

Questions (most recent first)

Additional Support Needs

Pauline McNeill (Glasgow Kelvin) (Lab): To ask the Scottish Executive what the national guidelines are regarding the transfer of social work services for children with additional support needs between local authorities. (S3W-32326)

Adam Ingram: Under the Education (Additional Support for Learning) (Scotland) Act 2004, the local authority with responsibility for the child's or young person's education is under a duty to deliver any social work support services if that child or young person requires such support to benefit from school education. Where a child transfers to another local authority area, the duty to provide appropriate social work services, where required, falls to the receiving authority.

Pauline McNeill (Glasgow Kelvin) (Lab): To ask the Scottish Executive for what reason a re-assessment of someone with additional support needs who moves from one local authority area to another is necessary when they have already been assessed by a professional in their previous local authority. (S3W-32327)

Adam Ingram: Under the Education (Additional Support for Learning) (Scotland) Act 2004, "additional support" is defined as support that is different in some way from that generally provided for children of the same age in pre-school centres and schools in the area to which the child or young person belongs. It is for the receiving local authority to determine what, if any, additional support for learning may be required for someone moving into their area.

Pauline McNeill (Glasgow Kelvin) (Lab): To ask the Scottish Executive what the maximum waiting time is for someone with additional support needs who has moved from one local authority area to another to be assessed by their new local authority. (S3W-32328)

Pauline McNeill (Glasgow Kelvin) (Lab): To ask the Scottish Executive what the average waiting time is for someone with additional support needs who has moved from one local authority area to another to be assessed by their new local authority. (S3W-32329)

Adam Ingram: This information requested is not held centrally.

The Education (Additional Support for Learning) (Scotland) Act 2004 (the 2004 act) places education authorities under a duty to make adequate and efficient provision for the additional support needs of every child and young person for whose school education they are responsible and who requires additional support for learning.

Under the 2004 act, there are only specified timescales for re-assessing those children and young people with additional support needs who have a co-ordinated support plan. For such persons, the maximum time for reviewing a plan following a move from one local authority area to another is 20 weeks.

It is important to note that if a parent or young person is unhappy with the level of provision being offered by their new authority, the 2004 act provides mechanisms for resolving disagreements.

Mental Health

Dr Richard Simpson (Mid Scotland and Fife) (Lab): To ask the Scottish Executive what action it has taken to address the deficit incurred by the Mental Health Tribunal for Scotland Administration as of March 2009. (S3W-31967)

Fergus Ewing: The deficit incurred by the Mental Health Tribunal for Scotland Administration during 2008-09 was met by transferring underspend from elsewhere in Health Directorate General's budget that year to the administration. Through a programme of efficiencies and savings the administration is projected to meet its budget allocation for 2009-10.

Dr Richard Simpson (Mid Scotland and Fife) (Lab): To ask the Scottish Executive what budget is allocated to the Mental Health Tribunal for Scotland in (a) 2009-10 and (b) 2010-11. (S3W-31968)

Fergus Ewing: The total budget allocated to the Mental Health Tribunal for Scotland is £9.75 million for 2009-10 and £9.5 million for 2010-11.

Dr Richard Simpson (Mid Scotland and Fife) (Lab): To ask the Scottish Executive what efficiency savings the Mental Health Tribunal for Scotland is expected to make in (a) 2009-10 and (b) 2010-11 and how these savings will be measured. (S3W-31969)

Fergus Ewing: The Mental Health Tribunal for Scotland Administration is expected to come in on budget at £9.75 million in 2009-10 and £9.5 million in 2010-11. These levels of expenditure represent savings of 7% and 9.5% respectively using expenditure in 2008-09 of £10.5 million as a base. Key measures for tracking savings include the number of hearing days when more than one case is considered by the tribunal and the numbers of hearings per case.

Dr Richard Simpson (Mid Scotland and Fife) (Lab): To ask the Scottish Executive when the Mental Health Tribunal for Scotland expects to complete a memorandum of understanding with each local authority. (S3W-31970)

Fergus Ewing: The Mental Health Tribunal for Scotland Administration is seeking to sign-off agreed memoranda of understanding with all local authorities in Scotland by the end of April 2010.

Jeremy Purvis (Tweeddale, Ettrick and Lauderdale) (LD): To ask the Scottish Executive whether the Mental Health (Care and Treatment) (Scotland) Act 2003 Code of Practice published in 2005 is the most recent Scottish Government code of practice for that act. (S3W-32137)

Nicola Sturgeon: I can confirm that the Mental Health (Care and Treatment) (Scotland) Act 2003 Code of Practice (statutory guidance) which was published on 21 September 2005 is the most recent Scottish Government code of practice for that act.

Mental Health

Dr Richard Simpson (Mid Scotland and Fife) (Lab): To ask the Scottish Executive when it expects the conclusions of the independent review of the Mental Health (Care and Treatment) (Scotland) Act 2003 to be published. (S3W-32022)

Shona Robison: The independent review of the Mental Health (Care and Treatment) (Scotland) Act 2003 was published on 7 August 2009 as part of the consultation on the review of the act. Copies were placed in the Scottish Parliament Information Centre and also sent to the chairs of relevant cross party groups and to parliamentary committees. Following the consultation period (7 August to 6 November) 82 written responses were received.

An analysis of the consultation responses has now been completed. The report of the analysis along with the research findings will be published on the Scottish Government website in the week commencing 8 March 2010.

Responses to the recommendations included in the consultation will inform policy development in this area. Amendments to the act will require primary legislation which will be taken forward as part

of a further legislative programme. However, there will also be some changes through practice guidance or amendments to secondary legislation.

Mary Scanlon (Highlands and Islands) (Con): To ask the Scottish Executive whether NHS boards now deliver faster access to child and adolescent mental health services, as outlined in the NHS Scotland Performance Targets for 2009-10. (S3W-32024)

Shona Robison: The target for 2009-10 is a developmental one that has provided a focus for NHS boards and the Waiting Times Delivery Board in their work to implement the new referral to treatment waiting time target. It has focussed attention on workforce, services, data collection, quality of care, referral protocols and information systems. A three month pilot started with NHS boards in January 2010 to ensure that appropriate data-gathering systems are in place to allow their performance around the waiting time target to be monitored.

The waiting time target, to be in place from April 2010, means that by March 2013 no one will wait longer than 26 weeks from referral to treatment for specialist child and adolescent mental health services (CAMHS). It is supported by our additional investment of £5.5 million more each year in CAMHS by 2011-12 that will enable us to significantly increase the CAMHS capacity in Scotland.

Blind and Partially Sighted People

Stuart McMillan (West of Scotland) (SNP): To ask the Scottish Executive, given the ageing population, what measures are being taken to accommodate the health and social care needs of the increasing number of blind and partially sighted people. (S3W-31948)

Shona Robison: The Scottish Government, NHS Scotland and local authorities have recently embarked on a major programme to reshape care for older people and all aspects of delivering care are within the scope of that review. We are therefore committed to an extensive programme of public engagement as part of the work of the reshaping programme. Details of a series of national and local events will be announced shortly.

We have also very recently launched Care Information Scotland which offers information and guidance for care and support services for older people. Further information is available at the following website <http://www.careinfoscotland.co.uk/home.aspx>.

The Scottish Government has made available £2.6 million of pump priming funding through NHS boards and their stakeholders to help further develop eye care services in the community. An evaluation of the pilot projects has been undertaken and a report is currently being finalised.

We have also made £2.2 million available over this, and the next, financial year to pilot seven "one stop shop" models for sensory impairment services across Scotland. We are working alongside organisations representing people with visual and hearing impairments such as RNIB Scotland and Grampian Society for the Blind in piloting the "one stop shop" model. Areas that have a high proportion of older people, such as the Borders, Western Isles and Argyll and But, have been specifically chosen as pilots.

Blind and Partially Sighted People

Robert Brown (Glasgow) (LD): To ask the Scottish Executive, given the increasing role of the third sector in providing services for blind and partially sighted people, what steps are being taken to improve the capacity of voluntary organisations to recruit and retain volunteers. (S3W-32003)

Shona Robison: The Scottish Government recognise the valuable role that the third sector plays in helping deliver services, not only for blind and partially sighted people, but across the entire sector.

We will continue to work with our partners in the third sector ensuring that appropriate services are available for those that require them.

For example, the Scottish Government has provided funding of £2.2 million over this financial year, and next financial year, to various third sector partners in order to develop and lead seven sensory impairment "one stop shop" models of service delivery.

Among the partners receiving funding include RNIB Scotland, Fife Society for the Blind, Grampian Society for the Blind and Sight Action. As well as working with local statutory bodies such as the NHS board and local authority there is a provision within a number of the pilots to build on and develop existing local voluntary networks. The pilots recognise that peer support and advice and information from local volunteers, many of whom themselves have a sensory impairment, is important, particularly at the early stage of a sensory impairment diagnosis.

Disability Discrimination Act 1995

Jamie Hepburn (Central Scotland) (SNP): To ask the Scottish Executive what powers and responsibilities are conferred on it by the Disability Discrimination Act 1995. (S3W-32004)

Alex Neil MSP: The Disability Discrimination Act 1995, which is reserved to Westminster, protects disabled people from discrimination in employment, access to goods, facilities and services, the buying, renting, or selling of land or property, education, transport and the exercise of public functions. The Act imposes a general duty on public authorities to promote equality of opportunity between disabled people and non-disabled people.

The Scottish Government has responsibilities under the Act for ensuring that its services and functions do not discriminate against disabled people, and for promoting equality of opportunity between disabled people and non-disabled people.

The Scottish Ministers have power to make regulations to impose on a relevant Scottish authority or cross-border authority such duties as they consider appropriate for the purpose of ensuring better performance by that authority of the general duty to promote equality of opportunity between disabled people and non-disabled people.

National Health Service

Bill Wilson (West of Scotland) (SNP): To ask the Scottish Executive whether it will encourage other NHS boards to adopt disability leave policies similar to that of NHS 24. (S3W-31938)

Nicola Sturgeon: The Disability Policy developed by NHS 24 is currently being piloted and the results of this pilot will be fed back to the rest of NHSScotland in due course.

NHS boards have the autonomy to adopt policies which are appropriate to local need. NHSScotland has a range of progressive policies in place to protect and improve the health and wellbeing of its workforce and NHS boards are actively working in partnership with their staff to achieve sustained improvements in attendance rates.

Mental Health

Malcolm Chisholm (Edinburgh North and Leith) (Lab): To ask the Scottish Executive whether its amendment 36 to the Public Services Reform (Scotland) Bill, which was passed in committee on 26 January 2010, has relevance to the position of the Mental Welfare Commission for Scotland. (S3W-31649)

Shona Robison: Amendment 36 to the Public Services Reform (Scotland) Bill sets out examples of protections for the purposes of the preconditions in section 12 on the use of the Order-making power

in section 10. The power in section 10, and therefore the preconditions that must be satisfied, apply to the bodies listed in schedule 3, which include the Mental Welfare Commission for Scotland.

Mental Health

Malcolm Chisholm (Edinburgh North and Leith) (Lab): To ask the Scottish Executive which local authorities are investing in school-based mental health provision such as that provided by The Place2Be in 10 primary schools in Edinburgh. (S3W-31646)

Adam Ingram: This information is not held by the Scottish Government.

It is for local authorities and their partners in NHS boards to design and determine the level of services provided to meet the needs of children and young people who require access to mental health provisions and service, based on local priorities and clinical need.