

Questions

Period ending:29/05/09

Single Outcome Agreements

Peter Peacock (Highlands and Islands) (Lab): To ask the Scottish Executive what the potential legal, operational and financial consequences would be of local authorities and their community planning partners failing to undertake an environmental assessment of single outcome agreements. (S3W-23829)

Roseanna Cunningham: It is for the individual local authorities to consider whether their single outcome agreement falls within the scope of the Environmental Assessment (Scotland) Act 2005 (2005 Act) and therefore requires a Strategic Environmental Assessment (SEA).

However, there is the possibility of the following legal consequences for authorities that fail to meet their statutory obligations under 2005 Act when preparing Scottish plans and programmes:

Section 11 of the Environmental Assessment (Scotland) Act 2005 provides the Scottish ministers with the powers to consider whether any Scottish plan or programme requires an Strategic Environmental Assessment (SEA) and to direct a Responsible Authority to carry out an SEA in accordance with the 2005 Act, if they consider one was required.

The other is the possibility of judicial review in the Court of Session.

There are no direct financial consequences, such as a penalty for not undertaking an SEA when one was required. However, if it is found that a Responsible Authority had failed to undertake an SEA of a plan or programme there is likely to be indirect cost implications, for example; plan preparation delays, potential remedial action and the need for a retrospective assessment.

Mental Health

Jackie Baillie (Dumbarton) (Lab): To ask the Scottish Executive what NHS Greater Glasgow and Clyde inpatient mental health provision is used by patients from outwith that NHS board area. (S3W-24015)

Nicola Sturgeon: NHS Greater Glasgow and Clyde(NHSGGC) have confirmed that in the one year period to 31 April 2009, that there were 1,184 bed days of unplanned activity into Greater Glasgow beds from other boards which comprised of 114 admissions, using the equivalent of three beds per day.

NHSGGC have stated that around 60% of this unplanned bed use relates to the neighbouring boards of NHS Ayrshire and Arran and NHS Lanarkshire.

Jackie Baillie (Dumbarton) (Lab): To ask the Scottish Executive to where NHS Greater Glasgow and Clyde patients are referred for inpatient mental health care if there is insufficient capacity within NHS Greater Glasgow and Clyde. (S3W-24016)

Nicola Sturgeon: NHS Greater Glasgow and Clyde have confirmed that the use of acute beds beyond its own boundaries is very low. Greater Glasgow and Clyde provides 1,510 beds for acute assessment, continuing care and specialist services (1,121 of these beds are provided by Greater Glasgow hospitals).

In the 12 month period to 31 April 2009, there were five admissions to a bed outwith the Glasgow area using a total of 16 bed days. This includes both unplanned requests to other boards and presentation at accident and emergency services whilst Greater Glasgow residents are temporarily

away from the Glasgow area. The number of patients from other NHS boards using hospitals in Greater Glasgow and Clyde is significantly higher

Mental Health (Care and Treatment) (Scotland) Act 2003

Jackie Baillie (Dumbarton) (Lab): To ask the Scottish Executive what plans it has to ensure that its guidance document, *With Inclusion in Mind*, published in November 2007 is used by local authorities in implementing sections 25 to 31 of the Mental Health (Care and Treatment) (Scotland) Act 2003. (S3W-23990)

Shona Robison: Since publication of *With Inclusion in Mind*, the Scottish Government has provided additional funding to local authorities in 2007-08 and in 2008-09 to support them in developing responses to the guidance. A conference was held in the autumn of 2008 to share best practice and further encourage and support this work. The funding support and conference will be repeated in 2009-10.

Mental Health

Iain Smith (North East Fife) (LD): To ask the Scottish Executive how it will improve the provision of mental health services. (S3O-7144)

Shona Robison: We will continue to deliver on our challenging national performance targets, supported by a range of other activity, designed to improve and modernise the provision of mental health services and ensure that quality, integrated mental health services are available for all who need them.

This service-improvement agenda is a key part of our partnership approach to improving the mental health and wellbeing of the people of Scotland, focussed on mental health promotion, prevention and recovery.

Jackie Baillie (Dumbarton) (Lab): To ask the Scottish Executive whether it considers that the use of eligibility criteria for community care services by local authorities to determine access to services designed to promote the wellbeing of individuals who have or have had a mental illness is compatible with sections 25 to 31 of the Mental Health (Care and Treatment) (Scotland) Act 2003. (S3W-23992)

Shona Robison: Local authorities have a duty to meet the statutory requirements of the Mental Health (Care and Treatment) (Scotland) Act 2003 but may do so in a variety of ways.

Eligibility criteria may refer to the allocation of some resources but would never exclude access to resources such as assessment, advice and guidance. Responses to Section 26 will often include these as well as support to access other main stream services.

Concessionary Travel

Maureen Watt (North East Scotland) (SNP): To ask the Scottish Executive when it expects to publish the report of its review of the Scotland-wide free bus travel scheme for older and disabled people. (S3W-24178)

Stewart Stevenson: I am pleased to say that today I have made arrangements for copies of the report to be available from the Scottish Parliament Information Centre (Bib. number 48145). The report will also be published on the Scottish Government website.

Mental Health

Jackie Baillie (Dumbarton) (Lab): To ask the Scottish Executive how many beds were originally planned for the new mental health in-patient facility at Gartnavel Hospital. (S3W-23876)

Jackie Baillie (Dumbarton) (Lab): To ask the Scottish Executive how many beds are available at the new mental health in-patient facility at Gartnavel Hospital. (S3W-23877)

Shona Robison: NHS Greater Glasgow's 1999 Modernising Mental Health strategy proposed the development of 117 acute short-stay beds in the new mental health hospital at Gartnavel Hospital. The profile of these beds is detailed in the table below.

Adults	60
Elderly	45
Intensive Psychiatric Care Unit	12
Total	117

In addition, the board planned for the retention of 30 long-stay non-acute beds (consisting of 10 intensive rehabilitation long-stay beds and 20 adult long-stay beds) in good quality ward accommodation from the existing mental health ward capacity elsewhere on the Gartnavel site.

Jackie Baillie (Dumbarton) (Lab): To ask the Scottish Executive what the planning assumptions are for bed numbers at the new mental health in-patient facility at Gartnavel Hospital for (a) Greater Glasgow and (b) Clyde patients. (S3W-23878)

Shona Robison: The relevant planning assumptions as set out in NHS Greater Glasgow and Clyde's Vision for the Vale document assumed a total of 60 acute adult mental health beds at Gartnavel Hospital: 48 beds for the Greater Glasgow area, and 12 beds for the Clyde area (although the board's proposals for adult mental health in the Vision for the Vale have not yet received Ministerial approval).

As confirmed in the answer to question S3W-23876 on 21 May 2009, NHS Greater Glasgow's 1999 mental health strategy proposed that there should be a total of 60 acute adult mental health beds at Gartnavel Hospital. As I would expect, the board has revised its planning assumptions in line with national policy and operating experience since 1999. The development of appropriate crisis and assertive outreach services throughout the country over the last 10 years has seen a significant shift in the balance of care from management of adult acute mental health problems in inpatient settings to the management of a proportion of such problems through community-based crisis teams. This has seen comparable bed levels in England reduce by 10-20% over that period. NHS Greater Glasgow and Clyde has confirmed that the average relevant bed use throughout 2008 at Gartnavel Hospital was 49 beds. As such, Gartnavel Hospital is already operating close to the revised 48-bed plan and can be expected to appropriately reduce its bed use level as community-based services are further consolidated.

In terms of the planning assumptions for the remaining categories of mental health beds at Gartnavel Hospital, the board have confirmed that the number of Intensive Psychiatric Care Unit beds are to remain at 12: 10 for the Greater Glasgow area and two for the Clyde area. As with adult acute mental health services, the board's assumptions are based on historically low occupancy levels, meaning the Clyde area activity can be absorbed without constraining current levels of Greater Glasgow activity.

There are no changes in the assumptions around the older people's contingent of 45 beds at Gartnavel as the Vision for the Vale proposes that the relevant patients from the Clyde area should be treated at the Vale of Leven Hospital.

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>.

Jackie Baillie (Dumbarton) (Lab): To ask the Scottish Executive where NHS Greater Glasgow and Clyde in-patient mental health facilities are located. (S3W-24014)

Shona Robison: NHS Greater Glasgow and Clyde has confirmed that its inpatient mental health facilities are currently located at the following hospitals (excluding learning disabilities and NHS nursing homes): Stobhill Hospital (including the Rowanbank Clinic); Leverndale Hospital; the Southern General Hospital; Parkhead Hospital; Gartnavel Hospital; Dykebar Hospital; the Royal Alexandra Hospital; Ravenscraig Hospital; Inverclyde Royal Hospital, and the Vale of Leven Hospital.

Jackie Baillie (Dumbarton) (Lab): To ask the Scottish Executive what the in-patient mental health capacity was of the planned secure units at Stobhill and Dykebar hospitals. (S3W-24053)

Shona Robison: NHS Greater Glasgow and Clyde have confirmed that there were 44 medium secure and 30 low secure beds planned for the original Stobhill Local Forensic Psychiatric Unit (for Glasgow residents). At the same time, 30 beds on the Leverndale site were due to close following their migration into the new development of the Stobhill forensic unit. A mixture of 30 medium/low secure beds were originally planned for the Dykebar unit (for West of Scotland residents with the exception of Glasgow).

Jackie Baillie (Dumbarton) (Lab): To ask the Scottish Executive where the in-patient mental health capacity that was to be provided by the secure unit at Dykebar Hospital has been accommodated. (S3W-24054)

Shona Robison: NHS Greater Glasgow and Clyde have confirmed that by retaining the low secure beds on the Leverndale site, the 30 planned beds for Dykebar were provided as part of a reconfigured 74-bed medium secure bed unit at Stobhill. The net effect is to leave the overall capacity for medium and low secure beds unchanged at 104 beds.

Jackie Baillie (Dumbarton) (Lab): To ask the Scottish Executive whether the planned in-patient mental health capacity at Gartnavel Royal Hospital has been affected by the loss of capacity at the planned secure unit at Dykebar Hospital and, if so, how this has altered bed numbers. (S3W-24055)

Shona Robison: No forensic capacity was ever provided or planned for Gartnavel Hospital so these changes have no impact on the Gartnavel Hospital.

Disability Discrimination Act 1995

George Foulkes (Lothians) (Lab): To ask the Scottish Executive what assessment it has made of the effectiveness of the Disability Discrimination Act 1995 in relation to access to toilets and what action it intends to take. (S3W-23578)

Shona Robison: The Disability Discrimination Act 1995 is reserved to Westminster and the Scottish Government has not undertaken an assessment of its effectiveness in relation to access to toilets.

The Scottish Government is committed to equality for disabled people and the revised Scottish Building Standards, introduced in May 2007, now require the provision of an accessible toilet within all new non-domestic buildings. The form and provision of facilities within such toilets reflects the good practice recommendation identified in the British standard BS 8300 – "Design of buildings and their approaches to meet the needs of disabled people: code of practice".

We are keen to get an early picture of how the 2007 changes have been implemented and any issues which have arisen. As part of this, we intend to undertake discussion with a range of stakeholders, including disability organisations, later this year.

Community Care and Health (Scotland) Act 2002

Rhoda Grant (Highlands and Islands) (Lab): To ask the Scottish Executive, further to the answer to question S3O-6612 by Shona Robison on 23 April 2009, when the proposed visits to each local authority will take place. (S3W-23820)

Shona Robison: Following a letter being sent to local authorities at the end of April asking whether such meetings would be beneficial, eleven authorities have finalised arrangements, with the first meeting scheduled for 12 June. It is anticipated that the majority of councils will participate over the coming months.

Questions	Period ending:15/05/09
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Voluntary Sector

Shirley-Anne Somerville (Lothians) (SNP): To ask the Scottish Executive what guidance exists for voluntary organisations seeking to access enhanced or standard disclosure checks for staff and volunteers working with vulnerable adults. (S3W-22959)

Shona Robison: The bodies with operational responsibility for disclosure checks are Disclosure Scotland and the Central Registered Body for Scotland. Guidance for organisations seeking to access disclosure checks for staff and volunteers is therefore available on their websites at: Disclosure Scotland <http://www.disclosurescotland.co.uk/index.htm>. Central Registered Body for Scotland <http://www.crbs.org.uk/>.

Shirley-Anne Somerville (Lothians) (SNP): To ask the Scottish Executive what discussions it had with Disclosure Scotland concerning changes to the interpretation of eligibility criteria for voluntary organisations seeking to access enhanced or standard disclosure checks for staff and volunteers working with vulnerable adults. (S3W-22960)

Shona Robison: Following audit compliance work by Disclosure Scotland (DS), both DS and the Central Registered Body for Scotland (CRBS) approached Scottish Government officials to request clarification on their different interpretations of the criteria that should be applied when defining who was eligible for an enhanced disclosure for an adult at risk position. Extensive discussions were held and it was subsequently found that more individuals within the voluntary and charitable sectors were being checked at the enhanced level than existing legislative provisions allow.

Shirley-Anne Somerville (Lothians) (SNP): To ask the Scottish Executive what consultation with the voluntary sector took place before changes were made to the interpretation of eligibility criteria for voluntary organisations seeking to access enhanced or standard disclosure checks for staff and volunteers working with vulnerable adults. (S3W-22961)

Shona Robison: My officials have met with and discussed the criteria set out in current legislation with representatives of the voluntary and charitable sector. The sector has endorsed the proposal to amend secondary legislation to provide continuity and to create a bridge between the current legislation and the implementation of the Protection of Vulnerable Groups (Scotland) Act. 2007.

Shirley-Anne Somerville (Lothians) (SNP): To ask the Scottish Executive what impact assessment was carried out before changes were made to the interpretation of eligibility criteria for voluntary organisations seeking to access enhanced or standard disclosure checks for staff and volunteers working with vulnerable adults. (S3W-22962)

Shona Robison: The changes arose following audit compliance work by Disclosure Scotland which highlighted that some voluntary and charitable sector positions fall outwith the criteria set out in current legislation. It was identified that some individuals would not have been allowed to have anything other than a basic disclosure check until the commencement of the Protection of Vulnerable Groups (Scotland) Act in 2010. So for continuity, and to ensure that local authorities are not faced with reduced services, an amendment to current legislation is being brought forward to enable organisations to request enhanced level checks.

Shirley-Anne Somerville (Lothians) (SNP): To ask the Scottish Executive what discussions took place with local authorities about existing requirements in funding agreements with voluntary organisations for enhanced or standard disclosure checks for staff and volunteers working with vulnerable adults before changes were made to the interpretation of the eligibility criteria for access to such checks. (S3W-22963)

Shona Robison: Discussions have taken place with COSLA. Costs for enhanced level checks for volunteers delivering social care services to adults at risk will continue to be borne by the Scottish Government.

Shirley-Anne Somerville (Lothians) (SNP): To ask the Scottish Executive what communication there has been with voluntary organisations that previously accessed enhanced or standard disclosure checks for staff and volunteers working with vulnerable adults and will now be unable to do so following the changes made to the interpretation of the eligibility criteria for access to such checks. (S3W-22964)

Shona Robison: This is a matter for Disclosure Scotland and the Central Registered Body for Scotland who have operational responsibility for disclosure checks.

People with Learning Disabilities

Jackie Baillie (Dumbarton) (Lab): To ask the Scottish Executive how it recognises and accommodates the needs of people with learning disabilities entering acute care on an emergency or elective basis. (S3W-22903)

Shona Robison: The Fair for All agenda looks to ensure that whatever the individuals circumstances they have access to the right health services for their needs.

Guidance entitled Achieving fair access was issued to the NHS in April 2007 and is available at <http://www.healthscotland.com/documents/2033.aspx>.

Section 4 of the guidance covers accessible service delivery and section 4.4 provides advice on admission to health services.

As a response to the recommendations of the fatal accident inquiries the Scottish Government asked NHS boards to prepare action plans for improvement to services. The plans show a range of actions that aim to ensure people with a learning disability are appropriately supported on admission to acute care.

Adult Literacy and Numeracy

Anne McLaughlin (Glasgow) (SNP): To ask the Scottish Executive what steps have been taken to increase levels of adult literacy. (S3W-23477)

Fiona Hyslop: Improving levels of adult literacy and numeracy (ALN) is crucial to securing a competitive economy; promoting education and lifelong learning and tackling health and wellbeing. The Scottish Government directly supports adult literacy developments in a wide range of contexts and settings through the work of the Learning Connections adult literacy team. These include:

- the Big Plus awareness raising campaign (with Skills Development Scotland);
- staff training and professional development opportunities for tutors;
- special projects concentrating on target groups such as the workplace, families, offenders, young people, and
- research and curriculum development .

Community Learning and Development (CLD) Partnerships in each of the local authority areas comprising representatives from local authorities, colleges, third sector organisations, Jobcentre Plus and trade unions are currently responsible for delivery of ALN learning.

Scottish Government funding for CLD Partnerships is provided as part of a block grant to local government and it is the responsibility of each local authority to allocate its resources on the basis of local needs and priorities.

We have made available an additional £4 million over 2009-11 to help improve skills for the adult literacies and CLD workforce.

Questions	Period ending:08/05/09
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Voluntary Sector

Mr Frank McAveety (Glasgow Shettleston) (Lab): To ask the Scottish Executive what volunteering programmes it has initiated to introduce young people to local sporting programmes. (S3W-22657)

Shona Robison: The Scottish Government supports a range of volunteering programmes, through its various partner organisations, to engage young people with sport. The member may wish to contact sportscotland, the delivery body responsible for supporting people in Scotland to participate in sport, for further details.

Karen Gillon (Clydesdale) (Lab): To ask the Scottish Executive whether it will review the decision to limit the provision of enhanced disclosure checks, in particular to the voluntary sector. (S3W-23151)

Shona Robison: Enhanced level disclosure checks can only be undertaken in line with current legislation. Entitlement to seek a check at this level depends on whether a particular position is (a) exempted from the provisions of the Rehabilitation of Offenders Act 1974 and (b) is a position which, in relation to volunteers working with adults at risk, meets the criteria specified within regulations 9 and 10 of the Police Act 1997(Criminal Records) (Scotland) Regulations 2006(SSI 2006/96).

Following audit compliance work by Disclosure Scotland, it has come to light that some voluntary and charitable sector positions fall outwith the criteria set out in current legislation. We are however satisfied that those whose work brings them into unsupervised contact with adults at risk should be eligible for an enhanced level check and we will bring forward a legislative amendment which enables organisations to request these.

Mental Health

Ross Finnie (West of Scotland) (LD): To ask the Scottish Executive what action it is taking to reduce the use of antidepressants. (S3W-22867)

Shona Robison: The Scottish Government is committed to providing appropriate care and treatment to those who suffer from depression, in line with national clinical guidelines.

This is supported by work to put in place integrated care pathways for depression that meet the standards established by NHS QIS; the commitment to increase access to psychological therapies in Scotland in line with the evidence base for effective interventions; screening for depression for those with coronary heart disease and diabetes and appropriate treatment; access to online and telephone

based cognitive behavioural therapy and self-help for depression; promotion of physical activity as both a treatment for depression to reduce the risk of developing depression, and our target of increasing the range of non-pharmacological responses to depression to reduce reliance on antidepressants.

Malcolm Chisholm (Edinburgh North and Leith) (Lab): To ask the Scottish Executive how much of the £32 million for the National Delivery Plan for Children and Young People's Specialist Services announced on 20 January 2009 has been allocated and how much has been allocated to children's mental health services. (S3W-23230)

Shona Robison: In year 1, 2008-09, £2 million was provided to Regional Planning Groups and Health Boards for specialist children's services. Year 2 funding of £10 million has been allocated to NHS boards and Regional Planning Groups. Discussions are on-going with the National Delivery Plan Implementation Group regarding year 3 funding of £20 million. From year 2 and 3 funding, £1 million per year has been allocated for child and adolescent mental health services.

Helen Eadie (Dunfermline East) (Lab): To ask the Scottish Executive what response there has been from NHS boards to the offer of an additional £2 million per year from 2009-10 to support the development of specialist child and adolescent mental health services, both for inpatients and in the community. (S3W-23260)

Shona Robison: Bids have now been received and accepted from NHS boards, on a regional basis. The bids focus on increasing access to specialist services.

Additional funding was announced on 6 May to support further developments in the specialist child and adolescent mental health service (CAMHS) workforce I refer the member to the answer to question S3W-23262 on 7 May 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>

Helen Eadie (Dunfermline East) (Lab): To ask the Scottish Executive what plans it has to introduce waiting time targets for child and adolescent mental health services. (S3W-23261)

Shona Robison: We are currently working to establish a waiting time target for referral to treatment for specialist child and adolescent mental health services for 2010-11. A Project Delivery Board has been established to support and inform this and attention is being focussed on workforce, services, data collection, quality of care, referral protocols and information systems.

Helen Eadie (Dunfermline East) (Lab): To ask the Scottish Executive what plans it has to increase the capacity of the specialist child and adolescent mental health services workforce to the levels recommended in the report, Getting the Right Workforce, Getting the Workforce Right. (S3W-23262)

Shona Robison: We continue to encourage NHS boards to consider the child and adolescent mental health services (CAMHS) workforce development within their workforce plans and reflect this priority agenda in local spending plans. We are also supporting them to reconfigure the existing workforce and introduce a new mix of skills and competencies to meet these challenges. Specifically for specialist CAMHS we have recently made available £2 million new money each year, to be matched by NHS boards, to accelerate the development of specialist CAMHS inpatient services and supporting intensive community services.

In addition, on 6 May we announced £6.5 million over three years to expand the dedicated child psychology workforce and to open up additional training places and posts.

Helen Eadie (Dunfermline East) (Lab): To ask the Scottish Executive what plans it has to address concerns of agencies involved in children and young people's mental health policy development that levels of inter-agency working could be improved. (S3W-23263)

Shona Robison: We continue to work with NHS boards and their partner agencies to address the challenges of implementing such a large service agenda across multiple organisations and agencies.

Getting it right for every child (Bib. number 46523) has a particular emphasis on ensuring that where more than one agency is providing support, there is a co-ordinated approach, based on shared assessment using common language, with a lead professional to co-ordinate action. Our recently published action plan for mental health improvement – Towards a Mentally Flourishing Scotland – identifies mentally healthy infants, children and young people as a strategic priority. It reiterates that the challenges and complexities require action by government, including local government, by the NHS, by organisations in the voluntary and private sectors, as well as people themselves. Plans to support interagency working include support to local interagency implementation and learning and workforce development.

Helen Eadie (Dunfermline East) (Lab): To ask the Scottish Executive what action it proposes to increase funding and staffing of university departments relating to children's mental health. (S3W-23264)

Shona Robison: Improving the mental health and wellbeing for children and young people is a priority for the Scottish Government. We continue to encourage NHS boards to consider Child & Adolescent Mental Health Services (CAMHS) workforce development within their workforce plans.

Workforce Planning is well established in NHSScotland and a National Workforce Planning Framework is in place to support and assist NHS boards in planning their future workforce needs, taking into account current supply and future demand. A nursing workforce planning model is in place at national level to determine the need for student nurses, including mental health nurses, to meet future demand and takes into account the workforce characteristics of the current nursing supply. NHS boards should also factor changes to services and their likely impact on staff groups into their own workforce planning processes. Based on this information the Scottish Government Health Directorates commissions a nationally agreed number of student nurses and midwives to the six higher education providers of nursing and midwifery education. As part of this commissioning process, the Health Directorates will ensure that the future need for CAMHS nurses is taken into account. NHS Education for Scotland, on behalf of the Scottish Government Health Directorates, is working with both education providers and NHS boards to maximise the exposure of both mental health and children's nursing students to Child and Adolescent Mental Health Services as practice placements.

Deaf and Hard of Hearing People

Cathie Craigie (Cumbernauld and Kilsyth) (Lab): To ask the Scottish Executive what plans it has to include training in lip-reading in the rehabilitation of people with hearing loss as part of the comprehensive review of health provision being undertaken under the Better Health, Better Care programme. (S3W-23387)

Shona Robison: Lip-reading is only one aspect of the rehabilitation of people who become deaf in adult life and recently the Audiology Services Advisory Group has agreed to work with the Scottish Government's Chief Rehabilitation Officer who is responsible for the National Rehabilitation Framework for Scotland to establish the most effective rehabilitation for those with a hearing loss. They will consider rehabilitation in a modernised audiology service providing recommendations on clarification of roles and responsibilities within a patient pathway. They will also identify associated funding streams required to support the various multi-agency aspects of rehabilitation within and beyond the NHS.

Cathie Craigie (Cumbernauld and Kilsyth) (Lab): To ask the Scottish Executive what support it gives to organisations to provide courses for people who want to train as a lip-reading tutors. (S3W-23388)

Shona Robison: The Scottish Government is currently developing a more strategic approach for the provision of rehabilitation of those with a hearing loss within a wider rehabilitation framework.

The Scottish Government's Audiology Services Advisory Group (ASAG) has agreed to work with the Chief Rehabilitation Officer who is responsible for the National Rehabilitation Framework for Scotland. They will consider lip-reading within the wider context of rehabilitation in a modernised Audiology service.

Cathie Craigie (Cumbernauld and Kilsyth) (Lab): To ask the Scottish Executive what support it gives to lip-reading tutors to ensure that lip reading classes are widely available given that one in five people has a degree of hearing loss and could benefit from classes. (S3W-23389)

Shona Robison: The Scottish Government is planning to conduct research to establish the most effective interventions in the rehabilitation of those who have a hearing loss. Following the result of the research, the Scottish Government's Audiology Services Advisory Group (ASAG) has agreed that it will provide professional clinical advice to the Chief Rehabilitation Officer who is responsible for the National Rehabilitation Framework for Scotland. The proposed research will consider the effectiveness of lip-reading within the wider context of rehabilitation in a modernised audiology service. It will consider rehabilitation with clarification of roles and responsibilities within a patient pathway. It will also identify associated funding streams required to support the various multi-agency aspects of rehabilitation within and beyond the NHS.

Cathie Craigie (Cumbernauld and Kilsyth) (Lab): To ask the Scottish Executive, further to the answer to question S3W-20543 by Shona Robison on 19 February 2009, what steps it will take to ensure that deaf people who attend the out-patient service in Glasgow provided by the John Denmark Unit (JDU) in Manchester will receive the same level of service now that the JDU has only one psychiatrist. (S3W-23398)

Shona Robison: The out-patient service in Glasgow provided by the John Denmark Unit (JDU) is carried out by a Clinical Nurse specialist who, if necessary, either refers patients to local psychiatric services, or to a psychiatrist at JDU if admission is considered appropriate.

JDU currently has two psychiatrists and is presently recruiting a third. JDU continues to work with NHS Scotland National Services Division under current arrangements to improve both JDU's outreach and to enhance local community services in Scotland for this patient group.

Cathie Craigie (Cumbernauld and Kilsyth) (Lab): To ask the Scottish Executive, further to the answer to question S3W-20543 by Shona Robison on 19 February 2009, what progress has been made on its plans to further improve regional specialist community services for deaf people. (S3W-23399)

Shona Robison: We continue to progress work on improving regional specialist community services – in tandem with further examination of the merits of establishing an in-patient facility.

Following discussions with NHS regional planners and the mapping of current regional specialist provision, we are giving active consideration to how we enhance the latter as part of further examination of the merits of establishing an in-patient facility.

Cathie Craigie (Cumbernauld and Kilsyth) (Lab): To ask the Scottish Executive, further to the answer to question S3W-20543 by Shona Robison on 19 February 2009, what progress has been made regarding its examination of the merits of a Scotland-based inpatient mental health facility for deaf people. (S3W-23400)

Shona Robison: Examination of the merits of a Scotland-based in-patient facility – and how we, in tandem, improve regional specialist community services – continues.

Following discussions with NHS regional planners and the mapping of current regional specialist provision, we are giving active consideration to how we enhance the latter as part of further examination of the merits of establishing an in-patient facility.