

## 4.2.8 Ex-service personnel

### Why is this issue important?

In 2008 a cross-government paper was produced recognising the demands and obligations of those serving in the armed forces and the support needed for members of the armed forces, their families, and veterans.<sup>1</sup> There are statutory requirements as well as moral obligations to support this community, reinforced by the NHS Constitution July 2015,<sup>2</sup> Health and Social Care Act 2012,<sup>3</sup> NHS Contract,<sup>4</sup> and the Armed Forces Act.<sup>5</sup> The Military Covenant<sup>6</sup> is a promise from the nation to those who have served and their families.

The Ministry of Defence (MoD) defines a veteran as *“anyone who has served in Her Majesty’s Armed Forces at any time, irrespective of length of service...”* They are a diverse group with differing needs and experiences, including World War II or National Service veterans; others not engaged in combat; younger veterans from more recent deployments; and Reserve personnel. Nationally, an estimated 8% of adults are veterans.<sup>7</sup>

It is estimated that in total there are between 6.1 million and 6.2 million members of the ex-Service community living in the UK. Of these, around 2.8 million are veterans, 2.1 million are dependent adults (including spouses and widows) and 1 million are dependent children. The remaining 190,000-290,000 represents the estimated size of the ‘hidden’ ex-Service community e.g. those residing in communal establishments such as care homes. The UK’s ex-Service community is largely elderly: almost half are over 75 and 64% are over the age of 65. This reflects the large numbers of men and women who served during the Second

World War, or who undertook post-War National Service.<sup>8</sup>

The health of military populations is generally comparatively good compared to the wider population due to a combination of factors including the required physical fitness, social support networks, and access to healthcare and employment.<sup>9,10</sup> However, self-reported long term illness or disability has been found to be much higher amongst veterans (52%) than the general population (35%), with younger veterans today surviving more severe and complex injuries than before and being more likely to report long term health problems.<sup>7</sup>

Physical risks include being wounded in action, including loss of limbs. Medical discharges account for 11% of people who leave the Services each year,<sup>11</sup> mostly due to musculoskeletal injuries (60%).<sup>12</sup> The most common mental health problems in veterans are depression and anxiety. Post-traumatic Stress Disorder (PTSD) is often a concern, but the prevalence among Iraq and Afghanistan veterans (4%) is only slightly higher than in the general population (3%).<sup>13</sup> Younger male veterans in particular are at increased risk nationally of mental health problems and suicide.

The rate of alcohol misuse among veterans (13%) is much higher than in the general population (4%).<sup>14</sup> However, veterans are less likely to be heavy drinkers than those still serving.<sup>15</sup> Those deployed in combat, particularly reservists, are at greater risk

<sup>1</sup> Ministry of Defence (2008) The Nation’s Commitment: Cross-Government Support to our Armed Forces, their Families, and Veterans CM 7424

<sup>2</sup> Department of Health. NHS Constitution for England. 2015. Available at: <https://www.gov.uk/government/publications/the-nhs-constitution-for-england> [Accessed 04/11/2016]

<sup>3</sup> Department of Health. Health and Social Care Act 2012: fact sheets. Available at: <https://www.gov.uk/government/publications/health-and-social-care-act-2012-fact-sheets> [Accessed 04/11/2016]

<sup>4</sup> NHS England. NHS Standard Contract. Website available at: <https://www.england.nhs.uk/nhs-standard-contract/> [Accessed 04/11/2016]

<sup>5</sup> UK Government. Armed Forces Act 2016. Available at: <http://www.legislation.gov.uk/ukpga/2016/21/contents> [Accessed 04/11/2016]

<sup>6</sup> Ministry of Defence. The Armed Forces Covenant: guidance and support. 2014.

<http://www.mod.uk/DefenceInternet/AboutDefence/WhatWeDo/Personnel/Welfare/ArmedForcesCovenant/> [Accessed 19/08/2016].

<sup>7</sup> Royal British Legion. Profile and Needs of the Ex-Service Community 2005-2020. Royal British Legion; 2006..

<sup>8</sup> Royal British Legion. UK Household survey of the ex-service community. 2014. Available at

<http://www.britishlegion.org.uk/media/2275/2014householdsurveyreport.pdf> [Accessed 30/06/2016]

<sup>9</sup> Pinder RJ, Iversen A, Kapur N, Wessely S, Fear NT. Self-harm and attempted suicide among UK Armed Forces personnel: Results of a cross-sectional survey. Int J Soc Psychiatry 0020764011408534.

<sup>10</sup> Smith TC, Zamorski M, Smith B, Riddle JR, Leardmann CA, Wells TS and the Millenium Cohort Study Team. The physical and mental health of a large military cohort: Baseline functional health status of the millennium cohort. BMC Public Health 2007;7:340.

<sup>11</sup> Defence Analytical Services and Advice. Medical Discharges in the UK Regular Armed Forces 2006/07- 2010/11. 14<sup>th</sup> September 2011. <http://www.dasa.mod.uk/applications/newWeb/www/index.php?page=66&pubType=0> [Accessed 03/09/2015].

<sup>12</sup> British Orthopaedic Society. The Chavasse Report. 2014. Available at <http://www.thechavassereport.com/> [Accessed 04/11/2016]

<sup>13</sup> Fear NT et al. What are the consequences of deployment to Iraq and Afghanistan on the mental health of the UK armed forces? A Cohort study. Lancer 2010;375:1783-97.

<sup>14</sup> Greenberg N, Jones E, Jones N, Fear NT, Wessely S. The injured mind in the UK Armed Forces. Phil Trans R Soc B 2011;366:261-267.

<sup>15</sup> Iversen A, Waterdrinker A, Fear N, Greenberg N, Barker C, Hotopf M, Hull L, Wessely S. Factors associated with heavy alcohol consumption in the UK Armed Forces: Data from a health survey of Gulf, Bosnia, and Era veterans. Military Medicine. 2007 Sep;172(9):956-61.

## 4.2.8 Ex-service personnel

of PTSD and alcohol misuse. World War II and National Service veterans generally have similar health needs to others of their generation.

Military veterans have been found to face difficulties relating to housing support and adapted housing. In the past this included difficulties establishing a “local connection” in order to be accepted onto the local housing register or to receive homelessness relief. Since resettlement support has improved the number of homeless veterans has markedly decreased, although research suggests that military veterans are still over-represented in the homeless population.<sup>16</sup> However, a more recent estimate is 3% of those sleeping rough in London at least once in 2013/14 had ever served in the UK military which is much lower than previous estimates.<sup>17</sup>

A large 2014 survey of veterans in the UK in 2014 found that:

- Four in ten of the adult ex-Service community has some difficulty with health or wellbeing, equivalent to 2,090,000 people.
- These are most likely to be health issues (physical or mental) reflecting the self-care and mobility problems affecting older members of the community.
- Isolation and mental health issues particularly affect those aged 35-54.
- One in five has unpaid caring responsibilities, which is higher than the national average, particularly among those aged 16-24.
- One in 20 reports some unmet need for support, rising to one in four among the unemployed.<sup>8</sup>

In terms of how healthy the ex-service community is the survey found that:

- Half of the ex-Service community have some long-term illness or disability, most often a physical condition. Prevalence of many conditions has increased since 2005 because of

the ageing population, especially musculoskeletal conditions, cardiovascular and respiratory problems, and sensory problems.

- Those in the ex-Service community of working age are more likely than the general population to report having musculoskeletal problems, hearing difficulties or depression, or some condition that limits their activity.
- Reported mental health problems have doubled since 2005. Only one in twenty have sought help for mental health problems. Even among those reporting psychological problems, only 16% have accessed help.
- One in five veterans with a long-term illness attributes it to military Service; particularly musculoskeletal problems, hearing problems and mental illness. Over half of veterans aged 25-44 with a long-term illness attribute it to their Service.

There are some clear priority groups:

- The oldest and most infirm, particularly widow(er)s living alone. They have clear support needs (physical and emotional) to live independently and avoid isolation.
- The divorced and separated. This younger age group (typically 35-54) may be less visible, but they can be at risk of isolation and psychological problems.
- Those aged 16-54 with health problems relating to their military Service, and
- The youngest and most recently discharged from military Service. They can face problems with the transition to civilian life, with a potential for psychological and alcohol problems, and may be unwilling to seek help.<sup>8</sup>

### Key outcomes

None of the indicators in the Public Health, NHS or Adult Social Care Outcomes Frameworks are specifically focused on veterans.

However, The Military Covenant is a promise from the nation to those who have served and their families. On 3rd November 2011 it was enshrined in law and put into the Armed Forces Act.

<sup>16</sup> Royal British Legion Literature review: UK veterans and homelessness.

Available at:

[http://www.britishlegion.org.uk/media/2283/litrev\\_ukvetshomelessness.pdf](http://www.britishlegion.org.uk/media/2283/litrev_ukvetshomelessness.pdf) [Accessed 03/09/2016]

<sup>17</sup> St Mungo's Broadway, CHAIN Annual Report, From Street to Home.

2013/14. Available at:

[http://www.mungosbroadway.org.uk/chain/street\\_home\\_annual\\_reports](http://www.mungosbroadway.org.uk/chain/street_home_annual_reports)

[Accessed 19/08/2016]

## 4.2.8 Ex-service personnel

The Covenant states: *“Veterans receive their healthcare from the NHS, and should receive priority treatment where it relates to a condition which results from their service in the Armed Forces, subject to clinical need. Those injured in Service, whether physically or mentally, should be cared for in a way which reflects the Nation’s moral obligation to them whilst respecting the individual’s wishes. For those with concerns about their health, where symptoms may not present for some time after leaving Service, they should be able to access services with health professionals who have an understanding of Armed Forces culture.”*

In simple terms this means that if a veteran is suffering from a health condition that can be attributed to their military service then they should be given priority treatment. However to prioritise this does not mean they would just jump to the front of the queue. If people already waiting have a clear clinical need they should be prioritised, but if those waiting have an equal clinical need then the veteran should take priority.

NHS England is responsible for ensuring that services are commissioned to support consistently high standards of quality across the country, promote the NHS Constitution, deliver the requirements of the Secretary of State’s Mandate with NHS England and are in line with the commitments made by the Government under the Armed Forces Covenant.<sup>18</sup>

### **NHS England’s responsibilities are to commission directly:**

- all secondary and community health services for members of the Armed Forces, mobilised Reservists and their families if registered with DMS Medical Centres in England;
- specialised services, including specialist limb prosthesis and rehabilitation services for veterans.

### **Clinical Commissioning Groups (CCGs) responsibilities are to commission:**

- all secondary and community services required by Armed Forces’ families where registered with NHS GP Practices, and services for

veterans and reservists when not mobilised. The bespoke services for veterans, such as veterans’ mental health services, will be commissioned by CCGs either individually or collectively.

- emergency care services on a geographical basis which can be accessed by anyone present in their defined geographical boundary e.g. accident and emergency services, emergency ambulance services and other emergency health services. Serving members of the Armed Forces and their families (where registered with DMS Medical Centres) will have full access to these services.
- health services for these groups stationed overseas who return to England to receive NHS care.<sup>18</sup>

### **Impact in Brighton & Hove**

A Sussex Military Veterans needs assessment was conducted in 2012. It noted that identifying the number of veterans, at national or local level, is difficult.<sup>19</sup>

Inclusion of questions by the Office for National Statistics in the Annual Population Survey means that in future reliable local authority level estimates may be available. From the regional estimates currently available and applying estimates for the South East to Brighton & Hove suggests there are around 11,750 military veterans in the city. Of these veterans the vast majority are men (estimated at 89%) and 70% aged 65 years or over (that is around 4,700 veterans aged 16-64 and around 7,050 aged 65 or over).<sup>20,21</sup> Using the South East figures rather than the previously available national estimates suggests there are fewer veterans in Brighton & Hove than previous estimates (the 2013 JSNA summary using national

<sup>18</sup> NHS England. Services for members of the armed forces. Webpage. Available at: <https://www.england.nhs.uk/commissioning/armed-forces/#mh> [Accessed 04/11/2016]

<sup>19</sup> NHS Sussex and Brighton & Hove City Council, West Sussex and East Sussex County Council. Military Veterans JSNA. 2012. Available at: <http://www.bhconnected.org.uk/content/needs-assessments> [Accessed 29/06/2017]

<sup>20</sup> Office for National Statistics. Annual Population Survey: UK armed forces veterans residing in Great Britain 2014. 2016. Available at: <https://www.gov.uk/government/collections/annual-population-survey-uk-armed-forces-veterans-residing-in-great-britain> [Accessed 29/06/2016]

<sup>21</sup> Applies to Office for National Statistics. Mid Year Population Estimates 2015. 2016. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesanalysisistool> [Accessed 08/08/2016]

## 4.2.8 Ex-service personnel

estimates suggested around 17,400 veterans in the city).

In October 2016 estimates at county level were produced for the first time from the Annual Population Survey – they estimate that across East Sussex (including Brighton & Hove) there are 38,000 veterans – however the Office for National Statistics notes that estimates for East Sussex (in addition to County Durham, Lincolnshire, and Kent) may be less reliable and should be used with caution. This, couple with the information not being available solely for Brighton & Hove currently adds little to our local knowledge.<sup>22</sup>

In 2011/12 there were 580 Armed Forces Pension Scheme recipients and 290 Disablement Pension recipients in Brighton & Hove (veterans receiving compensation for injuries sustained during service, but doesn't include all disabled or injured veterans).<sup>23</sup>

As at March 2015 there was a slight increase to 610 veterans receiving a pension or compensation under the Armed Forces Pension Scheme in Brighton & Hove. This is a rate of 26.6 per 10,000 people aged 16+, much lower than the South East (93.0) or England (71.8).<sup>24</sup>

In 2014 the Office for National Statistics added information on UK armed forces veterans to the Annual Population Survey. The results are currently published to region level, but it is hoped in future that estimates will be able to be provided to local authority level.<sup>20</sup> In 2014:

- There were an estimated 2.6 million UK Armed Forces veterans residing in households across Great Britain.
- These veterans were predominantly male with over half aged 75 or over. This was expected given that National Service ran from 1939 to 1960 and, at certain times, stated that males of specific ages were required to serve.

<sup>22</sup> Ministry of Defence. Annual population survey: UK armed forces veterans residing in Great Britain 2015. Available at:

<https://www.gov.uk/government/statistics/annual-population-survey-uk-armed-forces-veterans-residing-in-great-britain-2015> [Accessed 08/11/2016]

<sup>23</sup> Ministry of Defence. Location of armed forces pension and compensation recipients financial year 2010/11. Available at: <https://www.gov.uk/government/statistics/location-of-armed-forces-pension-and-compensation-recipients> [Accessed 19/08/2016]

<sup>24</sup> Ministry of Defence. Location of armed forces pension and compensation recipients as at 31 March 2015. Available at: <https://www.gov.uk/government/statistics/location-of-armed-forces-pension-and-compensation-recipients> [Accessed 19/08/2016]

- The South East was estimated to contain the highest number of UK Armed Forces veterans (422,000, or 16% of the veteran population residing in Great Britain).
- Across UK Armed Forces veterans and non-veterans residing in Great Britain there were no differences in the types of long term health conditions, with the most prevalent long-term health conditions being musculoskeletal, cardiovascular and respiratory problems.
- There were no differences in the health conditions reported by working age (16-64) veterans when compared to non-veterans.<sup>25</sup>
- However a significantly higher percentage of retirement age (65+) veterans (45%) reported conditions relating to legs and feet, when compared to non-veterans (34%). This may partly be due to the physical activities veterans would have partaken in whilst in Service.
- There were no notable differences in the employment status of working age UK Armed Forces veterans residing in GB when compared to non-veterans with 75% of veterans employed compared to 78% of non-veterans.

### Where we are doing well

The City Council leads the Brighton & Hove Civil Partnership Board which brings together organisations from across the city to improve the understanding and services for the armed forces community.



Brighton & Hove is part of the Award winning Sussex Armed Forces Network, working to address the needs for Sussex armed forces community.

There are over 180 armed forces champions trained in Sussex, who take advantage of the

<sup>25</sup> The Non-veteran population was standardised by age and gender to illustrate the same age and gender distribution seen in the Veteran population.

## 4.2.8 Ex-service personnel

information, eLearning, events, peer support and pathways to provide personalised support to individuals. Teams network together linking charities, statutory organisations and different sectors to provide the integrated care (health and social).

The Sussex Armed Forces Network has delivered a number of resources and programmes of work which are available to the community;

- Fact Sheets and information for providers, GPs, Charities and wider organisations;
- Pathways and toolkits;
- Integrated systems and care with improved access for the armed forces community (AFC);
- Education and training including eLearning;
- Website;
- Functioning Champion Network which has CPD accredited Champion Training, refresher programme and events;
- Experience and knowledge from the existing team;
- Voluntary Sector Survey; and
- Advice and support for the Armed Forces Community and professionals.

All local authorities in England are now signed up to a community covenant but it has been noted by NHS England that very few JSNA reports even reference the presence or needs of military veterans in their local area. Brighton & Hove was involved in the 2012 Sussex needs assessment for military veterans, has this summary and questions about veterans are included in the City Council's standard equalities monitoring forms.

### Local inequalities

We don't have detailed local data for military veterans including estimates of the number of veterans in the city and information on inequalities including age, gender, sexual orientation, ethnicity, religion, marital status, carers or disability.

The City Council equalities monitoring forms do include a question about veterans but this information has not been collated across different services in the city. In the main surveys in the city the question has also been included but the small

number of responses identifying veterans means that results cannot be published.

Nationally military veterans are more likely to experience difficulty hearing and also have high rates of tinnitus. From a household survey conducted by the Royal British Legion 11% of veterans experienced hearing difficulties compared to 3% of the general population.<sup>26</sup> In Brighton & Hove veterans are well served by the local Blind Veterans UK centre that provides assessment, rehabilitation, ongoing support and social activities.

### Predicted future need

The number of veterans in the city is projected to fall by 29.7% over the next decade - from approximately 11,750 in 2015 to around 8,260 by 2025.<sup>27</sup> In the medium term, the profile of veterans will change. There will be more very elderly (85+) veterans, people who served in WWII and National Service, an increase in the proportion of younger veterans and a large reduction of veterans aged 65-74 years.

For younger veterans long term illness or disability and mental health issues are expected to remain the most prevalent health concerns.<sup>7</sup>

### What we don't know

We don't have local figures for the number of veterans in the city, and little information on inequalities and population groups. The addition of questions into the Office for National Statistics Annual Population Survey means that local authority level estimates may be available in future.

Additionally, health services generally don't record military service, so we don't have local information on health outcomes in veterans.

It is estimated that over half a million veterans in the UK are carers.<sup>28</sup>

Nationally, the majority of veterans are World War II or National Service veterans, with 66% aged 65

<sup>26</sup> Royal British Legion. 'Lost Voices' – A Royal British Legion report on hearing problems among Service personnel and veterans, 2014.

<sup>27</sup> Estimates extrapolated from Woodhead et al figures (2007) projecting a 29.7% fall in the number of veterans from 2017 to 2027 applied to locally calculated estimates of veterans based upon the Office for National Statistics Annual Population Survey estimates for 2014 and Brighton & Hove Mid Year Estimates for 2015.

<sup>28</sup> The Royal British Legion. Profile of the Ex-service community in the UK (revised copy). 2005

## 4.2.8 Ex-service personnel

years or over. However, evidence suggests that the prevalence of mental health disorders among younger veterans (aged 16-44 years) may be three times that of the UK population of the same age.<sup>7</sup>

An estimated 87% of military veterans are men.<sup>28</sup> The proportion of female veterans (13%) is higher than for serving personnel which reflects the World War II conscription of single women in their 20s. There is no specific local data on ethnicity, but at national level an estimated 99% of veterans are White.

### Key evidence and policy

The government has committed, through the Armed Forces Covenant,<sup>6</sup> to end any disadvantage military service imposes on people. Veterans are entitled to priority access to treatment for any conditions considered likely to be service related, subject to the clinical needs of all patients.

### Recommended future local priorities

1. Continue joint working across Sussex through the Sussex Armed Forces Network.
2. Where possible, implement recommendations from the Sussex needs assessment.

The following key areas were identified by the Sussex Armed Forces Network, from the needs assessment, where improvements could be undertaken ensuring there are clear fair processes and systems across a population:

- Importance of GPs in the early identification, intervention and support.
- Awareness, Communication
- Single point of contact, Continuity (tell your story only once), Easy Access to treatment, Evidenced Based Treatments and Clear Clinical Pathways
- Improved Data Collection with early Identification of ex-service personnel, family and carers
- Flexible Support Network, Armed Forces Champions, Mentors
- Education for all (including within schools, employers, public, professionals and veterans)

The desired state of the Sussex Armed Forces Network is that by 2018/19:

- Public and members of the NHS have an awareness of issues affecting personnel, veterans and families.
- Clear integrated pathways for transitioning Armed Forces personnel into civilian life.
- There is early identification and referral to the appropriate person, service and place to receive integrated care (including mental health) and support the Armed Forces Community require.
- Employers support their employees as reservists throughout the organisation ensuring their health and wellbeing.

### Key links to other sections

- Mental health
- Ageing well
- Adults with physical disabilities
- Sensory impairments
- Alcohol

### Further information

Sussex Armed Forces Network  
[www.sussexarmedforcesnetwork.nhs.uk](http://www.sussexarmedforcesnetwork.nhs.uk)

Sussex Military Veterans needs assessment  
<http://www.bhconnected.org.uk/content/needs-assessments>

### Last updated

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