

**PE1179/Z**

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## **PETITION PE1179 ON ACQUIRED BRAIN INJURY (ABI)**

Dear Alison

Thank you for your letter of 14 December 2011, requesting an update for the Public Petitions Committee on the work under way to support people living with Acquired Brain Injury (ABI). The Committee:

- has asked for an update on the progress of the development of the Managed Clinical Network from a 'clinical' network to a 'care' network;
- draws Scottish Government's attention to the comments made by John Wilson during the latest discussion on the petition that *"There is genuine concern that, although it is fine for the Government to say that social work departments and health boards should have all those services in place, the reality, and the petitioner's experience, is that the support is not there"* and seeks our views on this point; and,
- invites Scottish Government to respond to the other issues raised in the petitioner's submission of 17 November 2011 ([PE1179/Y](#)).

an update on each of these points follows.

### **The progress of the development of the Managed Clinical Network from a 'clinical' network to a 'care' network**

Our view remains that the work of the ABI Managed Clinical Network (ABI MCN) is the best vehicle for addressing the petitioner's concerns, as well as offering an effective mechanism for BrainIAC's involvement in the future development of services.

The ABI MCN has made good progress with helping to make sure that people living with ABI, their families and carers, receive the care and support that they need. In the first three years of its existence the ABI network has concentrated on defining the scale of the problem and mapping the services currently involved. It was also involved in a standard setting exercise defining a reasonable baseline of adequate care that patients in Scotland might

expect to receive. It also began an awareness campaign with a range of activities including public meetings and website development.

In the course of the second three year cycle, the Network's emphasis has been to try to translate this exercise into actual definable changes in patient care. There are three main strands to this activity; standards implementation, data management and education. A detailed update on all three areas was provided to the Committee in time for its consideration of the petition on November and we are pleased that the petitioner acknowledges that the ABI MCN is in the process of making improvements which should feed through into the provision of better clinical care for people living with who ABI.

Should the Committee wish more information on the Network's progress, its mid-year report is available at : [www.sabin.scot.nhs.uk](http://www.sabin.scot.nhs.uk)

Work that is looking at the MCN evolving from a 'clinical' network into a 'care' network is also under way which will help recognise the long term social care needs for people with ABI. This work is at an early stage however, the ABI MCN envisage that it will include:.

- supporting the ABI MCN to develop the service standards;
- mapping existing services;
- develop pathways between health and social care services;
- scoping current recording systems and reporting systems with community services; and,
- engagement of those who use the services

The ABI has set up a sub-group to take this work forward over the next 2 years.

**John Wilson's comment that *"There is genuine concern that, although it is fine for the Government to say that social work departments and health boards should have all those services in place, the reality, and the petitioner's experience, is that the support is not there"***

It is expected that the work of the ABI subgroup outlined above will in time, help to address this point. The ABI subgroup also intends to write to all Directors of Social work asking who carries out social care assessments in their Council/Health Board Area, to inform this work.

However, Scottish Government wishes to see better integration of health and social care for people living with all long term conditions, including ABI. We have been testing different approaches over the past two years and are committed to an effectively integrated health and social care system across Scotland.

Good progress is being made. A series of engagement sessions, with a wide range of stakeholders, was held over the summer and autumn, providing valuable input to development of plans. Parliament was informed of Scottish Government's proposals in December, and there will be a public consultation in 2012.

The integration agenda will ensure that the current available resources are better used and aligned to support people and focused on their care and support needs. Clinical teams will sit at the heart of planning and delivering local care and support services to ensure that real improvements are made to people's health and care outcomes. It will ensure that more focus is put on preventing emergency admissions, ensuring quicker discharge from hospital and supporting people to stay in their own homes.

**Respond to the other issues raised in the petitioner's submission of 17 November 2011 ([PE1179/Y](#)).**

The ABI MCN is about putting people at the heart of its work. The Network continues to listen to patients and relatives views, gather information about their perceptions and personal experience of care and use that information to further improve care. There remains a clear role for BrainIAC within the ABI MCN, to ensure that it continues to make progress.

I hope the information in this letter, the terms of which have been approved by the Minister for Public Health, will be of assistance to the Committee in its further consideration of the Petition.

Yours sincerely

Craig Bell