

CABINET ITEM COVERING SHEET PROFORMA

AGENDA ITEM

REPORT TO CABINET

17 FEBRUARY 2011

**REPORT OF NORTH EAST
REGIONAL JOINT HEALTH
SCRUTINY COMMITTEE**

CABINET DECISION

Adult Services and Health – Lead Cabinet Member – Councillor Jim Beall
Housing and Community Safety – Lead Cabinet Member – Councillor Steve Nelson
Regeneration and Transport – Lead Cabinet Member – Councillor Bob Cook

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

1. Summary

The attached report from the Regional Joint Health Scrutiny Committee summarises the outcomes and recommendations from the review of the health needs of ex-service personnel, including reference to physical needs, mental health and socio-economic issues.

The project has involved contributions from all 12 of the region's local authorities, and has received input from a wide range of stakeholders, including senior representation from the Ministry of Defence/Department of Health, local authorities, regional NHS bodies, ex-service charities and ex-service personnel themselves.

The recommendations seek to ensure that ex-service personnel and their families are not disadvantaged due to their service in the Armed Forces. The project is consistent with national government initiatives including the publication of the Government's 2008 Command Paper ('The Nation's Commitment'), revisions to the NHS Operating Framework 2010-11, and the December 2010 publication of the final report of the Government's Task Force on the Military Covenant.

2. Recommendations

It is recommended that:

1. Cabinet welcome and support the Regional Joint Committee's report in principle, and agree to assess how the recommendations for local authorities can be taken forward by Stockton Council, in partnership with relevant organisations where appropriate;
2. the Corporate Director of Children, Education and Social Care, and Corporate Director of Development and Neighbourhood Services, be authorised to agree the actions relevant to Stockton Council, in conjunction with the Joint Committee, and to implement these in consultation with relevant Cabinet Members and the Corporate Director of Resources.

3. Reasons for the Recommendations/Decision(s)

The regional scrutiny review on the health needs of ex-service personnel has been completed and the Joint Committee has made a number of recommendations for consideration by the region's local authorities, regional NHS bodies and a number of other organisations. Submission of the report to Cabinet will enable Stockton-on-Tees Borough Council's response to be formulated.

4. Members' Interests

Members (including co-opted Members with voting rights) should consider whether they have a personal interest in the item as defined in the Council's code of conduct (**paragraph 8**) and, if so, declare the existence and nature of that interest in accordance with paragraph 9 of the code.

Where a Member regards him/herself as having a personal interest in the item, he/she must then consider whether that interest is one which a member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice the Member's judgement of the public interest (**paragraphs 10 and 11 of the code of conduct**).

A Member with a prejudicial interest in any matter must withdraw from the room where the meeting considering the business is being held -

- in a case where the Member is attending a meeting (including a meeting of a select committee) but only for the purpose of making representations, answering questions or giving evidence, provided the public are also allowed to attend the meeting for the same purpose whether under statutory right or otherwise, immediately after making representations, answering questions or giving evidence as the case may be;
- in any other case, whenever it becomes apparent that the business is being considered at the meeting;

and must not exercise executive functions in relation to the matter and not seek improperly to influence the decision about the matter (**paragraph 12 of the Code**).

Further to the above, it should be noted that any Member attending a meeting of Cabinet, Select Committee etc; whether or not they are a Member of the Cabinet or Select Committee concerned, must declare any personal interest which they have in the business being considered at the meeting (unless the interest arises solely from the Member's membership of, or position of control or management on any other body to which the Member was appointed or nominated by the Council, or on any other body exercising functions of a public nature, when the interest only needs to be declared if and when the Member speaks on the matter), and if their interest is prejudicial, they must also leave the meeting room, subject to and in accordance with the provisions referred to above.

AGENDA ITEM

REPORT TO CABINET

17 FEBRUARY 2011

**REPORT OF NORTH EAST
REGIONAL JOINT HEALTH
SCRUTINY COMMITTEE**

CABINET DECISION

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

SUMMARY

The attached report from the Regional Joint Health Scrutiny Committee summarises the outcomes and recommendations from the review of the health needs of ex-service personnel, including reference to physical needs, mental health and socio-economic issues.

RECOMMENDATIONS

It is recommended that:

1. Cabinet welcome and support the Regional Joint Committee's report in principle, and agree to assess how the recommendations for local authorities can be taken forward by Stockton Council, in partnership with relevant organisations where appropriate;
2. the Corporate Director of Children, Education and Social Care, and Corporate Director of Development and Neighbourhood Services, be authorised to agree the actions relevant to Stockton Council, in conjunction with the Joint Committee, and to implement these in consultation with relevant Cabinet Members and the Corporate Director of Resources.

DETAIL

Context and aim of review

1. The North East Regional Joint Health Scrutiny Committee was established in September 2010. The attached report represents the results of a substantial, pro-active scrutiny project that has been undertaken by the Joint Committee. As chair of Health Select Committee, Councillor Ann Cains represents Stockton Council on the Committee, which Cllr Cains also chairs.
2. The ex-service personnel project itself has been managed by Newcastle City Council, and a report summarising the conclusions and recommendations has been prepared by Newcastle on behalf of the Joint Committee. This is attached at **Appendix 1**. This overall summary report is based on the work and final reports of three cross-party workstreams and these were: Physical Health Needs (led by Middlesbrough Council), Mental Health Needs

(led by Durham County Council), and Socio-Economic Wellbeing (led by Gateshead Council). Stockton was represented on the Socio-Economic Workstream by Cllr Mrs Cains, Cllr Cains, Cllr Cherrett and Cllr Cockerill. The workstream reports contain substantial detail on the issues and are available on request.

3. The review set out to establish the extent of the available local and regional information about:
 - a) the health needs and access to services of the ex-Service communities compared with civilians of similar socio-economic backgrounds;
 - b) 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;
 - c) the extent to which ex-Service communities are able to access to services and support, access to employment and training, drug and alcohol misuse, family breakdown, housing difficulties and involvement with the criminal justice system;
 - d) 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;
 - e) what awareness veterans and their families have about the services that are available to them.
4. The review is the first regional project of its type, and received enthusiastic participation from Members of all 12 NE councils, and well attended meetings from an impressive range of stakeholders (including Co-Chair of MoD/DH Partnership Board, Commander of Catterick Garrison, senior regional NHS and local authority representation, Military-Civilian Integration Project, Career Transition Partnership, service charities (eg. Royal British Legion) at the regional and local level, and ex-service personnel themselves).
5. The review took place against a background of, and was prompted by, heightened public and political interest in the welfare of the service and ex-service communities at both a national and local level. The review has already received significant media interest, and the results of the project will be included in a toolkit produced by the Centre for Public Scrutiny in order to showcase how scrutiny can be used to tackle health inequalities. The Centre provided funding and expert adviser support to the project.
6. The 2008 publication of the Government's Command Paper, 'The Nation's Commitment', contained a number of 'enduring principles' that should be afforded serving personnel, their families and veterans, and these were: 'as much lifestyle choice as any other citizen, continuity of public services, proper return for sacrifice, and recognition that the Armed Forces' constituency matters'.
7. Following this, the Ministry of Defence/Department of Health Partnership Board proposed the following key themes for 2010:
 - a) 'promoting effective communication and co-ordination across agencies, providers and the third sector;
 - b) the transition of Armed Forces personnel to NHS care following medical discharge;
 - c) ensuring equality of access for Armed Forces families;
 - d) veterans' mental health services.'

The recommendations of the regional scrutiny review have been themed so as to match these national priorities as far as possible.

8. Regional developments during the course of the review included the establishment of the regional NHS Armed Forces Network. The profile of health services to veterans has also been raised by revisions to the NHS Operating Framework 2010-11. In addition, Job Centre Plus has established networks to focus on employability for ex-service personnel, and Stockton Housing Options has representation on the network run by the Tees Valley District JCP Veteran's 'champion'.
9. In December 2010, the Government published its initial response to Hew Strachan's report on the Military Covenant. The Task Group was asked by the Prime Minister to develop a series of innovative, low-cost policy ideas to help rebuild the Military Covenant (it has focused in particular on ways of involving charities, private companies and civil society more widely in supporting Service personnel, veterans and their families). The report highlights the importance of local partnerships, education and communication (including ensuring veterans are aware of the services to which they are entitled).
10. The Government intends to start work on two proposals (Armed Forces Community Covenant and a Commendation Scheme for individuals or bodies who give exceptional support to the Armed Forces) and respond to the remaining in due course. In relation to the Community Covenant proposal, this has roots in a successful US scheme in which states and towns (incorporating local government and local service providers, the voluntary sector and private companies) voluntarily pledge support for the Armed Forces family in their area.

Conclusions and next steps

11. The Joint Committee's review has been concerned with ensuring that ex-service personnel are receiving their entitlement to equality of access to service provision, and that they are not disadvantaged by their service in the Armed Forces. In addition, Members have noted that in some cases (for example, NHS provision of prosthetic limbs) additional priority has been granted, and that greater awareness is needed to promote such services.
12. It is important to note that most ex-service personnel experience very few problems when they transition back to civilian life. However some specific groups do encounter difficulty (for example, some early service leavers), and some experience problems many years down the line after their discharge. There are also significant issues in relation to the quality of data in relation to ex-service personnel.
13. A range of services dedicated to the ex-service community already exist and these are often provided by the voluntary and community sector. Better co-ordination and sign-posting to these has been identified as a requirement and is the basis for a number of the recommendations. In some cases, if such services were promoted more widely, they could lighten the load on other statutory services.
14. Within the context of a regional project involving discussion amongst Members from all 12 authorities, the Joint Committee has identified 47 recommendations based on the following themes:
 - a) promoting effective communication and co-ordination across agencies, providers and the third sector (including routine information collection, protocols on sharing it, inclusion in health and wellbeing Joint Strategic Needs Assessments, research into health needs both generally and of specific groups such as offenders, mapping of housing needs, and assessment of economic opportunities);
 - b) improving awareness of the needs of the ex-service community among service providers (including awareness raising among bodies from

Job Centre Plus to registered social landlords, and early contact with new GP consortia);

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

15. As this is a regional project, the report is being submitted to each of the region's local authority Executives. There are 27 recommendations aimed at local authorities, either to be implemented directly or in partnership with others. In addition there are a number of recommendations aimed at partner organisations, and these organisations are outlined at **Appendix 2**.

16. It is proposed by the Joint Committee that an Action Plan be formulated in order to co-ordinate the response to the report. In order to provide a focus for this process, and to launch the report itself, the Joint Committee propose to hold an event, provisionally scheduled for March, in order to invite relevant organisations to discuss taking forward the recommendations.

FINANCIAL IMPLICATIONS

17. There are no financial implications at this stage. Further consideration of the recommendations will allow for detailed implications to be assessed. The majority of recommendations are concerned with improved collection of information, better targeting, co-ordination and promotion of existing services, and improved planning of services.

18. The preventative nature of the recommendations, greater awareness of dedicated charitable services available to ex-service personnel and subsequent signposting to these, and more efficient referral processes, could lead to noticeable savings for local authorities and partner organisations.

LEGAL IMPLICATIONS

19. There are no legal implications at this stage. Consideration may need to be given to individual recommendations as the detail of the action plan is completed.
20. The Joint Committee itself was established in accordance with sections 244 and 245 of the NHS Act 2006.

RISK ASSESSMENT

21. This review of the health needs of the ex-service community is categorised as low to medium risk. Existing management systems and daily routine activities are sufficient to control and reduce risk. There may be a reputational risk should the Council not be seen to be supportive of the project's work and final report.

SUSTAINABLE COMMUNITY STRATEGY IMPLICATIONS

22. The report has particular relevance to the following themes: Economic Regeneration and Transport (in relation to the employability of the ex-service community), Healthier Communities and Adults (in relation to general health needs of the community), and Environment and Housing (in relation to the housing needs of the community).
23. The supporting themes of Stronger Communities (in relation to the involvement of voluntary and community groups in the provision of services for ex-service personnel, and the aim of promoting equality of opportunity for all sections of society), and Older Adults (in relation to services for older ex-service personnel) are also relevant.
24. In relation to Community Safety, the report recognises the ongoing efforts of the National Offender Management Service to better understand, and prevent, the presence of ex-service personnel in the criminal justice system.

EQUALITIES IMPACT ASSESSMENT

25. This report has been subject to an Equality Impact Assessment and the impact has been judged to have a positive effect overall.

CONSULTATION INCLUDING WARD/COUNCILLORS

26. The project was launched by an event at the Gala Theatre, Durham, in order to provide an overview of the issues, and a wide range of stakeholders attended. Further consultation took place at the subsequent workstream and Joint Committee meetings, focus groups, and through written submissions. These included representatives from the following:

A sample of ex-service personnel;
Co-Chair of MoD/DH Partnership Board, Surgeon-General's Department (MoD);
HM Armed Forces (including Commander of Catterick Garrison, RAF, Territorial Army);
Military-Civilian Integration Project, Service Personnel and Veterans Agency;
NHS North East, Regional Commissioning Units, Primary Care Trusts (including NHS Stockton-on-Tees), Foundation Trusts (including Tees, Esk and Wear Valley FT);

Local authority representation (including Stockton BC, Newcastle CC, Darlington BC, Durham CC, Gateshead MBC, ANEC, ADASS – North East branch);
Career Transition Partnership (MoD);
Homes and Communities Agency, regional housing providers, Norcare;
Service and other charities (including Royal British Legion, SSAFA, Combat Stress, MIND, Mental Health North East, Military Mental Health, Forces for Good);
Job Centre Plus, North East Employers Coalition, Citizen's Advice Bureau, Finchale College.

27. The Health Select Committee, Cabinet Member for Adult Services and Health, and Corporate Directors of DNS and CESC have been consulted on the choice of topic, and final report and recommendations.

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Education related? No

Background Papers

The Joint Committee's final report was based on the conclusions of the following reports:

- a) Final Report of the Physical Health Needs Workstream
- b) Final Report of the Mental Health Needs Workstream
- c) Final Report of the Socio-Economic Wellbeing Workstream

Ward(s) and Ward Councillors Not ward specific

Property No property implications