Bury Health and Wellbeing Board

Title of the Report	Military Veterans' Mental Health Service
Date	14 April 2016
Contact Officer	Helen Lambert, Pennine Care NHS FT Helen.lambert1@nhs.net 0161 253 6638
HWB Lead in this area	

1. Executive Summary

Is this report for?	Information x	Discussion ☐	Decision ☐
Why is this report being brought to the Board?	Report requested by the Board.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) Living_well_in_Bury_ Making_it_happen_to	Priority 3 – Helping to Build Strong Communities, Wellbeing and Mental Health		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) Bury JSNA - Final for HWBB 3.pdf	Military Veterans are included as a group in the "Vulnerability" section of the JSNA.		
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	To consider how the information provided in the report can be used to inform the new JSNA process and increase awareness of the particularly need of veterans and the wider Armed Forces Community in the borough.		
What requirement is there for internal or external communication around this area?	None		
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please	The performance report attached as an appendix to the report is submitted to Bury CCG as the lead commissioner for the service on a quarterly basis.		

provide details.	

2. Introduction / Background

2.1 In 2011-12 and 2012-13 the North West Strategic Health Authority "top sliced" the Improving Access to Psychological Therapies (IAPT) budget for the region to pilot two specialist IAPT services, one of which was for military veterans and their immediate family members. This service was hosted by Pennine Care NHS Foundation Trust and delivered therapy services in local venues across the whole North West region.

2.2 From April 2013- July 2015 the 32 CCGs in the North West (excluding Cumbria) continued to fund the pilot service (Liverpool CCG opted out with effect from 1 April 2015) for veterans.

2.3 In November 2014 31 CCGs, through Bury as the lead CCG, went out to tender for 3 specialist services for military veterans based on geographical areas of: Greater Manchester (GM); Lancashire and Cheshire and Merseyside (excluding Liverpool). Pennine Care was awarded the GM contract which commenced on 1 July 2015 for a 3 year period.

2.4 The Military Veterans' Service (MVS) delivers a specialist psychological therapies service, working in partnership with other NHS mental health services, other statutory services (e.g. Local Authorities, Probation, Ministry of Defence) and voluntary sector services both national (e.g. Royal British Legion, Walking With the Wounded, Combat Stress) and local (e.g. Veterans in Communities, Survivors Manchester).

2.5 The MVS has a wealth of data about North West veterans who have sought help for emotional wellbeing/mental health problems and the team have developed a high level of expertise in treating this client group. The data MVS report (see appendix for performance report for Greater Manchester July-Dec 2015) and the experience of the team can supplement the national research on veteran issues to inform local Joint Strategic Needs Assessments, applications for Armed Forces Community Covenant and other external funding available to support the Armed Forces Community.

2.6 Research evidence suggests that veterans as a whole are no more likely to experience mental health difficulties than the rest of the population although they are more likely to experience alcohol related difficulties. (Elizabeth J. F. Hunt, Simon Wessely, Norman Jones, Roberto J. Rona and Neil Greenberg1 2014)

2.7 However there are some groups who are particularly at risk, notably "Early Service Leavers", a group which includes both those who service less than 4

years (the usual minimum contract term) and those who are discharged via a disciplinary route e.g. "temperamentally unsuitable" and reservists who have been operationally deployed.(Woodhead C, Rona RJ, Iverson A, MacManus D, Hotopf M, Dean K, McManus S, Meltzer H, Brugha T, Jenkins R, Wessely S, Fear NT (2010)).

2.8 The experience of the MVS suggests that whilst veterans from all branches of the forces and all ranks may require specialist mental health support the vast majority who require such support are ex-Army infantry discharged at the rank of private (or equivalent).

2.9 The North West supplies approximately 25% of the Army Infantry and a high proportion of Army reservists and therefore is likely to experience higher levels of need amongst the veteran population than some other areas of the country. This is particularly true of boroughs such as Bury which have a strong military history.

2.10 The "Call to Mind" report for the Forces In Mind Trust published in October 2015 which reviewed JSNAs in relation to the armed forces community's mental health needs concluded:

"Most stakeholders believe that some specialist mental health service provision for veterans should exist but that these services can never capture the full level of need nor meet the full levels of demand that would likely arise in a single CCG service area. There is a need to improve mainstream mental health service provision so that it can meet the mental and related health needs of veterans in a culturally sensitive and appropriate way as required by the Armed Forces Covenant.

Improving the care pathways for veterans and family members is not something that can be done by any single agency. Commissioners, service providers, armed forces charities and veterans and family members need to work collaboratively on co-designing an effective framework for action on assessment of health needs and improving the care pathway."

3. key issues for the Board to Consider

3.1 At present the available data about the number, location and needs of veterans is limited, the needs of their families, and the families of serving personnel is even more scant.

3.2 Veterans who are experiencing mental health difficulties are uniquely well-placed to pose a risk to themselves or others, should they wish to do so, for a number of reasons e.g. specialist training, familiarity with weapons etc. and these risks are often enhanced by alcohol and substance misuse issues.

3.3 Issues of stigma which apply in the general population are often more acute amongst ex-Forces personnel therefore help seeking is limited. Veterans may only present when crisis point has been reached, and this presentation may well be to non-health services such as police; housing; benefits/employment services or social services.

4. Recommendations for action

4.1 Use information which is available on armed forces community mental health (e.g. MVS data and Bury Healthy Minds data) to inform the JSNA review.

4.2 Consider ways in which the Armed Forces Covenant Group working with the Health and Wellbeing Board can further support improvements to pathways and services in Bury.

5. Financial and legal implications (if any)
If necessary please see advice from the Council Monitoring Officer Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

None

6. Equality/Diversity Implications

The Armed Forces Covenant requires that members of the Armed Forces Community do not suffer disadvantage as a result of their military service. There are also a number of commitments which are binding on the Local Authority as a signatory to the Covenant. For more information see:

https://www.gov.uk/government/publications/armed-forces-community-covenant/armed-forces-community-covenant

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CONTACT DETAILS:

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