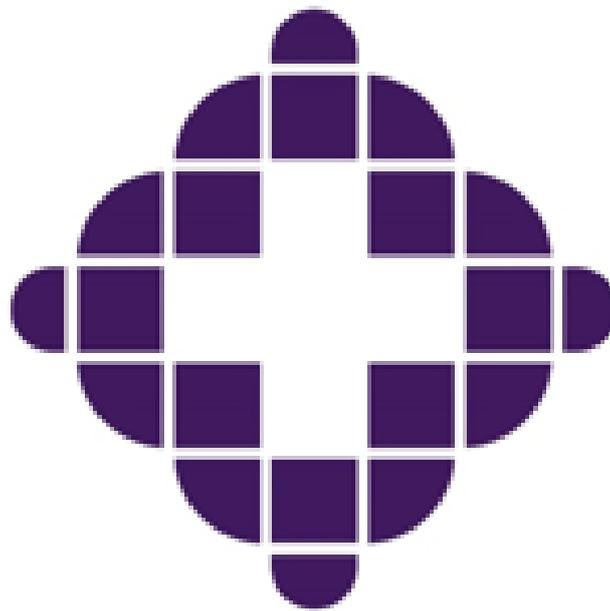


Scottish Veterans Care Network Launch Event

HIGHLIGHT EVALUATION REPORT



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1. Introduction

The Strategic Networks Team in National Services Division (NSD) has engaged with a wide range of partners to create the Scottish Veterans Care Network (SVCN), that looks at the breadth of veterans' healthcare needs both clinical and non-clinical, with a wide pool of statutory and non-statutory providers.

It is expected the network will play a strong role in supporting, influencing, providing and sharing best practice, services and expertise for a specialist population group thus eventually leading to access to a parity level of care for veterans in Scotland.

The SVCN held its formal launch virtually on Thursday 19 November 2020. Originally scheduled to take place in person in April 2020, the COVID-19 pandemic outbreak resulted in a readjustment of timescales for the launch, in order for members to respond appropriately with their respective organisations. The event was chaired by the new SVCN Oversight Board Chair, Pauline Howie OBS, Chief Executive of the Scottish Ambulance Service.

The SVCN held a collaborative virtual event to engage with stakeholders to further build and support the proposed governance and work programme, and to hear from key partners on the importance of the Network and what it means to them.

A wide range of professionals attended from various organisations such as the Ministry of Defence, Police Scotland, Scottish Government, NHS Boards, Health and Social Care Partnerships and several Third sector organisations. The range of delegates is set out in Figure 1.

The highlight report provides an overview and evaluation of the day.

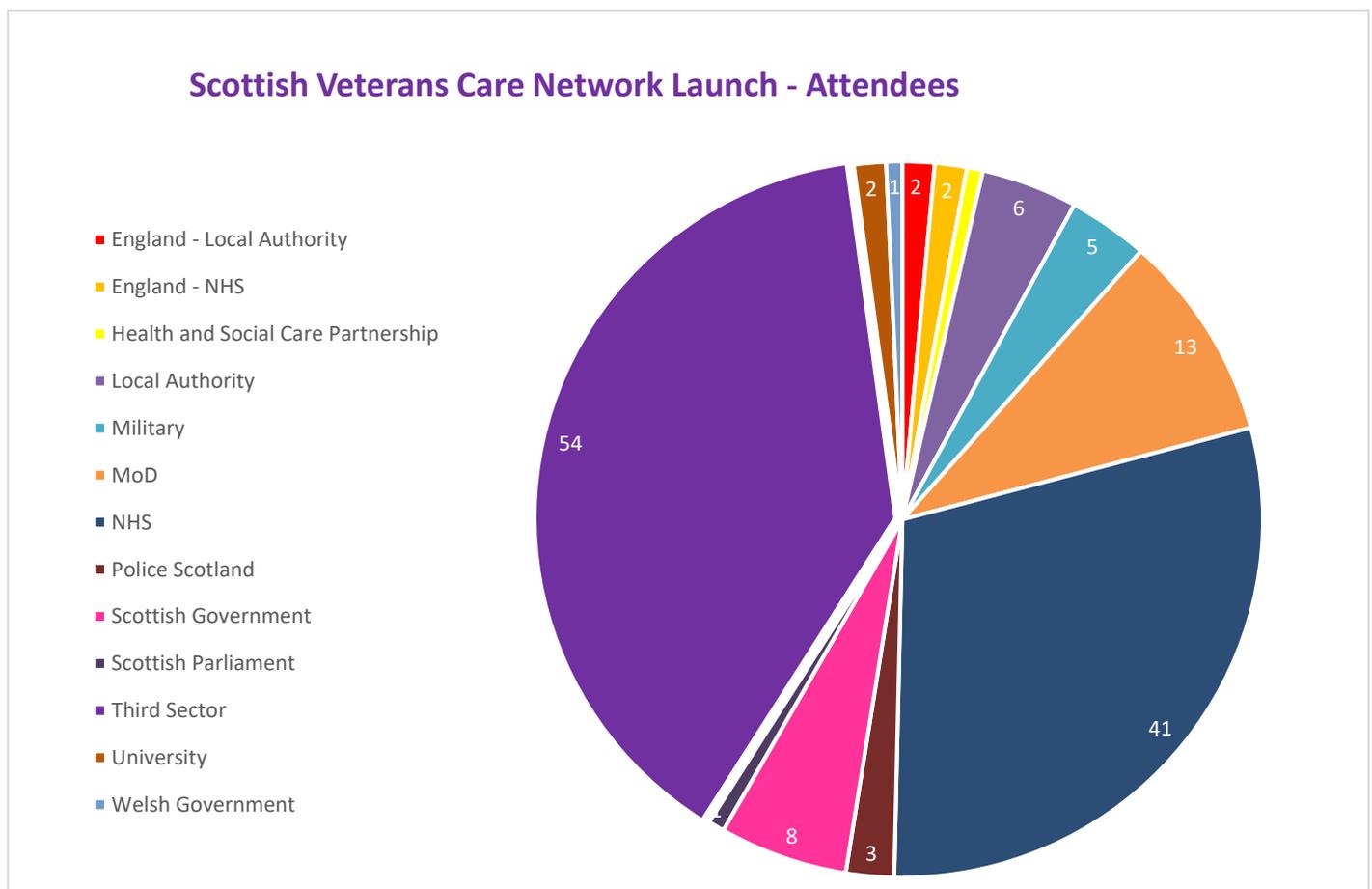


Figure 1: Attendees by Organisation

2. Programme for the Day

Please see Appendix A for the full Programme for the day.

Introduction to the SVCN - Various

Video presentation including various stakeholders describing the key messages, purpose, and objectives of the SVCN, as well as their hopes for the Network.

Creating a Platform for Change – Kate Burley, *Associate Director, Strategic Networks, NHS National Services Scotland*

Presentation provided a background to the Strategic Network model. Delegates were presented with the Governance structures, established 'Facets' for the SVCN. It also showcased the key drivers for the Network, the Network model, mandate, branding and governance arrangements.

Introduction to the Network's work – Dr Lucy Abraham, *Clinical Lead, Scottish Veterans Care Network, NHS National Services Scotland*

Presentation setting out the early objectives of the SVCN, highlighting the breadth of stakeholders, charities and organisations that the Network is involved with and will be involved with. Providing clarity that Mental Health is the initial key focus for the Network, but also providing assurances that the Network has a wider remit ongoing as it matures over the coming years, including physical health of veterans



3. Development of Network Facets

The Network had developed a facet diagram, which demonstrates the spectrum of work the Network encompasses whilst ensuring people are at the centre. This allows for stakeholders and service users to clearly understand the mandate of the Network, delivering strategically focused, stakeholder-led working groups.

The Facets have been developed in partnership with a wide range of stakeholders and were discussed at the Launch event. The Network will activate appropriate working facets with deliverables as they are prioritised.

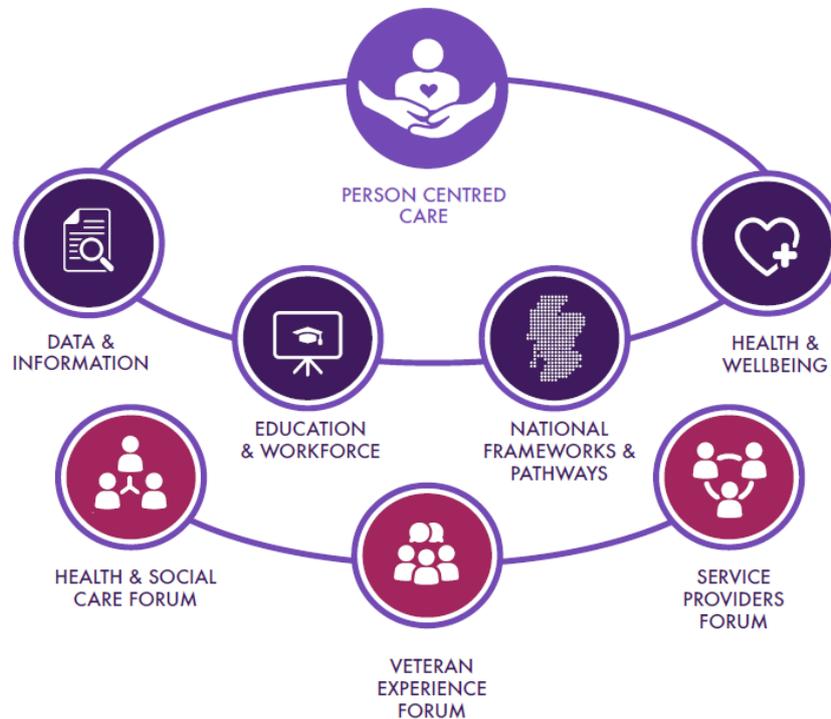


Diagram 1: SVCN Facet Diagram

3.1 Facet Breakout Sessions

Four facet breakout sessions were held, mirroring the four Facet Working Groups identified by the SVCN and its stakeholders. Each delegate had the opportunity to join two of these sessions during the event. All sessions were recorded so that delegates have the opportunity to observe other sessions in their own time.

Each session contained a pre-recorded video discussion between Dr Lucy Abraham and a key Network stakeholder for each Facet (see Table 1), before delegates were offered the chance to ask questions or reflections to add to the discussion.

Each facilitator then provided individual feedback from their sessions, highlighting the top priorities to the audience from their discussions.

4. Facet Breakout Session Feedback

Facet Icon	Facet Title	Facilitator	Session Title	Feedback
	Data & Information	Dr Beverly Bergman <i>Honorary Senior Research Fellow, University of Glasgow</i>	<i>The picture so far...</i>	<ul style="list-style-type: none"> ❖ Commitment to improving data and information on veterans are clearly set out in Scottish Government and Westminster policies. ❖ Much less data available on factors regarding lifestyle factors (eg. smoking, obesity, jobs that veterans take upon leaving Armed Forces) ❖ A lot of research is focused on what goes wrong, but of equal value is what goes right, whereby you can learn successes and replicate ❖ Conflicting priorities of greater need for data vs data protection rules ❖ Difficulties in gathering data on those who don't want to engage with services upon leaving Armed Forces
	Education & Workforce	Major Laura Cox <i>SO2 Transition, Army Headquarters Scotland</i>	<i>Finding the gaps</i>	<ul style="list-style-type: none"> ❖ Ensuring that the qualifications gained in Service are translatable qualifications/ mapped to civilian equivalent ❖ Connection to Civilian society- maintain friendships to ease transition & ensuring civilian society have more understanding/ move on from unhelpful stereotypes ❖ Service leavers to have more of a holistic support to join Civilian lifestyle ❖ To assist service leavers in how to articulate skills on job application ❖ The need to engage families
	Health & Wellbeing	Dr Linda Irvine Fitzpatrick <i>Strategic Programme Manager, City of Edinburgh H&SCP</i>	<i>Improving Mental Health Services for Veterans</i>	<ul style="list-style-type: none"> ❖ How to develop clinical pathways for veterans in Scotland, and the need for partnership working in order to map out and build these ❖ Facilitating transition of treatment in Scotland ❖ The need to consider correlations between physical injuries connecting to mental health presentations. ❖ Consideration of SVCN as conjugate for collaborative funding projects ❖ Importance of engaging with families of veterans when developing Mental Health Action Plan
	National Frameworks & Pathways	Professor Neil Greenberg <i>Professor of Defence Mental Health, King's College London</i>	<i>Overcoming stigma & improving access</i>	<ul style="list-style-type: none"> ❖ The veteran community has a delayed presentation to services rather than delayed onset of symptoms ❖ This is due to a variety of factors, including difficulty of making sense of symptoms, veterans questioning whether they are worthy/deserving of help, stigma and finding the right help once they are ready to seek it ❖ To overcome these barriers, screening has not been found to help ❖ Improved digital access, increased clarity on what works for whom, further development of peer support and improved information sharing have all been identified as key to improving access.

Table 1: Facet Breakout Session Feedback

5. Question & Answer Session

Questions pertaining to the SVCN or the event itself were gathered prior to and during the event, and were delivered to the following panellists:

- ✦ [Dr Lucy Abraham](#), Clinical Lead, Scottish Veterans Care Network, NHS National Services Scotland
- ✦ [Kate Burley](#), Associate Director, Strategic Networks, NHS National Services Scotland
- ✦ [Mairi McKinley](#), Clinical Teaching Fellow (Patient Safety) and NHS Fife Armed Forces and Veterans Champion
- ✦ [Sophie Mifsud](#), Regional Manager for Defence Transition Services, Veterans UK, Ministry of Defence
- ✦ [Neil Morrison OBE JP](#), Health & Wellbeing Executive Officer, Veterans Scotland

Responses to all questions provided by panel members were as follows:



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Question	Panellist Response
<p>What is the life span of the network - will it be permanent? Might the team expand in time to include permanent positions for MOD, Third Sector, NES etc?</p>	<p>The initial life span of these National Strategic Networks through NHS Scotland are between 3-5 years. There is an annual review process, with further reviews taking place with Scottish Government at years 3 and 5.</p> <p>Although we have MoD, 3rd Sector and NES representation at this event today, the SVCN want to ensure that these critical friends are included through each part of the Network's development, and we will reflect that accordingly within its structure (<i>Kate Burley</i>).</p>
<p>How does the SVCN link to the NHS Boards and how does the information trickle down to grassroots? Who are the POCs within NHS Boards, who is responsible for getting your message out and feeding information in?</p>	<p>The governance structure and facet diagram should hopefully explain how the workflow and responsibilities fit together. We feel that we have good engagement and representation at every level of this structure, and the SVCN team will push information out, but please feel free to contact us if you wish to be further involved (<i>Dr Lucy Abraham</i>).</p> <p>Every NHS Board and Local Authority in Scotland has an Armed Forces Champion. We have a selection of nominated Champions within the Network to disseminate SVCN information to those groups, as and when needed, as well as bringing the Champions' feedback into the Network, and are therefore already well embedded into the Network's structure (<i>Mairi McKinley</i>).</p> <p>We are lucky to have Pauline Howie as our Network Chair. Pauline is also currently the Chair of the Board of NHS Chief Executives, and so can raise any appropriate SVCN actions at this high level of governance, and the Network can provide regular updates to this group (<i>Kate Burley</i>).</p>
<p>How will the Network relate to the Armed Forces Covenant?</p>	<p>Over the last few years, the Armed Forces Covenant, with its commitment to reduce disadvantage resulting from service, has had a huge impact. But without doubt, effective transition from the Armed Forces into civilian life, including straightforward access to statutory services, is vital to successful post-service life for most veterans. Communication is key to achieving both of these. Just one frequently missed example is veterans registering with a GP and ensuring that the GP knows they have served. Without this simple step, all the health processes designed to reduce disadvantage for veterans, as assured by the Covenant, are much less likely to be accessed.</p> <p>For years, veterans in Scotland – particularly those in greatest need - have faced a fairly labyrinthine healthcare system that has been at times fairly inconsistent in addressing their needs and could be a real challenge to navigate. Now, for the first time in Scotland, a systematic, integrated network will unite all the stakeholder groups to provide really coherent care provision. Key to this will be much better data gathering that will inform improved planning, allowing shared best practice and parity of care provision for veterans across Scotland. I believe that the Network will also look elsewhere in the UK for examples of excellence that could, if appropriate, be adopted here.</p>

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	<p>I am confident that through its systematic approach and by bringing together all the players that support veterans' health and wellbeing, the Network will leverage improved care to veterans, ensuring consistency and parity of delivery across Scotland and reflecting the Covenant's intent (Neil Morrison).</p>
<p>Who are responsible for collaborating on regional and local planning?</p>	<p>From my personal perspective, I think this local and regional collaboration will work through all the various champions coming together via the SG Strategic and Implementation Groups and the National Champions Network(s). For me, the liaison that happens locally within the Community Covenant Partnership group is key as it is multi-disciplinary: military, health, local authority, education, ASAP and many other 3rd sector organisations (Mairi McKinley).</p>
<p>Will SVCN and MOD be working together to develop the Scottish side to Joint Service Publication (JSP 100) - as it is currently very England focussed?</p>	<p>The MOD are working with officials in the Scottish Government, as well as the other Devolved nations, to conduct a review into JSP100 – the Defence Holistic Transition Policy – and ensure that the policy works for Service leavers and their families in all parts of the UK. This work should be completed in the 1st quarter of 2021 (Sophie Mifsud).</p> <p>Hope so – two early issues are transfer of medical records and mental health transition – there are differences! (Neil Morrison)</p>
<p>How and when will the forums be publicised so that clinicians, veterans et al can register their interest? Will there be an Armed Forces & Veterans Families forum?</p>	<p>The evaluation feedback form from this launch event offered the opportunity to register an interest in being part of the forums. We are currently in the process of meeting for the other groups within the governance structure. The Veteran Experience Forum will meet in Spring and there will be opportunities for families to also contribute to the network. This will be discussed further at the first Veteran Experience Forum (Dr Lucy Abraham).</p>
<p>How much of an impact do you think the Network and its work will have on Scotland's veterans?</p>	<p>Very considerable – The Scottish Government has a very strong commitment to veterans and has provided great leadership for many years. The creation of the Network - which was embraced by the Government, has brought us to the beginning of a very exciting initiative with huge potential. Since the Network's first priority is mental health, let me touch on that. Contrary to widespread opinion, most veterans are not Mad, Bad or Sad. In reality, quite a small proportion experience mental health challenges as a result of their service, but the Armed Forces Covenant is quite clear that they deserve prompt and effective treatment. 22 of Veterans Scotland's member organisations deliver health and wellbeing support, including a wide range of mental health therapies, and therefore provide a substantial proportion of the services available in Scotland. The Network is committed to collaborative working and gaining maximum reach and since its inception it has been part of our health and wellbeing group and engaging with these organisations that have huge understanding of veterans' needs. Equally, Veterans Scotland and some of its members will be embedded in the Network at every level, collaborating positively and communicating user feedback that will help ensure that our veterans get the best possible care. I believe that the Network will deliver a seamless managed process that delivers continuity of care for those with significant conditions; from military service, through discharge, into the civilian system and onwards. This effective Transition is crucial to both physical and mental injuries because the detriment to the individual from lengthy waits for re-diagnosis and a new treatment plan can be profound. I see this as a high priority.</p>

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	<p>Finally, I hope that once the Network’s full range of strategies have been implemented, it will have a review and continuous improvement function that ensures that Veterans’ care in Scotland remains exemplary (<i>Neil Morrison</i>).</p>
<p>Might the SVCN be doing deep dives as part of their education work?</p>	<p>The Education & Workforce facet (and all our workstreams) will be doing a detailed review of the current landscape in Scotland and exploring opportunities for further redevelopment (<i>Dr Lucy Abraham</i>).</p>
<p>Related to what was raised at the veterans debate yesterday, how will the Network keep the wider Armed Forces and veterans sector (including the Armed Forces and veterans Community Parliamentary Cross Party Group) informed of progress?</p>	<p>Veterans Scotland provides the secretariat to the X-Party Group Veterans Scotland’s very close links with the Network and the SG Armed Forces and Veterans Healthcare policy team mean that messaging and consultation with veterans’ organisations is achieved quickly and effectively (<i>Neil Morrison</i>).</p> <p>The SVCN is a collaborative Strategic Network and we are working very closely with all relevant groups to improve care for Veterans in Scotland. We have representation from all these groups through the Network, alongside a Communications Strategy to ensure that all stakeholders are kept informed and involved as we develop (<i>Dr Lucy Abraham</i>)</p>

Table 2: SVCN Q&A Responses

6. Delegate Feedback

Topic	Feedback (total of 42 responses)
Areas of highest priority identified	<ul style="list-style-type: none"> ❖ Education on veteran issues for mainstream providers ❖ Specialist education and training for healthcare staff ❖ A single point of access for veterans in need of help ❖ Improved referral to treatment times ❖ Increased capacity for community based psychological therapies ❖ Improved transition planning between MOD and NHS providers
Other areas of priority identified	<ul style="list-style-type: none"> ❖ Activity hub for socialisation, education, mental health support ❖ UK-wide common assessment tool, and quality accreditation ❖ Veterans services appropriately resourced on a permanent basis ❖ Improved Mental Health Support for pre and post op amputees ❖ Utilising the skills of ex-Veterans to enable them to work with Veterans
Enjoyed the Most	<ul style="list-style-type: none"> ❖ There was a very positive, engaging energy ❖ The event was really well chaired and it was encouraging to understand the governance structure and where SVCN fitted in ❖ Very well organised (particularly as it was virtual and involved participants having to enter/re-enter/leave) various meetings. Film was great - and a very good line up of speakers, who were all knowledgeable and personable. Well chaired too ❖ There were attendees from a wide range of services including NHS, MOD and third sector ❖ Finding out more about SVCN, its purpose and its objectives
Enjoyed the Least	<ul style="list-style-type: none"> ❖ There wasn't time for the whole Q&A because some breakout session leaders went on too long - and that was a shame ❖ Pre-recording of presentations as video embeds in PowerPoint fell a bit flat unfortunately ❖ Focus was clearly around mental health and the action plan, however Physical Health issues often generate mental health problems and therefore must be aligned and not dismissed ❖ There was no speakers that from the military side weren't commissioned which would I believe would have given a bit more insight to what the majority of veterans with support needs require
Changes for Future Events	<ul style="list-style-type: none"> ❖ Engage RAF and Royal Navy speakers ❖ A follow up forum would be great in say 6-12 months ❖ Would have liked some more detail to on the workstreams of the forum before the meeting as would have helped informed decisions on what session to attend ❖ I think the session went well with the breakouts working well; perhaps more focussed events to drill down to the issues would be useful
Overall satisfaction	<ul style="list-style-type: none"> ❖ over 90% of delegates that completed the evaluation form stating that they were either 'very satisfied' or 'extremely satisfied' with the event ❖ over 95% of delegates that completed the evaluation form have expressed an interest in sitting on at least one of the SVCN Facet Working Groups or Forums

Table 3: Delegate Feedback

7. Conclusion and Next Steps

The SVCN team would like to thank our Chair, Pauline Howie, all speakers, panellists, facilitators and delegates for their contribution to the launch. The level of engagement received before, during and after the event has been palpable.

The first SVCN Oversight Board meeting was held on Thursday 26 November 2020. The Oversight Board is responsible for the ratification of the recommendations advised by the Core Steering Group of the Network. Members provide overall strategic leadership in relation to service delivery, a forum for partnership working and monitor the Network's workplan to ensure it remains focused on delivery. The Board will report to and be accountable to the NHS Chief Executives, Chief Officers of Integrated Joint Boards (IJBs) and Scottish Government. There is representation from all three groups on the Oversight Board.

The first SVCN Core Steering Group will be scheduled for early 2021. The memberships and Terms of Reference of the designated Facet Working Groups and Forums will be discussed at this meeting. This will inform the overall workplan and timelines for delivery of the SVCN's early objectives, as set by Scottish Government.

The SVCN website is now live - <https://veteranscarenetwork.scot/> - this will be populated over time with events resources, reports, Network news and signposting of Network-relevant organisations and groups. We are looking into the viability of hosting our Network Forums; Health & Social Care, Veteran Service Providers, and Veteran Experience on this website, within a designated/private section of this website.

The SVCN Twitter page is also live - https://twitter.com/SVCN_Veterans and we encourage all stakeholders to engage with us on this platform.

The SVCN Programme team have been working with Mallard Productions to create introductory videos for the Network, involving various Network members explaining the remit and hopes for the Network. These will be uploaded to the website and Twitter page.

The main focus for the Network in 2021 will be the development of the Mental Health Action Plan. A mapping of stakeholders / specialist veteran's health and care services available in Scotland will be a key area of work for this group. Based on the findings of the service mapping, as well as published data and intelligence, the Action Plan will make recommendations on the future delivery of mental health services for veterans in Scotland. This will include:

- ❖ purpose of each service provider/organisation their current service delivery (considering appropriate standards/'kite marking' of organisations)
- ❖ geographical coverage
- ❖ client groups
- ❖ commissioning models and identification of the associated funding streams
- ❖ considering the needs of hard to reach groups.
- ❖ consider what has changed in relation to service delivery and access to services in the context of the Covid-19 pandemic.

The Health and Wellbeing facet working group of the Network will develop and take forward and the recommendations arising from the Action Plan. Where appropriate, the Action Plan will also make recommendations for Scottish Government. This a deliverable from the Scottish Veterans Commissioner report (recommendation 5).

Appendix A: SVCN Programme



Scottish Veterans
Care Network

JOINING FORCES TO SUPPORT OUR VETERANS



Scottish Veterans Care Network – Launch Event

Thursday 19 November 2020, 13:30-16:00

Microsoft Teams

(The event & breakout sessions will be recorded)

The launch of the Scottish Veterans Care Network introduces delegates to the planned objectives and provides an opportunity to contribute to the shape of the Network and its priorities. Delegates will also hear from key partners on the importance of the Network and what it means to them.

13:15-13:30	Dial in via MS Teams Link	
Chair: Pauline Howie, Chief Executive of the Scottish Ambulance Service & Chair, Scottish Veterans Care Network		
13:30-13:40	Welcome and Aims of the Event	Pauline Howie
13:40-13:55	Introduction to the Scottish Veterans Care Network (Video)	Scottish Veterans Care Network
13:55-14:10	Creating a platform for change	Kate Burley, Programme Associate Director, Strategic Networks, NHS National Services Scotland
14:10-14:25	Introduction to the Network's work	Dr Lucy Abraham, Clinical Lead, Scottish Veterans Care Network, NHS National Services Scotland
14:25-14:55	Facet Breakout Session 1	<ul style="list-style-type: none"> • Dr Linda Irvine Fitzpatrick, Strategic Programme Manager, City of Edinburgh H&SCP • Professor Neil Greenberg, Professor of Defence Mental Health, King's College London • Dr Beverly Bergman, Honorary Senior Research Fellow, University of Glasgow • Major Laura Cox, Staff Officer 2 Transition, Ministry of Defence (MoD)
14:55-15:25	Facet Breakout Session 2	<ul style="list-style-type: none"> • Dr Linda Irvine Fitzpatrick • Professor Neil Greenberg • Dr Beverly Bergman • Major Laura Cox
15:25-15:35	Facet Breakout Session Feedback	Breakout Facilitators
15:35-15:50	Question & Answer Session (Questions submitted via <i>Slido.com</i>)	<ul style="list-style-type: none"> • Dr Lucy Abraham & Kate Burley • Mairi McKinley, Armed Forces Champion, NHS Fife • Sophie Mifsud, Regional Manager for Defence Transition Services, Veterans UK, MoD • Neil Morrison OBE JP, Health & Wellbeing Executive Officer, Veterans Scotland
15:50-16:00	Reflections and Close	Pauline Howie