

Adults Well-being and Health Overview and Scrutiny Committee



21st December 2009

Regional Health Improvement Scrutiny Bids

Report of: Lorraine O'Donnell, Assistant Chief Executive

Purpose of the Report

1. The purpose of this report is to provide Adults Well-being and Health Overview and Scrutiny Committee with an update on bids submitted jointly by all Councils across the region for support from the Centre for Public Scrutiny for regional scrutiny activity.
2. The bids made are in line with the committees work programme intentions on Action on Health Inequalities and will support and underpin work the committee undertakes. This committee has been engaged through the chair and officers, in a regional scrutiny committee meeting to agree the proposals outlined below.

Areas for which support for regional scrutiny activity has been sought

3. Health, Care and Well-being Scrutiny Programme

Councils in the region have been successful in attracting support from the Centre for Public Scrutiny (CfPS) Expert Advisory Team for ten days placement support from an expert advisor from January to March 2010 to assist:

- Consolidate arrangements for reviews about services that cross boundaries e.g. ambulance or mental health services, specialised commissioning, commissioning to tackle health inequalities.
- Protocols for joint working between OSCs /consolidating regional health OS arrangements.
- Consider the context of the Strategic Health Authority's strategic vision for transforming healthcare in the North East of England.

A CfPS advisor has been chosen and specifications for the work agreed. A further full report on the approach will be included at the next meeting of this committee.

4. Scrutiny Development Area status - for the Health Inequalities Scrutiny Programme

A bid has been submitted from this region exploring the physical, mental and broader health needs of ex-servicemen and women, their families and

communities. If successful the region will attract £5,000 and CfPS advisor support to complete this review – by December 2010. A copy of the bid is attached as Appendix 1.

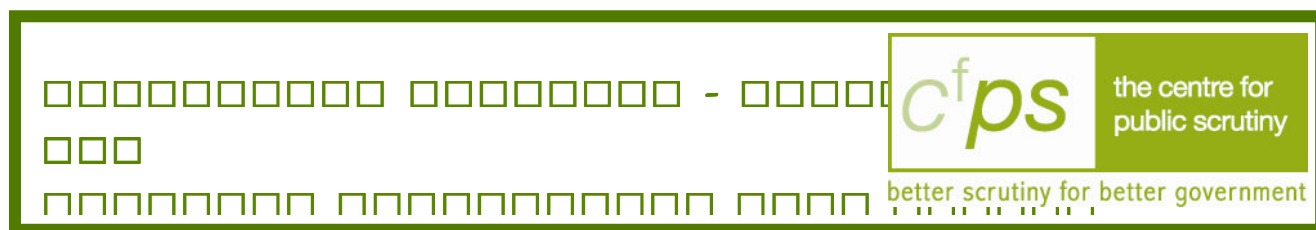
Recommendations:

5. Members are asked to note the approach set out in the report.

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Appendix 1



Section 1, details of the lead authority submitting the bid and the contact officer, details of partner organisations, management and governance arrangements for the project.

Lead authority: Newcastle City Council

Contact officer: Steven Flanagan, Scrutiny Team, Chief Executive's Department, Newcastle City Council, Civic Centre, Newcastle upon Tyne NE99 2BN; 0191 277 7522; steven.flanagan@newcastle.gov.uk

Partner authorities: All the local authority overview and scrutiny committees in North East England: Darlington, Durham, Gateshead, Hartlepool, Middlesbrough, Newcastle, North Tyneside, Northumberland, Redcar and Cleveland, Stockton-on-Tees, South Tyneside and Sunderland.

The project would involve, as witnesses and advisors, a range of partner organisations including directors of public health, the Strategic Health Authority, health commissioners and providers, social services departments, Members of Parliament, ex-servicemen's organisations, voluntary and community groups and the armed forces, as well as academic advisors..

Governance arrangements: Board made up of one representative from each local authority – either the Chair of the relevant overview and scrutiny committee, or a member nominated by that committee, with an officer from each in attendance.

Management arrangements: Project lead officer from Newcastle City Council. The work is expected to be broken into streams (eg mental health, physical health, psychosocial or comparative socio-economic groups) each with a lead officer from one of the partner authorities. The workstream leads and the project leads will form a management group for the project as a whole.

Section 2, details of the proposed project – have you answered the questions fully?

What is the health inequality?

The project would examine the physical, mental and broader health needs of ex-servicemen and women, their families and communities, how they are being assessed and met across the range of agencies at regional and local level, and how far ex-service personnel and their families are aware of the support available to them.

The project would establish baseline local and regional information about:

- the health needs and access to services of the ex-service communities compared with civilians of similar socio-economic backgrounds;
- the different needs of different ex-service communities, including, for example, older and younger veterans, veterans of different conflicts; veterans of different services and the families of those groups;
- the extent to which ex-service communities suffer from health inequalities in relation to access to services and support (including psychosocial support), access to employment and training, drug and alcohol misuse, family breakdown, housing difficulties and involvement with the criminal justice system;
- good and bad practice across the region, including specific issues such as priority access to NHS treatment for war pensioners, but also more generally in terms of the quality of communications between agencies and partnership working and the resulting support for ex-service communities.

Nationally, ex-service personnel and their families have generally poorer health than the population at large. In 2003, 25% of the ex-service community (including dependants of ex-servicemen) reported their health as “not good”, compared with 14% of the adult population as a whole. Fifty-two % of the ex-service community have a long-term illness or disability, compared with 35% of the general population.*

This is linked to problems with social integration. For example, around 9% of the prison population is made up of ex-servicemen.**

Among 16-44 year old veterans, the prevalence of mental health disorders is around 11%, compared with 3% for this age group of the general population.* Ex-servicemen under 24 are three times as likely to take their own lives as other men of the same age.*** The Royal British Legion says, “Evidence from Combat Stress suggests that only the very seriously mentally ill receive treatment from the NHS. Priority treatment for war Pensioners is rarely achieved.”

Adults in the ex-service community (including dependants) are more likely (67%) to experience difficulties than in the country as a whole (55%).

The number of ex-servicemen over 85 is forecast to have tripled in size over the period 2005-2020.

The health of ex-servicemen is affected by a wide range of factors including those involved in healthcare, housing, criminal justice, social care, and the provision of benefits.

* Source: “Profile and Needs of the Ex-Service Community 2005-2020”, Compass

Partnership for Royal British Legion, September 2006

** Napo, August 2008

*** University of Manchester for Veterans Policy Unit, Ministry of Defence, March 2009

Why the subject was chosen

The Government has made a strong commitment to the importance of support to armed forces, their families and veterans across the range of central government departments and agencies.**** The partner overview and scrutiny committees believe that good communications and partnership working are important at a local and regional level too. This project would help address three of the Ministry of Defence and Department of Health's four draft priorities for armed forces community health in 2010: veterans' mental health; equality of access for families to health and social care; and co-ordination between agencies.

There is a wide range of anecdotal and national data – some quoted above – about issues such as post-traumatic stress disorder, social exclusion of ex-servicemen, and particular approaches to health care appropriate to ex-service personnel. But there is less good understanding at a local and regional level. None of the local authorities areas in our region, for example, has yet included the needs of ex-service communities in its joint strategic needs assessment.

The government is unable to provide data about what proportion of armed forces personnel were recruited in North East England*****. Anecdote suggests that it is disproportionately high. The Armed Forces Career Office maintains five offices in North East England, the same as in South East England*****, which has over three times the population*****. The health of ex-servicemen is therefore of particular concern to this region.

By choosing a particular group of the population and adopting a multiple-workstream approach, this project can integrate smoothly with existing priorities within the partner authorities, so maximising member commitment and available time.

Evidence from NHS South West suggests that bringing together stakeholders will have immediate practical benefits for the ex-service communities.*****

**** "The Nation's Commitment" Cm 7424, July 2008

***** Hansard, 30 June 2008, Columns 609W-610W

***** 2001 Census data

***** Presentation by NHS Devon and NHS South West to seminar at Department of Health, November 2009

Who the partnership will include in the review

Royal British Legion

Combat Stress, and other relevant organisations identified in the initial stages of the review

Parliamentary Under-Secretary of State (Veterans)

Army units with links to the North East, such as the Royal Regiment of Fusiliers, including Territorials

Royal Navy, RAF, and Merchant Navy

Directors of Public Health

North East Public Health Observatory

NHS Commissioners

Adult Services Departments in each of the partner authorities

A selection of acute trusts, including Tees, Esk and Wear Valleys NHS FoundationTrust (mental health), which is undertaking a pilot exercise on post-traumatic stress disorder

Voluntary and community groups to be identified with the assistance of LINKs across the partner authorities

The Soldiers, Sailors and Families Association (SSAFA) and Families Federations for particular services

Individual ex-servicemen and their families, identified by Royal British Legion, SSAFA and community groups

Drugs and alcohol advisory teams

Police and National Offender Management Service

Department of Health and Ministry of Defence

Faith organisations

How the partnership will run the review

Separate workstreams will be established to examine different aspects of the health of ex-servicemen and comparison groups. The Project Management Team (officers) and Project Board (members with officer support) will ensure minimal duplication (eg interviewing same individuals about different aspects of health) takes place and that the project is well-supported and co-ordinated.

Methods to be employed will include interviews with commissioners and service providers, public voluntary and private, interviews with armed forces and (if possible) Parliamentary Under-Secretary of State (Veterans), surveys and a public event for ex-servicemen and their families.

Outcomes will be shared with the partners to the review, reported to the Overview & Scrutiny Committees of the partner authorities and published through the Overview & Scrutiny web-pages of Newcastle City Council and the Centre for Public Scrutiny web-site. They will also be disseminated through the North East Health Scrutiny Network.

Copies of the report will be provided to the Parliamentary Under-Secretary of State at the Ministry of Defence, who has responsibility for veterans.

Advice will be sought from the Royal British Legion about the best way to disseminate learning from the study among ex-servicemen and voluntary organisations that they may access.

When the review will be carried out

2010

February-March: Project board defines workstreams and establishes working groups.

April – July Working groups conduct examination of individual workstreams.

August-September Results of individual workstreams collated and considered by Project board

October-November Consultation on initial findings

December Finalisation and publication of report

Section 3, details of how the project meets each of the evaluation criteria.

Answer fully all the application questions above

Our application is comprehensive..

The subject is timely and focused, and the project is designed to make a real difference to the development of policies and services for the communities which we serve.

Demonstrate the desire to adopt new and innovative choices and how being chosen as a Scrutiny Development Area will help you to achieve this

Bringing together all the local authorities in the region to examine a subject other than a “substantial development or variation” in NHS services is a significant learning opportunity for not just the overview and scrutiny committees concerned, but also a wide range of partner organisations, some of which will not have had any involvement with local authority overview and scrutiny to date.

Our project will:

- focus on a priority issue
- address the health inequalities faced by particular communities
- be well planned, through a project management approach;
- allow engagement of elected members with a wide range of organisations and individuals;
- employ a wide range of techniques including but not limited to interviews, questionnaires, focus groups and direct experience by members of provision for ex-service personnel;
- emphasise the importance of a rigorous evidence base;

- make constructive proposals for real-world improvements;
- systematically work with stakeholders to monitor and assess impacts;
- establish and test joint scrutiny arrangements which could be exported to other parts of the country;
- build the profile and understanding of scrutiny among a wide range of partner organisations.

Show that consideration of local health issues including the wider determinants of health, has been given

See “what is the health inequality” and “why the subject was chosen” in section 2 above

Show a commitment to equality and diversity

Historically, the make up of the armed forces has not been representative of the population: in particular, many more of the armed forces are men than women. In addition, disabled people cannot join the services as they are not expected to be able to meet physical and other selection requirements.

The proportion of members of the armed forces who come from ethnic minorities and the proportion who are women have increased in recent years, and the armed forces have active equal opportunities policies. These policies will in due course impact on the relative proportions of different groups who are veterans.

Our review will take this into account and comment on the importance of equality and diversity and community cohesion.

Give a commitment to run with the review to the end of the programme

Yes! Including the action learning meetings and presentations in 2011.

Show how your organisations will use this process to enhance scrutiny within your area

The North East has concentrated on developing arrangements for joint scrutiny of substantial variations and developments of NHS services, and on building informal networking arrangements. This would be the first time the region had undertaken a subject-based review of a health equality issue. It includes a number of novel features, which have not all been used within all partner authorities to date.

The project will provide an opportunity for the region’s overview and scrutiny committees to directly inform Joint Strategic Needs Assessments across the region.

Section 4, details of the project costs, amount bid for and charging arrangements.

Consultants to facilitate contact with armed forces and with voluntary organisations outside the region @c£900/day

Event: venue hire, publicity, organisation

Publication costs

Other costs to be met from mainstream budgets

As lead authority, Newcastle City Council would issue an invoice after each of the stages costed above.