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**MINUTES OF A MEETING OF THE VETERANS FORUM
HELD IN THE VICTORY SERVICES CLUB ON TUESDAY 5 DECEMBER
2006 AT 1030 HOURS**

Present	Derek Twigg	Minister for Veterans	Chairman
	COBSEO Executive Committee		
	AVM Tony Stables	Chairman COBSEO	
	Robert Leader	Vice Chairman COBSEO/ St Dunstan's	
	Cdre Barry Bryant	Seafarers UK	
	Cdre Toby Elliott	Combat Stress	
	Maj Gen Andrew Cumming	SSAFA Forces Help	
	Maj Gen James Gordon	Forces Pension Society	
	Maj Gen John Sutherland	Officers Association	
	Brig David Wills	TRBL	
	Col Paul Cummings	Director Grants & Welfare	
		ABF	
	Lt Col Jerome Church	BLESMA	
	ACM Sir David Cousins	RAF Benevolent Fund	
	Air Cdre Ed Jarron	RAFA	
	Jenny Green	War Widows Association	
	Jim Panton	Veterans Scotland	
	Maj Rosemary Warne	Secretary COBSEO	
	Mrs Carol Edge	Secretary COBSEO (Des)	
	Other Government Departments		
	Robert Finnegan	DCA	
	Andrew Palethorpe	DH	
	Jason Wright	HMT	
	Graham Verrall	Home Office	
	Dave Skillen	DWP	
	Rachel Dickenson	DCLG	
	Ministry of Defence		
	Jonathan Iremonger	DVPU	
	Tim Taylor	CE Veterans Agency	
	Dr Anne Braidwood	D SP Pol (Medical Adviser)	
	Air Cdre Philip Miles	D Resettlement	
	Air Cdre Paul Evans	D Healthcare	
	Ian Sprawson	SP Pol Pensions	
	Piers Jones	DD VPU	

Tracey Vennai	DD VPU Veterans	
Christine Paxton	DS Sec VPU LHI DD	
Cdr Graham Jardine	AD VPU Veterans	
Ian Keith	DS Sec Hd Hons & Cer	
Sue Pither	PS/ Minister for Veterans	
Liz Moore	VPU Sec	}Secretariat
Phil Hoare	VPU Sec Support	}

Apologies	R Adm Peter Wilkinson Maj Gen Sir Evelyn Webb-Carter Air Marshal David Pocock Michael Watters Siobhan Larkin Jonquil Dartnall Kenneth Robbie Angela Ruggles Kate Rounce John Clarke Geoff Marlow Neil Langhorn	DS Sec ABF DCDS (Pers) FCO DCLG Welsh Office, DCA Scotland Office, DCA DfES DCMS Northern Ireland Executive Welsh Assembly Government Scottish Executive	
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Item (a)	Discussion and Decisions (b)	Action (c)
1 Introduction	1. Minister for Veterans welcomed all present to the meeting, particularly those attending for the first time. Minister advised that, since his recent appointment, he had been busy visiting as many veterans organisations as possible. He operated an “open door” policy and was very willing to listen to any concerns.	
2 Minutes and Actions arising from Last Meeting	1. The minutes were accepted as a true record of the previous meeting. 2. <u>Para 2.4 – Research Strategy.</u> Workstream 2 is being used as a vehicle to keep the veterans community informed of progress in implementing the Research Strategy. Action complete. 3. <u>Para 3a2 – Veterans Workstream Update – Transition.</u> Ex-Service organisations wishing to raise issues on the Defence Medical Policy Discharge Committee should do so via the COBSEO representative (Combat Stress). Action complete. 4. <u>Para 3a3 – Veterans Workstream Update.</u> The issue of non-medical discharge of Service leavers with mental health problems had been raised at the appropriate committee – the Armed Forces Mental	

	<p>Wellbeing Steering Group (AFMWSG) - on 11 October; further work would be undertaken before the next meeting of the AFMWSG. Action complete.</p> <p>5. <u>Para 3b7 – Veterans Workstream Update – Support.</u> On 21 November USofS announced the commencement of the programme to offer improved mental health provision to members of the Reserve Forces. Air Cdre Paul Evans (D Healthcare) would provide an update under Agenda Item 4. Action complete.</p> <p>6. <u>Para 3c3 - Veterans Workstream Update – Recognition.</u> All schools on the website were sent a letter; no comments were received. Comments were sought from all attendees of the Veterans Day event in London, no written comments were received. For Veterans Day 2007 a schools page would be developed on the VA website which would also seek specific comments from children and teachers. The regions would be asked to monitor school involvement and seek feedback on the flagship events. Action complete.</p> <p>7. <u>Para 4 - Veterans Day 06, 07 and beyond.</u> Tracey Vennai (DD VPU Veterans) would comment on the various Veterans Day initiatives under the Workstream Report at Agenda Item 3. Action complete.</p> <p>8. <u>Para 5a3 – Veterans Communications Strategy.</u> Although the Strategy had been the subject of internal debate, no questions or comments had been received from external organisations. Action complete.</p> <p>9. <u>Para 5ab – Central Office of Information Veterans Survey.</u> Information on the COI Veterans Survey was forwarded to the Scottish Executive and Welsh Assembly Government by e-mail on 27 July 2006. Action complete.</p>	
<p>3 Veterans Workstream Updates a. Transition</p>	<p>a1. D Resettlement reported that the Career Transition Partnership (CTP) continued to deliver good service; the uptake of entitled Service Leavers (SLs) had increased by 10% to 94%. 70% gained employment within one month, rising to 94% within 6 months of discharge. The Royal Irish (Home Service) leavers were very positive about the support they were receiving and many of the Tranche 1 leavers, who are scheduled to leave in March 2007, had</p>	

already received offers of employment.

a2. Implementation of the revised Army Sickness Absence Management Plan (ASAMP) began on 1 October and was due to be fully implemented by March 2007. As a result, visibility of all medical discharges would be maintained allowing them to be properly monitored and managed in the future.

a3. Combat Stress represented the ex-Service organisations on the Defence Medical Discharge Policy Committee (DMDPC), which was looking to harmonise arrangements across all three Services. The key problem issues had been identified and work on resolving them had commenced. Timely provision of information was vital for the medical services and to allow engagement with TRBL. Early advice on pension entitlement was also necessary. The introduction of the AFCS should ensure recipients received early advice about the amount of compensation and financial support they would receive in the future.

a4. Data Protection Act-compliant arrangements have been implemented to capture the employment status of Early Service Leavers (ESLs) using information from the HM Revenue and Customs databases. Over 90% of ESLs had agreed to be included in the data capture exercise. The initial read-out of economic activity at the 6-month post-discharge point for the first 6-month cohort of ESLs should be available May 2007.

a5. An initiative had commenced to allow the communication of Service Leavers (SLs) contact details to ex-Service organisations where individuals gave informed consent. Interim arrangements had been put in place and a meeting of the stakeholder Steering Group had been scheduled for later in December to finalise the arrangements. It was hoped to have the full system operational by November 2007.

a6. Combat Stress stated that it welcomed and fully supported the replacement of the 'Y List' with the ASAMP. However, many of the vulnerable people approaching Combat Stress were long term servers. PS4 Army had undertaken work some 4 years ago on the issue and Combat Stress suggested that this should be reviewed to ensure that this group of vulnerable SLs can be supported. Both D

<p>b. Recognition</p>	<p>Resettlement and D SP Pol Medical Adviser advised that work was being done by the AFMWSG. Combat Stress stated that they would like to give evidence as this is a wider line management issue.</p> <p>a7. Minister stated that it was recognised that there were gaps and further work would be undertaken as necessary to focus on this issue.</p> <p>a8. Chairman COBSEO commented that the CTP had been very successful over the past five years and was to be congratulated.</p> <p>b1. Minister invited DS Sec Hd Hons & Cer to update the meeting on the Falkland Islands commemorations. He stated that 13 November had seen the announcement of the plans to commemorate the 25th anniversary of the Falklands Conflict which would take place over the period 14-17 June 2007. Official events would begin on Liberation Day, 14 June with the annual service of Commemoration and Remembrance at the Falkland Islands Memorial Chapel in the grounds of Pangbourne College, Berkshire which this year would be attended by members of the Royal Family.</p> <p>b2. Later that day there would be acts of commemoration and remembrance in the Falkland Islands. On 15 June there would be a service at the Merchant Navy Memorial at Tower Hill, London. The main event would be held on Sunday 17 June with a series of events in London focussed on Horse Guards Parade. There would also be a reunion in Hyde Park which was being organised by SAMA82. Over 1,000 ticket applications had been received for the event at Horse Guards Parade and the ex-Service organisations were asked to keep their members informed. A pilgrimage to the Falkland Islands in November 2007 was being organised jointly by SAMA82 and Combat Stress.</p> <p>b3. Minister noted that the proximity of Veterans Day to the Falkland Islands commemorations would mean that there would be some overlap between the events. He also stated that he would be attending the conference in Birmingham on 15 December to mark the official launch of Veterans Day 2007. He invited DD VPU Veterans to update the meeting and introduce the 'Can You Recognise a Veteran' DVD that had been produced to highlight the diversity of</p>	<p>COBSEO Members</p>
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<p>c. Support (including mental health and reservists)</p>	<p>veterans and advise organisations how to participate in Veterans Day events.</p> <p>b4. DD VPU Veterans explained that the DVD would be shown at the Veterans Day launch in Birmingham on 15 December. Interest was already being generated in towns and cities that had not held events in 2006. It was intended that the launch would explain the Veterans Day key messages and encourage organisers to engage with their local schools and media. Information would also be available on the VA website for the wider audience and to encourage smaller events.</p> <p>b5. The DVD was well received by the meeting although the War Widows Association commented that widows and dependants had not been featured. D VPU commented that the importance of widows and dependants within the Veterans Initiative was fully recognised but that it had not been considered relevant to include them on a Veterans Day DVD celebrating the diversity of surviving veterans. The War Widows Association noted that dependants are part of the community and the website should include them. Minister agreed that ways to include widows on the website should be investigated.</p> <p>b6. It was suggested that a short trailer of the DVD should be created, which could be used to increase media coverage on the TV national channels. DD VPU Veterans agreed to investigate</p> <p>c1. Minister invited D SP Pol Medical Adviser to update the meeting. D SP Pol Medical Adviser commented that the Support Workstream provided full visibility of the Veterans Programme and had oversight of initiatives in the Other Government Departments (OGDs) – DH, DCLG and DWP. Due to the changing age profile of the UK over the last 20-30 years, considerable effort was now being devoted to addressing the needs of the older members of the community. There was a lot of work with the Devolved Administrations, OGDs and Local Authorities keeping up to date on initiatives and commenting on legislation that affected veterans.</p> <p>c2. Following the 2003 Medical Research Council (MRC) review of research into Gulf illness, MOD had been working with the MRC to identify a suitable study on rehabilitation. Working with Cardiff</p>	<p>CE/VA & DD VPU Veterans</p> <p>DD VPU Veterans</p>
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	<p>University, it was hoped to develop an intervention which would help support veterans of the 1990/91 Gulf Conflict who had so far been unsuccessful in their efforts to return to life and living. It was hoped that a draft protocol would be received and submitted to the MRC early in 2007. The ex-Service organisations would be involved and kept informed of developments.</p> <p>c3. D Healthcare commented that many injured Service personnel would go through Headley Court where rehabilitation was an important part of the work to ensure that individuals were best placed to cope with life after service. Combat Stress was concerned about the level of staffing and that additional psychiatric nurses and psychologists would be required.</p> <p>c4. BLESMA stated that it had a close relationship with Headley Court and that the ex-Service organisations work closely with MOD on rehabilitation. Minister stated that he had visited Headley Court and had been very impressed by work undertaken there. He commented that he had also spoken to one of the recently injured Servicemen who were currently skiing in the Rockies.</p> <p>c5. TRBL stated that it was necessary to look at the resources in Defence Medical Services (DMS) and NHS as there was a shortage of psychiatrists and nurses to meet the need for psychiatric care. More doctors should be encouraged to specialise in this field.</p> <p>c6. D Healthcare acknowledged that this was an issue but commented that the MOD undertakes in-house training for doctors and the nurses are very well-trained.</p> <p>c7. DH stated that it had been recognised that all psychological treatments had been under resourced, community care and counselling services have been developed. It was recognised that mental health services would come under strain with increased numbers of users.</p>	<p>D SP Pol Medical Adviser</p>
<p>4 Mental Health Issues</p>	<p>1. Minister introduced the item stating that mental health issues rightly had a high profile. Minister was looking for the great deal of research being undertaken, to help improve outcomes.</p>	

2. D SP Pol Medical Advisor commented on the veterans mental health service initiatives. Coherence was important - a lot of work was being undertaken in-Service and the chain of command had an important role. Health and well-being required a multi discipline approach. The appropriate experts were required and there had been a real increase in the numbers of mental health professionals in the psychological disciplines. However, work was not complete.

3. There had been press coverage of certain cases which had highlighted the need to address the level of resources and to identify the numbers of people that would need assistance. There was no accurate information on the numbers of veterans in the UK, it might be necessary for the Office of National Statistics to include a question in the census.

4. The 40,000 GPs in the UK would, on average, have only 23 veterans amongst their patients, GPs would see a veteran with mental health problems once every 7 years. Work was ongoing to raise awareness among civilian health professionals of health issues faced by the ex-Service personnel. NICHE had become interested in veterans, Armed Forces personnel and personnel in the Emergency Services who were faced with trauma and needed a safe environment in which they could relate the issues they have faced.

5. Work had been undertaken with HASCAS and DH to address the mental health issues of veterans. This included work-related stress and devising new arrangements for the future. A model for community-based mental health services for veterans had been devised based on NHS procedures protocols and commissioning rules. Interventions would be evidence-based and delivered in settings appropriate to the veterans with services provided by public, private and charitable providers. The Combat Stress facilities were an essential part of this. It was intended that the model would be piloted at 4 or 5 sites across the UK for two years, followed by evaluation and - assuming all went well - nationwide rollout; direct buy-in from the OGDs and Devolved Administrations was essential. The two year pilot would provide evidence of the size of the problem in the veteran community.

6. D Healthcare stated that on 21 November Minister

had launched the mental health assessment programme for recently demobilised Reservists, a group that research had identified as being at greater risk of suffering mental health problems after operational duty. On return from deployment, Reservists were anxious to return home and might be unaware that there was a problem. Information about the assessment programme was available on the Chilwell website and a call centre had been established at Chilwell to take phone calls. 12 enquiries had been received, which had resulted in 2 individuals being invited to attend for an assessment.

7. It was explained that the assessment would be by military mental health nurses and would reach one of the following conclusions:

- a. No mental illness.
- b. Has mental illness but not due to deployment.
- c. Has mental illness due to deployment.

8. Any individuals identified as having mental illness due to deployment would be provided with further treatment at their local DCMH. They must be registered with a GP to ensure continuity of care. Community mental health nurses would be deployed to Chilwell as necessary.

9. Combat Stress commented that they were pleased that the programme was available but that it was necessary to offer help to individuals that were not deployed or demobbed before January 2003. Combat Stress advised that they would be visiting Chilwell soon. The Society also had concerns that moving funding away from Combat Stress and the War Pension Scheme to local PCTs would mean that funding could be lost from veterans leading to a post code lottery as the money was used for other services.

10. In addition, Combat Stress had concerns about individuals who had not found support from the NHS and had been alienated from their GP and other NHS health professionals. The number of new referrals was increasing, including individuals whose mental illness emerged only after some time as a veteran.

11. TRBL stated that they fully supported Combat Stress who needed additional capability and resources. Combat Stress was cheaper than the

	<p>Priory and the NHS would not necessarily be able to support veterans. The NHS did not recognise the special position of veterans who were being pushed to the back of NHS queues. The War Widows Association was concerned that, unless the funding was ring-fenced, Service personnel would not receive the priority treatment to which they were entitled.</p> <p>12. D VPU stated that money was not being taken away from Combat Stress; indeed discussions were currently in hand to extend the funding available so as to assist the Society to make the changes necessary to provide the capability everyone agreed was required. It was fundamental to the pilots that the NHS would recognise the expertise available at Combat Stress and put in place arrangements that would allow direct commissioning of its services. It was recognised that civilian health professionals were not always aware of the problems of veterans and steps had been taken to address this, including as a key element of the proposed pilots. It was essential if veterans were to get the help they needed that the Society's capabilities should be available as an integral part of the nations health services and he did not think it was in the Society's or the veteran's interest for Combat Stress to remain outside. Combat Stress welcomed D VPU's statement; the news was good in the short term, although there were concerns if the NHS was needed to fund Combat Stress in the longer term. TRBL acknowledged that it was necessary to have central control of research and suggested match funding between MOD and the ex-Service organisations.</p> <p>13. Minister acknowledged that more work was required and that it would be necessary to consult with colleagues in the DH and if appropriate to present the case to Ministerial colleagues.</p> <p>14. D VPU commented that a number of levers were available for addressing the needs of vulnerable service leavers; these need to be applied in a coherent and holistic way and VPU would be looking at this in 2007. There would be engagement with the ex-Service organisations to ensure that there was agreement about how to maximise the chances of getting people up and running with life, including improved management of such cases.</p>	
<p>5 a. VA/AFPAA</p>	<p>a1. CE/VA stated that the aim of the VA and AFPAA merger was to improve service as there would be a</p>	

	<p>2. D VPU said that it was essential to have a proper veterans input on this issue. Although it was intended to report on future performance against PIs to the Forum, it was considered that the appropriate executive body could be the ESG. Chairman COBSEO agreed. D VPU asked for any comments on the Performance Indicators to be provided to the VPU by Christmas.</p>	All
<p>7 Gulf Veterans Illnesses</p>	<p>1. D VPU advised that there had been a number of developments recently. The conclusion of the Vaccines Interactions Research Programme completed the one major issue outstanding from the commitments made to Gulf Veterans when the Government came to power as set out in the “Gulf Veterans Illnesses: A New Beginning” document published in July 1997; the research sought to address a key area of concern both to veterans and to the Government – namely that the combination of vaccines and tablets had been the cause of the adverse health effects.</p> <p>2. The marmoset study, which scientific judgment had supported as valid research and which had an Oversight Board containing representatives of the ex-Service organisations, had not identified any link. It might be necessary to address other issues now that the vaccines had been removed as an area of concern. There was work being undertaken in the USA which was of interest to MOD. It was not intended to replicate the US research in the UK, the MOD would take the advice of the Medical Research Council on the findings of the US research to determine whether they should be pursued further. The immediate MOD focus was on rehabilitation as recommended by the MRC and discussed at Agenda Item 3.</p> <p>3. It was acknowledged that, following the recognition of Gulf War Syndrome (GWS) as an umbrella term, the MOD had made mistakes in articulating this in one particular case; it had been extended to conditions that had not been included under the term by the Pension Appeal Tribunal. This error had been admitted. It had also been decided that the MOD would write to all veterans who had claimed GWS to make them aware of developments. MOD was trying to bring closure to the issue; it recognised that, with respect to the ongoing US research in particular, there remained unanswered questions and the MOD would remain responsive to</p>	

	<p>veterans concerns. There had been a lot of work; progress had been made; but the end was not yet in sight.</p> <p>4. TRBL stated that they were keeping a close interest in American research. The US had spent much more on research than the UK and the reasons for not replicating the research were understood. It was necessary to ensure that closure was scientifically based. It was not possible to state that the cocktail of exposures affecting Armed Forces personnel had not caused the problems many had suffered.</p> <p>5. Minister advised that the UK had always taken a close interest in research undertaken by other nations. Efforts were being made to find a way forward and progress had been made with the acceptance of GWS as an umbrella term. TRBL sought to ensure that there would be no reports that the vaccines research was definitive when the medical records are lost. D VPU considered that the research had shown that the NAPS/Vaccine combination was not likely to have been the cause of the problem which was more likely to lie elsewhere.</p>	
8 Any Other Business	No issues were raised. Minister thanked all for their attendance and thanked the ex-Service organisations for the valuable work they perform on behalf of their members and clients.	
7 Arrangements for Next Meeting	The next meeting was scheduled for 10.00 on 7 June 2007, venue to be confirmed	VPU Sec