Health and Wellbeing Board
North Yorkshire

HEALTH & WELLBEING BOARD

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Commissioning for military populations across North Yorkshire

1 Purpose of the Report

1.1 Military personnel, veterans, reservists and their families comprise an important population across North Yorkshire.

1.2 The purpose of this paper is to demonstrate why effective support for this population is so important and to strengthen the process of effective joint working to achieve better health outcomes.

2. Introduction

2.1 All Serving Armed Forces are registered with Ministry of Defence (MoD) Defence Medical Services (DMS) Medical Centres. Across England, approximately half are concentrated in four areas (Devon, Hampshire, Wiltshire and North Yorkshire).

2.2 There are multiple commissioners in any health and social care economy, but the armed forces health commissioning system is a particularly complex landscape. Interfaces between different commissioner responsibilities within the system require ongoing and strong partnership working to understand where commissioning responsibilities along care pathways start and stop. The continual population movement associated with military centres add another layer of complexity.

3. Our Population

3.1 Serving members of the Armed Forces, Reservists, Veterans, and all of their families, all form part of a larger Armed Forces Community.

- **Serving Armed Forces** – Nationally, approximately 140,000 people (9.9% female), all of whom are registered with the MoD DMS Medical Centres in England. There are approximately 13,600 Serving Personnel (SP) registered

across the 9 Medical Centres within North Yorkshire County Council (NYCC). The majority are based at Catterick Garrison. *(See Table 1)*

- **Their families** – i.e. spouses / partners and dependant children and adults. There are 127 DMS medical centres in England of which 21 are GP training practices and can provide primary care for dependants. Most dependants register with NHS GP Practices and are the responsibility of CCGs but approximately 15,000 are registered with DMS Medical Centres in England and are the responsibility of NHS England. Three of those 21 training medical centre practices are located within NYCC where approximately 3,000 dependants have chosen to register with them. *(See Table 1)*

- **Veterans** – A Veteran is defined, in the Armed Forces Covenant, as anyone who has been a member of the serving Armed Forces for a day or more. There are approximately 4.6 million veterans in the UK (4 million in England). All should be registered with NHS GP Practices and are the responsibility of CCGs. Due to difficulties in defining the veteran, and in many cases a reluctance of the veteran to identify themselves, the veteran group is largely hidden within the general population.

- **Reservists** – Reservists are civilians who are called in to the serving Armed Forces from time to time for particular tours of duty. Reservists are regarded as members of the Armed Forces while mobilised. When not mobilised, reservists should be regarded as veterans when accessing NHS care.

Table 1: MoD DMS Population within North Yorkshire by CCG

CCG	Medical Centre (MC)	Service	SP	Families
HRW	Catterick Garrison MC	Army	5300	1700
HRW	Catterick Infantry Training Centre MC	Army	2900	
HRW	Topcliffe MC	Army	600	
HRW	Leeming MC	RAF	1815	900
SR	Fylingdales MC	RAF	80	
H&RD	Dishforth MC	Army	500	
H&RD	Harrogate Army Foundation College MC	Army	1300	
H&RD	Ripon Claro MC	Army	800	
VoY	Linton-on-Ouse MC	RAF	340	440

3.2 Age profile

Members of the Armed Forces are typically younger and fitter than the general population. 50% of this population is aged under 30 which is in comparison with 35% of the England population. 81% of this population is aged under 40, compared with 47% of the England population. 17% of the England population is aged 65 or over, by comparison, none of the reported SP population is aged more than 65.

3.3 Rebasing

While there will be moves in and out of the NYCC area and fluctuating numbers, current planned Unit moves and British Forces Germany withdrawal plans will have no projected overall impact on total regional numbers in 15/16 and 16/17. Although still a small number, the most significant population change will be at Dishforth where there will be eventually be around 200 SP moving to the base which is approximately a 40% net increase in the population.

3.4 Statutory commissioning responsibilities

MoD DMS commission and provide primary care services for their registered population similar to those provided by NHS primary care. The Regional Rehabilitation Unit at Catterick Garrison provides physiotherapy and group rehabilitation for general musculo-skeletal conditions that support rehabilitation delivered in the majority of their primary care facilities. Catterick Garrison also provides a Community Mental Health service which also provides regionally-based occupational psychological support for service personnel. The MOD commissions some additional secondary care services e.g. fast-track access to diagnostic imaging and orthopaedic surgery for specified orthopaedic conditions and inpatient mental health care services.

Since 1st April 2013 NHS England has been responsible for commissioning secondary care and community services for Serving Personnel (SP), including mobilised reservists, and those families registered with a MoD DMS practice in England. (Those stationed overseas who return to England to receive health services are also the responsibility of NHS England). NHS England are also responsible for commissioning specialised services, including specialist limb prosthesis and rehabilitation services for veterans. NHS England works closely with local Clinical Commissioning Groups (CCGs) who have specific duties for the commissioning for Reservists, when not mobilised, Veterans and Armed Forces Families (except those registered with DMS practices).

Bespoke services for veterans, such as veterans' mental health services, will be commissioned by CCGs either individually or collectively. CCGs must also ensure serving members of the Armed Forces and their families (where registered with DMS Medical Centres) will have full access to Out of Hour and emergency care services. CCGs also need to consider the needs of serving personnel transitioning out of the Armed Forces, particularly when they have been wounded, injured, or are sick and where continuing health care assessments are required.

A brief high level summary of NHS commissioning responsibility for these populations is shown in *Table 2*.

Table 2: High level NHS commissioning responsibilities

Population	Responsible Commissioner
Serving Personnel, Mobilised Reservists	NHS England
Families – with a DMS practice	NHS England
Families – with an NHS practice	CCGs
Reservists – not mobilised	CCGs
Veterans	CCGs

3.5 The Health and Social Care Act 2012 made Local Authorities responsible for improving the health of their population and for commissioning certain public health services such as smoking cessation, sexual health, substance misuse treatment and the Healthy Child Programme. The Public Health team at NYCC has led on a number of strategies and public health service commissioning that are relevant to military personnel and their families. These services work closely with CCG and NHS commissioned services.

4. Health needs of our military populations

4.1 There is an increasing evidence base around the specific health needs of military populations. The North Yorkshire Joint Strategic Needs Assessment (JSNA) describes a range of key health issues relating to military personnel, their dependants and veterans.

4.2 Service personnel

The MoD produces an annual report on the Health of the Armed Forces, key themes from the 2013 report include:

- Health promotion – smoking cessation, oral health and alcohol misuse
- Musculoskeletal (MSK) problems
- Mental health

There is low prevalence of long-term conditions but a higher incidence of trauma and orthopaedic injury. Combat-related injuries aside, Armed Forces healthcare needs can usually be met by standard NHS services.

4.3 Families and Dependants

Whilst the children of service personnel have been shown to gain pride, identity and belonging from their parents' career, they are also exposed to some unique situations and challenges which non-armed forces children are less likely to face. The Royal Navy and Royal Marines Children's Fund have researched the needs of armed forces children and have concluded that: "we are sitting on a ticking time bomb of problems for service children which will only get worse if they are not addressed immediately, in a holistic manner, by all involved".

The report identified ten main challenges which service children face above and beyond those of their peers:

- Stresses and strains on children while their parents are away.
- Impact of living in a temporary one-parent or no-parent family.
- Influence of the media.
- Adjustments to family life when the parent returns.
- Impact of moving homes, schools and communities.
- Stigma of being viewed as a ‘military brat’.
- Dealing with bereavement.
- Dealing with parental illness or injury.
- Dealing with divorce and family breakdown.
- Living with special educational needs (SEN) and/or a disability.

Locally, a health needs assessment was undertaken in 2010 to examine the health needs of children and families in Catterick Garrison. This did not identify any significant physical health differences between service children and non-service children locally. However, service children were around a fifth less likely to achieve a ‘good’ level of social and emotional development in the Early Years Foundation Stage curriculum than their peers across North Yorkshire. In areas such as literacy and communication their scores were similar or better. Factors influencing the social and emotional functioning were identified to be younger mothers, parents who might have had poor parenting themselves, frequent mobility, loss of extended family networks and lack of ‘mature heads’ amongst the service community.

Amongst older children, some clear differences in risk taking behaviours were highlighted in the School Health Behaviour Questionnaire in 2010. At 11 years old, service children reported higher levels of smoking, drinking alcohol, being bullied and having had an accident requiring clinic or hospital treatment than their non-service peers. At 12 and 15 years old, the differences were even more marked. 50% of service children reported having had an alcoholic drink in the last week compared to 35% of their civilian counterparts. This trend was also evident in relation to questions about smoking, taking drugs and risky sexual behaviour."

4.4 Veterans

Though military service is often seen as a job for life, less than one fifth of personnel actually serve for a full career of 22 years. Of those leaving in 2011/12, nearly half had served less than six years, including a significant number of Early Service Leavers who depart before they complete training. The average length of Service, for those that do complete training, is nine years. Despite the public perception, the health data for Service Leavers demonstrates that the overwhelming majority (92%) of them depart in good health and transition successfully. This is due in large part to the high level of physical fitness required and the extensive level of health monitoring and protection in place. Research findings indicate that veterans have similar health needs and experiences to the rest of the adult population with the same implications on resources for both health and adult social care. For veterans over 65 years old (the largest veteran group at 60% of the total), mobility, independent living and social isolation were the main concerns.

- Very few “post 9/11” veterans experiencing significant adversity related to their time in Service or consuming healthcare resources at a rate any different to the rest of the community.
- The existing generation of UK military personnel (both serving and ex-Service) have higher rates of alcohol use compared to the general population.
- Alcohol problems, depression and anxiety disorders are the most frequent mental health issues for ex-Service personnel.
- Similar rates of mental illness are found for ex-Service personnel and their still serving equivalents, which are broadly similar to the general population.
- Military personnel with mental health problems are more likely to leave their Service over a given period compared to those without these problems, and are at higher risk of poorer outcomes post-Service.
- Those who leave military service due to mental ill-health are a minority and are at increased risk of social exclusion (e.g. unemployment and homelessness) and continuing poor health.
- The overall suicide rate for UK ex-Service personnel is similar to the general population, but younger male ex-Service personnel (under the age of 24 years) have higher rates of suicide than their general population equivalent.
- Early Service Leavers are at higher risk for adverse outcomes such as suicide, mental health problems and risk-taking behaviours (e.g. heavy drinking, suicidal thoughts) compared to longer serving veterans.
- Studies on delayed-onset PTSD are based on small samples and mostly retrospective and should be treated with caution.
- Poor mental health outcomes are associated with deployment to Iraq or Afghanistan for personnel with pre-Service vulnerabilities, those exposed to high levels of combat and Reservists compared with Regulars.
- The North Yorkshire JSNA identifies specific issues in relation to veterans concerning the risk of homelessness. Estimates suggest that nationally around 6% of the homeless population may be ex-forces.

4.4 Nepalese Community

The North Yorkshire census shows a population of 758 Nepalese in Richmondshire, excluding serving Gurkha soldiers. The population is ageing as ex Gurkha soldiers and families can now settle in the UK and senior citizens come over to join their families. This population has a range of health and social needs, in part due to communication difficulties arising from language barriers and literacy levels. These can translate into difficulties in the utilisation of medication and hence health outcomes. There are also

challenges in relation to engaging with the community, cultural issues linked to health and social care and evidence of mental health issues.

5. Commissioning plans for the Armed Forces Community

5.1 NHS England's vision is to obtain the best health benefit from the available resources by commissioning high quality, safe and effective care for the Armed Forces Community in accordance with the *Armed Forces Covenant* and the *NHS Constitution*. The commissioning focus for the armed forces and those families registered with a DMS practice is to improve health outcomes ensuring equity and consistency in the provision of health services.

5.2 Armed Forces Covenant

It is recognised that military personnel put themselves in harm's way in the service of their country, risking injury or death in the course of their duty. Successive governments have recognised the debt society owes to its Armed Forces, their families and veterans, and most recently Society's obligations were set out in the *Armed Forces Covenant*, a framework for the duty of care the United Kingdom owes its Armed Forces and now included within the principles of the NHS Constitution.

In terms of healthcare, the key principle is that the Armed Forces Community should experience no disadvantage in accessing timely, comprehensive and effective healthcare. They will also receive bespoke services in some agreed areas for their particular needs or combat-related conditions including, for instance, specialist limb prostheses and rehabilitation.

5.3 Current NHS England commissioning priorities

<u>Delivering better care through the digital revolution:</u>

- increase use of E-referrals, including advice and guidance functionality, within DPHC
- increase the use of telemedicine as an alternative to face to face care where appropriate;
- increase access to national screening programmes
- link DMS systems to Child Health Information Systems

<u>Co-ordinated access to musculoskeletal pathway:</u>

- improved use of E-referrals and its functionality within DPHC for access to secondary / tertiary referral for MSK conditions
- re-design MSK pathways to make best use of recognised good practice in rehabilitation

<u>Improved access to mental health services:</u>

The Ministry of Defence (MoD) commission bespoke inpatient and community mental health services for their service personnel. NHS England commission prescribed specialised mental health services for the population in England, including an inpatient Post Traumatic Stress Disorder (PTSD) service specifically for Serving Personnel. Further planned service improvements are to:

- improve care co-ordination on service discharge

- improve signposting to appropriate mental health services including crisis services
- improve choice of recognised good practice and evidence based services for mental health

Wounded, Injured and Sick leavers (WIS) to have an agreed health plan:

- Work with the MoD to ensure that all WIS service leavers leave with a personal health plan;
- empower patients to take to take more control of their long term health and direct them to the most appropriate professional under the primary care team to manage their routine needs.

6. National co-commissioning plans for dependants / veterans

6.1 The following priority areas reflect NHS England co-commissioning intentions for veterans and their families.

6.2 Mental Health Services

Recommendations made by Andrew Murrison MP in the MoD published report *Fighting Fit: A mental health plan for servicemen and veterans (2010)* led to:

- Establishment of ten regionally based community veterans' mental health pilot services. NHS England commission Humber NHS Trust to provide a specialist veteran mental health service (expires September 2016) and the *Yorkshire and Humber Veterans Outreach Service* is delivered across Yorkshire and the Humber.
- *Big White Wall* – a national online psychological veterans mental health support service. (Commissioned by Department of Health.)

6.3 To further support CCGs in their overall commissioning responsibility for this population, NHS England are undertaking a review and engagement programme to establish the type of services which should be commissioned into the future and the commissioning arrangements for them. In light of significant research and the recently published Forces in Mind Trust: '*Call to mind, a framework for action'*, procured providers will be developing and testing 3 interim pilot service models (Oct 2015 – Mar 2016)

- Veterans who have a dual diagnosis relating to mental health and substance misuse (particularly alcohol)
- An outpatient PTSD Programme for moderate to severe PTSD as an alternative to an inpatient Programme
- Hard to reach veteran groups, especially early service leavers (<6 years' service)

6.4 Military amputees

On 27 October 2011 the Department of Health published "*A better deal for military amputees".* The report by Dr Andrew Murrison MP was in response to concerns from service charities and some Serving Personnel who have been seriously injured, and the recommendations made were for the NHS to

provide prosthetic services to the same standard as the Defence Medical Service at Headley Court.

6.5 Scheme of Equivalence for Medical Devices

Currently there is no formal mandate to the NHS to match medical devices other than prosthetics i.e. those that are issued by the MoD to Serving Personnel. The medical device received by veterans from the NHS may be different to that issued to them whilst they were serving. This is a specific issue for veterans requiring wheelchairs, orthoses and hearing aids. NHS England are working with the MoD to establish a scheme of equivalence for a range of medical devices over the next five years.

7. Commissioning primary health care for the families, dependants and veterans of Catterick Garrison

7.1 Hambleton, Richmondshire and Whitby CCG has worked with the main practices which provide the most significant proportion of services to military families, dependants and veterans linked with Catterick Garrison to better understand the population numbers, the observed local health needs, and the associated additional workload. Harewood Medical Practice in particular has undertaken some more detailed audits and analyses. The main emerging issues are below.

7.2 Patient numbers

One of the early findings is that this patient group are not routinely recorded as such within GP practice systems, which can make them difficult to identify and have wider needs met. One of the early areas of work to start better supporting these different patient groups will be to record patients in these categories using Read coding. In the meantime, approximately 3000 family members, 2000 veterans and 400 members of the Nepalese community have been identified as registered across the 2 GP practices in closest proximity to the Garrison.

7.3 Identified health and service needs of dependants

All the emerging evidence suggests that dependants of military families have higher levels of health need, in line with the issues identified through the NY JSNA and other evidence bases, leading to a higher level of presentation at local practices.

By the nature of the job, military personnel are recruited from various parts of the country and then based in a Garrison. As such virtually the whole community has moved away from their extended family and then become more dependent upon health services. This is with particular relevance to young mums with children. A snap-shot audit by Harewood Medical Practice indicated they saw their patients 6.34 times a year on average against a national norm of 5.5. Service personnel spend a significant part of the year training away from the base, often abroad, and also are sent on tours of duty abroad. As such the families become the equivalent of single parent families but are not recorded on statistics as such and therefore not reflected through in population weightings. This situation also has an effect on their families.

There are greater numbers of presentations for anxiety or depression / low mood associated with the stress of service personnel being deployed, and a greater prevalence and presentation for issues relating to obesity. This is evidenced in an audit undertaken by Harewood Medical Practice which showed the average number of appointments per annum for patients with depression was 11 for Harewood compared to 6 nationally. For obese patients the Harewood rate was 12 compared to 7 nationally. The health needs locally are reinforced by the military policy of basing families in Catterick Garrison who have special health needs, such as cerebral palsy and autistic spectrum disorders as well as other special needs, particularly for children but also other dependants too. This is done on the basis there are good support systems in place here.

7.4 Patient registration / deregistration of dependants

The turn-over associated with military families is particularly high. Military personnel are frequently expected to change location to a different base and their families and dependants may re-locate to join them. In many cases these patients come from abroad (and potentially military medical practices which operate in different ways to the NHS) making the administrative processes more difficult. For example Harewood Medical Practice had a turn-over of 236 new registrations per 1000 population per annum, whereas an example GMS practice was found to have a turn-over rate of only 69 per 1000 population, i.e. 3.4 times lower. Turn-over has a significant workload associated with it. Each registration involves a new patient consultation with a GP, administration and note summarising of approximately 25 minutes, and further administration and costs associated with deregistration.

7.5 Veterans

Discussions with the practices concerned have highlighted that there is more variability associated with the health care needs of veterans and to what extent they require targeted support through their local GP practice through an additional commissioned service. Being the largest military base in the UK in close proximity to an attractive area of the country with some cheap housing available within the vicinity of the Garrison, there are significant numbers of veterans and their families who decide to stay or retire in the area. In addition, some veterans also like to stay around the Garrison area so as to maintain a continued contact with the military. While there is a significant veteran population associated with the two practices in closest proximity to the Garrison, it should be noted that it is likely that smaller numbers of veterans are likely to registered at many or all of the practices in the CCG to different extents.

Many veterans will present in a pattern no different from the average patient. The issues of registration / deregistration will also not apply. However, there will be a cohort of veterans who may have additional and persisting health needs arising from their period of duty, particularly in connection to mental health.

Vulnerable Veterans and Adult Dependants Service (VVADS) is a bespoke Improving Access to Psychological Therapies (IAPT) service based at

Catterick Garrison. It specialises in working with veterans and dependants of serving personnel providing access to evidence based treatment for those who are experiencing common mental health difficulties and is provided by Tees, Esk and Wear Valley NHS Foundation Trust.

In particular, the MOD has built and set up in the Garrison a new centre (the Beacon) where 30 veterans can live for periods up to 18 months. These are ex-military personnel with health issues arising from their time in the forces; this covers non-physical issues like Post Traumatic Stress Disorder and other mental health problems. These are very demanding and chaotic group of patients who require significant input. There is also a centre recently opened (Phoenix House Recovery Centre, also based in the Garrison) by Help for Heroes with support from the British Legion, which is a short stay (up to a week) facility for military personnel, current and past, who have suffered physical and mental injuries in the line of duty.

7.6 Nepalese community

A proportion of these are military dependants as well as veterans and therefore the Armed Forces Covenant applies. The rest are extended families who have come to live here, mostly parents who therefore are elderly. They have significant chronic and often undiagnosed health problems like hypertension and diabetes which have a higher incidence in Asian populations. There are significant language problems. Harewood has employed a Nepalese receptionist as a supernumerary post two mornings a week in an effort to facilitate supporting these patients.

8. Future action through the Health and Wellbeing Board (HWB)

8.1 This paper makes a case for concerted commissioning collaboration and planning between partners to assess and address the health and service needs of military personnel, families and veterans.

A number of key areas of work have already been initiated.

8.2 Enhanced Service for primary healthcare for military families and veterans

Hambleton, Richmondshire and Whitby CCG are working with their two Personal Medical Services practices which are in closest proximity to Catterick Garrison to develop and design a new enhanced service for this patient group. The work in 2015/16 will focus on identifying and quantifying the population and their health needs, with a view to describing a more detailed service specification for future years.

8.3 Healthy Towns expression of interest (EoI) for Catterick Garrison

Local authorities, health and military bodies led by Richmondshire DC submitted an expression of interest to the NHS Healthy Towns initiative. This EoI is seeking to promote modern health services across the whole of Catterick Garrison and in support of the wider rural hinterland. It also seeks to support healthy design on a major strategic site.

It is important to note that the specific health commissioning challenges of the military population are set in wider North Yorkshire communities. Catterick Garrison is a rather unusual town for North Yorkshire and has coalesced over the past 100 years to include the villages of Colburn, Scotton and Hipswell as well as a number of military facilities. The military Catterick Garrison comprises several sites including the main site, Marne Barracks at Catterick Village and Alanbrooke Barracks, Topcliffe. The town's population of about 15,000 people includes the largest number of military personnel and their families in the county, about 10,500 who are also part of the wider community in Richmondshire.

The age/sex mix of the military population is unusual since overall it remains about the same as personnel and their families move through their military careers. It is younger than the surrounding population and heavily skewed towards younger men. Military families are also not typical of the wider population because they are all younger and with children. The 2011 Census shows that the average household size of military families is about 3.5 compared with 2.3 in the wider population. The military population also brings with it an unusual mix of people particularly recruits from the Commonwealth including the West Indies, Pacific nations and Nepal. Dependants and, increasingly veterans are adding to this mix.

The substantial presence of this military population in Richmondshire therefore reduces the average age and masks local economic conditions because personnel are fully employed. The risk is that not only does it bring a range of specific health care issues, but it may also obscures those of the local population to some extent. The EoI recognises the close relationship of all communities in Catterick Garrison and aims to develop shared local and military health services through the redevelopment and regeneration of existing facilities.

8.5 Engaging with the Nepalese Community

North Yorkshire County Council is in the initial scoping stages of conducting an assessment of the health needs of the Nepalese community living in North Yorkshire. The aim is to establish whether these needs differ significantly from the rest of the County population, as well as investigate whether barriers to services exist and if so, how these might be overcome.

The Public Health team will be working closely with members of the community, the voluntary sector, defence medical services, and CCGs to allow the input of key stakeholders and care professionals, as well as Nepalese residents. Initial findings suggest that nationality should be captured by primary care, allowing us to analyse information relevant to those from a Nepali background. Quantitative data relating to lifestyle, disease prevalence and uptake of services will hopefully be used alongside the findings of interviews and focus groups to develop our understanding of the experience of the Nepalese community living in North Yorkshire.

It is hoped this information will help to inform commissioning decisions and care provision across the County. It may also feed into future Joint Strategic

Needs Assessments, for example, those relating to veterans and the health of military personnel and their families.

8.6 Developing a strategic way forward

Due to the significant military population in its area, Hambleton, Richmondshire & Whitby CCG has agreed to be the commissioner representative for the North Yorkshire CCG's on the Armed Forces Network Group. Discussions have started to take place with members of the Defence Primary Healthcare team, with intent to work more closely together and to build relationships which will result in better health and social care for the community.

It is imperative that across North Yorkshire the partnership extends to the wider community including the County & District councils, Public Health, NHS England and the third sector. Although in the early stages the CCG are committed to building and delivering a plan that will improve the outcomes for the military population.

Partners from across the community attended a meeting with a member of NHS England recently to highlight the challenges and opportunities that currently exist across health and social care at Catterick Garrison. The meeting was positive and is the first step in forging joint working for the local population. The CCG recognises that the current commissioning landscape for armed forces personnel, families and veterans is confusing and fragmented. There is a need for a programme of work to be undertaken to ensure that commissioners and partners work in a joined up way to commission high quality, safe and effective care for the Armed Forces Community in accordance with the *Armed Forces Covenant* and the *NHS Constitution*.

9 Recommendations

9.1 This paper sets out a range of commissioning priorities both at local and national level. The Health and Wellbeing Board are asked to recognise the importance of this population and their associated health and social needs. The HWB is asked to prioritise this work programme and share the learning arising from the local initiatives at appropriate intervals.

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