

## **HEALTH AND WELLBEING BOARD**

**15 SEPTEMBER 2015**

### **NHS ENGLAND (KENT AND MEDWAY) ARMED FORCES STRATEGY INCLUDING EMOTIONAL WELLBEING SUPPORT TO SERVING AND EX SERVING MEMBERS OF THE ARMED SERVICES IN MEDWAY**

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#### **Summary**

The purpose of this paper is to aid a discussion on the current emotional wellbeing and health support provided to the Armed Forces community in Medway.

To recommend a new model of care in Kent and Medway for an Armed Forces Network which supports the current organisations to deliver the care that is required through enhancing skills.

#### **1. Budget and Policy Framework**

- 1.1 NHS England currently have available £50,000 for Armed Forces provision across the 8 Kent and Medway CCGs. The recommendation being sought amongst the CCGs if there is funding agreement with NHS England is to use the full £50,000 differently to deliver the same outcomes for the whole of Kent and Medway.
- 1.2 Commissioning for the healthcare of Veterans in Kent and Medway would be aligned with national statutory requirements.

#### **2. Background**

- 2.1 Medway Health and Wellbeing Board have received NHS England Commissioning Intentions and Operational Plan previously. The purpose of this paper is to aid a discussion on the current emotional wellbeing and health support provided to the Armed Forces community in Medway.
- 2.2 NHS England commission services for who are currently serving in the armed forces. CCGs are already commissioning services as part of the general

population for reservists, veterans and their families. Details of specifics can be found in the Appendix 1.

- 2.3 The Morrison Report highlighted a need to increase the mental health support for veterans. Funding from NHS England was provided to increase this support. Kent received £50k which was used to buy a service called Kent and Medway Armed Forces Network.
- 2.4 The report will address areas covered by all health commissioners with recommended future actions. In the appendix data and the sharing of good practice being undertaken in the neighbouring Sussex Armed Forces Network (SAFN) is provided. The SAFN has been held nationally as an exemplar due to their good relationships across all sectors which have made a difference to individuals.
- 2.5 To share the developing vision of the CCGs for a Champions Network being led by West Kent CCG which aims to ensure the wider community can provide the integrated care required for this community in a sustained way by providing the skills, information and support to staff, employers and the general public in line with the armed forces covenant.
- 2.6 To identify how, if at all, the Health and Wellbeing Board would wish to be linked to the work being undertaken by the future Armed Forces Network in the Kent and Medway area.

### **3. Advice and analysis**

#### **3.1 The Current Status**

- 3.1.1 The charitable provider, Kent and Medway Armed Forces Network was contracted from 1st April 2013 to 31st March 2015 to provide a signposting and championing service for armed forces personnel in Kent and Medway. They have formally withdrawn from the 2015-16 NHS England contract due to lack of sufficient funds to continue with this service. The Directors of Kent and Medway Armed Forces Network are also the directors of a separate specialist service for Veterans which is still in operation.
- 3.1.2 Armed Forces Network, Kent and Medway, emailed to confirm that they were no longer able to offer case management of ex-military personnel and would be closing their helpline, effective from 20th July 2015. They are also no longer available to offer the NHS project to carry out free Military Mindset Training sessions.
- 3.1.3 The previous network was not sustainable, due to the lack of networking between trained champions and the specialist empowerment and knowledge of people who look after veterans.

#### **3.2 Future Model of Care**

- 3.2.1 The Armed Forces Champions Network will operate as follows:
  - It will offer self-sustaining change, improvement and sustainability to pathways
  - Develop a network of trained champions that already exist in many key organisations
  - Develop services that already exist to meet the needs of veterans
  - Improve access to Health and Social care

- It will be led and coordinated by a senior member of staff in the West Kent CCG on behalf of Kent and Medway, dedicating 2 days a week to the network.
- There will be another member of staff to provide administration support
- There will be one Clinician engaged and involved in the network to provide clinical advice and be a point of contact for the Armed Forces Champions in Kent and Medway.
- In addition, there will be 2 Champion Coordinators to support the Network
- A working group will be put in place to meet quarterly, which the Senior Manager, Clinician, Coordinators and Armed Forces Champions will attend. There will be actions from this meeting which the Champions will be obligated to carry out in their role.
- Develop relationships and build a support network amongst existing Armed Forces Champions.

### 3.2.2 What are the advantages?

- This is a sustainable approach to develop a network of Champions within the primary and secondary sector.
- Makes efficient use of the limited funds available through identifying existing resources
- Fulfils national obligations by skilling up individuals and organisations to signpost veterans effectively so they can have priority access
- Integrated working across health, local authority, acute, private, community settings and voluntary sector
- Reduces health inequalities
- Provides a dedicated team to lead the network
- Draws upon effective working models from South Wiltshire and Sussex Collaborative

## 4. Engagement activity

- 4.1 Identified from Joint Strategic Need Assessment in Sussex but checked against Kent 2011 needs assessment, Veterans feedback and from the stakeholders of the Networks.
- 4.2 To improve the needs identified by the individuals or identified through the above assessments by ensuring greater understanding from the population.
- 4.3 The following are the key areas where improvements could be undertaken ensuring there are clear fair processes and systems across a population:
  - Importance of GPs in the early identification, intervention and support.
  - Awareness, Communication
  - Single point of contact, Continuity (tell your story only once), Easy Access to treatment, Evidenced Based Treatments and Clear Clinical Pathways
  - Data, Identification of Veterans and Data Base (Service Directory)
  - Flexible Support Network (user group), Armed Forces Champions, Mentors
  - Education for all (including within schools, employers, public, professionals and veterans)

## 5. Risk management

Risk	Description	Action to avoid or mitigate risk
There is a risk that the Armed Forces Community to do not receive the understanding care they deserve.	Veterans, reservists and families could enter the health services a number of ways, the services are not skilled to treat the actual needs of the individuals.	Raising awareness, commissioning serves and providing the skills would enable this group to be cared for

## 6. Consultation

- 6.1 It is not envisaged other than through engagement that a consultation is required as it is about enhancing services.

## 7. Financial implications

- 7.1 There is currently funding available from NHS England for Kent and Medway of £50k until the end of the year. An agreement will need to be had in respect of changing the use from the existing provider who has recently withdrawn from providing this service.
- 7.2 Decisions have not been made by NHS England as to future funding for Armed Services Mental Health work.

## 8. Legal implications

- 8.1 Armed Forces Community  
Service in the Armed Forces is different from other occupations. 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.
- 8.1.1 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.
- 8.1.2 "The government promises to help and support people in the Armed Forces when they need it most. This is 'the Military Covenant', which is now to be enacted in law. The Council signed the covenant in 2012.
- 8.1.3 Veterans include anyone who has served for at least one day in the Armed Forces (Regular or Reserve), as well as Merchant Navy seafarers and fishermen who have served in a vessel that was operated to facilitate military operations by the Armed Forces.
- 8.2 Statutory Requirements
- Armed Forces Act 2011: Annual duty to report to progress against the Military Covenant to Parliament including Health.
  - Health & Social Care Bill 2011: Includes duty of the NHS Commissioning Board (now NHSE) to commission services on behalf of the Armed Forces
  - NHS Mental Health Strategy 2011 Includes specific provision for veterans
  - NHS Operating Framework

- Health Care Act 2012
- NHS Contracts to contain the principle of “no disadvantage”
- NHS Constitution to include the “covenant”

### 8.3 NHS responsibilities

The general principle set out by government is simply for ‘no disadvantage’ to veterans and their families due to their military service, compared with society generally.”

### 8.4 NHS England responsibilities:

- NHS England is responsible for ensuring that services are commissioned to support consistently high standards of quality across the country, promote the NHS Constitution, deliver the requirements of the Secretary of State’s Mandate with NHS England and are in line with the commitments made by the Government under the Armed Forces Covenant.
- Commissioning all secondary and community health services for members of the Armed Forces, mobilised Reservists and their families if registered with DMS Medical Centres in England (although community health services currently remain commissioned by CCGs on a risk share agreement);
- some mental health services for veterans
- specialised services, including specialist limb prosthesis and rehabilitation services for veterans
- IVF treatment for serving Armed Forces couples – even if only one of them is serving

### 8.5 CCG Requirements

- Delivery of the Armed Forces Covenant
- Armed Forces dependents and veterans are the responsibility of the NHS in the same way as normal residents and their families (serving families not covered by Defence Medical Centres)
- Continuation of the principle of ‘no disadvantage’
- The continuation and development of the Armed Forces Networks
- Transfer of commissioning of ‘Mental Health for veterans’ into CCG leadership
- NHS Contracts now contain the principle of ‘no disadvantage’
- NHS Constitution has a new principle 4 which includes the covenant.

## 9. **Recommendations**

9.1 To identify how, if at all, the Health and Wellbeing Board would wish to be linked to the work being undertaken by the future Armed Forces Network in the Kent and Medway area.

9.2 To comment on the recommendation identified in detail in the Appendix 1.

9.2.1 Mainstream (Mental or Physical Health)

9.2.2 To enable and encourage Multi-disciplinary Working/Integration.

9.2.3 To support the establishment of a Champions Network in Kent.

9.2.4 To commission the secondary Mental Health providers in Kent and Medway to deliver Trauma (PTSD) and other mental health care for this community as outpatient services were possible.

9.2.5 To develop Improved Access to Psychological Therapy ( IAPT) services

9.2.6 Early identification and communication about the needs and future management of veterans

9.2.7 To develop clear pathways of information

**Lead officer contact**

Kate Parkin, Director Lead for Sussex Armed Forces Network as requested by NHS England

**Appendices**

Appendix 1: Kent Armed Forces Community Paper

**Background papers**

- National Documentation and legislation in relation to Armed Forces, Community Covenants and Commissioning, White Papers
- Ministry of Defence papers nationally and local intelligence
- NHS England Regional and National papers
- National Charity Reports
- Specific Data from local Charities – SSAFA and Royal British Legion
- JSNAs for Sussex and Kent,
- IAPT data and information
- Sussex Armed Forces Network