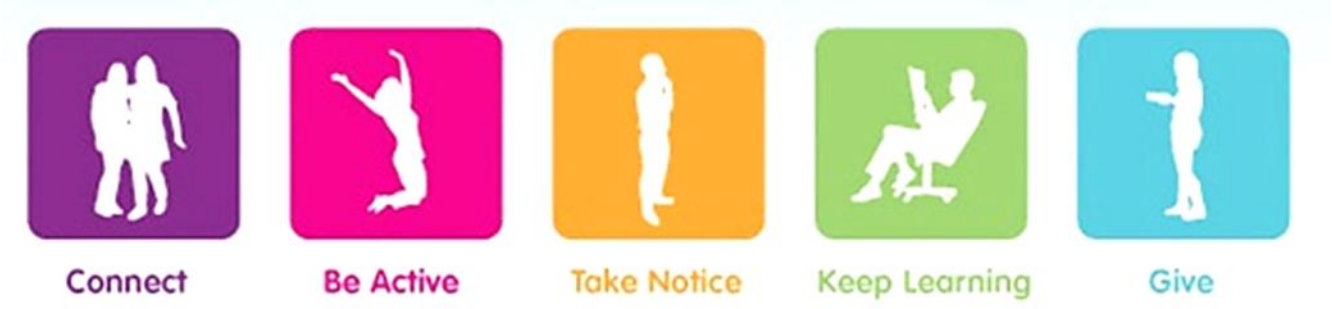
Liverpool City Council

Liverpool's Joint Strategic Needs Assessment
Military Veterans

July 2015



READER INFORMATION	
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Description	This document aims to provide an overview of issues relating to the health and wellbeing of military veterans in Liverpool. As part of the Joint Strategic Needs Assessment (JSNA), it's purpose is to provide an evidence base to support policy makers and commissioners within the City Council, and local NHS. Whilst the document is primarily aimed at policy makers and commissioners, it is also available to members of the public and other organisations.
Related Documents	Liverpool's Joint Strategic Needs Assessment – Statement of Need
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Key Findings & Recommendations

Key Finding 1: Understanding the size and composition of the local veteran population

There is a lack of robust local population estimates for military veterans and their families. We are currently reliant upon extrapolating estimates based on national surveys / research, which can often be contradictory.

Recommendations:

1. Advocate for the Ministry of Defence and the Defense Analytical Services Agency (DASA) to produce local authority level estimates of the veteran population.
2. Advocate for the Ministry of Defence and the Defence Analytical Services Agency (DASA) to produce local authority level figures on personnel leaving the Armed Forces on an annual basis.
3. Consider commissioning research to establish local veteran population estimates. This could be done on a local authority footprint, or across a wider area such as the Liverpool City Region.

Key Finding 2: Identification of veterans and their families

While it is difficult to obtain robust local population estimates for military veterans, it is acknowledged that there is a distinct gap between those identified within the health system (just over 9,000) and the number we might expect (over 21,000).

Recommendations:

1. Continue to encourage General Practices to be proactive in identifying military veterans within their practice population, for both new registrations and existing patients.
2. Continue to work with local veteran organisations and charities to raise awareness in the veteran community of the importance of identification within General Practice.
3. Consider awareness raising sessions with General Practice staff to ensure they are aware of the importance of identifying this population group, perhaps as part of a wider protected time event on identifying other population groups e.g. ethnic minorities.
4. Consider awareness raising sessions with schools in the city to ensure they are aware of the importance of identifying children who come from military families.
5. Establish regular reporting of the number of patients identified as veterans to the Making it Happen Group.

Key Finding 3: Understanding the health and wellbeing needs of veterans

Research indicates that veterans generally experience similar health problems to the general population of their age, with musculoskeletal problems, cardiovascular problems, and sensory impairment particularly prevalent. We are currently reliant on national surveys to provide estimates to understand the prevalence of health behaviours and conditions among the veteran population. As health outcomes for the local population are often below the national average, it is likely that these significantly underestimate the extent of the health issues facing veterans in Liverpool.

Recommendations:

1. Conduct an audit of primary care to establish the prevalence of health conditions and use of services among those veterans who have been identified, to inform policy and planning. The audit should be repeated on an annual basis.
2. Questions relating to veteran status should be included in any local surveys conducted in the future.
3. Consider conducting qualitative research with military veterans in the city, through focus groups or other methods, to compliment any quantitative audit of health behaviours.

Key Finding 4: Understanding the health and wellbeing needs of different groups of veterans

The current veteran population is elderly, with an average age of 67, compared to 38 for the general population. However, in the medium term this is likely to change as the number of veterans from the National Service generation declines, and changes within the Armed Forces result in fewer regular service personnel. These younger veterans are likely to have different health needs to the older veterans.

Recommendations:

1. Further work is required to understand the health needs of different groups of veterans, with a particular emphasis on younger veterans and those who have left the Armed Forces early. This could be supported through local surveys and qualitative research.

Key Finding 5: Service design and delivery

Whilst members of the Armed Forces and military veterans have health needs, many of these are also seen within the general population, and treatments and services are likely to be similar for both groups.

Recommendations:

1. All mainstream services ensure that health and care professionals are available who have an understanding of the Armed Forces culture, as outlined in the Armed Forces Covenant.
2. Ensure GPs and General Practice staff are aware of the right of veterans to receive priority treatment through the NHS, where their condition relates to their military service.

1. Introduction

This report forms part of Liverpool's Joint Strategic Needs Assessment (JSNA), and focuses on the health of military veterans in the city. For the purpose of the JSNA 'veterans' were classed as ex-service personnel who served at any time and irrespective of length of service. Around 20,000 men and women leave the UK Armed Forces each year, and enter civilian life, and there is increasing recognition of the importance of understanding the health and wellbeing needs of these ex-Service personnel.

As part of the JSNA, the purpose of this report is to provide an overview of the health and wellbeing issues faced by military veterans and their families, and an evidence base to support the Liverpool Making It Happen Group for Veterans. Whilst the document is primarily aimed at policy makers and commissioners, it is also available to members of the public and other organisations.

2. Strategic & Policy Context

2.1 National Strategic & Policy Context

2.1.1 The Nation's Commitment: Cross-Government Support to our Armed Forces, their Families and Veterans[1]

The Cross Government Command Paper set out to end any disadvantaged faced by members of the Armed Forces, or veterans, with the aim to ensure better support and recognition for those wounded in serving their country. The Command Paper had two overarching principles:

- The Armed Forces community should not face disadvantage compared to other citizens in the provision of public or commercial services;
- Special consideration is appropriate in some cases, especially for those who have given most, such as the injured or bereaved.

The Command Paper recognised that military veterans are a vulnerable group and that their needs should be assessed.

2.1.2 Armed Forces Covenant[2]

In response to the Command Paper, the Government established the Armed Forces Covenant in 2011. In terms of health and wellbeing, the Covenant states that:

"*Veterans receive their healthcare from the NHS, and should receive priority treatment where it relates to a condition which results from their service in the Armed Forces, subject to clinical need. Those injured in Service, whether physically or mentally, should be cared for in a way which reflects the Nation's moral obligation to them, whilst respecting individual wishes. For those with concerns about their mental health, where symptoms may not present for some time*

after leaving Service, they should be able to access services with health professionals who have an understanding of Armed Forces culture."

Following on from the Covenant a number of actions were taken:

- **Armed Forces Act 2011**: Annual duty to report on progress against the covenant to Parliament (including on health issues)
- **Health & Social Care Act 2012**: Duty of NHS England to commission health services on behalf of the Armed Forces.
- **NHS Mental Health Strategy 2011**: Includes specific provision for military veterans.

2.1.3 Fighting Fit: A mental health plan for servicemen and veterans[3]

In 2010, the Ministry of Defence published a review by Andrew Murrison MP, which set out a mental health plan for service personnel and veterans within the context of the Armed Forces Covenant. The Plan includes a number of recommendations, but highlights 4 key areas for action:

- Incorporation of a structured mental health systems enquiry into existing medical examinations performed whilst serving.
- An uplift in the number of mental health professionals conducting veterans outreach work from Mental Health Trusts in partnership with a leading mental health charity.
- A Veterans Information Service (VIS) to be deployed 12 months after a person leaves the Armed Forces.
- Trial of an online early intervention service for serving personnel and veterans.

As a first response to the Murrison review, the Ministry of Defence announced two initiatives:

- 24hr mental health support line for veterans, launched in March 2011;
- The provision of 30 additional dedicated mental health nurses in Mental Health Trusts to ensure the right support is organised specifically for veterans.

2.1.4 Healthcare for Veterans[4]

The "Standard Note – Healthcare for Veterans" outlines measures to improve the access of physical and mental health services for veterans, and further builds on measures outlined within the Armed Forces Covenant.

The Standard Note reiterates the position that military veterans are entitled to priority treatment within the NHS. The extension of priority to all veterans was considered by the Department of Health as likely to have a particular impact on three service areas: audiology services, mental health services and orthopaedics.

2.1.5 Health & Social Care Act 2012[5]

The Health & Social Care Act gave the Secretary of State the power to require NHS England to commission services for members of the Armed Forces and their families.

The Ministry of Defence is responsible for ensuring the provision of primary healthcare to serving military personnel (including mobilised Reservists). Family members may be provided primary healthcare by the MOD in some situations e.g. when accompanying Service personnel who are posted overseas. Secondary care remains the responsibility of the NHS.

Securing Excellence in Commissioning for the Armed Forces and their Families[6] outlines the commissioning responsibilities for the NHS following the passing of the Health & Social Care Act. The table below provides an overview of these responsibilities, for NHS England and local Clinical Commissioning Groups (CCGs).

NHS England	To commission: • All secondary and community health services for members of the Armed Forces, mobilised Reservists and their families if registered with Defence Medical Service (DMS) Medical Centres in England; • Specialised services, including specialist limb prosthesis and rehabilitation services for veterans.
Local Clinical Commissioning Groups	To commission: • All secondary and community services required by Armed Forces' families where registered with NHS GP Practices, and services for veterans and reservists when not mobilised. The bespoke services for veterans, such as veteran's mental health services, will be commissioned by CCGs either individually or collectively. • Emergency care services on a geographical basis which can be accessed by anyone present in their defined geographical boundary e.g. accident and emergency services, emergency ambulance services and other emergency health services. Serving members of the Armed Forces and their families (where registered with DMS Medical Centres) will have full access to these services. • Health services for these groups stationed overseas who return to England to receive NHS care.

Table 1: NHS commissioning responsibilities for members of the Armed Forces and their families[6]

2.2 Local Strategic & Policy Context

2.2.1 Liverpool's Armed Forces Community Covenant

The Community Covenant is designed to complement the national Armed Forces Covenant at a local level, bringing together the armed forces, public, private, voluntary and community sectors as well as the general public. The purpose of the Community Covenant is to encourage support for the Armed Forces and veterans residing in local communities, recognising the sacrifices made by them on behalf of the nation.

On 27th March 2012 Liverpool City Council signed the first military covenant on Merseyside. The covenant was signed by representatives from the Armed Forces community, public, private, voluntary and community sectors.

2.2.2 Liverpool's Making it Happen Group for Veterans

The Making it Happen for Veterans Group has been established to bring together the armed forces communities, commissioners and providers of public services, civilian communities and private, voluntary and charitable sector communities to oversee the strategic delivery of the Liverpool Armed Forces Community Covenant.

The Making it Happen Group has a number of task groups which report to it, looking at:

- Housing
- Employment, Education and Training
- Health & Wellbeing

2.2.3 Armed Forces Community Covenant Grant Scheme[7]

This scheme has been set up to fund local projects which strengthen the ties or the mutual understanding between members of the Armed Forces community and the wider community.

Up to £30m over four financial years has been set aside to fund these projects in the UK. Bids can be submitted by any part of the community - volunteer groups, charities, or public bodies such as schools. Initially, applications are assessed by the Liverpool Making it Happen Group for Veterans before being submitted to the Regional Panel for consideration.

Applications to the Grant Scheme must meet at least one of the five aims set out below:

- Encourage local communities to support the Armed Forces Community in their areas;
- Nurture public understanding and awareness amongst the public of issues affecting the Armed Forces Community;
- Recognise and remember the sacrifices faced by the Armed Forces Community;
- Encourage activities which help to integrate the Armed Forces Community into local life;
- Encourage the Armed Forces Community to help and support the wider community, whether through participation in events and joint projects, or other forms of engagement.

3. Military Veteran Population

3.1 Demographics

3.1.1 Local Population Estimates

There are currently no official figures available on the number of military veterans, particularly at a local level. Research published by the Royal British Legion in 2014 provides an estimate of the size of the veteran population in England[8]. The findings of the study have been applied to the latest population estimates for Liverpool in order to give an indication of the size of the local veteran population.

Age Group	Males		Females		Persons	
	Percentage of UK Popn	Liverpool Estimate	Percentage of UK Popn	Liverpool Estimate	Percentage of UK Popn	Liverpool Estimate
16-24	0.9%	350	0.1%	40	0.5%	390
25-34	1.7%	680	0.4%	140	1.1%	840
35-44	4.4%	1,290	1.1%	310	2.8%	1,610
45-54	7.4%	2,170	1.1%	350	4.2%	2,560
55-64	8.3%	2,060	1.6%	400	5.1%	2,550
65-74	12.2%	2,130	1.9%	360	6.8%	2,460
75-84	56.3%	5,830	2.0%	270	25.3%	6,090
85+	60.1%	1,570	4.1%	220	23.7%	1,900
Total	**9.9%**	**19,070**	**1.1%**	**2,190**	**5.4%**	**21,170**

Table 2: UK Military Veteran Estimates by Age & Sex[8] with Liverpool Estimates for 2013
Note: Figures may not tally due to rounding

By applying the national figures to the local population, we can estimate that there are almost 21,170 veterans in Liverpool, with around 90% of these being men. As might be expected, the number of veterans increases dramatically with age. This is particularly clear among men aged 75-84 and 85+, where more than half of the population are veterans. The comparatively large population within the older age groups reflects the fact that National Service was compulsory for many men until 1960, and as this cohort ages over the coming years this figure is likely to decline.

It should be noted that these figures should be considered indicative only. The research excludes those living in communal establishments, such as residential or nursing homes, hospitals or prisons. As such they will underestimate the size of the veteran population. It is also worth acknowledging that previous estimates have suggested the veteran population in Liverpool could be over 30,000.

The research published by the Royal British Legion[8] suggests that the average age of military veterans in the UK is 67 years, up from 63 years in 2005. This compares to an average age of the

general population in Liverpool of just under 38 years. The average age of veterans is projected to increase further in the short term, before falling back.

3.1.2 Ethnic Minorities

There are currently no figures available on the ethnic diversity of the military veteran population, however the Ministry of Defence produce a quarterly personnel report which includes a breakdown of the current make-up of the UK Armed Forces[9].

Figures for the start of 2015 show that 7% of the Armed Forces considered themselves to be from a Black, Asian or Minority Ethnic (BAME) background. This compares to 14.6% within the general population. Just over 10% of the Army consider themselves to be from a BAME background, compared to 3.5% of the Royal Navy and 2.1% of the Royal Air Force.

It is likely that ethnic diversity of the veteran population will increase substantially with time, as this population filters through from military service to civilian life.

3.1.3 Service Children

Since 2008 school records in the UK have included a "flag" for those children who come from a service family. This indicates that a child has parent(s) who are currently serving in the Armed Forces. Within Liverpool, the January 2015 School Census identified 86 children who were recorded as Service children. More than half (59%) of these children were in Primary Schools in the city. It is not compulsory for parents to disclose that they are serving within the Armed Forces, so records may not be complete.

In 2011, the Office for Standards in Education, Children's Services and Skills (Ofsted) published the report "*Children in Service families. The quality and impact of partnership provision for children in Service families*"[10]. It concluded that Service children who face regular moves from home and school suffer high levels of anxiety and stress, especially when their parents deploy to armed conflicts overseas.

3.2 Future Population

The research by the Royal British Legion[8] suggests that among veterans in particular, the UK population will falls from just over 3million in 2014 to 1.8million by 2030. The majority of this change is associated with a decline in the male veteran population, falling from 10% of the population to 5% of the population over the period. In contrast, the percentage of the female population who are military veterans remains static at 1%.

Applying the expected national changes to local population projections allows us to estimate the size of the veteran population in Liverpool in the future. Figures suggest that there will be 12,000 veterans in the city by 2030, significantly less than the estimated 21,170 veterans today.

While estimates suggest there will be a fall in the number of veterans across all age groups, there is estimated to be a particularly large fall in the number of veterans aged 75-84 in the city, from 6,100 in 2014 to just over 1,700 in 2030.

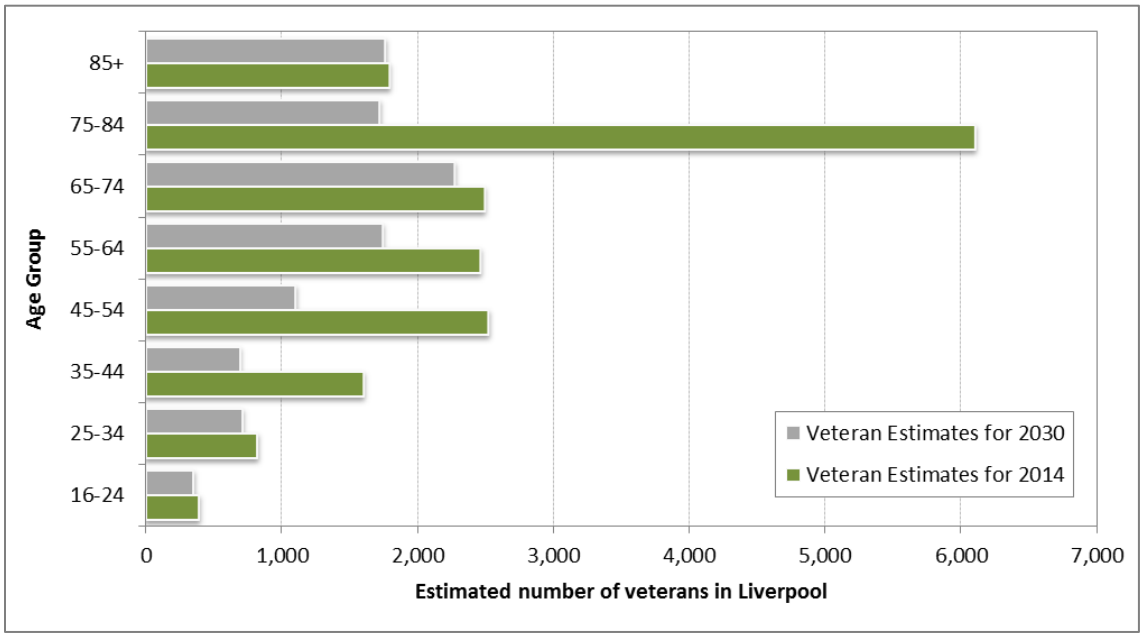

Figure 1: Projection of Veteran Population in Liverpool in 2030 by Age Group[8]

As previously stated, these figures should be considered indicative only. The research excludes those living in communal establishments, such as residential or nursing homes, hospitals or prisons. As such they will underestimate the size of the veteran population.

In general, the age distribution of the ex-Service population is currently skewed towards elderly veterans, primarily due to National Service and the size of the Armed Forces in the mid-20th Century. The predicted decline in this cohort, and the changes currently occurring within the UK Armed Forces, mean that a greater proportion of the veteran population will be made up of younger people with a more diverse ethnic and culture background in the future. They will consequently have different health needs than the current cohort of veterans.

4. Health Behaviours & Needs

Research by Liverpool Public Health Observatory in 2013[11] highlighted that in general the health of the military population is good when compared to the general public. This was due to a number of factors, including: the expected level of fitness required to join the Armed Forces, social support networks and access to healthcare.

In many respects the health of veterans can be considered similar to those of a similar age within the general population. The following section of this report draws heavily on the survey undertaken by the Royal British Legion in 2014[8], which highlights a number of key issues which need to be addressed. In particular, it outlines three main differences between younger veterans (16-64) and the general population:

- **Employment**: working age veterans are less likely to be employed than the general population (60% v 72%)
- **Long term illness**: Veterans aged 16-64 are more likely than the general population of the same age to report a long-term illness that limits their activities (24% v 13%)
- **Caring responsibilities**: Around 1 in 4 veterans has caring responsibilities, almost double the average for the general population.

The following sections look at some of these issues in more detail.

4.1 Personal Health

4.1.1 Lifestyle Behaviours

There is limited research available which looks into the lifestyle behaviours of military veterans. The work conducted by Liverpool Public Health Observatory in 2013 highlighted that alcohol consumption within the Armed Forces is often considered part of the military culture, and can be used as a bonding tool for people in stressful situations[11].

There is some evidence to suggest that alcohol misuse among the UK Armed Forces is more prevalent than among the general population. Kings College London has published a number of pieces of research looking at the health of the Armed Forces and veterans. Using the Alcohol Use Disorders Identification Test (AUDIT), KCL looked at the prevalence of high risk drinking among UK Armed Forces deployed in Iraq[12]. The report found that high risk drinking behaviour among the members of the Armed Forces aged under 35 was double that of the general population, but were comparable for those aged 35 and over.

Figures published by the Royal British Legion indicate that the prevalence of alcohol misuse among veterans is significantly lower than among the general population, with 9% of veterans having an AUDIT score of 8 or more, compared to 24% of English adults[8]. This suggests that

while alcohol misuse is prevalent among the Armed Forces, it is time limited and reduces quickly among the older age groups. However, targeted support may be required for younger veterans who leave the Armed Forces early.

While research by KCL found a rise in high risk drinking behaviour among serving members of the Armed Forces, it also pointed to a reduction in smoking prevalence, falling from 30% in 2003 to 25% in 2007[11].

4.1.2 Self-Care

Self-care and the ability to live an independent life is a key element of the Healthy Liverpool Programme, particularly as the prevalence of multiple long term conditions increases.

As part of the household survey of the ex-Service community, respondents were asked whether they agree or disagree to two statements.

- Need more help in coming months to continue living independently
- Struggle to cope with looking after self, living independently

Among the ex-Service community who are of retirement age or live with a long term condition, around 1 in 10 agreed with both statements. When asked about the type of personal help and support required to live independently, only a small minority stated that they needed help but did not receive it (<2%)[8], suggesting self-care needs are broadly being met.

4.1.3 Caring for Others

A carer is someone of any age who provides unpaid support to family or friends who could not manage without this help. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.

A wealth of evidence identifies that there are significant risks associated with caring and keeping healthy and well. The risks are associated with a variety of issues from the physical strain of lifting and moving people, the emotional stress of providing around the clock care, through to social isolation and being unable to find employment.

The Royal College of General Practitioners (RCGP) 'Supporting Carers in General Practice Guide states that:

- Up to 40% of carers experience psychological distress or depression
- Carers have an increased risk of physical health problems. For example, providing high levels of care is associated with a 23% higher risk of stroke.
- Older carers who report 'strain' have a 63% higher likelihood of death in a year than non-carers or carers not reporting strain
- One in five gives up work to care, and
- More than half fall into debt as a result of caring.

Figures from the household survey of the ex-Service community show that 23% of members of the ex-Service community provide some level of unpaid care and support. This compares to just over 11% of the Liverpool population at the time of the 2011 Census. The survey indicated that caring responsibilities was most often related to physical health needs and dementia[8].

It is worth noting that 1 in 10 carers in the ex-Service community stated that they struggle to cope with their caring responsibilities.

4.1.4 Mental Health

Positive mental health and wellbeing leads to a more flourishing and fulfilling life at home, work and the communities in which we live. It is central to individual and community resilience, the ability to function well, be productive, be healthy and able to cope with adversity and change.

The UK household survey of the ex-Service community indicates that the prevalence of mental illness is increasing among this population, doubling from 3% in 2005 to 6% in 2014. The analysis conducted by the Royal British Legion indicates that as the prevalence is greatest among those aged 35-64, this rise is not age-related.

The survey found that the prevalence of mental health disorders among younger veterans (aged 16-44 years) was three times higher than that of the UK population of the same age. Ex-service personnel may be at an increased risk of self-harm and young male veterans, particularly those with shorter lengths of service, are at an increased risk of suicide[8].

There has been much publication and research focused on post-traumatic stress disorder (PTSD) resulting from experiences of active service. Only a small number of veterans have been found to have post-traumatic stress disorder, with other types of mental illness being more common[14]. While the numbers affected with PTSD are thought to be only slightly higher than in the general population, the severity in some cases has been found to be much more profound.

Between 2010 and 2014 there were 452 hospital admissions in Liverpool where PTSD was cited as one of the diagnosis codes. Since 2011 the number of admissions has increased year on year, rising by 126% over the period. Some 6 in 10 admissions were made by men, and almost half by people under the aged of 40. It should be noted that there is currently no way of determining whether these admissions were made by military veterans.

4.1.5 Long Term Conditions

Research published by the Royal British Legion suggests that 57% of veterans in the UK live with a long term condition, with almost a third living with multiple long term conditions[8]. In Liverpool this would equate to over 12,120 and 6,590 veterans respectively. However, many of these conditions are age-related and not necessarily attributable to the individual's military service.

The research states that "***One in five veterans with a long-term illness attributes it to military Service; particularly musculoskeletal problems, hearing problems and mental illness. Over half of veterans aged 25-44 with a long-term illness attribute it to their Service***"[8], this would equate to 2,420 veterans in Liverpool whose long term illness could be attributable to military service and who may be eligible for priority treatment under the Armed Forces Covenant[2].

The table below shows the self-reported prevalence of a range of long term conditions among those veterans aged 16-64. Comparative figures for the UK adult population are also shown, along with an estimated number of Liverpool veterans who may be living with these conditions.

Condition		UK Adults 16-64	UK Veterans 16-64	Liverpool Estimate
Musculoskeletal Problems	Problems with feet or legs	7%	15%	1,170
	Problems with back or neck	7%	14%	1,090
	Problems with arms or hands	5%	9%	700
Cardiovascular or Respiratory Conditions	Heart, blood pressure or circulation	7%	12%	930
	Chest or breathing	6%	5%	390
Sensory Impairment	Difficulty hearing	2%	6%	470
	Difficulty seeing	1%	5%	390
Digestive or Progressive Conditions	Diabetes	3%	6%	470
	Stomach, Liver, Kidney or Digestive problems	4%	4%	310
Mental Illness	Depression	6%	10%	780
	Other mental health problem	3%	3%	230

Table 3: Long term physical or mental health conditions, illnesses or disabilities among Veterans[8]

It is apparent that the prevalence of musculoskeletal problems, cardiovascular problems, and sensory impairment among veterans is particularly high when compared to the general population. While these figures can only be considered indicative, assuming the local veteran population is comparable to the national pattern this would suggest there a number of specific health needs within this group.

4.1.6 Injured in Service

A medical discharge occurs when an individual is suffering from a condition that pre-empts their continued service in the Armed Forces. These figures do not present a true picture of the level of illness and disability, but may provide an indication of the minimum burden of ill-health. Note that data cannot accurately be compared across the different services as the manning requirements will vary between them, and consequently the thresholds of fitness to serve. In 2013-14 there were the following medical discharges from the UK Armed Forces[13]:

- Army = 2,239
- Royal Navy = 323
- Royal Air Force = 152

The most common principal cause of medical discharge in the reporting period was musculoskeletal disorders and injuries, with knee and back pain the most prominent reasons. The second most common principal cause of medical discharge from the Armed Forces is Mental and behavioural disorders[13]. This corresponds to the comparatively high levels of musculoskeletal problems reported by military veterans in the UK Household Survey[8].

4.1.7 Social Isolation

Loneliness is a subjective, negative feeling associated with lack or loss of companionship. If you feel lonely, you are lonely. 'Social isolation' is a sociological category relating to imposed isolation from normal social networks. This can lead to loneliness and can be caused by loss of mobility or deteriorating health. It is possible to be lonely whilst not isolated, for example amongst those caring for a dependent spouse with little help. The Royal British Legion estimates that around 16% of veterans, or 1 in 6, experience some form of relationship or isolation difficulty[8].

4.2 Wider Determinants of Health

4.2.1 Housing

Problems with quality of housing and accommodation among military veterans appear to be limited, with the household survey of the ex-Service community indicating that fewer than 1 in 10 have experienced housing problems in the past year.

However, a larger proportion of veterans have reported that they have cut back on fuel use, 18% of the adult ex-Service community, turning the heating down or off, even though it was too cold. The impact of low indoor temperature on health has been clearly established. There is a close association between cold living conditions and cardiovascular disease and respiratory conditions. Cold housing can also exacerbate existing conditions such as arthritis and rheumatism, have an adverse effect on mental health, and increase the risk of both minor ailments and accidents (the latter due to reduced dexterity). It is important that veterans and

the wider population are able to maintain an adequate standard of warmth within their home. This is usually defined as 21 degrees for the main living room and 18 degrees for other occupied rooms.

4.2.2 Homelessness

Liverpool Public Health Observatory completed a health needs assessment into homelessness for the City Region in 2014[14]. The report highlighted research that indicates between 5% and 12% of single homeless people in the UK are military veterans. However, as with the veteran population, there are no reliable estimates of the true size of the homeless population.

Service leavers with a shorter service history and those from the army are the most at risk of homelessness and will require extra tracking and support. Homeless veterans are on average older, have been homeless for longer, are less likely to use drugs and more likely to have alcohol-related problems when compared to the wider homeless population[14].

4.2.3 Employment

The Career Transition Partnership (CTP) was established in 1998 to provide advice, training and coaching to service personnel leaving the Armed Forces. While employment among those veterans who have used CTP services is comparatively high, many who leave the Services early do not access CTP.

Analysis by the Royal British Legion indicates that military veterans of working age are much less likely to be in work than the general population (63% compared to 77%)[8]. Their analysis also showed that among the broader ex-Service community 1 in 10 has no formal qualifications, increasing to 1 in 5 among those 55-64.

4.2.4 Criminal Justice

While there have been a number of attempts to quantify the number of military veterans who are in the criminal justice system, there are no definitive figures available. The Ministry of Justice estimates that 3.5% of those in custody are veterans. Locally, information from Altcourse Prison veteran's officer indicates that at least 11% of serving prisoners are ex-service personnel.

The Howard League for Penal Reform released a report in 2011 looking into Armed Forces personnel in prison. The report reviewed information from the Ministry of Justice and estimated that 51% of ex-servicemen in prison are over the age of 45 years and 29 per cent are over the age of 55, which compares to 9% of the general prison population being aged 50 years or over.

It is worth noting that the proportion of ex-servicemen who offend is very small when compared to the number discharged from the Forces, and that there appears to be a significant time lag in most cases between discharge and offence resulting in imprisonment[15].

The report from the Howard League indicates that around a quarter of ex-service personnel in prison are there because of sexual offences. This compares to just over 1 in 10 of the civilian prison population. Ex-service personnel are also over-represented in offences categorised as "violence against the person"[15].

The driving forces for crime among ex-service personnel are similar to those of the general population, such as low educational attainment, economic disadvantage, substance misuse and homelessness. Such factors tend to be concentrated in more deprived communities across the country, and are as likely to be found among ex-service personnel in custody as they are among the civilian population in custody. These factors rather than military service are more likely to be the driving factors behind criminal activity[15].

5. Use of Services

Whilst members of the Armed Forces and military veterans have health needs, many of these are also seen within the general population, and treatments and services are likely to be similar for both groups. The main challenge is to ensure that those leaving Service are linked into the NHS system through General Practice to ensure that any future health needs are met. It is also important that services ensure that health professionals are available who have an understanding of the Armed Forces culture, as outlined in the Armed Forces Covenant.

5.1 General Practice

5.1.1 Identification

Figures published by The British Legion suggest that there are approximately 42,000 military veterans living with Merseyside. The Government policy to reduce the number of regular service personnel and to replace this with reservists will see an increase in number of current personnel returning to civilian life.

The numbers of veterans known to Liverpool General Practices is increasing thanks to a number of City Wide initiatives between the NHS, Local Authority and Charities. However, the numbers recorded onto GP surgeries do not reach the number we might expect for the city. The numbers of veterans known to GP surgeries in Liverpool currently stands at 9,057, a rise from April 2013 when the figure was 6,986.

Work is ongoing with the local charities and third sector organisations to increase the identification of Veterans. One of the stumbling blocks is the national use of the term Veterans. Ex-Forces personnel and current reservists see the terms as referring to those ex-forces personnel who serviced prior to the conflicts in Northern Ireland.

5.1.2 Priority Access

Military Veterans receive priority access to Secondary, Tertiary and Community Care if their referring condition is related to their military service. In order for this to occur, however, Military Veterans need to make themselves aware to their GP when registering or during any consultations.

5.1.3 General Practice Core Contract

The General Practice contract issued by the Department of Health for 2015 and beyond has for the first time even included that current service personnel can register for a NHS GP for a period of 3 months to 2 years. Previously service personnel had their Primary Care treatments managed by Defense Medical Services. The only caveat is that Defense Medical Services have to approve the transfer of patients, once they feel their existing treatments have been completed and the transitional process to the NHS.

5.1.4 Talk Liverpool – Improving Access to Psychological Therapies (IAPT)

Talk Liverpool aims to provide psychological treatments, sometimes called talking treatments, to help people who have common mental health problems such as feeling stressed, feeling low in mood (depressed) or very nervous (anxiety). The service is available through all the GPs and primary care staff in Liverpool, a range of voluntary sector organisations and by self-referral. This new service was commissioned from 1st April 2015 and specifically prioritises military veterans.

5.2 Support Services

5.2.1 Tom Harrison House

Tom Harrison House is an initiative with the aim of freeing military veterans, reservists and emergency service personnel and their families from addiction and its effects, by assisting and supporting individuals affected by drugs and alcohol misuse to move from crisis to recovery in a safe and specialist setting.

The initiative is being independently evaluated and recommendations will inform future commissioning intentions.

5.2.2 Housing

Following the introduction of the Localism Act in 2011, Liverpool City Council along with four Local Authorities in Merseyside (Knowsley, Halton, Sefton, and Wirral), revised the Merseyside Sub regional Allocation Scheme in relation to members of the armed forces who require rehousing. The revised scheme, which became operational in January 2015, now provides an enhancement of 3 months on the application date to any household members who have served in the armed forces who require rehousing and fit the criteria for the "*Urgent Priority Band A*". For those members of the armed services who are being discharged from the services they are automatically placed in the "*High Priority band B*", 3 months before their discharge date.

Following the review this has now been extended to 12 months after their date of discharge. Local connection is not a factor that is taken into account and they will receive this priority across all five Local Authority areas, which maximises their potential choices and opportunities of being rehoused into suitable accommodation across the Merseyside sub regional area.

Speke House (Armed Forces and Veterans Launchpad) is a LIBOR funded project consisting of 52 unit veteran specific accommodation providing support for various levels of needs has been developed in the Speke area of the city.

5.2.3 MainStay

In 2014-15 over 3,200 people in Liverpool were assessed for accommodation or floating support, with 125 (3.8%) of these being former members of the Armed Forces. In comparison to the general population seeking support, the military veterans were much more likely to be older, male, and White British. Military veterans have slightly higher needs in physical health, drugs and alcohol misuse and emotional and mental health and slightly lower for offending, though the difference compared to the general population is not statistically significant.

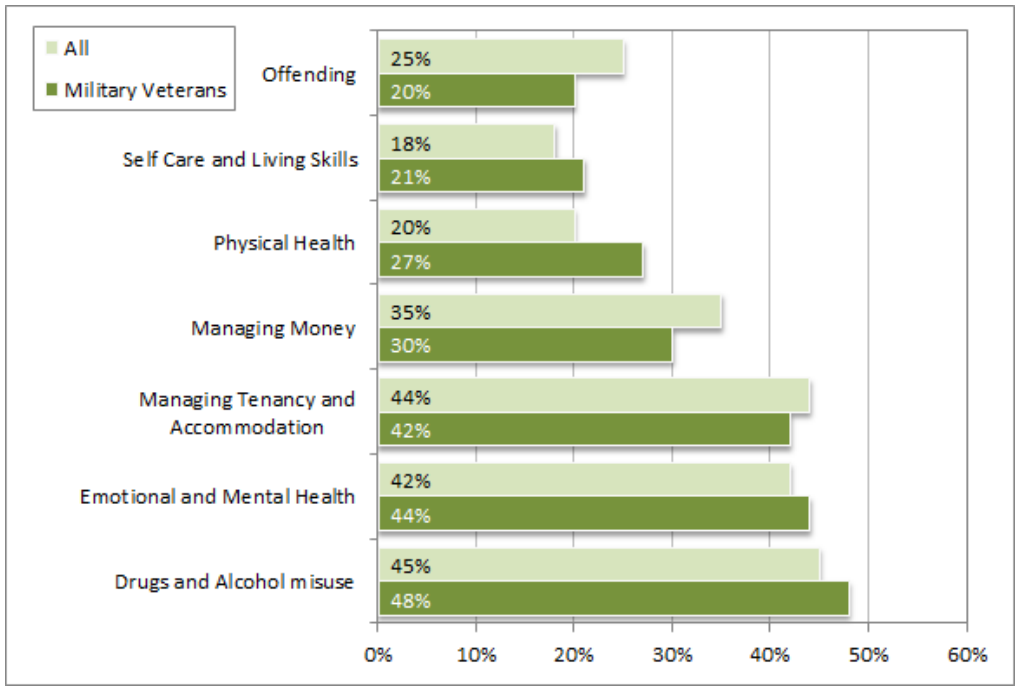

Figure 2: Needs of military veterans in Liverpool seeking support during 2014-15
Note: More than one need may be identified per individual

6. Community Support & Assets

6.1 Community Covenant Grant Scheme

The Liverpool Community Covenant was officially signed on 27th March 2012. The aim of the Covenant is to encourage local communities to support the armed forces community in their area and promote understanding and awareness among the public of issues affecting the armed forces community. The development of the covenant has provided means and methods to help armed forces reintegrate comfortably back into society.

Since 2013, the City Council have supported and submitted 15 applications to the Regional Community Covenant Board, with 11 of these being successful:

6.1.1 National Museums Liverpool – 'Memories Lost' (2015)

The project aims to engage the local community throughout Merseyside living with dementia or their carers with the Armed Forces Family through an innovative project focused on capturing the memories and telling the stories of the soldiers, their families and the charities that support them both now and in the past, whilst also raising awareness and increasing support for people who live with dementia. This project aims to represent serving personnel and veterans of all services.

The project will follow two strands:

- A dementia support project, based on the House of Memories (HoM) project that is aimed at the Armed Forces community and professional carers, which provides a training programme, resources and reminiscence activities for Veterans and Armed Forces Family (AFF). This strand supports the wider AFF community to live well with dementia whilst capturing and sharing their memories and stories;
- An exhibition that interrogates the issues and challenges faced by AFF, focusing on the charity support systems that arose from the early 20th Century conflicts and how those challenges are still prevalent today.

6.1.2 City of Liverpool Sea Cadets – 'New Wheels' (2015)

Funding used to purchase a mini bus for the use of the City of Liverpool Sea Cadets staff for the advantage of the unit and the local community.

6.1.3 Royal Naval Association, Liverpool Branch – 'Project Phoenix' (2015)

Funding used to carry out refurbishments to the Naval Clubhouse the origins of which date back to the 1950's. It serves as a focal point for the local community and a hub for various community activities.

6.1.4 Liverpool FC Foundation – 'Men's Health Programme' (2014)

The project aims to engage men aged 18 and over, living and working in the Liverpool area but with a specific focus on the North end of the City, which has one of the worst men's health records in the country. It aims to improve general health and wellbeing as well as working to reduce social isolation, increase social contact and looks to create sustainable links between individuals and their community through activities such as Men's Health Courses, Weekly Men's Health Football Sessions, Liverpool FC Foundation Branded Health Trailer, Men's Health Day Trips and a Men's Veteran Health Booklet.

6.1.5 Tom Harrison House – 'Veteran Addiction and Recovery Treatment Centre' (2014)

Funding contributed to the refurbishment of two properties in Broadgreen that became the UKs first military personnel (veterans, reservists, serving staff etc.) only addiction and recovery residential treatment centre and move on abstinence accommodation.

6.1.6 Tom Harrison House - Veterans and Ex-Service Personnel Action Team (2014)

The project consists of clients who have graduated from Tom Harrison House and those ex-military veterans who are longer term in recovery from substance addiction. Those in longer term recovery act as *Recovery Advocates* encouraging addicted veterans to look at abstinence recovery options, by modelling good quality recovery behaviour and lifestyles. Both sets of individuals form the VESPA Team and engage in direct community action, and provide support where called upon to do so.

6.1.7 Lesley Van demark (CIC) – 'Giving Veterans a Voice' (2014)

The project aims to produce and facilitate a series of creative writing workshops for Liverpool veterans. The project expands to include the Liverpool community, having some of the veterans that have participated in the workshops being trained to go into primary and secondary schools to share their stories. Educational kits are also provided to schools.

6.1.8 Everton in the Community – 'Inside Right' (2014)

The project aims to provide a comprehensive health, fitness and wellbeing support package to enhance the transition and integration process through sporting, education, training, volunteering and employment, support networks, practical support networks and social contact, awareness raising and cascade training, art and media project for families and children and befriending Veterans in prison.

6.1.9 Breckfield & North Everton Neighbourhood Council - 'Liverpool Veterans Project Community Sports & Fitness Programme' (2013)

The project aims to complement existing physical fitness and wellbeing programmes in the community by working with veterans and reservists training them to be qualified cycle and walk leaders, techno-gym fitness and kick start to health buddies, community health activators, football coaches and county FA referees.

6.1.10 Battle of the Atlantic (2013)

Funding contributed to various regional activities commemorating the Battle of the Atlantic.

6.1.11 FACT – 'Digital Veterans' (2013)

The project centred around the development of a dedicated veterans website, which acts as a source of information and also a platform for displaying art and creative work by veterans.

6.2 Liverpool Veterans Project

The Liverpool Veterans Project is a joint initiative between Liverpool City Council & Breckfield & North Everton Neighbourhood Council (BNENC) - one of Liverpool's lead Community & Voluntary organisations.

The project has a number of aims, including:

- To provide a single point of contact for veterans and their families, co-ordinating services, resources, and bridging gaps in services and provision.
- To provide increased mental health support, with ease of access to trained, qualified counsellors.
- To reduce waiting lists and other issues relating to lack of co-ordination between services.
- To provide access to training, 1 to 1 / group support and assistance with employment issues.
- To support those who experience problems relating to substance misuse, and find it difficult to engage with support services.

As part of the project, BNENC have established the ***Liverpool Veterans HQ***. The facility is staffed by trained 'buddies' who deliver the case work support and act as a one-stop-shop for veterans, reservists and their families. The building has a variety of facilities, including:

- A small internet café to support veterans to job search and connect with other veterans.
- Counselling rooms.
- Availability of targeted training courses and back to work programmes.
- Access to other veteran support partners e.g. Talking 2 Minds and Protective Security.

6.3 Soldiers', Sailors' & Airmen's Families Association (SSAFA)

SSAFA is the UK's oldest national tri-service military charity. It was established in 1885 to assist the wives and families of servicemen who had died, and also provides advice and support to servicemen and women, and veterans of all ages[16]. Each year SSAFA supports over 50,000 members of the Armed Forces community, with branches across the country, including Merseyside.

The organisation has 6 strategic objectives[17]:

- Provide appropriate, effective and timely tailored-made solutions for our beneficiaries to relieve their need, suffering and distress by providing high quality services directly to them.
- Proactively identify, assess and respond to the emerging, unmet and changing needs of our beneficiaries in the medium to long term.
- Continue to be the preferred non-military provider of health and welfare services to the serving Armed Forces and their families.
- Be recognised by the public and key stakeholders as the trusted source of expertise and opinion on the health, social care and wellbeing of our wider Armed Forces community.
- Grow and maintain the financial and other resources available to services in support of beneficiaries by maintaining a sustainable financial position.
- Achieve operation excellence by introducing a culture of continual improvement.

6.4 Royal British Legion in Merseyside & West Lancashire

The Royal British Legion is the nation's leading Armed Forces charity providing care and support to all members of the British Armed Forces past and present and their families. It is probably best known for the annual Poppy Appeal and its emblem the red poppy.

Royal British Legion in Merseyside & West Lancashire administer and support the delivery of welfare services and the membership and fundraising activities of the Legion's branches and clubs throughout the area. They cover the Councils of Liverpool, Sefton, Knowsley, Halton, St Helens, West Lancashire, Warrington, Wigan and Bolton. There are a number of Royal British Legion branches within Liverpool itself, in addition to the Merseyside branch in the city centre:

- Aintree
- East Liverpool
- Fazakerley
- Garston
- Norris Green
- Woolton & Halewood

7. Engagement

National literature suggests that veterans require specific services designed for them, especially for group/talking therapies. However, the armed forces believe that veterans should be transited directly into mainstream services, as this will be expected as part of the transition back into civilian life.

Liverpool CCG is planning to conduct an engagement event later in 2015 with military veterans, their families and carers. The aim of the event is to understand the mental and physical health needs of veterans and to establish if there is a need to commission services solely for this group, rather than directing them to mainstream services, and if so what these might be and how best they would be delivered. Liverpool CCG also wishes to consider whether amendments to mainstream provision may be required.

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