Written evidence submitted by The Royal British Legion (HSC0021)

1. About Us

1.1. The Royal British Legion (RBL) is at the heart of a national network that supports our Armed Forces community through thick and thin – ensuring that their unique contribution is never forgotten. We were created as a unifying force for the military charity sector at the end of the First World War, and still remain one of the UK's largest membership organisations. RBL is the largest welfare provider in the Armed Forces charity sector, helping veterans young and old transition into civilian life. We help with employment, financial issues, respite and recovery, through to lifelong care and independent living. For further information, please visit rbl.org.uk

1.2. RBL collaborates with health partners at a national and local level and can provide local and regional expertise on the Armed Forces community to care systems.

2. General Comments

2.1. RBL welcomes the opportunity to respond to Health and Social Care Committee's inquiry on the proposals in the White Paper *Integration and Innovation: working together to improve health and social care.* As the largest welfare provider in the Armed Forces charity sector, RBL seeks to represent the unique needs of the Armed Forces community that we support and for whom we advocate. We will therefore only be commenting on elements of the consultation proposals where we currently see the largest potential impact for the Armed Forces community.

2.2. RBL is clear that the proposed integrated place-based approach will need to be supported by social care reform. This is a significant issue for our beneficiary population that urgently needs to be addressed to ensure that the Armed Forces community can access good-quality social care that understands their needs.

3. ICSs awareness of the Armed Forces Community and the Armed Forces Covenant

3.1. As laid out in the Armed Forces Covenant, and subsequently integrated into the NHS Constitution for England, the Government and the NHS have pledged to ensure that provisions of services recognise the unique sacrifices the Armed Forces community undergoes. It is therefore important for all Integrated Care Systems (ICSs), and any legislative changes, to be aware of and note the principles of the Armed Forces Covenant, that:

> "Those who serve in the Armed Forces, whether 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 appropriate in some cases, especially for those who have given most such as the injured and the bereaved."[1]

3.2. The proposals set out in the White Paper will impact how health and care is organised and delivered for the Armed Forces community in England. Members of the UK Armed Forces receive healthcare through the Ministry of Defence's (MoD) Defence Medical Services, while veterans, spouses, partners and children of Armed Forces families are treated through mainstream NHS services. As the statutory provider of health services for veterans and the wider Service community in England we believe that NHS England (NHSE) must do all it can to meet the specific health needs of this population.

3.3. The delivery of appropriate and targeted support is predicated on all organisations which are accessed by members of the Armed Forces community being aware of any Armed Forces or veteran status and associated needs. **RBL advocates a holistic approach to care of the Armed Forces community and recommends that all statutory bodies and those delivering statutory services ask all individuals whether they or a member of their family have served in the UK Armed Forces.** Asking this question opens conversations about the link between military experience and health and care needs, helping members of the ex-Service community and their families feel better understood and more aware of their entitlements. Consistently asking the question "Have you or a family member served in the UK Armed Forces?" and coding a positive response on e-health record systems also enables front line staff to access bespoke charitable and statutory support provided for the community.

3.4. In line with this, **RBL recommends that improved awareness of members of the Armed Forces community, and this community's entitlements under the Covenant, are built into the leadership of ICSs. All ICS partners, including NHS organisations, local councils, and others, should be asking this question and recording it within a shared care record. This should be supported by making an updated version of Health Education England's e-learning package on the needs and treatment of the Armed Forces population mandatory for all partners in ICSs.**

4. Commissioning of specialist services for the Armed Forces community

4.1. Provisions originally made under the NHS Act 2006, and subsequently incorporated into the Health and Social Care Act 2012, give the Secretary of State power to require NHSE to commission certain services instead of Clinical Commissioning Groups (CCGs), which includes services for members of the Armed Forces or their families. NHSE is responsible for directly commissioning some services for the Armed Forces community, and for ensuring consistent standards across the country. The services directly commissioned by NHSE include specialised services such as specialist limb prothesis and rehabilitation services for veterans, while CCGs are responsible for commissioning most primary and secondary care for veterans and Armed Forces families.[2] It is important that members of the Armed Forces Community with specialist health needs can access consistently high-quality care that meets their needs.

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[1] MoD, *The Armed Forces Covenant*
[2] NHS England, *Services for members of the armed forces*

4.2. The proposals in the White Paper would change how NHS services are commissioned in England, enabling NHSE "to delegate or transfer the commissioning of certain specialised services to ICSs singly or jointly, or for NHS England to jointly commission these services with ICSs if these functions are considered suitable for delegation or joint commissioning subject to certain safeguards."[3] Specialised commissioning policy and service specifications will still be led at a national level.

4.3. Good practice and partnership relationships in the delivery of specialist services for the Armed Forces community should not be lost if specialist services that are currently nationally commissioned are moved to being commissioned at ICS level. This includes partnership relationships between national Armed Forces charities, NHSE, and MoD Defence Medical Services, which may become more complex without a central point of contact on Armed Forces specialist commissioning within NHSE.

4.4. Linked to the above, in *Legislating for Integrated Care Systems: five recommendations to Government and Parliament,* NHS England and Improvement (NHSE/I) recommends that a flexible approach is taken to the transfer or delegation of specialised services such as those for the Armed Forces community:

> "For specialised, health and justice, **armed forces** and s.7A public health services, NHSE/I will work with regional and local teams, and stakeholders, to ensure it takes as flexible approach as legislation allows to transfer or delegation of those directly commissioned services"[4]

Within the recommended flexible approach, NHSE/I recommends that the commissioning of certain specialist services will remain their responsibility while others become the responsibility of ICSs. It is recommended that for all services, regardless of who their commissioner is, NHSE/I will continue to have a role in setting national standards and service specifications. NHSE/I also notes there can be a phased approach to ensure the safe transfer of service commissioning.

4.5. **In line with NHSE/I's recommendations for a flexible approach, RBL seeks clarity on the future arrangements for commissioning of Armed Forces community specialist services, and how these services will be impacted by the proposed legislation.**

Summary of Recommendations

- For all ICS partners to ask all individuals whether they or a member of their family have served in the UK Armed Forces and record this in its shared care record.
- For awareness of members of the Armed Forces community, and this community's entitlements under the Armed Forces Covenant, to be built into ICS system leadership.
- For an updated version of Health Education England's e-learning package on the needs and treatment of the Armed Forces population to be made mandatory for all partners in ICSs.

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[3] Department of Health and Social Care (2021), *Integration and Innovation: working together to improve health and social care for all*

[4] NHS England (2021), *Legislating for Integrated Care Systems: five recommendations to Government and Parliament*

- For the Department of Health and Social Care to provide clarity on the future arrangements for commissioning of Armed Forces community specialist services, and how these services may be impacted by the proposals.

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