Local Government Association

Ministry of Defence

Public Health England

Meeting the public health needs of the armed forces

A resource for local authorities and health professionals

Report

Forewords

Councils are proud to stand shoulder to shoulder with our armed forces and their families. Up and down the country they are helping the serving and ex-service personnel and their families living in their areas to access the services they need particularly in the key areas of housing, health and employment, and advice on securing places at local schools.

Many areas are going further than this, and are developing creative and innovative ways of enabling serving and ex-serving personnel and their families to access leisure facilities and services to support wellbeing and mental health and are actively supporting local groups run by and for ex-serving personnel that provide peer support and reduce social isolation.

At the Local Government Association (LGA), we are keen to see all councils contributing to the development of local programmes that meet the needs of armed forces personnel and their families living in their local areas.

Developing responsive services that meet the needs of armed forces personnel often does not require extra resources or funding. What it does require is local areas championing the issues facing their serving and ex-serving personnel as part of the local population so that existing policies and services can be responsive to their particular needs.

In some areas such work is well established whilst in others, councils are at early stages of development. We look forward to seeing this important work develop over the coming months and years. The challenge for us all is not just to identify good practice, but to find creative ways of championing and sharing it. I hope that this resource is a helpful contribution to the exciting work that local authorities are taking forward to support armed forces personnel and their families in their areas.

Councillor Izzi Seccombe
Chair, Community Wellbeing Board

I welcome this initiative to clearly state the relationship between local authorities and the provision of public health services to the armed forces community. Our Defence People Health and Wellbeing Strategy is based around a service person's career stages where we want them to 'join well, train well, live well, work well and leave well'.

The relationship and provision of services by local authorities is an essential component in achieving this aim and I am deeply grateful for their clear intent in helping deliver this to those who currently serve, those who have served, and their families.

Lieutenant General R Nugee
Chief of Defence Personnel

Introduction

This resource has been developed for local authorities, local Defence Medical Services (DMS) and those supporting the health needs of the armed forces community in England to help support and strengthen local relationships to meet the public health needs of armed forces populations.

The Health and Social Care Act (2012) contains provisions to enable the NHS, local government and other sectors in England[1] to work together collaboratively to help improve local population outcomes. For the armed forces community, which includes serving personnel (regulars and reservists), veterans, and their families, an important part of this has been the partnership between the NHS and the Ministry of Defence (MOD), which is backed by the Armed Forces Covenant, embedded in the NHS Constitution, to support fair access to treatment, which states:

> "Armed forces personnel should face no disadvantage due to their service and should enjoy the same standard of, and access to healthcare as that received by any other UK citizen in the area they live"

Local authorities and NHS organisations across the country have demonstrated their commitment by pledging to uphold the Armed Forces Covenant. This commitment represents the nation's promise for fair treatment for those who serve or have served in the armed forces, and their families. The covenant has now been signed by all 407 local authorities in Great Britain, and four councils in Northern Ireland.

The Health and Social Care Act 2012 puts into statute in England the responsibilities councils have for improving the health of their local populations. This includes service personnel and their families who when residing on a base must be included in the definition of the local population. As such it is important to have information about the local armed forces population and to include these communities in local public health communications, so they know how to access local services. This is particularly important, as the DMS are not responsible for meeting all of the health and healthcare needs of the armed forces population.

This past year has seen new ways of working emerging in the delivery of public health and local population health outcomes for the armed forces community. Some practical examples of this work in England are included in this document, where local authorities and the DMS have effectively worked together to support this group.

Please note that veterans' health and wellbeing is not specifically addressed within this resource. Information related to veterans' can be found in the MOD publication 'Veterans: key facts'[2]

1 Responsibility for health functions covered in the Health and Social Care Act (2012) is limited to England, as health is a devolved matter. Certain provisions of the Act extend beyond England to devolved administrations. These include provisions in relation to biological substances and radiation protection functions.

2 Veterans: key facts available via www.armedforcescovenant.gov.uk/wp-content/uploads/2016/02/Veterans-Key-Facts.pdf

This resource outlines details related to the provision of services in England, but the principles for collaboration will be useful across the devolved administrations within the UK.

1. Serving personnel and their families

The armed forces in the UK consist of the Naval Service, including the Royal Navy and Royal Marines, the Army and the Royal Air Force. The armed forces community includes serving personnel (both regulars and reservists) and their families, together with veterans and their families. There are approximately 150,000 serving personnel living in England and across the UK there are 101,393 dependent adults and 57,590 dependent children[3,4], with around 8 per cent of children aged 0-15 in the UK being from current and ex-serving armed forces families.

Service families often face additional pressures on family life resulting from separation from loved ones due to deployment on exercises and operations. They also tend to be more mobile than families in the general population, moving every two years, with moves sometimes unplanned and at short notice. In 2015 27 per cent of service families had moved home in the previous 12 months[5]. This can lead to disrupted health and social care treatment for the partners of service personnel and their children of all ages, and issues with the continuity of education for children.

Engaging armed forces[6] families and particularly those with children aged 0-5 years, with local child health services will be of particular interest to local authorities, as part of their responsibilities for the local population. In addition to frequent moves, service families experience living away from their wider family and significant periods of separation which can lead to social isolation and additional and sudden caring responsibilities, along with the worry of illness, injury and death during deployments.

Health and wellbeing needs: serving personnel

In general, the health of the military population is good compared with the general population, due to the expected physical fitness required to join the armed forces, social support networks available, and access to health care and employment. Many service personnel are very fit and active and tend to be younger than the general population, with the majority aged between 20 and 40 years old and male. The higher levels of occupational physical activity for armed forces personnel though point to a higher prevalence of musculoskeletal injury.

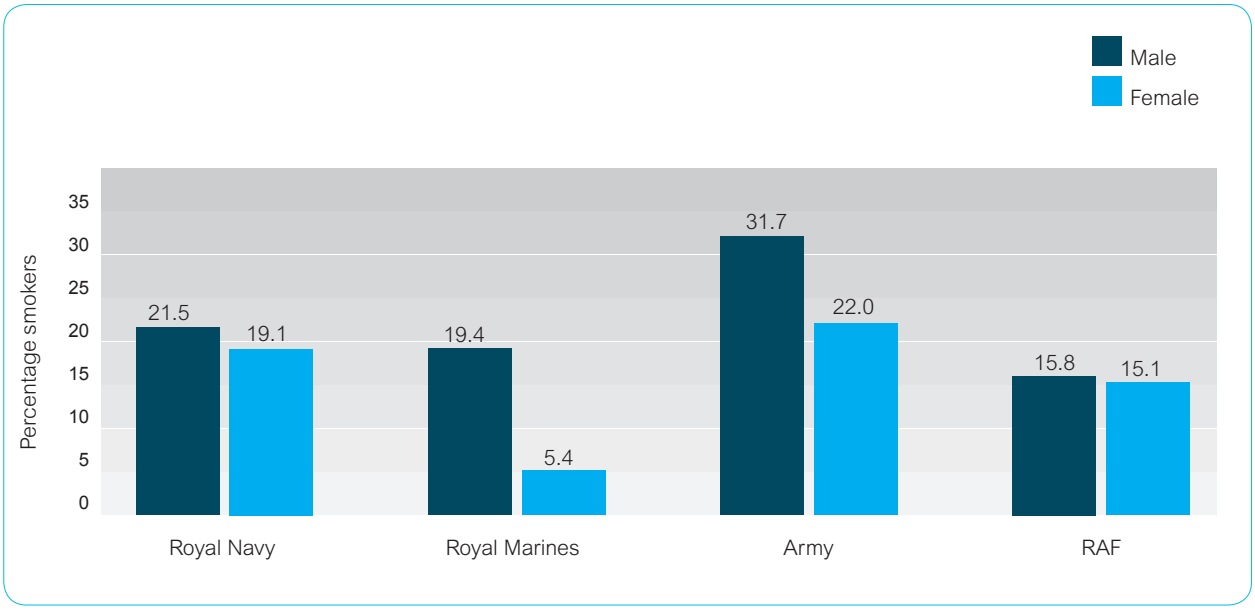
3 RBL (2014) Household survey 2014

4 HM Parliament (2016) Armed Forces: Children: Written question – 45675 www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2016-09-08/45675

5 MoD (2015) Tri-Service Families Continuous Attitude Survey 2015 www.gov.uk/government/uploads/system/uploads/attachment_data/file/449607/Tri-Service_families_continuous_attitude_survey_2015_main_report.pdf

6 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/479525/2903829_PHE_Military_Families_Accessible_v0.2.pdf

Figure 1: Armed forces percentage current smokers by gender and service, 2015



Although overall tobacco smoking rates are decreasing in the serving armed forces population figures are still higher than for the general population (figure 1). In response to this, a Tri-Service Tobacco Control Working Group has been introduced to help establish smoking cessation pathways including identifying ways of discouraging recruits from starting smoking, including banning instructors from smoking in front of trainees. This provides an opportunity for utilising learning from local stop smoking services and local collaboration to support increasing the number of cessation attempts in local armed forces populations.

Although research is limited, evidence has shown that alcohol consumption within the armed forces is greater than in a comparable general population.[7] One study identified that 65 per cent of serving personnel were frequently consuming alcohol at hazardous or harmful levels with an AUDIT-C score >4, indicating 'higher risk drinking' (Aguirre et al 2013).[8]

Contrary to some reports there is not a 'bow wave' of mental health problems amongst UK regulars or reservists, and post-traumatic stress disorder (PTSD) accounts for only a small number of cases – approximately 4 per cent – across the whole of the UK armed forces, with those who have seen combat and reservists at higher risk. Recent research has highlighted the prevalence of anxiety, depression and common mental health disorders amongst armed forces serving personnel.[10]

A longitudinal study of 10,000 regulars and reservists by King's College London's Centre for Military Research and the Academic Department for Military Mental Health found 19.7 per cent reported common mental health conditions. Whilst other studies report elevated levels of mental health illness amongst UK Military personnel it is generally accepted that prevalence rates roughly equate to the general population with slight increases in reported mental health illness amongst combat troops and reservists.

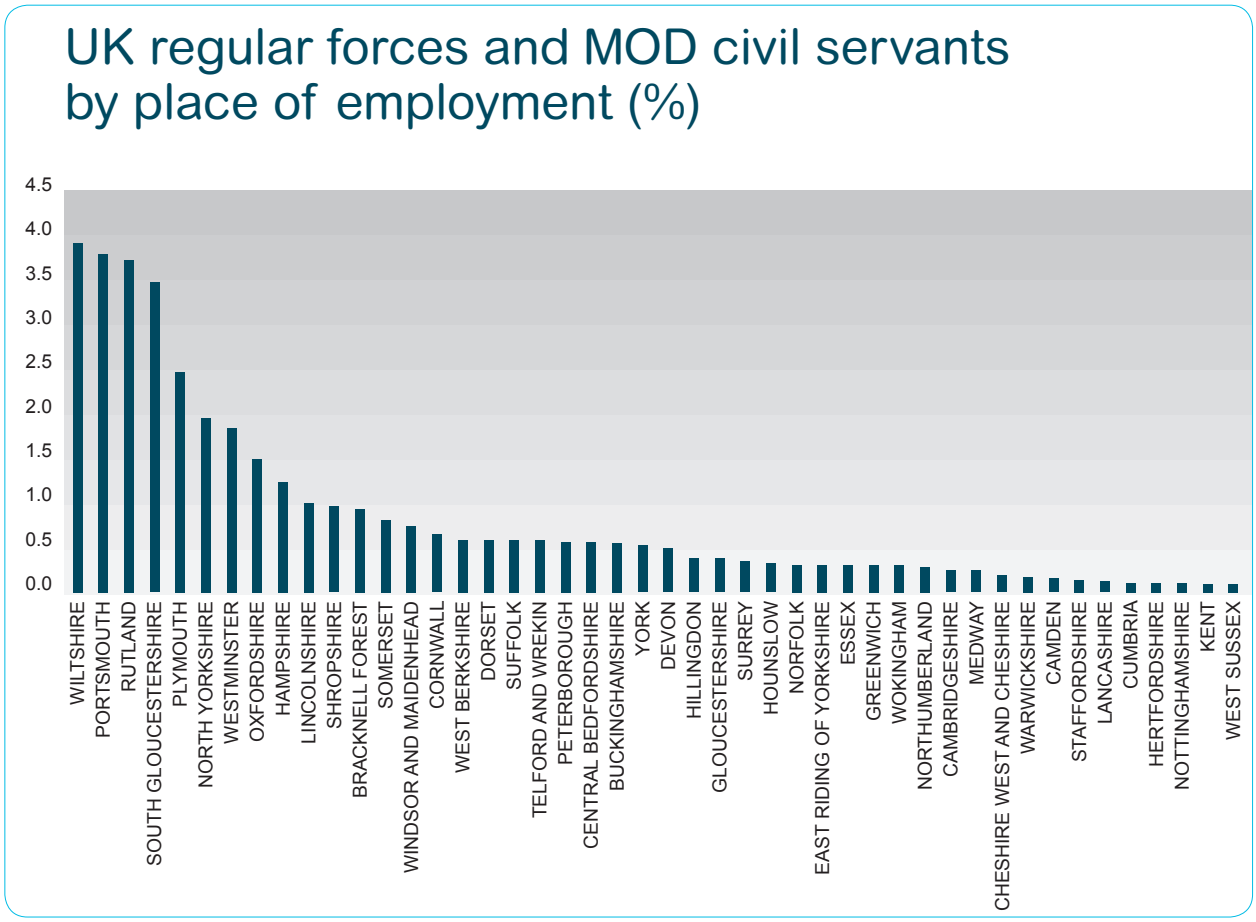
7 KCMHR research "found that the misuse of alcohol in the military is substantially higher than that seen in the civilian population, particularly among 16 to 19 year olds, with males drinking over twice the hazardous levels and females over three times". Reproduced from Commons Select Committee: Defence Committee Report The Armed Forces Covenant in Action? 2010-12 via www.publications.parliament.uk/pa/cm201415/cmselect/cmdfence/527/52705.htm#n34

8 Aguirre M, Greenberg N, Sharpley J, et al. J R Alcohol consumption in the UK armed forces: are we drinking too much? accessed via www.kcl.ac.uk/kcmhr/publications/assetfiles/2013/Aguirre2013b.pdf

9 Reproduced from: MOD (2015) Defence Annual Health and Wellbeing Report accessed via www.gov.uk/government/uploads/system/uploads/attachment_data/file/530240/Defence_Annual_Health_and_Wellbeing-report-2015_WEB_lowres.pdf

10 POSTnote (2016) Psychological Health of Military Personnel accessed via http://researchbriefings.files.parliament.uk/documents/POST-PN-0518/POST-PN-0518.pdf

Figure 2: UK regular armed forces and civil servants by place of employment



Defence Public Health Unit (2015) UK Regular Forces and MOD civil servants by place of employment as percentage of unitary authority/local authority area population (as at 1 July 2015).

Early service leavers – those who leave prior to four years of service – and reservists have been found to have a higher risk of developing mental health problems than their peers.

The outcomes for early service leavers are likely to relate to factors in their life prior to their enlistment in military service from pre-existing social or childhood adversities.

Health and wellbeing needs: reservists

Reservists play an important role in supporting the armed forces. Normally they will be involved in training and supporting the 'home base', but it is not uncommon for reservists to be deployed, as equals, alongside their regular colleagues – and this applies to all elements of the armed forces. An understanding that they are a reservist will help support them, their families, as well as their employers and their Service unit. It will enable the reservist to commit to training, exercises and operational mobilisation. Useful actions to support the reservist include:

- Correct notification in GP notes and timely passing of notes to MOD health services
- Seeking advice from the Joint Regional Liaison Officer
- Employers, local authority officers and NHS staff can talk directly to reserve units in their locality – reserve units are able to advise and provide briefings and will be keen to talk to their local community and employer
- Being aware that a reservist has equivalent status to a veteran in regard to the Covenant in accessing health and statutory services.

- Useful employment information for NHS-based employers can be found at http://www.nhsemployers.org/case-studies-and-resources/2015/01/employing-staff-in-the-reserve-forces-faqs

Health and wellbeing needs: veterans

Veterans' health and wellbeing is not specifically addressed in this resource as the purpose of this document is to help clarify responsibilities for serving personnel and their families, and to help reduce any confusion for military bases or 'behind the wire' access to public health services. However, it should be remembered that the health and wellbeing needs of veterans should be reflected in local joint strategic needs assessments; with local authorities, clinical commissioning groups and third sector organisations working together as part of this.

2. What are Defence Medical Services responsibilities for the armed forces personnel in England?

In England, DMS commissions or provides:

- occupational health for military personnel
- primary care for serving personnel (and mobilised reservists) and GP services for families registered with DMS GP practices
- all health care when on active operations and prior to return to UK
- rehabilitation services for musculoskeletal (MSK) and some neurological injuries (serving personnel)
- inpatient and community mental health services (for serving personnel via a number of regional military Departments of Community Mental Health in the UK).

In October 2016 141,000 individuals in England were registered for primary care services with DMS, with approximately 126,000 of these being serving personnel and 15,000 being civilians, including service personnel family dependents and MOD employed civilians.[11]

3. What are local government's responsibilities for public health services for the armed forces personnel and their families in England?

In England, local upper tier and unitary authorities are responsible for meeting the health and wellbeing needs of armed forces families, reservists and veterans as part of the local population.

The armed forces community are entitled to access these services in the same way as any other members of the local population. In April 2013 upper tier and unitary authorities in England assumed legal responsibility for improving the health of their population.[12] They are mandated to provide the following services to the local population:

- sexual health services (excluding HIV treatment)
- NHS Health Checks
- health protection – to ensure plans are in place to protect the health of the population and to have a supporting role in infectious disease surveillance and control and in emergency preparation, preparedness and response

11 Ministry of Defence (2016) Quarterly NHS Commissioning Population Statistics via https://www.gov.uk/government/collections/defence-personnel-nhs-commissioning-quarterly-statistics-index

12 Section 12 Health and Social Care Act 2012 inserts new section 2B into the NHS Act 2006 to give each relevant local authority a new duty to take such steps as it considers appropriate to improve the health of the people in its area

- public health advice to clinical commissioning groups (CCGs)
- National Child Measurement Programme.

In addition, upper tier and unitary authorities are required to "provide or commission a wide range of other services to improve and protect the health of the local population and reduce health inequalities".

These discretionary services include (but are not limited to):

- alcohol and drug misuse services
- public health programmes for children aged 5-19
- stop smoking services and tobacco control
- interventions to prevent and manage obesity
- physical activity
- public mental health programmes
- health at work
- nutrition and healthy eating
- community safety, violence prevention and social exclusion
- dental public health
- seasonal mortality interventions.

Local needs assessment

For local leads, it may be helpful to begin by assessing need through the joint strategic needs assessment (JSNA), considering how relevant local services can contribute to improving the health of service personnel and their families. This could be viewed as part of efforts to improve the health of the local population, for example in the planning of 0-5 services.

Where localities are considering an additional focus for services for the armed forces population as part of a progressive universalism approach, then it may be helpful to reflect on specific 'extra' initiatives (where warranted).

Local support from Public Health England (PHE) Centres support local authorities in meeting the health and wellbeing needs of their local populations – including the armed forces community – through expert advice, support and services tailored to local needs including:

- local health protection services
- expertise, response and advice to the local NHS, local authorities and other partners
- PHE's contribution to emergency planning, resilience and response
- support local action to promote and protect health and wellbeing, and create a health care system which improves health and reduces inequalities
- work with the Association of Directors of Public Health (ADPH) and LGA to help spread innovation
- ensure PHE staff and partners can access high quality data, statistics and expert knowledge, for commissioning local services
- advice on compliance with the local public health grant conditions including mandated and non-mandated services.

PHE centres are supported by PHE colleagues in:

- specialist microbiology services, which provide laboratory analysis facilities
- field epidemiology teams
- knowledge and intelligence teams, who provide specialist surveillance and intelligence for localities
- national teams, for example in healthcare public health.

PHE regions also contribute a strategic view of the wider local public health system, working with partners in NHS England, local government and Health Education England.

4. What are clinical commissioning groups' responsibilities for armed forces personnel and their families in England?

Armed forces families, reservists and veterans are part of the local resident population, and as such responsibility for commissioning their health care falls to CCGs. This is in addition to bespoke and other services commissioned at a national level (detailed in section 5).

NHS England works to assure that CCGs ensure the armed forces population should not experience disadvantage in accessing health services where they live.

Across England CCGs, local councils and other NHS organisations have come together in 44 areas to develop proposals to make improvements to health and care. These proposals, called sustainability and transformation plans (STPs), set out practical ways for the NHS and councils to work together at a local level to improve health outcomes for people in every part of England. As part of these plans, the health needs of the armed forces community must be considered.

5. What are NHS England's responsibilities for the armed forces in England?

NHS England has enshrined the principles of the Armed Forces Covenant into the NHS Constitution, meaning the armed forces population should not experience disadvantage in accessing health services where they live due to their increased mobility in comparison with the general population. These frequent moves give rise to a need to ensure they have a "level transfer when moving between different provider waiting lists" to ensure that when accessing treatment "the NHS will ensure that in line with the Armed Forces Covenant, those in the armed forces, reservists, their families and veterans are not disadvantaged in accessing health services in the area they reside".

This commitment sits alongside additional national efforts to improve provision of:

- mental health services (commissioned by the NHS and service charities)
- prosthetics (run by the NHS)
- wheelchairs and the Veterans Hearing Fund run by the Royal British Legion.

These services are provided from additional funds such as the Libor fine and covenant funds.

NHS England has been directly commissioning community and acute hospital services for serving armed forces personnel and for their families who are registered with a DMS practice, in England since April 2013. It should be noted that the majority of families of serving armed forces personnel, reservists and veterans access their healthcare through the standard NHS routes, in the same way as the rest of the population.

The services commissioned by NHS England for the DMS registered population in England includes:

- secondary care services including emergency care
- community health services
- mental health services (for families registered with DMS).

Community health services and mental health services are managed on behalf of NHS England by CCGs through a risk share agreement. Existing NHS England commissioned services that the armed forces community[13] have access to, as part of the local population include:

- primary care for armed forces families registered with NHS practices and not with DMS practices; and veterans
- dental, pharmacy and optometry services for armed forces families as part of the local population

Services often directly commissioned by NHS England:

- secondary care dental services for example orthodontics, based on both identified clinical need and local service arrangements
- specialised services
- public health services covered by Section 7A, which include the screening for cancers (ie cervical, breast and bowel) and non-cancer (abdominal aortic aneurism and diabetic eye retinopathy).

13 Reference to the armed forces community here applies to those who are registered for NHS services, for example armed forces families.

6. How do the local MOD and local public health leads work together to protect health?

Primary responsibility for the investigation of public health outbreaks in England lies with local health protection teams and local responsible officers. Defence public health and environmental health staff routinely assist in the investigation, control and management of public health outbreaks affecting members of the armed forces population.

A collaboration in 2015 helps to illustrate how the DMS units and local health protection leads worked together to address local population health needs. Local health protection and public health teams worked with their local DMS units to immunise serving personnel aged 17-19 stationed on local bases as part of the wider meningitis (MenW) catch up campaign, which also saw students in the local area immunised. The immunisation gave protection against four different meningococcal strains linked to meningitis and septicaemia – meningococcal (Men) A, C and WY diseases, for which the population in this age group are at a heightened risk.

7. How do the local MOD and local authorities work together to improve the health of their local armed forces population?

Wiltshire Council has implemented a 'Military Civilian Integration (MCI) Partnership' and takes proactive steps to ensure that all of its health improvement initiatives are accessible to the 16,000 service population and their families living within Wiltshire.

It recognises that those wearing a uniform and their families are equally entitled to access services provided by the local

authority as other residents. The MCI Partnership has also resulted in a lead for military and veterans' health and includes engagement with the local Garrison Commanders in developing community area action plans.

Examples of some of the health improvement opportunities available to military personnel and their families include access to the Weight Management on Referral programme, which allows adults with a BMI of 30 or over to attend a locally funded Weight Watchers or Slimming World group for 12 weeks. Other initiatives include the provision of stop smoking training to Defence Primary Health Care staff together with support at unit health fairs.

Wiltshire Council and the Army also jointly run annual transition fairs to cater for service leavers' needs relating to employment, housing, skills and wider health and wellbeing concerns such as access to healthcare. By ensuring the county continues to remain an attractive location for the UK armed forces and long-term investment by MOD, Wiltshire Council is therefore maximising the economic contribution of the MOD to the county.

Sexual health screening

DMS practices provide a wide range of services to their patients in a similar way to NHS practices. Recognising the need for the integration of sexual health service provision with Defence Primary Health Care, Staffordshire's chlamydia screening programme have been collaborating with DMS (Whittington), to provide postal testing kits to service personnel within their jurisdiction under the age of 25. This has been further augmented by attendance at the unit's annual health fair. Furthermore, the NHS team have shared best practice through regular delivery of teaching sessions to junior service doctors, at the Defence School for Health Care Education.

8. How can Defence Medical Services units and local authorities identify whether needs of the serving armed forces population are being met?

At a roundtable event hosted by the LGA in July 2016, local authority Directors of Public Health from around England met with Joint Regional Liaison Officer and operational leads from the DMS from units across England.

A number of initiatives were discussed that could help in building a common understanding in local areas of how the health and wellbeing needs of the serving armed forces population are being met, for example regarding smoking cessation. These include:

a) Clarifying with local authority colleagues which public health services are to be delivered to defence personnel by DMS medical centres, the standard to which they are to be delivered and the means by which outcome data will be collected and could be shared.

b) Specifying the existing local authority commissioned public health services which armed forces personnel can expect to access in their local area.

c) Exploring the means locally for sharing outcome data between the DMS and the local authority, for example public health services provided to the armed forces population as part of the local resident population. This can help ensure that the DMS general practitioners are aware of care provided to their patients.

9. Where can I find out more about the health of armed forces personnel in my area?

Contacts

If you know the contact details for your local Defence Primary Health Care (DPHC) Regional Clinical Director (RCD) then you can contact them directly. If not, then you can either contact your Joint Regional Liaison Officer or the Defence Public Health Unit who will put you in contact with the appropriate RCD.

Joint Regional Liaison Officer are a contact point regarding the integration of military UK operations with civil authorities[14], for example in supporting local resilience in response to floods or other incidents when civil capability and capacity are exceeded. Contact points include:

Joint Regional Liaison Officers

North West
Email: NWHQ-JRLO-North@mod.uk

North East
Email: 4X-JRLO-North@mod.uk

Yorkshire & Humber
Email: 4X-JRLO-South@mod.uk

West Midlands
Email: 11SIGX-HQ-G3-JRLO@mod.uk

South West
Email: SWHQ-JRLO@mod.uk

Home Counties
Email: 11X-JRLO-W@mod.uk

South East
Email: 11X-JRLO-SE@mod.uk

London (Ops)
Email: LONDIST-JRLOOps@mod.uk

London (Plans)
Email: LONDIST-JRLOPlans@mod.uk

Defence Public Health Unit
Email: SG-DMed-Med-DPHU-GpMailbox@mod.uk

For urgent health protection matters, the DMS duty Public Health Consultant may be contacted on 07899 067381

Defence Medical Services webpage https://www.gov.uk/government/groups/defence-medical-services

Armed Forces Networks, under the stewardship of NHS England, provide local strategy on support for those transitioning to civilian life in England. There is currently variation in the activity for these networks from region to region.

https://www.england.nhs.uk/commissioning/armed-forces/armed-forces-net/

Population statistics

DMS registrations figures available at https://www.gov.uk/government/collections/defence-personnel-nhs-commissioning-quarterly-statistics-index

Location of UK regular service and civilian personnel quarterly statistics available via https://www.gov.uk/government/statistics/location-of-uk-regular-service-and-civilian-personnel-quarterly-statistics-2016

14 https://www.gov.uk/government/publications/2010-to-2015-government-policy-armed-forces-support-for-activities-in-the-uk/2010-to-2015-government-policy-armed-forces-support-for-activities-in-the-uk

Resources

NHS Choices Healthcare for the armed forces community
www.nhs.uk/NHSEngland/Militaryhealthcare/Pages/Militaryhealthcare.aspx

FAQs for local authority councillors and Armed Forces Champions or upper tier and unitary authorities when considering military populations in relevant themed reviews or chapters in the joint strategic needs assessment such as child health and mental health
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/488906/6b_-_FAQs_AF_Health_needs_assessment.pdf

MOD Armed Forces Covenant webpage
https://www.armedforcescovenant.gov.uk/

LGA and Forces in Mind Trust report "Our Community – our Covenant"
www.fim-trust.org/wp-content/uploads/2016/08/Our-Community-Our-Covenant-Report-30.08.16.pdf

Health needs assessment for ex-armed forces personnel aged under 65, and their families
http://info.wirral.nhs.uk/document_uploads/Needs-Assessments/Health%20needs%20assessment%20for%20ex-Armed%20Forces%20personnel.pdf

Public Health England (2015) Supporting the health and wellbeing of military families
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/479525/2903829_PHE_Military_Families_Accessible_v0.2.pdf

Royal College of General Practitioners, Royal British Legion and Combat Stress Meeting the Healthcare Needs of Veterans; a guide for general practitioners
www.combatstress.com/media/21792/gp_guidance_doc_rgcp_rbl_cs_17jan11.pdf

RCGP e-learning programme – Veterans' health in general practice. The course is free to access for all healthcare professionals in the UK.
http://elearning.rcgp.org.uk/course/info.php?id=87

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