

The Strategy for our Veterans

Policy Context

1. The government has published the first ever UK Wide Strategy for Veterans at the end of 2018 and the subsequent government consultation published in November 2018 is seeking views on how the Strategy can be implemented across the UK, except for devolved matters in Scotland and Wales. The consultation closes on 21 February 2019 and will ultimately inform action planning by providers of public services to support the ex- service community.
2. Service in the Armed Forces is different from other occupations and apart from the obvious uncertainties and dangers, Service people relinquish some of their own civil liberties and put themselves in harm's way to protect others. As an illustration, the risk of death (occupational attributable mortality) for the Army overall is currently around one in 1000 per year, or about 150 times greater than for the general working population. Risk of serious injury (for example loss of limbs, eyes or other body parts) is substantially increased. Because of this, the government promises to help and support people in the Armed Forces when they need it most. This is 'the Military Covenant', which is enacted in law.
3. The armed forces covenant sets out the relationship between the nation, the government and the armed forces. It recognises that the whole nation has a moral obligation to members of the armed forces and their families, and it establishes how they should expect to be treated. The covenant's 2 principles are that:
 - The armed forces community should not face 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.
4. 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.
5. 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. (LGA 2017).
6. The covenant exists to redress the disadvantages that the armed forces community may face in comparison to other citizens, and to recognise sacrifices made.

7. The Gateshead Armed Forces Community Covenant was signed by the Council and a wide range of partners on 26 January 2012. A multi-agency Gateshead Armed Forces Network (comprising a wide range of statutory and non -statutory organisations offering support to veterans) was also established which acts as a forum for consultation on actions taken forward in Gateshead to implement the Covenant and reduce any health inequalities affecting veterans and their families and sharing information and best practice.
8. As a result of the issues outlined above, veterans are included as a community of interest within the Gateshead JSNA.

Background

9. The Strategy for Veterans has a ten- year scope to 2028 and aims to address the immediate needs of older Veterans as well as setting the right conditions for society to empower and support the newer generation. The Strategy sets out the following Vision:-
 - Those who have served in the UK Armed Forces, and their families, transition smoothly back into civilian life and contribute fully to a society that understands and values what they have done and what they have to offer
10. The Vision is articulated by the following three key Principles for the whole of the UK and is applicable across all sectors of life; public, corporate, charitable and individual:-
 - Veterans are first and foremost civilians and continue to be of benefit to society
 - Veterans are encouraged and enabled to maximise their potential as civilians
 - Veterans are able to access support that meets their needs when necessary, through public and voluntary sectors.

The Principles cover both Regular and Reservist Veterans and where appropriate, their families and bereaved.

11. The Strategy sets out five cross cutting factors (collaboration; co-ordination of veterans' services; data on veteran community; public perception and understanding; recognition of veterans) that provide a backdrop to the overall system of veterans' service provision and six themes (community and relationships; employment, education and skills; health and wellbeing; finance and debt; making a home in civilian society; veterans and the law) which it is considered represent key areas where support is most needed over the next ten years. The Strategy assesses the barriers and opportunities in providing support to veterans in each. The Strategy will be reviewed in 2023 although specific reviews of implementation will be carried out more frequently and delivery will be through separate implementation plans. A section of the Armed Forces Covenant Annual Report will provide an update on progress against the Strategy.

Consultation

12. The response to the consultation has been produced following consultations with the Gateshead Armed Forces Champion, Portfolio Holders for Housing and Economy and partner organisations who are represented on the multi-agency Gateshead Armed Forces Network. The Network includes representatives from both statutory and non-statutory agencies involved in providing support for veterans in Gateshead.

Alternative Options

13. The Council could choose not to respond to the consultation. However, by not submitting a formal response, the Council would miss a potential opportunity to help shape and influence the way in which the strategy is implemented across the UK.

Implications of Recommended Option

14. Resources:

- a) **Financial Implications** – No financial implications directly arise from this report.
- b) **Human Resources Implications** – None
- c) **Property Implications** - None

15. **Risk Management Implication** - No risks associated with the consultation.

16. **Equality and Diversity Implications** - There are no specific equal opportunities implications directly arising from this report

17. **Crime and Disorder Implications** – There are no specific crime and disorder implications directly arising from this report. However, implementation of the strategy seeks to lower the risk that future veterans will engage with the criminal justice system and expand good practice initiatives that work collaboratively across sectors to support those veterans already in the system and reduce the likelihood of reoffending.

18. **Health Implications** – There are no specific health implications directly arising from this report. However, implementation of the strategy across the UK seeks to address any inequalities and promote all veterans enjoying a state of positive physical and mental health and well-being enabling them to contribute to wider aspects of society.

19. **Sustainability Implications** - None

20. **Human Rights Implications** - None

21. **Area and Ward Implications** - There are no specific area and ward implications arising from this report.

Background Information

22. The following background papers were used in preparing this report.

- The Strategy for our Veterans
- The Strategy for our Veterans – UK Government Consultation Paper