ettrick and Lauderdale) (LD): To ask the Scottish Executive what the costs have been of the National Conversation, also broken down by (a) staffing, (b) holding and attending events, (c) publicity, (d) publication and design, (e) branding and staging materials and (f) other. Holding answer issued: 8 May 2009 (S3W-23202)

Jeremy Purvis (Tweeddale, Ettrick and Lauderdale) (LD): To ask the Scottish Executive what the costs have been of the development of the planned independence referendum legislation, including staffing costs. Holding answer issued: 8 May 2009 (S3W-23204)

Michael Russell: The National Conversation is successfully engaging the people of Scotland in the debate about Scotland's constitutional future. There have been nearly half a million hits on the National Conversation web pages; over 3,500 people have attended public events across Scotland; and the voluntary sector, churches and other faith groups, trade unions, ethnic minority groups, universities, the media and Scotland's young people are all taking part.

In relation to staff costs, I refer the member to the answer to question S3W-23203 on 1 July 2009. All answers to written parliamentary questions are available on the Parliament's website, the search facility for which can be found at <http://www.scottish.parliament.uk/Apps2/Business/PQA/Default.aspx>.

The cost of holding events directly organised and paid for by the Scottish Government since the start of the National Conversation is £56,907. The Scottish Government does not hold information about the cost of events organised and paid for by others. The costs of publishing policy documents related to the National Conversation stands at £55,144. One-off costs of £10,836 have been incurred for branding and staging materials.

Jeremy Purvis (Tweeddale, Ettrick and Lauderdale) (LD): To ask the Scottish Executive how many staff (a) have been and (b) are employed on the National Conversation coordination team and at what cost. Holding answer issued: 8 May 2009 (S3W-23203)

Michael Russell: The team which manages the National Conversation and referendum is responsible for the Government's policy on developing Scotland's constitution, and responding to related initiatives such as the UK Government's Governance of Britain programme, the Commission on Scottish Devolution, the All Wales Convention, the Independent Commission on Funding and Finance for Wales.

Staff costs from the formation of the team to April 2009 amounted to £341,256. As of April 2009 the equivalent of 11.3 full time staff are engaged on these activities. The member should also be aware that a core team of three officials prepared the information on borrowing powers provided to the Commission on Scottish Devolution at the request of the Scottish Liberal Democrats, and over twenty officials were involved in the response to the factual questions asked by the commission.