The 10-Year Health Plan for England

Forces in Mind Trust (FiMT) was founded in 2011 to improve transition to civilian life for Service leavers and their families. Our mission is to enable successful and sustainable transition to civilian life, and the Trust's strategy is to provide an evidence base that will influence and underpin effective policymaking and practice. Our responses are therefore informed by the research we have funded, and we have included links to the specific reports where applicable.

We welcome the opportunity to discuss any part of our response or to find out more about the research referenced, please do not hesitate to get in touch with us at policy@fim-trust.org

Q1: What does your organisation want to see included in the 10-Year Health Plan and why?

Armed Forces Covenant

The Armed Forces Covenant sets out a commitment that those who serve in the Armed Forces, (Regular or Reserve), those who have served in the past, and their families should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration is also appropriate, especially for those who have given the most such as the injured and bereaved. In a healthcare capacity, this means that the Armed Forces Community should receive the same standard of and access to healthcare as civilians living in their local area and that ex-Service personnel should, subject to clinical need, receive priority treatment where the condition is related to service. Additionally, the Covenant Duty, introduced in 2022, places a legal duty on NHS bodies and others, to have due regard to the Covenant principles and requires decisions about the development and delivery of certain services to be made with conscious consideration of the needs of the Armed Forces community. It is therefore integral that the needs of the Armed Forces community are considered in the development and delivery of the 10-Year Health Plan and that the plan enables the creation of accessible, forward-thinking, inclusive and, where needed, specialist healthcare.

Forces in Mind Trust (FiMT) is aware that significant progress has been made in relation to awareness of the Armed Forces community and their needs by civilian healthcare services, with almost all Primary Care networks and NHS Trusts in England now part of veteran accreditation schemes. However, there remains variability, inconsistency, and uncertainty in the support available at a local level.

Removing disadvantage

Our research, A Decade of the Covenant, found that members of the Armed Forces community can experience disadvantage when trying to access healthcare in England. This includes difficulties in accessing GPs or maintaining their position on health waiting lists as a result of moving during service, both within England as well as to and from other UK nations. Members of the Armed Forces

community can also experience disadvantage as a result of healthcare staff not having a good understanding of the Armed Forces community – both those who have served and their immediate families - or not asking whether someone has an Armed Forces connection.

Going forward, further action should be taken to ensure widespread awareness and consistency for the Armed Forces community when accessing civilian healthcare services. This should include:

- Increasing participation in existing veteran health initiatives, such as the veteran-friendly GP scheme, and extending them to families. Increasing participation across GPs can be supported by insights from previous FiMT-funded research, Where are all the veterans?, which identified low-cost and easily implemented initiatives to improve veteran GP registration.
- Health providers and commissioners working closely with partners such as local authorities and those involved in social care, public health and wider well-being to deliver the Covenant and ensure that the local health system is aware of the presence and need of the local Armed Forces community. The Decade of the Covenant report provides insights on how to build a core infrastructure to support the Armed Forces community.
- Ongoing training of healthcare staff on the unique experiences of the Armed Forces community, as well as specific support and services available to the community. This is particularly important where there is a high turnover of front-line staff.
- Improved identification of veterans and their families within primary and secondary healthcare to improve data and evidence on their healthcare needs to inform future policy and practice including prevention initiatives and effective treatment options.

Shift 1: Moving more care from hospitals to communities

Q2: What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

Awareness and identification of the Armed Forces community

As mentioned in the response to question 1, increasing awareness and identification of the Armed Forces community and their needs by civilian healthcare providers is integral to supporting veterans in the community and preventing or reducing healthcare needs.

Improving and strengthening the consistency of support provided through the use of the Veterans Health Care Alliance (VHCA) and veteran-friendly GP surgeries ensures all those in the Armed Forces community are treated fairly as set out within the Armed Forces Covenant, no matter where they access health services. Alongside our *Decade of the Covenant* and *Where are all the veterans?* research which set out examples of good practice in assessing the healthcare needs and identifying ex-Service personnel in the community, our project with King's College London saw the development of the Military Service Identification Tool to help identify ex-Service personnel within electronic health records. As well as this, GP surgeries and other health care providers should ask patients

whether they have ever served in the Armed Forces or belong to the Armed Forces community when registering.

Through having a better awareness, hospitals or other healthcare providers should be able to identify ex-Service personnel and where appropriate, refer them to veteran-specific charities and organisations enabling them to return to the community at a faster rate. Similarly, GP surgeries could avoid sending a veteran to hospital, ailment dependent, if they are aware of alternative support systems available within the community. This benefits both veterans but also the wider community.

Holistic support

Many aspects of an individual's lifestyle and environment in which they live and work can impact health both positively and negatively and the 10-Year Health Plan should take a holistic approach, considering all factors that can impact health. Greater links and co-working should be established with other statutory and voluntary groups that can target wider contributors to health. For example, our research examining the experiences of ex-Service personnel accessing the UK benefits system found that trying to navigate the complex UK welfare system can have a negative impact on mental health[1]. Homelessness and housing issues can also present a range of risks to health, and it has been estimated that each home with a category one Housing health and safety rating system (HHSRS) damp problem costs £730 per annum to the NHS[2]. Information and education campaigns on factors that can be harmful to health can be beneficial to prevent health conditions and alleviate the pressure on the healthcare system.

Complex support landscape

Ex-Service personnel can often struggle with accessing the relevant and appropriate healthcare service due to what they perceive to be a confusing landscape of support and healthcare organisations and have difficulty understanding which organisation is most suited to their needs or whether they are eligible. Working with voluntary organisations, NHS England should help to empower and educate the Armed Forces community to encourage informed decision-making and access to health care services within the community before the need for hospital care.

Shift 2: Analogue to Digital

Q3: What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

Transfer of health records

Challenges remain in transferring medical records from the Ministry of Defence (MOD) to the NHS, GPs and dentists. The delay in transferring records can have significant and direct negative impacts

[1] Sanctions, Support and Service leavers (University of Salford - due to be published in January 2025)
[2] https://files.bregroup.com/corporate/BRE_the_Cost_of_ignoring_Poor_Housing_Report_Web.pdf

on the care provided to ex-Service personnel. Developing a more streamlined digital infrastructure would help to alleviate this issue and speed up the medical record transfer process. Whilst Programme Cortisone is currently being developed to help solve this problem, there have been significant delays. Delays in the transfer of medical records can result in ex-Service personnel having to repeat information and healthcare staff not having comprehensive notes to effectively assess and treat them. Similarly, Armed Forces families can be impacted when moving locations and there are delays in transferring records to new healthcare services. Often systems are unable to communicate and transfer records seamlessly meaning it can take significant time to continue with treatment or some may find they have to restart entirely from the beginning when going through tests and diagnosis, which can not only be frustrating but detrimental to their health and wellbeing.

Investment in digital initiatives

Investment should also continue to be made in digital preventative health methods and interventions such as digital behaviour tracking and behavioural change-based phone apps, remote therapy, and teletherapy. Research has been conducted in a number of health-based areas and some good examples of already-developed and tested digital innovations include:

- MeT4VeT app – helping ex-Service personnel to monitor and manage their mental health.
- Drinks:Ration App – helping ex-service personnel to reduce their alcohol consumption.
- Digital Therapy services – using tele-therapy (Skype) to deliver PTSD therapy.

Further benefits of these implementations and the research studies on these innovations can be found via the FiMT website and linked above.

Investing in digital healthcare services can have a number of benefits. It can be cost and time-saving to both the service provider and the recipient. It also improves accessibility through reducing travel time and costs, allowing access to services for dispersed or hard-to-reach communities, as well as those who may have difficulty travelling due to a physical or mental health condition. Digital services may also encourage members of the Armed Forces community to access support anonymously where they would not have accessed the same support face-to-face. Digital support allows individuals to self-help while on a waiting list, and to continue to responsibly monitor and manage their health post-treatment on a longer-term basis.

However, when delivering digital innovations, digital inclusion factors also need to be considered. The veteran community is an ageing population, with 53% aged over 65 years old[3], and as such may be more susceptible to digital exclusion. Alternative in-person options will therefore still be required.

Shift 3: Sickness to Prevention

Q4: What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

[3] Census 2021.

Consistent data collection

Consistent data collection and analysis allow for robust pattern and trend analysis of health issues in a local patient population. Paired with improved identification of the Armed Forces community throughout healthcare services, this would enable more informed preventative action for specific population sub-groups, such as the Armed Forces community suffering from particular conditions. For example, education and advertising campaigns on how to monitor and manage conditions can be useful in empowering the Armed Forces community (or other sub-groups) to spot signs early and take preventative care to responsibly manage and reduce such conditions occurring. This approach could then be rolled out to the wider public, where appropriate, through collaborative working and data-sharing.

The Map of Need Aggregated Research (MONARCH) study, co-funded by FiMT and the Armed Forces Covenant Fund Trust and facilitated by Northumbria University, provides a good example of how existing health and social care data can be collated from multiple sources to better understand the unique needs of ex-Service personnel.

Specific initiatives

There have been a number of positive services implemented that provide services and pathways specifically for ex-Service personnel and these are a good example of how tailored services toward a certain demographic and their needs can prevent the escalation of health issues and ensure access to effective treatment options. These include NHS England's Op COURAGE, Op RESTORE and Op NOVA. The announcement in January 2024 of the expansion of services through OP COURAGE is encouraging as well as the 30,000 referrals since implementation.

Mental Health

Despite the development of Op COURAGE, ex-Service personnel still face disadvantage due to continuing mental health needs as a result of their service. There are currently a number of barriers to mental health support which means that some ex-Service personnel do not seek support until they reach a crisis point. Current barriers include:

- A lack of effective treatment for some ex-Service personnel who have mental health difficulties due to service that are resistant to current treatment options.
- A lack of acknowledgement of mental health problems. The decision to seek support is primarily due to the perceived need for treatment. Those not seeking help often fail to identify problems as 'mental health disorders' as they have not yet reached a crisis point.
- Negative beliefs about the efficacy of treatment. Once in treatment, positive beliefs about the efficacy of treatment can have a substantial impact on veterans continuing with treatment.
- Eligibility concerns.
- Waiting lists.

Investment is needed to continue funding innovative treatments for veterans, particularly for mental health difficulties related to their time in service. FiMT has funded several studies under our Mental Health Research Programme which seeks to understand more about the types of mental health challenges and how they impact on ex-Service personnel, as well as funding pilot studies and evaluations of new treatments for ex-Service personnel and interventions to help identify mental health concerns early on. There is also a need for greater awareness of the mental health needs of ex-Service personnel by healthcare staff as well as the promotion of new interventions that may help. Earlier identification of at-risk individuals and early intervention to prevent escalation of mental health problems is also needed as well as greater connectivity and synergy between Armed Forces and civilian health services.

Families

Op COMMUNITY was a welcome initiative for the wider Armed Forces community, offering some recognition and signposting for Armed Force families. However, if ending in March 2025 as suggested, it will be important that the learnings from the pilot are embedded within the 10-Year Plan and Armed Forces families health needs are considered in their own right, separate to the needs of ex-Service personnel. Little is currently known about the health needs of serving and ex-serving families. To help increase understanding and enable the provision of appropriate and tailored support, there needs to be better identification of families, such as a marker on records across primary and secondary health care and more awareness of the support available.

Ideas for change

Q5: Please use this box to share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in, for example:

- **Quick to do, that is in the next year or so**
- **In the middle, that is in the next 2 to 5 years**
- **Long-term change, that will take more than 5 years**

Whilst we have identified a number of challenges that should be addressed in our responses, we have also identified examples that represent positive change for the Armed Forces community in relation to healthcare services. It is these areas of best practice that should be shared to enable greater positive change. Through different stakeholders such as service charities, healthcare providers, Government Departments and local community services working collaboratively, sharing data and best practices, it allows for more prevalent widespread change mechanisms. There are quick wins that can happen. However, to undertake real policy change through collaborative working more time should be devoted to building and strengthening relationships and networks between these stakeholders.

As discussed in the response to question 4, better collection, analysis and sharing of data should be part of collaborative working. There is a plethora of data currently available that provides insights on many aspects, but currently, there is often no data sharing or linking between different organisations

and databases. Where data is siloed, it limits seeing the bigger picture and identifying evidence-based trends that could show policy issues or solutions when joined together. Consideration should therefore be given to better data sharing and accessible databases where possible.

We welcome the opportunity for further discussion, if you would like to hear more about any part of our response, or the research referenced, please do not hesitate to get in touch with us.