

**Questions****Week ending 02/10/09****Mental Health**

**Helen Eadie (Dunfermline East) (Lab):** To ask the Scottish Executive how many beds in psychiatric units are dedicated to (a) children and (b) adolescents with learning difficulties. (S3W-27756)

**Shona Robison:** There are no specific beds in psychiatric units dedicated to children and adolescents with learning difficulties. Children with learning difficulties who are assessed as requiring inpatient accommodation in a psychiatric unit will be treated in one of the nine beds for children provided on a national basis at the Royal Hospital for Sick Children (Yorkhill). For young people requiring inpatient care, there are currently 24 beds available in the west of Scotland, 12 beds in the east of Scotland and six beds in the north of Scotland, with ongoing consideration to increase this to 12 beds. The £2 million that we are making available on a recurring basis to accelerate the development of specialist child and adolescent mental health services (CAMHS) focuses on enhancing intensive community services to support these inpatient facilities.

**Helen Eadie (Dunfermline East) (Lab):** To ask the Scottish Executive how many beds for forensic patients are dedicated to (a) children and (b) adolescents with learning difficulties. (S3W-27757)

**Shona Robison:** The number of children and adolescents requiring care and treatment in a secure forensic psychiatric unit in Scotland is very small, and even within this small group of patients the needs are very different, for example, some may have a learning disability, and it would not be appropriate to simply treat all child and adolescent forensic patients together given their differing needs. Scotland is part of the UK-wide arrangements whereby NHS National Services Scotland commissions a secure forensic mental health service for young people, resident in Scotland, from the Department of Health in England.

Improving mental health and wellbeing for children and young people is a priority for the Scottish Government. As part of that priority, the Scottish Government is working with NHS boards and other partners to deliver specific objectives and commitments set for children and young people's mental health. There has been progress in attention to training and workforce planning, better early intervention, supported transitions, improved primary care and improved planning and delivery of specialist care, including age-appropriate inpatient care.

**Helen Eadie (Dunfermline East) (Lab):** To ask the Scottish Executive what funding has been put in place to meet the staffing needs of the new west of Scotland adolescent psychiatry inpatient unit. (S3W-27758)

**Shona Robison:** This is a matter for West of Scotland NHS boards (Ayrshire and Arran, Dumfries and Galloway, Forth Valley, Greater Glasgow and Clyde and Lanarkshire) who are jointly responsible for delivering a service for patients in their areas.

However, we are working closely with all NHS boards to increase the specialist child and adolescent mental health services (CAMHS) workforce to deliver a service which meets all our expectations and takes account of the changing needs and increasing demand for role flexibility to support appropriate care models. The additional £6.5 million that we are making available over the next three years to NHS boards will significantly increase the number of psychologists working in specialist CAMHS.

We are also making £2 million available on a recurring basis to accelerate the development of specialist CAMHS services, including access to inpatient beds and intensive community services.

## Mental Health

**Marilyn Livingstone (Kirkcaldy) (Lab):** To ask the Scottish Executive how it will invest in dementia services in Fife to ensure that quality provision is available at all levels of need and appropriate funding is available. (S3O-7924)

**Shona Robison:** Dementia is a national priority for this government with our target on early diagnosis and the range of other national activity, including on post-diagnostic support, public awareness and guidance on care in acute and accident and emergency settings all designed to complement and support the delivery of dementia services locally. The Dementia Strategy will be published in April 2010 and will build on our joint achievements and activity to date.

Investment in and spend on dementia services is drawn by NHS Fife and Fife Council from overall resources provided to them by the Scottish Government. It is the responsibility of NHS Fife and Fife Council to work in partnership to allocate funds on the basis of local needs and priorities in ensuring the continuum of health and social care needed by those with dementia as their condition progresses. Planning partners in Fife are nearing the completion of producing of a comprehensive dementia strategy which we anticipate will include consideration on local investment and the design of local dementia services.

**Gavin Brown (Lothians) (Con):** To ask the Scottish Executive how many people have been diagnosed with dementia in the NHS Lothian area in each year since 1999. (S3W-27269)

**Shona Robison:** The requested information is not held centrally.

Under the Quality and Outcomes Framework (QOF) element of the current General Medical Services contract GPs have since March 2006 maintained a register of patients who they know have a diagnosis of dementia. The register comprises patients who are newly diagnosed within the registering year and those who are diagnosed prior to the registering year.

The total number of persons included on QOF dementia registers in NHS Lothian practices are as follows:

Year ending March 2007:	4,797
Year ending March 2008:	5,033

A very small number of GP practices with NHS Lothian are not included in these figures. Also, these figures may include non-Lothian residents who are registered with a Lothian practice, and may exclude Lothian residents who are registered with a practice outwith NHS Lothian.

We recognised in 2007 that the number of people on the GP dementia register was less than we expected from survey data available. That is why we put in place a national target for NHS boards to deliver agreed improvements in the early diagnosis and management of patients with dementia, specifically linked to the number of people on the GP dementia register.

The Mental Health Collaborative is continuing to support NHS boards in their delivery of this target.

## Mental Health

**Jackie Baillie (Dumbarton) (Lab):** To ask the Scottish Executive for what reason a person sectioned under the Mental Health (Care and Treatment) (Scotland) Act 2003 is not allowed to change their responsible medical officer or seek private mental health care instead. (S3W-27148)

**Nicola Sturgeon:** NHS boards have procedures in place to allow for a change of Responsible Medical Officer (RMO) and for seeking second opinion medical reports.

The Compulsory Treatment Order (CTO) made by the Mental Health Tribunal will specify the hospital for treatment or the care package in the community; this may include, where appropriate, an independent health care facility. Volume 2, Chapter 3 of the Mental Health (Care and Treatment) (Scotland) Act 2003 Code of Practice provides guidance on potential conflicts of interest where treatment in an independent health care service is proposed.

**Jackie Baillie (Dumbarton) (Lab):** To ask the Scottish Executive whether it collects information on the number of people who (a) felt that had they benefited from and (b) complained about being sectioned under the Mental Health (Care and Treatment) (Scotland) Act 2003. (S3W-27149)

**Nicola Sturgeon:** This information is not collected centrally. Complaints from individuals about being subject to compulsory measures of treatment under the Mental Health (Care and Treatment) (Scotland) Act 2003 are made locally to the appropriate NHS board.

For short term detention certificates (STDCs), statistics in relation to those who challenge their having been made subject to the certificate may be inferred by the numbers who appeal to the Mental Health Tribunal against the STDC. An individual can appeal to the Mental Health Tribunal for a revocation of a STDC, and Volume 2, Chapter 2 of the Mental Health (Care and Treatment) (Scotland) Act 2003 Code of Practice provides guidance on this. Approximately 100 applications for revocation of a STDC are made each quarter, of these around 50% are withdrawn before being heard and between 10 to 25% are revoked. Source Mental Health Tribunal quarterly statistics:

<http://www.mhtscotland.gov.uk/mhts/files/Quarterly%20Report%20April%20to%20June%202009.pdf>

For Compulsory Treatment Orders (CTOs), these longer term orders may be made directly by the tribunal on the application of a mental health officer, and following a Tribunal hearing at which the patient will have been involved to give their view. Again, the most recent Mental Health Tribunal quarterly statistics (for April to June 2009) provide an indication of the percentages of CTOs made by the tribunal (around 77%) of those applied for. Thereafter, statistics in relation to those who continue to object to the CTO having been granted by the Tribunal might be inferred from the number of appeals made to the Sheriff Principal under the statutory mechanisms. In the period September 2008 to August 2009 inclusive the tribunal was served with 14 appeals to sheriff principals, not all of which went to full hearings having been dismissed as incompetent or because the appellant no longer wished to appeal; it should also be noted that not all of those appeals from the tribunal will have been made by patients, some may have been made by health boards.

**Jackie Baillie (Dumbarton) (Lab):** To ask the Scottish Executive whether it considers that no individual detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 should be forcibly medicated during an appeal until a tribunal has established that the person in question has a mental illness and that the medication is likely to be of significant benefit. (S3W-27150)

**Nicola Sturgeon:** There are three ways in which a person may be 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 either 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.

A short-term detention certificate does enable treatment to be given, in accordance with part 16 of the 2003 Act. Volume 1, Chapter 10 of the Mental Health (Care and Treatment) (Scotland) Act 2003 Code of Practice provides guidance on the provision of medical treatment for mental disorder which are set out in part 16, including the issue of consent.

**Jackie Baillie (Dumbarton) (Lab):** To ask the Scottish Executive whether it considers that, as a matter of course, the solicitor representing a person detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 should be able to cross-examine the responsible medical officer and the mental health officer to test whether the criteria for compulsory treatment are met. (S3W-27151)

**Nicola Sturgeon:** Volume 2, Chapter 7 of the Mental Health (Care and Treatment) (Scotland) Act 2003 Code of Practice provides guidance on the processes involved in preparing an application for a compulsory treatment order. This includes guidance on the involvement of the Mental Health Tribunal which determines the application and on the individuals who will be allowed to give evidence at a hearing.

The Mental Health Tribunal has a wide discretion in terms of its powers to allow a patient's solicitor to examine the responsible medical officer and the mental health officer's evidence. The tribunal also has wide powers of its own to inquire into the evidence available. Scottish ministers would expect that a patient's legal representative would have the opportunity to examine the evidence before the tribunal and that the tribunal would otherwise probe the evidence itself.

**Jackie Baillie (Dumbarton) (Lab):** To ask the Scottish Executive whether it considers that a short-term detention certificate is invalid if either the approved medical practitioner or the mental health officer has failed to fulfil their duties as specified in sections 44(10) and 45 of the Mental Health (Care and Treatment) (Scotland) Act 2003. (S3W-27152)

**Nicola Sturgeon:** Volume 2, Chapter 2 of the Mental Health (Care and Treatment) (Scotland) Act 2003 Code of Practice clearly sets out the procedures which must be followed before a short-term detention certificate may be granted. The duty on the approved medical practitioner under section 44(10) of the 2003 Act to consult the patient's named person is subject to the caveat at subsection (11) of section 44, that he or she need not consult the named person where it is impracticable to do so. Likewise, the duty on the mental health officer to interview the patient and take the other required steps before deciding whether to consent to the granting of a short-term detention certificate is subject to the caveat at subsection (2) of section 45, where it is impracticable to do so.

**Jackie Baillie (Dumbarton) (Lab):** To ask the Scottish Executive whether it considers it possible for a person sectioned under the Mental Health (Care and Treatment) (Scotland) Act 2003 to have no mental illness. (S3W-27153)

**Nicola Sturgeon:** One of the criteria for a person to be made subject to compulsory measures of treatment under the Mental Health (Care and Treatment) (Scotland) Act 2003 is that they have a mental disorder. I refer the member to the answer to question S3W-27157 on 22 September 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>.

**Jackie Baillie (Dumbarton) (Lab):** To ask the Scottish Executive what its position is on the view that the treatment of a person sectioned under the Mental Health (Care and Treatment) (Scotland) Act 2003 is too reliant on the skills and integrity of the responsible medical officer assigned to that person under the act. (S3W-27154)

**Nicola Sturgeon:** Volume 2, Chapter 7 of the Mental Health (Care and Treatment) (Scotland) Act 2003 Code of Practice details the procedures to be followed by the responsible medical officer (RMO). Where practicable the RMO must consult a Mental Health Officer (MHO) and obtain their consent to the granting of the emergency detention certificate. Where MHO consent is refused the emergency detention certificate may not be granted and the patient may not be detained.

A range of professionals are involved in the care and treatment of an individual under the act. An individual who is required to receive care and/or treatment will have an MHO appointed to work for them. The MHO's responsibilities include interviewing the individual, advising them of their rights, providing consent for the individual to be assessed or treated in hospital under compulsory measures, applying for a CTO and advising the Mental Welfare Commission and the individual's named person if they have been detained in hospital or when an application is being made for a CTO. The MHO may also liaise with hospital staff and other members of the multi-disciplinary team involved in the care of an individual.

Anyone carrying out duties or giving someone treatment under the act, e.g. doctors, nurses and social workers, has to follow the principles set out in the act which are to ensure that individuals are treated with respect. This includes taking account of; the patient's past and present wishes about their care and treatment; the views of their named person, guardian or welfare attorney; the range of options available for their care and treatment; what will ensure the maximum benefit for them; making sure that they are not being treated any less favourably because they are being treated under the act, and the individual's abilities and background.

**Jackie Baillie (Dumbarton) (Lab):** To ask the Scottish Executive what its response is to the Scottish Association for Mental Health (SAMH) report, All you need to know?: Scottish Survey of People's Experience of Psychiatric Drugs, which reported that most mental health service users experienced unwanted effects when given antipsychotic drugs and many found them unhelpful. (S3W-27155)

**Nicola Sturgeon:** Antipsychotic medicines are an important group of medicines that are very effective in the treatment of conditions such as schizophrenia, agitation, anxiety, mania and aggression. The use of such medicines is recommended within clinical guidelines such as those produced by the Scottish Intercollegiate Guidelines Network (SIGN).

As with all medicines, the available data on efficacy and safety are carefully considered at the time of licensing to ensure the benefits outweigh any potential risks. Once marketed, the safety of all medicines, including antipsychotics, is monitored by the Medicines and Healthcare products Regulatory Agency (MHRA) and the independent scientific expert advisory group the Commission on Human Medicines. Any new safety concerns that arise are thoroughly evaluated and the balance of risks and benefits is kept under continuous review.

All medicines have the potential to cause unwanted side-effects. The side-effects associated with antipsychotic medicines are well recognised and information and guidance on the use of these treatments is available from a number of sources such as the British National Formulary [www.bnf.org](http://www.bnf.org) and the Patient Information Leaflet, which should be supplied with the medicine.

In every case, the decision whether or not to prescribe any treatment for a patient depends on the clinical judgement of the doctor concerned wherever possible in consultation with the patient and also bearing in mind the risks and benefits of treatment.

**Jackie Baillie (Dumbarton) (Lab):** To ask the Scottish Executive whether it considers it acceptable that at least one person with mental health problems has had to be put on a life support machine after being given an antipsychotic drug. (S3W-27156)

**Nicola Sturgeon:** It is always a matter of regret if any patient experiences a serious adverse event associated with medication. The risks associated with medicines must be considered against the

potential benefits of the treatment and antipsychotics are extremely effective medicines for the treatment of serious conditions including schizophrenia, agitation, anxiety, mania and aggression. The decision to treat a patient with an antipsychotic drug is primarily based on clinical judgement taking into account the patient's condition as well as the risks and benefits of treatment.

The Medicines and Healthcare products Regulatory Agency (MHRA) and the expert independent scientific advisory group the Commission for Human Medicines continuously monitor the safety of all medicines available on the UK market. The MHRA ensures that all medicines are supplied with product information which accurately reflects current knowledge and contains the necessary information to aid the safe use of medicine. This includes information about risk minimisation measures for important risks and, where appropriate, also as advice about how patients should be monitored and under what circumstances consideration should be given to stopping the medicine.

More generally, it is important to note that the occurrence of an adverse event may not necessarily mean that it was caused by the medicine. Many factors have to be taken into account in assessing causal relationships, including the possible contribution of concomitant medication and the patient's underlying condition.

**Jackie Baillie (Dumbarton) (Lab):** To ask the Scottish Executive whether it considers it possible that some psychiatrists might occasionally misdiagnose a person as having a psychotic condition. (S3W-27157)

**Nicola Sturgeon:** There are, at present, two established international classification systems for mental disorders - ICD.10 and DSM-IV which have specific criteria laid down which have to be fulfilled to enable a diagnosis to be made.

Sometimes a diagnosis may change e.g. an individual may appear to have a psychotic condition such as schizophrenia, due to drug taking, which then disappears after treatment and drug withdrawal.

Also throughout a lifetime an individual's diagnosis may change as different symptoms emerge.

If an individual has concerns that they have been misdiagnosed then there are a range of options open to them, including that: they may ask for a second opinion; they may apply to the tribunal for revocation of the order; or they may contact the Mental Welfare Commission to look into their complaint.

**Jackie Baillie (Dumbarton) (Lab):** To ask the Scottish Executive whether it considers that the mental health officer asked to consent to the granting of a short-term detention certificate under the Mental Health (Care and Treatment) (Scotland) Act 2003 should not interview the person to whom the certificate applies in the presence of the psychiatrist who has granted the certificate. (S3W-27158)

**Nicola Sturgeon:** Volume 2, Chapter 2 of the Mental Health (Care and Treatment) (Scotland) Act 2003 Code of Practice provides guidance on the mental health officer's interview with the patient. The guidance does not stipulate who may or may not be present at such interviews, although it is expected that independent interviews with the patient by medical professionals would be carried out separately. This is an issue which has already been drawn to officials' attention and will be considered in the next review of the Code of Practice.

**Jackie Baillie (Dumbarton) (Lab):** To ask the Scottish Executive whether it considers that a mental health officer (MHO) who consents to the granting of a short-term detention certificate under the Mental Health (Care and Treatment) (Scotland) Act 2003 should, where practicable, have interviewed the person in question for longer than a few minutes, in particular when the MHO has not met the person previously. (S3W-27159)

**Nicola Sturgeon:** Section 45(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 places an mental health officer (MHO) under a duty to interview a patient before the granting of a short-term detention certificate. This is reinforced in Volume 2, Chapter 2 of the Mental Health (Care and Treatment) (Scotland) Act 2003 Code of Practice, which provides guidance and best practice as regards the full duties on the MHO, including their interview with the patient, ascertaining the name and address of the patient's named person, and informing the patient of independent advocacy rights.

**Jackie Baillie (Dumbarton) (Lab):** To ask the Scottish Executive, when a mental health officer (MHO) interviews a person prior to consenting to the granting of a short-term detention certificate under the Mental Health (Care and Treatment) (Scotland) Act 2003, whether the MHO should produce a report to be made available to the person in question. (S3W-27160)

**Nicola Sturgeon:** There is no requirement for a written report to be made available, although this may be done in practice. Volume 2, Chapter 2 of the Mental Health (Care and Treatment) (Scotland) Act 2003 Code of Practice provides guidance on procedures to be followed before the granting of a short-term detention certificate.

### Concessionary Travel

**George Foulkes (Lothians) (Lab):** To ask the Scottish Executive, further to the answer to question S3W-26509 by Stewart Stevenson on 10 September 2009, whether it will clarify the situation regarding eligibility criteria for the free bus travel scheme for those who will become eligible in the next decade. (S3W-27212)

**Stewart Stevenson:** We have agreed to extend the eligibility criteria from 1 April 2011 to include seriously injured HM Forces personnel and veterans. We have no other plans to change the eligibility criteria.

### Concessionary Travel

**Nanette Milne (North East Scotland) (Con):** To ask the Scottish Executive how many injured military veterans are entitled to free travel passes. Holding answer issued: 18 September 2009 (S3W-26971)

**Nanette Milne (North East Scotland) (Con):** To ask the Scottish Executive how many injured military veterans have been provided with free travel passes. Holding answer issued: 18 September 2009 (S3W-26972)

**Stewart Stevenson:** At present, there is no eligibility criterion relating specifically to injured military veterans within the Scotland-wide Free Bus Travel Scheme for Older and Disabled People. However, we have agreed that injured military veterans will be added to the scheme from 1 April 2011 and are working with the UK Government to effect that change.

<b>Questions</b>	<b>Week ending 18/09/09</b>
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### Single Outcome Agreements

**Tom McCabe (Hamilton South) (Lab):** To ask the Scottish Executive how it is monitoring the effects of single outcome agreements on services for people with mental health problems. (S3W-26855)

**Shona Robison:** The Scottish Government is not formally monitoring the effects of the introduction of single outcome agreements (SOAs) on specific services provided by local authorities as part of local partnerships.

We are confident that the effects of the concordat and SOAs will have a positive impact on mental health services, and work being undertaken on social care mental health benchmarking will give a clearer benchmark and more comparative information.

The concordat and SOAs deliberately enhanced and greatly liberated local decision-making reflecting local knowledge of needs, priorities and demographics. SOAs set out strategic priorities for local areas - including tackling health inequalities; it is for each Community Planning Partnership (CPPs) 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, we look 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.

We also offer support and advice to enable local authorities and other partners to consider the strategic priorities across the range of community care areas to inform use of resources and service redesign, in order to improve outcomes for people who use services, and their carers.

We have also commissioned research on how the third sector is responding to the new opportunities and challenges arising from their new relationship with the public sector; this research was commissioned with the engagement of the third sector and public sector partners.

## Mental Health

**Tom McCabe (Hamilton South) (Lab):** To ask the Scottish Executive (a) how it works with local authorities in relation to efficiency savings in services for people with mental health problems and (b) whether it is developing a strategic context for such savings. (S3W-26857)

**Shona Robison:** The concordat and single outcome agreements give local authorities far greater autonomy not only to allocate funding on all local services in line with local need but also to manage efficiency savings locally without any constraints of ring-fenced funding streams.

The Scottish Government offers support and advice to enable local authorities and other partners to consider the strategic priorities across the range of community care areas to inform use of resources and service redesign, in order to improve outcomes for people who use services, and their carers.

In addition the developing work on the Integrated Resource Framework (IRF) with a number of local areas in Scotland will assist NHS boards and local authorities to consider their collective resources in context of demographic and financial challenges, and support more effective use of resources in delivery of service improvements.

**Tom McCabe (Hamilton South) (Lab):** To ask the Scottish Executive when it will announce a timescale in line with its commitment to introduce waiting time guarantees for mental health services. (S3W-26858)

**Shona Robison:** We are currently considering new waiting times targets for areas where individuals are not always currently able to access mental health services within 18 weeks.

We are working to establish by April 2010 a referral to treatment waiting time target for specialist child and adolescent mental health services, and we are also currently giving consideration to establishing a waiting times target for access to psychological therapies.

In most cases individuals requiring access to mental health services receive treatment well within 18 weeks.

**Tom McCabe (Hamilton South) (Lab):** To ask the Scottish Executive what action it will take to ensure that the NHS meets its mental health HEAT targets. (S3W-26859)

**Shona Robison:** The Scottish Government has invested £3 million per year for three years in the Mental Health Collaborative which is specifically tasked to support the NHS to deliver its four mental health HEAT targets.

This money funds a national team which works with boards on improvements needed to meet the targets, and additional time within boards to enable key board staff to focus on delivering these improvements

A formal performance management structure is also in place to support delivery of the targets, including a risk assessment process; a regular management board meeting, and performance review visits.

## Questions

Week ending: 11/09/09

### Voluntary Sector

**Jackie Baillie (Dumbarton) (Lab):** To ask the Scottish Executive what the overall aim is of its resilience fund for the third sector. (S3W-26904)

**Jackie Baillie (Dumbarton) (Lab):** To ask the Scottish Executive what criteria must be met in order to receive assistance from the resilience fund for the third sector. (S3W-26905)

**Jackie Baillie (Dumbarton) (Lab):** To ask the Scottish Executive how much money will be available in the resilience fund for the third sector. (S3W-26906)

**Jackie Baillie (Dumbarton) (Lab):** To ask the Scottish Executive whether the resilience fund for the third sector will fund core frontline services. (S3W-26907)

**Jackie Baillie (Dumbarton) (Lab):** To ask the Scottish Executive how it will avoid the resilience fund for the third sector displacing the loss of public sector funding. (S3W-26908)

**Jim Mather:** A roundtable discussion took place on the 14 April 2009 in St Andrews House, where ministers discussed with third sector leaders how the sector is responding to the downturn, its longer term resilience, and how to ensure the maximum alignment between government, the third sector, local authorities and other public bodies, in both weathering the downturn and making the most of the emerging opportunities.

Scottish ministers considered carefully the issues emerging from the roundtable discussion, and have agreed a set of actions to take forward the key issues. (The agreed set of actions can be found at <http://www.scotland.gov.uk/Topics/People/15300/ProposedActions>)

The Scottish Government is currently developing with its third sector partners a Resilience Fund for third sector organisations providing front line services that have been affected by the recession, through either seeing an increased demand for their services or experiencing cash flow difficulties.

Funding of £1.6 million to £1.7 million will be available and it is intended would be targeted at third sector organisations who can clearly demonstrate, and describe, how a shock caused by the recession has led to increased demand or significantly undermined their services.

An announcement about the parameters for the fund will be made soon.

### Voluntary Sector

**Jim Tolson (Dunfermline West) (LD):** To ask the Scottish Executive when it will publish the report into how the third sector contributes to the Scottish Government's strategic objectives with particular reference to the potential for social enterprises to deliver health benefits. (S3W-26963)

**John Swinney:** The Evidence Base for Third Sector Policy in Scotland: A review of selected recent literature will be published this autumn. The need for follow up research into the opportunities for the third sector to maximise its potential contribution to the delivery of high quality health care services in Scotland is currently being considered.

### Single Outcome Agreements

**Jeremy Purvis (Tweeddale, Ettrick and Lauderdale) (LD):** To ask the Scottish Executive, further to the answer to question S3W-25580 by John Swinney on 29 July 2009, what procedures are in place to assess local authorities' reports on their contribution to the achievement of national and local outcomes highlighted in their single outcome agreements in order to determine whether they are making adequate progress towards their targets and outcomes. (S3W-26443)

**Jeremy Purvis (Tweeddale, Ettrick and Lauderdale) (LD):** To ask the Scottish Executive, further to the answer to question S3W-25580 by John Swinney on 29 July 2009, how it will respond to local authorities' reports on their contribution to the achievement of national and local outcomes highlighted in their single outcome agreements and whether the responses will be in the public domain. (S3W-26444)

**John Swinney:** The purpose of these reports is both to inform communities on progress as part of Local Authority public performance reporting duties and to set out the contribution being made in each local authority area to the delivery of the Government's Purpose and National Outcomes. The reports will cover first round agreements now superseded by those agreed in June 2009, which for the first time encompass all Community Planning Partnerships in Scotland. Partnerships working with the Scottish Government, will use the reports to understand and track progress, learn lessons and implement continuous improvement.

**Jeremy Purvis (Tweeddale, Ettrick and Lauderdale) (LD):** To ask the Scottish Executive, further to the answer to question S3W-25580 by John Swinney on 29 July 2009, what action will be taken if local authorities' reports to the Scottish Government on their contribution to the achievement of national and local outcomes highlighted in their single outcome agreements do not indicate adequate progress towards targets and outcomes. (S3W-26445)

**John Swinney:** Outcome focused planning and delivery of services is a shared ambition of national and local government who are committed to working together to seek to resolve problems jointly. Partnerships working with the Scottish Government, will use the reports to understand and track progress, learn lessons and implement continuous improvement

**Jeremy Purvis (Tweeddale, Ettrick and Lauderdale) (LD):** To ask the Scottish Executive whether it plans to link local authorities' single outcome agreements more closely with the targets and indicators in Scotland Performs. (S3W-26449)

**Jeremy Purvis (Tweeddale, Ettrick and Lauderdale) (LD):** To ask the Scottish Executive whether it considers that the targets in local authorities' single outcome agreements should correspond with the targets and indicators in Scotland Performs. (S3W-26450)

**John Swinney:** Public services in Scotland are now focussed on one over-arching Purpose, high level Purpose Targets and 15 National Outcomes. Progress is reported at that national level through Scotland Performs, with the 45 National Indicators providing an overall summary of Scotland's progress at any given point in time.

At a local level Single Outcome Agreements now reflect a Community Planning Partnership's agreed outcomes for their local area, taking into account local circumstances and therefore the particular local priorities needed to make progress. Targets will in some cases be drawn from national measures but in the main also complemented by locally relevant indicators drawn from other

sources. There is on-going work to develop an improved menu of local indicators. The link with Scotland Performs will be kept under review.

## Homecoming Scotland

**Brian Adam (Aberdeen North) (SNP):** To ask the Scottish Executive whether it will encourage local history and oral history groups as well as local authorities to engage with their counterparts in communities with the same place names abroad to build on the success of Homecoming 2009. (S3W-26588)

**Michael Russell:** Homecoming Scotland 2009 has served as a great stimulus in encouraging individual local authorities and communities to engage with their counterparts in communities around the world that share the same place name.

A number of local authorities have proactively developed links with their towns in the context of their Homecoming activity this year and, while it is for local authorities to determine what cultural activities they pursue in order to raise their profile at home and overseas, we would of course welcome and encourage any activity undertaken by local authorities, local history and oral history beyond the Homecoming Year which prompts learning and the sharing of learning and which develops and promotes an understanding of Scotland, its communities and their place in the world.

A notable example of communities with the same place name engaging together is the "This Is Who Are" project being delivered by International Cultural Connections as part of the Homecoming Scotland programme. Through a series of community photography projects that pairs Canadian towns and cities with the places they were named after in Scotland, the connections between Scotland and its diaspora in Canada have been explored. In addition to the photography generated by each community, interviews have been conducted with participants exploring their Scottish heritage and knowledge of contemporary Scotland. The exhibition is touring venues in Scotland and Canada and will continue to do so beyond the close of the Homecoming Year.

## Audiology

**Tom McCabe (Hamilton South) (Lab):** To ask the Scottish Executive how it monitors the performance of the £3 million contract awarded to Queen Margaret University in 2005 under the auspices of the Audiology Modernisation Programme to deliver the graduate diploma in audiology course, the BSc honours degree in audiology and the continuing professional development courses for existing audiologists. (S3W-26841)

**Nicola Sturgeon:** I refer the member to the answer to question S3W-11923 on 29 April 2008. 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>.

**Tom McCabe (Hamilton South) (Lab):** To ask the Scottish Executive what discussions it has had with NHS Education for Scotland in relation to the successful delivery of the BSc honours degree in audiology, the graduate diploma in audiology and the continuing professional development courses for existing audiologists at Queen Margaret University. (S3W-26842)

**Nicola Sturgeon:** I refer the member to the answer to question S3W-11924 on 29 April 2008. 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>.

**Tom McCabe (Hamilton South) (Lab):** To ask the Scottish Executive how many students have entered the graduate diploma in audiology course at Queen Margaret University since the course began in 2005. (S3W-26843)

**Nicola Sturgeon:** Since September 2005, 49 students have entered the Graduate Diploma in Audiology at Queen Margaret University.

**Tom McCabe (Hamilton South) (Lab):** To ask the Scottish Executive how many students have entered the BSc honours degree in audiology course at Queen Margaret University since 2005. (S3W-26844)

**Fiona Hyslop:** Sixty-five students have entered the BSc honours degree in audiology course at Queen Margaret University since 2005.  
Source: NHS Education for Scotland (NES).

**Tom McCabe (Hamilton South) (Lab):** To ask the Scottish Executive how many audiologists have undertaken continuing professional development courses at Queen Margaret University since 2005. (S3W-26845)

**Nicola Sturgeon:** We estimate that approximately 100 audiologists have taken Continuing Professional Development courses at Queen Margaret University since 2005.

**Tom McCabe (Hamilton South) (Lab):** To ask the Scottish Executive how many graduates of Queen Margaret University's graduate diploma in audiology course have entered employment as audiologists with the NHS in Scotland. (S3W-26846)

**Nicola Sturgeon:** We estimate that approximately 18 students from the graduate diploma have entered the NHS in Scotland.

**Tom McCabe (Hamilton South) (Lab):** To ask the Scottish Executive how many qualified audiologists it estimates will be available to the NHS in Scotland by 2012 via the graduate diploma in audiology course delivered by Queen Margaret University. (S3W-26847)

**Nicola Sturgeon:** Queen Margaret University estimate that approximately 43 graduate diploma students will take up employment with the NHS by 2012.

**Tom McCabe (Hamilton South) (Lab):** To ask the Scottish Executive how many qualified audiologists it estimates will be available to the NHS in Scotland by 2012 via the BSc honours in audiology course delivered by Queen Margaret University. (S3W-26848)

**Nicola Sturgeon:** I refer the member to the answer to question S3W-11930 on 29 April 2008. 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>.

...Here's the answer from April:

### **Audiology**

#### **S3W-11930 - Tom McCabe (Hamilton South) (Lab) (Date Lodged Wednesday, April 16, 2008):**

To ask the Scottish Executive how many qualified audiologists it estimates will be available to the NHS in Scotland by 2012 via the BSc honours in audiology course delivered by Queen Margaret University.

Answered by Shona Robison (Tuesday, April 29, 2008): We estimate that there will be approximately 55 graduates eligible to enter the NHS in Scotland via the BSc (Hons) Audiology route by 2012.

## NHS Waiting Times

**Nanette Milne (North East Scotland) (Con):** To ask the Scottish Executive what the average waiting time was for a hearing aid in each year since 1999, broken down by NHS board. (S3W-26319)

**Shona Robison:** I refer the member to the answer to question S3W-25768 on 3 August 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>

**Nanette Milne (North East Scotland) (Con):** To ask the Scottish Executive what the average waiting time was for a hearing aid in each year since 1999, broken down by Scottish Parliament constituency. (S3W-26320)

Shona Robison: I refer the member to the answer to question S3W-25768 on 3 August 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>.

...Here's the answer from August:

## NHS Waiting Times

**S3W-25768 - Gavin Brown (Lothians) (Con) (Date Lodged Monday, July 13, 2009):** To ask the Scottish Executive how many patients have waited more than (a) 6, (b) 12 and (c) 24 months for a hearing aid after an initial hearing test and diagnosis in each year since 2007, broken down by NHS board.

**Answered by Nicola Sturgeon (Monday, August 03, 2009):** This information is currently not available centrally, however information relating to audiology waiting times in NHS boards has been collected since April 2007 and Information Services Division is actively working with the boards to improve the consistency, completeness and timeliness of these data. A revised dataset was introduced in December 2008 and a pre-announcement of this data will take place in August 2009 in line with statistical publication standards. Publication of the relevant data will be in November 2009. Audiology waiting times are included within the 18-week referral to treatment standard by 2011.