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| Theme | Progress | Action for SBC and partners from the Regional Scrutiny Review? |
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| Information gathering on the ex-service community | Adult Care - As part of the adult social care assessment process, new clients are asked if they have served with the UK armed forces. The new CareDirector system is in place which enables the response to the question to be captured electronically, enabling the required statistics to be provided. (To date there has been no testing about extracting this information due to other performance priorities and the need for a whole suite of reports to be written.) Drug and Alcohol Services – All DAAT commissioned treatment services 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 is aware of at least some of the ex-service support charities/organisations and refer on as appropriate. Housing Options – Any Service history is now established as part of the assessment process and the IT system is able to retain all this information. The system is being further developed to include prompts to officers for signposting to support related agencies etc. The aim is to assist with the prevention of homelessness and advise of all available housing options. 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 have now been asked to provide a position statement on current clients, and to ask for this information in future. Consultation - All participants of Adult Viewpoint are asked if they are a member of the Armed Forces Community. All consultation exercises will be able to identify this group and the views or needs will be reflected in the reporting. Information will be collected and fed | Councils were recommended to collect data on whether service users had served in the armed forces |
| | back to SBC services in order to improve delivery to this client group. | |

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| | Partner organisations - a report on the Community Covenant was taken to the Stockton Renaissance on 17 January 2012 to all partners identifying the need to raise awareness. This will be emphasised by the presentation by the Army Engagement Team's presentation which we are working on securing a date for. | |
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| Communication, engagement and signposting | There is now a dedicated page on the SBC website with help for serving and ex-service personnel, and information on the Community Covenant. The web page includes links to a range of other information sources, including the British Legion's Civvy Street, and the new north east NHS Veterans' Wellbeing Assessment and Liaison Service (this provides a single point of access to dedicated health services including Tees, Esk and Wear Valley Trust's Community Veterans Health Service – see below). The content of the web page continues to be reviewed to ensure that it contains up to date and relevant information, including links to other appropriate external directories of services, and the SBC Adult Services Directory. This will take place in the context of the ongoing review of the content of the SBC website as a whole. | Councils were recommended to explore using digital media for this issue |
| | The scope of the existing equality and diversity 'golden' help line telephone number has been widened to become the ex-service personnel helpline for Stockton Borough. The helpline is backed up through use of the website, and links to relevant services such as the Service Navigator (see below), and Service Personnel and Veterans Agency. Following an upgrade to the Lagan CRM system used by the Customer Services Contact Centre in July, basic information about the ex-service personnel helpline has been included into the scripting and staff are familiarising themselves with this. The scripting makes the information readily accessible for staff to use to signpost ex-service personnel as and when required. The scripting is currently being fined tuned to incorporate some additional information, prior to formal training for all staff that might need to use it. | Councils were recommended to consider introducing a helpline |

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The **Stockton Service Navigator (SNP)** 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 (eg. healthy lifestyle interventions, debt/benefit advice, support for carers, advocacy support, parenting & relationship issues). Support for ex-service residents has been included in this service.

Councils were asked to explore outreach services

Catalyst currently manages the SNP service. They are seeking support training to deal with specific needs of this group. The service directory is required to support specific needs. Agreement has been reached with PCT to include the SNP within the specification for the new local HealthWatch Service which will replace Stockton LINk in April 2013.

Development work on the specification for **Local HealthWatch** (LHW) is ongoing. It is planned that LHW will be required as part of its work to engage with the local Armed Forces community to assess how their needs are being met. LHW will also have a signposting role and will be informed of the Council's support mechanisms for the armed forces community (in addition to SNP service).

Middlesbrough CAB provide a dedicated **Money and Benefits advice service** for veterans, funded by British Legion and RAF Benevolent Fund, and this is intended for people across Teesside. Workers undertake home visits, or visits to Stockton and District Advice if necessary. Stockton Soldiers, Sailors, Airmen and Families Association (SSAFA) carry out direct referrals if necessary. (Usage of this service can be monitored via Community Engagement which manages the SDAIS contract.)

Within **Stockton News** there have been articles in the 2012 Spring and Summer editions to highlight support for the Armed Forces community and local events that have taken place. Efforts will continue to raise awareness of the website, helpline, and all relevant services through existing internal communication mechanisms.

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| Strategic Planning and Leadership | Member Champions to promote and take a lead on Armed Forces community issues have been identified from the following relevant Cabinet portfolios: Adult Services and Health, Housing and Community Safety, Regeneration and Transport, Access and Communities. At Cabinet in September 2012, it was agreed that Cllr Beall would be the lead Member champion. | Councils were recommended to identify member and officer champions |
| | All Members received a presentation from the Army Presentation Team at a Policy Update seminar in June 2012. | |
| | The Head of Policy, Improvement and Engagement has been identified as the corporate officer figure to lead on driving improvements and acting as liaison with external bodies for veteran issues. The Policy Officers' Group is co-ordinating the implementation of the regional review of health needs of ex-service personnel action plan. SBC has committed itself to signing up to the Regional Charter that will demonstrate north east local authority support for the ex-service community. The Charter is due to be launched in the autumn of 2012. | |
| | There is a dedicated section in the Joint Strategic Needs Assessment for the health and wellbeing needs of the ex-service community. A draft of the latest JSNA has been produced and is being edited prior to uploading to the new JSNA website. This is currently due to be completed in September following discussion at the Tees Armed Forces Network (see below). | Councils and the NHS were recommended to include the needs of the community in JSNAs |
| | The JSNA for veterans' health is being developed in liaison with key stakeholders, through the NHS 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. Public Health have provided advice on the draft. Data availability for veterans' health is a challenge. The Tees group has liaised with groups in other areas of the | |

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| | North East and with the regional forum, to maximize existing data and make links regarding policy and action. This includes work through GP practices to capture data about veterans when they contact GP services. Veterans may not register with health services on exiting the Armed Forces and partners are working to increase this. Stockton's Health and Wellbeing Board (HWB) will need to ensure that it seeks to meet the needs contained in the JSNA (which includes the armed forces community) as it takes a more active role in local health provision. SBC representation has been secured at the NHS Tees Armed Forces Network. This brings together the local NHS to implement the national requirements for the care of veterans, together with local authority representation and discussion of wider issues. It will also become a focus for the exchange of information on the numbers of people returning to the Tees area from the Personnel Recovery Unit (for injured and wounded soldiers), and early service leavers. Hartlepool and Stockton NHS Clinical Commissioning Group has committed itself in its Clear and Credible Plan to working with the Tees Armed Forces Network, as part of its commitment to the Armed Forces Covenant. | HWBs were recommended to place a high priority on veteran health issues |
|----------------|---|---|
| Local Networks | Catalyst has been requested to identify the range of local voluntary and community organisations providing services for the armed forces community, and whether there is a demand for increased networking opportunities. This will take place as part of the baselining work Catalyst are undertaking to better understand the scope of the local VCS sector as a whole. Awareness of the issues has also been raised via the Catalyst newsletter. | Councils were recommended to explore the scope for local support networks |

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| Community and Events | The 2012 Armed Forces Week was celebrated with a range of events in Stockton Town Centre between 25 and 28 June. This included a flag raising ceremony, service in Stockton Parish Church attended by the Mayor and local organisations, a tea dance, and public displays in the High Street including armed forces and civil organisations, and re-enactors. Money raised through collections during the event was donated to SSAFA (one of the Mayoral charities for 2012-13), the Rifles Regiment's 'Care for Casualties', and the Yorkshire Regiment Benevolent Fund. | |
|---------------------------|--|--|
| Other policy developments | The Government has recently issued new guidance on the allocation of social housing. A review of the Common Tees Valley Allocations Policy is underway (involving Housing Options and Vela Group) with the proposed amendments having taken consideration of the new guidance, the Localism Bill and the impacts of the Welfare reforms. The proposals for the reviewed policy are for both of the following groups to be placed in the top band of four (highest priority group) for social housing: • former members of the Armed Forces, Serving members of the Armed Forces, Reserve Forces who are or will be homeless and assessed as institutionalised or need to move because of a serious injury, medical condition or disability sustained as a result of their service; • bereaved spouses and civil partners of members of the Armed Forces leaving Services Family Accommodation following the death of their spouse or partner. | |
| Services provided | When someone leaves the Armed Forces their healthcare becomes the responsibility of the | |
| by NHS | NHS. In order to better treat those with needs relating to their service, as well as its general | |
| organisations | responsibility to provide healthcare, the NHS has taken a number of steps including: - the NHS North East Armed Forces Network has been in place for several years and co- | |
| | ordinates service provision and dissemination of policy and good practice. This is | |
| | currently run by the Strategic Health Authority and is backed up at the local level by the NHS Tees Armed Forces Network mentioned above; | |

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- all veterans are entitled to priority access to NHS hospital care for any condition, as long
 as it is related to their service, whether or not they receive a war pension. The concept of
 priority treatment is not for the veteran to be seen quicker than patients with greater
 clinical need. For conditions related to military service the Dept. of Health directs that
 veterans at the first outpatient appointment would be scheduled for treatment quicker than
 other patients of similar clinical priority;
- following the Murrison Report, a £15m 3-year fund has been established in order to ensure NHS prosthetic provision best meets the needs of those fitted with prosthetics whilst serving;
- the new North East NHS Veterans' Wellbeing Assessment and Liaison Service provides a single point of access to dedicated health services including Tees, Esk and Wear Valley Trust's Community Veterans Health Service. This allows veterans to receive the care and support they need close to home and family. TEWV NHS Trust has also undertaken 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;

Further information on the specific health needs of the community, and related NHS services will be included in the Ex-Service Personnel section of the JSNA when published. Further information on the NHS actions taken across the north east since the publication of the regional scrutiny review report is included in the regional progress reports on the review's implementation (these are available from the Scrutiny Team in Democratic Services).