

CABINET ITEM COVERING SHEET PROFORMA

AGENDA ITEM

REPORT TO CABINET

8 MARCH 2012

**REPORT OF CORPORATE
MANAGEMENT TEAM**

CABINET DECISION

Leader of Council – Councillor Bob Cook

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 Mike Smith

Access and Communities – Lead Cabinet Member – Councillor David Coleman

Regional Scrutiny Review of the Health Needs of the Ex-Service Community – Progress Report on actions applicable to Stockton Council

1. Summary

The final report of the Regional Health Scrutiny Committee following its review of the health needs of ex-service personnel was considered by Cabinet in February 2011. The Joint Committee made a number of recommendations for consideration by the region's local authorities, regional NHS bodies and a number of other organisations. The recommendations sought to ensure that ex-service personnel and their families are not disadvantaged due to their service in the Armed Forces.

It was agreed to implement those actions applicable to Stockton Council. A range of other recommendations are being taken forward by the most appropriate organisation across the region, including regional bodies. This report summarises progress on the implementation of the actions applicable to Stockton.

2. Recommendations

It is recommended that:

1. Cabinet consider the progress report and support ongoing work to implement the actions.

3. Reasons for the Recommendations/Decision(s)

The final report on the regional scrutiny review on the health needs of ex-service personnel was considered by Cabinet in February 2011.

It was agreed to implement those actions applicable to Stockton Council and this report summarises progress to date.

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.

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CABINET DECISION

REGIONAL SCRUTINY REVIEW OF THE HEALTH NEEDS OF EX-SERVICE COMMUNITY - PROGRESS REPORT ON ACTIONS APPLICABLE TO STOCKTON COUNCIL

SUMMARY

This report summarises progress so far on the implementation of the actions applicable to Stockton Council following the regional review of the health needs of the ex-service community.

RECOMMENDATIONS

It is recommended that:

1. Cabinet consider the progress report and support ongoing work to implement the actions.

DETAIL

1. The final report of the Regional Health Scrutiny Committee following its review of the health needs of ex-service personnel was considered by Cabinet in February 2011. The review was an innovative and wide ranging piece of work covering physical, mental and socio-economic needs. The project received contributions from all 12 of the region's local authorities, the Ministry of Health, Department of Health, NHS bodies, and ex-service charities and personnel themselves, amongst others. The review's recommendations were consistent with national government policy, the NHS's Operating Framework, and the Government's Task Force on the Military Covenant (report published December 2010).
2. The Joint Committee made 47 recommendations for consideration by the region's local authorities, regional NHS bodies and a number of other organisations. The recommendations sought to ensure that ex-service personnel and their families are not disadvantaged due to their service in the Armed Forces. The report has been well received by the Armed Forces, and Department of Health, and specifically welcomed by both Paul Burstow, Minister for Care Services, and Simon Burns, Minister for Health.
3. Many of the recommendations were for external organisations (eg. NHS), or for local authorities but could be undertaken on a regional basis. Further work has taken place to determine at which level individual recommendations should be taken forward. For example, ANEC has agreed to take forward work in relation to improving the quality of the data flow between the armed forces and local authorities.

4. In relation to the recommendations applicable to Stockton Council, in line with the Cabinet decision an action plan was agreed with officers and relevant Cabinet Members. At the time of the report the issues were considered to be relevant for the following Cabinet portfolios: Adult Services and Health, Regeneration and Transport, and Housing and Community Safety.
5. Overall the proposals seek to utilise existing generic support where possible, whilst recognising that through better identification of clients within services, existing services will be better able to meet their needs, and potentially refer clients to other services if appropriate. The Policy Officers' Group have been tasked with co-ordinating the implementation of the local action plan.
6. A progress report summarising progress to date is attached at **Appendix 1**. Progress has been made in relation to the JSNA, a number of service areas are improving their data collection, it has been agreed with Catalyst to use the Service Navigator to provide additional assistance to those who need extra help gaining support, and Member Champions have been appointed (now including the Cabinet Member for Access and Communities).
7. The Regional Health Scrutiny Committee has previously agreed to formally monitor progress against its recommendations on a six-monthly basis. It will next meet to do this on 16 April, and the information attached to this report will be used to inform the update that will be considered by the Regional Committee.
8. Subsequent to the completion of the regional review, the Government has promoted the Armed Forces Community Covenant scheme. Community Covenants aim to encourage targeted support for the local Service and veteran community at the same time as being a two way agreement with local Service personnel being encouraged to support the community.
9. At the meeting of 1 December, Council committed to adopting a Community Covenant with local partners and representatives of the Armed Forces, and this is scheduled to take place at the meeting of 7 March 2012. Many of the actions in the draft version of the Covenant are based on the implementation of the actions emanating from the scrutiny review.

FINANCIAL IMPLICATIONS

10. The actions are to be met through existing services and budgets. The preventative nature of the recommendations, greater awareness of dedicated charitable services, available to ex-service personnel and signposting to these, and more efficient referral processes, could lead to savings for local authorities and partner organisations.

LEGAL IMPLICATIONS

11. There are no legal implications at this stage.

RISK ASSESSMENT

12. 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 fail to make progress on previously agreed recommendations.

SUSTAINABLE COMMUNITY STRATEGY IMPLICATIONS

13. This 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).
14. 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.
15. In relation to Community Safety, the full regional report recognised 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

16. This report is a progress report on previously agreed recommendations and is therefore not subject to an Equality Impact Assessment.

CONSULTATION INCLUDING WARD/COUNCILLORS

17. During the regional project and in preparation of the Regional Committee's final report consultation took place with a wide range of organisations. The subsequent local action plan was drawn up in consultation with relevant Cabinet Members, CMT, relevant service areas, and Catalyst.
18. This progress report has been co-ordinated by Policy Officers' Group, and will be reported to Cabinet, Adult Services and Health Select Committee, and Executive Scrutiny Committee, before being submitted to the Regional Health Scrutiny Committee.

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Education related? No

Background Papers

- Regional Health Scrutiny Committee Final Report, January 2011
- Cabinet Report – Regional Review of Health Needs of Ex-Service Personnel, February 2011

Ward(s) and Ward Councillors Not ward specific

Property No property implications