

## Health and Well-Being Board

20<sup>th</sup> January 2014

### Veteran's Health and Wellbeing

#### Recommendation(s)

1. That the report be noted.
2. That the needs of veterans be incorporated in future Joint Strategic Needs Assessments.
3. That Clinical Commissioning Groups be invited to forge closer links with Veterans Organisations and those involved in Veteran's Health via a programme of engagement sessions in 2014; and
4. That the Health and Well-Being Board request a process for encouraging those engaged in frontline delivery (including GP's) to identify the numbers and needs of veterans within their population.

#### 1.0 Context

- 1.1 On 30<sup>th</sup> June 2012, the County Council in conjunction with other partners within the Coventry, Solihull and Warwickshire area signed the Armed Forces Community Covenant. The principal aim of the Community Covenant is to encourage all parties within a community to offer support to the local armed forces community and make it easier for service personnel, families and veterans to access the help and support available from the MOD, statutory providers and from the charitable, community and voluntary sector. In addition other underpinning principles are to promote integration and raise awareness.
- 1.2 Since the signing of the Covenant, the Armed Forces Community Covenant Partnership has been established which meets on a six monthly basis. During its meetings the issue of establishing closer links with the Health and Well Being Board has been discussed with a view to raising the profile of veterans health issues and working together to remove any barriers that ex-servicemen and their families may be facing. This report and accompanying presentation, therefore should be seen as the first step towards better collaborative working
- 1.3 Within this report the term veteran/ex-service personnel and dependants is used. The Royal British Legion has identified this as being:

**Veterans** - Anyone who has previously served in any of the following ways is a veteran: the UK Armed Forces, both Regular Forces (including National Service or the Home Guard), or Reserve/Auxiliary Forces; the Mercantile Marines in hostile waters; the Allied Civil Police Forces; full-time, in uniform for a Voluntary Aid Society in direct support of the Armed Forces; or as a British subject serving under British command in the forces of an allied nation.

**Dependants** - Dependent spouses/partners, dependent divorced/separated spouses, dependent widow(er)s and dependent children, make up veterans' dependants.

## 2.0 Issues for Consideration

2.1 Through discussions with partners within Public Health, Veterans Organisations and Service Providers (Combat Stress, Coventry and Warwickshire Partnership NHS Trust etc.) the emphasis on health has focussed on mental health/emotional well being with issues facing ex-servicemen falling into the following 4 categories:

- a) **Understanding Need:** Through working with partners to progress the aspirations of the Covenant it is evident that information on the numbers of ex-servicemen within the County and where they are based needs to be improved in order to then get a better understanding of need which in turn can then inform commissioning of services.
- b) **Culture:** It is evident that the transition from military to civilian life is rarely straightforward and that many ex-service personnel struggle to understand how to access appropriate health services. These will be compounded where individuals are suffering from mental health/emotional well being issues. Lord Ashcroft is leading the Veterans' Transition Review set up by the government in September 2012 to address this issue.
- c) **Improving Access:** It was in recognition of the difficulties in accessing services that Public Health were successful in their bid for MOD monies in relation to a project that seeks to raise awareness and understanding around services available to Veterans and their families which includes LA and NHS Services. Whilst the Armed Forces Community Covenant Partnership have welcomed the project its success will be maximised if it acts as a catalyst for addressing the issues that will be highlighted to the Board.
- d) **Raising Awareness:** Through discussions with partners it has become evident that in other parts of the country awareness raising campaigns have been held (e.g. Lincolnshire) to enhance the profile of veterans needs amongst health professionals and to remove barriers that veterans may be facing by encouraging early disclosure which improves diagnosis and accessing the appropriate support.

2.2 In terms of issues affecting mental health/emotional well being, professionals working within the field have generally observed the following:

- a) Individuals who need to access services in "Civvy Street" find the process confusing and often don't know where and to whom to turn to for assistance. Having mental health or emotional well being problems place an additional barrier to their ability to seek support.
- b) Service personnel are often reluctant to disclose that they have health issues as this would have been seen as letting their comrades down when in service. They therefore often prefer to address issues themselves rather than accessing services

- c) There is also a degree of pride involved or a feeling that they are not really a “Veteran” and therefore either don’t want to ask for support or don’t feel they are entitled to it.
- d) Mental Health problems are often triggered by other issues such as unemployment; relationship breakdown; debt etc. which are an increasing problem in the current economic climate.
- e) Early service leavers (ESL) – those who leave before their expected term - are three times as likely to take their own lives compared to members of the general population, as well as be in debt, engage in anti-social behaviour, have relationship difficulties. Half of ESL have a psychiatric diagnosis, the most common being depression and anxiety (20%) together with alcohol problems (13%). PTSD rates commensurate with general population (5%) but can be severe.
- f) Mental health rates more common in reservists than regular troops.
- g) 10% of the homeless population are thought to be veterans (KCMHR, 2009) and 4% of the prison population has served in HM Armed Forces.
- h) Veterans have particular difficulties accessing appropriate NHS services, and rarely obtain the best psychological treatments as only a minority of ex-service personnel with mental health problems seek help – mostly due to the perceived stigma attached to doing so
- i) Veterans find engaging with civilian mental health services problematic and there is high drop out
- j) Carers and families of veterans have particular needs that would be better met if standard services were adapted in a culturally sensitive way
- k) Veterans want to get involved in shaping services and helping other veterans.
- l) There is a tendency for NHS services to refer veterans directly to Combat Stress regardless of the severity of their difficulties. Combat Stress are seeing an increasing numbers of veterans who would be ideal candidates for anxiety/depression work via the IAPT service and who have been referred inappropriately. This in turn requires greater understanding from NHS professionals. Combat Stress have also indicated that there is difficulty in getting veterans referrals into NHS secondary mental health services for trauma work.

### **3.0 Current Provision**

- 3.1 In terms of current provision the Royal British Legion support beneficiaries through person centred services. Individuals are assigned a Caseworker or Case Officer who will agree an action plan and identify the internal or external services a veteran or their dependents can access. Legion services can be accessed via the website [www.britishlegion.org.uk](http://www.britishlegion.org.uk) / Freephone 0808 802 8080 7 days a week 8am – 8pm or through area teams at locations across the county. Specific health related services include:

- a) Independent Living Advice - If a beneficiary suffers from an illness or injury or they care for someone with an illness or injury assistance is given to claim disability related benefits and, if needed, to appeal decisions and represent at tribunals.
- b) Poppy Calls – Handy Van service Assistance with small household repairs and minor adaptations around the home. This could include putting up curtain rails, fitting grab rails, building ramps and providing care phones and fitting Key Safes.
- c) War Pensions & Compensation Service - If a beneficiary has a claim with an injury arising from their service the Legion can give advice on how to claim and also support appeals and represent at tribunals.
- d) Poppy Break Centres - The Legion offers breaks to individuals, couples and families. If someone is recovering from an illness, bereavement, or other life affecting event the Legion can provide a comfortable and enjoyable break.
- e) Care Homes - There are 6 Legion Care Homes in the UK each providing long term nursing and personal care including Galanos House at Southam.
- f) Admiral Nurse Service - The Legion has partnered with Dementia UK to provide a nursing service to support sufferers and carers. The focus of the service is to give dementia patients a better quality of life, and for carers and families to get the practical support and advice they need. This service is operating in the Black Country, Coventry area and parts of Birmingham.
- g) Shoulder to Shoulder – Mentoring project in partnership with Combat Stress aimed at Veterans with Mental Health problems.

3.2 It should also be noted that a veterans contact point also exists to provide a 'gateway' to other agencies and sources of support. This is a Sub-Regional Service that is based in Nuneaton and can be accessed via [www.veteranscontactpoint.org.uk](http://www.veteranscontactpoint.org.uk) or 02476 343793.

3.3 Within Coventry & Warwickshire Partnership NHS Trust there are a comprehensive range of mental health multi-disciplinary services that can serve the needs of veterans well. At present there is no specific pathway for veterans or routine identification of veteran service users comprehensively across services. IAPT services now identify veteran status and in secondary care this is likely to be implemented in 2014. There is potential to join up existing knowledge and skills in a more culturally sensitive (to veterans) manner and this is being proposed at present to GPs.

## 4.0 Next Steps

4.1 The principal reason for this report is to raise awareness of the issues affecting veterans and their families in relation to health needs. As mentioned there is a need to determine more specifically issues around need and distribution and these (along with the need for collaboration) provide the rationale for the recommendations set out in the front of this report.

## Background papers

1. Public Health Bid to MOD
2. Cabinet report on HORSAs Building (Veterans Contact Point)
3. Securing excellence in commission for the Armed Forces and their families

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