North East Joint Health Overview and Scrutiny Committee

Regional Review of the Health Needs of the Ex-Service Community

Mental Health

Workstream Final Report
January 2011

NORTH EAST JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

REGIONAL REVIEW
OF THE
HEALTH NEEDS OF THE EX-SERVICE COMMUNITY

MENTAL HEALTH
WORKSTREAM FINAL REPORT

Table of contents

Section 1 Foreword

In deciding to undertake this review the health scrutiny committees in the North East on England were mindful of public concern that ex-service personnel and their families should receive the best care from public services for the service commitment and sacrifices they have made for their county.

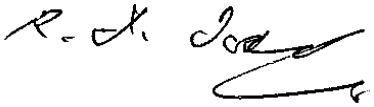
The vast majority of ex-service personnel experience few problems in continuing with their civilian lives and much more has been done in recent years to support the ex-service community where individuals are experiencing mental health problems. However this report has been produced with the intention of helping to make a positive contribution to improving the lives of ex-servicemen and their families in the North East region where problems continue to be experienced and where that are weaknesses in the system of healthcare provision. This report contains positive recommendations which I believe will help to achieve improvements where they are needed.

This report presents the evidence that has been received, the key issues emerging and makes recommendations relating to the provision of and access to Mental Health services for the ex-service community by a range of different bodies and organisations. This report will contribute to the production of a composite report of the North East Regional Joint Health Scrutiny Committee which will also include consideration of physical health issues and socio-economic issues for the ex-service community.

In producing this report we have sought the views of a wide range of organisations who have given their time and views in relation to the issues we have explored. I would therefore like to thank all the witnesses who gave evidence which has contributed this report.

I would also like to thanks my Councillor colleagues who worked with me on this scrutiny review and finally the officers who supported and advised the working group.

I expect that we will continue to observe and reflect on the extent to which our recommendations are being addressed by bodies responsible.



Councillor Robin Todd, Chairman of the Mental Health Workstream Task and Finish Working Group

[Durham County Councils Adults Well-being and Health Overview and Scrutiny Committee]

December 2010

Section 2 Executive summary

The purpose of this scrutiny review

This scrutiny review has been undertaken for the purpose of helping improve health outcomes for veterans in North East England. This workstream considered mental health issues and needs arising from the transition of service personnel into civilian life and the needs of the ex-service community.

Recommendations are produced in line with the Ministry of Defence/ Department of Health Partnership Board, on the health and well-being of the armed forces community, key themes for 2010:

- Veterans' mental health services
- The transition of Armed Forces personnel to NHS care following medical discharge
- Ensuring equality of access for Armed Forces families
- Promoting effective communication and coordination across agencies, providers and the third sector.

How we undertook the scrutiny review

This scrutiny review has been undertaken by Councillors drawn from local authorities in the North East region, who have worked together as a Task and Finish Working Group on this review The local authorities are:

Durham County Council

Darlington Borough Council

Gateshead City Council

Hartlepool Council

Middlesbrough Council

Newcastle City Council

Northumberland County Council

South Tyneside Council

North Tyneside Council

Redcar and Cleveland Borough Council

Stockton Council

Sunderland City Council

This group is accountable to North East Regional Joint Health Scrutiny Committee.

The Mental Health Workstream is one strand of the overall scrutiny review – the other strands have looked at the physical health needs of the ex-service community and the other at socio-economic needs. The Mental Health Workstream has been chaired by Councillor Robin Todd from Durham County Council and involved councillors from Newcastle City Council, South Tyneside Council, Northumberland County Council and Sunderland City Council.

Evidence captured has been focused around exploring gaps in services/pressure points for services. We asked organisations we approached to address the following issues:

- The role and responsibility of the organisation in respect of the mental health needs of ex-servicemen, women and their families.
- The extent of the knowledge of mental health issues of ex-service personnel.
- The action the organisation is taking
- The key challenges faced
- The areas for development (gaps & weaknesses in services)

A full list of witnesses who helped with the review appears in section 3 page?? of this report.

Recommendations

Following analysis of the evidence gathered, the Members wish to make a number of recommendations which are detailed in full in section 9 of this report. These are summarised below under the Ministry of Defence/ Department of Health Partnership Board key themes.

Veterans mental health services

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

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

- All local authorities should consider appointing a Member Armed Forces Champion to drive improvements in services for service veterans.

- Local Authorities should consider adopting an approach similar to that set out in the NHS Operating Framework for veterans with a condition relating to their military service to be considered for priority treatment.

- The learning from the evaluation of the Community Veteran Mental Health Pilot is shared widely.

- There is need for improved awareness of veterans mental health issues among health workers including appropriate training and supervision.

- There should be better basic information provided to veterans, with clear diagnoses of PTSD, about their condition.

- There should be some regulation or accreditation of voluntary organisations for the purpose of providing quality assurance of their services.

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

- Further work is undertaken to ensure that the Transition Protocol hand-over is understood

- That action is taken on discharge to ensure that Early Service Leavers are provided with effective advice and 'signposting'

- Encouraging primary care, third sector and local authority practitioners to prompt their patients to indicate that they are an ex-service person, and by asking the question 'have you served in the UK Armed Forces".

- Consideration should be given to the potential for an individuals NHS or National Insurance number to be used to identify their veteran status

Ensuring equality of access for Armed Forces families

- There is a need for enhanced awareness among primary care providers and GPs of the particular mental health needs of the ex-service personnel including training and written guidance.

- There is a need for the promotion of self-referral routes for ex-service personnel and accreditation of ex-servicemen's charities to refer to health services.

- More 'signposting' offenders subject to short sentences to veteran's charities is required.

- The creation of a support network in prisons and in probation trusts to encourage veterans to identify themselves and engage with services.

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

- Local directories (including web-based) of services provided by the voluntary and community sector (and statutory provision) should be developed.

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

- That the new Health and Wellbeing Boards, PCT's and local GP Commissioning Consortia prioritise veterans' mental health issues

- A regional leadership role for driving improvements in services via key statutory and voluntary agencies in partnership with the Armed Forces should be established.

- 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

- As little is known about veterans in the criminal justice system more detailed work is required on the needs and nature of offending NOMS.

- The networks with referring organisations, essential to the effective operation of community mental health services, must be continually refreshed and repaired.

- There needs to be more leadership, co-ordination and co-operation across the voluntary sector.

The sharing of best practice and information (data and needs analysis) needs to be promoted between prisons and probation trusts and other partners

Section 3 The Scrutiny review

Introduction

A review into the health needs of the ex-service community was initiated in the autumn of 2009 by the north east regional health scrutiny network (subsequently the north east Regional Joint Health Scrutiny Committee) at an Overview Event held at the Gala Theatre in Durham on 28th June that attracted national and local speakers and considerable interest from stakeholders and regional media.

The decision to undertake the review reflected concern that ex-service personnel and their families should receive the best care from public services for the service commitment and sacrifices they have made for their county, also reflecting the considerable level of public concern in this issue. The review attracted financial support from the Centre for Public Scrutiny the review commenced in early 2010 and all local authorities in the region have devoted considerable energies to this review.

Councillors involved in the review are keen that this review should help to make a difference to the services that are provided for our Armed Forces. Councillors have led the review as interested lay people supported by officers from all of the local authorities in the region. Councillors are not professionals in relation to the subject matter under review however some have served in this Country's Armed Forces, others work with statutory, voluntary and community organisations that provide services for the ex-forces community.

This review is not an academic study, nor does it provide a systematic analysis of the significant body of research and reports that exist in relation to the topic under review. It does however reflect, as accurately as possible, the views of organisations who were invited, and who agreed, to provide their considered views to us as part of our investigation.

The purpose of this scrutiny review

This scrutiny review has been undertaken for the purpose of helping improve health outcomes for veterans in North East England by identifying areas for improvement and making recommendations to tackle any inequalities to which they may be subject as a result of their service, with a particular focus on mental health issues affecting ex-servicemen and women and their families. This scrutiny review has considered mental health issues and needs arising from the transition of service personnel into civilian life and the needs of the ex-service community. Whilst impacting on the mental health of ex-service personnel and their families, it has been outside scope of this review to specifically consider the impact on the mental health of service personnel of in-service culture and deployment and combat experience.

Recommendations are produced in line with the Ministry of Defence/ Department of Health Partnership Board, on the health and well-being of the armed forces community, key themes for 2010:

- Veterans' mental health services
- The transition of Armed Forces personnel to NHS care following medical discharge
- Ensuring equality of access for Armed Forces families
- Promoting effective communication and coordination across agencies, providers and the third sector.

Policy context

The new Coalition Government has given emphasis to the need to meet the needs of ex-service personnel and their families and in particular those will mental health needs. *The Coalition Statement: our programme for government* (May 2010) stated 'We will work to rebuild the Military Covenant by ……..providing extra support for veterans' mental health needs.'

A study by Dr Murrison MP was commissioned by the Prime Minister into the relationship between the Defence Medical Service (DMS) and NHS, including veterans' mental health service provision. This study was published on 31st August and made thirteen recommendations for action – included as Appendix.

In June a revision to the NHS Operating Framework in England further emphasised the need to meet veterans' health needs.

Government policy for healthcare provision in England is radically changing the healthcare landscape. Proposals set out in the NHS White Paper together with the Public Health White Paper, expected to be published in December, will bring significant changes to arrangements for NHS commissioning as Primary Care Trusts and Strategic Health Authorities are to be replaced by GP commissioning consortia. Local authorities are expected to take on responsibility for public health functions and are to be responsible for promoting integration and partnership working between the NHS, social care, public health and other local services through new Health and Wellbeing Boards.

The process, governance and accountability

This scrutiny review has been undertaken by Councillors drawn from local authorities in the North East region, who have worked together as a Task and Finish Working Group. – refer to the Terms of Reference in Appendix 1. The local authorities are:

Durham County Council
Darlington Borough Council
Gateshead City Council
Hartlepool Council
Middlesbrough Council
Newcastle City Council
Northumberland County Council
South Tyneside Council
North Tyneside Council
Redcar and Cleveland Borough Council
Stockton Council
Sunderland City Council

This group is accountable to North East Regional Joint Health Scrutiny Committee.
The Mental Health Workstream is one strand of the overall scrutiny review – the other strands have looked at the physical health needs of the ex-service community and their socio-economic needs. The Mental Health Workstream has been chaired by Councillor Robin Todd from Durham County Council and involved councillors from Newcastle City Council, South Tyneside Council, Northumberland County Council and Sunderland City Council.

Evidence gathering

The Workstream Task and Finish Working Group evidence gathering has involved inviting organisations involved in the commissioning and delivery of services to meet the mental health needs of the ex-service community to share their views and evidence with us. Further evidence has been sought at times, including written evidence where appropriate.

Evidence captured has been focused around exploring gaps in services/pressure points for services. We asked organisations we approached to address the following issues:

- The role and responsibility of the organisation in respect of the mental health needs of ex-servicemen, women and their families.
- The extent of the knowledge of mental health issues of ex-service personnel.
- The action the organisation is taking
- The key challenges faced
- The areas for development (gaps & weaknesses in services)

It is recognised that there are inter-relationships, in terms of evidence gathering and issues arising, between each of the Workstream Task and Finish Working Groups, for example poor physical health may impact on mental health as well as economic and social wellbeing.

Some organisations approached the review team from at the outset keen to share views with us and in undertaking this review we have generally found organisations willing to share information. For a variety of reasons there are some organisations it has not proved possible to capture evidence from.

The following principles have underpinned our approach:

- The scrutiny review will provide 'critical friend' challenge to executives, external authorities and agencies responsible for policy development and decision making in a robust, constructive and purposeful way while developing a partnership with these agencies and authorities.
- The scrutiny review reflects the voice and concerns of the public and its communities and leads and owns the process on behalf of the public.
- The scrutiny review seeks to make a positive impact on the delivery of public services.

List of witnesses – check list of witnesses

- Caroline Thurlbeck, Strategic Head of Performance - NHS North East
- Symon Day, Lead Consultant Clinical Psychologist - Tees Esk & Wear NHS Foundation Trust
- Dave Belshaw Head of the North East Mental Health Development Unit
- Nigel Nicholson, Acting Lead Commissioner of the North East Commissioning Team for Mental Health
- Liam Gilfellon, Regional IAPT Lead - North East Mental Health Development Unit
- Lynn Summers, Regional Manager (Commissioning Support Services) - National Offender Management Service
- Les Pickering – Northumberland Care Trust
- Samantha Greener – Drug and Alcohol Action Team
- Rod Boles, Lead Nurse (Sunderland/South Tyneside) – Northumberland and Tyne and Wear Mental Health Trust
- Rachael Shimmin – Corporate Director of Adults, Wellbeing and Health - Durham County Council
- Joe Connolly, Welfare Officer – Royal British Legion

- Lieutenant Colonel Peter Pool, Director Strategy, Policy and Performance – Combat Stress
- Paul Nicol – Mental Health Matters
- David Sutton – Mental Health North East
- Stuart Dexter – MIND Gateshead
- Tony Wright – Forces for Good
- Gary Cameron, Director – Military Mental Health
- Michelle Winship, Diector – Resettlement Armed Forces Training
- Joe Chadanyika – Health Improvement Specialist (Mental Health), NHS Stockton-on-Tees
- Dr Kevin Meares, Consultant Clinical Psychologist, North East Traumatic Stress Centre, Northumberland and Tyne and Wear Mental Health Trust

Section 4 An overview of the mental health issues that may affect the ex-service community

Most ex-service personnel have no adverse mental health effects from their service however a significant minority of ex-service personnel do as indicated in the figures below. Of the Armed Forces, soldiers are most at risk of both physical and mental health problems, particularly young infantrymen. This may relate to both pre-service vulnerability as well as exposure to high levels of direct combat.

The most obvious potential risk to the mental health of service personnel is violent or traumatic experience of combat which may include: body recovery following bombing, repeated mortar fire, the aftermath of explosions, dealing with severe disfigurement, near misses, or observing atrocities. Other risks to their mental health may include frequent or prolonged deployments; disruptions or instability in home life; making the transition from service to civilian life; and/or the consequences of the excessive drinking culture that is often found among service personnel.

Added to these military traumas can be childhood trauma as one might find in the non-Veteran population such as childhood emotional, physical or sexual abuse, neglect and so on. In some cases, this is further complicated by adult civilian trauma (for instance being mugged or assaulted) before, during or after their military career.

A distinction may be made between ex-service personnel who experience mental health issues evident on discharge and those who have no evident issues on discharge but go on to develop them later on in life.

Further facts and figures in relation to the health and mental health needs of ex-service personnel are as follows:

- There is no general database of veterans' health statistics.
- The numbers of veterans is uncertain. The Department of Health says "about 5 million" in England. Research last year by King's College London for the Department of Health and Ministry of Defence used an estimate of 3.8 million. About 20,000 personnel leave the forces each year.
- The location of veterans is unknown. 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.
- The identity of veterans is often unknown. 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.
- The Royal British Legion's Welfare Needs Research Programme reported in 2006 on the health of the "ex-Service community" – that is, veterans, their families, dependants and carers. The report found 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.
    - 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; this age group is more prevalent in the North of the UK

- When staff leave the Armed Forces, their healthcare transfers from the military to the NHS. Numbers leaving because of a psychological condition is very low (around 200 p.a.), and only 20-25 are diagnosed with post traumatic stress disorder (PTSD).

- The average delay from becoming unwell and seeking help is around ten years.

- Combat Stress has seen a 66% rise in referrals in the last 4 years and this is not expected to abate in the short term.

- 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.

    - Those who leave the Services early and young were up to three times more likely to commit suicide than the general population.

    - 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.

- 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.

  (Source: "Health and social outcomes and health experiences of UK military veterans", presentation by Dr Nicola Fear, King's College London, to "Delivering Health and Social Care to the Armed Forces Community" a seminar run by the Ministry of Defence/UK Departments of Health Partnership Board, November 2009)

Section 5 The transition from the Armed Forces to civilian life for those with mental health problems

The transition to civilian life is a time of uncertainty for service leavers as they move from the 'family' of the services and the highly supported environment that it provides for service personnel, to a new and perhaps uncertain future. Most adapt successfully but a minority do experience problems.

Some service leavers will have a family and home to return to, others will not. Some service leavers will have jobs to move to – others will not, and perhaps over the coming years a higher proportion leaving the forces will not be entering employment due to the wider economic and employment circumstances of the county. Evidence suggests that younger aged service leavers with shorter period of service tend to find the transition more difficult (NAO report 2006-07, Ministry of Defence – Leaving the Services) and reconnecting to a civilian social life was most difficult but also the added strain on relationships with partners and children.

A particularly vulnerable group of ex-service personnel are the early service leavers who may have entered the service with vulnerabilities (unsupportive family backgrounds or low educational attainment etc), and with under four years service. This group of service personnel will attract minimal support and help when leaving the service.
Early service leavers generally return to civilian life with few acquired skills and qualifications

The Career Transition Partnership (CTP) offers a range of support to service leavers. However evidence suggest (NAO) that not all service leavers eligible for full resettlement packages attended courses. A survey suggests 10% did not access services, and some were not aware, a proportion highest in the army and particularly amongst lower ranks.

Early service leavers (those with under four years service or compulsorily discharged) are only entitled in exceptional circumstances for very limited support which includes:

- Counselling service for those referred to Career Transition Partnership who are considered vulnerable to social exclusion (by the Services)
- Signposting to relevant agencies for ongoing support.

For those with identified health problems on discharge a transition protocol exists operating across all the Armed Forces.

The **Transition Protocol** recognises that on discharge there is a potential dip in the care accessed/provided to ex-service personnel and attempts to address this improve the handover of medical and social care arrangements from in service to post service providers. It is recognised that an improved process is required to ensure that healthcare services are in place on day 1 of NHS responsibility for healthcare beginning on the day a person leaves the armed forces.

A Transition Care Planning Pathway has been identified which bring multi-disciplinary teams together to consider the needs of the service leaver, with an MOD case co-ordinator taking a lead role in pulling the case conference together.

Discussion observed at the NHS Armed Forces Form Launch Event in September clearly indicated that where responsibility is to be taken by the PCT or local authority for the continuing care package there are challenges faced by all parties in ensuring that these responsibilities are assumed and acted upon.

Key issues:

- The particularly vulnerable group are the Early Service Leaver group (with less than four years service or compulsorily discharged).
- Early Service Leavers are entitled for minimal support from the services.
- Other service leavers also fail to access support available on service discharge.
- Ensuring that the continuing healthcare needs of ex-service personnel are identified. The responsibilities of parties to multi-disciplinary teams are sometimes not properly understood and mandates for action provided.

Recommendations:

- Further work is undertaken to ensure that the Transition Protocol hand-over is understood by local authorities and Primary Care Trusts (and successor bodies as PCTs are abolished) and that specific individuals are mandated appropriately to take on these roles.
- That action is taken 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.
- 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. This will need to be underpinned by sound information in relation to the needs of those discharged and their number and location, built on partnership working arrangements with the Armed Forces discharge services as well as with voluntary sector organisations.

Section 6 Evidence: strategy and commissioning

NHS North East (Strategic Health Authority) – the strategic context and role

Caroline Thurlbeck, Strategic Head of Performance - NHS North East provided the national and regional strategic context for meeting the healthcare needs of armed forces personnel, their families and veterans – see Appendix 5.

Guiding principles and commitments are set out in the Service Personnel Command Paper: The Nation's Commitment: Cross-Government Support to our Armed Forces, the Families and Veterans, July 2008. The key healthcare objectives of the paper were:

- The essential starting point – no disadvantage should be experienced by ex-service personnel
- Service people and their families should be able to manage their lives as effortlessly as anyone else
- Continuity of public services when required to frequently move home
- Proper return for sacrifice - service personnel and their families will receive the treatment and welfare support they need for as long as they require it.

There are MoD and DH partnership arrangements in place across government and a Joint Executive Team. It was also noted that each SHA was developing its own network: the North East NHS Armed Forces Network – see below.

NHS commitments to veterans include:

- 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.
- High quality care for life with continuing healthcare needs based on a regular review of their needs overseen by an NHS case manager.
- 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.
- 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.
- Improved transfer of medical records to the NHS on retirement from the armed forces, including greater GP awareness of the veteran status of new patients to ensure veterans receive their entitlement to priority treatment for any injuries or illnesses attributable to their time in the Armed Forces.

The **NHS Operating Framework for 2010/11** reaffirmed a number of commitments to members of the armed forces, their families and veterans. In particular the framework highlights the importance of:

- Ensuring that commissioning plans provide a smooth transition into NHS care for the increasing numbers of returning personnel who have been injured in the course of duty;
- Ensuring that their dependents are not disadvantaged by their circumstances (e.g. if they move location); and
- Providing priority treatment, including appropriate mental health treatment for veterans with conditions related to their service, subject to the clinical needs of others.

The revision to the Operating Framework published in June 2010 highlighted the need to ensure that military veterans receive appropriate treatment. This includes ensuring a

smooth transition for injured personnel as well as providing priority treatment for conditions relating to their service.
In order to support the delivery of services, the SHA is taking a number of actions including the identification of lead personnel across the region and the establishment of a **North East NHS Armed Forces Network.**

It is envisaged that the North East Armed Forces Network will provide regional NHS leadership and points of liaison for Military Health issues. The network will work with regional military, social services and third sector organisations to ensure that delivery of services for the armed forces, their dependent and veterans. It is intended that the network will bring together military and health managers, clinicians (including GPs and mental health), and military and family welfare bodies. The network will also inform and feedback to the Department of Health and Ministry of Defence (via the Partnership Board and its working groups) on their approach to the delivery of physical and mental health services to the armed forces, their dependents and veterans.

The network was launched in September 2010 by NHS North East and early objectives for the forum are to be presented to the NHS North East Chief Executives Forum in November 2010. – check progress?

SHA Actions: The SHA has taken a number of actions to the delivery of NHS services to members of the armed forces, their families and to veterans. (should there be a reference to responsibility after 2013/ in this section to tie with key issues)

Lead personnel have been identified:

- SHA Lead Director: Richard Barker, Director of Operations and Performance
- SHA Operational Lead: Caroline Thurlbeck, Strategic Head of Performance
- Lead Chief Executive: Martin Barkley, Chief Executive, Tees Esk and Wear Valleys Foundation Trust
- NHS Armed Forces leads have been identified within each PCT Cluster

Cluster Actions: Each of the Primary Care Trust (PCT) clusters has included reference to the health care of the armed forces, their dependents and military veterans in the Annual Operating Plans for 2010/11.

NHS County Durham and Darlington - have identified a lead Executive Director (Director of Delivery and Performance) and commissioning manager to ensure that the needs of military personnel, their families and veterans are taken into account across all sectors of the health economy. A wide-ranging communication programme will be undertaken which includes additional communication work with GPs to increase awareness of guidance which will be shared with Patient Advice and Liaison Services (PALS). The PCT cluster is working with providers to re-iterate the requirements of providers and to ensure this standard is delivered.

NHS North of Tyne - The PCT cluster has identified a lead for armed forces issues (Associate Director of Planning & Practice Based Commissioning). A baseline assessment has been undertaken across the local health community to establish current provision of access to services for military personnel their dependents and veterans. All providers have agreed to put plans in place to ensure they are not disadvantaged in terms of access timely to healthcare. In particular, where possible it is ensured priority is given to outpatient appointments for military personnel and veterans. GPs have been asked to record patients' military veteran status when making referrals. In addition, acute providers with dedicated contact centres will record veteran/military status where known. For military personnel, veterans and dependents moving in to the area who are on a hospital waiting list, local acute

providers will ensure the individual retains their previous waiting time with them. Access to dentistry for dependents of military personnel in North Northumberland will be addressed through the PCT cluster dental strategy.

NHS South of Tyne and Wear - has identified a lead for armed forces issues (Associate Director Acute Services Commissioning and Performance Management). The cluster has issued guidance to GPs and providers in order to promote awareness of the Department of Health guidance in respect of the armed forces, their dependents and veterans. A review of compliance is being undertaken against the operating framework requirements. The PCT cluster is undertaking an audit and developing a work plan with the data quality team to ensure GP Practices are able to identify patients by READ (spell out) code. NHS South of Tyne and Wear will also undertake an audit of Foundation Trust access policies to ensure that references to guidance in respect of the armed forces, their dependents and military veterans are explicit within policy.

NHS Tees - The Tees PCT cluster has identified a director lead for armed forces issues (Director of Strategic Intelligence) and has established a number of work streams to ensure that the needs of military personnel, their families and veterans are addressed across the health economy.

Key issues:

- It is recognised that there is a changing policy environment as Government policy for healthcare provision in England is radically changing the healthcare landscape. The NHS White Paper and the Public Health White Paper will bring significant changes to arrangements for NHS commissioning as Primary Care Trusts and Strategic Health Authorities are to be replaced by GP commissioning consortia. Local authorities are expected to take on responsibility for public health functions and are to be responsible for promoting integration and partnership working between the NHS, social care, public health and other local services through new Health and Wellbeing Boards.

- The Comprehensive Spending Review has confirmed significant resource reductions for local authorities, the NHS and other public sector organisations. There will be impacts on staffing levels with organisations cutting back in some areas inevitably affecting on the effectiveness and continuity of the planning and delivery of services.

- There is a need for co-ordination of service planning, commissioning and delivery of services for the ex-service community across all public sector agencies: the NHS, local authorities, the voluntary sector, and others working with the Armed Forces.

- There is an opportunity for the development of strong leadership at a regional level.

- It is recognised that tracking service leavers is a significant problem and it is intended that the North East NHS Armed Forces network would work closely with the MoD to eradicate these problems. When service personnel do not know where they are going to settle on discharge the transfer of records will continue to be problematic.

Recommendations:

- That plans to develop Health and Wellbeing Boards, local GP Commissioning Consortia (including current continuity planning by PCTs and local authorities) prioritise ex-service community mental health issues as this review notes the significant impact of:
  - a changing policy environment and healthcare landscape which is to be implemented, bringing changes in structures, responsibilities and personnel;
  - the Comprehensive Spending Review which has confirmed significant resource reductions for local authorities, the NHS and other public sector organisations that will inevitably impact on the effectiveness and continuity of the planning and delivery of services.
- A regional leadership role for driving improvements in services via key statutory and voluntary agencies in partnership with the Armed Forces should be established. Consideration should be given as to whether the North East NHS Armed Forces network has the potential to take on this leadership role and become the key mechanism for leading and co-ordinating.
- Local authorities have an important role to play in addressing wider health inequalities amongst the ex-service community within the network.
- In relation to the transfer of medical records to the NHS and greater GP awareness of veterans status of new patients – it is suggested that this approach is enhanced by encouraging primary care practitioners to prompt their patients to indicate that they are an ex-service person, and by asking the question 'have you served in the UK Armed Forces?' (This should be accompanied by guidance to primary care practitioners as to what steps they should take to deliver priority treatment for these patients).
- Clear evidence that ex-service community mental health issues are being prioritised by PCTs.

North East Mental Health Development Unit

The role of the North East Mental Health Development Unit (NEMHDU) in the development of mental health services in the region was provided by Dave Belshaw - Head of the Unit. He advised that the unit is an arms length body that supports services and provider organisations. It does this by focusing its activities around four strategic objectives:

- Improving early access to services.
- Improving the mental health of the public in the North East.
- Giving people the skills and opportunities to control their care.
- Supporting the development of specialist mental health services.

An overview of military mental health facilities was provided for context: Defence mental health services are provided by military Departments of Community Mental Health (DCMH). There are 15 DCMHs across the UK, and other sites abroad, offering psychiatric services similar to NHS community health teams, and include psychiatrists, community psychiatric nurses, clinical psychologists and mental health social workers. In 2007 staff at these

departments assessed more than 5,600 personnel and diagnosed 3,930 with a mental disorder (around 2% of the military population). In patient care is provided by the NHS contracted by the MoD, and in 2007 the armed forces had 249 new inpatient admissions. For personnel on operations abroad there are Field Mental Health Teams in operation. When staff leave the Armed Forces their healthcare transfers from the military to the NHS. Numbers leaving because of a psychological condition is very low (around 200 p.a.), and only 20-25 are diagnosed with post traumatic stress disorder (PTSD). For those with a medical discharge on mental health grounds, a military social worker works with them for up to 12 months to help them gain access to NHS services.

For ex-service personnel the situation is different to in-service personnel as their healthcare is the responsibility of the NHS. For the majority this works well, but for some as they have complicating conditions, they have needs that differ from the general population, and therefore may need additional support in the transition to civilian life and in accessing services.

Some veterans are reluctant to access NHS services (and this is likely to be in part because of a feeling that other civilians will not understand what they have experienced) and it is recognised that a range of agencies - many of whom are service charities - have a role to play in supporting veterans to access the services they need.

In addition to services offered by the NHS and service charities, the MoD makes provision for some veterans including:

- Access to a comprehensive assessment at the Medical Assessment Programme (MAP) based in London, for any mental health problem a veteran may consider to be related to their service, for veterans with operational service since 1982.
- Access to assessment and out-patient treatment from the Defence Medical Services for current or former reservists who have been de-mobilised since 2003.
- Welfare support to veterans medically discharged
- The MoD is also piloting projects to identify vulnerable service leavers before they leave and to provide a 'light-touch' mentoring service to Early Service Leavers (<4years service).

The NEMHDU undertook a scoping exercise to determine what work on a regional basis was currently taking place in relation to veterans and mental health, with a view to identifying any gaps or areas in which NEMHDU could support. This scoping included a report to inform development of the Improving Access to Psychological Therapies (IAPT) programme which is the key mechanism for delivering improved services for ex-service community – see Appendix 7.

North East Mental Health Commissioning Unit

The North East Mental Health Commissioning Unit commissions a range of mental health services across the region to meet the needs of the region's communities. Nigel Nicholson, Acting Lead Commissioner of the North East Commissioning Team for Mental Health and Learning Disabilities, advised that the Unit places great emphasis on early intervention and improving access to services. A key aspect of its work is creating positive links with a range of different services in line with the Improving Access to Psychological Therapies (IAPT) programme. This programme was developed with the aim of supporting Primary Care Trusts in implementing National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders.

The **Improving Access to Psychological Therapies** (IAPT) programme was explained in more detail by Liam Gilfellon, Regional IAPT Lead - North East Mental Health Development

Unit. An IAPT Veterans Positive Practice has been developed – see Appendix 8. This guide has identified that veterans face a number of barriers in accessing psychological therapy services. High levels of social exclusion can mean that some veterans do not register with General Practitioners (GPs) and therefore have poorer access to healthcare. This can be for a range of reasons including a belief that mental health problems are shameful and they hide them, and feeling that GPs will not understand their military experience, or poor experience of military mental health services.

The IAPT guide acknowledges that GPs and other primary care professionals can inadvertently prevent veterans from accessing psychological therapy services for reasons including: lack of awareness of the specific needs of veterans and time constraints not allowing them to diagnose problems effectively. Specialist services can lack the confidence to work with veterans.

The programme acknowledges that veterans should be able to access services through whichever route they feel most comfortable with – and often this will be a service charity such as The Soldiers, Sailors, Airman and Families Association (SSAFA) or Combat Stress. The IAPT report also recommends that local NHS services liaise with veterans organisations so that care can be specially tailored for veterans needs and GPs can refer to veterans charities and the other way round.

Key issues:

- Veterans with mental health issues face a number of barriers in accessing psychological therapy services. These can include high levels of social exclusion, their own anxieties about the ability of services to help them or stigma associated with mental health issues. However self awareness and self-referral are important in accessing services.

- There are also barriers presented by the services themselves in understanding the needs of veterans and in diagnosing a problem and identifying help.

- Requests for NHS priority treatment may not be acted upon either because primary care providers or GPs are unaware that this is a requirement, or that the mechanisms do not exist to prioritise services for veterans.

- The Improving Access to Psychological Therapies (IAPT) programme has identified that GPs should accept referrals from ex-service charities. This sometimes doesn't happen in practice can happen partly due to GP lack of awareness of the particular needs and circumstances of some veterans and lack of knowledge of the referring organisation.

Recommendations:

- 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 specifically of the need for priority treatment for health care arising from their service. It is suggested that:
  - Appropriate training is provided and required by commissioners of NHS services;
  - Guidance should also be developed specifically for primary care providers and GPs to:
    - explain the priority healthcare entitlement;
    - encourage them to identify ex-servicemen and women (for example, by asking patients to indicate that they have serviced in the UK Armed Forces);
    - explain how they can adapt their systems to accommodate priority treatment for ex-service community; and
    - explain 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 (see recommendations in Section 6).
- There is a need to promote self-referral routes for ex-service personnel in a wide range of different ways that will help maximise their opportunity to access services.
- Consideration should be given to a form of accreditation to be available to ex-service charities (particularly the newly emerging charities) to enable them to refer directly to GPs.

Public Health services

The view of NHS Public Health on services for ex-servicemen was provided by Joe Chidanyika, Health Improvement Specialist (Mental Health), NHS Stockton-on-Tees (a Primary Care Trust) – see Appendix 9.

The PCTs role is to commission services in line with robust Joint Strategic Needs Assessments however local evidence and knowledge around numbers and specific services for ex-service communities is very scarce and limited. Further development is required in this area to help deliver the services that are required.

The prevalence of mental disorders in serving and ex-service personnel has been broadly reported to be similar to that of the general population. Depression, anxiety, PTSD, alcohol and substance misuse that lead to Mental Health disorders, are most in this group.

The re-organisation of the NHS and new GP commissioning arrangements are noted as expecting to alter current and future commissioning and service provision. There are also a large number of voluntary organisations currently investing a lot of effort which needs to be synchronised.

Key issues:

- Joint Strategic Needs Assessments can often contain little information relating to the ex-service community population including families and dependants.
- The difficulty of identifying veterans is an issue.
- Re-organisation of the NHS and commissioning arrangements will impact on current and future provision.
- There is a need to synchronise the considerable efforts of the voluntary sector.

Recommendations:

- Joint Strategic Needs Assessments should specifically identify the mental health needs of the ex-service community including families and dependants. This requires significantly improved data collection including identification and referrals of ex-service personnel. This also requires improved information sharing between different organisations across the statutory and the voluntary sectors.
- NHS commissioners must ensure that GP consortia arrangements prioritise the needs of the ex-service community.

Social care services

Local authorities have a statutory responsibility to provide social care services to vulnerable people in the community and Rachael Shimmin – Corporate Director of Adults, Wellbeing and Health at Durham County Council provided a thorough presentation at the Overview Event on 28th June.

In addition to mental health issues there are a range of socio-economic factors including unemployment which is greater in young service personnel, and homelessness where ex-service personnel tend to be older and homeless for longer periods than their civilian counterparts. In the Criminal Justice System it is estimated that between 5-17% are ex-service personnel.

Statistics that are relevant to the provision of social care services and imply the social care needs of the ex-service community may be different than a general population:

- 31% of the ex-service community live alone compared to 19% of adults in a UK population;
- 52% of veterans have a long term illness or disability;
- 20% of veterans have multiple health conditions

The government is driving social care reform including the provision of personal budgets to transform social care provision, to provide individuals with greater choice and control and has prioritised extra support for veteran mental health needs.

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. The care includes:

- Fair Access To Care – Service focus on those with critical and substantial needs.
- Range of service provision:
  - Equipment and adaptations. For example Telecare.
  - Community Transport.
  - Day Care activities for older people, physical disabilities and learning disabilities.
  - Resource Centres offering activities for those with mental health problems.
  - Domestic Abuse Outreach Services.
  - Community Alcohol and Drugs Services.
  - Carer's Support Services.

In addition welfare rights services; housing services; adult learning and employment interventions provide for the ex-service community.

An MoD consultation was undertaken during 2009 - The Nation's Commitment to the Armed Forces Community: Consistent and Enduring Support.' The ADASS, ADCS and LGA Consultation Response:

- Indicate that dialogue with Armed Forced Community is needed to understand/address needs.
- Do not support any additional duties on public bodies to deliver support to the Armed Forces Community.
- Recognise benefits of creating a network of local advocates to act as champions for the Armed Forces Community.
- Support a system through a welfare pathway for providing co-ordinated advice and information.
- Agree with a greater role for DirectGov website in providing accessible advice and information.

Areas for improvement were identified as:

- The provision and accessibility of information;
- Appropriate engagement and assessment of need;
- Removing the stigma from seeking help and support;
- Improving local networks between Local Authorities, Armed Forces and local armed forces support groups;
- Preparing people for discharge from the armed forces.
- Local Authorities as potential employers.

- Local authorities have a key role to play in meeting social care needs that ex-service personnel and their families may have, and in helping to tackle health inequalities they may experience.

- Accessible information needs to be made available to ex-service personnel and their families.

- Local authority services should be in a position to be able to identify ex-service personnel and their families.

- Local authorities can play a leadership role in providing for their population who have serviced in the Armed Forces.

- 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.

- To enable the identification and provision of services for service veterans - local authority services should actively ask the question of those they provide services for: 'have you served in the UK Armed Forces?

- All local authorities should consider appointing a Member Armed Forces Champion to drive improvements in services for service veterans.

- Local Authorities should consider adopting an approach similar to that set out in the NHS Operating Framework for veterans with a condition relating to their military service to be considered for priority treatment.

National Offender Management Service

The National Offender Management Service (NOMS) is an executive agency of the Ministry of Justice that brings together the headquarters of the Probation Service and HM Prison Service to enable effective delivery of services. Prison and probation services ensure the sentences of the courts are carried out . They also work with offenders to tackle the causes of offending behaviour.

NOMS is responsible for commissioning and delivering adult offender management services, in custody and in the community, in England and Wales. It manages a mixed economy of providers. There are currently 137 prisons in England and Wales, 126 of these are run by the public sector through Her Majesty's Prison Service and 11 are operated by private sector partners. Probation services are provided by 35 Probation Trusts across England and Wales. All of the above receive funding from NOMS to which they are accountable for their performance and delivery.

Lynn Summers, Regional Manager (Commissioning Support Services) for NOMIS presented a report into the position for veterans in the North East - see Appendix 13. NOMS North East does not have any special arrangements in place for the management of veterans,. However, they are now identified as a target group for resettlement purposes. A number of surveys have been undertaken showing variations in the estimates of the veteran prison population. NOMS believe that a figure of 3% may be accurate nationally, but the figure in the North East may be a little higher at 5%. A range of issues are explored in the report – the key issues are identified below.

Key issues:

- There is a research gap as very little is known about veterans in the criminal justice system and until recently NOMS did not engage with veterans.
- Work is now being done to identify veterans in the criminal justice system.
- Offenders subject to longer sentences allow for identification of additional support needs and enables 'signposting' to veterans charities, but for those on short sentences this may be less likely to happen.

Recommendations:

- As little is known about veterans in the criminal justice system more detailed work is required on the needs and nature of offending NOMS.
- More 'signposting' offenders subject to short sentences to veteran's charities is required.
- A support network should be crerated in prisons and in probation trusts to encourage veterans to identify themselves and engage with many sources of help. Prisons and probation trusts should adopt the Veterans in Custody Manual, and identify veterans at the reception or induction stage.
- Prison health services need to identify veterans and evaluate needs with a particular focus on mental health and Post Traumatic Stress Disorder.
- The sharing of best practice and information (data and needs analysis) needs to be promoted between prisons and probation trusts and other partners in the statutory and voluntary sectors.

Section 7 Public sector providers of mental health services in primary and community care settings

Community Veteran Mental Health Pilot – Tees, Esk and Wear Valleys NHS Foundation Trust

The experience of the Community Veteran Mental Health Pilot was provided by Symon Day – Lead Clinical Psychologist at Tees, Esk and Wear Valleys NHS Foundation Trust who presented evidence to the review on the work of the pilot project – see Appendix 6.

The NHS has held the responsibility for the health care of military veterans almost since its conception. In December 2007, David Nicholson, CEO of the NHS renewed a directive that the NHS should make priority provision for military veterans and merchant seamen (directive HSG(97)31).

The definition of "veteran" is someone who has served in the military for one day or more, and whose injuries (including psychological) are a result of their service. This may range from combat stress in theatre to bullying in the barracks. With increasing media attention, it is becoming clear that there is an anticipated rise in Post Traumatic Stress Disorder (PTSD) and other mental health issues amongst ex-military personnel, particularly in the wake of Iraq, Afghanistan and other fields of operation.

The government in response have set up eight national pilot projects across the country to begin to engage the NHS in treatment provision for this client group. Tees Esk and Wear Valleys NHS Foundation Trust, in contract with Department of Health, the Strategic Health Authority and the MOD hosts one such national-award-winning pilot site.

The scale of the problem:

- The armed forces consist of 2/3 Army, 1/6 Royal Air Force and 1/6 Royal Navy - approximately 200,000 combined regular personnel. There are 20,000 discharged each year - 2,000 discharged on health grounds – and only 200 discharged with MH conditions.
- PTSD prevalence in UK population is approximately 5%.
- PTSD prevalence expected in veteran communities is approx 15%.
- Pilot site data suggests nearer 30%.
- Main mental health issues are adjustment disorder, depression and alcohol abuse.

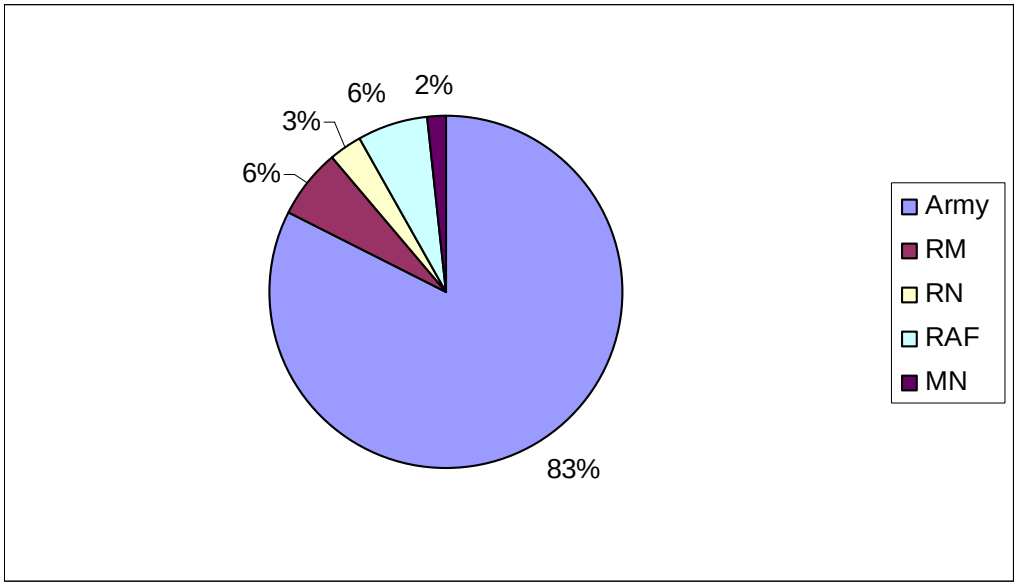
Only about 1 in 1,000 military personnel are discharged from the service each year with mental health problems equating to about ten people per mental health trust. However, the project has collected about eighty referrals in little over a year this would suggest that most mental health problems occur following service discharge.

The main issues were thought to be depression and adjustment disorders, alcohol misuse and about 15 – 20 % PTSD. The national pilot sites returned a figure for PTSD approaching nearer 30%, and this site, taking a very informal approach to diagnostics indicated about 60% of referrals having a significant trauma element. The "average" presenting veteran will be male, in his late 30's, will have served for 9 years in the army and will have been suffering from PTSD for about 11 years, according to our statistics.

Summary of referral by theatres served:

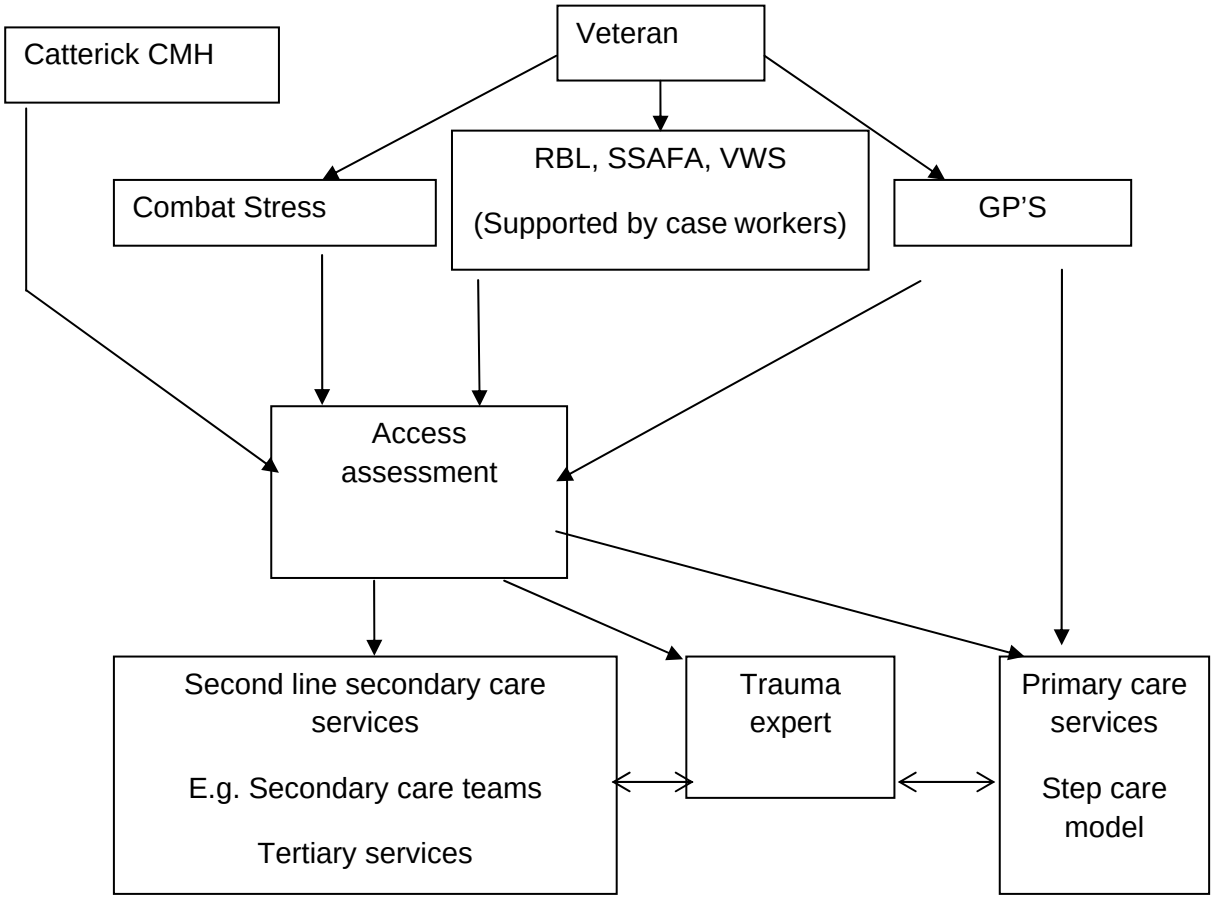
- Northern Ireland – 24
- Iraq – 20
- Bosnia – 10
- Aghanistan – 9
- Gulf War 1 – 8
- Falklands – 4
- Sierra Leone – 3
- Nigeria – 1
- Korea – 1
- Bornio – 1
- 3 or more theatres – 10 (16%)

Proportion of referrals by service:



The TEWV community Veteran Mental Health pilot has taken an integrative model rather than a stand alone model in its approach to service provision. Given its geographical size, rather than housing a central resource which would be geographically difficult to access for many, instead it built an infrastructure that is woven into the fabric of the Trust. Over 170 mental health workers and trauma workers are residing within 60 teams across the trust localities ready to engage and work with veterans (as well as their other cases). They have received training in military culture, veteran awareness, and applying therapy skills in the military context. Referral pathways have been set up between the Trust and veteran organisations such as Royal British Legion (RBL) and Soldiers, Sailors and Airmen's Family Association (SSAFA) to facilitate supported referrals.

The referral pathway:



There is very little literature regarding working with military veterans, and the project is on a sharp learning curve. It has learned that veterans find access to services extremely difficult for reasons ranging from:

- perception that presenting to services indicates a weakness;
- the NHS does not understand or in incapable of providing for their needs;
- lack of awareness of services;
- or the belief that their condition is untreatable,

through to extreme shame and guilt felt for surviving when their friends have not, or even for surviving when victims of atrocities have not.

It has also been recognised that many veterans present chaotically, and good and thorough stabilisation work is imperative before trauma-focused work is commenced. Social support and integration may be important aspects to consider.

The pilot project has learned that the therapeutic alliance is crucial but often very difficult to form, and which needs time and nurturing. It is likely to hit issues of abandonment (by the military – who were akin to family and who no longer are) mistrust and misaligned expectations. Some of these issues lie within the clash of military and civilian cultures. Most importantly these cultural differences need to be understood by the therapist. In many cases the process of therapy is likely to be hijacked by war pensions / compensations claims, and ongoing assessments made by external doctors who are perceived by the veteran as incompetent or biased against them, leading to intense anger. Some veterans wear PTSD

as a badge of honour symbolising the extent of their suffering, and may be reluctant to let go.

The TEWV veteran project, as a pilot, has formally come to an end. Nevertheless, the Trust is committed to the appropriate care of veterans and has agreed to support continued work in maintaining and expanding our veteran network. Furthermore, it has agreed to further develop Trauma services that will be in the interest of veterans and other service users.
Areas identified as requiring further work:

- Continually repair the network of partner organisations in the referral pathway
- Set up supervision support network
- Boost training in PTSD for all trauma workers
- Boost training in stabilisation for generic MH workers
- Develop in house veteran awareness training using our own staff veterans
- Establish better links with forces discharged personnel to pick up those identified as having mental health issues.

Northumberland Tyne and Wear Mental Health Trust

Rod Boles, Lead Nurse (Sunderland/South Tyneside) advised that the Trust are committed to providing veterans mental health services and nurse consultants are working to carry out training and awareness with staff. They work with organisations such as Combat Stress to be a point of contact and to signpost people to services.

He also pointed out that many veterans did not want to be identified and did not want to discuss any problems that they were facing - a legacy of the Armed Forces culture where the last thing people would do is admit that they had a problem or had been traumatised. He also noted that some people who leave the forces want to leave this part of their life behind and do not want to be identified as being ex-service.

North East Traumatic Stress Centre - The views of Dr Kevin Meares, Consultant Clinical Psychologist at the North East Traumatic Stress Centre, were submitted as written evidence – see Appendix 15. The report supports the issues detailed earlier in this Section. Key issues raised are included below.

Key issues:

- There is generally delayed onset PTSD and most mental health problems occur following service discharge. It is anticipated that figures presenting will increase given the recent conflicts in Iraq and Afghanistan.
- It is also noted that a lot of problems encountered by service personnel when leaving the forces are exacerbated by their socio-economic circumstances when entering the service e.g. educational attainment etc. Lack of life skills, the loss of structure in every day life, can further exacerbate problems such as seeking housing and employment.
- Networks of referring organisations are essential to the effective operation of community mental health services.
- There is evidence of a lack of basic information provided to veterans, with clear diagnoses of PTSD, about their condition.

Recommendations:

- The learning from the evaluation of the Community Veteran Mental Health Pilot is shared widely, but particularly with commissioners, providers and the North East Mental Health Development Unit. Learning from the pilot must help to shape future statutory provision and the linkages with, and support for, the voluntary sector in the context of the IAPT.
- The networks with referring organisations, essential to the effective operation of community mental health services, must be continually refreshed and repaired.
- There is need for improved awareness of veterans mental health issues among health workers including appropriate training and supervision.
- There should be better basic information provided to veterans with clear diagnoses of PTSD, about their condition.

Section 8 Voluntary sector providers of mental health services in primary and community care settings

Combat Stress

Lt. Col. Peter Poole, Director of Strategy Policy and Performance for Combat Stress provided an overview of the work of the organisation – see Appendix 10.

Approximately 100,000 veterans and their families have been helped to date, with approximately 4,380 active cases currently being registered with the Society. In the last year 1,303 new referrals had been made – which is a record high number.

The Combat Stress mission is to provide community outreach, community welfare and clinical treatment for veterans who suffer from mental health problems. This service is free to ex-servicemen and women.

Post Traumatic Stress Disorder (PTSD) can be a label on which to hang problems they have. Many veterans don't have PTSD but some other problem, such as alcohol or substance misuse, another mental health problem or a combination of problems. By a significant margin the majority of those accessing Combat Stress services served in Northern Ireland due to the lag in presenting with mental health problems. The average age of veterans presenting through the service was 42.8 years, with an average length of service of 10.2 years. It was also noted that the average time taken to present was 14.3 years.

It was noted that in the year ended 31 March 2010 just over half of all referrals to Combat Stress had been made by self referral – and it was emphasised that families play a key role in helping ex-service personnel into services provided by the organisation comprising 56% of referrals received, with NHS/Social Services and Discharge Boards comprising 13% and service charities and welfare organisations making up 24%.

Residential treatment centres available to ex-service personnel – these are: Audley Court in Shropshire with 27 places; Trywhitt House in Surrey with 30 places and Hollybush House in Aryshire with 25 places. Services provided are designed to help veterans come back from the brink of despair, to stabilise them and to help them get on with their lives again. They work in partnership with NHS practitioners and may return the veteran to the care of local community services where this is needed.

A significant issue relates to service personnel with alcohol or drug problems. Currently Combat Stress do not provide treatment services in the residential treatment centres partly because soldiers don't like being in such centres or because they may have behavioural problems.

A significant strategic shift is now taking place within the organisation toward developing more pro-active community outreach programmes in order to support veterans in the community and to be able to provide support to those with drug and alcohol problems. The organisation is in the process of establishing a team of 14 Community Outreach Officers, supplementing its 16 Regional Welfare Officers, to work integrate with NHS community based services and other local networks

Mental health problems can arise from:

- Pre-service vulnerabilities (considered a key issue)
- Military life itself
- Earlier onset of physical disorders
- Leaving the service and adjusting to civilian life itself

- Help seeking issues
- Combination of the above

The age profile of veterans accessing its services is getting younger – the majority of referrals during 2009/10 year are aged 31-40.

A guide for general practitioners had been produced by the organisation: *Meeting the Healthcare Needs of Veterans*. It is to be made available within GP practices advising on key issues for veterans health such as accessing their medical records, accessing priority treatment, mental health conditions, the meaning of no disadvantage and support available from other organisations.

It was noted that Combat Stress are concerned about which other organisations they can work with and will only refer people on to other organisations that follow nationally recognised National Institute for Health Clinical Excellence (NICE) guidelines and are inspected by the Care Quality Commission, in order to be confident of the suitability of the organisation and the safety of the individual concerned.

Royal British Legion

Joe Connelly, Welfare Officer for the Royal British Legion provided an overview of the work of the Royal British Legion (RBL). RBL are currently working in partnership with Combat Stress and are funding two of the Combat Stress Community Outreach Teams.

Although PTSD is clearly an issue for veterans - the problems that RBL encounter reflect wider problems in society with a proportion having underlying mental health problems and anxiety. A significant contributory factor to mental health problems is a veterans experience of being discharged out of the military 'family' into an unforgiving world where they may lack a support network. A proportion become homeless and this will clearly exacerbate such problems.

RBL's primary role is signposting a veteran to a service in the hope that they will engage – they would like to be able to formally make a direct referral.

RBL now had a Client Support Officer in post who worked with vulnerable clients providing them with 1:1 support, providing a 'hand-holding' approach ensuring that they attending all appointments and giving general support, which is particularly appropriate to the most vulnerable and hard to reach individuals.

It was recognised that there were difficulties in identifying veterans and work was being done to push information into GP surgeries and other local authorities in a bid to help ask the question about whether an individual is an ex-serviceman or woman.

RBL are now moving in a strategic direction adopting a community outreach approach with the appointment of Client Support Officers.

The main problems faced in delivering the community outreach approach are the geographical size of the area covered, the challenge of balancing the direct needs of clients, and building the links and networks with other organisations and agencies on the ground.

Regarding the identification of veterans it was agreed that this issue was a problem due to the combination of factors including no active collection of data relating to veterans status; veterans not being routinely asked to identify themselves as such when accessing services; and some veterans reluctance to identify themselves.

Regarding the use of national insurance numbers and the potential to add a digit to enable identification of veteran status - it was noted that this could compromise the privacy of an individual. It was suggested that clarification should be sought in relation to the Governments view about the identification of ex-service personnel via the national insurance number.

Mental Health North East

David Sutton provided an overview of the work of Mental Health North East (MHNE) and how they were working to address the issues faced by ex-service personnel and their families.

There are very particular issues for the Terratorial Army who are deployed on an individual detatchment basis, and will be required to adjust into their previous work places on their return after deployment and this can be very difficult.

Prompted by initial interest from Kevan Jones MP, David Sutton advised that a 12 month pilot was scheduled to commence in Jan 2011 in Durham in conjunction with Army Welfare and to be evaluated by Durham University, funded by the MoD with Veterans Challenge funding. The project will address the families of future veterans and the creation of a support pathway. He noted that the wider family is seen as a key issue as they will suffer anxiety also when their loved ones are deployed in theatre.

MIND Gateshead

Stuart Dexter, Chief Officer of MIND in Gateshead provided a brief overview of the current work of the organisation which operated as a federation of separate charities. It has been recognised that the organisation needs to develop services for veterans and this was being looked at nationally and locally. MIND Gateshead were developing a partnership project Forces for Good where a pilot would be providing Cognitive Behavioural Therapy interventions.

Mental Health Matters

Paul Nicol provided an overview of the work of Mental Health Matters (MHM) and what was intended to be done in the future in relation to addressing the needs of veterans – see Appendix 11.. MHM are working with Tees Time to Talk IAPT service in identifying best practice in engaging and delivering appropriate and timely therapies to ex-service men and women.

It was also noted that the identification of veterans was a known problem however, MHM were looking at IT services to help improve the data capture in relation to ex-service personnel. The future delivery of services through MHM was dependent on following best practice from the IAPT service, improving IT systems, recognising and developing skills within the team and building partnerships for the benefit of the men and women accessing those services.

About Turn CIC/Forces for Good

Tony Wright provided information on the About Turn CIC programme, which was a peer led support group who provided training and activities that enabled veterans and their families to develop personal and professional skills.

About Turn CIC directors were both registered and qualified social workers with a vast experience of working as managers and advisors in the criminal justice system, homeless sector, mental health services and drug and alcohol field.

Forces for Good currently operated on a weekly basis across Sunderland, Newcastle, Northumberland (Blyth) and North Wales and further groups were operated for women and veterans serving custodial sentences. Ages of clients accessing the groups ranged between 18-90 years.

Volunteers support the groups each of whom has a specialism's in areas such as employment, education, housing, homelessness, drug and alcohol abuse, mental health involvement in the criminal justice system, debt and financial management, family support and vocational skills training.

Forces for Good had engaged with over 90 referrals since April 2009 on a broad range of issues.

With regard to Mental Health Issues it was recognised that many ex servicemen and women have multiple and complex needs and therefore links had been forged with a clinical psychologist and CBT therapist who offer therapy to adults with a range of problem including PTSD. A clinical psychologist who works with traumatic stress and a Professor of Military Psychiatry. Forces for Good had also created a 'fast track' referral services to a CBT trained therapist who was working in collaboration with MIND Gateshead.

The label PTSD can be a 'red-herring' where people actually have a host of other problems that need to be dealt with first such as alcohol and drug dependency. These people need help and support from veterans agencies to get them to a point where they can access, for example, the services which are provided by Combat Stress. The services they provide are excellent but many, for the above reason, cannot access their services. It was noted that there is also no residential PTSD facility in the North East.

It was clear that all parties recognised the need for more joined up working across the board to ensure that the needs of veterans are met and that clear leadership and direction was required in taking forward the veterans agenda, but he felt that there is too much bureaucracy getting in the way of faster solution. Waiting for the outcome of pilot projects can slow down the development of necessary interventions which are required more quickly.

It is essential that the identification of veterans was addressed, including the collection of information related to that individual and the organisation is campaigning for all community based services to ask the question….have you served in the British Armed Forces?.

The appointment of an 'armed forces champion' in local authorities, in NHS bodies including GP consortia would help develop a focus within the respective organisations to develop services and meet needs.

There are a large number of different voluntary organisations (as well as statutory organisations) are providing support to veterans and a more strategic approach was required to avoid confusion between the services provided. Organisations should be working together however they are finding a lack of funding available to support what they are doing. More leadership is required to develop a more coherent structure and avoid fragmented provision.

It may be inappropriate for all funding to be channelled to the 'big hitters' – the smaller organisations are developing approaches to meet unmet need and all organisations should be working together.

It was noted that Finchale College are soon to launch a web-based directory of veterans services. Their website can be accessed:

http://www.finchalecollege.co.uk

Military Mental Health

Gary Cameron provided an overview of the work of Military Mental Health (MMH). The organisation runs veteran's awareness workshops for a range of organisations and individuals and these had also been run in partnership with IAPT (Improving Access to Psychological Therapies) in the North and West of the Country. Work had been done to secure funding for a residential centre in Sunderland. The organisation was also working to open a centre of this type in Manchester. They were also working with the newly opened NORCARE residential service in Newcastle.

MMH were looking at stress management and working with HMP Buckley on dealing with prisoners suffering from military associated mental health problems. Reference was also made to one to one interventions and the expertise of staff which was being developed. It was noted that to date 400 persons had been trained in mental health awareness.

MMH are working with Finchale Training College on a personal development programme called 'A Way Forward'.

MMH would be in favour of a form of registration of organisations accredited to provide services for veterans as there are organisations just appearing claiming that they can deliver services.

RAFT (Resettlement Armed Forces Training)

Michele Winship provided an overview of the work Resettlement Armed Forces Training (RAFT) – see Appendix 12. RAFT provides training and awareness programmes that addressed veteran's transition into civilian life. In particular addressing vocational and educational issues and support and mentoring for those with social problems as a result of their ex-service career.

RAFT is keen to raise awareness amongst third sector organisations and to any other organisation, with an interest in providing services for the ex-service community.

The organisation believes that there was an inadequate level of awareness of veterans health issues generally among public health professionals. Veterans suffer particularly from health inequalities issues such as domestic violence; drugs and alcohol issues and homelessness.

Background information was provided on the key challenges and areas for future development. It was noted that one of the main challenges they had encountered was gaining the support of other organisations and getting them on board and working together to achieve mutually defined aims and objectives.

They were currently undertaking a health needs analysis of the veteran population that would identify gaps in the service and would allow recommendations to be made in terms of the areas which required further development.

A key issue is that veterans are an 'invisible population' and it is essential to be able to assess needs and signpost to appropriate support.

Key issues:

- Lack of support networks on discharge – veterans lose their military 'family' and support when discharged and often face a lack of understanding in the outside world, needing a support pathway.

- There is some fragmentation and lack of co-ordination of provision with a large number of voluntary sector/community sector (community interest companies) organisations providing services for veterans and new ones developing to meet unmet needs.

- There is no accreditation system for voluntary sector service providers to quality-assure their provision.

- Voluntary organisations can encounter problems in making direct referrals to GPs or others and have reported that they are sometimes unaware of veterans entitlement to priority treatment and do not, in practice, provide for it.

- Some voluntary organisations encounter veterans presenting with drug and alcohol problems and cannot provide them with a service. However, other voluntary organisations have emerged to meet this need.

- Community outreach is increasingly seen by veteran's charities as the appropriate solution to help the ex-service **community in the non-residential settings where most of them live.?????**

- The identification of ex-service personnel is poor – it is evident that statutory services do not routinely identify ex-service personnel and do not ask the question 'have you served in the UK Armed Forces?'

- The families of veterans can play a key role in facilitating the access to voluntary sector services. Families can also experience mental health problems such as depression and anxiety arising from their loved ones service overseas.

- Some voluntary organisations report that funding is generally channelled to the high profile charities and they can find it difficult to access this funding

Recommendations:

- There is a general support across the voluntary sector organisations 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.

- There needs to be 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 may be possible for a large voluntary organisation to underpin and support such a more co-ordinated approach.

- All organisations providing (or potentially providing) services for ex-service community should be required to encourage veterans to voluntarily identify themselves by asking 'have you served in the UK Armed forces?'

- Consideration should be given to the potential for an individuals NHS or National Insurance number to be used to identify their veteran status and consequently improve identification of needs and services that may be available. Clarification should be sought in relation to the Governments view about the identification of ex-service personnel via the National Insurance number.

- In order to make it easier to identify where a veteran would go for help - local directories (including web-based) of services provided by the voluntary and community sector (and statutory provision) should be developed and be available for those seeking help and for those making referrals.

Section 9 Summary of recommendation in line with the Ministry of Defence/ NHS Partnership Board key themes for 2010

Veterans mental health services

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

Ensuring equality of access for Armed Forces families

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

Authors contact details:

Jeremy Brock – Durham County Council and NHS County Durham and Darlington
jeremy.brock@nhs.net

Steve Flanagan – Newcastle City Council
steven.flangan@newcastle.gov.uk

Paul Baldasera – South Tyneside Council
paul.baldasera@southtyneside.gov.uk

Jackie Roll – Northumberland County Council
Jackie.Roll@northumberland.gov.uk


DARLINGTON
BOROUGH COUNCIL

Durham
County Council

Gateshead
Council

HARTLEPOOL
BOROUGH COUNCIL

Middlesbrough
moving forward

Newcastle
City Council

North Tyneside Council

NORTHUMBERLAND
COUNTY COUNCIL

REDCAR & CLEVELAND
BOROUGH COUNCIL

South Tyneside Council

Stockton-on-Tees
BOROUGH COUNCIL

Sunderland
City Council

North East Joint Health Overview and Scrutiny Committee

Regional Review of the Health Needs of the Ex-Service Community

Physical Health

Workstream Final Report
January 2011

NORTH EAST JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

REGIONAL REVIEW
OF THE
HEALTH NEEDS OF THE EX-SERVICE COMMUNITY

PHYSICAL HEALTH

WORKSTREAM FINAL REPORT

Introduction

1. Advances in medicine and surgery have profound impacts upon society, with people surviving injuries and illnesses that history tells us they would not have traditionally survived.

2. The same is true of military injuries and 'field medicine'. Injuries that previously would have been too much for service personnel to survive are now 'survivable', due to advances in the technology and knowledge employed in military health services. This is, needles to say, something to be extremely thankful for. Nonetheless, it presents significant challenges for those individuals and health services when contemplating a recovery and a return to military life, or a life after the military, should a medical discharge ensue.

3. The very nature of armed conflict, and the physical exertions that it asks of combatants decrees that all are physically very fit and, therefore, young. As such, the recent and current armed conflicts that this country is engaged in present a generation of survivors whom have significant and possibly ongoing health and social care needs. Further, it is perfectly possible that, with a prevailing wind, such people could live another 50 years following discharge.

4. The overriding interest of the Workstream was to explore the support that people with such needs require, when they become a veteran or 'ex-service' and how that support is co-ordinated and delivered. It has become clear to the Workstream that such injuries can create a significant and expensive demand on services. The Workstream would like to make clear in explicit terms that it believes strongly that such people should be afforded every possible assistance in their recovery and future lives, nonetheless the high cost of such care needs to taken cognisance of. In addition, whilst the Workstream is not a military or foreign affairs specialist (nor is it its remit), it appears clear that the UK will remain in Afghanistan for the foreseeable future. As such, we can unfortunately, expect more cases of serious injury. In the view of the Workstream, this reality is all the more reason to ensure that North East England's health and social care economy has the knowledge and the capacity to give the ex-service community the welcome and the support it deserves and has earned.

5. In addition to existing conflicts, there are of course, veterans of many other conflicts who continue to live in the region, with physical health concerns which could relate to active service.

6. With the above context in mind, the Workstream was keen to establish how well configured the local health and social care system is to deal with current, and future demand.

Evidence from presentations

Evidence from the SHA – Caroline Thurlbeck & Mike Procter

7. Following the overview day on 28 June, the Workstream was keen to speak to the regional NHS about what happens now for the physical health of the ex-service community, and what its plans are for the future.

8. The Workstream met with a Director of Commissioning from the Tees PCT Cluster and the Strategic Head of Performance from the North East Strategic Health Authority (SHA).

9. The Workstream considered an initial presentation from the SHA, which outlined a quantity of introductory information, ahead of the Workstream exploring a number of questions.

10. As an initial step and before considering the policy environment, the Workstream wanted to gain some sort of understanding as who, or what the ex-service community is, what does it mean? It was told that:

It means all those who are serving personnel, volunteer reserves, veterans and their families. It is estimated that there are around 10.5 million people in the UK who fall into this category.

11. To expand on this, the Royal British Legion[1] (RBL) have published figures which indicate the following:

- There are an Estimated 4.8 million veterans in the UK and 5.37 dependents
- 84% veterans are men
- Veterans over 85 years will increase significantly over the next decade
- 60% of the adult ex service community are aged over 65; this compares to 20% of the general adult population
- 31% of the ex service community live alone compared to 19% of UK adults
- Younger members of the ex service community are more prevalent in the North of the UK

12. To build on the last point above, the Workstream was particularly interested to hear if there were any specific figures for North East England. The Workstream heard that there are no firm figures about the North East England dimension, although the RBL has estimated that, based on the national profile, North East England has:

[1] Royal British Legion 2005

- 200,000 veterans
- 400,000 veteran community

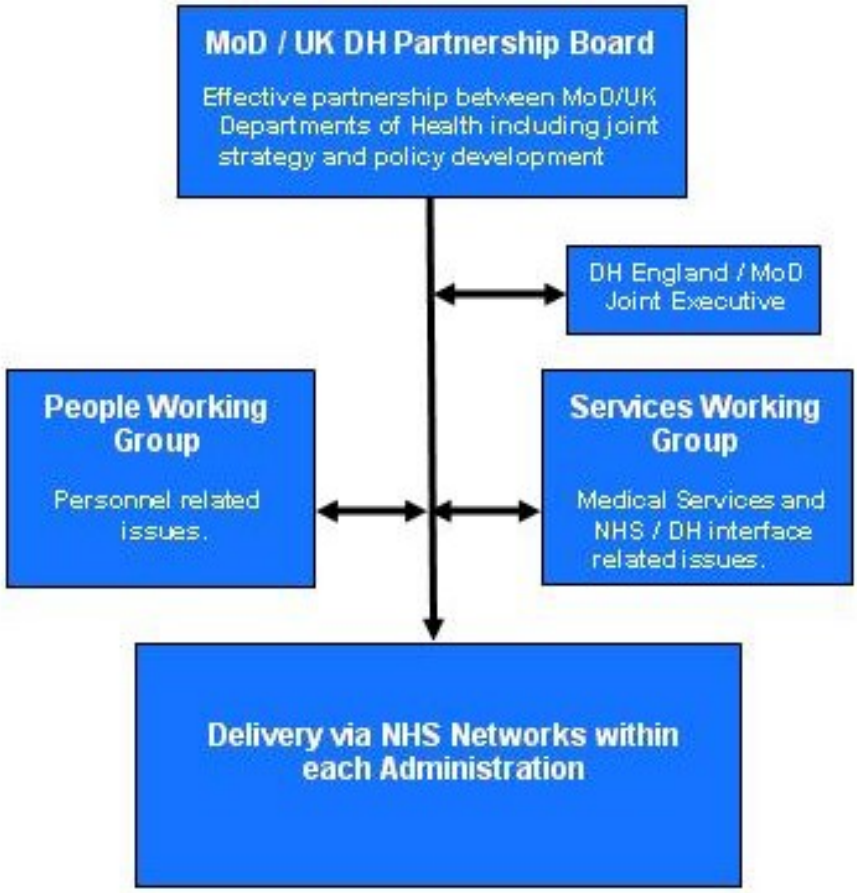
13. The Workstream acknowledged that whilst the above figures were an estimate, it highlighted a significant presence in North East England. The Workstream was mindful of a presentation given at the overview day which indicated that around 10% of service recruits come from North East England and the majority join the army. The Workstream felt it was important to consider this statistic against the context that North East England only contains around 5% of the nation's population. As such, North East England's contribution to the armed forces numbers is around double its percentage of population. The Workstream noted that upon discharge it is fair to assume that a large proportion of those people, return to the area they came from. In addition, the Workstream has heard on a number of occasions that a significant number of armed forces recruits from North East England tend to be from lower socio economic groups, with few other career options. This can impact upon their chances when they re-emerge from forces.

14. It is also worth noting that around 18,000 service personnel transition to NHS care every year and only a small number are regarded as seriously injured and will require significant ongoing health and social care. Whilst the most severe cases are fairly small in number, they are hugely significant and a barometer about how society looks after such people. This is a particular issue for North East England to get right.

15. The Workstream heard that there is a significant policy context to the topic of support for the ex-service community. Key documents are laid out below:

    - July 2008 Command Paper
    - NHS Operating Framework for 2010/11
    - MOD/UK DH Partnership Board
    - Establishment of a North East NHS Armed Forces Network

16. An illustration of the MOD/UK Partnership Board is outlined below.



17. The Workstream heard that the first document to explore the theme of support for the ex-service community was the Service Personnel Command Paper: *The Nation's Commitment: Cross-Government Support to our Armed Forces, their Families and Veterans*[2].

18. The Command Paper is a substantial document, although it key points are:

- The Essential Starting Point of the document was that there should be No Disadvantage suffered by the ex-service community as a result of their active service.

- Service people and their families should be able to manage their lives as effortlessly as anyone else.

- The importance of the ex-service community being able to benefit from a Continuity of public services when required to frequently move home

[2] July 2008

- That there should be a Proper Return for Sacrifice - Service personnel & their families will receive the treatment and welfare support they need for as long as they require it.

NHS Operating Framework 2010/11

19. The Operating Framework made clear the government's expectations regarding the support to be afforded to the ex-service community. The key commitments are outlined below.

- PCTs to work closely with military services

- Smooth transition to NHS care injured Service Personnel

- Ensure dependants are not disadvantaged

- Priority treatment, including mental health treatment, for veterans

20. It was emphasised by the Operating Framework, as well as the NHS representatives speaking to the Workstream, that the way that the NHS deals with and supports the ex-service community is of paramount importance. In many ways it defines how effective the NHS is, dealing with a group that society owes a debt to, at their time of need. As such, it is identified as a key reputational issue for the NHS, which it simply has to get right.

21. Following the General Election in May 2010 and the creation of the Coalition Government, the NHS Operating Framework was re-released with amendments from the new Secretary of State for Health. The above commitments were restated in the new Operating Framework, providing a degree of policy consistency for the NHS, relating to the ex-service community. The NHS, relating to the ex-service community, has made a number of commitments. They are listed below.

    - 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.

- There are to responsible Directors 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.

22. In a North East Region context, the Workstream heard that a North East NHS Armed Forces Network was in the process of being established[3]. The Workstream heard that its purpose was to provide regional NHS leadership, advocacy and points of liaison for military health issues. Its aim to work with regional military, social services and third sector organisations, to ensure delivery of Armed Forces community programmes.

23. It was confirmed that there were a number of organisational leads in North East England to ensure the topic has a high profile. There is a SHA lead director and an operational lead within the SHA. Amongst Provider Trusts, there is a Lead Chief Executive, from the Tees Esk and Wear Valleys Foundation Trust. In addition a NHS Armed Forces lead has been identified within each PCT cluster. The Panel heard that the regional network was hoping to recruit a clinical director who, it was hoped, would be a Director of Nursing.

24. Following consideration of the presentation by local NHS representatives, the Workstream wanted to explore a number of themes.

25. At the evidence day on 28 June 2010, Members had heard that a particular problem for the ex-service community, and their physical health, was the scenario when someone leaves the forces and does not register with civilian health services and never does.

26. It was said that this can be a real problem as armed forces life is such that medical appointments are made for you and you attend when ordered to. As such, service personnel can afford to be fairly reactive to health matters, as they will typically be provided for. There is quite a

[3] It later had its launch event on 29th September 2010

contrast with that approach in civilian life. Whilst NHS services are free at the point of delivery in the United Kingdom, the system, including General Practice, will not seek you out, invite you to attend or engage with you proactively. There are obvious reasons as to why that is not realistic. Nonetheless, there is a responsibility on the individual to register with General Practice, make appointments when needed and generally engage with services. This was highlighted as somewhat different to a military experience and if someone has been in the forces for a reasonable timeframe, this may be confusing. As such, it was suggested that service personnel being discharged should be registered with General Practice before they are discharged.

27. The Workstream was interested to discuss the concept of people returning from active service, with service related injuries, and how the local NHS dealt with that. The Workstream heard that if someone is seriously injured in active service, they would initially be treated and rehabilitated at Selly Oak (near Birmingham) or Headley Court (in Surrey). The first question at such facilities is whether the person can continue in the services. Should they not be able to continue and a medical discharge is considered to be appropriate, the person will identify the area they want to live in. At this stage, the Workstream was interested to understand how the Defence Medical Services (DMS) engage with the local NHS, to advise them of the person's impending return and their needs.

28. The Workstream was far from convinced that a great deal of conversations take place at the moment. The Workstream was advised that one of the roles of a PCT lead is to raise awareness of the issue, to make links with military personnel and to establish lines of communication, which could be utilised when someone was returning. The Workstream heard that a goal of the regional network would be that PCTs would have a case manager or key officer for each returning veteran (and any family) to ensure needs were met and they were put in contact with the people they needed to liaise with. This could include everything from medical support for ongoing health needs, to assistance with placing children in local schools to housing assistance. The Workstream felt that the concept of a case manager was a very good one and would be very keen to see such a development introduced. Indeed, the Workstream felt that a key role of the regional scrutiny exercise would be to argue for this development.

29. Whilst the Workstream acknowledged that PCTs would be crucial in assisting returning service personnel accessing the services they require, and funding appropriate medical care, Members were concerned to know what would happen post March 2013, when PCTs are scheduled to be abolished. In essence, the Workstream heard that no-one really knows what will happen, although there was clearly a need to proceed with this work and achieve as much as possible in the timeframe available. Progress could be made whilst engaging with the likely leaders of GP Consortia, to convince them of the worth of the

work and to commission adequate support in their future role. The Workstream heard that if this was done well, there was significantly less chance of the good work done by then 'falling between the cracks' and being lost. The Workstream accepted this argument, but feels that the impending demise of PCTs and SHA constitutes a very real threat to the embryonic support arrangements for the ex-service community, particularly in the field of physical health. The Workstream heard that by having a section dedicated to veterans' health in future Joint Strategic Needs Assessment (JSNA), the topic's profile would be kept high. In turn, this would make it more likely that GP Commissioning Consortia would inherit the responsibility and recognise it as a central part of the commissioning agenda.

30. The Workstream was interested in exploring the topic of people returning with serious injury and ongoing physical health needs. Particularly, it was discussed as to whether civilian health services have sufficient expertise and experience to deal with the sorts of injuries and ailments that veterans could now return with, which are injuries which traditionally people may not have survived. It was accepted that military health services have a significant amount of experience and expertise in dealing with such injuries, although there was not thought to be any significant challenges in the level of expertise within the NHS. The Workstream did, however, hear of one possible tension between what people receive in the armed forces and what is available in the civilian NHS, which was also expressed at the evidence day on 28 June 2010. A small number of veterans and have lost limbs and require prosthetics. The Workstream heard that the success of the Headley Court rehabilitation regime means the majority are highly mobile and require specialist limbs, which are very advanced and allow a great deal of movement by the wearer. The reality is that such military issue prosthetics are much more advanced than those traditionally available on the NHS.

31. People in their twenties or thirties wearing prosthetics will require work to be done to their prosthetics during their life time, including replacements. The Workstream heard that a real danger would be that a veteran using a military grade prosthetic, may develop a high level of fitness and mobility, which following discharge may be replaced by the NHS, using an inferior prosthetic. This would materially impact on the quality of life experienced by the veterans. As such, the Panel heard that the NHS provision of prosthetics to veterans (with service related injuries) will be equivalent to military issue, with reminder guidance being drafted to all NHS fitting centres. The Panel heard that this represents a learning curve for NHS personnel to become familiar with the prosthetics, as well as dealing with the additional cost. Nonetheless, the Workstream felt that this was a positive development.

Evidence from Mark Logie

32. The Workstream was keen to gain a Ministry of Defence perspective on service leavers and the supported afforded to them as they leave.

33. By way on introductory information, the Workstream considered the following facts:

- There are 800+ Service Leavers each year from bases in the region
- In addition, there 1,600 leaving training bases per annum
- Many want to stay in the region
- High % are seeking jobs in Transport and Communications, Construction or Manufacturing sectors, and in professional or skilled trade occupations
- 15% want to start a business

Challenges faced by Service leavers include:

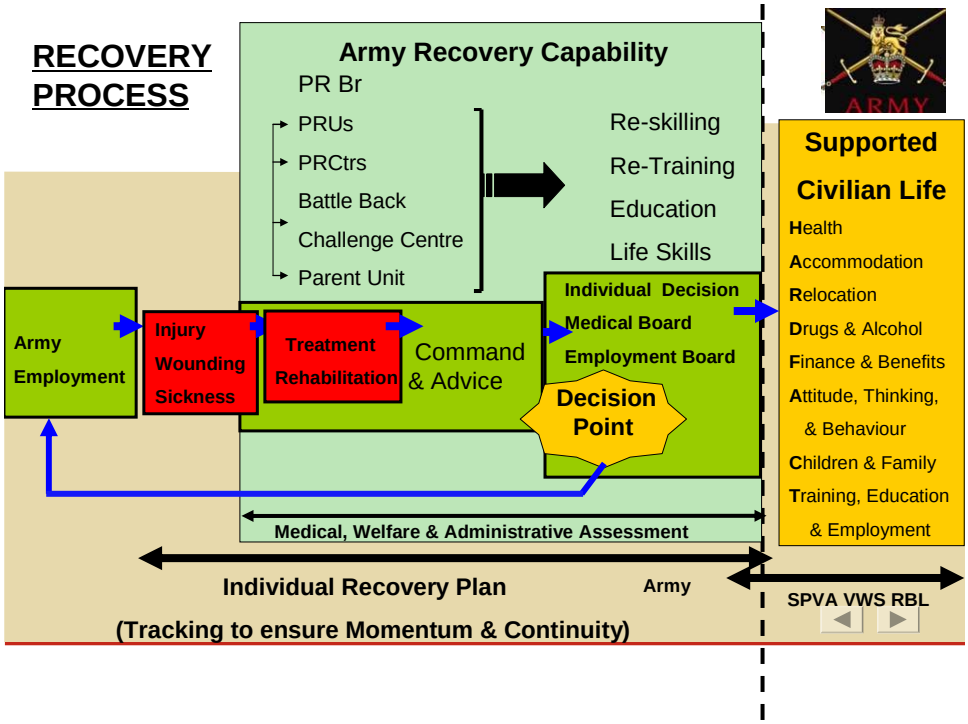
- Finding job opportunities, securing appropriate skills/qualifications, finding appropriate housing and financial issues (such as debt).
- Lack of awareness amongst local businesses of workers & skills coming out of MOD bases

34. The Workstream heard that when someone has an injury or illness, before discharge is discussed, great consideration is given as to whether the individual can remain in the service in some capacity.

35. The Workstream was interested to hear about Personnel Recovery Centres and the role that they play.

36. The Workstream heard that following injury or illness, a trigger point was reached at 56 days, when someone goes into the PRC. The Workstream was advised that the the PRC is not a medical facility, but a military environment where support and recovery are continued. A diagram outlining the process is overleaf.

37. Within this environment and the environment of recovery units, the Workstream heard that there is a culture that a decision over someone's health and future 'takes as long as it takes'. Still, once a decision has been made that someone wants discharge on medical grounds, the Workstream was keen to explore the process that the individual would go through.



38. The Workstream heard that under current arrangements, responsibility does not transfer to post service providers (i.e. local authorities and NHS organisations) until an individual has left service and arrived in the local area. The Workstream heard that such a system where there is very little integration or service overlap, can create a situation where people can 'fall between the cracks' and a worry remains that people experience a noticeable dip in quality of care/service access upon discharge.

39. The Workstream heard that 450-500 people per annum leave the army on account of medical discharge. The Workstream noted that if North East England contributes around 10 -15% of military recruits, it is a reasonable assumption that the same percentage is being medically discharged back into the region.

40. The Workstream heard that it is crucial that the discharge process, and liaison between military and civilian health services starts around three months before the person is due to be discharged. This provides the best chance of the individual not 'falling between the cracks' and as much intelligence about the person and their needs as possible to be passed on.

41. It was said that this can actually be harder than it may appear. people tend to leave the forces at all times of the year, they do not leave at one time of the year, so the above would have to be a year round process, as opposed to a yearly handover.

42. Still, in terms of what should happen, the Workstream heard that the following process would be ideal:

MOD Team complete CHC Checklist

then

MOD Case Coordinator contacts Regional Strategic Health Authority (SHA)

then

SHA identifies relevant PCT and introduces PCT coordinator to the MOD Case Coordinator.

then

SHA refer to PCT for co-ordinator to be appointed for the seriously injured / ill.

then

PCT co-ordinator convenes multi-disciplinary team (MDT) involved with individual's care

then

Case conference

then

MDT completes Decision Support Tool (DST), to make a recommendation to PCT on CHC eligibility

then

PCT approves recommendation, develops and commissions care package

Or

LA assumes responsibility for care package depending on the requirements of the case.

43. The Workstream felt that the above process would be a huge improvement on what is currently offered and would ensure a smoother transition for the ex-service community. Still the Workstream queried how the above process, would be continued when the proposed changes to the NHS took effect and PCTs and SHAs were abolished.

44. It was acknowledged by all around the table that the proposed structural reforms to the NHS muddied the waters somewhat and left a

number of important questions unanswered. Nonetheless, it was said that it was better to establish a clear and robust process, which could be inherited and modified by the GP Commissioning Consortia, rather than waiting for something to be established in the future. Aside from the system's need to have some sort of process established, it was also crucial that returning veterans got a better experience of handover than they currently do.

45. The Workstream heard, again, that a co-ordinator within civilian health and social care services, with the power, responsibility and influence to take charge of matters was absolutely critical and was something that had to be established.

Evidence from RBL

46. In considering the topic of the Physical Health of the ex-service community, the Workstream thought it critical to hear the views of the Royal British Legion[4].

47. By way of introduction, the panel heard that North East England branch of the Royal British Legion was one of thirty regional offices. It was confirmed that according to RBL's estimates, there are around 500,000 to 1million people living in North East England that constitute the ex-service community.

48. The Workstream was advised that around 50% of the ex-service community have a long-term condition, versus 35% of the general population. In addition, the Workstream heard that around 1 in 5 of the ex-service community live with multiple conditions.

49. Connected to that point, Members were keen to explore the topic of priority treatment for veterans. The RBL reported that a recent poll of GPs highlighted that around 33% of GPs were aware that veterans had rights relating to priority treatment and it was suspected that a fair proportion of those probably only knew about it due to recent media coverage. Further, it was highlighted that only around 10% of GPs had actually referred under the priority treatment initiative. In addition, it was reported that significant number of veterans do not know about their rights under the priority treatment initiative.

50. The Workstream was interested to explore how the RBL viewed the statutory agencies in the region and their approach to services for the ex-service community. The Workstream heard that even within an area that is relatively small, such as North East England, there is a

[4] The Royal British Legion is a UK charity that provides financial, social and emotional support to millions who have served and are currently serving in the Armed Forces, and their dependants. The Legion was founded in 1921 as a voice for the ex-Service community.

great deal of variation with different PCT cluster areas having different processes to others.

51. The Workstream was advised that the Tees, Esk & Wear Valleys (Mental Health & Learning Disabilities) Foundation Trust have a lot of very good ideas about services for the ex-service community and seems very keen to educate staff about the sorts of issues that tend to impact upon the ex-service community. Still, it was said that getting in to using such services is often very difficult.

52. The Workstream was keen to explore good practice and good organisational approaches towards the ex-service community. The point was made that good practice and good services being developed seems to be down to individuals doing a 'good job' and possibly going further in their commitment to the issue, than they possibly 'have to'. This was a point that was unanimously accepted by those around the table and possibly highlights the key point of the issue. Good services and good approaches towards the ex-service community seem to be down to high quality members of staff and not necessarily policy and procedures embedded within organisations. The Workstream heard that this reality probably highlights that there is not sufficient organisational knowledge or organisational understanding about the issue as yet and the fact that individuals are so key highlights this perfectly.

53. The Workstream was given an example of how organisational systems were not necessarily set up to cope with the intricacies of providing services for the ex-service community. It was said that the RBL had significant historical experience of people leaving the forces and returning to an area they decided to settle in. Following which, they were told that they were not eligible for PCT support, as the person did not have a postal address in the PCTs area of responsibility.

54. The Workstream noted that whether someone had a family history in a given area of the country or not, it is fairly difficult to have a postal address in an area when you have been living in barracks or married quarters at a military facility in this country or abroad. Further, by agencies having such systems as that, it makes planning for someone's arrival in a given area, before discharge, all the harder. The same, it was said, can apply to joining dental surgery lists or general practice lists. Given that the at the previous meeting, the Workstream had heard the importance of military and civilian health services being in contact about individuals before formal discharge, to enable a seamless transfer, the above example seems slightly ridiculous and eminently avoidable. Whilst the Workstream heard that efforts were now underway to banish such practices to the past, the Workstream felt it was useful to consider the example and hear what can happen if agencies do not engage sufficiently.

55. Again, the point was made that historically, it was talented and committed individuals that ensured that problems would be rectified, as opposed to organisational systems allowing people's needs to be met as required.

56. It was emphasised that an ideal scenario would be to register individuals with General Practice and Dental Services, whilst they were still in the armed forces, as part of a gradual leaving process.

57. The Workstream was reminded that a fundamental point to relating to services for the ex-service community was the principle of 'no disadvantage', yet the RBL expressed the view that this does not always happen in practice.

58. The Workstream heard about the story of one representative from the RBL, who is also a veteran and in receipt of a war pension. The Workstream heard that he had a ankle problem following discharge from the services and sought GP assistance with it.

59. The Workstream was told that the GP either didn't know, or wouldn't acknowledge, priority treatment for veterans and it was only because that the individual knew of the policy that he was able to press the point. Nonetheless, it took him 9 months to have the problem addressed. This leaves the obvious question about what happens to veterans who are not in the fairly privileged position of knowing policy details and have the confidence to pursue the matter. The Workstream felt that such a circumstance highlighted the need for better awareness of the policy or an advocacy service for veterans.

60. The RBL advised the Workstream that unawareness of the policy may also be prevalent at Trust level, where there are a number of competing priorities and competing pressures. The Workstream was told that whilst the RBL does not have empirical evidence to support the point, it would suggest that ignorance of the veteran priority policy is fairly wide spread. [5]

61. Linked to this awareness of policy, the Workstream heard is a general lack of awareness amongst civilian health services about the impact that life in the services can have on the human body. To continue with above example, the Panel heard that the damage done to the average 30 year old's ankle is quite different to the damage done by six or seven years of active service. Without knowledge of someone's veteran status, GPs may make the assumption that someone's ailment isn't as serious as it is, or that the body part in question has come under 'normal' strain, when it may be something quite different.

[5] Policy can be found here http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_111886.pdf

62. The Workstream was interested to hear the views of the RBL as to whether there was anywhere in the country that had a particularly good service model relating to the physical health needs of the ex-service community. The Workstream heard that the RBL is not aware of any area which has a well thought out service framework relating to this.

63. The Workstream heard from the RBL that the topic of Prosthetics was undoubtedly a future challenge.

64. Building upon evidence that the Workstream had previously heard, it was said that people in the military who require prosthetics receive the very latest technology, which allows them to live very active lives. The question remained whether, as those people work their way through the system and leave the forces, whether the NHS has the expertise to cope with the military grade prosthetics. Further, whether the nhs would be able to fit such units when replacements are required. It was said that, in the view of the RBL, the NHS would have to rise to the challenge of better prosthetics, especially as it looks that there will be an expanding client base in the ex-service community.

65. The Workstream was told that the key for the development of services for the ex-service community was essentially one better communication and improved availability of information.

66. The Workstream was advised that this is essentially multi layered. Local authorities and NHS bodies need to have full clarity about their responsibilities regarding the ex-service community and be totally clear about the services they offer. They also need to have effective relationships with discharging military units and local partners to ensure that people do not ‘fall between two stools’.

67. In addition, those individuals within organisations with a specified responsibility for liaising with the ex-service community need to be given the responsibility and freedom to act in the best interests of their clients and not be excessively bound by processes and procedures.

68. Finally, the ex-service community need to be empowered to ask questions if felt necessary. The Workstream heard that having one phone number to call to seek advice would be hugely beneficial, and those running the phone line could then ‘join up the dots’, between various organisations.

69. The Workstream heard that currently, the service offer to the ex-service community is piecemeal and rather ad-hoc. A standardised approach would be hugely beneficial, more efficient, an improvement on the current offer and possibly better value for money.

70. The Workstream was advised that something similar, albeit in a very embryonic stage, is currently on offer in North Yorkshire.

A Social Care perspective

71. As part of the evidence gathering process, the Workstream felt it was of crucial importance to seek the views of Local Government and specifically the views of Social Care Departments around the North East.

72. To do this, the Workstream approached the North East Branch of the Association of Directors of Adult Social Services[6], as the representative body of all Directors of Social Care across the North East region. The Workstream prepared a series of questions, which were answered in writing by the North East Branch of the Association. The Workstream was advised that it is important to note that not all Local Authority service provision is the same, therefore the answers supplied are a summary. The following represents the questions asked by the Workstream, followed by response received from the Association.

73. Do local authorities have a clear picture of the extent of the ex-service community in its area of responsibility?

73.1 *There is a general sense that local authorities do not have or hold this information. Local Authorities would come into contact with the ex service community as part of the LAs statutory duty to assess access to adult social care services (see below).*

74. Do local authorities include the needs of the ex-service community as part of the Joint Strategic Needs Assessment?

74.1 *No, health and / or social care needs are not disaggregated in this way. The community's needs are therefore included in the JSNA under other issues: e.g. physical disability, mental health and illness, alcohol and homelessness, or – for older veterans – older people.*

74.2 *One LA suggested that specific information on people with a service history is gathered only when someone is admitted to prison, or when registering with a GP. They have asked for more details of the information on GP registration and will consider whether this is suitable*

[6] The Association of Directors of Adult Social Services (ADASS) represents all the directors of adult social services in England. It evolved from the former ADSS (Association of Directors of Social Services) when responsibilities for adults and children's services within top tier local authorities were split between two new departments - the one for adults and the other for children. ADASS brings together the accumulated wisdom and understanding of the way services for adults are managed and financed as well as inputs from a widening responsibility for housing, leisure, library, culture and, in some case, arts and sports facilities. Its members are responsible for providing or commissioning, through the activities of their departments, the wellbeing, protection and care of hundreds of thousands of elderly and disabled people, as well as for the promotion of that wellbeing and protection wherever it is needed. Please see www.adass.org.uk

for inclusion in the JSNA. However, they feel that this will only provide a partial view of the community.

75. Have local authority given any thought as to how it may consider and provide for the needs of the ex-service community in its area of responsibility? Or do local authorities already have particular measures in place to support the physical health of the ex-service community?

75.1 *In general the physical health needs of the ex service community would be supported as part of the statutory services provided to those eligible for adult social care services. Those who are eligible for services can range across local authorities depending upon the FACS (Fair Access to Care Services) criteria which is implemented in any particular local authority.*

75.2 *Services are provided following a detailed individual assessment of need and tailored support plan. As part of the provision of universal services for all residents, we would provide advice and information and signposting to any ex-service personnel including help to access support groups, networks or NHS services.*

75.3 *Northumberland Council however uses Rothbury House on a spot contract basis for respite/short breaks to people with a service background. Rothbury House is a service provided by the Royal Air Forces Association located in the north of the county but taking guests from throughout Great Britain. The service, is fully adapted to meet the needs of anyone with a physical disability, has a lift, a range of adaptations and the staff are trained in moving and handling.*

75.4 *It is located close to the centre of the village and has extensive gardens and grounds. The service provides respite breaks primarily for ex-air force personnel – but also to personnel from other services - and their carers. The majority of its guests are older people, although short breaks have also occasionally been provided for under-65s. Our experience of the service is very positive and this is confirmed by formal inspection. The Annual Service Review of Rothbury House completed at the end of last year by the Care Quality Commission assessed its quality rating as a "three star excellent service".*

75.6 *We also provide Disabled Facilities Grant for those people who are eligible and have established an arrangement with Soldiers, Sailors, Airmen and Families Association (SSAFA) where ex-service personnel are required to make a contribution to DFG.*

75.7 *Carers Northumberland – the county's organisation for supporting carers – refers service and ex-service personnel and their families to*

SSAFA Forces Help for advice information and support. This includes access to a Family Escort Service.

76. **How, in your view, could local authorities look to provide for, and maintain, the Physical Health of the ex-service community in their area of responsibility?**

76.1 *As previously stated the ex service community are able to access current service provision for the general population which is consistent with personalisation and with effective service provision. However, liaison with armed services to assess the extent, numbers and level of need (or specific needs) of the ex service community would possibly be beneficial.*

76.2 *It may be appropriate to begin to identify if there are issues with meeting existing eligibility thresholds for social care services which the ex service community currently face.*

76.3 *Another possibility could be to ensure that the current service community are up to date and briefed about what is available (support) for ex service men and women so they know what they can access when discharged from the armed services. Better information and advice needs to be shared between LAs and the Armed Services.*

76.4 *The example of service provision in Northumberland (previous question) is another example of how the specific needs of the ex service community can be met.*

76.5 *The physical health of any individual can be heavily reliant upon their mental health and we know that if a person is suffering from mental ill health their physical health can often deteriorate. There are specific health and social care issues for the ex service community including a greater risk of suicide in men under 24 years; Depression and Anxiety and Post Traumatic Stress Disorder (PTSD) therefore mental health provision is essential in keeping veterans fit and healthy.*

76.6 *In Durham there is a Veteran's Network which provides Integrated Mental Health Team staff who have additional awareness of Veterans needs. Acute psychiatric inpatient beds are provided by MoD for currently serving military personnel and two Community Psychiatric Nurses based at Merrick House specialise in the area of Veterans. The Support and Recovery Team provide in-reach support in hospitals through raising awareness of DCC services and Community Floating Support is offered to individuals with mental health needs, providing supported living assistance.*

77. If service personnel return to your area, upon discharge, with ongoing physical health needs which amount to a disability, do local authorities have a process to liaise with Defence Medical Services and the PCT to ensure that there is a smooth resettlement for the veteran and any family?

77.1 *As in previous answers Local authorities do not have a formal policy or specific procedures with the Defence Medical Services or the PCT to ensure a smooth resettlement. However, it is expected that existing inter agency protocols and partnership arrangements would address these needs.*

77.2 *Although not in specific partnership with the Defence Medical Services or the PCT there are examples of LA providing specific responses for the ex service community to support smooth resettlement. Northumberland's homelessness and housing options service has received caseworker training with the Royal British Legion to make the process for contacting sources of support for service personnel quicker and easier. In addition, contact has been established with a case worker with the same charity. A support worker is also available to complement the social housing allocations process,*

77.3 *The social housing allocations policy for Northumberland gives specific priority to people leaving the armed forces who are homeless or living in insecure accommodation and who have established a local connection with Northumberland in a variety of ways e.g.:*

- *have been brought up or lived for a considerable length of time in Northumberland*
- *are normally resident in Northumberland;*
- *are employed in Northumberland;*
- *have a close family connection to Northumberland;*
- *they have been in prison or hospital in the county.*

78. **How can local authorities ensure that the changes outlined in the NHS White Paper, are used to ensure that local health and social care economies react well to the ex-service community in their locality?**

78.1 *The detailed changes outlined in the NHS White Paper are still subject to final decisions and it is difficult at this stage to be certain of their impact. However, it is clear that the existing emphasis on prevention and personalisation will be carried forward and will assist individuals with a service background to organise their care to match their specific requirements.*

78.2 *If planned changes in the White Paper do go ahead Local Authorities could consider the future role of the Health and Wellbeing Boards and GP Consortia in identifying current and future needs of the ex service*

community and how these can be addressed. This could include a more prominent role for the needs of the ex service community being included in the JSNA which the LA will take a led role in developing in each area. Local authorities will also assume responsibility for Public Health in the near future. This again could be an opportunity for increased focus upon the ex service community.

78.3 *The 'Big Society' could also offer opportunities to develop services in the community to support the ex service community. This could be in the form of the creation of networks of local advocates to act as champions for the Armed Forces Community or through grant assistance to the voluntary sector to provide support.*

78.4 *Finally the White Paper and subsequent policy guidance from Government indicate a need for greater interaction / partnership working between health and social care. This could be an opportunity to better meet the needs of individuals from the ex service community and to take advantage of the findings from pilot project such as the Tees Esk and Wear Valley NHS Pilot. This is one of six pilot sites to host joint MoD, DoH and SHA project to provide treatment for veterans with mental health needs. 150 staff have been trained in military culture and mental health as part of veteran's pilot. If this proves successful it may provide information and advice which could be used to build upon in the future.*

Conclusions

1. The North East of England is an area that has a long and established history of providing recruits to the armed forces and remains a fertile recruitment ground to this day. Indeed, it provides a disproportionately high number of recruits, when one factors in the proportion of the national population, which resides in the North East. It is not unreasonable to expect that a significant number of those recruits will eventually return to the North East to settle, upon discharge. The implications of this is that the health and social care economy in the North East is required to be particularly sensitive and alert to the physical health needs of the ex-service community, as there will be a proportionately bigger ex-service community.

2. In connection with the above point, the changing nature of combat and particularly combat medicine, must be at the forefront of people's thoughts as they design a system to provide for the needs of the ex-service community. As is the case in the civilian world, military personnel are now able to survive injuries and illnesses that historically may have been too much to bear, due to advances in battlefield medicine. Whilst this is something to be very thankful for, it also creates a new generation of the ex-service community who may be returning to civilian life with complex and long term needs, that require significant levels of expertise and financial resource to meet. This is something that should be at the forefront of the health and social care

economy's thoughts when looking to provide for the ex-service community. It also increases the urgency with which the process of transition from military to civilian healthcare should be improved. The workstream is acutely aware of the country's ongoing military commitments and the sad likelihood that more casualties will follow, so it is something that should be addressed very swiftly.

3. There is a strong body of evidence to indicate that the ex-service community have worse health outcomes than the general population. However, the Physical Health Workstream has not come across any evidence to indicate that either the Defence Medical Services or civilian NHS do not provide the services expected of them to their target populations. The key point appears to be one of transition and the success, or not, of that transition from Defence Medical Services to the civilian NHS. Once an individual is fully engaged with either health system, the experience seems to be largely good. The workstream has heard from a number of sources that the transition for those leaving the forces, into the civilian NHS is patchy and extremely variable in its effectiveness. As such, it can often rely upon the individual, their support network or very good members of staff to make the transition work. It has been accepted by all who have spoken to the workstream that the link between defence medical services and the local NHS needs to be much tighter and much more systematic. The Workstream is confident that this need is accepted by system leaders and would expect such processes to become much more robust in the coming months.

4. Quite apart from medical services, there are lots of areas of civilian service where the ex-service community would benefit from earlier interaction. Services such as Jobcentre Plus and housing providers could begin to liaise with people, whilst they are still in the forces. This may facilitate a smoother transition for people.

5. Connected to the process of transition, Members are acutely aware that PCTs are having to negotiate a process where staff numbers are being cut significantly. It is unclear how easy it will be for such organisations to take on such new duties as having a named contact/ case co-ordinator for the ex-service community.

6. It would be beneficial for Members to hear progress reports from PCTs about how they are establishing links with military colleagues to facilitate better discharge.

7. The implications of *Liberating the NHS – Equity & Excellence* are still being felt and worked through. Still, Members are conscious that a significant number of tasks are being laid at the door of local PCTs to pursue on behalf the ex-service community. The obvious question is what happens when PCTs are abolished?

8. It has become very clear in evidence that there is a huge cultural difference when someone leaves forces, and fairly simple civilian tasks such as making ones own appointments at GPs and having choices relating to healthcare can be counter intuitive to those with time in the services. Members feel that there is merit in investigating the viability of having a single advice line for the ex-service community, which could act as a single point of contact for advice, which could assist people as they acclimatise into civilian life. Such a service could be relatively low cost if supported and contributed towards by all relevant agencies.

9. Whilst the Workstream has focussed on the role of health and social care, there are a significant number of local authority services that could assist the ex-service community in integrating into an area and 'getting on'. As such, Members feel it is important that all local authorities nominate a senior officer to be a lead and conduit for the ex-service community.

10. The Workstream has been struck by how little we know about the ex-service community in the North East of England. We do not know its size, its geographical spread, age profile, typical employment status, health need or any other key intelligence. This lack of information has made it very difficult at times to scrutinise the topic and must make it extremely difficult for the planning and commissioning of services. Without such data, members would question whether the community's needs can be intelligently met.

Recommendations

- There should be a single point of access/phone line for all issues of support for the ex-service community, which could be commissioned and provided on a regional basis.

- There should be 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. Further, PCTs should establish links with military based colleagues to facilitate better transition. Members should receive evidence demonstrating those links and how they are working.

- Local authorities should have a named senior officer to assist the ex-service community and act as a facilitator/conduit

- 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.

- 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.

- Local authorities should include the ex-service community, as a clearly visible and specified section of Joint Strategic Needs Assessments, which should then drive commissioning decisions. The Workstream would also be interested to hear whether having a services representative on local health and wellbeing boards is worth exploring.

- 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. It should also seek the gain intelligence about those 'soon to leave', their likely destination and the demands that will place on localities. This should be a piece of work that is periodically refreshed to ensure it remains relevant.

- It is imperative that local NHS organisations work closer 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. This sort of forward planning should also apply to civilian agencies such as Jobcentre Plus and Housing providers, who can make contact and establish relations with leaving service personnel. This would enable a smoother transition into civilian life.

- 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. Policies should recognise that the ex-service community will probably not have a recent history of residence in the locality.


DARLINGTON
BOROUGH COUNCIL

Durham
County Council

Gateshead
Council

HARTLEPOOL
BOROUGH COUNCIL

Middlesbrough
moving forward

Newcastle
City Council

North Tyneside Council

NORTHUMBERLAND
COUNTY COUNCIL

REDCAR & CLEVELAND
BOROUGH COUNCIL

South Tyneside Council

Stockton-on-Tees
BOROUGH COUNCIL

Sunderland
City Council

North East Joint Health Overview and Scrutiny Committee

Regional Review of the Health Needs of the Ex-Service Community

Social and Economic Wellbeing

Workstream Final Report
January 2011

NORTH EAST JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

REGIONAL REVIEW
OF THE
HEALTH NEEDS OF THE EX-SERVICE COMMUNITY

SOCIAL AND ECONOMIC WELLBEING

WORKSTREAM FINAL REPORT

The Scrutiny Review

1 Context

1.1 This report sets out the findings of the Social and Economic Well-Being workstream with regard to its examination of the relationship between the ex-service community and the wider social determinants of health. The report documents the issues raised to date, the evidence to support these issues and the recommended actions for the future.

1.2 The report includes details of:

- The aims of the review
- How the review was carried out
- Issues emerging from the review
- Recommendations

2 The focus of the workstream - aims of the review

2.1 The process the workstream has followed was designed to explore the relationship between the ex-service community and the wider social determinants of health (ie range of social, economic, cultural and environmental factors such as housing, low income and unemployment, education and skills) with a view to :-

- Establishing the wider health needs of the ex-service community in the region throughout their lives - (highlighting any specific issues related to differing stages of their lives ie young – under 24 – mid – 24- 49 and older – 50 plus)
- Identifying progress in delivering relevant aspects of “The Nation’s Commitment” at a regional level and how to build and improve on this progress.
- Establishing how local authorities and their partners can support the delivery of the “The Nation’s Commitment” at a regional level.
- Establishing how the ex-service community are accessing services and how their needs are being assessed and met by local authorities and their partners across the region
- Examining the extent to which the ex-service community may suffer health inequalities as a result of lack of / poor access to services and support within the North East region

It was considered that this would provide the workstream with a clearer picture of current need / provision and any gaps and assist in the identification of areas for improvement / inform future policy.

2.2 To fully explore the key areas the workstream focussed on:-

- Transition back into civilian life
- Opportunities for promoting effective communication and co-ordination across agencies, providers and the third sector.
- Identifying opportunities for developing a unified approach towards the ex-service community across the North East region when accessing local authority and partner services.
- Barriers to accessing specific services / support identified by the ex-service community, research and third sector organisations
- Examining good practice (both nationally and regionally)

2.3 The overall aim being to:

- improve health and well-being outcomes for the ex-service community in North East England, particularly by identifying and making recommendations to tackle any potential health inequalities to which they may be subject as a result of their service.

---

3 Background / Policy Context

Health Inequalities

Health inequalities can exist in many dimensions including socio economic status, ethnicity, age, gender and geography. The causes and definitions of such health inequalities are complex. Health inequalities fall into four broad themes which are related to the determinants of health (see figure 1 below):

- *Inequalities in the wider determinants of health such as employment, education, housing and environment.*
- Inequalities in lifestyles or health behaviours such as smoking, drinking and sexual behaviour.
- Inequalities in access to services such as health and social care. Equity of access means equal access for equal need, where need relates to the level of illness.
- Inequalities in health status or outcomes such as life expectancy and ill health.

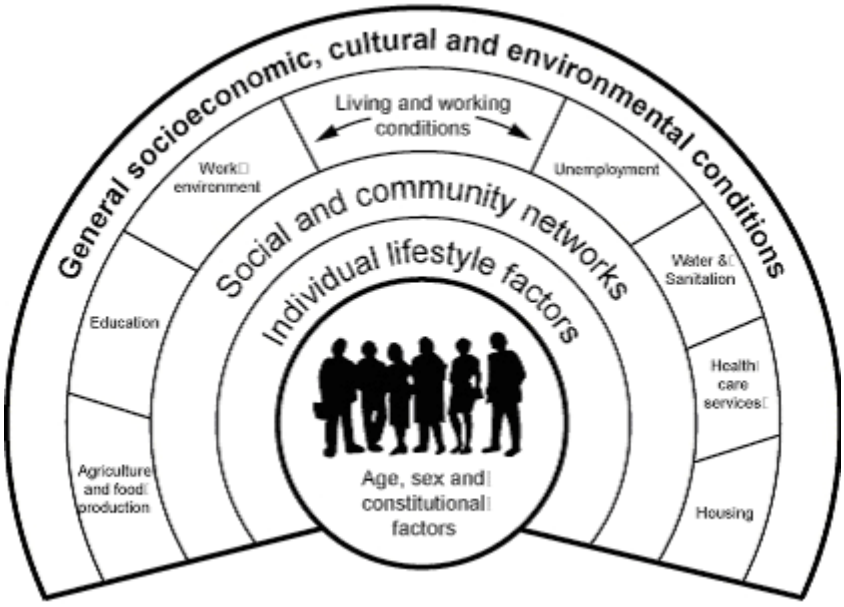


Figure 1: Determinants of health (source: Dahlgreen and Whitehead)

Health inequalities are a national priority. The Government sponsored Independent Inquiry into Inequalities in Health (The Acheson Report, 1988) highlighted several areas to tackle inequalities. These challenges have been taken up by various national policy documents such as *Tackling Inequalities: a Programme for Action* (2003); *Securing Good Health for the Population* (Wanless Report, 2004); *Choosing Health White Paper* (2004); *Our Health Our Care Our Say* (2006). The main themes are:

- *Supporting families, mothers and children* – to ensure the best possible start in life and break the inter-generational cycle of health inequalities, addressed through a range of interventions around tackling child poverty, implementing *Every Child Matters* and the *National Service Framework for Children, Young People and Maternity Services*.
- *Engaging communities and individuals* – to ensure sustainability through Neighbourhood Renewal and the Local Area Agreement agenda.
- *Preventing illness and providing effective treatment and care* – delivering targeted preventative and healthcare services appropriately to improve the health of those most disadvantaged fastest.
- *Addressing the underlying determinants of health* – dealing with the long term underlying causes of health inequalities such as employment, education, housing and environment.

Marmot Review

3.2 Subsequently, the Marmot Review (February 2010) set out proposals for reducing health inequalities in England post 2010. The review has identified that there is clear evidence that action to reduce health inequity and improve health for all needs to be focused on addressing the wider social and economic determinants of health such as levels of education, economic status, work and power relations rather than being seen as a footnote to other action on healthcare and unhealthy behaviours.

3.3 Local councils are viewed as having a key role in building the wider determinants of good health and working to support individual families and communities.

Sustainable Community Strategies

3.4 Across the region local strategic partnerships have agreed sustainable community strategies setting out their vision to improve the economy, health and well-being of all their residents.

Joint Strategic Needs Assessments

3.5 In each local authority area, PCT's and Directors of Adult Social Services are charged with drawing up a Joint Strategic Needs Assessment (JSNA) of the priority needs of the population. Currently, no JSNA in the region specifically addresses the needs of the ex-service community although Stockton – on – Tees Borough Council has recently agreed to include this group in their JSNA.

Profile and Needs of Ex-Service Community

3.6 The Workstream has received evidence that fifty two percent of the ex–service community report a long term illness or disability. Among 25-65 year olds poor general health is two or three times more likely to be reported than amongst the general population but the ex-service community aged 16-24 reports slightly lower levels of general poor health (3%) compared to the general population (4%). Whilst 65 – 75 year olds reported better health than general population and 75 years plus report similar health to the general population (Royal British Legion report 2006 – Profile and Needs of the Ex-Service Community 2005-2020).

3.7 In 2009 the Kings College Report "The Health and Social Outcomes and Health Service Experiences of UK Military Veterans" subsequently indicated that on the available evidence, taken as a whole, the ex-service population appears to have comparable health to the general population. However, the report recognised that whilst the evidence base has grown considerably since 2003, many gaps remain

concerning the health and social outcomes of UK ex – service personnel. Recommendations included further longitudinal qualitative research on the transition from military to civilian life and that evidence on health related outcomes and experiences among ex – service personnel is reviewed regularly.

3.8 *The Nation's Commitment*
In 2008 the Government published a review of cross government support to the armed forces, their families and veterans "The Nation's Commitment" Ministry of Defence Priorities for armed forces community in 2010. The report's "essential starting point" was the principle of "no disadvantage" ie those who serve must not be disadvantaged by what they do and this will sometimes call for degrees of special treatment.

The document set out a range of commitments and specific measures aimed at improving the health of the armed forces community, including, but not limited to veterans and their families (some of these measures relate to housing, education and skills, transport, support for families, benefits and building careers).

3.9 The Ministry of Defence / NHS Partnership Board after consulting with stakeholders, proposed the following four key priority areas upon which to focus during 2010 :-

- Ensuring equality of access for armed forces families
- Promoting effective communication and co-ordination across agencies, providers and the third sector.
- Veterans' mental health services.
- The transition of armed forces personnel to NHS care following medical discharge.

Local Government Response to Nation's Committment
The Association of Directors of Adult Social Services (ADASS), Association of Directors of Children's Services (ADCS) and the Local Government Association (LGA) response to the Ministry of Defence consultation on " The Nation's Commitment …".(MOD consultation July 2009) have indicated that a dialogue with the armed forces community is needed to understand and address needs; recognise the benefits of creating a network of local advocates to act as champions for the Armed Forces Community; support a system through a welfare pathway for providing co-ordinated advice and information and consider that there is a greater role for the Direct Gov website in providing accessible advice and information. Nationally there are currently four Welfare Pathway Pilots which aim to improve access to information for veterans (Wigan, North Yorkshire, Fife and Kent Council's).

Armed Forces Covenant
The coalition government is currently rewriting the military covenant with a view to producing a new tri-service document. The new document sets the tone for government policy and is aimed at improving the support available for serving and former members of the armed forces and their families. The Armed Forces Covenant will build on the work currently being taken forward by the Command Paper "The Nation's Commitment….". The coalition government is currently considering how best to fulfil the covenant in terms of resources / polices and the findings of the Armed Forces Task Force led by Professor Hew Strachan was published on the MOD website on 8 December 2010. The coalition government

has indicated it will begin work on two of the proposals - an Armed Forces Community Covenant and a Commendation Scheme for individuals or bodies who give exceptional support to the Armed Forces and will respond to the rest of the proposals in Spring 2011.

4 How the review was carried out - Methodology

4.1 This report is the result of three evidence gathering sessions of the workstream between August and November 2010.

4.2 During these three sessions the Workstream considered and analysed evidence and views from a wide range of stakeholders:

- a small sample of the ex-service community across the region.
- Commander of Catterick Garrison
- MOD Military / Civil Integration Project
- Career Transition Partnership
- Homes and Communities Agency
- Housing providers across the region
- Norcare
- NE Royal British Legion
- Soldiers, Sailors, Airmen and Families Association, North East (SSAFA - NE)
- Service Personnel and Veterans Agency
- About Turn CIC / Forces for Good
- Military Mental Health
- Job Centre Plus
- Principle of Finchale College, Durham
- Mental Health North East / Northern Pine Tree Trust
- North East Employers Coalition
- Citizens Advice Bureau (CAB), Middlesbrough
- Director of Adult Care and Housing, Gateshead
- Assistant Director of Adult Care and Housing, Darlington
- Head of Economic Development, Gateshead
- Labour Market Co-ordinator, Stockton-on-Tees Borough Council

4.3 The three sessions were supplemented with a visit to the new Norcare Veterans Centre on Bentinck Road, Newcastle.

4.4 At each evidence gathering session, key lines of enquiries were discussed with a range of stakeholders. The following paragraphs provide a breakdown and analysis of the issues which emerged from these sessions.

5 Findings from the review – Analysis of Evidence

5.1 All of the evidence gathering sessions included a focus on potential health inequalities:

The ex – service community

The national position

There are an estimated 4.8 million veterans in the UK and 5.37 million dependents. This is forecast to decrease to 3.1 million veterans and 4.45 million dependents by 2020. Approximately 84% of veterans are men and approximately 60% of the adult ex service community are aged over 65 years compared to 20% of the general adult population. Veterans over 85 years are set to increase

significantly over the next decade. Approximately 31 % of the ex- service community live alone compared to 19% of UK adults.

5.2 **The regional position**

Profile of ex – service community in North East

The workstream has concluded that identifying the ex – service community within the North East is difficult as there is a general lack of available data in relation to numbers / social profile / geographical location. However, available information has highlighted that :-

- It is estimated that approximately 10-15 percent of ex – service personnel live in the North East which would amount to an ex service community of one million (less than five percent of the total population).
- Approximately 10% of recruits to army come from North East and they predominantly join the army.
- Younger members of the ex- service community (16 -44 years) are more prevalent in the North of the UK.
- 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).
- 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 - 40,000 regulars, reserves, cadets and dependents).
- The workstream noted that there are approximately 10,000 forces personnel serving at Catterick Garrison. The army recruits strongly from the North East region and so when they leave many servicemen return to the North East. Many service personnel in the North East fall within the non-commissioned ranks but the North East is no different to other parts of the country in this regard. The numbers of non-commissioned service personnel generally significantly outweigh those who are commissioned.
- There is evidence that a significant proportion of armed forces recruits from the North East tend to be from lower socio-economic groups.
- In the period April 2009 to April 2010 there were 59 service leavers from RAF Leeming aged between 20 and 55 years – some of whom will therefore be quite institutionalised. On average approximately 17% have indicated that they will be resettling in the North East.

5.3 *Transition from Military to Civilian Life*

The workstream considers that it is clear from the evidence it has received that the vast majority of ex-service personnel experience the transition from military to civilian life without any major difficulties. For most individuals being part of the armed forces is a positive experience and they do well when they leave.

Currently, a wide range of tailored support is provided to assist service leavers make the transition to civilian life both from within the tri –services

themselves and from the Career Transition Partnership which provides transition services to all eligible ranks of the Armed Forces (ie those who have over four or more years service).Overall, the workstream considered that there is evidence that this support is robust and forms a comprehensive resettlement programme which supports individuals to settle back into the areas from which they came. The National Audit Office report (www.nao.org.uk) has indicated that the UK is “at the forefront of providing tailored professional help to military personnel as they leave”.

The workstream noted that take up of the support is voluntary. Whilst a significant proportion of those entitled to receive the services of the Partnership do take up these services there are still approximately 2000 individuals nationally who for a variety of reasons choose not to do so.

The Career Transition Partnership continuously works to increase take up and receives regular feedback from those receiving its services to ensure their effectiveness. On average there is a 15 – 30 % response rate from clients to surveys. Focus groups are also used and a survey on the effectiveness of resettlement is planned to go on-line to try and improve the response rate further.

A small sample of representatives of the ex-service community in the NE region and representatives of ex-service charities such as the NE Royal British Legion, the Soldiers, Sailors, Airmen and Families Association and About Turn/ Forces for Good have indicated that the standard of resettlement support has improved significantly in recent years and have acknowledged that the provision of resettlement / transition support to ex – service personnel is currently of a very high standard. Prior to this resettlement support was considered to be much poorer. As a result, ex - services charities have indicated that there is a need to provide specific additional targeted support for a “hidden population” of ex - service personnel who left the services before these measures had been put in place and are vulnerable and currently lost in the system.

.

The workstream noted that there are cultural issues arising from the transition from military to civilian life which may increase the likelihood of some members of the ex – service community experiencing vulnerability, social isolation / exclusion (issues around institutionalisation and dependency /operating in a mainly male centric environment / lack of purpose after leaving services / lack of support networks as a result of having to move regularly during their working life within the forces / relationship breakdown / living alone). Difficulties in integrating into civilian life can result in alcohol misuse, domestic violence, anti-social behaviour and prison for some members of the ex-service community. MOD Defence Analytical Services and Advice have estimated that the number of regular veterans in prison is 3.5% (25 Jan 2010).

When examining why some ex - service personnel, as opposed to others, experience difficulties on leaving the services the workstream considered that it was important to understand the different categories of service leavers and when and why individuals leave the service.

The workstream noted that ex- service personnel who have served between four and twenty two years form one group of service leavers. At the 12 year stage and beyond there are resettlement packages and financial benefits for those who leave the service. Once a member of the services has served for 22 years they automatically become entitled to a pension. Twenty two years is usually the maximum length of time for non - commissioned service personnel to remain in the armed forces. However, there is now an option to take up 34 years service. Service personnel who fall within this group tend to leave the services for positive reasons and will have decided what they wish to do once they have left the army. They tend to be more organised about leaving and will have planned their resettlement.

Early service leavers are another group. The workstream noted that an early service leaver is someone who leaves the armed forces from between one day and four years and this is likely to be due to a negative reason. In many cases, either the service leaver will have decided they are not happy with army life or alternatively the army will have decided that they are not suitable for army life. Where the army has decided an individual is unsuited to army life this could be as the result of disciplinary action leading to dishonourable discharge for specific issues eg drugs. However, there are also cases where individuals are medically discharged early as a result of injuries sustained as a result of their service.

The workstream has received evidence that the level of support provided to early service leavers in general is significantly less than that provided to those with four or more years service. Early service leavers have been identified as at an increased risk of a range of adverse outcomes than longer serving personnel. Early service leavers are typically relatively young, single and male.

The workstream was therefore particularly concerned to understand the level and type of support currently in place for early service leavers at the point of discharge and the effectiveness of that support.

The workstream noted that early service leavers do receive some written information and are referred on to relevant services before they leave. However, there is evidence that many young people do not take full advantage of the written information being provided to them as part of the discharge process.

Since the National Audit Office Report on Leaving the Services (2007), additional support has been put in place to attempt to address the potential vulnerability of early service leavers. Early service leavers with potential vulnerability issues are identified initially by resettlement officers within the tri-services. Dependent upon the assessment of resettlement officers early service leavers can be signposted to other agencies by the services or referred on for additional support such as counselling via the Career Transition Partnership or receive enhanced support from the Regular Forces Employment Services.

The workstream has received information that the garrison at Catterick has approximately 1500 early service leavers each year, who for a variety of reasons find themselves unsuited to army life and may be considered

vulnerable and requiring additional support. However, the workstream noted that currently, the numbers of referrals of vulnerable service leavers by the services to the Career Transition Partnership appears to be very small. The workstream therefore sought to examine the effectiveness of the process and assess whether there were any gaps where individuals may get lost in the system. The workstream was concerned to understand how individuals were being assessed as vulnerable and the training representatives of the tri-services receive to help them identify potentially vulnerable individuals. The workstream was informed that improvements are being made by the armed forces in relation to the resettlement support currently provided. A training programme has recently been put in place to assist resettlement officers identify those who may be vulnerable.

The workstream acknowledged that not all early service leavers will be vulnerable / have health and well-being issues related to their service. For example those individuals who are only part of the armed forces for a matter of weeks and do not continue with basic training.

In addition to the early service leavers, the workstream has also received information that there are small numbers of service leavers who have served for lengthy periods within the armed forces who struggle to make the transition to civilian life as a result of institutionalisation and other issues such as poor mental health which may be as a result of their service. These individuals may have struggled to cope within civilian life for a number of years before they reach crisis point and present to ex -service charities or other support organisations for assistance.

The workstream noted that many individuals go into the services at a young age - missing out on huge chunk of life skills development whilst in the services – so when they leave as grown men they may struggle with day to day living as they are not prepared for it and do not know what needs to be done. Many will never have paid a bill before so simple things such as paying a water bill are completely alien. Everything is done for them as part of service life. Transition can involve not just readjusting to everyday life but also to life in the UK as some individuals have spent significant parts of their service life abroad

The workstream has received evidence that the armed forces are putting systems in place to ensure that those service personnel who are medically discharged are not returned to the community until the armed forces are confident that appropriate support is in place. Service leavers who are medically discharged receive full resettlement support irrespective of their length of service.

Alongside these groups of service leavers there may also be ex-service personnel who have been part of civilian life for many years and who face crises at different points in their life and find it hard to cope at that particular time. These difficulties may have nothing to do with service leavers previous service and the workstream has received evidence that the service leavers in question do not connect them to their previous service. The workstream acknowledged that it is not possible for the armed forces to identify potential problems which ex-service personnel may or may not experience in the future in civilian life. The workstream noted that the armed forces consider that

where ex-service personnel experience such difficulties after leaving the services other organisations who provide relevant support should provide assistance to these individuals.

Emerging Issues

- Identifying the ex – service community within the North East is difficult as there is a general lack of available data in relation to numbers / social profile / geographical location
- Currently, there are no mechanisms / formal protocols in place to liaise with local authorities across the region / provide them with information regarding military personnel about to leave the services and their needs.
- 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.
- There is evidence of a need to provide specific additional targeted support to a small group of vulnerable ex-service personnel who for a variety of reasons find the transition to civilian life difficult.
- There is a wide range of support in existence within civilian communities via local authorities, third sector support agencies and other partner organisations but currently this is fragmented and needs to be joined up.
- Some ex- service personnel are advising they do not know where to go to go for help and support when they return to civilian life.
- When the ex – service community do seek help they currently need to contact a variety of agencies in order to access support.
- Many ex - service personnel are not aware that organisations such as the British Legion, SSAFA and Forces for Good are there to help them - they think that they are only to support those who have been in conflict - people also tend to associates these organisations with the word veteran and believe they are there to support the older generation and “poppy appeals”- in reality anyone who has been in the forces for more than 7 days is eligible for support from these organisations.
- Service life provides individuals with a system they understand and a sense of being part of a family / community - some members of the ex - service community and their dependent families struggle to cope without this “community” and feel lonely when they make the transition to civilian life - particularly where they do not have strong social / family networks or when these breakdown at some point in the future.
- Ex – service personnel may not be accessing appropriate help and support due to the stigma of accepting charitable welfare support.

5.4 Ex-service community - access / barriers to housing and housing related support -regional position

The Workstream noted that the Kings College report (the Health and Social Outcomes and Health Experiences of UK Military Veterans -Nov 2009) identified that two studies conducted in 1990s suggested ex service personnel may constitute 20 to 25% of the UK homeless population. Another UK study showed that 70% of ex-service personnel had been in the army; that most had been 18 or younger when they joined the forces; that half were single and never married, one in ten were widowed, and one in three were divorced or separated; and that one in three had been homeless for 20 years or more.

UK Studies suggest that compared with civilian counterparts, homeless individuals with an armed forces background are older, homeless for longer, more likely to have alcohol problems and physical disability and less likely to have drug problems and mental health difficulties

The Workstream noted that there are no accurate figures on the prevalence of ex - service personnel in the homeless population nationally.

A study conducted by the Centre for Housing Policy, University of York into ex-service homelessness in London was completed in 2008. This identified that the percentage of veterans in London's current non-statutory (single) homeless population had reduced from 22% in 1997 to 6% by 2007. A 2005 project to increase hostel spaces for single men in London is likely to have had a significant impact in reducing the non - statutory (single) homeless population in London in subsequent years.

Those who appear to be most at risk for homelessness and other related difficulties in the years following discharge from armed forces are:

- Those who leave armed forces after failing basic training or through administrative or medical discharges
- Those who have served in the Armed forces for many years, who, on discharge, find transition to civilian life very difficult

Pathways to homelessness appear to be very different in the ex-service and civilian homelessness. The Kings College report identifies a need to look at the stages in which both groups become vulnerable and how life events compound their inability to find settled or stable accommodation.

There are no accurate figures on the prevalence of ex – service personnel in the homeless population regionally.

Information from ex- service community charities / support organisations currently operating within the North East region indicates that ex- service community homelessness is often a hidden issue and individuals are sofa surfing / being picked up through hostels or are street homeless; many are vulnerable as a result of institutionalisation, alcohol/ drug misuse/ anti-social behaviour- they need supported accommodation

In 2008-09 out of a sample of 1500 ex – service personnel approximately 112 (8%) sought assistance from the British Legion North East for homelessness, (47%) sought assistance to obtain local authority housing, (25%) sought assistance to obtain owner/ occupier housing, (9%) sought assistance to obtain private rental housing.

In view of the above, the Workstream has sought to:-

- Understand the approach being taken amongst local authorities and partners in the region in implementing the housing related priorities from the Command Paper – The Nation's Commitment –
- Understand local authorities statutory role and approach to implementing statutory guidance in relation to housing needs of ex – service community

- explore how local authorities / housing providers within the region are currently made aware of the housing needs of armed forces personnel about to be discharged and the ex-service community
- understand the pathways through which the ex-service community are seeking to access housing / housing related support
- take account of the issues the ex – service community are identifying as barriers to accessing housing / housing related support
- Take account of examples of good practice from across the region and elsewhere.

The Workstream has obtained qualitative information directly from a small sample of the ex-service community across the region and representatives of ex- service charities. The aim being to gain a better understanding of the ex –service communities needs / issues with a view to targeting relevant areas for action / priorities for improvement in the future. One of the areas focused on related to housing needs and any potential barriers the ex-service community may face in accessing housing provision / housing support services.

Information has also been sought from local authorities and housing providers across the North East region via a short questionnaire with a view to understanding how the ex- service community are currently able to access housing / housing related services within the region and how their housing needs are being prioritised.

The Workstream was keen to understand whether current local authority housing services and provision from other housing providers across the region are sufficiently responsive to the needs of ex-service personnel and their dependents.

In addition, the workstream has examined the availability of housing provision / housing related support for the ex-service community via the third sector and the armed forces and examined the scope for more joined up work (Appendices 2 and 3).

Emerging Issues

- Currently there is little formal contact between the armed forces and local authorities across the NE region.
- Local authorities / housing associations do not receive any information from the armed forces regarding the numbers of personnel about to be discharged and their housing needs. As a result local authorities are unable at present to properly assess / plan to meet the needs of the ex-service community as a specific group Local authorities need better information on the numbers of ex - service personnel requiring services and their needs
- A key focus for the future should be more preventative work between the armed forces, local authorities, partners and ex-service charities.
- Identification of the ex-service community is a key issue in ensuring that local authorities and other organisations who may be able to offer them support are able to appropriately assess need and provide access to the right services for those who need them.
- At present local authorities and other housing providers do not have a specific category for the ex - service community within their information

gathering systems. There is currently an expectation that service leavers provide this information themselves when they make applications for housing / housing related support.

- The Probation Service and the Prison service are starting to ask whether individuals are part of the ex-service community.
- Some Citizen's Advice Bureau (CAB) currently ask whether individuals re ex-service but not all do as each CAB is autonomous.
- The housing charity Norcare has devised three to four simple questions in order to identify members of the ex-service community which include reference to individuals' service numbers. In this way the charity hopes to ensure that the right people are accessing the service and start to uncover the number of ex - service community in the area.
- Ex- service charities within the region have suggested that local authorities in the North East consider establishing appropriate mechanisms to identify the ex-service community.
- There are no specific pathways established with the armed forces for the ex- service community to access housing / housing related services via local authorities / housing associations within the region.
- The majority of service leavers have had a positive experience within the armed forces and have planned for their move into civilian life including arranging housing. Many ex- service personnel who have had a full career in the service will have purchased a property prior to their discharge.
- There are a small group of service leavers who have had to leave the service early for a variety of reasons, or who have been in the service for many years and have had difficulties making the transition to civilian life. These groups are less likely to have planned their transition into civilian life and are those most at risk of homelessness and other related difficulties.
- For service leavers who fall within the vulnerable categories there are supported housing schemes through SPACES and there is a new development called the Beacon which will provide opportunities for supported housing for vulnerable service leavers in this region.
- The army considers that even where some service leavers face difficulties there is sufficient support available at the point these individuals leave the service. Mike Jackson House in Aldershot and the Galleries in Richmond are referral locations for SPACES which are used as staging posts to assist service leavers make the transition back to normal life. The Richmond Galleries will be taken into the Beacon site when built.
- The army considers that what is needed is more effective signposting and ensuring that the ex-service community are fully aware of how to access appropriate support. Individual service leavers also need to be more proactive in accessing assistance from appropriate organisations who can provide relevant support.
- Ex-service charities and the housing charity Norcare support the need for additional signposting and awareness raising regarding appropriate support and have also indicated that there is evidence of a need for targeted support for the small proportion of the ex-service community who fall within vulnerable categories.
- Individuals need some kind of focul point / contact where they can be referred / signposted on to relevant services. one or two areas in the country, although not in the North East, have established veterans champions.

- Some form of dedicated telephone number either within local authorities or sub regionally could be a means of addressing this.
- The establishment of a formal network involving local authorities across the region would be of particular help to organisations such as SSAFA and the Royal British Legion whose work is co-ordinated/ provided on a sub regional / regional basis.
- Ex- service charities have also stressed the importance of ensuring that there are effective referral mechanisms in place between the armed forces and organisations such as ex-service charities for individuals who require support.
- Ex-service charities and the housing charity Norcare consider that better co-ordination and communication is needed and also a better understanding of what the voluntary sector can do to work with and support local authorities to assist the ex-service community.
- Local authorities and third sector organisations need to make practical links and raise local authority staff awareness of the support available amongst the third sector as well as amongst the ex-service community.
- It is key that officers at the front line of local authority services such as housing understand that ex-service charities such as the Royal British Legion can act as guarantors for bonds for housing provide support and can consider paying rent for individuals in particular circumstances
- There are no accurate figures on the prevalence of ex-service personnel in the homeless population regionally.
- Currently it appears that most ex - service leavers do not want social housing. However, where they do seek either social housing or advice and support council's across the region are able to operate in a flexible manner and considers the circumstances of each individual case.
- Applications for housing / housing related services are via direct application, choice based lettings bids, referral from local authorities, referral from other housing providers (via websites).
- There are currently a range of different lettings policies operating within the region.
- When making general applications for housing the ex-service community are assessed along with the rest of the general population and prioritised as part of priority banding systems, dependant upon their individual circumstances. Local authorities across the region look at each application for housing on its merits.
- Newcastle, the Tees Valley Compass Allocations scheme (this scheme covers Stockton, Middlesbrough, Darlington, Hartlepool and Redcar and Cleveland),North Tyneside, Gentoo and NomadE5 are currently reviewing their lettings policies.
- As far as homeless applications from the ex- service community are concerned, local authorities and housing associations within the North East region are applying the statutory homelessness legislation and will place applicants in high priority for rehousing on allocations schemes, where they have been assessed as meeting the homeless criteria and are classed as in priority need.
- If individuals from the ex-service community are homeless and are assessed by local authorities as in priority need with a local connection to the area in which they are applying for housing then they may receive priority for housing.

- If service leavers applying to local authorities as homeless are young, single men, who are fit and healthy it is unlikely that they will meet the criteria to class them as in priority need for rehousing. The situation may be different if the service leaver has been part of the armed forces for a number of years and has a family – they may then be eligible for priority housing.
- Under statutory guidance ex-service personnel and their families must not suffer any disadvantage when seeking to access housing and those who are seriously injured and are in urgent need must be given high priority along with everyone else who has a similar level of medical need. This does not mean that they must receive top priority – there is no requirement on local authorities for that to be the case. The guidance ensures that ex-service personnel receive equal access to appropriate housing along with everyone else.
- Where ex-service personnel approach local authorities for assistance they will receive appropriate support where they are eligible and there are key access points which capture individuals who are vulnerable.
- Where individuals are not eligible for local authority services local authorities can signpost on to other organisations who provide assistance. This applies whether ex-service personnel seek support immediately on leaving the services or years later. However, local authorities cannot help if members of the ex-service community do not approach them and seek to access that support.
- Information from some local authorities and housing associations across the region indicates that the numbers of ex-service community currently accessing local authority housing / housing related services is low
- There is a lack of available, suitable accommodation to meet housing needs
- Single ex servicemen have particular problems in obtaining housing as they do not appear to have any priority within the local authority housing system
- Ex-service personnel without good social / family support networks are more likely to end up homeless
- Ex- service support organisations are aware of ex – servicemen who are homeless and living in hostels within the region who are vulnerable as a result of institutionalisation and who have issues relating to alcohol and anti-social behaviour etc- they need supported accommodation.
- Many of the most vulnerable will not access traditional services / engage with civilian community- these individuals need an outreach type of approach - they will engage with ex- military as they can identify with them.
- There is often a time delay between members of the ex - service community leaving the forces and presenting with problems requiring support
- There is some evidence that those who have served in the armed forces for some time and who are homeless do not settle well in hostels and specific provision suited to meeting their particular needs is required to support their transition back into local communities
- Specific projects aimed at providing supported housing for early service leavers and those experiencing difficulties in making the transition to civilian life are in place or are being developed in the North East region.

- There are a great deal of support mechanisms available to the ex-service community who can provide housing related support but not all individuals are accessing this support - one of the challenges is how to address this.
- Whilst there is a range of housing support available to the ex- service community via local authorities and the third sector etc this is fragmented and needs to be more joined up. At present there is a danger of duplication of effort amongst organisations
- A big issue for the ex-service community when accessing services is that there are now a plethora of organisations who can potentially provide help and individuals do not understand who does what and the differences between the organisations and the type of help and support they provide.
- There is a need for more effective signposting to ensure that the ex-service community are fully aware how they may access appropriate support.
- Signposting is not enough for the more vulnerable service leavers with specific problems - there is a need for more integrated pathways to services for these individuals
- The numbers of ex – service personnel seeking support on housing issues immediately upon discharge is small as many indicate lack of awareness of where to go for housing support.
- There is a recognition that individuals may approach the Council years after they have been discharged and that there may be factors such as relationship breakdown
- Third sector organisations, particularly ex-service charities, who provide housing related support, need to raise awareness amongst ex-service personnel of the support they provide.
- Individual service leavers also need to be more pro-active in accessing assistance from appropriate organisations who can provide relevant support.
- Ex- service personnel only qualify for discounted rent schemes, such as intermediate rent or Rent to Home Buy if they commit to full time reserve service. This would automatically prohibit members of the ex-service community who are medically discharged from benefitting from the schemes as they would be unable to make this commitment.
- Many registered providers operate low cost home ownership schemes. However, at the moment there does not seem to be a way of identifying take up of these products by the ex-service community or identifying whether these providers are assisting the ex-service community as well as other parts of the community.
- There may be scope for the Homes and Communities Agency (which funds housing development and provides support across the region) to 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 assist with sharing examples of best practice.
- There are examples of local authorities such as Darlington venturing into local agreements with registered providers to ensure that there are properties available to meet the needs of disabled individuals and this has been found to be helpful. The Homes and Communities Agency has indicated there may be scope for them to assist in better co-ordinating this type of work and sharing best practice.
- The Homes and Communities Agency is moving from their current funding arrangements to 3 or 4 programmes which will commence from the next

financial year. In terms of existing stock there may be opportunities to start examining the ex-service community's access.

- Some of the properties being offered by private landlords are very poor
- There is a lack of awareness amongst some local authorities and generally across housing associations in the North East region regarding the housing related priorities for the ex – service community set out in the Command Paper "The Nation's Commitment."
- There is a lack of awareness within local authorities of specific issues relating to ex-service community
- Information at Housing Advice Centres is not 'geared up' for the ex forces community'
- Ex – service personnel applying for social housing may not realise that medical conditions may give them more priority for housing.
- Housing staff may not realise that medical conditions may give the ex forces community more priority.
- The armed forces are likely to shrink, following the current spending review, with significant numbers of service personnel with levels of physical disability who have been kept in the forces likely to be discharged. These men and women will be presenting back to local communities who will not be geared up to meet their needs in terms of social housing.
- Ex service personnel with disabilities who fall in the younger / mid age groups may experience difficulties in bidding for adapted properties as there are usually age restrictions attached to the property, for example 60+.
- There are ex service villages and shared facilities for ex servicemen who want to live in service community, this is usually in the form of social housing. However, there are a limited number of options that are available to provide care facilities, to elderly ex service personnel. The majority of houses/bungalows/flats/hostels available are for those ex-service men, women and dependants who are able to look after themselves and many are adapted for the disabled residents.
- There are issues in that for private rented accommodation over 25 's qualify for full housing benefit but under 25's do not (this is not the case for either local authority or housing association accommodation)
- Housing benefit does not disregard pensions from armed forces - this significantly reduces the overall award.

.

5.5 Ex- service community -access / barriers to education, skills, employment and benefits – regional position

One of the findings of the Kings College Report - Health and Social Outcomes and Health Service Experiences of UK Military Veterans (Nov 2009) is that in terms of employment most people do well when they leave the armed forces. However, psychological health is a key factor in whether service leavers are likely to be in full time employment when they return to civilian life.

The Kings College report identifies that those most at risk of difficulties following their discharge from the services are:-

- Those who leave the armed forces after failing basic training or through administrative or medical discharges

- Those who have served in the armed forces for many years and who on discharge find the transition to civilian life difficult.

The workstream has also received information that at present 8 / 9% of the army are unfit for active duty and it is estimated that almost all of these will need to be medically discharged in the next 12 to 18 months - their medical condition will impact on their ability to access appropriate housing and relevant training / employment in the future and their ability to reintegrate effectively into local communities.

In view of the above the workstream has examined:-

- What the ex service community in the region are identifying as their educational / skills /employment needs.
- What the ex- service community see as barriers / issues in accessing educational / employment opportunities?
- What is happening amongst local authorities regionally to progress the Command paper commitments (raising awareness of employment opportunities and on the development of tailored access routes for service leavers with public sector employers)
- What are the pathways through which the ex- service community are seeking to access education / skills /employment related support?
- Examples of good practice from across the region and elsewhere.

The workstream has obtained qualitative information directly from a small sample of the ex-service community across the region and representatives of ex- service charities. The aim being to gain a better understanding of the ex –service communities needs / issues with a view to targeting relevant areas for action / priorities for improvement in the future. Access to employment has been raised as a key issue.

The workstream has received evidence that the Career Transition Partnership which provides transition services to all eligible ranks of the Armed Forces (ie those with over 4 years service) has indicated that up to 60 % of those eligible for the employment support or full resettlement programmes have found employment prior to leaving the services; 85% have found employment within 3 months of discharge and 94% within 6 months of discharge.

The Career Transition Partnership has a UK wide job finding support team and tracks its clients to the point that they achieve employment and beyond. Clients can access support two years prior to discharge and are followed up by the Partnership and can access their services up to two years post discharge. Clients are also able to access support from an employment consultant for the whole of their working lives. There are six employment consultants operating in the North East and they are based in Newcastle, Darlington, Doncaster, Leeds Manchester and Liverpool. Support can also be accessed from a central employment team based in Birmingham.

As part of the resettlement / transition process service leavers can also access a wide range of training courses from a growing list of registered providers. This supplements the opportunities service leavers will have had whilst in the service to take nationally recognised qualifications and course training pertinent to their specific rank. There are also opportunities to carry

out work placements with specific employers whilst on duty at no cost to that employer.

Mapping work is also taking place with Teeside business school in respect of the transfer of army skills into qualifications relevant to civilian life.

The Partnership raises awareness of the skills of ex-service personnel amongst the business community and employers and offers a no cost job matching service to employers. Currently approximately 1000 jobs are advertised on the Partnership's website and there are dedicated links to the public sector

Clients who are medically discharged receive full resettlement support irrespective of the time they have served. They have the option of home visits and can be referred to specialist providers such as Remploy (who provide employment services to public and private companies for disabled people) where appropriate.

However, information has been received which suggests that the unemployment rate for the ex-service community is high – particularly for the younger age groups - twice the rate of the general population.

Early Service Leavers – ie those service leavers with less than four years service, or who have been dishonourably discharged (with a loss of entitlements) in general are not eligible for employment support / full resettlement programmes. Early Services leavers in the main fall within the younger age groups. They receive significantly less support in gaining future employment (ie an employment briefing) and do not have access to any specific training courses, job finding service – no follow up support post discharge. Early service leavers have been identified as at an increased risk of a range of adverse outcomes than longer serving personnel.

Since the National Audit Office Report on Leaving the Services (2007), additional support has been put in place to attempt to address the potential vulnerability of early service leavers. Early service leavers identified as vulnerable by the services can now receive Regular Forces Employment Association (RFEA) enhanced support.

Skills/ Benefits
Some ex- service support organisations and ex-service personnel who have experienced difficulties in making the transition back into civilian life have raised issues around lack of transferable skills from military to civilian life as an important factor leading to greater risk of low income / reliance on benefits and social isolation.

Money management and debt have been identified as an issue for the ex – service community - many ex -service personnel have debt issues.

Information has been received that the majority of clients supported by the Royal British Legion have benefit / debt issues. Debt is a particular issue for the younger age group within the ex-service community and bankruptcy is emerging area. Tackling debt is also an issue for ex- service personnel within the mid to older age groups. A significant amount of support for clients 50

plus is focused around help to obtain Disability Living Allowance, Attendance Allowance, Disabled Facility Grant enquiries, and tackling debt.

It has also been highlighted that ex – service personnel may not be accessing appropriate help and support due to the stigma of accepting charitable welfare support.

Emerging Issues

- All serving personnel have the opportunity to gain a range of qualifications and this is encouraged by the armed forces
- service leavers with over 6 years service, who meet relevant criteria, will be offered the opportunity to achieve a first level 3 qualification (A level or vocational equivalent) free or fund first foundation or full degree. This support only applies to service leavers who left the armed forces, or entered their resettlement phase, on or after 17 July 2008. Those who left the forces prior to this date are ineligible. This fully state subsidised support may be transferred to the spouse or civil partner in the case of death in service or medical discharge where an individual's medical condition is so severe that it will prevent them from taking advantage of the educational support.
- On 4 October 2010 the coalition government announced plans to set aside funding for a new scheme for publicly funded higher education scholarships for the children of servicemen and women killed on active military service since 1990
- The government also confirmed that it plans to continue funding the scheme for service leavers to gain new qualifications and offer an enhanced scheme which covers more ex-service personnel. Implementation of both announcements is subject to the outcome of the Browne review into higher education.
- The coalition government is developing a tri service Armed Forces Covenant aimed at improving support for serving and former members of the armed forces and their families. Specific commitments to be taken forward as part of this work include support to service leavers to study at university and creating a new programme "troops for teachers" to recruit service leavers into the teaching profession.
- As yet there are no links between the Career Transition Partnership and local authorities who are seeking to address worklessness within their communities. There is a need for more sharing of information/ more joined up work between the Career Transition Partnership, the armed forces and local authorities so that the skills /employment needs of the ex- service community can be appropriately reflected in economic / health and well-being strategies across the region.
- Approximately 1200 ex-service personnel receiving support from the Career Transition Partnership settle in the North East Region.
- Links are beginning to be made between the Career Transition Partnership and Job Centre Plus in the NE region in order to take forward work identified as part of the Command Paper " The Nation's commitment …" This work is in its very early stages and is focusing at present on developing a model whereby information can be shared and cascaded.
- Not all early service leavers are vulnerable – there is information that roughly between 50 and 55% go on to gain employment after leaving the services.

- Job Centre Plus is carrying out specific work to support service leavers who register for its services. The aim is that Job Centre Plus alongside local authorities will capture and provide support to ex-service personnel who are not receiving support elsewhere.
- Job Centre Plus has three Armed Forces Champions who operate across the North East region. This is a relatively new role with the remit to act as key point of liaison with the armed forces community to raise awareness of and facilitate access to employment opportunities which service leavers can access via Job Centre Plus to help them reintegrate back into civilian life.
- A key issue for Job Centre Plus is obtaining data on the numbers of service leavers who are likely to require support.
- In response to the commitments set out in the Command Paper " The Nation's commitment …" Tees Valley Job Centre Plus is engaging with the armed forces and the Career Transition Partnership to help move ex-service personnel into sustainable employment.
- Tees Valley Job Centre Plus,the Career Transition Partnership and Middlesbrough Citizens Advice Bureau have indicated their support for the premise of a single point of contact hotline telephone number which ex - service personnel across the region could access if they have difficulties accessing services. **Tees Valley Job Centre Plus** are piloting **a helpline for the ex-service community in Teeside - 01642 398892** - Job Centre Plus staff will be able to use the telephone number if they identify a service leaver or family member who needs additional support which cannot be sourced via Job Centre Plus recognised provision. Job Centre Plus will signpost to one of ex-service support organisations and will ensure follow up to track progress of the referral. This will be a two way street and if any partners need advice on benefits or employment for a service leaver or family member they can also contact Tees Valley Job Centre Plus on the number.
- Tees Valley Job Centre Plus has held initial discussions with the North East Chamber of Commerce, the Federation of small businesses and ANEC in Darlington in relation to ex-service personnel with high level / management skills.
- Tees Valley Job Centre has also engaged with Tesco Distribution Centre to promote the skills of the ex-service community and this has been successful in moving some individuals into employment.
- Tees Valley Job Centre Plus is seeking to identify individuals in local offices who can act as local champions for the ex-service community.
- All ex - service personnel who have served in the regular armed forces for more than three months in the last three years have early entry eligibility into the New Deal Programme which provides gateways into further education, vocational training, volunteering etc. This means that they are entitled to access the programme from day one and can be fast tracked into various training options.
- All Job Centre Plus customers, including ex - service personnel and their families can access Jobseekers Allowance and Employment and Support Allowance. In addition, payments can be made to serving and ex-service personnel who have suffered injuries, ill health or death due to service in the armed or reserve forces via the Armed Forces Compensation Scheme
- Local authorities and relevant partners are not specifically made aware of the educational / skills/ employment related support needs of personnel about to be discharged by the tri – services.

- There are no specific pathways established with the armed forces for the ex- service community to access benefit / educational / skills / employment related support services via local authorities and relevant partners within the region.
- Nearly 800 people leave the army each year from bases in North Yorkshire - many of whom return to other parts of the country, including the North East. A high proportion of these are seeking employment in transport and communications, construction or manufacturing sectors and professional or skilled trade occupations.
- A range of education / skills / employment related services/ support is available to the ex-service community within the North East region at this point in time or is being developed but this is fragmented and not joined up.
- Councils across the NE region co-ordinate and deliver a wide range of initiatives to move people close to the labour market and into work. Interventions are individualised and are designed to reflect personal and multiple barriers to employment whilst also focusing on the local labour market and needs of employers.
- There is evidence that in the past some Councils have received direct referrals from the armed forces to local authority services but this has not happened for some time. It is considered that it would be helpful to receive direct referrals in the future as Councils across the region and Job Centre Plus already have close working relationships and there is significant scope to provide appropriate support.
- A common data management system across the Tyne & Wear City Region and Tees Unlimited City Region helps support individuals moving across local authority boundaries. This particularly avoids individuals re-registering with local authority employment support providers if their housing is transient.
- Figures obtained for the Tyne and Wear City Region indicate that in 2008-09 there were only 12 registered ex - armed forces clients and 361 in 2009-10.
- At the end of 2008-09 the Tyne and Wear City Region included in its data collection a non - mandatory question asking whether individuals were ex-service. The difference in the numbers of ex-armed forces clients registered in 2008-09 and 2009-10 may be attributed to asking the question. Tees Unlimited City Region's database was developed approximately 18 months after the Tyne and Wear City Region database and it also includes in its data collection a non-mandatory question asking individuals whether they are ex-service.
- Figures obtained for Tees Valley Unlimited indicate that between 2008 - 2010 26 ex - armed forces clients were registered.
- Figures obtained for the Tyne and Wear City Region indicate that in 2008-09 eight ex-armed forces clients were placed in employment or self employment and sixty two in 2009-10.
- Of those ex-armed forces clients registered with Tees Valley Unlimited during 2008 -10 none were placed in employment or self employment.
- Work is taking place with North East colleges and places of further education and other third sector organisation to develop specific support to increase the skills/ provide educational and employment support and pathways into employment for the ex-service community.
- Finchale College, Durham is leading on the development of a North East Veterans Network and a directory of services available to veterans in the

north east with a view to improving communication and access to services. Currently 41 organisations across the region are involved. At this stage the effectiveness / quality of services advertised via the directory is not regulated.

- Organisations such as Norcare and Mental Health North East are carrying out work to develop specific pathways into services for " vulnerable" service leavers.
- The ex-service community are under-represented in the self employment market and this is a route into employment which could be targeted in the future.

6. Conclusions

Overall, the workstream has found that the majority of service leavers have had a positive experience within the armed forces and they do well when they leave. They will have planned for their move into civilian life including arranging housing and obtaining employment.

There are a small group of service leavers who have had to leave the service early for a variety of reasons, or who have been in the service for many years and have had difficulties making the transition to civilian life. These groups are less likely to have planned their transition into civilian life and are those most at risk of homelessness and other related difficulties.

At present approximately 8/9% of the army are unfit for active duty and it is estimated that almost all of these will need to be medically discharged in the next 12 to 18 months - their medical condition will impact on their ability to access appropriate housing and relevant training / employment in the future and their ability to reintegrate effectively into local communities. Potentially this could have a significant impact on the resources of local authorities across the region in the future.

The armed forces are currently working with NHS partners and are putting systems in place to try and ensure that those service personnel who are medically discharged are not returned to the community until the armed forces are confident that appropriate support is in place. However, there is a need for greater information sharing and joint working with local authorities in order to allow local authorities to plan to meet future needs and support required for these ex-service individuals once they are returned to local communities.

There is evidence that the resettlement / transition support provided by the armed forces and the Career Transition Partnership is generally robust and forms a comprehensive resettlement programme which supports individuals to settle back into the areas from which they came. This programme is "at the forefront of providing tailored professional help to military personnel as they leave" National Audit Office report (www.nao.org.uk). However, further work to tighten up support for "vulnerable" early service leavers is needed. The armed forces have already identified this as an issue and have put in place improvements to address this.

There is a significant amount of activity within the region to support the wider health and well-being needs of the ex-service community.

There are a great deal of support mechanisms available to the ex-service community once they have left the services via local authorities, ex service charities and a range of other partner and third sector organisations but these are fragmented and need to be more joined up. Furthermore, not all individuals are accessing this support - one of the big challenges is how to address this.

16 Recommendations – Priority areas for the future

16.1 Following the workstream's investigation into the relationship between the ex-service community and the wider social determinants of health its recommendations are as follows:-

Transition

- 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.

Communication and Co-ordination

- There is a need to obtain more information generally regarding the numbers of the ex- service community who discharged and are settling / have settled within the North East and their overall needs. It is therefore recommended that formal information sharing protocols / arrangements are established between the armed forces and local authorities across the NE region. This will enable local authorities to properly assess / plan to meet the needs of the ex-service community as a specific group.

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

- Identification of the ex-service community(ie ex-service personnel and their families) 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 is therefore strongly recommended that local authorities across the region consider what might be the cost / benefits of collecting such information in the future.

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

- 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. It is recommended that local

authorities across the region, via ADASS and NE Directors of Public Health, explore with the armed forces and health partners how this may be taken forward having regard to networks / forums already in existence, their specific remits and the need to avoid duplication/ ensure effective use of resources (eg recently established NHS Armed Services Forum, the NE Regional Veterans Network and the MOD Military / Civil Integration Forum).

- There is a need to raise the level of awareness / communicate effectively with the ex-service community 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.

  It is recommended that local authorities may wish to consider establishing a central point of contact in each local authority or sub - region who can act as champions for the ex-service community when they experience difficulties. Ex-service charities, Citizens Advice Bureau operating in the region and the Career Transition Partnership have all indicated that this would prove beneficial.

  It is also recommended that local authorities across the region consider establishing a central point of contact telephone number - to increase the chances of people getting the help they need. 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 workstream would recommend that local authorities adopt the approach taken by Hampshire County Council, which is one of the four welfare pathway pilots, whereby ex-service telephone enquiries are channelled via councils' contact centres to an existing telephone number within a council department and a member of staff deals with enquiries as part of their role. Awareness training regarding the needs of the ex-service community and external support organisations would need to be provided.

  It is also recommended 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.

  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.

- It is also recommended 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.

Working towards a more unified approach - / effective planning and leadership

- Local authorities have been identified as having 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. In view of this, local authorities in the North East may wish to consider dedicating a chapter in 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.

- 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 longitudinal qualitative research into the needs of the ex-service community. It is recommended that local authorities across the region take this forward as part of the development of Joint Strategic Needs Assessments across the region.

- It is recommended 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.

- It is also recommended that following local authorities' assessment of the likely level of demand from the ex-service community the North East Housing Federation works closely with NE local authorities to help plan future provision.

- It is recommended 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 / needs for employment / skills related services in order to inform future economic / financial inclusion strategies and future provision.

- A key focus for future planning should be more joined up / preventative work between the armed forces, local authorities, partners and third sector organisations such as ex-service charities.

- Local authorities within the North East may wish to consider the merit in developing a regional veterans charter to establish uniform good practice across the region which can form part of existing regional structures such as the Association of North East Councils (ANEC). The development of any charter to take into account any guidance in the Coalition government's forthcoming Armed Forces Covenant.

- As service leavers can settle anywhere in the North East it is recommended 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.

Access to services

- 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. It is recommended that the Homes and Communities Agency is requested to examine these issues on behalf of local authorities across the region in order to ensure that the ex –service community are effectively accessing provision.

- It is also recommended 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.

- It is recommended 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.

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

- 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. It is recommended 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" (early) service leavers into specific services.

- It is recommended 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

The workstream recommend that the NE Regional Health Joint Scrutiny Committee, acting as the Project Board :

i) Note the information and analysis of the evidence set out in the Social and Economic workstream's report
ii) Recognise the contribution of stakeholders / partner agencies within this area of work.
iii) Develop an action plan which includes the service improvements identified and monitors this on a six monthly basis.

Author contact details : Angela Frisby - Gateshead Council - tel 0191 4332138
email - angelafrisby@gateshead.gov.uk


DARLINGTON
BOROUGH COUNCIL

Durham
County Council

Gateshead
Council

HARTLEPOOL
BOROUGH COUNCIL

Middlesbrough
moving forward

Newcastle
City Council

North Tyneside Council

NORTHUMBERLAND
COUNTY COUNCIL

REDCAR & CLEVELAND
BOROUGH COUNCIL

South Tyneside Council

Stockton-on-Tees
BOROUGH COUNCIL

Sunderland
City Council