

**THE HEALTH OF THE EX-SERVICE COMMUNITY: REPORT OF THE  
JOINT NORTH EAST SCRUTINY REVIEW**

**REPORT OF THE CHIEF EXECUTIVE**

**1. Purpose of Report**

- 1.1 In the last year the Council has been involved in a joint scrutiny review, involving all twelve local authorities in North East, into the health of the ex-service community – somewhere between half a million and a million people in the North East (one of the problems the report addresses is that ex-service personnel can be hard to identify).
- 1.2 The North East Joint Health Overview and Scrutiny Committee agreed its final report on 14 January 2011. It makes 47 recommendations to a wide range of organisations, including local authorities. The Joint Committee is made up of delegates from each of the 12 authorities and has delegated powers to undertake overview and scrutiny of regional health issues independently.

**2. Background**

- 2.1 The scrutiny review was carried out throughout 2010 by elected members from all twelve local authorities in North East England. The review has been supported by the Centre for Public Scrutiny, which will be promoting it as an example of good practice in scrutinising health inequalities.
- 2.2 Those consulted during the course of the review include the Armed Forces, NHS commissioners and providers, the Department of Health and the Ministry of Defence, the Royal British Legion and voluntary organisations both large and small, public health specialists, Directors of Adult Services, housing providers and many others, including focus groups of veterans.

**3. Current Position**

- 3.1 The report contains 47 separate recommendations, on the following themes:
  - promoting effective communication and co-ordination across agencies, providers and the third sector (including routine information collection, protocols on sharing it, inclusion in health and wellbeing Joint Strategic Needs Assessments, research into health needs both generally and of

specific groups such as offenders, mapping of housing needs, and assessment of economic opportunities);

- improving awareness of the needs of the ex-service community among service providers (including awareness raising among diverse bodies from Job Centre Plus to registered social landlords, and early contact with new GP consortia);
- improving awareness of available services among the ex-service community (including engagement with outreach services, use of directories of services, and better use of digital media);
- improving responsiveness within organisations (chiefly creation of central points of contact);
- improving co-ordination across organisations (including stronger networking, bringing together voluntary organisations, a single contact telephone number, shared practice within housing, training and employment, and possibly a regional Charter);
- the transition of Armed Forces personnel to civilian services following discharge (including promotion of the Transition Protocol, registration with GPs and dentists before discharge, signposting to mental health advice, appropriate housing allocation policies and particular attention to vulnerable early service leavers);
- ensuring equality of access for Armed Forces families (chiefly around housing and particularly low-cost housing);
- veterans' mental health services (including improved training and guidance across the NHS, self-referrals and direct referrals from ex-service charities, planning for new NHS commissioning arrangements, local authority engagement with the NHS Armed Forces forum, national accreditation of charities and local approved lists, and sharing learning from the Community Mental Health Pilot run by the Tees Esk & Wear Valleys NHS Foundation Trust).

- 3.2 The Action Plan at the back of the report breaks the recommendations down according to the organisations to which they are addressed. Some 27 are addressed to local authorities either alone or, more commonly, in partnership with other organisations. Further work by the local authority and those organisations will be needed to identify how to take them forward.

#### **4. Recommendation**

- 4.1 Members are invited to welcome the scrutiny report and the recommendations and refer the report to Cabinet to endorse the recommendations.

- 4.2 If the recommendations are agreed by Cabinet, the Council and partners will develop an action plan for monitoring of progress.

## **5. Conclusion and Next Steps**

- 5.1 The North East Regional Joint Health Overview and Scrutiny Committee will invite all those to whom recommendations have been addressed to attend an event, currently planned for March 2011, to discuss how to take forward an Action Plan for the region.

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