Thank you for your recent letter which was received on 7 February 2013, about the continuing work of the Scottish Government to fulfil the ongoing mental and physical health needs of veterans in Scotland. I apologise for the delay in replying which is due to the time it has taken to gather together all of the information required.

I will take each of the questions you raise in turn.

**Commissioning health authorities to meet the physical and mental health needs of veterans**

The Scottish Government provides annual financial allocations to the 14 territorial NHS Boards in Scotland who are responsible for planning and providing healthcare services to meet the assessed needs of their resident populations.

In addition, we introduced new, fairer and better funded nationally commissioned arrangements in 2009 to provide specialist mental health services, available for all veterans resident in Scotland on the basis of need, at the Hollybush House Combat Stress facility in Ayr. This nationally commissioned service is funded by £1.224m through arrangements led by NHS Ayrshire & Arran as host NHS Board.

We have also grant funded the Combat Stress community outreach service operating cross Scotland with £560,000 provided over the period 2008-11. Funding continues at £200k per year to 2014.

The Scottish Government also continues to fund the Veterans First Point (V1P) Service in NHS Lothian at £200k per year. This has been operational since March 2009 and offers a "One Stop Shop" for help and assistance to veterans, and their families, no matter what that need might be.

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The implementation of the Armed Forces Covenant in Scotland

The Scottish Government's support for the Armed Forces, their families and veterans is unequivocal. We have therefore welcomed the Armed Forces Covenant and will ensure it is adopted and embraced in Scotland. However, to guarantee it is introduced and implemented in a way that reflects the legislative and administrative landscape in Scotland, we have published our own Commitments Paper, setting out what has been put in place, is in train or under consideration. It covers our devolved responsibilities and has been warmly welcomed by the Armed Forces community.

A link to the Commitments Paper, published on 5 September 2012, can be found at: http://www.scotland.gov.uk/Publications/2012/09/9981/0.

The Scottish Government's involvement in the MoD transition Protocol and Veterans First Point

The Transition Protocol arrangements in Scotland reside with the Personnel Recovery Unit, which conducts the local case conferences depending upon where the injured service person is settling. To date, 266 ex-service personnel have passed through the Transition Protocol, with 66 in the last year.

The Veterans First Point service continues to flourish in Scotland, having won two categories at the fourth Military and Civilian Health Partnership Awards. Two hundred referrals are received per year, and just over half are self-referrals. Around 70% of veterans are referred for clinical treatment and can access psychological services faster than traditional NHS services.

Commitment 34 of the Scottish Government’s new mental health strategy confirmed we will continue to fund the service in Lothian and explore the roll out of a hub and spoke model on a regional basis, recognising that other services are already in place in some areas. Scottish Government officials have met representatives of NHS Boards and Veterans Scotland to discuss the best way forward and will be advancing this over the coming months.

Approach taken by Scottish Government to the mental health needs of former Armed Forces Personnel

Commissioning arrangements with NHS Scotland and Combat Stress for the provision of specialist mental health services are working well. In August 2012, to reflect the need to better respond to those with post-traumatic stress disorder (PTSD), Scottish Ministers approved the redesign of this service by Combat Stress to provide up to 32 places for veterans resident in Scotland on a six-week intensive PTSD course. This is in addition to delivering specialist treatment to veterans as either inpatient, outpatient or where appropriate in the community. Although still early days for the PTSD programme, the first two cohorts have now completed and early outcome indications are good and feedback from the veterans is positive.

These revised nationally commissioned arrangements were highlighted in the Scottish Government’s new national mental health strategy, published in August 2012.
Improving our response to veterans needs to be considered in the context of the different legislative and administrative landscape in Scotland; different NHS structure; current financial position; and our wider mental health service and improvement programmes already underway from which veterans also benefit. Work to advance the mental health and wider agenda for veterans and their families was most recently set out in the Scottish Government's new mental health strategy published in August and the Armed Forces Commitment paper published in September 2012.

The new mental health strategy sets out a range of specific commitments to be delivered over the period to 2015 and which cover the full spectrum of mental health improvement, prevention, care, services, and recovery. However, many of the specific commitments will impact directly on veterans and the veterans community as well as the general population. For example the focus on rights and recovery; addressing stigma and discrimination; delivering faster access to psychological therapies; better identification of and responses to trauma in primary care settings; better support for those in distress and for those in crisis; encouraging more social prescribing and self-help opportunities and better use of technology.

**Scottish Government involvement in implementing the Murrison recommendations on Veterans prosthetic services**

Fulfilling the commitment to deliver the recommendations within *A Better Deal for Military Amputees* by Dr Andrew Murrison is an integral part of the Scottish Government's commitment to the Armed Forces, as articulated in the Commitments paper.

The Scottish Government accepted in principle all 12 of Dr Murrison's recommendations including the establishment of multi-disciplinary prosthetic centres across the UK to provide care and rehabilitation to the same standards as the Defence Medical Services centre at Headley Court. A Short Life Working Group (SLWG) was established in 2012 to plan the implementation of Dr Murrison's recommendations in Scotland and has met five times to date. The SLWG has strived at all times to work collaboratively with the Ministry of Defence (MoD) and the Department of Health (DH) in England, as well as other devolved administrations in recognition of the UK wide nature of the Armed Forces.

At its latest meeting on 15 March 2013, the SLWG agreed they would recommend (to Scottish Ministers) a nationally designated and commissioned service via the National Specialist Services Committee (NSSC)/National Services Division which represents the most appropriate way to deliver Dr Murrison's recommendations in Scotland. Officials are currently preparing a submission on this work for approval. I and my colleague, Mr Keith Brown, Minister for Transport and Veterans will consider the recommendations of the Working Group very carefully.

**Specific policies in place to provide the long term care needs of veterans with serious brain injuries**

Acquired Brain Injury (ABI) treatment services are provided through a multidisciplinary approach involving a wide range of services from different specialities including accident and emergency, general surgery, orthopaedic surgery, neurosurgery, neuro-rehabilitation and psychiatric services.
The Scottish Government understands that co-ordination of care for such complex needs is challenging and we have supported the development of the National Managed Clinical Network for ABI. This national network works to promote consistency of treatment across Scotland and improve the quality of services for children and adults with ABI.

In 2009 the Network published its standards for Traumatic Brain Injury in Adults (TBI), covering areas such as accurate assessment and management of possible brain injury, discharge to the community with multidisciplinary support, and the importance of having a multidisciplinary team responsible for the delivery of rehabilitation programmes on an inpatient or community basis. Whilst the standards have been developed for TBI many of the recommendations are equally applicable to ABI.

The Network is exploring the potential to evolve into a Managed ‘Care’ Network which will help support and recognise the long term social care needs for people with ABI. Although this work is at an early stage, the ABI MCN envisages that it will include:

- mapping existing services;
- developing pathways between health and social care services;
- scoping current recording systems and reporting systems with community services; and,
- active engagement of those who use the services.

This work will be helped by the recently published Scottish Intercollegiate Guidelines Network (SIGN) Guideline 130 on Brain Injury rehabilitation in adults.

Does the Scottish Government exclude Guaranteed Income Payments made under the Armed Forces Compensation Scheme when determining the funding of publicly arranged social care?

It is at the discretion of each local authority in Scotland to decide whether to disregard the Guaranteed Income Payment when assessing the funding for social care.

I hope that this information is helpful in assuring the Defence Committee of the Scottish Government’s continuing commitment to work with the Ministry of Defence and to ensure the implementation of the Covenant in Scotland.