
North Ayrshire Integration Joint Board
14th February 2019
Agenda Item No.

Subject: **VETERANS FIRST POINT SERVICE**

Purpose: To provide North Ayrshire Integration Joint Board with information about the Veterans First Point Ayrshire & Arran (V1P A&A) service, which has been delivering welfare and specialist mental health services to veterans and their family members since March 2017.

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

Acknowledges the very positive work of V1P A&A in operationalizing the Armed Forces Covenant (as referred to in paragraph 2.1.1 of this report) across North, East and South Ayrshire, ensuring better access to NHS services, including pathways for ensuring priority treatment for those veterans who should receive early treatment for health problems that have resulted from military service.


Acknowledges the steps that are being taken as outlined in paragraphs 3.4.1 – 3.4.3 of this report to determine the future model and financial framework for the service.

Notes the content of the Scottish Veterans Commissioner's report; Veterans' Health & Wellbeing (attached as Appendix 1).

Glossary of Terms	
V1P	Veterans First Point
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership

1.	EXECUTIVE SUMMARY
1.1	The purpose of this report is to provide Ayrshire & Arran Integration Joint Board with information about the Veterans First Point Ayrshire & Arran (V1P) service, which has been delivering welfare and specialist mental health services to veterans and their family members since March 2017.

1.2	<p>Key Messages:</p> <ul style="list-style-type: none"> • The paper outlines existing veteran services within Ayrshire see 3.18. However, V1P A&A service acts as a single point of entry for veterans to access other services both in the third sector and statutory services. Veterans are able to access the 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. • This service is successfully providing a service to 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 services. • 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. • Elected members are Armed Services and veterans Champions are be delivering on Government Commitment to Veterans through their support of this service.
2.	BACKGROUND
2.1	Developing V1P Services in Scotland
2.1.1	<p>The Armed Forces Covenant is about fair treatment and sets out the relationship between the nation, the government and the Armed Forces. It recognises that the whole nation has a moral obligation to members of the Armed Forces and their families and it establishes how they should expect to be treated. The Covenant's two principles are that:</p> <ul style="list-style-type: none"> • the Armed Forces community should not be disadvantaged compared to other citizens in the provision of public and commercial services in the area where they live; • special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved. <p>All local authorities have pledged to uphold the Armed Forces Covenant.</p>
2.1.2	<p>The initial V1P Centre was set up in 2009 by NHS Lothian. The model aims to provide:</p> <ul style="list-style-type: none"> • 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.
2.1.3	<p>Funding was secured from the Mental Health and Protection of Rights Division of the Scottish Government (£200,000) and NHS Lothian Strategic Programme Budget for Mental Health and Wellbeing (£60,000). The success of V1P Lothian was recognised by the UK Military and Civilian Health Partnership Awards as a double award winner in 2011 and single award winner in 2013. 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 quality evidence based care, treatment and support to veterans and their families. This includes the delivery of evidence based therapies.</p>

2.2	The UK Government Funding (LIBOR Fund)
2.2.1	Building on the success of V1P Lothian, a comprehensive proposal was submitted to the LIBOR fund in October 2012. The stated objective was to “ <i>work in partnership to deliver high quality evidence based care, treatment and support for veterans and their families across Scotland</i> ”. The proposal set out how a hub and spoke model – supported by a small development team, would establish a 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.
2.3	What has been achieved?
2.3.1	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 (including V1P A&A) with the support of the V1P Scotland team (see Figure 1). Six of the eight centres were sustained beyond the initial LIBOR fund period (March 2017). Highland and Grampian services were disbanded in 2017 when 100% external funding was discontinued.
	<p>Figure 1:V1P Centres across Scotland</p>  <p>By Mella Tronier, Lothian Analytical Services, NHS Lothian, 27th May 2015 Reproduced by permission of Ordnance Survey on behalf of HMRC. © Crown copyright and database right 2015. All rights reserved. Ordnance Survey Licence number 100022872</p>
3.	A BRIEF OVERVIEW OF V1P SCOTLAND CENTRES AND NETWORK
3.1	An Overview Of V1P Ayrshire & Arran
3.1.1	The remaining six V1P Centres reflect the local needs, priorities, service landscape and partnerships and are therefore quite different in their staff composition, premises and partnership arrangements. However, the three core principles of the V1P model are: Creditability, Accessibility and Coordination.
3.1.2	In 2009 the NHS in Scotland were issued with guidance (CEL 3 2009 – UK VETERANS) which detailed the rights of veterans and their families to have priority treatment.

3.1.3	Extensive consultation with local stakeholders confirmed the need for the development of health services for veterans, and emphasised the importance of joint working and co-ordination with other services (statutory and voluntary). The Stakeholders supported a model combining integration into generic care for most Veterans and specialist intervention for those unable or unwilling to engage.
3.1.4	In 2017, under the corporate leadership of the NHS Ayrshire & Arran Head of Adult Mental Health – Thelma Bowers, the V1P Ayrshire & Arran service was created. NHS Ayrshire & Arran entered into a Memorandum of Understanding (MoU) with V1P Scotland and the local veterans' charity – Poppy Scotland.
3.1.5	It was agreed for the V1P Ayrshire & Arran Service to sit within the existing Psychological Therapies Service. It was thought that the advantages of being a Psychology led service would support assertive communication between V1P Ayrshire & Arran and other psychiatric and psychological therapy services and enhance access to a range of psychotherapies or other main stream NHS services. Being a Psychology led service also ensures the required Clinical Governance necessary to run a safe and effective service.
	<p>The team is comprised of:-</p> <p>Clinical Service Lead (Band 8B) – 0.9 whole time equivalent (WTE) Psychological Therapist (Band 7) – 1.0 WTE Veteran Peer Support Workers (Band 3) – 1x1.0 WTE + 2x0.5WTE Service Administrator (Band 3) - 0.6 WTE.</p>
3.1.6	The location of the service was carefully chosen and is in a shop front in the centre of Irvine, to attract footfall and facilitate accessibility.
3.1.7	<p>The service acts as a single point of entry for veterans to access the 'one stop shop', where their needs are reviewed and the specific services required for each veteran are identified and accessed, with the support of the veteran peer support worker. This may include welfare, mental health, physical health or a combination of a range of needs.</p> <p>Initial mental health assessments are the responsibility of the Psychological Therapist (who is a qualified Cognitive Behavioural Therapist). They are also able to devote time to the delivery of evidence based psychological treatment.</p> <p>The clinical service lead is a HCPC Registered Psychologist and is also able to offer a small clinical service to those who present with complex mental health needs as well as offering leadership support to the team. (See Appendix 1 for the veteran pathway).</p>
3.1.8	Historically within Ayrshire & Arran, veterans were able to access assessment, treatment and support for mental health issues from a range of services including general adult psychiatry, psychology and substance misuse services. Veterans also accessed inpatient treatment from <i>Combat Stress</i> - a nationally funded Veterans' charity. Welfare support was available from a range of resources such as SAFFA, Armed Services Advice Project (ASAP), Veterans UK and the local Veterans charity based in South Ayrshire – the Veterans First Point – South Ayrshire (not to be confused with V1P A&A and is now disbanded).

Existing Services currently available for Veterans within Ayrshire

Mainstream NHS services

Many of the veterans who have self referred to V1P have already had contact with mainstream NHS services in Ayrshire but have not engaged. This seems to be due to :

- Accessibility of mainstream services
- Stigma often associated with mainstream services (such as mental health services)
- Waiting times (despite prioritisation given to Veterans)
- Credibility of the service – veterans being solely treated by civilians with no knowledge, understanding or experience of combat/military life.

Often, the reluctance of veterans to access mainstream services leads to conditions going untreated. This in turn, can cause issues to become more chronic in nature, meaning that even if a veteran does present to mainstream services, it is often when in crisis or only after the condition has become more chronic in nature, taking longer and being more expensive to treat.

Third Sector Organisations/Charities

There are several third sector veteran support organisations operating within Ayrshire. Such organisations offer a range of specialities from providing emergency funding support for veteran families to support for veterans to access/apply for welfare. However, such organisations cannot cater for physical or mental health needs of the veterans, nor do they have strong links with the current mainstream NHS services.

These organisations are wholly dependent on charitable donations and have therefore no long term security. As charities, these organisations do not employ any healthcare professionals or indeed carry the same level of clinical governance and accountability as that within the NHS. For full list of third sector organisations see Appendix 2 attached.

Soldiers Off The Street

Soldiers off the Street are a veteran's charity who have recently opened 2 houses in Dundonald, North Ayrshire. They offer temporary accommodation to veterans who find themselves homeless for up to 12 weeks. Soldiers off the street work very closely with Veterans First Point and take their main referrals for V1P A&A.

SACRO

SACRO are another veteran's charity who are based in Glasgow, but who cover Ayrshire the area. They have support workers who offer general support to veterans within the criminal justice system. Again SACRO work in close partnership with V1P A&A. Referrals to V1P A&A are received from SACRO on behalf of their clients who require ongoing support, support for welfare issues or mental health assessment.

Combat Stress

This organisation currently offers intensive mental health treatment from professionally trained staff, on an inpatient basis. V1P A&A work in close partnership with Combat Stress and often work with veterans to prepare them for the inpatient programme and then provide follow up after they have undergone the 6 week programme. However, there are many veterans who are unable to commit to a 6 week stay due to work/family commitments and therefore require to be treated within V1P on an outpatient basis.

	<p><u>Poppy Scotland Welfare Centre – Kilmarnock</u> The Poppy Scotland Welfare centre opened in Kings street Kilmarnock last year. Poppy Scotland acts as a host to a variety of veteran charity organisations such as SSAFFA, VETS UK, ASAP.</p> <p>This is an excellent provision for Veterans living within Ayrshire, although Poppy Scotland itself, does not provide veteran peer support, nor are they able to offer any clinical provision. Poppy Scotland have been very clear to state that their service has been developed to host and facilitate other Veteran services only. It is important to note that no other veteran organisation operating within Poppy Scotland welfare centre can offer the clinical expertise within the community along with the clinical governance which is offered from V1P as an NHS HSCP service. Due to this, V1P A&A receives regular referrals from Poppy Scotland on behalf of clients seeking mental health support.</p>
	<p><u>Defence Medical Welfare Service</u> DMWS provide support for veterans across Ayrshire who are over the age of 65 and in hospital. Support workers within DMWS aim at providing practical support often required at point of discharge. Often this support can be welfare related such as helping with applications for practical aides. Again, referrals to V1P A&A are received from DMWS for clients seeking ongoing support, social opportunities with other veterans, welfare support or mental health support. For further information on DMWS, please see report submitted by DMWS.</p>
3.2	V1P Ayrshire & Arran: Who Have We Supported So Far?
3.2.1	V1P Ayrshire & Arran became operational in March 2017. Since then we have supported over 480 veterans and their family members. 58%, the majority, have self-referred to V1P services. 70% of self-referring veterans are encouraged to do so by forces charities/regimental associations. 42% are aged 45 yrs to 59 yrs. 97% consider themselves White Scottish or White British. 90% are male and 91% have been in regular services. 80% were in the Army. 35% served for between six and 12 years, with 21% discharged on medical grounds. The most common deployments are Northern Ireland, Iraq and Afghanistan.
3.2.2	The social circumstances of veterans who access V1P Ayrshire & Arran indicate a large proportion live in areas which are defined as most 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.
3.2.3	In terms of relationships, 42% are married, in civil partnerships or co-habiting; the remaining 58% are single, divorced, separated or widowed. 79% have children. 44% live alone.
3.2.4	In terms of educational attainment and employability, 68% of veterans are educated to high school standard (10% did not complete school). Only 3% have attained degree level qualification (bachelor, masters or doctorate). 37% are in employment (full time and part time); while 34% are currently unemployed.
3.2.5	In terms of mental health and wellbeing, 91% of the veterans who access V1P Ayrshire & Arran report some degree of problem with anxiety or depression. 50% report severe or extreme problems, including those who report symptoms of post-traumatic stress disorder.

3.2.6	Physical health issues are also significant. Chronic pain is a reported difficulty for 44% of veterans accessing V1P Ayrshire & Arran. 79% report pain interfered with carrying out daily activities to some degree, with 33% of reporting pain extremely interfered with daily routines.
3.3	How Do We Know We Are Making A Difference? - V1P Scotland Evaluation
3.3.1	Queen Margaret University were commissioned to conduct the evaluation of Veterans First Point Scotland. The V1P Centres began accepting referrals at different times and all have contributed to the evaluation. In reviewing activity to date, each Centre is building up substantial numbers of veterans who they are activity working with and the number of veteran contacts is steadily increasing as the Centres become established. The total number within the data set is N=692 .
3.3.2	Three clinical measures used in the evaluation have all demonstrated improvements over time. In relation to depression, distress and functional impairment improvements are clinically significant and reliable. The V1P Scotland service is therefore a credible provider of psychological therapies to veterans. While these improvements are clear, it should be noted that Veterans presentations are complex. Initial assessment scores often meet the severe criteria for clinical assessments at engagement with services. However, the improvements veterans experience, while significant and reliable, continue to meet the criteria for moderate distress or depression. Veterans are therefore likely to need ongoing support and monitoring. Additionally, it is important to acknowledge that greater improvements are seen over time, increasing with duration of engagement with therapy. Mainstream services, in order to meet pressure of demand, often prescribe a time limited period of psychotherapy. Veterans seem to be one population group who appear to benefit from intervention of a longer duration.
3.4	Next Steps
3.4.1	Since V1P Ayrshire & Arran was developed in 2017, it has demonstrated the North Ayrshire IJB's commitment to the Armed Forces Covenant, ensuring that veterans – and particularly those with the most enduring health and welfare difficulties are able to access priority care and treatment from mainstream and specialist services.
3.4.2	Although a small service, V1P Ayrshire & Arran has delivered care and treatment to over 480 veterans and their family members living across Ayrshire and is the busiest of all the V1P centres across Scotland. The service has been independently evaluated and demonstrates clinically significant outcomes. The credibility, accessibility and coordination of care has resulted in high levels of service user satisfaction through a cost effective service structure.
3.4.3	Following the recent independent evaluation by Queen Margaret University, the V1P network of Centres are now focussed on a range of initiatives over the next 12 months to ensure V1P services are accessible across all tiers of service delivery, while maintaining a focus on those affected by the most severe, enduring and life changing difficulties. We aim to undertake Ayrshire wide service development in partnership with stakeholders across health, social care and third sector stakeholders.

4.	ADDRESSING INEQUALITIES
4.1	VIP Ayrshire & Arran is reaching those it needs to, demonstrated by high self-referral rates and the demographics of those using the service in the short time it has been open. This service is successfully providing a service to 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 services.
4.2	There are increasing numbers of younger veterans who have completed two tours are coming forward. Armed Service changes will see an influx of new veterans to Scotland. (current number of Veterans living in Ayrshire make up 10% of the general population)
5.	<u>Measuring Impact</u>
	This is an internal paper and does not require to be impact assessed.
6.	IMPLICATIONS
	Policy Implications
6.1	The Scottish Government restated their commitment to recognising and valuing the Armed Forces community as a true asset and in 2016 renewed their commitments to support them and pledge to make Scotland the most attractive destination for the Armed Forces, Service leavers and their families.
6.2	This report highlights that Scotland has demonstrated great strengths in mental and physical healthcare provision, and states that this will continue to be a fundamental priority to support particularly in terms of improving awareness of long-term clinical needs and transfer of data.
6.3	The published Force in Mind report - <i>Call to Mind: Scotland / Findings from the review of veterans' and their families' mental and related health needs in Scotland</i> . (2016) states 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 has been supported and resourced by the Scottish Government.
6.4	Scotland's Veterans Commissioner recently published report (attached as Appendix 2) – <i>Veterans' Health and Wellbeing: A Distinctive Scottish Approach</i> , (April 2018) set out his ambition for veteran services in Scotland – “To see mainstream and specialist provision for veterans protected and enhanced, especially for those with the most severe and life-changing conditions; and to ensure veterans' healthcare is a properly planned and embedded feature of the new health and social care landscape in Scotland” (page 4).
6.5	In relation to V1P services, he added - “Veterans in Scotland have been able to access a number of key specialist services... including Veterans First Point teams. I have seen for myself during visits to these establishments, and heard first-hand just how vital and valued they are” (page 13). In terms of sustainability he suggests - “The recent experience of sustaining V1P has demonstrated that funding from time-limited, non-core sources can lead to uncertainty and insecurity, which will undoubtedly worry those who rely on such support” (page 15).

Financial :	The financial implications are outlined in the paper.
Human Resources :	Currently there is 1 members of the V1P team that is seconded from another service. (0.6 WTE Administrator) The other members of the V1P team (0.9 Clinical Lead, 1.0 Psychological Therapist, 1.0 Peer Support Worker and 2x 0.5 Peer Support Workers) are all on fixed term contracts until 31 st of March 2020.
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
Environmental & Sustainability :	N/A
Key Priorities :	V1P is set out as a key item within the Local Delivery plan.
Risk Implications :	An assessment has not been undertaken at this stage as there are no imminent risks to the delivery of the service
Community Benefits :	N/A

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	x
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

7.	CONSULTATION
7.1	Paper was prepared in consultation with Head of Adult Mental Health, Thelma Bowers.

For more information please contact Lindsay Kirkwood, Clinical Lead V1P on 01294 310 400 or Lindsay.kirkwood2@aapct.scot.nhs.uk

Appendix 1



Veteran presents to service
Referrals accepted from any agency including self referrals
via drop in, email, telephone or written



Seen by Peer Support Worker (PSW) for Registration
Assessed for

- Housing
- Debt
- Social isolation
- Mental health
- Physical Health
- Addictions
- Offending
- Any other issues



If Mental Health Issues identified:-
Carry out Mental Health Assessment by
Psychological Therapist/Psychologist
and/or
Refer to Main stream CMHT or PCMHT/Provide In-
house Psychological Therapy



If other issues identified:-
PSW will support Veteran to access
partner agencies including North South
and East Ayrshire council, SSAFA, NHS
Addictions services, SACRO, VETS UK,
Veteran residences, Poppy Scotland, GP
services, Soldiers off the Street.
May also see PSW for ongoing general
Peer Support if required.
Invited to attend weekly drop in to
socialise with other veterans.

Appendix 2

Below is a list of veteran organisations within the West of Scotland. It is of note that there are only 7 organisations with offices within Ayrshire (highlighted in grey below)

Organisation	Type of Support	Mental Health Support	Nearest Offices
Houses for heroes	Housing	X	Glasgow
Scottish veterans residences	Housing	X	Glasgow
Haig housing trust	Housing	X	Surrey
Royal Air Force Association	Housing	X	Edinburgh
Housing Options Scotland – Military Matters	Housing	X	Edinburgh
Blind Veterans Uk	Welfare, Funding	X	London
Thistle Foundation	Support	X	Renfrew
Scottish War Blinded	Welfare, Funding	X	Livingston
Defence Medical Welfare Services	Support over 65	X	Ayrshire
Veterans Scotland	Funding	X	Edinburgh
Blesma	Prosthetics	X	Essex
Canine Partners	Assistance dogs	X	Stirling
SAMH	General support for Mental health	✓	South Ayrshire & Irvine (V1P)
Combat Stress	Inpatient Mental Health	✓	Hollybush & Kilmarnock
Erskine	Medical care	✓	Erskine
Lady Haig's Poppy Factory	employment	X	Edinburgh
Poppy Scotland	SignPosting	X	Kilmarnock
Remploy	Employment	X	Glasgow
ASAP	Welfare	X	Kilmarnock & Irvine (V1P)
SSAFA	Funding	X	Kilmarnock & Irvine (V1P)
Civvy Street	Employment	X	Online
Royal Naval Benevolent Trust	Funding	X	Portsmouth
Sea Farers	Funding	X	Linlithgow
ABF – The Soldiers charity	Funding	X	Edinburgh
RAF Benevolent Fund	Funding	X	London
Royal Air Force Association	Funding & support	X	Edinburgh
Officers Association	Funding & Employment	X	London
National War Pensions	Pensions	X	England

Regular Forces Employment Association	Employment	X	Kilmarnock & Irvine (V1P)
Skillforce	Employment	X	England
Royal Caledonian Education Trust	Veterans Child Support	X	London
Royal Navy & Royal Marines Charity	Welfare, Funding	X	England
Royal Naval Association	Welfare, Funding	X	England
Glasgow's Helping Heroes	welfare	X	Glasgow
Royal British Legion	Funding general support	X	Irvine
Veterans UK	Military & War Pensions	X	Glasgow

Veterans' Health & Wellbeing

A Distinctive Scottish Approach



APRIL 2018

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Foreword



Foreword



Last year I published a paper entitled *Veterans' Health & Wellbeing in Scotland – Are We Getting it Right?* This set the scene on veterans' health matters and offered my first impressions on the main issues that strike to the heart of whether Scotland is providing the best possible treatment and care for its ex-Service community.

Since then my team and I have looked in significant detail at the topics raised in that initial report and others, setting ourselves the task of finding answers to the four fundamental questions we posed at the very start of this study, namely:

- are health outcomes of our veterans population as good as they can be?
- do veterans face any disadvantages when accessing health and social care provision?
- does our health system properly fulfil our obligation to veterans with the most severe and enduring illnesses and injuries acquired as a result of their military service?
- are the needs of our veterans population properly understood and considered by those who work in health and social care?

Our assessment of where things currently stand and what the future might hold can be found throughout this report, alongside findings and recommendations aimed at the Scottish Government, NHS Scotland and their partners. My ambition is two-fold: firstly, to see the mainstream and specialist provision for veterans protected and enhanced, especially for those with the most severe and life-changing conditions; and, secondly, to ensure veterans' healthcare is a properly planned and embedded feature of the new health and social care landscape in Scotland.

When embarking on this project I quickly recognised that there is much we can be proud of in terms of the support provided to our veterans by statutory services and the many charities working in this field. However, I was also aware of concerns within the community – reinforced by several health professionals and officials – that veterans' health and wellbeing is no longer attracting the same levels of attention, innovation or ambition as had been seen previously. There appears to be less enthusiasm for new ideas, some hesitation in seizing fully those opportunities offered by recent transformations in healthcare, and a degree of stagnation within a sector which has typically enjoyed a well-earned reputation for the quality and accessibility of the care provided.

My hope in writing this report is to re-focus and re-energise Scotland's approach to looking after its ex-Service men and women and to faithfully represent the views of as many of them as possible. Most importantly, I want to offer both an ambitious and realistic vision of health and social care for Scotland's veterans. This should be one that the entire nation can support, champion and ultimately be proud of.

Eric Fraser CBE
Scottish Veterans Commissioner

Introduction

In my initial paper, the main focus was on the mercifully small group of ex-Service men and women with severe and enduring health conditions acquired as a result of military service. Some had been wounded in action while others either suffered serious injuries or had been affected by life changing illness while serving their country. In every case these are the people who have sacrificed the most and will live with permanent conditions for the rest of their lives.

This paper set out the compelling moral case for these men and women to receive the very best medical treatment and social care that Scotland has to offer. Anything less, I suggested, would be a betrayal of the promises made in the Armed Forces Covenant and by the Scottish Government in its *Renewing Our Commitments* strategy.

It has been reassuring that in every conversation and interaction since publishing that paper, there has not been a single person who has disagreed with or questioned that argument. Put simply, this group of veterans has earned the right to be considered a strategic priority for politicians and all who provide support within our health and social care sector. Ultimately, this is the central and recurring theme throughout most of this report.

In highlighting this cohort, however, it is also important that we don't overlook the wider veterans community and their health needs. Theirs will not necessarily fall into the most serious category of severe and enduring injuries or conditions but they still deserve as good treatment as possible with an appreciation that their condition might be attributed, in some way, to their military service. This group will be typically treated by mainstream services within the NHS but, even here, their unique background and common experiences need to be recognised if the best outcomes are to be achieved.

Structure of Report

My original intention when scoping this subject had been to produce separate papers that focussed, in turn, on veterans suffering from severe and enduring conditions, followed by a later one on the broader health needs of our wider ex-Service community. Since then my team and I have come to realise that so many of the issues across these groups are intertwined and have, therefore, decided that there is greater merit in publishing a single report that covers the full range.

Chapters 1 and 2 cover subjects that are relevant to the health of all veterans but with a particular emphasis on those who suffer from the most severe and enduring injuries and conditions. The first culminates in a proposal for a distinctive approach to veterans' health in Scotland, and the second considers the main challenges as to how that approach might be delivered.

Chapters 3 and 4 concentrate, in turn, on the mental and physical health of this same group who will need dedicated mainstream and specialist support over many years.

Chapter 5 is more wide-ranging and considers the general health of the veterans community and where there might be opportunities to improve health and wellbeing outcomes for all.

Chapter 6 comprises my conclusions having spent many months investigating the issues. I hope this provides a useful summary of a complex and challenging agenda.

The full list of my recommendations can be found at **Annex 1**. As in previous reports, extracts and quotes from case studies are included throughout. These offer a fascinating insight into the subject matter and I am extremely grateful to the contributors for providing such candid and meaningful material. **Annex 2** contains these case studies in full.

‘Severe and Enduring’ Explained

The term ‘severe and enduring’ is a phrase used throughout this report to describe the most serious and life-changing injuries and conditions faced by veterans. For some in the military community this equates to those who are ‘wounded, injured or sick’ (WIS), but for the wider population the term severe and enduring provides a more recognisable description. It may, though, leave the reader begging the question exactly which injuries and conditions fall into this category and which do not. This is never going to be an easy question to answer.

I want to be clear that it is not my place to define, prescribe or list what constitutes this type of injury or illness. It would also be wrong for me to direct the medical profession when trying to determine how contingent such conditions might be on previous military service. These are decisions that must be left to experts.

I do, though, recognise that making such decisions can sometimes be far from straightforward – a view that has been crystallised during discussions with a range of medical and allied health professionals. There will always be grey areas where the severity of the illness or injury, and its unequivocal link to military service, divide opinion or are difficult to establish.

It is, therefore, imperative that those professionals who are being asked to make such decisions have as good an understanding of veterans’ health issues as possible and are provided with advice and support where necessary. Ultimately, verdicts about whether a veteran who presents with particular injuries or illness falls into the category of severe and enduring – and therefore has access to ‘special’ care over and above that typically provided by mainstream services – will never be an exact science. I would, however, urge those involved to err on the side of the veteran in borderline cases. These individuals have already served their country and now struggle with conditions that may be wholly, or partly, the result of this service.

A Distinctive Scottish Approach to Veterans' Health



This chapter covers a range of issues that relate to the delivery of health and social care to veterans and considers how the current system might be strengthened or adapted to improve outcomes for all in this community. It includes discussion about the commitments made in the Armed Forces Covenant (the 'Covenant') and the Scottish Government's *Renewing Our Commitments* strategy, priority treatment, funding arrangements and the structure of current services.

The fact is that the provision of healthcare for veterans in Scotland has always contrasted with other parts of the UK, just as for the wider population. Different structures, funding arrangements, governance and, in some cases, delivery models have led to a national health service which varies from those found in England, Northern Ireland and Wales. For veterans this also extends to the specialist care that is provided for those with serious and life-changing injuries or illnesses that have resulted from their military service. These bespoke services, some of which were set up in response to a series of reports by Dr Andrew Murrison MP, provide a level of support which goes beyond that typically offered by NHS Scotland (NHS(S)) and local Councils. They are also recognised by Lord Ashcroft in his various reports about veterans and fulfil a significant part of the promises laid out in the Covenant and in *Renewing Our Commitments*.

The combination of mainstream and specialist services has established a robust package of support that meets the needs of most veterans. This has been particularly so for the thankfully small number of those whose military careers have left them with the most severe and debilitating conditions. The impressive work at the start of this decade in establishing 'specialist' physical and mental health services in Scotland has had a significant impact over subsequent years and has rightly attracted considerable attention and praise. We still see the benefits of this today.



However, despite there still being a significant number of men and women in our communities who struggle with Service-related injuries and conditions, it is obvious that the levels of ambition and innovation which characterised this work have waned in recent years. This may be understandable given the pressures on the health system, but it is also disappointing that the health of veterans no longer attracts the same level of attention it once did. Discussions with senior decision-makers indicate a strong desire to check this trend, rekindle the spark that set up the current structures and invest in future long-term planning. This is encouraging.

Having examined the provision of healthcare over many months, it has become apparent to me that there is merit in now adopting a distinct strategic approach that ensures veterans' health sits squarely at the heart of current and future models of service provision in Scotland. Furthermore, this approach should aim to present a realistic and practical means of embedding the specific needs of veterans within mainstream services, ensuring current specialist care is protected and improving planning for long-term support.

Of course, veterans' issues do not sit in isolation within Scotland's healthcare system. The fast-paced, transformational nature of this landscape can be expected to have a significant impact in the years ahead and it will be crucial that veterans are part of, and benefit from, recent Scottish Government and NHS(S) policies in this field. Of these, I recognise the importance of the integration of health and social care services, an increasing role for allied health professionals within Primary Care settings, the Chief Medical Officer's proposals for *Realistic Medicine* and national strategies covering healthcare quality and mental health. Each has had considerable influence on this report and informed many of my recommendations.

In order to maximise the opportunities presented by these initiatives the following sections set out my thinking on what a new approach should seek to achieve and go on to discuss some of the key factors relevant to making it a reality.

Rethinking Priority Treatment

Before exploring some of the ideas behind this approach, I believe it important to address the prominent subject of 'priority treatment' for veterans from the outset. This was first introduced in the 1950s, is currently a significant feature of the Covenant and continues to be the most controversial and contested issue in terms of providing healthcare for this community. Its central premise is that veterans should receive early treatment for health problems that have resulted from military service, unless there is an emergency or another case that demands clinical priority. This is laudable, but as stated in my previous paper, the concept is flawed, often misunderstood and occasionally ignored by a number of health professionals and veterans – whether unwittingly or, in some cases, quite deliberately.

These views have been emboldened in recent months by feedback received from many individuals and organisations. This has reinforced the fundamental point that care within the NHS is based on **clinical need** and not on the background, occupation or category of a patient. As a consequence, the promise of priority treatment for veterans is a largely meaningless concept that rarely has any direct impact on individuals. Like many, I also have a growing conviction that an emphasis on waiting time lists, while never irrelevant, is no longer as important as it used to be. Instead, I sense an increasing demand – certainly in NHS(S) – for greater focus on the principles of excellence, accessibility and sustainable treatment for all veterans.

Frankly, the current confusion about what priority treatment means and its impact serves nobody well, especially if it results in unrealistic expectations which cannot be matched. It is clear to me that the time is right for a fresh and bolder vision, which will be especially important for those with the most severe and enduring injuries and conditions.

But in suggesting any alternative, I recognise there is a great deal of political and public support for these veterans receiving 'special' treatment and I am determined there must be no hint of any reduction in the level of support that has been hard-won over many years. Notwithstanding, there is a definite need for greater clarity about what veterans can expect from the health and social care system.

Addressing this aspect of treatment and care is, however, only the start. I am convinced that those in charge of healthcare in Scotland should go even further by taking a refreshed approach to all aspects of veterans' health. Recent transformational changes in the sector – more on which later – and a growing appetite for adapting to changing needs, offer a unique opportunity to develop a more innovative, focused and relevant approach to veterans' healthcare. Within this, priority treatment will be just one aspect.

Principles of a Scottish Approach to Veterans' Health

It is with this in mind – together with the need to refocus efforts within the Scottish Government, NHS(S), Health Boards and local Councils – that I am proposing a distinct Scottish Approach to Veterans' Health. This needs to provide the impetus and framework that protects and enhances Scotland's reputation for supporting its veterans while ensuring we place particular emphasis on those coping with the most severe and enduring conditions. It should also seek to promote the wider ex-Service community as a unique cohort whose health and wellbeing can benefit from the changes currently being seen across the health and social care sector in Scotland.

In particular, the unambiguous focus and priority placed on the small group of veterans with the most serious and life-changing conditions will send the strongest possible message of compassion and appreciation from Scotland's citizens. These are, after all, the people who have made the greatest sacrifices, suffered the most challenging consequences and are, therefore, in need of specialist and sustained support. Even more important than the message it sends, the prioritisation and long-term commitment to this group will provide the clarity and reassurance that their medical and social care needs will be met properly, now and in the future.

As a first step to establishing this fresh approach, it will be important that the Scottish Government, NHS(S) and their partners can agree a set of principles to provide strategic direction and guidance for those individuals and organisations responsible for planning and delivering day-to-day support. Many ideas have emerged during the past few months since the publication of my initial paper. The following set of proposed principles reflect the key priorities of the many health professionals, veterans, charities and officials that I have engaged with over that time.

Guiding Principles

Generally...

- > Veterans, like the rest of the Scottish population, have the right to the highest possible standards of health and live longer, healthier lives.
- > Veterans never suffer disadvantage and instead benefit from efforts to reduce health inequalities caused or exacerbated by military service.
- > Veterans' specific characteristics and needs are recognised and well understood, shaping the design and delivery of their health and social care.

Exceptionally...

- > Individuals with severe and enduring conditions caused by military service are the most important and deserving group within the veterans community and are the focus of efforts and resources.
- > The treatment and care for these veterans is based on the best possible mainstream and specialist services, both in the statutory and third sectors, that is available no matter their circumstances or where they live.
- > These veterans can be confident that this support – across the health and social care sector – is available whenever required and for the rest of their lives.

These principles are not intended to be either prescriptive or exhaustive. The Scottish Government and NHS(S) may wish to adapt or add to them now and in the future but I believe that in their current form, they offer a coherent and ambitious framework that will help raise the profile of veterans while ensuring they get the support they need and deserve. They also offer the chance for those in positions of leadership to make a public commitment to support our ex-Service community and satisfy their health needs over the long term.

Recommendation 1 – A Distinctive Scottish Approach to Veterans' Health

The Scottish Government and NHS(S) should commit to establishing a distinctive Scottish Approach to Veterans' Health at a strategic level, accept or adapt the guiding principles of this approach and work with their partners to embed it at an operational level.

‘Making It Happen’



Over the course of the many visits and discussions undertaken in preparing this report, I was struck by the evident dedication and determination of professionals and others to ensure veterans in Scotland are given the best possible treatment, care and support. It was equally impressive that so many in the sector, from those in positions of leadership and practitioners through to volunteers, expressed a desire to do even more to improve health outcomes. In these times of stretched public finances and constantly competing demands, this commitment is not one to be underestimated.

Allied to this powerful sense of goodwill and resolve is a strong track record of providing impressive specialist and mainstream health services to veterans. This is something which is important to acknowledge. That said, we cannot afford to allow complacency to compromise that record nor see veterans' health take lower priority. To do so would put Scotland's hard earned and deserved reputation for supporting and valuing its veterans community at a degree of risk. Now is, therefore, an opportune time to protect the best practice that already exists, build on it with improvements wherever possible – in terms of practice, policy and governance – and prepare for the future. It is intended that the distinctive Scottish Approach to Veterans' Health should provide the strategic framework to drive that ambitious agenda.

The next sections set out the key issues that need to be addressed if this approach is to transition from a worthy set of high-level principles into day-to-day practical measures that will impact positively on the lives of our veterans now and for years to come.

Protecting Specialist Services

Over the past decade or so, veterans in Scotland have been able to access a number of key specialist services that include dedicated prosthetics clinics, a network of Veterans First Point (V1P) teams and Combat Stress' Hollybush House. I have seen for myself during visits to these establishments, and heard first-hand just how vital and valued they are.

This specialist provision is an important and well-established feature of how healthcare is delivered for veterans in Scotland today, especially those with severe and enduring conditions. It complements mainstream services very well, provides additional support and is seen as a model of care that deserves to be protected for current and future generations. As part of the Scottish Approach to Veterans' Health I believe the Scottish Government and NHS(S) should reaffirm their commitment to protecting this level of specialism.

That said, a responsible and responsive health system must adapt to changing needs and demands over time; just because a service has been provided or structured in a particular way does not mean it should always continue in the same form. In the case of the specialist services mentioned above, I anticipate these having to evolve and this should not be seen as a backward step or reduction in the levels of support. Indeed, in the case of Hollybush House, Combat Stress has recently proposed adjusting its delivery model from an exclusively residential course to one that includes community based modules that fit around a veteran's work and family life. This reflects changes across the wider health sector and it will be important to monitor its impact given the organisation's prominent role in supporting veterans with severe mental health issues.

In other words, we should never lose sight of making sure our veterans are cared for and supported in the best possible way – whatever that 'way' may be. The ultimate aim should be to ensure Scotland is a place where treatment – both in the mainstream and specialist sectors – is dynamic and responsive to the needs of the ex-Service community.

Finding 1:

Specialist physical and mental health services are a vital and valued part of supporting our veterans with the most severe and enduring injuries and conditions. While their exact make-up and models of delivery will inevitably change and adapt over time, it is imperative that the availability of specialist services – and the outcomes they support – are protected for current and future generations.

Improving Collaboration and Partnership

While the proposed Scottish Approach to Veterans' Health will see distinct planning, resourcing and delivery in Scotland, there remains much to be gained from engaging regularly with health and defence colleagues from other parts of the United Kingdom and beyond. By doing so there will be an opportunity to share our expertise and experience of supporting veterans while also improving our awareness of good practice, and increasing involvement in new health initiatives elsewhere.

Over the past few months, my team and I have had a number of informative meetings with colleagues in the MOD and NHS England, including the Director of Veterans Commissioning. These have alerted us to several projects that encompass new mental health services, a complex trauma service, and the Veterans Covenant Hospital Alliance scheme that accredits 'Veteran Aware' hospitals across the UK. The 'Step into Health' initiative is also interesting given its potential for seeing more veterans employed within the NHS.

I am aware there used to be active networks and dialogue linking health officials from across the United Kingdom but some of that has been lost in recent times. This is relatively easy to correct and should be done with some urgency. It has also been apparent that the Military Medical Liaison Officer (MMLO) to the Scottish Government has fewer opportunities to engage and influence the Government on its relationship with the MOD. This is largely because the role is now part-time and an additional responsibility for an already busy NHS(S) senior consultant and Reservist. As a result we are missing opportunities to benefit our veterans community and the health system in Scotland.

I would particularly advocate regular participation in the MOD's high-level Partnership Board, chaired by the Surgeon General and DG Health, and attendance at the relevant Clinical Reference Groups run by NHS England which tackle practical issues affecting Service personnel, veterans and their families.

Recommendation 2 – Improving Collaboration and Partnership

The Scottish Government should reinvigorate senior participation in cross-border networks with a view to improved information sharing and increased involvement in collaborative working and initiatives.

Finally in this section, it is important to highlight the key role that charities play in supporting veterans' health. The expertise and variety of treatments and projects that they offer complement and, in many instances, enhance those provided by the statutory sector. The partnership between these sectors is a vital feature of veterans' healthcare and must be nurtured and protected over the long-term.

Securing Funding

In my initial paper I state that, *“I do not anticipate that protecting the best of the current specialist services requires a large investment of new resource. I do, though, think it is crucial to ensure that this provision is protected in the medium to long-term and that the evolving needs of this group of veterans [with severe and enduring injuries and conditions] is part of a strategic plan”*. Key to this will be a review of the way parts of these specialist services are funded.

I have been careful to recognise the good levels of specialist health provision for veterans throughout this report. There is, though, a remaining concern about the consistency and longer-term sustainability in some instances.

Current funding arrangements, in part, lack cohesion and can appear *ad hoc*. For example, the prosthetics clinics are commissioned, performance managed and, crucially, funded by a specialist part of NHS(S) called the National Services Division (NSD). The NSD receives top-sliced, ring-fenced funding directly from the Scottish Government, which means that the services it funds enjoy a degree of security and certainty that doesn't necessarily apply elsewhere.

The V1P services, on the other hand, were established and have been sustained using a combination of Scottish Government and Armed Forces Covenant (LIBOR) Fund money. The former directly funded the first V1P service in the Lothians in 2009 and thanks to on-going LIBOR money it was later expanded to eight locations across Scotland. However, last year when the Fund closed, V1P had to resort to a combination of funding directly from Government, individual NHS Boards and other partners. Matched funds from the Scottish Government will allow most of those services to continue to 2020, at which point Boards and partners will become fully liable. This process has caused an element of turmoil and posed serious questions about the long-term future of services in certain areas.

However, I do not believe that specialist services need to be delivered in exactly the same way forever without close review. For example, NHS Grampian and NHS Highland have decided to discontinue the V1P service in its current form and made alternative arrangements for providing mental health treatment and support to their veterans communities. I am aware that NHS Highland was awarded an additional LIBOR grant in 2017 to continue mental health support in partnership with Poppyscotland. Notwithstanding that welcome development, the recent experience of sustaining V1P has demonstrated that funding from time-limited, non-core sources can lead to uncertainty and insecurity, which will undoubtedly worry those who rely on such support.

Finding 2:

Funding for specialist mental and physical health services for veterans is disjointed and in some cases ad hoc. This results in a degree of uncertainty and raised questions about the sustainability of some of these services, which is a worry for those who rely on and value them. It is an issue that needs addressed as a priority.

Integrating health and social care

I have made much of a widely held desire to see the health and social care needs of veterans properly planned and co-ordinated over the longer-term. This is central to providing holistic and co-ordinated support as they age and their needs change, especially for those with severe and enduring conditions. In Scotland we are fortunate to already have an advanced and progressive approach to the integration of these services across the entire population; one which ought to lend itself to fulfilling this ambition for the ex-Service community.

Health and Social Care Partnerships (HSCP) were launched in 2016, bringing together local health and social care services. Partnerships are overseen by 31 Integrated Joint Boards (IJBs), also known as Integration Authorities, who are responsible – and carry the budget – for planning, innovating and working with professionals, communities and the third sector to deliver a range of services locally.

The creation of these partnerships and IJBs marks a fundamental shift in the way in which health and social care is delivered. It also changes the levers of control and accountability. As the budgets and responsibility for delivery are delegated to an increasingly more localised level then so must the focus of those interested in veterans' health. The idea of a centralised system of command and control is now outdated and will have little impact in this new environment.

The HSCPs provide the vehicle for ensuring that long-term planning of veterans' health and social care services is embedded in mainstream structures and budgets. Although they are still in their infancy and will no doubt evolve as they become a more established part of the system, it is still striking that only one IJB mentions veterans within their current strategic plans. I would anticipate this changing over time.

Their existence also offers an opportunity to plan and co-ordinate services across a wider range of areas, extending beyond the fields of health and social care. For example, I heard from Glasgow's Chief Officer about how his HSCP also has responsibility for children and families, homelessness and criminal justice services. All of which can be relevant to the veterans community.

Finding 3:

The integration of health and social care services in Scotland provides a unique opportunity to ensure the longer-term needs of veterans are properly planned and met. The new structure of IJBs and HSCPs is the vehicle for delivering this ambition. They must play a central role in decision-making about veterans' health and wellbeing and the delivery of both mainstream and specialist services.

Leadership, Planning & Governance

Strong and visible leadership will be critical in delivering the high standards envisaged throughout this report. It will also be required to make the most of the opportunities offered by a changing landscape and to maximise the evident desire to do the best by our veterans. Most will naturally look to the Scottish Government and NHS(S) but in order for veterans services to be consistently at their best over the long-term, leadership and ambition will be required from many others at different levels.

The obvious means for bringing together senior decision-makers and providing national leadership is via the Armed Forces and Veterans Health Joint Group. It was formed back in 2009 and includes representatives from, amongst others, NHS(S), Scottish Government, Armed Forces, veterans’ organisations, charities and academia. It is chaired by Director-General Health and Social Care/Chief Executive NHS(S) and sits annually.

In the past this group has been responsible for overseeing the delivery of innovative support, that has included several successful pieces of work. For example, in 2012 a Sub-Working Group implemented recommendations from Dr Andrew Murrison’s report *A Better Deal for Military Amputees in Scotland*, which led directly to the formation of the national prosthetics clinics. This was an impressive achievement but my strong sense is that the group has now become unwieldy in number, lost much of its original purpose and has, as a result, been far less impactful than it was in its earlier days.

In recent times, much of that loss of purpose can be attributed to the changing landscape across health and social care, which means that the group no longer sufficiently reflects current models of delivery. A new structure of oversight and governance of veterans’ health that accords with the current system of greater local responsibility and accountability is, therefore, overdue.

That said, there is still a need for a national group that can provide high-level leadership across the health, social care and veterans sectors. The Joint Group should still fulfil that role but will undoubtedly require a refresh – both of membership and remit. It would need to ‘own’ the Scottish Approach to Veterans’ Health at a national level and in doing so provide strategic direction and ideas to those tackling the issues set out in this report on a day-to-day basis. Its membership also needs to reflect the new environment of integrated environment and draw on a smaller senior cohort who can drive the veterans health and wellbeing agenda. It would also benefit from meeting more regularly.

Recommendation 3 – Leadership and Governance

The Armed Forces and Veterans Health Joint Group should refresh its membership and remit in order to provide the vital strategic leadership that will deliver the Scottish Approach to Veterans’ Health

Alongside this, there is a need to introduce a mechanism at an operational level to develop further national thinking, tackle the issues highlighted in this report, and oversee the delivery of veterans’ health. This is a challenging remit that demands a dynamic, innovative and effective body, under strong leadership that can influence and instigate change within a complex structure.

With this in mind, I heard recently from the CEO of the Mental Welfare Commission about a structure which provides an interesting example of how veterans’ health issues could be considered. Its work on perinatal mental health of mothers and infants culminated in the establishment of a National Managed Clinical Network (NMCN).

There are a number of different National Managed Clinical Networks (NMCNs) in operation in Scotland. They are funded by the NHS(S) National Services Division and bring together those involved in providing specialist care for particular groups of patients with the most complex healthcare needs – health and other professionals, patients, carers, families and voluntary groups. Each network designs pathways of care that ensure patients and their families have equal access to the highest standards, regardless of where they live in Scotland. Networks focus on issues such as service planning and delivery, education, collating data to measure and improve quality of care, and engaging key stakeholders.

A new NMCN, or similar group, focussed on veterans’ health would have responsibility for considering the issues highlighted in this report and others it regards as relevant. It would need to draw on a wide range of stakeholders with an interest in the health and wellbeing of veterans; including representatives from statutory services, charities, academia, carers organisations and, of course, veterans themselves. I would also anticipate the network drawing on the experience and knowledge of individuals like the MMLO and organisations like the Health and Social Care Alliance. The network’s key responsibilities would be:

Network on Veterans’ Health

- > Advise, influence and monitor the planning and delivery of mainstream and specialist services for veterans based on the principles of the Scottish Approach to Veterans’ Health.
- > Lead on improving awareness, knowledge and understanding of veterans’ needs and characteristics.
- > Produce a Mental Health Action Plan and influence its delivery at a national and local level. (See Chapter 3)
- > Identify and address health inequalities for veterans, using those set out in this report as a starting point. (See Chapter 5)

While issues of planning and governance may not seem particularly exciting, or directly relevant to the day-to-day lives of veterans, they are in fact crucial to ensuring that the Scottish Approach to Veterans' Health underpins the delivery of services and support. Those in positions of leadership have an opportunity – perhaps even a duty – to ‘make it happen’ and play their part in improving the health and wellbeing of our veterans community.

Recommendation 4 – National Managed Clinical Network

The Scottish Government and NHS(S) should establish a network on veterans' health. The network will have oversight of delivering the Scottish Approach to Veterans' Health, and will consider the key issues raised in this report and others it deems relevant. It should reflect current structures in the health and social care sector in its membership and approach.

Mental Health



Scotland's role in treating those suffering from the mental effects of combat dates back to WWI when Craiglockhart War Hospital cared for 'shell-shocked' men struggling with their experiences on the Western Front. Many, including famous war poets Wilfred Owen and Siegfried Sassoon, were given radical and sometimes controversial new treatments to address the devastating effects of extreme trauma and constant bombardment. The display at Edinburgh Napier University provides a fascinating record of this work and Scotland's contribution in an important field.

Over the following decades the military recognised high risk groups within their ranks and worked hard to return affected individuals to duty whenever possible. However, amongst the general public there largely remained a reluctance to discuss mental health issues and as a consequence there were veterans who never sought or received the treatment and care they needed. It was only during recent conflicts in Iraq and Afghanistan that the impact of combat on the mental health of those who served was fully recognised. Thankfully, we now see far more extensive and effective support, less associated stigma and a growing acceptance that these wounds of war are no less debilitating than the physical ones.

It is, therefore, only right that in this report I acknowledge the significantly improved support for those suffering mental ill health after time spent in the Armed Forces. In recent years, veterans have been able to access a number of specialist – as well as mainstream – projects and services introduced to address their specific needs. Scotland has been in the vanguard in many instances. That said, many of the experts in this field that I have spoken to say there is still work to be done. This has been one of the main factors that motivated me to produce this report.

This chapter details some of the vital work being done in this area by both the statutory and charitable sectors, and then focuses on the future needs of veterans with serious mental health issues. It covers some of the key topics relevant to ensuring that Scotland maintains – and enhances – its well-earned reputation for innovative and compassionate care of its Service men and women, stretching all the way back to Craiglockhart Hospital in 1916.

Background

As I highlighted in a previous report, the vast majority of those leaving the military do so without severe mental health problems and cope well with the transition to civilian life. When problems occur they are most likely to be the same ones that can affect anyone in the wider population, such as depression, general anxiety or stress related disorders. The majority will be treated by local mainstream NHS services – typically through their GP – and it has been reassuring to hear consistently positive stories about the support received and the good outcomes achieved. There are, though, a number of individuals with serious, life-changing and distressing mental health problems after a career in the Armed Forces. It is only right they are the focus of medical efforts and are given the best treatment and support available; but it is equally important to counter exaggeration of the numbers of those seriously affected and not to allow myths to subsume the facts.

As this chapter focuses on those with the most complex and serious mental health conditions, I am reassured to note that they are able to access a number of impressive specialist services in Scotland. These deliver the type of 'special' treatment promised as part of the Covenant and *Renewing Our Commitments*. Such services should be cherished and never taken for granted.

Current Provision

Based on what I've observed in nearly four years as Commissioner and specifically on what my team and I have taken from our months of research and engagement on this topic, I support the finding from the 2016 Forces in Mind Trust *Call to Mind: Scotland* report, which stated:

"Arguably, Scotland has one of the most robust mental health and related provision for veterans in the UK, with a thriving specialist statutory and voluntary sector that has been supported and resourced by the Scottish Government"

This is a heartening assessment of the set-up in Scotland and one that has been borne out in the many conversations I have had about veterans and their mental health. The authors of that report and I have separately identified areas where more could – and should – be done to maintain or enhance this level of provision. It is, after all, important that we never stand still and allow our reputation to slip. Notwithstanding those opportunities for improvement, we ought not to lose sight of the overall positive position. It is evident that we have much good practice to protect for current and future generations and I would argue that the Scottish Approach to Veterans' Health is intended to do exactly that.

The treatment and care for veterans with severe and enduring mental health conditions is delivered by a mixture of statutory sector providers, under the responsibility of Integration Authorities, and third sector providers. Some services sit within the mainstream and others are specialist.

Veterans in several parts of the country are able to access the network of NHS-led Veterans First Point (V1P) services. In addition, the Scottish Government currently funds, through an arrangement with NHS Ayrshire and Arran, nationally available specialist treatment at Combat Stress' Hollybush House. I also heard from NHS Greater Glasgow and Clyde's Head of Mental Health about how their veterans are treated within the range of mainstream services. Just one of these is the Anchor Centre in Govan which brings together specialist resources from different disciplines to treat those with complex mental traumas.

Alongside that key provision, there are a number of third sector organisations offering support. Legion Scotland and Poppyscotland are two of the most widely identifiable charities that work with veterans, complementing support provided by the statutory sector. Other smaller, but no less important examples, include the work of Horseback UK and Bravehound, both of which use animals to help veterans cope with their mental health problems. Beyond the traditional Service charities, organisations such as the Scottish Association for Mental Health (SAMH) and Support in Mind Scotland provide help for veterans and others suffering from the widest range of mental health conditions. There are others besides. The Mental Welfare Commission for Scotland acts as 'watchdog' and ensures quality standards for care provision.

This mixture of provision – for both those suffering the most severe and enduring conditions, and more widely – adds up to a highly valued network for the veterans community.

Looking Ahead

Lest we get complacent about the level of support available to those struggling with mental illnesses, it is vital that we never forget the devastating impact that such conditions can have on individuals and their families. *Both the Call to Mind: Scotland* report and my own findings suggest that while Scotland has a range of services that have served the veterans community well, there are concerns that this support can be piecemeal on occasions and often quite limited for those with the most complex and difficult conditions.

Aidan Stephen, an ex-Army Major who served in Northern Ireland, Bosnia, Kosovo and Iraq over a 17 year career provides a graphic reminder of this. His testimony starts in 2003 and highlights the personal nature of these illnesses, the depths to which they can drag an otherwise fit and healthy individual, and the risks of unsuitable treatment. His is a traumatic story that reinforces the need for that 'special' level of support for those affected. Thankfully, Aidan has gone on to make a remarkable recovery, a testament to his own resolve and resilience, and to the help and support he received from many individuals and organisations. His full account can be read on page 63.



Aidan Stephen – Former Army Major

“A few months after returning from Iraq, I attempted suicide and spent five days in a coma. When I woke up, I was admitted to a military psychiatric facility in Germany. Most patients were relatives of soldiers, and the support I received wasn’t suitable to my needs.

“I returned to Scotland where my wife and I separated and I ended up living alone, isolated with little family support. I was still in the Army at this point and they were trying to figure out what to do with me. I was sent to the Priory in Glasgow, a civilian mental health unit which treats people with addictions and eating disorders. This was one of the worst decisions made. None of the staff were trained to deal with patients from a military background and none of my fellow clients shared my experiences, yet I had to participate in group therapy with them.

“One day, one of the patients said she was feeling low because she had eaten loads of chocolate cake. Whilst acknowledging that seemingly minor issues such as this can have a much deeper psychological root for some, I was suffering from night terrors and traumatic flashbacks to my time in the Army, and comments like this only increased the distance I felt between myself and everyone else at the facility, leaving me feeling even more isolated.

“In 2006 I was discharged and was in the care of civilian rather than military doctors. I returned to Edinburgh and continued to spiral, culminating in an incident where I threatened to kill myself and self-harmed in public. I was arrested and ended up on remand. A doctor I spoke with while there told me to get in touch when I was out and he made me aware of veteran-specific support services that he thought would help.

“This is where things finally started to turn around....”

Crucially, both the UK and Scottish Governments remain committed to the idea of ‘special’ consideration for veterans such as Aidan, who suffer mental ill health following military service. That commitment is one of the cornerstones of how healthcare is delivered in Scotland.

I also welcome the fact the Scottish Government acknowledges veterans as a distinct group, albeit briefly, in its 10-year Mental Health Strategy which was published in 2017. This states: *“Armed Forces veterans, including those who have experienced trauma, may benefit from particular models such as peer support, combined with mainstream treatment. The Scottish Government will support efforts to meet the needs of veterans and their families, and local partnerships will want to consider how best to provide services locally for them.”*

The Scottish Approach to Veterans’ Health is intended to take matters further still. Its guiding principles provide a framework for ensuring that the best of specialist and mainstream provision is protected and the long-term needs of those with severe mental health conditions are properly planned and met. Resolving issues such as security of funding, equality of access and long-term planning are critical to living up to the commitments made. Most importantly, doing so will offer reassurance to veterans who currently or will in the future rely on bespoke mental health services.

A Long-Term Action Plan

The Government’s Mental Health Strategy and *Renewing Our Commitments* provide an important statement of intent. However, given the specific commitments to, and sometimes unique needs of, veterans with severe mental health conditions, I believe there is a strong case for the creation of a separate Action Plan for the delivery of services.

The network proposed in recommendation 4 can provide the necessary expertise and governance to deliver such a plan, either as part of its core work or separately by a sub-group dedicated to mental health. The Action Plan would need to complement the Scottish Government’s national strategy and address the key topics set out in chapter 2 ‘Making it Happen’ and the ones that follow here. Ultimately, it should provide an articulation of how excellent, dedicated and sustained treatment will be delivered over the long-term, at a national level and locally by Integration Authorities. Quick referrals and early interventions should remain a central feature of that provision.

The following considerations – both structural and clinical – are the ones that featured most regularly during conversations with veterans and health professionals. Neither set is exhaustive but I hope they provide a useful starting point for those who may be responsible for delivering a long-term Action Plan. It will also be important that it reflects new issues and changing needs as they emerge.

Recommendation 5 – Mental Health Action Plan

The Scottish Government and NHS(S), through the network on veterans health (see recommendation 4), 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.

Structural Considerations

The topics covered in detail in chapter 2 'Making it Happen' will be central to any plan for mental health provision for veterans. They include, protecting and funding specialist services, collaborating with others, demonstrating leadership, embedding long-term planning, and providing governance. I don't intend repeating any of that material but aspects are worthy of additional mention in this section as they apply to mental health care.

Funding

I say earlier that funding for specialist services is "disjointed and in some cases ad hoc". This is particularly evident in the field of mental health, as demonstrated by the experience of V1P and Combat Stress which is indicative of the short-term and insecure nature of funding. This is in sharp contrast to arrangements for some physical health provision, particularly prosthetics clinics, and demonstrate a clear anomaly that demands an urgent review. I would expect the proposed network to consider this as a priority as failure to do so will only leave a worrying degree of anxiety amongst veterans and dedicated providers, while increasing uncertainty for a number of our most important services.

Geographical Inequalities

There is also a need for separate consideration of how specialist mental health services are delivered across different parts of Scotland. I have consistently argued that veterans and others should see no threat in the fact that services will vary across the country, depending on factors such as rurality and remoteness, population density and demand. This is a consequence of the system of local delivery and accountability that underpins health and social care provision in Scotland.

What I don't consider inevitable or acceptable, though, is if the needs of all veterans with severe and enduring mental health conditions are not properly met. Should that be due to a lack of availability or delays in access then there is a clear question of inequality or disadvantage, which needs to be addressed.

Understanding of Veterans

Finally in this section, I would like to mention a recurring theme from veterans which suggest that health practitioners within the mainstream NHS do not always understand their specific needs and experiences. The implication is that those providing treatment and care are not as well equipped as they could be. Sharon Fegan, a psychological therapist, and Lauren Anderson, an occupational therapist, both from V1P Lothian, expand on this and their words are illuminating:



Sharon Fegan – Psychological and Occupational Therapist

"We have occupational therapist trainees who come to V1P for placements, so at a very early stage in their career they are learning how those from an ex-Service background might differ from civilian clients, and the best ways to approach this. Considering ways in which this increased awareness could be replicated across all positions in the NHS would be a really positive step towards improving engagement with veterans".



Lauren Anderson – Occupational Therapist

“Language is a hugely important aspect of treating the ex-Service community. Since I began working at V1P, I’ve picked up a great deal of military terminology which I previously didn’t know. Building a good relationship with veterans in a therapy context involves showing appreciation and respect for their background, and acknowledging that there are aspects of Service life you don’t know about, but which you hope to learn from them.”

While parts of the health system are clearly well attuned to veterans’ specific mental health needs there remains much to be gained from raising awareness, and increasing understanding, amongst as wide a network as possible, including GPs, mental health and allied health professionals.

Clinical Considerations

There are also a number of clinical considerations that will need to be incorporated into the Action Plan. Once again, this list is neither comprehensive nor exclusive but the topics are of sufficient importance to merit separate consideration and, in some cases, specific recommendations.

Post Traumatic Stress Disorder (PTSD)

Discussions about PTSD often elicit strong responses amongst an Armed Forces and veterans community that can sometimes appear critical of the attitudes and support provided by the MOD and statutory services. Many believe the number of veterans suffering from PTSD is significantly under-estimated and there has been insufficient investment in their treatment and care over several years.

Academics at institutions like Kings College London and University of Glasgow have conducted numerous studies over the past 10 years or so to assess the incidence, impact and treatment of PTSD amongst serving personnel and veterans. These have provided an impressive statistical evidence base for policy-makers and have shown that rates of PTSD in military personnel are similar to the wider population, although there is a modest increase in risk amongst combat troops and deployed reservists. Their specific findings have sometimes been at odds with some of the anecdotal evidence provided by those who struggle daily with the condition or offer direct support to the veterans community. This has led to debate and understandably caused a degree of confusion amongst the general public.

Over the past few years there has been a growing recognition by politicians, officials and health professionals of the need for effective and more accessible treatment for any who have served in the military and subsequently present with PTSD. The result has been a much greater willingness to see them as deserving ‘special’ support and an increasing number of initiatives that provide relief to individuals and their families. In Scotland this treatment is provided by a combination of NHS(S) mainstream services, V1P and Combat Stress. These must be protected now and over the long-term.

Although the overall number of veterans who suffer from PTSD in Scotland is relatively small, it is still vital that a national Action Plan considers the needs of those most at risk. It should also take account of the current move away from residential programmes towards an increased emphasis on community-based treatment and support. This will shape future provision of care for a vulnerable and deserving group. The severe and long-lasting impact of the illness, its link with other physical and mental conditions, and the levels of public interest reinforce these points on many levels.

Suicide Risk

Without doubt, the most poignant and thought-provoking conversations I've had during my time as Commissioner were with June Black. Her words laid bare the challenges her son, Aaron, faced when he returned from Afghanistan in 2009 that ultimately led to him taking his life in 2011. Matthew Green, in his book *Aftershock*, tells Aaron's story in the most moving way, leaving the reader to reflect on the sad and tragic loss of a young man.

We owe it to Aaron's memory to redouble efforts to support current and former Service personnel struggling with their mental health to such a worrying degree that suicide feels like the only escape. It is also essential that family and friends who are affected by suicide receive appropriate bereavement support.

In that respect, it is heartening to note some of the MOD's recent work, including the establishment of a 24hr Military Mental Health Helpline, and the publication of the Defence Mental Health and Wellbeing Strategy 2017-22. I have also been interested in NHS England's Transition, Intervention and Liaison (TIL) pilot, which seeks to improve mental health care for veterans and Armed Forces personnel approaching discharge. I believe NHS(S) should consider this latter initiative and work closely with organisations who have already invested time and resources in identifying and supporting those at increased risk of suicide.

NHS England's Transition, Intervention and Liaison (TIL) Mental Health service was set up in 2017 for veterans and those Armed Forces personnel about to leave the military who might have mental health difficulties.

The three elements that make up TIL are:

- A **Transition** service that is targeted at those about to leave the Armed Forces who may need continuity of mental health care during the transition process.
- An **Intervention** service that provides an assessment within two weeks of a referral which determines whether an individual has complex needs and, if so, provides an appointment with a clinician who has an expert understanding of Armed Forces life and culture. Veterans may also be supported by a care coordinator who can liaise with other services and organisations to ensure a coherent approach to their care.
- A **Liaison** function that supports those who do not have complex presentations yet would benefit from NHS care. They will be referred into local mainstream NHS mental health services where they will receive treatment and support.

Also of note, the Scottish Government intends to publish a Suicide Prevention Action Plan later this year. I have submitted a response to the consultation, highlighting veterans and their particular circumstances. An important aspect of identifying veterans within this plan will be the opportunity to extend the knowledge and understanding of the medical community on the challenges faced by some of our most vulnerable ex-Service men and women.

Finding 4:

The publication of the Suicide Prevention Action Plan by the Scottish Government later this year is a welcome step in ensuring everything possible is done to help anyone struggling with mental ill health. Vulnerable veterans, and their particular circumstances, will be an important consideration as the plan is developed.

Substance Misuse

All three Services are historically associated with a culture of heavy drinking and, while much has been done within the military to shift behaviours, alcohol misuse is still significantly higher than amongst the general population. Inevitably that culture extends into the veterans community which also reflects a national trend that has seen alcohol consumption increase significantly over the past few decades. This is a problem which the Scottish Government and others within the veterans community have done much to tackle nationally in recent years.

Alcohol misuse is often linked to poor mental health, with Combat Stress suggesting that almost 70% of veterans with PTSD also have drink-related problems. This organisation is currently piloting a Veterans' Substance Misuse Case Management Service, which helps veterans access the most appropriate services to support their abstinence and prevent relapse. I will watch with interest as this scheme develops.

The misuse of powerful painkillers, including opioids and other synthetic drugs, amongst veterans has received significant attention in the USA. There is, however, a growing sense that self-medication using both prescription and non-prescription drugs amongst UK veterans is also on the rise. This parallels trends in the wider community.

To date, there is minimal research on the subject but my conversations with senior medical professionals and practitioners working for Help for Heroes have left me in no doubt that this could be a serious concern. Given the tendency in the UK to follow US trends, and the devastating effect of drugs misuse, I believe it is important that we quickly determine the scale and nature of the problem in Scotland. The Action Plan should include details about how this will be done and initiate measures to counter this worrying trend.

Recommendation 6 – Drugs Misuse

The Scottish Government and NHS(S) should assess the scale and nature of drugs misuse – especially prescription and non-prescription painkillers – amongst the veterans community in Scotland and introduce remedial measures. This should be taken forward by the Joint Group and network, and included as part of the Mental Health Action Plan.

Stigma, awareness and other barriers

Mental health problems can be hard for anyone to cope with but it is made worse by having to deal with stigma, ignorance and discrimination from others. There is a widely held perception that the stigma associated with admitting to struggles with mental health is a major factor in veterans being reluctant to seek treatment and support. However, it seems the reality is more complicated than this.

A 2017 report by King's Centre for Military Health Research, *Stigma and Barriers to Care in Service Leavers with Mental Health Problems*, proposes that stigma is not a singular influence that prevents ex-Service personnel from seeking help for mental health problems. Failure to recognise that they have a mental health problem in the first instance, making the decision to seek help, and difficulty accessing and then maintaining support are all also contributing factors. This can be compounded when veterans live alone or have no-one to push them into seeking treatment. A recent study by Dr Margaret Bowes also identifies that the inherent culture of the Armed Forces may protect personnel from mental ill health during combat but then impede good recovery amongst veterans; in other words, the coping strategies required for good mental health may be at odds with the sort of resilience required to cope in battlefield situations.

Work has been undertaken in recent years by the MOD to overcome the challenges identified above. As attitudes in the military, amongst the veterans community and wider society have shifted, it has become evident that serving members of the Armed Forces and veterans now feel far more able to raise and discuss issues about their mental health. The increasing use of peer support workers by organisations like VIP and Help for Heroes has undoubtedly encouraged this and is widely regarded as good practice.

Nevertheless, for some, particularly those who served in less enlightened times, there may still be feelings of stigma attached to being mentally ill. I would like to make particular mention of the national programme *See Me*, funded by Scottish Government and Comic Relief and managed by SAMH and the Mental Health Foundation, which is aimed at changing negative attitudes and ending discrimination against all those with mental health problems. This work is important and I would expect an Action Plan to reflect this approach. I would also encourage any veteran who may be reluctant to seek help, to find out more about this programme and how it might benefit them.

During the past few years there have also been a number of initiatives aimed at improving awareness and understanding of the specific mental health challenges faced by some veterans. These have included education and information material produced by the Royal College of General Practitioners, NHS(S) and several charities. This has had an impact but I sense there is now need to refresh some of the content and renew efforts to disseminate it amongst as wide an audience as possible, including GPs, mental health specialists and allied health professionals.

This will be of particular importance to the 800 additional mental health workers that the Scottish Government has committed to funding over the next four years.

Recommendation 7 – Barriers to Accessing Services

The Scottish Government and NHS(S) should build on existing work aimed at reducing barriers to veterans accessing mental health services. This will include measures to address issues of stigma, seeking help, and improving awareness and understanding within the medical profession. This should be taken forward by the Joint Group and network, and included as part of the Mental Health Action Plan.

Conclusion

Throughout this chapter I have sought to emphasise that there are, thankfully, relatively few veterans who will experience severe mental health problems following their time in the Armed Forces. Furthermore, these problems are not always attributable to military service, with a proportion having been affected by adverse life experiences such as abuse, financial or relationship problems or as a victim of crime. Unfortunately for some, their time in the Services may have compounded their situation.

For those veterans who do suffer, there is no doubt that their lives can be devastated, sometimes for many years. Prompt access to the best possible treatment and support is vital in helping them to recover, and lead happy and fulfilling lives. We can be proud of the specialist and mainstream mental health services in Scotland and the role this plays in helping these individuals – and their families – achieve that aim.

We must, though, never allow complacency or lack of interest to compromise that level of provision and instead work to protect it for current and future generations. In that respect, I have concerns about the long-term sustainability of some of these services and the ability of some veterans to access them.

That is why I have called on the Scottish Government, NHS(S), local delivery organisations and partners to develop an Action Plan for the protection and long-term delivery of mental health services for veterans, especially those with severe and enduring conditions. In this chapter I have highlighted just some of the topics which should be considered and addressed as part of the creation of such a plan. There may be others that are worthy of inclusion, now and into the future as both services and needs evolve.

Physical Health



“After the guns have fallen silent, and the din of battle quietened, the real fight begins” – Prince Harry

The image of a wounded veteran is the most stark reminder possible that the men and women of the UK Armed Forces, both regulars and reserves, are often called on to put themselves in harm's way on our behalf. Some end up paying a heavy price and it is only right that our health and social care system provides the best possible treatment and support for these individuals for the rest of their lives. More widely, it should be recognised that a career in the Armed Forces is nearly always physically demanding, often dangerous and can put a severe strain on the human body.

Combat operations obviously expose individuals to a significant risk of death or being seriously wounded. There are, however, those who suffer life-changing injuries and chronic conditions due to the physical nature of their job or as the result of training or other accidents experienced in military service. All will have to live with severe and enduring conditions for many years, and may need – and deserve – specialist treatment and care over and above that typically provided by NHS(S) and local Councils.

In this chapter I explore some of the most challenging physical conditions that veterans may experience. Most injuries will be obvious and demand immediate treatment although some may not present for many years. Others will change over time as physical demands and age take their toll.

I should stress that what follows is by no means an exhaustive list. Rather, it reflects the priorities and concerns expressed by veterans, their families and members of the health and social care professions. My aim is to highlight some of the good practices already in place and to identify improvements that will help protect and enhance the care Scotland provides to its veterans community. Ultimately we want all veterans, especially the most seriously injured, to have the care that allows them to look forward to enjoyable and productive lives after time spent in the Armed Forces.

Protect and Prepare – The Challenges To Be Faced

Two of the principles of the Scottish Approach to Veterans' Health are, firstly, to protect vital specialist services currently required by veterans with severe and enduring conditions, and secondly, to plan for their long term care. In my time as Commissioner, I have consistently heard concerns expressed by veterans, charities and other organisations that the first-rate medical treatment provided will not always continue for the long-term. This is a fear of many coping with life-changing injuries who worry that their needs will not be properly met as they get older and struggle with a number of related conditions.

The good news is that Scotland's overall approach to looking after our veterans, the broad support provided across all sectors and recent changes in healthcare – especially the integration of health and social care services – provide a solid foundation on which to address many of these concerns.

However, in order to make a real difference and provide reassurance to veterans, effective planning and a sustained commitment of public resources will be critically important as their needs change over time. The entire health and social care system will require to be well informed, co-ordinated and responsive if these individuals are to be properly supported. I cannot stress too highly that as the impact of the injuries sustained will be with them for the rest of their lives, so must the care and support.

An example of needs changing over time comes from Andy McIntosh, who served as an Army Corporal for 15 years in Bosnia, Northern Ireland and the Falklands. Whilst at work in 2008, a persistent kidney pain worsened and he collapsed. He was taken to hospital and it was discovered that he had very serious vascular problems stemming from his time in uniform.



Andy McIntosh – SSAFA Lanarkshire Branch Secretary

“I had been in excruciating pain but had just put it down to a chronic kidney infection. It was difficult to believe that I’d been suffering such serious injury. The medics traced it back to the trauma of an explosion in Northern Ireland. Even though I had walked away relatively fine at the time, I was now experiencing the aftermath.”

I am encouraged that the Scottish Government already recognises the need for this longer-term planning. Its 2016 strategy *Renewing Our Commitments* states, “looking ahead, we want to ensure that long-term clinical needs of Service personnel and veterans are better understood and supported...”. This is an important statement and an ambition that I hope this report can help deliver.

Recommendation 8 – Access to Life-long Services

The Scottish Government, NHS(S), Health Boards and local Councils should make a commitment to veterans with the most severe and enduring physical (and mental) conditions that they can access the highest quality health and social care services for life and as their needs change. Health and Social Care Partnerships and Integrated Joint Boards will be instrumental in planning the delivery of these services and the national network recommended in chapter 2 should assume responsibility for oversight of this work as an early priority.

Severe Physical Conditions

What now follows is a consideration of some of the most severe physical conditions and illnesses faced by our veterans, and suggestions for how we can continue to provide the best care and support in the future.

Multiple and complex injuries

It is a fact of modern warfare that survival rates of those who sustain multiple injuries on the battlefield have increased significantly over the past 20 years or so. Better personal protection, rapid transfer to advanced hospitals and enormous improvements in medical treatment now mean that many more men and women make remarkable recoveries from the most horrific wounds. The initial treatment, in theatre and later back home, is the start of a very long recovery pathway that involves Defence Medical Services, NHS and charities. This is often a painful, complex and difficult process for all – including the families of those affected. It is also one that demands the wholehearted and co-ordinated support of many different organisations.

The most common cause of these multiple, severe injuries – typically labeled polytrauma – are the blast effects from Improvised Explosive Devices or Rocket Propelled Grenades. The impact can be devastating on the human body and can result in Traumatic Brain Injury, amputations, burns, internal injuries, hearing/sight loss and spinal cord injuries. Some victims also subsequently suffer from PTSD and other mental illnesses.

Care for the most severely injured puts clinical and financial pressures on statutory services but it is reassuring that these veterans, probably fewer than 150 individuals in Scotland, are typically looked after extremely well. This starts with specialist support at Queen Elizabeth Hospital in Birmingham or the Defence Medical Rehabilitation Centre at Headley Court and eventually involves local Personnel Recovery Centres/Units, NHS specialists and GPs. I have little doubt that this system provides a level of care that is only right and proper.

Edinburgh House Personnel Recovery Centre

Personnel Recovery Centres (PRCs) are MOD-run facilities for injured Service personnel and veterans undergoing recovery. They provide a range of medical, rehabilitation, welfare and education services that support either a return to duty or a good transition to civilian life.

Edinburgh House is an Army led PRC which is funded by the Royal British Legion and hosted in Erskine's Edinburgh Home. It was the first PRC to open in 2009 and was originally funded by Help for Heroes before RBL took over in 2011. During a recent visit I saw first-hand the excellent support given to injured Service personnel and veterans.

That said, I am aware that issues over the funding for this support come to the fore fairly regularly. Treatment can be expensive and there have been public disagreements about where costs should fall – whether between NHS Boards in Scotland or with their counterparts in the rest of the UK. This is worrying, but I am hopeful that instructions soon to be issued by NHS(S) will clarify which organisations should pay in disputed cases.

I have already addressed the general topic of funding in chapter two, but I also have a specific concern about how we pay for the complex needs of those affected by polytrauma. It has been suggested that their long-term care could be funded centrally through NHS(S)'s National Services Division as is done for other discrete groups who need expensive, specialist treatment. By doing so it would reduce the financial risk to individual Boards by spreading the costs between them, and would also minimise inequalities for those in need of such support. I believe this idea warrants further investigation.

Recommendation 9 – Funding for Multiple Injuries

The Scottish Government and NHS(S) should give consideration to whether the costs of specialist care for veterans who have suffered polytrauma should be funded through the National Services Division (NSD).

Finally in this section, I want to highlight current Scottish Government plans to establish a national Trauma Network that aims to deliver “the highest quality of integrated, multi-speciality care” to all severely injured patients. This project is still in its infancy but discussions with several medical professionals and officials point to its potential role in improving the quality of support to our most seriously injured veterans. This will be especially beneficial as they progress through the rehabilitation process.

I should mention that this proposed network is different from the Veterans Trauma Network, recently launched by NHS England, which is intended as an additional layer of support for trauma-recovering veterans and those transitioning from the Services. It is built around 10 trauma centres that bring together veterans and NHS doctors with military experience to offer bespoke care. Given our number of seriously injured veterans, I do not believe there would be sufficient demand for a similarly dedicated network here.

I sense that the intention of a national network to operate across geographical boundaries and clinical specialities fits well with the needs of veterans. It could promote best practice and contribute towards improving outcomes for all who have suffered the most devastating injuries. By taking specific account of these veterans' needs in the trauma network, there would also be the opportunity to provide an effective means of tracking them along their recovery pathway and into later life.

Recommendation 10 – The National Trauma Network

NHS(S) should include the specific needs of veterans who have suffered polytrauma as part of its work in setting up a national Trauma Network.

Amputees

Loss of a limb, whether or not as part of polytrauma, has a devastating impact on anyone, including those men and women who have previously led very active lives in the Armed Forces. For those affected, and in response to the Murrison reports mentioned earlier, the Scottish Government set up a dedicated national prosthetic service which provides specialist treatment and care. It operates using a single multidisciplinary team across two centres in Glasgow and Edinburgh, runs alongside the wider NHS(S) prosthetics service and charities such as BLESMA, and is funded by the National Services Division. The establishment and sustainment of this service can rightly be regarded as a key and impressive part of Scotland's commitment to those veterans who have suffered the most obvious and life changing injuries.

Notwithstanding the excellent care offered by the specialist centres, military amputees and their families have particular concerns about the provision of long-term care, and whether this will continue to adapt to their emerging needs. I heard this directly from Jay Hare, a former Corporal in 45 Commando Royal Marines, who sustained life-changing injuries from an explosion in Helmand Province in 2008. He lost his left leg below the knee, several fingers and had injuries to his right arm, right leg and face which required multiple reconstructive surgeries over a number of years.

Now aged 36, Jay already feels twinges from his prosthetic leg, his other injured knee and back. He questions whether the excellent care and support he has received to date, from both the national and his local clinic in Aberdeen, will be available in the future. He worries about breaking his prosthetics and having access to replacements and updated models. Jay's concerns are best summed up in his own words...



Jay Hare – Former Royal Marine

"The Armed Forces Covenant made a promise to the veterans community that we would be treated fairly. Are enough future resources in place to really deliver this promise? As 'Operational', we were told that we were going to be looked after – that was the deal that was on the table and I hope this is still the case"

Providing answers to these concerns and reassurances to veterans like Jay, whose full story can be read on page 62, lie at the heart of my proposal for the Scottish Approach to Veterans' Health.

Mobility

During a recent visit to one of the specialist centres, Southeast Mobility and Rehabilitation Technology (SMART) in Edinburgh, I was impressed by the wide range of facilities and the quality of support. These services include prosthetics, orthotics and bioengineering (artificial limbs and special equipment); mobility and posture; a disabled living centre; gait analysis; and the national driving assessment centre. This prosthetic service is evidently well resourced, with clinicians and technical staff being confident of providing first-rate support to veterans.

However, these specialists expressed concern about being able to offer the most appropriate wheelchairs to veterans they treat. As with prosthetics, the provision of mobility aids should meet both clinical need, and current and future lifestyles. It was concerning to learn that this is not always the case.

Many veterans have had very specialised and generally light-weight wheelchairs from DMRC at Hedley Court. When these need replaced, SMART can only provide chairs through NHS(S) contracts, thereby leaving veterans with reduced functionality. Furthermore, when it comes to maintaining these specialised chairs, I was told that the parts can be very difficult and costly to source due to current contract and procurement procedures.

Those I spoke to felt it would be hugely beneficial if they were able to access more specialised wheelchairs, in much the same way they do for specialist prosthetics. I now understand just how important a wheelchair is to an amputee – as important as their prosthetic in many ways – and this will become increasingly so when they become more reliant on them as they age.

This issue puts the provision and funding of wheelchairs in sharp contrast to that of the excellent prosthetics service and seems illogical to me. It may require some additional resourcing or it may simply be that more flexibility around current arrangements is all that is required. In either case, this is a problem which ought to be rectified and one I would like to see addressed as a priority.

Recommendation 11 – Wheelchairs for Amputees

NHS(S) should adapt current arrangements to ensure an appropriate level of funding is available to guarantee that wheelchairs provided by the MOD for veterans with severe amputations can be serviced, maintained and replaced with the best possible equipment commensurate with that individual's needs.

Musculoskeletal Disorders and Injuries

Musculoskeletal disorders (MSDs) and injuries are consistently the main cause of medical discharge across all three Services. In basic terms they are described as damage to the muscles, bones or connective tissue that support someone's limbs, neck and back. They almost always cause an individual to suffer pain – meaning that MSDs and long-term chronic pain are intrinsically linked – and can be resistant to some treatments.

Given the often physical nature of many jobs within the military, and the prevalence of related medical discharge, it is apparent that a significant proportion of veterans are likely to be affected by MSDs of varying severity. As with the general population, they receive treatment and care predominantly within the NHS, with GPs likely to be the first point of contact. Where ex-Service men and women can differ from their civilian counterparts is that their MSDs are more likely to be just one aspect of a complex picture of acute post-combat and/or training injuries. In the case of such injuries, which are likely to involve high levels of pain, a range of treatments and support will be required.

In an ideal world, GPs will be aware if a patient presenting with MSDs is a veteran and will be able to assess if these are linked to other severe and enduring injuries. In such cases, the GP can refer onwards to a number of specialist services, including rehabilitation treatments provided by physio and occupational therapists. However, I am also aware that these are in high demand and veterans can sometimes face long delays in gaining access. Given the long term benefits of proper rehabilitation – both to the individual and wider society – this is an area that clearly needs attention. I suggest there may also be an opportunity here for charities to play an increased role.

Finding 5:

Rehabilitation services, such as those provided by physio and occupational therapists, can be of huge benefit to those suffering from MSDs. Given the high demand for such services, veterans suffering from severe MSDs as a result of their military service should be given early access as part of their special treatment.

Chronic Pain and Pain Management

Chronic pain is often defined as a condition that causes disabling and severely limiting pain which lasts for more than three months. It can become progressively worse and reoccur intermittently.

“Chronic pain is not simply a physical problem. It is often associated with severe and extensive psychological, social and economic factors...The impact of chronic pain on patients' lives varies from minor restrictions to complete loss of independence” – Dr Colin Tidy, GP and author on chronic pain.

The above quote also demonstrates starkly the complexity and often multiple issues faced by sufferers. Given the links to MSDs, polytrauma and other severe physical injuries, many ex-Service men and women are consequently living with pain. This has been highlighted in my conversations with health professionals in both the statutory and charity sectors.

Pain Concern is an Edinburgh based charity whose goals are to produce information, provide support and raise awareness for those with pain. They have a dedicated veterans section on their website and in collaboration with Forces in Mind Trust and the MacRobert Trust, they provide information and support to veterans in pain and to those who care for them. They have produced three interesting radio programmes featuring ex-Service men and women sharing their experiences of managing pain and interviews with the healthcare professionals who treat them.

Most veterans will be treated firstly by GPs, who may prescribe analgesics and other painkillers. For more serious cases they can refer patients to NHS(S) run clinics that deliver a variety of pain management programmes. It has also been interesting to hear about alternative approaches, such as self-management, mindfulness and regular exercise. These approaches would appear to suit many in the veterans community.

Of note was the recent establishment by the Scottish Government of the National Advisory Committee for Chronic Pain (NACCP). The group has a remit to guide improvement of chronic pain management at all levels of health and social care, and to inform national policy. Given the relatively high proportion of veterans who are likely to suffer chronic pain, the work of this group will be highly relevant. There is obvious merit in it considering veterans as a distinct cohort.

Recommendation 12 – Chronic Pain Management

The National Advisory Committee for Chronic Pain (NACCP) should consider veterans specifically as part of their work to improve chronic pain management in Scotland.

Severe Sensory Impairment

Serious instances of hearing and sight loss impact significantly on an individual's life, both physically and psychologically. Severe sensory impairment may occur as a result of combat injuries from gunfire or explosions, or from other major accidents, and may be every bit as traumatic as some of the other physical conditions discussed earlier.

During conversations with several veterans and organisations I have become increasingly aware of the extent of hearing loss amongst the ex-Service community. One of the starkest figures I have come across is that veterans under the age of 75 are approximately three and a half times more likely than the general population to suffer some sort of hearing impairment. This is a staggering statistic that indicates a serious problem amongst the veterans population. On a positive note, it is clear that the MOD is now investing heavily in training and protective equipment to prevent such high instances in the future. This will, of course, do nothing for those who have been previously exposed to the sounds of artillery, explosions or been in close proximity to jet engines and heavy machinery without proper hearing protection.

For a number of these individuals their disability will have a severe and enduring impact for the remainder of their lives. As well as profound hearing loss, some may also experience tinnitus – a constant ringing, buzzing or whistling sound which can be so overwhelming that around a third of sufferers say they are driven to despair.

The first point of contact for veterans with hearing difficulties is likely to be, yet again, their GP and many will find their needs largely met by the statutory sector. However, for those with severe or profound hearing loss acquired as a result of their military service, they may find NHS(S) is limited in the types of specialist hearing aids that can be provided. In accordance with the commitment to 'special' care for these veterans and the principles of the Scottish Approach, resources should be found to provide them with the best possible aids and support in keeping with their needs and lifestyle.

Medical professionals and veterans dealing with hearing loss of whatever severity, should be aware of the substantial additional support available from the charity sector. Some of this has been funded by Government via LIBOR and the Aged Veterans Fund, with those providing support including the Royal British Legion, Action on Hearing Loss, and UK Veterans. They can provide access to some of the best hearing aids available.

Recommendation 13 – Funding Hearing Aids

The Scottish Government and NHS(S) should make funding available so that veterans with the most severe hearing loss as a result of their military service can have access to the best possible hearing aids and support.

Sight impairment is fortunately not as widespread in the veterans community as hearing loss, but for those affected it is significant and life changing. Partial or complete loss of sight may be the result of a combat injury or occur in later life, not necessarily because of military service. The charity Scottish War Blinded runs two centres providing support with independent living, sport and other activities, social events, financial assistance, and rehabilitation for veterans with sight loss.

During a visit to its Linburn Centre in West Lothian, I heard that the majority of those who are supported have lost their sight due to old age and illnesses such as glaucoma and macular degeneration. There are, though, still a proportion of veterans who are blind or partially sighted as a direct result of their military service and clearly the support of charities like this is invaluable.

One such individual, Robert Reid, was a 25 year old Lance-Corporal in the Royal Regiment of Scotland on duty in Iraq when a roadside bomb exploded. He was gravely injured, losing the sight in his right eye. He spent time at DMRC Headley Court and Selly Oak Hospital receiving treatment for his injuries, and while there was put in touch with Scottish War Blinded who have since helped him to adjust to his new circumstances. Such support, over and above that provided by NHS(S), has been a key feature of care for wounded service personnel in Scotland for many years. You can read Roberts' full story on the Scottish War Blinded website.

The treatment and support available to all veterans with severe sensory loss, both from the statutory and charity sectors, is largely very good, but we must never take it for granted or allow complacency to compromise that situation. Only by properly protecting current services and effectively planning for the future can we ensure that those severely affected can continue to be well supported and cared for. These often 'hidden' injuries can be devastating and I strongly encourage Health and Social Care Partnerships, in particular, to take account of these when designing support for veterans.

The Invictus Games

Sports and fitness programmes and events are amongst the most recognisable and popular non-clinical pursuits for veterans with severe injuries. Perhaps the most iconic and high-profile in terms of competitive sport are the Invictus Games.

First held in London in 2014, they are now an established international, multi-sport fixture. Following the last gathering in Toronto in 2017, an evaluation was undertaken which concluded that it was 'a gift for competitors in their recovery' – something most of us instinctively knew and observed. Interestingly, the research also highlighted that Canadians' perceptions of, and support for, injured veterans shifted dramatically for the better in their aftermath. The next will be held in Sydney later this year.

It would be exciting to think of a future Games coming to Scotland. Both Edinburgh and Glasgow, of course, have a proud history of staging successful international sporting occasions and the idea of the Invictus Games being held here would be an enormous boon to our veterans community and fans of sport alike.

Recommendation 14 – The Invictus Games

The Scottish Government should work with partners, charities and others to scope a proposal to host a future Invictus Games in Scotland.

Conclusion

In this chapter I have highlighted some of the most severe physical conditions that can affect veterans following a career in the military. This is not an exhaustive list and I recognise that I haven't covered issues such as the impact of various cancers, Gulf War Illnesses, non-freezing cold injuries, or exposure to nuclear weapon testing. These often have very serious repercussions but I am confident that veterans have access to effective and compassionate care from NHS(S) in these and similar circumstances.

In concluding this chapter it is worth re-emphasising that the overall numbers of veterans struggling with severe and enduring physical conditions in Scotland is relatively small, and that the vast majority receive very good treatment and care. Mainstream and specialist NHS(S) services – complemented by the work done by a number of charities – are well-placed to provide this. At present, very few 'fall between the cracks' and fail to get the level of support they need.

That said, the concern amongst many veterans is that statutory services will struggle to provide this level of care in the long term, and that it will be unable to adapt to their needs as they age. This causes significant worry and I believe the Government can do much to allay such concerns by reinforcing its commitment to providing the best possible 'special' life-long care. Integrated Joint Boards, Health and Social Care Partnerships, NHS(S) and local Councils will be required to plan and deliver this. By doing so, I believe this vulnerable group will get the reassurance they seek and the care they deserve.

Improving Outcomes for All



For much of this report the emphasis has been on veterans who face serious and life-changing injuries or conditions resulting from military service, our obligation to provide them with 'special' treatment and care and how this can be guaranteed for as long as it is required. This is only right given their previous sacrifice and the cost which they will bear over many years. As is evident from previous chapters, this has been the main thrust of the proposed Scottish Approach to Veterans' Health and I make no apology for giving these individuals, and their needs, such prominence.

However, it is also important to consider the wider population of veterans, their health and social care needs, and determine whether the support provided is as good as it could be.



Jane Duncan – Veterans Support Adviser

“When you leave the Armed Forces, you leave a community, and that is very difficult to step away from. Replicating that community sense via social groups and organisations can, for some, help military personnel feel part of a tight knit group and most importantly, valued. The appetite from the three councils [Renfrewshire, East Renfrewshire & Inverclyde] to help veterans integrate into the community has significantly increased since 2014 and they all want to play their part in ensuring that the region is viewed as a place to settle for veterans. They want ex-Service personnel to know that they, and their families, are welcomed to the area and that there is support and help in place at a local level.”

Veterans in Society

The overall number of veterans who live in Scotland is still not known precisely, something that is a continued source of frustration for those who are responsible for planning and allocating resources for their treatment and care. A series of reports from MOD, Royal British Legion and Poppyscotland provide an estimate of the size and socio-demographic characteristics of the population and, although these have proved useful, they have their limitations. I have therefore strongly supported the campaign to include questions about previous military service in the next national census, given its potential to provide clarity and inform future policy and resource decisions.

Despite this lack of absolute certainty, the most recent studies suggest approximately a quarter of a million veterans currently live in Scotland, with the expectation that this figure will decrease over time as the older generation of National Servicemen pass away, and as a consequence of our Armed Forces having reduced in size. Of this community – which comprises about 4% of the nation's population and includes individuals who range in age from their late teens to over 90 – the majority will have served in the military for less than four years, in many cases up to 50 or 60 years ago, and at least half will be over the age of 75. They are found in every part of society, include increasing numbers of women and have very similar personal aspirations, worries and challenges to their peers who have not served. Many of their health and social care needs are no different to those in the wider population.

For everyone in Scotland, the Scottish Government makes clear they have a fundamental right to the *“highest possible standard of health”* and a *“fairer share of the opportunities, resources and confidence to live longer, healthier lives”*. This is enshrined in policy documents such as *A Fairer, Healthier Scotland 2017-22* and dictates the approach taken by NHS(S), Integrated Joint Boards, Health and Social Care Partnerships, Health Boards and Councils as they strive to reduce inequalities and improve the overall health of the nation. One of the key aims of my report is to ensure all veterans benefit from this strategic framework.

However, throughout this report I have also attempted to address the fundamental question as to whether veterans face any disadvantage when accessing health and social care provision. The good news is that I have come across very few instances where this is the case and none that suggest it is an endemic problem across the statutory services. That said, the focus on addressing inequalities within the health system has opened my eyes to members of the ex-Service community who may be experiencing what NHS(S) describes as *“unjust and avoidable differences in [their] health...that are socially determined by circumstances largely beyond [their] control”*.

Health Inequalities

According to the same source, health inequalities are rooted in the unequal distribution of power, wealth and income, and the associated social determinants of health which include housing, employment, education, family income, social support, communities and childhood experiences.

It has long been recognised in the veterans community how vital many of these determinants are to ensuring ex-Service men and women and their families prosper after a career in the military. Much effort and resource is invested by both government and charities to support those leaving the Armed Forces and veterans on these and other fronts.

As Commissioner, I have previously published reports on aspects of the transition to civilian life, housing, employment, skills and learning. All have been seeking, firstly, to promote veterans as valuable assets to their local communities and Scotland's wider economy and, secondly, to increase opportunities for them to secure suitable housing, meaningful and sustainable jobs, and college, university and training places. As well as helping to ensure veterans are properly recognised and rewarded for the skills and attributes they have, it is heartening to think that improvements in all of these areas may, in part, also contribute to them living well and being in good health.

As with the wider population, the veterans community stands to benefit from the holistic approach to health which exists in Scotland. There are, though, certain characteristics that distinguish veterans from the general population that mean some may still face health inequalities and are worthy of separate consideration within the system. Research by different academic organisations and my own discussions over the past few years indicate that Early Service Leavers (ESLs), the elderly and those who served as reservist members of the Armed Forces may be at particular disadvantage.

Early Service Leavers

ESLs are those who leave the military voluntarily before completing the minimum term of four years, have been compulsorily discharged or who have not completed basic training.

There is a growing body of research that shows this group at particular risk of being adversely affected by a range of health conditions. We also know some experience difficulty in securing accommodation and work, and on occasion end up in the criminal justice system after their time in the military. I have examined some of these challenges in previous reports and recognise they all have an effect on the future health and wellbeing of this more vulnerable cohort.

The reasons for ESLs being at higher risk of poor health are varied and complex. It is a subject that is increasingly the focus of investigation and debate amongst the academic, Armed Forces and veterans communities. I won't, therefore, go into detail here other than to highlight the emerging understanding that their physical and mental health issues can often be a legacy of their lives prior to joining the military. Factors such as social deprivation, lower educational attainment, childhood traumas and poverty all play a part.

A report on mental health in the military by ForcesWatch highlights just some of the challenges faced by these individuals: *"The youngest personnel from the most disadvantaged backgrounds are: more vulnerable to trauma; more likely to be in a close-combat role and exposed to traumatic stress when deployed; and then less likely to be able to draw on the social support they need to manage a mental health problem after leaving the forces. This group is therefore disadvantaged before, during and after their military career in terms of the mental health risks they face"*

Regardless of the reasons and whether they are attributable to time in the military or beforehand, what is clear is that some ESLs are more likely to suffer adverse health conditions and consequently face inequalities.

Armed Forces Reserves

Whether an individual has served as a regular member of the Armed Forces or a reservist, they have the same status as a veteran afterwards and are rightly regarded no differently by the health system, charities and others. There is, though, evidence to suggest reservists face a number of health challenges which merit separate consideration.

For example, a number of academic reports found that reservists who had been deployed in a combat situation were at higher risk of developing PTSD compared to regular members of the military. The reasons for this are likely to be many, and will include issues such as the stresses of balancing other jobs and family commitments, less well established networks of support and comradeship within the military, and the disruption of transitioning between Service and civilian life.

There are already joint NHS and MOD programmes with a particular focus on mental health, run for reservists who have previously been deployed. This is an important part of addressing the needs of this group. Notwithstanding, it remains a cohort that still faces an increased health risk and about which there appears to be limited understanding. While the numbers affected are relatively small, I still believe there is a clear need to invest time and effort in recognising and addressing the specific health and wellbeing needs of this group in Scotland.

Older veterans



Laura Anderson – Occupational Therapist

“At V1P Lothian we have seen a rise in physical problems, most commonly loss of hearing, general wear and tear, frailty, and occasionally weight management, breathing difficulties and malnourishment...”

As with the elderly in the wider population, one of the biggest challenges we face is social isolation and the team facilitates group activities and attendance at drop-in sessions to combat this. Some veterans are fit enough to get themselves to such activities, but for those that aren't we work with partners to assess carer needs and assist with putting any requirements in place.”

Our population of veterans is aging and declining in number. As I mentioned earlier, almost half of veterans are aged 75 or older, with the majority having spent a relatively short time in the military during National Service. Most encounter similar health challenges to anyone as part of the natural consequences of aging, such as different forms of dementia. They increasingly face a range of illnesses and conditions that have a cumulative and often significant impact on their quality of life. Some of these later-life health conditions can, at least in part, be attributed to or exacerbated by military service.

Veterans charities have traditionally provided invaluable support to older members of the community. However, the challenges faced by this group have gained a higher profile and a greater priority amongst many more organisations in recent years. For example, last year I was pleased to launch a large UK Government funded programme of services to veterans over the age of 65. Called Unforgotten Forces it brings together 15 organisations in a consortium led by Poppyscotland. It includes a number of the traditional military charities but also several others such as Age Scotland and Music in Hospitals Scotland. One of the main concerns the programme is seeking to tackle is loneliness and isolation, something that is particularly acute amongst many in the older veterans community.

There are also veterans whose military career will leave various legacies which can impact their future health and wellbeing. This is especially evident amongst the large number of ex-Service men and women who struggle with pain and mobility issues resulting from musculo-skeletal conditions, the long-term effects of smoking and excessive alcohol consumption, and the consequences of frequent exposure to extreme noise. All are associated, to a greater or lesser extent, with service in the Armed Forces and can have a detrimental impact on an individual's quality of life, health, employability and, in the most serious circumstances, their life expectancy.

Mobility Concerns

Severe Musculoskeletal Disorders (MSDs) are highlighted earlier and comprise the most common medical reason and conditions for someone leaving the Armed Forces. However, it is apparent that for a large number of veterans, other MSDs and conditions like arthritis may develop in later life and lead to considerable mobility and other difficulties. This is not surprising when one considers the physical nature of the working life many will have led and the associated risk of injury, stresses and strains to the body.

The most recent Household Survey produced by Poppyscotland highlights mobility, both inside and outside the home, as the most common health problem cited by veterans themselves. This is backed up by a number of other reports and reflects the older and aging profile of the ex-Service community. Mobility problems can often lead to struggles with activities of daily living, such as washing, cooking and dressing. They can also result in isolation and loneliness if, for example, someone struggles to get out of the home, cannot drive or readily use public transport.

Smoking

Many older veterans completed their military service, including National Service, in an era when the dangers of smoking were not well understood and cigarettes were given out freely as a daily allowance. The consequences have been highlighted by Dr Beverly Bergman in a 2016 report which confirmed veterans in Scotland born before 1955 were at increased risk of smoking-related diseases.

Although overall smoking rates are decreasing in the Armed Forces, it is still the case that serving personnel are more likely to smoke, and more heavily, than their civilian counterparts. The potential future health implications are now well-known and spoken about. It is encouraging that the MOD is taking action to reverse this trend. For example, a Tri-Service Tobacco Control Working Group has been tasked with increasing smoking cessation, including identifying ways of discouraging recruits from taking it up in the first instance.

I am optimistic that smoking levels within the military will continue to fall, as across the wider population, with the consequent positive impacts on future veterans' health. However, the effects of a historical culture of heavy smoking will still leave some with related health problems that include certain cancers, cardiovascular and respiratory diseases, that will be seen for many years to come.

Alcohol Consumption

A previous chapter covered the serious effects of very heavy drinking when linked to mental ill health. However, it is still the case that veterans are more likely than their civilian peers to display problem levels of drinking. Some of this can be explained by aspects of the culture and attitudes within the Armed Forces. The following quote from a 2011 King's College London report, *Alcohol Use and Misuse Within the Military*, by Edgar Jones and Nicola Fear neatly encapsulates the nature of the problem and the difficulties the medical profession have in responding to it.

"Of necessity, the Armed Forces recruit risk-taking individuals. It may be that some of the characteristics that make a successful combat soldier also put them at risk of alcohol misuse. Sub-groups within the Armed Forces are particularly predisposed to heavy drinking. In particular those who are young, single and who have been involved in traumatic incidents. Because drinking has been used by UK Armed Forces as an agent to assist cohesion and informal operational debriefing, it requires a powerful cultural shift to modify ingrained habits and traditions....Alcohol has played such a significant part in service culture for so long that any intervention will take the form of a war of attrition."

Research by The Northern Hub for Veterans and Military Families' Research at Northumbria University also found barriers to veterans accessing appropriate treatment for alcohol problems. These include the inherent drinking culture within the military, a lack of understanding amongst the medical profession of their unique needs, and the stigma associated with asking for help. As with smoking, there are encouraging signs of problem drinking being tackled and reduced both within military and veterans circles. However, the effects of heavy drinking still leave some facing related health problems which can adversely impact on the individual, their family and the community.

Hearing Loss

Almost everyone who served in the Armed Forces will have been exposed to a significant amount of noise, which will almost inevitably take a toll on their auditory system. Severe hearing loss has already been covered earlier but it is also important to recognise that many, perhaps most, veterans will experience lesser degrees of impairment following their time in the military. This may entail noise-induced hearing loss from prolonged and repeated exposure to loud noise, or acoustic trauma usually as the result of an explosion or gunshot at close range.

The Royal British Legion report *Lost Voices* succinctly summarises some of the impacts of this hidden cost of military service when it states, *"hearing problems can have a profound effect on an individual's career prospects, family relationships, social life and mental health"*.

Veterans – a distinct group?

All of the above leads me to the conclusion that there are a number of veterans who, despite the many improvements made in recent years, remain susceptible to health inequalities after a Service career. For many, it will have exposed them to combat, harsh physical conditions, stressful situations and a lifestyle that has had a detrimental effect on their long-term health and general wellbeing.

Given NHS(S)'s emphasis on reducing such occurrences of disadvantage, and an increasing body of academic evidence that highlights the long-term health implications of a military career, I believe there is a strong case for considering veterans as a group that deserves closer attention. In most cases, there will be an existing national strategy, framework or plan that dictates the approach and treatment required for specific conditions. However, these sometimes fail to consider the often unique requirements and characteristics of a sizeable veterans population. I am also concerned that they don't always address the multiple co-morbidities that frequently appear amongst this group.

I should stress at this point that I am not making a direct plea for significant resources to provide exceptional treatment for veterans as a whole. This is only relevant to those with the most severe and life-changing injuries, as I have argued in previous chapters. However, I firmly believe that the Scottish Government, NHS(S) and their partners should identify veterans as a distinct group whose health and wellbeing is influenced by their prior military service which leads, in certain circumstances, to inequalities that need to be addressed. I appreciate this is a complex ask that will involve many different organisations but the approach mirrors that taken for other groups in Scottish society. It has the potential to help build a better understanding of veterans' needs and characteristics, and develop practical measures that will improve health and wellbeing outcomes for all.

Recommendation 15 – Tackling Health Inequalities

The Scottish Government, NHS(S) and partners should identify veterans as a distinct group in their work to tackle health inequalities. In doing so they should produce proposals for preventing or mitigating inequalities as they apply to this group, with the ultimate aim of improving health outcomes for all.

Process and Administration

Given the size and complexity of the health and social care sector in Scotland it is unsurprising that issues of process and administration are important. This affects veterans just as much as the rest of the population but I have become aware of several factors which can complicate and hamper access to treatment and affect health outcomes for this group. These cover a range of subjects which may, on first inspection, be relatively minor and procedural in nature. However, each has a noticeable impact on how veterans are treated by the system and the quality of care provided.

Identifying Veterans

One of the great frustrations expressed by many health professionals is their inability to identify consistently and accurately those who have served in the military. There is no doubt that the current practice that requires GP surgeries to ask new patients whether they have served is a good starting point but it is also evident that the process has several limitations.

One of the first hurdles to overcome is the reluctance by some veterans to identify themselves as such, typically citing security concerns or personal antipathy for their decision. This is an entirely legitimate and understandable response but the consequences can be far-reaching, both for the individual and his/her access to bespoke care, and the health professionals who may not have a full medical history on which to base decisions. Ultimately, it is a personal choice to declare prior military service but I sense more can be done by the MOD, veterans organisations and NHS(S) to reassure and encourage people along this path. My personal experience is that this is a fundamental building block to enabling health professionals to better understand and consequently treat veterans.

There is also an internal problem with this process in that it misses a large proportion of those who may have been with a practice for many years and have never had the opportunity to formally share information about their previous military careers. Some are 'caught' during consultations and when surgeries request an update of personal records but too many are never identified. In the most serious situations this can limit access to the 'special' treatment covered in previous chapters but it may also deny health professionals extra background information that can influence diagnoses and decisions about treatment. I am also aware that this lack of basic data and medical statistics makes it more difficult to measure outcomes, shape future policy and address the health inequalities that affect some in our communities.

Recommendation 16 – Identifying Veterans

The Armed Forces and Veterans Joint Health Group should oversee work to increase the number of veterans declaring their previous service to GPs and others in the system. This will likely involve NHS(S), MOD and veterans organisations.

Using the Information

Further shortcomings of the present process concern the consistency of recording a veteran's military service on primary healthcare IT systems, the low profile this is given on electronic medical records once logged, and the difficulty of sharing it with systems supporting other areas within the NHS. This is partly a technical issue but I am surprised that there is still no contractual requirement, or incentive, for GPs to formally encode data fields about military service. The result is that busy surgeries will often give this work a lower priority despite the requirement to record such information during initial consultations with new patients.

To my mind this is a fundamental breakdown in a process that was first intended to ensure veterans were properly recognised by the health system and it is disappointing that after several years there is still no reliable method of recording, displaying and sharing this vital information. I strongly urge that NHS(S) address this issue as a priority since failure to do so could have an adverse impact on health outcomes for veterans and easily act as a block on other initiatives that rely on good statistical data.

Recommendation 17 – Using Information

The Armed Forces and Veterans Joint Health Group should oversee efforts to improve methods of recording, displaying and sharing information about veterans within the health and social care sector. This will be with a view to providing health professionals with the information needed to better understand and support veterans.

Registering with a GP

The final paragraphs in this section examine the recurring challenge of getting Service personnel to register with civilian medical practices when they leave the military.

I should stress that for the majority, and certainly for those with on-going severe medical conditions, responsibility for providing care is transferred effectively and efficiently from the Defence Medical Services to a local GP and NHS(S). In most routine cases the onus will be on Service leavers to follow instructions provided by MOD during their overall transition process. This is straightforward and rarely presents problems for those who are well-organised and confident of their future plans.

Despite this, there remains a significant number of Service men and women – usually younger and single – who leave and delay enrolling with a local medical practice. In the past I considered this to be a serious problem and disadvantage but am now aware that these individuals join many others in our society who rely on Accident & Emergency units, drop-in clinics and ad hoc visits to surgeries whenever they need treatment. This is not the preferred approach and I would encourage the MOD and NHS(S) – including through its *Inform* website – to do more to help these Service leavers to organise their healthcare more responsibly.

Veterans Champions

During the past four years I have had the privilege of meeting many Health Board veterans champions and have seen, at first hand, the positive impact they have in their local areas. Each has the latitude to tackle the role in their own way but there is no doubt that they have raised the profile of veterans amongst their colleagues and provided a valuable point of contact for those with concerns or needing help to access NHS(S) services. I admire and strongly support the work they do.



Warwick Shaw – Veterans Champion at NHS Borders

“By signposting help and resources, such as SSAFA and Veterans Scotland, champions allow GPs to direct veterans towards the right support as soon as they are seeking advice.”

Circumstances have changed since the role was created and there is now a significantly different landscape following the integration of health and social care services across Scotland. Traditionally, champions have been recruited from the senior management or local board levels within NHS(S) but the introduction of Integrated Joint Boards (IJBs) and Health and Social Care Partnerships (HSCPs) present a markedly different structure in which they must now operate. With responsibility for delivery of services shared between this partnership of Councils and NHS Boards, champions will need to extend their influence more widely, work closely with a broader range of interested parties and be prepared to assist veterans who may struggle to understand the new set-up. This is likely to be a more complex and time consuming task.

A recent aide memoire issued by the Scottish Government and Veterans Scotland provides a welcome reminder about the role, its purpose and the key characteristics of an effective champion. I am pleased to see this document and believe it offers a good starting point as the role adapts to changing structures. Future work will, I anticipate, need to focus on (1) coordinating the efforts of local Council and NHS champions in supporting the provision of health and social care, (2) harnessing the clear commitment and tenacity of champions so they can influence IJB and HSCP decisions that affect veterans, and (3) empower champions as they support ex-Service personnel in their communities. In many cases this is already being done on an informal basis but there is a role for the Scottish Government, Veterans Scotland and NHS(S) to provide further advice and support as this important resource adjusts to changing demands.

Recommendation 18 – Veterans Champions

The Scottish Government and Veterans Scotland should build on recent work to support the network of NHS and Council champions to develop the role so that it can continue to be effective in supporting the delivery of health and social care to veterans within the new health landscape of Scotland.

Conclusions



The topic of veterans health and wellbeing is, by far, the most wide-ranging and complex that I have tackled during my time as Commissioner. Preparing this report has been a fascinating and thought-provoking experience that has exposed my team and me to very many issues and concerns affecting the ex-Service community at a time of **significant change across Scotland's health and social care sector**. During the study we have turned, repeatedly, to the four fundamental questions I posed at the outset (and can be found in the Foreword) which were intended to determine whether we are 'getting it right' for some of the most deserving members of society. I sincerely hope that my conclusions, and the subsequent findings and recommendations, will assist those responsible for planning and delivering improved outcomes for these individuals.

The first – and probably key – conclusion I have come to is that there is both a need, and a timely opportunity, to **rekindle awareness and concern for veterans' healthcare** in Scotland today. I acknowledge that the vast majority of ex-military personnel, especially those with serious and life-changing conditions, have access to impressive standards of treatment and support but the levels of ambition and innovation which characterised Scotland's approach in previous years have sadly waned since peaking at the start of the decade. My proposal for a distinct Scottish Approach to Veterans' Health is intended to provide the motivation, agenda and governance structure that will raise the profile of veterans and reinvigorate efforts to provide them with the best possible treatment and care.

At the heart of this proposed approach is an unequivocal **emphasis on the small – but vitally important – group of veterans with the most severe and enduring injuries** and conditions caused or exacerbated by military service. It is my opinion that the provision of specialist services for these individuals, who have given the most in serving our country and suffered life-changing consequences, should be at the very centre of Scotland's health system. I should stress that this support, usually delivered by the statutory and third sectors, is very good and that one of the main purposes of any approach should be to protect and enhance this care for current and future generations.

Another area in which the commitment to providing the best possible treatment to veterans, and ensuring it is well planned and resourced, can be most usefully met is in the field of mental health. The Scottish Government, NHS(S) and charities have done much on this front in recent years but there are still concerns about sustainability and, in some instances, accessibility. This has led me to call for a **Mental Health Action Plan** that secures long-term delivery of dedicated services and support to veterans. I have concluded that this should be one of the responsibilities of a new **network focussed on all aspects of veterans' health**. It will be important that the network reflects, both in membership and approach, a significantly changed health and social care landscape and local models of service delivery in Scotland today.

A further factor for ex-military personnel with the most serious and debilitating conditions is ensuring that their **changing health and social care requirements are properly planned and met for the rest of their lives**. In studying this theme, it became apparent early on that the system in Scotland has undergone transformational change in recent years, most prominently through the integration of health and social care services. I have, therefore, offered suggestions and recommendations which I believe reflect that change and will ensure consideration of veterans' health issues, especially for this group, is embedded within this new landscape.

While my focus has rightly been on the needs of those with severe and enduring conditions, I also recognised that there are others in the community that merit attention. It is pleasing to report that most veterans are in good health and I have discovered no obvious examples of disadvantage in either the availability of, or access to, services and support. However, there are some who are at an increased risk of facing **health inequalities as a result of military service**, which in itself constitutes a disadvantage. I have, therefore, concluded that by identifying veterans as a distinct group within the health system, there is an opportunity which must be grasped to redress some of these inequalities and improve the outcomes for a broad number of our veterans.

In one sense this report provides a snapshot of veterans' health and associated issues in 2018. More than that and with an eye to the future, I hope that the proposals it contains also offer a vision, framework and ideas for ensuring a reinvigorated approach to veterans' health. Ultimately, I believe Scotland has an opportunity to build on its well-deserved reputation and the quality of care it provides to our veterans community.

Recommendations and Findings



Recommendation 1 – A Distinctive Scottish Approach to Veterans’ Health

The Scottish Government and NHS(S) should commit to establishing a distinctive Scottish Approach to Veterans’ Health at a strategic level, accept or adapt the guiding principles of this approach and work with their partners to embed it at an operational level.

Recommendation 2 – Improving Collaboration and Partnership

The Scottish Government should reinvigorate senior participation in cross-border networks with a view to improved information sharing and increased involvement in collaborative working and initiatives.

Recommendation 3 – Leadership and Governance

The Armed Forces and Veterans Health Joint Group should refresh its membership and remit in order to provide the vital strategic leadership that will deliver the Scottish Approach to Veterans’ Health

Recommendation 4 – National Managed Clinical Network

The Scottish Government and NHS(S) should establish a network on veterans’ health. The network will have oversight of delivering the Scottish Approach to Veterans’ Health, and will consider the key issues raised in this report and others it deems relevant. It should reflect current structures in the health and social care sector in its membership and approach.

Recommendation 5 – Mental Health Action Plan

The Scottish Government and NHS(S), through the network on veterans health (see recommendation 4), 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.

Recommendation 6 – Drugs Misuse

The Scottish Government and NHS(S) should assess the scale and nature of drugs misuse – especially prescription and non-prescription painkillers – amongst the veterans community in Scotland and introduce remedial measures. This should be taken forward by the Joint Group and network, and included as part of the Mental Health Action Plan.

Recommendation 7 – Barriers to Accessing Services

The Scottish Government and NHS(S) should build on existing work aimed at reducing barriers to veterans accessing mental health services. This will include measures to address issues of stigma, seeking help, and improving awareness and understanding within the medical profession. This should be taken forward by the Joint Group and network, and included as part of the Mental Health Action Plan.

Recommendation 8 – Access to Life-long Services

The Scottish Government, NHS(S), Health Boards and local Councils should make a commitment to veterans with the most severe and enduring physical (and mental) conditions that they can access the highest quality health and social care services for life and as their needs change. Health and Social Care Partnerships and Integrated Joint Boards will be instrumental in planning the delivery of these services and the national network recommended in chapter 2 should assume responsibility for oversight of this work as an early priority.

Recommendation 9 – Funding for Multiple Injuries

The Scottish Government and NHS(S) should give consideration to whether the costs of specialist care for veterans who have suffered polytrauma should be funded through the National Services Division (NSD).

Recommendation 10 – The National Trauma Network

NHS(S) should include the specific needs of veterans who have suffered polytrauma as part of its work in setting up a national Trauma Network.

Recommendation 11 – Wheelchairs for Amputees

NHS(S) should adapt current arrangements to ensure an appropriate level of funding is available to guarantee that wheelchairs provided by the MOD for veterans with severe amputations can be serviced, maintained and replaced with the best possible equipment commensurate with that individual's needs.

Recommendation 12 – Chronic Pain Management

The National Advisory Committee for Chronic Pain (NACCP) should consider veterans specifically as part of their work to improve chronic pain management in Scotland.

Recommendation 13 – Funding Hearing Aids

The Scottish Government and NHS(S) should make funding available so that veterans with the most severe hearing loss as a result of their military service can have access to the best possible hearing aids and support.

Recommendation 14 – The Invictus Games

The Scottish Government should work with partners, charities and others to scope a proposal to host a future Invictus Games in Scotland.

Recommendation 15 – Tackling Health Inequalities

The Scottish Government, NHS(S) and partners should identify veterans as a distinct group in their work to tackle health inequalities. In doing so they should produce proposals for preventing or mitigating inequalities as they apply to this group, with the ultimate aim of improving health outcomes for all.

Recommendation 16 – Identifying Veterans

The Armed Forces and Veterans Joint Health Group should oversee work to increase the number of veterans declaring their previous service to GPs and others in the system. This will likely involve NHS(S), MOD and veterans organisations.

Recommendation 17 – Using Information

The Armed Forces and Veterans Joint Health Group should oversee efforts to improve methods of recording, displaying and sharing information about veterans within the health and social care sector. This will be with a view to providing health professionals with the information needed to better understand and support veterans.

Recommendation 18 – Veterans Champions

The Scottish Government and Veterans Scotland should build on recent work to support the network of NHS and Council champions to develop the role so that it can continue to be effective in supporting the delivery of health and social care to veterans within the new health landscape of Scotland.

Finding 1:

Specialist physical and mental health services are a vital and valued part of supporting our veterans with the most severe and enduring injuries and conditions. While their exact make-up and models of delivery will inevitably change and adapt over time, it is imperative that the availability of specialist services – and the outcomes they support – are protected for current and future generations.

Finding 2:

Funding for specialist mental and physical health services for veterans is disjointed and in some cases ad hoc. This results in a degree of uncertainty and raised questions about the sustainability of some of these services, which is a worry for those who rely on and value them so much. It is an issue that needs addressed as a priority.

Finding 3:

The integration of health and social care services in Scotland provides a unique opportunity to ensure the longer-term needs of veterans are properly planned and met. The new structure of IJBs and HSCPs is the vehicle for delivering this ambition. They must play a central role in decision-making about veterans' health and wellbeing and the delivery of both mainstream and specialist services.

Finding 4:

The publication of the Suicide Prevention Action Plan by the Scottish Government later this year is a welcome step in ensuring everything possible is done to help anyone struggling with mental ill health. Vulnerable veterans, and their particular circumstances, will be an important consideration as the plan is developed.

Finding 5:

Rehabilitation services, such as those provided by physio and occupational therapists, can be of huge benefit to those suffering from MSDs. Given the high demand for such services, veterans suffering from severe MSDs as a result of their military service should be given early access as part of their special treatment.

Case Studies





Case Study 1

Jason Hare – Veteran and Operations Manager - Horseback UK

Serving his Country

Jason (Jay) Hare was a Corporal in 45 Commando Royal Marines where he experienced some of the world's toughest and most hazardous environments, serving in Northern Ireland and Afghanistan. His case study provides an insight into the traumas he suffered and his hopes for the future.

Having previously been injured by an IED in Afghanistan in 2006, Jay then sustained severe injuries in 2008 after being blow up by another IED in Sangin, Helmand Province; frequently referred to as the 'valley of death'. Aged just 27, the incident left him with life-changing injuries including, the loss of his left leg below the knee, several fingers, injuries to his right arm and right leg and serious injury to his face which required multiple reconstructive surgeries over a number of years.

Jay received treatment at Selly Oak Hospital and then the Defence Medical Rehabilitation Centre Headley Court. Remarkably, Jay was only in hospital for five weeks before being discharged and back home for Christmas 2008 - something he attributes to the exceptional treatment he received at Selly Oak. Subsequently he received further treatment at the Recovery Centre near Epsom and returned to 45 Commando in April 2009. He notes that the Recovery Centre wasn't initially equipped to deal with such severe injuries, but quickly evolved due to the number of severely injured servicemen coming through its doors.

His welfare package extended to specialised support to his family, including the assignment of a welfare support officer. Part of this involved communication between families going through similar experiences, meaning they developed a close relationship adding an extra layer of support described by Jay as "crucial".

Looking to the Future

Jay now works as Operations Manager at Horseback UK which uses horsemanship to inspire recovery, regain self-esteem and provide a sense of purpose and community to the wounded, injured and sick of the military community.

Aged 36, Jay already feels twinges in his prosthetic leg, other injured knee and back. He questions whether the same level of support he has received to date will be available in the next ten years. Now based in Aberdeen where he receives any treatment or assistance required, Jay worries that if he is to break his two prosthetics he would struggle to find funding for an equivalent replacement or new updated models. He questions what measures are in place to ensure that this is never a problem combat veterans will have to worry about.

Although Jay notes that it is highly promising and encouraging to see a variety of Scottish veteran charities allocated money, he is also concerned about enough funding being reserved for future resources to effectively deal with the delayed onset health conditions experienced by the ex-Forces community, such as PTSD and Adjustment Disorder.

He said: *"The Armed Forces Covenant made a promise to the veteran community that we would be treated fairly. It stated that 'British soldiers must always be able to expect fair treatment, to be valued and respected as individuals, and that they (and their families) will be sustained and rewarded by commensurate terms and conditions of service'. Are enough future resources in place to really deliver this promise? As Operational, we were told that we were going to be looked after if injured – that was the deal that was on the table and I hope that is still the case."*

Having said this, Jay is very positive of the current services and support that is available and believes that we need to

keep this momentum going.

"Although I think that we definitely need to readdress how we are preparing for veterans' future needs in terms of health and wellbeing, the current services available are the best that we have had access to for generations.

"Veterans also now have a louder public voice with a proactive Veterans Minister and the Scottish Veterans Commissioner working in parallel to improve outcomes for veterans in Scotland across a range of key areas - this is extremely encouraging."

Case Study 2

Aidan Stephen – Veteran and Full-time Art Student



47-year-old Aidan Stephen served in the Army (Royal Armoured Corps) for seventeen years, during which time he undertook operational tours in Northern Ireland, Bosnia, Kosovo and finally Iraq in 2003. When he returned from Iraq, his life spiralled badly, and he was medically discharged from the army due to serious mental health issues. After an extensive range of support over several years, he is back on track, and is now active on the veterans scene where he shares his story at events. For the past two years, he has sat as a member of the Scottish Veterans Fund panel, which makes recommendations to Scottish Ministers on the allocation of funding to veterans projects.

"I was diagnosed with depression in 2000 while still in the Army, however I was deployed to Iraq in 2003 regardless. At the time, if you were suffering from mental illness in the army, only your superior officer would be informed – you didn't want any of your juniors to know in case it lowered their respect for you and affected your leadership capabilities. There was a real stigma attached and I kept it very much to myself.

"A few months after returning from Iraq, I attempted suicide and spent five days in a coma. When I woke up, I was admitted to a military psychiatric facility in Germany for four months, where I spent many hours heavily medicated and receiving electroconvulsive therapy (ECT). Most patients were relatives of soldiers, and the support I received wasn't suitable for my needs.

"I returned to Scotland where my wife and I separated and I ended up living alone in a small basement flat in Edinburgh, isolated with little family support. I was still in the Army at this point and they were trying to figure out what to do with me. I was sent to the Priory in Glasgow, a civilian mental health unit which treats people with addictions and eating disorders. This was one of the worst decisions made in the duration of my treatment. None of the staff were trained to deal with patients from a military background and none of my fellow clients shared my experiences, yet I had to participate in group therapy with them.

"One day, one of the patients said she was feeling low because she had eaten loads of chocolate cake that morning. Whilst acknowledging that seemingly minor issues such as this can have a much deeper psychological root for some people, I was suffering from night terrors and traumatic flashbacks to my time in the Army, and comments like this only increased the distance I felt between myself and everyone else at the facility, leaving me feeling even more isolated.

"I was then sent to Bedlam in London, regarded as the best psychiatric hospital in the UK at the time, where I was given more medication and ECT. In 2006, I was given medical discharge from the Army, and with no progress in the previous three years, I was now in the care of civilian doctors rather than military doctors. Both had told me that it was up to me to make the changes I needed to start getting better.

"I returned to my flat in Edinburgh and continued to spiral, culminating in an incident where I threatened to kill myself and self-harmed in public. I was arrested for this and ended up on remand for eight days. A doctor I spoke with while there told me to get in touch when I was out and he made me aware of veteran-specific support services that he thought would help me. This is where things finally started to turn around.

"When Veterans F1rst Point launched in Edinburgh in 2009, for the first time I had the opportunity to access peer-to-peer talking therapy. It was the first time I had really spoken to anyone about my experiences – until that point, my treatment plan had mostly included medication and ECT. I was diagnosed with PTSD which I got support for from Combat Stress, and accessed a range of other services through veterans charities.

"I had a real breakthrough with Poppyscotland and SAMH in 2011. After identifying that I wasn't socialising enough and learning that art therapy had worked to a degree at Bedlam, they referred me to a project called Artlink. I really enjoyed it and Poppyscotland helped me explore art courses, taking me to visit Edinburgh College of Art. A woman at the Student Disability Service encouraged me to apply and I was accepted on my chosen course. I am now in my third year, and my mental health has improved massively.

"Looking back on my own experience, I would say that the value of recreational organisations and initiatives aimed at veterans, such as Horseback UK, should not be underestimated and the veterans support scene would benefit from more of these. For instance, I am not aware of any art organisation with a veteran-focus, despite art therapy being a common form of treatment for all people with mental health issues.

"Alongside reintegrating into the civilian community through art, actually talking to someone about my experience was key to making progress with my mental health. It seems obvious, yet it was six years after my suicide attempt before I was given the opportunity to do this with a fellow veteran, and I just didn't feel like I could open up to anyone else. I felt like they wouldn't understand and also that there were some things I could say which a civilian might consider reporting to the police. I think ensuring that peer-to-peer support is made available at the earliest stage possible would significantly improve the outcomes for Service leavers with mental health issues.

"All veterans have completely different experiences and needs, and have different ways of adjusting to the civilian world. However, being able to talk with someone openly and honestly provides the basis for developing a suitable treatment plan which can effectively address these.

"In addition to a one-to-one therapy setting, chatting on a social basis with other veterans is also extremely important, and I feel the support organisations which work best are ones which facilitate this through group settings. Building on the existing network of veteran cafes and respite break initiatives available in Scotland would be hugely beneficial in easing transition and combating isolation, which I know first-hand can be deadly.

"Although I have come a long way since my lowest point, I still have bad days which are unlikely to ever go away completely. Most veterans agree that continuity is essential - PTSD can't be cured, only controlled, and long-term support for this is vital. Many of the initiatives aimed at improving veterans' wellbeing can only provide certain types of support on a limited basis due to funding.

"Horseback UK runs a five-week course which many service users benefit from on a short term basis, however, for the impact to be maximised, their access to the service needs to be sustained. There needs to be more funding allocated to help veterans access specialised recreational programmes on a long-term basis, as recovery is a lifelong process."

Case Study 3

John Johnston – Veteran and Research Project Officer, Borders General Hospital



John Johnston of Galashiels left the Army in 1988 after six years of service, despite enduring a severe injury to his back in 1983. On returning to Civvy street, John went on to fulfil a successful career in the prison service for 23 years until 2011 when his injury prevented him from continuing work. After medical assessment, he was categorised as disabled. Forced into unemployment, John felt a great sense of worthlessness which led to suicidal thoughts until Veterans First Point Borders intervened.

Leaving a Community

Leaving the Armed Forces where there is a real sense of belonging and comradeship is difficult, John explained, as you feel as if you're going it alone in the civilian world. Employment within the prison service replicated this feeling of community for John, and it wasn't until he had to stop working due to his Service-sustained injury that a sense of worthlessness set in.

His mental health rapidly deteriorated which led to the breakdown of his long-term relationship and suicidal thoughts as he resorted to living in his car.

He said: *"I had hit rock bottom and felt as if I had literally been thrown on the scrap yard, I had lost a sense of belonging and felt as if I had no purpose with no job prospects."*

In September 2016 John initially approached Citizens Advice Bureau for housing advice, where a staff member recognised that he needed further support and directed him to Veterans First Point (V1P) Borders. Within just a few days, V1P assigned a peer support worker to John who was able to provide one to one support and that crucial feeling of military familiarity.

Within the subsequent days, John met with a psychologist who diagnosed him with clinical depression and high functioning autism. The lack of support in dealing with this was leading to his suicidal thoughts. Accessing the services through Veterans First Point Borders was the pinnacle moment of John transforming his future.

Why V1P Works

It can be extremely overwhelming for ex-Service personnel to even recognise that they are in need of help. The beauty of V1P, John explained, is that it can help you recognise that you do need support and that it is available.

John accessed the services at V1P from September 2016 to November 2017 where he was provided with weekly therapy sessions, open invites to group sessions and practical sessions such as CV writing to help him secure employment.

"The whole ethos of V1P is that they go the extra mile for everyone who accesses the service. They helped me get out of the house and meet with likeminded people which ultimately is the reason I am still here today."

"It gets people from all Forces backgrounds around the same table and creates that sense of belongingness that we have all been a part of. There is no medical jargon to cut through either which for many of us can be a deterrent from visiting health practitioners. Speaking with someone who 'gets you' from a Military perspective is fundamental."

Support at V1P extends to volunteers setting up mock job interviews, a technique which helped John secure his role as Research Project Officer at the Clinical Governance and Quality department at Borders General Hospital.

John continued: *“Even once you've finished treatment or completed a programme through V1P, it never closes its doors on you. 18 months ago I couldn't see a future, but through its continued support I now welcome the light at the end of the tunnel.”*

“Now if I have an issue I can phone up and speak on the phone. That's probably the most important part – I feel like a person rather than just being a statistic.”

Limitations and Looking to the Future

V1P is not an emergency service nor is it able to provide all levels of care, but what it does ensure is that when it can't provide a certain type of support directly, it will signpost veterans in the right direction.

John noted that whilst he thinks the promise set out in the Armed Forces Covenant is valuable, more needs to be done to ensure that those who make the pledge are taking steps to fulfil it.

He also voiced concerns about what would happen if the service was ever to permanently close its doors.

He said: *“I can confidently speak on behalf of almost all veterans who access V1P in saying that we would feel a great sense of loss if it wasn't for the support, comradeship and friendship the service has provided.”*

“From personal experience I know how the mental health stability of veterans can go from one extreme to another rapidly, so having an instant support service in place is crucial and potentially life-saving. I don't believe that veterans should get support first just because they were a soldier, but we should get some sort of recognition for our Service to the country in reflection of what the Covenant sets out to achieve.”

“Accessing treatment through GPs can sometimes be months and that length of time can hinder veterans seeking support, so it would be a fantastic step in the right direction if a service similar to V1P Borders was rolled out nationally.”

After successfully completing his treatment, John now volunteers at V1P Borders.

Case Study 4

Andy McIntosh – Veteran and SSAFA Branch Secretary

Andy McIntosh, 44, from Strathaven near Glasgow, served as an Army Corporal with the Cheshire regiment for 15 years, serving in Bosnia, Iraq, Northern Ireland and the Falklands.

Andy decided to leave the military in 2003 with an exemplary record to pursue a different career path. After leaving the Forces, he found employment as a shift worker in a factory in Bellshill and later started to work as a depot manager in the East End of Glasgow. Whilst at work in 2008, a persistent kidney pain that Andy had been experiencing worsened and he collapsed. He was taken to hospital and treated for a kidney infection, but through further medical testing it was discovered that Andy had over 150 blood clots in his lower leg, afflicting the main vein that carries blood from the leg to the heart.



Andy explained: *"I had been in excruciating pain but had just put it down to a chronic kidney infection. It was difficult to believe that I'd been suffering such serious injury. The medics traced it back to the trauma of an explosion in Northern Ireland. Even though I had walked away relatively fine at the time, I was now experiencing the aftermath."*

Andy was referred to various vascular specialists across the UK and was told that he would never be able to work again. There was a glimmer of hope when he was referred to a specialist professor in London. Through consulting with a global vascular specialist based in Amsterdam, he proposed a procedure that would help Andy walk again if he could get physio to help his legs. With support from Poppyscotland and Erskine, he was given access to intense physiotherapy treatment to help him get to the required level of health. Unfortunately, despite his efforts, the specialist deemed the treatment too risky, and Andy's hopes were quashed.

He said: *"Being offered the chance of walking again and getting so far down the procedure line for it to then be, what felt like, snatched away, left me in a really dark place."*

"I didn't have an income and found myself in crippling debt, losing my house. Us in the Military are quite a proud lot and if I'm honest I didn't want to ask for help, nor did I know who to approach for help – I was at my wits end."

Whilst attending a talk by former British Army Officer and motivational speaker Chris Moon, Andy was advised to approach Poppyscotland and the Armed Services Advice Project (ASAP). This was a turning point.

He explained: *"An ASAP advisor visited me and helped me organise my finances. The beauty of the help that I received was that I didn't feel I was being judged by my situation. They didn't put any blame on me and told me to stop beating myself up. All they wanted to do was get me back on the right track. I also had the difficulty of dealing with my physical disability and had become a recluse, refusing to go out in my wheelchair. It just wasn't who I was and I was finding it difficult to adapt. That's when David McAllister, branch chairman for SSAFA Lanarkshire, visited me on behalf of Poppyscotland. He could see I was struggling with this new lifestyle and he helped me get a mobility scooter which has given me my life back."*

Looking to the Future

Through regaining confidence and use of his mobility scooter, Andy has now returned to work and is the SSAFA Lanarkshire's branch secretary and a case worker.

He said: *"It's great to give something back to SSAFA, and it's fulfilling to be able to speak with veterans who are referred to us who can relate to me and my experiences. For many veterans, speaking with someone on their level can be more effective than going to their GP or a psychologist."*

"Since starting the role, my eyes have been opened to the amount of veterans out there that are struggling and with so many charities, many ex-Service personnel don't know which one is right for their needs. As a company, Veterans First Point (V1P) has been one of the biggest benefits in the last 18 months – the work they provide is phenomenal and it would be good to see this or a similar project rolled out nationally."

"I think we also need to consider how we're going to ensure that we can sustain this level of support in the future. I'm an example of how health and wellbeing issues can arise way down the line after leaving Service, and I know that I'm not the only veteran in this situation. We need to ensure that we are equipped to meet the demand of veterans who require health and wellbeing services in the future, which is likely to increase if anything."

Case Study 5

Sharon Fegan & Lauren Anderson – V1P Therapists

Sharon Fegan, a psychological therapist and occupational therapist, and Lauren Anderson, an occupational therapist, both work at Veterans First Point (V1P) Lothian, a service staffed by an alliance of clinicians and veterans with the aim of providing a one-stop-shop for the ex-Forces community. The service is delivered in partnership with the NHS, with a total of six V1P centres throughout Scotland.

Although they provide support and treatment for a wide range of issues, veterans experiencing mental health issues form the largest proportion of service users that Lauren and Sharon work with.

Meaningful occupation based on individual aspirations

On the subject of treatment, Lauren says: *“Our central aim is to ensure that our clients are engaged in diverse and meaningful occupation that will lead to regular social contact, routine, and improved self-esteem. Whether that is employment or leisure activities depends on the individual’s situation, taking into account a range of factors including mental and physical health, their aims and their abilities.”*

“The service users I see are seeking fulfilment through employment, and the key challenge I face with them is helping them identify a starting point. Collaboratively, we figure out what they are able to do, what they want to do and where they need to start to get there. Veterans sometimes require additional support and experience to navigate the employment “highway” of the civilian world.”

“At Veterans First Point Lothian, a supported employment model known as Individual Placement and Support (IPS) is used. IPS is the most effective approach in helping people with mental health conditions gain employment and involves one-to-one support, rapid job searching, and ongoing support for an unlimited length of time once the individual is in work.”

“Much of our day-to-day work involves providing practical employment support such as writing CVs and cover letters, liaising with employers, honing interview techniques, and learning how military skills can be transferred to the civilian workplace. In addition to this, I will provide ongoing emotional and practical support to veterans and their employers once they are in work. Although it is not essential for IPS to be delivered by an occupational therapist, our core skills help enhance this role with regards to mental health training, assessment skills, job retention and symptom management.”

“At V1P Lothian we have seen a rise in physical problems, most commonly loss of hearing, general wear and tear, frailty, and occasionally weight management, breathing difficulties and malnourishment. As a team, we signpost and support veterans towards the most suitable services to assist with their physical issues, whilst looking at how we can manage the emotional aspects through meaningful activity.”

“As with the elderly in the wider population, one of the biggest challenges we face is social isolation and the team facilitates group activities and attendance at drop-in sessions to combat this. Some veterans are fit enough to get themselves to such activities, but for those that aren’t we would work with partners to assess carer needs and assist with putting any requirements in place.”

"Our focus is not solely on a client's symptoms, but their aspirations. On the whole, age isn't a huge consideration; we work with the individual to identify their needs and goals, breaking down barriers to help them to engage in their desired occupations and activities."

Instilling a greater understanding of veteran-specific needs across the sector

Sharon continues: *"We are working in an environment that was developed by and for the ex-Forces community, therefore we are always aware of our client's Service background, with colleagues who are veterans themselves offering valuable insight on effective communication. We have access to a veteran's military records which also gives us greater understanding of their military experiences, and we work in partnership with veterans' statutory services and charities to best meet the needs of a veteran, which is difficult in mainstream services given the range of service charities in Scotland."*

"For veterans accessing services in a wider healthcare setting, their clinician may not even know they are a veteran, and their knowledge of veteran-specific issues and preferences may be limited."

"For instance, we've found that, across all healthcare settings, veterans frequently turn up 15 minutes early for their appointment, and when clinics are running late, this may result in a substantial wait which may lead to feelings of frustration around the support some veterans are accessing. Additionally, veterans, the majority of whom are male, are less likely to approach services for help and given they are mainly from the most deprived sections of society they are even less likely to access services. Due to the complexity of some veterans' experiences, many face multiple barriers to accessing the relevant care."

Lauren adds: *"Language is also a hugely important aspect of treating the ex-Service community. Since I began working at V1P, I've picked up a great deal of military terminology which I previously didn't know. Building a good relationship with veterans in a therapy context involves showing appreciation and respect for their background, and acknowledging that there are aspects of Service life you don't know about, but which you hope to learn from them."*

Sharon continues: *"Students and trainees come to V1P for placements as they would in any other health setting, and we have developed practice education placements for them. At a very early stage in their career they are learning how clients from a Service background might differ from civilian clients, and the best ways to approach this. Considering ways in which this increased awareness could be replicated across all positions in the NHS would be a really positive step towards improving engagement with veterans."*

"I was recently helping a client complete a PIP form and I noticed a question about having served in the Armed Forces was included. This is something which I think should be added to all forms when registering for health services. Through basic training, an affirmative answer would prompt a range of considerations for the clinician at the outset, such as whether or not there are any other physical or mental health issues, and how this client might require additional support to access public service systems."

"As standard, GPs in Scotland include the question on their registration forms, however, unfortunately, many still do not know what to do with that information. It would be beneficial to provide a short crib sheet on their system to give options for onward referral and analyse that information."

Occupational therapists as the specialist and influencers in engaging with veterans

Lauren says: *"Occupational Therapists are trained to promote physical and mental health and to work in both health and social care. These skills could potentially be utilised in V1P Teams to holistically address the needs of veterans and minimise onward referrals, or where appropriate, expedite the most appropriate supported onward referral."*

Sharon adds: *"Many of the current Scottish Government policies around health, wellbeing and justice are positioned within a rights-based approach. Our profession's resulting connection to occupational justice and people's right to engage in meaningful activities that influence health and well-being supports our unique understanding of the multiple factors that can limit or diminish engagement with occupation. A key message for the Scottish Government is that occupational therapists are the 'go-to' experts to influence and drive change towards the promotion of occupation for people and communities, including veterans, and increase their access and engagement."*

"It's important we instigate a sector-wide shift where we see staff develop a greater understanding of what support veterans actually need, as opposed to administering treatment programmes based on what they think veterans need."

Case Study 6

Jane Duncan – Veteran and Veterans Support Advisor



Jane Duncan is the Veterans Support Advisor for Renfrewshire Council, East Renfrewshire Council and Inverclyde Council. Having served 22 years in the British Army, Jane is a veteran herself and therefore has a wealth of understanding about the resources that are crucial to ensuring Military personnel are provided with the right services and tools when returning to Civvy street.

The idea of implementing a Veterans Support Advisor arose in 2012 when all three Councils signed the Armed Forces Covenant and it was decided that to maximise their commitment, a lead individual was necessary. Commencing the role in 2014, Jane underpinned what services were already in place and what needed to be implemented to improve services and opportunities for Military personnel within these regions. It was quickly apparent that whilst there was information and services available, these were not readily accessible for veterans due to poor communication.

After reviewing what initiatives, services and tools were already available within these Councils and NHS boards, Jane initiated a veterans' 'Mini Champions' programme. She built upon the information and tools already in existence and used this material to train individuals within Council teams such as employment, finance and housing so they were equipped to provide veteran specific advice.

Having the 'Mini Champions' programme ensures that someone within the local area is immediately aware of an issue faced by a veteran and in turn can guide them to the support available; whether it is locally or nationally. Many veterans voice that it can sometimes be overwhelming to know what support is available so having someone trained within their local area can remove this barrier.

Why 'Mini Champions' Works

The 'Mini Champion' programme extends to equipping veterans with the confidence to attend local social groups which is a valuable network for veterans.

Jane commented: *"There is no reason for any veteran to feel alone or isolated when leaving the Armed Forces and joining social clubs can often be a crucial element to help build confidence and give a sense of purpose."*

"When you leave the Armed Forces, you leave a community, and that is very difficult to step away from. Replicating that community sense via social groups and organisations can, for some, help Military personnel feel part of a tight knit group and most importantly, valued."

"My role extends to liaising with local clubs and initiatives within the area to ensure that they are equipped with the knowledge of how to help veterans in their community integrate. We need such clubs and groups to welcome veterans, and recognise the pool of talent and skills they withhold."

How have Attitudes Towards Veterans Changed

Through the implementation of Jane's role, she has noted that there has been a huge shift in attitudes towards veterans within the three Councils she works with.

She said: *"The appetite from Renfrewshire Council, East Renfrewshire Council and Inverclyde Council to help veterans integrate into the community has significantly increased since 2014 and they all want to play their part in ensuring that the region is viewed as a place to settle for veterans. They want ex-Service personnel to know that they, and their families, are welcomed to the area and that there is support and help in place at a local level."*

Looking to the Future

Jane fundamentally believes that there would be great benefit for each Council in Scotland to implement a Veterans Support Advisor role but if it were to do so, then it would need to be coordinated through a body such as Veterans Scotland.

"I would love it if every veteran in Scotland was able to contact their local authority directly and get the support they required. Whilst it's great to promote national level services, it can be difficult for veterans to know who to turn to for advice. The 'Mini Champions' programme acknowledges a veterans' query immediately and can help prevent it manifesting onto a larger scale."

Case Study 7

Warwick Shaw – Veteran and NHS Borders Veterans Champion

Warwick Shaw is the NHS Borders Armed Forces and Veterans Champion. He has worked within the NHS after a fulfilling career in The Royal Artillery, Regular Army, for 19 years. Throughout his career in the NHS, he has always been personally interested in the care and provision for Armed Forces veterans due to his Military background and had a watching brief for arising ex-Forces issues. Warwick was depute for five years before his appointment to the role of Armed Forces & Veterans Champion.

What is an Armed Forces And Veterans Champion?

The NHS Armed Forces and Veterans Champion has a responsibility to provide support to past and present Armed Forces personnel, as well as their families, within their local authority area, to ensure their needs are met. The Borders no longer has the capacity levels of a large number of serving personnel to set up specific veterans services as in other locations. Instead, Warwick has concentrated his efforts and resources on equipping GPs with information and the right tools that they could use to help veterans.

He explained: *"By signposting help and resources, such as SSAFA and Veterans Scotland, we can cut out the middle man and allow GPs to direct veterans towards the right support as soon as they are seeking advice."*

Services Implemented

In 2015, Warwick, in cooperation with other NHS Scotland Boards, saw an opportunity with available LIBOR funding and helped establish a Veterans First Point Borders service.

Warwick explained: *"V1P has been a great tool and we have had about 80 referrals since establishing the service, of which about half are still accessing the advice and services that are provided."*

"The fundamental element that makes V1P a success is that veterans are provided with a peer support worker who, through shared experiences, one to one dialogue and assistance, ensures that veterans feel like they are being listened to and someone is actually trying to help."

"As well as being more equipped to understand veterans, using peer support workers has the secondary benefit of overcoming funding challenges, being more cost-effective than exclusively hiring clinicians."

Does the Current System Work?

Warwick believes that the peer support work delivered through V1P is key to facilitating successful support for veterans; repositioning the support as chatting to someone at the same level, as opposed to them being a 'recipient' of care. It also encourages ex-Military personnel to feel part of a network, heightening their self-esteem and preparing them to move on to new ventures.

He commented: *"I think what we're doing is good but what we need to really showcase this is more financial support and ultimately rolling the programme out across the whole of the UK. We aren't looking for all singing, all dancing services but veterans do deserve the right to dedicated support."*

He continued: *"As an ex member of the Forces with physical injuries, I don't think I should get any more service than someone who sustained injuries from say a car accident, but I should get at least the same level of care."*

"Veterans with severe and enduring conditions should have equal access to specialist treatment and care, regardless of their geographical location."

How Could the Role of NHS Veterans Champion Be Improved?

Warwick highlighted that whilst the current system does work for the veterans who access the service, there is a large pool of veterans who are unaware that his role and support exists.

He commented: *"NHS Armed Forces and Veterans Champions are a complete mystery to veterans. V1P is helping raise awareness but the people who do access V1P did not know that there was a Veterans/Armed Forces Champion within NHS Boards or local authorities. I have never been approached directly by an ex-Servicemen."*

This insight indicates that there is a need to highlight that such bodies are available to veterans, although Warwick noted that Armed Forces champions could not cope with the demand from every single veteran in Scotland, so that's why it's so important to have a strong relationship with the likes of SSAFA and V1P.

He noted: *"V1P is an excellent model that I think should be made exemplary across Britain. Equally I think what should be rolled out across Scotland and perhaps Britain is for veterans to have access to NHS services through a GP rather than going to a specialist who they may only see infrequently."*

Case Study 7

'Joe' – a veteran

'Joe's' story was shared with us by Charlie Allanson-Oddy, Consultant Psychological Therapist at Veterans First Point Lothian. It gives a glimpse into the struggles and challenges faced by someone with PTSD and, in this case, a successful adjustment to civilian life.

'Joe' was medically discharged due to PTSD following events in Afghanistan in 2012. Following discharge he had been allocated a veterans house but was isolated and finding it very difficult to communicate with his neighbours. Eventually Joe attended the V1P Lothian offices in June 2016.

A Clinical assessment was offered but not attended. After discussion with Veterans UK another assessment was offered which Joe attended. He continued to present with PTSD and aspects of Generalised Anxiety Disorder (GAD) – difficulty in eye contact and a reluctance to discuss anything relating to events on a tour of Afghanistan.

Joe was offered Acceptance and Commitment Therapy (ACT) one of the Cognitive and Behavioural Therapies particularly effective in reducing avoidances. In Joe's case these avoidances were maintaining his trauma symptoms and affecting his quality of life significantly. Eventually, Joe was able to discuss in detail the events from his tour of Afghanistan that had so greatly affected his confidence in himself and other people and to take part in a range of social activities that had become increasingly difficult for him over the last few years.

He was encouraged to increase his activity levels and he now attends the gym regularly. He was also referred to the Citizens Advice Bureau (CAB) for a benefits related appeal. CAB attended the tribunal with him and helped to win his appeal.

Internally referred by his clinician to Occupational Therapy (OT), Joe now attends sessions with both the psychological therapist and occupational therapist. The OT meets Joe to discuss work options and as part of the graded exposure to work, and supports him to apply for jobs.

Joe is now largely free of symptoms, applying for jobs and continuing his adjustment to civilian life.

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Veterans' Health & Wellbeing in Scotland A Distinctive Scottish Approach

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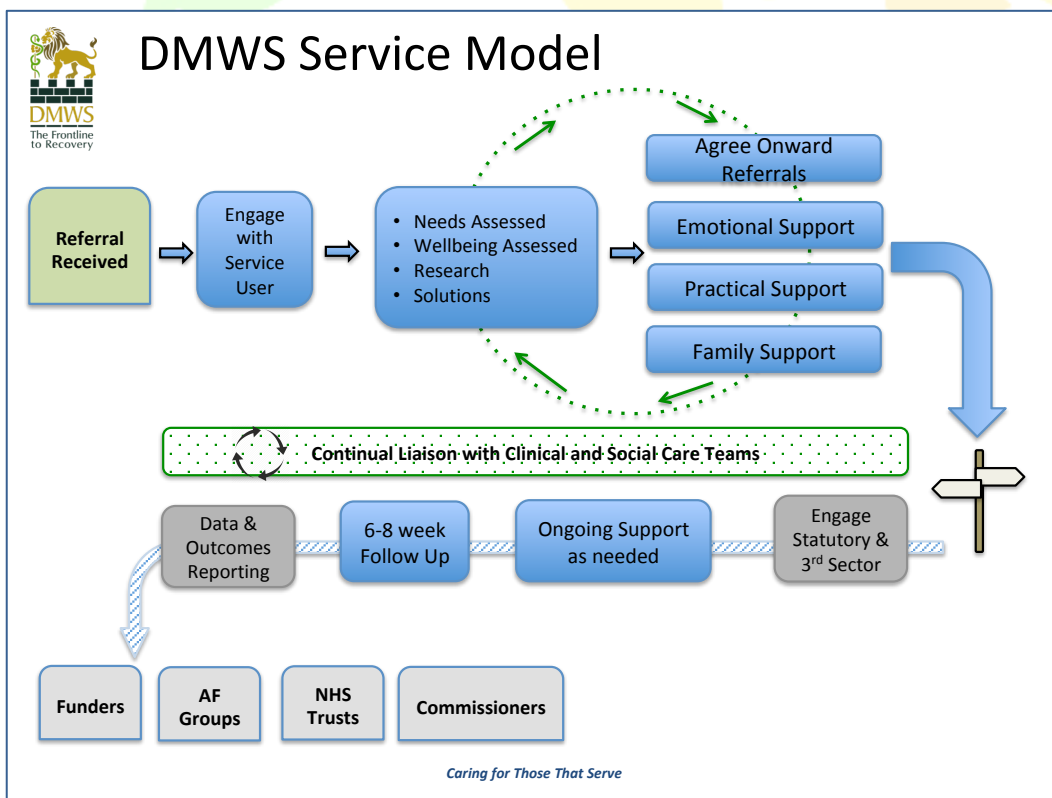
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Summary of Proposal for DMWS Medical Welfare & Wellbeing Service Ayrshire

PROPOSAL: An Ayrshire medical welfare and wellbeing service, over 1 year, to deliver person centred, confidential, and independent support to the Armed Forces Community, when admitted to hospital (emergency or planned care) or on a physical or mental health care pathway, through the provision of welfare officers based in NHS hospital sites, and support to those receiving treatment in other community facilities or at home. Supporting Armed Forces Community, including those in or at risk of DToC, at risk of unnecessary readmission, with identified social, care or wellbeing issues, frequent attenders at A&E. The service will provide an holistic service to the individual and their family and carers. Armed Forces Community defined as serving, reservist, ex-forces, who have served at least one day, their family, dependents, and/or carers.

Service: Applying a Social Model of Health - acting as care navigators and social prescribers, providing emotional and practical support to assess need and address wider determinants of health, social care and wellbeing. Working predominately within secondary acute health care facilities alongside the clinical and medical teams, and responding to Community and Home Treatment within Ayrshire; utilising a network of contacts across the statutory, third, and specialist military and ex-forces sector, DMWS support the individual service user and their families to access appropriate services and support where and when they need it.

DMWS will respond to referrals from hospital staff (clinical and administrative), statutory, military and third sector organisations, or self-referrals, and provide immediate intervention, including liaison with family, health, and social care staff; advocacy; liaison with and timely supported referrals to statutory and third sector organisations; and emotional and practical support throughout the care pathway.



Episodic - Hospital Inpatient, Short term illness or injury, Short term outpatient treatments

Medium Term - Longer Hospital Stay, Ongoing outpatient treatment, Home based treatments

Longer Term - Complex health & wellbeing issues, Life-limiting or life-changing illness or injury

Continuation of Care - Telephone support as and when needed, additional face to face support if required.

DMWS levers access to Third Sector services, reducing the burden, and cost implications, on the NHS and statutory social care. Individuals are fully supported to access services who provide on-going support

beyond the scope of DMWS, ensuring continuing care to service users, often with complex needs, to develop self-sufficiency and self-management of issues, improved health and wellbeing, and addressing wider determinants of health. The support provided: Reduces delayed transfer of care; Improves discharge plans and bed flow; Reduces DNA; Reduces hospital admissions where social care and wellbeing are a dominant factor; Reduces social isolation; Enables independent living. DMWS provide longer-term direct support and continuation of care for service users and families diagnosed with life-limiting or life-changing illness or injury, and those diagnosed with long-term health conditions and cancer. DMWS support and align with Major Incident, Multiple Casualty and RAMP incident plans.

Service Model - Ten Step Care Plan Encompasses:

Assessment	Conversational approach 10 point assessment on current health and wellbeing position and the wider determinants of health. Measure of improvement in each assessed area.
Wellbeing Measure	WEMWBS Full 14 question measure identifying improvement in wellbeing

Complexity Measure	Developed by DMWS to measure the complexities of wellbeing. Provides understanding of complexity, impact of, and outcomes achieved in relation to complexity factors.
Building Relationships	Identification of local community and specialised schemes and services to support the service user and their families within their local community, improving access and reducing social isolation
Supported Onward Referrals	Levering services, resources and funding through third sector & statutory organisations
Solution Focused Self reliance	Support service users to become confident in dealing with issues and solutions themselves
Recording Data & Outcomes	Bespoke comprehensive online case management, data and outcomes performance tool. Outcomes and Information, including availability, capacity and capability of local services, analysed and shared with stakeholders, relevant groups, commissioners, and government bodies

Outcomes and Impact:

Achieved through person centred emotional and practical support, addressing social care and wellbeing needs and accessing services from a range of predominately third sector organisations (Scotland Unforgotten Forces Project Outcomes Report for July 2017 – August 2018: 80% of referrals were made to third sector provision).

Person Centred Measured Outputs and Outcomes	Organisational Measured Outcomes
Number of Service Users	Reduction to delayed transfer of care
Number of Additional Beneficiaries	Reduction in Outpatient DNA
% of high, medium, low complexity	Reduced unnecessary readmission
Areas assessed as “of concern”	Improved Bed Flow
Onward Referrals Made – type and sector	Improved Discharge Plans
Analysis & Improvement in assessed areas of concern	Improved appropriate use of NHS service provision
Analysis & Improvement in Wellbeing Measure	Improved use of nursing, medical & clinical staff time
Needs addressed and support accessed	Cost analysis: reduction of costs associated with DToC
Impact of Military Service understood and Covenant delivered	Cost analysis: improvement in outpatient attendance
Positive impact on family	Cost analysis: reduction at A&E for previous frequent attenders
Improved confidence, resilience, and self-reliance	Cost analysis: Value of alternative 3rd sector services accessed

Person Centred Outcomes: Existing DMWS project outcomes have shown improved recovery and wellbeing; reduced isolation and loneliness; reduced length of hospital stay; improved discharge plans; improved access to services and support; reduction in stress and anxiety; increasing self-management of issues; and improved personal resilience.

Organisational Outcomes: By considering non-medical barriers to discharge, identifying solutions and addressing social care and wellbeing, existing DMWS projects have secured services and funding to enable discharge by accessing services eg. respite and permanent social care places; support for living independently, and funding for home adaptations; access to third sector health, social care, welfare, and wellbeing services and support; access to specialised support linked to previous employment or military service. By listening, understanding concerns, providing emotional support, and a focus on person centred solutions, DMWS impacts upon delayed transfers of car, including those recorded as patient choice.

Cost Benefit Analysis DMWS are developing a cost benefit analysis tool with support from Prof Ceri Phillips, Health Economist, Swansea University.

Achieved DToC Reduction Outcomes – 2017-18 Sample: 300 Cases (Avg Cost of Bed day @ £400/day)

- ❖ 37% cases High Complexity, 41% Medium Complexity
- ❖ Total days reduced 751
- ❖ 2 cases reduced 29 days, 1 by 30 days, 1 by 33 days
- ❖ Reduction in DToC in 59.2% of cases
- ❖ Majority of cases reduced by up to 7 days
- ❖ Average reduction in DToC 4.1 days

Reducing cost associated with DToC for those patients by approx £300,400 (average of £1,659 per patient)

Please refer to attached Scotland Unforgotten Forces Project Report for outcomes achieved for veterans in Scotland.

Contributing to the South, North & East Ayrshire Health & Social Care Partnerships' Strategic Priorities

Priority	How DMWS Contributes to the Priority
Manage resources effectively, making best use of integrated capacity Bringing Services Together New Models of Care	<ul style="list-style-type: none"> • Works across health and social care • Combination of support to meet individual's needs. • Coordinates access to statutory and third sector services and support.
Reduce Health Inequalities Tackling Inequalities Early Intervention & Prevention	<ul style="list-style-type: none"> • Assesses 10 areas of welfare & wellbeing including housing, finance, access to services, activity, employment, social isolation, and independent living. • MHFA qualified - identify early signs of poor mental health • Improves wellbeing, recovery, confidence, self-reliance, and self-management of health & wellbeing

	<ul style="list-style-type: none"> Identifies accessible support and services to meet needs, working within local communities, 3rd sector, and statutory services, addressing rural isolation and inequalities Holistic inclusive approach supports family and carers Identifies & addresses concerns relating to service user's carer responsibilities Carers of ex-forces - addressing health and wellbeing issues, and impact on the person they care for DMWS is available 24/7. Core hours can be flexed to meet needs Out of hours support utilises telewelfare support, with emergency call out
Giving stakeholders a voice Engaging Communities Transformation & Sustainability	<ul style="list-style-type: none"> Data on needs and access to services & support will be fed back to the partnership to support outcomes and service developments Service Users will be supported to participate in Partnership stakeholder events
Shift Balance of Care from Acute Hospital to Community Settings Prevention and Early Intervention Early Intervention & Prevention New Models of Care	<ul style="list-style-type: none"> Care Navigation and Social Prescribing within DMWS model Work across the health and social care landscape Emotional and practical support to address barriers to discharge Coordinating onward referrals and early involvement of other organisations, supporting service user to access, and maximising recovery and outcomes Accessing services, and financial support (eg for adaptations) that enable independent living and reduces unnecessary readmission to hospital Utilising military networks to access alternative respite or where necessary residential care, and financial support, reducing burden on statutory provision Support for those receiving health treatment at home and in the community Improves wellbeing, recovery, confidence, self-reliance, and self-management of health & wellbeing.
People to exercise choice and control in achievement of personal outcomes Person Centred Support Effective, Safe, Quality & Timely New Models of Care	<ul style="list-style-type: none"> Care navigation and Coordination of services and support provided by the statutory and 3rd sector Person centred solutions meeting the needs of the individual, the right support at the right time, in the right place Information Sharing Protocols and Agreements to reduce barriers and improve transition between services Feedback to referrers and update on services accessed to organisations involved (based on consent to inform) Single point of contact for Armed Forces Community
Mental Health & Wellbeing Improving Mental Health & Wellbeing Early Intervention & Prevention	<ul style="list-style-type: none"> Early identification of possible mental health issues Appropriate referrals to formal or informal, NHS or 3rd sector support Supporting service user to address stress/anxiety, preventing escalation to crisis Proven improvement in wellbeing (utilising WEMWBS)

Cost Summary:

Welfare Officers: based at acute hospitals and responding to community health facilities, and home based treatment

Funding Required for one year (1st July 2019 to 31st June 2020)

1 WTE Welfare Officer (Individual H&SCP funding own locality Welfare Service)

£ 53,803

2 WTE Welfare Officers (2 H&SCPs sharing costs for a joint Welfare Service)

£101,063

3 WTE Welfare Officers (3 Ayrshire H&SCPs sharing costs for a Ayrshire wide Welfare Service)

£149,220

Targets & Savings from DToC Reduction for each WTE Welfare Officer			Year 1
Case Capacity per WO per year	250	Total Cases per year	250
% of Cases DToC Saved	60	Numer of Cases with DToC Saved	150
Average Days Saved	4	Estimated Days Saved	600
Cost per day	£400	Estimated DToC Costs Reduced	£240,000
Number of Welfare Team	1	Cost of Service	£53,803
		Cost Benefit	£186,197

Additional Cost Savings eg: reduction in Readmission; Reduction in A&E Attendance: Reduced Financial Burden on Social Care

Sustainability: The Ayrshire Medical Welfare & Wellbeing Service will form part of a bid made by Poppy Scotland to the Scottish Government for funding from July 2020. Poppy Scotland are leading the Forgotten Forces Consortium delivering a range of services and support to the Armed Forces Community across Scotland. DMWS current delivery in Ayrshire is one of 4 areas of DMWS delivery within the Unforgotten Forces Project (Grampian, Fife & Lanarkshire). This application therefore, is to support the services currently delivered during the one year funding gap between July 2019 and July 2020 to enable continuity whilst Poppy Scotland secure further longer term funding.

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