

HEALTH SCRUTINY FORUM AGENDA



Tuesday, 1 March 2011

at 3.00 pm

in Committee Room B, Civic Centre, Hartlepool

MEMBERS: HEALTH SCRUTINY FORUM:

Councillors S Akers-Belcher, Barker, Cook, Fleet, Griffin, A Lilley, G Lilley, McKenna and Simmons

Resident Representatives:

Mary Green, Norma Morrish and Linda Shields

- 1. APOLOGIES FOR ABSENCE**
- 2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
- 3. MINUTES**
 - 3.1 To confirm the minutes of the meeting held on 1 February 2011
- 4. RESPONSES FROM LOCAL NHS BODIES, THE COUNCIL, EXECUTIVE OR COMMITTEES OF THE COUNCIL TO FINAL REPORTS OF THIS FORUM**

No Items

5. **CONSIDERATION OF REQUEST FOR SCRUTINY REVIEWS REFERRED VIA SCRUTINY CO-ORDINATING COMMITTEE**

No Items

6. **CONSIDERATION OF PROGRESS REPORTS / BUDGET AND POLICY FRAMEWORK DOCUMENTS**

6.1 Suspension of Greatham Clinic – Progress Report

(a) Covering Report – *Scrutiny Support Officer*; and

(b) Verbal Evidence – *Commissioning Manager (Hartlepool and Stockton Localities), NHS Tees*

7. **ITEMS FOR DISCUSSION**

7.1 Breastfeeding in Hartlepool

(a) Covering Report – *Scrutiny Support Officer*; and

(b) Presentation – *Breastfeeding Co-ordinator, Hartlepool Borough Council*

7.2 Teenage Pregnancy in Hartlepool

(a) Covering Report – *Scrutiny Support Officer*; and

(b) Presentation – *Teenage Pregnancy Co-ordinator, NHS Hartlepool*

Scrutiny Investigation into Connected Care

7.3 Connected Care – Partner Organisations

(a) Covering Report – *Scrutiny Support Officer*; and

(b) Evidence from Partner Organisations

8. **ISSUES IDENTIFIED FROM FORWARD PLAN**

9. **FEEDBACK FROM RECENT MEETING OF TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE**

9.1 Tees Valley Health Scrutiny Joint Committee - Update – *Scrutiny Support Officer*

10. REGIONAL HEALTH SCRUTINY UPDATE

- 10.1 Regional Review of the Health of the Ex-Service Community – Final Report –
Scrutiny Support Officer

11. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT

ITEMS FOR INFORMATION

**Date of Next Meeting: Tuesday, 29 March 2011 at 3.00 pm in Committee Room B,
Civic Centre, Hartlepool**

HEALTH SCRUTINY FORUM

MINUTES

1 February 2011

The meeting commenced at 2.00 p.m. in the Civic Centre, Hartlepool

Present:

Councillor Stephen Akers-Belcher (In the Chair);

Councillors: Caroline Barker, Mary Fleet, Sheila Griffin, Alison Lilley, Geoff Lilley, and Chris Simmons.

Resident Representative: Linda Shields.

Members of the Neighbourhood Services Scrutiny Forum:

Councillor: Steve Thomas (Chair)

Resident Representatives: John Cambridge, Brenda Loynes and Iris Ryder.

Also Present: Councillor J W Marshall and Resident Representative Norma Morrish.

In accordance with Council Procedure Rule 4.2: -
Councillor Marjorie James as substitute for Councillor Rob Cook
Councillor Ray Wells as substitute for Councillor Chris McKenna.

Ray Harriman and Angie Wilcox – Connected Care
Professor Gerald Wistow, Durham University
Professor Peter Kelly, Executive Director for Public Health, NHS Tees
Sue Smith, Director of Nursing and Patient Safety, North Tees and Hartlepool NHS Foundation Trust

Officers: Jill Harrison, Assistant Director, Adult Safeguarding
James Walsh, Scrutiny Support Officer
David Cosgrove, Democratic Services Team.

70. Apologies for Absence

Councillors Cook, McKenna and Flintoff and Resident Representative M Green.

71. Declarations of Interest by Members

None.

72. Minutes of the meeting held on 23 November 2011

Confirmed

73. Responses from the Council, the Executive or Committees of the Council to Final Reports of this Forum

None.

74. Consideration of request for scrutiny reviews referred via Scrutiny Co-ordinating Committee

None.

75. Consideration of progress reports/budget and policy framework documents

None.

76. Dust Deposits on the Headland (*Scrutiny Support Officer*)

The Scrutiny Support Officer reported that on 24 May 2010 the Health Scrutiny Forum presented its Interim Report into 'Dust Deposits on the Headland' to the Authority's Cabinet. Amongst the recommendations culminating from the interim report was recommendation (a) which stated:-

"That the Health Scrutiny Forum receives results of further investigations into dust deposits on the Headland by the Executive Director of Public Health into cancer rates."

At the meeting of Cabinet on 24 May 2010, the Neighbourhood Services Scrutiny Forum presented its Final Report into 'Possible Environmental Impacts of Dust Deposits on the Headland and Surrounding Areas', amongst its recommendations was recommendation (k) which stated:-

"That Members of the Neighbourhood Services Scrutiny Forum and residents be invited to attend the meeting of the Health Scrutiny Forum when it considers the additional information which has been requested from Professor Kelly."

As Professor Peter Kelly was in attendance at the meeting to present the findings of his further investigations, the Members of the Neighbourhood Services Scrutiny Forum were present at the meeting. The Chair welcomed

the Chair and a number of Members from the forum to the meeting and also thanked Professor Kelly for undertaking the additional work on this issue.

Professor Kelly outlined to the Members present the main findings from his additional investigations 'Health Profile of the population living in the Headland of Hartlepool'. Professor Kelly quoted from a number of the statistical findings set out within his report, which had been circulated to Members in advance of the meeting and reported that while cancer rates in Hartlepool were high when compared with the national average, the rates in the St Hilda ward did not stand out as being any different to the general Hartlepool rates and for some specific types of cancer, were lower. Rates for Mesothelioma were again high when compared to national rates but were comparable when compared to areas with similar industrial histories. Cases were increasing in number but the disease could have a very extensive incubation period of up to 50 years in some cases, so tracking back to where an individual had been exposed to asbestos was almost impossible. In conclusion Professor Kelly commented that while cancer rates were high in general in Hartlepool, much of this was explainable but the health of the people living in the St Hilda ward was no different to those living elsewhere in Hartlepool.

Following Professor Kelly's presentation, the Chair opened the meeting to questions. There was concern at the potential for the figures quoted not to be wholly representative of the people living on the Headland as people in Hartlepool did tend to travel to doctors surgeries rather than simply using the one most local to them. Professor Kelly stated that he had taken this into account when undertaking his research and had approached a number of surgeries and based the evidence on patient postcodes to ensure its accuracy. There was also concern raised at the high level of Mesothelioma and also child cancer rates across the town and particularly the levels of specific cancer rates in Seaton Carew. Professor Kelly stated that he was unaware of excessive levels of child cancer in Hartlepool and the rates of all cancers were in line with the regional statistics, though it had to be acknowledged that the regional rates were high when compared to the national averages.

Specifically on Mesothelioma, Professor Kelly firstly commented that the dust that had instigated the investigation did not contain asbestos. Mesothelioma was a disease caused by chronic exposure to asbestos. The vast majority of cases were related to exposure before the dangers of asbestos were identified and tended to be prevalent in industrial areas that had used asbestos heavily. In the northeast that meant ship building and these rates in Hartlepool were directly comparable to areas with a similar industrial heritage; Hartlepool was the sixteenth most affected area in the UK.

The Chair indicated that it had to be noted that there were significant health inequalities in Hartlepool and that was an issue that the Health Forum may have to look at in greater detail in the new municipal year. While many people could quote a number of instances of apparent high cancer clusters, the facts, as reported by Professor Kelly, show that Hartlepool is no different

to the rest of the Tees valley and other industrial areas. Members were concerned that while the report did not show any specific problem on the Headland, it did support previous evidence of the health inequalities the people of Hartlepool had to endure. There were, however, no reasons to scaremonger; people on the Headland had no greater health concerns than those elsewhere in the town.

Professor Kelly wished to indicate to Members that his investigations did not show any specific evidence of any adverse health problems caused by the dust problem being experienced on the Headland. That did not, however, mean that there no adverse health issues but from his investigations he could not conclude that they were any better than anywhere else in Hartlepool.

There were some concerns expressed by Members that the residents and ward members from the Headland that had attended many of the other investigation meetings were not present at this meeting. The Chair assured Members that they had been informed of the meeting and had received a copy of Professor Kelly's report.

The Chair thanked Professor Kelly for his report and responses to the questions of those present.

Recommended

That the contents of the report 'Health Profile of the population living in the Headland of Hartlepool' presented by Professor Peter Kelly be noted.

77. North Tees and Hartlepool NHS Foundation Trust – Quality Account 2011/12 (*Scrutiny Support Officer*)

The Scrutiny Support Officer reported that in November 2009 the Government published the Health Bill which required all providers of NHS healthcare services to provide an annual Quality Account, initially by the end of April 2010.

Members of the Health Scrutiny Forum met on 12 October 2010 where initial discussions were held in relation to the North Tees and Hartlepool NHS Foundation Trust's Quality Account for 2011/12. At that meeting the Director of Nursing and Patient Safety at North Tees and Hartlepool NHS Foundation Trust agreed to provide Members with the opportunity to comment on the final Quality Account when it was produced in early 2011.

The Director of Nursing and Patient Safety at North Tees and Hartlepool NHS Foundation Trust was present at the meeting and gave a presentation in relation to North Tees and Hartlepool NHS Foundation Trust's Quality Account for 2011/12. The presentation highlighted the improvements that had been brought through the focus on the national priorities of patient safety, effectiveness of care and patient experience. Issues such as the improved monitoring of in-patients, through ensuring that the full range of checks were always done, had lead to only one patient in the last seven months suffering a heart attack while in hospital. This was an exceptional

figure that showed that improved and increased monitoring could bring early interventions improving patient care.

The Director of Nursing and Patient Safety also highlighted that record keeping had been improved to ensure that both doctors and nurses were updating a single patient record. Changes and improvements to the way people nearing the end of their life and also their families were bringing improvements in patient care. The use of patient diaries for family members to record how their relatives were being cared for at the end of their life was changing the way both the patients and their family members were being dealt with.

Members expressed some concern at the use of the diaries for families of those nearing end of life and considered that it might not be the most appropriate thing to ask of them. The Director of Nursing and Patient Safety did indicate that there was actually good feedback from those that had used the diaries.

A Member expressed concern at the lack of accountability of the Trust Board. The chair indicated that this was a separate issue that could be considered at another time and asked that the Member discuss the matter further with the Chair outside of this meeting.

There was concern at the pressures that were being placed on staff due to the need to record and monitor targets instead of patient care. The Director of Nursing and Patient Safety indicated that she did not believe this was the case

Recommended

That the North Tees and Hartlepool NHS Foundation Trust's Quality Account for 2011/12 be received and that the Chair be delegated to submit the Forum's commentary for inclusion in the final Quality Account.

78. Investigation into Connected Care – Setting the Scene *(Scrutiny Support Officer)*

The Scrutiny Support Officer reported that the Forum at its meeting on 23 November 2010 considered and approved the Terms of Reference and Potential Areas of Inquiry / Sources of Evidence for the scrutiny investigation into 'Connected Care'. Representatives from the Connected Care Project gave a presentation to the meeting to outline the development, current delivery model and impact of Connected Care in Hartlepool.

Professor Gerald Wistow, Durham University, who had undertaken an appraisal of the Connected Care project, outlined how the scheme had been developed over the past 18 months. The project had the support of the local authority, lots of local groups but particularly both recent governments and the Department of Health (DoH). The project in Hartlepool was the first pilot in the country and directly arose from the concerns raised by ward councillors with the services the residents of the Manor ward were receiving. The project was receiving a large number of plaudits and was seen as an

innovative model by the DoH. It was now hoped that this model of service delivery could be rolled out to other areas in the town.

The representatives from Connected Care outlined the main services they provided to residents through a 'holistic' one-stop shop. There was a continual commitment to consultation with local groups and partners to ensure that services were meeting need as well as looking to new innovation. The main aim of the service was not to provide the services but facilitate people access services in one venue rather than having to deal with a multitude of people at a wide range of venues. The project also provided service providers with much greater scope to address services to target groups.

The service was provided on the ground by three 'navigators' whose role was to help people navigate through the various systems organisations provided and to ensure they accessed the right level of service. Some work recently undertaken with the London School of Economics revealed that the average cost of an eviction by Housing Hartlepool cost the social landlord £6000. If, through the work undertaken with people in difficulty, Connected Care could prevent twenty evictions each year, which was a saving in unnecessary costs of £120,000.

Connected Care's aims were to empower individuals to make better choices. Much of this needed local agencies to be convinced to deliver services in differing ways to meet the needs of residents.

The representatives highlighted some of the additional services that had been developed such as SAILS, which was essentially a 'good neighbour' scheme for the elderly. Local GP's could refer people they considered at risk into the scheme. There was an approved handyman service supported by Housing Hartlepool and the Council that gave people access to rapid and reliable household repairs. A benefits advice service that was bringing five times as much money into the area than it was costing to provide. There was also a Timebank service where volunteers could give time to undertake jobs they were skilled in and then receive time back from others with other skills.

A copy of a book recently published by the project was handed to Members which outlined the pilot projects business plan, case studies, project outlines and feedback from some of the young people involved in the project.

The representatives of the Connected care project had also brought two young people to the meeting to give 'first hand' their stories of how the project had helped them in their individual situations. The Chair thanked them for their attendance at the meeting and giving a first hand account of how Connected Care had helped them in their lives.

Professor Wistow indicated that a summary of the evaluation of the project produced by Durham University and Turning Point would be valuable for the forum's investigation. The document outlined the various case studies and showed how the care navigators had supported individuals' access services.

The navigators being independent of the services provided didn't have any vested interests and didn't have to defend organisations when things went wrong.

This wasn't a cost free service as it had to build onto the various services and groups already available. It was, however, a good example of the big society and the Secretary for State for Health had recently visited the project and had been very impressed by what was provided and the difference it could make.

The Chair thanked the representatives from Connected care for their presentation and indicated that it was very pleasing to see a group of people so enthusiastic about the work they were doing. The Chair opened the meeting to questions from the forum.

A resident representative was concerned that with the various community and charity groups in the area there may be a duplication of services. The representatives from Connected Care indicated that the service was very careful to ensure that there was no duplication. Services were directed at peoples needs and at being cost effective. Residents were referred on to other services regularly but the navigators were also tasked with not referring people into services they didn't need. The project was designed to save money and the work undertaken by the London School of Economics showed that was happening.

Members welcomed the project and congratulated the workers involved in the pilotscheme.

Recommended

That the report and the comments be noted.

79. Issues identified from the Forward Plan

No items.

80. Feedback From Recent Meetings of Tees Valley Health Scrutiny Joint Committee (*Scrutiny Support Officer*)

The Scrutiny Support Officer submitted a report updating the Forum on the issues discussed at the meetings of the Tees Valley Health Scrutiny Joint Committee held on 13 December 2010 and 17 January 2011.

Recommended

That the report be noted.

81. Any Other Items which the Chairman Considers are Urgent

The Chairman ruled that the following items of business should be considered by the Committee as a matter of urgency in accordance with the

provisions of Section 100(B) (4)(b) of the Local Government Act 1972 in order that the matter could be dealt with without delay.

82. Integrated Sexual Health Services Progress Update – Tees Valley Health Scrutiny Joint Committee (*Scrutiny Support Officer*)

The Scrutiny Support Officer submitted for Members information a report received from NHS Tees on proposals for the improvement of sexual health services in Teesside as part of a tees-wide investment. Assura Stockton LLP had been awarded the contract to provide sexual health services for the Teesside area from 1 February 2011. Patients would benefit from additional community based locations, extended hours and a one stop service. In Hartlepool it was intended that the service would operate at the One Life centre.

The Genito-Urinary Medicine (GUM) services currently provided from James Cook University Hospital would move to North Ormesby Health Village and Redcar Primary Care Hospital. The GUM services currently provided at University Hospital of Hartlepool would move to the One Life Centre.

The report went on to outline the various measures and publicity that were to be implemented in advance of the new services starting on 1 February 2011.

Recommended

That the report be noted.

The meeting concluded at 4.30 p.m.

CHAIR

HEALTH SCRUTINY FORUM

1 March 2011



Report of: Scrutiny Support Officer

Subject: SUSPENSION OF GREATHAM CLINIC –
PROGRESS REPORT – COVERING REPORT

1. PURPOSE OF REPORT

- 1.1 To introduce the Commissioning Manager (Hartlepool and Stockton Localities) from NHS Tees who will be present at today's meeting to provide an update to the Forum's Action Plan into the 'Suspension of Greatham Clinic'.

2. BACKGROUND INFORMATION

- 2.1 On 28 September 2010, the Health Scrutiny Forum presented its Final Report and Action Plan to the Council's Cabinet. Amongst its recommendations, was recommendation (b) which stated:-

"That options are drawn up for delivering clinical services with:-

- (i) Consultation being carried out with all Greatham residents; and*
- (ii) The outcome of the consultation being shared with the Health Scrutiny Forum."*

- 2.2 On 12 October 2010, Members of the Health Scrutiny Forum received a report from the then Practice Based Commissioning Account Manager at NHS Hartlepool entitled 'NHS Hartlepool's Response to the Suspension of Greatham Clinic Final Report'. In response to the Forum's recommendation (b)(ii); as detailed in 2.1; NHS Hartlepool agreed:-

"Upon decision by board, presentation will be given to the Health Scrutiny Forum."

- 2.3 Subsequently, the now Commissioning Manager (Hartlepool and Stockton Localities) from NHS Tees will be present at today's meeting to present the decision by the NHS Hartlepool Board; after consultation with Greatham residents; in regards to the delivery of clinical services in Greatham.

3. RECOMMENDATIONS

- 3.1 That Members note the content of this report, seeking clarification on any issues from; and as a result of; the verbal update by the Commissioning Manager (Hartlepool and Stockton Localities), NHS Tees present at today's meeting.

Contact Officer:- James Walsh – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523647
Email: james.walsh@hartlepool.gov.uk

BACKGROUND PAPERS

The following background paper was used in the preparation of this report:-

- (a) Minutes of the meeting of the Cabinet held on 28 September 2010.
- (b) Report by the Practice Based Commissioning Account Manager, NHS Hartlepool entitled 'NHS Hartlepool's Response to the Suspension of Greatham Clinic Final Report' presented to the Health Scrutiny Forum meeting of 12 October 2010.

HEALTH SCRUTINY FORUM

1 March 2011



Report of: Scrutiny Support Officer

Subject: BREASTFEEDING IN HARTLEPOOL – COVERING REPORT

1. PURPOSE OF REPORT

- 1.1 To introduce the Breastfeeding Co-ordinator who will be present at today's meeting to provide an update in terms of breastfeeding outcomes in Hartlepool.

2. BACKGROUND INFORMATION

- 2.1 When the Health Scrutiny Forum met on 22 June 2010, Members agreed their Work Programme for the 2010/11 Municipal Year. Due to the busy workload for the Forum Members agreed to receive a 'one-off' update on the outcomes for breastfeeding in Hartlepool.
- 2.3 Subsequently the Breastfeeding Co-ordinator will be in attendance today to provide a presentation to Members in relation to the issue of breastfeeding levels in Hartlepool.
- 2.4 During this evidence gathering session with the Breastfeeding Co-ordinator, it is suggested that responses should be sought to the key questions below:-
- (a) The benefits of breastfeeding for babies and their mothers; and
 - (b) What activities are being undertaken by Hartlepool Borough Council and NHS Hartlepool to encourage breastfeeding:-
 - (i) How effective are these activities?; and
 - (ii) What more can be done to improve breastfeeding levels in Hartlepool?

2.5 **Table 1** below provides a comparison between the Health Profile for Hartlepool in 2009 and 2010 in relation to breastfeeding:-

Table1: Comparison of Breastfeeding Initiation in Hartlepool to National Figures

Year	Breastfeeding Initiation in Hartlepool	Breastfeeding Initiation in England	Worst Breastfeeding Initiation in England
2009 ¹	35.9%	71%	32.5%
2010 ²	42.2%	72.5%	39.7%

3. RECOMMENDATIONS

3.1 That Members consider the views of the Breastfeeding Co-ordinator in relation to the presentation to be provided at today's meeting and the questions outlined in section 2.4.

Contact Officer: - James Walsh – Scrutiny Support Officer
Chief Executive's Department – Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523647
Email: james.walsh@hartlepool.gov.uk

BACKGROUND PAPERS

The following background papers were used in the preparation of this report:-

- (a) Minutes of the Health Scrutiny Forum held on 22 June 2010
- (b) Report of the Scrutiny Support Officer entitled 'Determining the Scrutiny Forum's Work Programme for 2010/11' presented to the Health Scrutiny Forum meeting of 22 June 2010
- (c) The Association of Public Health Observatories (2009), *Health Profile 2009 Hartlepool*, Available from http://www.apho.org.uk/default.aspx?QN=HP_METADATA&AreaID=50333 (Accessed 8 November 2010)
- (d) The Association of Public Health Observatories (2009), *Health Profile 2010 Hartlepool*, Available from http://www.apho.org.uk/default.aspx?QN=HP_METADATA&AreaID=50333 (Accessed 8 November 2010)

¹ APHO, 2009

² APHO, 2010

HEALTH SCRUTINY FORUM

1 March 2011



Report of: Scrutiny Support Officer

Subject: TEENAGE PREGNANCY IN HARTLEPOOL –
COVERING REPORT

1. PURPOSE OF REPORT

- 1.1 To introduce the Teenage Pregnancy Co-ordinator, NHS Hartlepool who will be present at today's meeting to provide an update in terms of teenage pregnancy levels in Hartlepool.

2. BACKGROUND INFORMATION

- 2.1 When the Health Scrutiny Forum met on 22 June 2010, Members agreed their Work Programme for the 2010/11 Municipal Year. Due to the busy workload for the Forum Members agreed to receive a 'one-off' update on teenage pregnancy levels in Hartlepool.
- 2.2 Subsequently the Teenage Pregnancy Co-ordinator, NHS Hartlepool will be in attendance today to provide a presentation to Members in relation to the issue of teenage pregnancy levels in Hartlepool.
- 2.3 On 8 June 2010, the Hartlepool Mail ran an article entitled 'Fall in Teen Pregnancies'¹ which noted that; as a benchmark to the Government's target to halve the number of teenage pregnancies between 1998-2010; by 2008 Hartlepool had reduced the number of teenage pregnancies by around 10%. By comparison the BBC News website on 28 February 2010 ran an article entitled 'Drop in Darlington Teenage Pregnancy Rates'² which stated that teenage pregnancy levels in Darlington had dropped by 20% over the same period. **Table 1** overleaf provides a comparison between the Health Profile for Hartlepool in 2009 and 2010 in relation to teenage pregnancy:-

¹ Walker, T., 2010

² BBC News, 2010

Table1: Comparison of Under 18 Conception Rate per 1,000 Females in Hartlepool to National Figures

Year	Teenage Pregnancy Levels in Hartlepool	Teenage Pregnancy Levels in England	Worst Teenage Pregnancy Levels in England
2009 ³	69.5%	41.2%	79.1%
2010 ⁴	65.7%	40.9%	74.8%

2.4 During this evidence gathering session with the Teenage Pregnancy Co-ordinator, it is suggested that responses should be sought to the key questions below:-

- (a) What activities are being undertaken by Hartlepool Borough Council and NHS Hartlepool to reduce levels of teenage pregnancies in the Town:-
 - (i) How effective are these activities?;
 - (ii) What more can be done to reduce the levels of teenage pregnancies in Hartlepool?; and
 - (iii) What lessons can be learnt from other neighbouring Authorities, such as Darlington (as detailed in paragraph 2.3)?

3. RECOMMENDATIONS

3.1 That Members consider the views of the Teenage Pregnancy Co-ordinator in relation to the presentation to be provided at today's meeting and the questions outlined in section 2.4.

Contact Officer:- James Walsh – Scrutiny Support Officer
 Chief Executive's Department – Corporate Strategy
 Hartlepool Borough Council
 Tel: 01429 523647
 Email: james.walsh@hartlepool.gov.uk

BACKGROUND PAPERS

The following background papers were used in the preparation of this report:-

- (a) Minutes of the Health Scrutiny Forum held on 22 June 2010

³ APHO, 2009

⁴ APHO, 2010

- (b) Report of the Scrutiny Support Officer entitled 'Determining the Scrutiny Forum's Work Programme for 2010/11' presented to the Health Scrutiny Forum meeting of 22 June 2010
- (c) The Association of Public Health Observatories (2009), *Health Profile 2009 Hartlepool*, Available from http://www.apho.org.uk/default.aspx?QN=HP_METADATA&AreaID=50333 (Accessed 8 November 2010)
- (d) The Association of Public Health Observatories (2009), *Health Profile 2010 Hartlepool*, Available from http://www.apho.org.uk/default.aspx?QN=HP_METADATA&AreaID=50333 (Accessed 8 November 2010)
- (e) Walker, T. (2010) 'Fall in Teen Pregnancies', *Hartlepool Mail*, 8 June, [online] Available from <http://www.hartlepoolmail.co.uk/news/Fall-in-teen-pregnancies.6180227.jp> (Accessed 8 June 2010)
- (f) BBC News (2010) 'Drop in Darlington Teenage Pregnancy Rates', *BBC News*, 28 February, [online] Available from <http://news.bbc.co.uk/go/pr/fr/-/1/hi/england/8541712.stm> (Accessed 8 June 2010)

HEALTH SCRUTINY FORUM

1 March 2011



Report of: Scrutiny Support Officer

Subject: SCRUTINY INVESTIGATION INTO CONNECTED CARE – PARTNER ORGANISATIONS – COVERING REPORT

1. PURPOSE OF REPORT

- 1.1 To inform Members that organisations involved with Connected Care have been invited to attend this meeting to provide evidence in relation to the investigation into 'Connected Care'.

2. BACKGROUND INFORMATION

- 2.1 Members will recall that at the meeting of this Forum on 23 November 2010, the Terms of Reference and Potential Areas of Inquiry / Sources of Evidence for the scrutiny investigation into 'Connected Care' were approved by the Forum

- 2.2 Consequently representatives from the following organisations have been invited to attend today's meeting to discuss their involvement as either providers of services accessed by the Connected Care Programme or as a result of their referral of clients into Connected Care:-

- (a) Hartlepool Carers;
- (b) Intrahealth;
- (c) Housing Hartlepool;
- (d) OFCA; and
- (e) Accent Foundation.

- 2.3 During this evidence gathering session with the organisations involved with Connected Care, it is suggested that responses should be sought to the key questions below:-

- (a) What impact has Connected Care had on the Community?;

- (b) What are the benefits or otherwise of the organisations involvement with Connected Care?; and
- (c) How would the organisation like to see Connected Care developed, baring in mind the current economic climate?

3. RECOMMENDATIONS

- 3.1 That Members consider the views of the organisations involved with Connected Care to be provided at today's meeting and the questions outlined in section 2.3.

Contact Officer: - James Walsh – Scrutiny Support Officer
Chief Executive's Department – Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523647
Email: james.walsh@hartlepool.gov.uk

BACKGROUND PAPERS

The following background paper was used in the preparation of this report:-

- (a) Minutes of the Health Scrutiny Forum held on 23 November 2010

HEALTH SCRUTINY FORUM

1 March 2011



Report of: Scrutiny Support Officer

Subject: TEES VALLEY HEALTH SCRUTINY JOINT
COMMITTEE - UPDATE

1. PURPOSE OF THE REPORT

- 1.1 To inform Members of issues discussed at meetings of the Tees Valley Health Scrutiny Joint Committee held since the last update provided at the meeting of the Health Scrutiny Forum on 1 February 2011.

2. BACKGROUND INFORMATION

- 2.1 A summary is provided below of the issues discussed at a recent Tees Valley Health Scrutiny Joint Committee Meetings. Further information on these issues is available from the Scrutiny Support Officer and where appropriate clarification can be sought from Hartlepool's Tees Valley Health Scrutiny Joint Committee representatives who are present at today's meeting:-
- 2.2 The Tees Valley Health Scrutiny Joint Committee met on 7 February 2011 when the following issues were discussed:-

(i) Seasonal Flu Update

Members were presented with details of the current status of the impact of seasonal flu in the Tees area. Representatives from NHS Tees confirmed that the peak in numbers of people suffering from seasonal flu had now passed and health professionals were currently considering what lessons could be learnt for future years. Some of the criticism from Members surrounded the levels of vaccine available to at risk groups this year, although to some degree the vaccination levels had been influenced by criticism the previous year due to over-ordering. The NHS Tees representatives took on board comments about mass vaccination, although there was a concern that due to some people being egg intolerant (the seasonal flu vaccine is cultured in eggs) that this could cause more serious medical complaints and for the majority of cases seasonal flu was not life threatening.

(ii) Out of Hours Care – Service Redesign – Progress Report

A report was circulated to Members of the Committee highlighting the progression of the redesigned model for the delivery of out of hours care. Members agreed that it would be important to hear what lessons had been learnt from the launch of the out of hours care service package in Hartlepool and what percentage of calls received by the centre had resulted in a home visit by a GP.

(iii) Sexual Health – Service Redesign – Progress Report

The Tees Valley Health Scrutiny Joint Committee received a briefing note to progress that had been made with the service redesign for sexual health services, that had been consulted with Members over many months. Members noted the development that would see GUM services moving from James Cook University Hospital to North Ormesby Health Village and Redcar Primary Care Hospital; and from University Hospital of Hartlepool to One Life Hartlepool.

3. RECOMMENDATION

- 3.1 That Members note the content of the report and outline any possible comments in relation to the issues discussed which they would like the Chair to relay back to the Joint Committee on their behalf.

Contact Officer:- James Walsh – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523647
Email: james.walsh@hartlepool.gov.uk

BACKGROUND PAPERS

No background papers were used in the preparation of this report.

HEALTH SCRUTINY FORUM

1 March 2011



Report of: Scrutiny Support Officer

Subject: Regional Review of the Health of the Ex-Service Community – Final Report

1. PURPOSE OF THE REPORT

- 1.1 To present to Members the Final Report agreed by the North East Joint Health Overview and Scrutiny Committee after their recent scrutiny investigation entitled 'Regional Review of the Health of the Ex-Service Community'.

2. BACKGROUND INFORMATION

- 2.1 Members at their meeting of 2 February 2010 the Chair confirmed that the 12 North East Local Authorities had been successful in a bid for funding from the Centre for Public Scrutiny through their Health Inequalities initiative to carry out an investigation into the Health of the ex-Service Community.
- 2.2 Attached as **Appendix A** to this report is the Final Report entitled 'Regional Review of the Health of the Ex-Service Community' which was agreed by the North East Joint Health Overview and Scrutiny Committee at their meeting of 14 January 2011.

3. RECOMMENDATION

- 3.1 That Members note the content of the report.

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BACKGROUND PAPERS

The following background papers were used in the preparation of this report

- (a) Minutes of the Health Scrutiny Forum held on 2 February 2010.



NORTH EAST JOINT HEALTHOVERVIEW AND SCRUTINY COMMITTEE

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

REPORT



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

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

Foreword

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

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

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

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

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

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

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

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

Councillor Ann Cains

Chair, North East Regional Joint Health Overview and Scrutiny Committee

Summary

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

1. Roughly one person in twelve in the UK is a member of the ex-service community: either a veteran of the armed forces or a carer, dependant or close family member of a veteran. A systematic attempt to understand the effects on the health and wellbeing of the ex-service community of their common life experiences is a necessary step towards ensuring that no-one suffers disadvantage as a result of their service. But in the past, this has not happened.
2. This is changing. This scrutiny review was prompted in part by the publication of the command paper The Nation's Commitment in 2008. While the review was being undertaken, an increased commitment to understanding and adapting to ex-service needs has been demonstrated by the creation of Armed Forces Health Forums in every NHS region, by the government's acceptance of the Murrison report on armed forces mental health, and by the publication of the report by the Task Force on the Military Covenant, among many other developments. We hope that our report will make a further substantial contribution.

North East England health overview and scrutiny

3. All twelve local authorities in the North of England have Health Overview and Scrutiny Committees, made up of Councillors who are not part of the decision-making structures of their Councils, to provide an independent view of the health and wellbeing needs of their residents and of the services provided for them.
4. The twelve committees have a long history of close co-operation across local authorities and in sub-regional groups. They have now formed a single regional Joint Health Overview and Scrutiny Committee, in recognition of the common interests of citizens across the North East. This is the first published report of that Joint Committee.

The Centre for Public Scrutiny Health Inequalities Programme

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

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

Aims and purpose of the review

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

Organisation of the review

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

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

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

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

Key participants

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

Main conclusions

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

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

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

Recommendations

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

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

Information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Awareness

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

10.1 Appendix A

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

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

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

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

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

Improving responsiveness within organisations

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

- a. Within local authorities, a Member Armed Forces Champion to drive improvements in services for service veterans.
- b. Within local authorities, a named senior officer to assist the ex-service community and act as a facilitator and conduit in dealings with Councils and beyond.
- c. Within Primary Care Trusts, named senior staff to act as Case officers/co-ordinators in PCTs to act on behalf of the ex-service community whilst assistance is required, and to consider how best to

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

Improving co-ordination across organisations

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

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

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

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

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

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

The transition of Armed Forces personnel to civilian services following discharge

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

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

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

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

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

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

Ensuring equality of access for Armed Forces Families

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

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

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

Veterans' mental health services

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

Recommendation 37: that

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

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

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

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

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

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

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

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

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

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

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

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

Next steps

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

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

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

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

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

Main Report

The Health of the Ex-Service Community

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

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

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

The national picture

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

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

- The ex-service community in the UK was made up of about 10.5 million people, of whom just under half were veterans themselves. This number was expected to fall to around 8.5 million by 2020.
- The average age of the ex-service community was 63 years, compared with 47 years for the adult population. The number of people in the community aged over 85 was expected to triple over the period to 2020, with a small increase in the number of 16-24 year olds, and a fall in the numbers of those in-between.

10.1 Appendix A

- Over half (52%) of the ex-Service community report having a long-term illness or disability, compared with 35% in the general population.
- In the 16-44 age group:
 - the number of mental health disorders among members of the ex-service community was three times that of the UK population of the same age;
 - there was a higher prevalence of musculo-skeletal complaints.
- In the 45-64 age group:
 - members of the ex-service community were more prone to cardio-vascular or respiratory conditions than their peers;
 - both men and women who are economically inactive reported significantly higher levels of ill-health in the ex-service community than in the general population.
- But members of the ex-service community aged 65-75 report less ill health than their peers in the general population, while those aged over 75 reported similar health to everyone else of that age.

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

- Among the 3.8 million ex-Service personnel in England, overall health was broadly comparable to the general population.
- But there were common mental health diagnoses of alcohol problems, depression and anxiety disorders. In particular, those who leave the Services early and young were up to three times more likely to commit suicide than the general population.

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

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

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

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

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

- 145,525 War Disablement Pensioners and 29,645 War Widows were receiving pensions at 30 September 2010.
- 225 veterans and 390 surviving dependents were receiving Guaranteed Income Payments under the AFCS.
- 8,645 lump sum payments had been made under the AFCS between 1 November 2005 and 30 September 2010.
- The most common injuries resulting in lump sum payments (mostly made to personnel still in the Services) were:
 - musculo-skeletal disorders (41.3%)
 - fractures and dislocations (29.7%)
 - injury, wounds and scarring (13.5%)

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

North East England

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

10.1 Appendix A

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

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

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

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

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

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

“Only on the basis of absolute confidence in the justice and morality of the cause can British soldiers be expected to give their lives for others. This unlimited liability on the part of the individual in turn demands collective responsibility of the nation for the welfare of all servicemen and women, serving and retired, and their dependants.”

(“Soldiers: The Military Covenant”, Ministry of Defence, 2000, quoted in “Honour the Covenant”, Royal British Legion Policy Briefing, September 2007)

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

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

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

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

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

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

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

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

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

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

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

- There is a guarantee that all those seriously injured will receive an early and comprehensive assessment of their long term needs before they leave the Armed Forces;
- There should be high quality care for life for those with continuing healthcare needs based on a regular review of their needs overseen by an NHS case manager;
- There is grant funding with Combat Stress (that they are matching) to work directly with mental health trusts to ensure that the services they provide are accessible to and appropriate for military veterans;
- There will be closer NHS links with a full range of third sector partners and charities with extensive experience of working with veterans, to share advice, knowledge and best practice to improve services for veterans;
- There is an entitlement for all veterans who have lost a limb whilst serving in the Armed Forces to receive, where clinically appropriate, the same standard of prosthetic limb from the NHS that they received or would receive today from Defence Medical Services as a result of major technological advances.
- Responsible Directors are to be identified within each Strategic Health Authority, together with Primary Care Trust champions, will be identified to

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

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

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

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

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

Conclusions and recommendations

General considerations

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

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

1. Promoting effective communication and coordination across agencies, providers and the third sector.
2. The transition of Armed Forces personnel to NHS care following medical discharge (which has been expanded here to include discharge generally)
3. Ensuring equality of access for Armed Forces families
4. Veterans’ mental health services

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

- Public health responsibilities will be split off into a new national Public Health Service. Local directors of public health will be appointed jointly by the Public Health Service and local authorities.
- There will be a National Commissioning Board. This will commission and directly fund GP consortia across the country.
- GP consortia will be responsible for commissioning most services for their patients. Patients will have a choice of GP, and GP consortia will be able to commission services from “any willing provider”. The right of patients to have a choice of provider will be extended to some mental health services and to long-term conditions.
- The National Commissioning Board will commission directly a number of services where the Government believes it is impractical for GP consortia to do the job. These include dentistry, community pharmacy,

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

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

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

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

Information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Awareness

53 Two types of awareness need to be addressed.

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

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

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

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

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

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

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

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

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

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

Improving responsiveness within organisations

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

- a. Within local authorities, a Member Armed Forces Champion to drive improvements in services for service veterans.
- b. Within local authorities, a named senior officer to assist the ex-service community and act as a facilitator and conduit in dealings with Councils and beyond.

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

Improving co-ordination across organisations

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 Ensuring equality of access for Armed Forces families

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

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

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

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

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

4 Veterans' mental health services

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

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

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

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

Recommendation 37: that

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Undertaking this review

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ACTION PLAN BY ORGANISATION

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

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

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

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

Responses should be addressed to:

The Scrutiny Team
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Policy and Research Division
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Room 245
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Action Plan by organisation to whom recommendation addressed

Armed Forces

Recommendation	Addressed to	Requested reply date	Recommended action date	Notes
<u>Recommendation 5:</u> that formal information sharing protocols and arrangements are established between the armed forces and local authorities across the NE region. This will enable local authorities to properly assess and plan to meet the needs of the ex-service community as a specific group.	Armed Forces Local authorities			
<u>Recommendation 10:</u> that the armed forces and the Career Transition Partnership work more closely with local authorities across the region and provide them with an assessment of the likely level of demand and need for employment and skills related services in order to inform future economic and financial inclusion strategies and future provision.	Armed Forces Career Transition Partnership Local authorities			
<u>Recommendation 15:</u> that all agencies should make use of and promote local directories of services provided by the	Armed forces Local authorities			

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voluntary and community sector and statutory provision for those seeking help and for those making referrals, such as the web-based directory provided by Veterans North-East and Finchale College Durham.	NHS Voluntary organisations			
Recommendation 25: that the positive work being taken forward by Job Centre Plus in the Tees Valley is shared with Armed Forces Champions across the rest of the region with a view to ensuring a consistent approach in supporting the training and employment needs of the ex-service community.	Job Centre Plus			
<u>Recommendation 26:</u> Local authorities within the North East should consider the developing a regional veterans charter to establish uniform good practice across the region, possibly through existing regional structures such as the Association of North East Councils (ANEC).	Local authorities Association of North East Councils			
<u>Recommendation 27:</u> that the Career Transition partnership continues to work with local authorities and Primary Care Trusts (and successor bodies as PCTs are abolished) to ensure that the Transition Protocol is understood and	Career Transition Partnership Local authorities Primary Care organisations			

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that specific individuals are mandated appropriately to take on these roles.	GP consortium pioneers			
<u>Recommendation 28:</u> that local NHS organisations work with military colleagues to ensure that people leaving the services are registered with GPs and dentists before formal discharge, so they have a 'foot in both camps' towards the end of their active service. This would ensure a smoother transition to civilian health services.	PrimaryCare Organisations GP consortium pioneers Armed forces			
<u>Recommendation 29:</u> that the armed forces and the Career Transition Partnership work more closely with local authorities and third sector organisations such as exservice charities, Norcare and Mental Health North East with a view to developing a formal process for referring vulnerable service leavers into specific services.	Armed Forces Career Transition Partnership Local authorities Royal British Legion SSAFA Norcare Mental Health North East			
<u>Recommendation 30:</u> That action is taken [by the Armed Forces] on discharge to ensure that Early Service Leavers are provided with effective advice and 'signposting' in relation to the	Armed Forces			

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mental health issues they may experience on discharge from service				
<u>Recommendation 31:</u> 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.	Armed Forces			

Association of North East Councils

Recommendation	Addressed to	Requested reply date	Recommended action date	Notes
<u>Recommendation 21:</u> that the Association of North East Councils should explore with the NHS, the armed forces and other partners across the region how stronger networking within and between existing groups may be taken forward. This should include consideration of joined-up planning and performance monitoring.	Association of North East Councils			

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<u>Recommendation 28:</u> Local authorities within the North East should consider the developing a regional veterans charter to establish uniform good practice across the region, possibly through existing regional structures such as the Association of North East Councils (ANEC).	Local authorities Association of North East Councils			
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Career Transition Partnership

Recommendation	Addressed to	Requested reply date	Recommended action date	Notes
<u>Recommendation 10:</u> that the armed forces and the Career Transition Partnership work more closely with local authorities across the region and provide them with an assessment of the likely level of demand and need for employment and skills related services in order to inform future economic and financial inclusion strategies and future provision.	Armed Forces Career Transition Partnership Local authorities			
<u>Recommendation 27:</u> that the Career Transition partnership continues to work with local authorities and Primary Care	Career Transition Partnership			

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Trusts (and successor bodies as PCTs are abolished) to ensure that the Transition Protocol is understood and that specific individuals are mandated appropriately to take on these roles.	Local authorities Primary Care organisations GP consortium pioneers			
<u>Recommendation 28:</u> that the armed forces and the Career Transition Partnership work more closely with local authorities and third sector organisations such as ex service charities, Norcare and Mental Health North East with a view to developing a formal process for referring vulnerable service leavers into specific services.	Armed Forces Career Transition Partnership Local authorities Royal British Legion SSAFA Norcare Mental Health North East			

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Department of Health

Recommendation	Addressed to	Requested reply date	Recommended action date	Notes
<u>Recommendation 45:</u> The Tees, Esk and Wear Valleys NHS Foundation Trust and the Department of Health should share widely the learning from the evaluation of the Community Veteran Mental Health Pilot, and particularly with commissioners, providers and the North East Mental Health Development Unit. Learning from the pilot must help to shape future statutory of provision and the linkages with, and support for, the voluntary sector in the context of the IAPT.	Tees, Esk and Wear Valleys NHS Foundation Trust Department of Health			

Department of Work and Pensions

Recommendation	Addressed to	Requested reply date	Recommended action date	Notes
<u>Recommendation 3:</u> that all organisations providing (or potentially	NHS			

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providing) services for ex-service community should encourage veterans to voluntarily identify themselves by asking 'have you served in the UK Armed forces?'	Registered social landlords DWP Voluntary sector			
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Her Majesty's Government

Recommendation	Addressed to	Requested reply date	Recommended action date	Notes
<u>Recommendation 4:</u> that HM Government should consider the potential for an individual's NHS or National Insurance number to be used to identify their veteran status to improve identification of needs and services that maybe available. This might be considered alongside the proposal by the Task Force on the Military Covenant for the creation of Veterans' Cards.	HM Government			
<u>Recommendation 42:</u> Consideration should be given by central government to the need for some form of accreditation to be available to ex-service charities (particularly the newly	HM Government Local authorities			

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emerging charities). How this might best be taken forward should be considered in the light of the Government's response to the Task Force on the Military Covenant. Local authorities should consider drawing up approved lists of service providers.				
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Homes and Communities Agency

Recommendation	Addressed to	Requested reply date	Recommended action date	Notes
<u>Recommendation 24</u> : 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.	Homes and Communities Agency Local authorities			

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<u>Recommendation 33:</u> that the Homes and Communities Agency is requested to examine on behalf of local authorities across the region identifying take-up of low-cost housing products by the ex-service community and whether providers are assisting the ex-service community as well as other parts of the community.	Homes and Communities Agency Local authorities			
<u>Recommendation 34:</u> 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.	Homes and Communities Agency			

General Practice Consortium Pioneers

Recommendation	Addressed to	Requested reply date	Recommended action date	Notes
Recommendation 27: that the Career Transition partnership continues to work with local authorities and Primary Care Trusts (and successor bodies as PCTs are abolished) to ensure that the Transition Protocol is understood and	Career Transition Partnership Local authorities Primary Care			

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that specific individuals are mandated appropriately to take on these roles.	organisations GP consortium pioneers			
<u>Recommendation 28:</u> that local NHS organisations work with military colleagues to ensure that people leaving the services are registered with GPs and dentists before formal discharge, so they have a 'foot in both camps' towards the end of their active service. This would ensure a smoother transition to civilian health services.	PrimaryCare Organisations GP consortium pioneers Armed forces			
<u>Recommendation 37:</u> that e Appropriate training is provided and required by commissioners of NHS services; f Guidance should also be developed specifically for primary care providers and GPs to: ix) explain the priority healthcare entitlement; x) encourage them to identify ex-servicemen and women (for example, by asking patients to indicate that they have	PrimaryCare Organisations GP Consortium pioneers NHS National Commissioning Board			

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<p>serviced in the UK Armed Forces);</p> <p>xi) explain how they can adapt their systems to accommodate priority treatment for ex-service community; and</p> <p>xii) 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.</p>				
<p><u>Recommendation 38:</u> Joint Strategic Needs Assessments should specifically identify the mental health needs of the ex-service community including families and dependants.</p>	<p>Local authorities</p> <p>Primary Care organisations</p> <p>Local Health and Wellbeing Boards, when established</p>			
<p><u>Recommendation 39:</u> NHS commissioners must ensure that GP consortia arrangements prioritise the needs of the ex-service community</p>	<p>NHS Commissioning Board, when established</p> <p>Primary Care</p>			

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	organisations GP consortium pioneers			
<u>Recommendation 40:</u> Local authorities and GP Consortia should be actively engaged in joint planning and commissioning of services with the NHS.	Local authorities GP consortium pioneers Local Health and Wellbeing Boards, when established NHS Commissioning Board, when established			
<u>Recommendation 43:</u> that voluntary organisations and the NHS promote self-referral routes for ex-service personnel in a wide range of different ways that will help maximise their opportunity to access services.	Primary care organisations GP consortium pioneers Voluntary organisations			

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Job Centre Plus

Recommendation	Addressed to	Requested reply date	Recommended action date	Notes
<u>Recommendation 18:</u> 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.	??? JobCentre Plus			
<u>Recommendation 26:</u> 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.	Job Centre Plus			

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Local authorities

Recommendation	Addressed to	Requested reply date	Recommended action date	Notes
<u>Recommendation 1</u> : that local authorities across the region consider what might be the costs, benefits and best methods of collecting in future information about members of the Armed Forces 'soon to leave', their likely destination and the demands that will place on localities.	Local authorities			
<u>Recommendation 2</u> : that local authority services should actively ask the question of those they provide services for: 'have you served in the UK Armed Forces?'	Local authorities			
<u>Recommendation 5</u> : that formal information sharing protocols and arrangements are established between the armed forces and local authorities across the NE region. This will enable local authorities to properly assess and plan to meet the needs of the ex-service community as a specific group.	Armed Forces Local authorities			
<u>Recommendation 6</u> : local authorities in the North East should consider dedicating a chapter in their Joint	Local authorities Primary Care			

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Strategic Needs Assessments to vulnerable service leavers and their needs and identifying as a target population the exservice community within their strategic planning processes in relation to social exclusion, anti-poverty, homelessness and offending.	organisations Local Health and Wellbeing Boards, when established			
<u>Recommendation 7</u> : that local authorities across the region take research forward as part of the development of Joint Strategic Needs Assessments across the region, and that the North East Public Health Observatory should also consider what data and research support it can provide.	Local authorities Local Health and Wellbeing Boards, when established North East Public Health Observatory			
<u>Recommendation 8</u> : 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.	Local authorities NE National Housing Federation			
<u>Recommendation 9</u> : that the North East Housing Federation works closely with NE local authorities to help plan future provision.	North East Housing Federation Local authorities			

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<p><u>Recommendation 10:</u> that the armed forces and the Career Transition Partnership work more closely with local authorities across the region and provide them with an assessment of the likely level of demand and need for employment and skills related services in order to inform future economic and financial inclusion strategies and future provision.</p>	<p>Armed Forces Career Transition Partnership Local authorities</p>			
<p><u>Recommendation 14:</u> 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.</p> <p><u>Recommendation 15:</u> that all agencies should make use of and promote local directories of services provided by the voluntary and community sector and statutory provision for those seeking help and for those making referrals, such as the web-based directory provided by Veterans North-East and Finchale College Durham.</p>	<p>Local authorities Norcare Royal British Legion SSAFA Combat Stress Voluntary organisations</p> <p>Armed forces Local authorities NHS Voluntary organisations</p>			

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<u>Recommendation 16:</u> 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.	Local authorities			
<u>Recommendation 17:</u> 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.	North East National Housing Federation Local authorities			
<u>Recommendation 20:</u> that local authorities and other key partner organisations across the region should consider identifying a senior figure who can act as a champion for the ex-service community and establishing a central point of contact in each local authority area or sub - region to assist when members of the community experience difficulties. Examples of possible approaches include: d. Within local authorities, a Member Armed Forces Champion to drive improvements in	Local authorities Primary Care Trusts			

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<p>services for service veterans.</p> <p>e. Within local authorities, a named senior officer to assist the ex-service community and act as a facilitator and conduit in dealings with Councils and beyond.</p> <p>f. Within Primary Care Trusts, named senior staff to act as Case officers/co-ordinators in PCTs to act on behalf of the ex-service community whilst assistance is required, and to consider how best to pass these responsibilities forward to GP consortia and local Health and Wellbeing Boards.</p>				
<p><u>Recommendation 22:</u> that local authorities should consider how to bring together voluntary organisations large</p>	<p>Local authorities</p> <p>Voluntary organisations</p>			

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and small with a specific interest in the welfare of the ex-service community, in the light of the Government's response to the Task Force on the Military Covenant.				
<u>Recommendation 23:</u> We strongly recommend that local authorities across the region should explore options for establishing and publicising a central point of contact telephone number - to increase the chances of people getting the help they need and to provide a consistent standard of contact across the region. Ex-service charities, Citizens Advice Bureau operating in the region, the Career Transition Partnership and Job Centre Plus have all indicated that this would be likely to prove beneficial. The model adopted by Hampshire County Council, in which telephone enquiries from the ex-service community are channelled to a specific staff member, is particularly worth consideration.	Local authorities			
<u>Recommendation 24:</u> 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-	Homes and Communities Agency Local authorities			

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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.				
<u>Recommendation 26:</u> Local authorities within the North East should consider the developing a regional veterans charter to establish uniform good practice across the region, possibly through existing regional structures such as the Association of North East Councils (ANEC).	Local authorities Association of North East Councils			
<u>Recommendation 27:</u> that the Career Transition partnership continues to work with local authorities and Primary Care Trusts (and successor bodies as PCTs are abolished) to ensure that the Transition Protocol is understood and that specific individuals are mandated appropriately to take on these roles.	Career Transition Partnership Local authorities Primary Care organisations GP consortium pioneers			
<u>Recommendation 29:</u> that the armed forces and the Career Transition Partnership work more closely with local	Armed Forces Career Transition			

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authorities and third sector organisations such as exservice charities, Norcare and Mental Health North East with a view to developing a formal process for referring vulnerable service leavers into specific services.	Partnership Local authorities Royal British Legion SSAFA Norcare Mental Health North East			
<u>Recommendation 32:</u> local authorities should encourage Strategic Housing Authorities and registered social landlords, where possible, to adopt allocation policies which recognise the needs of the ex-service community.	Local authorities Registered social landlords			
<u>Recommendation 34:</u> that the Homes and Communities Agency is requested to examine on behalf of local authorities across the region identifying take-up of low-cost housing products by the ex-service community and whether providers are assisting the ex-service community as well as other parts of the community.	Homes and Communities Agency Local authorities			
<u>Recommendation 35:</u> that local authorities across the region examine the scope to provide housing related support for ex - service tenants once a	Local authorities			

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property has been identified.				
<u>Recommendation 38:</u> Joint Strategic Needs Assessments should specifically identify the mental health needs of the ex-service community including families and dependants.	Local authorities PrimaryCare organisations Local Health and Wellbeing Boards, when established			
<u>Recommendation 39:</u> NHS commissioners must ensure that GP consortia arrangements prioritise the needs of the ex-service community	NHS Commissioning Board, when established PrimaryCare organisations GP consortium pioneers			
<u>Recommendation 40:</u> Local authorities and GP Consortia should be actively engaged in joint planning and commissioning of services with the NHS.	Local authorities GP consortium pioneers Local Health and Wellbeing Boards, when established NHS Commissioning Board, when established			
<u>Recommendation 41:</u> Local authorities	Local Authorities			

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

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Local Health and Wellbeing Boards, when established

Recommendation	Addressed to	Requested reply date	Recommended action date	Notes
<u>Recommendation 6:</u> local authorities in the North East should consider dedicating a chapter in their Joint Strategic Needs Assessments to vulnerable service leavers and their needs and identifying as a target population the exservice community within their strategic planning processes in relation to social exclusion, anti-poverty, homelessness and offending.	Local authorities Primary Care organisations Local Health and Wellbeing Boards, when established			
<u>Recommendation 7:</u> that local authorities across the region take research forward as part of the development of Joint Strategic Needs Assessments across the region, and that the North East Public Health Observatory should also consider what data and research support it can provide.	Local authorities Local Health and Wellbeing Boards, when established North East Public Health Observatory			
<u>Recommendation 36:</u> 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	Local Health and Wellbeing Boards, when established			

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are in place to meet the needs of the ex-service community in relation to both NHS and social care provision.				
<u>Recommendation 38:</u> Joint Strategic Needs Assessments should specifically identify the mental health needs of the ex-service community including families and dependants.	Local authorities Primary Care organisations Local Health and Wellbeing Boards, when established			
<u>Recommendation 40:</u> Local authorities and GP Consortia should be actively engaged in joint planning and commissioning of services with the NHS.	Local authorities GP consortium pioneers Local Health and Wellbeing Boards, when established NHS Commissioning Board, when established			

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Mental Health North East

Recommendation	Addressed to	Requested reply date	Recommended action date	Notes
<u>Recommendation 29:</u> that the armed forces and the Career Transition Partnership work more closely with local authorities and third sector organisations such as exservice charities, Norcare and Mental Health North East with a view to developing a formal process for referring vulnerable service leavers into specific services.	Armed Forces Career Transition Partnership Local authorities Royal British Legion SSAFA Norcare Mental Health North East			

National Health Service

Recommendation	Addressed to	Requested reply date	Recommended action date	Notes
<u>Recommendation 15:</u> that all agencies should make use of and promote local directories of services provided by the voluntary and community sector and	Armed forces Local authorities NHS			

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statutory provision for those seeking help and for those making referrals, such as the web-based directory provided by Veterans North-East and Finchale College Durham.	Voluntary organisations			
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National Health Service National Commissioning Board, when established

Recommendation	Addressed to	Requested reply date	Recommended action date	Notes
<u>Recommendation 37:</u> that g Appropriate training is provided and required by commissioners of NHS services; h Guidance should also be developed specifically for primary care providers and GPs to: xiii) explain the priority healthcare entitlement; xiv) encourage them to identify ex-servicemen and women (for example, by asking patients to indicate that they have serviced in the UK Armed	Primary Care Organisations GP Consortium pioneers NHS National Commissioning Board			

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<p>Forces);</p> <p>xv) explain how they can adapt their systems to accommodate priority treatment for ex-service community; and</p> <p>xvi) 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.</p>				
<p><u>Recommendation 39:</u> NHS commissioners must ensure that GP consortia arrangements prioritise the needs of the ex-service community</p>	<p>NHS Commissioning Board, when established</p> <p>Primary Care organisations</p> <p>GP consortium pioneers</p>			
<p><u>Recommendation 40:</u> Local authorities and GP Consortia should be actively engaged in joint planning and commissioning of services with the NHS.</p>	<p>Local authorities</p> <p>GP consortium pioneers</p> <p>Local Health and</p>			

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	Wellbeing Boards, when established NHS Commissioning Board, when established			

National Health Service North East Armed Forces Forum

Recommendation	Addressed to	Requested reply date	Recommended action date	Notes
<u>Recommendation 41:</u> 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.	Local Authorities NHS North East Armed Forces Network			

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National Offender Management Service

Recommendation	Addressed to	Requested reply date	Recommended action date	Notes
<u>Recommendation 11</u> : that prison and probation services be encouraged undertake more detailed work on the needs and nature of offending veterans.	National Offender Management Service			
<u>Recommendation 12</u> : that prison and probation services should consider how to make available more 'signposting' to veteran's charities of offenders subject to short sentences.	National Offender Management Service			
<u>Recommendation 13</u> : that prisons, probation trusts and other partners in the statutory and voluntary sectors promote the sharing of best practice and information (data and needs analysis).	National Offender Management Service Voluntary organisations			

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Norcare

Recommendation	Addressed to	Requested reply date	Recommended action date	Notes
<u>Recommendation 14:</u> 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.	Local authorities Norcare Royal British Legion SSAFA Combat Stress Voluntary organisations			
<u>Recommendation 29:</u> that the armed forces and the Career Transition Partnership work more closely with local authorities and third sector organisations such as exservice charities, Norcare and Mental Health North East with a view to developing a formal process for referring vulnerable service leavers into specific services.	Armed Forces Career Transition Partnership Local authorities Royal British Legion SSAFA Norcare Mental Health North East			

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North East National Housing Federation

Recommendation	Addressed to	Requested reply date	Recommended action date	Notes
<u>Recommendation 8</u> : 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.	Local authorities NE National Housing Federation			
<u>Recommendation 9</u> : that the North East Housing Federation works closely with NE local authorities to help plan future provision.	North East Housing Federation Local authorities			
<u>Recommendation 17</u> : 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.	North East National Housing Federation Local authorities			

North East Public Health Observatory

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Recommendation	Addressed to	Requested reply date	Recommended action date	Notes
<u>Recommendation 7</u> : that local authorities across the region take research forward as part of the development of Joint Strategic Needs Assessments across the region, and that the North East Public Health Observatory should also consider what data and research support it can provide.	Local authorities Local Health and Wellbeing Boards, when established North East Public Health Observatory			

Northumberland Tyne and Wear NHS Foundation Trust

Recommendation	Addressed to	Requested reply date	Recommended action date	Notes
<u>Recommendation 44</u> : that primary care and acute trusts should take steps to improve awareness of veterans mental health issues among health workers generally, including appropriate training and supervision.	Primary care organisations Northumberland, Tyne & Wear NHS Foundation Trust Tees, Esk and Wear Valleys NHS			

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	Foundation Trust			
<u>Recommendation 46:</u> Trusts should provide better basic information to veterans with clear diagnoses of PTSD about their condition.	Northumberland, Tyne & Wear NHS Foundation Trust Tees, Esk and Wear Valleys NHS Foundation Trust			

Primary Care organisations

Recommendation	Addressed to	Requested reply date	Recommended action date	Notes
<u>Recommendation 6:</u> local authorities in the North East should consider dedicating a chapter in their Joint Strategic Needs Assessments to vulnerable service leavers and their needs and identifying as a target population the exservice community within their strategic planning processes in relation to social exclusion, anti-poverty, homelessness and offending.	Local authorities PrimaryCare organisations Local Health and Wellbeing Boards, when established			
<u>Recommendation 19:</u> PCTs should begin conversations now with the embryonic GP Commissioning Consortia	PrimaryCare Trust GP consortium			

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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.	pioneers			
<p>Recommendation 20: that local authorities and other key partner organisations across the region should consider identifying a senior figure who can act as a champion for the ex-service community and establishing a central point of contact in each local authority area or sub - region to assist when members of the community experience difficulties. Examples of possible approaches include:</p> <p style="padding-left: 40px;">g. Within local authorities, a Member Armed Forces Champion to drive improvements in services for service veterans.</p> <p style="padding-left: 40px;">h. Within local authorities, a named senior officer</p>	<p>Local authorities</p> <p>Primary Care Trusts</p>			

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<p>to assist the ex-service community and act as a facilitator and conduit in dealings with Councils and beyond.</p> <p>i. Within Primary Care Trusts, named senior staff to act as Case officers/co-ordinators in PCTs to act on behalf of the ex-service community whilst assistance is required, and to consider how best to pass these responsibilities forward to GP consortia and local Health and Wellbeing Boards.</p>				
<p><u>Recommendation 27:</u> that the Career Transition partnership continues to work with local authorities and Primary Care Trusts (and successor bodies as PCTs are abolished) to ensure that the Transition Protocol is understood and that specific individuals are mandated appropriately to take on these roles.</p>	<p>Career Transition Partnership</p> <p>Local authorities</p> <p>Primary Care organisations</p> <p>GP consortium pioneers</p>			

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<p><u>Recommendation 28:</u> that local NHS organisations work with military colleagues to ensure that people leaving the services are registered with GPs and dentists before formal discharge, so they have a 'foot in both camps' towards the end of their active service. This would ensure a smoother transition to civilian health services.</p>	<p>PrimaryCare Organisations GP consortium pioneers Armed forces</p>			
<p><u>Recommendation 37:</u> that</p> <ul style="list-style-type: none"> i Appropriate training is provided and required by commissioners of NHS services; j Guidance should also be developed specifically for primary care providers and GPs to: <ul style="list-style-type: none"> xvii) explain the priority healthcare entitlement; xviii) encourage them to identify ex-servicemen and women (for example, by asking patients to indicate that they have serviced in the UK Armed Forces); xix) explain how they can adapt their systems to accommodate priority treatment for ex- 	<p>PrimaryCare Organisations GP Consortium pioneers NHS National Commissioning Board</p>			

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service community; and xx) 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.				
<u>Recommendation 38:</u> Joint Strategic Needs Assessments should specifically identify the mental health needs of the ex-service community including families and dependants.	Local authorities Primary Care organisations Local Health and Wellbeing Boards, when established			
<u>Recommendation 39:</u> NHS commissioners must ensure that GP consortia arrangements prioritise the needs of the ex-service community	NHS Commissioning Board, when established Primary Care organisations GP consortium pioneers			
<u>Recommendation 43:</u> that voluntary	Primary care			

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organisations and the NHS promote self-referral routes for ex-service personnel in a wide range of different ways that will help maximise their opportunity to access services.	organisations GP consortium pioneers Voluntary organisations			
<u>Recommendation 44:</u> that primary care and acute trusts should take steps to improve awareness of veterans mental health issues among health workers generally, including appropriate training and supervision.	Primary care organisations Northumberland, Tyne & Wear NHS Foundation Trust Tees, Esk and Wear Valleys NHS Foundation Trust			
<u>Recommendation 47:</u> Prison health services need to identify veterans and evaluate needs with a particular focus on mental health and PTSD.	Prison health commissioners and service providers			

Prison health commissioners and service providers

Recommendation	Addressed to	Requested reply date	Recommended action date	Notes
<u>Recommendation 47:</u> Prison health services need to identify veterans and	Prison health commissioners and			

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evaluate needs with a particular focus on mental health and PTSD.	service providers			
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Registered social landlords

Recommendation	Addressed to	Requested reply date	Recommended action date	Notes
<u>Recommendation 3</u> : that all organisations providing (or potentially providing) services for ex-service community should encourage veterans to voluntarily identify themselves by asking 'have you served in the UK Armed forces?'	NHS Registered social landlords DWP Voluntary sector			
<u>Recommendation 32</u> : local authorities should encourage Strategic Housing Authorities and registered social landlords, where possible, to adopt allocation policies which recognise the needs of the ex-service community.	Local authorities Registered social landlords			

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Royal British Legion

Recommendation	Addressed to	Requested reply date	Recommended action date	Notes
<u>Recommendation 14:</u> 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.	Local authorities Norcare Royal British Legion SSAFA Combat Stress Voluntary organisations			
<u>Recommendation 29:</u> that the armed forces and the Career Transition Partnership work more closely with local authorities and third sector organisations such as exservice charities, Norcare and Mental Health North East with a view to developing a formal process for referring vulnerable service leavers into specific services.	Armed Forces Career Transition Partnership Local authorities Royal British Legion SSAFA Norcare Mental Health North East			

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Soldiers, Sailors and Airmen's Family Association

Recommendation	Addressed to	Requested reply date	Recommended action date	Notes
<u>Recommendation 14:</u> 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.	Local authorities Norcare Royal British Legion SSAFA Combat Stress Voluntary organisations			
<u>Recommendation 29:</u> that the armed forces and the Career Transition Partnership work more closely with local authorities and third sector organisations such as exservice charities, Norcare and Mental Health North East with a view to developing a formal process for referring vulnerable service leavers into specific services.	Armed Forces Career Transition Partnership Local authorities Royal British Legion SSAFA Norcare Mental Health North East			

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Tees Esk and Wear Valleys NHS Foundation Trust

Recommendation	Addressed to	Requested reply date	Recommended action date	Notes
<u>Recommendation 44:</u> that primary care and acute trusts should take steps to improve awareness of veterans mental health issues among health workers generally, including appropriate training and supervision.	Primary care organisations Northumberland, Tyne & Wear NHS Foundation Trust Tees, Esk and Wear Valleys NHS Foundation Trust			
<u>Recommendation 45:</u> The Tees, Esk and Wear Valleys NHS Foundation Trust and the Department of Health should share widely the learning from the evaluation of the Community Veteran Mental Health Pilot, and particularly with commissioners, providers and the North East Mental Health Development Unit. Learning from the pilot must help to shape future statutory of provision and the linkages with, and support for, the voluntary sector in the context of the	Tees, Esk and Wear Valleys NHS Foundation Trust Department of Health			

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<u>Recommendation 46:</u> Trusts should provide better basic information to veterans with clear diagnoses of PTSD about their condition.	Northumberland, Tyne & Wear NHS Foundation Trust Tees, Esk and Wear Valleys NHS Foundation Trust			

Tyne and Wear and Tees Valley Unlimited City Regions

Recommendation	Addressed to	Requested reply date	Recommended action date	Notes
<u>Recommendation 18:</u> 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.	Tyne and Wear and Tees Valley Unlimited City Regions			

Voluntary sector

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Recommendation	Addressed to	Requested reply date	Recommended action date	Notes
<u>Recommendation 3:</u> that all organisations providing (or potentially providing) services for ex-service community should encourage veterans to voluntarily identify themselves by asking 'have you served in the UK Armed forces?'	NHS Registered social landlords DWP Voluntary sector			
<u>Recommendation 13:</u> that prisons, probation trusts and other partners in the statutory and voluntary sectors promote the sharing of best practice and information (data and needs analysis).	National Offender Management Service Voluntary organisations			
<u>Recommendation 14:</u> 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.	Local authorities Norcare Royal British Legion SSAFA Combat Stress Voluntary organisations			
<u>Recommendation 15:</u> that all agencies	Armed forces			

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should make use of and promote local directories of services provided by the voluntary and community sector and statutory provision for those seeking help and for those making referrals, such as the web-based directory provided by Veterans North-East and Finchale College Durham.	Local authorities NHS Voluntary organisations			
<u>Recommendation 22:</u> that local authorities should consider how to bring together voluntary organisations large and small with a specific interest in the welfare of the ex-service community, in the light of the Government's response to the Task Force on the Military Covenant.	Local authorities Voluntary organisations			
<u>Recommendation 29:</u> that the armed forces and the Career Transition Partnership work more closely with local authorities and third sector organisations such as exservice charities, Norcare and Mental Health North East with a view to developing a formal process for referring vulnerable service leavers into specific services.	Armed Forces Career Transition Partnership Local authorities Royal British Legion SSAFA Norcare Mental Health North East			

10.1 Appendix A

<p><u>Recommendation 43:</u> that voluntary organisations and the NHS promote self-referral routes for ex-service personnel in a wide range of different ways that will help maximise their opportunity to access services.</p>	<p>Primary care organisations GP consortium pioneers Voluntary organisations</p>			
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Members of the Project Board and workstream groups

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A small sample of the ex-service community across the region	Social & Economic Wellbeing
Commander of Catterick Garrison	Social & Economic Wellbeing
MOD Military / Civil Integration Project	Social & Economic Wellbeing
Career Transition Partnership	Social & Economic Wellbeing
Homes and Communities Agency	Social & Economic Wellbeing
Housing providers across the region	Social & Economic Wellbeing
Norcare	Social & Economic Wellbeing
NE Royal British Legion	Social & Economic Wellbeing
Soldiers, Sailors, Airmen and Families Association, North East (SSAFA - NE)	Social & Economic Wellbeing
Service Personnel and Veterans Agency	Social & Economic Wellbeing
About Turn CIC / Forces for Good	Social & Economic Wellbeing
Military Mental Health	Social & Economic Wellbeing
Job Centre Plus	Social & Economic Wellbeing
Principal of Finchale College, Durham	Social & Economic Wellbeing
Mental Health North East / Northern Pine Tree Trust	Social & Economic Wellbeing
North East Employers Coalition	Social & Economic Wellbeing
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Bibliography

The Nation's Commitment: Cross-Government Support to our Armed Forces, their Families and Veterans, HM Government Command Paper, 2008

War Pensions Quarterly Statistics, September 2010, Defence Analytical Services and Advice, Ministry of Defence

Armed Forces Compensation Scheme Statistics: 30 September 2010, Defence Analytical Services and Advice, Ministry of Defence

J Rona, N T Fear, L Hull, N Greenberg, M Earnshaw, M Hotopf, S Wessely "Mental Health Consequences of Overstretch in the UK Armed Forces: First Phase of a Cohort Study", *British Medical Journal*, 28 June 2007

N T Fear, M Jones, D Murphy, L Hull, A C Iverson, B Coker, L Machell, J Sundin, C Woodhead, N Jones, N Greenberg, S Landau, C Dandeker, R J Rona, M Hotopf, S Wessely "What are the consequences of deployment to Iraq and Afghanistan on the mental health of the UK armed forces? A cohort study", *The Lancet*, May 13, 2010

"Honour the Covenant", Royal British Legion Policy Briefing, September 2007

Veterans World magazine

Profile and Needs of the Ex-Service Community, 2005-2020, Royal British Legion, 2006

N Fear, D Wood, S Wessely *Health and Social Outcomes and Health Service Experiences of UK Military Veterans*, Kings College London, 2009

The Coalition: our programme for government, HM Government, May 2010

Community Veterans Mental Health Pilots, independent evaluation by University of Sheffield, December 2010

Joint Strategic Needs Assessments, Public Policy Unit Briefing, Royal British Legion, July 2010

H Stachan, T Armour, P Healey, M Smith *Report of the Task Force on the Military Covenant*, Ministry of Defence, September 2010

Dr A Murrison MP *Fighting Fit – A mental health plan for servicemen and veterans*, Ministry of Defence, October 2010