

MIDDLESBROUGH COUNCIL

EXECUTIVE REPORT

Response to the Regional Review of the Health of the Ex-Service Community

Executive Member for Adult Social Care: Barry Coppinger

Executive Director for Adult Social Care and Environment: Mike Robinson

26th April 2011

PURPOSE OF THE REPORT

1. To provide an initial service response to the North East Joint Health Overview and Scrutiny Committee Report, considering the health and welfare of the ex-service community and their families.

SUMMARY OF RECOMMENDATIONS

2. To note the content of the report and the potential resource implications.

IF THIS IS A KEY DECISION WHICH KEY DECISION TEST APPLIES?

3. It is over the financial threshold (£75,000)
It has a significant impact on 2 or more wards
Non Key

DECISION IMPLEMENTATION DEADLINE

4. For the purposes of the scrutiny call in procedure this report is

Non-urgent
Urgent report

If urgent please give full reasons

Consideration of the Report

5. This very comprehensive report is welcomed, particularly the partnership work which has been involved across 12 local authorities and a huge range of key stakeholders, in delivering such a range of recommendations.
6. The main conclusion of the report highlights key issues for the North East, including the high level of ex-service personnel who return to live in the North East. Many of the issues are challenging in a time of economic downturn but are practical and focused on improving the health and wellbeing of veterans and their families.

Recommendations

7. Improve ways of identifying the ex-service community

- 7.1 One of the main findings of the review was the patchy nature of information and communication between agencies about the ex-service community. For the local authority, we need timely referral in order to identify those service users who have served in the Armed Forces. We also need to capture information for new service users who are veterans and their families and record it on the database for monitoring and analysis.

8. Better communication and sharing of information and more joined up work

- 8.1 The report highlights the need for better communication and joined up working between stakeholder organisations. It makes several recommendations to address this:-
 - i) The establishment of formal information sharing protocols between the armed forces and local authorities across the NE region.
 - ii) The establishment of a regional network to take this work forward, through the Association of North East Councils.
 - iii) The establishment of a regional veteran's charter.
 - iv) The establishment of a formal network which connects the voluntary sector, local authorities, the NHS, the Armed Forces and others.
 - v) That the local authority works with other agencies, such as the Homes and Communities Agency, the Army Careers Transition Partnership, the voluntary sector, Job Centre Plus and ex-service charities such as Norcare, in order to ensure that services can cater for the ex-service community and their families and that clear referral routes are established.

9. Further qualitative research into the needs of the ex-service community and their families

- 9.1 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. This can be achieved through the Joint Strategic Needs Assessment (JSNA) having a chapter on the needs of the ex-service community and their families. Given the current lack of hard data regarding the health and wellbeing needs of the ex-service community and their families, there is a need for further qualitative research. This can be done through the JSNA and can be a way of linking with health colleagues, through the North East Public Health Observatory, to carry out research and with the local GP consortium for the joint planning and

commissioning of services for the ex-service community. The JSNA also needs to specifically identify the mental health needs of the ex-service community, including families and dependants.

9.2 In order to develop a chapter in the JSNA, the local authority will need to link with other local organisations who can provide information on the ex-service community, such as Erimus Housing, English Churches Housing Group and the homelessness and housing advice service. The Staying Put Agency (SPA) already accept referrals of ex-service personnel who are discharged on medical grounds and require assistance to access Disabled Facility Grants for major adaptations. SPA is developing a protocol with Social Care to ensure that the client group will be designated a priority 1 case for additional support services.

10. **Improving health and wellbeing beyond Health and Social Care Services**

10.1 Wellbeing depends on wider determinants than the commissioning of Health, and Social Care Services. Other factors, such as housing and employment are also vital. In order to do this, work will be needed with the North East Housing Federation in order to quantify the current provision of ex-service community housing provided by their members and also to plan future provision. Also, there is a need to raise awareness amongst Council staff about the ex-service community and their families to ensure that they can be appropriately referred on to Job Centre Plus and receive their entitlement to early access to New Deal Programmes.

10.2 Work will be required with the Army Career Transition Partnership in order to determine 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.

10.3 Strategic Housing Authorities and Registered Social Landlords, where possible, will need to consider adopting allocation policies which recognised the needs of the ex-service community and their families, including specialist housing and support for those with physical disabilities. We also need to analyse the range of housing related support available for ex-service tenants, once a property has been identified, in order to determine whether local provision meets local needs.

10.4 Through the Homes and Communities Agency we need to determine whether local low cost housing providers are assisting the ex-service community and their families as well as other parts of the community.

10.5 The Health and Wellbeing Board will need, in particular, to prioritise veteran's mental health needs and ensure that both NHS and Social Care provision can meet the needs of the local ex-service community and their families in order to address the risk of alcohol or drug misuse and offending behaviour. The report recommends that these issues need to be addressed on discharge as a routine, rather than waiting for symptoms to develop.

10.6 The Council should consider establishing a drop-in centre, where individuals can access activities including employment and training, welfare and debt advice, counselling, health and well being programmes. The Council have already had discussions with Norcare, an ex-service personnel charity organisation, about providing a drop-in centre, however funding could not be identified for the project at that time.

- 11. Raise awareness amongst local authorities and other partner organisations, employers and service providers of the very specific needs of the ex-service community and their families**
- 11.1 As noted above, as a Local Authority, we need to work with the North East Housing Federation to raise awareness of the housing needs of the ex-service community and their families with Registered Social Landlords.
- 11.2 Other links required, for example with Job Centre Plus and NHS organisations, have been mentioned above. The JSNA is also another mechanism for achieving this aim and raising awareness throughout voluntary and statutory agencies, the independent sector and the local community.
- 12. Raise the level of awareness within the ex-service community about the wide range of support currently available**
- 12.1 There is 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 remove any stigma from seeking help and support. Many of the recommendations can be dealt with at resettlement, prior to the client leaving the army. Making sure that the resettlement centre is aware of what support is available within the area where the ex-soldiers and their families are returning to, and can signpost appropriately, would be of major benefit.
- 12.2 We need to work with the voluntary sector, particularly ex-service charities, to raise awareness and improve access to available support mechanisms. More should be done for young service leavers who have only served from a couple of months up to a couple of years. These clients are not entitled to the full resettlement package and they are the ones that can easily fall through the gaps and miss out on the support that is available.
- 12.3 We need to include services for veterans and their families in our local and regional directories in order to help people access services and also to help those making referrals. We should consider using electronic and digital media to do this. We could also draw up a list of approved service providers and use this as an incentive to improve the quality of services.
- 12.4 Local authorities should consider identifying a senior figure who can act as a champion for the ex-service community and their families and establishing a central point of contact in each local authority area to assist when members of the community experience difficulties. We could do this by having an elected member Armed Forces Champion and a named Senior Officer to assist the ex-service community and their families and act as a facilitator in deal with Councils and beyond.
- 12.5 We should also consider 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. The model adopted by Hampshire County Council, in which telephone enquiries from the ex-service community are channelled to a specific staff member, is highlighted as good practice.

13. Implement the recommendations of the Murrison report on mental health, complemented by other steps being taken within the region

13.1 We need to learn from the Community Veteran Mental Health Pilot carried out by Tees Esk & Wear Valley NHS Trust and the Department of Health in order to help shape future statutory of provision and the linkages with, and support for, the voluntary sector in the context of the IAPT.

Next Steps

14. For the next steps we need to:-

- Decide if the above recommendations are within the scope of the Council and where leadership should sit.
- Decide which of the recommendations are high priority.
- Draw up a local action plan to implement the priority recommendations.

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