6 Questions for local authority councillors and Armed Forces Champions: to support Armed Forces, veterans' and families' health and wellbeing

This resource has been developed to support local councillors, local Armed Forces Champions and others with an interest in this area when considering how findings from the Call to Mind report may apply to their local area. The Call to Mind report was developed by the Community Innovations Enterprise (CIE) and the Forces in Mind charity, with support from NHS England, Public Health England and other key partners, and launched at the House of Lords on 22nd October 2015. It can be found via: http://www.fim-trust.org/reports/

Q.1 Who are the Armed Forces (AF) Community and who commissions their care?

A. There are 4 sections of the Armed Forces community:

1. Serving personnel
2. Reservists (previously called 'TA')
3. Veterans[1]
4. Families (of those in 1,2, and 3 above)

The health and mental wellbeing needs of the local populations in groups 2 - 4 above are primarily the responsibility of Clinical Commissioning Groups and local authorities. Local authorities have responsibilities for meeting health and wellbeing needs based on the resident population, for services such as health protection, child health, access to sexual health services, and the NHS Health Check assessment. The health needs of the serving population are commissioned by NHS England and the Ministry of Defence. In England there is currently 135,000 serving personnel, 115,000 reservists (set to increase by 32,000 by 2020), and 2.3 million veterans. The AF community is a diverse population whose needs will differ by different characteristics as with other populations for example in your region this may include Gurkhas, women, or early service leavers.

Q.2 Is this relevant just for local authorities with a military base?

A. This will be relevant for many local authorities, not just those with a military base or facility on their patch. It is likely members of the armed forces community such as veterans' reservists or families will be living in all local authority areas throughout England, though the numbers may be smaller in some regions.
Reservists' will return to their residing borough following active service, and many veterans' will return to the area that they grew up in, or lived in before joining the military. Not all military families live on bases, and many may live within the local community.

Q. 3 Why should we consider the needs of the Armed Forces (AF) community?

A. The AF serving population is more likely to experience common mental health problems such as depression or anxiety than the general population;

[1] Note: only one day's service (regular or reservist) is required to be considered a veteran and a significant number of veterans will not have completed an operational tour. Some prefer to be called "ex-service personnel"

Mental health problems amongst AF personnel can be complicated by related health and social care issues. And access criteria for treatment services may not take account of this;

Veterans are nearly twice as likely to experience alcohol problems as the general population;

Veterans (and reservists) who have experienced combat are more likely than other veterans or service personnel to experience post- traumatic stress disorder (PTSD);

The needs of family members including children are often under-identified or over looked;

Service families are much more mobile than the general population with moves sometimes unplanned and at short notice. There are also significant periods of separation for families with the worry of illness, injury and death during military deployments. This can lead to:

- Social isolation
- Disrupted health and social care treatment for spouses and children including for children aged 0-5, which may impact on public health activity such as children potentially not completing courses of immunisations
- Disrupted education for children
- Difficulty for services in sharing data for safeguarding activity

The AF community includes approximately 6 million people in England. This community can face challenges such as continuity of access to healthcare or services such as dental care, immunisations, General Practice healthcare, and continuity of schooling for children. In addition, being stationed in or moving to different locations can impact on the employment and training opportunities for wives and partners of AF personnel. The transition from the Armed Forces to civilian life can also pose challenges for some members of the community.

Q. 4 What steps can we take to help identify the needs of armed forces community?

A Actively identify Armed Forces populations within your local population level data. It is useful to also:

- Ask whether relevant community and partnership groups have been engaged during local health needs assessment e.g. armed service veterans', reservists and/or current serving personnel; armed service family members, and AF charities.
- Ask local informatics leads to have AF, veterans' reservists and families' populations in mind when they are reviewing local Health Profiles data.
- Utilise relevant data sources e.g. Royal British Legion Household survey or the Kings Centre for Military Health Research https://www.kcl.ac.uk/kcmhr/index.aspx
- At a local level, data may be generated via the General Practice Read Code for patients with a military background (Xa8Da), or specialist service data where these exist. Housing or education service statistics, and criminal justice service data, as well as intelligence via local AF charities could also be useful.
- Consider the needs of armed forces and families' within key relevant chapters of the local JSNA, for example children or mental health.
- Include the AF community in considerations when developing needs assessments for local priority themes, such as alcohol, child health, or mental health.

Q. 5 Are there periods when Armed Forces community needs may increase?

A Although a resilient community, frequent movement around the country, or being stationed overseas and then moving back to the UK can pose significant challenges. For children this may impact on their uptake or completion of immunisation and Child Health programmes or schooling, and for the partners of serving military personnel it can impact on their employment and training opportunities. Increased needs have been identified in those that leave military service early. And for some AF personnel and their families, the period of transition to civilian life may pose challenges for them.

Q. 6 What are our responsibilities under the Armed Forces covenant[2]?

A

1. The community covenant is a voluntary agreement between local authorities and the armed forces in their area. Every council in mainland Great Britain has signed a local community covenant and can bid for funds to support its activities. This can cover welfare, children's programmes, education, housing, commemoration, and wellbeing initiatives https://www.gov.uk/government/collections/armed-forces-covenant-supporting-information

2. A Corporate Covenant is a written and publicised voluntary pledge from businesses and charitable organisations who wish to demonstrate their concrete support to the Armed Forces Community. Each organisation is encouraged to offer support in a way most appropriate to their situation and capacity; pledges can therefore range from flexible employment practices for Armed Forces community employees to actively supporting Armed Forces day.

[2] In addition, the (national) Armed Forces Covenant outlines the rights of armed forces veterans' regarding their receipt of healthcare from the NHS. Where a condition results from their service in the armed forces, and subject to clinical need, they should receive priority access to treatment, and should not suffer any disadvantage as a result of their military service.