



Ministry
of Defence

Defence People Health and Wellbeing Strategy 2022-2027

Foreword



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The health and wellbeing of our people is something we deeply care about as Chief of Defence People and Director General Defence Medical Services. By supporting it we enable our people to realise their full potential, maximise their talent and productivity, and thereby optimise operational effectiveness. We both want and need our people to be the best possible version of themselves and to thrive because they are a part of Defence; this is both better for them and better for Defence.

Health and wellbeing is everybody's responsibility and this strategy is therefore for everyone at every level in Defence. We recognise that Defence has a diverse workforce, including both the military and civilians, with different employment models and accesses to healthcare and welfare support. However, our commitment to deliver a positive workplace environment that promotes health and wellbeing and enables all our people to thrive applies to all. Supporting the health and wellbeing of both yourself and those around you is a key team and leadership quality. We champion this, knowing that open and strong leadership at all levels, with visible role-modelling, enables our people to live and work in a safe, inclusive and supportive environment where they can enjoy the highest attainable standard of health and wellbeing.

During the recent pandemic we made great progress and we must now build on this success. To deliver this strategy we will continue to work collaboratively and coherently, across Defence and with external partners. We will formally adopt an evidenced and holistic approach to health and wellbeing and will no longer have a separate mental health strategy. Instead, we will consider physical, mental and social health and wellbeing as one and recognise the critical influences of lifestyle and environment, not just people factors. Now is the time to improve our attitudes and culture, to ensure that everybody at every level is educated and enabled to seize every opportunity to improve and maintain the health and wellbeing of themselves and those around them.

We welcome this strategy and fully commit to delivering it. Together we will all make Defence a better place to live and work in, and together we will improve operational effectiveness.

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Strategy Overview

STRATEGIC VISION

All Defence People will be in a state of positive physical, mental and social health and wellbeing, to enable sustained delivery of defence outputs and optimise whole force operational effectiveness through improved productivity.

STRATEGIC OBJECTIVE

Create, promote and maintain the conditions for Defence people – military and civilian - to live healthy lifestyles in healthy environments, reducing injury, illness and suicide as far as possible, in order to maximise employability and wellbeing.

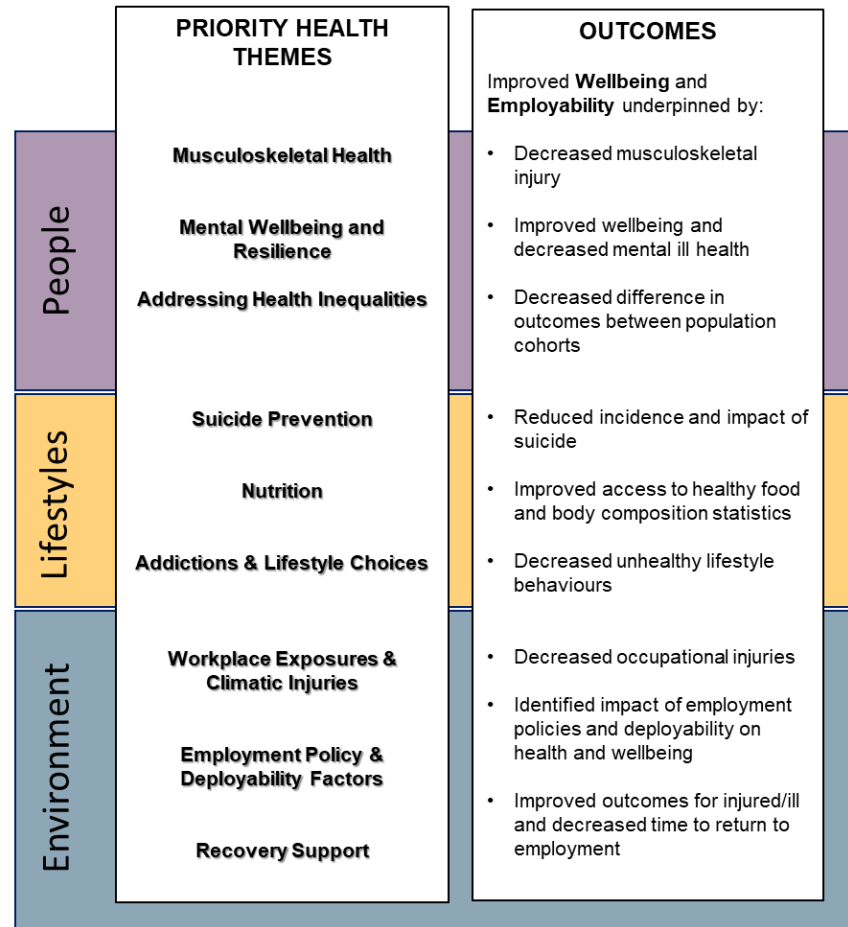


Defence will adopt a holistic approach, educating and enabling **people** to live healthy **lifestyles** in healthy **environments**.

Health and Wellbeing activity will promote good health and prevent, detect and treat poor health early, to enable optimal recovery.

Principles of Health and Wellbeing activity:

- Evidence and evaluate
- Collaborate, cohere and effectively communicate
- Educate and enable at every level and every opportunity



Strategic Aim

The Vision

The Defence People Health and Wellbeing strategic vision is:

All Defence People will be in a state of positive physical, mental and social health and wellbeing, to enable sustained delivery of defence outputs and optimise whole force operational effectiveness through improved productivity.

The Objective

To realise this vision, the strategic objective for Defence is to:

Create, promote and maintain the conditions for Defence People – military and civilian - to live healthy lifestyles in healthy environments, reducing injury, illness and suicide as far as possible, in order to maximise wellbeing and employability.

The Measures of Effect

Strategic progress will be demonstrated through improvement in the defence subjective wellbeing metrics and objective employability trend data summarised in Table 1.

Wellbeing Metrics	Civil Service	Armed Forces Personnel
Life Satisfaction	People Survey Results	Armed Forces Continuous Attitudes Survey (AFCAS) Results
Sense of worth		
Happiness		
Anxiety		

Employability Metrics	Civil Service	Armed Forces Personnel
Sickness Absence Data	Civilian HR data	Medical deployability data
Readiness Data	N/A	Force Health Protection (FHP) data

Table 1: Measures of Effect Data Sources

Health Priorities and Outcomes

Within the categories of People, Lifestyles and Environment there are nine **health priority themes**. Each theme is associated with a specific **outcome** which contributes to achieving the strategic objective and are summarised in Table 2. Work to achieve the outcome will be driven by the associated **health priority group (HPG)**, whose Chair is appointed and empowered by CDP to prioritise and cohere relevant health and wellbeing activity across Defence. It is acknowledged that progress will often not be objectively measurable for civilian Defence people, reflecting their different terms of service, requirement to deploy, healthcare provision and data collected. However, all health and wellbeing initiatives within the priority themes will seek to improve outcomes for the whole force.

	HEALTH PRIORITY THEME	OUTCOME
People	Musculoskeletal (MSK) Health	Decreased musculoskeletal injury
	Mental Wellbeing & Resilience	Improved wellbeing metrics and decreased mental ill health
	Addressing Health Inequalities (eg gender and ethnicity)	Decreased difference in outcomes for specific populations compared to the general population
	Suicide Prevention	Reduced incidence and impact of suicide
Lifestyles	Nutrition	Improved access to healthy food and improved body composition monitoring statistics
	Addictions & Lifestyles Choices (eg smoking, alcohol, gambling)	Decreased unhealthy lifestyle behaviours
Environment	Workplace Exposures	Decreased occupational injuries, including workplace stress
	Employment Policy and Deployability Factors	Identified impact of employment policies and deployability on health and wellbeing
	Recovery Support	Improved outcomes for injured and ill and decreased time to return to employment

Table 2: Summary of Health Priorities and Associated Outcomes

Health and Wellbeing in the Defence Context

What is Health and Wellbeing and why it matters to Defence

Health and wellbeing are inextricably linked by the World Health Organisation (WHO) definition. This describes health as the “state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”.¹ With wellbeing explained as “a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community”² it is intuitive that Defence must support its people’s health and wellbeing.

Defence recognises that its “success depends on its people”; it must nurture its people, and their health and wellbeing, to optimise defence outputs and deliver an adaptable and sustainable workforce.³ Through supporting their health and wellbeing, Defence enables its people to be both operationally effective and to realise their full potential.

Good workplace health and wellbeing supports a healthy and productive

workforce. When health and wellbeing is compromised, people first begin to react before eventually becoming injured and/or ill. This process is reversible, facilitated by early appropriate interventions and treatment delivered by Defence or civilian welfare and healthcare providers. However, in the interim, productivity is adversely affected or the demands on the remaining workforce increase, potentially creating a domino effect on workplace health and wellbeing. Protecting people from injury and illness is a legal requirement⁴ whilst promoting good and preventing poor health and wellbeing with early and effective interventions makes economic sense and is the morally right thing to do.

Improving health and wellbeing maximises talent and productivity, aids retention and ensures return of training investment, whilst delivering a sustained workforce. It also improves the outlook for wider society, by ensuring that people leave Defence in the best health possible, and potentially better because of their employment within it. This underpins Defence’s responsibility to improve physical and mental health and wellbeing of military and Civil Service personnel to capitalise on human performance.

¹ [The World Health Organisation Constitution 1946.](#)

² [Foresight report, 2008.](#)

³ [20200302-Defence People Strategy Part 1-Mar 20.pdf](#)

([sharepoint.com](#)) Defence People Strategy Part One, March 2020.

⁴ Health and Safety at Work etc. Act, 1974.

Defence Considerations

Defence Challenges

The Defence environment creates health and wellbeing challenges. The evolving nature of operations and demanding working and living conditions can compromise health and wellbeing. Added to this is the inherently dangerous and physical nature of some defence work.

Defence is also a complex and wide-ranging organisation. It has a broad demographic, with diverse health and wellbeing needs, different employment models and different access to welfare and healthcare support. However, health and wellbeing is relevant to all and activity must still be cohered as much as possible and governed across Defence, to achieve the best effect. Concurrently, freedoms must be provided, to permit initiative and development of bottom-up solutions to meet specific needs of some parts of the workforce.

Whilst the moral requirement to look after people's health and wellbeing is intuitively understood, demonstrating the effectiveness of health and wellbeing promotion and prevention initiatives is difficult. Many costs and benefits of people initiatives are intangible, sometimes taking years to realise. Attempts to estimate them and develop strategic trend data are further compromised by poor data hygiene, limited analytical capability and lack of strategic patience. Adequately resourced data analysis capability and baseline performance data is lacking. In a resource constrained environment this must be addressed, to ensure appropriate prioritisation of investment to achieve maximum effect.

Defence Advantage

Defence can positively influence many factors which improve health and wellbeing more than most employers. Strong leadership enables team cohesion and affords people both a sense of belonging and feeling valued. Defence people have meaningful paid employment, with career development and education opportunities. They can access healthcare and welfare support, through Employee Assistance Programmes (EAP) and Occupational Health advice for Civil Servants, and from bespoke Defence Medical Services, housing and welfare support agencies for Armed Forces Personnel. Our people should thrive because they are part of Defence.

Defence Partnerships

Defence health and wellbeing is dependent on collaboration. Defence must partner with several cross-government and third sector organisations, to understand, share and deliver best practice to improve health and wellbeing. This allows access to greater resource and subject matter expertise and delivers more effect to Defence People through implementing a greater quantity and quality of services and interventions. These partner organisations are listed in Figure 1 and further detail on the roles of each organisation and how they support Defence is detailed within Annex A.

These partnerships also enable the Armed Forces Covenant pledge, ensuring that defence families and veterans will not be disadvantaged by their military service and special provision will be made for those injured or bereaved, who have sacrificed the most.



Internal Roles

- Defence personnel
- Chief of Defence People (CDP)
- Single Services (COS's, HWB SMEs)
- Chief Joint Operations (CJO)
- Director General Defence Medical Services (DG DMS), Surgeon General (SG) and HQ DMS
- Civilian HR
- Directorate of Diversity and Inclusion
- Chain of Command and Line Manager's
- Defence Business Services (DBS)
- Trade Unions (TUs)



Key Enablers

- Defence Infrastructure Organisation (DIO)
- Training, Education, Skills, Recruiting and Resettlement (TESRR)
- Defence Safety Authority (DSA)
- Welfare Services
- Research
- Defence Statistics and Defence Business Services
- Civilian Occupational Health Service
- Logistic Commodities and Services
- Defence Nutrition Advisory Service (DNAS)
- Employee Assistance Programme (EAP)
- Defence Sports and Recreation Association (DSRA)



Partnerships

- Department of Health and Social Care (DHSC), NHS England & devolved administrations, Health Education England
- UK Health Security Agency (UKHSA) and the Office for Health Promotion
- Office for Veterans' Affairs (OVA)
- International Allied Support (UK / US TF, TTCP, UK / FRA, ABCA, NATO COMEDS, Other BI-laterals)
- Third Sector
- Academic Institutions

Figure 1: Key organisations contributing to defence Health and Wellbeing

The Strategic Approach

The Holistic Framework

Defence strategies have previously addressed physical, mental and social health separately, but a **holistic approach** is now essential. The holistic approach recognises how good physical health enhances and is itself improved by good mental health, demonstrated through improved resilience, motivation and morale. Meanwhile, good social health, manifest as strong relationships and realised educational potential, promotes mental health and, in turn, physical health.

An individual's holistic health and wellbeing is directly influenced by the environment that they live and work in and how they interact with it, through their lifestyle behaviours.⁵ There is an element of choice to some lifestyle factors affecting health, whilst acknowledging that addiction can influence behaviours. Potentially modifiable lifestyle factors include diet, exercise, sexual activity, smoking, alcohol, other substance misuse and gambling.

Lifestyle choices are often affected by cultural attitudes and facilities within the environments our people live and work in. An individual often cannot directly control these, but their leadership can. Defence leadership can enable a workplace culture that enables and promotes access to healthy food and dining facilities, exercise opportunities, improved accommodation, as well as health and recovery support services.

Defence will adopt a framework that acknowledges the influence of lifestyles and

environmental factors. By categorising health and wellbeing activity within the categories of People, Lifestyles and the Environment, this framework reflects the interdependencies of physical, mental and social health and wellbeing, whilst allowing for the variable influence Defence can have on its workforce dependant on whether they are military or civilian.

Roles and Responsibilities

Strategic responsibility to improve physical and mental health and wellbeing of military and Civil Service personnel to capitalise on human falls to the Chief of Defence People (CDP). As the head of HR for Defence, CDP is supported and enabled by the Director General of Defence Medical Services (DG DMS). However, everybody within Defence has a role and responsibility to improve health and wellbeing.

Individuals are responsible for making healthy individual lifestyle choices and seeking help and support early if their health and wellbeing is compromised. Leaders at every level must role-model these healthy lifestyle behaviours, whilst delivering a living and working environment that enables them.

Whilst health and wellbeing within Defence is supported by healthcare and recovery support providers, who help manage the consequences of poor health and wellbeing, primary responsibility for optimising health and wellbeing remains with the supported individuals and their leaders.

⁵ Social determinants of health, Dahlgren and Whitehead, 1991.

The Defence Health and Wellbeing Operating Model

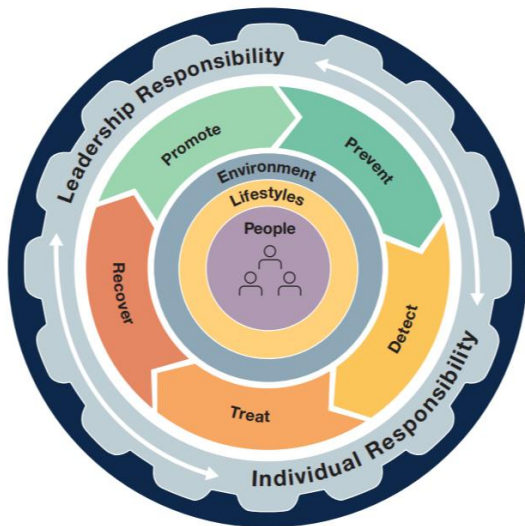


Figure 2: Defence Health and Wellbeing Model

This model illustrates the shared leadership and individual responsibility for health and wellbeing. It incorporates the holistic people, lifestyles and environment framework approach which demands people are educated and enabled to live healthy lifestyles in healthy environments. Increasing the proportion of Defence people who are healthy and minimising those with compromised health and wellbeing will be achieved through co-ordinated, evidence-based activity. This will promote good and prevent, detect and treat poor health and wellbeing early, enabling optimal recovery

Promote

An organisational culture and behaviours, supported by health leadership and management, which promote a healthy lifestyle and a safe, respectful work environment will encourage our people to make healthy lifestyle choices, live healthier lives and be more productive.

Prevent

Not all injury and illness can be prevented, but people and their leaders can minimise risks by addressing contributory lifestyle and environmental factors. Education and training are critical for effective prevention, providing people with the tools and knowledge to manage and take mitigating action for themselves and those they lead.

Detect

Detection of the early signs and symptoms of poor health and wellbeing is important. This is enabled by education, training and screening which equip individuals with the skills to recognise when health and wellbeing may be compromised and they or the people they are leading are reacting, injured or ill. Early detection allows for early intervention, to enable optimal recovery.

Treat

Treatment activity focuses on the restoration of health and wellbeing and the alleviation of symptoms of ill health. It includes access to effective self-help measures and welfare support, alongside medical diagnosis and treatment. Where medical treatment is needed then access to this must be

facilitated as far as possible, to enable optimal recovery.

Recover

Recovery support is non-clinical activity designed to operate alongside effective treatments. This enables an effective and swift return to employability and full productivity. This is optimised through occupational health partnerships between the individual, their leader and the occupational health services available to all Defence people. If full recovery is not possible, defence will seek to retain talent and offer alternative employment options where possible. If transition from defence employment is necessary, for the military this support will also enable an individual to seek civilian employment and contribute most effectively to wider society.

Principles of Defence Health and Wellbeing Activity

All defence health and wellbeing activity must adhere to the following three principles, to ensure it is effective.

Evidence and evaluate

All health and wellbeing activity should be evidenced, informed by population data analysis and scientific research. To improve how we effectively learn from and provide for our people, we will share and exploit information wherever possible, within the constraints of Data protection, information management and [Caldicott principles](#). We must also seek to exploit and invest in emerging technology at the earliest opportunity to enable this.

To fully understand and direct evidenced activity to address potential health and wellbeing issues, we will conduct health needs analyses. We will evaluate relevant data and research findings to identify emerging or evolving threats to health and wellbeing. This analysis can then evidence dynamic prioritisation of resources and informs mitigating activity. This activity must be supported by Defence Statistics and Defence research agencies⁶ and incorporate a user-feedback mechanism, to evidence constant improvement of interventions and services.⁷

Collaborate, cohere and effectively communicate

Defence is already stocked with many great sources of information and there is much activity to improve health and wellbeing.

However, this activity is not always coherent or collaborative. Defence must now work more collaboratively and coherently to share best practice and research, to efficiently improve health and wellbeing. This is necessary both internally, between single Services' top-level budget holders, and externally with partners and key enablers. Coherence will be enabled by consistent messaging across Defence. This communication must be engaging and accessible, signposting our people to the wide range of available support.

Educate and enable at every level and every opportunity

The importance of our people's health and wellbeing is a leadership and management priority which must be recognised and promoted across Defence. This will be supported through relevant education and training, exploiting every opportunity to deliver and reinforce it. This must inform and enable individuals to make healthy lifestyle choices and leaders to create a proactive health and wellbeing culture within which they lead by example, demonstrating healthy behaviours themselves, promote early detection and support treatment and recovery. The defence organisational culture must encourage openness and ensure people feel comfortable to speak freely and seek help and treatment early, without experiencing stigma, discrimination or bullying.

⁶ Defence Medical Services (HQ SG med director), DSTL, INM, RAF CAM, Army health and performance research are key internal research departments.

⁷ Feedback processes must be factored into the objectives and action plan of every implemented intervention or policy across the MOD, for accountability and assurance.

Governance and Strategic Functions

People Governance Structure

To deliver this strategy, groups of key stakeholders and subject matter experts from across Defence will be convened under the direction and guidance of the Health and Wellbeing Leadership Team (HWLT).

The HWLT reports to CDP, feeding in through the 3* Defence People Leadership Team (DPLT) via the 2* Military People Leadership Team (MPLT), with single-service health boards and specialist advisory boards providing vital input support and resources. The MPLT will deliver whole force decisions where appropriate (informed by the Civilian HR Director).

Concurrently, the Civilian People Leadership Team (CPLT) sets the strategic direction, policy and frameworks for pan-Defence civilian people issues. It also provides a

senior advisory role to the DPLT, providing business insight, challenge and early thinking on key pan-Defence civilian people issues. The CPLT champions the role of Civil Servants in MOD and represents the HR Profession for MOD Civil Servants through the Civilian HR Director.

The Civil Service's Senior Steering Group (SSG) also has a role to play as a cross-government forum of senior civil servants, chaired at Permanent Secretary (PS) level. This sets the strategic wellbeing priorities for the civil service. Civil Service HR (CSHR) is responsible for supporting the delivery of these objectives and provides advice through the cross-government Wellbeing and Attendance Network (WBAN).

This governance pathway is illustrated in figure 3.

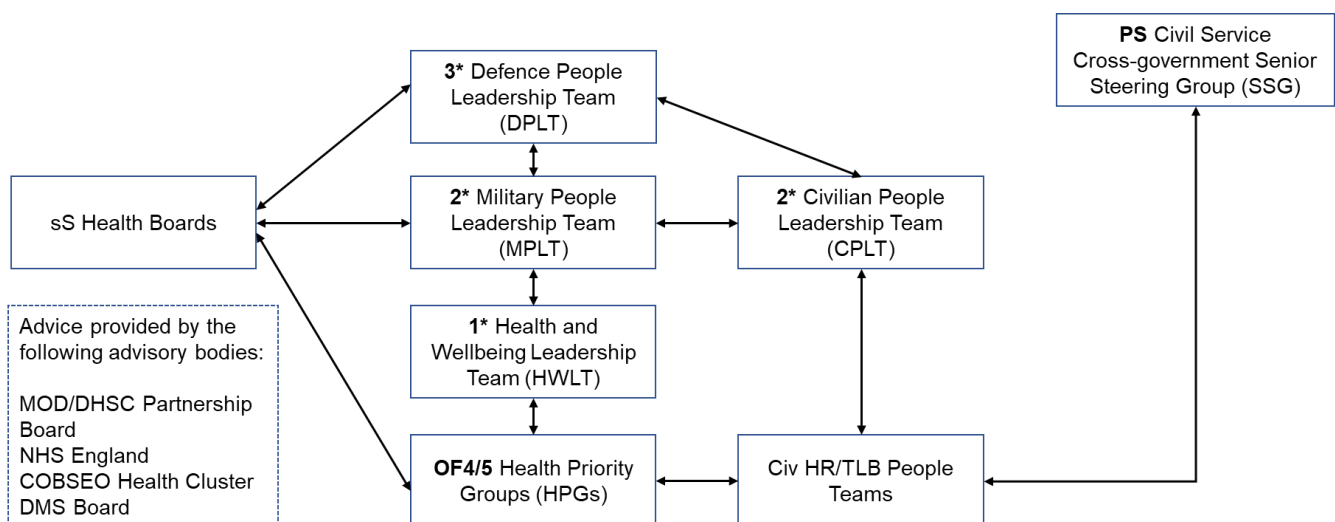


Figure 3: People Governance Structure

Health and Wellbeing Leadership Team (HWLT)

The Health and Wellbeing Leadership Team (HWLT) is responsible for identifying existing and emerging threats to health and wellbeing, and directing delivery of evidence-based mitigations. Its role is to prioritise and cohere health and wellbeing activity and deliver supporting policy, on behalf of CDP. The strategic functions of the HWLT are summarised in figure 4.

The HWLT sits quarterly, acting as the key focal point for subject matter experts in defence health and wellbeing, with empowered representation from the front-line commands and key partners in health and personnel. The HWLT is co-chaired at the 1* level by Defence People Policy and Defence Medical Services representatives. This brings together the leadership responsible for improving health and wellbeing with the supporting enablers, who recognise and help manage the consequences of poor health and wellbeing. This shared approach ensures a collective understanding and collaboration, enabling Defence to work coherently to exploit all available resource to best effect.

Health Strategy Needs Assessment

The HWLT will oversee the health strategy needs assessment. This analysis will inform the defence health and wellbeing priorities and allocate resource for best effect by exploiting the breadth of available data and research evidence and using proxy markers where required. It will also identify data gaps which must be addressed.

This assessment will be formally conducted and reported at least twice during the lifetime of this strategy and will:

- Compile and review baseline statistical data for current health priorities and healthcare demand, in order to review strategic effect;
- Identify emerging and evolving health and wellbeing threats from the breadth of available data, research evidence and information requests (including Freedom of Information and Ministerial Correspondence);
- Review veteran health and compensation data in order to identify realised threats to health and inform in-service health and wellbeing preventative interventions;
- Identify evidence gaps in order to inform future research activity and improve data collection.

Health and Wellbeing Communications

The HWLT will also be responsible for collating a library of defence health and wellbeing resources and will co-ordinate the enabling communication. This will be cohered to achieve maximum impact and reduce dilution of messaging across Defence but the scope and diversity of delivery methods will not be constrained, to ensure that the breadth of the Defence demographic, with its diverse needs, remains accessible.

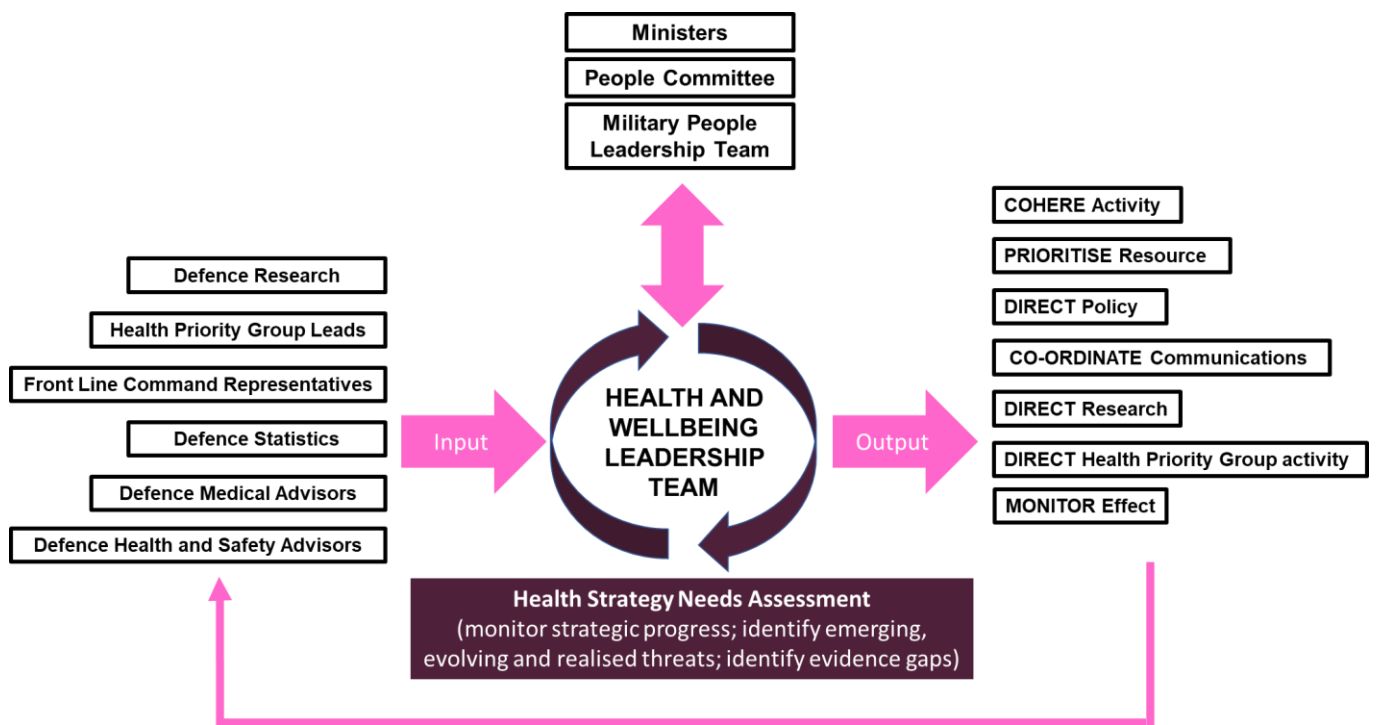


Figure 4: Strategic Functions of the Health and Wellbeing Leadership Team (HWLT)

Health Priority Groups (HPGs)

The Health Priority Groups (HPGs) will be convened and directed to prioritise and cohere activity within each priority health theme, reporting to the HWLT. These groups will be resourced with military and civilian subject matter experts from across Defence and empowered representatives from all front-line commands. The breadth of HPG Chairs from the Defence People Team and Defence Medical Services offer balanced representation to the HWLT, advocating for the needs and nuances of the front line commands and the breadth of the defence demographic.

The HPG priorities will evolve, informed by the **health strategy needs assessment**. Adopting the evidence-based and collaborative strategic approach, each HPG will identify areas where focussed activity is needed. This will inform the evolving **action plans** which accompany this strategy, for which the HWLT will be accountable to the

MPLT and DPLT for delivering. Each HPG will also agree baseline metrics to demonstrate effect and routinely report progress against them to the HWLT. To accommodate the diverse workforce needs, and access to welfare and healthcare support, separate action plans and metrics will be developed for the Armed Forces and the Civil Service



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Annexes

Annex A – Key organisations contributing to Defence Health and Wellbeing Delivery

Internal Roles and Responsibilities	Defence personnel	<p>Everyone must take responsibility and ownership for their health and wellbeing, choosing a healthy lifestyle consistent with the demands of their role within defence. These efforts will be supported by the MOD and the individual's chain of command through advice, available support services, work environment and culture.</p> <p>Strategy influence: Through HWB education, everyone can take personal responsibility of their physical and mental health and wellbeing to make informed, positive health decisions. This can reduce the risk of obtaining physical injuries and illnesses and increase their mental resilience. Subsequently this will reduce their likelihood of sickness absence and improve their work ability and capacity.</p>
	Chief of Defence People (CDP)	<p>As head of HR for Defence, CDP seeks to create the conditions for Defence People to enjoy a level of HWB that maximises the capacity of people for work. CDP provides HWB policy (including welfare) and guidance to chains of command and line managers on key lifestyle, environmental and social factors to support their people.</p> <p>Strategy influence: Policy supports positive measures being in place to benefit our people, environment and services. The DPHWB strategy plan and guide are key guidance.</p>
	Front Line Commands (Chief of Staffs, HWB subject matter experts)	<p>Responsible for recruiting, training and sustaining the HWB of its people, while addressing matters relevant to the wider determinants of health, developing strategies to maximise and monitor individual HWB. Health boards execute their health agenda's, provide support to the DPHWB Plan and advise the Front Line Commands on all matters of HWB.</p> <p>Strategy influence: Through their own agenda's policies and strategies, the Front Line Commands influence the HWB of their people and have a responsibility to support and look after their people for the benefit of the MOD and the individual.</p>

Chief of Joint Operations (CJO)	<p>Ensures the deployment and assurance of medical and healthcare support to deployed overseas operations.</p> <p>Strategy influence: Supporting our people when they are at their most vulnerable (such as operating in austere environments and away from family) is vital to long-term HWB. Having this element in place reduces the potential long-term impact on an individual's career, family and HWB.</p>
Director General Defence Medical Services (DG DMS), Surgeon General (SG) and HQ Defence Medical Services	<p>DG DMS is the Functional Owner for Healthcare and Medical Operational Capability. DG DMS is responsible for the overall delivery and management of medical operational capability, the generation of medically qualified personnel in support of operational tasks, and the promotion, preparation, sustainment and restoration of the health of the Defence population. The SG is the Functional Lead for Healthcare and Medical Operational Capability. The SG is the senior technical adviser on medical matters in Defence, and the Chief Medical Officer to both the Secretary of State for Defence and the Chief of Defence Staff; the post and supporting team provide the medical advice within the strategic headquarters of MOD Head Office.</p> <p>Strategy influence: Impacts all elements of the management system: prevent, promote, detect and treat. Provides valuable subject matter expert advice in the healthcare setting and is essential for providing occupationally focused primary and community care, operational health support and the essential link into the NHS, to facilitate care for AFP.</p>
Civilian Human Resources	<p>Provide civilian HWB policies and the development of health programmes which are delegated to top-level budget holders for ownership and implementation.</p> <p>Strategy influence: Manages the HWB needs of the civilian members of MOD, providing education and support which directly relates to the strategic aims of defence HWB.</p>
Directorate of Diversity and Inclusion	<p>Provides direction, guidance and central policy on diversity and inclusion matters.</p> <p>Strategy influence: Improving the lived experience of all defence people. Provides subject matter expert advice on overlapping areas of concern where specific protected characteristics are concerned.</p>
Chain of Commands and line managers	<p>Duty of care to their personnel, to support their individual efforts for improvements in HWB and ensure there is access to sufficient health and fitness facilities at work, home, overseas and on operations.</p> <p>Strategy influence: Provide the health leadership and management within their organisations and shape the HWB culture, which directly shapes the HWB of our people.</p>

	Defence Business Service's (DBS), Reasonable Adjustments Services Team (RAST) and Casework Advice Service (CAS)	<p>The reasonable adjustments services team provide advice and further guidance on reasonable adjustments. Reasonable adjustments are used to remove barriers or disadvantage, for people with a disability. They can also help people who don't have a disability to develop and fulfil their potential. The casework advice service provides integrated casework services, HR policy and process advice to line managers and employees.</p> <p>Strategy influence: Essential support in providing help and assistance to civil servants to ensure their working environment is as comfortable and practicable as possible.</p>
	Trade Unions (TUs)	<p>Trade unions are our staff representatives and support us to deliver change by consulting with us on the civilian people aspects of our projects. They provide constructive challenge and analyse our approach in order to make sure we all work towards the best possible outcome for staff.</p> <p>Strategy influence: Many employees are members of trade unions. Trade unions have a significant interest in supporting the health and wellbeing of MOD's employees.</p>
Key Enablers	Defence Infrastructure Organisation (DIO)	<p>Defence Infrastructure Organisation is the estate expert for defence, enabling the armed forces and defence civilians to live, work, train and deploy. It is a people-focused, inclusive organisation providing a safe, secure and sustainable estate. As custodian of the estate, the organisation's responsibilities include planning and delivering major capital projects, allocating accommodation for service families, and facilities management.</p> <p>Strategy influence: Key factor in the determinants of health, ensuring families and personnel have safe and secure accommodation to live, work and train.</p>
	Training, Education Skills Recruiting and Resettlement (TESRR)	<p>Sets the strategic direction for defence training and education, skills, recruiting and resettlement, and drives the implementation of policy through governance and assurance.</p> <p>Strategy influence: Head office lead in ensuring the right people are recruited and provided with the required skills for the duration of their career, while providing the mechanism to prepare individuals for a smooth transition to civilian life. Ensuring that the MOD has the right people with the right skills at the right time is critical to developing sufficient force elements at readiness to successfully deliver tasks.</p>
	Defence Safety Authority (DSA)	<p>The Defence Safety Authority is an independent organisation, empowered by charter from the Secretary of State to undertake the roles of regulator, accident investigation and Defence Authority for safety (including health and environmental protection). It aims to reduce and ideally prevent loss of life, avoidable harm and damage to the environment. The Director General of the authority provides an annual report to the Secretary of State, which gives independent</p>

	<p>assurance that policy on safety in defence is being put into practice when carrying out defence activities.</p> <p>Strategy influence and vision: Protecting defence personnel and operational capability through effective and independent health, safety and environmental protection regulation, assurance, enforcement and investigation. Health, safety and environmental protection are now the safety policy lead.</p>
Welfare services	<p>Delivered by a variety of agencies, such as chaplaincy, single-service welfare leads and the employee wellbeing service are key to providing support and wellbeing to defence people.</p> <p>Strategy influence: Valuable assets to supporting our personnel through HWB issues or areas of concern, providing a mechanism for seeking help, education, support and/or treatment. This subject matter expert support provides an avenue for our people outside of their chain of command which is needed for their recovery.</p>
Research	<p>Targeted research is important to improving health. Collaboration between key stakeholders to make best use of the research resources available will deliver evidence-based policy designed to optimise the health of the whole force. Engagement with key partners is critical to enable the MOD to both exploit existing research and influence its future research plan.</p> <p>Strategy influence: Allows the MOD to implement initiatives based on evidence-based research to increase their chance of success and meeting the needs of our people, while potentially saving time, money and resources.</p>
Defence Statistics and Defence Business Services	<p>Enables the reporting of information that allows measurement of outcomes associated with the strategy.</p> <p>Strategy influence: Provides feedback to the MOD on the HWB state of our people and the understanding of intervention impact. Through monitoring progress, key stakeholders can implement changes in a timely manner.</p>
Civilian Occupational Health Service	<p>Delivers the requirement for employment related medical advice integral to a number of MOD HR policies and processes. The service advises military and civilian line managers and staff on matters such as the management of sickness absence, rehabilitation after long-term sickness, and reasonable adjustments for staff with disabilities or on whether ill-health retirement is appropriate.</p> <p>Strategy influence: Act as the link between MOD-civilian policy and HWB strategy, while providing guidance to civilian personnel on HWB topics. A valued service providing feedback on the HWB state of our people.</p>

	Logistics commodities and services	<p>Conduct the procurement of food supplies and the provision of catering services in operational and non-operational theatres, embracing ethnic and lifestyle dietary choices and accommodating special dietary requirements where there is an unrestricted and uninterrupted supply chain.</p> <p>Strategy influence: Nutrition is a key element of ensuring our personnel have the basic needs to function and survive, and this element is pivotal in providing essential supplies across the world to our personnel.</p>
	Defence Nutrition Advisory Service (DNAS)	<p>Situated at the Institute of Naval Medicine to provide expert, evidence-based advice and specific information on diet, nutrition and military feeding. Through email support, the service delivers a range of factsheets, briefs and workshop materials to provide focused education and training materials on a range of nutrition topics, to aid healthier lifestyle choices.</p> <p>Strategy influence: As the expert leads in nutrition, they play a pivotal role in shaping HWB policies and practices. They ensure that establishment cultures are HWB-focused, providing cost-effective and accessible healthy nutritional options. They are key in providing nutritional education and supporting healthier weight programmes, while holistically mapping across into other key areas of HWB affected by nutrition; MSKI, BCM, alcohol, smoking etc.</p>
	Employee Assistance Programme (EAP)	<p>A confidential employee benefit for civilians and their line managers. It is designed to help employees deal with personal and professional problems that could affect your home life or work life and general wellbeing. It offers a complete support network that offers:</p> <ul style="list-style-type: none"> • expert advice and compassionate guidance 24/7 covering a wide range of issues • up to 6 sessions of structured face-to-face, telephone or online counselling • access to wellbeing resources through a wellbeing portal and app <p>Strategy influence: Provides the essential support and tools to MOD civil servants in a variety of formats.</p>
	Defence Sports and Recreation Association (DSRA)	<p>Promotes health and wellbeing among civilian defence staff through sport and recreation.</p> <p>Strategy influence: The association works within head office and corporate services and is an active part of the Defence People Health & Wellbeing Strategy.</p>
	Health and wellbeing portal	<p>To be used as a key focal point for HWB communications, information and signposting of available services.</p>

Partnerships	Department of Health and Social Care (DHSC), NHS England and devolved administrations, Health Education England ⁸	<p>The Defence Medical Services provides most primary healthcare needs and operational medical support for military personnel, with secondary healthcare in the firm base being provided by the NHS. For civilian personnel, the NHS provides both primary and secondary healthcare.</p> <p>Strategy influence: Key partner for the delivery of firm base healthcare. Links between DMS and NHS ensure continuity of care through and beyond an Armed Forces career.</p>
	UK Health Security Agency (UKHSA) and the Office for Health Improvement and Disparities (OHID)	<p>These are the expert national public health agencies which fulfil the Secretary of State for Health’s statutory duty to protect health, address health inequalities and promote HWB of the nation. They promote building the intelligence base and evidence for health improvement and wellbeing, health protection and healthcare. Additionally, they can provide strategic advice to working groups where appropriate.⁹</p> <p>Strategy influence: They support subject matter experts within the defence public health network, (sS’s, DCA and DPHU) providing essential guidance and support on all matters of health and allowing the MOD to promote an evidence-based and coherent message aligned with national guidance.</p>
	Office for Veterans’ Affairs (OVA)	<p>The Office for Veterans’ Affairs leads government efforts to make sure the United Kingdom is the best place to be a veteran anywhere in the world, helping the nation fulfil its lifelong duty to those who have served in the Armed Forces. This includes ensuring the interests of veterans are championed right at the heart of government and coordinating all functions of the UK Government to ensure the best support for veterans and their families as they transition back into civilian life.</p> <p>Strategy influence: Co-ordinates health and wellbeing policy for veterans, and support for veterans, across government.</p>
	International allied support	<p>The sharing of best practice and policies is already in place for key military health issues, such as mental health and defence recovery capability. These relationships, where possible, should now consider all issues impacting on people’s health, particularly musculoskeletal injuries, healthier weight and alcohol behaviours.</p> <p>Strategy influence: Implementing research findings or initiatives developed by allied forces can save valuable time and money in research and application, especially as the target audience can be representative of our own people.</p>

⁸ www.england.nhs.uk/mod-nhs-england-partnership-agreement

⁹ www.gov.uk/phe-strategy-2020-to-2025

Third sector	<p>Partners are vital to the delivery of the defence recovery capability and provide some health services to serving personnel, their families and veterans. This relationship, strategic or otherwise, needs to be carefully maintained and nurtured to ensure the charitable sector continues to add value to our services and the local community.</p> <p>Strategy influence: Charities help provide a service to personnel that the MOD are unable to provide due to their expertise and specificity. Additionally, they provide a service for personnel to use outside of their normal work environment.</p>
Academic institutions	<p>Partnerships with national and international universities, royal colleges and research councils are vital to maintaining forward-looking research programmes.</p> <p>Strategy influence: The research and expertise provided helps the MOD make evidence-based decisions on HWB requirements for services and interventions. This increases the potential success of the intervention and can save time, money and resources.</p>

