



**YORKSHIRE & HUMBER**  
**VETERANS ADVISORY & PENSIONS**  
**COMMITTEE (Y&H VAPC)**  
**ANNUAL REPORT (AR): JUN 11 - JUL 12**



**GENERAL**

1. **Membership.**

a. VAPC's are independent non departmental public bodies established by Parliament under the War Pensions Act 1921 and Social Security Act 1989 with Members appointed by Secretary of State for Defence. They are a regional network to assist veterans and their families' access vital welfare support and advocate for veterans with Regional stakeholders.

b. Y&H VAPC Membership summary for this period is as follows:

i. **Current Membership:** **Y&H VAPC Membership is 16, tri-service, cross representational**, including one serving (RAF); RBL, Combat Stress, BLESMA, RFCA, civil community welfare agencies, Local Authority. We did not have business community representation but one new Member is on CBI Regional Board. In addition we have 2 co-opted members interested in supporting special purpose tasks. **See Annex A for full list.**

ii. **Memberships Void:** Having neglected to demonstrate expected commitment under Section 80/81 of Members Rules, 2 Members appointments were appropriately annulled:

1. Mrs Helen Owen – **Lead Public Information** Sub-Group
2. Mr David Chapman – **A/Secretary & Welfare** Sub-Group

iii. **Resignations:** There was regrettably one resignation due to other commitments; the Committee publicly acknowledge the significant contribution Flt Lt (Retd) Ian Johnstone RAF made as Committee Secretary and know he will continue to advocate for veterans.

2. **Boundaries/Dependency.** Y&H VAPC **boundaries are contiguous** with local government, many service and ex-service organisations and those for the Regional Army Brigade (15 (NE) Bde), which eases collaboration. **Within boundaries are 24 Local Authorities** (down to District Council), **14 Health Trusts or Foundation Trusts** and **5 Regional Forums**. Our **dependency** is nearly **13K War Pensioners** (including over 2K widow/ers) and just **under 1K AFCS**, the former diminishing and the latter increasing.

**GOVERNANCE/COMPLIANCE**

3. **Governing Directive.** Y&H VAPC has a detailed 3 Year Plan, which specifies VAPC Members responsibilities, Sub-Group Terms of Reference and objectives, **providing public transparency.**

4. **Public Transparency.** All Agendas, Minutes and other documents are currently lodged on a Google site, pending provision of a public Website domain from our MoD sponsors, SPVA. The lack of this virtual domain is a significant constraint on our mandate and we are actively pursuing resolution with SPVA. Y&H VAPC is governed by, and complies with, the Code of Practice from the Office of Commissioner for Public Appointments (OCPA) and its Members abide by the principles and standards of public service.

5. **Meeting Frequency.** **Y&H VAPC meet every 4 months** to a fixed schedule (Sept/Jan/May) **and** from inauguration **has met 8 times**, to a standardised Agenda, to review progress and more importantly to set priorities for the next 3 months, ensuring responsive focus. The **Chair and Sub-Group Leads** for LAs, Health and Governance **additionally meet informally** to formulate and agree detailed planning.

**EXECUTIVE SUMMARY**

6. Y&H VAPC had a remarkably successful second year, building on a strong reputation in the region we remain widely respected and accepted as an independent advocate for veterans able to offer objective and referenced advice and assistance. This is acknowledged by membership of 9 regional forums, engagement by most LAs in developing Community Covenants and Action Plans under the AF Cov mandate, inclusion on the NHS Y&H AFN and on Regional Military Brigades working groups. We are starting to drill down into enduring structures for sustainable, resourced solutions e.g. input to LA JSNA, development NHS services for veterans and engagement with major organisations e.g. RBL, Probation Service. We directly assisted 6

veterans resolve issues and contributed to consultations in 8 major policy areas. This resulted in 54 formal engagements and numerous informal ones in support of veterans and their families. For the future we need to work harder to secure objective evidence from veterans in order to support policy recommendations and use assets better to promote positive messages and provide reality balance to media myths. Our mandate is constrained by a dearth of policy sent from MoD; we hunt it down from other sources but could be more agile and better informed if MoD cascaded policy and information directly. Lack of an interactive website also limits our communication ability and ought to be easily resolved. Proliferation of organisations offering support to veterans is a concern; while choice is great, too much can confuse, cause duplication and there is a need for some form of regulation or accreditation or it will prove difficult to protect the most vulnerable from “snake doctors” and challenge cost effectiveness. We are working with all our contacts to develop safe pathways to address this. There also appears to be an emerging notion MoD is growing omnipotent over veteran’s affairs and while the rationale behind new initiatives is understood, it is not necessarily welcomed by all. VAPCs, as independent agents, are ideally positioned to broker this interface with regional actors.

### **STRATEGY, EXECUTION & PUBLIC BENEFIT ASSESSMENT**

7. **Strategy.** Y&H VAPC pledged to build on a successful first year that concentrated on establishing the Committee as trusted agents who influential stakeholders would refer to for advice and assistance in reaching out to the veteran’s community and generating regional policies and initiatives to support them. Having established this engagement, as well as strong governance protocols and presence, Y&H VAPC agreed a strategy for 2012 to advance their aims by **executing the following objectives:**



a. **Regional Engagement:** Primary aim of the Governance sub-group was to identify Local Authorities (LA) demonstrating best practice and encourage them to share it with LA less successful or forthcoming in addressing veterans support issues. We secured formal representation on several forums, including regional military forums, with LA and others in the NHS and 3<sup>rd</sup> sector, to ensure transition pathways for service leavers into the public domain were seamless and smooth. In addition we were invited

by 70% of LA in our region to assist develop Community Covenants (ensuring Armed Forces Covenant [AF Cov] intent remains coherent across the region) and action plans to underwrite them; we are working closely with 15 (NE) Brigade and Royal British Legion to penetrate the outstanding 30%. Having penetrated less engaged areas of Bradford, Leeds and Selby, it still remains to secure deeper penetration in York, Selby and Barnsley. Several LA arranged veteran specific, multi agency, information days in a “Drop In/Coffee” type of setting and Y&H VAPC provided support to these; it is commendable the LA involved will continue with these providing an enduring support mechanism. We are trusted to review bids for AF Cov funds, again ensuring a coherent approach across our region and ensuring equality of benefit as intended. We have been invited onto working groups to support the military in an extended mandate to support armed forces communities, to deliver what they call “transition” as directed by Army Support Command and also focus on issues surrounding redundancies. This has allowed us to begin connecting younger veterans. The major gap in our engagement strategy has been local business and employer’s communities but we have started work to advance this and recently recruited a new member, well placed within the local CBI.

**A traffic light assessment is at Annex B.**

**Public Benefit:** Our approach enabled us to reach out and ensure needs of all veterans, younger ones in particular, are being addressed, which is critical in laying foundations for a legacy and establishing enduring solutions. This was successful and 2 LA in particular (East Riding and North Yorks) formally engaged Y&H VAPC in Joint Strategic Needs Analysis consultation. This ensured veterans and dependents needs were well understood by a wide range of influential stakeholders, incorporated in LA Health and Wellbeing strategy, and so will be resourced, thus having the added advantage of ensuring sustainability in veterans support. We were able to use our influence to ensure compatibility across the region and so help avert any potential for allegations of a “post code lottery” regarding veterans support. We provided scrutiny on AF Cov Bids process and approval process and sifted contentious, dubious bids as well as advising on strengthening weak bids with merit, thereby assisting stream line process and focus on really deserving causes bridging the veterans and civil communities.

**Further Work:** Y&H VAPC will undertake to work with partners and encourage existing regional forums and publications to reinforce positive messages in media regarding support available for veterans and shall continue work to penetrate York, Selby and Barnsley LAs in particular.



b. **Influence NHS Delivery:** We are established members of Y&H NHS Armed Forces Network (AFN), a significant group of health and wellbeing stakeholders in the region Chaired at SHA CE level and recognised by Dept of Health as one of the more active AFNs. Our reputation is such that we led a sub-group to assist development of a new service for veteran's mental health using Murrison funds and so ensure veteran's needs were appreciated. In addition Y&H VAPC provided AFN representative to the Caldicott Review (information sharing) as well as at 2 x NHS/GP Training events. It is a notable achievement to have accessed GPs and

NHS practitioners to assist understanding of veterans needs and so advancing the health/wellbeing agenda. **A traffic light assessment of NHS regional trusts is at Annex C.**

**Public Benefit:** Our presence on the AFN ensured veteran's needs were recognised by all 14 NHS Trusts in our region and by a wide range of accredited 3<sup>rd</sup> sector/other agencies e.g. Probation Service. Our trusted reputation ensured we were credited with being the appropriate representatives for a National Review (Caldicott) and to represent veteran's issues to a wide range of NHS professionals (x 60) at 2 x training events. We were influential in developing a model for the delivery of enhanced mental health support to veterans and in particularly addressing the need for a regional approach, with a single assessment process, that would work closely with accredited 3<sup>rd</sup> sector partners e.g. Combat Stress.

**Further Work:** Y&H VAPC will build on this foundation to ensure veteran's needs are understood and the "Healthcare Needs of Veterans/No Health Without Mental Health" policy is reflected appropriately in regional policies and of services. We will concentrate on assisting the first point of contact i.e. GPs, to assess and refer veterans appropriately and on developing pathways that will ease choice and encourage vulnerable veterans to access services.



c. **Engage the 3<sup>rd</sup> Sector:** We regard this critical area for engagement as we are concerned about the degree of proliferation; whilst choice is welcome, too much and inappropriate choice, can serve to confuse and we must protect vulnerable veterans from aggressive marketing that might not necessarily be in their best interests, but avoid reducing choice and legal challenge. Established service charities, associations and recognised agents of the state, all follow reasonably coherent lines and are engaged in forums detailed above. We use these forums to ensure our views are clear and have been able to use influence to protect veterans and policy interest in face of aggressive marketing by some agents. COBSEO are proving a useful reference point for us in assessing various offers but the proliferation of Social Enterprise/Community Interest Companies (CIC), encouraged by Government focus on veterans support, is adding to a "clutter" of choice that can over face vulnerable veterans and rather than encourage engagement, deter them or tempt them on a pathway not necessarily appropriate to their needs. We are not convinced regulatory mechanisms are sufficiently aware to effectively approve CICs in this field. Through the AFN we have been able to support collaborative partnership working with many to help address this concern.

**Public Benefit:** CICs and social enterprise organisations are included in the AFN, which has allowed us to guard against inappropriate direction that may inadvertently have otherwise been followed had we not represented views. We have been able to use our influence to ensure all interested parties have been engaged in producing coherent solutions in accordance with AF Cov intent and avoided "silo" working, in addition ensuring a balanced approach across our region and again avoiding any perception of a "post code lottery" where veterans are concerned.

**Further Work:** Y&H VAPC will build on this foundation to deconflict a crowded market place and work with partners to establish pathways to assist vulnerable veterans make appropriate and assessed choices. We will work to ensure positive messages appropriately are communicated to the veteran's community and will work to gather objective evidence regarding CIC regulation to make recommendations how it might be improved and how accreditation of CICs/others might be realised.



d. **Advance Welfare Agenda:** The Welfare sub-group have established recognition as advocates and advisors, whose advice is sought by those supporting veterans in need. Certain members have promoted specific causes such as homeless veterans and in custody and are beginning to work closely with relevant partners e.g. English Church House Group for homeless and Probation Services for veterans in custody. We have been careful to avoid feeding media myth and as we earn respect in this area we will be well



placed to ensure reality replaces sensationalism, and have already made inroads to ensuring that at regional levels. The sub-group directly assisted 6 x individuals; one of which was receiving undue and misplaced media interest, which we were able to address along with ensuring dependents were receiving support. In 2 others, we intervened with cases that had reached constituency MPs thereby also assisting MPs. We have used our position in society, links and knowledge to assist and advocate actively and reassured the veterans and resolved all cases to their satisfaction. Part of our mandated role is to monitor and report on delivery of government agency welfare provision in order to assist them focus on regional needs. We have started work on this although it has not yet progressed as far as we aimed for.

**Public Benefit:** The respect Y&H VAPC has earned in the region from individual veterans through to central agencies, NHS and LA places us in an ideal position to act as trusted advocates and advisor able to assist a wide range, ensure government policy is applied equitably in the region and ensure individuals facing challenges are signposted to appropriate help. Reliable evidence can be provided to support consequent recommendations for changes in policy. Individuals in trouble with any agency have an established, respected and above all, independent and non-judgemental port of call to seek advice and support from.

**Further Work:** Y&H VAPC undertake to work with partners and reinforce positive media messages regarding the reality of numbers of veteran's in custody and generally vulnerable. We will continue to offer support already delivered and will prioritise monitoring of government welfare agencies in partnership with them to add weight to the reassurance message.



e. **Gather Objective Evidence:** Our members actively and energetically worked their networks and associations to informally engage; this has enabled a real “grass roots” reach and provides fertile fields to trawl for information, attitudes and collect evidence where needs are perhaps not being sufficiently met. This has provided a wealth of anecdotal data that we have been able to deploy in support of regional objectives and to

support individuals. However, regrettably we have not yet managed to develop a sufficiently robust information collection mechanism which encourages individuals to allow their opinions and experiences to be formally quoted and meet information exchange protocols. In order to provide meaningful intelligence that will support policy recommendations we need to address this as a matter of priority.

**Public Benefit:** VAPCs provide an independent and trusted vault for the collection of data and information from “grass roots” that can be used to support individual cases as well as to make sensible, justified policy changes for the benefit of the veteran's community. They also provide an independent, apolitical medium by which existing government policy for veterans can be explained and translated into regional priorities against competing interests. They have the gravitas and presence to make a real difference.

**Constraint:** Y&H VAPC members gather significant information from network resources but little in terms of MoD policy cascades formally down to us; it would enable us to become more agile, and to appear better informed, if MoD improved promulgation of policy to us through their approved supporting arm, SPVA.

**Further Work:** Y&H VAPC will work as a priority to establish robust information gathering mechanisms to support all our work and specifically to offer objective evidence to MoD. It is requested that SPVA works to secure improved flow of MoD policy and information to us.



f. **Changing Landscape:** *“Voluntary sector organisations are – rightly – highly valued for their connection and commitment to the people and communities they serve. This allows them to meet real and sometimes previously hidden needs, to speak up without fear or favour and to deliver services in original and effective ways. This independence – of purpose, voice and action – is what makes the voluntary sector special and enables it to serve the interests of those who might otherwise be left without support or a voice because they lack power or influence. At a time of austerity, there is a danger that independence is overlooked in the battle for survival, even though that is when it is needed most”.* Panel on Independence of Voluntary Sector - January 2012.

VAPCs have a specific mandate for good reason and while VAPCs have a different status than voluntary organisations the spirit of the quote above is apt and we operate in the same complex landscape as they do along with agents of the state, a landscape that has changed significantly since we were established 2 years ago in that:

- Social Enterprise and Community Interest Companies delivering veterans support have proliferated and some aggressively market themselves, competing for veteran's patronage.
- MoD has extended their focus into "post service" (i.e. veterans) realm e.g. Army Support Commands transition initiative and government veteran's information schemes.
- NHS and LAs are focusing more on veteran's issues as a result of AF Cov and Murrison.
- 3<sup>rd</sup> sector organisations are adjusting their offer; new ones are emerging to fill perceived gaps, causing some duplication, a confusion of choice and resource competition.

**Public Benefit:** VAPC work requires assertive networking that relies on establishing a recognised independent identity amongst an operating space hugely cluttered with NHS agencies, LA agencies, MoD regional units, Social Enterprise concerns, Community Interest Companies and a diverse (growing) 3<sup>rd</sup> sector - this space is suffering significant proliferation, which, in our opinion provides opportunities and risks but a distinct, identifiable reference point for veterans representation is even more critical and VAPCs provide this reference point for both veterans and for those striving to support them in accordance with the AF Cov spirit and intent.

**Constraint:** VAPCs must have visibility in their regions and be transparent in what they do; within current resources this is a challenge but one easily surmounted through provision of a web site domain, containing a restricted member's area where discussion, opinion and policy can be crafted. Lack of this public accountability and ability to work virtually within our membership, and between VAPC chairs is a serious constraint in delivering against our mandate. We have sought resolution for 2 years and it must be resolved.

**Further Work:** In our opinion the emerging and evolving landscape provides uncertainties and is a stronger rationale for the existence of VAPCs and for their continuance than when established only 2 years ago. Y&H VAPC contributed to a branding exemption for VAPCs, which SPVA is requested to strongly promote with MoD. A critical tool to assist us deliver our mandate is a website domain that has functionality to allow exchanges confidentially between members/chairs and it is requested that SPVA prioritise this work.

### **FINANCIAL**

8. We have not been provided any financial data by SPVA so are unable to draw any cost effectiveness conclusions; this may be an issue VAPCs wish to address.

### **CONTRIBUTIONS TO POLICY/REGULATION**

9. We formally commented and contributed to development and evolution of the following policy areas, through focal points (FP) illustrated by **bold** font:

- Consultation process on a Future Armed Forces Pension Scheme (FAFPS) – **SPVA FP**
- Welfare Support to Reserve Forces, A Consultation – **MoD FP**
- NHS Armed Forces Networks (AFN) strategy – **Dept of Health/Yorks & Humber (Y&H) AFN**
- NHS Commissioning Groups, evolution for veterans services – **DofH/Y&H AFN**
- Development of Mental Health Support for Veterans, Murrison Funding – **SHA/Y&H AFN**
- Carers and Health Professionals Information Sharing, consultation– **Caldicott Review**
- Army Transition arrangements - Service Leavers/Redundees - **15 (NE) Brigade Working Group**
- Review of Public Appointment Regulations Consultation – **SPVA FP**

### **OUTREACH/ENGAGEMENTS**

10. **Engagements:** Y&H VAPC **delivered high activity levels, completing 54 formal engagements** and many other informal discussions, telephone and e-mail exchanges. We **secured permanent positions on 9 influential Regional forums** (NYCC Welfare Pathway, Y&H CMI Forum, Y&H Life Force, RFCA, 5 x LA Armed Forces Boards, NHS AFN) as well as invited to assist several LA forums developing Community Covenants and action plans. We have also provided advice and representation at several Armed Forces Day events across our region. **Details of all formal engagements are at Annex D.**

11. **Training:** We recruited 3 x new members this period and all secured places on SPVA training in August 2012 as did the only 2 current members who still required formal training.

***Original Signed***

**AW PHILLIPS MBE**

**Chair**

**Y&H VAPC**

Annexes:

- A. List of Y&H VAPC Current Members for 2011-2012.
- B. LA Traffic Light Assessment<sup>1</sup>.
- C. SHA Traffic Light Assessments.
- D. List of Y&H VAPC Outreach Engagements Jun 10 – Jul 11.

---

<sup>1</sup>

RED: No contact made and/or believed to be reluctant to engage veterans issues

YELLOW: No contact made and/or believed to be supportive of veterans issues

GREEN: Contact made and/or are supportive of veterans

**CURRENT MEMBERSHIP Y&H VAPC**

1. Col (Retd) Tony Phillips MBE – **Chair** and **Lead Governance**
2. Mr John Anderson – Welfare Sub-Group
3. Mr Alexander Baxter – **Vice Chair & Lead Health** Sub-Group
4. Maj (Retd) Duncan Bell – Welfare Sub-Group
5. Mr Alex Bentley - **Lead Local Authority** Sub-Group
6. Ms Alison Carter – Health Sub-Group
7. Mr Tim Cole – Local Authority Sub-Group
8. Mr Peter Heys – Welfare Sub-Group
9. Dr David Jolliffe – Health Sub-Group
10. Mr Robert Mortimer – Health Sub-Group
11. Mr Peter Shields MBE QGM – **Lead Welfare** Sub-Group
12. Mrs Helen Singleton – Welfare Sub-Group
13. Mr John Topping – Public Information Sub-Group
14. Mrs Zena Wynn-Jones - recruited with effect from July 12
15. Mr Andrew Palmer - recruited with effect from July 12
16. Gp Capt (Retd) Philip Rodgers MBE - recruited with effect from July 12

Ceremonial county	County/ unitary	Districts
South Yorkshire *		Sheffield
		Rotherham
		Barnsley
		Doncaster
West Yorkshire *		Wakefield
		Kirklees
		Calderdale
		Bradford
		Leeds
North Yorkshire (part only)	North Yorkshire †	Selby
		Harrogate
		Craven
		<a href="#">Richmondshire</a>
		<a href="#">Hambleton</a>
		Ryedale
	Scarborough	
	York U.A.	
East Riding of Yorkshire	East Riding of Yorkshire U.A.	
	Kingston upon Hull U.A.	
Lincolnshire (part only)	North Lincolnshire U.A.	
	North East Lincolnshire U.A.	



## NHS ORGANISATIONS IN YORKSHIRE and the HUMBER

**ANNEX C TO Y&H**  
**VAPC AR**  
**DATED 16 AUG 12**

### Primary Care Trusts

NHS Barnsley	
NHS Bradford and Airedale	
NHS Calderdale	
NHS Doncaster	
NHS East Riding of Yorkshire	
NHS Hull	
NHS Kirklees	
NHS Leeds	
North East Lincolnshire Care Trust Plus	
NHS North Lincolnshire	
NHS North Yorkshire and York	
NHS Rotherham	
NHS Sheffield	
NHS Wakefield District	

NHS YORKSHIRE & HUMBER



### NHS Trusts

Hull and East Yorkshire Hospitals NHS Trust	
Leeds Teaching Hospitals NHS Trust	
Mid Yorkshire Hospitals NHS Trust	
Scarborough and North East Yorkshire Healthcare NHS Trust	

### NHS Foundation Trusts

Airedale NHS Foundation Trust	
Barnsley Hospital NHS Foundation Trust	
Calderdale and Huddersfield NHS Foundation Trust	
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	
Harrogate and District NHS Foundation Trust	
Humber NHS Foundation Trust	
Leeds Partnerships NHS Foundation Trust	
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	
Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust	
Sheffield Health and Social Care NHS Foundation Trust	
Sheffield Teaching Hospitals NHS Foundation Trust	
South West Yorkshire Partnership NHS Foundation Trust	
York Hospitals NHS Foundation Trust	

### Care Trusts

Bradford District Care Trust	
------------------------------	--

**Y&H VAPC OUTREACH AND ENGAGEMENTS**

**July 2011**

- 3: 1 x Member – VAPC Stand at Thirsk
- 14: 1 x Member – NE Lincs Council Signing of Covenant
- 22: 1 x Member – Y&H NHS Armed Force Network Meeting, York

**August 2011**

- 9: Chair - Dir Vets Svcs SPVA Meeting with CMI Staff 15 (NE) Bde
- 12: Chair & 1 Member met Cleethorpes Council - Covenant assistance
- 17: Chair met Wigan Borough Veterans Council – Gen discussion veterans support

**September 2011**

- 21: V/Chair - Doncaster Council Community Covenant development Workshop
- 29: 1 x Member Y&H AFN Meeting Leeds

**October 2011**

- 4: Chair signed Hull CC Community Covenant and launch Event
- 21: 1 x Member NY Armed Forces Community Covenant Steering Group, Catterick

**November 2011**

- 2: Chair attended Hull Armed Forces Forum Meeting
- 4: Member Promoted VAPC with Pickering GP Medical Practice
- 9: Harrogate CTP Job Fair - Y&H VAPC stand (*planned*)
- 11: Chair, 2 x Members attended Cleethorpes Covenant Signing
- 13: Chair, 1 x Member attended Craven District/Skipton Town Remembrance
- 16: Chair attended AFF W. Yorks, Leeds

**December 2011**

- 5: Chair - brief to 15 (NE) Bde Military Civilian Integration Conference<sup>2</sup>
- 8: Member represented VAPC at Armed Forces Covenant signing York City
- 9: 1 x Member attended Jt Strat Needs Assessment Consultation NYCC/Ryedale DC
- 13: 1 x Member attended Jt Strat Needs Assessment Consultation NYCC/Harrogate DC
- 13: Chair & 1 x member - Presentation to Y&H Regional CBI Board
- 15: 1 x Member attended Jt Strat Needs Assessment Consultation NYCC/Scarborough CC
- 16: Chair attended Jt Strat Needs Assessment Consultation NYCC/Selby DC

**January 2012**

- 20: V/Chair attended Rotherham DC AF Community Covenant signing
- 22: Member conducted Presentation to REME Regimental Association
- 27: 2 x Members attended Y&H AFN Board Meeting.

**February 2012**

- 9: Member conducted Presentation to Royal Engineers Regimental Association
- 7: Member attended Y&H NHS Veterans Mental Health Awareness Training day - Wakefield
- 17: Chair attended Rotherham Community Covenant Action Plan Development Meeting
- 19: Chair & V/Chair attended Grimsby Armed Forces Event
- 27: Chair – NHS Y&H Meeting; contractual arrangements - veterans MH - Murrison funding

---

<sup>2</sup> Includes Bde Staff, Unit Commanders, Local Authorities and 3<sup>rd</sup> Sector representatives across Y&H.

### **March 2012**

- 8: Chair – 15 (NE) Brigade MCI Stakeholders Conference; defining transition pathways – SL
- 11: Member conducted Presentation to Royal Naval Association
- 14: Chair – East Riding Council AF Covenant – Development of Action Plan
- 14: V/Chair - NE Lincs CC AF Covenant – Development of Action Plan
- 20: Chair attended Yorkshire & Humber NHS Armed Forces Network Main Board Meeting
- 27: Member Presentation to Merchant Navy Association

### **April 2012**

- 3: Chair - conducted Presentation to Y&H Retired Men's Forum
- 11: Member attended Armed Forces Forum - Hull
- 26: Chair attended Bradford CC AF Covenant/Forum
- 26: Member attended Wakefield DC AF Covenant/Forum

### **May 2012**

- 10: Member attended NYCC Briefing on JSNA Consultations
- 11: Member met with Mr Norman Turnbull, SPVS WPS Welfare Manager, Harrogate.
- 16: Member attended West Yorkshire Armed Forces Board, Carlton Bks, Leeds
- 29: Chair shared platform with MoD Prof of GPs to brief Sheffield RCGPs Forum

### **June 2012**

- 17: Chair, I x Member – Skipton Armed Forces Day Event/Covenant
- 23: Y&H VAPC Stall at Scarborough Armed Forces Day
- 23: V/Chair & Member - NE Lincolnshire Armed Forces Day/Covenant
- 29: Member Signed Armed Forces Community Covenant Huddersfield
- 30: Member Promoted VAPC at Todmorden Armed Forces Day event
- 30: Member Promoted VAPC at Halifax Armed Forces Day event

### **July 2012**

- 1: Chair signed East Riding of Yorkshire Community Covenant
- 26: Chair attended Wakefield Council Armed Forces Board
- 30: Chair attended launch of Hull Work Club for Veterans; joint enterprise with MoD, Job Centre Plus, RBL/Goodwin Trust and local employers.

**TOTAL: 54**