

HEALTH AND WELLBEING BOARD 17 JUNE 2014

INVITATION TO COMMENT ON NHS ENGLAND'S COMMISSIONING STRATEGY FOR THE ARMED FORCES

Report from: Dr Alison Barnett, Director of Public Health

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Summary

NHS England is seeking feedback from all relevant stakeholders on its draft strategy for the commissioning of health services for the Armed Forces. The draft strategy has been circulated to all members of Medway's Health and Wellbeing Board.

The purpose of this report is to collate the responses received from HWB members into a summary report. This report will need to be dealt with as an urgent item to enable comments to be referred to NHS England before the deadline of 20 June 2014.

1. Budget and Policy Framework

- 1.1 The HWB has a duty to promote integrated working between commissioners. NHS England has a duty when exercising its functions, including commissioning, to have regard to the local Medway JSNA and JHWS.
- 1.2 In July 2012 Medway Council signed the Medway Armed Forces Community Covenant, which is a voluntary statement of mutual support between Medway's civilian and local Armed Forces communities.
- 1.3 The Covenant encourages public service providers, the private sector and the voluntary and community sectors to volunteer targeted support for their local Armed Forces community. Its aim is to encourage the people of Medway to support the Service community, and nurture understanding and awareness of the issues affecting them

2. Background

2.1. NHS England has developed the strategy to generate a vision and strategic plan to deliver better care for the Armed Forces over the next 5 Years.

- 2.2. The document is the first version of the 2014/15 Strategic Plan for Armed Forces Health commissioning within NHS England. It sets out the current position for armed forces health commissioning in the context of the first year of explicitly commissioning services for this population and describes NHS England's ambitions for the next five years.
- 2.3. Whilst NHS England's prime concern are those services that it Directly Commissions for those registered with MoD GPs, the strategy seeks to look at the wider context of working with other commissioning colleagues, including:
 - Defence Medical Services (e.g. who commission and/or provide many health services e.g. mental health and primary care for serving personnel),
 - CCGs (e.g. who commission for most veterans, reservists and service families)
 - Local Authorities (e.g. who commission wellbeing services) and
 - Other Direct Commissioning colleagues (e.g. who commission specialised services, immunization and in-patient dental care)

3. Comments received from consultation

The consultation documents were circulated to Board members on 6th June. The following responses have been received.

Councillor O'Brien has put forward the suggestion for NHS England that it could be very helpful if the draft Armed Forces Strategy were to be shared with the Kent and Medway Military Partnership Board.

Dr Barnett, Director of Public Health, has also put forward the following comments:

We welcome the development of the Armed Forces Health Strategy. The health of the Armed Forces and their families is of particular importance to Medway's Health and Wellbeing Board since Medway has a long history of strong military links and a base that is home to a large number of serving military personnel.

The health needs, both physical and mental, of Armed Forces members and their families are clearly and correctly identified. Plans to deliver the strategic vision are ambitious given the complex system of agencies and services which would need to be fully engaged, with roles and responsibilities clearly defined and operating in a much more joined up way.

Clear plans are defined with respect to engagement with Local Authorities and CCGS. It appears that engagement with key stakeholders, including Health and Wellbeing Board members, at a local level will take place through Armed Forces Networks and ongoing development of plans to deliver the strategy will take place through these networks. The Armed Forces Networks are directly accountable to NHSE's Armed Forces Oversight Group, which reports to the

Directly Commissioned Services Committee on delivery of strategic priorities.

Plans for engagement with clinicians are currently less well defined. The proposal is for Armed Forces Clinical Reference Groups to provide clinical leadership and develop a plan over the forthcoming months to deliver the strategy.

4. Risk management

4.1 There are no risk implications arising from this report.

5. Financial and legal implications

- 5.1. There are no anticipated financial implications.
- 5.2. Section 116B(2) of the Local Government and Public Involvement Act 2007 (as inserted by section 193 of the Health and Social Care Act 2012) states 'NHS Commissioning Board (now NHS England) must, in exercising any functions in arranging for the provision of health services in relation to the area of a responsible local authority, have regard to (a) any assessment of relevant needs prepared by the responsible local authority and each of its clinical commissioning groups under section 116 which is relevant to the exercise of the functions and (b) any joint and wellbeing strategy prepared by them under section 116A which is so relevant.'
- 5.3. The Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies March 2013 states that 'it would also be good practice for local authorities and the NHS CB (NHS England) to involve boards (HWBs) when developing their commissioning plans, to ensure that they are properly informed by the relevant JSNA and JHWSs'.

6. Recommendations

- 6.1. The HWB is asked to consider the draft strategy, taking into account all comments received from HWB members both prior to and at the meeting.
- 6.2. Following this the HWB is asked to agree that these comments are submitted to NHS England.

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Background papers

NHS England, 2014. Armed Forces Health- Strategy (draft) Medway Armed Forces Community Covenant