



VETERANS ADVISORY AND PENSIONS COMMITTEE

EASTERN ENGLAND VETERANS ADVISORY & PENSIONS COMMITTEE (EVAPC)

MINUTES OF A MEETING HELD ON 21 September 2017 @ the Army Cadet Headquarters, Waterbeach, Cambridgeshire

Present: Mr JL Jelley – Chairman
Mr MR Berry
Ms S Brenchley
Dr I Calder
Mr R Catton
Mr E Connolly
Gp Capt B Griffiths
Ms P Kingham
Lt Cdr D Mincher - Vice Chairman
Maj T Ormiston
Mrs D Preston
Mr C Titmuss
Mr S Burgess Veterans Welfare Service
Ms K Thwaites Veterans Welfare Service
Mr A Cooper Anglia Ruskin University
Mr D Powell NHS
Ms D Palmer NHS
Ms S Barker Occupational Therapist

Apologies: Dr M Almond
Mr J Barnard
Mr I Stewart

ITEM 1 - Welcome and Declarations of Interest.

1. The meeting commenced at 1030. The Chairman welcomed members and in particular Rob Catton as this was his first meeting. The Chair also welcomed our visitors, Sarah Barker, Karen Thwaites, Alex Cooper, David Powell and Diane Palmer.
2. There were no declarations of interest.

ITEM 2 – Minutes of the Meeting Held 22 June 2017.

3. Approval of Minutes. The Minutes, circulated to members prior to the meeting, were agreed as a true record and signed by the Chairman.
4. Matters Arising. None

ITEM 3 – Review of outstanding actions.

5. The Chairman attended the reconvened Essex Civilian Military Partnership Board on 29th June and confirmed we now have membership on their Board.
6. As reported in the June minutes (Item 5 – Homelessness in Cambridge), an

Action

EVAPC presence would be beneficial on the Cambridge Community Safety Partnership Panel (CCSPP). Unfortunately JPs are not allowed to become members of that panel due to a potential conflict of interest hence we now require a non-JP to volunteer for this role.

Is any
Committee
member
interested in
joining the
CCSPP?

ITEM 4 – Chairman’s Update

7. The Chairman stated that he had received the VAPC’s annual report to the MoD which was complimentary on the role of the VAPCs.
8. A letter had been submitted to the MoD from a former Committee member questioning the ongoing need of the VAPCs. The response was that the MoD consider there is a very strong current and ongoing need and purpose for VAPCs.
9. The next Chairman’s Conference, to be held in Blackpool, will be attended by Gp Captain Griffiths as the Chairman is unavailable. It was agreed that there needs to be wider dissemination of reports from future meetings.
10. The attendance of Committee members at Covenant Board meetings was acknowledged and we have built strong relationships. This can be further enhanced by ensuring our awareness of such Board meetings and that the organisers are aware of our willingness to participate. To that end an Action was placed to seek volunteers from the Committee to be lead representatives and deputies at the various Covenant Board meetings. This will concentrate initially on County Councils and can then be broadened to encompass local councils.
11. It was agreed that training for Committee members is beneficial and there was good feedback from a recent event in Glasgow. It was agreed that members may attend future training courses both as a refresher and to ensure that the newest learning is disseminated to all members. It was agreed that the Chairmen’s Conference should decide on the training need then engage with Veterans UK for its delivery. As part of this discussion there needs to be consideration of “Best Practice Workshops” so that learning is spread across all 13 VAPCs.

D Mincher

Chairman

ITEM 5 – Brief from Veterans and Families Research Hub, Anglia Ruskin University – Alex Cooper.

12. Alex Cooper is a Veteran who worked on Lord Ashcroft's Veterans Transition Review and is now Project Director for the Veterans Research Hub (VRH) at Anglia Ruskin University. He gave an introduction to the VRH and its purpose – to enhance accessibility of usable research into issues which affect Veterans and their families. It has a global reach, taking data from Canada, Australia and New Zealand and will also allow data to be added to the site. All such research will be scrutinised by a pool of moderators and undergo independent peer review to ensure its validity. Such research may include reports undertaken locally by VAPCs and there is a facility for information and research to be discussed through an online forum.
13. The project is funded for a further 5 years and the next stage is to introduce desktop briefs on various subject areas. Also accessible will be discussion boards and calendars of events. Alex agreed to provide us with a weblink and, once received, we will start by publishing our future meeting dates (once agreed).

D Mincher

Following Alex’s presentation there was discussion around future funding onve the 5 years is complete (this will be provided by the Forces in Mind

Trust – FiMT) and data protection. Alex also informed us that it will relate to local issues as it is hosted by a local university. This will, for example, allow the work on homelessness in Cambridge to reach a wider audience.

ITEM 6 – Brief on Veterans Mental Health Service – David Powell, NHS.

14. Mr Powell was accompanied by Ms Diane Palmer and presented an outline of their work. Their mission is to take control of mental health care for veterans and provide a co-ordinated response to their needs. The service is a satellite of the Coventry and Warwickshire NHS Trust and covers North Essex, Suffolk, Cambridgeshire and Norfolk with 3 full-time employees including a clinical (hands-on) specialist who understands the needs of the veteran. Increasingly their work also includes support to the family, predominately wives, who are sometimes the “forgotten casualties” of mental health issues.
15. Contact is from the GP, RBL or spouse and will consist an initial triage then, within 2 weeks, a telephone triage. This compares most favourably with the standard NHS assessment waiting time of 9-18 months.
16. The assessment can take up to 4.5 hours and covers mental health, employment, housing, family, holidays and any substance misuse (drugs or alcohol). The outcome of this assessment may be immediate actions through a fast-track route to the local NHS Crisis Team and there is also the provision of referral to a Mental Welfare Helpline.
17. Although geographically stretched with their available resource, the team have undertaken 80 assessments since the beginning of April. The threat now is the demands being placed on this service through inappropriate referrals. Examples include elderly patients who may have undertaken National Service and who should be treated through the standard NHS route are now being referred to this service because they are “veterans”. The team are simply not resourced to manage such a high throughput and therefore expend vital time in sifting cases when they could be making much-needed assessments.
18. For Service leavers the MoD provide a 6-month transition mental health support facility and the team ensure a rapport is established with the patient before their discharge from Service. Their support is holistic and includes families – ensuring it is unacceptable to condone adverse behaviour simply because “he has issues”. They also engage Occupational Therapists to help with retention in employment while patients are undergoing PTSD treatment.
19. To ensure the co-ordinated response the patient is given a hard-copy Care Plan which they must take to every meeting or appointment. It holds contact details for support as well as medication and details of treatment and collates all services being provided. Sections include a Care Plan, physical health tracker, the name of the Lead professional responsible for the care package and a running record of all care. There is also a task list for the patient to show they are taking responsibility for their own care. Taking personal ownership elicits a more successful outcome.
20. Closure of the case is when the Veterans Mental Health Service are satisfied the patient has had the care expected. Veterans can access the service by self-referral 0800-2100 and have a 24-hour emotional helpline. The link with the Covenant is by the team ensuring the veteran is prioritised for care (in effect a veterans champion in this area).

21. The Chairman thanked the team for their detailed presentation and a number of questions were fielded.

ITEM 7 – Feedback on work with Veterans UK re pensions, benefits and awards – Chris Titmuss.

22. There are currently some 190 separate pension schemes (some of which have only 4 recipients) and so the system is ripe for rationalisation. For this reason Mr Titmuss has been in contact with Veterans UK trying to identify benefits which need to be disclosed and which can be discounted. A previous FOI request was not met within the stipulated 28 days and, in total, he has now been waiting over 100 days for a response. Having followed the complaints procedure he is now at an impasse. The Chairman took an action to raise the issue with the Head of Veterans UK, Jon Parkin.

Chairman

ITEMS 8 & 9 Strategic Plan update and Membership/Recruitment.

23. Discussion on these items was deferred due to the meeting overrunning. They will be addressed at the next meeting.

ITEM 10 – VWS Activity Report – Ms K Thwaites.

24. Ms Thwaites gave an update from Veterans UK with announcements of new Welfare Managers at RAF Wyton and Colchester. Their latest KPI figures were presented:

Subject	Target %	Achieved %
Visit widows in 15 days	98	100
Visit clients in 20 days	90	98.8

25. Referrals to Veterans UK are now coming from as far as Australia following a media campaign and the invitation for VAPC Committee members to undertake accompanied visits was again extended. Finally Ms Thwaites highlighted the success of weekly surgeries undertaken by Veterans UK at the MCTC Colchester and asked for our input on statistics – what would we like to see in future reports?

All Members

ITEM 11 – Any Other Business.

26. Attendance at the next joint “Chair of Chairs” meeting will be by Gp Capt Griffiths. It was requested that any items for discussion be made through the Chairman.

Item 12 - Date of Next Meeting

9th November 2017.

Signed:

Chairman.....Date.....