

Veterans' Care in the United Kingdom

**a sustainable model
post-2015**

January 2016

Context

The care provision for Armed Forces veterans in the United Kingdom is a much debated and emotive topic. The withdrawal of UK troops from Afghanistan at the end of 2014 represents the end of a continuous campaign deployment of UK Conventional Forces that started in Iraq in 2003. During that time over 200,000 men and women have served in some capacity in those two theatres alone, adding to the countless veterans from other wars since 1918. Veterans are now an increasingly significant part of society, and with limited government support, the charity sector has stood up and provided a range of healthcare and welfare support for so many. It is estimated that there are around 2,500 separate military charities and funds – it is impossible to identify precisely how many there are.

Treatments currently vary wildly in effectiveness, professionalism, access points and delivery; this is especially so for mental healthcare. With the demand for veterans' services increasing as resources decrease, as charity donations fall, the time is now right to place the entire veterans' care sector on a sustainable footing that can support the demand for the next 25 years.

The problem can be surmised as follows:

1. Increasing demand; services such as the Help for Heroes' hidden wounds programme have over 500 referrals from a standing start a year ago. Combat stress recently reported a 26% rise in veterans seeking help
2. Unacceptably long waiting times
3. The challenge to veterans navigating complex, unclear treatment pathways
4. Distinct regional variations in services available (postcode lottery)
5. Lack of regulation over the quality and efficacy of treatments being provided by some, yet still receiving government finance

If we are to produce a first class service – which both the military service community and indeed the nation deserves – wide reaching but fair reform will be needed which must be focused exclusively on the key principles of the following four streams:

1. Evidence based professional treatment
2. Aim of creating not good veterans, but good citizens who have served
3. Configured singularly around the service user, which will include service families
4. Clear and accessible care-pathways

This is not an insignificant challenge. Over the past year I have met with over 70 veterans' care providers from the very large to the very small. Similarly, I have engaged with Ministers, past and present, and key service providers within the MOD and NHS. A sustainable model of future veterans' care and support in this country cannot simply be modelled on how other nations have done it. We face a similar but subtler challenge in the UK given our culture and societal perceptions towards serving and retired military service personnel and their families.

The Future – why?

The future must be designed to ensure that as a nation, we ensure that every veteran can access timely care – including where required emergency intervention - to ensure that part of the Prime Minister’s covenant which states “no disadvantage” is fulfilled between the nation and those who serve. No individual should be able to end their life citing military service as a cause, nor should they fail to successfully move on from their military career because of health difficulties related to their service.

Veterans’ care must be singularly and exclusively configured around the needs of the user, with ease of access and dedicated casework management - rather than simply signposting - at its core. Whilst users should be able to choose what sort of service they wish, they should be provided with unbiased assistance and helped to navigate their way through a highly complex array of services. We must be realistic in our reform. Currently of these services, many are not evidence based and some appear to unhelpfully compete for business and a few are unsafe or even unethical in their approach.

Without strategic and structured measures implemented in a timely manner, a lack of action now will ultimately cost the nation more in the future, both in terms of the healthcare we offer to our veterans and their families, and the finance required to maintain a fundamentally unsustainable model.

The Future – what?

The future looks similar to the present, but with key organisational and control changes. The Government must step up and take command of the national veterans’ challenge; ultimately it is the nation’s responsibility to care for our servicemen and women, and this must be realised.

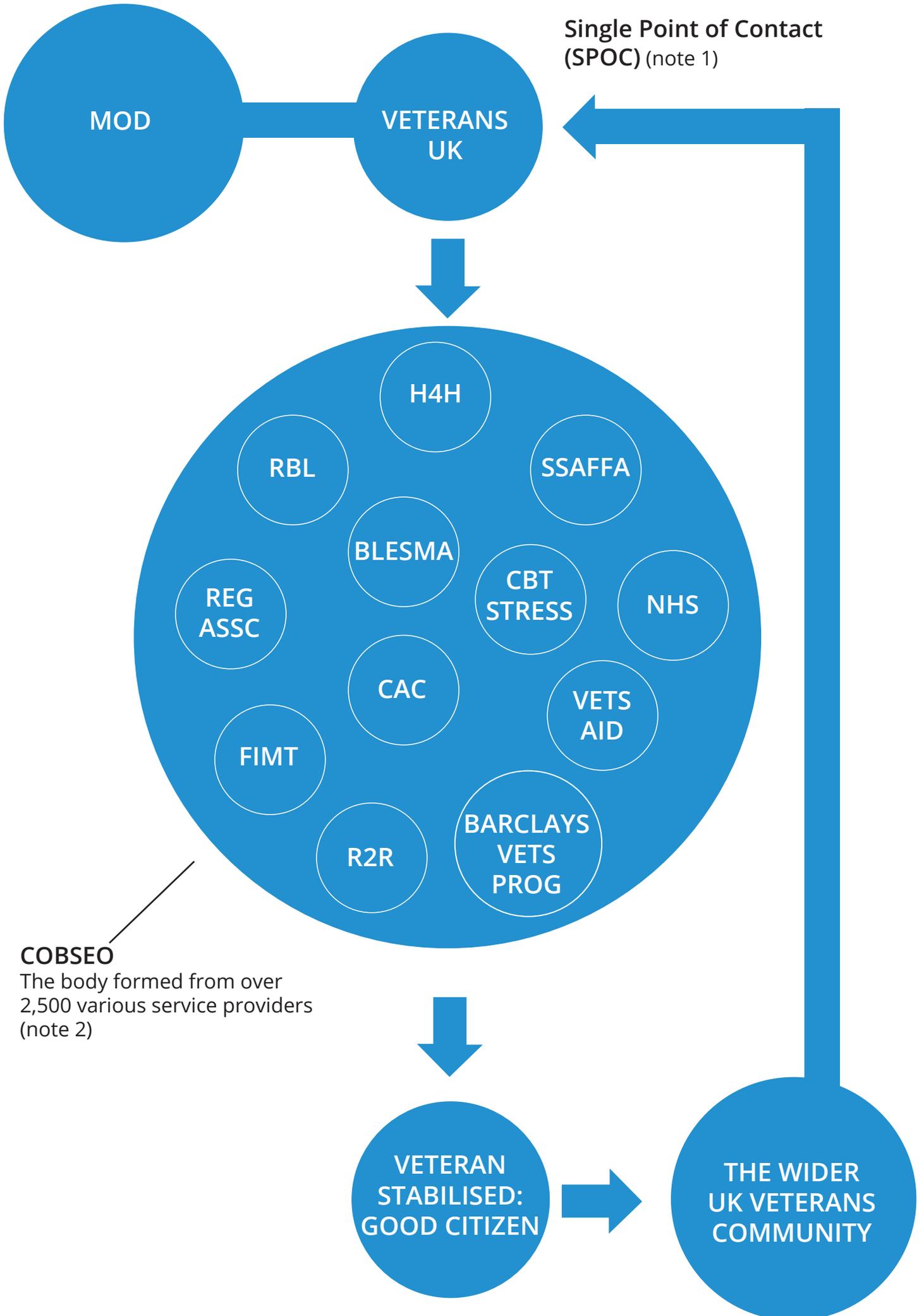
The Government’s role would be very clear:

- access to service records;
- ensuring a uniformed access process across all providers and providing and taking responsibility for a Single Point of Contact (SPOC);
- impartial case management of individuals, focused entirely around the individuals and their specific needs which must to be met;
- interoperable case management software and access/information of NHS and other care providers data;
- regulation of charity providers;
- legal responsibility to ensure the care pathway. The actual delivery of services would remain with the current providers across the charitable and NHS sectors.

The Future – how?

The Government can deliver this, but current structures needs reconfiguring. A critical part of this reform is a very clear aim: to create ‘good citizens’ rather than ‘good veterans’. This means the MoD may not be the best department to deliver this (military approach; terminology). A Department for Veteran’s Affairs would be a huge step forward, but it must be given the cross-departmental authority required to deliver these changes. Veterans’ care is a multi-agency operation within government; at the very least the Veterans Minister must have this cross-departmental authority.

This multi-agency and multi-sector operation requires a consistent Customer Relations Management system – i.e. a patient tracking system that records interventions and is open to key service providers. It requires imaginative solutions to historic challenges of data protection, involving a treatment/recovery passport such as the one used by the United States. It also requires an independent body to consult on money distributed to veterans’ organisations.



Single Point of Contact (SPOC) (note 1)

MOD

VETERANS UK

H4H

RBL

SSAFFA

BLESMA

CBT STRESS

NHS

REG ASSC

CAC

VETS AID

FIMT

R2R

BARCLAYS VETS PROG

COBSEO
The body formed from over 2,500 various service providers (note 2)

VETERAN STABILISED: GOOD CITIZEN

THE WIDER UK VETERANS COMMUNITY

Note 1 – Single Point of Contact (SPOC)

The SPOC is fundamental to the process. A service user must have their needs assessed in a uniform manner through a Single Point of Access (SPOC). All military service leavers (through the re-settlement process) and all veterans and their families (through a significant advertising campaign) must be made aware (and critically how to access) the SPOC. Basic requirements include: website, telephone number (24/7), office physically removed from MOD, Ministerial oversight (MinSPV). Staffing requires qualified case managers (each veteran has their own individual to go to), and a case management software that can be accessed by service providers.

Note 2 – COBSEO Cloud

All groups which wish to provide a veterans service of any kind and raise money for anything related to veterans' care - be it palliative or holistic - must be required by law to be part of this group; a bill would need to be passed in Parliament to this effect. In order to be part of this group, have access to CRM systems and receive any LIBOR/government funding, individual service providers must receive a kite mark from the Government.

This in itself requires a separate brief. Some holistic care (e.g. R'n'R cannot be empirically measured for evidence) but must include evidence based treatment/outcomes; a complaints system; independent financial oversight by board of trustees; refusal to accept individual cases not through the Single Point of Contact.

Conclusion

In the pre-Christmas report by the MOD into the Armed Forces Covenant, wide reference was made to what is going *in* to the arena of military support, but it fails to provide any meaningful statistical reference to the single most important measure of success: what our military community got *out* of it. This is the single biggest mind-set shift that must be achieved – reconfiguring services around the user.

There is no evidence of any Government Department attempting to gauge the true scale of the needs of the veteran, serving and military family community, as a whole. Nor is there any evidence that the Government is trying to track progress against that need. How do we, as a nation, know if we are doing a good job in this area year on year, or a bad one? There are no universal measures of lives rebuilt, or lives yet to be rebuilt which accommodate the good work that is done by the MOD, NHS, DWP, charities or British businesses and volunteers.

Finally we have a very good Veterans Minister in the MOD, but no cross-departmental veterans mandate or resource to empower him, or a clearly identified budget. In the US, the veterans administration budget for 2015 was over \$160bn.

The aims of this reform are bold but simple. They seek to eradicate gaps in the veterans' care currently on offer to Armed Forces veterans in the UK. They seek no fear or favour from any one provider or the Government. They are an objective attempt to reconfigure the services around the user and ensure the Government plays its part in delivering what is a function of war – looking after those who serve.