

## Integrated Care Board

<b>Date of meeting</b>	13 November 2024
<b>Title of paper</b>	Armed Forces and Veteran Community Update
<b>Presented by</b>	Professor Craig Harris, Chief Operating Officer
<b>Author</b>	Lisa Roberts, Senior Programme Manager
<b>Agenda item</b>	21
<b>Confidential</b>	No

### Executive summary

This paper provides an overview of the work that Lancashire and South Cumbria ICB is undertaking, working with the Armed Forces community to meet our statutory duty under The Armed Forces Act (2021)

The first major milestone is the signing of the Armed Forces Covenant, which will be received by Board at the November 2024 meeting and signals our commitment as an organisation to the Armed Forces community, which includes those with serving partners/spouses, military families, veterans, reservists, and voluntary leaders in military cadet organisations.

Priority areas of action for 2024/25 have been developed which are cognisant of the ICBs both internally focused responsibilities as a major employer in the region, and outward facing activities, as a planner and commissioner of services, detailed in sections 4 and 5 respectively.

### Recommendations

The Board is requested to:

- Note the contents of the report
- Approve the signing of the Armed Forces Covenant

### Which Strategic Objective/s does the report relate to:

		Tick
SO1	Improve quality, including safety, clinical outcomes, and patient experience	<b>x</b>
SO2	To equalise opportunities and clinical outcomes across the area	<b>x</b>
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	<b>x</b>
SO4	Meet financial targets and deliver improved productivity	
SO5	Meet national and locally determined performance standards and targets	
SO6	To develop and implement ambitious, deliverable strategies	

<b>Implications</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Associated risks			n/a	
Are associated risks detailed on the ICB Risk Register?			n/a	
Financial Implications			n/a	
<b>Where paper has been discussed (list other committees/forums that have discussed this paper)</b>				
<b>Meeting</b>	<b>Date</b>		<b>Outcomes</b>	
-	-		-	
<b>Conflicts of interest associated with this report</b>				
not applicable				
<b>Impact assessments</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Quality impact assessment completed			x	
Equality impact assessment completed			x	
Data privacy impact assessment completed			x	

<b>Report authorised by:</b>	Jane Cass, Deputy Chief Operating Officer
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## Armed Forces and Veteran Community Update

### 1. Introduction

- 1.1 This paper outlines the organisations legal duty to members of the armed forces and veteran community and the associated priorities developed to meet this duty, which are detailed in sections 4 and 5 of this paper. The first major milestone in our work is the signing of the Armed Forces Covenant, an important demonstration of the ICBs commitment to our armed forces community. The Covenant, which can be found at Appendix A, contains a series of pledges which we will meet through the outlined priorities.

### 2. Statutory Requirements and Guidance

- 2.1 The Armed Forces Act (2021) enshrined the Armed Forces Covenant in law, creating a statutory duty for certain public bodies, health, education, and housing to have ‘due regard’ to the unique obligations of and sacrifices made by the Armed Forces. This new duty came into force in November 2022 and is part of the NHS constitution. When a specified body exercises a relevant function, it must have due regard to:
- The unique obligations of, and sacrifices made by the Armed Forces.
  - The principle that it is desirable to remove disadvantages arising for Service people from membership, or former membership, of the Armed Forces.
  - 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.
- 2.2 Guidance is not explicit in terms of how public bodies demonstrate due regard to our Armed Forces community so we have drawn from *Healthcare for the Armed Forces community: a forward view (2021)*. This outlines NHS England’s nine commitments to improve healthcare services for the armed forces and veteran community and includes key considerations for ICBs that support these commitments and compliments the NHS Long Term Plan.
- 2.3 When developing our 2024/25 priorities, we wanted to capture both internally focused actions, as a major employer in the region, and outward facing activities, as a planner and commissioner of services.

### 3. Armed Forces Covenant

- 3.1 The Armed Forces Covenant is a promise that together we acknowledge and understand that those who serve or have served in the Armed Forces, and their families, should be treated with fairness and respect in the communities,

economy, and society they serve with their lives. It is an important demonstration of our commitment and provides the opportunity to be recognised by the Employer Recognition scheme

#### **4. Our Priorities for 2024/25 as an Employer**

4.1 There are approximately 65,500 veterans living and working in Lancashire and South Cumbria. This equates to approximately 3.8% of the population our workforce is drawn from. Fylde, Wyre, and Blackpool have a much higher than average veteran population, ranging from 5.1% to 6.1% due to their close proximity to Weeton Barracks, as veterans and their families tend to locate near existing armed forces bases.

4.2 One of our first priorities as an employer is to better understand links to the Armed Forces community within our workforce and any support they may need. This could be those with serving partners/spouses, military families, veterans, reservists, or voluntary leaders in military cadet organisations. We will aim to do this by undertaking the following:

1. **Signing the Armed Forces Covenant** – demonstrating our commitment to valuing and supporting the armed forces community.
2. **Achieve Bronze status under the Armed Forces Covenant Employer Recognition Scheme (ERS)** – by becoming an ‘armed forces friendly’ organisation, open to employing reservists and veterans.
3. **Reviewing recruitment and workforce policies** – to respond to the needs of our existing workforce and to encourage veterans and members of the Armed Forces community into roles within the NHS.
4. **Develop information and signposting resources** – raising awareness and providing resources through the staff intranet.

#### **5. Our Priorities for 2024/25 as a commissioner**

5.1 There is a lack of routine data collection on veterans and so evidence on the health and wellbeing of this population is limited but comparisons to the ‘general population’ shows the following:

- 52% of veterans have a long-term illness, disability, compared with 24.5% of the general adult population.
- 12% of veterans experience PTSD, compared with 4% of the general adult population.
- 23% of ex-service personnel suffer from common mental health disorders, compared with 16% of the general population.
- Two to four times higher risk of suicide in veterans aged under 25 than in general population.

5.2 The Armed Forces and veteran community clearly feature in ‘Core20Plus5’. This group have specific health needs that require a specific response, but tackling the health inequalities within this cohort is fragmented.

- 5.3 All veterans are entitled to priority NHS assessment, treatment, aids, and appliances for any condition accepted as being due to their service, but veterans are often unsure how to access this help, or not identified by service providers. Veterans account for around 3% of a GPs registered population. This equates to around 30 veterans on each list, with GPs seeing on average one veteran per day, though they may not be aware of this.
- 5.4 We are developing strong partnership and collaboration links with Third Sector and statutory organisations throughout Lancashire and South Cumbria. They agree that one of the most fundamental areas for action is around identification of members of the armed forces community when they access services. This opens up a wealth of resources, information, activities and support tailored to, and often provided by the Armed Forces community. For this reason, we have developed the following priorities for 2024/25:
1. **Promote the Veteran friendly GP accreditation scheme** – developed by NHSE and the Royal College of General Practitioners
  2. **Promote Veteran Friendly Care Homes and hospice accreditation** – linking in with the LSC Hospice Collaborative.
  3. **Increase awareness of LSC ICB commissioned services** – The Military Veteran Service (MVS) provide specialist psychological interventions and Veterans in Communities who operate a small social prescribing scheme.
  4. **Increase awareness of NHSE commissioned services** - including OpCOURAGE: The Veterans Mental Health and Wellbeing service and OpRESTORE: The Veterans Physical Health and Wellbeing Service.
  5. **Develop information and signposting resources** – raising awareness and providing resources accessed through the primary care intranet.

## 6. Conclusion

- 6.1 The ICBs commitment to signing the Armed Forces Covenant and the pledges within it, is the first major milestone in our work as an employer and commissioner of services within Lancashire and South Cumbria. The ICB is building strong networks with both statutory and Third Sector experts to signpost and raise awareness of resources, information, activities, and support tailored to, and often provided by the Armed Forces community.

## 7. Recommendations

- 7.1 The Board is requested to:
1. Note the contents of the report.
  2. Approve the signing of the Armed Forces Covenant

**Lisa Roberts**

**18 October 2024**