

Progress on actions for Stockton-on-Tees BC

The actions will enable to the Council and partners to respond to the national agenda in relation to support for the Armed Forces and ex-service community, and realise the aims of Stockton's local Armed Forces Community Covenant. Taken together the recommendations are aimed at improvements in:

- the type of information gathered by appropriate services;
- ensuring ex-service residents are directed to appropriate services;
- ensuring SBC and relevant agencies are aware of priority status where applicable;
- direct provision of advice to ex-service residents and provision of tailored services where applicable;
- the data used to commission services;
- the awareness of issues amongst Council and partner staff;
- networking opportunities for organisations providing relevant services.

Please note: The review concluded with 47 recommendations. Many of these are for external organisations (eg. NHS), or for local authorities but could be undertaken on a regional basis. This action plan currently contains only those for action at the individual local authority level. A regional action plan has been created to track progress across all recommendations.

NB. In the following table the numbers in brackets refer to the recommendations in the original report.

No.	Recommendation	Progress	Responsibility
1. (2)	North East local authorities should actively ask the question of those they provide services for 'have you served in the UK Armed Forces'.	<p>The question about service in the UK Armed Forces is covered as part of the adult social care assessment process. Once the new CareDirector system is in place (from early April 2012) the response to the question will be captured electronically, enabling the required statistics to be provided.</p> <p>Customer Services – Staff in Contact Centre and Customer Service Centres to be briefed on the ex-service personnel helpline (see 9). Contact Centre scripts to be amended, and a staff to highlight this during calls when appropriate (if mentioned during call/records indicate veteran status).</p> <p>DAAT – All DAAT commissioned treatment services now record the status of ex service personnel they may come into contact with as part of their health needs assessment process at first contact. This will complement the personalised approach to care planning that already takes place. Each provider was aware of at least some of the ex-service support charities/organisations and refer on as appropriate.</p> <p>Housing Options – Any Service history is established as part of the assessment process, however if there are multiple issues the armed forces element may not be reported. New software will include mandatory questions and will enable prompts to signpost. The aim is to assist with prevention and suggest other housing options. This could be linked with the Veterans helpline and website service.</p> <p>The Government is now consulting on changes to the allocations system for social housing, Draft regulations will ensure that former Service men and women who have urgent housing needs are given 'additional</p>	<p>Angela Connor, Adult Social Care</p> <p>Debbie Hurwood, Customer Services</p> <p>Kerry Anderson, DAAT</p> <p>Caroline Wood, Housing Options</p>

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		<p>preference' (i.e. high priority) for social housing - so that they will be at or near the top of housing waiting lists; and that Service personnel who move from base-to-base do not lose their qualification rights.</p> <p>Supporting People – Many providers of homelessness or other housing support services do record client personal details, however this is normally provided on a voluntary basis. Providers will now be asked to provide a position statement on current clients, and to ask for this information in future.</p> <p>All participants of Adult Viewpoint are asked if they are a member of the Armed Forces Community. Consultations will be able to identify this group and the views or needs will be reflected in the reporting. Information will be collected and fed back to SBC services in order to improve delivery to this client group.</p>	<p>Ian Ramshaw, Adult Strategy</p> <p>Laurayne Featherstone, Policy, Improvement and Engagement.</p>
<p>2. (3)</p>	<p>That all organisations providing (or potentially providing) services for the ex-service community should encourage veterans to voluntarily identify themselves by asking 'have you served in the UK Armed Forces'</p>	<p>This action is for other organisations to take forward but there is a potential role for the LSP and other networks to undertake in raising awareness. A report on the Community Covenant was taken to the LSP on 17 January to all partners identifying this need. This will be emphasised by the presentation by the Army Engagement Team's presentation which we are working on securing a date for.</p> <p>Investigate other commissioned services as appropriate.</p> <p>Other non-commissioned organisations in the Borough may operate services – these will be identified through Catalyst's baseline work (see 4). This will be reviewed through Laurayne Featherstone's Catalyst contract monitoring process.</p>	<p>Policy</p> <p>Catalyst/ Relevant local organisations</p>

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3. (6)	NE LAs should consider dedicating a chapter in their JSNAs 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.	<p>New JSNA is in the process of being compiled; due for completion April 2012.</p> <p>The JSNA for veterans' health is being developed in liaison with key stakeholders, through the Tees Armed Forces Stakeholder meeting (which first met in December 2011). The Stakeholder group includes members of the Armed Forces, local authorities, the NHS (primary care and mental health services) and voluntary and community sector organisations supporting veterans and their families. The first draft of the JSNA has been circulated to this group for comment. Data availability for veterans' health is a challenge. The Tees group is liaising with groups in other areas of the North East and with the regional forum, to maximize existing data and make links regarding policy and action.</p>	<p>Ruth Hill, Public Health</p> <p>Chris McEwan (Health Systems/Offender Health) is co-ordinating actions across NHS Tees area. Public Health is supporting these actions.</p>
4 (14)	As some sections of ex-service community are vulnerable and hard to reach NE LAs should 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>The Stockton Service Navigator Service accepts GP/self/3rd sector referrals for clients with health and wellbeing needs. The service provides assessment and onward signposting and referral to help clients access the range of support they need. E.g. healthy lifestyle interventions, debt/benefit advice, support for carers, advocacy support, parenting & relationship issues, etc). It has been agreed to incorporate support for ex-service residents through this service.</p> <p>Catalyst currently manages the SNP service. They are seeking support training to deal with specific needs of this group. The service directory (recommendation 5) is required to support specific needs. Funding received to extend pilot to April 2013.</p>	Ruth Hill / Service Navigators – Catalyst

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		<p>Catalyst is undertaking a baseline review of VCS in Stockton – this work will be undertaken in more detail over the next 12-18 months [Also see number 8]. Catalyst successful in Transforming Local Infrastructure Fund – Baseline review will be funded from this and is expected to start in April 2012</p> <p>This info will be used to assess who is doing relevant outreach work in the Borough. There will then be an opportunity to ensure that relevant organisations are then linked in with directories and networks as appropriate.</p> <p>The potential for including in the specification for local HealthWatch a requirement to address needs of ex-service community (and potentially other groups) in its signposting and advisory role is being investigated [also see number 2]. The Local HealthWatch service specification is under development and this will be discussed as part of this process. The consultation activity in relation to Local HealthWatch has now closed.</p>	<p>Catalyst</p> <p>Lesley King / Victoria Cooling – HealthWatch specification scoping</p>
<p>5 (15)</p>	<p>That all agencies should make use of and promote local directories of services provided by voluntary and community sector and statutory provision for those seeking help and for those making referrals (eg. web based directory provided by Veterans NE and Finchale College).</p>	<p>The existing 'Finchale Directory' is being assessed for suitability. Work is continuing in order to develop a list of local relevant services.</p> <p>There is a need to ensure that the proposed website (see 6) includes this information, and is appropriately linked to other sources of information, including the SBC Adult Directory.</p> <p>SBC Adult Directory was launched in November 2011. Customer Service Centre staff will use it to direct residents to appropriate services, and to enable residents to use it themselves.</p> <p>Investigate production of leaflets/online 'did you know' style documents, and also examine inclusion in specifications of commissioned advice</p>	<p>Communications</p> <p>Debbie Hurwood, Customer Services</p> <p>Pete Smith, Adult Strategy</p> <p>Satnam Singh, Engagement/Diversity Team</p>

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		<p>providers.</p> <p>Middlesbrough CAB provide a dedicated Money and Benefits advice service for veterans, funded by RBL and RAFBF. This is intended for people across Teesside. Workers undertake home visits, or visits to SDAIS if necessary. Stockton SSAFA carry out direct referrals if necessary.</p> <p>(SDAIS contract managed by Laurayne Featherstone and the issue has been raised with contractor.)</p>	
<p>6 (16)</p>	<p>That NE LAs examine opportunities for using digital media to improve communication with the ex-service community and raise awareness of available support mechanisms.</p>	<p>Produce a section of SBC website for ex-service residents. This is being developed through an action linked to the local Armed Forces Community Covenant. We already have within the architecture of the SBC website a dedicated webspace 'MyCommunity'. A section of this space is being developed specifically around the Armed Forces Community with the appropriate links to other relevant web sources.</p> <p>The issue has been raised at NE Directors of Communications Group (facilitated by ANEC), with the aim of co-ordinating a NE veterans website to be linked to LA websites. There was initial agreement to develop common artwork, website and publicity. The Group has agreed to consider this further.</p> <p>In conjunction with the promotion of website and directory, there will be an opportunity to raise awareness of these and wider issues through existing internal communication mechanisms.</p>	<p>Policy, Improvement and Engagement, and Communications</p>

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7 (20)	<p>That NE LAs 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 to assist when the ex-service community experience difficulties.</p> <p>(eg. Members, senior officer, see report)</p>	<p>Identified Member Champions from relevant Cabinet portfolios: Adult Services and Health, Housing and Community Safety, Regeneration and Transport, Access and Communities. This is also reflected in the Community Covenant.</p> <p>Identification of corporate officer figure to lead on driving improvements and acting as liaison with external bodies for veteran issues - the head of Policy Improvement and Engagement has been identified as an officer champion. It has been agreed that Policy Officers' Group will co-ordinate the action plan implementation.</p> <p>Central point of contact role to be fulfilled by the veterans helpline as proposed in rec 9, and website.</p>	<p>Democratic Services, appointed Members</p> <p>CMT / POG</p> <p>Communications/ Satnam Singh, Engagement and Diversity</p>
8 (22)	<p>That LAs should consider how to bring together voluntary organisations with a specific interest in the welfare of the ex-service community in light of the Government's response to the task force on the Military Covenant.</p>	<p>Catalyst is undertaking baselining of local VCS. As part of this work it will attempt to understand how many local VCS bodies provide services to veterans, and their engagement with Catalyst. (See 4 also)</p> <p>In addition, in order to assess interest amongst those already known to Catalyst, awareness will be raised through its Quarterly Bulletins, and sessions at relevant events, with a view to holding an event in early 2012. This process would explore the potential for a local network if appropriate, whilst recognising capacity constraints. Article included in December 2011 Newsletter. Article included in ebulletin to members. No response to date. The SNP Navigator is aware.</p> <p>This feedback would also help assess whether the action could be taken forward at the regional level. Potential role for VONNE on a regional</p>	<p>Catalyst, and monitored through regular contract reviews</p>

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		basis, and ensuring existing networks are used effectively.	
9 (23)	NE LAs are strongly recommended to 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 across the region (the model adopted by Hampshire County Council, in which telephone enquiries are channelled to a specific staff member is particularly worth consideration).	<p>This will be established by widening the scope of the existing equality and diversity 'golden' help line number to become the ex-service personnel helpline for Stockton Borough. Discussions are planned with Communications as part of the Community Covenant scheme in relation to promoting this.</p> <p>A specific section for the Armed Forces is scheduled for a future Stockton News for promotion.</p> <p>This will be linked to existing contact numbers as appropriate (eg. assess current status of JCP pilot veterans helpline).</p> <p>Potential referral route through to Service Navigators subject to no.4 above. (See 4)</p> <p>There is a need to ensure Customer Services are aware when helpline is set up, in order for this to be included in scripts and to signpost/transfer to as appropriate.</p> <p>(There is a need to link this to the Service Personnel and Veterans Agency Veterans UK helpline number, and also to consider the results of the National Welfare Pathway pilot contact number.)</p>	<p>Satnam Singh, Engagement and Diversity Team</p> <p>Catalyst</p> <p>Debbie Hurwood, Customer Services</p>

No.	Recommendation	Progress	Responsibility
<p>10 (35)</p>	<p>That local authorities across the region examine the scope to provide housing related support for ex-service tenants once a property has been identified.</p>	<p>Investigate and assess generic/floating support that is already available and ensure that they are aware of any needs of ex-AF tenants.</p> <p>Raise awareness amongst relevant services</p> <p>(Link to nos. 1 and 2 above)</p>	<p>Ian Ramshaw, Adult Strategy</p>
<p>11 (36)</p>	<p>That the new Health and Wellbeing Boards prioritise veteran 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.</p>	<p>Recognition that wording may be problematic in terms of 'priority' however this recommendation (as with others marked for NHS action) is aimed at ensuring that veteran health needs continue to be recognised in the new NHS system. This is also recognised in the revised national Armed Forces Covenant.</p> <p>The HWB will need to use the completed JSNA as cornerstone of its work and therefore needs will be considered as a matter of course (see 3).</p> <p>The local mental health trust, Tees, Esk and Wear Valleys NHS Foundation Trust, have developed a number of initiatives in order to support the needs of veterans. This has included the training of over 200 staff in military culture and mental health awareness so that they can better understand and treat the particular mental health issues of those who have served in the armed forces.</p> <p>TEWV have also developed a community veterans mental health service which allows veterans to receive the care and support they need close to home and family. The Trust is also developing an assessment and liaison service that will seek to more improve outcomes for veterans using existing primary, community and secondary mental health services across the entire north east.</p>	<p>Ruth Hill, Public Health</p>

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12 (38)	JSNAs should specifically identify the mental health needs of the ex-service community including families and dependants.	Please see number 3 above.	Ruth Hill, Public Health
13 (40)	LAs and GP Consortia should be actively engaged in joint planning and commissioning of services with the NHS.	Regional action initially – paper to be considered by NE PCT Directors of Commissioning in order to raise awareness of the report and recommendations. There is a need to ensure information is cascaded to local CCGs.	Regional action initially – paper to be considered by NE PCT Directors of Commissioning