

## The health needs of the ex-Service community

### Summary of the Scrutiny Overview Day – 28 June 2010

#### **Background - The scrutiny review**

The scrutiny review is a joint exercise of the health overview and scrutiny committees of all twelve local authorities in North East England, namely:

Darlington, Durham, Gateshead, Hartlepool, Middlesbrough, Newcastle, North Tyneside, Northumberland, Redcar and Cleveland, Stockton-on-Tees, South Tyneside and Sunderland

Health overview and scrutiny committees are groups of local councillors with powers to inquire into, and make recommendations about, matters of local priority.

The health of ex-service personnel and their families is a national priority, as set out in the Command paper **The Nation's Commitment**. It is a matter of particular interest to the North East, where a larger-than-average share of the ex-service community live.

The review aims to address the possible inequalities in health experienced by the ex-service community by:

- improving understanding of the health needs and experiences of the ex-service community, compared with the general population
- looking into how a wide range of statutory and voluntary organisations help to meet those needs, and how that can be improved.

## The Overview Day

The programme for the Overview Day is set out in Appendix 1.

The event was Chaired by Councillor Robin Todd from Durham County Council and hosted by Shaun Gordon from the Centre for Public Scrutiny.

Speakers included:

Shaun Gordon	Expert Adviser, Centre for Public Scrutiny
Steve Flanagan	Scrutiny Officer, Newcastle upon Tyne City Council
Caroline Fox	Surgeon General's Department Cross-Government Lead (Health), Ministry of Defence
Sir Andrew Cash	Co-Chair, Ministry of Defence / UK Department of Health Partnership Board and Chief Executive, Sheffield Teaching Hospitals NHS Foundation Trust
Major Johnny Lighten	5 <sup>th</sup> Battalion Royal Regiment of Fusiliers, Territorial Army
Major Andrew Philpott	Chief of Staff, 15 (North East) Brigade at HM Forces
Warrant Officer Ian Tervit	Royal Air Force
Flight Sergeant Danny Downs	Royal Air Force
Heather Nicolson	The Career Transition Partnership
Andrew Drake MBE	Royal British Legion
Stephen Groves	Strategic Head of Emergency Preparedness, NHS North East
Rachael Shimmin	Corporate Director, Adults, Wellbeing and Health, Durham County Council

Detailed presentations made by these speakers, where available, may be found in Appendix 2.

Fifty-six people attended the Overview Day, including twenty-two scrutiny members, fourteen scrutiny support staff, and twenty guests from a range of health, social care and third sector organisations. Of these twenty guests, eleven contributed presentations during the day. All twelve councils across the North East of England region were represented. Attendees are listed in Appendix 3.

Tyne Tees television broadcast a news story on Monday 28 June covering the event, watch on ITV player at: <http://www.itv.com/tynetees/veteran-care61082/>. The Northern Echo also published a news article, which may be read at: [http://www.thenorthernecho.co.uk/news/8244003.Call\\_for\\_helpline\\_to\\_supp](http://www.thenorthernecho.co.uk/news/8244003.Call_for_helpline_to_supp).

## Summary of presentations, including Qs+As

### Morning session

#### Councillor Robin Todd, Shaun Gordon, Steve Flanagan, Caroline Fox and Sir Andrew Cash

Councillor Todd welcomed members and representatives from health, social care and third sector organisations to Durham, for what would be the start of an important regionwide scrutiny review, involving all 12 local councils across the region.

Shaun Gordon's presentation summarised the aims and objectives of the ex-Service community health scrutiny and set out the project's methodology for carrying out the review. Shaun also shared some information about the role of the Centre for Public Scrutiny and its' role in the review.

Steve Flanagan shared some quantitative data relating to the ex-Service community population gathered through research, including information on population numbers, nationally and in the North-East region, and the health experiences and needs of the ex-Service community by age, and made comparisons with a general population. Steve also identified key aspects of physical health and mental health, and set out some of the social and economic wellbeing issues facing members of the ex-Service community. Steve also reflected on the nation's responsibilities for the welfare of the Service and ex-Service communities referred to in the Military Covenant and identified the recent revision to the NHS Operating Framework in England for 2010/11 relating to military veterans.

Caroline Fox's presentation focused on *Improving Joined Up Care for Veterans and Injured Service Personnel Across the UK*. Caroline explained the context of the Defence Medical Services, and how they are set up to support UK Armed Forces worldwide operations. Caroline used a series of maps to illustrate the location of medical services across the UK, and identified five MoD Hospital Units, including a centre at Northallerton in North Yorkshire, the closest Unit to the North East region. The MoD also has contracts with Hospital Trusts in Newcastle and Darlington, as well as thirty other NHS Hospital Trusts. Caroline also stressed the importance of the Government Service Personnel Command Paper.

(<http://www.mod.uk/DefenceInternet/AboutDefence/WhatWeDo/Personnel/Welfare/SCP/PCP/>). The Command Paper is underpinned by two important principles. First, it is designed to end any disadvantage that armed service imposes on servicemen and servicewomen, their families and veterans. It specifically seeks to counter the difficulties that follow from being required to move around the country or the world, and identifies those areas where special treatment is needed to achieve this. Second, the Paper sets out how the Government can better support and recognise those who have been wounded in the service of their country. Caroline identified some specific examples of support such as the continuation of the Military Ward in Birmingham, prosthetic limb provision, improving information on veterans' health needs and the roll out of community mental health programmes following pilot schemes. For example, in relation to prosthetic limb provision, Caroline commented that people need the same level of support for when they are 'in Service' and when they move to being 'ex-Service' – indeed, the transition should be seamless. Caroline also

explained the Army Recovery Capability plan, which seeks to achieve a balance between those who would benefit from remaining with their 'parent unit' and those who would be better supported elsewhere. Servicemen and servicewomen will have 'individual recovery plans', focusing on what they can do, rather than what they cannot do. For those who leave the Service, there will be some emphasis to achieve a smooth transition from military support towards re-entering civilian life, and in relation to health, for example, having services provided by the NHS, local authorities and third sector organisations. There are challenges within this process, which includes a 2-year post discharge follow-up period, including developing an understanding of the differing cultures, that of military life against civilian life. It may be that ex-Service personnel do not know their 'rights', or receive the services they are entitled to, and do public services try to find out if this is so or not? Plans are in place to have one of four Personnel Recovery Centres located at Catt Erick Barracks by April 2012. Finally, Caroline put forward a challenge to regional public services, "*Are you services sufficiently responsive to the needs of veterans and their dependents?*"

Sir Andrew Cash's presentation, like Caroline's, focused on a national perspective, with some local knowledge. He emphasised that his role as Co-Chair of the MoD / UK DH Partnership Board is about moving the focus on from policy and strategy to delivery on the ground. Sir Andrew confirmed that approximately 10% of recruits come from the North East of England region, and that many join the Army. Sir Andrew also noted that 18,000 personnel leave the Services each year, the majority "fit and well". Sir Andrew also reaffirmed the Government's priority to veterans' health issues in the 2010/11 NHS Operating Framework, and explained some of the activities taking place which underpin that commitment. Sir Andrew confirmed that formal guidance (the NHS Armed Forces Handbook) will be given to NHS organisations during summer 2010, and that regional Armed Forces Forums are being established with formal links through strategic health authorities to the Department of Health and Ministry of Defence. NHS North East will identify a lead executive director to participate in the North East forum, supported by a Chief Executive from a North East located primary care trust or hospital trust. Sir Andrew also added that the Department of Health and Ministry of Defence are working with the Royal College of General Practitioners to produce an eLearning package for GPs in relation to managing veterans' health needs. The Department of Health's Military Health Programme also recognises the importance of the transition from military life to civilian life, and work is underway involving a range of organisations and representative groups, including the Association of the Directors of Adult Social Services. Initiatives include the direct transfer of medical records to GPs and the identification of veterans in primary care settings, with guidance being provided to GPs for clinical coding, and a proposal for wider identification to support research and commissioning. A key issue is "*What are the complications that may present a barrier to the transfer of care between military health services, when a person is in-service, to primary care health services, when a person is ex-Service?*" Sir Andrew also drew attention to initiatives to improve health outcomes, relating to mental health and prosthetics and priority treatment. The Tees, Esk and Wear Valleys NHS Foundation Trust has been involved in a national community mental health pilot scheme, and achieved a Care of Veterans Award at the 2009 Military and Civilian Partnership Awards event. Sir Andrew stressed the need to co-ordinate mental health services, for those in-Service, for reservists and for veterans, through coherent care

pathways. In relation to prosthetic limbs, Sir Andrew commented on that the success of the Headley Court rehabilitation regime means that the majority of personnel who have lost limbs are highly mobile and require specialist limbs. Veterans can expect priority treatment for Service-related injuries, subject to the clinical needs of others. Finally, Sir Andrew suggested that there is much that local public services can do, including nominating an Armed Forces lead for their organisation, supporting the NHS North East Armed Forces Network and taking part in the NE Armed Forces Forum. It will also be important for local authorities to support the transition process between health and social care, particularly so since military culture is about people having things done for them, rather than having the skills to go out and find out what is available. Sir Andrew also suggested that veterans be identified as a target population in local authority strategic planning processes, such as social exclusion, homelessness and offending.

#### Morning session – Qs+As and comments from the floor

Q. Councillor Veronica Dunn, from Newcastle upon Tyne City Council, asked about segmentation between in-Service and ex-Service personnel and reservists.

A. Sir Andrew confirmed that the 18,000 personnel who leave the Services each year do not include reservists. Sir Andrew also agreed that approaches to support the needs of the –ex-Service community need to be cognisant of the importance of transition between military and civilian life, that that reservists too need to be included in this pathway.

Q. Ann Cains, from Stockton-on-Tees Council, asked if there is a differentiation between meeting the health needs of the officer corps against those in the ranks.

A. Sir Andrew confirmed that treatment was provided on the basis of clinical need alone.

Q. Councillor Brenda Osborne, from Gateshead Council, asked if there is any data correlating social profiles of new recruits which may be used when they leave the Services, where ex-Services personnel go for mental health support, and if GPs have any data relating to ex-Services personnel.

A. Sir Andrew replied that currently no specific data is gathered relating to the social profile of new recruits which may be used on discharge. In relation to mental health checks, a full assessment is carried out by military health services before someone leaves the Service, followed by a further check one year on. Finally, GPs do not collate data specifically on the ex-Service personnel, though there are plans to provide further support to GPs as shared in the presentation slides.

Comment. Councillor Graham Hall, from Sunderland City Council, commented that he felt that public services had a responsibility to support ex-Service personnel and their families and dependents. He feels that this should be legislated for, and encouraged all local authorities to nominate an Armed Forces champion.

Response. Sir Andrew agreed with the prospect of local authorities having Armed Forces champions.

Comment. Unknown speaker. Too much emphasis was given in Steve Flanagan's presentation on the mental health support needed to address the increased prevalence of suicide amongst young men on discharge, and not enough recognition of those with much longer Service experience.

Response. Steve commented that whilst he recognised the health needs of all ex-Service personnel, the information relating to young people was drawn from recent research reports, and presents a real challenge for health professionals.

Q. Councillor Ian Haszeldine, from Darlington Borough Council commented that when in-Service, healthcare services and costs are provided by the military and when ex-Service, there is a transfer of responsibility from the military to the NHS. Are there any costs to ex-Service personnel arising from the transfer of care to the NHS, and perhaps local councils?

A. Sir Andrew commented that it may be so depending on the circumstances, but it was a Government policy matter. Shaun added that it may be an area for one of the Scrutiny Review work stream working groups to follow up, perhaps in relation to social care costs.

## Afternoon session

Major Johnny Lighten and Major Andrew Philpott (the Army's perspective), Warrant Officer Ian Tervit and Flight Sergeant Danny Downs (the RAF's perspective), Health Nicolson, Andrew Drake MBE, Stephen Groves and Rachael Shimmin

Majors Light and Philpott identified that there are over 40,000 serving personnel across the North East region (which includes Yorkshire and the Humber region), though this figure does not include veterans. Each year, about 1500 service leavers are managed through the Catterick Infantry Training Centre and through the Army Foundation College in Harrogate. Some of these are not suited to Army life, and may not have active experience but are still considered Service leavers. Some are vulnerable and may be in need of further health support services when in civilian life. Major Lighten emphasised that different pathways are needed for different people.

Flight Sergeant Danny Downs and Warrant Officer Ian Tervit explained the discharge process relating to health and social care issues, and the transition to civilian life for ex-RAF personnel in the North East of England. Warrant Officer Tervit, who is the Practice Manager at RAF Leeming, explained that the Military's Department of Community Mental Health located in Tidworth, in Wiltshire, is responsible for the transfer of patient information to NHS organisations.

Heather Nicolson is the Regional Manager at the Resettlement Centre at Catterick which is part of the Career Transition Partnership (CTP). Heather's presentation explained that the Partnership is the outcome of a partnering agreement between the Ministry of Defence and Right Management, in union with the Regular Forces Employment Association and the Officers Association. The Partnership provides transition services to all eligible ranks of the Armed Forces. Indeed, the Catterick centre has achieved Centre of Excellence status for Health and Safety courses. Heather shares some data relating to users of the CTP's services, which are segmented as those with less than 4 years Service, those with 4 to 6 years Service and those with more than 6 years Service. Each of these different groups will have different needs, and so access difference services. Heather also set out how the Partnership provides resettlement training and job finding assistance. She emphasised that there is no charge for this service to potential employers. Heather produced some figures and graphs illustrating that over 5600 Service leavers have expressed an interest in resettling in the North East region over the last two years and how most people who are eligible for CTP support take it up. Heather also commented that a National Audit Office report, *Leaving the Services*, published in July 2007, identified that the UK is at the forefront of providing tailored, professional help to military personnel as they leave. The report may be accessed at:

[http://www.nao.org.uk/publications/0607/leaving\\_the\\_services.aspx](http://www.nao.org.uk/publications/0607/leaving_the_services.aspx)

Andrew Drake MBE is the County Manager for the North East Royal British Legion. Andrew shared some national and local information in his presentation, and also set out some data relating to contacts the Royal British Legion has in the North East of England, by age, by residence (i.e. type of accommodation), by need for benefit assistance, by need for grants support and by employment training needs. For example, nearly 50% of all contacts live in local authority housing, one-quarter are 'owner-occupiers', and 9% and 8% are in private rental accommodation or homeless

respectively. 15 ex-Service personnel (1%) are in prison. Note that nationally about 25% of the ex-Service community live in local authority accommodation. Andrew is also aware that the Legion does not reach all people in need across the region. Furthermore, Andrew shared useful information relation to how the Legion allocates grants by area of need, for example, during 2008/09, 20% of grants in the North East were allocated towards the purchase of household goods. 20% was also allocated to meeting priority debts. Andrew identified some challenges for the North East community, such as the need to identify all veterans and communicate with them effectively about how they may access support services. Andrew feels that support services may be better co-ordinated. Andrew recognises the need for local community champions, and reflects that while the Legion can provide generalist support, there is also a need for ex-Service personnel to access specialist support.

Stephen Groves of NHS North East took forward some of the relevant change to the NHS Operating Framework and set out a timeline for how local NHS organisations are responding to the increasing importance of the NHS in shaping better health outcomes for the ex-Service community. Stephen invited scrutiny members to join NHS North East at a regionwide event on 29 September which will bring together key personnel involved in commissioning and providing health and social care services. (Note; The Scrutiny Review Project Board will seek out further information about the event and identify the best way for the scrutiny review to engage with it).

Rachael Shimmin of Durham County Council shared some statistics relating to the prevalence of members of the ex-Service community, with a national and regional perspective. Rachael noted that 31% of the ex-Service community live alone compared to 19% of adults in a UK population. This means that the needs of the ex-Service community may be different than a general population. Rachael commented that adult social care services are available to ex-Service personnel, such as for people with physical difficulties, for people with sensory difficulties and for people with substance misuse issues, though acknowledges that some may not know of the existence of such support services. In fact, further to an enquiry from a Councillor during the morning session, it may be that some in the ex-Service community will be eligible for the provision of adult social care? Rachael also identified a connection the existence of Post Traumatic Stress Disorder and a pathway into the criminal justice system, and that the most common crime relates to domestic abuse. Rachael also noted the prevalence of drug and alcohol misuse across the region. Rachael's presentation also recognised the issues facing veterans, and the new Coalition Government's approach towards developing adult social care services, including recognising the provision of extra support for veterans' mental health needs. Rachael also set out national and local (in Durham) support that is currently available, including mental health services, general adult care services, such as *Fair Access to Care*, equipment and adaptations and community transport, and other support services, such as welfare rights, access to employment services, adult learning services and housing services. Rachael provided a summary of the ADASS, ADCS and LGA response to the 2009 MoD consultation relating to the Nation's *Commitment to the Armed Forces Community*. The response does not support any additional duties on public bodies to deliver support to the Armed Forces Community but does recognise the benefits of creating a network of local advocates to act as champions for the Armed Forces Community. Finally, Rachael identified a number of areas for consideration, including the provision and accessibility of information, removing the

stigma from seeking help and support and improving local networks between local authorities, Armed Forces and local armed forces support groups. Rachael also recognises the financial pressures mean that the focus will be on those with greatest assessed needs.

Note: The Royal Navy were unable to provide a representative due to a diary conflict with another meeting, but will be engaged with the scrutiny review as it progresses.

Afternoon session – Qs+As and comments from the floor

Q. Councillor Graham Hall, from Sunderland City Council, asked if GPs will be asked to enquire if a new patient is a member of the ex-Service community.

A. Rachael Shimmin replied that though this does not currently happen in terms of the provision of basic level information to a GP, it may be something that scrutiny members may wish to consider and take a view on in terms of its' recommendations.

Q. Councillor Hall also asked about established networks across public services to support the sharing of information with the ex-Service community.

A. Andrew Drake welcomed the suggestion.

Q. Councillor Haszeldine asked about eligibility criteria for access to the services available from the Career Transition Partnership?

A. Heather Nicolson confirmed that the service is available to ex-Service community members regardless of rank, and that there are different levels of provision reflecting different needs.

## **Work stream discussion groups**

Members and guests were invited to join one of three work stream discussion groups, exploring links between the health needs of the ex-Service community and physical health, mental health and social and economic wellbeing. These groups were facilitated by Jon Ord (Middlesbrough Council), Jeremy Brock (Durham County Council) and Angela Frisby (Gateshead Council) respectively. When the scrutiny work stream working groups are established, they will be led by Middlesbrough (Physical Health), Durham (Mental Health) and Gateshead (Social and Economic Wellbeing). Officers from Newcastle upon Tyne City Council will provide overall project leadership. It is expected that the Chair of the Health Scrutiny Project Board will be agreed at the next regional scrutiny network meeting in September 2010.

Detailed information on work stream discussions may be found in Appendix 4.

However, key issues arising from the work stream discussion groups are set out below:

### **Physical Health work stream**

- Access to GP services is important, as will be any services arising from an examination of needs, which may be met through primary care, community care, social care, acute care or mental health care.
- It is important that local clinicians providing care and support to members of the ex-Service community have the necessary skills and knowledge relating to the nature of the physical injury so they can continue the treatment plan.
- Early leavers also need access to health and social care services. Not all veterans are single men, or women, so it is important that families and dependents are also connected into local healthcare services, such as GP access, in civilian life.
- Note: there is a real need for public services to understand the Armed Forces culture, where long service leavers, perhaps someone leaving the Army aged 40 after more than 20 years service, will not have the skills or knowledge to go out and find about services by themselves. Such individuals are used to having the Army sort out access to such services whilst in-Service.

### **Mental Health work stream**

- The need for public services to commission and deliver integrated health and social care services.
- The ex-Service community needs to understand what problems face them in terms of accessing health and social care public services, and identify the barriers they face when trying to access services.
- Research illustrates that early leavers are most vulnerable; can this group be 'flagged up' by the Armed Forces with GPs and local health care providers?

### Social and Economic Wellbeing workstream

- It would be helpful if members of the ex-Service community could access co-ordinated pathways to various public services, depending on their particular needs.
- They may be a significant time gap between discharge and the need to access public services in support of social and economic wellbeing, and it is important for public services to recognise that the availability of information on such services needs to reflect this.
- The design of information about services to enhance social and economic wellbeing should involve members of the ex-Service community. It needs to be available in formats that are appropriate to ex-Service personnel and their families and dependents.

### Conclusion

Councillor Robin Todd of Durham County Council concluded the event reflecting on the breadth and depth of information provided during a very interesting day. Councillor Todd also thanked members and guests for their valuable presentations and contributions, and looked forward to the scrutiny review progressing and making a positive contribution to the health of the ex-Service community.

ENDS

## APPENDIX 1

### REGIONAL SCRUTINY OF HEALTH OF EX-SERVICE COMMUNITY OVERVIEW DAY THE GALA THEATRE, DURHAM, MONDAY 28 JUNE 2010

<b>10</b>	30	Registration Councillors asked to indicate which of the workstream tables they will join (if not indicated in advance)
<b>11</b>	00	<b>Welcomes and introductions</b> Councillor Robin Todd, Chair, Adults Health and Wellbeing Scrutiny Committee, Durham County Council
	05	<b>Summary of the scrutiny project</b> Shaun Gordon, Expert Advisor, Centre for Public Scrutiny
	15	<b>Summary of information already gathered for the scrutiny project</b> Steve Flanagan, scrutiny officer, Newcastle City Council
	30	<b>What is being done nationally</b> Sir Andrew Cash , Co-chair, MoD / UK Departments of Health Partnership Board and Chief Executive, Sheffield Teaching Hospitals NHS Trust
	45	Caroline Fox, Surgeon General's Department Cross-Government Lead (Health), Ministry of Defence
<b>12</b>	00	Sir Andrew Cash & Caroline Fox Q&A
	30	Lunch
<b>01</b>	00	<b>The position in the North East</b>
	00	<b>The Army</b> Major Johnny Lighten, 5th Battalion Royal Regiment of Fusiliers, Territorial Army
	05	<b>The Royal Air Force</b> Warrant Officer Tervit and Flight Sgt Danny Downs, RAF
	10	<b>The Royal Navy</b> To be confirmed – post note: apologies were received

	15	<b>Career Transition Partnership</b> Heather Nicholson, Regional Manager
	25	<b>Royal British Legion</b> Andrew Drake MBE, County Manager
	40	<b>Health &amp; care service commissioners and providers</b> Stephen Groves, NHS North East and Rachael Shimmin, Corporate Director Adults Well-Being & Health, Durham County Council
	55	General Q&A
<b>02</b>	10	comfort break
	15	<b>Group discussions</b> Councillors join workstream tables. Discussion facilitated by workstream lead officers. First session – Regional guests arranged thus: Armed forces on mental health table Ex-service reps on physical health table Service providers on sociological wellbeing table
	30	Regional guests rotate
	35	Second session
	50	Regional guests rotate
	55	Third session
<b>03</b>	10	Open session for final comments and questions
	25	Wind up and conclusions
	30	Tea, coffee and networking

## **APPENDIX 2**

### **PRESENTATIONS**

**Shaun Gordon, Centre for Public Scrutiny**

**Steven Flanagan, Scrutiny Officer, Newcastle upon Tyne City Council**

**Caroline Fox, Surgeon General's Department Cross-Government Lead (Health),  
Ministry of Defence**

**Sir Andrew Cash, Co-chair, MoD / UK Departments of Health Partnership  
Board and Chief Executive, Sheffield Teaching Hospitals NHS Trust**

**Major Johnny Lighten, 5th Battalion Royal Regiment of Fusiliers, Territorial  
Army**

**Heather Nicholson, Regional Manager, Career Transition Partnership**

**Andrew Drake CBE, Royal British Legion**

**Stephen Groves, NHS North East**

## APPENDIX 3

### OVERVIEW DAY, 28 JUNE 2010 - LIST OF ATTENDEES

#### In attendance

Cllr Ian Haszeldine	Darlington
Cllr Wendy Newall	Darlington
Abbie Metcalfe	Darlington
Cllr Robin Todd	Durham
Cllr Jean Chaplow	Durham
Cllr David Farry	Durham
Jeremy Brock	Durham
Feisal Jassat	Durham
Cllr Stuart Green	Gateshead
Angela Frisby	Gateshead
Cllr Mary Fleet	Hartlepool
Cllr Sheila Griffin	Hartlepool
James Walsh	Hartlepool
Jon Ord	Middlesbrough
Cllr Veronica Dunn	Newcastle
Cllr Lawrence Hunter	Newcastle
Cllr Doreen Huddart	Newcastle
June Hunter	Newcastle
Steve Flanagan	Newcastle
Cllr Barbara Stevens	North Tyneside
Cllr Margaret Finley	North Tyneside
Dave Parkin	North Tyneside
Cllr Margaret Richards	Northumberland
Cllr Terry Robson	Northumberland
Jackie Roll	Northumberland
Cllr Wendy Wall	Redcar & Cleveland
Cllr Steve Kay	Redcar & Cleveland
Cllr John McCabe	South Tyneside
Paul Baldasera	South Tyneside
Cllr Ann Cains	Stockton
Cllr Julia Cherrett	Stockton
Cllr Aidan Cockerill	Stockton
Peter Mennear	Stockton
Anthony Duffy	Stockton

Cllr Graham Hall	Sunderland
Karen Brown	Sunderland
Catherine Parker	NHS County Durham and Darlington Public Health Specialist
Dave Britton	Regional MH Commissioning Team
Lynn Wilson	Regional MH Commissioning Team
Symon day	TEWV NHS Trust Veterans Mental Health Project lead clinician
Les Pickering	Northumberland Care Trust
Michelle Turnbull	NHS South of Tyne and Wear
Philip Whitfield	Assistant Director Strategic Intelligence Stockton PCT
Ken Ross	NHS County Durham and Darlington Public Health Specialists
Tony Walsh	Public Health Specialist
Sir Andrew Cash	Co-chair MoD/UK Departments of Health Partnership Board
Caroline Fox	Surgeon General's Department Cross-Government Lead (Health) Ministry of Defence
Major Johnny Lighten	5 <sup>th</sup> Battalion Royal Regiment of Fusiliers, Territorial Army
W/O Ian Tervit	RAF
Flight Sgt Danny Downs	RAF
Andrew Drake MBE	Royal British Legion
Stephen Groves	NHS North East
Rachael Shimmin	Corporate Director Adults Well-Being & Health Durham County Council
Shaun Gordon	Expert Advisor, Centre for Public Scrutiny
Dave Rutter	Department of Health Military Health
Rob Moorhead	Department of Health Military Health
Heather Nicholson	Regional Manger, Career Transition Partnership

## **APPENDIX 4**

### **Social and Economic Wellbeing work stream post presentations discussions**

#### **Objectives**

The workstream would seek to look at the following issues:

- Effective communication and awareness
- Relationship between the veteran community and housing, employment and skills
- Wider health needs of veteran community
- What progress regionally/nationally? Including against the Command Paper commitments.
- Potential for supporting delivery
- Unified approach between local authorities and third sector
- Barriers

Work could include looking at good practice and site visits as appropriate.

#### **Discussion**

- Need co-ordinated pathways with effective links and communications
- Distinct lack of knowledge of the services available, as there are many resources available but many of the ex-service are unaware, concluding therefore that there is a definite need for awareness raising as the services are actually available.
- There is no joined up approach in terms of the information provided to ex-servicemen. This makes it difficult to identify problems and solutions.
- Should be some responsibility placed on the Armed Forces for 'tapping' into services that are already established.
- A number of smaller VCS organisations are starting to provide niche services for veterans but there is no overall co-ordination.
- More responsibility should be placed on the statutory sector, specifically Local Authorities (LA). A focal point should be publicised, with LAs establishing a system of finding out who the veterans are as we know very little about ex-servicemen needs and consequently do not know the location of the ex-service community. For eg, to include and measure sections on applications to the council ie. housing benefit apps, homeless apps, and any other apps. Pack to be given/sent out to each applicant with information on services available contained? This information should then be collated. Common areas could then potentially be identified.
- As service leavers sometimes develop problems later, it is important that a focal point is established so that ex-servicemen can access services at any time after leaving the services as contacts/contact numbers/agencies change names,

addresses and contact numbers over time. These contacts should be localised and certainly not national with ideas being focussed on having a member as an Armed Forces champion to progress the services or an LA officer to be an Armed Forces champion to provide up to date info/advice.

- There was some discussion as to how a helpline or other central contact point could be managed, and whether it should be on a national basis.
- The Service Personnel and Veterans Agency (SPVA) is good in many respects but there needs to be greater local focus. Many people prefer to go to local services, and many people prefer to access these in person, so a helpline approach may not be appropriate for all.
- There is a need to ensure that there is equality of access to services, across the lifestages of veterans, and their status when in the armed forces (ie., whether officers or other ranks).