



Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Brighton and Hove Armed Forces Community

- 1.1 The contents of this paper can be seen by the general public.
- 1.2 This paper is for the Health & Wellbeing Board meeting on the 15th December 2015.
- 1.3 Author of the Paper and contact details
*Kate Parkin, Director Sussex Collaborative,
 Lead, Sussex Armed Forces Network
 Email: kate.parkin@nhs.net
www.sussexarmedforcesnetwork.nhs.uk*

2. Summary

- 2.1 There is not only a moral obligation to meet the requirements of the Armed Forces Covenant but this is also reinforced by the NHS Constitution, Social Care Acts and other national contracts for both social care and the NHS to look after this vulnerable community.
- 2.2 Identifying the needs for the armed forces community has taken place using the Need Assessments which have been undertaken locally in 2015, alongside the Sussex-wide assessment from 2012, and national guidance. Further insight and feedback has been gained from veterans, reservists, their families and from the wider armed forces community. (Supporting papers 1 & 2).
- 2.3 The aim is to enable the community as a whole to be better facilitated to provide excellent support to the Armed Forces Community across Sussex. Those who are or have served in the Armed Forces whether as Regular or Reserve and their families.

This community should face no disadvantage and receive the integrated care and support they require tailored to their particular needs in accordance with the Armed Forces Covenant.

- 2.4 In Brighton and Hove there are two interlinked groups which oversee the work being undertaken for this community. The Civil Military Partnership Board (CMPB) established in 2012 by the Policy and Resources Committee for Brighton & Hove City Council. The second is the Sussex Armed Forces Network (SAFN) established in 2011 by NHS Sussex. The SAFN is managed and supported by the 7 Clinical Commissioning Groups (CCGs) through the Sussex Strategic Clinical Commissioning Executive Committee.
- 2.5 Both groups comprise members from the Ministry of Defence (MoD); Armed Forces organisations and charities; NHS (physical and mental health); community and voluntary sector, local further education establishments and council representatives from Housing, HR and Adult Social Care, Criminal Justice System, and the Police.
- 2.6 Reports are regularly provided by these groups and examples are listed as supporting papers 3 and 4. There are work programmes in each group with aims to deliver the needs identified.
- 2.7 The key areas of work being developed and delivered are:
- Pathways which cross organisational boundaries and are built on networks and understanding of others to provide integrated care.
 - Awareness Raising.
 - Training and Education
 - Data and Infrastructures of Support

3. Decisions, recommendations and any options

- 3.1 This briefing and supporting documentation are presented to the Health and Wellbeing Board to aid understanding, inform discussion, to provide assurance on progress to meet the needs of the armed forces community and to agree the following recommendations:
- 3.1.1 To note the progress made to date by the Civil Partnership Board, Sussex Armed Forces Network and services and partners within Health and Social Care.
- 3.1.2 To support the continuation of the way the groups and system are working to deliver the needs for this community.



3.1.3 To note and agree the recommendations from the local JSNA 2015

3.1.3.1 Continue joint working across Sussex through the Sussex Armed Forces Network.

3.1.3.2 Where possible, implement recommendations from the Sussex needs assessment.

4. Relevant information

4.1 *Armed Forces Community*

4.1.1 There is detailed information about the Armed Forces Community for Sussex and Brighton and Hove found in supporting papers 5 and 1.

4.1.2 Service in the Armed Forces is different from other occupations. Apart from the obvious uncertainties and dangers, Service people relinquish some of their own civil liberties and put themselves in harm's way to protect others.

4.1.3 The risk of death (occupational attributable mortality) for the Army overall is currently around 1 in 1000 per year, or about 150 times greater than for the general working population. Risk of serious injury (for example loss of limbs, eyes or other body parts) is substantially increased.

4.1.4 It should be noted that Brighton & Hove City Council signed the covenant in 2012.

4.1.5 Veterans include anyone who has served for at least one day in the Armed Forces (Regular or Reserve), as well as Merchant Navy seafarers and fishermen who have served in a vessel that was operated to facilitate military operations by the Armed Forces.

4.1.6 The Sussex Military Veterans Needs Assessment was conducted in 2012. It noted that identifying the number of veterans, at national or local level, is difficult. Applying the national estimates suggests that around 17,400 military veterans within the city. Of these veterans, the vast majority are men (estimated at 87%) and 66% are aged 65 years or over.

4.1.7 Discharge numbers from the MoD show there were 43 veterans registered as resettling in Brighton & Hove in 2010/11.



- 4.1.8 As of March 2015 there were 610 veterans in Brighton and Hove receiving a pension or compensation under the Armed Forces Pension Scheme (veterans receiving compensation for injuries sustained during service, but this doesn't include all disabled or injured veterans). This is a rate of 26.6 per 10,000 people aged 16+, is much lower than the South East (93.0) or England (71.8).
- 4.1.9 This does not take into account the veteran's family who are also covered by the covenant.

4.2 *Delivery*

Awareness Raising

- 4.2.1 The **pathway project** is now completed and the pathways information is available in hard copies and via the SAFN (partners have also distributed this to their networks including SERFCA, Dept of Work and Pensions, council teams in Adult Social Care, Referral Teams and Access Point and to all staff via the council's Intranet). The Armed Forces Champions and Charities are using the pathways and sharing them within their organisations. Joining Forces, who undertook the project work, advised that no issues to access for ex service personnel had been identified.
- 4.2.2 **The Carers Centre** has developed and produced a leaflet and has trained staff and linked with other charities to train them in services/support available for carers. The original project has been extended, with additional funding from SAFN, to design a carer awareness training package (7 eLearning modules are now complete and live via the SAFN website), work with B&H patient participation groups and GP services, work with young carers and families and strengthen relationships with partners and LGBT and BME communities.
- 4.2.3 The Carers Centre has advised that out of the adult carers supported in the period 14/15 for Brighton & Hove, the armed forces carers would be 5.6% of clients.
- 4.2.4 **The next step:** To develop the young carers support, elearning modules and work with a national charity on family needs.
- 4.2.5 www.sussexarmedforcesnetwork.nhs.uk is been used by all sectors of the SAFN and CMPB by providing a source of information, training and education, press releases, and sign posting. It is



regularly being updated. Professionals, veterans and families have also started to use it as way to contact the system to get advice and support.

4.2.6 **Next Step:** To continue to develop further modules and update as further advances are made both locally and nationally.

4.2.7 The Department of Work & Pensions (DWP) (members of the CMPB) are also leading on best practice by having information on their Intranet for colleagues to find out about volunteering as reservists and providing armed forces community factsheets for staff across all Job Centre sites.

4.3 Integrated Support and MDT Working

Armed Forces Champion Network

4.3.1 An integral part of the vision was to set up a network of champions who would not only be able to support and advise the armed forces community first hand but also work together to help individuals across boundaries. There are now over 100 champions in Sussex who come from a range of backgrounds. Although it originally started with mainly mental health organisations, membership is now much wider with attendance from County Councillors, the Probation Service, Police, MSK services, mental health, Substance Misuse, Charities and other statutory organisations staff. The network formed from these champions is helping to break down barriers and make vital connections throughout the community.

4.3.2 There are 2 Champion Coordinators, who have experience in mental health and are either a veteran or a reservist themselves, supporting the network to enable the initial 2 day training programme, the on-going learning, focused mental health events and other specific sector training that might be required. The experience, passion and knowledge they offer to the champions and the network is invaluable, helping to ensure the model in Sussex is sustainable and embedded for the future. The team have also produced several products to aid local clinicians including Provider and GP fact sheets and a specific needs assessment.

4.3.3 This work has won national awards and is being used for Best Practice Case Study for the National Annual Covenant Report 2015.

4.3.4 **Next Steps:** Interest is significantly increasing with providers with middle management levels taking an interest. The courses are



now being run twice a year. Case Studies are being collated and started to be shared to learn lessons and share impact and value of the network. See supporting paper 5 for a few examples. Steps are being made to link the NHS Employers Reservist Champions launch on 7th October 2015 with the local work.

Housing/Homelessness.

- 4.3.5 Access to housing and vulnerability around homelessness are key issues faced by ex-service men and women. Migration to the south coast was popular with younger ex armed forces personnel. The Royal British Legion were seeing an increase in younger veterans in the Bexhill and Hastings areas and less in Brighton because of the costs of living.
- 4.3.6 The CMPB has been working with the council's Housing Team to ensure that under the council's current Allocation Policy there is a provision for priority to be given to armed forces applicants.
- 4.3.7 The council's present allocations policy has specific mention that serving armed forces are exempt from the local connection criteria. It should also be noted that the Brighton Housing Trust have an armed forces champion.
- 4.3.8 Brighton & Hove including Adult Social Care, First Base Homeless Day Centre, Rough Sleepers, Supported Accommodation and related services for single homeless people and Substance Misuse Services have been monitoring the armed forces community. Other groups had been identified as vulnerable in the stats and this was considered to be women, people with learning disabilities and brain injuries (due to the increase in brain injury cases).
- 4.3.9 **Next Steps:** Under statutory direction from central government consideration should be given to serving personnel and ex personnel within the last five years to be given Band A priority for those that qualify, and this will be looked at formally in the council's review of the allocations policy,

4.4 Data Collection

- 4.4.1 It is essential that the identification of the community occurs to enable/take account of the cultural, additional and possible complex needs to be addressed to support the individual and/or family.



- 4.4.2 Brighton and Hove County Council on their Equality Form does ask the following question about Armed Forces Service:
- Are you currently serving in the UK Armed Forces (this includes reservists or part-time service, e.g.: Territorial Army)?
 - Have you ever served in the UK Armed Forces?
 - Are you a member of a current or former serviceman or woman's immediate family/household?
- 4.4.3 Services do their own analysis and use the information to improve their provision. Equalities Co-ordinator Communities, Equality and Third Sector Team are looking into gathering this kind of information corporately (and thereby getting a single number of (ex) armed forces personnel accessing services.
- 4.4.4 From the new Care Act assessment/review screening tool, Brighton & Hove Adult Social Care have advised the following:
- Between 1st April 2015 and 10th September 2015, 2,243 people had a screening tool completed.
 - 210 were for people who had identified as “previously served” (9%).
 - 14 were for people who described themselves as “family member of service person” (1%).
 - There was no one who was recorded as “currently serving”.
- 4.4.5 It is in the NHS Contract that priority is given to this group and to enable this, providers have to ask the question. The Mental Health and IAPT services (approx. 600 cases in Sussex) have been treated and asked the question. Other organisations in Sussex have also been sent information about their responsibilities under the NHS Constitution and contracts with support and reminded to review access policies; this will be reviewed via the statutory performance meetings.
- 4.4.6 The availability of information is increasing and some of the current information can be found in supporting paper 5.
- 4.4.7 **Next Step:** To monitor all data that is available to enable an understanding of demand and where the community is being supported. As part of the GP and Practice Awareness Programme the need to collect data is being raised. It is in the GP contracts and the READ RE ED codes are now available on all GP IT systems.

4.5 Focus for next 6 Months

- 4.5.1 **GPs**, Practice Managers and primary care raising awareness work has already started. The information and support has been developed and the SAFN will be working with Communication Teams, Charities, and GPs to significantly raise the understanding within the primary care community of the needs, support available and what they should do for the armed forces community.
- 4.5.2 Currently, the Sussex Armed Forces Network is undertaking a research project starting in Brighton and Hove to find out about the **voluntary sectors** understanding of the Armed Forces Community and its needs. The information will be collated and written up into a report to enable an understanding of the level of awareness of the Armed Forces Community within the voluntary sector. The aim is to then target raising awareness and to improve the care for this community. The work is going through the CVSF Brighton & Hove Community and Voluntary Sector Forum.
- 4.5.3 Mapping of champions, services and integration with mental health is occurring in **Criminal Justice pathways**. Probation services and other services have been involved with the network. It was thought as a priority to take a stocktake particularly with recent changes in structure and providers.

5 **Important considerations and implications**

- 5.1 The Civil Military Partnership Board and Sussex Armed Forces Network has both statutory and community and voluntary sectors partners who disseminate information to their organisations.
- 5.2 There is currently a Voluntary Sector Survey taking place to understand what the current gaps are in the understanding of the armed forces community and what their needs are.

Legal

- 5.3 Brighton & Hove Armed Forces Community Covenant Progress Update from the Civil Partnership Board to the Leaders Group.

“There are no legal implications arising from this report. The Civil Military Partnership Board is an advisory body, reporting annually to Policy & Resources Committee and Full Council.”



5.4 There are however requirements for Social and NHS Services to meet:

5.4.1 Statutory Requirements

- Armed Forces Act 2011: Annual duty to report to progress against the Military Covenant to Parliament including Health.
- Health & Social Care Bill 2011: Includes duty of the NHS Commissioning Board (now NHS England) to commission services on behalf of the Armed Forces.
- NHS Mental Health Strategy 2011 includes specific provision for veterans.
- NHS Operating Framework.
- Health and Social Care Act 2012.
- NHS Contracts to contain the principle of “no disadvantage”.
- NHS Constitution to include the “covenant”.

5.4.2 NHS responsibilities

The general principle set out by government is simply for ‘no disadvantage’ to veterans and their families due to their military service, compared with society generally.”

5.4.3 NHS England responsibilities:

- NHS England is responsible for ensuring that services are commissioned to support consistently high standards of quality across the country, promote the NHS Constitution, deliver the requirements of the Secretary of State’s Mandate with NHS England and are in line with the commitments made by the Government under the Armed Forces Covenant.
- Commissioning all secondary and community health services for members of the Armed Forces, mobilised Reservists and their families if registered with DMS Medical Centres in England (although community health services currently remain commissioned by CCGs on a risk share agreement);
- Some mental health services for veterans
- Specialised services, including specialist limb prosthesis and rehabilitation services for veterans
- IVF treatment for serving Armed Forces couples – even if only one of them is serving

5.4.4 CCG Requirements



- Delivery of the Armed Forces Covenant
- Armed Forces dependents and veterans are the responsibility of the NHS in the same way as normal residents and their families (serving families not covered by Defence Medical Centres)
- Continuation of the principle of ‘no disadvantage’
- The continuation and development of the Armed Forces Networks
- Transfer of commissioning of ‘Mental Health for veterans’ into CCG leadership
- NHS Contracts now contain the principle of ‘no disadvantage’
- NHS Constitution has a new principle 4 which includes the covenant.

Finance

- 5.5 Brighton & Hove Armed Forces Community Covenant Progress Update from the Civil Partnership Board to the Leaders Group.

“The resources to support the Covenant and associated activities to date have been met from within current budgets. Additional activities will be funded as planned through 2015/16 budgets and external funding through the grant scheme.

- 5.6 The seven CCGs provide the leadership for the Sussex Armed Forces Network through the Director of the Sussex Collaborative. There is additional funding currently available from NHS England for Sussex (£50k for 2015/16 and a further £25k for 2016/17) which is used by the Sussex Armed Forces Network to pay for mental health clinical leadership and governance, administration, training, awareness raising and champion co-ordinators.
- 5.7 A Veterans Mental Health Stakeholder Engagement exercise will be undertaken by NHS England in January 2016 to aid the decision on the future service models for veterans’ mental health services.

Finance Officer Consulted: Anne Silley

Date: 20/05/15

- 5.8 **Equalities**



Risk	Description	Action to avoid or mitigate risk
There is a risk that the Armed Forces Community does not receive the understanding and care they deserve.	Veterans, reservists and families could enter the health and social services a number of ways, the services are not all skilled to treat the actual needs of the individuals.	Raising awareness, commissioning services and providing the skills would enable this group to be cared for.

5.9 Actions to promote equalities issues are prioritised in the vision and criteria for the Brighton & Hove Community Covenant, NHS Needs Assessment, service redesign and new activities will be subject to Equality Impact Assessments.

5.10 The Armed Forces Community are a hidden group within the community. The culture is that they do not usually seek help or raise the fact that they have served and many do not see themselves as a veteran and/or a carer.

Sustainability

5.11 There are no direct implications arising from this report and reducing inequality is part of One Planet Living.

5.12 The models and work being undertaken in Brighton and Hove and Sussex Armed Forces Network is sustainable and reinforces the system working as an integrated care model linking with social care public health, health, voluntary sector, MOD and other services together.

5.13 There is a vision that resources are saved by utilising and integrating services to achieve better outcomes for the individuals. This results in the Armed Forces Community and services having every opportunity to contribute to healthy lives, communities and environments using limited resources and by using current services rather than investing in additional services which may not be sustainable.

Health, social care, children's services and public health

5.14 Actions to address issues will continue be considered as work progresses. Key areas have been prioritised and include homelessness, social, carers, mental and physical health and family needs.

All services need to ask the question of clients or patients,
All services/organisation should have a champion,



All services need to address the needs of this community.

Crime & Disorder Implications:

- 5.15 Actions to address crime and disorder issues will be considered as the Brighton & Hove Community Covenant is developed.

Risk and Opportunity Management Implications:

- 5.16 Promotion of opportunity is prioritised in the vision and criteria for the Brighton & Hove Community Covenant.

Corporate / Citywide Implications:

- 5.17 The Community Covenant supports a number of council priorities within the Corporate Plan 2015-19 including Increasing Equality, Health and Wellbeing and Citizen Focused.

6 Supporting documents and information

Supporting papers

- 1: JSNA Brighton and Hove 2015
- 2: JSNA Sussex 2012
- 3: Annual Leaders Group Report from CMPB
- 4: 6 Month Report from SAFN
- 5: Sussex Armed Forces Community Paper

Background papers

- National Documentation and legislation in relation to Armed Forces, Community Covenants and Commissioning, White Papers
- Ministry of Defence papers nationally and local intelligence
- NHS England Regional and National papers including JSNA
- National Charity Reports
- Specific Data from local Charities, SSAFA and Royal British Legion
- IAPT data and information
- Sussex Armed Forces Network Documents (various)

