



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 24 AUGUST 2022

REPORT ON: VETERANS FIRST POINT TAYSIDE (V1PT)

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB56-2022

1.0 PURPOSE OF REPORT

1.1 To provide Dundee Integration Joint Board (IJB) with information about the Veterans First Point Tayside (V1PT) service, which has been delivering welfare and specialist mental health services to veterans and their family members since 2015.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Acknowledge the work of V1PT in operationalising the Armed Forces Covenant across Dundee, Perth & Kinross and Angus, ensuring better access to NHS services, including pathways for ensuring 'no disadvantage' for those veterans who should receive early treatment for health problems that have resulted from military service.

2.2 Endorse plans to ensure future sustainability of the V1PT as outlined in sections 3.0 and 4.5.7 of this report.

3.0 FINANCIAL IMPLICATIONS

V1PT is managed and operated via Dundee Health and Social Care Partnership's 'Lead Partner' (previously known as 'Hosted') services on behalf of all 3 Tayside IJB's. Scottish Government has provided 50% matched funding for V1P services on an annual, non-recurring basis since 2017 although this figure has remained static at £83k during recent years. Resources have been identified within Dundee Health and Social Care Partnership's delegated budget to the same value each year to provide total minimum investment of £166k. However, the costs of running the service on the basis of increasing clinical demand – specifically the mandatory requirements to achieve the 18 week waiting time target, means the total costs of the service has increased without the commensurate additional investment.

The projected recurring cost of the service in 2022/23 is anticipated to be in the region of £280k, resulting in a potential cost pressure of £114k – to date this cost pressure has been absorbed within the overall Psychotherapy (Tayside) budget as a result of underspends elsewhere in the service.

The reliance on annual allocations from Scottish Government to part-fund this service increases the risk and uncertainty in terms of longer-term planning. Veterans and their family members are accessing care and support in the context of continued non-recurring, sub-optimal funding.

Additional funding sources are being explored as the existing 'matched funding' commitment ends in March 2023. Scottish Government have been contacted to advise the share of investment has now dropped below the 50% level with a request for increased funding while alternative available funding sources are being explored. For example, Mental Health Recovery and Renewal (Psychological Therapies) funds are being explored to consider if this can be utilised for V1PT purpose. Any residual cost pressure will be incorporated in future IJB Financial Planning reports.

4.0 MAIN TEXT

4.1 BACKGROUND AND CONTEXT

4.1.1 The initial V1P Centre was set up in 2009 by NHS Lothian. The model aims to provide:

- Information and Signposting
- Understanding and Listening
- Support and Social Networking
- Health and Wellbeing - including a comprehensive mental health service delivered by a multi-professional team on site

4.1.2 A strength and key component of the V1P model has been the employment of veterans as peer workers. V1P psychological therapists deliver a range of evidence-based psychological interventions to veterans and their families.

4.1.3 Building on the success of V1P Lothian, a comprehensive proposal was submitted to the LIBOR fund in October 2012. The stated objective was to "*work in partnership to deliver high quality evidence based care, treatment and support for veterans and their families across Scotland*". The proposal set out how a hub and spoke model – supported by a small development team, would establish further three centres in Tayside, Highland and Grampian. The proposal was successful and £2,560,586 was awarded to NHS Lothian to develop and deliver this model.

4.1.4 In 2015, under the corporate leadership of the NHS Tayside Executive Armed Forces Champion, the V1P Tayside service was created. The V1P Tayside service was awarded £302,000 of funding to provide a service between July 2015 and March 2017.

4.1.5 The V1P Scotland development surpassed the original intent to develop an additional three centres. Instead, due to the commitment to partnership working and relationship building, a total of eight centres were established. Six of the eight centres were sustained beyond the initial fund period (March 2017). Highland and Grampian services were disbanded in 2017 when 100% external funding was discontinued. The remaining centres located in: Ayrshire and Arran; Borders; Fife; Lanarkshire; Lothian and Tayside have been offered 50% matched funding by Scottish Government and their local Lead Partner Health and Social Care Partnerships on an annual, non-recurring basis from 2017 to date.

4.2 AN OVERVIEW OF V1P TAYSIDE

4.2.1 The remaining six V1P Centres reflect the local needs, priorities, service landscape and partnerships, there are therefore some differences in their staff composition, premises and partnership arrangements. However, the three core principles of the V1P model are: Creditability, Accessibility and Coordination.

4.2.2 A decision was reached to 'nest' the V1P Tayside Service within the Multidisciplinary Adult Psychotherapy Service (MAPS). In other words, having flexibility to have clinical staff work in

both services and thus support assertive brokerage between V1P Tayside and other psychiatric and psychological therapy services and enhance access to a range of psychotherapies.

- 4.2.3 Veterans seeking support from V1P Tayside meet a peer support worker to register with the service and identify the supports required. This may include: welfare; mental health; physical health, or a combination of presenting needs. Initial mental health assessments are the responsibility of the clinical staff, who are also able to deliver highly specialist psychological interventions. These interventions are subject to the 18 week waiting time target for Psychological Therapies.
- 4.2.4 Sarah Dickie, Nurse Director, Community/HSCPs is now the current NHS Tayside Executive Armed Forces Champion and is leading on a range of work streams, through the Armed Forces Engagement and Strategic Oversight Forum.

4.3 V1P TAYSIDE: WHO HAVE WE SUPPORTED SO FAR?

- 4.3.1 V1P Tayside became operational on 1st September 2015. Since then we have supported over 400 veterans and their family members. 28%, the majority, have self-referred to V1P services. 70% of self-referring veterans are encouraged to do so by forces charities/regimental associations. 90% are male and 91% have been in regular services. 80% were in the Army. 35% served for between 6 and 12yrs, with 21% were discharged on medical grounds. The most common deployments are Northern Ireland, Iraq and Afghanistan.
- 4.3.2 The social circumstances of veterans who access V1P Tayside indicate 40% live in areas which are defined as in the 20% most deprived areas of multiple deprivation; whereas only 8% live in areas which are defined as in the 20% least deprived areas of multiple deprivation. Housing and homelessness is a significant issue with 41% having experienced homelessness and 27% considering their current living situation unstable.
- 4.3.3 In terms of mental health and wellbeing, 91% of the veterans who access V1P Tayside report some degree of problem with anxiety or depression. 50% report more severe and/or enduring problems
- 4.3.4 Physical health issues are also significant. Chronic pain is a reported difficulty for 44% of veterans accessing V1P Tayside. 79% report pain interfered with carrying out daily activities to some degree, with 33% of reporting pain extremely interfered with daily routines.

4.4 HOW DO WE KNOW WE ARE MAKING A DIFFERENCE?

- 4.4.1 Queen Margaret University were commissioned to conduct the evaluation of Veterans First Point services across Scotland. The V1P Centres began accepting referrals at different times; but all contributed to the evaluation. The total number within the data set is **n=692**. Three clinical measures used in the evaluation demonstrated improvements over time in depression, distress and functional impairment. Improvements are clinically significant and reliable. The V1P model was assessed to be is a credible provider of psychological therapies to veterans.
- 4.4.2 V1P services have now registered with the Quality Network for Veteran Mental Health Services with the Royal College of Psychiatrists (RCPsych). We aim to ensure that all V1P services in Scotland have achieved the RCPsych Quality Kitemark. V1P Tayside will undergo a peer review process in late 2022.

4.5 NATIONAL STRATEGIC DEVELOPMENTS

- 4.5.1 The Community Covenant pledge was first established in 2011. It is soon expected to be enshrined in law, so that organisations can be legally held to account if a veteran has been disadvantaged as a result of their military service.
- 4.5.2 The published Forces in Mind report - *Call to Mind: Scotland / Findings from the review of veterans' and their families' mental and related health needs in Scotland*. (2016) stated that Scotland has one of the most robust mental health and related health provision for veterans in the UK, with a thriving specialist statutory and voluntary sector that as has been supported and resourced by the Scottish Government. (p8).
- 4.5.3 Scotland's previous Veterans Commissioner, Eric Fraser, published his report *Veterans' Health and Wellbeing: A Distinctive Scottish Approach*, (April 2018) which set out his ambition for veteran services in Scotland – "The Scottish Government and NHS(S) through the network on veteran's health should produce a Mental Health Action Plan for the long-term delivery of services and support. Systemic issues of funding, collaboration, leadership, planning, governance and training of staff will be key".
- 4.5.4 The *Veterans Mental Health and Wellbeing Action Plan (2022-2027)* was developed and published on 22nd December 2021 by the Scottish Veterans Care Network (SVCN) at the direction of Scottish Ministers.
- 4.5.5 The plan received cross-party support and is centred on three principles:
- High quality veteran's mental health and wellbeing services
 - Clear and timely pathways into the correct help
 - Improved support to those that support our veterans.
- 4.5.6 Scottish Government has recently set up an Implementation Board to progress the recommendations of the Mental Health Action Plan (MHAP). The Board is Chaired by Dr Charles Winstanley. The V1P Tayside Clinical Lead is a member of the Board as a clinical representative. The first meeting took place on 15th June 2022, opened by MSP Kevin Stewart. The aim of the Board is to implement the objectives of the MHAP by June 2024.
- 4.5.7 It is anticipated that the Implementation Board will explore funding requirements for the delivery of Veteran welfare and mental health services across Scotland. Given the early stage of this work, it is not possible to predict what funding arrangements will be recommended and implemented. For that reason, it is important for local service continuity, that all alternative funding streams are considered and utilised where possible.

5.0 POLICY IMPLICATIONS

This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

Risk 1 Description	<p>Patient safety in the context of financial risk, Veterans and their family members are accessing care and support in the context of continued non-recurring, sub-optimal funding. This may impact patient care, requiring onward referral to, and care planning with, other welfare and mental health services if funding is not continued.</p> <p>Staff Governance. If V1P Tayside is not sustained, arrangements will need to be made to explore alternative employment opportunities for staff working in the service.</p>
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	Reputational risk for the organisation in the context of the Armed Forces Community Covenant (see 8.10).
Risk Category	Governance
Inherent Risk Level	Likelihood 4 x Impact 4 = Risk Scoring 16 (Extreme Risk)
Mitigating Actions (including timescales and resources)	Mitigating actions are incorporated in the strategic plans mentioned in Section 4 of this report.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Approval recommendation	Given the moderate level of planned risk once the mitigating actions have been implemented, the risk is deemed to be manageable.

7.0 CONSULTATIONS

7.1 The Chief (Finance) Officer and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	x
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

Scottish Veterans Commissioner, *Veterans' Health and Wellbeing: A Distinctive Scottish Approach*, April 2018

Scottish Veterans Care Network Mental Health Action Plan (2021).

Vicky Irons
Chief Officer

DATE: 28th July 2022.

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