

## Veteran Support Transformation – A template for adoption

# Ex-Forces Integrated Referral Model (IRM) Example – From Doncaster Council

### Introduction

Across the country, Local authorities (LA) are faced with rising demand for adult social care services and cuts in Government funding. Councils are changing their service offer radically with the emphasis on maximising interdependence, helping more people lead independent lives in strong and sustainable communities. There is an emphasis on working with others – Health, Housing the 3<sup>rd</sup> sector to meet the people's needs most effectively. This includes effective response to the requirements of our ex-forces community and their families.

### Vision

The Armed Forces Covenant was introduced in June 2011 with the principal aim of removing **inequality**, “**disadvantage**”, of veteran access to public services and deliver on improvements to provision through data capture. The Armed Forces Covenant has been adopted by all LA's.

### Place & Context Example - 2015

Doncaster has a population of approximately 313,000. Public health research identified a conservative figure of 50,000 people who are serving in the armed forces regular, reserves, ex-forces or directly related to those that have. These groups are entitled to equality of access to services and alternative referral pathways under the Care Act and Armed Forces Covenant. This represents approximately 1 in 6 of Doncaster's population and potentially includes 750 council staff. The Doncaster IRM approach was initially introduced at the launch in December 2014 of Doncaster's regular 4 monthly veteran support sessions in partnership with The Royal British Legion (TRBL), Advice & Information Officer. Removing the potential gap between statutory provision and the armed forces charities, resulting in automatic referrals to the RBL and its partners.

### Impact

Doncaster introduced the integration and use of the ex-forces question, and alternative referral pathways to its “Care First”, adult social care, registration, and annual review process. This process enables the valuable capture of live ex-forces community data from a population of approximately 4,000 people in receipt of adult social care. Early indications of positive identification and alternative referral to the veteran charity sector are promising and the full benefits will continue to be evaluated.

### Focus

Nationally statistics indicate that 83% of the 20,000+ outflow of service personnel make a successful transition back into main stream society, however, approximately 17% of these will need additional or acute support, a “hand up”, at some stage. This represents around 3,400 nationally, requiring this support. Using the basic 17% figure across Doncaster's 50,000 ex-military community, this equates to 8500 people that will at some time, will potentially require additional or acute support. This figure will increase incrementally to reflect those military service leavers who leave annually and resettle into the local area.

### IRM

The IRM involves integration of the main veteran charity sector support providers. To offer a range of alternative, free (to LA, NHS and partners) services, and support a range of potential early interventions, across prevention, emergency admissions avoidance, discharge and rehabilitation. For example a free, Royal British Legion welfare break for someone who is socially isolated. A referral to the Blind Veterans UK who provide a responsive service including free assessment, equipment and a trained, supported volunteer, to make life changing improvements for the veteran and their families.

### Benefits are:

- Automatic regulatory and voluntary compliance, Care Act, NHS legislation and Armed Forces Covenant
- **Financial efficiencies for LA's and partners** (early intervention and diversion)
- Improved social outcomes for ex-service community and their families
- Potential national, live veteran data capture and use opportunity
- Early provision of support for high number of elderly veterans to help extend independence
- Automatic referrals to the main ex-service charities, such as RBL, Combat Stress, BV UK

## **Challenges**

- Getting hold of the relevant data to tell us how many people are ex-forces and their families
- Identifying what range of local and national support is available
- Utilising existing LA resources and free venue assets (libraries)
- Provision of Armed Forces awareness e-learning module training for all staff
- Understanding Military Culture and Transition Training for key executive, management, team leaders and relevant frontline staff at minimal cost

## **Workforce Training**

All new council staff can be required to complete the Armed forces Covenant e-learning Module as part of their corporate induction and existing staff encourage to complete this training and forming part of their annual PDR. Council and its partner's, senior management, intervention team leaders, professionals, reviewing and referral staff can access the Military Culture and Transition training, provided by York St Johns University to share the information and referral guide across their teams.

## **Governance**

A clear structure with accountability and quality assurance with some shared operations across the organisation is required.

## **Leadership**

Leadership is an essential feature, with leaders and staff required to understand the need to change and focus on organisational and operational requirements, aligned with strategic outcomes, including financial efficiencies.

## **IRM Roll out to NHS GP Surgeries**

The same early intervention and alternative referral approach and benefits have been introduced to the local NHS CCG and 43 GP surgeries in Doncaster. This will provide early low level health intervention, diversion, wellbeing support and provision. Advantages include compliance with the NHS constitution, Armed Forces Covenant, reduction in costs upstream (crisis/acute), reduction in the number of GP presentations and free staff CPD training.

## **Next Steps**

The IRM has been shared with the LGA for distribution to membership and the Association of Directors for Adult Social Care (ADASS) 2015. Adoption of the IRM will support an improved, coherent and standardised approach by LA's and its partners in delivering equality of access to services. United Kingdom ex-service personnel and their families expect to receive the same level of access to public services, regardless of where in the UK they live or move to.