

## AGENDA ITEM No. 13



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>  <b>Held on</b>	Integration Joint Board  13 August 2025	
<b>Agenda Item</b>	13	
<b>Title</b>	Support for Veterans	
<b>Summary</b>  To provide the Integration Joint Board with an update on delivery of the Veterans Support Services and next steps in supporting Veterans.		
<b>Presented by</b>	Alexis Chappell, Chief Officer	
<b>Action Required</b>  The Integration Joint Board is asked to note the report, including opportunities to foster a cohesive approach to support for veterans living in East Renfrewshire.		
<b>Directions</b> <input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<b>Implications</b> <div> <input type="checkbox"/> Finance           <input type="checkbox"/> Risk         </div> <div> <input type="checkbox"/> Policy           <input type="checkbox"/> Legal         </div> <div> <input type="checkbox"/> Workforce           <input type="checkbox"/> Infrastructure         </div> <div> <input type="checkbox"/> Equalities           <input type="checkbox"/> Fairer Scotland Duty         </div>	

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**East Renfrewshire Integration Joint Board****13 August 2025****Report by Chief Officer****NHSGGC Veterans Support Service: Annual Funding Report****PURPOSE OF REPORT**

1. The report provides information and a progress report to demonstrate the impact of the NHS Greater Glasgow and Clyde (GGC) Veterans Support Service and provide an update as to next steps.

**RECOMMENDATIONS**

2. The Integration Joint Board is asked to note the report, including opportunities to foster a cohesive approach to support for veterans living in East Renfrewshire.

**BACKGROUND**

3. The NHSGGC Veterans Support Service was established in April 2024. The service is funded by the Greater Glasgow and Clyde Healthcare Charity and senior oversight is provided by Alexis Chappell, Chief Officer East Renfrewshire HSCP who is also the NHSGGC Exec-Board Armed Forces and Veterans Champion.
4. It provides welfare support services to veterans and other members of the Armed Forces Community using NHSGGC's services across all six HSCPs. This report provides an overview of the impact of this service and seeks to explore how the East Renfrewshire IJB can support a colligate multi agency approach to support for veterans.
5. The Veterans Support Service has been delivered to:
  - **563 NHSGGC patients** since its inception,
  - with support to an additional **516 family members and**
  - **433 NHS staff** benefitting in the form of time saved. The service is valued by patients and their families and received a Bronze Award at the 2025 Scottish Veterans Awards.
6. NHSGGC delivers this service in partnership with Defence Medical Welfare Service (DMWS), an independent third sector veteran charity. The DMWS Welfare Service has been available to veterans since 2022 (the 2022-2024 pilot was funded by the Armed Forces Covenant Fund Trust), and the Welfare Officers have an established and well-known presence in the acute and community care settings.
7. The Veterans Support Service provides veterans in acute care with additional support to overcome non-clinical issues impacting on their recovery, health and wellbeing by providing 1-2-1 person-centred support from a trained DMWS Welfare Officer

(WO). The WO helps the veteran until they are safely back in their home or community care, handing over any ongoing needs to the appropriate local authority or other third sector service, liaising with HSCP colleagues (including GPs) to minimise the likelihood of readmittance. There are multiple benefits to this service for the veteran, their family/carers, the NHS who provide the care, and to the health board who can benefit from potential cost savings.

## REPORT

8. The DMWS run service employs 5wte staff. The Veteran Support Coordinator has service delivery and oversight and supports the NHSGGC Armed Forces and Veterans Champion to deliver sustainable initiatives to help NHSGGC meet its Covenant Duty. The service has four Welfare Officers; one is based fulltime at Queen Elizabeth University Hospital and three work flexibly across the other acute and community sites. In addition, SSAFA's Glasgow's Helping Heroes works with DMWS to deliver a Mental Health Peer Support Service, providing an experienced Peer Support Worker (PSW) to complete the team.
9. Staff provide emotional and practical support to veterans at their most vulnerable through:
  - 1-2-1 bedside support in NHSGGC's acute hospitals
  - Advocacy and engagement with the clinical team
  - Supported referrals to other third sector organisations, HSCPs and local councils
  - The mental health Peer Support Service helps with issues such as isolation, loneliness, sadness, low mood or feeling overwhelmed. It also provides a 'waiting well' service for those awaiting diagnosis or treatment and wrap around support after discharge from inpatient services to help keep the veteran on their care pathway.
10. This contributes to the Health Board's Strategic aims as it: -
  - Reduces health inequalities experienced by veterans and their families.
  - Provides person-centred care.
  - Reforms service delivery through systematic identification of veterans using TrakCare.
  - Promotes health and wellbeing of healthcare staff through, alleviating workload, and facilitating positive communication/ reducing conflict between service user and staff.
  - Improves the physical and mental health of the Board's population (veterans and their family members/carers).
  - Provides support which addresses the wider determinants of health, allows veterans to recover well, and prevents re-admission through improved independent living and community support.

Outcome 1: Improve Veteran Identification

11. As a direct result of the resources invested in this service NHSGGC has improved the identification of veterans and other members of the Armed Forces Community using its acute care services.
12. Every patient entering hospital is asked if they have served in the Armed Forces and this is recorded in their electronic patient records (Trakcare). Early identification means that those delivering care can make informed decisions in line with the Armed Forces Covenant Duty e.g. if the condition is service related then special consideration (e.g. priority treatment) may be appropriate.
13. It also allows DMWS to effectively target the Veterans Support Service at the beginning of the hospital stay. The patient tracking data in 2024 identified that 1,397 acute care patients declared a veteran status, 394 were reservists, 360 were serving and 643 patients were dependent family members.

Outcome 2: Prevention and early intervention which can help reduce health inequalities

14. Our Veterans Support Service has encountered many situations of veterans at risk of not accessing the support needed through health inequalities; including examples of veterans and their families struggling with finances, struggling with transport to appointments and living in isolation and deprivation.
15. An example of our impact is of a spouse of an Army veteran had separated from her husband after a domestic abuse incident, she was isolated in the community with no other close family or friends for support and was struggling with her mental health, financial hardship and had no permanent home. The NHSGGC Veterans Mental Health Peer Support Service provided 1-2-1 practical and emotional support to help her take positive steps forward. She was given access to weekly activity groups, which focused on reducing social isolation and building confidence and supported to prepare for and secure a volunteer position. This opportunity gave her a renewed sense of purpose, helped her build new skills, regain confidence, secure her own tenancy and navigate the complexities of her new life. Regular wellbeing checks with the Peer Support Worker at SSAFA's Glasgow's Helping Heroes (GHH) further supported her mental health, offering reassurance, guidance, and a consistent source of emotional support. She has regained her stability, managing her mental health, and finding meaningful engagement within her community.
16. Connecting a veteran to a support worker with a military background opens up communication and trust and can greatly help to ensure that support is mobilised and appropriate for the service user. There have been some exceedingly difficult and sad cases where further health issues would certainly have arisen and become a point of crisis causing considerable stress to the service user and cost to the NHS had our service not intervened.
17. Our interventions have helped older people access care, improve wellbeing and independent living; 360 of the 563 patients supported so far were over the age of 60 years. **89% of the patients reported an improved experience of healthcare** which will have helped to reduce healthcare inequalities, offered early intervention and

prevented escalation. **75% benefited from reduced stress and anxiety** and **70% benefited from 3rd sector support** reducing the need for NHS services.

#### Outcome 3: Support a timely and appropriate discharge from hospital

18. While discharge is a clinical decision a needs assessment is also conducted to ensure that patients can return to an environment that supports their individual care needs. Early intervention by the Veterans Support Service can identify non-clinical issues that might impact on a timely discharge and plan ahead to mitigate these. **81% of service users benefited from meaningful engagement** that identified issues requiring a support plan in preparation for discharge. Actions will have varied from bedside emotional support to involvement in care planning and alternative housing needs.
19. Our service supported an Army Veteran who was a long stay patient at Glasgow Royal Infirmary. The patient had been admitted from the National Spinal Unit after a fall at home left him paralysed and unable to walk or manage any self-care tasks. These life changing injuries also meant that he couldn't be discharged until suitable accommodation and care could be found. A DMWS Welfare Officer worked with the clinical team providing care and with social services as part of the discharge planning process. Input from the Welfare Officer had two significant positive impacts on facilitating a good discharge; the Welfare Officer sourced funding for an electronic wheelchair to improve the patient's independence and helped to identify and secure appropriate accommodation in a supported living facility. This was made possible through the combination of NHSGGC clinical care and DMWS non-clinical support, giving the veteran hope of a more positive future than he thought possible; one with great care, fantastic wellbeing opportunities and new friendships.

#### Outcome 4: Support people to live in their own homes and communities for longer and place less reliance on institutional forms of care

20. DMWS helped 47 people with aspects connected to improving independent living, this includes a range of support such as care packages to support discharge, deep cleaning a home, home adaptations, accessing benefits and even buddying schemes to increase the ability to remain at home.
21. While these patients benefited from support to help maintain their independence in their own homes, for some alternative accommodation is the right solution and DMWS also help to find suitable alternative provision, including through supported referrals to Erskine, Veterans Housing Scotland and Scottish Veterans Residences.

#### Outcome 5: Reduce loneliness and social isolation and its negative impact on overall health and wellbeing

22. 384 service beneficiaries were supported to overcome social isolation. The type of support varied from providing comfort and compassion at the bedside for patients who didn't have family or friends to visit or involved linking a patient to befriending services, local groups and clubs or regimental groups.
23. All of this support was tailored to the person to suit their needs and interests and has a vital positive impact on physical and mental wellbeing. To be connected back to the community is incredibly uplifting.

24. DMWS provided emotional and practical support to an Army veteran who experienced a combination of health issues, including a clinical diagnosis of PTSD. This veteran was under the care of his Community Mental Health Team and Urology. A deterioration in his physical health led to feelings of extreme anxiety and an inability to leave his home alone. This was preventing him attending appointments and hindering his ongoing care and recovery. A DMWS Welfare Officer supported the veteran to build trust and with the support of hospital patient transport services, he is now being transported and accompanied to his medical appointments. The DMWS Welfare Officer worked in partnership with Rock2Recovery and Veterans' Chaplaincy Scotland to enable ongoing pastoral care to support community connection and reduce social isolation.

Outcome 6: Support people to have a greater understanding of their mental health and how to care for and recover from mental health problems and mental illness by promoting awareness, resilience and self-management

25. DMWS and Glasgow Help for Heroes supported a considerable range of mental health issues from issues such as low mood, mild anxiety/depression, grief, sleep deprivation to more complex issues such as dementia/Alzheimer's and PTSD.
26. 124 users of the service (22%) declared a mental health concern or condition. Some cases were complex, and the service user was supported over many months. Since September'24 66 veterans have benefited from 1-2-1 mental health peer support. Of which:
- 49 needed support for housing/homelessness issues.
  - 28 received support to resolve employment issues.
  - 15 veterans had advocacy support with NHS clinicians/ GPs.
  - 18 veterans were referred on for specialist support from Combat Stress.

How we Assess the Impact of the Service

27. DMWS uses its own bespoke, GDPR compliant case management system to collect service user information, baseline data, progress and outcomes achieved as well as collating all referral organisations that have mobilised on behalf of the individual. This data is collected and logged using individual tablet devices and can be reviewed and analysed by the project manager. Impact measures are drawn from the assessment process and show the level of change achieved for each individual.
28. DMWS conducts a thorough assessment, which is person-centred and responsive without being intrusive. The assessment framework is underpinned by the 5 Principles of Welfare to identify needs and includes a wellbeing measure, Office for National Statistics 4 (ONS4), which is a recognised survey consisting of four questions. This allows the identification of concerns and to track changes in wellbeing without overwhelming the patient. This is combined with the DMWS's unique Wellbeing Complexity Measure to understand the cumulative impact that issues are having on the individual and the severity of these complexities.
29. Case studies and feedback from individuals are also reviewed to understand the detail and complexities of those we support and this all helps to inform service development. Some feedback as follows: -

“Fantastic support.”

“WO went above and beyond. The whole organisation’s support helped lift my spirit and mental health.

- “Didn’t know the service existed. It was very good to have WO support when I was at my lowest point! My veteran husband had taken a really bad mental breakdown, and I felt helpless and had no support, so it was great to have her help.”
- “Good practice of maintaining contact through to resolution.”
- “From the moment I met WO Officer, I was relieved. I felt she would support me and my mother throughout the hospital experience. It’s a brilliant service, much appreciated thank you.”
- “WO Officer was a very comforting person.”

#### Mental Health Peer Support Service

30. A total of 563 patients have directly benefited from the mental health peer support service between April’22 and June’25. 397 of these were in FY 24/25 (this exceeds the agreed KPI of 300 direct beneficiaries for this period).
31. Glasgow’s Helping Heroes also collect data using similar GDPR compliant practices. This data shows that at initial contact, a significant proportion of individuals seen were in acute need, with 55% in the "Cause for Concern" or "Accepting Help" stages, particularly in the key areas of Wellbeing, Housing, and Social Life. Following 1-2-1 peer support:
  - Over 75% of individuals are now in the "Believing and Trying," "Finding What Works," or "Managing Well" stages across all key areas.
  - Housing saw the most dramatic improvement, with those "Managing Well" rising from 26% to 43%.
  - Finances improved significantly, with "Cause for Concern" dropping from 26% to under 10%.
  - Even in Wellbeing, initially the area of greatest concern, 74% are now progressing positively.
32. These outcomes reflect not only the effectiveness of the peer support approach, but also the resilience and growth of the individuals supported.

#### Next Steps

33. On 3 July the NHSGGC Armed Forces and Veterans Champion attended the annual MOD organised Armed Forces Covenant Conference. The Conference focused on support services for those who have served our country and their families, and highlighted the Valour programme as a means of coordinating regional delivery. This is being piloted in Manchester and in time, a network of coordinators will be located across the UK. At the heart of this plan for improving delivery is the need for key statutory organisations to work together including councils, DWP, health, coordinating strategies to meet the needs of the Armed Forces Community.
34. In her closing address to the conference, Susie Hamilton, Scottish Veterans Commissioner spoke highly of the NHSGGC Veterans Support Service, and how it is an excellent example of a health board taking a proactive approach to delivery of its



Armed Forces Covenant Duty through effective collaboration with third sector military charities.

35. There is a good local network across East Renfrewshire to support veterans and its intended to use this forum, as a partnership with East Renfrewshire Council, to reflect on the learning from the conference including local opportunities which support veterans living in East Renfrewshire.
36. As a next step, the NHSGGC Armed Forces Champion intends to work with colleagues across Greater Glasgow and Clyde to identify opportunities to coordinate delivery using the opportunity of the Valour programme launched at the conference and the foundations set by the Veterans Support Service. A further update and recommendations will be provided in future reports.

## **IMPLICATIONS OF THE PROPOSALS**

### Finance

37. The total award allocation is £247,850 of which £231,900 is recurring and £15,950 non-recurring. NHSGGC has a contract and SLA with DMWS to deliver services until March 2027, after which there will be a new tender process.
38. The service has been delivered on budget; the variance in salary costs (between welfare staff and management) was due to management time spent on setting up the service and the partnership with Glasgow's Helping Heroes

### Legal

39. The Covenant Legal Duty is a legal obligation on certain public bodies to have due regard to the [Covenant principles](#) when carrying out certain functions in healthcare, education and housing. These organisations are required to ensure they comply with legislation set out in the Armed Forces Bill 2021 (clause 8, Armed Forces Covenant). This legislation ensures that those who serve or have survived in the UK Armed Forces and the families, are treated fairly, and are not disadvantaged because of their service. The public bodies subject to this Legal Duty include local authorities, governing bodies of certain state funded schools and various NHS bodies.

### Workforce

40. The DMWS staff engage with a range of East Renfrewshire Council and HSCP colleagues both on individual cases and strategic initiatives. There has been recent collaboration with the HSCP Health & Recovery Team to improve online support resources for veterans.

### Equalities and Fairer Scotland Duty

41. DMWS employs a dedicated EDI Officer responsible for ensuring the organisation delivers on its EDI priorities. The organisation has developed, progressed and continues to deliver impactful engagement and support across underrepresented Armed Forces Communities. Work is ongoing to deepen understanding of the challenges faced by these groups and is driving the development of effective, collaborative solutions with partners in the military, third sector, and statutory health organisations.

42. The organisation is committed to creating safe spaces and systemic change that improves access to health and wellbeing services for those who need it most. DMWS has:
- **Engaged with a wide range of underrepresented Armed Forces communities** across the UK through outreach, listening sessions, and targeted events.
  - **Created safe, inclusive spaces** for open dialogue, where individuals can share experiences and challenges related to accessing healthcare and wellbeing support.
  - **Completed comprehensive EDI training audit**, identifying key barriers to healthcare access, including cultural awareness, systemic learning, and involvement.
  - **Piloted innovative training programme** designed to improve access and responsiveness of services for diverse Armed Forces communities.
  - **External accreditation confirms our commitment** to excellence, accountability, and continuous improvement in delivering impactful services.
43. **EDI evaluating standard of success**
- *Fighting with Pride – Pride in Veterans Standards annual audit reviewed 2025.*
  - *Department of Work and Pension – Disability Confidence Scheme Employer – 2025*
  - *CPD accredited Equite, Diversity and Inclusion training for Welfare Officer across the UK - 2025 (TBC).*

## DIRECTIONS

44. There are no directions resulting from this report.

## CONSULTATION AND PARTNERSHIP WORKING

45. The service is delivered entirely through partnership working and our partners DMWS work with a wide variety of organisations in support of improving each individual veteran's health and wellbeing. The Mental Health Peer Support Service is delivered in collaboration with SSAFA's Glasgow's Helping Heroes based at the Pearce Institute in Govan.
46. DMWS is part of the Unforgotten Forces Consortium, a partnership of charities working together to deliver high quality and joined-up support that boosts the health and wellbeing of ex-Armed Forces personnel in Scotland age 60 and older. They are also part of Scotland's Veterans Wellbeing Alliance, another group of military charities working in collaboration to provide holistic support to veterans and their families.
47. Since April'24 DMWS has made supported referrals to other organisations for 197 patients (multiple referrals in many cases). A further 206 service users were provided with information about how to self-refer for support.
48. Some of the most impactful partnerships:
- **Vector 24** – a charity providing transportation for veterans to hospital appointments, DMWS work with them to provide a supported journey for those who need it.
  - **SSAFA** – has provided financial support to some of our patients for the purchase of home adaptations and white goods.

- **Royal British Legion** – for financial support and social support.
- **Erskine Veterans Charity** – they provide a care at home service, have housing and care home facilities, as well as the Reid MacEwan Activity Centre, which is open to all veterans. Dozens of our patients have been either rehomed by Erskine, receive their care at home service or use the facilities in Bishopton.
- **Veterans Housing Scotland** – has provided housing for a few of our patients and DMWS WOs have provided support at home to others as part of a collaboration to prevent homelessness.
- **Scottish Veterans Residences** - have provided housing for a few of our patients, including two recent discharges with mental health and addiction issues.
- **Legion Scotland** – to set up befriending services.

## CONCLUSIONS

49. The NHSGGC Veterans Support service is proving to have a positive impact on veterans and the intention is to keep delivering this service across all six HSCPs.

## RECOMMENDATIONS

50. The Integration Joint Board is asked to note and comment on the report, including plans to foster a cohesive approach to support for veterans.

## REPORT AUTHOR

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30 July 2025

Chief Officer, IJB: Alexis Chappell

## BACKGROUND PAPERS

None

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