

## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 22 JANUARY 2018**

### **REPORT OF LEICESTERSHIRE PARTNERSHIP NHS TRUST**

#### **MENTAL HEALTH AND ARMED FORCES VETERANS**

##### **Purpose of report**

1. The purpose of this report is to highlight work being undertaken by Leicestershire Partnership NHS Trust (LPT) that relates to military veterans, the Armed Forces Covenant and mental health.

##### **Background**

2. The Armed Forces Covenant is a commitment to ensure no member of the Armed Forces Community should face disadvantage in the provision of public and commercial services compared to any other citizen in the United Kingdom, and in some circumstances special treatment may be appropriate especially for the injured or bereaved. Over 1,500 public and private sector organisations have signed up to the Covenant since it was created.
3. Dr Peter Miller (LPT CEO) signed the Armed Forces Covenant on 22 June 2017 on behalf of Leicestershire Partnership Trust in partnership with Colonel Andrew Parker (158 Royal Logistics Corps).

##### **Recent Developments**

4. LPT tasked its Community Development Team to lead on the developments required internally across the Trust to meet the requirements of the Covenant. A veteran and ex-service user of mental health services has been employed within the Community Development Team to focus on Covenant developments. To date the following actions/steps have been taken;
  - A Trust Armed Forces Steering Group has been established which has an agreed action plan that is driving the various developments that are required. The purpose of the Steering Group is to monitor progress, agree actions and provide a place where matters relevant to the armed forces can be discussed. The Membership of the Steering Group includes both operational and strategic members of staff at LPT from Director level to ground level, as well as five individuals who are veterans of the Army, Navy and RAF. The membership of the steering group also includes a Clinical Psychologist who provides support to the homeless and those in sheltered accommodation.
  - The Community Development Team have also lead on the development of an operational network across Leicester, Leicestershire and Rutland which brings together statutory, charitable, voluntary and community based organisations who deliver support to people connected to the armed forces family. The now named Civil and Military Partnership Board is chaired by The Vice Lord

Lieutenant, Colonel Murray Colville TD DL and is focusing on joint and common health and social issues for all those people connected to the military.

- A review of the RiO clinical record system used by mental health services and changes made to improve the accessibility and quality of information recorded (*There has been a rise in number of veterans recorded since the Covenant was signed in June 2017*).
- Training has been delivered to teams within mental health services to raise awareness and improve knowledge of the armed forces and how to support veterans. This work is ongoing.
- An information leaflet has been developed which provides a range of local, regional and national organisations who provide a range of support for people connected to the armed forces family (Appendix A).
- A weekly drop-in session has been initiated at the Bradgate Unit which provides an opportunity for staff to refer service users for support from the Veterans Community Development officer. This is not a clinical intervention but is focused on understanding needs and identifying potential sources of physical, social and emotional support.
- A link has been established with the national Transition, Intervention, and Liaison Service to support with developing a referral pathway into LPT services.
- The Community Development officer has provided support to inpatients on the Bradgate Unit where a member of staff has identified a connection to the military and requested assistance from the team.
- A review of Trust policies has also been undertaken to ensure that the guidance is up to date and the appropriate processes are in place to support staff who are veterans, reservists or spouses.

## **GP Practices**

5. GP Practices vary in the extent to which they screen their patients to ascertain whether any are armed forces veterans and have special needs as a result. Where the engagement of GP Practices with armed forces veterans has been high it has made a significant difference to the wellbeing of those patients. GP Practices come under the remit of Clinical Commissioning Groups. The area of GP engagement with veterans requires further work and a greater understanding in terms of;
  - Current number of practices/GP's actively recording information relating to the armed forces;
  - Understanding how the information is recorded. In some counties they have agreed a consistent and singular code for a military veteran for example;
  - Understanding what training is required, not just for GP's but for all GP practice staff.

6. There are no specialist NHS services specifically for Veterans in Leicester, Leicestershire and Rutland, so patients may be being referred to services for support but not categorised as veterans.

### **Priority treatment**

7. The Armed Forces Covenant entitles Armed Forces Veterans to receive special consideration as a result of the sacrifices they have made for their country and this could mean veterans were entitled to be made a 'priority' for treatment by the NHS. However, there is no evidence to suggest that in Leicester, Leicestershire and Rutland veterans are prioritised for treatment over patients who have not served in the armed forces. The nature of treatment and speed of which an individual would be seen would be based on clinical need and risk.

### **Conclusions**

8. Leicestershire Partnership NHS Trust is working hard to ensure that it is fulfilling the requirements of the Covenant and doing all it can to provide the resources and information to staff to be able to support veterans, reservists and military families. There have been gains in developing relationships with military based organisations which have resulted in positive outcomes for local people when they required support for example;

- Providing meeting space at the Bradgate Unit and other Trust venues for Combat Stress to provide local assessments where a Veteran could not travel to Derby;
- Initiated involvement from Help for Heroes to support a veteran suffering suicidal ideation and who's spouse was experiencing high levels of stress;
- Provided on the ward support to an inpatient regarding accommodation and welfare to assist with discharge.

Developments are in the early stages nevertheless LPT is seeing an increase in requests for involvement from staff that require support for patients, particularly those accessing mental health services. In each case there is something new to learn about the support people require. What LPT has found over an initial 6 month period is that a dedicated officer with real life experience of serving in the forces and suffering from a mental health condition is proving beneficial both for supporting individuals, reviewing processes and driving the agenda.

### **Resource Implications**

9. The Community Development Officer is currently funded on a temporary basis until March 2018 which does present a risk to the continued development of support for veterans around mental health in 2018/19 and longer term. The time the Head of Community Development spends on armed forces veterans and the time of those in the Steering Group is being funded from existing resources.

**Background papers**

Armed Forces Covenant:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/49469/the\\_armed\\_forces\\_covenant.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/49469/the_armed_forces_covenant.pdf)

**Circulation under the Local Issues Alert Procedure**

None

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**List of Appendices**

Appendix A – Ex Armed Forces Information Leaflet

**Relevant Impact Assessments****Equality and Human Rights Implications**

10. The Armed Forces Covenant is a commitment to ensure no member of the Armed Forces Community should face disadvantage in the provision of public and commercial services compared to any other citizen and in some circumstances special treatment may be appropriate especially for the injured or bereaved.

**Risk Assessment**

11. Risks associated with the Community Development Officers have been assessed and appropriate measures are in place to ensure the health and well-being and safety of the individual.