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Acknowledgements

I would like to thank everyone who gave up their time to meet with me, complete surveys and support the project.

I would particularly like to thank Colin, whose experience of the Armed Forces and involvement in the early days of developing a regional service for military veterans was invaluable in delivering this project.
1.0 Executive Summary

The North West Veterans’ Mental Health Mapping Project was established to map what services are being provided across the North West (NW) for veterans, in order to inform commissioners and provider organisations of the local provision of services that directly or indirectly support veterans with a mental health problem. The outcome from the project has been to identify gaps in services for this clientele.

The North West Armed Forces Forum, Providers and Commissioners are requested to consider the findings of this report in the context of current military veteran specific clinical and non clinical service provision currently being delivered in the region.

2.0 Project Background

Whilst post traumatic stress disorder is probably the best known veterans’ mental health disorder, research has confirmed that, as per the general population, depression, personality disorders and alcohol-related issues equally impact on military veterans. An individual’s housing and employment situation also has an effect on their mental health. However, the actual circumstances surrounding their condition and the military culture and context through which some of these issues have developed may affect this segment of the population. The North West provides the greatest number of civilians entering into the Armed Forces each year and represent 1/5th of the Armed Forces annual recruitment intake. Annually there are approximately 6,000 service personnel resettling in the North West accompanied by their families. It is estimated that the UK veterans’ community\(^1\) is now 10 million strong.

The National focus for the development of this work was provided by the Department of Health via a series of regional Armed Forces Forums, similar projects are underway within other strategic health authority regions.

2.1 Project Aims

To complete this focused and concentrated piece of work in six months, the issues relating to NW (North West) veterans have been widely consulted on via a series of meetings and through the NW Armed Forces Forum involving a comprehensive range of stakeholders; including service users, carers, GPs, commissioners, providers, military organizations and charities.

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\(^1\) Those who served in UK Armed Forces (Regular or Reserve), widows/widowers and their dependents including members of Merchant Navy.
The project aims to provide clarity on how the findings of the Murrison Report might be implemented in the region in light of the services available. From the Murrison report, the project will consider how the four principal recommendations could be implemented in the NW, these recommendations include:

- an uplift in the number of mental health professionals conducting veterans outreach work from Mental Health Trusts in partnership with a leading mental health charity;
- a National Information Service to be deployed 12 months after a person leaves the Armed Forces;
- a trial of an online early intervention service for serving personnel and veterans.

2.2 Project Objectives

The primary objective of the project is to capture the range of projects, services and initiatives taking place across the North West within all sectors and to match this to the numbers of veterans residing in the NW.

The project objectives (and success criteria) from the mapping exercises include the identification of the:

- Core activities focused on the need of mentally disordered veterans across the NW.
- Availability and accessibility to specialist MH services for veterans. (Health, Employment, Debt, Housing etc)
- Present workforce and the deficits of skills and knowledge of a specialist workforce to provide services to NW veterans.
- Demand and capacity of the present veteran’s services in the NW.
- Effectiveness of the interface between available veteran’s services and primary care, especially GPs.
- Effectiveness of the interface between available veterans services with social services.
- Effective partnership arrangements between the NHS and third sector organizations, including the use of established volunteer service networks - from the Soldiers, Sailors, Airmen and Families Association and the Royal British Legion.
- Availability of outreach activity and online services for veterans and examples of good practice.
- Good practice examples of dedicated veterans’ with measurable quality outcomes. (To inform future work regarding accreditation of services).
- Availability of single integrated, care pathway (core care pathway) which has identified and measurable quality outcomes associated with delivery.

2.3 Methodology

The project lead identified the following processes:

- Undertake a review of current research at a national and regional level.
- Undertake a range of surveys of clinical services under the stepped care model.
• Undertake a range of one to one meetings with a range of clinical and non clinical services
• Commission the development of a web based directory of services based on evidence of services in the region and nationally.

3.0 Research

Dr Andrew Murrison, was commissioned by the Coalition Government to report on how the mental health needs of military veterans could be improved. The report Mental health care provision in the UK Armed Forces published its findings in October (2010). Following the published report the Government allocated 4 years of funding to develop mental health services in each of the NHS regions of England.

The Murrison report was followed by the Academic Centre for Defence Mental Health (ACDMH) and the King’s Centre for Military Mental Health Research (KCMHR) paper entitled mental health care provision in the UK Armed Forces (2010). In the autumn of 2010 The University of Sheffield published their Evaluation of six community mental health pilots for veterans of the Armed Forces.

The Military Veteran IAPT service 6 month review can be found at

The UK Trauma Service have recently published a survey of trauma providers across the UK

www.uktrauma.org.uk/asurveyofuktg1.htm noting common factors across services and areas for further development, particularly in standardised outcome measures and better collaboration/partnerships in ensuring a consistent approach in the UK.

Within the Department of Health the publication of ‘No Health Without Mental Health,’ a cross-government outcomes based strategy paper highlighted the needs of military veterans and their families.

In the NHS Operating Framework (2012/13) it formalises the need to improve access to services for military veterans and their families.

The Community covenant (2011) supports the development of closer ties between civilian and armed forces communities through greater partnership working across health, social care and the Armed Forces.

The project scoped out what research into military veterans and mental health was underway or had completed in the last 2 years and found only one piece of research within the prison service which is in the early stages.

Recommendation 1

Veteran based providers, mainstream services and the statutory services (R&D regional networks) to support the development of research into the mental health needs of military veterans and their families including the impact on those
serving in the Territorial Army and Reservist in the North West.

4.0 Demographics

North West Veteran Population Figures

- 526,000 veterans in the North West (figures are the best assumption based on a range of data collated)
- 22,965 in receipt of Armed Forces Pension Scheme
- 19,400 in receipt of either war pension or armed forces compensation scheme for injuries during service.
- North West also has very small Regular Services footprint but extensive TA and Reserve Forces.
- Historically facilities for discharging service personnel and veterans have been linked to regular army locations e.g. Army Recovery and Rehabilitation Centres: East of England, South East, South West and Scotland.
- There are over 2,000 regular soldiers, 3,600 TA soldiers and 7,000 Cadets in the North West.
- 1/5 of armed forces are recruited from the North West
- 6,000 returning back into the region every year.
- 42\textsuperscript{nd} (North West) Brigade is the headquarters for the Army and TA in the North West.
- Royal Naval headquarters for the region are based at Brunswick dock (HMS Eaglet), Toxteth
- The Royal Air Force has bases in Cumbria (RAF Spadeadam) and Liverpool (RAF Woodvale).
5.0 Findings

GP practices

A web based survey was sent to 150 GP practices across the North West. There were 28 responders including 2 GPs contacting AQuA via email with a written response.

The sample is small but there are clear patterns in the findings that echo feedback from provider services when dealing with GP practices. The findings are:

- 57% didn’t know about the military covenant.
- 7% were aware of the Royal College of GPs, veteran’s e-learning package.
- Completion of armed forces read codes for 2011/12 was zero from all 28.
- 3 practices referred to the Military Veteran IAPT service, 8 referred to Combat Stress and 1 to SSAFA.

From discussions with a number of practice managers there was a real interest in understanding more the implications of the covenant and the needs of military veterans.

NHS commissioners were asked to look at read code data which reflected the completion rates within surgeries, either zero or very low in comparison to population size.

The read code data only captures new patients from April 2011 and it is hoped that over time the completion rates will improve.

Recommendation 2

NHS Commissioners look to develop incentives possibly including CQUIN to support improving access for veterans to services alongside a poster campaign highlighting the right to priority treatment for veterans and their families in surgeries.

Community Care Mental Health Services

IAPT services across the North West completed a web based survey. 14 out of a possible 24 responded and the findings are:

- Only 2 were unaware of military covenant.
- All offered a wide range of psychological interventions.
- During 2011/12 A total of 166 military veterans were referred to the 14 IAPT services who responded to the survey (see table below). Note that IAPT services data collection did not account for military veteran status until October 2011, although small numbers were recorded between April – September 2011.

<table>
<thead>
<tr>
<th>Area</th>
<th>Total referrals 2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumbria</td>
<td>66</td>
</tr>
<tr>
<td>Rochdale</td>
<td>44</td>
</tr>
<tr>
<td>Trafford</td>
<td>24</td>
</tr>
<tr>
<td>Halton and St Helens</td>
<td>23</td>
</tr>
<tr>
<td>Central Lancashire</td>
<td>4</td>
</tr>
<tr>
<td>Wirral</td>
<td>4</td>
</tr>
<tr>
<td>Sefton</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 1. Referrals to IAPT services by commissioning area.
Table 2 below shows referrals by cluster commissioning area to the Military Veteran IAPT service up to 31st March 2012.

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumbria PCT Cluster</td>
<td>6</td>
</tr>
<tr>
<td>Lancashire PCT Cluster</td>
<td>67</td>
</tr>
<tr>
<td>Merseyside PCT Cluster</td>
<td>41</td>
</tr>
<tr>
<td>Greater Manchester PCT Cluster</td>
<td>155</td>
</tr>
<tr>
<td>Cheshire PCT cluster</td>
<td>65</td>
</tr>
</tbody>
</table>

Table 2. Referrals to military veteran IAPT regional service by Commissioning area clusters.

- 1 out of 14 had developed a veteran based care pathway, Lancashire Care NHS Foundation Trust (Appendix B).
- 43% had completed training on veteran awareness with majority of IAPT staff completing course.
- One service employed 2 military veterans.
- 64% offered interventions to families of veterans.
- One IAPT service employed military veteran as a therapist.

Primary care mental health services have gone some way to raise awareness in meeting the needs of veterans. Many of the services are still in the process of developing care pathways and training staff.

The North West Military Veteran IAPT service offers specialist psychological interventions to veterans and their families. The service was launched in the autumn of 2011 for further information go to www.penninecare.nhs.uk/military-veterans

Combat Stress in the North West look after those who have psychological needs related to their service career. They offer specialist interventions for PTSD including programmes of support across the region. For more information go to www.combatstress.org.uk;

Recommendation 3

Community care mental health services in conjunction with commissioners promote the development of veteran based care pathways.

Secondary Care Mental health Services

Secondary care services completed a web based survey with 3 out of the 8 North West mental health trusts responding to the request.

Completed by: Lancashire Care Foundation Trust, Pennine Care NHS Foundation Trust, Cheshire and Wirral Partnership NHS Foundation trust

The findings are:

- All are aware of military covenant.
- Guild Lodge secure services in Lancashire is the only service to identify and record 4 veterans in 2011/12. Pennine Care NHS Foundation Trust services identified 1.
- 2 of 3 trusts record military veteran status in Care Programme Approach and some in Mental Health Act. (Not consistent across trust footprints)
Mentally Disordered Offender teams only record veteran status in 2 Trusts although in one trust only within one Borough.

- One trust and one patch in another have developed a care pathway for veterans
- No training on veteran awareness currently happening in secondary care.
- One trust employed 2 military veterans (one in forensic service) and a second trust employed one veteran.

Secondary care services offer a wide range of interventions from community, acute care and forensic services. The difficulty for secondary care is to identify veterans as in many cases it is not recorded formally and therefore unclear as to whether the needs of veterans are being met.

Recommendation 4

Through promoting the formal identification within the Care Programme Approach (CPA) of military veterans and their family’s secondary care will be able to consistently monitor and develop appropriate care pathways to meet their needs.

Criminal Justice services

In 2009 the ‘Veterans In Custody Support (VICS) system’ was established in order to track and support the needs of veterans within the criminal justice system. The system was implemented across the North West region with all probation trusts putting in place Veteran Support Co-ordinators. Cheshire have developed this model further in having designated staff who supervise veterans on their caseload alongside acting as Single Point of Access (SPOC)

All probation trusts contribute to a regional approach in managing veterans (Appendix C). Training is offered to the Police, Courts, Prison and probation staff in understanding the needs of veterans.

Substance Misuse Services

In 2010 out of 5581 new referrals to mental health units by the MOD, 3942 had a primary mental health diagnosis, and 293 had a primary diagnosis of alcohol misuse.

Professor Wessely, advisor to the MOD stated in Defence Focus (July 2010) “We not only showed that not only are there high levels of drinking in the forces, but there is an effect from deployment – people come back and reinstate their drinking at higher levels than before they left”.

In developing a directory of services for the North West, 250 substance misuse services (SMS) were identified. No service offers veteran specific interventions.
The regional Substance Misuse service (SMS) based at Greater Manchester West Foundation Trust identified the following issues within their regional service:

- no support for service personnel regarding substance misuse, yet high numbers of incidents reported by military Police and welfare officers involving alcohol misuse.

- Drug use is different-if serving personnel reports drug use or is found to be misusing any drugs—they are dishonourably discharged. No referrals are made from the Armed Forces to treatment services, no advice is given

- If partner or family member of service personnel identifies problems with substances, Welfare Officers have no information or pathway to refer into services.

- If serving personnel identifies or is identified as having problems with alcohol, there are no formal pathways into services.

- Regular Armed Forces have only 2 detox units based at Caterrick and Darlington.

- No care pathway or recording of status for Armed Forces or military veterans into SMS services.

- In most IAPT services if substance misuse is the primary presenting issue the service will reject the referral, forwarding it to the Substance Misuse Services for treatment. The MVIAPT pilot will accept referrals where substance misuse is the main presenting problem and work jointly with local SMS to provide treatment.

**Recommendation 5**

Promote engagement by the regional SMS service to both Armed Forces welfare/medical services for both serving personnel and those in transition alongside building partnerships with veteran specific services across the region. Through developing care pathways in partnership and developing research opportunities to target issue of substance misuse amongst veterans and their families.
Non Clinical Services

Military Veteran Specific Services

In the UK there are over 300 veteran specific providers offering a wide range of support services from grants, employment and housing support, social support and psychological interventions. There are many more that support veterans but not exclusively.

The sector is made up of major national organisations/charities that both provide services and support veteran based activities through fundraising and other charitable work.

Many small and medium sized organisations and associations generally offer specific support to veterans.

There are numerous regimental associations across the UK whose main focus is of comradeship, small grants and supporting veteran based activities related to their regiment.

Through meeting many veteran specific providers we identified the following;

- Currently no quality assurance exists across the sector and in some cases it feels as if services appear and disappear on a regular basis.
- Some organisations are undergoing major change to meet the needs of a very different veteran population than those who served in World War 2.
- There is minimal engagement by this sector with the wider voluntary and charity sector

regional and sub regional networks.

- Limited evidence of partnerships with substance misuse services or clear pathways into services.
- Many examples of the positive contribution made by the sector to the lives of veterans and their families but tend to be with a limited number of partner organisations.
- There is evidence of sector seeking opportunities to engage with wider voluntary sector in better collaborative working.
- Very limited support to the needs of children and young people, particularly if they are a young carer.
- Were the Community Covenant is being pursued it is beginning to create opportunities for veteran specific services to engage with local councils in a more co-ordinated and supportive way.
- A small number of veteran organisations have a voice within local Involvement Networks (LINKs/Healthwatch)

- Good examples of the NHS engaging with veteran services locally in supporting improvements in NHS staffs understanding of veterans needs e.g. Combat Stress, Royal British Legion delivering training.

Live At-Ease

Live At-Ease is a regional non clinical service set up to meet the welfare needs of military veterans and their families. The service will be launched in May 2012 for further information go to www.liveat-ease.org.uk
Recommendation 6

Veteran specific providers engage with the wider voluntary sector through regional and sub regional networks in seeking partnership opportunities, support and development.

The sector to Work with Live At-Ease a regional non clinical military veteran welfare service in meeting the welfare needs of veterans and their families.

Employment Services

Leaving the armed services can be a time of great uncertainty, particularly in finding appropriate employment.

Force Select Foundations, ‘Joining Forces’, report¹ highlights key areas of concern in the transferability of skills, recognition of training and qualifications and the ‘disparate and often inconsistent support available to service leavers’.

Job centre plus in the region have put in place veteran champions (Appendix D) to offer a more co-ordinated approach in supporting service leavers and veterans in better job matching, support in setting up small businesses and improving links with veteran based providers.

There are a range of veteran based recruitment agencies alongside providers offering apprenticeships, employment services and vocational skills training in the region but are not necessarily connected into the NHS or local councils services.

Overall you will find a multitude of providers within and outside of the Armed Forces but there is no significant partnerships or collaborative working.

¹. The ForceSelect Foundation; Joining forces; A holistic approach to the resettlement of ex-service personnel (2010)

Recommendation 7

NHS and local authority veteran champions work in partnership with Job Centre Plus veteran champions and veteran based providers including the Career Transition Partnership (CTP) and other services provided for those inside the services in seeking to improve the employment pathway.
Housing/Homelessness

For most service personnel the transition into civilian life is not problematic but for a few the process can be difficult. Lemos et al (2005)\textsuperscript{2} describes those service personnel who had difficulties in maintaining stability in their lives prior to joining were at higher risk of falling into a position of living on the streets. Through difficulties in adjusting to finding accommodation, benefit information and employment

The armed forces offer a wide range of support in transitioning into civilian life through the resettlement package although this is variable and depends on length of service.

Local Authorities recognise veterans and their families as a priority group within their housing allocation policies in support of adapting to civilian life.

2. Lemos, Durkacz, Military History; The experiences of people who became homeless after military service (2005) Lemos and Crane.

Recommendation 8

Promote greater links with local authorities housing support services with the NHS and veteran based providers alongside employment and benefit advice services.

Family, carers and relationship issues

Families and carers play a central role in supporting stability for service leavers and veterans. They too need support in the process of resettlement and particularly at times of stress and bereavement.

For some they have lived within the armed forces community and have limited involvement with the local civilian community with life revolving around the forces culture.

For some life in the armed forces can upon leaving lead to increased alcohol consumption, and the risk of heightened aggressive behaviour.

Families can be the first to feel the effects of this behaviour through break-up of the family unit, divorce and domestic violence.

| Relate |
The RAF Benevolent Fund is working with Relate who can provide advice or counselling on a wide range of issues that can affect your relationship including coping with separation, managing recall, re-negotiating roles, parenting, dealing with affairs, re-establishing trust, communication and sexual difficulties.
You could also attend a Relate relationship coaching course to help keep a good relationship strong or give you the skills to cope with difficult relationships.

www.relate.org.uk/support-for-raf/index.html

Carer engagement during the project identified the following;
- Unaware of their rights under the military covenant.
- Difficulties in keeping in touch with families of TA personnel.
- Good medical and dental treatment in the forces when overseas. In UK utilise NHS services.
- Poor support/aftercare upon leaving service.
- Poor signposting to services.
- Transport for families difficult when in services.
- Transport to seek support for family member difficult in civilian life. Some veteran services outside of region.
- Issue of Army Doctors talking to NHS Doctors regarding family issues, particularly around safeguarding.
- Help from SSAFA and Royal British Legion improved situation at home in giving a small grant to enable wheelchair access.

Were local authorities are unable to meet all the costs for adaption’s to the home or carers respite some veteran based charities can and do offer grants or support for families.

Recommendation 9

The development of a directory of services aimed at families and children made available whilst partner in the forces and the Army and Navy to look at RAF benevolent fund support of Relate in offering a package of family based services.

Carer’s organisations to identify carers with links to armed forces and develop partnerships with range of veteran based providers in the region.

Finance Management and Debt

Within the Armed forces, serving personnel and their families will find managing finances are minimal as standing charges are automatically deducted from pay.

Resettlement after leaving the services can leave some families financially vulnerable. There can be confusion over the employment system and benefits.

The national veteran based Charities, RBL, The soldiers Charity (formerly ABF), RAF Benevolent Fund and the Royal Naval Benevolent Trust are just a few that support veterans and their families through grant giving.

The Citizens Advice bureau work alongside the RBL to offer welfare advice and support at some of the local CAB offices across the region.

There are many charities in the mainstream sector offering support in managing debt.
Recommendation 10

The support services within the Armed Forces, particularly those working with personnel in transition work in collaboration with employment and benefit agencies and veteran based providers in improving the pathway into civilian life. (link to recommendations on housing/employment)

Local Authority services

Local Authorities were surveyed with a response from 12 out of 23.

The findings found that;

- All who responded have a veteran champion in place. (appendix E)
- Majority have signed up to community covenant with a few in process of signing up.
- All complete full assessment of needs with many using Royal British Legion assessment form.
- Cheshire West and Cheshire Council working with MOD on 2 projects (Asset management)
- Many have developed connections with 42nd Brigade usually in connection with covenant
- All are currently developing health and wellbeing boards and recognise veterans and armed forces as part of agenda.
- Lancashire County Council investing in mentoring scheme with veterans and SCHOLLS and NEETs.
- Military veterans noted in a small number of Joint Strategic Needs Assessments (JSNA).

Recommendation 11

- Local Authorities to identify military veteran population and note within their JSNA and Health and Wellbeing Boards.
- Raise awareness of the needs of military veterans and their families across council departments.
- To share community covenant development across the region and were appropriate sign up to covenant on a wider footprint e.g. Greater Manchester.

Old Age

50% of the North West military veteran population is over the age of 60. The majority of this group served in WWII and National Service (Until 1960).

The population of veterans will decrease dramatically over the next 5-10 years alongside a change in the needs of those who served. Many who served in Northern Ireland in the 1970’s will be at or near retirement.

Broughton House, based in Salford is the only ex service personnel home in the region, although BLESMA run a home in Blackpool alongside a small number of homes who offer veteran specific support.
The majority of nursing and care homes do not formally identify military veterans. It is highly likely many homes will have a large percentage of residents who served in the forces.

National and regional older people’s services contacted did not offer anything specific to veterans and would direct veterans to their mainstream provision.

No evidence of research completed with over 65’s who served in the forces was noted, particularly those who are frail or have a diagnosis of Dementia.

The Imperial War Museum is running a long term project that collects stories of those who served in the forces to develop an archive so we do not lose an important aspect of our history. [www.iwm.org.uk](http://www.iwm.org.uk)

**Recommendation 12**

Promotion of the North West armed forces programme to older peoples services in the region.

Promote research into the needs of elder military veterans through current research networks.

Promote the benefit of life story work in drawing on elder veterans experiences that shaped their lives. [www.lifestory.org.uk](http://www.lifestory.org.uk)

**Wounded/disabled services**

For those wounded on operations or related to service the Armed Forces deliver a comprehensive package of treatment and support until they are discharged when responsibility moves to the NHS. Through the expertise of the medics in both the field and in the UK many who would have died of their injuries now survive.

Where the Armed Forces have developed partnerships with the NHS, patients benefit from a world class service. The problem for those wounded and in rehabilitation in the North West is having to travel long distances to the main centres of care in Birmingham, Headley Court and Catterick.

Andrew Murrison’s review of prosthetic services in the UK (2011) made the following recommendations;
1. Ministers should take appropriate powers to provide for national commissioning of specialist prosthetic and rehabilitation services for amputee veterans through a small number of multi-disciplinary centres in England, adequately resourced and determined through a tendering exercise.

2. Equivalent and complementary provision should be agreed with the devolved administrations.

3. Veterans should be able to access mainstream NHS provision through a Disablement Services Centre (DSC) of their choice.

4. Each specialist centre should have provision for a BLESMA support officer.

5. The trial of the MOD Seriously Injured Leavers’ Protocol and the MOD/NHS Transition Protocol has the potential to improve handover from Headley Court and Personnel Recovery Units to DSCs and should be expedited with attention given to a refined system of case management, including a comprehensive statement of needs and prescription on transition to the NHS.

6. The National Institute for Health and Clinical Excellence should be tasked with the production of national guidelines for prosthetic prescription and rehabilitation for all amputees, including provision for military amputees.

7. A prospective study of amputee veterans’ long-term outcomes should be commissioned.

8. The review supports the relocation of the Defence Medical Rehabilitation Centre from Headley Court to form part of a Defence and National Rehabilitation Centre. Closer integration with the NHS holds considerable potential for Service-attributable amputees at all stages of the patient pathway as well as the wider civilian amputee community.

9. There should be a programme of military/civilian exchange and capacity-building for healthcare professionals to rapidly grow the specialist prosthetic and rehabilitation network.

10. The NHS Healthcare Travel Costs Scheme currently available to war pensioners to be extended to beneficiaries of the Armed Forces Compensation Scheme for the purpose of attending DSCs and accessing associated healthcare.

11. Case management to ensure that, as far as reasonably practicable, amputee veterans abroad are able to access an equivalent standard of prosthetics and rehabilitation as they would have enjoyed had they remained in the UK.

12. An audit of the new funding arrangements should be undertaken after five years.

For many of those wounded the psychological impact of both the incident, discharge from the forces on medical grounds and moving back into the civilian community can be difficult to overcome without support.

**Bolton One**
([www.boltonone.com](http://www.boltonone.com)) is a positive example of partnership working between the NHS, Local Authority and the University of Bolton. The centre offers leisure, NHS walk in/outpatient centre and research unit alongside state of the art fitness facilities.

Bolton One offers a one stop shop to improving health and wellbeing.
Action on Hearing Loss, a civilian charity previously called RNID described their support to a young soldier, referred by the Personnel recovery Unit (PRU), who lost his hearing in Afghanistan from an IED. They worked with this young soldier through peer support and coaching in supporting him in adapting to a world without hearing and into the civilian community.

For soldiers who suffer from hearing loss, including tinnitus the support offered by organisations like Action on Hearing Loss can make a positive difference to enabling an individual and their families to adapt and function, reducing the distress hearing loss of any kind can induce.

The Armed Forces serve around the world in both peace keeping and active combat in some of the most inhospitable places. In Afghanistan the heat can be unbearable and sun block is just one essential to protect against skin cancer (melanoma). It is of concern to the Armed Forces that those in the field protect themselves, but for those who are diagnosed with melanoma that treatment is available, particularly on return to the UK.

It is important for any service personnel who have served abroad and have since left the forces to regularly check for any skin irregularities/moles etc and to seek advice from your GP as soon as possible as the condition is treatable.

**Recommendation 13**

Services that provide support to anyone with a disability are aware of the needs of veterans and seek to build relationships with veteran specific providers in the region.

Mental health services recognise and act on the physical health risks/injuries of those who served and the impact this can have on the individual and their families in partnership with disability based organisations.

**Equality groups**

The UK Armed Forces in the 21st Century is as diverse as the nation it serves.

For many years women have slowly seen their roles come more to the fore, particularly out in the field in supporting the frontline.

Many military veterans from the commonwealth countries and the EU have settled into the UK and today the Armed Forces work alongside many countries forces across the world.

The recent events in the Arab world have led to some of those who fought and were injured receiving treatment and support in the UK.

The Foundation for Peace ([www.foundation4peace.org](http://www.foundation4peace.org)) based at Warrington Peace centre work nationally to support those affected by conflict. The centre equips people including veterans with the skills to deal with their trauma and supports professionals through training on the impact of conflict. The centre has worked closely with victims of the Northern Ireland conflict and work to seek solutions with communities in dealing with the impact of terrorism.

There are UK Muslims who serve and have served in the forces in both combat,
peacekeeping and as interpreters. Little was found in the region that offers support to those who served from the Muslim population and begs the question ‘how do you deal with engaging in wars that maybe seen as highly sensitive within your community? and how do veteran based providers support you? In the UK the British Armed Forces Muslim Associations [www.afma.org.uk](http://www.afma.org.uk) aim is to be;

‘A single point of contact for serving and retired British Military personnel to learn about and participate in events and activities which maximise the unique contribution of the British Armed Forces Muslim Personnel’

There has been a long and difficult history of serving in the Armed forces and its management of sexual orientation issues. Times have changed and you can see a more open and supportive approach to sexual orientation within the forces. This doesn’t mean that everything is fine and there is some way to go, in ensuring those from the LGBT population who served are recognised and supported by veteran based organisations and mainstream LGBT services.

Proud2Serve is the only support service for serving personnel and veterans found in the UK ([www.proud2serve.net](http://www.proud2serve.net)) that states its aim;

‘To provide support, information and networking for Gay, Lesbian, Bisexual and Transgender serving, ex-serving personnel and their families both at home and abroad.

Proud2Serve.net has an established record as the first port of call for information for the community which has grown stronger, year on year, since the website and P2SForum were established in 2005.

**Recommendation 14**

All services promote the development of links with providers who support minority communities in ensuring appropriate signposting and support offered meets the needs of veterans and their families from all communities.

6. **Level of need and gaps in services.**

The data collected to date within this report must be treated with caution as it can only give an indication of possible needs and possible gaps in services.

There is a lack of recording and data analysis of veterans and their families using services across all sectors and as
noted in the recommendations it is incumbent on providers to recognise through recording the ex services community in order to better serve their needs.

The North West region has a population based on 2010 data of 6.9 Million people. 8.2% of population from Black and minority ethnic community.

Unemployment across the region stands at 8.6% as of 2011. The region has significant multiple deprivation which is reflected across the North of England particularly in urban centres and some rural communities.

The armed service personnel veteran population in the North West is 526,425 with 22,965 in receipt of their Armed forces Pension, 19,045 with War service Pension and 355 who fall under the Armed Forces compensation scheme.

The Adult Psychiatry Morbidity Survey in England (2007) estimates around 740,000 people with possible mental disorder are in the North West.

Current estimates are that the North West has over 81,000 people over the age of 65 who are currently living with Dementia.

The veteran population is estimated based on findings from \textsuperscript{3}Fear et al (2010) and the NHS Confederation to have around 27.2% of veterans who have a common mental health problem at some time? equating to approximately 143,000 in the North West. 8% (11,400) will experience severe or enduring mental health problems.

13% of veterans within this estimate, approximately 18,500 in the North West will have an alcohol related problem.

13.5% of veterans in the region, 5,600 a neurotic disorder and 4.8% approximately, 2000, will experience post Traumatic stress Disorder.

The Royal British Legion (2011) have estimated around 6% of homeless households are veterans. This is a transient population and difficult to gauge the number of hidden homeless and rough sleepers. It is though, a sizeable number of veterans who require support in both housing support during transition, ongoing social housing support and support for those who become homeless.

It is estimated between 3 and 5% of veterans make up the prison population which would mean around 400-450 veterans in the North West prison service.

Please note that the above figures must be treated with caution as they give a rough estimate of possible veteran populations with specific needs. Through utilising the mental health regional data report ‘State of The Nation’ \url{https://www.aquanw.nhs.uk/workspaces/129}
Developed and maintained by AQuA which supports the gathering of local data and can be used alongside the veteran population figures to extrapolate data from the regional health and welfare information available in the report which is updated by AQuA.

**PCT Cluster**

<table>
<thead>
<tr>
<th>PCT Cluster</th>
<th>Mental Health Problem Requiring Intervention</th>
<th>PTSD</th>
</tr>
</thead>
<tbody>
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</tr>
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<td>194</td>
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<td>Merseyside PCT Cluster</td>
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</tr>
<tr>
<td>Cheshire PCT Cluster</td>
<td>2,100</td>
<td>100</td>
</tr>
</tbody>
</table>

**Table 3: Demand for services by PCT cluster.**

Table 3 above gives an approximate indication of demand of ex service personnel (whether condition service related or not) for services based on data (per PCT Cluster) collected and highlights the likelihood of some specialist services being available at a regional level due to numbers of possible cases.

If broken down into PCT clusters Cumbria for example may have around 11,000 veterans with possible common mental health problems. The majority of whom will experience short term problems and not require mental health service interventions. With a possible 8% (3,400) requiring some form of intervention. PTSD accounts for 4.8% equating to approximately 42 veterans in the county. There are approximately 459 with a neurotic disorder. Based on data from IAPT services in Cumbria there are approximately 25-30% of veterans with a neurotic disorder accessing IAPT services including the Military veteran service. This figure is in keeping with other PCT Cluster areas within the region. It is likely some veterans within this group will access Combat Stress, others independent and charity based services for psychological support. A minority of veterans may use services outside their cluster area. Some veterans will be accessing psychological support but will not inform service of veteran status. Some will have a mental health or substance misuse issue not related to service.

**Recommendation 15**

Each PCT Cluster to do Joint Strategic Needs Assessment to verify earlier drafts.
Gaps in service

There are approximately over 20 veteran based providers excluding local associations and clubs offering support from signposting, befriending, grant giving and psychological support in the North West. The landscape is very fluid with new providers appearing in the region on a regular basis.

Specific veteran based support to families and in particular children is limited within the North West and is generally available to ex service personnel’s children via mainstream children and youth services.

There are no specialist veteran based services excluding the Military veteran IAPT service that offer care and treatment to veterans with alcohol related problems in the North West, although there are over 250 drug and alcohol services across the region.

There is a wide range of health and welfare services in the region and many veterans and their families will utilise mainstream third sector or statutory services.

Those non clinical services contacted within this project felt they didn’t know if veterans found their services helpful or that any of their work force had any specialist knowledge or understanding of the armed forces community.

Table 4 below highlights areas of possible gaps in services by PCT Cluster based on the evidence currently available to us.

This table must be treated with caution and seen as helpful in giving some indication as to possible areas for service development in meeting the needs of veterans and their families. It doesn’t state whether veterans are using these services but that they are available.

---

1 Improving mental health care provision in the UK armed forces; 2010; Fear et al (2010) Journal of Military Medicine, 175, 10:80
### Table 4: Gaps in services by PCT Cluster.

<table>
<thead>
<tr>
<th></th>
<th>Psychological Support</th>
<th>Drug and Alcohol</th>
<th>Employment support</th>
<th>Housing support</th>
<th>Family support</th>
<th>Financial support</th>
<th>Old age support</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Greater Manchester Cluster</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Merseyside Cluster</td>
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<td>Cheshire cluster</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Limited veteran specific services for veterans and their families. Mainstream services mainly accessed.
- Veteran based services exist alongside mainstream services currently developing or improving service delivery to Veterans.
- Veteran based services exist alongside specialist services within statutory sector.

It is important to note that across the region a large number of Local Authorities are signing up to the Community Covenant which is slowly beginning to improve support offered to veterans and their families. All the Local Authorities who responded to the survey are also supporting priority for social housing recognising the commitment in the Armed Forces Community Covenant.

The weakest areas of veteran based support are in older people’s services (but which are unlikely to be service related), drug and alcohol services and family support (where numbers are likely to be small and so a regional service is likely to be more appropriate), in particular children.
7. Directory of Services

This project commissioned Concept4 a web based developer to work on a web enabled directory of services aimed at military veterans their families and carers.

We are currently testing out the directory and are looking to offer a professional directory that supports approved users of the site in finding local services through mapping based software. This will enable statutory and non statutory services to access information on veteran based provision in their locality.

The development of a directory of services will require an accreditation and quality assurance process which we are currently developing. This will enable both referrers and the public to feel reassured that services on the directory meet a set of quality standards.

We hope to launch both the professional and public directory in the autumn of 2012.

8. Conclusion

The project has collected evidence from across the North West over the past 6 months through surveys, meetings and consultations with stakeholders across the region.

The project identified a wide range of examples of good practice in supporting the needs of military veterans and their families.

It also recognised a lack of communication and understanding of the needs of veterans across mainstream services. A repeating comment from mainstream services was ‘We hadn’t even thought about veterans’ was common.

At no point did any service have no interest in taking this issue further. Many services wanted to know more and offer support in helping to identify veterans and their families who may use their services, including their own employee’s.

There is confusion about what priority treatment means in the context of military veterans. The Armed Forces Covenant states;

‘Veterans receive their healthcare from the NHS, and should receive priority treatment where it relates to a condition which results from their service in the Armed Forces, subject to clinical need. Those
injured in Service, whether physically or mentally, should be cared for in a way which reflects the Nation’s moral obligation to them whilst respecting the individual’s wishes. For those with concerns about their mental health, where symptoms may not present for some time after leaving Service, they should be able to access services with health professionals who have an understanding of the Armed Forces culture.\textsuperscript{4}

A concern regularly expressed of public services by veterans and their families was one of indifference. Many didn’t know what veteran based services offered or that when using the NHS your status meant you had priority if injury or illness related to service.

Veteran based providers are meeting the challenge of a changing ex-forces population but this feels very insular rather than seeking support and collaboration from the mainstream voluntary/charity sector in joining regional networks.

Regional support networks can offer the opportunity for training and development, partnerships and joint tendering support.

Commissioners have a key role in incentivising GP’s into improving access to services for veterans and their families through promoting the military covenant and developing a CQUIN.

Little evidence was found on formal identification of veterans who use statutory/non statutory services. This has made it difficult to know who the veteran population is and what services they are using and whether these services work in meeting their needs.

We hope the recommendations highlighted in this report will strengthen the work of the North West Armed Forces Programme in ensuring veterans and their families don’t feel services are complex and challenging but work in unison in meeting their needs.

\textsuperscript{4} MOD, The Armed Forces Covenant: Today and Tomorrow (2011)
9.0 Recommendations

Recommendation 1
Veteran based providers, mainstream services and the statutory services (R&D regional networks) to support the development of research into the mental health needs of military veterans and their families including the impact on those serving in the Territorial Army and Reservist.

Recommendation 2
NHS Commissioners look to develop incentives possibly including CQUIN to support improving access for veterans to services alongside a poster campaign highlighting the right to priority treatment for veterans and their families in surgeries.

Recommendation 3
Community care mental health services in conjunction with commissioners promote the development of veteran based care pathways.

Recommendation 4
Through promoting the formal identification within the Care Programme Approach (CPA) of military veterans and their family’s secondary care will be able to monitor and develop appropriate care pathways to meet their needs.

Recommendation 5
Promote engagement by the regional SMS service to both armed forces welfare/ medical services for both serving personnel and those in transition alongside building partnerships with veteran specific services across the region. Through developing care pathways in partnership and developing research opportunities to target issue of substance misuse amongst veterans and their families.

Recommendation 6
Veteran specific providers engage with the wider voluntary sector through regional and sub regional networks in seeking partnership opportunities, support and development.

The sector to Work with At-Ease a regional non clinical welfare support service in meeting the welfare needs of veterans and their families.

Recommendation 7
NHS and local authority veteran champions work in partnership with Job Centre Plus veteran champions and veteran based providers including the Career Transition Partnership (CTP) and other services provided for those inside the services in seeking to improve the employment pathway.

Recommendation 8
Promote greater links with local authorities housing support services with the NHS and veteran based providers alongside employment and benefit advice services.

Recommendation 9
The development of a directory of services aimed at families and children available whilst partner in the forces and the Army and Navy to look at RAF benevolent fund support of Relate in offering a package of family based services.

Carer’s organisations to identify carers with links to armed forces and develop partnerships with range of veteran based providers in the region.

Recommendation 10
The support services within the Armed Forces, particularly those working with personnel in transition work in collaboration with employment and benefit agencies and veteran based providers in improving the pathway into civilian life. (link to recommendations on housing/employment)

Recommendation 11
Local Authorities to identify military veteran population and note within their JSNA and Health and Wellbeing Boards.
Raise awareness of the needs of military veterans and their families across council departments.

To share community covenant development across the region and were appropriate sign up to covenant on a wider footprint e.g. Greater Manchester.

**Recommendation 12**

Promotion of the North West armed forces programme to older peoples services in the region.

Promote research into the needs of elder military veterans through current research networks.

Promote the benefit of life story work in drawing on elder veterans experiences that shaped their lives. [www.lifestory.org.uk](http://www.lifestory.org.uk)

**Recommendation 13**

Services that provide support to anyone with a disability are aware of the needs of veterans and seek to build relationships with veteran specific providers in the region.

Mental health services recognise and act on the physical health risks/injuries of those who served and the impact this can have on the individual and their families in partnership with disability based organisations.

**Recommendation 14**

All services promote the development of links with providers who support minority communities in ensuring appropriate signposting and support offered meets the needs of veterans and their families from all communities.

**Recommendation 15**

Each PCT Cluster to do Joint Strategic Needs Assessment to verify earlier drafts.
Appendix A

Armed Services Personnel: estimates for the North-West region by PCT

There are no definitive figures on the total number of veterans in the UK at the present time, although estimates were produced by ONS in conjunction with the Royal British Legion (RBL) [1] in 2007. That report has been used here to extrapolate figures on the potential veteran population in North-West PCTs. These extrapolated figures are shown in Table 1 below.

Table 1: Estimated numbers of veterans by age band and PCT in the North-West region

<table>
<thead>
<tr>
<th>PCT</th>
<th>Age 16-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65-74</th>
<th>75+</th>
<th>All Ages</th>
<th>&lt;65’s</th>
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<tbody>
<tr>
<td>Ashton, Leigh &amp; Wigan</td>
<td>355</td>
<td>1,151</td>
<td>2,476</td>
<td>2,317</td>
<td>2,759</td>
<td>5,262</td>
<td>7,021</td>
<td>22,753</td>
<td>9,358</td>
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<td>Blackburn with Darwen</td>
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<td>658</td>
<td>1,062</td>
<td>1,009</td>
<td>977</td>
<td>2,190</td>
<td>3,020</td>
<td>9,122</td>
<td>3,790</td>
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<td>Blackpool</td>
<td>260</td>
<td>451</td>
<td>1,077</td>
<td>1,109</td>
<td>1,245</td>
<td>3,227</td>
<td>4,693</td>
<td>12,073</td>
<td>4,153</td>
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<td>Bolton</td>
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<td>858</td>
<td>2,027</td>
<td>1,857</td>
<td>1,980</td>
<td>4,843</td>
<td>6,751</td>
<td>15,264</td>
<td>7,625</td>
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<td>Bury</td>
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<td>690</td>
<td>1,455</td>
<td>1,405</td>
<td>1,524</td>
<td>3,247</td>
<td>4,507</td>
<td>10,500</td>
<td>5,424</td>
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<td>1,321</td>
<td>2,921</td>
<td>3,043</td>
<td>3,308</td>
<td>7,283</td>
<td>10,325</td>
<td>26,931</td>
<td>11,323</td>
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<td>3,477</td>
<td>3,556</td>
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<td>9,157</td>
<td>11,697</td>
<td>34,337</td>
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<td>16,097</td>
<td>43,131</td>
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<td>3,308</td>
<td>7,283</td>
<td>10,325</td>
<td>26,931</td>
<td>11,323</td>
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<td>Halton &amp; St Helens</td>
<td>544</td>
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<td>5,939</td>
<td>7,929</td>
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<td>10,795</td>
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<td>5,073</td>
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<td>15,902</td>
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<td>1,520</td>
<td>1,609</td>
<td>4,010</td>
<td>5,513</td>
<td>16,081</td>
<td>6,255</td>
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<tr>
<td>Selton</td>
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<td>5,842</td>
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<td>8,360</td>
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<td>59,599</td>
<td>59,299</td>
<td>135,684</td>
<td>161,611</td>
<td>425,425</td>
<td>201,131</td>
</tr>
</tbody>
</table>

England                | 19,374    | 201,254 | 377,788 | 385,388 | 414,563 | 946,295 | 1,031,109 | 2,571,534 | 1,584,139 |

Source: ONS Mid Year 2007; populations and [1]

As Table 1 shows, there are estimated to be over half a million veterans in the North-West and more than half are aged over 65. This reflects the fact that the estimates calculated by ONS and the RBL include the cohort of men who were obliged to complete National Service (compulsory until 1960). The veteran population is projected to decline by around 50% between 2007 and 2027 (due to population/birth rate changes, re-organisation within the Armed Forces and the decline in numbers of the National Service cohort).

There is other data available which could be used to indicate potential health need amongst veterans by NW PCT and that is Armed Forces Pension Data supplied by DASA (Defence Analytical Services Agency).

Table 2 shows the number of service personnel in receipt of the Armed Forces Pension Scheme (AFPS) as of July 2011, by North-West PCT. It is however, likely to underestimate the total number of veterans, as

 Produced by Sarah Umella, NHS Wirral Performance & Public Health Intelligence Team  
 October 2011 | Page 1 of 3
only those who complete at least 2 years of reckonable service are eligible to receive the AFPS. Numbers for those who leave with less than 2 years service are not currently available by PCT.

Table 2: Number of ex-army forces personnel in receipt of the Armed Forces Pension Scheme in July 2011, by North-West PCT

<table>
<thead>
<tr>
<th>North-West PCT</th>
<th>No. in receipt of AFPS</th>
</tr>
</thead>
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<tr>
<td>Ashton, Leigh &amp; Wigan</td>
<td>865</td>
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<tr>
<td>Blackburn with Darwen</td>
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<tr>
<td>Blackpool</td>
<td>900</td>
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<td>Bolton</td>
<td>610</td>
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<td>Bury</td>
<td>405</td>
</tr>
<tr>
<td>Central &amp; Eastern Cheshire</td>
<td>1,480</td>
</tr>
<tr>
<td>Central Lancashire</td>
<td>1,996</td>
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<tr>
<td>Cumbria</td>
<td>2,485</td>
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<tr>
<td>East Lancashire</td>
<td>1,150</td>
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<td>Halton &amp; St Helens</td>
<td>940</td>
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<td>Heywood, Middleton &amp; Rochdale</td>
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<td>Liverpool</td>
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<tr>
<td>Manchester</td>
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<td>North Lancashire</td>
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<td>925</td>
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<td>Stockport</td>
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</tr>
<tr>
<td>Tameside &amp; Glossop</td>
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<tr>
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<td>Warrington</td>
<td>775</td>
</tr>
<tr>
<td>Western Cheshire</td>
<td>1,465</td>
</tr>
<tr>
<td>Wirral</td>
<td>1,288</td>
</tr>
<tr>
<td><strong>North-West total</strong></td>
<td><strong>22,765</strong></td>
</tr>
<tr>
<td><strong>England total</strong></td>
<td><strong>283,495</strong></td>
</tr>
<tr>
<td><strong>All</strong></td>
<td><strong>336,745</strong></td>
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</table>

As Table 2 shows, there are around 23,000 veterans in the North-West receiving an Armed Forces Pension. Pensions are paid to Armed Forces personnel upon leaving the services, not upon reaching a certain age (i.e. as with state pension) so these will not necessarily be older people.

The DASA have also provided numbers of people in receipt of WPS (War Service Pensions) and the AFCS (Armed Forces Compensation Scheme). These two payments are made to veterans injured during service (WPS is paid to people who injured prior to 2005, AFCS to those who injured post 2005). Given the fact that these pensions are dependent on the person having sustained an injury of some sort, it is likely that these will be the veterans with particularly high health and social care needs. Figures are shown in Table 3.

Table 3: Estimated number of people in receipt of a pension which indicates they have been injured during service (WPS or AFCS), by North West PCT

<table>
<thead>
<tr>
<th>North-West PCT</th>
<th>WPS (pre-2005)</th>
<th>AFCS (post 2005)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashton, Leigh &amp; Wigan</td>
<td>740</td>
<td>15</td>
<td>755</td>
</tr>
<tr>
<td>Blackburn with Darwen</td>
<td>270</td>
<td>~</td>
<td>270</td>
</tr>
<tr>
<td>Blackpool</td>
<td>710</td>
<td>5</td>
<td>715</td>
</tr>
<tr>
<td>Bolton</td>
<td>550</td>
<td>10</td>
<td>560</td>
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<tr>
<td>Bury</td>
<td>380</td>
<td>10</td>
<td>390</td>
</tr>
<tr>
<td>Central &amp; Eastern Cheshire</td>
<td>948</td>
<td>10</td>
<td>958</td>
</tr>
<tr>
<td>Central Lancashire</td>
<td>1,270</td>
<td>60</td>
<td>1,330</td>
</tr>
<tr>
<td>Cumbria</td>
<td>1,390</td>
<td>20</td>
<td>1,410</td>
</tr>
<tr>
<td>East Lancashire</td>
<td>928</td>
<td>15</td>
<td>943</td>
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</tbody>
</table>

Produced by Sarah Unwin, NHS Wirral Performance & Public Health Intelligence Team. October 2011 | Page 2 of 3
<table>
<thead>
<tr>
<th>Location</th>
<th>1020</th>
<th>10</th>
<th>1030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Halton and St Helens</td>
<td>1020</td>
<td>10</td>
<td>1030</td>
</tr>
<tr>
<td>Heywood, Middleton &amp; Rochdale</td>
<td>380</td>
<td>10</td>
<td>390</td>
</tr>
<tr>
<td>Knowsley</td>
<td>725</td>
<td></td>
<td>725</td>
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<tr>
<td>Liverpool</td>
<td>2025</td>
<td>25</td>
<td>2020</td>
</tr>
<tr>
<td>Manchester</td>
<td>570</td>
<td>10</td>
<td>580</td>
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<tr>
<td>North Lancashire</td>
<td>1,335</td>
<td>45</td>
<td>1,380</td>
</tr>
<tr>
<td>Oldham</td>
<td>440</td>
<td>5</td>
<td>445</td>
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<td>Salford</td>
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<td>470</td>
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<td>Sefton</td>
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<td>1,245</td>
</tr>
<tr>
<td>Stockport</td>
<td>475</td>
<td></td>
<td>475</td>
</tr>
<tr>
<td>Tameside &amp; Glossop</td>
<td>455</td>
<td>10</td>
<td>465</td>
</tr>
<tr>
<td>Trafford</td>
<td>335</td>
<td></td>
<td>335</td>
</tr>
<tr>
<td>Warrington</td>
<td>465</td>
<td>15</td>
<td>480</td>
</tr>
<tr>
<td>Western Cheshire</td>
<td>755</td>
<td>45</td>
<td>800</td>
</tr>
<tr>
<td>Wrexham</td>
<td>1,270</td>
<td>15</td>
<td>1,285</td>
</tr>
<tr>
<td>North-West total</td>
<td>19,045</td>
<td>355</td>
<td>19,400</td>
</tr>
<tr>
<td>England total</td>
<td>126,745</td>
<td>7,215</td>
<td>133,960</td>
</tr>
<tr>
<td>All</td>
<td>170,910</td>
<td>9,650</td>
<td>180,460</td>
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</tbody>
</table>

As Table 3 shows, there are just under 20,000 people living in the North-West who receive a pension which indicates they were injured whilst serving in the Armed Forces. It can be hypothesised therefore, that these veterans are likely to be those with the most acute health and social care needs.

Unfortunately, this data set was unable to be linked with the previous dataset of those receiving a standard pension, so they cannot just be added together to indicate total numbers of service people as there would be some people on both databases. The DASA are hoping to resolve this issue in the near future and provide more detailed information and breakdowns (e.g. by age).

Key messages

- There are an estimated half a million veterans living in the North-West
- The majority are aged 65+
- Around 200,000 are estimated to be aged under 65
- Around 20,000 of them have received an injury in service significant enough to warrant receipt of a War Pension Scheme or the Armed Forces Compensation Scheme, which could indicate potential health and social care need
- The veteran population is projected to halve over the next 20 years

References

Appendix B

Lancashire care Foundation Trust Veteran care pathway

DRAFT East Lancashire Veteran Priority Pathway
Primary Mental Health Services

Referral received from GP by Single Point of Access

Service Number Verification
(check guidance if verification of veteran priority status required)

Do you have information regarding the free 24 hour
Combat Stress support line
(0800 138 1619)
and Big White Wall free and confidential Internet support
service for veterans
and their families
www.bigwhitewall.com

Are you a veteran?

Yes

Are you related to a veteran or serving Member of the Armed Forces?

No

Exit Pathway

Do you feel that your current problems are related
to your/another person’s military experience?

Priority Access to NHS Mental Health Services &
Psychological Interventions

Yes

Do you have any financial problems, housing problems,
occupational or training needs, drug or alcohol problems?

Consider brief screening questions regarding trauma

First Step Intervention at local IAPT
Service for Common Mental Health Problems
- Depression/low mood
- Anxiety disorder
- Adjustment problem
- PTSD
- Grief reaction
- Anger problems
- Sleep difficulties

Referral to Lancashire Trauma Service IF
- Severe and extreme symptoms of PTSD (adult trauma)
- Consultation with Service Lead essential prior to processing a referral

Referral to NW IAPT Military Veteran Service IF
- Difficulties engaging with local IAPT Service
- Specialist Family Therapy intervention is required
- Psychodynamic therapy intervention

Referral to Combat Stress IF
- Community Outreach Support is required
- Remedial Inpatient Care is necessary
- Suitable for the 6-Week Inpatient Veteran Program

A Military Veteran in the UK is defined as anyone who
has drawn a day’s pay from the armed forces. A
veteran is not defined by length or nature of service,
nor are they stripped of the veteran status if
discharged from the forces.

Veterans receive priority access to NHS Mental Health
Services if their current problems are likely to be
service-related; therefore services promote veterans
over other patients with the same level of clinical need.
However, veterans should not be given priority over
other patients with more urgent clinical needs.

Veterans often have complex problems and targeting
their social problems in the first instance, appear to
produce better attendance and improved outcomes of
psychological therapy interventions.

Have you sought help, support or assistance from:
- Combat Stress
- Service Personnel & Veterans Agency
- Citizen’s Advice Bureau
- Clanry Street or The Royal British Legion
- SSAFA
- Medical Assessment Programme
- Veteran Regimental Associations
- Jobcentre Plus – Veteran Champion
- Any other group/organisation

Trauma Screening Questions:
During your service have you ever had experiences or
frightening, horrible or upsetting that in the past month
you:
- Had nightmares about it or thought about it
when you didn’t want to?
- Tried hard not to think about it or went out of your
way to avoid situations that reminded you of it?
- Were constantly on guard, watchful or easily
startled?
- Felt numb or detached from others, activities or your
surroundings?
Appendix C

Probation Trust Veteran Champions

<table>
<thead>
<tr>
<th>Trust</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheshire Probation Trust</td>
<td><a href="mailto:Alant.lilly@cheshire.probation.gsi.gov.uk">Alant.lilly@cheshire.probation.gsi.gov.uk</a></td>
</tr>
<tr>
<td>Merseyside Probation Trust</td>
<td><a href="mailto:Paul.armstrong@merseyside.probation.gsi.gov.uk">Paul.armstrong@merseyside.probation.gsi.gov.uk</a></td>
</tr>
<tr>
<td>Manchester Probation Trust</td>
<td><a href="mailto:Stuart.hopkinson@manchester.probation.gsi.gov.uk">Stuart.hopkinson@manchester.probation.gsi.gov.uk</a>, <a href="mailto:Clare.fuller@manchester.probation.gsi.gov.uk">Clare.fuller@manchester.probation.gsi.gov.uk</a></td>
</tr>
<tr>
<td>Lancashire Probation Trust</td>
<td><a href="mailto:Victoria.peel@lancashire.probation.gsi.gov.uk">Victoria.peel@lancashire.probation.gsi.gov.uk</a></td>
</tr>
<tr>
<td>Cumbria Probation Trust</td>
<td><a href="mailto:Peter.shollick@cumbria.probation.gsi.gov.uk">Peter.shollick@cumbria.probation.gsi.gov.uk</a></td>
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</table>

Appendix D

Job centre Plus North West Veteran Champion leads

<table>
<thead>
<tr>
<th>Region</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merseyside</td>
<td><a href="mailto:Alan.harrison@jobcentreplus.gsi.gov.uk">Alan.harrison@jobcentreplus.gsi.gov.uk</a></td>
</tr>
<tr>
<td>Cumbria and Lancashire District</td>
<td><a href="mailto:Keith.fairclough@jobcentreplus.gsi.gov.uk">Keith.fairclough@jobcentreplus.gsi.gov.uk</a></td>
</tr>
<tr>
<td>Greater Manchester Central</td>
<td><a href="mailto:Steve.cova@jobcentreplus.gsi.gov.uk">Steve.cova@jobcentreplus.gsi.gov.uk</a></td>
</tr>
<tr>
<td>Greater Manchester East/West</td>
<td><a href="mailto:Lisa.mawdsley@jobcentreplus.gsi.gov.uk">Lisa.mawdsley@jobcentreplus.gsi.gov.uk</a></td>
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Appendix E

Local Authority Veteran champions

<table>
<thead>
<tr>
<th>Borough</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blackpool</td>
<td>Councillor Jim Houldsworth/Counsellor, Sharon Forest</td>
</tr>
<tr>
<td>Cheshire East</td>
<td>Councillor Gordon Baxendale/Zandra Neeld, Lead Officer.</td>
</tr>
<tr>
<td>Cheshire West and Chester</td>
<td>Cristiana Emsley</td>
</tr>
<tr>
<td>Halton</td>
<td>Nicola Goodwin, Community Development Manager</td>
</tr>
<tr>
<td>Lancashire</td>
<td>Councillor Mike Francis</td>
</tr>
<tr>
<td>Manchester</td>
<td>Gabrielle Wilson, Public Health Lead</td>
</tr>
<tr>
<td>Rochdale</td>
<td>Pam Smith/Councillor Tom Bailey</td>
</tr>
<tr>
<td>Sefton</td>
<td>Councillor Bobby Brennan</td>
</tr>
<tr>
<td>St Helens</td>
<td>Armed forces Champion – Councillor Pearson</td>
</tr>
<tr>
<td>Stockport</td>
<td>Laureen Donnan Asst CEO</td>
</tr>
<tr>
<td>Trafford</td>
<td>Helen McFarlane, Director of safer, Stronger Communities</td>
</tr>
<tr>
<td>Wirral</td>
<td>Mark Camborne</td>
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</tbody>
</table>
Appendix E

Armed Forces/Veteran GP lead

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Robin Jackson</td>
<td>Robin.jackson@<a href="mailto:gp-p81056@nhs.uk">gp-p81056@nhs.uk</a></td>
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Appendix F

Armed Forces Cluster leads.

<table>
<thead>
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<th>Email</th>
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<tbody>
<tr>
<td>Cumbria</td>
<td><a href="mailto:Elaine.church@cumbriapct.nhs.uk">Elaine.church@cumbriapct.nhs.uk</a></td>
</tr>
<tr>
<td>Greater Manchester</td>
<td><a href="mailto:Karen.hurley@hmr.nhs.uk">Karen.hurley@hmr.nhs.uk</a></td>
</tr>
<tr>
<td>Cheshire</td>
<td><a href="mailto:Margi.butler@warrington-pct.nhs.uk">Margi.butler@warrington-pct.nhs.uk</a></td>
</tr>
<tr>
<td>Lancashire</td>
<td><a href="mailto:Tim.mansfield@eastlancspct.nhs.uk">Tim.mansfield@eastlancspct.nhs.uk</a></td>
</tr>
<tr>
<td>Merseyside</td>
<td><a href="mailto:Tom.knight@liverpoolpct.nhs.uk">Tom.knight@liverpoolpct.nhs.uk</a></td>
</tr>
</tbody>
</table>