Armed Forces Community:
Health Needs Assessment 2018-19

Bedford Borough

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Executive Summary

Purpose of the Health Needs Assessment

Within our local population there are individuals who are currently serving with, or have previously served within the Armed Forces in the United Kingdom. These individuals, and their families, are a unique subgroup of the population who have specific health and social needs resulting from their service within the Armed Forces. It is important that we consider the general and specific health needs of this population, their specific rights within the healthcare system and the wider determinants impacting on their health.

Bedford Borough Council signed the Armed Forces Covenant in 2012, committing to treat people who have served with, or are currently serving with, the Armed Forces fairly. We need to review our current services providing healthcare for this population and ensure that we are providing appropriate healthcare services and meeting their requirements and rights. The purpose of this health needs assessment is to describe the demographics of the local population within the Armed Forces Community, outline specific health and social needs of this population and summarise the national and local services available to support this community. Recommendations have been made to improve our engagement with the Armed Forces Community and provision of services to meet their specific health and social needs.

Stakeholder involvement

A 10 item Survey Monkey questionnaire was sent electronically to practitioners across Bedfordshire CCG. The aim of this questionnaire was to assess the methods of, and barriers to, the identification of veterans across practices. Additionally, it explored the awareness of Armed Forces Covenant, priority treatment for veterans and the specific health needs of veterans. Semi-structured interviews were held with selective stakeholders. Themes and information resulting from these conversations have been integrated throughout this health needs assessment, especially within the recommendation sections.

Demographics of the Armed Forces Community

The Ministry of Defence publishes quarterly data on the number of serving personnel at a national and local authority level. Demographic information is available at a national level. However, this data is not available for Bedford Borough.

The Annual Population Survey, published in 2016, has been used by the Ministry of Defence to estimate the number of veterans at a national and regional level. It is estimated that there are approximately 2.5 million Armed Forces veterans living within Great Britain. These estimates can be extrapolated to give an **estimated** number of veterans living locally. Extrapolated data suggests that there may be approximately 7000 veterans living in Bedford Borough. However, extrapolating this data has required strong assumptions to be made and these figures need to be treated with **extreme caution.**

In September 2018, the MOD published estimates of working aged veterans (16-64 years old) using data from the 2011 national Census. It is estimated that in 2011, there were 1655 working aged veterans in Bedford Borough and 5145 working aged veterans across Bedfordshire CCG.

This paucity of local level data has highlighted the need for more accurate estimates of numbers of the Armed Forces Community at a local level, an ongoing challenge.

Health needs of the Armed Forces Community

In general, members of the Armed Forces Community have similar general health needs to the general population, consistent with their age and demographic status. Due to a rigorous selection process, the general health of serving personal is generally considered to be, on average, better than that of the general population. The general health of veterans over the age of 65 years old is considered to be similar to that of the general population. However, the evidence surrounding the general health of working aged veterans is more conflicting.

The Armed Forces Community is a unique subpopulation and they have important additional, **specific** health and social needs which need to be considered. Occasionally, the evidence surrounding the specific health and social needs for this

population is inconsistent. Where possible these discrepancies have been highlighted and possible explanations have been explored.

Overall, it is likely that the prevalence of mental health problems in serving personnel are similar to in the general population, but is slightly higher in specific groups, such as those who have been deployed and in the reservist population. Suicide in Armed Forces serving personnel is a rare occurrence and the rate of suicide in male serving personnel (aged 16-59 years old) is statistically lower than the rate of suicide in the general UK male population. The prevalence of post-traumatic stress disorder in serving personnel is low 0.2%. Deployment is a key risk factor for post-traumatic stress disorder (PTSD), with a significantly higher risk of developing PTSD in personnel who had previously been deployed to Iraq or Afghanistan than those who had not. Research by the King's Centre for Military Health Research has found that there was a significantly higher level of alcohol misuse in Armed Forces personnel than the general population. Females within the armed forces were more likely to experience alcohol misuse compared to the general population. More recent evidence from the Ministry of Defence is consistent with this.

As with the evidence surrounding the mental health of serving personnel, evidence surrounding the mental health of veterans is also patchy and occasionally conflicting. Overall, the rate of mental health issues in individuals who are recent veterans is thought to be the same as the general population. There is no recent data from the MOD about the risk of suicide in the veteran population. However, the rate of suicide in the veteran population overall is thought to be similar to in the general population. Kapur *et al.* performed a cohort study, following up all individuals who left the UK Armed Forces between 1996-2005. The suicide risk was approximately 2-3 times higher in younger personnel (24 years old and younger) compared to the corresponding age group in the general population, and the contact with specialist mental health services was also lower in this age group. The suicide risk is thought to be highest in the initial 2 years after discharge, in males who have previously served in the Army, those who were in service for a shorter period of time and personnel who were of a lower rank(1).

Approximately, 4% of veterans are thought to have post-traumatic stress disorder. This may be higher in reservists and combat troops. Evidence suggests that recent

service leavers have increased rate of alcohol misuse, especially in individuals who have been deployed to Iraq and Afghanistan.

At a local level, P2R (Path to Recovery) provide confidential support for drugs and alcohol misuse across Bedford Borough and Central Bedfordshire. New patients are directly asked whether they have previously served with the Armed Forces and P2R record this information, providing demographic data on ex-military users of this service.

Awareness of the Armed Forces Covenant

The 2017 Annual Report for the Armed Forces Covenant highlights that there is a lack of awareness and knowledge about the specific health needs that veterans face within the healthcare system. An ongoing priority of the Armed Forces Covenant is to raise the awareness of the covenant. Nearly half of respondents to the Bedfordshire primary care survey monkey questionnaire (41.7%) were aware of the Armed Forces Covenant with 41.7% being unaware of it and 16.7% not being sure. The majority of respondents at Bedfordshire CCG (75.0%) welcomed further teaching and training within their practice about the identification, specific health needs and healthcare rights of veterans.

Wider determinants of health

It is important that we consider the ‘wider determinants of health’ when we assess the health needs of serving personnel, veterans and their families. For the majority of serving personnel, the transition to civilian life is smooth. However, for some serving personnel and their families, this transition is more challenging. Multiple adverse factors may interact and have a greater impact on the health and social needs of an individual.

Whilst, the overall employment rate in veterans is similar to that in the general population, some veterans may face challenges finding employment which may arise from: a lack of transferrable skills with a lack of qualifications or training outside the

military or physical or mental health problems. Overall, fewer veterans have a degree than the general UK population.

Whilst the majority of veterans live in stable accommodation, approximately 3% of the homeless population are thought to be veterans.

There is a paucity of data of the number of veterans in the criminal justice system. The Philips Review, published in 2014, found that individuals who have left the services are less likely to commit criminal offences that their civilian counterparts. All individuals entering the criminal justice system should now be asked whether they have previously served within the Armed Forces.

The families and friends of serving personnel and veterans additionally face specific health and social challenges. These may result from prolonged periods of separation or frequent moving to different areas.

There are multiple charitable organisations available at both a national and local level aimed at providing support for serving personnel, veterans and their families. However, signposting an individual to the appropriate service requires the individual to be identified as a member of the Community, and an awareness of relevant services. The Veterans' Gateway is a free, online portal which aims to provide a single point of contact, support and advice. Greater collaboration between frontline services and signposting to the Veterans' Gateway, could help to ensure that this population receives appropriate support for their specific needs.

Recommendations

The suggested recommendations reflect themes highlighted in stakeholder involvement and priorities outlined in the national document, 'The Strategy for our veterans.'

1. Improve the identification of the Armed Forces Community within primary care services, health and social care and across all services in contact with the Armed Forces Community

There needs to be a greater identification of veterans, reservists and their families across services to ensure that they receive the appropriate level of care and services that they are entitled to.

Possible actions:

- Continue to identify new veterans on enrolment to a General Practice by directly asking armed forces status (including using synonyms e.g. ex-military) on the enrolment questionnaires.
- Encourage local services (e.g. smoking cessation, drugs and alcohol services) to proactively ask individuals registering with new services whether they are a member of the Armed Forces Community and record this to improve local data collection.
- Raise awareness within primary care professionals about the importance of proactively asking patients whether they are or have previously served with the armed forces and **why** they are asking this question
- When appropriate encourage GPs to ask about veteran status of existing patients on their register.
- Ensure that medical records are coded appropriately with standardised READ codes.
- Encourage veteran accreditation of GP practices and individual GPs.
- Encourage the appointment of veteran leads across all services.
- Encourage members of the Armed Forces Community to self- identify when presenting at a new service, by explaining the benefits of identifying themselves as a member of the armed forces community. Posters could be displayed in waiting room areas or leaflets distributed.
- Consider a local social media campaign highlighting the importance of identifying members of the Armed Forces Community ("Think veteran" campaign)

2. Recognition and understanding of the health and social needs of the Armed Forces Community

Members of the Armed Forces Community are a unique and potentially vulnerable community within our population. Their specific health and social needs should be recognised.

Possible actions:

- Provide education and training opportunities for healthcare professional (primary and secondary care) and to all services that are in contact with the Armed Forces Community, on the **specific** health needs and available specialist services for different members of the Armed Forces Community. This could be through informal 'snip it's' in newsletters or formal training during teaching days.
- Encourage GPs to request MOD records. Encourage veterans, prior to discharge, to also ask for their MOD records to be shared.
- Consider a 'Making Every Contact Count (MECC)' module for the Armed Forces Community.
- Promote the completion of free online training resources for healthcare professionals such as the e-learning for healthcare package or Health Education England veteran training days.
- Conduct a more in-depth review of the health and social needs of local reservists, veterans and family members using a qualitative study design.
- Continue to include the Armed Forces Community within Joint Strategic Needs Assessments across each authority. Additionally, include this population in other health needs assessments e.g. drug and alcohol health, children and mental health needs assessments.

3 Increase the awareness of the Armed Forces Covenant and priority referrals

Ensure that all frontline health care professionals working across Bedford Borough are aware of the Armed Forces Covenant and the entitlement of ‘no disadvantage’ for members of the Armed Forces Community.

Ensure that public health professionals, members of the Bedfordshire Clinical Commissioning Groups and departments across Bedford Borough Council are aware of the covenant and the important of the covenant when providing and commissioning local services to the Armed Forces Community.

Promote awareness of the covenant to the general public and general businesses.

Possible actions:

- Provide education and training opportunities for frontline healthcare professionals, clinical commissioning groups, public health teams, local authority education, housing, child and social care services focused on the purpose of the Armed Forces Covenant.
- Promote the completion of free online training resources for healthcare professionals such as the e-learning for healthcare packages.
- Raise the profile of the Armed Forces Covenant via newsletters and social media campaigns.
- Continue to participate in civic events to raise the profile of the Armed Forces Community e.g. Armed Forces Day.
- Continue to encourage local businesses to sign up to the Defence Discount Scheme.

4. Improving the quality of local level data

Attempt to improve the availability of local level data on the number and socio-demographic profile of the Armed Forces Community.

Possible actions:

- As per recommendation 1, improve the identification of reservists and veterans within primary care.
- As per recommendation 2, record veteran status on medical records using a standardised code.
- Encourage all local services that provide support and advice to veterans and serving personnel to continue to record or commence recording veteran status. This includes mental health, drug and alcohol, smoking cessation, housing support and employment services.
- Refresh this HNA after the publication of 2021 Census Data for a more accurate estimate of the socio-demographic profile of regular and reservist personnel and veterans.

5. Improve signposting to local and national level services

There are multiple organisations and services for the Armed Forces Community. A structured approach is required to ensure that individuals are signposted to the correct service for their health and social needs to help ease the transition between military and civilian life and post-discharge from the MOD. This could enhance the integration of local services for the Armed Forces Community and generate more integrated pathways for referrals.

Possible actions:

- Raise awareness and promote the use of the 'Veterans' Gateway' within primary care, secondary care and within local authority services, encouraging staff to signpost individuals to the website.
- Increase knowledge of the national and local level services available to members of the Armed Forces Community across staff e.g. GPs can refer veterans to the local breakfast club
- Encourage local services to register with the Veteran's Gateway.
- Increase the level of knowledge within the Armed Forces Community of the local and national services available to them and their entitlements as per the Armed Forces Community.
- Map the local and national services available across Bedford Borough.

Abbreviations

Armed Forces Compensation Scheme	AFCS
Annual Population Survey	APS
Clinical Commissioning Group	CCG
Defence Medical Welfare Service	DMWS
Defence Medical Services	DMS
Department of Health	DOH
Disability Living Allowance	DLA
Early Service Leaver	ESL
General Practitioner	GP
Health Needs Assessment	HNA
Improving Access to Psychological Therapies	IAPT
Ministry of Defence Organisation	MOD
Office of National Statistics	ONS
Post-traumatic stress disorder	PTSD
Royal Air Force	RAF
Royal British Legion	RBL
Soldiers, Sailors and Airmen's Families Association	SSAFA
War Pension Scheme	WPS
United Kingdom	UK

1. Introduction

1.1 Health Needs Assessment

A health needs assessment (HNA) systematically assesses the health needs of a specified population. The primary aim of an HNA is to improve the health of a specific population and it is used within public health to guide resource allocation and service planning(2). HNAs aim to identify areas where health needs are not being met and provide recommendations on how to meet these needs(2).

1.2 Purpose of the veterans and Armed Forces Health Needs Assessment Health

Within our population there are individuals who are currently serving with, or have previously served within the Armed Forces. These individuals, and their families, are a unique subgroup of the population who have specific health and social needs and requirements resulting from their service within the Armed Forces. It is important that we consider the general and specific health needs of this population, their specific rights within healthcare and the wider determinants impacting on their health(3).

Bedford Borough Council has signed the Armed Forces Covenant (section 4) committing to treat people who have served with, or are currently serving with, the Armed Forces fairly. We need to review our current services providing healthcare for this population and ensure we are providing appropriate healthcare services and meeting their requirements and rights(4,5).

In 2010 a HNA for veterans was published, covering Bedfordshire. In 2012, an HNA focusing on veteran and Armed Forces mental health needs was completed covering Bedfordshire.

This HNA covers Bedford Borough Council, Central Bedfordshire Council and Milton Keynes Council. However, a separate report has been produced for each council. It identifies the key health needs of the veteran and Armed Forces population; analyses the current services and provision across Bedford Borough Council, identifies gaps in service provision and makes recommendations to fulfil these gaps.

In October 2018, an ‘Armed Forces Covenant Project Manager’ was appointed. This HNA will be used to direct areas of work.

1.3 Objectives

1. Define the target population of the HNA.
2. Describe the local demographics of the general population across Bedford Borough Council.
3. Describe the demographics of the Armed Forces and veteran population at a national level.
4. Describe the demographics of the Armed Forces and veteran population at a local level.
5. Describe the provision of healthcare to the target population at a national level.
6. Identify the general health needs of the target population.
7. Identify specific health needs of the target population.
8. Summarise the national and local services available for the target population.
9. Engage with stakeholders and users of the services.
10. Make recommendations to address unmet health and social needs of the Armed Forces community.

2. Definitions

2.1 Serving personnel

The Armed Forces within the United Kingdom (UK) are comprised of the Royal Navy including the Royal Marines, the Royal Air Force (RAF) and the Army(3).

Reservists are individuals who are members of the Armed Forces who may or may not have careers outside of the military. This includes regular reservists from the RAF Reserves, Royal Navy Reserves and the Army Reserves. The term 'serving personnel' is used in this HNA to mean any individual who is currently serving within the Armed Forces and therefore refers to both regular personnel and reservists(3).

2.2 Gurkhas

Gurkhas are Nepalese citizens but are members of Her Majesties Forces. They are employed by the British and Indian Armies. After 5 years of service Gurkhas can be enlisted in the UK Regular Forces and are eligible for application for British Citizenship(6).

2.3 Veteran

A veteran is defined as 'anyone who has served for at least one day in Her Majesty's Armed Forces (regular or reserve) or Merchant Navy Seafarers or Fishermen who served in a vessel at a time when it was operated to facilitate military operation by Her Majesties Armed Forces(4).' However, many people do not identify themselves as veterans and the terms 'service leaver' or 'ex-military' personnel are also used(4). A service leaver is any individual who has left the Armed Forces. However, the term veteran will be used in this HNA. An 'Early Service Leaver' is an individual who leaves the services before four complete years of service.

2.4 Family members

The term 'Armed Forces family member' is used to describe an immediate family member of serving personnel. A 'veteran family member' is used to describe an immediate family member of a veteran. Traditionally, a family member normally

describes a spouse, partner or a child of serving personnel or veteran, but it can also include parents or siblings.

2.5 Bereaved

Any immediate family member of a serving personnel or veteran who has died.

2.6 Armed Forces Community

For the purposes of this HNA the Armed Forces Community includes: regular personnel, reservists, veterans, families of the aforementioned individuals and those who are bereaved, as defined in the Armed Forces Covenant(3).

2.7 Target population

The target population for this HNA is any serving personnel, veteran, Armed Forces family member or veteran family member who lives within the Bedfordshire and Milton Keynes area.

3. Population demographics

3.1 Demographics of the general local population

Bedford Borough Council is located within Bedfordshire (Figure 1). A summary of the local demographics of these areas are found in Box 1.

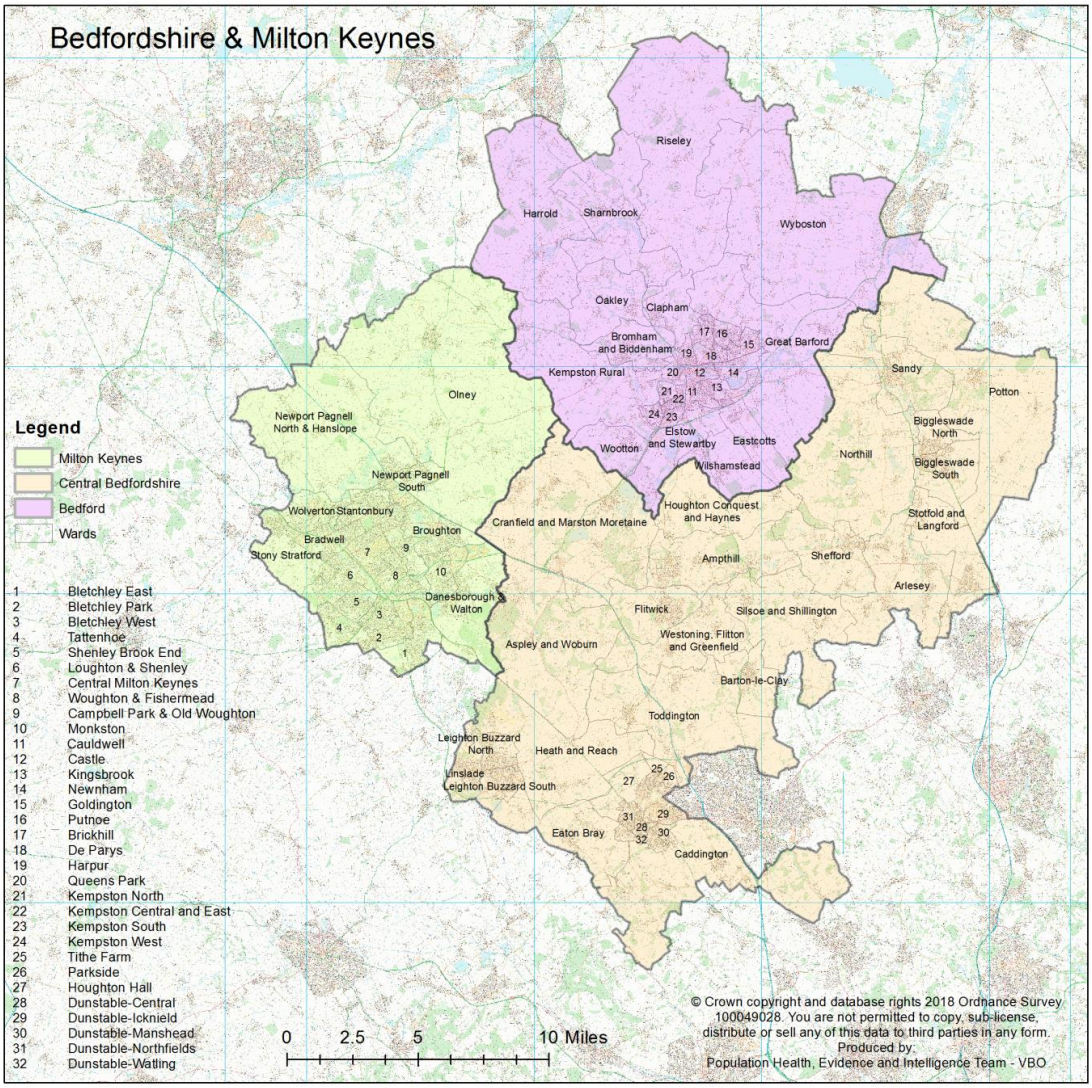


Figure 1: Map to show Milton Keynes, Bedford Borough and Central Bedfordshire. Produced by the Evidence and Intelligence team, Population Health

Bedford Borough

- Estimated population= 169,912 people (ONS mid-year population 2017)
- This is projected to increase to approximately 179,000 people by 2021, with the fastest rise in people aged over 70 years old.
- Approximately, 17.3% of the population is aged over 65 years old.
- Two thirds of the population live in the urban areas of Kempston and Bedford.
- There are around 100 different ethnic groups and 18.6% of the population are from an ethnic minority group.
- 13% of the population live in areas that are among the 20% most deprived nationally.
- The life expectancy at birth is similar to the average for England:
  - Males: 79.9 years
  - Females: 83.2 years
- The healthy life expectancy at birth is similar to the average for England:
  - Males: 63.2 years
  - Females: 65 years

Box 1: Demographics of the local population

Source: Public Health Evidence and Intelligence team; ONS Population Estimations(7)*,ONS Population Projections*(8)*, PHE Bedford Local Authority profile 2018*(9) *and PHE, Fingertips*(10)

3.2 Location of local Armed Forces bases

There are two UK Armed Force bases currently in operation in Bedfordshire, both in Central Bedfordshire: RAF Henlow and Chicksands. Additionally, there are reservist forces across Bedfordshire.

3.3 Demographics of the Armed Forces Community

The Royal British Legion (RBL) UK Household Survey of the Ex-service community, published in 2014, estimated that there are approximately between 6.5-6.7 million members of the Armed Forces Community living in the UK(11). This includes approximately 2.1 million dependent adults and 1 million dependent children(11).

3.4 Demographics of serving personnel

3.4.1 Demographics of serving personnel: national level

The MOD publishes national statistics on the Armed Forces population on a quarterly basis. In January 2019, the MOD estimated that the total strength of the UK Forces Serving Personnel is 190,750, with 143,430 people serving in the UK Regular Forces. This is a decrease of 2.2% and 2.4% since January 2018 respectively(12).

	UK Forces Strength
UK Regular Forces	143,430
Gurkhas	3,070
Volunteer Reserve	36,430
Other personnel	7,820
Total UK Forces Personnel	190,750

Table 1: Strength of the UK Forces Serving Personnel, January 2019.

Source: UK armed forces quarterly service personnel statistics, January 2019(12)

Approximately, 61% of total UK Forces serving personnel serve within the Army (Figure 2). 55% of the UK Regular Forces and approximately 81% of Volunteer Reserves serve in the Army.

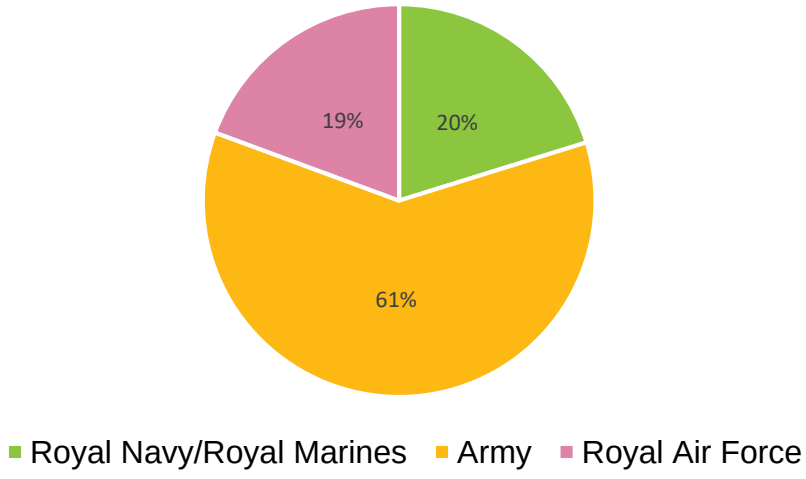


Figure 2: The proportion of UK Forces Serving Personnel in each tri-service, January 2019.

Source: UK armed forces quarterly service personnel statistics, January 2019(12)

As Figure 3 shows, since 2012 to 2019, the proportion of serving personnel who are regular forces has declined and the proportion of the total serving personnel who are voluntary reservists has increased. No confidence intervals are provided with this data therefore we are not able to determine whether these changes are statistically significant.

The role of the Reserves within the future Armed Forces workforce was reviewed in a 2010 'Strategic Defence and Security Review.' As outlined in the 2013 MOD's 'Future and Reserves 2020' document the reserves will have a greater representation in the future workforce(13).

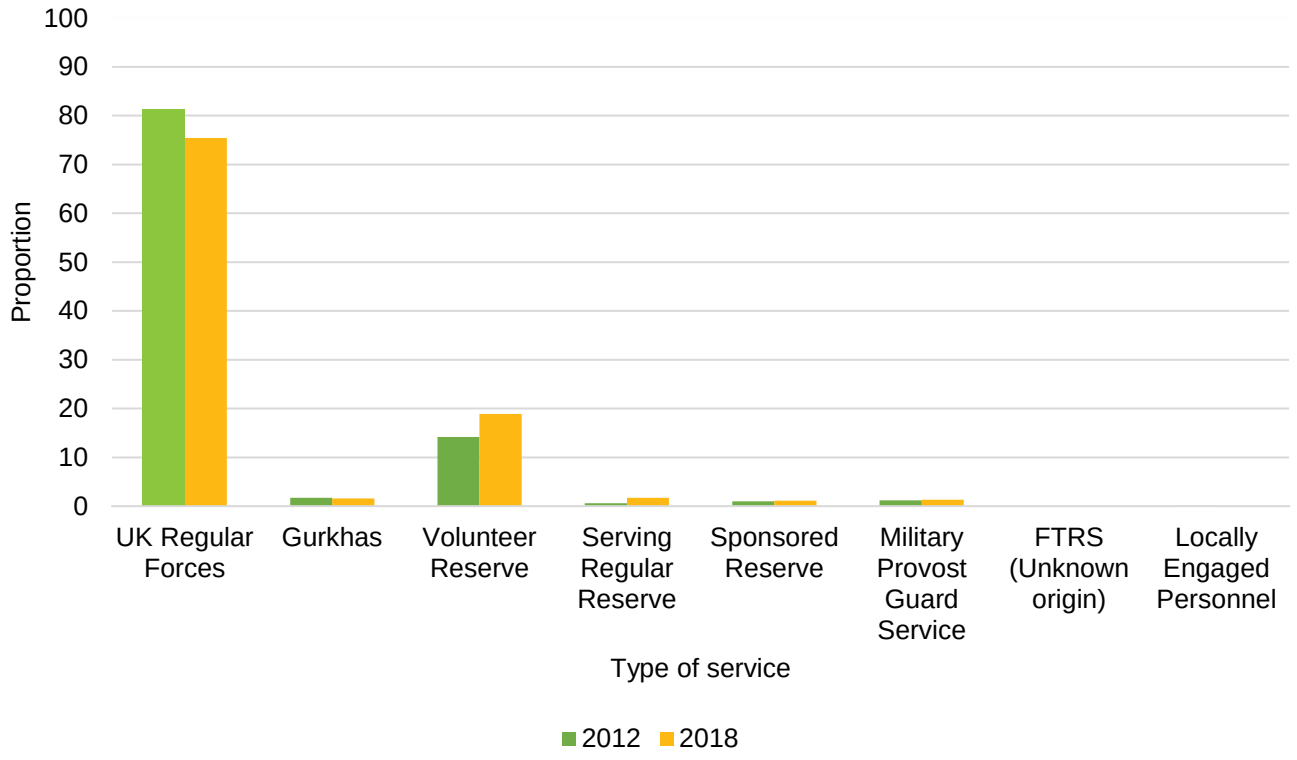


Figure 3: The proportion of personnel by type of service, 2012 and 2018

Source: UK armed forces quarterly service personnel statistics, January 2019(12)

Key demographic statistics are provided at a national level in Box 2, Figure 4 and Figure 5.

Key statistics: Diversity statistics of the UK Armed Forces

- Approximately 90% of all serving personnel are male.
- The female representation in the UK regular Forces (10.5%) and Future Reserves 2020 (14.5%) is increasing.
- There is a higher proportion of females serving in RAF compared to Army and Naval services.
- 92.4% of serving personnel are of white ethnicity.
- 7.6% of UK Regular Forces and 5.6% of Future Reserves, are from a Black and Ethnic Minority Background.
- There is a higher proportion of BAME personnel in the Army, both within the regular forces and reserves.
- 23.4% of UK Regular Forces, 12.6% of Future Reserves 2020 are under 25 years old.
- The average age of UK Regulars= 31 years old, Future Reserves=37 years old

Box 2: Diversity statistics of the UK Armed Forces

Source: Ministry of Defence, UK Armed Forces Biannual Diversity Statistics, October 2018(14)

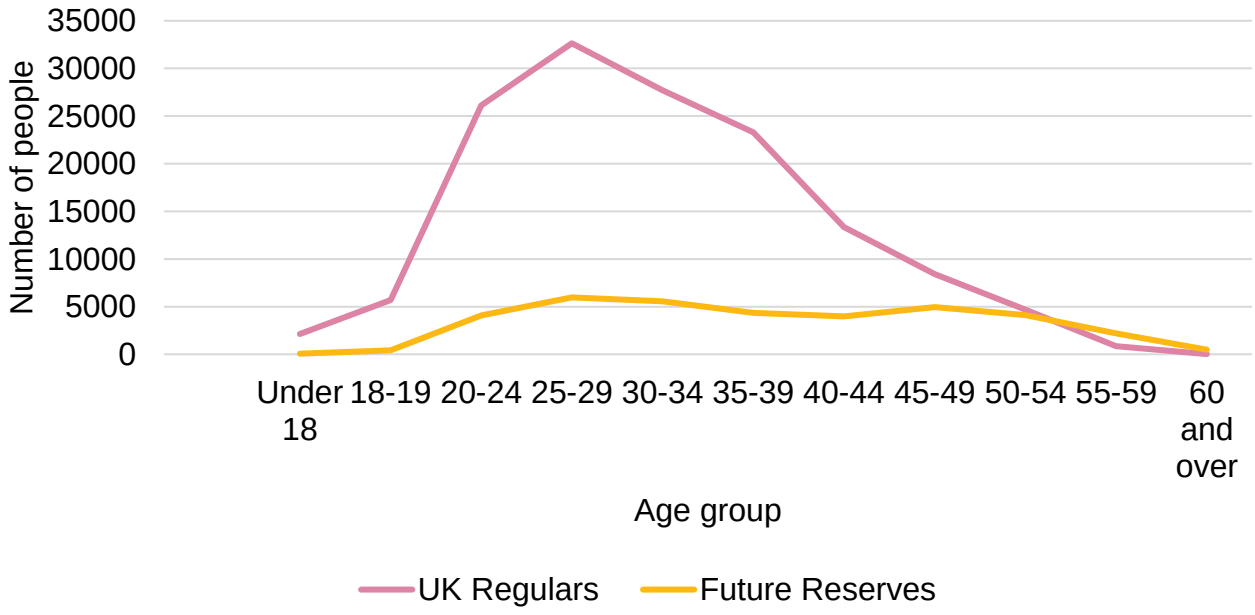


Figure 4: The proportion of serving personnel within the Armed Forces (all services) by age group

Source: Ministry of Defence, UK Armed Forces Biannual Diversity Statistics, October 2018(15)

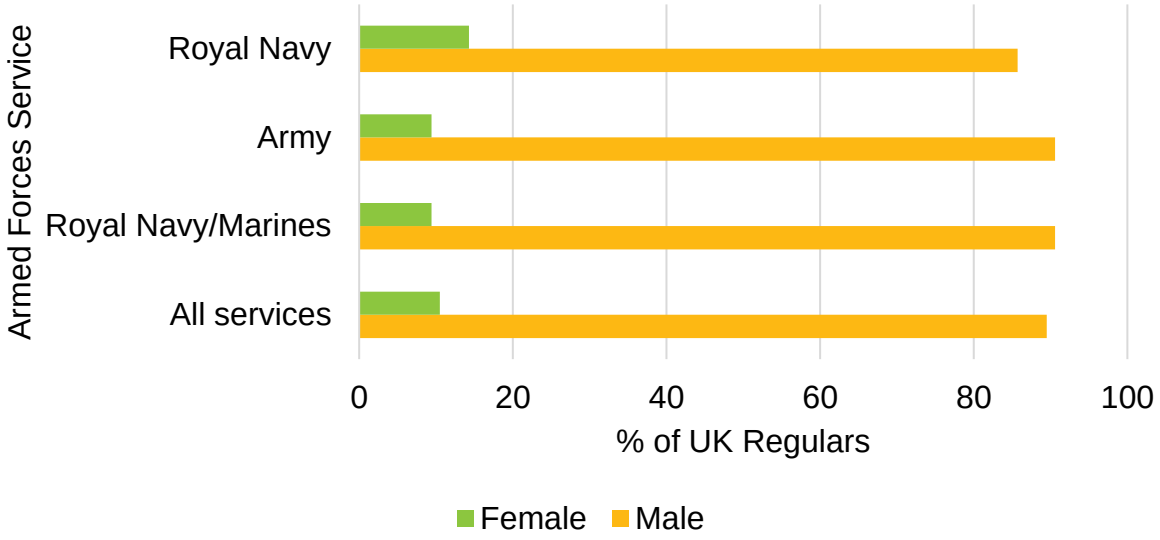


Figure 5: The proportion of males and females in each tri Armed Forces service

Source: Ministry of Defence, UK Armed Forces biannual diversity statistics, October 2018(15)

3.4.2 Demographics of serving personnel: local level

There is a paucity of data available at a local level regarding the socio-demographic profile of serving personnel across the UK. A question is going to be added to the 2021 National Census asking individuals whether they currently serve within the Armed Forces or have done previously, resulting from the Royal British Legion (RBL) 'Count them in Campaign.' This will contribute to improved information about the number and socio-demographic profile of serving personnel and veterans at both a national and local level.

The data presented in this section is a combination of raw data obtained through the MOD and the RBL 2014 Household Survey(11,16).In the East of England region in 2018, there were approximately 16,880 MOD personnel(17).

The MOD releases data on the estimated number of serving personnel by local authority. However, there is no data available for Bedford Borough. The lack of data from Bedford Borough may arise from the fact that there are no regular Armed Forces bases in this local authority area.

3.5 Demographics of the veteran population

3.5.1 Demographics of the veteran population: national level

In 2016 it was estimated that there were approximately 2.5 million Armed Forces veterans living within Great Britain(16). This estimation was produced by the Office of National Statistics (ONS) using the 2016 Annual Population Survey (APS). The APS is a quarterly survey conducted across households and therefore excludes individuals not living in a household or who are incarcerated(16). Approximately 289,000 responded to the survey in 2016(16). This survey response data has been extrapolated to estimate the number of veterans across Great Britain, constituent countries and per county. This data is used throughout this section as the most recent and most reliable information published, but other estimates have been provided for triangulation.

Using data from the 2011 National Census, it was estimated that in 2011 there were approximately 0.75 million working aged veterans (16-64 years old) in England and Wales, making up 2% of the working age population(18).

Both the MOD and the 2014 RBL Household Survey suggest that approximately 5% of the UK population and Great British population are veterans respectively(11,16). 85% of veterans in Great Britain live in England (n=2.1 million)(16).

Overall, the ex-service population is thought to be aging and declining in size(11,16). This is in line with the fact that a large proportion of veterans served within the Second World War or during post war national service(11). It is estimated that there are 60,000 fewer veterans in 2016 compared to 2015(APS Survey, 2016). The box below presents the key socio-demographic profile of veterans at a national level. The number of veterans, by age group, is shown in Figure 6.

Key statistics: Socio-demographic profile of veterans: national estimates

- The peak age of veterans = 80-84 years old
- 63% of veterans are aged over 65 years old
- 50% of veterans are over 75 years old (RBL Household Survey)
- Significantly more people are aged over 75 years old in the veteran population compared with the non-veteran population
- 90% of veterans are male, significantly higher than in the general population (47%)
- 98% of veterans identify as white ethnicity, significantly higher than in the general population
- A lower proportion of veterans are single or married and a higher proportion of veterans are divorced or widowed compared to non-veterans

Box 3: Estimated socio-demographic profile of veterans across Great Britain

Source: Ministry of Defence, Annual Population Survey: UK Armed Forces Veterans residing in Great Britain, 2016(16) *and the Royal British Legion, A UK Household Survey of the Ex-Service Community, 2014*(11)

Figure 6: Number of veterans by age group

Source: Annual Population Survey 2016

3.5.2 Demographics of the veteran population: local level

Again there is a paucity of local level data surrounding the socio-demographic profile of the veteran population across the UK(19–21). This is a well-known and long standing area of challenge(19). The 'Strategy for Our Veterans' was published in November 2018, which outlines outcomes that should be achieved by 2028. One of the 'cross-cutting' factors is "Data on the Veteran community," which calls for the "enhanced collection, use and analysis of data across the public, private and charitable sectors to build an evidence base to effectively identify and address the needs of veterans(5)." Again, the additional question to the 2021 National census will be invaluable in providing more detailed national and local level information on the veteran population.

Data presented here is synthesised from several different sources which are identified in the text, but the accuracy of these statistics and assumptions made are uncertain and therefore must be treated with caution.

The MOD provided an estimate of the number of veterans living in different regions and counties across Great Britain(22). The figures are split into two age groups: those aged between 16-64 years old and 65 years and older. Approximately 242,000 veterans are thought to live within the East of England (Table 2). This is

approximately 10% of the total veteran population in Great Britain and is similar to the proportion of non-veteran Great British citizens living within the East of England region.

Similarly, the RBL Household Survey 2014 approximates that 10% of the UK adult ex-service community live in the East of England(11). However, this includes family members, not just veterans in this statistic.

Table 2: Estimated number of veterans living within the East of England, 2016.

	Veteran population in the East of England	**% of total veteran population living in the East of England±**	**Non-veteran population in the East of England**	**% of total non-veteran population living in the East of England±**
All aged 16 years+	242,000	10%	4621,000	10%
Aged 16-64 years +	76,000	8%	3642,000	9%
Aged 65 years +	166,000	11%	979,000	9%

± *Total veteran population across Great Britain= estimated at 2.5 million. veteran estimates presented to the nearest 1000 people. Percentages presented to the nearest significant figure.*

Source: Ministry of Defence. Annual population survey: UK Armed Forces Veterans residing in Great Britain, 2016(16)*.*

The MOD estimates that approximately 1% of all veterans residing in Great Britain live in Bedfordshire(22). This is not statistically different from the non-veteran population(22). Within Bedfordshire 5% of respondents identified as veterans(22). Table 3 shows the 2016 APS estimates of the number of veterans in Bedfordshire.

Table 3: Estimated number of veterans living within Bedfordshire, 2016

	Number of veterans±
Bedfordshire	22,000
Buckinghamshire	36,000

±*Veteran estimates presented to the nearest 1000 people.*

Source: Ministry of Defence. Annual population survey: UK Armed Forces Veterans residing in Great Britain, 2016(16)*.*

The estimated number of veterans across Bedfordshire, 22,000, is less than estimates in previous HNAs for Bedfordshire. Previous estimates in 2010 and 2012 were 32,000 and 31,8000 respectively using RBL data to extrapolate figures(23,24). This difference may be due to a difference in the statistics used in extrapolating data. However, this could reflect that there has been a true decline in veteran numbers. This would be consistent with the decline in the number of veterans, outlined in the 2014 RBL Household Survey(11).

The age profile of veterans across Bedfordshire is not available. The age structure of veterans from the MOD in 2017 can be extrapolated onto the estimated number of veterans across Bedfordshire (Table 4). This assumes that the age structure of veterans in these counties is the same as it is nationally (extrapolation method and assumptions in Appendix 1).

Table 4: Estimated number of veterans by age group in Bedfordshire (extrapolated data)

	Estimated number of veterans
Age group	Bedfordshire
16-19	30
20-24	130
25-29	410
30-34	490
35-39	540
40-44	800
45-49	1300
50-54	1540
55-59	1560
60-64	1430
65-69	1640
70-74	1430
75-79	3370
80-84	4040
85-89	2130
90+	1140
Total	22000

[±]*Veteran estimates presented to the nearest 10 people.*

Source: extrapolated data using Ministry of Defence. Annual population survey: UK Armed Forces Veterans residing in Great Britain, 2016(16)*.*

The data has not been extrapolated at a local authority level and therefore there is no data available on the number of veterans, or the socio-demographic profile of veterans, at a local authority level. However, a very rough estimate of the number of veterans across Bedford Borough can be obtained by extrapolating data which is available from: 2017 ONS mid-year population estimates; MOD 2017 data; the APS 2016 survey and 2014 RBL Household Survey. Three different approaches have been used to extrapolate the data to give an estimated number of veterans across the three local authorities (Table 5). The methods for these extrapolations and the assumptions required to make these extrapolations are summarised in Appendix 1. However, these estimates need to be treated with extreme caution and should not be taken out of context of the assumptions required to generate these estimates.

Table 5: Estimated number of veterans (aged 16 years and above) living in Bedford Borough using extrapolated data

	Bedford Borough
Extrapolation method 2a (MOD, APS)	7000
Extrapolation method 2b (MOD, APS)	7000
Extrapolation method 2c (RBL)	7000

±*Veteran estimates presented to the nearest 1000.*

Source: Extrapolated data using 2017 ONS mid- year population(7)*, Ministry of Defence. Annual population survey: UK Armed Forces Veterans residing in Great Britain, 2016*(16) *and the 2014 RBL UK Household Survey of the Ex-Service Community*(11)

The results from these three approaches were the same (rounded to the nearest 1000), strengthening the credibility of these estimates. However, two of these approaches use the same baseline data for extrapolation (2016 Annual Population Survey). Extrapolation 2a assumes that the prevalence of veterans in each local authority is the same as across Bedfordshire and that the respondents to the APS Survey 2016 are representative of the whole county. This extrapolation may over-estimate the population size in Bedford Borough because there are no military bases and the prevalence of veterans may be lower than the corresponding prevalence in Bedfordshire. It is also possible that these figures underestimate the true number of veterans within our local population as these exclude 'hidden' veterans such as individuals living in: residential homes, nursing homes, hospitals, prisons, rehabilitation centres, temporary accommodations, Armed Forces bases and homeless individuals(11).

Estimates have not been made for the number of veterans in each of the tri-services, as it is not clear the proportion of veterans who are in each of the three services, therefore estimates would be highly uncertain.

3.5.2.1 Demographics of working aged veterans at local level

In September 2017, the MOD first published estimates of working age veterans (aged 16-64 years) by local authority and CCG. This included estimates of total number, sex, age, ethnicity. housing status, education, employment and occupation. These statistics are estimated from the 2011 National Census. Estimates for Bedford Borough and NHS Bedfordshire are outlined in Table 6 and 7. Again, these estimates need to be treated cautiously as they are extrapolations and are based on dated information.

Table 6: Estimated demographic profile of working aged veterans (aged 16-64 years old) in Bedford Borough and NHS Bedfordshire CCG using 2011 Census Data

	Estimated Number of Veterans	**Veterans as a percentage of all usual residents aged 16 to 64**	**Gender**		**Ethnicity**	
			M	F	White	Non white
Bedford Borough	1655	2%	91%	9%	96%	4%
NHS Bedfordshire	5145	2%	91%	9%	98%	2%

Source: Ministry of Defence, Census 2011: Working age UK Armed Forces Veterans residing in England and Wales, published 2018 (25)

Table 7: Estimated number of working aged veterans (aged 16-64 years old) within each age group in Bedford Borough and NHS Bedfordshire CCG using 2011 Census Data

	Age group (years)								
	16-24	**25-29**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**
Bedford Borough	40	85	125	170	245	300	295	200	195
NHS Bedfordshire	125	265	370	530	805	935	960	600	555

Source: Ministry of Defence, Census 2011: Working age UK Armed Forces Veterans residing in England and Wales, published 2018 (25)

3.6 Demographics of Armed Forces Families

The 2018 allocation of service pupil premium can be used, at a local level, to estimate the number of children of Armed Forces personnel living in in each local authority(26). In 2018, the number of children reported to be eligible for service pupil premium was:

- 63 in Bedford Borough

This published data includes state funded primary and secondary schools, special academies, pupil referral units and alternative provision academies(26). Again this is not complete data and estimates need to be treated with caution. This data is not available for children of veterans.

3.7 Recommendations

The availability and quality of data on the total number of serving personnel, veterans and their families is severely lacking at a local level. Extrapolating national data and survey data can help us to approximate our local population. However, strong assumptions need to be made and the findings have to be treated with caution. It is not possible to commission local services based purely on these extrapolated results. There is a need for improved data quality at a local level, to enable service providers to have a more accurate knowledge of the size and socio-

demographic profile of their target population and enable services to be commissioned and tailored to this population(11). This need was echoed in multiple stakeholder conversation.

4 The Armed Forces Covenant

The Armed Forces Covenant was published by the MOD in 2009. It is a ‘promise by the nation ensuring that those who serve or have served in the Armed Forces, and their families, are treated fairly(27).’ The pledge of the covenant is that ‘together we acknowledge and understand that those who serve or who have served in the Armed Forces, and their families, should be treated with fairness and respect in the communities, economy and society they serve with their lives.’ This acknowledges that these individuals have forfeited their freedom, risked their lives and may have experienced temporary or permeant injury or illness due to their service(27).

Additionally, “those who serve in the Armed Forces, whether regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved(28)”.

Figure 7: The Covenant Diagram

Source: Extracted from ‘The Armed Forces Covenant’, Ministry of Defence(28)

The Covenant is a voluntary agreement between the Armed Forces community, the nation and the government. The Armed Forces Community is defined by the Covenant as 'all those towards whom the nation has a moral obligation due to service in HM Armed Forces.' This includes regular personnel, reservists, veterans, families of the aforementioned individuals and those who are bereaved. National and local organisation can voluntarily commit and 'sign up' to meeting the aims of the Covenant within their organisation. Figure 8 demonstrates the role of different organisations within the Covenant. The Covenant outlines the expectations of how members of the Armed Forces Community should be treated.

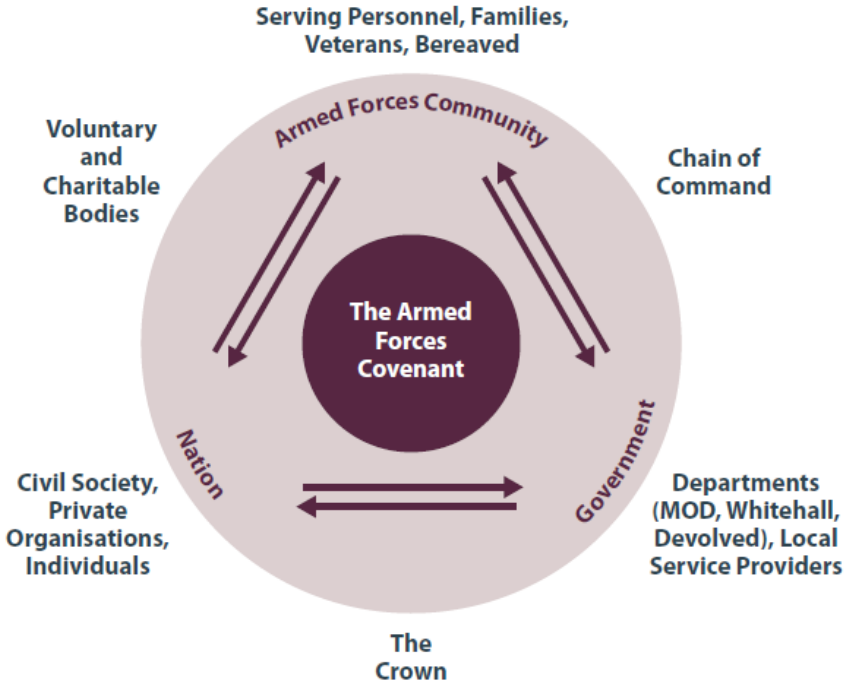


Figure 8: Parties to the Covenant

Source: Extracted from 'The Armed Forces Covenant', Ministry of Defence(28)

Over 3000 employers had signed the AFC in 2018(5). Bedford Borough Council signed the Covenant in 2012. Annually the MOD publishes the 'Armed Forces Covenant Annual Report.' Results and recommendations for the 2017 and 2018 reports are referred to and used within this HNA. A key recommendation in 2018 was to increase the awareness of the covenant across providers of all sectors and within the Armed Forces community(27).

5 Stakeholder Involvement

To inform the local needs of this population, particularly given the lack of local data available, internal and external stakeholders were identified for involvement in this HNA. The proposed objectives of the HNA were presented to the Armed Forces Covenant steering committee board at Bedford Borough Council in September 2017 for feedback and amendment.

Semi-structured interviews were held with selective stakeholders. Themes and information resulting from these conversations has been integrated throughout the HNA, especially within the recommendations sections.

A 10 item Survey Monkey questionnaire was sent electronically to primary care practitioners across Bedfordshire CCG (Appendix 2). The aim of this questionnaire was to assess the methods and barriers to the identification of veterans across practices and awareness of Armed Forces Covenant. There were twelve responses from Bedfordshire CCG: 41.7% of GPs, 8.3% from GP partners and 50.0% from 'other' categories. This included administrators and practice managers.

The results of this survey are integrated throughout the HNA within the relevant section. The raw data can be found summarised in Appendix 3. Due to the small sample size the generalisability of these results to other general practices across Bedfordshire is unknown. However, despite the small sample size, this information is useful for future discussion and further work.

6 Health and healthcare within the Armed Forces Community

The Armed Forces Covenant states that members of the Armed Forces Community should **not be disadvantaged** and 'should enjoy the same standard of, and access to, healthcare as received by any other UK citizen in the area where they live.

Members of the Armed Forces Community have similar general health needs to the general population, consistent with their age and demographic status(11,21). However, they are a unique subpopulation and have important additional **specific** health and social needs which need to be considered(29).

It needs to be noted that the Armed Forces community is a varied population with heterogeneous health and social needs, which may vary depending on the length of their service and the experiences they have(5,11,23,24). There are multiple 'myths' around the health and social requirements of serving personnel and veterans(11). For example the statement that 'most service personnel and veterans suffer from mental health problems' is a myth and actually the rate of mental health problems in serving personnel is similar to in the general population(11).

The evidence presented in this HNA has been taken from various sources, both at a national and local level. The lack of information and data surrounding this population means that the evidence for their specific health and social needs is sparse even at a national level(23), is often inconsistent and occasionally conflicting.

The MOD regularly publishes data on the specific health needs of serving personnel and veterans at a national level, which is briefly summarised in the subsequent sections. For further information and a greater breakdown of conditions by socio-demographic profile see the relevant referenced sources. As with the general health needs, some of the evidence available at a national level is conflicting. For example, the incidence of mental health in the veteran population compared to the civilian population varies between studies. This may be due to the sample of the population from which the data is drawn or extrapolated, chance, other factors which have not been adjusted for or due to true difference in different studies. Where possible these discrepancies have been highlighted.

7. Health and healthcare of serving personnel

7.1. Healthcare provision for regular serving personnel

The Ministry of Defence (MOD) and the National Health Service (NHS) provide medical, dental and additional support services for Armed Forces personnel(30,31). In addition to this further services are provided through registered charities(30,31).

7.1.1 Primary care

The Defence Medical Services (DMS) is the collective term for the tri-service uniformed and civilian medical and dental personnel(30). The DMS provides the following services: “primary healthcare, dental care, rehabilitation, occupational medicine, community mental healthcare and specialist medical care(30).”

Primary care services and specialised occupation health is provided by the Defence Primary Healthcare (DPHC). There are six regional teams providing primary care support across the UK and an additional team which manages overseas support(30). Support for dependents may also be provided by the DPHC when appropriate(30). DMS primary care may be delivered by General Practitioners (GPs) who are uniformed (military) or are civilian Doctors who work for the military. Occupational Health services are provided by the DPHC Occupational health service. Primary Care Rehabilitation Facilities and Regional Rehabilitation Units (RRUs) provide rehabilitation services(30).

NHS England commissions acute and community for individuals registered with the DMS. If an individual is currently serving but is on leave, they can access normal NHS primary care. However, they can only register as a temporary patient and the consulting GP must then liaise with their military GP.

7.1.2 Secondary care and specialist care

The Defence Medical Groups (DMGs) are responsible for the provision of secondary care(30). The NHS normally provides secondary care services (elective and emergency care) for service personnel(30,31). The NHS Trust which are associated with DMG units are often used. The RRUs or Stanford Hall DMRC often provide care for orthopaedic and neurological injuries(30). The Defence Medical Welfare Service (DMWS) offers support to serving personnel and/or their family during hospital stays(32).

There are eight NHS trusts across the UK which provide in-patient mental healthcare services(30) which includes Cambridge and Peterborough NHS Foundation Trust. Community mental healthcare is provided through: 15 Departments of Community Mental Health (DCMHs) across England, Mental Health Teams and community mental health nurses(30,31).

In collaboration, the DMS, Department of Health (DOH) and NHS provide the following mental health services:

- The Veterans and Reserves Mental Health Programme (VRMHP). This provides mental health support for reserves who have been on operation since 2003 for mental health problems related to the operation(30).
- NHS England Transition, Intervention and Liaison Service (TILS) and Complex Treatment Service (CTS)

At discharge, personnel should have a structured mental health assessment and should have specialist follow on treatment for up to 6 months after discharge. Additionally, there are specialist charities available for support (Combat Stress, Big White Wall).

Reservists with mental health conditions can be assessed by a consultant psychiatrist under the 'Veterans and Reserves Mental Health Programme.' If their mental health condition is due to their service, they may be referred to receive outpatient treatment at the closest DMS DCMH(33).

7.2 Healthcare provision for reservists

Reservists receive healthcare from their regular civilian GP unless they are on deployment, when they receive healthcare (including emergency dental care) provided by the MOD. Civilian and military records are not linked, therefore the military records only include information from clinical episodes on deployment and it is the reservists' responsibility to inform their civilian GP of the episode of military care. Additionally, information about immunisations are not linked between the two systems.

Reservists may not consider the importance of informing their GP that they are a serving personnel in the Armed Forces and therefore reservist status may not be on their medical records. Stakeholder conversation suggested that reservists may not declare ill health to civilian GPs or seek help for medical conditions, due to the concern that their civilian records will be shared with the military and that this may affect their current or future employment prospects. These concerns may be propagated by media stories and conversations on national forums. Diagnosed medical conditions may also not be declared to the military, unconsciously or deliberately due to similar concerns.

7.3 Healthcare provision for families of regular serving personnel

Family members of serving personnel may receive healthcare through NHS primary and secondary care services(3,33). Alternatively if there are living in a military camp they may receive healthcare through the Garrison Medical Centre and are registered with a DMS GP(3,33). NHS England commissions acute, community and mental health care for family members who are registered with a DMS GP(3)..

The Armed Forces Covenant suggests that members of Armed Forces family should not be at a disadvantage compared to civilian families and states that 'family members should retain their relative position on any NHS waiting list, if moved around the UK due to the Service Person being posted, subject to clinical need.' This means that if a family relocates and were awaiting a treatment or referral in their previous location, they should retain their relative position on the waiting list(33). This does not mean that they take priority over those individuals with higher clinical need.

Despite this statement in the Covenant, family members may still be disadvantaged when they relocate to a different local authority or CCG and experience a change in eligibility for specific services (fertility services for example). Additionally, families which have moved frequently in the past may find it difficult to build up a relationship with primary care services(34).

7.4 General health of serving personnel

Due to a rigorous selection process and the ‘healthy worker effect’, the general health of serving personal is generally considered to be, on average, better than that of the general population(3).

7.5 Specific health needs of serving personnel

7.5.1 Mental health

7.5.1.1 Mental health disorders

Key statistics for mental health conditions within serving personnel in 2017 are summarised in the box below. It is estimated that approximately **3.1%** of the UK Armed Forces have a mental health disorder (MOD, 2018)(35). It is likely that the prevalence is higher than this, as these statistics only include those who are seen within the MOD Specialist Mental Health Services and excludes those who have been only seen within primary care or by their medical officer. Additionally, prevalence statistics are likely to represent an underestimate due to a proportion of personnel not seeking professional health for mental health symptoms. This may be due to perceived stigma, concern of ‘medical downgrading or not receiving a promotion(34,36).

The increasing prevalence of mental health disorders at assessment from 2007 to 2017 may be due to increased awareness and reduced stigma associated with presenting with symptoms of poor mental health(35). The overall prevalence of mental health disorders in secondary care services is lower in the Armed Forces

(3.1%) compared with the general population (4.5%)(35). This may be due to early referrals or well-supported personnel. However, direct comparisons should not be made due to the inclusion of children, adolescents and individuals within learning disabilities in the general population statistics.

Overall, it is likely that the prevalence of mental health conditions in the military are similar to in the general population, but is higher in specific groups such as those who have been deployed and reservists(3,37). The increased rates of mental health conditions in the reservist population is important to note(37). This may be due to the lack of access to military support networks in this group(37). This is particularly important as the proportion of the UK Armed Forces made up of reservists is set to increase and therefore healthcare professionals need to be aware of this specific health need in this group(37).

7.5.1.2 Post-Traumatic Stress Disorder

The prevalence of post-traumatic stress disorder in serving personnel is low at approximately 0.2%. However, this may be an underestimate. A key risk factor for developing PTSD is deployment. Fear *et al.* found that reservists who had been deployed to Iraq and Afghanistan had a significantly higher odds of probable PTSD(38).

7.5.1.3 Alcohol use

There is some evidence that alcohol may encourage cohesion and can help to decrease stress within serving personnel(39). However, research by the King's Centre for Military Health Research has found that there was a significantly higher level of alcohol misuse in Armed Forces personnel than in the general population(40).

Hooper *et al.* performed a longitudinal study of a cohort of UK Armed Forces personnel. There was an increase in alcohol consumption over the three year period of follow up (from baseline), with an greater increase in alcohol consumption in those

that were deployed(41). Fear *et al.* also found that alcohol misuse was significantly higher in personnel who had been deployed to Iraq or Afghanistan(38).

7.5.1.4 Suicide

Suicide in the Armed Forces serving personnel is a rare occurrence(42).Overall, the rate of suicide in male serving personnel (aged 16-59 years old) is statistically lower than the rate of suicide in the general UK male population(42). This might be explained by the following(42):

- UK Armed Forces personnel have undergone medical assessment on recruitment and are often more fit and healthy than the general population.
- UK Armed Forces personnel are currently in employment, therefore rates of suicide may be lower (unemployment is a risk factor for suicide). Additionally, the general population statistic includes individuals who are unable to work due to ill-health and therefore may have a higher rate of suicide.
- The support, loyalty and bonds within Armed Forces personnel may provide support within this population.

Previous literature exploring the risk factors for suicide in Armed Forces personnel found that younger men (<24 years old) were at increased risk of suicide(1). However, current evidence from the MOD has found that this is no longer the case(6).

Prevalence of mental health disorders in UK Armed Forces

- Approximately 3.1% of all armed forces personnel are diagnosed with a mental health disorder at a MOD Specialist Mental Health services
- 80% of individuals seen in a MOD Specialist Mental Health Service are diagnosed with a mental health disorder
- Higher prevalence of mental health disorders in females (6.1% vs 2.7%)
- Peak age group= 20-44 year olds
- Officers have lower prevalence than other ranks (1.7% vs. 3.4%)
- The Royal Marines have a lower prevalence than the other services.
- The prevalence of mental health disorders detected at assessment has increased from 1.8% in 2007-2008 to 3.1% in 2017
- The prevalence of mental health disorders has increased across all three services
- The prevalence of common mental disorders such as anxiety and depression is thought to be similar in the Armed Forces as in the general population (2003, King's Centre for Military Health Research KCMHR)

Specific mental health disorders

- Neurotic disorders including adjustment disorder, other neurotic disorders and post-traumatic stress disorders were the most common cause of mental health problems in 2017, with a prevalence of 1.9% in the Armed Forces population.
- 0.2% of the UK Armed Forces experience PTSD.
- PTSD is higher in the Royal Navy and Royal Marines services.
- A key risk factor for developing PTSD is deployment, with a significantly higher risk of developing PTSD in personnel who had previously been deployed to Iraq or Afghanistan than those who had not (RR approximately 3, 95% CI approximately 2.4-4.0).

Box 4a and 4b: Key statistics- Mental Health disorders in the UK Armed Forces

Source: Ministry of Defence, UK Armed Forces mental health: Annual Summary 2007/08-2017/18, 2018(35)

Key statistics: Alcohol misuse

King's Centre for Military Health Research, 2003:

- Significantly higher level of alcohol misuse in Armed Forces personnel than the general population
- 6% of Armed Forces personnel had alcohol dependence compared with 3% of the general population
- Females within the armed forces were more likely to experience alcohol misuse compared to the general population (5% vs.1%).
- Alcohol misuse in UK Armed Forces declined since 2007-2008 in the Army, Royal Air Force and Royal Navy services (MOD).
- Alcohol misuse in Royal Marines increased from 2011 to 2015/16 (MOD)

MOD, 2017

- Approximately 61% of UK armed force regular personnel were potentially at increasing or risk of alcohol related harm.
- 2% were at higher risk and were advised to see a GP.
- The proportion of males who were 'potentially at increased or higher risk' was greater than in females
- 67% of regular serving personnel in the Navy scored an AUDIT C score of greater than 5, 59% of the Army and 62% of the RAF (AUDIT C score >5= indicated hazardous drinking or active alcohol use disorders

Key statistics: Suicide in the UK Regular Armed Forces (Males)±

- An annual bulletin is published by the MOD. Presents the number of suicide and open verdict deaths occurring within male Armed Forces personnel aged between 16-59 years *old* between 1984- 2017. Females are not included in the trend analysis due to lower numbers.
- The rate of suicide has decreased from 1990 in the Naval, Army and RAF services.
- Overall, the rate of suicide in male serving personnel (aged 16-59 years old) is statistically lower than the rate of suicide in the general UK male population.
- UK Regular Armed Force= 8 per 100,000 serving personnel: Naval Service= 8 per 100,000 serving personnel, Army rate= 9 per 100,000 serving personnel, RAF rate= 5 per 100,000 serving personnel

± Males aged 16-59 year olds *ǂNB: This only includes personnel who are seen within the MOD Specialist Mental Health Services* **Statistically significant difference at 5% significance level.*

Box 5a and 5b Source: Ministry of Defence, Alcohol Usage in the UK Armed Forces 1 June 2016 – 31 May 2017, 2017(43) *and Source: Ministry of Defence, Suicide and open verdict deaths in the UK regular Armed Forces: Annual summary and trends over time: 1 January 1984 to 31 December 2018*

7.5.2 Physical injuries and prosthetics services

The Royal Centre for Defence Medicine (RCDM), based in the Queen Elizabeth Hospital in Birmingham (QEHB) normally treats serving personnel who are returning from deployment for treatment of physical injuries(31). The Defence Medical Rehabilitation Centre (DMRC), a national centre for excellence, has recently moved from Headley Court in Surrey to Stanford Hall Estate in Loughborough (30,44). This provides the following services(30):

- Rehabilitation for complex injuries- this includes amputee and neurological patients
- Consultant opinion
- Social work
- Occupational therapy
- Prosthetics
- Mental Health Support
- Nursing care
- Specialist inpatient rehabilitation

8. Health and healthcare of veterans

8.1 Healthcare for veterans

Serving personnel are discharged from the MOD healthcare services when they leave the Armed Forces. Primary care and secondary care services for veterans are provided by the NHS(4). Their medical records or a discharge summary may be transferred automatically from the MOD to the local General Practice, but their GP may have to request the medical records electronically.

8.1.1 Priority treatment for veterans

As per the Armed Forces Covenant and the Department of Health (DOH), veterans are eligible for priority treatment. This means that if they present with a condition(s) which **directly** relates to their service in the armed forces they should receive priority treatment and referrals(4,31,45,46). However, they are not prioritised above an individual with a greater clinical need(4,31).

If a veteran is being referred to another healthcare service, such as for a specialist clinic or surgery, their notes should be coded with specific text to ensure that their treatment is prioritised.

Box 6: Armed Forces Covenant and priority treatment

COMBAT Stress report that priority treatment for veterans is not well understood in primary care. However, the results from our local survey are relatively encouraging with the majority of respondents being aware of priority treatment for service- related problems (66.7% across Bedfordshire CCG respondents).

8.1.2 Access to healthcare and identifying veterans

Some veterans face additional challenges in their access to healthcare services, once they have transitioned from the Armed Forces to civilian life(46). Whilst in service, individuals have access to high quality medical care(47). Illness whilst in

service is often reported early because serving personnel are unable to self-certify for illness or injury(29). An assessment by a medical professional is often required to determine the extent to which an illness or injury will impact on an individual's work. Additionally, personal fitness is highly valued highly within the Armed Forces. Furthermore, the culture within the military may make it more challenging to admit to illness as a veteran and may reduce the likelihood that an individual will seek help and be a barrier to accessing healthcare(34,46,48). The majority of veterans are males and it is well known that men have more conservative help seeking behaviours than females(34). These reasons, combined with the fact that some individuals do not register with a GP on discharge, may mean that some veterans present acutely, more unwell or in crisis(46).

It is important that veterans are identified within the healthcare system to ensure that they are offered, and receive, the healthcare and support that they need and are entitled to(4,34,45,49). A veteran's medical recorded should have the code 'history relating to military service' attached to them, which is a standard DOH code(29).

Read Code: 'History Relating to Military Service': Xa8Da

SNOMED: 443668013

In reality, the identification of veterans within primary and secondary NHS healthcare is challenging for several reasons:

- Individuals may not identify or consider themselves to be a veteran or may be confused by the term 'veteran', possibly preferring the term 'ex-military.'(34).
- Individuals may not be aware that it is important to inform healthcare professionals that they are a veteran. They may not be aware of the additional support that they may be entitled to.
- Veterans are often very similar to the general population and therefore healthcare professionals may not ask an individual whether they are a veteran(34).

Figure 9 suggests simple measures within primary care to improve the identification of veterans(46). Improving the identification of veterans could be beneficial to both the individual veteran and practice. Once identified a veteran may receive more

appropriate and targeted healthcare management e.g. specific veteran mental health services and the veteran trauma network(4). Additionally, identifying veterans generate a more accurate list of veterans within the local area. This could be useful for within practice auditing, be useful for the local public health and clinical commissioning group (CCG) teams for commissioning purposes and could help improve the paucity of local data on veteran numbers(46)**.**

One aim of the recently introduced ‘Veteran ID card; is to increase veteran’s access to priority healthcare, other specialist services and allow retail discounts. This may lead to an improvement in this area(50). As per the Armed Forces Covenant Annual Report 2018, General Practices will include a question on their new registration forms about previous service in the Armed Forces(27,51). Whilst this is a great step in the right direction, we need to remember that many patients who are already on a general practice list may have not be asked their veteran status.

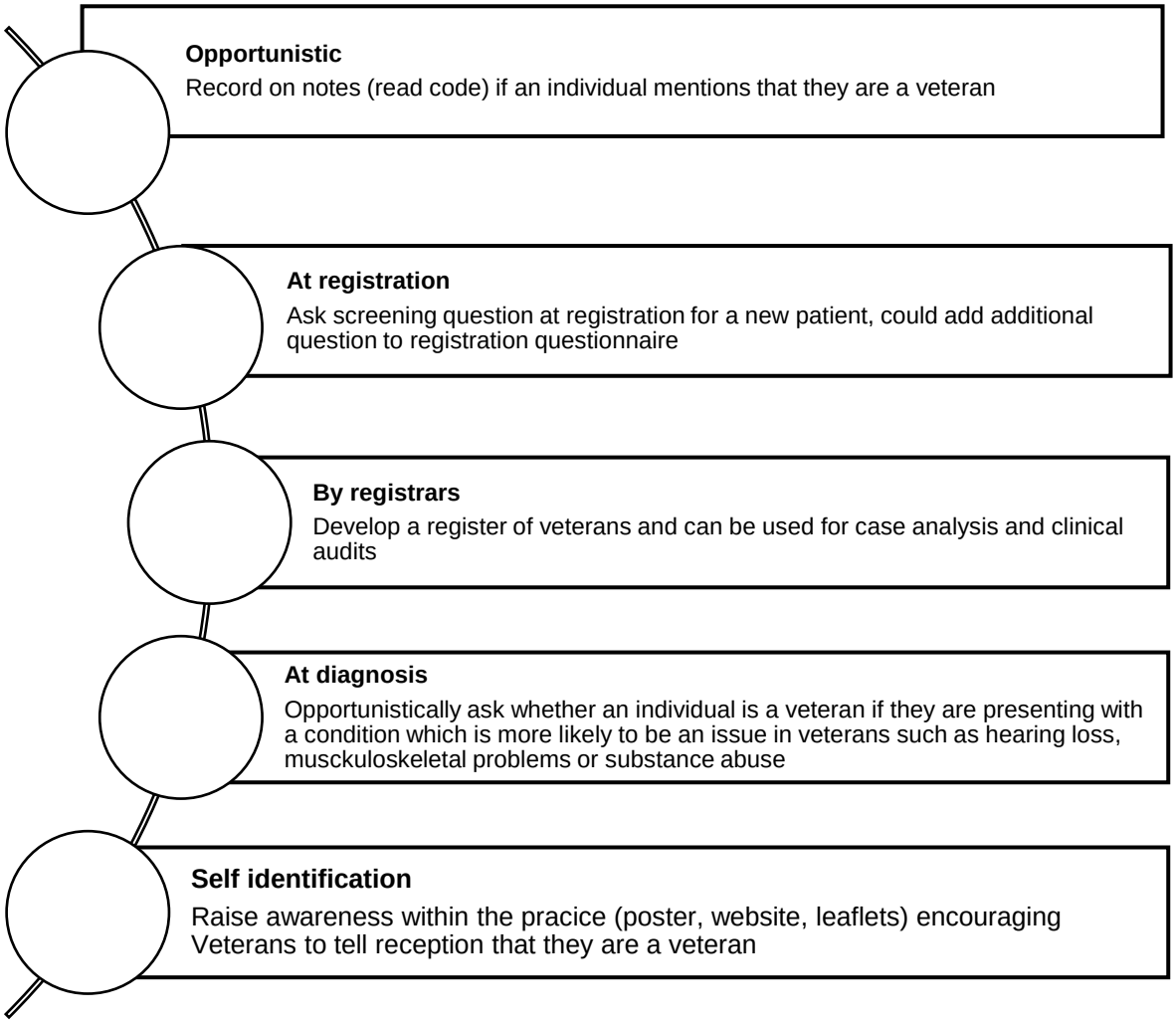


Figure 9: Methods to identify veterans within primary care

Source: Created using information from NHS e-learning for healthcare(46)

8.1.2.1 Identification of veterans at a local level

The majority of respondents to the Survey Monkey questionnaire across Bedfordshire CCG reported that they didn't know if there is a question about veteran status at enrolment to their practice (58.3%), with only 41.7% saying that there was a question.

Only 25% of respondents reported that they routinely asked new patients about veteran status with the majority (n=67%) not asking veteran status and one person being unsure.

Respondents reported that barriers to veteran status included: not considering it at the time (55.6%) or they think that the patient will offer the information if they think it

is relevant (44.4%). No one selected that it may be a difficult subject for the patient or that veteran status was already reported. However, this item did not allow for multiple responses so it is likely that only the primary barrier was reported.

The three main clinical presentations that would trigger a clinician to ask about veteran status are listed in Appendix 3. Respondents from Bedfordshire CCG provided a variety of responses which included: orthopaedic injuries, trauma wounds, mental health problems, self-declaration or something recorded on the notes.

The majority of respondents did not know whether a standard code was used to record veteran status on medical records (58.3 %).

8.2 Healthcare provision for families of veterans

Primary and secondary healthcare services for family members of veterans are provided through the NHS.

8.3 General health of veterans

The national level statistics exploring the general health of the veteran population are conflicting (key statistics in box 7). Both the MOD (using the 2016 APS survey) and the RBL Household Survey 2014, report that the general health of veterans over the age of 65 years old is similar to the general population of the same age or may be better(11). However, the evidence on the general health of working age veterans is conflicting between these two reports. The APS 2016 does not show a statistically significant difference in the general health of working aged veterans (Table 8). On the other hand the RBL Household Survey 2014 reports that more working aged veterans report a limiting long term illness than their civilian counterparts, including musculoskeletal problems, depression and hearing problems(11). The self- reported nature of the data used in the APS report and RBL report limits our ability to compare these sources of data and come to a conclusion in this area.

Key statistics: General health of veterans

- There is no statistical difference in the overall self-reported health of veterans compared to the non-veteran population (MOD, 2017).
- The proportion of illnesses lasting over 1 year is no different between veterans and non-veterans (MOD, 2017).
- There is no difference in the proportion of individuals who felt that their work was limited by health problems in the working age veteran and non-veteran populations (MOD, 2017).
- There is no statistical difference in the proportion of veterans with cardiovascular conditions, leg or foot conditions, back or neck related conditions or hearing difficulties when compared to non-veterans of the same age MOD, 2017.
- Fewer veterans aged 16-34 years old experience chest and breathing difficulties than non-veterans- this may be due to initial pre-admission checks excluding individuals with pre-existing respiratory conditions (MOD, 2017).
- 75% of respondents reported a long term health problem, including both physical and mental health problems (SSAFA, 2016).

Box 7: General health of veterans

Source: Ministry of Defence. Annual population survey: UK Armed Forces Veterans residing in Great Britain, 2016(16)*.*

Table 8: General health of Veterans and non-veterans

	Veterans Working age	Non-Veterans Working age	Difference	Veterans Working age	Non-Veterans Working age	Difference
Chest and breathing difficulties (%) (*16- 34 year olds)	10	22	↓			-
Cardiovascular conditions (%) (Heart, blood pressure, or circulatory related conditions)	33	33	→	54	54	→
Legs or feet related conditions (%)	35	27	→	37	34	→
Back or neck related conditions (%)	31	25	→	23	22	→
Hearing difficulties (%)	-	-	↓ -	23	17	→

Key: Statistically significantly lower ↓ *No statistical difference* →

Source: Ministry of Defence. Annual population survey: UK Armed Forces Veterans residing in Great Britain, 2016(16).

The MOD has published estimates of self-reported general health by local authority and CCG using 2011 National Census data. Table 9 shows the self-reported health for respondents in Bedford Borough and NHS Bedfordshire CCG. Table 10 shows the self- reported disability status of working aged veterans. This data suggests that the majority of working aged veterans reported their general health to be either 'very good' or 'good' and that their day-to-day activities were not limited. Again, this data needs to be treated cautiously.

Table 9: Estimates of self-reported general health status, by local authority using 2011 National Census data

	Very Good	Good	Fair	Bad	Very bad
Bedford Borough	45%	40%	10%	3%	<1%
NHS Bedfordshire CCG	46%	41%	10%	2%	<1%

Source: Ministry of Defence, Census 2011: Working age UK Armed Forces veterans residing in England and Wales, published 2018 (25)

Table 10: Estimates of self-reported disability status by local authority using 2011 National Census data

	Day-to-day activities limited a lot	Day-to-day activities limited a little	Day-to-day activities not limited
Bedford Borough	5%	8%	87%
NHS Bedfordshire CCG	4%	6%	90%

Source: Ministry of Defence, Census 2011: Working age UK Armed Forces veterans residing in England and Wales, published 2018 (25)

8.4 Specific health needs of veterans

8.4.1 Mental Health

As with the evidence surrounding the mental health of serving personnel, evidence surrounding the mental health of veterans is also patchy and occasionally conflicting. Overall, the rate of mental health issues in individuals who are recent veterans are thought to be the same as the general population(11,52).

8.5.1.1 Common mental health disorders

Iverson *et al.* report that the most prevalent common mental health problems in veterans are (in descending order of prevalence)(37):

- Adjustment disorders
- Alcohol misuse
- Depressive disorders
- Personality disorders
- Post-traumatic stress disorder
- Drug misuse

A longitudinal study performed by Iverson *et al* concludes that a small, but important, proportion of veterans experience mental health problems after leaving the Armed

Forces, remain unwell and are at increased risk of social exclusion, including marital, housing and employment problems(37,53). A cross-sectional study performed by Iverson *et al.* found that reports of mental health problems were higher in veterans who were divorced or separated and also those who had served at a lower rank(54). Younger, single men, with low educational attainment who served within a low rank within the Army were found to be more likely to have 'pre-enlistment vulnerability.' This has been found to be associated with adverse health outcomes, including increased risk of unhealthy behaviours (smoking, alcohol misuse) and poorer psychological health(55). Additionally, those who have served in the Army and those who had experienced childhood adversity pre-enlistment were more vulnerable to mental health problems(37,54).

In the 2016 APS, working aged female veterans were found to have a higher rate of depression and 'bad nerves' than males. This might be explained by differing health seeking behaviours between males and females(16). A higher level of depression in divorced and separated veterans was also evident. It is unclear whether relationship difficulties may lead to mental health problems or whether mental health problems lead to relationship difficulties(16).

8.4.1.2 Post- traumatic stress disorder

Approximately, 4% of veterans are thought to have PTSD(11,46). However, this may be an underestimate as veterans may not declare symptoms. The 2014 RBL Household Survey found that reservists and combat troops had a higher risk of having PTSD(11). Iverson *et al.* also note that combat exposure, tour length and the age of the combatants may influence rates of PTSD(37).

8.4.1.3 Alcohol misuse

Recent service leavers have increased rate of alcohol misuse, especially in individuals who have been deployed to Iraq and Afghanistan(11).

8.4.1.4 Suicide

There is no recent data from the MOD about the risk of suicide in the veteran population. Overall, the rate of suicide in the veteran population overall is thought to be similar to in the general population(1,11,46). Kapur *et al.* performed a cohort study, following up all individuals who left the UK Armed Forces between 1996-2005. The suicide risk was approximately 2-3 times higher in younger personnel (24 years old and younger) compared to the corresponding age group in the general population, and the contact with specialist mental health services was also lower in this age group. The suicide risk is thought to be highest in the initial 2 years after discharge, in males who have previously served in the Army, who were in service for a shorter period of time and personnel who were of a lower rank(1).

Key statistics: Suicide in veterans (1996-2005)

- There is no recent data from the MOD reporting on the suicide rate in veterans.
- Cohort study in the UK (Kapur et al, 2009) for all ex-military personnel from 1996-2005 found that:
  - Overall rate of suicide not different from general population
  - Individuals aged30-49 years old had a lower risk of suicide than the general population
  - The risk of suicide was higher in:
    - Individuals of lower rank
    - Individuals who had served in the Army
    - Males
    - Individuals who had served for a shorter time period
    - Men <24 years' old
  - Contact with specialist mental health services lower in younger men (<24 years)

Key statistics: mental health in veterans, UK

- Significantly higher rates of reported depression and 'bad nerves' in divorced or widowed veterans (22%) than in other groups (11%) (MOD, 2017).
- 60% of respondents to the 2016 SSAFA questionnaire reported a mental health condition, most common in those aged 44-54 years old.

Box 8a and 8b: Suicide in veterans and mental health in veterans

Source: Annual Population Survey 2016, SSAFA 2016, Kapur et al, 2009. Suicide after leaving the UK armed forces -A cohort study(1,6,16)

8.4.1.5 Barriers to accessing to mental healthcare

Whilst the literature is conflicting, the majority of evidence suggest that veterans experience some barriers to accessing mental health services and treatment(34,36,52,56).

A cross sectional study by Iverson *et al* estimated that just over half of veterans who reported mental health symptoms were accessing professional support(37,54). Whilst the overall rate of mental health problems may be similar to the general population, the culture in the military may mean that veterans find it harder to seek help for mental health conditions(34).

Much of the literature suggests that perceived stigma may be a barrier to veterans accessing treatment and that there is a concern amongst the veteran population that NHS staff will not be able to understand their situation(34,36,37,49). These barriers to access may delay presentation to healthcare services(34,37).

However, qualitative research performed by the King's Centre for Military Health Research found that, whilst all veterans interviewed reported that stigma was a concern, it did not significantly change health-seeking behaviours. The research concluded that the main barrier for accessing treatment focused on the perceived need for treatment. Some veterans did not identify that they had a mental health problem themselves and some did not seek help due to previous negative experiences. However, the predominant reported barrier was the provision of mental health services(36). This research concludes that veterans would like further education and training to recognise and monitor mental health problems(36).

Healthcare professionals who come into contact with veterans and reservists with mental health problems need to be aware of the potential complexities of managing mental health conditions in these subgroups and be alert to the fact that veterans and reservists may not disclose mental health signs or symptoms(34,36,37). It is clearly important that healthcare professionals have sufficient knowledge of the specific mental health needs of veterans(34,36,37). The Armed Forces Covenant states that veterans should be able to access support for mental health services from healthcare professionals who have knowledge of the culture within the military. It is therefore important that veterans have access to specialist mental health support by staff who understand the culture of the military and can specifically help

veterans(36,37). The King's Centre research also concludes that providing cultural training for mental health professionals could help decrease the negative perception that veterans may hold that the people providing their treatment do not understand the military or veteran needs(36).

Specialist mental health support is available via two routes:

- NHS Veterans' Mental Health Transition, Intervention and Liaison Service (TILS)

Veterans and serving personnel undergoing discharge from the Armed Forces can receive community mental health services from the Transition, Intervention and Liaison Service (TILS) which was set up with a £9million funding in 2017(57). TILS focuses on early recognition of symptoms and signs of mental health problems, provides early support and also provides management and treatment for complex mental health problems, including psychological trauma(49). This service also considers wider determinants of health that may have an impact on mental health and wellbeing(49). Individuals, GPs or charities can refer veterans to TILS.

- NHS Veterans' Mental Health Complex Treatment Service (CTS)

Veterans who have complex mental health problems, related to their service, which have not been managed with previous treatment can receive support from CTS. This is an enhanced service and provides intensive community care. Services include drug and alcohol support and support with wider determinants of health(49).

£6.4 million is spent by NHS England annually specifically on veteran's mental health services. Improving Access to Psychological Therapies services (IAPT) are now required to record veteran status. The Armed Forces Covenant Annual Report 2017 reported that referral times to psychological therapies were similar between veteran and non-veteran populations(51). The rate of recovery was similar for veteran and non-veteran populations, both below the Government target of 50%.

8.4.1.6 Local Level

P2R (Path to Recovery) provides confidential support for drugs and alcohol misuse across Bedford Borough and Central Bedfordshire. New patients are directly asked whether they have previously served with the Armed Forces and P2R record this information. Between the 1st of October 2017 and the 30th of September 2018 P2R had 40 veterans within their services (24 in Bedford Borough and 16 in Central Bedfordshire). This data can be broken down by age, sex and substance type. However, due to small numbers (<5) in each category only high level statistics are provided here to preserve confidentiality:

- The vast majority of veteran patients are male (approximately 97.5%).
- Alcohol misuse is the most common primary problem substance in veterans seen by P2R (50%).
- Illicit use of heroin is the second most common primary substance misuse (27.5%).
- The peak age group of veterans seen by P2R is 30-35 year olds (n=9).
- 21.4% of ex-service patients in Bedford Borough and 30.8% of patients in Central Bedfordshire successfully complete treatment in P2R. This is compared to 29.2% and 38.7% of all patients in P2R in Bedford Borough and Central Bedfordshire. However, it is unclear if there is a significant difference between successful completion in ex-service versus all patients due to small numbers.

Anecdotal evidence suggests that veterans who are seen in P2R are more likely to face housing issues (including homelessness) and mental health issues than other patients.

8.4.2 Smoking

Box 9 shows key statistics of the prevalence of smoking in veterans at a national. Overall it appears that working aged veterans and female veterans are a key target group for smoking cessation(16).

Key statistics: Smoking in veterans

- A similar proportion of veterans and non-veterans were current smokers in the APS 201 (MOD, 2017).
- Veterans aged 59-69 were *significantly* more likely to have ever smoked than similar aged non-veterans (55% versus 45%) (MOD, 2017).
- Health-related problems lasting more than 12 months were more likely in veterans who had previously smoked than ones who had not previously smoked, 46% and 32% respectively (MOD, 2017).
- Veterans who have previously or currently smoked were found to have significantly higher rates of chest infections, breathing difficulties and mental illness (MOD, 2017)

Box 9: smoking in veterans

Source: Ministry of Defence. Annual population survey: UK Armed Forces Veterans residing in Great Britain, 2016(16)*.*

8.5.2.1 Local level

Bedford Borough, Central Bedfordshire and Milton Keynes Council provide a smoking cessation service, with a shared core team covering the three councils(58). Currently people who register with the service are not directly asked whether they have previously worked within the Armed Forces. However, during stakeholder interactions, the team have indicated that they would like further support for signposting veterans to other services when appropriate.

8.4.3 Long term or serious injuries

Injury incurred during service may lead to service personnel being medically discharged. After completing rehabilitation within the MOD, medical care is transferred to the NHS. Every individual should have a multi-disciplinary team

meeting (MDT) arranged for them by the local CCG or lead team area(46). Health care professionals (including social care) who have been and how will be involved in the veteran's care should be present. A continuing healthcare package is provided and funded by the NHS for those individuals who have continual healthcare needs. At this meeting the veteran's requirements for healthcare services and eligibility for a NHS Continuing Healthcare Package should be assessed. The local authority has a responsibility to complete a social care and housing assessment for all veterans, and then there should be a meeting between the veteran, local authority and their family or carers.

Additionally, there are other consequences of traumatic injury which also need to be considered including: fertility issues, psychological adjustment and erectile dysfunction. Financial support might be available for veterans with an injury due to service and they might also be eligible for a Disability Living Allowance (DLA)- see section 10.

8.4.3.1 NHS Prosthetics Service for Veterans

In 2011, a report was published by Dr Murrison entitled 'A better deal for military amputees'(59). A key finding of the report was that the level of service provided for those service personnel who have lost a limb was very different between services received whilst in service by the DMRC and when discharged from services and being treated in the NHS(59). To ensure that veterans receive high quality care, similar to that which they received during service, it was recommended that specialist prosthetics and rehabilitation services were provided by multidisciplinary centres(59,60). To action findings from this report a veterans' prosthetics programme was introduced(59,60). Enhanced services are offered to veterans who require prosthetics and rehabilitation support due to a loss of limb or injury during service in the Armed Forces(60). This programme consists of nine 'Disablement Centres' (DSCs) in England(60). . The closest prosthetic service for residents in Bedford is Addenbrooke's Rehabilitation Clinic, part of the Cambridge University Hospitals NHS Foundation Trust.

To ensure that veterans could apply for funding for high quality prosthetic limbs, regardless of their DCS, the Veterans Prosthetics Panel (VPP) was created (2012).

The VPP funding is available for veterans who have lost a limb during service, or have left the military but their loss of limb is attributable to an injury during service(60). Applications to the VPP can be submitted by the England DSCs for individual veterans(60). Veteran specialist limb prosthesis and rehabilitation services is commissioned by NHS England(61).

Prosthetic limbs

- 15% of people with amputations experience Phantom Limb Pain as a consequence of a trauma amputation.
- Arm injury and delayed amputation after injury are more commonly associated with phantom limb pain.
- Phantom limb pain and stump pain are difficult to treat and management of symptoms may include: neurotropic medications (affecting nerve- type pain), physical therapies such as massage, TENS, physiotherapy, psychological therapies or more complex interventions such as nerve blocks or surgery.

Box 10: Prosthetic limbs and phantom limb pain.

Source: e-learning for HealthCare(46)

Additionally, specialist care is available for trauma-related injuries from the 'Veterans Trauma Network'. This is a 10 centre national trauma network which links into veteran mental health networks and charities(45).

8.4.3.2 Local level

Anecdotal evidence from stakeholder conversations at a local level suggested that there may be inequalities in the access that different individuals have to the prosthetics services. This may be due to differences in health literacy between individuals. A business case needs to be written to apply for different prostheses and certain individuals may find this more challenging than other individuals.

8.5 Specific health needs of veterans: local level

Respondents to the Survey Monkey questionnaire were asked to list the three most important health needs of veterans. The raw data is summarised in Appendix 3. Common responses included:

- Mental health problems (PTSD, drug and alcohol problems, depression)
- Orthopaedic problems or injuries including rehabilitation

Other responses included:

- Social support
- Having somebody to talk to and support with transitioning to daily life
- Listening, compassion and empathy
- Medication review
- Similar problems to other patients of a similar age.

During a local stakeholder conversation, it was suggested that veterans require further education about their own healthcare needs and that they could then educate health professions. The idea of having ‘health care champions’ was postulated, by which a veteran could advocate for the health and healthcare of other veterans.

8.6 Health and social needs: education and training

The 2017 Annual Report for the Armed Forces Covenant highlights that there is a lack of awareness and knowledge about the specific health needs that veterans face within the healthcare system(51). Additionally, an ongoing priority of the Armed Forces Covenant is to raise the awareness of the covenant(51).

Within primary healthcare there have been recent measures to improve practitioner’s knowledge of the specific health needs of veterans, identification of veterans and awareness of the Covenant. These include:

- All General Practices have agreed to ask a question for new patients to identify veteran status.

- The specific health needs of veterans are addressed within the training curriculum for General Practitioner Registrars and are assessed within the Royal College of General Practice membership examinations.
- Health Education England has developed multiple e-learning packages which cover the health and social needs of serving personnel, veterans and their families as part of the ‘e-learning for health care.’

The NHS Long Term Plan outlines plans to roll out a ‘veterans accreditation scheme’ nationally, alongside the Royal College of GPs, to improve the health and social care for veterans(62).

The scheme is called ‘Military Veteran Aware Accreditation,’ which aims to ensure that veterans are able to access dedicated appropriate care. To become accredited practices need: a veteran lead in the practice; to identify veterans on their records; attend training sessions and healthcare Armed Forces meetings and improve the level of understanding of veteran’s health needs amongst all of their staff(63).

8.6.1 Local level

Nearly half of respondents to the Bedfordshire survey (45.5%) were aware of the Armed Forces Covenant with 36.4% being unaware of it and 18.2% not being sure.

The majority of respondents at Bedfordshire CCG (72.7%) welcomed further teaching and training within their practice about the identification, specific health needs and healthcare rights of veterans.

London Road Surgery, Bedford, has recently achieved the Veteran Accreditation status. It is hoped that all GP practices across Bedfordshire will become ‘veteran’ friendly and achieve accreditation status.

9. Transition from military to civilian life

The transition from military to civilian life is an extremely important process for serving personnel and their family members(48,51). Many changes occur during this transitional period, which will be unique to the individual, but may include changes to their(46):

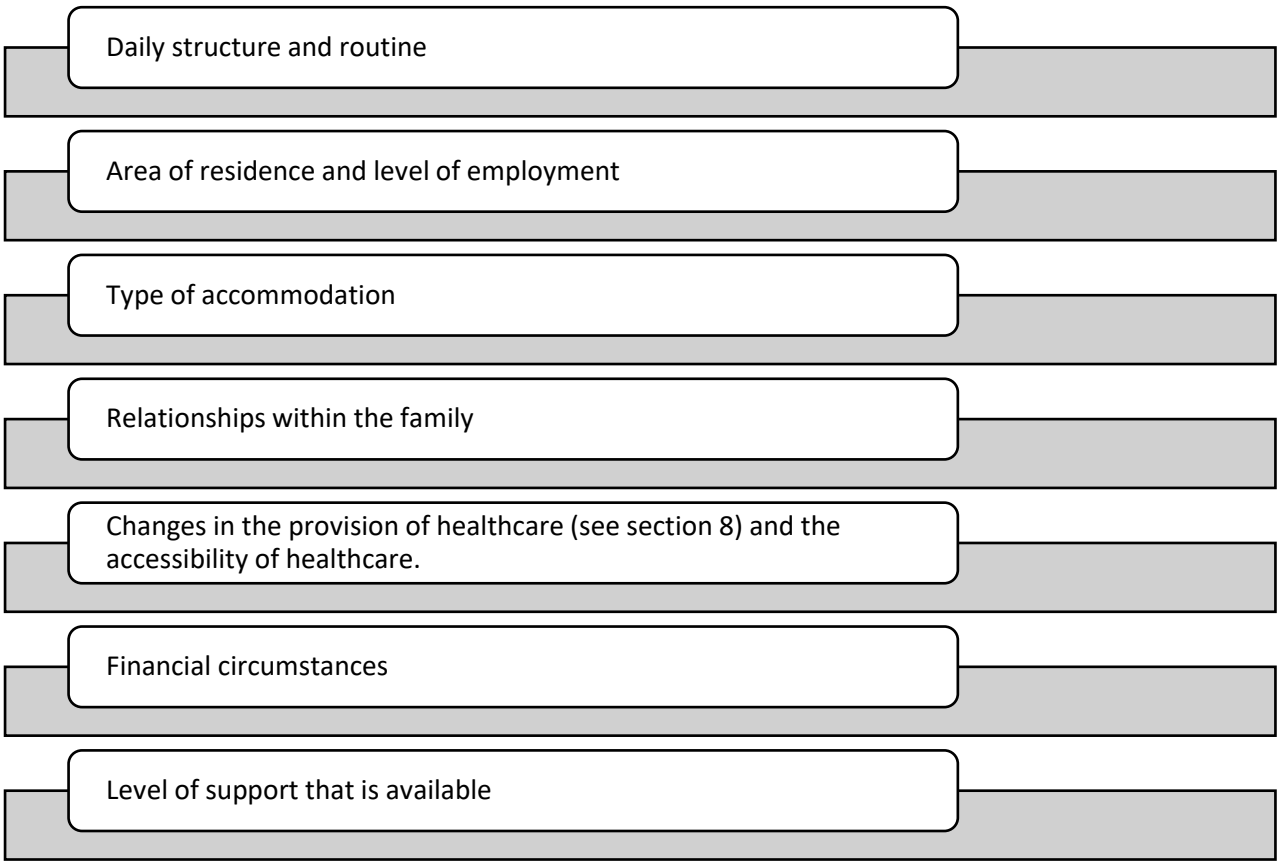


Figure 10: Changes that veterans may face during transition to civilian life.

Source: e-learning for healthcare(46)

For the majority of people this transition is a smooth process(48,53,57,64). However, for some individuals, the transition is challenging(48,57,65) The aforementioned changes, with pre-disposing risk factors, may leave individuals vulnerable to difficulties which may include(11,48):

- Alcohol and drug misuse
- Unemployment
- Homelessness

- Mental health problems
- Relationship breakdown or difficulties
- Financial difficulties

These will be discussed further in section 10.

9.1 Discharge planning

Prior to discharge all serving personnel should undergo discharge planning and receive a pre-discharge medical assessment. However, if individuals leave earlier they may not receive this support. A summary of medical records is provided for everyone who is discharged from the forces. Personnel are encouraged to provide this upon registration with NHS primary care services(31). For those individuals who are expected to have healthcare requirements on discharge there should be a handover(31). Abnormalities detected during this medical should be managed appropriately. In the final 3 years of service personnel receive a resettlement package. Additionally, personnel should receive an extended period of leave and are offered residential courses in preparation to transition to civilian life.

9.2 National level

The Annual Report for the Armed Forces Covenant 2017 highlights that there are ongoing concerns with this transitional period(51). However, it is noted that there has been recent work across the UK and across multiple sectors to improve this period.

The NHS Long Term Plan specifies that they will “expand our support for all veterans and their families as they transition out of the armed forces, regardless of when people left the services.” There will be expanded access to veterans who are in contact with the criminal justice system and those requiring complex treatment services, by 2023/24(62).

9.3 Local level

This transitional period was highlighted throughout stakeholder interviews as a key point in the journey of military personnel and their family members. On discharge

from the military individuals may be in better health than expected in the general population due to regular medical assessment, review and support. However, the period after discharge was highlighted to be an area where veterans are more vulnerable.

Conversations with stakeholders suggested that the ease of transition from military to civilian life relies on veterans being ‘savvy’ to the rights and support they could receive.

10 Wider determinants of health

As the Dahlgren and Whitehead model (Figure 11) demonstrates, the health of an individual is influenced by a wide range of factors. Whilst certain factors are not modifiable (age, sex and ethnicity), others are modifiable. It is important that we consider the 'wider determinants of health' when we assess the health needs of serving personnel and veterans and their families. Multiple adverse factors may interact and have a greater impact on the health and social needs of an individual.

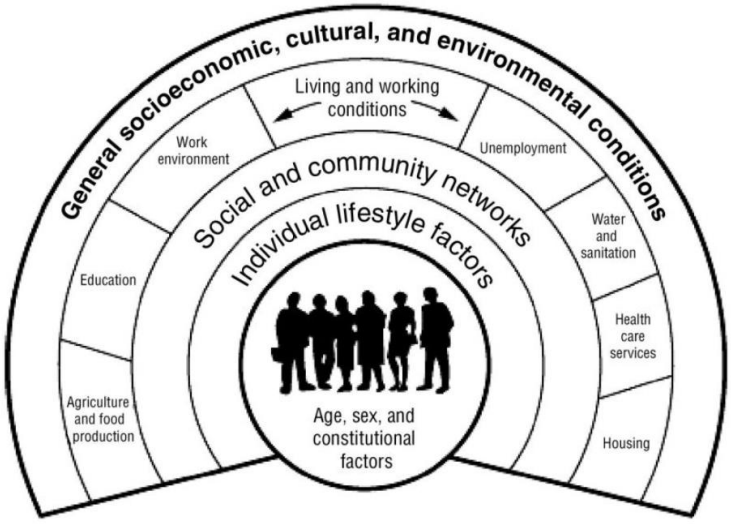


Figure 11: The Dahlgren and Whitehead Model: wider determinants of health
Source: Social Determinants of Health, Public Health England(66)

10.1 The Veterans' Gateway

The Veterans' Gateway is a free, online portal which aims to provide a single point of contact, support and advice for veterans and their families. It was initiated in June 2017, developed by a multiagency consortium which was led by the Royal British Legion (RBL). £2 million was spent developing the resource(67). The portal signposts people to national and local level support using an interactive map. The website offers multiple different methods of obtain support. This includes: a live chat, email address, a number to text, a self- help service and a phone service which is available 24 hours a day. Additionally, there is information on who to contact in a crisis. Key topics covered include housing, employment, finances, independent living, mental wellbeing, physical health and families and communities. The gateway

has published guides for specific topics such as depression, substance abuse, post-traumatic stress disorder, advice on creating a CV and interview skills.

10.2 National and local services and charitable organisations

There are multiple charitable organisations available at a national level aimed at providing support for serving personnel, veterans and their families(11). The RBL estimates that in 2014 there were 134 charities, Regimental Organisations and benevolence organisations registered with the Confederations of Services Charities(11). Some services are available to the general population (including civilians) and others are specifically aimed at the Armed Forces Community. Appendix 4 summarises key organisations which are available at a national level. Services which are provided at a local level, including charitable organisations, for Bedford Borough, Central Bedfordshire and Milton Keynes are also summarised in Appendix 4.

This section is not intended to be a comprehensive review of all of the services available to serving personnel and veterans across these three local authorities. An in-depth mapping of available services across the three authorities is an area for future work and recommendation of this HNA.

Certain organisations, such as the Citizens Advice Bureau (CAB) provide advice and support in multiple domains including housing, employment and financial assistance. Individuals are directly asked whether they are a veteran at the CAB based in Bedford Borough. Themes discussed during a stakeholder conversation with CAB in Bedford Borough are reflected throughout this section.

10.3 Employment and veterans

Whilst most veterans do not face difficulties with employment, challenges may arise from: a lack of transferrable skills, a lack of qualifications, lack of experience or training outside the military(11), physical or mental health problems(11).

Key statistics

- A similar proportion of working aged veterans (78%) were employed as non-working veterans (79%) (MOD, 2017).
- 6 months after leaving service, 82% employed, 9% unemployed, 10% economically inactive. Employment rate higher than for general population (75%)- MOD 2018.
- Army service leavers and BAME service leavers more likely to be unemployed (CTP, 2018)
- Female veterans were less likely to be employed than males. (MOD, 2017).
- Twice the number of veterans worked in 'the public admin and defence industry' compared to non-veterans (MOD, 2017).

National level support

- The RFEA: The Forces Employment Charity provides support for job and training opportunities for all veterans and service leavers, including Reservists. The Career Transition Partnership (CTP) is funded by the MOD and provides employment support (advice, coaching and training) for a career after leaving the services(4,11). The CTP offers support for serving personnel for up to two years after discharge by connecting the individual to organisations who wish to work with veterans, acknowledging the skills they have(4).

Box 11a and 11b, Source: Ministry of Defence. Annual population survey: UK Armed Forces Veterans residing in Great Britain, 2016(16) *and Ministry of Defence, Career Transition Partnership Annual Statistics UK Regular Service Personnel Employment 2012-2017, 2018*(68)

10.3.1 Local level

Table 11 shows estimated economic activity in working aged veterans locally, using MOD estimates derived from 2011 national Census data.

Table 11: Estimated economic activity in working aged veterans (16-64 years old) in Bedford Borough and NHS Bedfordshire CCG

Source: Ministry of Defence, Census 2011: Working age UK Armed Forces Veterans residing in England and Wales, published 2018 (25)

	Economically active (excluding full-time students), in employment, employee, part-time	**Economically active (excluding full-time students), in employment, employee, full-time**	**Economically active (excluding full-time students), self-employed**	**Economically active (including full-time students), unemployed**	**Economically active full-time students, in employment, employee (part-time or full-time)**	**Economically active full-time students, self-employed**	**Economically inactive, Retired**	**Economically inactive, Student**	**Economically inactive, Looking after home/family**	**Economically inactive, Permanently sick/disabled**	**Economically inactive, Other**
Bedford Borough	6%	67%	13%	5%	<1%	0%	3%	ND	<1%	3%	<1%
NHS Bedfordshire	5%	69%	13%	4%	<1%	ND	3%	<1%	<1%	2%	<1%

10.4 Education, training and veterans

Key statistics

- The number of transferrable skills, literacy level and highest qualification level varies between different individuals, between different services and service type (e.g. regular personnel and reservists)
- RBL household survey 2014 findings:
  - 76% of working aged veterans had a qualification and 85% of non-veterans.
  - Fewer veterans had a degree than in the general UK population- 12% versus 26% of working aged adults
  - 76% of working aged veterans had a qualification and 85% of non-veterans.
  - Officers and veterans who had served in the forces for a longer duration (> 5 years) were more likely to have a qualification (normally an academic qualification but not a degree)
  - It is often reported that the literacy level of members of the Army is lower than in the RAF and in the Royal Navy.
  - Certain subgroups may require additional support compared to others including
    - Individuals aged 45-64 years old with fewer qualifications and confidence in computer skills.
    - Individuals aged 16-34 who may have less transferable skills, especially those who have recently left the services.
    - Female veterans.
- MOD, 2017
  - 92% of veterans and 89% of non-veterans of working age (16-64 years old) had a qualification in 2016
  - Significantly fewer veterans had a degree (20%) than in the non-veteran population (30%)
  - Qualifications in the veteran population predominantly were obtained through work (63%)

National level

- The Armed Forces Covenant promotes the personal development of members of the Armed Forces Community, encouraging further civilian qualifications and training in preparation for the transition to civilian life. The MOD provides training and qualifications, particularly in preparation for transition into civilian life on discharge. Local grants schemes are available promoting the development of 'life skills' to aid the transition to civilian life.

Box 12a and 12b: Education and training for veterans

Source: Ministry of Defence, Annual Population Survey(11,22)*, RBL Household Survey*

10.4.1 Local level

Table 14 shows estimated level of education of working aged veterans locally, using MOD estimates derived from 2011 national Census data.

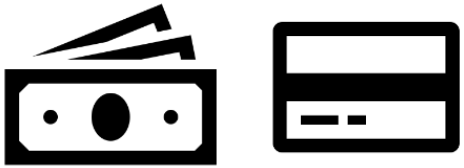
Table 12: Educational level of working aged veterans (16-64 years old)

	No academic or professional qualifications	**Level 1**	**Level 2**	**Apprenticeship**	**Level 3**	**Level 4+**	**Other**
Bedford Borough	9%	18%	16%	4%	14%	35%	4%
NHS Bedfordshire	9%;	18%	17%	4%	14%	34%	4%

Source: Ministry of Defence, Census 2011: Working age UK Armed Forces Veterans residing in England and Wales, published 2018 (25)

10.5 Finances and veterans

Financial challenges may occur due to changes in: employment status, low income, challenges paying for accommodation, relationship breakdown, a physical or mental disability, illness with unpaid sick leave.



Key statistics

- 9% of respondents to the RBL 2014 Household Survey reported financial difficulties.
- SSAFA Report 2016 key findings:
  - 86% of Veterans supported by SSAFA report financial challenges
  - Having insufficient finances to buy essential items or replace them or for day-to-day living were highlighted by the SSAFA 2016 report as the two greatest challenges which working aged SSAFA veterans face
  - The estimated average income for veterans supported by SSAFA is £13,000 per year. The estimated family income for all working aged veterans is £28,000
  - Nearly half of the ex-service community respondents their average household income in ex-service community was less than £15,000.
  - Average family income for a family with two children in the general population is £31,000 per year
  - Food banks are used for support by some SSAFA veterans
  - Particular sub groups face financial challenges including: households of working age with dependent children, people with long term illnesses and also young single people.
  - Financial debt (arrears) was more common in households of single or divorced people, younger people or people with dependent children.

Box 13: Finances and veterans. Source: RBL 2014 Household Survey and SSAFA 2016(11,48)

10.5.1 National Level

The pension and compensations schemes that veterans are entitled to are relatively complex and have undergone significant changes in the last five years. Veterans UK, on behalf of the MOD, administer the compensation schemes. When and where the individual served will determine which compensation scheme is appropriate. A high level overview of these is provided in Figure 12. Additionally, the Armed Forces Community group are entitled to the same benefits as other UK citizens excluding tailored schemes.

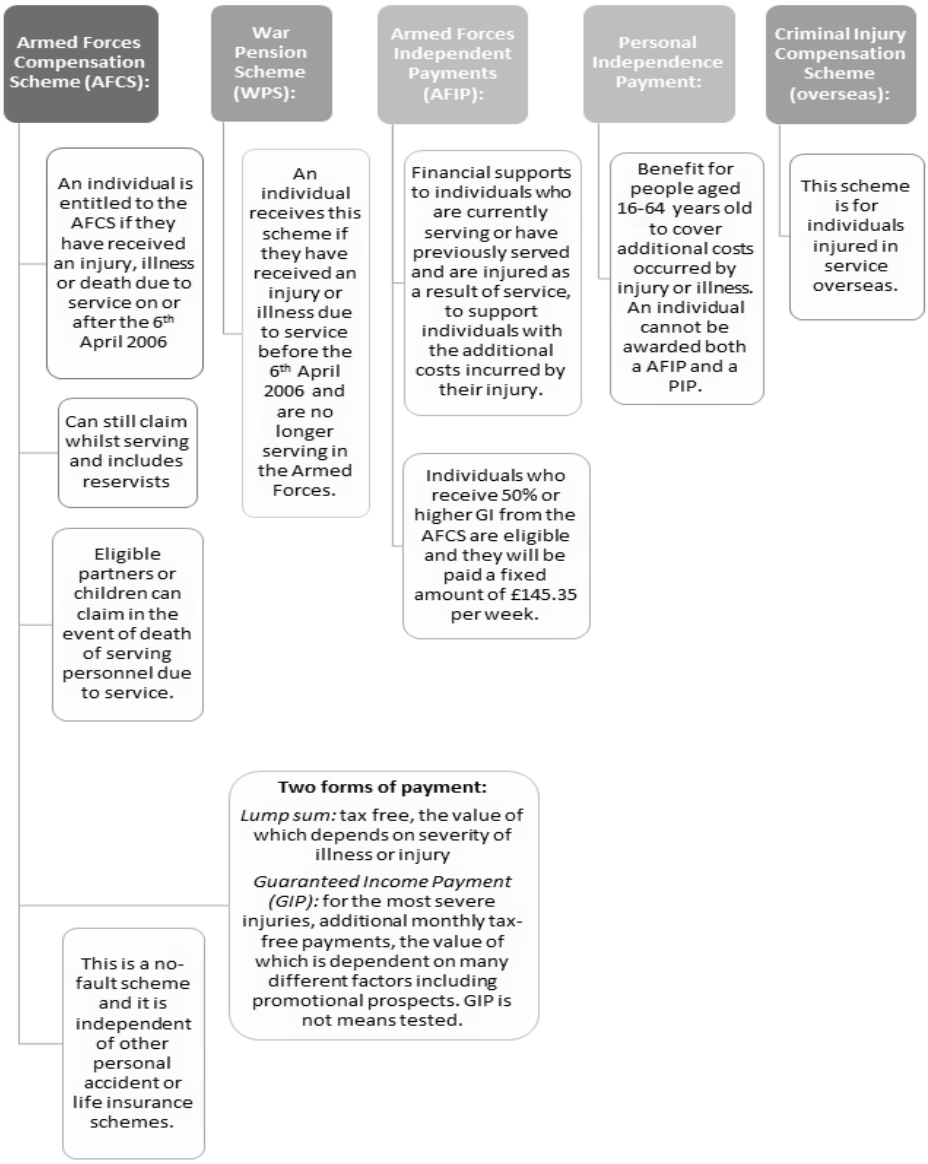


Figure 12: Overview of financial pension and compensation schemes available to Veterans and their family

Source: Created for HNA using information from the Ministry of Defence(69)

Approximately 477,681 people (including 44,362 veterans) received financial payment through the Armed Forces Compensation or pension schemes in March 2018(70). This included those people residing in the UK and overseas. The figure below shows the number of people receiving AFPS, WPS and AFCS in March 2018(70). However, it needs to be noted that the receipt of payment under one scheme is not mutually exclusive and therefore the same individual may be represented in multiple categories(70).

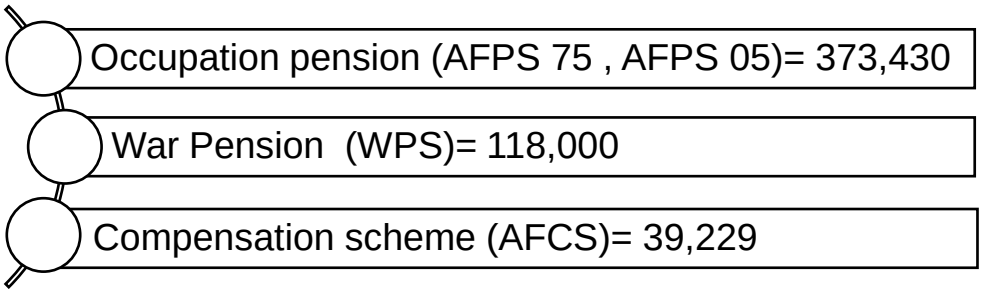


Figure 13: Total number of people receiving AFPS, WPS AND AFCS

The MOD releases the location of Armed Forces Pensions and Compensation receipts annually using the Compensation and Pension System (CAPS) and the War Pension Computer System (WPCS)(70). The figure below is a heat map which shows the receipt of UK Armed Forces pension or compensation in each region across the UK(70).

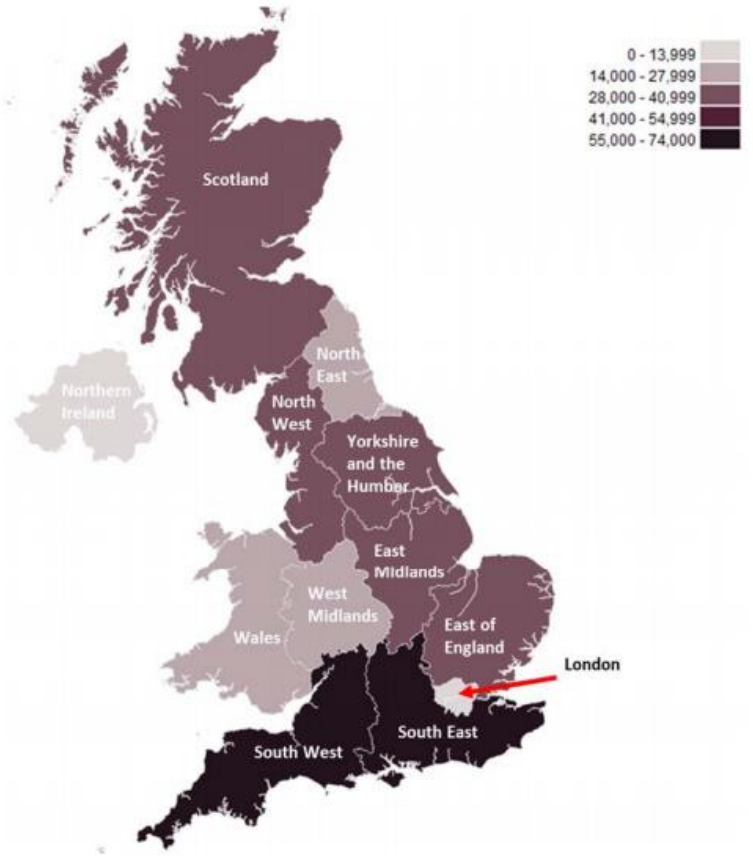


Figure 14: Heat map of location of recipients of UK Armed Forces pension1 or compensation 2 by UK region

Source: Extracted from the Ministry of Defence, Location of UK Armed Forces Pension and Compensation Recipients, 2018(70)

10.5.2 Local Level

Table 13 shows the number of pension and compensation receipts in Bedford Borough(71). This data could be used as a proxy of the number of veterans residing across each of the three local authorities. However, these figure estimates are almost a factor of 10 times lower than the extrapolated estimates presented in section 3. The discrepancies noted on a local level reflect the discrepancy between the total number of AFPS/WPS and AFC receipts for England (n=333,725) and the estimated number of veterans for England in the Annual Population Survey (n=2118,000). Using pension and compensation receipts as a proxy to estimate the number of veterans is likely to severely underestimate the number of veterans. Some veterans do not receive compensation or pensions(72) and individuals may be counted in multiple different compensation or pension schemes (70).

Table 13: Receipt of pension and compensation schemes across Bedford Borough

	All	Of which are veteran	AFPS Recipients	WPS Recipients			AFCS Recipients	
				Veterans Disablement pensioners	War widower	Other war pensioners	Serving personnel	Veterans
Bedford Borough	715	668	583	118	36	ND	10	22

Source: Raw data from Ministry of Defence, Location of Armed Forces Pension and Compensation recipients, 2018(71)

10.5.2.1 Local services

Local Citizens Advice Bureau can provide advice and assistance about benefits, compensations and pensions for veterans and their families. The council Customer Services Teams can also provide advice on the benefits which the Armed Forces Community are entitled to.

10.6 Housing and veterans

Whilst the majority of veterans own their own home, veterans may be vulnerable to homelessness triggered by(65):

- Relationship(s) breakdown, substance misuse, unemployment, financial difficulties, mental health issues and bereavement

Key statistics

- 75% of veterans owned a house, similar to the rate in the non-veteran population (77%) (MOD, 2017). However, this is based on a household survey and therefore will overestimate the proportion of veterans in a household.
- A proxy estimate is that 3% of the homeless population are veterans (2013-15)
- Between 3-6% of the people sleeping rough in London are thought to be ex-service (Forces in Mind 2014).
- The proportion of veterans in the homeless population is thought to have declined by up to 15% since the mid-90s (208, RBL). However, the number of Armed Forces personnel has also decreased over this period.
- A 2010 literature review by the RBL suggested that veterans who are homeless are thought to be similar to civilians who are homeless but are more likely to be:

- Older (average age 52 years old)
- White Ethnicity
- Male
- From the Army, than the RAF or Royal Navy
- Have been homeless for a longer period of time
- Have a higher number with alcohol related problems
- Lower number with drug misuse problems

Box 14: Housing and veterans. Source: Ministry of Defence, 2017 and RBL Literature Review 2010(65)

A survey conducted in 2010 by the RBL suggests that there is limited evidence that 'institutionalisation' and general 'military life' is a major cause of homelessness(64,65). However, there is some evidence that, for a small number of veterans, some aspects of military life may reduce an individual's ability to cope after leaving services(64,65).

Veterans who are experiencing difficulties with housing may be unwilling to seek help from their local authority(64,65). This may lead to veterans seeking support from fellow veterans and there will be a number of veterans who are considered to be the 'hidden homeless,' sleeping on friend's sofas for example(64). 6% of RBL respondents in the 2014 Household Survey discharged from the Armed Forces within the previous five years reported that they had 'problems getting a council or housing association place(11)'.

10.6.1 National Level

The Armed Forces Covenant specifies that accommodation for the Armed Forces community should be of good quality, be in a good location and be affordable. Serving personnel should have priority for affordable housing schemes which are government sponsored.

The Joint Service Housing Advice Office is a MOD service which provides housing advice about civilian housing for tri-service serving personnel and their families. This is applicable for serving personnel who want to transfer to civilian accommodation during service and for those who are transitioning to civilian life. Additionally, they can provide accommodation for people who are at highest risk(73).

The 'Forces Help to Buy Scheme' is a national scheme aiming to increase the rate of home ownership within the Armed Forces. The £200 million scheme can help Armed Forces personnel purchase a home through an interest free loan worth up to 50% of their gross annual salary (capped at £25,000)(74).

Veterans do not automatically receive priority for social housing(75). However, in most parts of the UK, veterans may be given additional priority for social housing applications by housing allocation schemes(75). Seriously injured service personnel are afforded priority in housing allocation policies(75). New proposals, currently under

consultation, suggest that veterans who are suffering mental health problems (including PTSD) will receive prioritisation for social housing(76). Specific groups of veterans or the Armed Forces Community cannot be disqualified for social housing based on residency criteria(75).

10.6.2 Local Level

MOD estimates, using 2011 Census data suggests that the majority of working aged veterans part own a house (Table 14).

Table 14: Estimates of housing tenure in Bedford Borough and NHS Bedfordshire CCG using 2011 National Census data

	Owned outright	**Owned with a mortgage or loan**	**Part owns and part rents (shared ownership)**	**Rented (social or privately rented)**	**Lived at property rent free**
Bedford Borough	19%	54%	2%	25%	ND
NHS Bedfordshire CCG	17%	56%	1%	25%	<1%

Source: Ministry of Defence, Census 2011: Working age UK Armed Forces Veterans residing in England and Wales, published 2018 (25)

The 'Housing Options Team' at Bedford Borough Council can provide advice about housing and accommodation. They also can provide support and advice surrounding homelessness, social housing, low cost home ownership and private sector housing(77).

Local charitable organisations are also available to provide support including: Amicus Trust, , Langley House Trust, SMART Prebend Centre, the King's Arms Project, Langley House Trust and the Thomas Christie Almhouse Charity(77).

Amicus Trust is a charity which provides a single point of access to short term housing across England. Amicus offers housing support and advice for homeless veterans or veterans who are at risk of becoming homeless aged between 16 and 65 years old. Amicus covers Bedfordshire, Buckinghamshire, Leicestershire and Northamptonshire. Supported shared accommodation is available for up to 24

months and additional support is provided for transfer to permanent accommodation. All individuals must complete a 'Single Assessment Form.' This form has detailed questions about previous service within the Armed Forces including service type, regiment, branch, corps, service number; date enlisted and discharged reason for discharge, ESL status and ESL briefing. Veteran applications are managed by an appointed Armed Forces lead within the charity. Veterans are housed together when possible and all individuals registering for accommodation are encouraged to register with a GP.

Amicus liaises with the local drug and alcohol provider, P2R (Pathway to Recovery) and has an appointed mental health liaison. Additionally, the charity formulates a development plan with the individual and offers education and volunteering services. Personal and professional development training opportunities are also available through Amicus; such as courses offered by Stepping Stones. However, anecdotal evidence suggests that the proportion of veterans who take up the volunteering opportunities are relatively low.

In 2016, it was estimated that Amicus supported 240 homeless individuals with accommodation, including veterans. Additionally, Amicus supported 209 homeless and or vulnerable adults with education and employment goals and 116 homeless people with mental health services.

There are currently five houses in Bedfordshire: Leighton Buzzard, Flitwick, Bedford, Sandy and Luton. Estimates of the total number of veterans supported by Amicus is reported in Table 15. Whilst the data is not split by sex, Amicus reports a very low number of female veterans presenting to their service.

Table 15: Estimated number of veterans supported by Amicus Trust

Accommodation Location	Total number of Veterans supported since 2015	Total number of Veterans currently supported (as at March 2018)
Leighton Buzzard	29	6
Flitwick	6	<5
Bedford	42	12
Total	**77**	**20**

10.7 Criminal Justice system and veterans

There is a paucity of data of the number of veterans in the criminal justice system(78). The Philips Review, 2014, found that individuals who have left the services are less likely to commit criminal offences that their civilian counterparts(4). All individuals entering the criminal justice system should now be asked whether they have previously served within the Armed Forces(4). However, there is concern that many veterans do not declare their veteran status due to concern about their safety if identified as a veteran. SSAFA are working to try and identify these individuals.

The MOD supports veterans in custody and veterans can receive support from the Veterans' Welfare Service(4). Additionally, Project Nova supports veterans who are in the criminal justice system, including veterans who are at risk of being arrested, by working with police, completing an assessment of individual's needs and aiming to support sustainable employment(79). Project Nova is operational in the East of England and is working in collaboration with Bedfordshire Police(80).

Key statistics: Veterans and the criminal justice system

- In 2010 DASA estimated that there were 2820 veterans in prison in England and Wales, comprising 3.5% of the prison population in total
- By extrapolating the data, regular veterans have a 30% lower chance of being in prison than civilians
- Veterans are imprisoned for a variety of reasons, but most commonly:

- Violence
- Sexual offences
- Drugs

**DASA= Defence Analytical Services and Advice*

Box 15: Criminal Justice System and veterans

Source: RBL report 2010(78)

As the RBL Literature review into UK Veterans and the Criminal Justice System suggests, qualitative research into this area would be helpful to understand individual's experiences of the criminal justice system(78).

10.8 Specific social needs of families of serving personnel

Families of serving personnel may face specific challenges compared to the general population which need to be recognised(46). Families of serving personnel may be required to relocate away from their extended family and friends or may face long periods of separation whilst their serving family member is on deployment. The average family of serving personnel will re-locate three times during service.

Frequent relocation may lead to:

- Difficulties finding employment e.g. for spouses of serving personnel
- Financial difficulties
- Frequent re-location of schools for children of serving personnel, which may impact on educational attainment. Some children may attend boarding school or be separated from their parents.
- Difficulties registering with local service e.g. general practices, dentists, other amenities. Additionally, frequent relocation can decrease continuity of care with these service, weaken relationships e.g. with a local GP and be a barrier to accessing treatment(34).

Families may have little choice about their accommodation. Additionally, long periods of separation whilst their serving family member is on deployment may lead to(33,46):

- One parent being a temporary ‘single parent’
- Changing relationships within the family
- A re-adjustment period may be required when the serving personnel returns from deployment
- Increased isolation
- Decreased social support
- Concern for family members’ safety
- Mental health issues, including chronic anxiety

An annual ‘UK Tri-Service Families Continuous Attitude Survey Results 2018’ is published by the MOD. Questions include: general satisfaction with service family life, spouse employment, and relocation(81).

The majority of respondents in 2018 were satisfied with service life (61%). However, 50% of respondents reported that they feel their family life is disadvantaged, are not valued by the services and that they do not feel integrated with their wider community(81).

Approximately one fifth of the respondents had moved within the last year due to service reasons (22%)(81). These respondents were more likely to be living with their spouse who was in service and with other service families(81). Whilst these respondents were more likely to feel integrated with the wider community, they more likely to be looking for employment (58% versus 35% of respondents who had not relocated in the last year) and a higher proportion reported that they felt negative about the impact that being involved in service life had on their personal careers (68% compared to 55%)(81).

Overall the rate of employment for female spouses of serving personnel is similar to in the general population (76%), but approximately one quarter of respondents reported difficulties finding employment(81).

The majority of respondents in 2018 reported no difficulty accessing GP services, hospital services, dental treatment or mental health services. However a greater proportion did face difficulties accessing dental treatment(66%) and mental health services (26%) than primary care with 10% reporting that they were unable to access dental treatment and 15% that they could not access mental health services(81).

10.8.1 Education of serving personnel children

As per the Armed Forces Covenant children of members of the Armed Forces Community should ‘have the same standard of, and access to, education (including early year’s services) as any other UK Citizen within the area in which they live.’ If there are sufficient numbers, the MOD may provide some educational facilities and early year’s services. The ‘Common Transfer File’ was initiated in 2017 to increase support for children of service personnel when they are moving schools. This was expanded in 2018 to have more information about the background and experience of children(27).

As part of the Covenant, the Service Pupil Premium (SPP) was introduced by the Department of Education. The aim is to enable schools to provide extra support for

these children as they may face additional needs, mainly pastoral support. In England, state schools, academies and free schools are eligible to receive SPP funding for children of service families between Reception and Year 11 schooling years (£300 per child). Eligibility criteria can be found on the Ministry of Defence website(82).

The educational attainment of children of service personnel at Key Stage 4 and 6 in 2012/13 and 2014/15 was similar to non-service children(83). However, a greater proportion of service children attend more than one primary or secondary school than non- service children(83).Whilst the educational attainment of service children who attended more than one school (primary or secondary schools) was lower than the ‘acceptable level,’ this was higher than non-service children(83).

10.8.1.1 National Level support

The RAF, Army and Naval Families Federations provide support and advice for families of serving personnel. The federations can signpost families to the appropriate service or support

10.9 Specific needs of family members of veterans

For the majority of serving personnel and their families, the transition to civilian life is smooth. However, for some families the transition to civilian life may be more challenging. Families may feel a sense of loss at leaving their previous lives within the military. Whilst in the Armed Forces, families may have had little autonomy over certain aspects of their life, for example:

- Where they live and the type of accommodation they live in.
- Employment
- Childcare
- Education of their children for example.

When families have transitioned to civilian lives, they may have to face many more decisions about their future which may be overwhelming. This may be especially difficult if they leave the services earlier than planned due to injury or illness, e.g. on

medical grounds. Families may find it difficult to adjust to civilian lives, and whilst there is support available, may feel less supported and find it more difficult to access services than whilst in the services. Whilst they may not experience the same separation as whilst their family member was in the Armed Forces, they may still feel isolated with a change in their social circle(46).

Additionally, after leaving the services there may be a change to their financial circumstances. This can be dependent on their own and the serving personnel's employment opportunities after leaving the services(11). A family member may have become a career as a result of illness or injury to serving personnel, which may occur adjustment and may heighten feelings of isolation and lack of support.

10.10 Recommendations

The identification of veterans (outside healthcare) is consistently highlighted throughout the literature as a key challenge and area for improvement. Identifying veterans have many benefits(64):

- Ensuring that the Armed Forces Covenant commitment for no disadvantage and special treatment is upheld.
- Ensuring that veterans are sign-posted to the appropriate services and that they receive the appropriate services that they are entitled to.
- Allow more accurate commissioning and planning of services(64)
- Improve the level of data on a local and national scale(64).

However, veterans are less likely to self-disclose or volunteer their veteran status if they are unaware of the benefits of doing so(64). It is important that local authorities and services that possibly encounter veterans directly and proactively enquire about veteran status(64).

11 Council level activity and support

An ‘Armed Forces Covenant Project Manager’ has been appointed to improve the delivery of services and information sharing to the veteran and reservist communities living across Bedford Borough, Central Bedfordshire, Luton and Milton Keynes. A key aim of this role is to build on the initiatives to date and provide a more structured and targeted approach to disseminating advice and information to ensure that it reaches the intended audiences.

11.1 Bedford Borough Council

Bedford Borough Council signed the Bedford Borough Covenant in 2012. The Bedford Borough community covenant steering group meet bi-monthly. Membership is multi-agency and includes representation from the: Army Reserve Centre, RBL, SSAFA, Royal Signals Association, Bedfordshire RFCA, Chicksands, Bedfordshire Clinical Commissioning Group, the Office of the Police and Crime Commissioner for Bedfordshire and various third sector organisations. Dave Hodgson, Mayor of Bedford Borough Council is the Armed Forces Champion for the council.

Local achievements in Bedford Borough, since the signing of the covenant include:

- The development of an Armed Forces webpage on the Bedford Borough Council website. This provides information and links for useful national and local level services available to the Armed Forces Covenant.
- The development and publication of an ‘Armed Forces Veteran Information booklet’ providing information about the services available for veterans at a local level.
- Support and promotion of the ‘Reward for Forces Scheme’ which offers discounts for Armed Forces veterans in specific local services. Businesses can sign up to take part in this scheme.
- Forces Festival Fun Day and Community Games event (2013) was held by Bedford Borough Council and SSAFA. The day aimed to increase public knowledge of the Armed Forces Community and raise the profile of this group.

- Attended the Armed Forces Day Flag Raisin and the Armed Forces Day parade.
- Had representation for the Armed Forces Community in the Bedford River Festival in 2014 and 2016.
- Countywide Community Covenant meeting in 2015.
- Service Charities Advice and Information Centre.
- Bedford Borough Council supports the ‘Reward for Forces Scheme’ which offers discounts on specific services for Veterans and serving personnel.
- Veterans were included as a specific vulnerable population in the 2018 Director of Public Health Report (Homelessness and Health).

12 Recommendations

The suggested recommendations reflect themes highlighted in stakeholder involvement and priorities outlined in the national document, 'The Strategy for our veterans(5).'

1. Improve the identification of the Armed Forces Community within primary care services, health and social care and across all services in contact with the Armed Forces Community

There needs to be a greater identification of veterans, reservists and their families across services to ensure that they receive the appropriate level of care and services that they are entitled to.

Possible actions:

- Continue to identify new veterans on enrolment to a General Practice by directly asking armed forces status (including using synonyms e.g. ex-military) on the enrolment questionnaires.
- Raise awareness within primary care professionals about the importance of proactively asking patients whether they are or have previously served with the armed forces and **why** they are asking this question
- When appropriate encourage GPs to ask about veteran status of existing patients on their register.
- Ensure that medical records are coded appropriately with standardised READ code (Xa8Da).
- Encourage veteran accreditation of GP practices and individual GPs.
- Encourage local services (e.g. smoking cessation, drugs and alcohol services) to proactively ask individuals registering with new services whether they are a member of the Armed Forces Community and record this to improve local data collection.
- Encourage the appointment of veteran leads across all services.
- Encourage members of the Armed Forces Community to self- identify when presenting at a new service, by explaining the benefits of identifying themselves as a member of the armed forces community. Posters could be displayed in waiting room areas or leaflets distributed.
- Consider a local social media campaign highlighting the importance of identifying members of the Armed Forces Community ("Think veteran" campaign)

2. Recognition and understanding of the health and social needs of the Armed Forces Community

Members of the Armed Forces Community are a unique and potentially vulnerable community within our population. Their specific health and social needs should be recognised.

Possible actions:

- Provide education and training opportunities for healthcare professional (primary and secondary care) and to all services that are in contact with the Armed Forces Community, on the **specific** health needs and available specialist services for different members of the Armed Forces Community. This could be through informal 'snip it's' in newsletters or formal training during teaching days.
- Encourage GPs to request MOD records. Encourage veterans, prior to discharge, to also ask for their MOD records to be shared.
- Consider a 'Making Every Contact Count (MECC)' module for the Armed Forces Community.
- Promote the completion of free online training resources for healthcare professionals such as the e-learning for healthcare package or Health Education England veteran training days.
- Conduct a more in-depth review of the health and social needs of local reservists, veterans and family members using a qualitative study design.
- Continue to include the Armed Forces Community within Joint Strategic Needs Assessments across each authority. Additionally, include this population in other health needs assessments e.g. drug and alcohol health, children and mental health needs assessments.

3 Increase the awareness of the Armed Forces Covenant and priority referrals

Ensure that all frontline health care professionals working across Bedford Borough are aware of the Armed Forces Covenant and the entitlement of ‘no disadvantage’ for members of the Armed Forces Community.

Ensure that public health professionals, members of the Bedfordshire Clinical Commissioning Groups and departments across Bedford Borough Council are aware of the covenant and the important of the covenant when providing and commissioning local services to the Armed Forces Community.

Promote awareness of the covenant to the general public and general businesses.

Possible actions:

- Provide education and training opportunities for frontline healthcare professionals, clinical commissioning groups, public health teams, local authority education, housing, child and social care services focused on the purpose of the Armed Forces Covenant.
- Promote the completion of free online training resources for healthcare professionals such as the e-learning for healthcare packages.
- Raise the profile of the Armed Forces Covenant via newsletters and social media campaigns.
- Continue to participate in civic events to raise the profile of the Armed Forces Community E.g. Armed Forces Day.
- Continue to encourage local businesses to sign up to the Defence Discount Scheme.

4. Improving the quality of local level data

Attempt to improve the availability of local level data on the number and socio-demographic profile of the Armed Forces Community.

Possible actions:

- As per recommendation 1, improve the identification of reservists and veterans within primary care.
- As per recommendation 2, record veteran status on medical records using a standardised code.
- Encourage all local services that provide support and advice to veterans and serving personnel to continue to record or commence recording veteran status. This includes mental health, drug and alcohol, smoking cessation, housing support and employment services.
- Refresh this HNA after the publication of 2021 Census Data for a more accurate estimate of the socio-demographic profile of regular and reservist personnel and veterans.

5. Improve signposting to local and national level services

There are multiple organisations and services for the Armed Forces Community. A structured approach is required to ensure that individuals are signposted to the correct service for their health and social needs to help ease the transition between military and civilian life and post-discharge from the MOD. This could enhance the integration of local services for the Armed Forces Community and generate more integrated pathways for referrals.

Possible actions:

- Raise awareness and promote the use of the 'Veterans' Gateway' within primary care, secondary care and across local authority services, encouraging staff to signpost individuals to the website.
- Increase knowledge of the national and local level services available to members of the Armed Forces Community across staff e.g. GPs can refer veterans to the local breakfast club
- Encourage local services to register with the Veteran's Gateway.
- Increase the level of knowledge within the Armed Forces Community of the local and national services available to them and their entitlements as per the Armed Forces Community.
- Map the local and national services available across Bedford Borough

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14 Appendix 1

Extrapolated data to estimate local veteran population

Extrapolated method 1:

- The proportion of veterans in each age group within Great Britain was calculated.
- Apply the above proportions to the estimated number of veterans in Bedfordshire (APS 2016).

Assumption:

- Assume that the age structure of the veteran population in Bedfordshire is the same as the age structure of the veteran population nationally.

Extrapolated method 2a:

- Calculate the number of people aged over 16 years old in Great Britain and Bedford Borough using 2017 ONS Mid-Year Population statistics.
- Apply 5% to the number of people aged over 16 years old in each local authority region. 5% was the estimated number of people reporting that they are veterans in Bedfordshire (APS 2016)

Assumption:

- Assume that the prevalence of veterans in BBC/CBC/MKC population is the same as in Bedfordshire

Extrapolated method 2b:

- Calculate the number of people aged over 16 years old in Great Britain and Bedford Borough using ONS Mid-Year Population statistics.
- Calculate the proportion of people over 16 years old in Great Britain who live in Bedford Borough
- Multiply the above % by the estimated total number of veterans living within Great Britain (2.5 million, APS 2016).

Assumption:

- Assume that the proportion of people who live in each of the local authorities is the same in the veteran population as in the general population.

Extrapolated method 2c:

- Calculate the number of people aged over 16 years old in Great Britain, Bedford Borough using ONS Mid-Year Population statistics.
- Multiply the above % by the estimated total number of veterans living within the UK (RBL 2014 estimates)

Assumption:

- Assume that the proportion of people who live in each of the local authorities is the same in the veteran population as in the general population.

15. Appendix 2

Screenshot of electronic survey monkey questionnaire

Veterans Health Needs Assessment: Primary Care: Milton Keynes

This survey is anonymous- please do not write your name on it anywhere. Responses will be stored on Survey Monkey.

Thank you for completing this questionnaire.

Please select your role

- General Practice Registrar
- General Practitioner
- General Practitioner partner
- Other (please specify)

When a new patient enrolls at your practice is there a question about whether they have ever worked within the armed forces or whether they identify as a veteran?

- Yes
- No
- Don't know

Do you routinely ask new patients whether they are a veteran or whether they have previously served with the armed forces?

- Yes
- No
- Don't know

If no, what prevents you from asking them?

- A veteran status is already noted on the medical records
- I do not consider it at the time
- It may be a difficult subject for the patient

- The patient will offer the information if they think it is relevant

Please list three clinical presentations that may trigger you to ask whether an individual is a veteran or has worked within the armed forces previously

If an individual identifies as a veteran or having previously worked within the armed forces do you use a standard code to note it on the medical records?

- Yes
- No
- Don't know

What do you think are the three most important health needs of a?

Are you aware of the Armed Forces Covenant?

- Yes
- No
- Don't know

Are you aware of priority access to NHS care for veterans for service- related health conditions?

- Yes
- No
- Don't know

Would you like further teaching/training about the identification, specific health needs and healthcare rights of veterans?

- Yes
- No

15 Appendix 3

Survey Monkey results: Bedfordshire CCG

There were 12 responses to this questionnaire.

Question 1: Please select your role

	n	% (n=12)	Additional comments
General Practice Registrar	0	0	
General Practitioner	5	41.7	
General Practitioner partner	1	8.3	
Other (please specify)	6	50.0	Admin, Managing partner, manager, practice manager, practice manager, practice nurse

Question 2: When a new patient enrols at your practice is there a question about whether they have ever worked within the armed forces or whether they identify as a veteran?

	N	% (n=12)
Yes	5	41.7
No	0	0
Don't know	7	58.3

Question 3: Do you routinely ask new patients whether they are a veteran or whether they have previously served with the armed forces?

	n	% (n=12)
Yes	3	25.0
No	8	66.7
Don't know	1	8.3

Question 4: If no, what prevents you from asking them?

	N	% (n=9)
A veteran status is already noted on the medical records	0	
I do not consider it at the time	5	55.6
It may be a difficult subject for the patient	0	
The patient will offer the information if they think it is relevant	4	44.4

Question 5: Please list three clinical presentations that may trigger you to ask whether an individual is a veteran or has worked within the armed forces previously (n=4)

- "1.Gathering data on patient to support clinical decision 2.If the patient has stated that they worked in the armed forces previously as part of clinical discussions 3. 3"
- "Previous notes, self-declaration, visible disability"
- "I feel it is up to the veteran to declare their status I do not believe they should have any status or privelege above other services such as police ambulance fire etc who face risk on a ddaily basis"
- "Joints injuries; knees hips and back. PTSD"
- "N/A"
- "Nightmares Social withdrawal Alcohol use"
- "Trauma Wounds"
- "Stress/ anxiety"

Question 6: If an individual identifies as a veteran or having previously worked within the armed forces do you use a standard code to note it on the medical records?

	n	% (n=12)
Yes	4	33.3
No	1	8.3
Don't know	7	58.3

Question 7: What do you think are the three most important health needs of veterans? (n=10)

- "Physical, emotional and mental wellbeing"
- "PDD PSD SLEEP"

- “Physical, mental and support“
- “Dont know assess all patients as they present and treat all of them without special privilege as a doctor should according to their needs“
- “Orthopaedic and psychological“
- “Mental Health Lifestyle advice Social Support“
- “Someone to talk to Support to integrate into daily life Therapy for what they have seen“
- “Psychological.support“
- “Mental health Drug and alcohol“
- “Mental heath Social needs long term issues“

Question 8: Are you aware of the Armed Forces Covenant?

	n	% (n=12)
Yes	5	41.7
No	5	41.7
Don't know	2	16.7

Question 9: Are you aware of priority access to NHS care for veterans for service-related health conditions?

	n	% (n=12)
Yes	8	66.7
No	4	33.3
Don't know	0	0

Question 10: Would you like further teaching/training within your practice about the identification, specific health needs and healthcare rights of veterans?

	n	% (n=12)
Yes	9	75.0
No	3	25.0

Survey Monkey results: Milton Keynes CCG

There were 15 responses to this questionnaire. The responses are reported as completed with no alterations.

Question 1: Please select your role

	n	% (n=14)	
General Practice Registrar	1	6.7	
General Practitioner	2	13.3	
General Practitioner partner	3	20.0	
Other (please specify)	9	60.0	Nurse, practice nurse, admin, nurse practitioner, registered nurse, administrator, nurse practitioner, Practice Manager

Question 2: When a new patient enrols at your practice is there a question about whether they have ever worked within the armed forces or whether they identify as a veteran?

	n	% (n=15)
Yes	3	20.0
No	4	26.7
Don't know	8	53.3

Question 3: Do you routinely ask new patients whether they are a veteran or whether they have previously served with the armed forces?

	n	% (n=15)
Yes	1	6.7
No	11	73.3
Don't know	3	20.0

Question 4: If no, what prevents you from asking them?

	n	% (n=14)
A veteran status is already noted on the medical records	0	0
I do not consider it at the time	10	71.4

It may be a difficult subject for the patient	0	0
The patient will offer the information if they think it is relevant	4	28.6

Question 5: Please list three clinical presentations that may trigger you to ask whether an individual is a veteran or has worked within the armed forces previously

- “Smart appearance If wanting an appointment for stress/depression on time”
- “PTSD Depression Injury or amputations”
- “Injuries medals”
- “don't know”
- “post traumatic stress Owner of firearm History from patient”
- “U/k”
- “presents wearing his uniform, talks about his past history in the consultation”
- “depression/anxiety/ anger issues traumatic physical injury heavy smoker”
- “when they talk about travel when they discuss immunisations”
- “mental health alc MSK”
- “Mental health Old injuries”
- “patient has history of post traumatic stress symptom kind of limb amputation especially the younger age one What sort of occupation they are in for those in working age range”
- “I am non clinical - But depression, anxiety, stress”
- “Symptoms suggesting PTSD Previous physical trauma lack of medical records”
- “Mental health problem - depression, anxiety etc. Severe old musculoskeletal injury”

Question 6: If an individual identifies as a veteran or having previously worked within the armed forces do you use a standard code to note it on the medical records?

	n	% (n=15)
Yes	3	20.0
No	3	20.0
Don't know	9	60.0

Question 7: What do you think are the three most important health needs of veterans?

- “Mental health mental health mental health”
- “mental health all area (ptsd, depression) loss of limb rehabilitation wounds”
- “mental health”
- “mental health clinical health”

- “PTSD Injuries”
- “Mental health”
- “listening, compassion, empathy”
- “regular health checks medication review social review”
- “see 5”
- “mental health”
- “psychological (mental health) regular check up”
- “mental health”
- “same as any other patient of similar age mental health problems Physical injuries”
- “Mental health”

Question 8: Are you aware of the Armed Forces Covenant?

	N	% (n=15)
Yes	4	26.7
No	8	53.3
Don't know	3	20.0

Question 9: Are you aware of priority access to NHS care for veterans for service-related health conditions?

	N	% (n=15)
Yes	8	53.3
No	7	46.7
Don't know	0	0

Question 10: Would you like further teaching/training within your practice about the identification, specific health needs and healthcare rights of veterans?

	N	% (n=15)
Yes	13	86.7
No	2	13.3

15. Appendix 4

Table 1: Summary of services available at a national level

Organisation	Brief details	Contact details
Age UK	Befriending service (face-to-face or via telephone) can be matched to a veteran if requested	https://www.ageuk.org.uk/information-advice/joining-forces/befriending-services/
Army, RAF and Naval Families Federation	Individual charities for each tri service support – housing, education, childcare, finances, employment and training, deployment. Providing support for serving personnel and their families Signposting	https://www.raf-ff.org.uk/ https://www.raf-ff.org.uk/ https://nff.org.uk/ https://aff.org.uk/
Army Welfare Service	Confidential welfare support providing support and advice for serving soldiers and their families	https://www.army.mod.uk/personnel-and-welfare/
Big White Wall	Social enterprise offering support for mental health problems and mental wellbeing and relationships. Offers 1:1 therapy which can be conducted online carried out by counsellors and Cognitive Behavioural Therapists.	https://www.bigwhitewall.com/V2/LandingV2.aspx 02036911955
Blesma	Support for limbless veterans: financial and emotional support for veterans and their families Support for veterans with prosthetics, advice on employment and training opportunities, support and advice understanding the benefit and compensation systems, provision of disability grants. Blesma Community Programme- school based programme led by veterans.	https://blesma.org/
Blind Veterans UK	Support for veterans who have significant sight loss. Provides rehabilitation and training, nursing and residential care, art and crafts, sports and recreational activities, clubs and societies.	https://www.blindveterans.org.uk/ Free helpline: 08003897979

Combat Stress UK	Free mental health support and treatment (including substance misuse) conducted by healthcare professionals. Treatment includes individual sessions, group sessions and residential programmes for trauma focused therapy (CBT). Free helpline available 24 hours a day for mental health advice (confidential) Peer support available Services available for serving personnel, veterans, families and carers	https://www.combatstress.org.uk/ 08001381619
Defence Medical Welfare Service	Support for the Armed Forces Community when they are receiving medical healthcare. Welfare Officers available for confidential support	https://www.dmws.org.uk/about-us 0126477400
Facebook	Unofficial support and networks for veterans on Facebook	
Forces for Warmth (National Energy Action- Action for Warm Homes)	Project to raise awareness of fuel poverty. Training of staff and volunteers to help households.	https://www.nea.org.uk/forcesforwarmth/
Help for Heroes Help for Heroes Band for Sisters	Support serving personnel and veterans who have been injured and their families: career, life skills, sports/activities, welfare/clinical advice. Works with Defence and National Rehabilitation Centres to support individuals plan their recovery journey. Help for Heroes Recovery Centres offering residential and telephone/email/Skype support. Band of Sisters- support for family members of serving personnel or veterans who have a life-threatening or career limiting injury or illness.	https://www.helpforheroes.org.uk/
Purple Pack	Guide for bereaved families, including practical advice about funerals, entitlements, benefits and support networks	https://www.gov.uk/government/publications/purple-pack-bereavement-guide-for-families-of-service-personnel
RFEA: The Forces Employment Charity and Project Nova	Provides support for job and training opportunities for all veterans and service leavers	https://www.rfea.org.uk/ https://www.rfea.org.uk/our-programmes-

	Project Nova- provides support for veterans who have been arrested and are in Police custody, or veterans who are at risk of being arrested.	partnerships/project-nova/
Resolution PTSD	Charity supporting veterans, reservists and their families. Provides support with re-integration after service life and service related military trauma causing mental health problems.	http://ptsdresolution.org/ 0300 302 0551
Royal British Legion	Support for tri-service serving personnel, veterans and their families Run the annual Poppy Appeal	https://www.britishlegion.org.uk/ 0808 802 8080
Soldiers, Sailors, Airmen Families Association (SSAFA Forces Help).	Support for serving personnel, veterans and military families. Support and advice covering multiple areas: debt, housing, relationships, mental health, bereavement	https://www.ssafa.org.uk/?gclid=CjwKCAjw85zdBRB6EiwAov3Rirzie__a-aibXiVI950RDp4U2ct6YcxnaMzaxlXdyqOfxf7UBpmAQRoCxMcQAvD_BwE&gclsrc=aw.ds Helpline: 08007314880
Step into Health, NHS Employers	Employment opportunities for Armed Forces Community members within the NHS. Provides career development support.	https://www.nhsemployers.org/stepintohealth armedforces@nhsemployers.org 0113 306 3037
The Poppy Charity	Employment charity for veterans who have injuries or health problems Works with businesses across England: employment support and employment opportunities	https://www.poppyfactory.org/ 02089403305
The Veteran's Charity	Support veterans who are experiencing hardship and distress. Provide supplies of essential items: clothing, furniture, household goods, food, and mobile phones.	https://www.veteranscharity.org.uk/
The Ripple Pond	Confidential support for family members of the Armed Forces Community who have been physically or emotionally injured. Support available includes: group meetings, Buddy system, secret online forum	https://www.theripplepond.org/ Free help and support: 01252913021

Walking With The Wounded	Supports vulnerable veterans with the process of re-integrating back into their community/ society and supports veterans to develop and sustain independence	https://www.walkingwiththewounded.org.uk/Home/About/7
Veterans Gateway	Free online portal with support and advice about national and local level services covering: • Healthcare, housing, finance, employment, mental wellbeing and physical health Self-help function, 1:1 chat function and a phone help line available 24 hours seven days a week.	https://www.veteransgateway.org.uk/ 08088021212
Veterans ID Card	Veterans are able to apply for an ID card (or from Dec 2018 are automatically given cards). Cards aim to improve access to services including housing, healthcare and encourage veterans to identify themselves to their GP.	https://www.forces.net/news/veterans-be-formally-recognised-official-id-cards
Veterans UK and the Veterans Welfare Service	Administrates the pension and compensation schemes, part of the Ministry of Defence Provides a helpline (Veterans UK Helpline) providing advice about benefits, pensions, housing, employment, re-training and issues of healthcare. Veterans Welfare Service: welfare service for veterans and can also provide 1:1 support via caseworkers.	https://www.gov.uk/government/organisations/veterans-uk https://www.gov.uk/government/groups/veterans-welfare-service 0808 1914 2 18

Table 2: Example of local services available to the Armed Forces Community within Bedford Borough

Organisation	Brief details	Contact details
Advocacy for Older Adults	Charity across Bedfordshire and Luton which supports older people and aims to improve their quality of life.	http://www.housingcare.org/service/ser-info-8746-advocacy-for-ol.aspx
Amicus Trust	Single point of access to short term housing across England. Housing and support advice for homeless veterans or Veterans who are at risk of becoming homeless aged between 16-65 years old. Offers education and training support.	www.amicustrust.org/support/veteran-housing Email: info@amicus trust.org Telephone: 01234 358478
Armed Forces and Veteran Breakfast Club	Free breakfast club in Milton Keynes and Bedford	https://www.afvbc.com/club/milton_keynes_armed_forces_veterans_breakfast_club
Bedford Food Bank	Emergency food supply for at least 3 days	Email: info@bedford.foodbank.org.uk www.bedford.foodbank.org.uk Telephone: 07837654441 Emergency Contact details: 01234 268569
Bedfordshire Wellbeing Service (East London NHS Foundation Trust- ELFT)	Confidential, free cognitive behavioural therapy, individual therapy and group sessions	https://bedfordshirewellbeingservice.nhs.uk/ Telephone: 01582393144
Bold Moves	Local organisation which delivers community and custodial interventions. It focuses on relationships and parenting and supports military veterans in the criminal justice system. Provides 1:1 support, group mentoring, counselling, employment support and mental health support. Support led by Military Veterans. Grey Man programme- 10 group sessions for veterans who have entered to criminal justice system. Aims to help with resettlement. Delivered at HMP Bedford.	http://boldmoves.co.uk/military-veterans Email: info@boldmoves.co.uk

Carers in Bedfordshire	Support for the health and wellbeing of carers living across Bedfordshire.	www.carersinbeds.org.uk Telephone: 0300 111 1912
Citizens Advice Bedford	Provides independent advice across multiple areas including: benefits, consumer rights, debt problems, relationship/family problems, immigration, nationality, housing and employment	www.bedfordcab.org.ulk Telephone: 01234867944
Fusion-Bedford Leisure	Free access to certain gym, swimming pool and fitness classes to serving personnel residing in Bedford Borough.	www.BedfordLeisure.com
Job Centre plus	Resources to help job seekers find jobs including: Job points, Jobseeker Director telephone service, Jobcentre Plus website, Income Support, Incapacity Benefit and Jobseeker's Allowance	Telephone: 08456043719
Jobs Hub	Support for education, work and enterprise for people who are looking for work (all ages). Provides 1:1 support for employment which includes help with Curriculum Vitaes and searching for jobs. Additionally, provides job workshops. Employers can contact Jobs Hub	www.bedfordjobshub.co.uk Telephone: 01234 223510 Email: thejobshub@bedford.gov.uk
MIND	Provides support and advice for mental health and mental wellbeing across Bedfordshire, Luton and Milton Keynes Support includes: information, advice building resilience, counselling, mentoring, training, support for employment and workplace.	https://www.mind-blmk.org.uk/ Telephone: 0300 330 0648 Email: hq@mind-blmk.org.uk
Langley House Trust	Support in semi-independent accommodation for ex-offenders. .	https://www.langleyhousetrust.org/
Path to Recovery (P2R) Bedford (East London Foundation Trust)	Drugs and Alcohol Services – advice, support and treatment for drugs and alcohol misuse available for adults	https://www.elft.nhs.uk/service/299/Path-to-Recovery-P2R-Drug-and-Alcohol-Service-for-Bedford-Borough Telephone: 01234 352220

Preen	Social enterprise company which provides reused furniture and household goods. Discounts are given to people on low incomes and to the elderly.	www.reusematters.com Telephone: 0844993499 Email: info@preencic.org
Relate Beds and Luton	Charity which supports the development of stronger relationships. Provides family counselling, relationship counselling and sex therapy. Support can be provided face-to-face, via webcam or over the phone	http://relatebedsandluton.org.uk/ Telephone: 01234356350 Email: appointments:@relatedbedsandluton.org.uk
SMART Prebend Centre	Support for homeless men and women ≥18 years old in Bedford. Open 365 days per year. Provides showers, toiletries, clothes amongst other services.	https://www.smartcjs.org.uk/ Email supportservices@smartcjs.org.uk Telephone: 01234344133
The Kings Arms Project Night shelter	Night shelter hostel accommodation and outreach service available to all homeless people. Beds are allocated on a first come first serve basis and a free meal is available on Fridays.	https://www.smartcjs.org.uk/contact-us/smart-prebend-centre/ Email: prebend@smartcjs.org.uk Telephone: 01234 365955

Table 3: Example of local services available to the Armed Forces Community within Central Bedfordshire

Organisation	Brief details	Contact details
Advocacy for Older Adults	Charity across Bedfordshire and Luton which supports older people and aims to improve their quality of life.	http://www.housingcare.org/service/ser-info-8746-advocacy-for-ol.aspx
Amicus Trust	Single point of access to short term housing across England. Housing and support advice for homeless veterans or veterans who are at risk of becoming homeless aged between 16-65 years old. Offers education and training support.	www.amicustrust.org/support/veteran-housing Email: info@amicus trust.org Telephone: 01234 358478
Apex Charitable Trust	Provides support for people with a criminal record. Provides job (including self-employment) support and provide support to increase skills for the labour market.	http://www.apextrust.com/
Armed Forces and Veteran Breakfast Club	Free breakfast club in Milton Keynes and Bedford	https://www.afvbc.com/club/milton_keynes_armed_forces_veterans_breakfast_club
Bold Moves	Local organisations which delivers community and custodial interventions. It focuses on relationships and parenting and supports military veterans in the criminal justice system. Provides 1:1 support, group mentoring, counselling, employment support and mental health support. Support led by Military veterans. Grey Man programme- 10 group sessions for veterans who have entered to criminal justice system. Aims to help with resettlement. Delivered at HMP Bedford.	http://boldmoves.co.uk/military-veterans Email: info@boldmoves.co.uk
Bedfordshire Wellbeing Service (East London NHS Foundation Trust- ELFT)	Confidential, free cognitive behavioural therapy, individual therapy and group sessions	https://bedfordshirewellbeingservice.nhs.uk/ Telephone: 01582393144

Carers in Bedfordshire	Support for the health and wellbeing of carers living across Bedfordshire.	www.carersinbeds.org.uk Telephone: 0300 111 1912
Citizens Advice Mid Bedfordshire	Provides independent advice across multiple areas including: benefits, consumer rights, debt problems, housing and employment Offices in Biggleswade and Ampthill	Website: https://www.midbedscab.org.uk/ Telephone: 01525 402742, 01525 841217 and 01767 601368
MIND	Provides support and advice for mental health and mental wellbeing across Bedfordshire, Luton and Milton Keynes Support includes: information, advice building resilience, counselling, mentoring, training, support for employment and workplace.	https://www.mind-blmk.org.uk/ Telephone: 03003300648 Email: 01234352220
Path to Recovery (P2R) Bedford (East London Foundation Trust)	Drugs and Alcohol Services – advice, support and treatment for drugs and alcohol misuse available for adults	https://www.elft.nhs.uk/service/299/Path-to-Recovery-P2R-Drug-and-Alcohol-Service-for-Bedford-Borough Telephone: 01234 352220
Relate Beds and Luton	Charity which supports the development of stronger relationships. Provides family counselling, relationship counselling and sex therapy. Support can be provided face-to-face, via webcam or over the phone	http://relatebedsandluton.org.uk/ Telephone: 01234356350 Email: appointments:@relatedbedsandluton.org.uk
Advocacy for Older Adults	Charity across Bedfordshire and Luton which supports older people and aims to improve their quality of life.	http://www.housingcare.org/service/ser-info-8746-advocacy-for-ol.aspx

Table 4: Example of local services available to the Armed Forces Community available within Milton Keynes Council

Organisation	Brief details	Contact details
Armed Forces and Veteran Breakfast Club	Free breakfast club in Milton Keynes and Bedford	https://www.afvbc.com/club/milton_keynes_armed_forces_veterans_breakfast_club
Amicus Trust	Single point of access to short term housing across England. Housing and support advice for homeless veterans or veterans who are at risk of becoming homeless aged between 16-65 years old. Offers education and training support. No office in Milton Keynes but homeless individuals residing in Milton Keynes can apply for support to Amicus Trust.	www.amicustrust.org/support/veteran-housing Email: info@amicus trust.org Telephone: 01234 358478
Carers Milton Keynes	Support and advice for unpaid carers. Support includes advice, carers discount card, workshops, free counselling service, support groups and activities.	https://carersmiltonkeynes.org/about-us/about-carers-mk/ Telephone: 01908231703 Email: mail@carersmiltonkeynes.org
Citizens Advice Milton Keynes	Support and advice available on multiple topics including: consumer rights, employment, housing, debt, family and benefits.	https://www.miltonkeynescab.org.uk/contact-us/sub-category-1/ Telephone: 01908604475
Job Centre Plus	Employment agency and social security office. Administers Job Seekers Allowance, Incapacity Allowance, Employment and Support Allowance and Income Support.	https://www.jobcentreguide.co.uk/milton-keynes-jobcentre Telephone: 08456043719
Open University Milton Keynes	Offers a Disabled Veterans Scholarships Fund- 50 disabled veterans (with a disability due to service) are eligible for free education at the Open University i Specialist career support and disability support available	http://www.open.ac.uk/courses/choose/veterans Telephone: 03003035303
Open Door Milton Keynes	Support to people who are over 16 years old, living in Milton Keynes and are either vulnerably housed or are street homeless. Two drop in centres are available. Support includes washing facilities, alternative clothing, toiletries, food items and a hot meal.	https://www.milton-keynes.gov.uk/social-care-and-health/adult-social-care/directory-search/service/158 Email: opendoor@opendoormk.org.uk Telephone: 01908295616

MIND	Provides support and advice for mental health and mental wellbeing across Bedfordshire, Luton and Milton Keynes Support includes: information, advice building resilience, counselling, mentoring, training, support for employment and workplace.	https://www.mind-blmk.org.uk/ Telephone: 03003300648 Email: hq@mind-blmk.org.uk
The Thomas Edward Mitton House- Brain Rehabilitation Trust	Specialist rehabilitation for individuals with an acquired brain injury	https://www.thedtgroup.org/brain-injury/our-services/thomas-edward-mitton-house
Winter Night Shelter	Offers accommodation for 15 weeks for people who are homeless, starting from the first Monday in December.	http://www.winternightsheltermk.com/