

# **NHS DORSET ICB**

## **NHS England Families Single Point of Contact Pilot**

### **1. Introduction**

NHS England engaged with the Armed Forces Community (AFC), specifically the families, to better understand their requirements. A core ask from this work was the setting up of an Armed Forces families and AFC Single Point of Contact (SPOC), with local focus and England-wide reach, to act as a point of contact for the AFC, offering support and guidance to navigate the (local) NHS systems and prevent disadvantage.

Following the successful expression of interest submitted by NHS Dorset for Phase 2 of a programme of work to support local systems to help Armed Forces families (including those service families transferring across health systems). NHS Dorset will be referred to as the Provider for this demonstrator. The operating model sees the augmentation of Dorset HealthCare's Armed Forces Community Health & Welfare team (AFCT) and their work to provide a service to ensure members of the AFC are supported to access services that provide health and social care support. To support this model, Dorset HealthCare will host this demonstrator role to provide a dedicated Families Welfare Support Officer (FWSO). The coverage of the service will be across the NHS Dorset geographical footprint, with a review to determine if this model might be expanded more widely across the SW region in time. The Phase 2 pilot will run for 18 months from October 2022 with a commencement date of 1<sup>st</sup> December 2022.

### **2. Role outline**

A dedicated Families Welfare Support Officer (FWSO) will be recruited into the current AFCT team provided by Dorset HealthCare. This will allow the FWSO to access existing networks already in place within the AFC across Dorset as well as ensuring the individual has the required management and support as part of the team to enable them to fulfil the requirements of the role. AFCT makes use of several services in a co-ordinated way providing a single point of access for the Armed Forces Community. The team also takes factors such as housing, welfare and employment issues into consideration as part of any initial meeting with an individual and, when appropriate, will liaise with local organisations to ensure that members of the AFC receive timely and appropriate support.

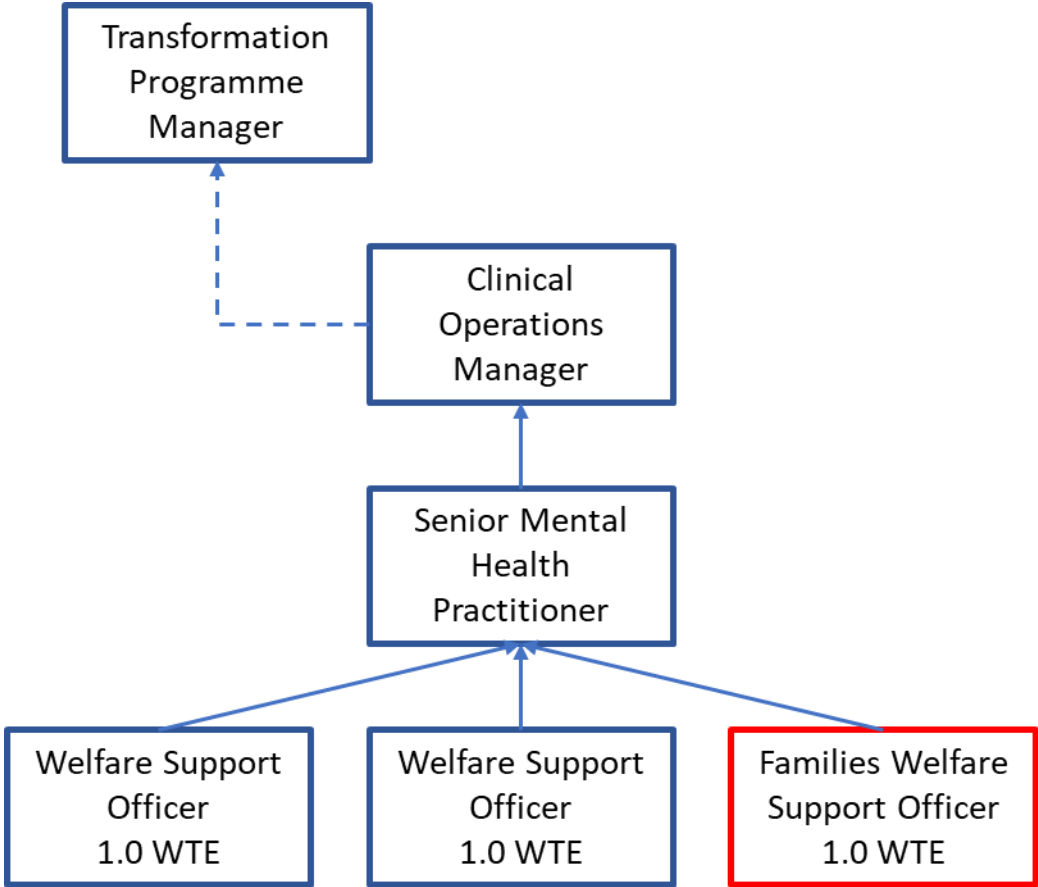
Building on the networks and links currently in place the FWSO will engage directly with garrison welfare officers to support those families newly posted in but also those who maybe posted to other areas utilising the England wide network to link in with other FWSO's. They will also support those transitioning and leaving service providing a mentoring scheme to support families into civilian life within Dorset, while also looking to support those spouses that have married a veteran after they have left the service, for example.

The FWSO will engage through existing NHS and Local Authority networks to provide support around accessing local GP Practices, Schools, Dentists and other locally available services to ensure that families are not disadvantaged when arriving in Dorset, as part of the transition from service.

Other key stakeholders will include, but not be limited to, local and national military charities, the Veterans Trauma Network, Op Courage, AFC-specific roles such as the AFC Social Prescribing Link Worker, Armed Forces Advocate roles in Acute settings, the criminal justice system, Mental Health teams and Emergency services.

**3. Staffing Organogram**

The FWSO will be a 1.0 WTE, complementing the current AFCT to support Phase 2 of the Armed Forces Families Single Point of Contact pilot.



## SCHEDULE 1 – Service Specification

The demonstrator applies to families of serving, reservists, veterans, transferring and resident families and carers within the Armed Forces Community. It will also support Armed Forces families in England who may move to/from Devolved Administrations or to/from abroad. These families are not to be excluded from this offer and service whilst resident in England.

### Armed Forces Families Single Point of Contact

#### A. Service Specifications

<b>Service Specification</b>	QVV/0291
<b>Service</b>	NHS Dorset Armed Forces Families and Community Single Point of Contact and care coordination
<b>Commissioner Lead</b>	NHS Dorset, Design and Transformation Lead
<b>Provider Lead</b>	Dorset Healthcare
<b>Period</b>	18 months
<b>Date of Review</b>	March 2024

<b>1. Population Needs</b>
<b>1.1 National/local context and evidence base:</b> <p>The NHS in England provides healthcare services for the families of serving personnel (regular and reserve) who have registered with an NHS GP practice and the families of veterans. We know, however, that not everyone in the NHS understands the specific health needs of Armed Forces families and what they are entitled to under the Armed Forces Covenant. We also know that some Armed Forces families have problems getting the right care and support, which can present further challenges and difficulties for them.</p> <p>To help improve support for these families, some parts of England have established Armed Forces community support networks, which focus on improving their experience of health services. Whilst feedback on these is generally positive, in many areas these links are informal and not as well developed.</p> <p>Considerate of the above, NHS England and NHS Improvement wanted to gather the views and experiences of Armed Forces families, and the organisations which support them, to help identify how the NHS can improve care, treatment, and support. It also wanted to explore whether setting-up Armed Forces families support networks might help. In order to capture views and experiences, an engagement took place between 30 September and 30 November 2020. This was supported by a questionnaire and series of online focus groups and one-to-one interviews to gather feedback.</p>

Engagement feedback has been independently analysed by NEL Commissioning Support Unit and is summarised in a separate report, which has been considered by the NHS England and NHS Improvement Armed Forces Oversight Group to inform actions and next steps. This document includes the key findings from the engagement report, what respondents said the NHS needs to do to make improvements in this area and what action we will take to help achieve this.

**1.2 Key findings include:**

Setting up an Armed Forces families and Armed Forces community single point of contact and care coordination support framework system across England **to act as a point of contact for Armed Forces families and community, offering support and guidance to navigate the NHS.**

This supports the AF Covenant-related requirement within the Armed Forces Bill, to take into account:

- a. the unique obligations of and sacrifices made by the Armed Forces,
- b. the principle that it is desirable to remove the disadvantages arising from being a member of the Armed Forces community; and
- c. the principle that special provision may be justified.

Therefore, demonstrating that they are **Giving due regard to the health and social care needs of the Armed Forces community in the planning and commissioning of services.**

**2. Outcomes**

**2.1 NHS Outcomes Framework Domains & Indicators**

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	<b>x</b>
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	<b>x</b>
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill health or following injury</b>	<b>x</b>
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	<b>x</b>
<b>Domain 5</b>	<b>Treating and caring for people in a safe environment and protecting them from avoidable harm</b>	<b>x</b>

**2.2 Local defined outcomes**

Act as a point of contact for Armed Forces families and the Armed Forces Community, offering support and guidance to navigate the NHS and prevent disadvantage, with due regard to the Armed Forces Covenant.

**3. Scope**

**3.1 Aims and objectives of service**

The following areas need to be in place to help improve care and support for Armed Forces families and carers on transfer, transferring or residing in the local area:

- Understanding military life and culture.
- Ensuring services meet the needs of Armed Forces families - including serving, reservist and veteran families and carers.
- The incorporation and development of the existing AF networks into a wider support framework as part of the Families SPOC.
- Improving the quality, accuracy and timeliness of data on the Armed Forces Community and sharing that data appropriately.
- Improving communications and engagement through effective collaborative networking.
- Improving records management.
- Facilitating safe and expedient transfers of and continuity of care and coordinating support – including social prescribing support.

**3.2 Service description/care pathway** Provide and deliver:

- Easily accessible point of contact – dedicated email and phone lines.
- Initial response within 48 hours.
- Working response within 5 working days.
- Response considered by context aware staff.
- Reply with advice and direct correspondence to local or appropriate NHS champion/staff.
- Promote active registration with NHS GPs and appropriate recording of status.
- Be aware of local VCHA Trusts in the ICB area and promote local Trust awareness and covenant-aware care and due regard.
- Understand what the Veterans Trauma Network service is and understand how to access the service through the established referral route.
- Promote, collaborate, and include local and regional/national social prescribing support.
- Maintain an active list of ICB Armed Forces NHS and local authority champions.
- Demonstrate an active learning approach to delivery.

Additional requirements:

- Keep and report records and data and report quarterly to commissioners and stakeholder partners.
- Attend and contribute to regular meetings with NHS Dorset
- Attend and contribute to NHS England Families SPOC where required
- Provide additional NHS and appropriate local advice, guidance, and communications.
- Promote families and carers interests within due regard for needs, commissioning, and delivery of collaborative health services.
- Promote and support GP (at practice and/or PCN) and Trust accreditation and awareness schemes.
- Promote armed forces community interests and inclusion of their needs into national strategies and initiatives (e.g. including, but not limited to domestic abuse, dental services, EDI, addiction services, rough sleepers).

### **3.3 Population covered**

Families of serving, reservists, veterans, transferring and resident families and carers within the Armed Forces Community.

### **3.4 Any acceptance and exclusion criteria and thresholds**

Armed Forces families in England may move to/from Devolved Administrations or to/from abroad. These families are not to be excluded from this offer and service while resident in England.

### **3.5 Interdependence with other services/providers**

- Local ICS health and social provision including domestic violence and safeguarding services.
- Local Public & Patient Participation Groups and HealthWatch.
- Local VAPC, AFCT Veterans Places, Pathways and People Projects and equivalent, Armed Forces Covenant Board, named AFC Champions.
- Local ICB education (including health and mental health in education), housing and employment provision.
- Local MoD health and military bases.
- Nationally commissioned AF health services – Op Courage - the Veterans Mental Health service, Sexual Assault and Abuse Referral Centres, Veterans Trauma Provider collaborative.
- National health-related accreditation and employment schemes (e.g. RCGP, VCHA and Step into Health).
- Local and national voluntary service and military charities.
- Local social prescribers.

Within the context of:

**Giving due regard to the health and social care needs of the Armed Forces community in the planning and commissioning of services.**

## Schedule 2

### Giving due regard to the health and social care needs of the Armed Forces community in the planning and commissioning of services

<b>Indicators</b>	<b>Checklist</b>	<b>Evidence</b>	<b>Link to AFFV</b>
<i>The ICS has demonstrated / can demonstrate an understanding of, and engages with the Armed Forces community in the planning of services in its area.</i>	The ICS 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
	The ICS 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
	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 ICB ensures that the voice of the Armed Forces community is heard in public involvement and consultation in commissioning decisions as required as required under draft section 14Z44 of the NHS Act 2006.	Through reporting on the section 14Z44 duty for ICBs.	Commitment 7
	The ICB is a member of the local military civilian partnership / Covenant Board		
<i>The ICB has demonstrated / can demonstrate</i>	Providers with the ICB are accredited under the Veterans	Quantitative – number and names of organisations form VCHA to national team	Commitment 4
<b>Indicators</b>	<b>Checklist</b>	<b>Evidence</b>	<b>Link to AFFV</b>
<i>that services are aware of</i>	Covenant Healthcare Alliance (VCHA) scheme <sup>1</sup>		

<sup>1</sup> [Veterans Covenant Healthcare Alliance – Veterans Covenant Healthcare Alliance \(veteranaware.nhs.uk\)](http://veteranaware.nhs.uk)

<i>the needs of the Armed Forces community.</i>	GP practices within the ICB are accredited under the RCGP Veteran Friendly GP scheme <sup>2</sup>	Quantitative – through reporting by RCGP	Commitment 4
	Veteran awareness training modules form part of local training needs		Commitment 4
	Health Visitors and School Nurses have implemented <u><i>The role of health visitors and school nurses: supporting the health and wellbeing of military families' guidance</i></u> <sup>3</sup> into local practice	ICB self-assessment.	Commitment 2
<i>The ICB has demonstrated / can demonstrate that the local Armed Forces community are able to access services they need within the area.</i>	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
	ICBs have named Champions to support the Armed Forces community	Named Champion and/or point of contact in place.	
	The ICB has Access policies that support the Armed Forces community, particularly addressing the importance of continuity of care.	Provider access policies.	Commitment 2
	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
	Patients from DMS practices in the ICB area are able to access local services through the electronic referral services	Patients are able to access services – local practices are included in any locality eligibility criteria.	Commitment 1
	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
	Social prescribing programmes consider that the		Commitment 7

<b>Indicators</b>	<b>Checklist</b>	<b>Evidence</b>	<b>Link to AFFV</b>
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<sup>2</sup> [Veteran friendly GP practices \(rcgp.org.uk\)](http://rcgp.org.uk)

<sup>3</sup> [The role of health visitors and school nurses: Supporting the health and wellbeing of military families \(publishing.service.gov.uk\)](http://publishing.service.gov.uk)



	Armed Forces community may be able to access additional services		
	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
	Veterans are able to access personalised care in line with the ambitions of the national Integrated Personalised Care programme and the Integrated Personalised Care for Veterans (IPC4V) programme <sup>4</sup>	Uptake of the personalised care programme is monitored nationally.	Commitment 3
<i>The ICB has demonstrated / can demonstrate that the needs of the local Armed Forces community are met within local mental health services.</i>	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
	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
	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
	In line with the expectations of the NHS Long Term Plan Mental health services within the ICB provide a ‘parity of esteem approach’ to trauma services to offer a holistic response to each individual in need of care and support, with their physical and mental health needs treated equally	Through LTP monitoring – general provision.	Commitment 5
	In line with the NHS Long Term plan ICB plans to support those experiencing mental health crisis support, include safer custody and national suicide prevention work.	Through LTP monitoring – general provision.	Commitment 6
<b>Indicators</b>	<b>Checklist</b>	<b>Evidence</b>	<b>Link to AFFV</b>

<sup>4</sup> [4 NHS England » Personalised care for veterans](#)

	The ICB support local services to deliver the Community Service Treatment requirement programme as an alternative to custodial sentence. <sup>5</sup>	Through LTP monitoring – general provision / links to Health & Justice services.	Commitment 6
	Raise awareness of the needs of veterans in commissioned homelessness services	Local homelessness services are able to demonstrate their awareness of the needs of veterans – recognising that veterans may form part of the homeless community and that their needs may be supported by additional services.	Commitment 7
<i>The ICB is supportive of the Armed Forces community in accessing employment within the NHS.</i>	The ICB is a member of Step into Health	Quantitative – Step into Health report to national team.	Commitment 3
	The ICB is a member of the Defence Employer Recognition Scheme	Quantitative through external DERS data.	Commitment 3

<sup>5</sup> [NHS Long Term Plan » Health and the justice system](#)