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PE1179/H



Frank McAveety MSP
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Public Petitions Committee
TG.01
The Scottish parliament
Edinburgh
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Dear Frank

Petition PE 1179 – Acquired Brain Injury

Thank you for your letter of 14 January to the Cabinet Secretary for Health and Wellbeing, seeking a further response from the Scottish Government. I am replying since community care and carers' policy fall within my portfolio.

I will first of all address the specific questions in your letter.

- In relation to the Government having no plans to introduce a separate category of acquired brain injury (ABI), we believe that services should be based on individual need and not on specific conditions or diagnoses. The existing community care categories are very broad, and people within or across any of these groupings can have a range of needs from low level support with everyday needs to intensive support for multiple or complex needs. The effect of ABI varies greatly from individual to individual, as is the case with other long term disabling conditions, and what matters is that people accessing health and social care services have a response appropriate to these needs. It is for that reason that our performance framework is based on better outcomes and not on service structures.
- Jean MacLellan's letter of 21 November set out a number of actions that I believe will deliver services that are more responsive to individual needs. For people with ABI and their families, I consider the work of the managed clinical network will deliver the most immediate benefits, since the primary aim is to address the inequities in treatment and service provision. As that earlier letter indicates, the mapping report due to be published soon will provide more detail on service provision in Scotland and I will of course want to consider these findings. Importantly, I note that while the National Managed Clinical Network (MCN) currently has a clinical focus, there is an interest in broadening the activity to that of a managed care network, including social care provision. I firmly believe that this activity will better inform the development of a care pathway for people with ABI than a new service structure category would, and will prevent people falling through gaps in provision. Indeed MCNs have been also



been developed for longstanding client group categories in order to bring about more integrated services and better information for those who require support.

- In relation to NHS Carer Information Strategies and carers services more generally, the Scottish Government recognises the importance of providing carers with the information and training they need to continue in their caring role whilst protecting their own health. In order to do this, it is vital that health staff receive carer awareness training to enable them to identify carers, and provide them with the appropriate information and support. Under their NHS Carer Information Strategies, Health Boards are required to set priorities for staff training on carers' issues, in agreement with their local partners - including carers and carer organisations. In some Board areas, this may include training around supporting carers caring for people with ABI, if that is felt to be a local priority. However, the Scottish Government has not placed requirements on Health Boards to deliver staff training on specific care groups. Under these Strategies, Boards have the freedom to set their own training priorities, in discussion with their local partners. In recognition of the role these Strategies are playing in improving carer identification and support, the Scottish Government is investing £9m over three years to support Boards in the implementation of their Strategies. The Scottish Government is also revising the National Carers Strategy, in partnership with COSLA, later this year. This Strategy will focus on improving support for carers of all care groups, and will be led by two steering groups with representation from all of the National Carers Organisations, including the Princess Royal Trust for Carers.
- I note the concerns raised by the Princess Royal Trust for Carers, Scottish Head Injury Forum and Headway. They all support action to create a new and distinct health and community care category, and I hope I have addressed these points fully. I would also like to reassure you that I will ensure that people with ABI and representative organisations are included in our engagement on the development of important policies that allow people more choice and control over the support they can access, such as self directed support and Independent Living.
- Supporting agencies to plan and deliver services more effectively is one of the roles of the Scottish Government's Joint Improvement Team (JIT), by providing practical support and advice that's specific to local circumstances. You may be aware that the JIT is presently working with NHS greater Glasgow and Clyde and its partners in housing and social care to support them in implementing their ABI strategy, which is available at http://library.nhsggc.org.uk/mediaAssets/library/nhsggc_strategic_framework_gcabi_2005-2014.pdf.

One of the core principles underpinning MCNs is that they use a documented evidence base such as SIGN guidelines. The ABI National MCN is therefore an important vehicle for implementation of the SIGN guideline. You will also be aware that NHS QIS has developed standards for neurological conditions which went out for consultation last November. They cover 5 specific conditions, but also include generic standards which are very relevant to ABI in addressing the early part of the patient journey, and the quality of the patient experience.

Collectively, I believe the activities I have outlined will lead to more uniform service provision for people with ABI across Scotland. I will however emphasise that local agencies have a responsibility to deliver services that meet the needs of their local population.

I hope this information is helpful.

Best wishes
Shona

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