
Welcome to today's webinar
which will provide

An Overview of the Key Evaluation Findings From the Final Report

We'll begin shortly...

Westminster Centre for
Research in Veterans



Supporting Armed Forces in Acute Hospital Settings

SCAN
ME!



Access the full evaluation report
for the Supporting Armed Forces in Acute
Hospital Settings programme here

**Evaluation findings, overview, methodology and
recommendations – Professor Alan Finnegan, University of
Chester, Kate Salem, University of Chester**

SUPPORTING MEMBERS OF THE ARMED FORCES COMMUNITY IN ACUTE HOSPITAL SETTINGS



NHS
England

 **THE ARMED FORCES
COVENANT FUND TRUST**
Funded by HM Government

Westminster Centre for
Research in Veterans



University of
Chester

Evaluation
Report

England,
Wales
& Scotland



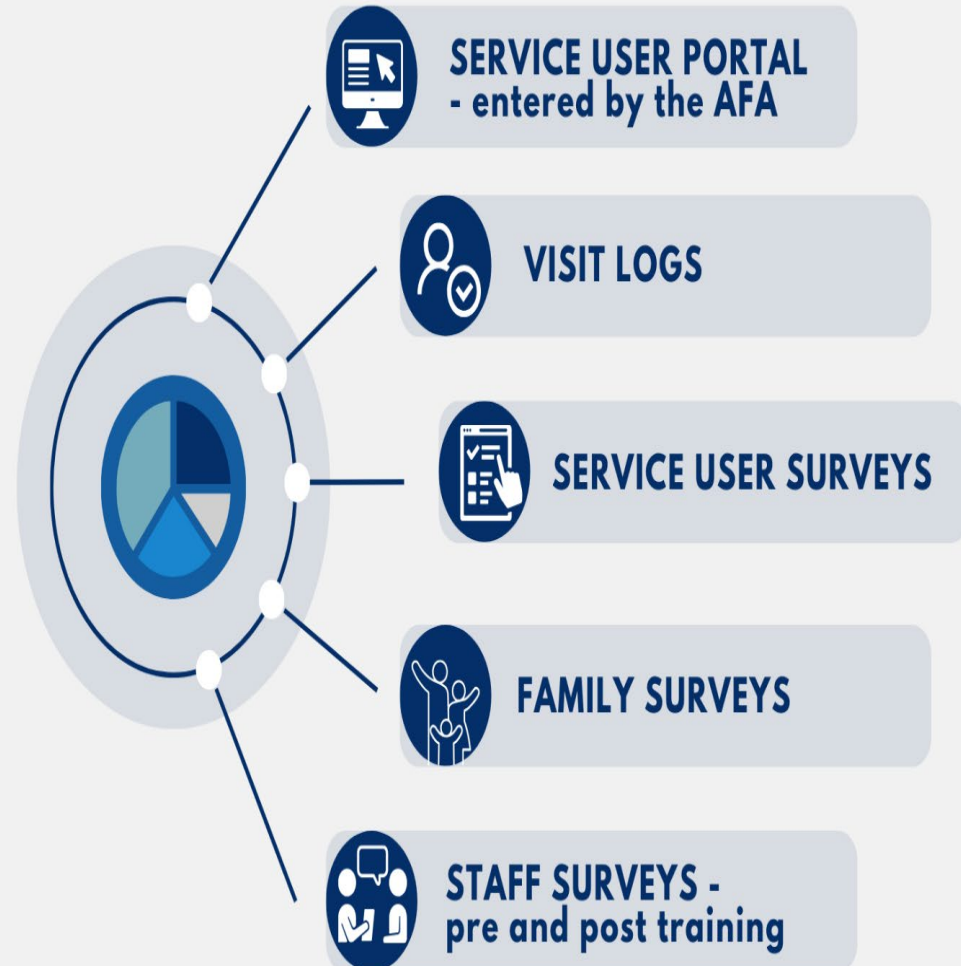
Grantholders

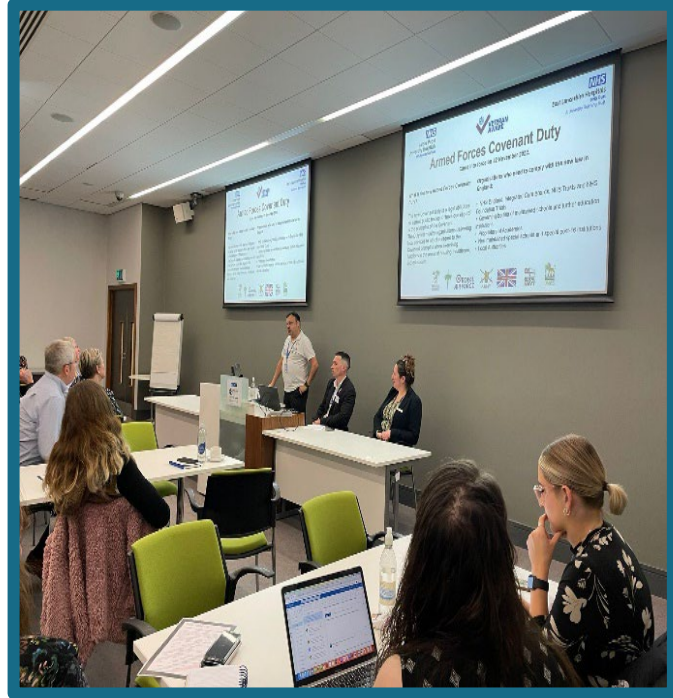


FUNDED BY:



DATA SOURCES





NHS England Westminster Centre for Research in Veterans University of Chester THE ARMED FORCES COVENANT FUND TRUST

SUPPORTING ARMED FORCES IN ACUTE HOSPITAL SETTINGS

E - BULLETIN

NOVEMBER 2023

UNIVERSITY OF CHESTER PROJECT EVALUATOR

Update from Kate Salem, Senior Researcher

Welcome to the sixth E-Bulletin for the Evaluation of the Supporting Armed Forces in Acute Hospital Settings Programme.

We will be closing data collection for the evaluation at the end of January 2024. The data is providing a veteran profile of those who the Armed Forces Advocate is engaging with, and details are presented in this report. The feedback from veterans and family members, as well as the staff training surveys, also remain vital to help to further understand the impact of this role.

We have now completed the interview stage of the evaluation and are conducting online focus groups throughout November and December which will aid in strengthening the findings from the interviews. Four focus groups will be held with staff involved in the strategic provision of this programme in addition to the Armed Forces Advocates themselves. These focus groups are evaluatory in nature and will provide further clarification and opinion from those involved in delivering the programme.

We have received case studies from each of the NHS Trusts involved in this pilot study, these will help demonstrate the impact that the Armed Forces Advocate has had on the veteran community within the hospital.

The Northern Ireland programme provides an advice line which initially aimed to provide a signposting service for professionals who are involved with veterans as patients. However, this service has evolved and is now accessed by veterans themselves and their family members. As part of the evaluation, the specific needs of those calling for advice and the type of advice which they are seeking can be identified. Northern Ireland continues to receive phone calls and identify the gaps in their reach, ensuring that presentations are given throughout the region, in numerous different organisations on what the advice line can offer.

As the project draws to a close, we will be hosting the final regional webinars in December.

CASE STUDY

Mr Orton served in the Royal Air Force (RAF) as a Driver for 13 years, across the UK Mainland, Germany and Hong Kong. He deployed on many operational tours throughout his service, before retiring to become a private driving instructor. However, shortly after his discharge from the RAF, Mr Orton suffered a detached retina and had ongoing visual impairment issues in both of his eyes.

In May 2023, Mr Orton contacted the Armed Forces Lead at Betsi Cadwaladr University Health Board (BCUHB) in North Wales, requesting assistance as he had waited nearly two years for Cataract surgery in both eyes.

Mr Orton proudly reports that on the initial day of contact with BCUHB, his Armed Forces Lead was able to generate an initial contact appointment with Ophthalmology the same day, and a week later attended a Pre-Op appointment and his surgery was scheduled.

Mr Orton underwent his Cataract surgery within two weeks later, returning home to recover extremely content with the service provided by the Health Board, commencing with the input of his Armed Forces Lead. Mr Orton will now return to the initial point of entry on the waiting list and await his second cataract surgery accordingly.

Westminster Centre for Research in Veterans University of Chester



NHS ENGLAND

Update from NHS England (NHSE)

The last month has been an exciting one across the Armed Forces space; after much hard work and with support from our Armed Forces Patient and Public Voice Group, we were pleased to rename the Veterans Trauma Network (VTN), Op RESTORE: The Veterans Physical Health and Wellbeing Service in the lead up to Armed Forces day.

We have also been working with colleagues piloting the single point of contact service for the Armed Forces community and following a period of engagement, this has been renamed Op COMMUNITY: Armed Forces Community Support.

We also welcome Op FORTITUDE, an Office for Veterans' Affairs initiative to end veteran homelessness, and Operation Stirling, an Age UK and Fighting with Pride service to support LGBT+ veterans, into the veteran support field. You can find out more about these initiatives below. We hope that these new services will offer valuable support to veterans of the UK Armed Forces.

With 5 July 2023 marking the 75th birthday of the NHS, we were delighted that in the same week the Veterans Covenant Healthcare Alliance (VCHA) announced that 75% of trusts across England are now Veteran Aware accredited.

Op RESTORE: The Veterans Physical Health and Wellbeing Service

The Veterans Trauma Network (VTN) is now called Op RESTORE: The Veterans Physical Health and Wellbeing Service. This brings the service in line with the following NHS services in England, providing a recognisable suite of services for the Armed Forces community - Op COURAGE: The Veterans Mental Health and Wellbeing Service - Op NOVA: Supporting Veterans in the Justice System - Op COMMUNITY: Armed Forces Community Support.

The decision to rename the VTN, Op RESTORE, was informed by engagement with veterans, providers and charities, with the aim of supporting improved access to and awareness of this service. Whilst there are some things that the NHS will not be able to restore in full, we aim to support veterans restore their health and quality of life as best we can. Op RESTORE is a service for anyone who has served at least one day in the UK Armed Forces and, as a result of their service, acquired a significant, lasting physical illness or injury. Op RESTORE will continue to accept only GP referrals; GPs can obtain a referral form by emailing imperial.oprestore@nhs.net

Pilot ICB	Contact Details
NHS Sussex Integrated Care Board (ICB) and NHS Kent & Medway ICB	T: 01273 403693 E: ofna.admin@nhs.net W: www.armedforcesnetwork.org
NHS Hertfordshire & West Essex ICB	T: 07908 209 912 E: HWE.AFC.families@nhs.net
NHS Humber and North Yorkshire ICB	T: 01609 765315 E: hnyhnic@nhs.net
NHS Dorset ICB	T: 01202 584428 E: dhc.dorset@nhs.net
NHS Leicester, Leicestershire & Rutland ICB	T: 0116 2258558
NHS North Central London ICB	T: 02000 999 3697 E: velit@nhs.uk

Communication

There is a regular series of awareness and communication events with staff to emphasise the importance of identifying veterans. The Veteran Patient Dashboard clearly identifies a surge in recording following each event which demonstrates the impact of ensuring regular communication and awareness.

The Armed Forces Advocate also delivers training to specific staff groups, wards and department with information targeted at the specialty they provide to ensure we can support signposting of veteran and their families to appropriate services. The Trust is currently further developing its patient information provision and visual imagery for Armed Forces across the Trust sites to ensure staff and patients are aware of the Trusts' veteran aware status and can seek support and advice accordingly.

Plans are currently being formulated for our Remembrance events in November.

WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST

VCHA Re-accreditation

The Trust is thrilled to announce a successful VCHA re-accreditation in August. This accreditation recognises the continued good practice and strengthening of our existing processes to best support our Armed Forces community.

The Data

The Trust continues to collect veteran status from patients and further work has recently been undertaken with the Outpatients Team to ensure accurate and record veteran status.

The Veteran Patient Dashboard continues to develop with live data of numbers of veteran patients recorded. Further extension of the dashboard has allowed the inclusion of all veterans who have been referred into the hospital and are awaiting appointment and those on active waiting lists. As we continue to gather information and data, we will continue to develop this dashboard to support us in providing appropriate services.

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POSTED ON January 6, 2022

NHS Warrington and Halton Teaching Hospitals NHS Foundation Trust

A&B|HSCPI Together Transforming Health & Social Care Partnership

Armed Forces Community HQ

AGAMEMNON Housing Association

ageUK

Armed Services Advice Project

ALWAYS A SIFLEMAN

Army Widows' Association

Army Benevolent Fund

ASAP

Cancer Charity - EST. NORFOLK 1800 -

VETERANS CLUB

citizens advice bureau

Blesma THE LIMBLESS VETERANS

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

BRAVEHOUND

BritishRedCross

carers' resource you care for them, we care for you

Cruse Bereavement Care

F4H Taking Control of Tomorrow

COMBAT STRESS FOR VETERANS MENTAL HEALTH

DMWS

Department for Work & Pensions Armed Forces Champions

ERSKINE Caring for Veterans since 1916

Fares4Free Don't wait for November to Remember

Glasgow's HELPING HEROES Glasgow City Council

HAIG HOUSING HOMES FOR THE VETERAN COMMUNITY

HH Healthier Heroes SERVING OUR COMMUNITIES

HELP for HEROES

Launchpad

MAST Multi-Agency-Support-Team

Milton Keynes City Council

NHS Lancashire & South Cumbria NHS Foundation Trust

Op COURAGE **Op NOVA** **Op RESTORE**

poppy scotland

PRIORITY HEALTHCARE

Royal Air Force Benevolent Fund

Renfrewshire Council

RFEA THE FORCES EMPLOYMENT CHARITY

THE RIPPLE POND YOUR FORCES FAMILY NETWORK

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

ROCK 2 RECOVERY Saving Lives. Changing Lives.

stoll housing and helping Veterans

The Royal Engineers Association

THE ROYAL NAVAL BENEVOLENT TRUST SERVE A DAY, SUPPORTED FOR LIFE

Royal Star & Garter Care with courage

ROYAL SIGNALS ASSOCIATION

SCOTTISH VETERANS RESIDENCES

ssafa the Armed Forces charity

Talking Points

VIP | VETERANS FIRST POINT

VETERANS' GATEWAY

WALKING WITH WOUNDED Supporting Those Who Served

WOODY'S LODGE SEA, AIR, LAND

VETERANS IN CRISIS SUNDERLAND

Free online resource launched offers training to help support veterans

A new free online module to enable clinical staff to learn more about the Armed Forces Community has been launched by the University of Chester.

Home > Free online resource launched offers training to help support veterans

SHARE THIS CONTENT

TAGS: Veterans Centre

Introduction to the Armed Forces Community Session One

The British Armed Forces and Veterans Session Two

Military Nursing Session Three

Military Mental Health Session Four

Caring for and Supporting the Armed Forces Community Session Five

Caring for and Supporting the Armed Forces Community: Reflections Session Six

Royal Engineers Association

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THE ARMED FORCES
COVENANT FUND TRUST



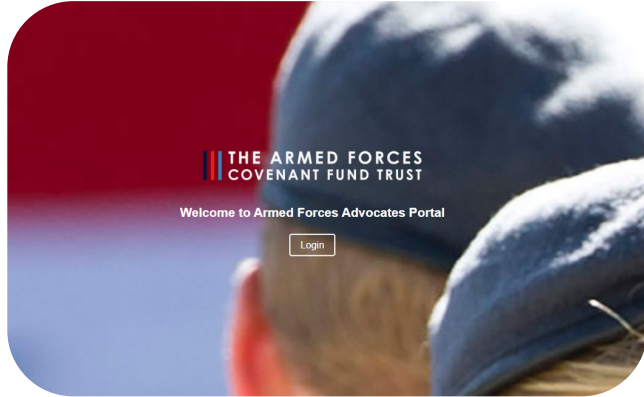
Supporting the Armed Forces Community in Acute Hospital Settings

Kate Salem

Senior Researcher,

Westminster Centre for Research in
Veterans, University of Chester

Evaluation



AFA Portal
(N=2512)



Feedback Surveys
(Service User N=106,
Families N=30)

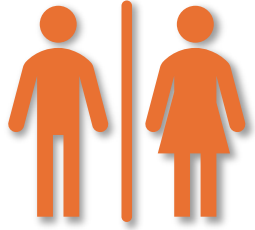


Interviews
(N=30)



Focus Groups
(N=4)

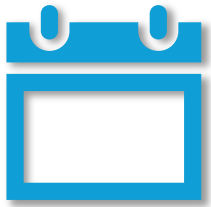
Patient Demographics & Service History



96.6% Male



45.2% National Service



Average: 75
Range: 19 - 104

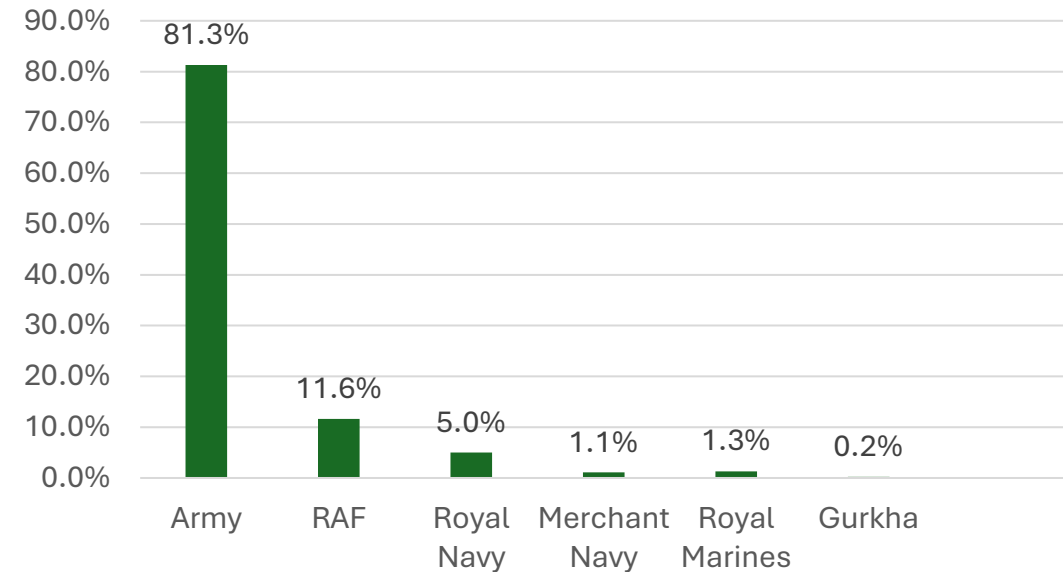


42.4% Private Soldiers

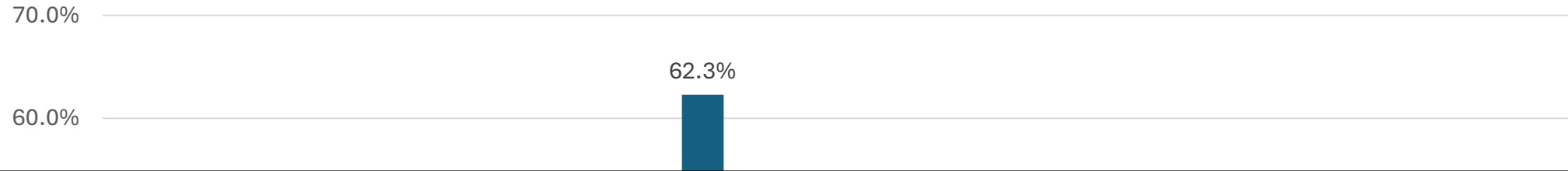


Average: 9 years
Range: <1 - 42

Branch of the Military

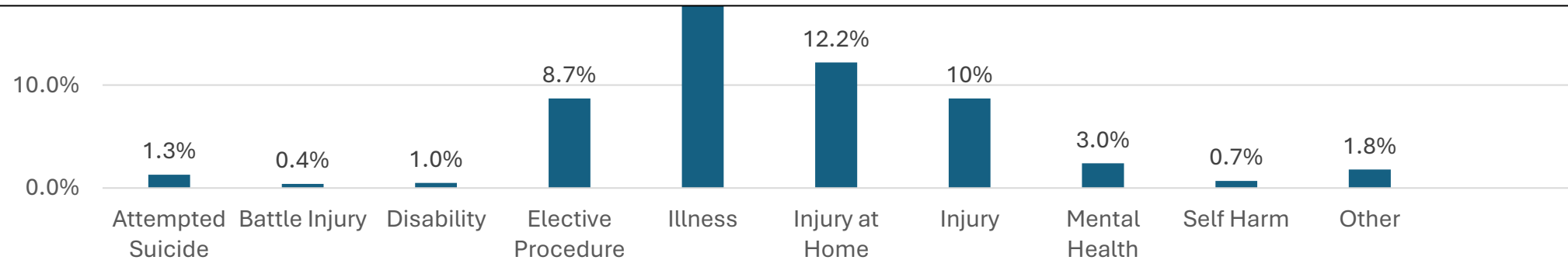


Admissions



5% reason for admission was service attributable

12.7% declined support from the AFA

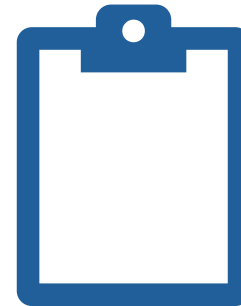


Qualitative findings

- **Needs of veterans:** Type of support required- signposting (e.g., home adaptations)
- **Role of AFA:** Collaborate & educate, deliver support for veterans
- **Challenges;** Identifying veterans, referrals, staff training
- **Different perspectives:** Families, staff



Focus groups



Visit logs



Interviews

Key Findings

- Only 3% female
- Older veterans identified (45% National Service)
- Veterans spent on average, 25 days in hospital
- 5% of needs service attributable
- Positive impact on patients and discharge process
- Needs mostly related to housing, finances and community engagement
- Improved knowledge & understanding in staff of how to support veteran patients

Recommendations



Education & Development:
Promote role within hospital settings, raise awareness of the role within Armed Forces community



Identifying veterans:
Digital infrastructure, identification tools



AFA role:
Flexible working, post-discharge support, job specification, collaboration with existing networks



Post-discharge support:
Community needs

Thank you for listening

**East Lancashire NHS Trust, experience and learning
– Sadiq Shafiq, Armed Forces Veteran Team Manager**

East Lancashire Hospitals Armed Forces Support in the Acute Hospital Setting 2022 -2024

Opportunities for the Armed Forces community

We provide safe, personal and effective care. To support the wider East Lancashire and the surrounding area we recognise the value and transferable skills we bring. Research, and evidence are being used to help us have a wide variety of roles and services available to our patients and staff. From the support for our patients to the support for our staff.

Benefits and other working arrangements for our staff include:

- Flexible and agile working arrangements
- Life savings policies
- Health and wellbeing support
- Health and wellbeing support
- Health and wellbeing support

Armed Forces Support

- Specialist Clinics
- Specialist Clinics
- Specialist Clinics
- Specialist Clinics
- Specialist Clinics
- Specialist Clinics

For more information please visit our website or contact our staff. For more information please visit our website or contact our staff.



We are proud to be Veteran Aware

Please let us know if you or your family have ever served in the UK armed forces so that we can offer to support your care needs.

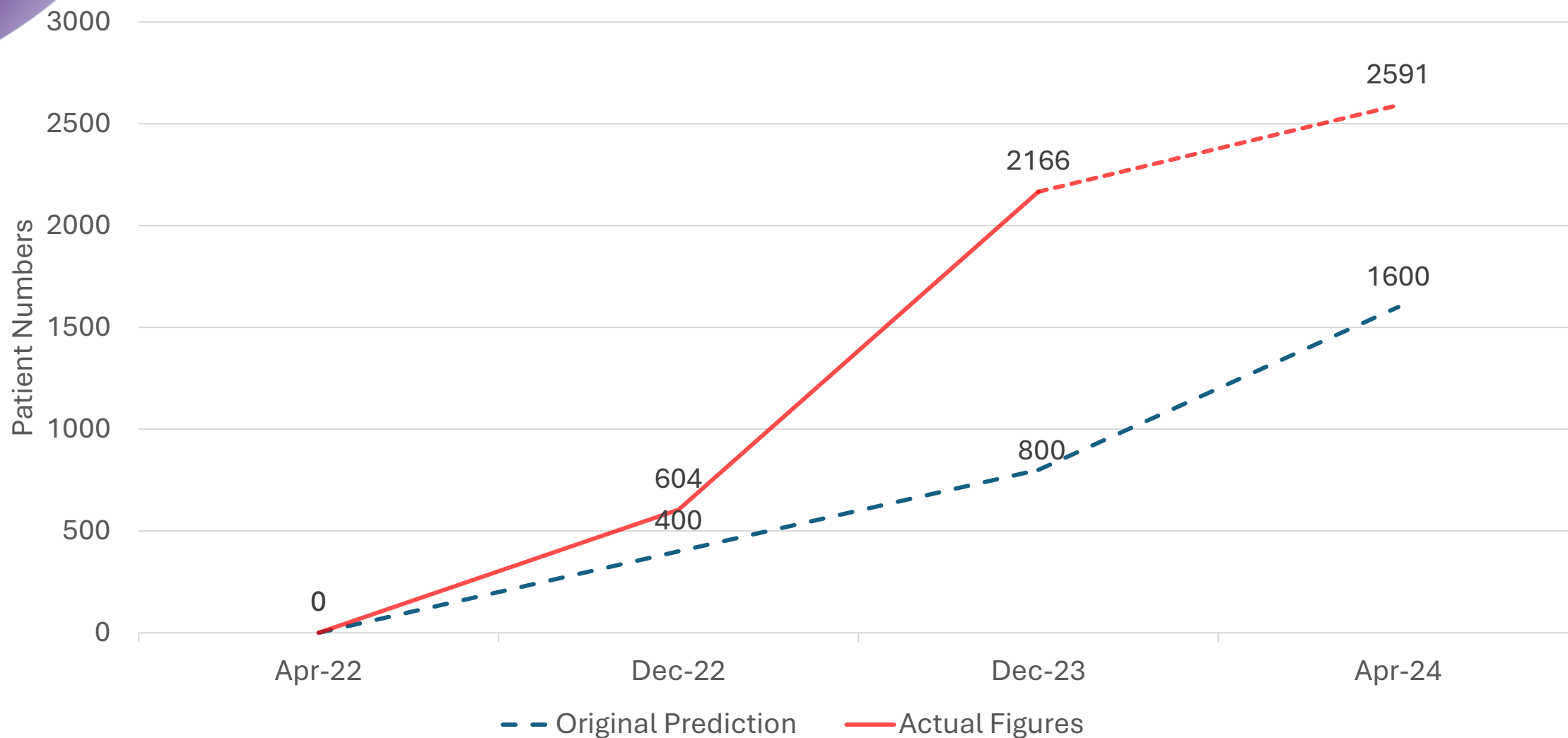
Please see the staff in our day
Veteran Champions - Read our
Veteran Champions - Read our
Veteran Champions - Read our

VETERAN AWARE



The Trust currently has 1,068 beds and treats over 700,000 patients a year. Our services cover an area of approximately 1,211 square kilometres

ELHT Patients Seen by Veteran Services During the 2 year project



Average of 107 patients per month

THE BENEFITS ACHIEVED - PATIENT, ORGANISATION AND COSTS



East Lancashire Hospitals
NHS Trust
A University Teaching Trust

MAXIMISING THE OUTCOMES WHILST MINIMISING THE COSTS

Average cost per patient attending ED - £204.95.

Average cost per patient per night AMU - £642.

A patient is allocated an average admission period of 3 Days. 3 X £642 = £1926

Therefore, an average total per admitted patient - £204.95 + £1926 = £2130.95

AMOUNT SAVED TO DATE £249,321.15 or 378 bed days saved.

By early intervention of the ELHT Armed Forces Veteran Team they have stopped/reduced the length of stay of 68 Veterans in the last 18 months. Of these 68 veterans:

- 20 homeless veterans have been supported into accommodation.
- 22 veterans have been supported in mental health placements.
- 20 veterans in community have gained financial help.
- 30 veterans assisted with modifications to their homes.
- In addition to many Veterans signposted to Social Groups.



PATIENT A

07/05/2024 – 06/09/2024 (6 months)

30 x attendances

6 x admissions

£204 x 30 = £6120

£1926 x 6 = £11556

Total cost to NHS & ELHT = £17676

ARMED FORCES TEAM INVOLVED & EXTERNAL SUPPORT ORGANISED.

07/09/2024 – 07/01/2025 (6 months)

11 x attendances

0 x admissions

£204 x 11 = £2244

Total cost to NHS & ELHT = £2244

REDUCTION of costs saved £15,432 for 1 pt in 6 months


**THE LANCASHIRE
ARMED FORCES
COVENANT HUB**



NHS

East Lancashire Hospitals
NHS Trust
A University Teaching Trust

NHS

ssafa


**Royal Air Force
Benevolent Fund**

NHS
Greater Glasgow
and Clyde


**GIG
CYMRU
NHS
WALES** | Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

NHS
Lancashire &
South Cumbria
NHS Foundation Trust

HH
Healthier Heroes
SERVING OUR COMMUNITIES



SUPPORT

NHS
Airedale
NHS Foundation Trust

NHS
Guy's and St Thomas'
NHS Foundation Trust



ASSISTANCE

NHS
North Cumbria
Integrated Care
NHS Foundation Trust

NHS
James Paget
University Hospitals
NHS Foundation Trust

Blesma
THE LIMBLESS VETERANS

RBL
ROYAL BRITISH LEGION

SERVICE

NHS
Cornwall Partnership
NHS Foundation Trust

NHS
Barts Health
NHS Trust

OpCOURAGE
NHS
The Veterans Mental Health
and Wellbeing Service

VIC
VETERANS IN COMMUNITIES
long Prosper

HELP

NHS
Veterans Covenant
Healthcare Alliance

NHS
South Tyneside and Sunderland
NHS Foundation Trust

**MACMILLAN
CANCER SUPPORT**


**Armed Forces &
Veterans Breakfast
Clubs**
By Veterans For Veterans

**ROYAL
AIR FORCES
Association**
The charity that supports the RAF family

COMBATSTRESS
FOR VETERANS' MENTAL HEALTH

Patient Support

- **Trust Induction Veteran Awareness** – This is attended by all new members of staff and students.
- **E-Learning module** - This for all staff to access via the trusts Learning Hub and details Veteran Awareness and how to identify and refer.
- **CERNER** – Armed Forces Status and referral pathway integrated into Electronic Patient Record
- **Information Pack** – Each Patient receives an individualised Information Pack.
- **Nursing Assessment & Performance Framework** – This is a framework that ensures that all department that have nursing staff meet the criteria for CQC. From a local point of view, we have integrated Veteran Awareness into this framework.
- **Signposting** - Signposting and referring to Local and National support.

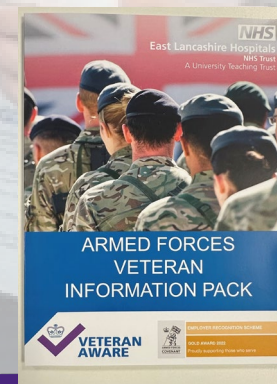
Staff Support & Other Projects

- **Armed Forces Staff Network**
- **Armed Forces Day Event**
- **Remembrance Service**
- **Jobs fairs**
- **Staff Training**
- **Data Capture Projects**
- **OVA Workshop**
- **Supporting other NHS Trusts across the UK**
- **Currently hosting a 4-week clinical placement for Regular Serving**

Combat Medical Technicians

The Future

- **Hospital to Home**
- **Veteran Friendly Framework**
- **Community Support Worker**
- **Supporting Northwest NHS Trusts**



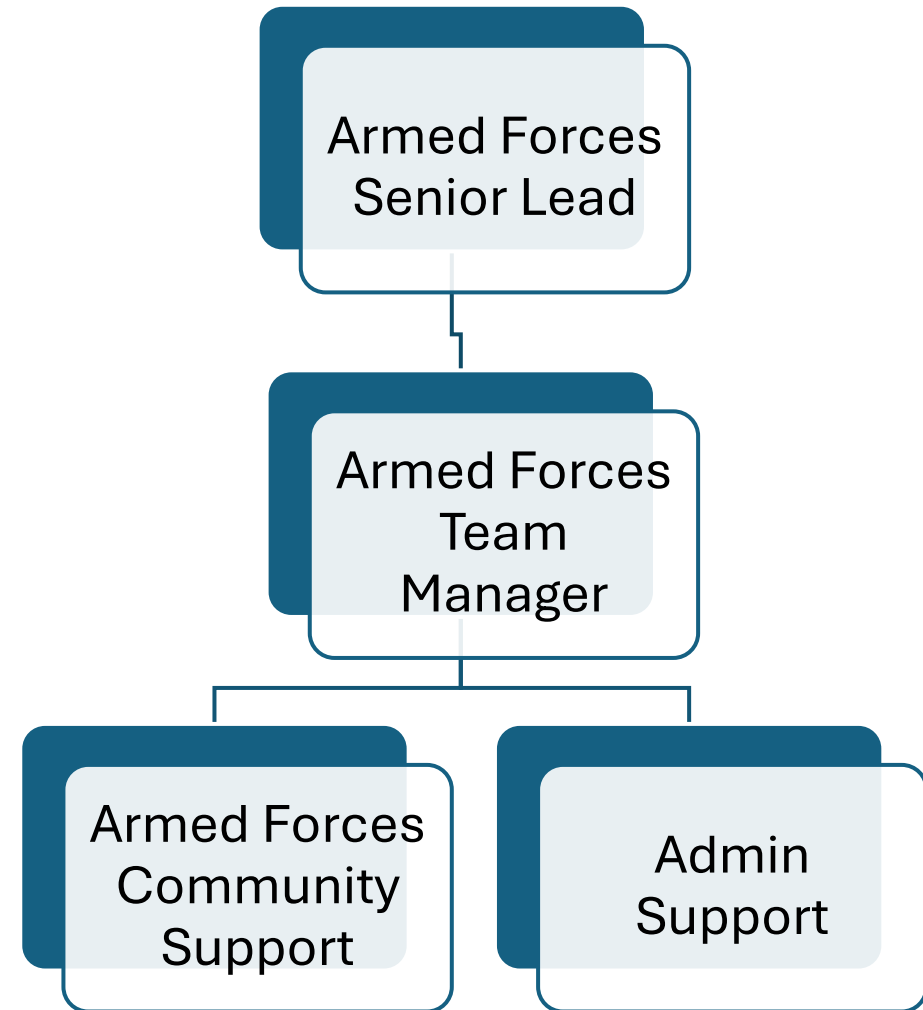
ELHT 2 - 5 YEAR PLAN

Currently the Armed Forces Veteran Team only supports patients within acute hospitals settings.

To provide qualitative care for all our Armed Forces patients including those that are community-based who currently have no access to this service. We have developed a continuity and sustainability business plan for next 2-5 years.

Many of our Armed Forces Veterans not only suffer from long term health conditions but also anxiety, loneliness & social isolation. As a result of this many veterans come into hospital resulting in cost not only to ELHT but also to and Northwest Ambulance Service (NWAS).

Expanding the team into the community will help alleviate pressure on the hospital and NWAS by facilitating admission avoidance but more importantly improving the quality of life of many patients.



Community Based Teams - East Lancashire Hospitals NHS Trust

ELHT has many Community Based Clinical teams who treat patients in their own home.

Intensive Home Support Service, Virtual Ward

District Nurses

Integrated Neighbourhood Team

Specialist Palliative Service

These teams see on average **37,643** patients each month some are recurrent pts. So statistically there could be in excess of **1,430** Armed Forces Community patients that could be supported in the community at any one time.





Have you or a member of your family ever served in the British Armed Forces?



WE CAN HELP ...



Provide a 'Home Check'

We will make sure you have everything you need to settle in after being discharged from hospital



Offer personalised support

Review your current needs and requirements to help navigate appropriate support



Access to other services

Find a range of activities in your local community to support you to live independently and improve wellbeing

To find out more information, speak to your hospital
Armed Forces Champion or contact:



spoc@armedforceshq.org.uk



01942 821 293



Veteran Friendly Framework



Designed for use in residential settings for older people, the Veteran Friendly Framework (VFF) helps care providers to offer appropriate support for the thousands of veterans living in care homes across England.

The Framework supports providers in identifying veterans and their wellbeing needs, addressing social isolation, and signposting statutory and charitable services.

It consists of eight standards which staff are supported to meet to achieve their VFF status. Each of these standards will be accompanied by a set of resources that help care homes to demonstrate their achievements.

✓ To find out more or to start your journey to achieving the Veteran Friendly Framework status, please contact: vff@starandgarter.org or visit veteranfriendlyframework.org.uk



Royal Marine, 101, has stolen war medals replaced



| James Laughlin was one of 17,000 marines involved in D-Day, clearing mines on Gold Beach

19 December 2024

A 101-year-old former Royal Marine commando has been presented with a set of replacement medals after his original ones were stolen.

James Laughlin was one of about 17,000 marines involved in D-Day, and swam - armed only with a knife which he held between his teeth - to Gold Beach to clear mines that were a danger to landing craft.

He was handed his new medals at his Accrington care home by Lt Col Ralph Assheton, a deputy lieutenant for Lancashire, who said the veteran was "quite something".

Mr Laughlin, who said his time in Normandy in 1944 was "just a day's work" received a 1939-45 Star, an Africa Star, an Italy Star, a Defence Medal and a War Medal.



| Mr Laughlin received a 1939-45 Star, an Africa Star, an Italy Star, a Defence Medal and a War Medal.

D-Day was the largest military seaborne operation ever attempted, and marked the start of the campaign to liberate Nazi-occupied north-west Europe.

Mr Laughlin said he had thrown pebbles at mines on the beach to set them off.

Born in Leeds, he served between 1941 and 1945 and was a plasterer by trade before and after his time in the marines, but later settled in Accrington.

His medals had been on the wall of his home before a neighbour noticed they had gone missing before Mr Laughlin went into hospital in October.

They were commissioned after Sid Sadiq, an Armed Forces veteran advocate support officer with East Lancashire Hospitals NHS Trust, applied to the Ministry of Defence (MoD) to get them replaced.

Mr Sadiq served for 22 years in the Royal Army Dental Corps as a medical practice manager and now supports veterans who come to the trust as inpatients.

He said when he contacted the MoD they had no official record of Mr Laughlin being awarded the medals so they were able to issue original ones rather than duplicates.

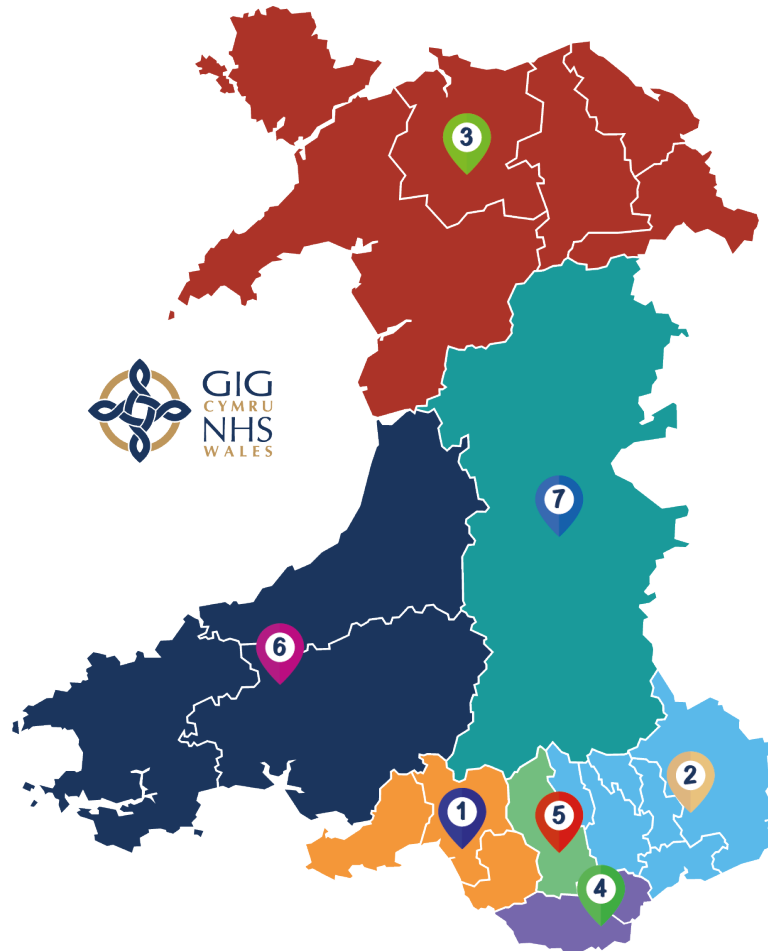
"He was in Germany, Italy and Africa," Mr Sadiq said of Mr Laughlin. "It's an amazing thing to reach the age he's reached and to achieve some of the things he's achieved."



Betsi Cadwaladr Health Board, experience and learning
Zoe Roberts, Armed Forces Covenant and Veterans Healthcare Lead

Cardiff and Vale University Health Board
Maisy Provan, Armed Forces Covenant and Veterans Healthcare Lead

Veterans' Health Wales



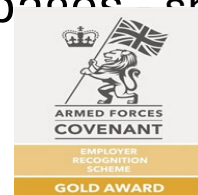
- Zoe Roberts
 - Betsi Cadwaladr University Health Board
- Maisy Provan
 - Cardiff & Vale University Health Board

Prior to Pilot

- No way of identifying patients
- Lack of staff awareness of the Covenant & AF patients needs
- ERS and VCHA Accreditations from 2018 but both due for renewal
- Limited disjointed ways of identifying patients on Patient electronic systems
- DMWS officer in place for 6 months (South only) but no way of gaining consistent referrals

What was implemented?

- Methods of identifying patients
 - Including the Poppy programme (North – All Admission Wards), and (South - On elderly care wards and day surgery)
- Training for staff
 - North – Signposted to AFLO / Sussex Hospitals Service Champion Package)
 - South - Information in the Induction package
- AF staff review
 - MS forms and Comms sent out to reach out to staff who may not have recorded their AF status
 - Staff Armed Forces Network established (North & South)
 - Additional section added on the appraisal form to allow staff to discuss requirements with their manager
- Intranet and external Internet pages showcasing AF portfolio of work within HB
- Welsh Health Circular (2023) 022 – The AFC – Healthcare Priority / Special Consideration for Veterans / Ex-Armed Forces Personnel
- Initiatives / Accreditation Work:
 - ERS Gold, PiVS & VCHA, Veteran Friendly GP Practices, SiTH
- Collaboration with;
 - Local MOD units (both Regular and Reserve)
 - Third sector partners
 - Local MPs
- Links with local GP practices
- All Wales Leads group created (for the sharing of ideas and information)
- AF Events (AF Week, D-Day, Remembrance)



- AFC / Veteran Identification - IT and IG challenges
- High turnover of Staff
- Difficulty in continuous awareness raising
- Requests to make AF Training Mandatory – Denied
- Capacity for staff training
- NHS waiting lists and health pressures
- Large proportion of health issues are not related to service
- Lack of continued funding for Covenant roles (South)
 - Uncertainty for the future

- Re-signing of the Covenant
 - South – September 2023
 - North – January 2024
- Make the Pilot workstreams BAU
- DMWS WO secured April 2024 – North
- End to end pathways - Joined up approach from Primary Care, Secondary Care right through to the Community
- Further VCHA accreditations, i.e. IHC's, MH&LD division, Prison service, Community Care Homes / Hospices
- Expansion to other Health Boards (South)

Support for the acute hospitals pilot and experience/learning in Scotland

Robert Reid, DMWS; Julie Murray, Chief Officer, East Renfrewshire Health & Social Care Partnership; Margaret Partridge, Veteran Support Co-Ordinator, DMWS



NHS
Greater Glasgow
and Clyde


DMWS
Defence Medical
Welfare Service
Supporting
the frontline

NHS
Lothian

Supporting Veterans in the Acute Hospital Settings

Julie Murray, Armed Forces & Veterans
Champion, NHSGGC

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 **THE ARMED FORCES
COVENANT FUND TRUST**

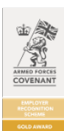
Medals worn by a veteran of the Parachute Regiment at a ceremony for British
Soldiers in Wootton Bassett, Wiltshire, 14th July 2009 © IWM DC 41768



Defence Medical
Welfare Service
Supporting
the frontline



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Welfare Service
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Quality
management
ISO
9001: 2015

Certificate No 227912015



Registered with
FUNDRAISING
REGULATOR



Cobseo
The Confederation
of Service Charities

Where are we?



44 hospital locations
across England,
Wales, Scotland and
Northern Ireland



9 hospitals in Cyprus



Various community
locations



National Response
Service helpline to
cover locations where
we don't have a
physical presence

● Hospital Locations ● MoD Locations ● HQ Location



Project Design – Scotland Set Up



PROUDLY
SUPPORTING
THOSE WHO
SERVE.



Project Lead

Armed Forces Champion Julie Murray,
CO East Ren HSCP

2 Welfare Officers based in QEUH in Glasgow
1 Band 8 (equiv) Veterans Support Coordinator



Project Lead

Armed Forces Champion Tracey Gillies,
Medical Director NHS Lothian

1.5 Welfare Officers covering 3 hospitals
Admin support from NHS Lothian

DMWS Regional Manager Oversight
DMWS HQ administrative, HR and technical support

SU - Outcomes & Impacts (Closed Cases)

Contract Location	No. of SUs	Beneficiaries		Staff Supported	Total Beneficiaries
		Family			
NHS GG&C - PR072	201	313		145	659
Total	201	313		145	659

Contract Location	No. of SUs	Beneficiaries		Staff Supported	Total Beneficiaries
		Family			
NHS Lothian - PR142	124	115		123	362
Total	124	115		123	362

Primary Care	No. of SUs	% of All SUs
Veteran has used the NHS App by the date of holistic MDT		
SU has engaged with GP following MDT		
SU has downloaded the NHS App		
Reduction in travel to appointments as a result of assistive technology		
Total No. of SUs with a Primary Care Outcome	46	29%

Secondary Care	No. of SUs	% of All SUs
Reduced anxiety/stress about health care/treatment	104	54%
Improved experience of health care	92	48%
Obtained support from 3rd sector reducing need for NHS services	40	21%
Improved interaction between SU and/or SU Family and Healthcare Professionals	33	17%
Contributed to improved discharge plan	18	9%
Other/Comments:	17	9%
Reduced likelihood of NHS Mental Health Crisis Intervention	16	8%
Reduced the likelihood of hospital re-admission	7	4%
Reduced frequent or future unnecessary admissions to hospital	6	3%
Reduced Delayed Transfer of Care (length of stay)	5	3%
Reduced DNA at hospital	5	3%
Improved patient condition through WO interaction		
Total No. of SUs with a Secondary Care Outcome	156	81%

Social Isolation	No. of SUs	% of All SUs
Reduced Social Isolation whilst in hospital e.g visiting SU and facilitating family visits	36	20%
Reduced Social Isolation	51	28%
Other/Comments:	13	7%
Enabled support from Buddy/Companion Services	11	6%
Enabled access to Service/Community Groups (e.g. Breakfast Club; Regt Assoc, Reunion Groups)	2	1%
Total No. of SUs with a Social Isolation Outcome	103	58%

Independent Living	No. of SUs	% of All SUs
Alert Alarm System Installed (Safety)		
Enabled access to mobility aids and housing adaptations		
Enabled Independent Living - SU remained in/discharged to their own home	5	3%
OT or ILA Report secured		
Other	49	30%
Secured Alternative Suitable Accommodation	9	5%
Secured eligible and previously unclaimed benefits	2	1%
Secured funding for housing adaptations	2	1%
Secured funding for mobility aids	6	4%
Secured funding from specialist organisation for care home fees alternative to LA funds	2	1%
Secured Respite Placement	3	2%
Total No. of SUs with an Independent Living Outcome	69	42%

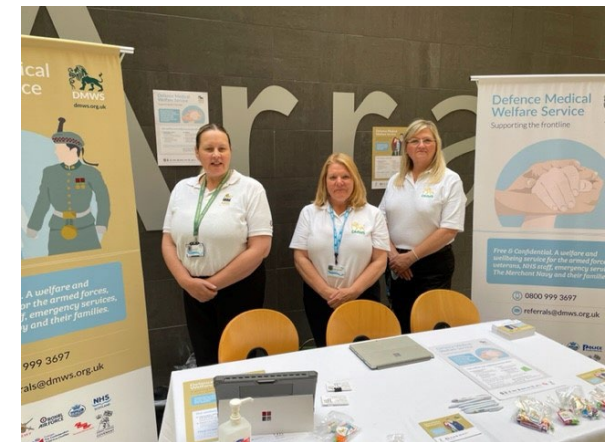
Outcomes

- Both projects in Scotland exceeded expected delivery outcomes
- Both projects increased NHS staff awareness about the unique needs of the Armed Forces and veteran community
- Services continue in both locations – legacy success



Learning

- As good as the welfare service was, success was only possible by making changes that underpinned delivery; changes to TrakCare and significant engagement and education - this needed additional resources to drive the change
- The hospital-based service was effective but to realise the full potential of this type of support, any future model would need to extend into the community and be linked to NHS prevention objectives





The Legacy for Veterans in Scotland



Defence Medical
Welfare Service
Supporting
the frontline

**Debra Elliot, Director of Armed Forces Health Commissioning,
NHS England**

Supporting the Armed Forces Community and the NHS



Evaluation of NHS Acute Hospital Advocate Pathfinder Programme

Acute Hospital Advocate Pathfinder Findings



- ✓ Improved education and knowledge of staff within acute setting re the Armed Forces Covenant and general understanding of the Armed Forces Community
- ✓ Improved the identification of veterans - some NHS Trusts embedded veteran identification into electronic admission systems.
- ✓ Raised awareness about what support veterans could access in terms form the NHS and Armed Forces charities.
- ✓ Supported discharge to meet veteran's needs ,securing support from external agencies to help them with preparing to live at home.
- ✓ Staff training raised the profile of veterans in the workplace and led to constructive HR policy changes.
- ✓ Veterans reported that they felt valued and appreciated acknowledgment of the armed forces service.

Acute Hospital Trusts

Recommendations for Acute Trusts

1. Sharing the learning from the Acute Hospital Advocate Programme
2. Acute Hospital Trusts to adopt a standardised veteran ID tool to aid in promoting awareness of veterans.
3. Hospital Discharge teams to collaborate with local Armed Forces charities utilising the charitable sector offer and welfare and social care support.
4. Review current materials used for patients with sight loss and further develop and provide suitable materials for veterans with sight loss.
5. Deliver/ support future staff training built on a consistent module regarding the Armed Forces community in addition to online educational models.



OP Community Pathfinder Dynamic Assessment

Recommendations for ICBs

- ✓ Know your Armed Forces population and raise awareness of the health & social care needs of the Armed Forces community including unique characteristics to tackle health inequalities
- ✓ Utilise the Joint Strategic Needs Assessment process to match local need and inform Population Health Management
- ✓ Understand your responsibilities under the Armed Forces Covenant
- ✓ Appoint an Armed Forces 'champion'
- ✓ Use service user feedback mechanism (survey, focus groups)
- ✓ Provide access to training and awareness raising for staff across the NHS and wider (strategic and operational)
- ✓ Strengthen links to RCGP and VCHA programmes and local NHS and Armed Forces related health services.
- ✓ Collaborate with statutory and non-statutory organisations and adopt a multi-agency approach and utilise peer-support for vulnerable groups/individuals.
- ✓ Link with Equality, Diversity & Inclusion agendas and networks -be inclusive, recognise and respond to diversity.
- ✓ Integrate research recommendations (Armed Forces policy and practice guidance)
- ✓ Understand that service families may arrive in your area with complex issues and use 'trusted assessments' to enable continuity of care and places on waiting lists.
- ✓ Be prepared to liaise and work with other ICB's (clinical, commissioning and administrative support) and national AF team over family move issues.



**The Armed Forces
Dorset , Cornwall &
Durham Veteran
Social Prescribing
Pathfinders**

Recommendations:

- **Increase Awareness and Accessibility:** Strengthen promotional efforts to raise awareness among veterans about the benefits of social prescribing
- Develop guidance for the Armed Forces community so they are better able to access support from ICB patient liaison services.
- Provide ongoing training focusing on the unique needs and challenges faced by veterans.
- Foster collaboration with other veteran support organisations to strengthen service delivery and support networks.
- Strengthen relationships with specialised programmes/ partnerships to address specific needs such as PTSD, addiction, and other complex mental health issues.
- Integrate Veteran aware training into Primary Care Social Prescribing Teams.
- **Promote Community Integration:**
 - Organise community events and support groups to foster a sense of community and belonging among veterans.
 - Encourage veteran-led initiatives and peer support programs to leverage the strength of the veteran community.

NHS England and the VCHA - Regionally based Armed Forces Trainers & Educators

North East

North West

Midlands

South West

South East

London

East of England



Aim of the Regional Trainers & Educators

- To drive the development of a **skilled, educated, and inclusive NHS primary, community and secondary care workforce**, to meet the evolving needs of the Armed Forces community within NHS England.
- The role will **'champion'** national Armed Forces policy initiatives, including the RCGP Friendly GP practices and VCHA accredited NHS Trusts and will develop and maintain effective links with ICB /ICP champion roles and relevant organisation leads nationally.
- Will work with and across **NHS and non-NHS organisations** so they are better able to **respond and manage care for and with the Armed Forces community**,
- Will work across NHS and non-NHS organisations, assisting in the development of delivery of local **Population Health Management** by supporting the system to :
 - To drive down **health inequalities, unwarranted variation and disadvantage** in healthcare for our Armed Forces community (serving, reserves, veterans and families).
 - **Enhance the experience** of NHS care of the Armed Forces community.
 - **Increase awareness of the unique characteristics** of the Armed Forces community thereby improving their health and well-being.
 - Supporting NHS systems to **deliver their statutory responsibilities** as part of the Armed Forces Covenant.

Carl Marsh, Place Director, NHS Cheshire and Merseyside



Cheshire and Merseyside

Who we are and what we do

“We are NHS Cheshire and Merseyside”



About us

We are NHS Cheshire and Merseyside – one of the largest integrated care boards in England.

We are a statutory NHS organisation, responsible for planning and buying most healthcare services for more than 2.7 million residents.

We are one organisation working across and within nine local authority areas known as ‘places’.

We are part of the wider Cheshire and Merseyside integrated care system and we work with our partners to:

- Improve the health of our residents
- Improve the quality of our health and care services
- Spend our NHS budget wisely across our health and care system
- Reduce inequalities in services and the differences experienced by our residents when using and accessing them

System overview



16 NHS providers

2 NHS provider collaboratives

570 pharmacies

313 dental services

286 eye services

349 GP practices

48 primary care networks

9 local authorities

12 hospice providers

1 ambulance service

9 Healthwatch

Voluntary, community, faith and social enterprise (VCFSE) sector

Other partners

Supporting a population of 2.7 million people across 9 places

The NHS constitution and us

Our principles and values are guided in the NHS Constitution for England which sets out our pledge to staff and residents, and what we should all expect from each other. It says:

“The NHS belongs to the people.

“It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives.

“It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health.

“It touches our lives at times of basic human need, when care and compassion are what matter most.”

Our ambition

We want everyone in Cheshire and Merseyside to have a great start in life and get the support they need to stay healthy and live longer.

We are committed to tackling health inequalities and improving the lives of the poorest fastest. We will:

[No Title]

- Improve the health of children and young people
- Support more people to stay well
- Act sooner to help people with preventable conditions
- Support those with long term and / or mental health conditions
- Care for those with multiple health and care needs
- Help more people to access quality care as quickly as possible

Developing our shared language

We want everyone to understand who we are and what we do. Having a shared language will support us all in NHS Cheshire and Merseyside to articulate and champion our purpose with our residents and partners.

Identity - We are NHS Cheshire and Merseyside. Stakeholder feedback indicates that terms such as ‘the ICB’ mean little to many people outside of our organisation.

Places – We are one team working across and in our places. We are part of our nine wider place partnerships – Cheshire East, Cheshire West, Halton, Knowsley, Liverpool, Sefton, St Helens, Warrington, Wirral.

Central and place functions – Everybody across NHS Cheshire and Merseyside is equally valued, whether working mainly in the central team or in our places. We are one team serving the residents of Cheshire and Merseyside.

How we work with place partnerships

NHS Cheshire and Merseyside delivers some of its functions and makes some of its decisions about NHS funding in its nine ‘places’.

NHS Cheshire and Merseyside [No Title] remains accountable for how NHS resources are spent in ‘places’ and we are represented by place directors and their teams within wider place partnerships.

Collaboration between the NHS, local government and the voluntary, community and faith sector is underpinned by the duty for NHS bodies and local authorities to co-operate.

Who's who – senior team



Chair
Raj Jain



Chief Executive
Graham Urwin



Director of Finance
Claire Wilson

Who's who – senior team



Medical Director
Rowan Prof Pritchard-Jones



Director of Nursing and Care
Chris Douglas MBE



Assistant Chief Executive
Clare Watson

Who's who – senior team



Director of Performance
and Planning
Anthony Middleton



Chief People Officer
Chris Samosa



Chief Digital Officer
John Llewellyn

Who's who – senior team



Place Director
Cheshire East
Mark Wilkinson



Acting Place Director
Cheshire West
Laura Marsh



Place Director
Halton
Anthony Leo

Who's who – senior team



Place Director
Knowsley
Alison Lee



Place Director
Liverpool (Interim)
Mark Bakewell



Place Director
Sefton
Deborah Butcher

Who's who – senior team



Place Director
St Helens
Mark Palethorpe



Place Director
Warrington
Carl Marsh



Place Director
Wirral
Simon Banks