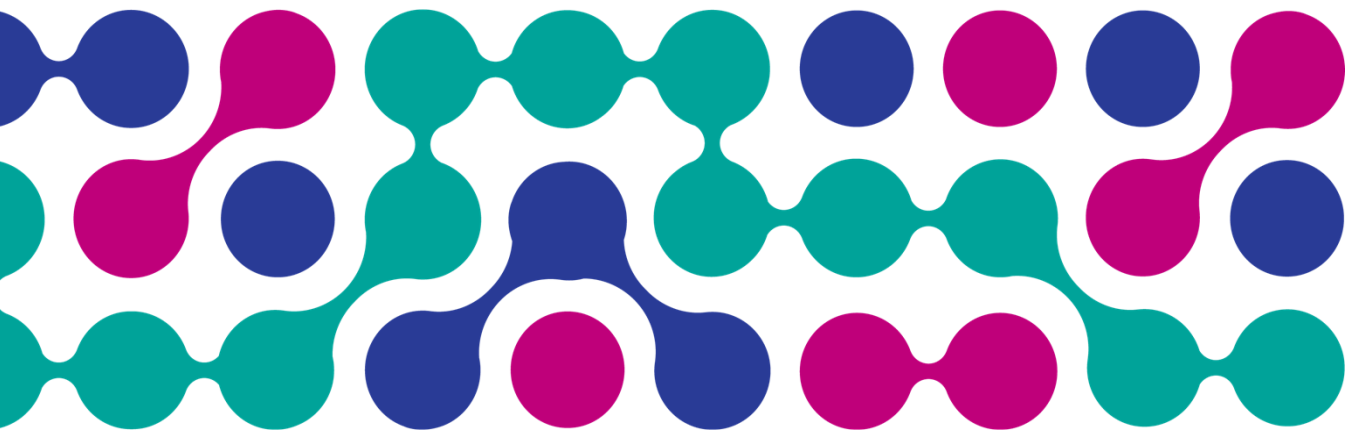
NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

ICB Self Assessment against the Armed Forces Covenant

Progress Update

July 2024



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1. Background

The Armed Forces Covenant, which is part of the NHS Constitution, states that

"the Armed Forces community should not face disadvantage compared to other citizens in the provision of public and commercial services; and special consideration is appropriate in some cases, especially those who have given the most such as the injured or bereaved."

The NHS England Armed Forces healthcare commissioning site explains The Armed Forces Bill (2021) [enshrined the Covenant] "*in law, creating a 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 principle that it is desirable to remove the disadvantages arising from being a member of the Armed Forces community; and principle that special provision may be justified".*

The Armed Forces community includes:

- **Regular personnel** – any current serving members of the Royal Navy, Army or Royal Air Force.
- **Volunteer and regular reservists** – Royal Naval Reserve, Royal Marine Reserve, Territorial Army, Royal Auxiliary Air Force, Royal Fleet Reserve, Army Reserve Air Force Reserve, Royal Fleet Auxiliary and Merchant Navy (where individuals served on a civilian vessel whilst supporting the Armed Forces).
- **Veterans** – anyone who has served for at least a day in the Armed Forces as either a regular or a reservist, or Merchant Mariners who have seen duty on legally defined military operations.
- **Families of regular personnel, reservist and veterans** – spouses, civil partners and children, and where appropriate can include parents, unmarried partners and other family members.
- **Bereaved** – the family members of Service personnel and veterans who have died, whether that death is connected to their Service or not.

The new Duty builds upon the extensive work in response to the Armed Forces Covenant, launched in 2011, which encouraged local communities to support the service community and enhance understanding and awareness among the public of issues affecting the Armed Forces Community.

The Armed Forces Statutory Guidance sets out the requirements on the NHS in complying with the duties in the covenant.

Functions in scope of the Duty include the provision of services in the following main areas:-

Healthcare	• Provision of services • Planning and funding • Co-operation between bodies and professionals

	These healthcare functions are within scope of the Duty in the following settings: • NHS Primary Care services, including general practice, community pharmacies, NHS dental, NHS optometry services and public health screening services. • NHS Secondary Care services, including urgent and emergency care, hospital and community services, specialist care, mental health services, and additional needs services (as applicable). • Local authority-delivered healthcare services, including sexual health services and drug and alcohol misuse services.

BSW is wholly committed to the Covenant, with leadership stemming from Sue Harriman, our Chief Executive who is herself a veteran. Sue signed the Armed Forces Covenant on behalf of the BSW ICB on 22nd September 2023.

The purpose of this paper is to provide a progress report on the work currently under way in the ICB to self-assess against the Covenant requirements and to articulate the plans to ensure BSW is a high performer in each duty area.

1.1. Assurance of Compliance with the Duty

As part of the planning process and as a requirement of the Armed Forces Act, ICBs will be asked to demonstrate how they are giving due regard to the health and social care needs of the Armed Forces community in the planning and commissioning of services.

It will be for ICBs to determine how they do this; however, it as is recommended that the key commitments from the Armed Forces Forward View are used by ICBs as indicators to measure progress, this is the approach taken by BSW ISB. Please refer to section 2 – Self Assessment for a high level overview of progress.

2. Current Context

2.1. National

The Armed Forced Forward View (2021) and the NHS Long Term Plan set out the commitments NHS England is making to improve the health and wellbeing of the Armed Forces community, serving personnel (regulars and reservists),

veterans and their families. Alongside these commitments are national programme areas ‘Op Community’ and ‘Op Courage’.

These programmes aim to provide additional support for veteran mental health issues (Courage) and a single point of contact (Community). The ICB Op Community Single Point of Contact (SPOC) provides an accessible point of contact with a dedicated email and phone number to support the Armed Forces community as a whole. This includes Serving (Regulars and Reservists) and Ex-Service Personnel, immediate family members and carers of those from within His Majesty’s Armed Forces. This role offers assistance directly with queries and can provide advice, guidance and support on a range of issues, ensuring that the Armed Forces Covenant and the Armed Forces Act 2021 are applied where appropriate. The outcomes from the Op Community pilot will be evaluated and considered in relation to the Covenant Duty.

2.2. System Context

2.2.1. ICB Populations

The NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB) has responsibility for the health and care of a population of nearly one million people. With so many MOD establishments located within our area of responsibility, the defence community (serving personnel, dependents and veterans) makes up about 7% of our total population – this is as high as 12% in Wiltshire and even higher when considering the South of Wiltshire on its own. We have one of the largest defence communities in the country and as service personnel come to retire, many naturally settle on our area.

The BSW geography includes populations of current and former service personnel, most notably the Armed Forces presence across Salisbury Plain in Wiltshire which is home to 19,000 serving personnel across all branches of the forces. There are more than 30,000 veterans in Wiltshire (more than any other local authority area).

Populations in B&NES and Swindon are smaller and less well defined however in addition to the Armed Forces presence in Wiltshire, there are three military units in the Swindon area, with community, veteran and family populations across the whole ICB footprint.

Although it is recognised that identifying and understanding armed forces veteran and family populations can be difficult, the Joint Strategic Needs Assessments for each locality are key in understanding the needs of our BSW population. Please refer to the local authority websites in B&NES, Swindon and Wiltshire for more information.

2.2.2. ICS Strategies

Armed Forces communities and their acknowledged challenges and inequalities in accessing and receiving healthcare are not specifically referenced in the ICS

Strategy or Implementation Plan or the BSW Inequalities Strategy. This will be an area for consideration when the next opportunity arises in early 2025.

2.2.3. Services

The acute trusts, mental health trust and local authorities across the BSW area have all signed up to the Covenant and have undertaken their own self assessments with resulting action plans. Services provided by non-NHS organisations including the currently commissioned community health services are not required to comply with the Duty, however these services have undertaken their own reviews against the requirements.

Across primary care, GP practices are going through the RCGP accredited Veteran Friendly scheme. BSW has been commended, with compliance across BSW practices at 80% with at least one practice in every PCN area holding the accreditation.

2.2.4. Organisational Context

Local networks and professional links across organisations both at the point of community delivery and with regional and national bodies are well established, albeit on an informal basis. The ICB and its predecessor organisations have experienced significant organisational change over a sustained period of time. This has made establishing a more formalised network and processes more challenging, however post the ICB Evolve process, there is a clear opportunity to convene and enhance these relationships and flows. The ICB recognises that the need to work more proactively in this area both internally as an employing organisation and in the fulfilment of its purpose and obligations.

Our ICB employs several reservists, cadet leaders and veterans, indeed our CEO served as a Royal Navy nurse for 15 years before joining the NHS. Across our Integrated Care System, many of our providers not only employ veterans, but make a very significant contribution to Defence Medical Services capability, through the provision of many clinical reservists.

The ICB has applied for the Silver level Employer Recognition Scheme to support Service personnel/Armed Forces community in applying and working for the ICB. The ICB aims to apply for Gold Standard in October 2024. This is an important step for the ICB to take. It is extremely important that the ICB reflects the communities that it serves. This ensures that there is a deep and profound understanding of the health needs of the BSW population and allows colleagues to effectively tackle health inequalities. Members of the defence community that employed by the ICB bring invaluable lived experience to ensure that the provision of health care for that community recognises the challenges imposed by service life, and that services are configured to overcome those challenges. However, this is about much more than bringing knowledge of defence into the ICB to help in the design of services. It is well known, and the ICB workforce exemplifies this, that veterans and reservists have unique qualities and talents.

Selfless commitment, loyalty, integrity, respect for others and an overall sense of 'service before self' are invaluable traits. In an individual these qualities guarantee hard work and successful outcomes, but embedded in an organisation, they have the power to change the culture and make the whole much greater than the sum of its parts. The ICB hugely value and welcome defence community colleagues and actively encourage more to serve in the NHS.

2.2.5. Engagement

Across BSW there are planned engagement activities with or including armed forces veterans and families. These range from HealthWatch information gathering, to Health Inequalities funded projects to Neighbourhood Collaboratives and Community Conversations (both Wiltshire). The feedback and insights from these areas will all be used to inform the further development of the self-assessment and wider work with armed forces communities.

3. Self Assessment

The following table sets out the current progress towards ICB self assessment against the Armed Forces Covenant and the legal Duty it conveys onto the ICB. This assessment is a live document which will be continuously updated as progress is made against the identified actions.

Indicators	Checklist	Evidence	Link to AFFV	Evaluation	Actions	ICB Status
The ICB has demonstrated / can demonstrate an understanding of, and engages with the Armed Forces community in the planning of services in its area.	The ICB has an understanding of the demographics of its local Armed Forces community population in the development of local health needs assessments	Health needs assessments make specific reference to the Armed Forces community, particularly veterans and families	Commitment 7	There has been some limited sharing of data between the Defence Medical Service, the ICB and Wiltshire Public Health, with plans to increase coverage and types of information. The Joint Strategic Needs Assessments do not specifically make reference to the needs of armed forces communities, however in Wiltshire the assessment does clarify where populations reside. The ICS and Inequality Strategies do not make reference to Armed Forces Communities	1) Action required to identify and embed the specific needs of armed forces communities into the planning and assessments across all system areas including engagement with Local Authority Colleagues in the next cycle of JSNA development. 2) Ensure Equality and Diversity impact assessments specifically include armed forces community impacts. 3) Consider inclusion of Armed Forces areas of work into the ICS Strategy and Implementation Plan.	Developing
	The ICB is working to improve the quality and breadth of veteran coding in healthcare records in primary and secondary care services	Quantitative – can be assessed in data quality reports and through the use of the ex-British Armed Forces indicator in the IAPT and mental health data sets	Commitment 8	Armed Forces coding to align with GM1 forms agreed at national project level. Wiltshire is pilot area for GP Practices to use them. Ardens have incorporated them into SytmOne new patient registration template. Awaiting final confirmation from NHS.	1) Continue to progress the pilot work and embed the planned changes. Monitor compliance.	Developing

Indicators	Checklist	Evidence	Link to AFFV	Evaluation	Actions	ICB Status
	The ICB gives consideration to the needs of the Armed Forces community within equality impact assessments	Equality impact assessments make reference to the Armed Forces community where appropriate – for example in the inclusion health and vulnerable groups section	Commitment 7	The EQIAx was reviewed in January 2024 and does not include Armed Forces. This needs to be resolved and included.	1) ICB to further revise the ICB EQIAx template and guidance to include the Armed Forces, Veteran and Family populations.	Developing
	The ICB ensures that the voice of the Armed Forces community is heard in public involvement and consultation activity that inform commissioning decisions as required under draft section 14Z44 of the NHS Act 2006	Through reporting on the section 14Z44 duty for ICBs	Commitment 7	There are multiple areas of planned engagement and all consultation activity is open to the Armed Forces community however this area requires further consideration to ensure positive discrimination towards the Armed Forces as appropriate.	1) Ensure Armed Forces communities are specific reference groups in public engagement and consultation 2) Continue to develop links with regional, national and local groups and organisations to support insight gathering and sharing 3) Ensure insights from currently planned engagement work is shared across the ICB to ensure colleagues are aware and informed in their areas of work.	Established
	The ICB is a member of the local military civilian partnership / Covenant Board			This is attended by ICB representatives.	1) Consider how outcomes from these meetings can be shared across the ICB to drive awareness and contribution.	Established

Indicators	Checklist	Evidence	Link to AFFV	Evaluation	Actions	ICB Status
The ICB has demonstrated / can demonstrate that services are aware of the needs of the Armed Forces community.	Providers with the ICB are accredited under the Veterans Covenant Healthcare Alliance (VCHA) scheme[1]	Quantitative – number and names of organisations submitted by the VCHA to national team	Commitment 4	The acute trusts and mental health trust are accredited. Non-NHS community providers (HCRG and WH&C) are not required to comply with the Duty however they have completed an internal review.	1) Establish a BSW-wide network of collaboration to share good practice and learning, offer support and resources. 2) Continue to promote and support providers to reach the accreditation standard.	Developing
	GP practices within the ICB are accredited under the RCGP Veteran Friendly GP scheme[2]	Quantitative – through reporting by RCGP	Commitment 4	BSW have 80% accreditation at individual practice level. NHSE has mandated one practice per PCN to be accredited by 1/4/24 which was achieved. AFSPoC has met with Arden to plan assistance package for practices.	1) Continue to offer support and recognition for GP practices to reach accreditation standard.	Established
	Veteran awareness training modules form part of local training needs		Commitment 4	The mandatory and recommended training modules for staff don't currently include any element of training on awareness of armed forces, families or veterans.	ICB HR team to scope and assess the possible provision of training and associated cost.	Developing

Indicators	Checklist	Evidence	Link to AFFV	Evaluation	Actions	ICB Status
	Health visitors and school nurses have implemented *The role of health visitors and school nurses: supporting the* health and wellbeing of military families' guidance3 into local practice	ICB self - assessment.	Commitment 2	HCRG Care Group has provided an assessment against this requirement. There are a range of embedded approaches in place for both children aged 0-4 (Health Visiting) and School Age.	This area is embedded.	Embedded
The ICB has demonstrated / can demonstrate that the local Armed Forces community are able to access services they need within the area.	The ICB has a dedicated point of contact to support families in accessing care within the ICB	Confirmation of ICB single point of contact in place	Commitment 2	The ICB Single Point of Contact is in post (fixed term funded by NHSE).	1) Continued work to embed the role and referral process 2) Consideration of a plan when the funding term is approaching.	Established
	ICBs have named champions to support the Armed Forces community	Named champion and/or point of contact in place		In addition to the Op Community Single Point of Contact role, some ICB colleagues are informally acting in this capacity. The arrangements however are not consistent and do not form part of job plans.	1) Identify at least one person in each locality who can act as a named champion for the AF community and engage across the system in that role. 2) Continue to raise awareness of the SPoC role, contact details and support. 3) Coordinate a directory of named contacts across BSW services and partner organisations to enable easier contact and support.	Developing

Indicators	Checklist	Evidence	Link to AFFV	Evaluation	Actions	ICB Status
	The ICB has access policies that support the Armed Forces community, particularly addressing the importance of continuity of care	Provider access policies	Commitment 2	Provider access policies are either all compliant with the Covenant or working towards compliance. Contracts do not make specific reference to this requirement.	1) Review ICB policies to ensure specific consideration of care continuity for Armed Forces communities. 2) Seek and obtain assurance from providers regarding their policy status. 3) Work with the Contracts team to include a provision for this requirement into contracts either at commencement or revision.	Established
	There is the opportunity for local DMS practices to build relationships at 'place' level with the ICB to support the interface between Defence and NHS primary care	Links made / communications in place	Commitment 4	Informal links with the ICB, DMS and GP Practices are in place and are supported via leadership across both the Armed Forces and NHS however there is scope to improve and formalise these if the practices believe this is required. ICB and DMS leads attend the Health and Wellbeing Board and Public Services Committee.	1) Work with DMS leads and PCNs to scope and establish whether additional routes of engagement and collaboration are required and agree a plan to establish.	Established

Indicators	Checklist	Evidence	Link to AFFV	Evaluation	Actions	ICB Status
	Patients from DMS practices in the ICB area are able to access local services through electronic referral services	Patients are able to access services – local practices are included in any locality eligibility criteria	Commitment 1	This is a mixed picture - some referrals are able to be electronically conveyed, and for others in different parts of BSW the situation is varied. This requires further consideration to understand whether a consistent approach which is further complicated by having multiple acute providers operating different systems. Work to be done with Trusts to ensure that booking teams recognise when patients are joining BSW lists from other areas. AFSPoC raising this at national working group	1) work with ICB Planned and Community teams to understand whether there is scope to bring a consistent approach to referrals from DMS practices both in terms of service and mechanism Outcome would be a gap analysis and plan to resolve. 2) Continue to support waiting list transfers across systems without detriment or extended waiting times. Links to other action areas.	Developing
	Patients from local DMS practices are able to access health promotion programmes	Patients are able to access services – local practices are included in any locality eligibility criteria	Commitment 2	This area requires assessment across BSW to establish current position, variation and any development requirements.	1) Liaise with public health services and community providers to ensure and confirm whether DMS practices are able to refer into health promotion programmes. This will be for each locality area.	Developing

Indicators	Checklist	Evidence	Link to AFFV	Evaluation	Actions	ICB Status
	Social prescribing programmes consider that the Armed Forces community may be able to access additional services		Commitment 7	This area requires assessment across BSW to establish current position, variation and any development requirements.	1) Liaise with Primary Care team and PCN network leads and the Social Prescribers network to discuss and advocate approaches to Armed Forces Communities 2) Liaise with DMS / Armed Forces Communities engagement work to identify what additional needs and services may be required.	Developing
	Carers from the Armed Forces community are able to access services / initiatives within the local carers strategy	Carers are able to access services – local practices are included in any locality eligibility criteria	Commitment 2	Wiltshire - the new Carers Strategy (24-28) clearly identifies Armed Forces communities as a significant population group and the need to ensure access and integration. B&NES - Strategy is 22-28 does not make reference to Armed Forces communities however these communities are not excluded from accessing services. Swindon - Council Colleagues are currently consulting on the new Swindon Strategy but AF communities are not excluded from accessing services	1) Liaise with ICB carers leads to ensure consideration of Armed Forces community views and needs in relation to support for carers of all ages. This includes physical and mental health.	Established

Indicators	Checklist	Evidence	Link to AFFV	Evaluation	Actions	ICB Status
	Veterans are able to access personalised care in line with the ambitions of the national Integrated Personalised Care programme and the Integrated Personal Commissioning for Veterans (IPC4V) Framework	Use of the personalised care framework is monitored nationally	Commitment 3	The ICB area had embedded the Op Courage and Op Restore programmes across BSW. Compliance with this requirement relies on being able to further progress records sharing capabilities between DMS and NHS. There is an active group progressing this work.	1) Understand and identify current position and performance in the national monitoring. 2) Liaise with Primary Care, Community and Mental Health commissioning colleagues in relation to the IPC4V to ensure it is available and embedded. 3) Develop action plan to address gaps and resolve challenges which will include but not be limited to the integration / data sharing capabilities of the clinical records systems in the NHS and DMW.	Established
The ICB has demonstrated / can demonstrate that the needs of the local Armed Forces community are met within local mental health services	Patients from DMS practices are able to access local mental health services within the ICB	Patients are able to access services – local practices are included in any locality eligibility criteria	Commitment 5	This is an existing ability however it is not yet clear whether referral mechanisms are in line with NHS GP services and whether current services are meeting the needs of the AF population.	1) Review current eligibility criteria and request amendment to positively reflect Armed Forces communities if this is not expressly stated. 2) Review current performance on waiting lists to determine whether AF communities are experiencing equitable access and outcomes. 3) Liaise with mental health commissioners and understand whether any actions are required in this area.	Established

Indicators	Checklist	Evidence	Link to AFFV	Evaluation	Actions	ICB Status
	The ICB has strong links to the local Op COURAGE services to ensure that veterans are able to access bespoke services if needed and that providers can access expertise to support veterans	Tested through provider collaborative arrangements	Commitment 5	Links have been established between the SPoC lead and the South West Lead for Op Courage provided by AWP. Further review is required to understand service provision and any gaps / improvement need in service provision.	1) Liaise with mental health commissioners and understand whether any actions are required in this area. 2) SPoC to continue to engage with the South West regional lead and to develop links further, sharing outcomes and progress back with ICB colleagues.	Developing
	The ICB has ensured that the Armed Forces community are included in local suicide prevention initiatives and are able to access bereavement support services	Patients are able to access services – local practices are included in any locality eligibility criteria	Commitment 9	Armed Forces communities are not excluded from any suicide prevention or bereavement support services however further review is required to determine whether AF communities are currently experiencing equitable access and provision.	1) Review current eligibility criteria and request amendment to positively reflect Armed Forces communities if this is not expressly stated. 2) Review current performance on waiting lists to determine whether AF communities are experiencing equitable access and outcomes. 3) Liaise with mental health commissioners and understand whether any actions are required in this area.	Established

4. Plans and Next Steps

There are clear foundations and well established areas of good practice across many of the Armed Forces Covenant Commitment areas. These are particular well rooted in the Wiltshire area for clear reasons relating to the high Armed Forces presence in that locality.

An objective through this work will be to identify areas of variation and ensure there is support to reach best practice standards across the ICB footprint.

Underpinning the work will be increased engagement with partners across the system to ensure integration and participation with the established groups and meetings and to offer a convening approach across services and leads.

The ICB will increase participation and presence in existing networks and forums at regional and national levels to seek and offer shared learning, sharing that across ICB and partner colleagues, ensuring an advocacy and ‘championing’ approach to taking this work forward.

The ICB will convene a working group to review the outcomes of this assessment and allocate leads to take the actions forward. Additionally there are areas of priority which will can be identified for more rapid progress. Updates will be offered to the three locality Health and Wellbeing Boards and ICB Board meeting.