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Identifying and meeting the health and mental wellbeing of the Armed Forces community including families and children: workshop notes

Workshop presenters:

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Simon Bryant	Consultant in Public Health, Hampshire County Council
Emily Walmsley	Public Health Registrar, Hampshire County Council
Scott Thornton	Armed Forces Community Healthcare Project Manager, Birmingham Community Healthcare NHS Trust
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This workshop accompanied the 22nd October House of Lords launch of Call to Mind[1] http://www.fim-trust.org/reports/ a national review of Joint Strategic Needs Assessments and interviews with veterans,' families and services.
At the workshop local learning and practice from both Hampshire and Birmingham was shared with delegates, to help support local councillors, local Armed Forces Champions and others from local authorities when considering how findings from the Call to Mind report may apply to their local area Health and Wellbeing Strategies and activity.

Background questions that were posed to workshop participants:

- How can local Community Covenant Boards support health needs assessments?
- Is it possible for health to feature in local Community Covenant Board Action Plans?
- Is there a role for Armed Forces Champions in raising awareness regarding AF health and mental health when scoping is undertaken for local health needs assessments?

Emily Walmsley: Public Health Registrar, Hampshire County Council

- Outlined the aims of the Hampshire Armed Forces health needs assessment (HNA): to identify local health related priorities alongside potential actions for addressing these.
- This included establishing the broad areas where veterans are residing in the region, their approximate numbers and their demographic characteristics.
- And mapping and identifying how local services can help meet identified health needs.
- A key challenge encountered was a lack of routinely collected data for the AF, reservists, veterans and families populations.
- The Hampshire HNA utilised a number of existing data sources, that included:
    - Royal British Legion Household survey which provides an overview of data at a national level, which can then be extrapolated locally.
    - War pensions/compensation figures can also be useful, and can be accessed via MoD statistics site. This will likely be an underestimate of local numbers of

[1] Developed by Community Innovations Enterprise (CIE) and Forces in Mind, with support from NHS England, Public Health England and other key partners

veterans', but it can highlight areas of concentrations of veteran populations. This can be particularly useful for CCGs and district level groups. It should be noted that not all eligible veterans may claim compensation. This data is provided at CCG level, and is anonymised to the first part of a postcode.
    - MoD service leaver data can also be requested. This is presented at a local level (at region or district level).
    - Reservists - the MoD is working on data at an aggregated local level being made available.
    - Schools pupil premium can also provide useful indication of the number of AF families in particular areas.
    - Family Federations, including the Navy Family Federation provides useful data.
    - Children's Centres can provide useful informal data. For example, in Hampshire the Children's Centre had a priority to engage military families.
- Additional data sources to help establish local AF health needs include:
    - IAPT mental health data, which now records service population, plus families (it asks if people have a connection with the military serving population)
    - Drug and alcohol services
    - Night shelter services that record the veteran status of clients
    - MoD data for service inquiry information
    - Primary care are not routinely collecting data in Hampshire, but the HNA team are sharing the learning and findings from this HNA with them
    - Stakeholders including Combat Stress
    - Military Families Federations
- Focus groups were also conducted with stakeholders as part of the HNA in Hampshire, including members of the Gurkha community. This gave insights particularly on the needs of families and also key issues and concerns in armed forces populations.
- GPs were also surveyed in the region regarding data collection for AF populations.

Scott Thornton Armed Forces Community Healthcare Project Manager, Birmingham Community Healthcare NHS Trust

- Outlined the context to the work in Birmingham: the region includes around 100 armed forces community services, and a population of approximately 250,000 AF population (including families), but prior to this work, there had been a gap with no HNA or JSNA for veterans and families in Birmingham.
- Understanding the local population needs via a HNA is essential for planning and managing services, including for estimating for future demands.
- Training/awareness raising work has been undertaken in primary care.
- A navigator project enables support and mapping for veterans and family members during their journey through accessing support services.
- Navigators provide a touch point, advocate and help demystify the process for accessing primary care and community based support services. Plus navigators are also able to identify if interactions with services has generated the intended outcomes/and if a person has engaged with the services they were referred to.
- Did not have access to relevant data at the start of this work, but are now using action research approach. Building a picture of what services are being accessed, what needs are presenting, and what needs are being met amongst the AF population in Birmingham.

- Engaging primary care is a key aim of the work in Birmingham, both help increase population profile intelligence, but also to improve awareness of the needs of the AF population amongst primary care staff.
- The role of a HNA and the JSNA is to provide quantitative and qualitative intelligence on local population needs - what is the local need and what does it look like?

Key questions raised during the HNA workshops:

1. Hampshire's HNA work; capacity required to deliver? It took 3 months full time, and drew on existing strong local partnerships to enable it to be delivered in this timescale.
2. Birmingham's Navigator approach; do the navigators work just with the Armed Forces population, or are they drawn from other services?
   The model used was based on learning from cancer and dementia pathways, not previously used for a community approach. Navigators are for the AF project.
   - Workshop participants also reported on their own local activity to support AF community engagement in services, which included a hub model, and single access point/telephone line approaches.
3. The definition of veteran for the national Armed Forces Health Covenant. A participant asked about including those who have served 1 day.
   It was underlined that access to health services for veterans is dependent on clinical need, as it is for anyone in the general population. And that the definition of a veteran should be viewed in light of people having made the commitment to join the Armed Forces. It is very rare that a veteran will have served just 1 day, but decisions on their health needs and care required will be dependent on their clinical need. The key factor is that someone should not experience disadvantage in accessing health treatment as a result of their Armed Forces service. The second element of the covenant is if the condition is service related. This can (though very unlikely) occur on day one.
   The covenant therefore says:
   a. Veterans should receive priority treatment where it is related to a condition which results from their service, subject to clinical need
   b. Those injured in service should be cared for in a way which reflects the Nation's moral obligation
   c. Veterans with mental health problems should be able to access services that have an understanding of Armed Forces culture
4. AF Covenant is now included in the NHS Constitution and the standard NHS Contract: which poses a duty for the NHS and those who provide services to the NHS not to disadvantage the AF community.
   https://socialcare.blog.gov.uk/2015/07/27/embedding-the-armed-forces-covenant-into-the-nhs-constitution/ https://www.england.nhs.uk/commissioning/armed-forces/
5. A Chair of a Community Covenant Board at one of the workshops highlighted that CC Boards can provide leadership locally for progressing the agenda on AF population health and wellbeing needs.
6. Armed Forces Networks can also be useful when considering undertaking a local HNA.
7. Devon has also undertaken work on a comprehensive AF HNA. And work from around the country was highlighted, including Liverpool, Portsmouth and Wiltshire.
8. AF community wellbeing partnerships can provide support and a useful source of intelligence for HNAs and any accompanying action plan.

9. Pathways from DWP, mental health and drug and alcohol services are key as not all veterans will initially register with a GP. DWP particularly provides a good route to engage AF veterans, as many will engage via DWP for movement back into the civilian workforce.
10. Primary care – Hampshire identified during their HNA that veterans do not always present asking for help. This underlined the importance of raising awareness with healthcare professionals about asking patients about military service, or connection to a family member with military service, plus also on engaging AF leads locally.
11. Birmingham's Navigator approach benefits: provide a link into the community for the AF population, but also helps support community and health service integration.
12. Military pensions data: a participant asked if people move, could the data over count for the local AF population. In practice, both Birmingham and Hampshire found the estimated population via pensions data was small in proportion to the actual AF population. For example in Birmingham, approx 3-5,000 people were in receipt of a military pension, which does not reflect the broad range of AF population and varying needs. In Hampshire, the pensions data estimates the actual veteran population by two thirds, Pensions data can show the density of potential areas in a region where they may be clusters of veterans in residence.
13. A Councillor from Charnwood spoke of their local work:
    A one stop shop with DWP, police and community services on site to improve the user experience. It enables people to start compiling/acquiring data to build an (anonymised) profile of the local veteran population.
    - Portsmouth also has an approach of asking once whether someone is a veteran or military family member and logging and sharing this information across a secure agency system. It was recognised that information sharing protocols, IT capability and a secure system is required to enable this.
14. It was clarified that health needs assessments would support efforts to meet local needs of the AF community, as members of a local population, e.g. childhood immunisations, and access to an NHS dentist for AF families.
15. It was flagged by participants that it is important to also celebrate the positive from military service; the skills and personal development opportunities it can provide.
16. Transition – there was discussion on learning from what has been successful in transition for veterans and families to date; for those who have successfully integrated back into civilian life, and the importance of sharing this learning. The necessity to plan ahead for managing transition was underlined, particularly for registering with GP and dental services.
    Buckinghamshire County Council's guide to support leaving the military was highlighted by a workshop participant. http://www.buckscc.gov.uk/community/armed-forces/settling-in-buckinghamshire/

For further information on the local Armed Forces work in Hampshire and Birmingham:

Hampshire County Council http://www3.hants.gov.uk/adult-services/armed-forces.htm

Birmingham Community Health Trust http://www.bhamcommunity.nhs.uk/about-us/services/adults/armed-forces-community/