

Tuesday 29 August 2017

SCOTTISH GOVERNMENT

Communities

Jackie Baillie (Dumbarton) (Scottish Labour): To ask the Scottish Government how many third sector organisations it provides financial support to and, of those, how many receive three-year funding.

Holding answer issued: 31 July 2017

(S5W-10111)

Angela Constance: Detailed information on third sector funding is held in individual areas in the Scottish Government, and is being collated. I will write to the member as soon as the information is available, and a copy will be placed in the Parliament's Reference Centre (Bib number 59022).

Jackie Baillie (Dumbarton) (Scottish Labour): To ask the Scottish Government what funding streams were available to third sector organisations in 2011, and what funding streams are available in 2017, broken down by (a) name and (b) value for the year.

Holding answer issued: 31 July 2017

(S5W-10112)

Angela Constance: I refer the member to the answer to question S5W-10111 on 29 August 2017. All answers to written parliamentary questions are available on the Parliament's website, the search facility for which can be found at <http://www.parliament.scot/parliamentarybusiness/28877.aspx>

Jackie Baillie (Dumbarton) (Scottish Labour): To ask the Scottish Government whether it has consolidated any funding streams for voluntary sector organisations, and whether the value has increased, stayed the same or decreased.

Holding answer issued: 31 July 2017

(S5W-10113)

Angela Constance: I refer the member to the answer to question S5W-10111 on 29 August 2017. All answers to written parliamentary questions are available on the Parliament's website, the search facility for which can be found at <http://www.parliament.scot/parliamentarybusiness/28877.aspx>

Economy

Colin Smyth (South Scotland) (Scottish Labour): To ask the Scottish Government what action it is taking to promote energy storage in the south of Scotland.

Holding answer issued: 18 August 2017

(S5W-10424)

Paul Wheelhouse: The Scottish Government recognises the important role that energy storage technologies will play in Scotland's transition to a low carbon future.

The Scottish Government and Scottish Enterprise have a number of initiatives to support the promotion of smart, flexible energy systems such as energy storage. These include the Low Carbon Infrastructure Transition Programme, Scottish Enterprise's Research and Development grant programme, SMART: SCOTLAND and the CAN DO Innovation Challenge Fund. Funds from these schemes are available to eligible projects right across Scotland, including in the South of Scotland parliamentary region. This is in addition to existing commercial development, such as the recently consented Glenmuckloch pumped storage hydro scheme (400mw) which was consented in 2016.

A smarter model of local energy provision - where companies and communities are encouraged to develop local solutions to meet local needs and find innovative ways of generating, distributing and storing energy - is a key theme of the Scottish Government's draft Energy Strategy.

John Mason (Glasgow Shettleston) (Scottish National Party): To ask the Scottish Government what the revised indicative SRDP scheme budgets that are included in the latest SRDP modification are.

(S5W-10973)

Fergus Ewing: We have taken a range of circumstances into account in determining whether to make any modifications to the Scottish Rural Development Programme between now and 2020. These include the expectation that Scotland's overall discretionary budget is expected to be 9.2% lower in real terms in 2019-20 compared to 2010-11 and the failure of the UK Government to transfer £160 million convergence funding which rightly belongs to Scottish farmers, despite repeated requests to do so. Moreover, despite our best efforts, we still do not have certainty about the future of the SRDP beyond a commitment from the UK Government to maintain Pillar 1 payments to farmers until 2022. Just one example of this is the Less Favoured Area Support Scheme (LFASS) 2019, for which I have been seeking guarantees from the UK Government since November last year.

The Scottish Government remains determined to take a strategic approach to maintaining the SRDP 2014-2020 budget, ensuring that we maximise the EU funds, while continuing support for key government priorities. That approach means we do not intend to modify current indicative budgets for providing direct support for farmers and crofters, that we will increase SRDP funding to support new and young entrants and will maintain planned support for forestry grants to help deliver the 10,000 hectare tree planting target.

With regard to other changes, we have also taken account of spend to date in some schemes which has been lower than expected and adjusted future budgets accordingly.

The revised indicative budgets, which we are seeking approval from the European Commission for SRDP period 2014-2020 are:

Less Favoured Area Support Scheme - £419m

Agri-Environment Climate Scheme - £308m

Forestry Grant Scheme - £266.8m

Beef Efficiency Scheme - £25.4m

New Entrants - £22m

Crofters Agricultural Grant Scheme - £12m

Small Farmers Grant Scheme - £2m

Food Processing, Marketing and Cooperation Grant Scheme - £66m

Environmental Co-operation Action Fund - £4m

Advisory Services - £19.5m

Knowledge Transfer and Innovation Fund - £6m

LEADER - £82m

Broadband - £9m

It is important to note that these are indicative budgets, and we will continue to monitor scheme performance and demand, along with the impact of future Spending Reviews, to ensure that the SRDP continues to deliver towards our commitment to build growth all across rural Scotland.

Education, Communities and Justice

Liam McArthur (Orkney Islands) (Scottish Liberal Democrats): To ask the Scottish Government what plans it has to ensure that the additional 500 health visitors committed to in 2014 will be (a) trained and (b) recruited by 2018.

(S5W-10576)

Shona Robison: We have engaged with all Health Boards since the commitment to delivery of the 500 additional health visitors by 2018 was made in 2014. This engagement includes monitoring progress through quarterly returns and face to face meetings. A further series of meetings is due to take place between September 2017 and January 2018.

Our discussions and information to date suggest we are on track to meet this commitment.

Adam Tomkins (Glasgow) (Scottish Conservative and Unionist Party): To ask the Scottish Government how many independent advisers it has in post.

(S5W-10756)

Angela Constance: Following the conclusion of the Independent Advisor on Poverty and Inequality's contract in July, there is one remaining independent adviser; the Race Equality Framework Adviser. The Race Equality Framework Adviser provides strategic independent expertise, insight and advice to the Scottish Government in taking forward the actions in the framework.

The Scottish Government additionally receives advice through a number of channels, including working groups, Commissions, Commissioners and advice from stakeholder organisations. In some cases, staff from external agencies are seconded to the Scottish Government to undertake specific projects or for a particular piece of work.

Adam Tomkins (Glasgow) (Scottish Conservative and Unionist Party): To ask the Scottish Government, further to the answer to question S5W-10439 by Kevin Stewart on 9 August 2017, how many independent advisers are paid either the maximum or ceiling fees across all banding for both chairs and members, as outlined in the Public Sector Pay Policy for Senior Appointments, Chairs and Members fee framework.

(S5W-10757)

Angela Constance: There are currently no independent advisers who are paid either the maximum or ceiling fees across all banding for both chairs and members, as outlined in the Public Sector Pay Policy for Senior Appointments, Chairs and Members fee framework.

Adam Tomkins (Glasgow) (Scottish Conservative and Unionist Party): To ask the Scottish Government, further to the answer to question S5W-10439 by Kevin Stewart on 9 August 2017, how many staff are involved in supporting the work of independent advisers, and what has been the cost of providing this support in each of the last three years.

(S5W-10758)

Angela Constance: A range of staff have been involved in supporting independent advisers. These staff have provided different kinds of support – from analytical advice to information on current policy direction. A small secretariat has on occasion been provided but these staff often have additional, other roles. Because of the variability of the support provided via teams or individuals, identifying robust costs for this support is therefore not possible.

Health and Social Care

Maurice Corry (West Scotland) (Scottish Conservative and Unionist Party): To ask the Scottish Government how many NHS boards have committed to providing funding for Veterans First Point.

(S5W-10558)

Maureen Watt: The Scottish Government made an offer to relevant NHS Boards and Integrated Authorities to fund the local network of Veterans First Point (V1P) services to the end of this year on the basis this will be matched 50/50 by partnerships and where a firm commitment to the future of the local services can be given. This with a view to considering further support in future while the transition is made from use of the original Armed Forces Covenant (Libor) funds to full integration of the services in local areas.

Of the eight partnership areas which have a V1P service, six have responded positively to the offer for this year (Ayrshire and Arran; Borders; Fife; Lanarkshire, Lothian and Tayside). Two areas (Grampian and Highland) have not accepted the offer. Reassurances have been sought from these areas that the current and future needs of veterans will continue to met.

Liam McArthur (Orkney Islands) (Scottish Liberal Democrats): To ask the Scottish Government how much has been spent on (a) bank and (b) agency health visitors in each of the last six years, broken down by NHS board.

(S5W-10571)

Shona Robison: The Scottish Government does not hold this information centrally. Local information may be available from each NHS Board.

Liam McArthur (Orkney Islands) (Scottish Liberal Democrats): To ask the Scottish Government how many health visitors have completed training in each of the last six years.

(S5W-10572)

Shona Robison: The numbers competing health visitor training courses in each of the last six years at 18 July 2017 is contained in the following table:

Year	Numbers Completing Health Visitor Training
2011*	61
2012	58
2013	68
2014	75
2015	187
2016**	209
Total	658

Source:

*Data from 2011 to 2015 – NHS Education for Scotland Nursing & Midwifery Annual Statistical Supplement available on request from NHS Education for Scotland

**NHS Education for Scotland management information

Liam McArthur (Orkney Islands) (Scottish Liberal Democrats): To ask the Scottish Government how many health visitors have completed Registered Specialist CPH Nurse – Health Visitor training in each of the last six years.

(S5W-10573)

Shona Robison: The numbers competing Registered Specialist Community Public Health Nurse – Health Visitor training in each of the last six years at 18 July 2017 is contained in the following table:

Year	Numbers Completing Health Visitor Training
2011*	61
2012	52
2013	57
2014	57
2015	115
2016**	183
Total	525

Source:

*Data from 2011 to 2015 – NHS Education for Scotland Nursing & Midwifery Annual Statistical Supplement available on request from NHS Education for Scotland

**NHS Education for Scotland management information

In addition to the above course, students can choose the Specialist Community Public Health Nursing Generic course. The total number of students who completed both courses from 2011 to 2016 is 658.

Liam McArthur (Orkney Islands) (Scottish Liberal Democrats): To ask the Scottish Government how many health visitors have been recruited on a part-time basis in each of the last six years, broken down by NHS board.

(S5W-10574)

Shona Robison: Workforce data on Health Visitors in contracted hours (part-time or full-time) is published quarterly by ISD Scotland and is available from March 2015 onwards at the workforce statistics web site:-

https://www.isdscotland.org/Health-Topics/Workforce/Publications/2017-06-06/Health_Visitors_M2017.xls

Health Visitors were part of a recent review of community nurses data. Therefore, information on the Health Visitor workforce prior to March 2015 is not comparable with previous years.

Liam McArthur (Orkney Islands) (Scottish Liberal Democrats): To ask the Scottish Government how many of the additional 500 health visitors committed to in 2014 have been (a) trained and (b) recruited.

(S5W-10575)

Shona Robison: The commitment to increase the number of qualified health visitors by 500 is unprecedented and is almost a 50% increase in the number of qualified health visitors in Scotland. From March 2014 to March 2017 there are at least an additional 242 Whole Time Equivalent health visitors in post. The total number of students completing health visitor training courses from the September 2014 to June 2017 is 486.

Liam McArthur (Orkney Islands) (Scottish Liberal Democrats): To ask the Scottish Government whether the 500 additional health visitors committed to in 2014 are all whole time equivalent (WTE) or whether the figure will be a headcount of new health visitors regardless of working hours.

(S5W-10577)

Shona Robison: In 2014 the Scottish Government announced funding with the goal of increasing the Health Visitor workforce by 500 Whole Time Equivalent (WTE) by the end of 2018.

WTE information provides a better indicator of total labour input than a simple headcount. It is useful to support workforce planning and therefore continues to be in demand.

It is for individual NHSScotland Boards to determine whether posts are filled by one person or through a number of part-time appointees.

ISD Scotland workforce data on Health Visitor staff in post is published as both WTE and as headcount and can be found on the workforce statistics website at:-

https://www.isdscotland.org/Health-Topics/Workforce/Publications/2017-06-06/Health_Visitors_M2017.xls

Liam McArthur (Orkney Islands) (Scottish Liberal Democrats): To ask the Scottish Government what assessment it has made of the need for additional health visitors beyond 2018.

(S5W-10578)

Shona Robison: The Scottish Government's commitment to an additional 500 health visitors by 2018 was based on the national application of a validated caseload weighting tool to support consistency in determining Health Visitor numbers across Scotland. The tool is based on population data and allows calculation of the number of Health Visitors required and weight this according to local deprivation.

The information from the application of the Health Visiting caseload weighting tool should be used locally by NHS Boards in conjunction with the Nursing and Midwifery Workload Workforce Planning tool to determine local Health Visiting staff requirements. The Nursing and Midwifery Workload Workforce Planning tool takes account of the workload attributed to the individual patient, enables professional judgement and local context in which care is being provided to be considered. Caseload Weighting Tool All of this information should be considered to enable NHS Boards to use evidence-based decision making on future requirements for Health Visitor staffing.

In addition the National Health and Social Care Workforce Plan which was published on 28 June sets out how we will work with all major stakeholders across Health and Social Care to secure sustainable NHS staffing.

Liam McArthur (Orkney Islands) (Scottish Liberal Democrats): To ask the Scottish Government how much of the £40 million committed to in 2014 for the training and recruitment of 500 additional health visitors by 2018 has been spent, broken down by financial year.

(S5W-10579)

Shona Robison: The Scottish Government allocated £2 million, £6.8 million, and £19m in 2014-15, 2015-16 and 2017-18 respectively for additional Health Visitors. In 2016-17, funding for Health Visitors was included in the new Outcomes Framework (totalling over £160m) issued to Health Boards. All of this funding supported the provision of an additional 500 health visitor posts. In addition, a further £3.3m has been allocated to Health Boards over the same period in respect of Health Visitor training.

The above funding will allow us to meet the manifesto commitment by 2018, investing over £40m by 2017-18.

Liam McArthur (Orkney Islands) (Scottish Liberal Democrats): To ask the Scottish Government what assessment it has made of the age demographic of health visitors.

(S5W-10580)

Shona Robison: While the Scottish Government sets strategic policies for the NHS in Scotland, it is for each NHS Board to plan their workforce to ensure that enough professional staff and facilities are available to provide the best possible care for patients in a variety of settings. NHS Boards account for Health Visitor staff retirement as part of the workforce planning process.

The age profile of the current Health Visitor workforce has been published by ISD Scotland since March 2015 to support workforce planning and can be found on the workforce statistics website at:-

https://www.isdscotland.org/Health-Topics/Workforce/Publications/2017-06-06/Health_Visitors_M2017.xls

Liam McArthur (Orkney Islands) (Scottish Liberal Democrats): To ask the Scottish Government what steps it has taken to promote health visiting as an attractive career.

(S5W-10581)

Shona Robison: The significant investment in training and recruiting additional health visitors by this Government since 2014 of over £40 million, the refreshed role of health visitors and the publication of a Universal Health Visiting Pathway: Pre-birth to pre-school in 2015 have all contributed to make health visiting an attractive career.

Annie Wells (Glasgow) (Scottish Conservative and Unionist Party): To ask the Scottish Government what its assessment is of a BBC investigation that highlighted that three NHS boards had patients who waited more than three years to be discharged from acute mental health units.

(S5W-10588)

Shona Robison: The Scottish Government is committed to ensuring that no-one is inappropriately delayed in hospital and we continue to drive improvements through local Integration Authorities.

However, the long delays highlighted by the BBC are not awaiting mainstream care and accommodation, but are extremely complex cases with very specialist needs that require specialist facilities or specific, often new-built accommodation that takes a considerable time to design, commission and arrange. Furthermore, the vast majority of these patients are not delayed within acute settings, as reported by the BBC.

Officials are currently working with a collaboration of housing and care providers to test community living solutions for people with complex needs. Following a commitment in the Keys to Life

Implementation Framework, a two year project is also underway to consider models of support for people with learning disabilities with complex needs who are currently living in out-of-area placements, or delayed in hospital.

Annie Wells (Glasgow) (Scottish Conservative and Unionist Party): To ask the Scottish Government what its assessment is of reported figures by the National Records of Scotland that state that the number of people in Scotland dying from Alzheimer's and dementia has more than doubled to 5,571 since 2000.

(S5W-10589)

Maureen Watt: In Scotland the number of people with a diagnosis of dementia - including Alzheimer's disease - and the number of people dying of dementia has risen as our population ages, and the rates of diagnosis have improved partly due to a greater awareness of getting a timely diagnosis. The Scottish Government commissioned a report last year which assessed, for the first time, estimated and projected annual diagnosed incidence for dementia rising to 20,000 by 2020. Scotland is not alone in experiencing a considerable rise in dementia-related deaths in recent years. In addition, part of the increase is attributable to the introduction by The National Records of Scotland (NRS) of new software to code deaths and adoption of a more recent World Health Organisation (WHO) update to the International Classification of Diseases (ICD). This has resulted in some deaths previously assigned to respiratory causes being allocated to dementia. This development brings Scotland into line with Official National Statistics (ONS), therefore making our mortality figures more comparable with those for England and Wales and further afield.

The Scottish Government published a third three year National Dementia Strategy in June, including an enhanced focus on palliative and end of life care. The strategy builds on our progress over the last ten years in transforming services and improving outcomes for people with dementia, their families and carers. It sets out 21 commitments and provides a framework for further action to ensure the realisation of our shared vision for people with dementia and their carers.

Annie Wells (Glasgow) (Scottish Conservative and Unionist Party): To ask the Scottish Government what impact (a) the reported resignation of seven school nurses taking part in pilots in Perth and Kinross and Dumfries and Galloway and (b) reports that many nurses do not feel equipped to deal with the number of children coming forward with mental health issues, will have on its trial scheme to have nurses take on new responsibilities previously carried out by social workers and mental health specialists.

(S5W-10592)

Shona Robison: School nurses are valued members of the nursing workforce and the Scottish Government remains committed to their vital contribution to improving the health and wellbeing of children, young people and families.

NHS Dumfries & Galloway and NHS Tayside advised that those staff who left the school nursing service during the pilot phase did so through retirements and transfers to new positions in another area.

The pioneering school nursing pilots showed that a targeted school nursing role added value to the service through maximising their contribution and effectiveness, and by providing additional support to young people. This includes reviewing initial referrals and redirecting children to other agencies such as Child and Adolescent Mental Health Services (CAMHS) if evidence of mental health concerns are identified. In addition, school nurses will work alongside mental health colleagues in CAMHS, Psychology, Education Psychology and other children's services if required.

The existing School Nurse Specialist Practitioner Education Programme is in the process of being revised by NHS Education for Scotland to ensure that future nurses in schools have the enhanced skills to deliver care to school aged children with complex needs. Funding is being provided to support the development of Continuing Professional Development (CPD) for existing nurses working in schools, in areas such as mental health, should NHS Boards and Integrated Joint Boards (IJBs) require to upskill their workforce in light of the refocused role.

Kenneth Gibson (Cunninghame North) (Scottish National Party): To ask the Scottish Government what information it has on clinical evidence for the efficacy of homeopathic treatments compared to a placebo.

(S5W-10593)

Shona Robison: This information is not held by the Scottish Government.

The prescribing of any medicines/treatments, including Complementary and Alternative Medicines (CAM) such as homeopathy, is a clinical decision taken in consultation with patients based on clinicians' competencies and awareness of the medicines/treatments concerned. This includes evidence based advice and guidance. The Scottish Government expects any treatment to be appropriate, person-centred, safe and effective and that clinical and care professionals review the effectiveness of any treatment with their patients.

It is for individual NHS Boards to decide which CAM therapies they make available based on national and local priorities and the needs of their resident populations, in line with national guidance: [http://www.sehd.scot.nhs.uk/dl/DL\(2016\)06.pdf](http://www.sehd.scot.nhs.uk/dl/DL(2016)06.pdf)

Alex Cole-Hamilton (Edinburgh Western) (Scottish Liberal Democrats): To ask the Scottish Government when it will next publish figures on delayed discharges for mental health patients.

(S5W-10594)

Shona Robison: NHS Information Services Division publish the Delayed Discharge in NHS Scotland census on a monthly basis (<http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/data-tables2017.asp?id=1968#1968>), showing the total numbers of patients who are delayed in their discharge from hospital in Scotland. Information is shown by NHS Board, local authority, reason, duration and location of delay, but is not broken down by specialties.

Annie Wells (Glasgow) (Scottish Conservative and Unionist Party): To ask the Scottish Government, further to the answer to question S5W-08740 by Maureen Watt on 27 April 2017, when the full summary of progress made by the Mental Health Strategy 2012-15 will be published.

(S5W-10603)

Maureen Watt: The full summary of progress made by the Mental Health Strategy 2012-15 has now been published on the Scottish Government website at the following link:

<http://www.gov.scot/Topics/Health/Services/Mental-Health/Strategy/MHSSummary>

Annie Wells (Glasgow) (Scottish Conservative and Unionist Party): To ask the Scottish Government whether it will publish a costed, timetabled delivery plan, setting out which bodies will undertake action and what the expected outcomes are, to support the implementation of its Mental Health Strategy and, if so, when.

(S5W-10604)

Maureen Watt: The new Mental Health Strategy contains an initial set of 40 Actions. Each action is intended to tackle a specific issue and, in this way, the Strategy will make a positive and meaningful difference to people with mental health issues.

Action 39 of the Strategy commits to establishing a Bi-annual Forum of stakeholders to help track progress on the actions in this Strategy, and to help develop new actions in future years to help meet our ambitions. A key role of each Forum will be to receive reports illustrating progress towards achieving each Action.

I have committed to submit an annual progress report to Parliament, which will summarise this progress towards both individual Actions, and towards the implementation of the Strategy as a whole. We will submit the first annual report in Summer 2018, and see the work that will be undertaken at each Bi-annual Forum as crucial to developing and agreeing the content of each report.

Finally, Action 40 of the Strategy commits to carry out a full progress review in 2022, the halfway point of the Strategy, to ensure that lessons are learnt from actions to that point.

Annie Wells (Glasgow) (Scottish Conservative and Unionist Party): To ask the Scottish Government whether the recently announced £35 million for mental health professionals in A&Es, GP surgeries and other settings is a one-off or recurring budget item.

(S5W-10605)

Shona Robison: Action 15 in the Mental Health Strategy 2017-27 commits the Scottish Government to increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. To deliver this commitment there will be an additional annual investment reaching £35 million in 2021-22 for 800 additional mental health workers in those key settings.

Alexander Burnett (Aberdeenshire West) (Scottish Conservative and Unionist Party): To ask the Scottish Government what NHS (a) guidelines and (b) targets there are regarding treating (i) children and young people and (ii) adults who have eating disorders

(S5W-10701)

Maureen Watt: Clinicians and other health and social care professionals will take account of all relevant evidence based guidance as appropriate. This will include guidelines published by the National Institute for Health and Care Excellence such as guideline NG69 Eating disorders: recognition and treatment. Guidance on the treatment of eating disorders in Scotland includes:

NHS Quality Improvement Scotland Recommendations for Management and treatment of Eating Disorders in Scotland (2006)
(http://www.healthcareimprovementscotland.org/previous_resources/best_practice_statement/eating_disorders_in_scotland.aspx)

NHS Quality Improvement Scotland Eating Disorders in Scotland A Patient's Guide (2007)

(http://www.healthcareimprovementscotland.org/previous_resources/best_practice_statement/eating_disorders_guide.aspx)

Royal College of Psychiatrists Management of Really Sick Patients with Anorexia Nervosa – for Young People (2012)

(<http://www.rcpsych.ac.uk/usefulresources/publications/collegereports/cr/cr168.aspx>)

Royal College of Psychiatrists Management of Really Sick Patients with Anorexia Nervosa – for Adults (2nd Edition 2014)

(http://www.rcpsych.ac.uk/pdf/CR189_a.pdf)

In respect of targets, there are no specific targets for the treatment of people with an eating disorder.

Currently within Scotland data is published on a quarterly basis on the number of patients receiving treatment against the waiting time standard of 18 weeks referral to treatment for psychological therapies; and the number of children and young people receiving treatment against the waiting times standard of 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS). This standard covers treatment across the range of mental health services and the quarterly data reports are published online at: <http://www.isdscotland.org/Publications/>.

A wider review that has been undertaken across health services to look at how targets and indicators for health and social care align with the Government's strategy for the future of the NHS and social care services and support the best use of public resources. Sir Harry Burns is the independent Chair of a National Review of Targets and Indicators for Health and Social Care, and we expect to see Sir Harry's report published around the end of August.