



**Report of Jane Robinson, Corporate Director of Adult and Health Services, Durham County Council and
Amanda Healy, Director of Public Health, Durham County Council**

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 This report will update the Health and Wellbeing Board with the findings from the Veterans' Health Needs Assessment, undertaken by Durham County Councils Public Health Team on behalf of the County Durham Armed Forces Forum.
- 2 It also seeks agreement for the recommendations held within the Veterans' Health Needs Assessment to be implemented by the Armed Forces Forum.

Executive summary

- 3 A military veteran is defined as anyone who has served in the British Armed Forces for at least a day. This includes reservists. The British Armed Forces are made up of the Royal Navy, the Royal Marines, the British Army and the Royal Air Force. There are estimated to be 18,000 people across the country who transition back to civilian life each year.
- 4 Veterans are a culturally specific group, many (especially females) of whom do not identify as veterans but as ex-armed forces (Burdett et al, 2012).
- 5 Many service leavers make the transition into civilian life without issue and report good health and wellbeing. A very small number of service leavers struggle to reintegrate back into civilian life usually due to compounding factors including adverse childhood experiences, experience in the armed forces and circumstances in which they left. As a result, a minority find themselves unemployed, homeless and potentially part of the criminal justice system.

- 6 The estimated population of the ex-Armed Forces population in County Durham, according to the 2021 Census is 22,615, 5.2% of the population of County Durham. This is slightly above the North East average of 5.0% and above the England average of 3.8%. More detailed information obtained by the census is not yet available and is due to be published in Spring 2023.
- 7 Most other available data on the ex-armed forces community is only available at North-East regional level. Very little data is collected in relation to ex-armed forces at a County Durham geography. Where data is collected it is often not analysed to identify common issues or utilised to direct any service improvements.
- 8 Veterans experience a variety of physical health, mental health and social issues which affect their overall sense of wellbeing. Some physical and mental health issues are apparent at discharge and are documented in Ministry of Defence records, however, many issues are not apparent and can take years to manifest or occur either as a result of poor transition out of the armed forces or are not related to military service. Health issues which appear after discharge may be perceived as military related by those who are ex-services but diagnosis and causation by health care professionals can be more difficult to determine.
- 9 The mapping of support available for ex-armed forces shows extensive support, mainly through military based charities and community interest companies, is available, however, many people are unaware of any support. Many people only look for and access support when they are in crisis. People do not access universal services citing the lack of understanding of the armed forces way of life as a barrier and some do not feel they are for them.
- 10 Veterans in County Durham have unmet need, and this is for several reasons:
 - Poor data: veterans are not routinely identified by most organisations. Where data is collected it is not analysed for common themes or service improvements.
 - Health issues: it can be difficult to link physical and mental health issues to military service. When veterans experience a health condition there is sometimes a perception that the condition is associated with military service, however for many people the diagnostic process does not identify a causal link with previous military service. This leads to unmet expectation.

- Access to health care: veterans experience the same difficulties as the general population in accessing health care, however, expectations raised through the armed forces covenant mean that there is unmet expectation.
- Support for individuals: there is a lot of support available for veterans which can lead to duplication and disjointed support. Female veterans, however, are less likely to access the support already available. Information on support is not readily available in one easy to access place which can make it difficult to find. There is a lack of visible and appropriately marketed information for veterans about help and support available, including through universal services.
- Support for the armed forces community: the armed forces community in County Durham is largely hidden and there is an over-reliance on charitable funding to properly support veterans and people leaving the armed forces. The implementation of the armed forces covenant is mainly based on relationships rather than policy meaning inconsistencies in the way people receive services.
- Emerging themes: Specific professional support for veterans with dementia and their carers is not available.

11 There are 22 recommendations within the Health Needs Assessment which address each of the themes within the findings. The recommendations were developed in conjunction with members of the County Durham Armed Forces Forum.

Recommendations

- 12 The Health and Wellbeing Board is recommended to:
- (a) To note the contents of the Veterans HNA
 - (b) To agree the recommendations within the HNA
 - (c) Agree to the development of an action plan, via the Armed Forces Forum, to implement the recommendations from the HNA
 - (d) To request an annual update on the implementation of the recommendations

Background

- 13 Durham County Council and a variety of public sector partners have been signed up to and actively implementing the Armed Forces Covenant for many years.
- 14 In 2021, the Armed Forces Act became law and enshrined the Armed Forces Covenant to help prevent service personnel and veterans being disadvantaged when accessing public services including certain housing, education or healthcare functions (excluding social care).
- 15 Public services now have a statutory duty to have due regard to the principles of the Armed Forces Covenant:
 - (a) the unique obligations of, and sacrifices made by, the armed forces
 - (b) the principle that it is desirable to remove disadvantages arising for service people from membership, or former membership, of the armed forces
 - (c) the principle that special provision for service people may be justified by the effects on such people of membership, or former membership, of the armed forces.
- 16 This Veterans' Health Needs Assessment was developed at the request of the Armed Forces Forum to further support the implementation of the covenant by:
 - (a) Estimating the prevalence of the veteran population living in County Durham
 - (b) Establishing the health and wellbeing needs of veterans living in County Durham across all aspects that impact on health including physical, emotional, and welfare needs, as well as those relating to the wider determinants of health (i.e. housing, education and employment, criminal justice)
 - (c) Examining local resources that are currently available to support the health and wellbeing needs of veterans
 - (d) Identifying areas of unmet need, health inequalities and inequities veterans experience; and
 - (e) Working with veterans to make recommendations for change to address the unmet needs and reduce the inequalities experienced by veterans

Findings

Theme 1: Data

- 17 Available data on veterans residing in County Durham is poor. Further census data will be published in 2023 which will help to provide a more accurate picture of the veteran population residing in County Durham.
- 18 As a result of the lack of information, we do not have an accurate picture of the health and wellbeing needs of ex-armed forces personnel.
- 19 We also do not have an accurate picture of all of the demographics of veterans including gender and age. The estimates suggest that most people who have served in the armed forces and now reside in County Durham are older.
- 20 Data on whether people have ever served in the armed forces is not routinely collected by services. Those who collect data, are unable to extract, or share for analysis at a population level.

Theme 2: Health issues

- 21 Veterans experience a variety of physical and mental health issues. It can be difficult to determine whether they are as a result of their military career especially where the issues were not apparent at the time of discharge.
- 22 When veterans experience a health condition there is sometimes a perception that the condition is associated with military service, however for many people the diagnostic process does not identify a causal link with previous military service. This leads to unmet expectation as some veterans consider themselves to warrant priority service under the Armed Forces covenant where health care professionals view differs.
- 23 People who responded to the survey reported chronic pain and heart problems as the main physical health issues they experience and the literature evidence muscular skeletal issues amongst veterans. Chronic pain and MSK are possibly not surprising given the physical nature of the work in the armed forces, but it can be difficult to ascertain whether these issues are military or ageing related.
- 24 Whilst lower-level mental health issues such as bad nerves and depression as well as sleep disturbance are apparent within the veteran community in County Durham, veterans commented that there has not been a specific marketing campaign aimed at veterans around mental wellbeing.

Theme 3: Access to health care

- 25 People who are ex-armed forces residing in County Durham report having the same difficulties in accessing GP and NHS Dentist appointments as the wider population. There is a feeling amongst veterans that they should have better and easier access than the general population. There is some evidence of the Armed Forces covenant setting unrealistic expectations amongst military veterans.
- 26 There were reports that some GPs are unaware of the person's veteran status, an unwillingness to accept people as veterans and therefore, when they need to access healthcare services they feel as though health care professionals are "fobbing you off". This was attributed to a lack of understanding of:
 - (a) the types of health needs experienced by veterans because of their previous military lifestyle; and
 - (b) obligations under the armed forces covenant by healthcare professionals.
- 27 Ensuring Ministry of Defence records are obtained by civilian GPs was identified as a priority in discussions with stakeholders and from the survey.
- 28 Where there are mental health issues that veterans believe are linked to their service, they feel there should be priority access to treatment. Veterans feel that they are not listened to and their beliefs that their issues are military related are dismissed.

Theme 4: Access to support for individuals

- 29 Support with transition while people are still within the armed forces is exemplary, however, those who leave abruptly receive very little or no support. Once people leave the armed forces there is seemingly no direct support, this is especially true for older veterans.
- 30 The mapping of support available for ex-armed forces shows extensive support, mainly through military based charities and community interest companies, is available, however, many people are unaware of any support available and female veterans particularly do not feel the support is inclusive. Many people only look for and access support when they are in crisis. People do not access universal services citing the lack of understanding of the armed forces way of life as a barrier and some do not feel they are for them.
- 31 There is clearly a lack of visible and appropriately marketed information for veterans about help and support available, including through

universal services. Communication with veterans about available support needs to be improved.

- 32 Due to the number of services available to support veterans it can be confusing for people to know where to turn to for help. There is a feeling that services for veterans are not properly coordinated and therefore there is fragmentation, duplication and “mission creep”. It was felt that some groups for veterans work in isolation and support would be stronger if everyone worked together.
- 33 Isolation and loneliness after leaving the armed forces was highlighted, but it was also acknowledged that groups do not always need to be “support groups”, some people do not need or want support, but groups where people can go and socialise, be active, have regular get-togethers. Many veterans are in employment and also miss the camaraderie of the armed forces, many social/support groups take place whilst people are at work, and this is seen as a barrier to accessing activities to improve wellbeing.
- 34 There is perceived to be a lack of employment support on leaving the armed forces and to undertake additional training or change jobs outside of the timescales for support from the Career Transition Service.
- 35 Housing is an issue especially for those people who leave the army in an unplanned way, relying on family to house them. Short-term provision and supported accommodation for veterans in transition to help them to be more easily adapted to civilian life is inadequate and variable in standard.

Theme 5: Support armed forces community

- 36 There is a misperception about ex-armed forces personnel, perpetuated by the media, which leaves veterans feeling marginalised from wider society.
- 37 Stakeholders and service leavers view the Armed Forces Covenant as a “tick box exercise” as people see a disparity on what public services say they will do and what they deliver, much of this is due to support for veterans being implicit rather than explicit in policies and based on relationships rather than agreed policy.
- 38 At the same time, stakeholders highlighted that the management of expectations around accessing services needs to be addressed both within the military and locally, detailing what exactly the armed forces covenant means.

- 39 There is a feeling of over-reliance on charitable funding for support groups and celebratory events with limited contribution or support from public sector organisations.
- 40 Support by public sector organisations for celebratory events, such as Armed Forces Day is minimal both through funding and coordination. It was identified that more could be done to celebrate the armed forces, perhaps an annual social event where ex-armed forces and prospective ex-armed forces moving to the area could network and find out more about the help and support available to them.

Theme 6: Emerging issues

- 41 Unsurprisingly, given the believed age demographic of the veteran population in County Durham, dementia is seen as an emerging issue identified through both stakeholders and the survey, though not within the literature.
- 42 A wider issue, identified by some older veterans was that of loneliness and social isolation due to living alone and feeling as though they are in a “benefits trap” which would mean losing military pension and thus independence if they were to live with another person.

Recommendations

Data: identification, capture and extraction

- 43 Recommendation 1:

All services provided or commissioned by the public sector related to health and wellbeing, especially public health, general practice and other NHS services, should ask whether people have ever served in the UK Armed Forces and this information should be accurately recorded and able to be extracted from recording systems for future analysis of needs. This information should be back dated to support identification of need in the future.

- 44 Recommendation 2:

Data Protection Impact Assessments (DPIAs) should be updated to cover the sharing of data for analysis purposes including Health Needs Assessments.

- 45 Recommendation 3:

A Health Needs Assessment of family and dependents of military veterans should be considered.

46 Recommendation 4:

Partnerships for veterans should be data informed and should work together to improve data sharing and analysis of data to inform action.

47 Recommendation 5:

Develop a mechanism for veteran support charities/agencies and other organisations to effectively share information on individuals they are working with to reduce the duplication of resource.

Health issues

48 Recommendation 6:

Health and social care professionals, including commissioners, should undertake training on the health and wellbeing needs of people who have served in the armed forces.

49 Recommendation 7:

The Now You're Talking Campaign should be extended to include a veteran/service leaver focus.

50 Recommendation 8:

Public health commissioned services such as drug and alcohol recovery, should have veteran specific forums.

Access to healthcare

51 Recommendation 9:

Health professionals should undertake training on the culture of the armed forces and the health and wellbeing needs of people who have served in the armed forces.

52 Recommendation 10:

Produce communication tools to support veterans to better understand and manage expectations about what the "priority" access to NHS services means to them.

53 Recommendation 11:

Display material in GP surgeries and on digital platforms which encourages veterans to self-identify.

Access to support for individuals

54 Recommendation 12:

Work should be undertaken with the Ministry of Defence (MOD) to ensure a consistent process for identification of people being discharged to County Durham, irrespective of length of service, and share the information with a single point of contact to ensure that they are seamlessly transferred to support in the area.

55 Recommendation 13:

A single point of access to holistic support for veterans within the County should be established for people who are in the process of leaving the armed forces to make transition into the area easier. This could also serve as an access point for support for veterans who have left the military more historically. This access point to support should be widely advertised and promoted.

56 Recommendation 14:

Develop a network of face-to-face drop-in centres where people can have their individual needs assessed and tailored support packages developed.

57 Recommendation 15:

Develop and market “social” groups/networks for people who are ex-armed forces where their support need is around social isolation and loneliness.

58 Recommendation 16:

Link with the developments of the County Durham Together “Community Book” to develop a veteran specific section on available socials and support for ex-armed forces and ensure it is widely promoted/marketed, including through the MOD, to ensure veterans transitioning to County Durham are able to access up to date information and support where needed.

59 Recommendation 17:

Use a peer support model to market “others like me” who have accessed support to encourage veterans to seek support before they reach crisis point as well as those who have successfully transitioned back to County Durham.

60 Recommendation 18:

Consider an annual or bi-annual event where all armed forces charities and other support for veterans could market what is available to people who are in the process of being discharged or who have been recently discharged.

Support for ex-armed forces population

61 Recommendation 19:

Increase knowledge, through training and education, of public sector staff and people who are or have been discharged from the armed forces to better understand the responsibilities and better manage expectations of the armed forces covenant. Including working with the MOD for people prior to discharge.

62 Recommendation 20:

Consider how the County Durham Armed Forces Forum can take a stronger role in both funding and coordination of central celebratory events for the armed forces.

63 Recommendation 21:

Use Durham County News to promote positive stories about veterans who have successfully reintegrated as well as to highlight support available for people who are ex-armed forces.

Emerging Issues

64 Recommendation 22:

Specific needs of the veteran population should be considered within any future developments in dementia care across the County.

Conclusion

65 A military veteran is defined as anyone who has served in the British Armed Forces for at least a day. This includes reservists. The British Armed Forces are made up of the Royal Navy, the Royal Marines, the British Army and the Royal Air Force. There are estimated to be 18,000 people across the country who transition back to civilian life each year.

66 Veterans are a culturally specific group, many (especially females) of whom do not identify as veterans but as ex-armed forces (Burdett et al, 2012).

- 67 Many service leavers make the transition into civilian life without issue and report good health and wellbeing. A very small number of service leavers struggle to reintegrate back into civilian life usually due to compounding factors including adverse childhood experiences, experience in the armed forces and circumstances in which they left. As a result, a minority find themselves unemployed, homeless and potentially part of the criminal justice system.
- 68 The estimated population of the ex-Armed Forces population in County Durham, according to the 2021 Census is 22,615, 5.2% of the population of County Durham. This is slightly above the North East average of 5.0% and above the England average of 3.8%. More detailed information obtained by the census is not yet available and is due to be published in Spring 2023.
- 69 Most other available data on the ex-armed forces community is only available at North-East regional level. Very little data is collected in relation to ex-armed forces at a County Durham geography. Where data is collected it is often not analysed to identify common issues or utilised to direct any service improvements.
- 70 Some veterans can experience a variety of physical health, mental health and social issues which affect their overall sense of wellbeing. Some physical and mental health issues are apparent at discharge and are documented in Ministry of Defence records, however, many issues are not apparent and can take years to manifest or are as a result of poor transition out of the armed forces. Health issues which appear after discharge may be perceived as military related by those who are ex-services but diagnosis and causation by health care professionals can be more difficult to determine.
- 71 The mapping of support available for ex-armed forces shows extensive support, mainly through military based charities and community interest companies, is available, however, many people are unaware of any support. Many people only look for and access support when they are in crisis. People do not access universal services citing the lack of understanding of the armed forces way of life as a barrier and some do not feel they are for them.
- 72 Veterans in County Durham have unmet need, and this is for several reasons:
- (a) Poor data: veterans are not routinely identified by most organisations. Where data is collected it is not analysed for common themes or service improvements.
 - (b) Health issues: it can be difficult to link physical and mental health issues to military service. Perception of either a physical or

mental health issue being military related but determination of diagnosis and causation to be military related can be more difficult, this leads to unmet expectation.

- (c) Access to health care: veterans experience the same difficulties as the general population in accessing health care, however, expectations raised through the armed forces covenant mean that there is unmet expectation.
- (d) Support for individuals: there is a lot of support available for veterans which can lead to duplication and disjointed support. Female veterans, however, are less likely to access the support already available. Information on support is not readily available in one easy to access place which can make it difficult to find. There is a lack of visible and appropriately marketed information for veterans about help and support available, including through universal services.
- (e) Support for the armed forces community: the armed forces community in County Durham is largely hidden and there is an over-reliance on charitable funding to properly support veterans and people leaving the armed forces. The implementation of the armed forces covenant is mainly based on relationships rather than policy meaning inconsistencies in the way people receive services.
- (f) Emerging themes: Specific professional support for veterans with dementia and their carers is not available.

73 There are 22 recommendations within the Health Needs Assessment which address each of the themes within the findings. The recommendations were developed in conjunction with members of the County Durham Armed Forces Forum.

Author

Kirsty Wilkinson

Tel: 03000 265445

Appendix 1: Implications

Legal Implications

Through the Armed Forces Act 2021 all public sector organisation have a statutory duty to have due regard to the principles of the Armed Forces Covenant and to recognise the unique obligations of, and sacrifices made by, the armed forces; the principle that it is desirable to remove disadvantages arising for service people from membership, or former membership, of the armed forces; the principle that special provision for service people may be justified by the effects on such people of membership, or former membership, of the armed forces.

Finance

Additional finance may be required to support the implementation of some of the recommendations found within the HNA particularly the establishment of a single point of contact

Consultation

Consultation via a survey has been undertaken with members of the Armed Forces community and recommendations have been developed with the Armed Forces Forum.

Equality and Diversity / Public Sector Equality Duty

The PSED requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities. The findings of the HNA will positively support the PSED.

Climate Change

No adverse implications

Human Rights

No adverse implications

Crime and Disorder

Through supporting the better transition of people from the armed forces into civilian life there should be a positive impact on the number of veterans who find themselves within the criminal justice system.

Staffing

Additional staffing may be required for implementation of the recommendations

Accommodation

No implications

Risk

Not implementing the recommendations from the review could potentially have adverse implications on the ability of public sector organisations in evidencing their duty under the Armed Forces Act 2021

Procurement

No adverse implications