

SOUTH WEST VETERANS ADVISORY & PENSIONS COMMITTEE
(VA&PC)

Minutes of the Meeting held on Monday 17th September 2012 at The Rifles
Taunton at 1100 hours

PRESENT

Mr S Coltman OBE (Chairman)
Mr T Coyle
Mr A Croker
Mrs J Dent
Mr C Francis
Mrs C Miskelly (Observer)
Mr K Naylor
Mr T Pitcher (Vice Chairman)
Mrs A Scales
Mrs H Smith
Mr G Willmott CBE
Brig C Wolverson OBE DL
Mr B Wilkinson
Mrs I Wills
Mr J T Yerbury
In Attendance
Mr J Parkin, Head of Veterans Services, SPVA, Norcross
Cdre A Penny RN, [Alabaré](#) Christian Care and Support
Mr D Wilcox, Talk2gether MH Trust (to join Avon & Wiltshire MH Trust)
Mrs C Walker, VWS SW Region
Mr J Pattison, Devon PCT
Dr A Bennington, Help 4 Heroes

| Minute | Item | Action |
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| 85.0 | <u>WELCOME</u> The Chairman welcomed everyone to the meeting and especially our new appointed members, Arthur Croker, Jane Jennings, Ash Jones, Keith Naylor & Mark Smith. He welcomed Mrs Cecilia Miskelly from the Royal British Legion, who would be joining as an Observer. He also welcomed our guests, Mr Jon Parkin, Cdre Tony Penny RN, Mr David Wilcox, Mrs Caroline Walker, Mr John Pattison and Dr Allie Bennington. | |
| 86.0 | <u>APOLOGIES FOR ABSENCE</u> Mr A Durcan Mr P Heavey CEng MIMechE Mrs J Jennings Mr A Jones Mr M Smith | |
| 87.0 | <u>DECLARATION OF INTEREST</u> The Chairman reminded members that should anything be discussed at the meeting, which might constitute a conflict of interest between their personal life and VA&PC business they should declare it at the outset. He mentioned his involvement with the War Pensions and Armed Forces Compensation Tribunal as a Service Member and he ensured he did not sit on any cases that he had been previously involved in with the SW VAPC. No others were declared. | |

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| 88.0 | <p><u>Appointments and Resignations</u> There were 5 new Appointments, which have been mentioned earlier, and no Resignations.</p> | |
| <p>89.0</p> <p>89.1</p> <p>89.2</p> <p>89.3</p> <p>89.4</p> <p>89.5</p> | <p><u>To receive and consider the minutes of the meeting held on 21st May 2012</u> These were accepted as a true record and were passed for publication on the website</p> <p><u>Matters Arising</u> Any update on individual cases would be given in Item 8.</p> <p>Medical Discharges (Para 76.3). Members will recall that the SPVA no longer automatically assess the Principal Invaliding Condition (PIC) on a medical discharge unless the person is in receipt of a Service Pension. We had found that some leaving were not aware of the need to apply for assessment. The Chairman raised this with the SPVA and new instructions and tables were issued in March 2012. The SPVA had also updates their on line information. This information had gone out widely although there were still some errors in the Army Booklet, which were in the process of being corrected. Both the RN & RAF have also ensured that those being medically discharged were informed. Chris Francis informed the meeting that the RAFA had recruited a new member of staff to work at RAF High Wycombe so that all RAF personnel being medically discharged would be fully briefed. He would inform the Chairman of the details of this person when he had them.</p> <p>Murrison Study into Service Amputees (Para 76.4). The DoH has delayed some of the work, although £5M/year is available for all 3 years (2012 – 2015). It would now seem that:</p> <ul style="list-style-type: none"> • The Pilot has been extended until Mar 13 and funding is available for those that require new prosthesis. • At the same time, the DoH will be asking Limb Centres to tender to be one of those around in England that will provide new prosthesis. It is hoped that all Limb Centres will be able to undertake maintenance etc. BLESMA will be closely involved in the process. <p>Legacy Issues – Musculoskeletal Problems. The Chairman had passed on the request from Dr T Jenkinson, RNHRD, Bath, for information that might be held at the SPVA. The Action now lay with the SPVA.</p> <p>Veterans Welfare Service (VWS). The Chairman had received the information as to the areas covered in the SW by the Kidderminster Office but we still awaited the information from the rest of the SW. The VWS were also producing a new guide, which would be circulated in due course.</p> | <p>Chris Francis</p> <p>SPVA</p> <p>Caroline Walker</p> |
| <p>90.0</p> <p>90.1</p> <p>90.2</p> <p>90.3</p> <p>90.4</p> | <p><u>Chairman’s Report to include Panel Cases.</u></p> <p>Annual Report. This had been completed and all members had received a copy. The Chairman was grateful for all the assistance he had received.</p> <p>Army Redundancy – Phase 2. We should be informed towards the end of September, by 43 Bde, where people are going the live when they leave the Army (Volunteers by end of Dec 12, Compulsory redundees by Jun 13).</p> <p><u>Individual Cases Update</u></p> <p>Mr H – Ex RN, left in the early 50s. The Chairman & John Yerbury visited Mr H in March. Since the previous entries, Chris Francis had been able to obtain a copy of his final Medical Board in the RN, which had not been available.</p> | |

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| <p>90.5</p> <p>90.6</p> <p>90.7</p> | <p>We were also granted access to Mr H's GP records by his GP practice. The first note of his TB was on 29 Nov 1989. His PIC when he was Medically Discharged by the RN was Bronchitiis & Laryngitis, not TB. So there is no case for backdating the TB, as he did not claim it until 1990. His request for a Review was turned down (This might be into why his 20% War Pension (?) ceased in 1955). He has time left to appeal in relation to a Review. He has now decided not to continue so the matter lapses. Action Complete.</p> <p>Mr G – Devon – Treatment Allowances. Mr G was a former C/Sgt who was medically discharged in 1974 as a result of GSWs in N Ireland. He is a paraplegic with a badly damaged jaw. He was having difficulty over receiving authority for physiotherapy and significant dental work to his jaw. Eventually the SPVA authorized his physiotherapy but insist that the NHS deal with the jaw. We have, with the assistance of the SHA, discovered that there is a special commissioning body in Devon for such cases and Mr G needed to approach them though his GP. He has now been dealt with by the NHS in Bristol to his satisfaction. Action Complete.</p> <p>Miss S – Ex-RN. Miss S, who is a single mother with a child, was put in touch by TRBL, Devon. She was medically discharged on 26 Jan 12. In common with other Leading Hands, she had been overpaid, through no fault of her own, by the RN during the period 2007-9 (the overall total is £1.2M). The RN had failed to cap her pay correctly on the incremental pay system. As it is a large sum overall, any decision to write the sums off still has not occurred. She was informed that her £11K overpayment would be taken from her Jan pay and her gratuity, leaving her with no pay in Jan. She was able to provide the information very quickly and the VAPC intervened on her behalf though the SPVA Focal Point. Within a week her pay and gratuity was restored and she was later informed that the whole case was being dealt with at a high level. Since the last meeting, she was informed on 22nd August that she had to repay £3,955, down from the original £11K. She has appealed (with the VAPC Assistance) on the grounds of Financial Maladminstration and hardship. We await any decision.</p> <p>Mr & Mrs H – Bristol. Mr H served in the RM 1970-75. He has some brain damage and claimed on the SPVA for an alleged assault in 1972 in the Lake District. He was serving in Belfast at the time. As he was on leave, his claim was rejected. He has now appealed this decision and the matter will rest with the War Pensions & Armed Forces Compensation Tribunal. There is no further action for the VAPC. Action Complete.</p> | |
| <p>91.0</p> | <p>Devon Healthcare Update. Mr John Pattison gave an update on the Veterans NH Development within Devon. He covered:</p> <ul style="list-style-type: none"> • His was a short term post due to end in 2 months and he is unsure whether it will continue. • Links to GPs. • In the last 3 months he has seen 45 Veterans. • He is normally able to visit a Veteran within 24 hours of referral and can normally get him/her assessed for therapy within 2 weeks with the Veterans Therapist for Devon. • One problem is that many GPs think that Veterans are looked after by the Services. | |

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| | <ul style="list-style-type: none"> • In discussion it was agreed that the main problem is getting information down the Chain and GP links are very important. • Another factor is the need to get Veterans to come forward. <p>The Chairman thanked John Pattison for his clear briefing and the discussion it generated.</p> | |
| 92.0 | <p><u>SPVA Update.</u> Jon Parkin updated the meeting:</p> <ul style="list-style-type: none"> • There has been a marked increase in WDP/AFCS cases over the last year, increasing from 8,000 to 14,900 cases in hand. There was also a recruitment problem before the Market Testing. The overage time to clear a case is 27 weeks although some do take 40 weeks. The priority is for the Seriously Injured (SI) and those medically discharged. • The AFPS contract has changed from Hewlett Packard to CSC on a 7 year contract starting on 13th Nov 12. • The Pension Credit Problem (mainly those divorced spouse) was caused by errors in using the wrong tables and ages of people. • AFPS 2015 – The SPVA is preparing for the new scheme. The VAPC had submitted its comments. • The Pension & Compensation Director will be re-locating to Glasgow in January 2013, when the new appointment is made. • The VWS is in a much stronger position after the current recruitment exercise. • Helpline. This had had difficulties but the aim is now to reduce waiting times to an average of 2 minutes. He asked for feedback from the VAPCs. • The SPVA is going to join the Defence Business Centre at some time in the future. • The File Stores have been reviewed and will all move to Glasgow in due course. • The SPVA is re-organizing and reducing the number of Directors by combining the Corporate and Strategy Departments. Three out of the 4 Directors will be military; he would be the only civilian. • Morale is improving and the sickness rate has dropped significantly. The SPVA is committed to their customers and good relations with their partners. <p>In response to questions, the lack of legislation was covered and the status of the VAPCs needs to be regularized. It was not known what was going to occur with Headley Court.</p> | All |
| 93.0 | <p><u>VWS Update.</u> Caroline Walker updated the Meeting:</p> <ul style="list-style-type: none"> • The SW has now finished its recruitment. A new WM, Sharon Starkie, is going into Devenport in Hasler Company. • There is a new WM at Chepstow, covering Wales and Caroline stated she would be moving there soon from Imjin. • Deaths in Service are throwing up multiple Visiting Officers (VOs) due to the complexity of relationship. This, in turn, can lead to difficult pension entitlement cases. • The WMs are closely linked with the PRUs dealing with | |

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| | <p>those Medically Discharged dealing with AFCS claims and AFPS forecasts – these can be quite difficult.</p> <ul style="list-style-type: none"> • Another task is to try and follow up those with Preserved Pensions and have lost touch. There may be as many as 50,000 out there. <p>For those with MH problems, the WMs are in touch with the Service MH Teams and Brize Norton, Tidworth and Plymouth. The VWS will be producing a new information leaflet that is nearly ready.</p> <p>The Chairman thanked Caroline Walker for her interesting contribution.</p> | |
| 94.0 | <p><u>Alabaré Christian Care and Support.</u> Tony Penny gave a briefing on the Charity. He covered:</p> <ul style="list-style-type: none"> • The charity has been in existence for 21 years and has some 45 projects in the South & South West. It helps vulnerable people and this includes providing veterans with supported accommodation. It has just opened its 9th home in Fareham and will be opening a 10th at Gosport. There are also homes in Plymouth (3), Weymouth (2), Salisbury and Bristol (3). The aim is to help veterans and others to recover and achieve a fulfilling life. There are trained care workers to assist people to relearn their life skills and prepare them for reintegration back into society. They get between 2 and 18 months support and then they move to independent living. • 115 Veterans have gone through their scheme, a significant proportion suffer drink related issues. They also run a befriending programme and track outcomes. <p>In answer to questions, he stated that currently, the overall capacity of the homes could accommodate up to 32 veterans. The Veterans had a mix of backgrounds and length of service, some very short service, others longer with 8-9 years. Some also were in their late 50s and 60s, their lives having gone wrong well after leaving. He distributed a leaflet and publicized the website www.alabare.co.uk</p> <p>The Chairman thanked Tony for his very informative brief.</p> | |
| 95.0 | <p><u>H4H Update.</u> Allie Bennington updated the meeting and covered:</p> <ul style="list-style-type: none"> • H4H had been in existence for 5 years and had raised some £147M. She explained the charity’s work and its links with Services and that the Support Hub is based at Tedworth House where wounded, injured and sick (WIS) serving personnel/veterans can access direct welfare support. They also work very closely with Wiltshire and Hampshire CCs especially in covering Housing Options. The SPVA had a WM located there along with the various Service charities. • They worked to help servicemen/ex-servicemen on their Employment Profiles working with REMPLOY who had the Army contract on work placements. • They also provided adapted sports and Rehabilitation including sailing etc. They had dealt with 345 personnel at Tidworth and some 15-20 veterans. Then occupancy rate is 61% and they are open to 3rd party referrals. They are limited in the charitable objectives to post 2001 and they will support for life. | |

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| | The Chairman thanked Allie Bennington for her briefing. | |
| 96.0 | <p><u>Talk2gether & Avon & Wiltshire MH Trusts Update.</u> David Wilcox updated the meeting:</p> <ul style="list-style-type: none"> • He is due to move from the Talk2gether MH Trust to the Avon & Wiltshire NH Trust at the end of September and will be based in Bristol. He will send his new contact details out when he arrives. • The Avon & Wiltshire MH Trust will cover the whole of the South West, less Gloucestershire. Cornwall does have its own service but the Avon & Wiltshire MH Trust will link in with them but people in Cornwall can still refer into their service. Gloucestershire will not have a specialist service for veterans. • Sadly no one is taking over his role in Glos and S Glos. because that service will be closing at the end of October. However, Claire Gillingham is one of the psychological therapists in the Talk2gether MH Trust and will be a key contact for veterans. • It is hoped to establish a network of interested clinicians in services across the South West to who we can provide support and guidance. • He will work in partnership with C Stress and intends to concentrate on Data Collection as to client numbers. In answer to a question on patient involvement, if you get the right person, that would be very helpful <p>The Chairman thanked David for his briefing.</p> | |
| 97.0 | <p><u>VAPC Action Plan.</u> The Vice Chairman, Tim Pitcher, introduced this item and handed out revised copies of the Action Plan. He had detailed off most County Responsibilities and it would be helpful if members could report progress in the various serials to him.</p> <p>There were to be 3 Army Presentations: 1 Oct at Salisbury 2 Oct at Plymouth 3 Oct at Bristol.</p> <p>The latter was very important and the Vice Chairman would be attending with Ash Jones. Follow on action in Bristol would await the results of that evening.</p> <p>There was considerable discussion over penetrating the various GP cluster/consortia that will take over from PCTs. The Vice Chairman was attending the SHA briefing on 1 Oct at Tidworth and more would be revealed.</p> | All |
| 98.0 | <p><u>Date of Next Meeting</u></p> <p>This will be on 21st January 2013 at the Rifles in Taunton at 11am.</p> | All |
| 99.0 | <p><u>Exchange of Information & AOB.</u> The Chairman mentioned the following:</p> <ul style="list-style-type: none"> • Difficulties over a Reservist case where the person was still a serving member of the TA. It would seem that some military posts are being filled by civil servants and they are unsure of Reservists/TA Conditions of Service. This needed watching, as the Army would be relying more on Reservists in the future. • With the introduction of the Universal Credit (UC) and other benefit changes by the DWP, there had been some criticism of ATOS. Depending on what occurs with the | |

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| | <p>UC, we may find that we get more involvement with veterans who feel they are not being fairly treated.</p> <ul style="list-style-type: none"> • The Boyce Review recommended awards for non-attributable paired organs – this will be inserted in JSP 765 and not in the AFCS SI (as it relates to non-attributable injuries). The JSP is nearing publication. <p>Amanda Scales mentioned that she would be attending the SW Brain Injury Group with medical practitioners in October and would report back further. Their work may be of interest to the VAPC.</p> <p>UC. There was more discussion about this, as some changes in Housing benefit and Council tax, which will be run by local Councils, will impact in 2013.</p> <p>Arthur Croker asked if a centralized contact list, with functions, could be produced. The Chairman said he would consider this.</p> | Chairman |
| 100.0 | The Meeting ended at 1450hrs | |