Final

NORTH EAST JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

REGIONAL REVIEW
OF THE
HEALTH OF THE EX-SERVICE COMMUNITY

REPORT

Contents

Additional reports, by the three workstream groups which conducted the review consider in more detail:

- **Physical Health**
- **Social and Economic Wellbeing**
- **Mental Health**

Foreword

This scrutiny review, which examines the health needs of the ex-service community and their families, represents the culmination of a year of intensive work by the members and officers of the North East Joint Health Overview and Scrutiny Committee working in close partnership with a wide range of individuals and agencies.

In recent years, people have begun to talk about a “military covenant”, but the idea is much older: the members of our armed services put their lives on the line for us, and put special demands on their families and dependents. We must not let them down.

Making sure that the ex-service community does not suffer disadvantage because of the particular experiences of its members requires a lot of detailed thought to support that simple idea. This report represents an attempt by local Councillors across the North East region to supply some of that thought.

This is the first time that Councillors from all the local authorities in the North East have come together in this way, and I would like to thank all my colleagues who have worked so smoothly together in the common interests of our residents. I would also like to thank the huge range of individuals and organisations, military and civil, public and voluntary, who have so thoughtfully and enthusiastically helped us with evidence, ideas and support.

Sometimes scrutiny work raises confusion, even hostility from those who think they might appear badly under the spotlight. But I don’t believe that I have ever seen such a universally positive and enthusiastic response to a review as to this one.

This report is a collaborative effort, and collaborative effort is what is most needed to make the changes which will support our soldiers, sailors, airmen and their families both now and in the future.

We do not intend to let this report sit on the shelf, but will be working actively with all our partners to ensure that real good comes of the recommendations they have helped us to make.

Although our task initially looked very daunting, the importance of the subject, and the quality of the advice and support we received, has resulted we hope in proposals that can make a genuine difference. It is with great pleasure that I commend this report to you.

Councillor Ann Cains
Chair, North East Regional Joint Health Overview and Scrutiny Committee

Summary

The importance of the wellbeing and health of the ex-service community

1. Roughly one person in twelve in the UK is a member of the ex-service community: either a veteran of the armed forces or a carer, dependant or close family member of a veteran. A systematic attempt to understand the effects on the health and wellbeing of the ex-service community of their common life experiences is a necessary step towards ensuring that no-one suffers disadvantage as a result of their service. But in the past, this has not happened.

2. This is changing. This scrutiny review was prompted in part by the publication of the command paper The Nation's Commitment in 2008. While the review was being undertaken, an increased commitment to understanding and adapting to ex-service needs has been demonstrated by the creation of Armed Forces Health Forums in every NHS region, by the government's acceptance of the Murrison report on armed forces mental health, and by the publication of the report by the Task Force on the Military Covenant, among many other developments. We hope that our report will make a further substantial contribution.

North East England health overview and scrutiny

3. All twelve local authorities in the North of England have Health Overview and Scrutiny Committees, made up of Councillors who are not part of the decision-making structures of their Councils, to provide an independent view of the health and wellbeing needs of their residents and of the services provided for them.

4. The twelve committees have a long history of close co-operation across local authorities and in sub-regional groups. They have now formed a single regional Joint Health Overview and Scrutiny Committee, in recognition of the common interests of citizens across the North East. This is the first published report of that Joint Committee.

The Centre for Public Scrutiny Health Inequalities Programme

5. The review has been supported by the Centre for Public Scrutiny, which has provided support, advice and funding through its Health Inequalities programme, having nominated the North East as a Scrutiny Development

Area in January 2010. The Centre will help to make sure that what we have learned from this review is spread across England and Wales.

Aims and purpose of the review

6. The review set out to establish the extent of the available local and regional information about:
    - the health needs and access to services of the ex-Service communities compared with civilians of similar socio-economic backgrounds;
    - the different needs of the ex-Service communities, including, for example, looking at older and younger veterans, veterans of different conflicts; veterans of different Services and the families of those groups, specifically addressing socio-economic wellbeing as well as physical and mental health;
    - the extent to which ex-Service communities are able to access to services and support (including pyscho-social support), access to employment and training, drug and alcohol misuse, family breakdown, housing difficulties and involvement with the criminal justice system;
    - good and bad practice across the region, including specific issues such as priority access to NHS treatment for veterans, but also more generally in terms of the quality of communications between agencies and partnership working and the resulting support for ex-Service communities.
    - what awareness veterans and their families have about the services that are available to them

Organisation of the review

9 The review was responsible to a project board, which was also the standing Joint Health Overview and Scrutiny Committee, made up of the chairs of the committees in each of the twelve local authorities, or their deputies.

10 The review was formally launched with an overview day on 28 June 2010, in which all participating Councillors were able to hear from, and talk to, key stakeholders including the co-Chair of the joint Ministry of Defence/Department of Health Partnership Board and the Surgeon-General's Cross-Government Health Lead, as well as representatives of the armed forces, the Royal British Legion, the regional Strategic Health Authority, one of the Directors of Adult Services in the North East, and the Career Transition Partnership. Councillors then split into three "workstreams", one each dealing with the physical health of the ex-service community, with mental health, and with social and economic wellbeing. Separate reports are being published by each workstream. This report draws together common conclusions.

11 Each workstream was supported by scrutiny officers from four local authorities. The lead officers from each workstream formed a Project Support Group, together with officers from the lead local authority for the review as a whole, which helped to co-ordinate activity.

12 Methods used included presentations, round table discussions, face-to-face interviews, focus groups, questionnaires, reviews of the literature and site visits.

Key participants

13 This review would have been impossible without the enthusiastic co-operation of a wide range of witnesses and contributors from the armed forces, NHS, local government, central government and the community and voluntary sector, as well as ex-service personnel themselves. A full list of those who took part can be found in the acknowledgments on page 84.

Main conclusions

14 The review reached a number of general conclusions, which form the basis of 47 separate recommendations. These include:

- improved ways of identifying the ex-service community (see recommendations 1-4);
- proposals for better communication and sharing of information and more joined up work (see recommendations 5, 21-22, 24-26, 27-29, 37 and 39);
- suggestions for further qualitative research into the needs of the ex-service community (see recommendations 6 and 7);
- approaches to improving health and wellbeing which address wider determinants than the commissioning of health and social care services (see recommendations 8-13, 32 and 36), including improving the take-up of low-cost housing products by the ex-service community (recommendation 33);
- ways to address the need to raise awareness amongst local authorities and other partner organisations, employers and service providers of the very specific needs of the ex-service community (recommendations 17-19, 38 and 40);
- and also ways to address the need to raise the level of awareness within the ex-service community about the wide range of support currently available (recommendations 14-16 and 20);

- on the evidence we have examined, we believe that there is a need for the establishment of a formal network, connecting the voluntary sector, local authorities, the NHS, the Armed Forces and others (recommendations 23 and 42);
- strengthening support for personnel leaving the services, by going beyond signposting for more vulnerable service leavers (recommendations 30, 31 and 49);
- implementing the recommendations of the Murrison report on mental health should be complemented by other steps be taken within the region (recommendations 44-48).

Recommendations

15 We make a number of detailed recommendations below. The Action Plan on page 38 divides these up among those we hope will agree to take them forward. The Joint Health Overview and Scrutiny Committee will examine at regular intervals how far these recommendations have been taken forward and what effect they are having.

Promoting effective communication and co-ordination across agencies, providers and the third sector

Information

Recommendation 1: that local authorities across the region consider what might be the costs, benefits and best methods of collecting in future information about members of the Armed Forces 'soon to leave', their likely destination and the demands that will place on localities.

Recommendation 2: that local authority services should actively ask the question of those they provide services for: 'have you served in the UK Armed Forces?

Recommendation 3: that all organisations providing (or potentially providing) services for ex-service community should encourage veterans to voluntarily identify themselves by asking 'have you served in the UK Armed forces?'

Recommendation 4: that HM Government should consider the potential for an individual's NHS or National Insurance number to be used to identify their veteran status to improve identification of needs and services that may be available. This might be considered alongside the proposal by the Task Force on the Military Covenant for the creation of Veterans' Cards.

Recommendation 5: that formal information sharing protocols and arrangements are established between the armed forces and local authorities across the NE

region. This will enable local authorities to properly assess and plan to meet the needs of the ex-service community as a specific group.

Recommendation 6: local authorities in the North East should consider dedicating a chapter in their Joint Strategic Needs Assessments to vulnerable service leavers and their needs and identifying as a target population the ex service community within their strategic planning processes in relation to social exclusion, anti-poverty, homelessness and offending.

Recommendation 7: that local authorities across the region take research forward as part of the development of Joint Strategic Needs Assessments across the region, and that the North East Public Health Observatory should also consider what data and research support it can provide.

Recommendation 8: that local authorities across the North East request the NE National Housing Federation to carry out a mapping exercise to quantify current provision of ex - service community housing provided by their members and analyse best practice both nationally and within the North East.

Recommendation 9: that the North East Housing Federation works closely with NE local authorities to help plan future provision.

Recommendation 10: that the armed forces and the Career Transition Partnership work more closely with local authorities across the region and provide them with an assessment of the likely level of demand and need for employment and skills related services in order to inform future economic and financial inclusion strategies and future provision.

Recommendation 11: that prison and probation services be encouraged undertake more detailed work on the needs and nature of offending veterans.

Recommendation 12: that prison and probation services should consider how to make available more ‘signposting’ to veteran’s charities of offenders subject to short sentences.

Recommendation 13**:** that prisons, probation trusts and other partners in the statutory and voluntary sectors promote the sharing of best practice and information (data and needs analysis).

Awareness

Recommendation 14: As some sections of the ex-service community are vulnerable and hard to reach it is recommended that local authorities work with third sector bodies which provide an outreach service (such as ex-service charities and Norcare) to raise awareness and improve access to available support mechanisms.

Recommendation 15: that all agencies should make use of and promote local directories of services provided by the voluntary and community sector and statutory provision for those seeking help and for those making referrals, such as the web-based directory provided by Veterans North-East and Finchale College Durham.

Recommendation 16: that North East local authorities examine opportunities for using digital media to improve communication with the ex-service community and raise awareness of available support mechanisms.

Recommendation 17: that the North East National Housing Federation is requested on behalf of local authorities across the region to carry out work with Registered Social Landlords to raise awareness of the housing needs of the ex-service community.

Recommendation 18: that an awareness raising campaign is carried out amongst staff throughout the Tyne and Wear and Tees Valley Unlimited City Regions regarding the importance of asking whether individuals are ex-service to ensure that they can be appropriately referred on to Job Centre Plus and receive their entitlement to early access to New Deal Programmes.

Recommendation 19: PCTs should begin conversations now with the embryonic GP Commissioning Consortia regarding the merits of commissioning for ex-service community. PCTs and Consortia should report back to Members how the needs of the ex-service community are going to influence commissioning strategy during the transitional period and when Consortia have formally taken control of Commissioning budgets.

Improving responsiveness within organisations

Recommendation 20:that local authorities and other key partner organisations across the region should consider identifying a senior figure who can act as a champion for the ex-service community and establishing a central point of contact in each local authority area or sub - region to assist when members of the community experience difficulties. Examples of possible approaches include:

a. Within local authorities, a Member Armed Forces Champion to drive improvements in services for service veterans.

b. Within local authorities, a named senior officer to assist the ex-service community and act as a facilitator and conduit in dealings with Councils and beyond.

c. Within Primary Care Trusts, named senior staff to act as Case officers/co-ordinators in PCTs to act on behalf of the ex-service community whilst assistance is required, and to consider how best to

pass these responsibilities forward to GP consortia and local Health and Wellbeing Boards.

Improving co-ordination across organisations

Recommendation 21: that the Association of North East Councils should be asked to explore with the NHS, the armed forces and other partners across the region how stronger networking within and between existing groups may be taken forward. This should include consideration of joined-up planning and performance monitoring.

Recommendation 22: that local authorities should consider how to bring together voluntary organisations large and small with a specific interest in the welfare of the ex-service community, in the light of the Government's response to the Task Force on the Military Covenant.

Recommendation 23: We strongly recommend that local authorities across the region should explore options for establishing and publicising a central point of contact telephone number - to increase the chances of people getting the help they need and to provide a consistent standard of contact across the region. Ex-service charities, Citizens Advice Bureau operating in the region, the Career Transition Partnership and Job Centre Plus have all indicated that this would be likely to prove beneficial. The model adopted by Hampshire County Council, in which telephone enquiries from the ex-service community are channeled to a specific staff member, is particularly worth consideration.

Recommendation 24: that the Homes and Communities Agency is requested on behalf of local authorities across the region to consider how it may broker assistance and ensure better co-ordination of work across the region to ensure that services are being directed at the right people, including the ex-service community, and how it might assist with sharing examples of best practice as part of its enabling role and within the local investment planning process undertaken with local authorities.

Recommendation 25: that the positive work being taken forward by Job Centre Plus in the Tees Valley is shared with Armed Forces Champions across the rest of the region with a view to ensuring a consistent approach in supporting the training and employment needs of the ex-service community.

Recommendation 26: Local authorities within the North East should consider the developing a regional veterans charter to establish uniform good practice across the region, possibly through existing regional structures such as the Association of North East Councils (ANEC).

The transition of Armed Forces personnel to civilian services following discharge

Recommendation 27: that the Career Transition partnership continues to work with local authorities and Primary Care Trusts (and successor bodies as PCTs are abolished) to ensure that the Transition Protocol is understood and that specific individuals are mandated appropriately to take on these roles.

Recommendation 28: that local NHS organisations work with military colleagues to ensure that people leaving the services are registered with GPs and dentists before formal discharge, so they have a 'foot in both camps' towards the end of their active service. This would ensure a smoother transition to civilian health services.

Recommendation 29: that the armed forces and the Career Transition Partnership work more closely with local authorities and third sector organisations such as ex service charities, Norcare and Mental Health North East with a view to developing a formal process for referring vulnerable service leavers into specific services.

Recommendation 30: That action is taken[by the Armed Forces] on discharge to ensure that Early Service Leavers are provided with effective advice and 'signposting' in relation to the mental health issues they may experience on discharge from service

Recommendation 31: The effectiveness of improvements to the armed forces resettlement provision for early service leavers should be kept under review by the armed forces to ensure there is effective identification of potential vulnerability issues.

Recommendation 32: local authorities should encourage Strategic Housing Authorities and registered social landlords, where possible, to adopt allocation policies which recognise the needs of the ex-service community.

Ensuring equality of access for Armed Forces Families

Recommendation 33: that the Homes and Communities Agency is requested to examine on behalf of local authorities across the region identifying take-up of low-cost housing products by the ex-service community and whether providers are assisting the ex-service community as well as other parts of the community.

Recommendation 34: that the Homes and Communities Agency is requested to examine opportunities for the ex – service community within any revised funding arrangements as an outcome of the comprehensive spending review.

Recommendation 35: that local authorities across the region examine the scope to provide housing related support for ex - service tenants once a property has been identified.

Veterans' mental health services

Recommendation 36: that the new Health and Wellbeing Boards prioritise veterans' mental health issues, taking a lead in ensuring that on day 1 of discharge into civilian life that services are in place to meet the needs of the ex-service community in relation to both NHS and social care provision.

Recommendation 37: that

a Appropriate training is provided and required by commissioners of NHS services;
b Guidance should also be developed specifically for primary care providers and GPs to:
   i) explain the priority healthcare entitlement;
   ii) encourage them to identify ex-servicemen and women (for example, by asking patients to indicate that they have serviced in the UK Armed Forces);
   iii) explain how they can adapt their systems to accommodate priority treatment for ex-service community; and
   iv) how to accept referrals from ex-service charities, including the Royal British Legion and Combat Stress, but also smaller local organisations who are providing for some of the most marginalised/excluded ex-service personnel.

Recommendation 38: Joint Strategic Needs Assessments should specifically identify the mental health needs of the ex-service community including families and dependants.

Recommendation 39: NHS commissioners must ensure that GP consortia arrangements prioritise the needs of the ex-service community

Recommendation 40: Local authorities and GP Consortia should be actively engaged in joint planning and commissioning of services with the NHS.

Recommendation 41: Local authorities should be actively engaged in the NHS Armed Forces Network and consider how they can take on a leadership role in relation to veterans mental health issues – perhaps linked to the formation of the new Health and Wellbeing Boards.

Recommendation 42: Consideration should be given by central government to the need for some form of accreditation to be available to ex-service charities (particularly the newly emerging charities). How this might best be taken forward

should be considered in the light of the Government's response to the Task Force on the Military Covenant. Local authorities should consider drawing up approved lists of service providers.

Recommendation 43: that voluntary organisations and the NHS promote self-referral routes for ex-service personnel in a wide range of different ways that will help maximise their opportunity to access services.

Recommendation 44: that primary care and acute trusts should take steps to improve awareness of veterans' mental health issues among health workers generally, including appropriate training and supervision.

Recommendation 45: The Tees, Esk and Wear Valleys NHS Foundation Trust and the Department of Health should share widely the learning from the evaluation of the Community Veteran Mental Health Pilot, and particularly with commissioners, providers and the North East Mental Health Development Unit. Learning from the pilot must help to shape future statutory of provision and the linkages with, and support for, the voluntary sector in the context of the Increasing Access to Psychological Therapies programme.

Recommendation 46: Trusts should provide better basic information to veterans with clear diagnoses of Post Traumatic Stress Disorder about their condition.

Recommendation 47: Prison health services need to identify veterans and evaluate needs with a particular focus on mental health and PTSD.

Next steps

This is a large body of recommendations, addressed to a wide range of organisations. We have emphasised the need for co-operation and co-ordination among the many groups with which the ex-service community comes into contact. In keeping with that spirit, we will invite all those to whom we have addressed recommendations to come together to a single event to discuss how to move forward. We are currently planning to hold this event in March 2011.

Thereafter, we will meet to examine progress after six months and after one year. We ask that the organisations involve help us with those assessments.

The review group appreciates that further developments in support for the ex-service community must take place within the overall resource constraints set by the emergency Budget and Comprehensive Spending Review 2010, which affect not only local authorities, the NHS, the armed forces and other public sector bodies, but also community and voluntary groups. However, we believe that

many of our recommendations can be taken forward for little or no cost, or will generate savings through improved efficiency.

Regional Review of the Health of the Ex-Service Community

Main Report

The Health of the Ex-Service Community

16 People who have served in the armed forces, together with their relatives, dependents and carers, make up a large group of the population whose wellbeing and health needs, and relationship with services, have been affected by a significant common experience.

17 Most people leave the armed services healthy, and make a successful transition to civilian life. Their wellbeing and health needs are often best addressed on an individual basis. But evidence suggests that there are distinct patterns which affect ex-service personnel and their dependents (collectively called here "the ex-service community") which make it worthwhile to understand too their needs as a group.

> "We need to improve our information about how veterans' health needs differ from those of the population generally. Most healthcare professionals do not have direct knowledge of the Armed Forces and may not be sensitive to their particular needs. We will look at whether more needs to be done to assess the healthcare needs of veterans. We will raise awareness among healthcare professionals about the needs of veterans so that these needs are met."
>
> ("The Nation's Commitment", Government Command paper, July 2008, Cm 7424)

The national picture

18 There are very few hard facts available. Because the ex-service community has rarely been approached as a group until recently, the state of knowledge about their numbers, location, identity and needs is patchy. A number of our recommendations are therefore about improving the information available to service providers and others. But a very general picture can be drawn.

19 The Royal British Legion's Welfare Needs Research Programme reported in 2006 that:

- The ex-service community in the UK was made up of about 10.5 million people, of whom just under half were veterans themselves. This number was expected to fall to around 8.5 million by 2020.

- The average age of the ex-service community was 63 years, compared with 47 years for the adult population. The number of people in the community aged over 85 was expected to triple over the period to 2020, with a small increase in the number of 16-24 year olds, and a fall in the numbers of those in-between.

- Over half (52%) of the ex-Service community report having a long-term illness or disability, compared with 35% in the general population.

- In the 16-44 age group:
  - the number of mental health disorders among members of the ex-service community was three times that of the UK population of the same age;
  - there was a higher prevalence of musculo-skeletal complaints.

- In the 45-64 age group:
  - members of the ex-service community were more prone to cardio-vascular or respiratory conditions than their peers;
  - both men and women who are economically inactive reported significantly higher levels of ill-health in the ex-service community than in the general population.

- But members of the ex-service community aged 65-75 report less ill health than their peers in the general population, while those aged over 75 reported similar health to everyone else of that age.

20 The Ministry of Defence and the NHS have a partnership board for working on issues surrounding the health and well-being of the armed forces community – that is, including currently serving service personnel and their families, as well as veterans. In 2009, the Board commissioned the Centre for Military Health Research at King's College London to review recent and upcoming research publications. The King's Centre found that:

- Among the 3.8 million ex-Service personnel in England, overall health was broadly comparable to the general population.

- But there were common mental health diagnoses of alcohol problems, depression and anxiety disorders. In particular, those who leave the Services early and young were up to three times more likely to commit suicide than the general population.

21 These factors were identified by King's as increasing the risk of alcohol misuse and/or mental health problems:

- being young;
- being male;
- being in the Army, rather than another branch of service;
- holding a lower rank;
- experiencing childhood adversity;
- being exposed to combat;
- a deployment length over the "Harmony Guidelines" (in the case of the Army, roughly 12 months front-line service over a 3-year period);
- being a Reserve

- having a mental health problem while in Service
- Being an early service leaver.

22 Post-traumatic stress disorder makes up only a minority of cases of mental health disorders. An earlier study by King's found that "personnel who were deployed for 13 months or more in the past three years were more likely to fulfill the criteria for post-traumatic stress disorder". But this effect was substantially less marked than in similar studies of US personnel.

23 DASA (Defence Analytical Services and Advice), a part of the Ministry of Defence, maintains statistics on war disability pensions and the Armed Forces and Reserve Forces Compensation Scheme (AFCS) which replaced war pensions in 2005. These show that:

- 145,525 War Disablement Pensioners and 29,645 War Widows were receiving pensions at 30 September 2010.

- 225 veterans and 390 surviving dependents were receiving Guaranteed Income Payments under the AFCS.

- 8,645 lump sum payments had been made under the AFCS between 1 November 2005 and 30 September 2010.

- The most common injuries resulting in lump sum payments (mostly made to personnel still in the Services) were:
    - musculo-skeletal disorders (41.3%)
    - fractures and dislocations (29.7%)
    - injury, wounds and scarring (13.5%)

  But "injury, wounds and scarring" was the most common reason for the highest payments, accounting for 39.2% of this category.

North East England

24 The picture in any particular part of the country is harder to establish. The Ministry of Defence does not keep central records of where service personnel are recruited, where they go on leaving the services, or where they move to subsequently. Some may be members of veterans' organisations, but not all. The Department of Health has issued new guidance about identifying veterans on medical records, but this remains optional – patients may prefer not to be identified this way. In addition, the definition of "North East England" used by the armed forces includes areas of Yorkshire and Humberside not included in the definitions used by the Department of Health and the Office of National Statistics. The findings in this section of the report are therefore tentative.

25 The Royal British Legion survey of 2006 found that ex-service personnel were spread roughly evenly around the country, implying an ex-service community in North East England of around 500,000.

26 But estimates of recruitment into the armed forces suggest that around 10% come from North East England, while 10-15% of war pension recipients live here. By comparison, the North East only contains 4% of the general population of the UK. This would seem to imply an ex-service community of 1 million or more.

27 A possible explanation of this discrepancy is that the largest age group among the ex-service community is made up of those who served under conscription, in World War 2 and in subsequent National Service. Conscripts came roughly evenly from around the country. The subsequent professional armed forces seem to have recruited disproportionately from the North East of England.

28 According to figures from the Directorate of Resettlement, in the last two years 5620 service leavers indicated a preference to settle in the North East area (covering Humber to the Borders). These comprised 3700 Army, 1100 RAF, and 820 Navy.

29 There are approximately 1500 early service leavers each year from 15 Brigade at Catterick and 40% of these are from the North of England, the majority young, single men who have been part of the infantry. These are over and above the 5620 service leavers . The garrison at Catterick covers the geographical area Hull to Berwick to Carlisle and is the largest training garrison in Europe, with 40,000 regulars, reserves, cadets and dependents. As will be discussed below, early service leavers, with less than 4 years service, may face particular difficulties returning to civilian life.

Commitments to support the wellbeing and health needs of the ex-service community

> "Only on the basis of absolute confidence in the justice and morality of the cause can British soldiers be expected to give their lives for others. This unlimited liability on the part of the individual in turn demands collective responsibility of the nation for the welfare of all servicemen and women, serving and retired, and their dependants."
>
> ("Soldiers: The Military Covenant", Ministry of Defence, 2000, quoted in "Honour the Covenant", Royal British Legion Policy Briefing, September 2007)

30 Members of the ex-service community draw upon the same services and resources as the rest of the population to support their wellbeing and health: the voluntary sector, the National Health Service, local authority social services, housing associations, schools, Job Centre Plus, and so on.

31 There are also a number of groups working specifically with service leavers, ex-service personnel and the broader ex-service community. These include the Career Transition Partnership, which provides a range of support for service personnel moving into civilian life, the Service Personnel and Veterans Agency, and a number of community and voluntary organisations, large and small, that specialise in this field, including the Royal British Legion, the Soldiers, Sailors, Airmen and Families Association (SSAFA), Forces for Good, Combat Stress, Military Mental Health, Resettlement Armed Forces Training (RAFT) and others.

32 In 2008, the then Government published a review of cross-government support to the armed forces, their families and veterans, called "The Nation's Commitment". The report set the "essential starting point" was the principle of "No disadvantage".

> "The essential starting point is that those who serve must not be disadvantaged by what they do – and this will sometimes call for degrees of special treatment."

33 The Nation's Commitment set out, as "enduring principles", that service personnel and their families should have:

- as much lifestyle choice as any other citizen;
- continuity of public services;
- proper return for sacrifice;
- [recognition that] the Armed Forces' constituency matters.

34 The command paper contained a wide range of specific commitments. It also provided a framework for future development. The Ministry of Defence/NHS

Partnership Board, after consulting with stakeholders, proposed the following key themes for 2010:

- Promoting effective communication and coordination across agencies, providers and the third sector.

- The transition of Armed Forces personnel to NHS care following medical discharge

- Ensuring equality of access for Armed Forces families

- Veterans' mental health services

35 These priorities form the structure of the recommendations in this report.

36 The Coalition Government formed in May 2010 issued a new version of the NHS Operating Framework which made these commitments relating to the ex-service community:

- There is a guarantee that all those seriously injured will receive an early and comprehensive assessment of their long term needs before they leave the Armed Forces;

- There should be high quality care for life for those with continuing healthcare needs based on a regular review of their needs overseen by an NHS case manager;

- There is grant funding with Combat Stress (that they are matching) to work directly with mental health trusts to ensure that the services they provide are accessible to and appropriate for military veterans;

- There will be closer NHS links with a full range of third sector partners and charities with extensive experience of working with veterans, to share advice, knowledge and best practice to improve services for veterans;

- There is an entitlement for all veterans who have lost a limb whilst serving in the Armed Forces to receive, where clinically appropriate, the same standard of prosthetic limb from the NHS that they received or would receive today from Defence Medical Services as a result of major technological advances.

- Responsible Directors are to be identified within each Strategic Health Authority, together with Primary Care Trust champions, will be identified to

ensure the needs of the armed forces, their families and Veterans are fully reflected in local plans and service provision; and

- There should be improved transfer of medical records to the NHS on retirement from the armed forces, including greater GP awareness of veteran status of new patients to ensure veterans receive their entitlement to priority treatment for any injuries or illness attributable to their time serving in the Armed Forces.

37 The Government has also accepted the findings of a report by Andrew Murison MD MP, "Fighting Fit: A mental health plan for servicemen and veterans", whose principal recommendations were:

- Incorporation of a structured mental health systems enquiry into existing medical examinations performed whilst serving.
- An uplift in the number of mental health professionals conducting veterans outreach work from Mental Health Trusts in partnership with a leading mental health charity.
- A Veterans Information Service (VIS) to be deployed 12 months after a person leaves the Armed Forces.
- Trial of an online early intervention service for serving personnel and veterans.

38 In December 2010, the Government published the report of a Task Force on the Military Covenant, chaired by Professor Hew Strachan. The Government is considering the Task Force's recommendations, but has already accepted the proposal that there should be Community Covenants across the country, supported by local authorities. We hope that the recommendation we make here can help add substance to the framework of such covenants.

Conclusions and recommendations

General considerations

39 The review was conducted largely in three workstreams, addressing respectively social and economic wellbeing, mental health and physical health. Full separate reports have been published detailing the findings of each workstream.

40 For the purpose of this report, we have consolidated findings and recommendations into four categories, in line with priorities identified by stakeholders in "The Nation's Commitment":

1. Promoting effective communication and coordination across agencies, providers and the third sector.

2. The transition of Armed Forces personnel to NHS care following medical discharge (which has been expanded here to include discharge generally)

3. Ensuring equality of access for Armed Forces families

4. Veterans' mental health services

41 Many of these recommendations need to be seen in the light of the proposals for reforming the National Health Service set out in the 2010 White Paper "Equity and Excellence: Liberating the NHS". Salient points include proposals that:

- Public health responsibilities will be split off into a new national Public Health Service. Local directors of public health will be appointed jointly by the Public Health Service and local authorities.

- There will be a National Commissioning Board. This will commission and directly fund GP consortia across the country.

- GP consortia will be responsible for commissioning most services for their patients. Patients will have a choice of GP, and GP consortia will be able to commission services from "any willing provider". The right of patients to have a choice of provider will be extended to some mental health services and to long-term conditions.

- The National Commissioning Board will commission directly a number of services where the Government believes it is impractical for GP consortia to do the job. These include dentistry, community pharmacy,

primary opthalmic services, maternity services, national and regional specialised services.

- Local Health and Wellbeing Boards, led by local authorities, will be asked to co-ordinate health services (including health promotion) within their areas. This will include preparation of Joint Strategic Needs Assessments (JSNAs), setting local health priorities.

42 The review group also appreciates that further developments in support for the ex-service community must take place within the overall resource constraints set by the emergency Budget and Comprehensive Spending Review 2010, which affect not only local authorities, the NHS, the armed forces and other public sector bodies, but also community and voluntary groups. However, we believe that many of our recommendations can be taken forward for little or no cost, or will generate savings through improved efficiency.

1 Promoting effective communication and coordination across agencies, providers and the third sector

Information

43 As we have seen, information about the health needs of the ex-service community is patchy. Collecting information has costs as well as benefits, and so does analysing it, storing it and sharing it. But the review group believes that the needs of this community are sufficiently distinctive, and the moral imperative implied by the Military Covenant sufficiently strong, to warrant doing more.

44 Identification of the ex-service community is a key issue. The ex-service community's status is very rarely recorded when individuals access services – there is some evidence that this might be impacting on their current ability to effectively access certain services and that recording this status improves access. Organisations such as the Probation Service, the Prison Service and the housing charity Norcare are now actively seeking to record such information in order to ensure that certain services are effectively targeted towards the specific needs of the ex-service community.

It will also be important to gather intelligence about those 'soon to leave', their likely destination and the demands that will place on localities. This work should be periodically refreshed to ensure it remains relevant.

Recommendation 1: that local authorities across the region consider what might be the costs, benefits and best methods of collecting in future information about members of the Armed Forces 'soon to leave', their likely destination and the demands that will place on localities.

Recommendation 2: that local authority services should actively ask the question of those they provide services for: 'have you served in the UK Armed Forces?

Recommendation 3: that all organisations providing (or potentially providing) services for ex-service community should encourage veterans to voluntarily identify themselves by asking 'have you served in the UK Armed forces?'

Recommendation 4: that HM Government should consider the potential for an individual's NHS or National Insurance number to be used to identify their veteran status to improve identification of needs and services that may be available. This might be considered alongside the proposal by the Task Force on the Military Covenant for the creation of Veterans' Cards.

45 There needs to be **better communication and sharing of information and more joined up work** between the armed forces, local authorities, partners and ex-service charities.

Recommendation 5: that formal information sharing protocols and arrangements are established between the armed forces and local authorities across the NE region. This will enable local authorities to properly assess and plan to meet the needs of the ex-service community as a specific group.

46 Local authorities have a key role in shaping their communities and building the wider determinants of good health and working to support individual families and communities. There is evidence that a proportion of the ex -service community across the region are vulnerable and require targeted support.

Recommendation 6: local authorities in the North East should consider dedicating a chapter in their Joint Strategic Needs Assessments to vulnerable service leavers and their needs and identifying as a target population the ex service community within their strategic planning processes in relation to social exclusion, anti-poverty, homelessness and offending.

47 Given the current lack of hard data regarding the health and well being needs of the ex-service community **there is a need for further qualitative research into the needs of the ex-service community.**

Recommendation 7: that local authorities across the region take research forward as part of the development of Joint Strategic Needs Assessments across the region, and that the North East Public Health Observatory should also consider what data and research support it can provide.

48 Wellbeing depends on wider determinants than the commissioning of health and social care services. Other factors, such as housing and employment, are also vital.

Recommendation 8: that local authorities across the North East request the NE National Housing Federation to carry out a mapping exercise to quantify current provision of ex - service community housing provided by their members and analyse best practice both nationally and within the North East.

Recommendation 9: that the North East Housing Federation works closely with NE local authorities to help plan future provision.

50 As the Marmot report on health inequalities demonstrated, employment is an important factor underlying health and wellbeing, and it is likely to remain a challenge as the country emerges from the recession.

Recommendation 10: that the armed forces and the Career Transition Partnership work more closely with local authorities across the region and provide them with an assessment of the likely level of demand and need for

employment and skills related services in order to inform future economic and financial inclusion strategies and future provision.

51 A thorny issue is the presence of **ex-service personnel in the criminal justice system.** The National Offender Management Service (NOMS) has been taking steps to better understand the situation.

Recommendation 11: that prison and probation services be encouraged undertake more detailed work on the needs and nature of offending veterans.

Recommendation 12: that prison and probation services should consider how to make available more 'signposting' to veteran's charities of offenders subject to short sentences.

Recommendation 13**:** that prisons, probation trusts and other partners in the statutory and voluntary sectors promote the sharing of best practice and information (data and needs analysis).

52 It is crucial that Strategic Health Authorities, and their successor bodies, take a regional lead and commission detailed and accurate work to establish true size and nature of ex-service community.

Awareness

53 Two types of awareness need to be addressed.

54 There is a need to raise **awareness amongst local authorities and other partner organisations,** employers and service providers across the region of the very specific needs of the ex- service community.

55 There is also a need to raise the level of **awareness within the ex-service community** and to communicate effectively with them about the wide range of support currently available to them and how they may access relevant support services and removing any stigma from seeking help and support.

Recommendation 14: As some sections of the ex-service community are vulnerable and hard to reach it is recommended that local authorities work with third sector bodies which provide an outreach service (such as ex-service charities and Norcare) to raise awareness and improve access to available support mechanisms.

Recommendation 15: that all agencies should make use of and promote local directories of services provided by the voluntary and community sector and statutory provision for those seeking help and for those making referrals, such as

the web-based directory provided by Veterans North-East and Finchale College Durham.

Recommendation 16: that North East local authorities examine opportunities for using digital media to improve communication with the ex-service community and raise awareness of available support mechanisms.

Recommendation 17: that the North East National Housing Federation is requested on behalf of local authorities across the region to carry out work with Registered Social Landlords to raise awareness of the housing needs of the ex-service community.

Recommendation 18: that an awareness raising campaign is carried out amongst staff throughout the Tyne and Wear and Tees Valley Unlimited City Regions regarding the importance of asking whether individuals are ex-service to ensure that they can be appropriately referred on to Job Centre Plus and receive their entitlement to early access to New Deal Programmes.

56 General Practice has a new role as future commissioners of health services. It is imperative that General Practice is aware of the priority treatment schemes for veterans and that it is utilised when appropriate if referrals are necessary. PCTs should emphasise this point to General Practice now.

Recommendation 19: PCTs should begin conversations now with the embryonic GP Commissioning Consortia regarding the merits of commissioning for ex-service community. PCTs and Consortia should report back to Members how the needs of the ex-service community are going to influence commissioning strategy during the transitional period and when Consortia have formally taken control of Commissioning budgets.

Improving responsiveness within organisations

Recommendation 20: that local authorities and other key partner organisations across the region should consider identifying a senior figure who can act as a champion for the ex-service community and establishing a central point of contact in each local authority area or sub - region to assist when members of the community experience difficulties. Examples of possible approaches include:

a. Within local authorities, a Member Armed Forces Champion to drive improvements in services for service veterans.

b. Within local authorities, a named senior officer to assist the ex-service community and act as a facilitator and conduit in dealings with Councils and beyond.

c. Within Primary Care Trusts, named senior staff to act as Case officers/co-ordinators in PCTs to act on behalf of the ex-service community whilst assistance is required, and to consider how best to pass these responsibilities forward to GP consortia and local Health and Wellbeing Boards.

Improving co-ordination across organisations

57 Experience throughout the country suggests that considerable improvements in the wellbeing and health of the ex-service community could be achieved by better communication, sharing of information and more joined up work between the armed forces, local authorities, partners and ex-service charities.

58 There is some evidence to support the need for the establishment of **some kind of formal network** involving local authorities which focuses on the needs of the ex-service community. Several different co-ordinatory groups are currently in existence, such as the recently established NHS Armed Services Forum, the NE Regional Veterans Network and the MoD Military / Civil Integration Forum.

Recommendation 21: that the Association of North East Councils should explore with the NHS, the armed forces and other partners across the region how stronger networking within and between existing groups may be taken forward. This should include consideration of joined-up planning and performance monitoring.

59 There is a case more leadership, co-ordination and co-operation across the voluntary sector. This would help to bind what appears to be a fragmentation of provision, to help share good practice, and enable the sector to speak with a stronger voice. It could be assisted by the proposals of the Task Force on the Military Covenant for improved co-ordination,

Recommendation 22: that local authorities should consider how to bring together voluntary organisations large and small with a specific interest in the welfare of the ex-service community, in the light of the Government's response to the Task Force on the Military Covenant.

60 There are also several specific measures which the review group believes could improve co-ordination of services.

Recommendation 23: We strongly recommend that local authorities across the region should explore options for establishing and publicising a central point of contact telephone number - to increase the chances of people getting the help

they need and to provide a consistent standard of contact across the region. Ex-service charities, Citizens Advice Bureau operating in the region, the Career Transition Partnership and Job Centre Plus have all indicated that this would be likely to prove beneficial. The model adopted by Hampshire County Council, in which telephone enquiries from the ex-service community are chanelled to a specific staff member, is particularly worth consideration.

Recommendation 24: that the Homes and Communities Agency is requested on behalf of local authorities across the region to consider how it may broker assistance and ensure better co-ordination of work across the region to ensure that services are being directed at the right people, including the ex-service community, and how it might assist with sharing examples of best practice as part of its enabling role and within the local investment planning process undertaken with local authorities.

Recommendation 25: that the positive work being taken forward by Job Centre Plus in the Tees Valley is shared with Armed Forces Champions across the rest of the region with a view to ensuring a consistent approach in supporting the training and employment needs of the ex-service community.

61 This report has emphasised the need for local authorities to work closely with other partners. They may find this easier to do if they establish common standards.

Recommendation 26: Local authorities within the North East should consider the developing a regional veterans charter to establish uniform good practice across the region, possibly through existing regional structures such as the Association of North East Councils (ANEC).

2 The transition of Armed Forces personnel to civilian services following discharge

62 The evidence suggests that the vast majority of ex-service personnel experience the transition from military to civilian life positively. A range of tailored support is provided both by the services themselves and by the Career Transition Partnership. The National Audit Office concluded that the UK "is at the forefront of providing tailored professional help to military personnel as they leave."

63 There is a Transition Protocol for all those with identified health problems on discharge.

Recommendation 27: that the Career Transition partnership continues to work with local authorities and Primary Care Trusts (and successor bodies as PCTs are abolished) to ensure that the Transition Protocol is understood and that specific individuals are mandated appropriately to take on these roles.

Recommendation 28: that local NHS organisations work with military colleagues to ensure that people leaving the services are registered with GPs and dentists before formal discharge, so they have a 'foot in both camps' towards the end of their active service. This would ensure a smoother transition to civilian health services.

64 There is some evidence that **signposting is not enough for the more vulnerable service leavers** with specific problems and there is a need for more integrated pathways to services for these individuals.

Recommendation 29: that the armed forces and the Career Transition Partnership work more closely with local authorities and third sector organisations such as ex service charities, Norcare and Mental Health North East with a view to developing a formal process for referring vulnerable service leavers into specific services.

65 The risk factors identified by King's College suggest that early service leavers may be among those most likely to be vulnerable. They are also the group most likely to be leaving the services for negative reason. However, unless they are being discharged on medical grounds, early service leavers are entitled only to very limited support from the Career Transition Partnership.

Recommendation 30: That action is taken[by the Armed Forces] on discharge to ensure that Early Service Leavers are provided with effective advice and 'signposting' in relation to the mental health issues they may experience on discharge from service

Recommendation 31: The effectiveness of improvements to the armed forces resettlement provision for early service leavers should be kept under review by the armed forces to ensure there is effective identification of potential vulnerability issues.

66 As always, **it is not only health and social care provision that determines wellbeing**. It is of crucial importance that registered social landlords are aware of the prevalence of the ex-service community in the north east and they ensure that their allocation policies make specific reference to accommodating the ex-service community.

Recommendation 32: local authorities should encourage Strategic Housing Authorities and registered social landlords, where possible, to adopt allocation policies which recognise the needs of the ex-service community.

3 Ensuring equality of access for Armed Forces families

67 Given the time limits on this review, its attention has been focused mostly on housing needs.

68 At the moment there does not seem to be a way of identifying take up of low cost housing products by the ex-service community or identifying whether providers are assisting the ex-service community as well as other parts of the community.

Recommendation 33: that the Homes and Communities Agency is requested to examine on behalf of local authorities across the region identifying take-up of low-cost housing products by the ex-service community and whether providers are assisting the ex-service community as well as other parts of the community.

Recommendation 34: that the Homes and Communities Agency is requested to examine opportunities for the ex – service community within any revised funding arrangements as an outcome of the comprehensive spending review.

Recommendation 35: that local authorities across the region examine the scope to provide housing related support for ex - service tenants once a property has been identified.

4 Veterans' mental health services

69 Significant effort is being put in nationally and locally to improve mental health services for veterans. The review group welcomes Dr Murison's report and the government's response to it.

70 At a local level, the proposals in the NHS White Paper give a strong role to the new local Health and Wellbeing Boards in assessing needs and co-ordinating service provision.

Recommendation 36: that the new Health and Wellbeing Boards prioritise veterans' mental health issues, taking a lead in ensuring that on day 1 of discharge into civilian life that services are in place to meet the needs of the ex-service community in relation to both NHS and social care provision.

71 There is a need for enhanced awareness among primary care providers and GPs of the particular mental health needs of the ex-service personnel and particularly of the need for priority treatment for health care needs arising from their service.

Recommendation 37: that

c Appropriate training is provided and required by commissioners of NHS services;
d Guidance should also be developed specifically for primary care providers and GPs to:
- v) explain the priority healthcare entitlement;
- vi) encourage them to identify ex-servicemen and women (for example, by asking patients to indicate that they have serviced in the UK Armed Forces);
- vii) explain how they can adapt their systems to accommodate priority treatment for ex-service community; and
- viii) how to accept referrals from ex-service charities, including the Royal British Legion and Combat Stress, but also smaller local organisations who are providing for some of the most marginalised/excluded ex-service personnel.

Recommendation 38: Joint Strategic Needs Assessments should specifically identify the mental health needs of the ex-service community including families and dependants.

Recommendation 39: NHS commissioners must ensure that GP consortia arrangements prioritise the needs of the ex-service community

Recommendation 40: Local authorities and GP Consortia should be actively engaged in joint planning and commissioning of services with the NHS.

Recommendation 41: Local authorities should be actively engaged in the NHS Armed Forces Network and consider how they can take on a leadership role in relation to veterans mental health issues – perhaps linked to the formation of the new Health and Wellbeing Boards.

72 There is a general support across the voluntary sector that there should be some regulation or accreditation of voluntary organisations for the purpose of providing quality assurance of their services. This will ensure confidence that organisations are meeting certain standards in advice or care provided, and thereby instilling confidence that they can be referred to and attract funding support and that they gain the credibility to refer directly to GPs.

Recommendation 42: Consideration should be given by central government to the need for some form of accreditation to be available to ex-service charities (particularly the newly emerging charities). How this might best be taken forward should be considered in the light of the Government's response to the Task Force on the Military Covenant. Local authorities should consider drawing up approved lists of service providers.

Recommendation 43: that voluntary organisations and the NHS promote self-referral routes for ex-service personnel in a wide range of different ways that will help maximise their opportunity to access services.

73 The government has announced an increase in the number of specialised outreach officers working to improve the mental health of veterans, but many of the ex-service community may find themselves, at least initially, in contact with health workers who are not specialised in this field.

Recommendation 44: that primary care and acute trusts should take steps to improve awareness of veterans mental health issues among health workers generally, including appropriate training and supervision.

74 The National Health Service has a programme for Improving Access to Psychological Therapies (IAPT). As part of this the Tees, Esk and Wear Valleys NHS Foundation Trust has undertaken a Community Mental Health Pilot scheme.

Recommendation 45: The Tees, Esk and Wear Valleys NHS Foundation Trust and the Department of Health should share widely the learning from the evaluation of the Community Veteran Mental Health Pilot, and particularly with commissioners, providers and the North East Mental Health Development Unit.

Learning from the pilot must help to shape future statutory of provision and the linkages with, and support for, the voluntary sector in the context of the IAPT.

Recommendation 46: Trusts should provide better basic information to veterans with clear diagnoses of PTSD about their condition.

75 Some groups within the ex-service community may need special attention, including prisoners and early service leavers (those who leave the service after less than four years).

Recommendation 47: Prison health services need to identify veterans and evaluate needs with a particular focus on mental health and PTSD.

Undertaking this review

76 This is the first time that the twelve local authorities in the North East of England have combined to undertake a joint scrutiny review about a matter of common concern, and especially about an aspect of health inequalities in the region.

77 There has been a long history of co-operation between the health overview and scrutiny committees in the region. The five authorities in the Tees Valley area have operated a standing joint committee for several years, while the seven local authorities to their north have formed a number of separate scrutiny committees to examine particular health issues under an agreed protocol. The Chairs of individual local authorities have come together in a network to discuss matters of common interest, as have their support officers.

78 In 2009, the network members decided that it was time to move this process on a stage, by undertaking a joint scrutiny review and forming a standing Joint Health Overview and Scrutiny Committee. An invitation by the Centre for Public Scrutiny (CfPS) for joint bids by groups of local authorities to become Scrutiny Development Areas in the field of health inequalities acted as a catalyst. The network's bid was successful and the Centre provided support in the form of £5,000 and 6.5 free days support by a CfPS expert advisor, Shaun Gordon. In return, this review is contributing to the Centre's health inequality scrutiny toolkit.

79 The formal Joint Health Overview and Scrutiny Committee was not set up until partway through the review, so the original bid was agreed by the network in December 2009, and a separate Memorandum of Understanding was drawn up setting up a Project Board for the review. Like the Joint Committee which formed later, this was made up of the chairs of the individual local authority health overview and scrutiny committees, or their deputies. Meetings were chaired variously by Councillors Ann Cains (Stockton-on-Tees), Robin Todd (Durham) and Lawrence Hunter (Newcastle), until Councillor Cains was elected as Chair of the new Joint Committee in September 2010.

80 The Joint Health Overview and Scrutiny Committee has adopted a protocol and terms of reference to formalise its governance arrangements, which will be of value in any future joint scrutiny.

81 The subject of the joint review was quickly agreed, winning support across all twelve local authorities in the region. Reviewing ways to improve the health of the ex-service community was not just a matter which fired the enthusiasm of Councillors, it would bring a local and regional perspective to the initiatives being taken nationally by the Ministry of Defence and the Department of Health and their partners, as set out in the Command Paper The Nation's Commitment.

82 Once the overall direction of the project was set by Councillors, officers started to research background information and to identify contacts.

83 At the end of June, 22 scrutiny Councillors from the 12 different local authorities and 34 guests from a range of national, regional and local organisations gathered in Durham to discuss the health needs of the ex-service community at an evidence-gathering overview day.

84 They listened to and questioned speakers including the Co-Chair of the joint Ministry of Defence/Department of Health Partnership Board and the Surgeon-General's Cross-Government Health Lead, as well as representatives of the armed forces, the Royal British Legion, the regional Strategic Health Authority, one of the Directors of Adult Services in the North East, and the Career Transition Partnership, and they took part in round-table discussion with public health specialists, commissioners and clinicians.

85 Following the overview day, Councillors split into three workstream groups, looking at physical health, mental health, and social and economic wellbeing.

86 A chair and lead authority was identified for each of these workstreams, but they were otherwise open to Councillors from any authority, irrespective of political alignment. Each worksteam was supported by officers from four local authorities. The social and economic wellbeing group was chaired by Councillor Stuart Green (Gateshead), the mental health group by Councilor Robin Todd (Durham) and the physical health group by Councillor Eddie Dryden (Middlesbrough).

87 Each workstream undertook its own work programme, including interviews, focus groups and site visits. These are detailed further in the individual reports of the workstreams. A project support group of officers was set up to help co-ordinate the project and avoid duplication. This was made up of officers from the workstream lead authorities, from Newcastle, which acted as overall project lead, and from Redcar & Cleveland, which handled publicity.

88 All the workstream reports, together with the overall project report, were considered by the Joint Committee in its role as project board, and shared with as many contributors as possible before publication.

89 This has been a long process, which has made demands both on the review group and on the many people from a wide range of organisations who have helped the group reach its conclusions. The group is extremely grateful for the enthusiasm, time and commitment of everyone who contributed and hope that, by participating in this review, those organisations have gained new perspectives, new contacts and new ideas even beyond the scope of this report.

ACTION PLAN BY ORGANISATION

For ease of reference, the recommendations made in this report have been broken down according to the organisations to which they are addressed.

Groups and organisations to which recommendations are addressed will be invited to meet with the Joint Health Scrutiny Committee to discuss ways forward in March 2011.

Thereafter, the Committee will meet to examine progress after six months and after one year. It asks that the organisations involve help us with those assessments.

The Joint Committee asks that each organisation should send it a reply, indicating whether or not it accepts the recommendation, suggesting a timeframe for implementation, and making any other relevant comments, where possible by 1 March 2011, ahead of the planning event, and in any case by 1 September 2011.

Responses should be addressed to:

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