



Integrated Care Board Summary



Executive Summary

After looking at the 15 integrated care strategies (ICS) below, it is clear that care boards are aware of the additional support needs of the armed forces community as many of them mention this on their websites, however only 6 ICS's mention this community specifically. These are:

- **Leicester, Leicestershire, Rutland**
- **Shropshire & Telford and Wrekin**
- **Staffordshire & Stoke-on-Trent**
- **Humber & North Yorkshire (*in the draft version, but not in final version*)**
- **South Yorkshire**
- **West Yorkshire**

The detail around their inclusion of the armed forces community in these strategies are outlined below. When this has been included, the information around this is still vague and seems to be lacking action points and relevant information to detail what integrated care boards are actually going to be doing to support, how their policies and processes will change and how this will positively impact the community.

More work needs to be done to enhance the strategies to have a specific focus on the armed forces community, especially in areas where we know there is a much higher number of ex veterans.

Background

An Integrated Care Board (ICB) is a statutory NHS organization responsible for planning and funding health services within a specific geographical area. Established on July 1, 2022, ICBs manage the NHS budget and work with local providers, such as hospitals and GP practices, to develop and implement plans that meet the health needs of the local population (1).

Integrated Care Strategies are written by ICB's to outline their strategic direction, detailing how they will work with partners to improve the lives of the residents who live in those communities.

Purpose

The purpose of this summary document is to see which Integrated Care Strategies from North East & Yorkshire and Midlands local authorities mention the armed forces community or have considered their needs when writing these strategies. This is to help inform the work that VPPP are doing by understanding which areas will benefit most from grants specifically provided to support the veteran community. If they have already outlined this as a key consideration in their strategy, they are more likely to have a tailored support plan in place and may just be missing funding, so the grant would be of more value to an area like this.

The Midlands has 11 individual integrated care strategies, these are:

- **Birmingham and Solihull** - [A Bolder, Healthier Future for the People of Birmingham and Solihull \(icb.nhs.uk\)](https://www.icb.nhs.uk)

Findings:

No mention of armed forces community in their ICS or their website
Birmingham and Solihull Mental Health Trust – have Op Courage (a veterans mental health and wellbeing service)

- **Black Country** - [Black Country ICP Initial Integrated Care Strategy 2023-25 V5.5.pdf \(blackcountryics.org.uk\)](https://www.blackcountryics.org.uk)

Findings:

No mention of armed forces community in their ICS but the Black Country Health Care Trust have veteran aware accreditation and several key pledges to the armed forces community including training staff on veteran specific culture and needs.

- **Coventry and Warwickshire** - [CW Integrated Care Strategy Final July 2023.pdf \(coventry.gov.uk\)](https://www.coventry.gov.uk)

Findings:

No mention of armed forces community in their strategy or on their website

- **Derby and Derbyshire** - [Our strategy » Joined Up Care Derbyshire](https://www.derby.gov.uk)

Findings:

No mention of armed forces community in their strategy but there is on their website – *“Whilst they are not a recognised as a legal protected characteristic, the needs of the Armed Forces and Veterans as well as those identified as*

having a level of social deprivation (these factors include mental illness, poverty, poor education and low socioeconomic status) should be considered”.

- **Herefordshire and Worcestershire** - [Link to ICS](#)

Findings:

No mention of armed forces specifically in the ICS but is mentioned in their joint forward plan - “Support to veteran health” - [Link to forward plan](#).

- **Leicester, Leicestershire and Rutland** - [Link to ICS](#)

Findings:

There was mention of the armed forces community in their ICS.

“Stronger references to our role in supporting the Armed Forces Covenant”

“Ambitions for primary care: Give due regard to the Armed Forces Covenant, engaging with, enabling access and meeting the needs of the armed forces community”.

“Same day urgent care: For our armed forces community, we begin piloting a single point of contact during 2023/24”.

“Mental health, local context: The armed forces community experience greater loneliness, in particular spouses of those serving”

The extracts above have been taken from the Leicester, Leicestershire and Rutland ICS.

Involving our stakeholders in validating this Plan

We wanted to validate our understanding of the insights collected, and gain assurance that these have influenced, not just specific parts of this Plan, but also the overall scope and direction of the Plan itself. To do this, we have implemented a [comprehensive engagement process](#) with key stakeholders, as well as with wider audiences, between May and June 2023, to gain their feedback on this Plan, before it is finalised. We will prepare and publish a summary of engagement findings, however, some of the feedback we received, and which resulted in changes to the Plan include:

- Stronger references to our role in supporting the [Armed Forces Covenant](#);
- Incorporating measures that can be used to demonstrate success in delivering our Pledges;
- Acknowledgement of national and local NHS dental services issues and that we will produce a plan to address these, locally;
- Sharpening the interventions we will make and adjusting timelines to provide more focus on actions that need to be taken in the short-term; and
- Strengthening our prevention plans, including in respect of physical activity.

The Strategy will deliver our ambitions for primary care, these being:

- Breaking down traditional barriers and eradicating the historic divide in health and social care;
- Building on our collaborations; working with people, staff, partners and communities to understand what we need to do differently, working with them as equal partners to shape, design and deliver care;
- Improving health equity, closing the gap in variation and consistency of services to enhance people's experience;
- Developing a model of care that is fully integrated, multi-disciplinary and responsive to the specific needs of the population, focussed on prevention, self-care and shared health outcomes;
- Providing timely access to anticipatory and same day urgent care when it is needed;
- Ensure urgent care is safe, coherent, streamlined, locally accessible and a convenient alternative to A&E for patients who don't need hospital care;
- Make mental health and wellbeing services an integral part of primary care;
- Implement new models of care for key patient groups, including older people, the vulnerable and those with long term conditions;
- Give due regard to the [Armed Forces Covenant](#), engaging with, enabling access and meeting the needs of the armed forces community
- Build services around people, in their neighbourhoods, closer to home;
- Empower people to play an active role in managing their own health, supporting the prevention and self-care agenda;
- Grow our multi-disciplinary primary care workforce, attracting, retaining, and developing staff, ensuring they are valued and supported through a positive culture;
- Make best use of our limited resources, providing care in the right place, in the right way, at the right time; freeing up our clinicians to care for the most acutely unwell; and
- Make primary care services available and accessible to our communities in local, fit for purpose premises which can offer a range of services and facilitate integrated teams.



- **Lincolnshire** - [Link to ICS](#)

Findings:

No mention of armed forces community in ICP but they have mentioned them on their website: *“NHS Lincolnshire Integrated Care Board (ICB) is celebrating being awarded the Defence Employer Recognition Scheme (ERS) silver award, in recognition of its support to defence and for the Armed Forces community in Lincolnshire”.*

- **Northamptonshire** - [Link to ICS](#)

Findings:

No mention of armed forces community in ICS or on their website.

- **Nottingham and Nottinghamshire** - [Link to ICS](#)

Findings:

No mention of armed forces community in ICS, but there is on their website:
“We recognise the value and service of our large armed forces community in Nottingham and Nottinghamshire.

We are committed to meeting the requirements set out in the [armed forces covenant](#), which is part of the NHS constitution. It states that the armed forces community should enjoy the same standard of, and access to, health care as that received by any other UK citizen in the area they live. Veterans should receive priority treatment where it relates to a condition that results for their service in the armed forces, subject to clinical need: [Armed forces support - NHS Nottingham and Nottinghamshire ICB](#)”.

- **Shropshire & Telford and Wrekin** - [Link to ICS](#)

Findings:

The armed forces community is mentioned in the ICS.

“Tackling inequalities, inclusion groups: service personnel and veterans”

It’s included as a social inclusion group not a protected characteristic but is treated in a similar way to ensure they are not discriminated against and that their specific needs are met.

Tackling inequalities – inclusion groups

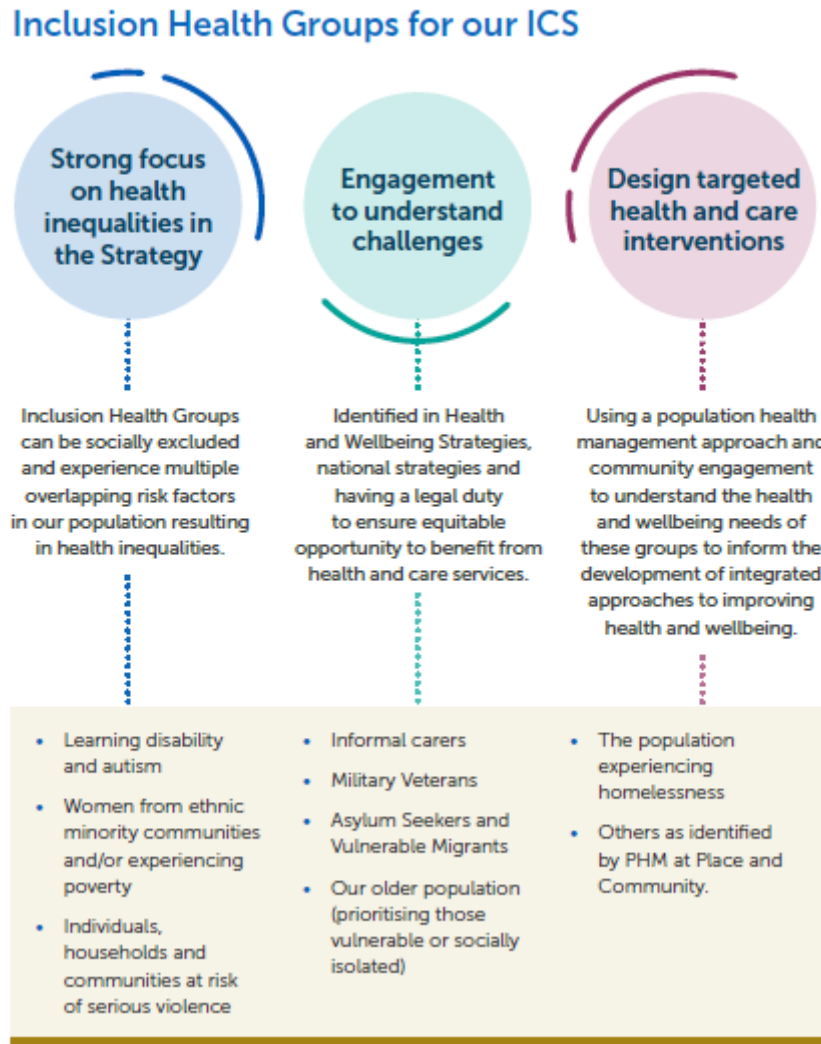
Clear focus where outcomes are poorest for people and families who are:

- from black and minority ethnic groups
- living in deprived communities, including rural deprived
- affected by alcohol and other drugs
- victims and survivors of domestic abuse
- experiencing poor emotional and mental health
- living with physical, learning disabilities and autism
- Living with sensory impairment
- within Equality Act protected characteristic groups
- at risk of exploitation
- LGBTQ+
- service personnel and veterans
- looked after children and care leavers
- asylum seekers and refugees

- **Staffordshire & Stoke-on-Trent** - [Link to ICS](#)

Findings:

Mentioned as an inclusion health group for their ICS: “military veterans”.
But no specifics around the type of support that will be available to them.



North East and Yorkshire have 4 individual integrated care strategies, these are:

- **Humber and North Yorkshire** - [Link to ICS](#)

Findings:

The armed forces community is mentioned in their 2023 draft version but seems to have been removed from the version issued in 2024:

This is in the 2023 draft version: “*Armed Forces Covenants are in place in each of our Places, recognising our commitment to ensuring current and former service people have their needs met*”.

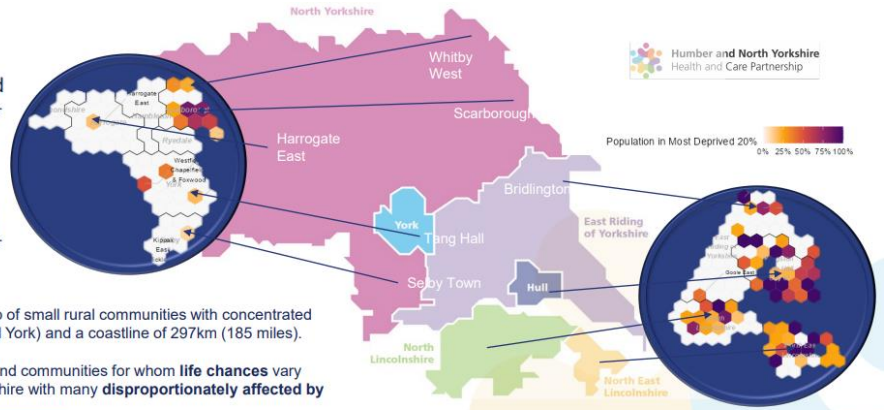
Our communities

Our communities are the lifeblood of our partnership – our people are our greatest asset, but many of them live in the **most deprived communities** in England or face other barriers to living healthy lives.

Of our 1.7 million population 18% live in the 20% most deprived communities and within our six Places this can be significantly higher (as shown by the maps). 25% of our population live in the most affluent 20%.

Much of our 1.08 million hectares is made up of small rural communities with concentrated urban areas of our towns and cities (Hull and York) and a coastline of 297km (185 miles).

We describe below some of the individuals and communities for whom **life chances** vary significantly across Humber and North Yorkshire with many **disproportionately affected by ill-health and premature death**.



- **NE & North Cumbria** - [Link to ICS](#)

Findings:

No mention of armed forces community in ICS but there is on the trust website: *“We are proud to say that our ICB has signed the Armed Forces Covenant and received the Gold Award as part of the Covenant's employer recognition scheme”*.

- **South Yorkshire** - [Link to ICS](#)

Findings:

In their ICS, they have given thanks to SY Military Veterans support for survey feedback to support strategy but no mention of anything to do with armed forces community in the actual strategy to say they are taking them into consideration with any of their policies/plans.

Our thanks

Our thanks to the following organisations, who held focus groups or provided feedback through surveys that helped to influence this strategy:

- Barnsley College, Dark Nights *
 - Barnsley Parent Carer Forum
 - Barnsley Youth Council
 - Beacon Coffee Morning (Carers)
 - Breathing Space Rotherham
 - Chilypep
 - Citizens Advice Event, Barnsley Library
 - Doncaster District Deaf Society, Happy Hands
 - Doncaster Health Ambassadors
 - Healthwatch South Yorkshire
 - KickBack Recovery
 - Newlife
 - Roshni Asian Sheffield Women's Group
 - Rotherham Ethnic Minority Alliance
 - Safeguarding Event, Barnsley Market
 - Salvation Army Goldthorpe Foodbank
 - Sheffield Mansel Primary School
 - South Yorkshire Stroke Survivor and Carer Panel
 - Speakup for Autism
 - SY Military Veterans support
 - TransBarnsley
 - Umbrella Winter Wellbeing
- **West Yorkshire** - [Link to ICS](#)

Findings:

There is a section in the ICS on suicide prevention and they have mentioned that this is higher in the ex-military population have higher suicide risk so support through the ICS will be targeted at them.

“Our Partnership commissioned a film, created by Verd De Gris Arts, which explores mental health and suicide prevention with ex-military personnel. Leaving Service was devised for people working in health, social care, criminal justice – in order to increase awareness of the particular mental health and social situation presented by leaving military service – and the increased suicide risk in this population”.

Our Partnership will work together to prioritise suicide prevention, creating a paradigm shift that makes suicide prevention everyone's business. Every organisation in the Partnership will take demonstrable action on suicide prevention. To support this we have [established a suicide prevention website with resources, including links to free training](#). We also launched the [national award winning Check-In staff campaign in 2021](#), which was followed by the ['Check-In with your mate' movement in 2022](#).

Our Partnership commissioned a film, created by Verd De Gris Arts, which explores mental health and suicide prevention with ex-military personnel. [Leaving Service](#) was devised for people working in health, social care, criminal justice – in order to increase awareness of the particular mental health and social situation presented by leaving military service – and the increased suicide risk in this population.

Warning: the film explores suicide attempts, trauma and bereavement.



What ICBs can do to support the Armed Forces community

Prior to the Health and Care Act 2022, the responsibility for the commissioning of services for this community was held by clinical commissioning groups (CCGs) and NHS England, with the MOD providing some services, predominantly primary medical services, to those in Service.

On 1 July 2022, CCG commissioning responsibilities transferred to integrated care boards (ICBs) who are now responsible for commissioning services for veterans and families, who form part of their registered populations. NHS England continues to have commissioning responsibility for those patients registered with DMS. This includes Service personnel and entitled dependents, and bespoke specialised veteran services, namely Op COURAGE: The Veterans Mental Health and Wellbeing Service and the Veterans Prosthetics Panel. This is delivered through a single national Armed Forces health team.

In early 2021 NHS England published ['Healthcare for the Armed Forces Community: a forward view'](#). This sets out NHS England's nine commitments to improve healthcare services for this community and associated considerations for ICBs (2).

Assurance of integrated care boards

As part of the planning process and as a requirement of the Armed Forces Act (2022), ICBs are required 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 is for ICBs to determine how to do this; however, it is recommended that the key commitments from the [Armed Forces Forward View](#) could be used by ICBs as indicators to measure progress. This non-exhaustive list should be considered as a developmental checklist, which will evolve over time, rather than a pass/fail metric (3).

Source Information:

1,2 & 3 from text:

Source: NHS England: [NHS commissioning » What ICBs can do to support the Armed Forces community \(england.nhs.uk\)](#)