



SHROPSHIRE HEALTH AND WELLBEING BOARD				
Report				
Meeting Date	20 th April 2023			
Title of report	Armed Forces Covenant Duty - Health			
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations		Approval of recommendations (With discussion by exception)	Information only (No recommendations) X
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Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People		Joined up working	X
	Mental Health		Improving Population Health	X
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	X
	Workforce		Reduce inequalities (see below)	X
What inequalities does this report address?	This report addresses the inequalities amongst the Armed Forces Community			
Report content - Please expand content under these headings or attach your report ensuring the three headings are included.				
1. Executive Summary				
<p>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.</p> <p>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.</p> <p>The NHS and Shropshire Council are being consulted on draft legislation around the duty.</p> <p>The rationale for the Duty is based on national evidence not local evidence.</p>				
The Armed Forces Covenant Duty.				
When a specified body exercises a relevant function, it must have due regard to:				

(a) the unique obligations of, and sacrifices made by, the Armed Forces;

(b) the principle that it is desirable to remove disadvantages arising for Service people from membership, or former membership, of the Armed Forces, and

(c) 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.

Due Regard

The Act does not state what a body must do in order to have due regard. How a body meets the Covenant Duty, and how the Duty is reflected in relevant policies or procedures, are therefore matters for the body in question. It is about informed decision making and means that specified bodies should think about and place an appropriate amount of weight on the principles of the Armed Forces Covenant when they consider all the factors relevant to how they carry out relevant functions. Therefore, specified bodies should ensure that mechanisms are in place that prompt decision-makers to assess how their decision might impact on service users from the Armed Forces Community in scope of the Duty.

2. Recommendations (Not required for 'information only' reports)

3. Report

The Armed Forces Covenant Duty applies to the following members of the Armed Forces Community, collectively defined in the Act as 'Service people':

- members of the regular forces and the reserve forces;
- members of British overseas territory forces who are subject to Service law;
- former members of any of Her Majesty's forces who are ordinarily resident in the UK
- relevant family members [of those in (a) to (c) above].
- Specified Bodies subject to the Covenant Duty (England) Private and third sector organisation not in scope
- Local authorities
- Governing bodies of maintained schools and further education institutions
- Proprietors of Academies
- Non-maintained special schools and special post-16 institutions
- NHS England, integrated care boards, NHS Trusts and NHS Foundation Trusts

Health Care Summary

The provision of healthcare to full-time Service personnel is split between the Ministry of Defence and the NHS. Reservists, veterans, and Service families normally receive healthcare via the NHS, while veterans also have access to some dedicated and bespoke support services

Challenges in accessing healthcare, or the right kind of healthcare. Service families and veterans might find it harder than non-Service patients to gain access to the healthcare they need, if:

- Healthcare bodies lack awareness of the composition of their local Armed Forces Community and their healthcare needs.
- Healthcare professionals do not know which of their patients are veterans
- Healthcare professionals do not fully understand, or have experience of treating, health conditions arising from Service
- Healthcare professionals are unaware of the healthcare services provided for veterans by the NHS, local authorities and third sector
- Service families re-locate for Service reasons and lose access to services they received in their previous location
- Service families re-locate for Service reasons and lack knowledge of the healthcare and support services available to them in their new local area
- Service families re-locate for Service reasons and lose access to healthcare professionals with whom they have an established relationship, and who have experience of treating them and understand their individual healthcare needs

Delays in receiving treatment. Service families might have to wait significantly longer for treatment if they are required to re-locate for Service reasons, and:

- Having already spent time on a waiting list in their previous location, they are placed at the back of the waiting list in their new location
- They have to join a waiting list to resume treatment that had begun at their previous location
- Health professionals in the new location decide to conduct a reassessment
- There are delays relating to support for Service children with additional needs
- There is a lack of clarity as to which funding arrangements apply after a relocation
- Insufficient information is passed between health systems and healthcare staff, or there are delays in passing on information

Provision of Services

Priority Treatment

Members of the Armed Forces Community might suffer physical or mental injuries caused by the unique obligations and sacrifices of danger and stress. The prioritisation of their care by healthcare providers is always subject to clinical need and will be clinically determined. Members of the Armed Forces Community are not entitled to jump the queue ahead of someone with a higher clinical need. However, there is a commitment that veterans in Great Britain may be considered for priority access to NHS services providing focused treatment for conditions arising from their Service, compared to

non-Service patients with the same level of clinical need. This is a clinical decision made by the relevant physician.

Waiting Lists to Start Treatment

Due to the unique obligation and sacrifice of geographical mobility, Service families on a waiting list for treatment, or other health services, in one area might be required to move to another area before they are treated. If they are placed at the back of their new waiting list, the Service family might experience delays in receiving treatment.

While the fundamental NHS principle of treatment on the basis of clinical need remains paramount, healthcare staff should be aware that patients from the Armed Forces Community might have already waited a considerable time for treatment in another locality and that their re-location might not have been made by choice. As such, healthcare staff may wish to consider total time spent on waiting lists, both inside and outside the local area, and ensure that the Service family keeps its relative place on the waiting list in their new area, when possible.

Waiting Lists to Resume Treatment

Some health conditions or treatments are of long duration, and the Service family might have to re-locate while in the middle of receiving the course of treatment, or other health services. In this case, the treatment could be interrupted if they have to join a waiting list to resume the treatment in their new location. Healthcare bodies will find it useful to consider how treatment plans can continue with minimal disruption, and continuity of care can be maintained, after re-locations.

Reassessments

If a Service family re-locates to a new area due to the unique obligation and sacrifice of geographical mobility, the health professionals in the new location might decide to conduct a reassessment of a family member's condition. Health professionals should be aware that the family member might have already experienced a prolonged wait time for treatment, and so any decision to conduct a new assessment, or 'go back to square one', could add additional delays to their treatment, or cause them additional stress. In some cases, the Service family member might subsequently be required to move again before treatment can commence or resume. This can be a particular concern for those Service children with additional needs.

Relationship with healthcare professionals

Due to the unique obligation and sacrifice of geographical mobility, Service families might have to leave a location where they have an established relationship with their local healthcare professionals. While Service families could continue to see the same healthcare professionals after they move, in practice this can be unrealistic, and they will usually need to receive care from new healthcare staff, and register with a new GP practice. Where that is the case, although medical records are transferred between healthcare providers, the Service family can lose access to healthcare professionals with whom they have an established relationship, and who have experience of treating them and understand their individual healthcare needs. Should they subsequently return to the area, they might find they are unable to re-register with their original GP if the register is full.

Update on the Armed Forces Covenant in Shropshire

Personalised care for Armed Forces personnel in transition

[The Armed Forces personnel in transition, Integrated Personal Commissioning for Veterans Framework \(IPC4V\)](#) is a new personalised care approach for the small number of Armed Forces personnel who have complex and enduring physical, neurological and mental health conditions that are attributable to injury whilst in Service.

Developed with the Ministry of Defence (MOD), as well as with patients and their families, IPC4V provides a framework for effectively planning and delivering personalised care in line with the health commitments of the Armed Forces Covenant. Central to this is an improved discharge planning process, starting approximately nine months before these individuals are due to leave the military. As part of this, the MOD, health and social care, Armed Forces charities and other organisations work together with the individual to develop a personalised care and support plan that meets their needs in ways that work for them. Where appropriate, this also includes the involvement of the individual's family/carer.

The MOD's IPC4V compliments what we're developing in Shropshire through the development of the Shropshire, Telford and Wrekin Joint Forward Plan 2023- 2028 (this is currently in draft). This plan will make links with Personalised Care / Person Centred care in our ICS – as person centred care is going to be part of the Joint Forward Plan.

GP Friendly Accreditation

GP practices, who have a Care Quality Commission (CQC) '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.

24 out of the 42 GP practices in Shropshire have signed up to the GP friendly accreditation scheme. Work is ongoing to get the remaining signed up:

NHS Shropshire, Telford and Wrekin Integrated Care Board	The Meadows Medical Practice
NHS Shropshire, Telford and Wrekin Integrated Care Board	Shawbury Medical Practice
NHS Shropshire, Telford and Wrekin Integrated Care Board	Cambrian Medical Centre
NHS Shropshire, Telford and Wrekin Integrated Care Board	Severn Fields Medical Practice
NHS Shropshire, Telford and Wrekin Integrated Care Board	Brown Clee Medical Practice
NHS Shropshire, Telford and Wrekin Integrated Care Board	Portcullis Surgery
NHS Shropshire, Telford and Wrekin Integrated Care Board	Radbrook Green Surgery
NHS Shropshire, Telford and Wrekin Integrated Care Board	Albrighton Medical Practice
NHS Shropshire, Telford and Wrekin Integrated Care Board	The Beeches Medical Practice
NHS Shropshire, Telford and Wrekin Integrated Care Board	Plas Ffynnon Medical Centre

NHS Shropshire, Telford and Wrekin Integrated Care Board	Alveley Medical Practice
NHS Shropshire, Telford and Wrekin Integrated Care Board	Riverside Medical Practice
NHS Shropshire, Telford and Wrekin Integrated Care Board	Bridgnorth Medical Practice
NHS Shropshire, Telford and Wrekin Integrated Care Board	MARYSVILLE MEDICAL PRACTICE
NHS Shropshire, Telford and Wrekin Integrated Care Board	Pontesbury & Worthen Medical Practice
NHS Shropshire, Telford and Wrekin Integrated Care Board	Marden Medical Practice
NHS Shropshire, Telford and Wrekin Integrated Care Board	Knockin Medical Centre
NHS Shropshire, Telford and Wrekin Integrated Care Board	Wem and Prees Medical Practice
NHS Shropshire, Telford and Wrekin Integrated Care Board	South Hermitage Surgery
NHS Shropshire, Telford and Wrekin Integrated Care Board	Belvidere Medical Practice
NHS Shropshire, Telford and Wrekin Integrated Care Board	Drayton Medical Practice
NHS Shropshire, Telford and Wrekin Integrated Care Board	Much Wenlock and Cressage Medical Practice
NHS Shropshire, Telford and Wrekin Integrated Care Board	Westbury Medical Centre
NHS Shropshire, Telford and Wrekin Integrated Care Board	The Caxton Surgery

Veterans Aware

Robert Jones and Agnes Hunt Hospital NHS Foundation Trust (RJAH) and The Shrewsbury and Telford Hospital NHS Trust (SaTH) 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 over 150 Veterans Champion who support staff and people that come into the hospital who have a connection to the Armed Forces.

Robert Jones and Agnes Hunt Hospital – Hedley Court Veteran Orthopaedic Centre

The UK’s first dedicated orthopaedic centre (based within an NHS Trust) for Armed Forces veterans has been built in Shropshire – thanks to a remarkable £6 million charitable grant from the Headley Court Trust the new centre was able to open its doors in November 2022.

Shropshire Council work closely with RJAH to support Veterans who come into the hospital. Via the Councils Armed Forces Outreach Programme we provide the welfare support for inpatients as well as supporting the Veterans clinics. This work is supported by other service charities.

Health Organisations that have signed the Covenant

- Shrewsbury and Telford NHS Trust
- Robert Jones and Agnes Hunt Hospital
- Shropshire Community Health NHS Trust
- ShropDoc
- NHS Shropshire, Telford & Wrekin
- Healthwatch
- Midlands Partnership NHS Foundation Trust

Census Data - population aged 16 years and over who had previously served in the UK armed forces

In 2021 14,800 people in Shropshire reported that they had previously served in the UK armed forces. This is 5.5% of the usual resident population aged 16 and over. This is significantly higher than the England and Wales figure of 3.8%. In Shropshire 77.4% of these served in the regular forces, 18.1% of these served in the reserve forces and 4.5% served in both regular and reserve forces.

The combined number for Shropshire, Telford and Wrekin is 22,866

West Midlands Previously served in UK armed forces 126,147

Risk assessment and opportunities appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

Financial implications (Any financial implications of note)	No financial implication to the Council other than officer time to ensure we're giving 'due regard' to the Armed Forces Community in our policies and procedures.	
Climate Change Appraisal as applicable		
Where else has the paper been presented?	System Partnership Boards	
	Voluntary Sector	
	Other	
List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)		
Cabinet Member (Portfolio Holder) Portfolio holders can be found here or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead Cllr Ian Nellins - Portfolio Holder for Climate Change, Environment and Transport Cllr Kirstie Hurst-Knight - Portfolio Holder for Children & Education Cllr Cecilia Motley –Portfolio Holder for Adult Social Care, Public Health & Communities		
Appendices (Please include as appropriate)		