

North Ayrshire Integration Joint Board

Date of Meeting: 13th February 2020

Subject: **Sustainability Plan for Veterans First Point**

Purpose: The purpose of this paper is to set out the proposed way forward to sustain the established VIP Ayrshire & Arran, which is one of 6 of Veterans First Point Centres established across Scotland.

Recommendation: The Board is asked to consider and approve the provision of necessary funding to allow the continuation of the now established Veterans First Point Service based in Irvine.

NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
V1P	Veterans First Point
V1P A&A	Veterans First Point Ayrshire & Arran

1.	EXECUTIVE SUMMARY
1.1	<p>Key Messages</p> <ul style="list-style-type: none"> V1P A&A service acts as a single point of entry for veterans to access services both in the third sector and statutory services. Veterans are able to access the community based one stop shop, where their needs are reviewed and the specific services required are identified and accessed with the support of the veteran peer support worker/ Clinical staff. This service-model is unique within Ayrshire. The service is currently funded by both the Scottish Government and the 3 Partnerships in a 50 % matched agreement until March 2020. The purpose of this paper is to update to the Integrated Joint Board on the current funding position to allow the service to continue running past March 2020. This service is successfully engaging a large proportion of clients who are male and come from SIMD 1 and SIMD 2 areas, factors which have historically been shown to have a negative impact on client engagement with health services. This service is successfully providing support to a large proportion of highly vulnerable male patients who have a mental health diagnosis, come from SIMD 1 and SMID 2 areas, lack social support and have addiction issues, all high risk factors for suicide, the leading cause of death in men under 50 in the UK. The Paper outlines the impact the service is making, in terms of Early intervention and Prevention as well as Improving Offending Pathway. Each Health and Social Care Partnership and Boards are expected to play a key role in delivering the commitments set out in the Community Covenant.

2.	<p>BACKGROUND</p> <p>Veterans First Point Ayrshire & Arran (V1P A&A) is now an established service for Veterans within Ayrshire, having been successfully running for the past 2 and a half years. The service is currently funded by both the Scottish Government and the 3 Partnerships in a 50 % matched agreement until March 2020. It is part of the National Network of Veteran First Point Centres across Scotland, and although it was the last to open, has seen the highest rate of referrals.</p> <p>Currently, V1P A&A provides support to all veterans of any age (16 – 65+) across Ayrshire. Veterans are supported with a whole range of difficulties from welfare, housing, employment, training, and social support as well as support for mental health issues.</p> <p>At the moment veterans seeking support for mental health issues are seen by our in house clinical team who can provide Psychological or Psychiatric assessment and treatment or can facilitate access for veterans to mainstream services such as the Community Mental Health teams.</p> <p>It should be noted that 10% of the general population are made up of the veteran community.</p>
2.1	<p><u>Clinical Services</u></p> <p>V1P A&A has received over 650 referrals since its launch in March 2017. The average number of referrals amounts to around 15 per month from across Ayrshire. Around 50% of these referrals are seeking support for mental health issues. Whilst some veterans can be supported to access mainstream services, there are many others who will only be seen within V1P.</p> <p>There are a number of reasons for this. For many veterans, who have been immersed in forces culture, there can be negative beliefs about help seeking. There is also the view that for some, there is a stigma attached to mental health services that stops engagement. In addition, some veterans have expressed the view that their difficulties cannot be fully understood by “civilian staff”.</p> <p>For some, more complex patients, clinical staff can access military records (with patient consent), which can provide more detailed information, aiding treatment. This information is not available to clinicians within mainstream services.</p> <p><u>Early Intervention & Prevention</u></p> <p>Within Ayrshire & Arran the clinical team is made up of 1 x 0.9 Counselling Psychologist (Clinical Lead), 1 x 1.0 Psychological Therapist and 1 Psychiatrist (2 sessions per month – yet to be appointed).</p> <p>Veterans are historically a hard to reach, vulnerable population with poor engagement in healthcare services. Given the sheer volume of registered patients within the service, V1P A&A has now been able to demonstrate that this population is engaging with the service due to the success of the service model, which promotes accessibility, credibility and coordination. The role of the peer support worker is vital in supporting this model.</p>

Patients are now engaging and can be seen quickly by the clinical team meaning that interventions can be offered and delivered earlier than would be possible in mainstream services. Equally, by being able to provide treatment quickly, the prognosis for these patients can lead to much more favourable outcomes, as well as reducing overall costs of treatment.

Improving Offending Pathway

Within Ayrshire & Arran, it was identified that veterans who have been involved in the criminal justice system and/or Prison System could significantly benefit from the support V1P has to offer following release from incarceration.

V1P A&A offer support with reintegration back into society and thus reduce the likelihood of reoffending. The Peer support workers have been working hard to develop good links with the local Prisons and now have regular visits to Barlinnie HMP, Low Moss HMP and Bowhouse HMP.

These prisons have agreed to identify any veteran prisoners who are due for release, so that the peer support workers can arrange to see them to allow the opportunity to establish a support network following release.

Currently there is a 3rd sector organisation, SACRO who works with veterans within the criminal justice system. However, V1P A&A receive referrals from SACRO who are seeking V1P services to support for their clients

It should also be noted that although there are other 3rd sector veteran charity organisations present within Ayrshire, none of these offer mental health treatment and peer support in the community. In addition the presence of such organisations cannot be relied upon due to facing their own financial pressures. This has been seen in this past year alone when the Defence Medical Welfare and SSAFA have both had to close their offices within Ayrshire due to lack of funding provisions, as well as the recent announcement by Combat Stress to re-locate and reduce their service provisions.

Case Example

To illustrate how V1P A&A uniquely meet the needs of this vulnerable group the following case example is given below. This is a description of an actual case seen within V1P A&A with patient identifiers changed for data protection purposes.

“Harry”

Harry is a double amputee as a result of being blown up whilst in combat. He died at the scene of the explosion but was resuscitated by Army medics. He has been left with a very large open wound which will not ever heal and as such is highly vulnerable to infection.

He also has a diagnosis of Post-Traumatic Stress Disorder and Addiction issues as a result of trying to self-medicate. He has frequent nightmares and flashbacks of the incident as well as suicidal thoughts. Harry was very angry that he did not die in the explosion as he found it, understandably, difficult to adjust to life with his physical injuries and mental health issues.

Harry’s mother referred him to V1P A&A as she was desperate to get support for her son. She reported that Harry had isolated himself and refused to let her or his father provide him with support. Harry also withdrew from his wife, which led to a breakdown in the marriage and eventual divorce.

Harry also refused help from his GP. Harry had disengaged from the district nurses and had refused them entry to his house at his scheduled appointments with them. Harry also refused any involvement with the community mental health team or addictions team for help with his mental health and addiction issues.

Harry told his mother that he wished he was dead and spoke explicitly about the ways and means to complete suicide. The risk of him acting on this only increased when he had alcohol, cocaine or cannabis which he was taking on a daily basis.

Harry attempted suicide twice in the past after he sustained his injuries.

Initially one of our Veteran Peer Support Workers contacted Harry for a chat over the telephone. Due to the fact that our Veteran Peer Support worker had served in similar areas to Harry, and shared a common military language, he was able to quickly establish a good rapport with him. As a result, Harry agreed to register with V1PA&A. Due to his mobility issues and the complexity of his physical injuries, our Peer Support Worker was able to offer an appointment at home. These have continued on a weekly or fortnightly basis since this time.

Over the past several months, Harry has been supported to re-engage with the District Nursing team, which was vital to ensure Harry's wound is kept clean and free from infection. Our Peer Support Worker has also supported Harry to employ a cleaner and a gardener to help him maintain his property. He has also accompanied him to his court appearance for a pending drugs charge.

Our Peer Support Worker has been able to develop a trusting relationship with Harry and has successfully encouraged him to engage with Social Work and Addictions Services. He has also agreed to be referred to the clinical team for a mental health assessment.

It is strongly believed that Harry's needs could not have been met by any other service and that ultimately this patient was at real risk of developing a serious infection, death through accidental overdose through high use of illicit substances, completing suicide (risk factors present being social isolation, mental health diagnosis, previous suicidal attempts, pain/mobility problems, single male, addictions issues) or being arrested for not attending his court hearing.

This is just one case example out of the 600 plus cases seen within V1P A&A.

Risk Summary

Scenario: V1P Ayrshire & Arran is not funded

Patient Safety	High	General Adult services will have to meet the existing treatment requirement, so any veterans who require Psychiatric or Psychological assessment and treatment would need to be referred to general adult services. We have seen that many veterans do not engage within mainstream services and therefore high DNA rates for this population are anticipated. All teams are currently struggling with existing demands.
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		Veterans who are released from the prison system may not have a readily available support network, a factor which is already known to limit re offending.
Addressing Inequalities	High	VIP Ayrshire & Arran is reaching those it needs to, demonstrated by high self-referral rates, attrition rates and the demographics of those using the service. There will be limited capacity for peer working within mainstream services. This is a key component of the service model that promotes engagement and offers wide ranging welfare and social support.
Reputation	High	Already, the services that V1P Ayrshire & Arran is able to offer are greatly valued and the high volume of referrals received in the 2 and a half years it has been open, demonstrates the demand within the local community within Ayrshire. Each Health and Social Care Partnership and Boards are expected to play a key role in delivering the commitments set out in the Community Covenant. The Health and Social Care Partnership and Board would be supporting the Armed Forces Covenant by recognising Veterans whose injuries can be identified as connected to disadvantage from their service in the Armed Forces

3. PROPOSALS

- 3.1 It is requested that the board carefully consider the case above and funding requirement set out below to sustain the running of V1P A&A.

Costs associated with sustaining the service

The costs outlined below will fund the existing staff complement long term past March 2020 to March 2021.

The continuation of funding for 1 year has been agreed by East and South Ayrshire Health and Social Care Partnerships apportioned as noted in the table below based on the allocation in 2019/20.

The Scottish Government are currently undertaking a scoping exercise which has been extended along with the 50% funding for another year and until March 2021.

Ayrshire and Arran				SG	North	South	East
Role	Grade	WTE	Cost				
Psychiatrist		0.05 (2 sessions per month)	£6,000	£6,000			
Counselling Psychologist	8B	0.9	£76,512	£38,256	£38,256		

Veteran Peer Support Worker (Band 3)	3	2.5	£71,254	£35,627		£17,814	£17,813
Psychological Therapist	7	1.0	£53,894	£26,947	£26,947		
Administrator	3	0.6	£17,070		£6,084	£5,493	£5,493
Supplies			£9,563	£3,093		£2,279	£4,191
Total			£234,293	£109,923	£71,287	£25,586	£27,497

3.2 Anticipated Outcomes

Veterans with physical, mental or social care needs will continue to benefit from a one stop shop approach that is best able to meet their need.

3.3 Measuring Impact

Impact continues to be measured and evaluated through the collection of activity data and case studies capturing outcomes.

4. IMPLICATIONS

Financial:

The costs are budgeted for on a non-recurring basis in 2019/20. East and South HSCP have agreed to pay their share on a non-recurring basis for 2020/21 and North HSCP have identified recurring funding within psychology service. It is proposed that North HSCP continue to fund the consultation identified in the table for a further year (2020/21) to enable Scottish Government recommendations to be developed. The Scottish Government have only agreed to fund their share until March 2021 so an update report will be required in December 2020 as to the longer-term sustainability of the service.

The Scottish Government are undertaking a scoping exercise of Veteran's service provision which commenced in 2019. The outcome of this exercise will determine funding arrangements for the 50% currently allocated by the SG post March 2021. It is anticipated that this work will be completed mid - year 2020 to enable future service planning to take place particularly in relation to the re-distribution of the sizeable caseload if ongoing funding is not secured.

A funding proposal has also been presented to the Action 15 group.

Human Resources:

Currently there is 1 member of the V1P team that is seconded from another service. (0.6 WTE Administrator)
The other members of the V1P team shown below are all on fixed term contracts until 31st of March 2020. Some staff however due to length of service in these roles will already have permanency of employment rights by 2021.

1x Clinical Lead (0.9 WTE)
1x Psychological Therapist (1.0 WTE)

	<p>3x Peer Support Worker (2.5 WTE) *</p> <p>1x Consultant Psychiatrist (2 sessions per month)*</p> <p>*fully or partially funded by Mental Health Innovation Fund until March 2020.</p> <p>The V1P and wider community mental health services has been proactively reviewing the community model of provision within North Ayrshire and developing the role of peer workers to enable possible expansion/retention of this valuable role should future funding cease.</p> <p>Psychology services are leading on the implementation of a comprehensive Annual Operating plan to ensure the delivery of access to services within the national 18 week waiting timescale target. This programme is focused on assertive recruitment and increasing the Psychological therapy workforce where there are currently shortfalls and it is anticipated therefore that these roles will easily be absorbed into the existing workforce should this be required in 2021.</p>
Legal:	No Legal issues
Equality:	This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues
Children and Young People	Not Applicable
Environmental & Sustainability:	Provide details of any environmental or sustainability issues arising as a result of the report.
Key Priorities:	V1P is set out as a key item within the Local Delivery plan.
Risk Implications:	A risk summary has been included within the paper.
Community Benefits:	Not Applicable

Direction Required to Council, Health Board or Both <i>(where Directions are required please complete Directions Template)</i>	Direction to :-	
	1. No Direction Required	
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	X

5.	CONSULTATION
5.1	Paper was prepared in consultation with Thelma Bowers, Head of Mental Health Services.

For more information please contact Lindsay Kirkwood Clinical Lead on 01294 310 400 or Lindsay.Kirkwood2@aapct.scot.nhs.uk