

## SHROPSHIRE HEALTH AND WELLBEING BOARD

**Meeting Date:** 9<sup>th</sup> September 2021

**Paper title:** Shropshire Armed Forces Covenant – Draft Health Legislation and General Armed Forces Health Update

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### 1. Summary

#### **The Armed Forces Covenant Duty**

The Ministry of Defence and the Armed Forces Community recognise the valuable contributions of organisations across the UK in support of the Armed Forces Covenant and we have seen many benefits as a result. However, in certain areas of public service provision delivery of the Covenant has proven to be inconsistent and members of the Armed Forces Community find themselves still facing disadvantage in accessing these vital public services.

Through cases brought to the attention of the Ministry of Defence, charities, and Ombudsmen, it appears a lack of awareness of Armed Forces issues in the decision-making process is the central factor in some incidents of disadvantage.

The NHS and Shropshire Council are being consulted on draft legislation around the duty. The rationale for the Duty is based on national evidence not local evidence.

#### **The Armed Forces Covenant Duty: What is it?**

The new Covenant Duty places an obligation on relevant public bodies, when exercising relevant functions, to have due regard to the three principles of the Armed Forces Covenant. This requires those who are subject to it to consciously consider the Armed Forces Community, and the principles of the Covenant, when developing, implementing and reviewing policy and making decisions in the delivery of certain aspects of education, healthcare, and housing services. Public bodies must have due regard to:

1. the unique obligations of, and sacrifices made by, the armed forces;
2. the principle that it is desirable to remove disadvantages arising for service people from membership, or former membership, of the armed forces; and
3. the principle that special provision for service people may be justified by the effects on such people of membership, or former membership, of the armed forces.

### **The Covenant Duty aims to:**

- Increase awareness of the unique obligations facing the Armed Forces Community and understanding of how these can affect their requirements of and ability to access key public services.
- Embed this understanding in public sector decision-making for the policy, commissioning, and delivery of public services in relation to the Armed Forces Community.
- Encourage greater consideration for the Armed Forces Community in terms of service provision, where this is appropriate and possible.
- Increase awareness of other relevant guidance and best practice.

## **2. Recommendations**

- Note the contents of the report.
- Note that all GP Practices in Shropshire are encouraged to sign up to the Veterans Friendly Accreditation Scheme as set out at paragraph 6.1 and appoint an Armed Forces Champion.
- Encourage all GP Practices and Health partners to sign up to the Armed Forces Covenant.

### 3. Report

#### **Bodies and functions in scope of the Armed Forces Covenant Duty (Health)**

**This report provides an outline of rationale for the Covenant Duty and key development areas**

Healthcare	<ul style="list-style-type: none"><li>• Local Authorities</li><li>• NHS Commissioning Board</li><li>• CCGs</li><li>• National Health Service Trusts</li><li>• NHS Foundation Trusts</li></ul>
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#### **Healthcare**

- 3.1** Regular moves across the country can sometimes impact on the Armed Forces Community's ability to access and sustain health care, while a lack of awareness of the Armed Forces Community needs can sometimes see patients not receiving the right kind of care or continuity of care.
- 3.2** Medical services are delivered to Service personnel by the MOD (via Defence Medical Services), the NHS, and charity organisations. Veterans, as civilians, receive their care solely through the NHS and charity organisations but also have access to a range of dedicated and bespoke support services. Service family members receive their care via the NHS as civilians without Service-related health issues.

#### **Awareness of Service Life**

- 3.3** The Armed Forces Community can be, at times, a group with certain sensitivities around their healthcare needs. While many members will be forthcoming about their time in the Armed Forces and the issues they face(d), making it simpler to recommend treatment pathways, this is not always achievable, for several reasons
- 3.4** Health and care professionals at first point of contact can lack sufficient understanding of Armed Forces culture and how this affects the nature of injury sustained. Some professionals are also unaware of the services provided for by the NHS, local authorities and third sector, that are available for the Armed Forces Community to access (insufficient signposting). Examples of good practice are GP Veteran-friendly accreditation scheme, Veterans Aware and NHS guidance on the Armed Forces.

#### **Commissioning**

- 3.5** Clinical Commissioning Groups (CCGs) reflect the importance of ensuring that a health service is administered, to an extent, in response to local needs and

priorities. As such, CCGs are heavily dependent on having a complex understanding of local population demographics.

- 3.6** The visibility of Veterans in local populations is improving, most notably through the 2021 censuses of England and Wales and the 2022 census of Scotland. However, more work is required, both to capture their location and to understand their health needs.
- 3.7** When considering which health service to provide in their local area, professionals and commissioners need to be aware that Service in the Armed Forces may have medically impacted on veterans, in particular, in respect of the following conditions:
- Sensory disorders (e.g. hearing loss);
  - Fractures and dislocations;
  - Amputations, wounds, scarring and non-freezing cold injury (NFCI);
  - Muscular-skeletal (MSK) disorders; and
  - Mental disorders (such as stress, anxiety and depression, post-traumatic stress disorder (PTSD), or moral injury).

### **Funding**

- 3.8** Service family members may be required to fund private medical treatment, such as dental services, overseas due to lack of NHS provision. Should they be posted back to the UK, it is not always clear which funding arrangements are available to the Armed Forces Community should they opt for continuing their treatment via the NHS on their return.

### **Identification of Members of the Armed Forces Community**

- 3.9** Clinical Commissioning Groups are responsible for the commissioning of health services for veterans, reservists and Service families registered with NHS GPs in their area. Nationally, however, there is evidence that GPs are unsure of how many of these individuals are registered with their practice. Alongside this there is a need to improve the identification and coding of these individuals, with a linked aim of further increasing the understanding of their health requirements and improving their care and treatment.

### **Waiting Times**

- 3.10** Some Service families find they spend considerable time waiting for NHS and local authority services. This is often due to the Service mobility requirement, meaning that once family members get on a waiting list for treatment, they may be required to move to another area soon after, where the wait-time clock is sometimes reset.
- 3.11** This results in disadvantage, as this may cause them to wait significantly longer for treatment compared to those who are able to stay in one place and receive treatment in the agreed timescales. The Armed Forces Community have little choice over where they are posted and cannot refuse a direction to move.

## Waiting Lists – Priority Treatment

- 3.12** All Veterans are entitled to priority access to NHS care (including hospital, primary or community care) for conditions arising from their time within the Armed Forces (i.e. Service-related) and clinicians must be aware of this.
- 3.13** This is always subject to clinical need and does not entitle Veterans to jump the queue ahead of someone with a higher clinical need. Nor does it enable priority treatment for conditions unrelated to their service in the Armed Forces.

## 4. Update on the Armed Forces Covenant in Shropshire

### 4.1 GP Friendly Accreditation

GP practices, who have a CGC 'Good' Rating, or higher, are eligible to apply for GP Friendly accreditation which consists of five elements, including:

- Asking patients, registering with the surgery, if they have ever served in the British Armed Forces and coding it on the GP computer system.
- Having a clinical lead/Armed Forces Champion on veterans in the surgery. This should be a registered health care professional, but could be a nurse or paramedic, not just a GP.

Since the last report (March 2021) 4 GP Practices have signed up to the scheme. Bridgnorth Medical Practice, Riverside Medical Practice, Albrighton Medical Practice and Marysville Medical Practice

The following surgeries in Shropshire are signed up to the GP friendly accreditation scheme and work is ongoing to increase the number:

Shropshire CCG	The Caxton Surgery
Shropshire CCG	Pontesbury Medical Practice
Shropshire CCG	Westbury Medical Centre
Shropshire CCG	Much Wenlock and Cressage Medical Practice
Shropshire CCG	Drayton Medical Practice
Shropshire CCG	Belvidere Medical Practice
Shropshire CCG	South Hermitage Surgery
Shropshire CCG	Wem and Prees Medical Practice
Shropshire CCG	Knockin Medical Centre
Shropshire CCG	Marden Medical Practice
Shropshire CCG	Worthen Medical Practice
Shropshire, Telford and Wrekin CCG	Albrighton Medical Practice
Shropshire, Telford and Wrekin CCG	Bridgnorth Medical Practice
Shropshire, Telford and Wrekin CCG	Riverside Medical Practice
Shropshire, Telford and Wrekin CCG	Marysville Medical Practice

Shropshire Council, working with the CCG has engaged with a number of GP Practices in Shropshire to see if we can increase the amount of Practices that are signed up to the accreditation scheme and to increase the awareness of the scheme, highlight the benefits and support them to appoint an Armed Forces Champion in their Practice.

## **4.2 Veterans Aware**

Robert Jones and Agnes Hunt Hospital NHS Foundation Trust and The Shrewsbury and Telford Hospital NHS Trust are both classed as Veterans Aware.

We have been working with both Trusts to support them to deliver their Veterans Aware offer. Both Trusts support staff and people that come into the hospital who have a connection to the Armed Forces. The Trusts have a number of Veterans Champions who work to do the following:

- Provide leaflets and posters to veterans and their families explaining what to expect.
- Train relevant staff to be aware of veteran needs and the commitment of the NHS under the Armed Forces Covenant.
- Inform staff if a veteran or their GP has told the hospital they have served in the Armed Forces.
- Ensure that members of the Armed Forces community do not face disadvantage compared to other citizens when accessing NHS services.
- Signpost to extra services that might be provided to the Armed Forces community by a charity or service organisation in the Trust and look into what services are available in their locality, which patients would benefit from being referred to

We have been working with SaTH to support them to deliver their Veterans Aware offer. The Trust have 72 Veterans Champion who support staff and people that come into the hospital who have a connection to the Armed Forces.

## **4.3 Robert Jones and Agnes Hunt Hospital**

The UK's first dedicated orthopaedic centre for Armed Forces veterans will be built in Shropshire – thanks to a remarkable £6 million charitable grant from the Headley Court Trust. Building work on the new centre is starting this summer and it's expected to be completed Summer/Autumn 2022.

The centre is to go up at The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJA), a world-renowned organisation based near Oswestry.

Shropshire Council work closely with RJA to support Veterans who come into the hospital. Once a week our Armed Forces Outreach Support Co-ordinator facilitates a welfare clinic supported by other service charities.

## 4.4 NHS Dentistry

Armed Forces personnel are reporting that they're having problems registering with an NHS dentist. People are being advised they will need to go private, mothers are reporting that they can't get their children seen by an NHS dentist and those who have recently moved cannot find a dentist offering NHS treatment in their new location. The NHS provides a 'Find a Dentist' service online but many people have told us that the information is out of date and despite ringing round dentists on the list none are currently taking NHS patients. Given the transient nature of the work they do it can be difficult to register with a Dentist and then have to find another one when they get posted to another part of the County.

We have been working with Healthwatch Shropshire to highlight any gaps in the military community accessing dental care in Shropshire.

Healthwatch Shropshire are currently asking people to inform them of their experiences when accessing NHS dentistry services. We are helping to promote this within the Military community. The link below gives more information.

[Access to NHS dental services | Healthwatch Shropshire](#)

## 5. Risk assessment and opportunities appraisal

There is no risk implied within this report. The opportunity to create fairer policies and procedures to ensure the Armed Forces community is treated fairly adheres to the Equality Act 2010 in that it supports the Armed Forces community from discrimination given their time in service.

Positive equality impact across the protected characteristic groupings with particular regard to social inclusion. The Council is seeking to ensure that the needs of Armed Forces personnel are accounted for within equality impact assessments across service areas.

## 6. Financial implications

There are no financial implications identified within this report. Officer time will be required to see through the recommendations and the implications of the agreed legislation.

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
<b>Cabinet Member (Portfolio Holder) or your organisational lead e.g. Exec lead or Non-Exec/Clinical Lead</b>
Cllr Cecilia Motley - Cabinet Member Communities, Place, Tourism & Transport Cllr Ian Nellins – Armed Forces Champion Cllr Kirstie Hurst-Knight Deputy Armed Forces Champion
<b>Appendices</b>