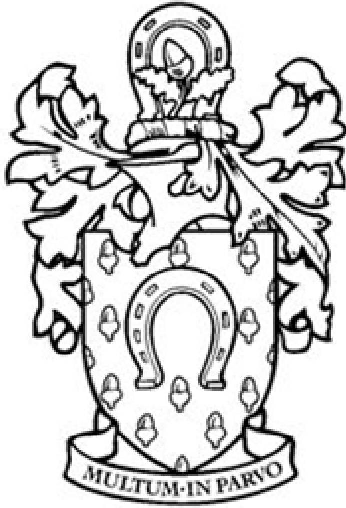

Rutland
County Council

Needs Assessment of Army Personnel and their Families in Rutland

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January 2019.

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Glossary

Term	Definition
Army	The British Army which delivers defence and protection tasks directly through soldiers and human interaction, currently deployed in around 80 different countries around the world
Armed Forces	Includes the Royal Air Force, the Royal Navy and The British Army
Camp	A barracks, which may include residential accommodation, health services, workplaces and community infrastructure
Corporate health needs assessment	An approach to assess needs that includes collecting and collating the views of stakeholders
CCG	Clinical Commissioning Group, in this Health Needs Assessment it is East Leicestershire and Rutland
CAR	Citizens Advice Rutland
Dependant	A married spouse or their children
Deployment	A phased process of movement of serving personnel to an area and can be for different reason such as combat, humanitarian, security or training
Dispersed dependants	Married and unmarried spouses and families that do not live in service family accommodation
DMS	Defence medical service
Entitled Civilians	A civilian whose primary healthcare is provided by the Defence Medical Service and includes MoD employed civilians and some dependants
Health	The World Health Organisation defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”
Health Literacy	The World Health Organisation defines health literacy as “the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health”. (1)
HNA	Health Needs Assessment
HPV	Human Papilloma Virus.
Regiment	A permanent military unit.
Reservist	Volunteers from The Army Reserve. They will participate in active training whilst employed and can be deployed.
Responsible commissioner	The organisation responsible for paying for healthcare (Includes: CCG, Upper tier Local Authorities NHS England, MoD).
Personnel	or regular personnel, current serving member of the armed forces.
2 PWRR	Second Battalion the Prince of Wales Royal Regiment.
1 MWD	1st Military Working Dog Regiment.
MoD	Ministry of Defence.
Need	This term includes several aspects of need; normative need is

	based on professional judgement (e.g. accessing a health service), felt need which is how a person perceives their health and wellbeing needs, expressed needs is what people may ask or request and comparative need which is defined by professional.
7 RLC	7 regiment, Royal Logistics Corps
SEN	Special educational needs
Service Families	Term encompassing dependants from the Royal Air Force, British Army and The Royal Navy.
Sexual Health	The WHO defines sexual health as “a state of physical, emotional, mental, and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity”(2).
Stakeholder	An individual from a health, welfare, wellbeing or voluntary sector organisation provider.
Theatre	The ‘theatre’ of active military operations.
Veteran	Someone who has served at least one day as either a regular or reservist.
Wider Determinants of Health	The social, economic, political, environmental and community factors that influence health.

Executive Summary

The British Army and their dependants constitute 5.8% of the total population in Rutland and are on average younger than the general Rutland population. This difference in age profiles corresponds with different health and wellbeing needs. This sub population has other differences; these are being mobile with regular household moves and in utilising a mix of civilian and Ministry of Defence (MoD) health and wellbeing systems.

Since 2013 the Army population in Rutland has increased and is now stabilising. With the arrival of this younger population there was an increased need for child health, reproductive and sexual health services which was met by local commissioners and providers. This needs assessment considers if the health needs for the current personnel and dependant population are met by Army and civilian health and wellbeing services and if there are unmet needs or gaps in services.

The Army population in Rutland is based on two camps, St George's Barracks and Kendrew Barracks both of which include residential accommodation for the personnel and their dependants. These camps can be viewed as distinct communities and regiments have moved into and out of Rutland's bases regularly over the last five years. The spouses and children of the population may live in Rutland in Army accommodation, the private rented sector or in their own homes. Other dependants may be resident in other areas of the UK therefore it can be problematic to assess the size of the dependant population.

The Army and dependant population is therefore difficult to clearly define and is in constant flux. It is common for some regiments to move in planned biannual cycles and some dependants and families will have experienced multiple national and international moves. A term that military, civilian and dependants refer to is 'life behind the wire'. This refers to living on camp, or in a barracks, where there are physical barriers between military and civilian environments.

A Health Needs Assessment (HNA) allows a focussed exploration of an identified population and how health services, lived experience and the wider determinants of health support good health. The intended use of this HNA is to provide insight and intelligence for the British Army based in Rutland, Rutland County Council, Rutland Health and Wellbeing Board, NHS England primary care, the Defence Medical Service (DMS) and Clinical Commissioning Groups (CCG). It is hoped that other health service providers and commissioners will find the level of detail and insight useful in understanding the lived experience and needs of this population.

The HNA was completed between October and December 2018 and took a cross sectional approach to describing how the lives of the military differ to the civilian population and how service life changes health, wellbeing, social and community experiences. The HNA separates personnel and their dependants into different sections as in many ways the health needs of the personnel and the support available are not as defined as the personnel.

The main findings are:

- The health needs of the personnel and dependants are likely to be similar to an age comparable population. The Army community has a younger age structure to the Rutland population so direct comparisons are problematic
- There is a lack of available evidence and data nationally and locally on the prevalence of health issues, health needs and utilisation of services for both personnel and their dependants
- The camps are complete communities and have a wide range of people, ages and occupations and caution is required in generalising the needs of this heterogeneous community
- There are comprehensive health, wellbeing and welfare services for personnel and their dependants. There are however issues related to the health literacy of the dependants and this includes a mismatch in expectations, awareness, knowledge and self-efficacy
- All stakeholders and dependants want civilians to have a greater understanding of their 'unique' lived experience
- There are issues of isolation for the dependants. There is an interlinked set of issues related to access to suitable transport, rural isolation, mental wellbeing, access to suitable employment and accessing affordable childcare
- The population is in a constant state of flux. Personnel, families and regiments change and move into and out of the camps regularly. This can result in pressures on health services, educational attainment of service children and the mental wellbeing of dependants.

A key issue related to health data availability, accessibility and reliability was identified early in the assessment process. There was not enough information and data to fully describe the needs of the population. Qualitative methods such as interviews and focus groups were used to develop a richer understanding of the people, services and needs of this population. The research evidence base for personnel and their dependants was found to be small so primary research would increase this evidence base.

There is good availability of evidence on the mental health of Army personnel, alcohol consumption and smoking patterns. There is a lack of evidence related to sexual health and health promotion in the Army and other aspects of physical health and wellbeing. There was some evidence related to the health experiences of dependants in the Armed Forces (RAF, The British Army and The Royal Navy) and the impact of service life on children. There was a lack of evidence related to the mental and physical health needs of adult dependants.

The research data and evidence that is available provides useful background on the health of personnel. The largest body of evidence was for mental health which shows that the serving Army population have a similar experience of mental ill health as the general population, with anxiety and depression being the most common illnesses. The research data links to similar stakeholder feedback which highlights that public perceptions of mental

health in the Army did not match reality and that most of the military did not have a mental health issue.
There is some evidence related to risk-taking behaviours and being deployed into the ‘theatre’ of active conflict which links to stakeholder’s descriptions of personnel as ‘natural risk takers’. Locally there may be issues related to sexual health and risk taking and further investigation into if there are links would be useful. It is likely that sexual health messaging needs to be adapted for the personnel and linked to sexual health testing and promotion. The research data and evidence of the health needs of the adult and child dependants is limited, but it is likely that ‘Army life’ exerts significant pressures on families and family relationships. There is also a link between service life and social isolation, mental ill health and feelings of detachment from wider family and community structures. The qualitative evidence from stakeholders and the small number of dependants who attended focus groups indicated that mental health, rural isolation, access to a car, employment, regular household moves and childcare were all interlinked.

The impact of service life on children has been researched, with evidence that shows that mental health and educational attainment can be impacted with parental occupation, deployment and regular household moves. Educational attainment challenges are recognised by policy makers and the Service Children Pupil Premium is given to schools to support these children and locally there are additional services to support these children. There are school-based and Army delivered activities for young people alongside NHS and local authority supporting services.

There is a lack of research and local data related to access and usage of service or community health services. The health systems that personnel and dependants access can be difficult to navigate, especially when moving between Army healthcare and civilian NHS healthcare. It was common for stakeholders and dependants to describe a mismatch between expectations and reality of health services, specifically this was related to time to receive a GP appointment, waiting times when accessing emergency care, accessing prescriptions and the process of registering for family health services like GPs and dentists. There is a large regiment change planned for 2019 and this provides an excellent opportunity to address some of the expectations that dependants may have related to the local health and wellbeing infrastructure.

The HNA used a variety of different qualitative and quantitative data sources. A strength of this approach was the inclusion of expert opinion and perceptions from a large range of stakeholders thorough semi-structured interviews and focus groups with Army spouses. A challenge of assessing the needs of the Army and their dependant population has been issues with data availability, comparability and completeness. Caution is required when making direct comparisons with the general Rutland population due to the differences in the age structure of the population in the two groups. The Army and dependant population is younger than the general population and is served by a separate primary health care system which makes direct comparison of needs difficult. A series of local and national recommendations have been identified by the HNA process and these based on the quantitative and qualitative evidence of gaps or issues that have been identified. The recommendations are for Rutland County Council, NHS England primary care, the Ministry of Defence (MoD) and Defence Medical Service (DMS), Defence Public Health, NHS

England Commissioning and are likely to be of interest to clinical commissioning groups (CCG), the Voluntary and Community Sector (VCS) and the wider health and wellbeing workforce.

Local recommendations:

- R1. Raise awareness of ‘Army life’ and ‘life behind the wire’ and use a range of forums to tackle issues related to lack of awareness
- R2. The DMS, NHS England primary care and Rutland County Council support improvements in the health literacy of the incoming dependants
- R3. Address social isolation in dependants by reducing geographical barriers by reviewing transport options and availability
- R4. Assess the viability and scope of a veteran and reservists needs assessment for Rutland County Council
- R5. Support health promotion and health improvement services for personnel.

Regional and national recommendations:

- R6. Develop an understanding of how risk-taking behaviours and attitudes in the personnel impact health and determine how the Army and health services can address risky behaviours
- R7. DMS to carry out a national review on timeliness of receiving and forwarding medical notes between NHS primary care services and the DMS

1. Introduction

The military and their dependants serve the nation by protecting the UK, preventing conflict, providing humanitarian services and defending the nation. The British Army have two barracks in Rutland near Cottesmore and North Luffenham. This assessment has focussed on the health, wellbeing, community, environmental, social and economic factors that support this key population. The population is predominately resident in and near the two bases in Rutland, and 'The British Army' in Rutland includes a wide variety of ranks, occupations and roles with whole communities and people living 'behind the wire'.

Each of the two barracks can be seen as a 'whole community' and represent a microcosm of the general population. Kendrew is a 'closed' camp and is located behind security wire and contains workplaces, a school, residential housing, medical facilities and convenience stores. St George's is mainly occupational and residential accommodation is located close to the barracks in mixed Army and civilian estates.

The health needs are not obvious, and in many ways the communities experience similar but at times very different experiences of health and wellbeing compared to the general Rutland population. Social and geographical isolation, families with young children and frequent household movements are key issues that present additional challenges to the population and services.

This assessment reports on the wide range of services available to personnel and their dependants and how these needs are met and where there may be gaps in provision. This assessment will not aim to evaluate the effectiveness of these services and will provide an overview of whether needs are met and the scope of services from the British Army, MoD, NHS, Rutland County Council, voluntary and community sector and other providers.

2. Aims, context and scope

2.1. Aims

To take an epidemiological and corporate approach to assess the health and wellbeing needs of the Army personnel and their dependants in Rutland. This is a standardised HNA approach that utilises national and local data to assess population health needs and compare with the views, attitudes and opinions of stakeholders which is known as the 'corporate approach' (3). Stakeholders include representatives from the community, occupational, voluntary and statutory sectors.

2.2. Context

Rutland has a population of around 39,000, with fewer younger adults and more adults of retirement age than the England average (4) Approximately 5.8% of this

population is serving personnel and their dependants. For further context on the general Rutland population please refer to the Rutland Joint Strategic Needs Assessment (JSNA) that has been refreshed for 2018(5).

The two Army Barracks that are the subject of this needs assessment are:

- Kendrew Barracks near Cottesmore which is the location for the Second Battalion the Prince of Wales Regiment (2 PWRR) and 7 Regiment, Royal Logistics Corps (7 RLC)
- St Georges Barracks near North Luffenham is where the 1st Military Working Dog Regiment (1MWD) and the Military Provost Guard are based.

2.3. Scope

This HNA will describe the health needs of the Army personnel and their dependants. Due to potential differences in the needs between serving personnel and veterans, as well as difficulties in identifying veterans as sources of data, the needs of veterans and their dependants and Reservists will not be included in this HNA.

The HNA uses a cross-sectional approach and reviews the Army and dependant population during a period between October and December 2018. There are constant changes of personnel and dependants moving in and out of the two barracks. It is important to highlight that by publication of this HNA there may be different overall numbers of Army personnel and their dependants in Rutland and this report represents a ‘snapshot’ of the population.

There are other local authority and NHS needs assessments on the health needs of the Armed forces and their dependants and these often generalise the complexity and differences within this population. This needs assessment used a mix of research, qualitative and quantitative approaches to create an evidence base to create recommendations for professionals.

There are caveats related to the availability, completeness and comparability of data which makes it difficult to determine the health and wellbeing needs for the personnel and their dependants. The HNA therefore took an approach of describing national data, comparable local data, stakeholder insight and incorporating the lived experience of the dependants to determine health needs.

Each barracks has a wide range of individuals, occupations and residential communities. A degree of caution is needed when generalising these populations and therefore it is difficult to stratify the health needs of the different characteristics of

personnel and dependants by factors such as age, socioeconomic status or gender. The most useful stratification in this report is the separation of serving personnel and their adult and child dependants.

Information and data on the health of dependants is poorly defined in the health and wellbeing research and in policy and guidance. Where there is no data or information on the Army dependants there will be reference to what is known about the Armed Forces or Service Family population, terms that include the RAF, The Royal Navy and The British Army. There are issues when determining the size of the dependant population as there are 'dispersed' dependants who may live in civilian accommodation in Rutland, or in other areas of the UK. There are unmarried or unaccompanied dependants who may form part of the dependant community but not be represented in official data provided by the MoD. It is likely that the dependant population is larger than MoD estimates that are used in the needs assessment. Population data is provided as a 'snapshot' of the Army population in Rutland, the population is in constant change and numbers of personnel and dependants will change throughout 2019 and are planned to stabilise in 2019/20. The Army population data is compared to mid-year estimates for the general Rutland population and should be viewed as a guide of overall yearly trends rather than an exact comparison.

The Rutland population has a different age structure to the Army population, so comparisons would not be 'like for like'. To draw comparisons between two groups, age-standardised rates of illness are required. This would be a complex process and requires complete information for incidence and prevalence of a wide range of illnesses for personnel and dependants, as well as for the general Rutland population. It was therefore beyond the scope of this assessment to generate age standardised rates that would allow the Army population to be compared with a similar aged civilian population.

Qualitative data from stakeholder interviews and dependant focus groups provides local knowledge and an understanding of lived experience. It is often anecdotal and is possibly skewed to the more engaged services providers and dependants and therefore may not be fully representative.

3. Methodology

The HNA utilises corporate and epidemiological aspects (6). A mixed methods approach was taken, with rapid literature reviews for health conditions, policy reviews, primary qualitative collection and quantitative analysis. Qualitative methods involved stakeholder semi structured interviews and focus groups and

Figure 1 details the process for collating the evidence into recommendations. Stakeholder interviews were comprehensive and included a range of professionals from services such as: Citizens Advice Rutland, Rutland County Council and Regiment Unit Welfare services. The term stakeholder is used throughout the HNA and refers to individuals who provided information through these semi structured interviews.

Figure 1. Process for collating data and insight to create recommendations

The stakeholders who supported the HNA included:

- Business and Finance Director for Oakham Medical Practice and Market Overton & Somerby Surgeries
- Two NHS health visitors with direct experience of working on the camps
- NHS Midwifery service with direct experience of working on the camps
- Rutland County Council Education Officer
- Unit Welfare Officers for 2 PWRR and 7 RLC at Kendrew barracks
- Unit Welfare Officer and Community engagement worker for MWD
- Regional Army Welfare Officer - Adults
- Regional Army Welfare Officer – Children
- Practice manager at Kendrew Barracks Medical Centre
- Service manager for Citizens Advice Rutland
- Visions children's centre manager
- Nursery manager – North Luffenham
- MTFP Sexual health nurse.

Two focus groups with dependants were undertaken in October and November 2018. The participants were the attendees of two stay and play sessions at St George's Barracks and Kendrew Barracks. Analysis of the data was through a social constructivist approach. This involves the exploration of the underlying concepts and

inferences of the respondents with analysis at the 'latent level'. Content analysis used immersion, coding and theming (7).

4. The Population

The Army population in Rutland County Council incorporates a mix of different regiments with different roles, types of deployment, professions, employers (Civil Service, Army, civilians) and ranks. This population is in constant flux, with recent regiment changes over the last five years, and regiment changes planned for 2019 and 2020. This highlights a need for services, policies and strategies to be proactive to planned change and aware of how needs might change.

4.1. The Bases

4.1.1. St George's Barracks: 1st Military Working Dog Regiment (1 MWD) and Military Provost Guard

St George's is home to the 1st Military Working Dog Regiment (1 MWD), Military Provost Guard and formerly home to the 2 Medical Regiment (2Med). 1 MWD has relocated to St George's from Germany and is a hybrid unit consisting of regulars and reserve personnel.

St George's Barracks is due to close in 2020 with a relocation to Kendrew Barracks, It is likely that there will not be a large decrease in serving population with this move. The site will be redeveloped as part of the government's Defence Estate Optimisation Programme which aims to reduce the size of the MoD estate and a national target to provide 55,000 homes for the general population. There are plans for the site to be redeveloped with the MoD into housing and other mixed uses. MWD will move to Kendrew Barracks when the camp closes.

4.1.2. Kendrew Barracks: Second Battalion the Prince of Wales Royal Regiment (2PWRR) and 7 Regiment, Royal Logistics Corps (7 RLC).

Kendrew Barracks is in Cottesmore, to the north of Rutland Water. It is the base of the Second Battalion the Prince of Wales Royal Regiment (2PWRR) and the 7 Regiment, Royal Logistics Corps (7 RLC).

2PWRR are a light mechanised battalion and have been stationed in several locations including Warminster, Chepstow, Northern Ireland, Tern Hill, Germany and Cyprus. The Battalion has completed operational tours in Sierra Leone, Iraq, Northern Ireland and Afghanistan.

7 RLC were originally based in Germany until its relocation to Kendrew Barracks in 2013. 7 RLC is part of 102 Logistic Brigade and is organised into four Squadrons and a Royal Electrical Mechanical Engineers Light Aid Detachment.

4.2. Deployment and Movement

The three regiments in Rutland are moved or deployed differently. 1 MWD and 7 RLC personnel and their dependants will move as individuals and tend to stay stationed in one barracks for longer periods of time. 2 PWRR will move as a regiment and move more frequently. It is likely that due to these differences 1 MWD and 7 RLC personnel and their dependants have different lived experiences and may experience different health, social and wellbeing needs when compared to 2 PWRR.

4.3. Rank and Occupation

There is a range of ranks, occupations and employers represented in each camp.

Table 1 provides the detail for St George's Barracks and shows an equal mix of regulars and reservists as well as Army security services.

Table 2 shows that Kendrew Barracks has less occupational variety.

Table 1. Breakdown of St George's Barracks population by rank and occupation.

Serving personnel	Officer	Warrant Officer/ Senior Non-Commissioned Officer	Junior ranks	Other	Total
Army	54	75	230	0	359
Military Provost Guard Service	8	3	18	0	29
Reservists	11	58	278	0	347
Civilian	N/A	N/A	N/A	N/A	70

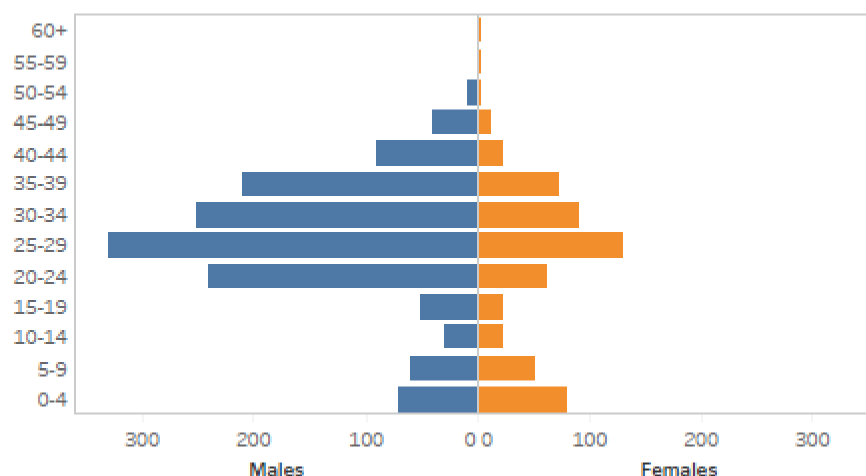
Table 2. Breakdown of Kendrew Barracks population by rank and occupation.

Serving personnel	Officer	Warrant Officer/ Senior Non-Commissioned Officer	Junior ranks	Other	Total
Army	74	157	684	279	1194
Civilian	N/A	N/A	N/A	N/A	2

4.4. Age

Figure 2 shows the age profile of the Army and entitled civilian population that are registered with the Kendrew Medical Centre. The figure highlights that most of the Army and dependant population is of working age with few people over 50 years old. Please see the Rutland Joint Strategic Needs Assessment (JSNA) for comparable population pyramids for the general Rutland population (5)

Figure 2 DMS registered Army and entitled civilian population October 2018.



The age bands of the military personnel and entitled civilians and changes over a one-year period are provided in **Table 3** and are compared to a mid-year estimate for the general Rutland population. The counts of personnel and DMS registered dependants are national data from the Army for stationed personnel and their civilian dependants who are registered with the Kendrew Medical Centre. Counts are on the 1st of April 2018 and do not account for any of the movement of personnel and dependants during 2018 and should be viewed as a guide of trends and for simple comparisons. National data has been rounded to the nearest multiple of 20 to prevent systematic bias, and so may not always add up exactly to the totals provided (8).

It is recommended that commissioners or service planners seek up to date numbers on this population from the MoD quarterly location data that is located on the *.gov* website (8).

The Army and their dependants have a different age structure than the general Rutland population and are younger, with fewer older people. It estimated that 45% of the Rutland population are aged 50 years old and above and that 0.6% of the Army population is aged 50 or above. 55% of the Rutland population are aged under 50 years old and 99.4% of the Army population are under 50 years old. 70.6% of the Army population is aged between 20-39 compared to 20.3% of the Rutland population. The numbers of Army children under the age of 14 years old is 16.8% which is greater than the 15.3% of the Rutland population.

Table 3. Age bands and percentage changes for the Rutland Army, civilian with comparisons with the general Rutland population.

Age Band	Military Personnel 2018	% change from 2017	Civilian Personnel 2018	% change from 2017	Rutland Population (2017 mid-year estimates)*	% change from 2016
0 – 4 years	N/A	N/A	180	-25	1858	1
5 – 9 years	N/A	N/A	140	-17	1907	-2
10 – 14 years	N/A	N/A	60	0	2282	5
15 – 19 years	60 (aged 16+)	20	20	0	2551	-4
20 – 24 years	370	-5	20	0	1917	1
25 – 29 years	440	12	80	-11	1993	2
30 – 34 years	330	3	60	-14	1964	6
35 – 39 years	240	0	50	-17	2143	7
40 – 44 years	110	0	10	-50	2254	-1
45 – 49 years	40	33	10	0	2822	1
50 – 54	10	0	0	0	2896	4

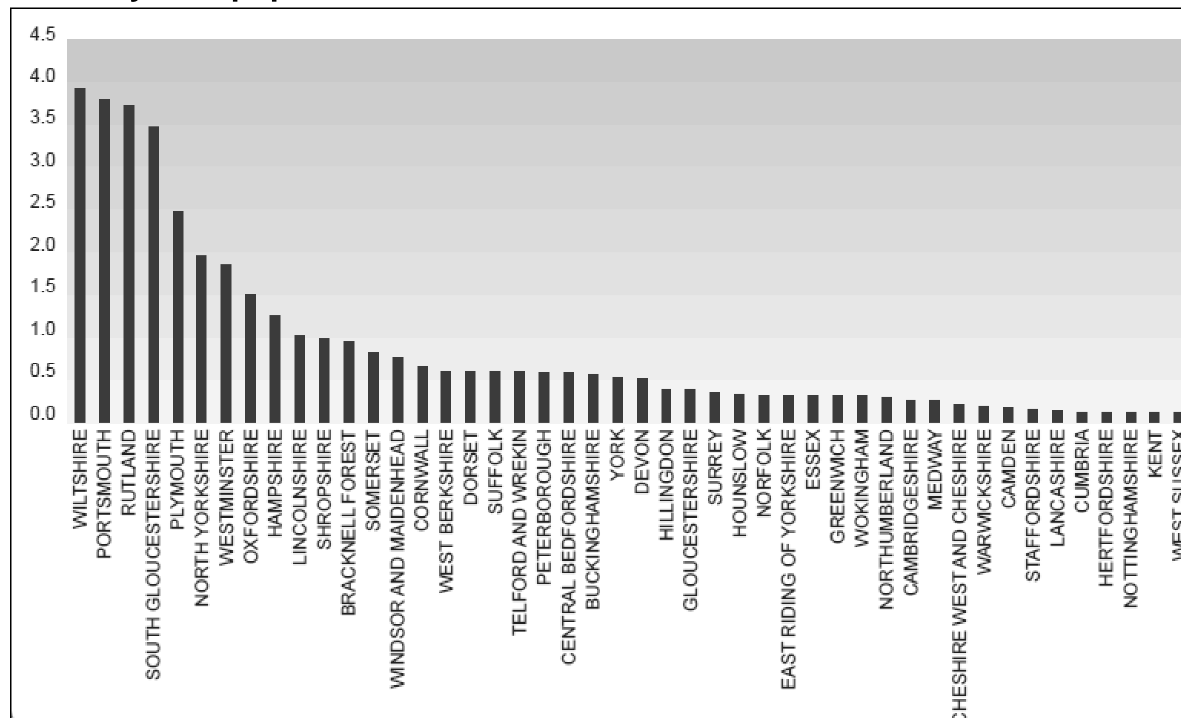
Age Band	Military Personnel 2018	% change from 2017	Civilian Personnel 2018	% change from 2017	Rutland Population (2017 mid-year estimates)*	% change from 2016
years						
55 – 59 years	0	0	0	0	2729	5
60+ years	0	0	0	0	12158	18
Total	1620	9	630	2	39474	2

*2018 estimate data not available, this limits the ability to compare against the 2018 ONS data. Data from the Office of National Statistics (8)

Table 3 shows that in 2018 there was an increase in the Army and civilian population, this was due to some regiments moving families into to Rutland. The Army form a substantial proportion of the total Rutland population and

Figure 3 shows that Rutland is the county with the third highest proportion of military personnel out of the total population at around 3.4%; when reservists and dependants are included in population calculations this increases to 5.8%.

Figure 3. Defence Public Health Unit (2015) UK Regular Forces and MoD civil servants by place of employment as percentage of unitary authority/local authority area population.



4.5. Dependants at St George's Barracks

Table 4 shows that there are around 100 adult and child dependants living in Army accommodation near to the camp in three mixed civilian/army estates. The numbers of dependants may be higher as some dependants will not be living in Army accommodation or living in other areas of the UK. The age profile of the adult and the child dependants was not available.

Table 4. St George's Barracks dependant population age profile.

Adult Dependants	~100
Estimated Total Children	195

4.6. Dependants at Kendrew Barracks

Table 5 shows the age range of the children and young people. The age range age range of the dependants is not known, and it is unclear how to access this data from the Army. Stakeholders report that information on dispersed dependants is reliant on personnel updating their Army occupational records. Stakeholders suggested that this may result in inaccurate records of information for the dependants.

Table 5. Kendrew Barracks dependant population age profile.

Adult Dependants	310
Estimated Total Children	389

4.7. Sex

Nationally the proportion of females in the Army is 9.4% and it is likely this will increase as there has been a reduction in restrictions to some roles within the Army (9). Unit Welfare Officers provided estimates of the gender split for each regiment:

- 2 PWRR

- 7 RLC 80% male/20% female
- MWD 65% male/35% female

The gender mix of the dependants was not available for this HNA.

4.8. Ethnicity

Nationally, the Army the proportion of black and minority ethnic population (BAME) is 11.2%, this is different to the general Rutland population which has BAME population of around 3% (2016 Estimate) (4).

The ethnicity of the adult and child dependants was not available for this needs assessment. Stakeholders report that there is more diversity in service population due to recruitment from Commonwealth countries. It is likely that the serving population in Rutland is more ethnically diverse than the general Rutland population.

4.9. Sexual Orientation

The numbers of LGBT+ people who work in the army in Rutland was not known for this needs assessment. Nationally 83.7% do not disclose their sexuality so it is likely that national estimates of the LGBT+ population are unlikely to be representative (9). The numbers of LGBT+ adult and child dependants was not available for this HNA.

4.10. Religion or Belief

Declaration of religion is not mandatory in the Army, however national data indicates that the majority of the Armed Forces are Christian (69.4%), with the largest minority no religion (27.7%) and the remainder being other religions (3%) (9).

The religion of the adult and child dependants was not available for this HNA.

4.11. Maternity

Nationally 6.6% of serving personnel in the Army took maternity leave, with the majority returning to work (94%). The terms and conditions for Army personnel maternity and paternity is not available publicly.

The numbers of dependants accessing maternity services was not available at the time of this needs assessment. Stakeholders reported that it was not uncommon for dependants to travel back to families after giving birth for additional support.

4.12. Marriage and Civil Partnership, Gender Re-Assignment and Disability

National or local data for personnel or their dependants was not available for this needs assessment.

5. Policy Context

The serving Army population is well served for guidance and policy documents. There is specific guidance available for the Army and for other armed forces, local authorities and health providers. The Armed Forces Covenant is a key document and is an umbrella agreement that seeks to improve how the Armed forces link to civilian life (10).

5.1. National Policy

Defence People Mental Health and Wellbeing Strategy 2017-2022 (11)**.**
The strategy utilises a health and wellbeing model that aims to promote positive mental health and wellbeing, prevent mental health issues and effectively detect and treat mental health illness. The areas of focus are:

- Stigma reduction
- Occupational stress
- Suicide and self-harm
- Culture and behaviour.

The Armed Forces Covenant (10)**.**
The covenant promotes fair access to services that include local authorities, charities, central government and other armed forces. Rutland County Council has signed the covenant as a pledge to provide help, advice and support to members of the Armed Forces Community.

Suicide prevention and peer support in the Armed Forces (12)**.**
The Samaritans produce a pocket book for the Armed forces as in general experience higher risks and stresses when compared to the general population.

The role of health visitors and school nurses: Supporting the health and wellbeing of military families (13)**.**
This document identifies how public health nurses can support services for the armed forces and provides a summary of how to use principles of patient and public participation in the design of health services and provides a framework for health practitioners to provide effective support to the families.

NHS constitution 2018 (14)**.**
In the section 'putting patients at the heart of every decision' the constitution states that:

"NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers. As part of this, the NHS will ensure that in line with the Armed Forces Covenant, those in the armed forces, reservists, their families and veterans are not disadvantaged in accessing health services in the area they reside".

NHS Armed forces and their families commissioning intentions 2017-2019 (15)**.**
This high-level summary provides an overview of the strategic areas of improvement for services that the NHS Commissions:

- Ensure high quality services are accessible to armed forces personnel and registered families to promote, protect and restore the health of the community
- Improve the pathway for service personnel and families as they leave the service with a particular focus on mental health, prosthetics and continuing health care
- Improve awareness at local level by Clinical Commissioning Groups, providers and local authorities to ensure due consideration is given to veterans, reservists and service families.

NHS Framework for commissioning (16)**.**
Patient and public participation in the design of the service is a continued ambition for NHS services. This document provides commissioners with a guide on how to use Armed Forces personnel in the planning and design of services.

NHS Armed forces healthcare: how it works *(web resource)* (17)**.**
The 'how it works' web resource provides a wealth of information for professionals and the public on how different services are commissioned and where patients and public can find specific information related to their health and wellbeing and where support is available.

NHS Long Term Plan (18)
The plan refers to veterans and their families and states an ambition to expand health and social support for those who transition out of the Armed Forces.

5.2. Local Health Assessments

A health needs assessment for Kendrew Barracks was completed in 2012 in the lead up to the Army replacing the RAF in 2013. There was a prediction that there would be minimal impact on overall health services, however there would be an increased need for maternal, early years and children services. The impact of the shift from RAF to Army was formally assessed in 2013 and recommendations such as specific working arrangements for health visiting and midwifery were actioned. There were some gaps highlighted that related to a lack of capacity to fit Long-acting Reversible Contraception (LARC). However, this issue has now been resolved. LARC can now be fitted by staff at the Kendrew Medical Centre and through the Integrated Sexual Health Service (ISHS).

6. Health needs of the personnel and local information

There is an increasing amount of research evidence on the health needs of the Armed Forces and where this research applies to the Army this is provided as a short summary.

6.1. Mental Health

Army mental health is similar to the general population, with depression and anxiety being the most common mental health issues (19). Recent national data for mental health conditions shows that there is a slightly higher prevalence of some mental health conditions than the general public and that this may be due to reductions in stigma for seeking help in the Army and quicker access to DMS services (19). There has been a doubling of mental health diagnosis in the last decade, and there has been an increase in common mental health conditions such as anxiety and depression. This increase may be due to increased awareness of mental health, increased recognition and diagnosis of common mental health conditions, increased help seeking behaviour, or may be a genuine trend. Recent data from 2017/18 shows this increase is levelling out (20). Officers in the Army are the least likely to seek help for mental health illnesses (19) and reservists, combat troops with multiple deployments and individuals with adverse childhood experiences are more likely to experience mental health issues (19).

National evidence highlights that there is stigma related to mental health for serving personnel. Stigma is complex and nuanced both inside the military and for veterans in the civilian community (21).

There is good quality evidence from research that shows that the conflicts in Afghanistan and Iraq correspond with an increase in post-traumatic stress disorder (PTSD) particularly in Army reservists (19). There are also increases in the

prevalence in mental health conditions in veterans of these conflicts; a cohort study of veterans is being followed by researchers and it is likely this will provide more evidence of the health impact of the Armed Forces (22). The prevalence of suicide is lower in male serving personnel than the general population (19); there is no data for females due to small numbers (20).

6.2. Mental Health Local Information

Welfare stakeholders described a network of MoD, NHS and Voluntary and Community sector (VCS) provision for mental health and it was felt to be reactive and see people when needed. The Unit welfare teams and Regional Army Welfare service both found that low level mental health needs could be dealt with by talking thorough solution focused conversations or by local signposting to Army and VCS services. For clinical mental health issues these are referred to the Department of Community Mental Health, based at RAF Digby in Lincolnshire via referral from the Kendrew Medical Centre. Army Welfare services can also refer to qualified mental health counselling services for relationship issues and mediation.

Stakeholders commonly mentioned that public perceptions and assumptions about the mental health of the Army were not correct, and that in general the army had similar levels of mental health issues to the general population. This is similar to research that shows inaccurate public perceptions (23).

Stakeholders report that there is much better awareness of mental health in the Army in recent years, and welfare services felt that mental health services were accessible with acceptable waiting times. Some stakeholders reported that some personnel access at crisis point, rather than accessing services pre-crisis.

Welfare stakeholders felt there was much less stigma attached to mental health issues and more awareness amongst senior staff. Several health promotion and awareness campaigns had recently been delivered by the MoD and welfare stakeholders had good knowledge of the names of the campaigns that include ‘Don’t bottle it up’ and ‘Time to Talk’.

6.3. Physical Health

6.3.1. Dental Health

Dental health in the Army tends to be worse than in the general population, despite personnel having annual dental checks and dental problems are in the top five non-battle injuries (11). A scheme called ‘Project Molar’ has tried to ensure that new personnel have a check up to assess their dental health, but dental health deteriorates quickly when on operations and deployed elsewhere, irrespective of

their previous level of hygiene. The reasons for this deterioration are not clear and may warrant further investigation.

6.3.2. Dental Health Local Information

The military bases have one dentist, a dental nurse and hygienist at Kendrew Barracks and this service is for military personnel only. Understanding the dental health experience of personnel and how dental hygiene is promoted locally would be useful and forms part of a recommendation.

6.3.3. Sexual and Reproductive Health

Nationally sexual and reproductive health needs vary by age. Younger age groups have higher needs, issues and engage in more risky behaviour (2). The highest rates of sexual health infections (STIs) are in young women. Gay, bisexual and men who have sex with men (MSM) have disproportionate rates of STIs (2). Women of child bearing age (15-44) are 20% of the total English population, however experience the greatest burden of poor reproductive health (2). The Army Personnel are younger than the Rutland population. It is likely that the personnel will have higher rates of STI infection, be at risk of poor reproductive health and have greater sexual health needs when compared to the general Rutland population.

6.3.4. Sexual and Reproductive Health Local Information

The sexual health needs of Rutland were assessed in 2015 and it was found that the sexual health and contraceptive needs in Rutland were different to comparable English data due to an older population (24). There was however significant increase in over 45 year olds presenting with STIs across Leicestershire and Rutland between 2010-2014 (24). The highest rates of STI's were in young people aged 15-24 years, MSM and black Caribbean ethnic groups which is similar to English and local comparators (24)(25). There has been an upward trend in syphilis diagnosis in Rutland between 2012 and 2017 and stakeholders report a similar trend in personnel (25).

Personnel solely register with the Kendrew Medical Centre; however, they can seek some specialist services externally. One of these is genitourinary and sexual health services. Rutland County Council jointly commissions the Integrated Sexual Health Service (ISHS) with Leicestershire County and Leicester City Councils. The ISHS currently deliver a weekly two-hour clinic at Kendrew Barracks that sees around 10-18 patients per session.

The ISHS service offers a wide range of services that includes contraceptive advice, sexual health testing and screening, and contraceptive distribution. The personnel can also access clinics in Oakham, Leicester and Peterborough. Accessing these off-camp clinics was felt by some stakeholders as a potential barrier as personnel would need to arrange time off work to access these clinics.

Local commissioners and providers are reviewing the sexual health usage data for the clinic and assessing the feasibility of promoting home testing. There is a concern from stakeholders that despite the afternoon clinic on Kendrew Barracks having confidential appointments there may still be a barrier to attendance. When personnel attend the afternoon clinic, they are self-identified as needing sexual health or reproductive services. This is thought to deter more senior members of staff and some dependants who are thought to access services at Rutland Memorial Hospital or clinics in Leicester. Stakeholders refer to a mismatch between the under-standing of the severity of consequences of risky sexual behaviours. It is felt by some stakeholders that the personnel are well informed by Army medics attached to the regiments about sexual health and that risk-taking attitudes can lead to the messages being disregarded.

Local contraceptive services include the C-Card for people under 25 which entitles the holder of the card to access free condoms at participating venues. Long Acting Reversible Contraception (LARC) is locally available and includes coils that are fitted off site by local GP services. The Army medics attached to each regiment also provide free condoms to the personnel that are well received by the personnel; however, some stakeholders were concerned that these were not used in all sexual episodes.

A service provision gap related to availability of health professionals trained in LARC fitting was highlighted in a 2013 health impact assessment for Kendrew Barracks with the arrival of 2PWRR. This issue has now been resolved. LARC can now be fitted by staff at the Kendrew Medical Centre and through the ISHS. Stakeholders feel that the availability of trained LARC practitioners in Rutland has improved however there are still potential barriers as women will have to travel to clinics.

6.3.5. Adult Screening and Immunisations

NHS England and the Defence Public Health unit support the MoD with screening and immunisation infrastructure. National data highlights that testing rates may be lower in some serving females (11). It was beyond the scope of this assessment to review the effectiveness of screening services and how this is affected by regular household moves and this forms part of the recommendations. The cervical screening process is the same for the Army as the general population. In the case of the Army, samples are taken by a clinician from a DMS Medical Centre and results are posted back to the patient.

6.3.6. Adult Screening and Immunisation Local Information

The majority of the personnel on both camps are below the age for bowel cancer screening (60-74 years), breast cancer (50-70 years) and abdominal aortic

aneurysm (65th year). Female personnel would be eligible for cervical screening and this can be completed by the Kendrew Medical Centre.

6.4. Lifestyle and Behavioural Factors

This section details what is known about the lifestyle and behavioural factors that influence personnel health and provides information on local services and any local data or insight.

6.4.1. Social Connectedness

Social connectedness is likely to be strong in the serving population, and loss of the social connections and peer support when transitioning out of the army is seen as a risk factor for mental health issues (19)(20).

6.4.2. Social Connectedness Local Information

In Kendrew Barracks there is the HIVE that is managed by the Army Welfare Service. This is a community centre for the personnel and dependants and runs a variety of activities for adult and child dependants. Unit Welfare Officers run social events such as bingo in Kendrew Barracks.

6.4.3. Violence against the Person

Violence or abuse can have detrimental impacts on society in general, as well as on individual and communities. Health impacts can be physical, emotional and developmental and violence and abuse can result in family breakdowns, discharge from the army and entry to the criminal justice system. Nationally there is some evidence from criminal records that highlights that deployment to theatre, alcohol misuse and traumatic stress disorders may be risk factors for violence (26).

6.4.4. Violence against the Person Local Information

The Unit Welfare service and Army Welfare service would provide support to personnel who were the victims or perpetrators of violence against the person.

6.4.5. Domestic abuse

Nationally there is unclear evidence if there is a greater prevalence of domestic abuse in service families.

6.4.6. Domestic Abuse Local Information

The Unit Welfare and Army Welfare services both linked into the local VCS services and had supported people with respite, counselling or emergency housing.
The Unit Welfare service and Army Welfare service would provide support to personnel who are the victims or perpetrators of domestic abuse. There is access to an Army provided service, IMDAS, as well as access to the Rutland UAVA (United against Violence and Abuse) service.

6.4.7. Obesity and Overweight

The prevalence of obesity in the Army is not available. It can be expected to be lower than the general comparable population due to the presence of compulsory fitness tests as part of service.

6.4.8. Obesity and Overweight Local Information

Both St George's Barracks and Kendrew Barracks have access to a nurse led weight management service. This is a clinic run by a Band 5 nurse once a week, and personnel can book on and receive weight management advice.

6.4.9. Physical Activity

Personnel are expected to have a standardised level of fitness for their roles, and physical fitness testing is during basic training with regular assessment during service. It is likely that personnel are more physically active than the general population.

6.4.9. Physical Activity Local Information

There are gym and other leisure facilities on St George's and Kendrew Barracks, all are accessible to the personnel, with varying access to civilian staff and adult and child dependants.

6.4.10. Access to Food Local Information

- **St George's Barracks**
  There is a canteen and social room for personnel and a small convenience store that all groups can access. Online food shopping can be delivered, and larger supermarkets are within 10 miles of the camp.

- **Kendrew Barracks**
  There is a convenience store on site. Online food shopping can be delivered, and larger supermarkets are within eight miles of the camp.

6.5. Risk Taking Behaviours

Research literature defines risk taking behaviours as including: unprotected sex, illegal drug use, self-injurious behaviour, and suicide (27). There is some research evidence that found that in a population of reservists that deployment into the 'theatre' of a conflict zone is associated with an increase in smoking initiation (28). Similar evidence has found that risky driving, smoking and physical violence is more common in reservists who have been in conflict zones and this is similar to relationships seen in regular serving personnel (28).

There is little UK research on risk-taking behaviours and sexual health. International studies from the United States, France and Canada have found correlations (27)(28).

6.5.1. Risk-Taking Behaviours Local Information

A common theme from stakeholders was that a large proportion of the front-line staff, especially the younger men exhibit risk-taking behaviours. This follows the limited international research that is available on the topic (27)(28).

Due to the differences in enforcement of drug and alcohol misuse in The Army, alcohol is presented in a separate section.

6.5.2. Sexual Health

There is no evidence available at the time of writing on the sexual health needs or behaviours for the Armed Forces or the Army. There is no publicly available sexual health promotion strategies or materials.

6.5.3. Sexual Health Local Information

There were specific concerns from some stakeholders about risk-taking and sexual health. Stakeholders were concerned that risky sexual health practices were not seen as significant by some personnel and that they underestimated the risks of sexually transmitted infections.

There is a paucity of evidence related to sexual health and risk-taking behaviours in the Armed Forces and the Army, there are clear local concerns that this is a potential area of unmet need.

6.5.4. Alcohol

Data from a 2016 screening and advice initiative by the Defence Primary Health Care dental centre found that 56% of Army personnel drank alcohol at increased or higher risk of harm, this was lower than the other services with The Navy (64%) and RAF (61%) being significantly higher (29). Comparable data for the general population is not available, however 31% of men and 16% of women drink alcohol at increased or higher risk of harm (30). This difference suggests that the levels of at-risk drinking in the Armed Forces may be higher than the general population and lower than the other Armed Forces.

Alcohol drinking and misuse in the Army has a historical relationship and some evidence highlights that alcohol drinking patterns may be different depending on age and rank, with younger, single men being more at risk of alcohol abuse (31). More recent evidence highlights that drinking patterns in the Army and drinking cultures have continued to change and alcohol intake is reducing (32).

Alcohol misuse is being addressed in the Armed Forces strategies (11) with an emphasis on the identification and reduction of drinking in the armed forces with specific strategies to address harmful drinking.

6.5.5. Alcohol Local Information

Stakeholders' experiences of alcohol were similar to research evidence. Stakeholders felt that alcohol misuse was less of a problem than it had been historically, and alcohol was not as prominent in military life as it has been in the past. Alcohol was not as freely available as it was previously, and that functions and events where alcohol are served are much shorter than they used to be, limiting the amount of time where alcohol is available. Due to the many nationalities and cultures within the military personnel, there are several groups who do not drink for religious or cultural reasons and there has been a move to accommodate this, with many functions providing a non-alcoholic alternative drink on tables.

Stakeholders in the Unit Welfare teams reported that alcohol can sometimes be an aggravating factor in domestic issues and Unit Welfare Officers have supported and signposted people to change drinking practices.

All personnel attending the dental practice at Kendrew Barracks are screened with the AUDIT-C alcohol questionnaire, this questionnaire allows for an assessment of risk of alcohol and health harms (29).

6.5.6. Substance Misuse

The prevalence of misuse of substances in the personnel is not available and the MoD and is likely to be lower than the general population. The Army has a 'zero tolerance' approach to use of 'drugs' or controlled substances (33) and misuse of controlled substances is a disciplinary issue. Compulsory Drug Testing (CDT) identifies anyone using controlled substances and the 16-25 age group are the most susceptible to drug misuse (33).

6.5.7. Substance Misuse Local Information

Substance misuse services are provided in Rutland by Turning Point. There have been no serving personnel accessing the service during 2017-18. The Army Welfare Service can refer to specialist Army substance misuse services that include a community psychiatric nurse. Stakeholders were not aware of any recent cases that had required this referral.

6.5.8. Smoking

The prevalence of smoking within the Armed Forces is comparable with the general population in males under 25 (34). Within the Armed Forces there is variation by service and rank where the lower ranked Army personnel are more likely to smoke however prevalence rates are unclear from the literature. The variation between

service and rank is thought to be due to some lower ranking Army recruits coming from lower socioeconomic backgrounds, where nationally 29% of people from the lowest income group smoke (35) (11) (36).

6.5.9. Smoking Local Information

The Medical Centre has estimated that the prevalence may be as high as 46% which would be higher than nationally reported prevalence (34). Some stakeholders felt that smoking was a more significant problem when people transferred from Cyprus. This was thought to be due to the low price of cigarettes in Cyprus, and it was expected that this trend would not continue and that many would stop smoking due to the higher price of cigarettes in the UK.

There is a weekly smoking cessation service that is delivered by the practice nurse at Kendrew Medical Centre.
Smoking is seen by stakeholder as a lifestyle or health issue rather than a welfare issue by stakeholders. Unit Welfare stakeholders were aware of smoking cessation services and had addressed smoking in health events.

7. Local Health Service Provision

The following chapter provide a summary of services. A needs assessment provides a review of whether services meet needs and if there are gaps in provision. The HNA approach does not aim to assess or evaluate the effectiveness of each individual service. It is useful to describe who is responsible for providing the services to personnel and dependants and section 8.1 and

Table 6 summarises the responsible commissioners.

7.1. Responsible Commissioners

As personnel, dependants, reservists and veterans may experience household moves, deployment to other areas of the country, or internationally or may be stationed in countries such as Germany or Cyprus it is important to understand who is responsible for providing health and wellbeing services.

The Health and Social Care Act 2013 resulted in changes to the responsibility for the commissioning of health services for Armed Forces personnel and their families from 1st April 2013. Most services are the responsibility for Defence Medical Services (DMS) or NHS England. Clinical Commissioning Groups (CCGs) are responsible for commissioning all secondary and community services required by Armed Forces' families where registered with NHS GP Practices and services for veterans and

reservists when not deployed. The table below provides a summary of the commissioning responsibilities.

Table 6. Responsible commissioners.

Responsible commissioners	Personnel	Families registered with the DMS*	Families not registered with the DMS
Primary Medical Care	DMS	DMS	NHS- PC
Out of hours	CCG	CCG	CCG
Primary Dental Care	DMS	NHS-Dental	NHS-Dental
Operational Care (anywhere)	DMS		
Primary Medical Care (Overseas)	DMS	DMS	
Primary Dental Care (Overseas)	DMS	DMS	
Blue Light ambulance	CCG	CCG	CCG
Emergency Care	NHS-AF	NHS-AF	CCG
Emergency Care (Overseas)	DMS	DMS	
Secondary Care (Dental)	NHS-Dental	NHS-Dental	NHS-Dental
Secondary Care (Non-specialised)	NHS-AF	NHS-AF	CCG
Secondary Care (Specialised)	NHS-SC	NHS-SC	NHS-SC
Secondary Care (Overseas)	DMS	DMS	
Secondary Care (Overseas returned to England)	CCG-OSV	CCG-OSV	
Community Care	DMS & NHS-AF	NHS-AF	CCG
Community Care (Overseas)	DMS	DMS	
Mental Health (Non-specialised)	DMS & NHS-AF	NHS-AF	CCG
Mental Health (Overseas)	DMS	DMS	
Mental Health (Specialised)	NHS-SC	NHS-SC	NHS-SC
Rehabilitation (Post injury)	DMS		
In Vitro Fertilisation (IVF)	NHS-AF	NHS-AF	NHS-AF
NHS Continuing Healthcare	NHS-AF	NHS-AF	CCG
Public Health (Screening and Immunisations)	Defence Public Health	Defence Public Health	NHS-PH
Public Health 0-19 (inc. Health Visiting and School Nursing)	RCC	RCC	RCC
Public Health Sexual Health	RCC	RCC	RCC
Prosthetics	DMS & NHS-AF	NHS-SC	NHS-SC
Wheelchairs	DMS	NHS-AF	CCG

*All families overseas are registered with the DMS and some are Entitled Civilians in the UK registered with Armed Forces Medical Centres.

Table 7. Key for responsible commissioners table.

Key	
CCG	Clinical Commissioning Group
CCG-OSV	CCG Overseas Visitor Funding
DMS	Defence Medical Services
NHS-AF	NHS England (Armed Forces Health)
NHS-Dental	NHS England (Dental Health)
NHS- PC	NHS England (Primary Care)
NHS-PH	NHS England (Public Health)
NHS-SC	NHS England (Specialised Commissioning)
RCC	Rutland County Council (Public Health)

Table adapted from Armed Forces and their Families Commissioning Intentions – 2017/18 to 2018/19 (15).

7.2. Primary Care

The Kendrew Medical Centre accommodates personnel from Melton Mowbray, Kendrew and St George's Barracks and also offers registrations to some entitled civilians. It is unclear from publicly available documents what the criteria is for entitled civilians. Melton Mowbray is a military animal unit in Leicestershire and is operationally linked to the MWD regiment at St George's. The data in Table 8 includes the personnel from this unit, all other data in this HNA is for the Rutland bases.

In 2018 capacity was reached and no newly arrived dependants could register with the Medical Centre. The Centre continues to support dependants who are previously registered and includes adults and children. The Medical Centre is planning on reviewing the restrictions on new registrations in 2019 when there is a regiment change. This decision may have an impact on the NHS England primary care services and it is recommended that when this decision is reached by the DMS that it is communicated to NHS England primary care providers.

Table 8 provides a guide of how the registrations are distributed between military, dependant and child patients.

Table 8. Kendrew medical centre registrations in September 2018.

Total military	1497
Total dependants	555
Total adult dependants	224
Total child dependants under 16	331
Total registrations	2052

By November 2018 the registration list reduced to around 1900 and there was a continuation of the hold on newly registering dependants. Stakeholder interviews highlighted that there can be an issue with recruiting full time, part time and locum healthcare staff. This is felt in part to be part of a wider national issue recruiting to the DMS, but also due to the rural location which is thought to be a barrier for people applying to work at the Medical Centre.

Kendrew Medical Centre is one of the few Army centres that has a family service and sees dependants. It was perceived by stakeholders that dependants were a large part of the workload for the Medical Centre. Following a brief review of workload at the Medical Centre, it appears that personnel and dependants account for about equal parts of the workload although a detailed audit of workload has not been carried out.

Service provision in November 2018 consisted of:

- One Senior Medical Officer (SMO)
- One Regimental Medical Officer (RMO)
- One part-time civilian general medical practitioner (GPs)
- One full-time civilian GP
- A band 6 practice sister
- Three WTE (whole time equivalent) Band 5 nurses
- One full time HCA (healthcare assistant)
- One part time and a locum full time pharmacy technician
- Two reception staff
- Two persons administration team with an office manager
- One Practice manager.

Appointments are 15 minutes duration, compared with most civilian general practices which are 10 minutes. For urgent appointments the personnel are expected to present before their duty begins so they will generally present around 8am. If they are signed off with an illness, they can return home and recuperate. Some

stakeholders felt that the sign off process may discourage people from seeking help when ill and may result in personnel delaying seeking help. It is not known from the evidence base how this method of registering as ill impacts health seeking behaviours and if this behaviour tracks into civilian life after transition out of the Army.

7.3. Prescriptions

The personnel do not pay for their prescriptions. There is an in-house dispensary at Kendrew Barracks which has a technician and is overseen by a regional pharmacist. The medications stocked in the pharmacy are from a military formulary, which has a reduced scope compared to NHS pharmacies, but the practice manager believed it was uncommon for people to require drugs that are outside of this list. There is a mechanism by which medicines outside of the military formulary can be obtained if necessary.

The Army Medical Services uses a different prescription form compared to civilian practices, the FMed296 which can be used at the dispensary on the bases and will be accepted by Lloyds Pharmacies nationally. The nearest Lloyds pharmacy is in Melton Mowbray, a 20-30 minute journey.

7.4. Secondary Care

The nearest district general hospital is Peterborough City Hospital. There are other hospitals within a 30 mile radius and these include Leicester Royal Infirmary, Kettering General Hospital and Rutland Memorial Hospital.

7.5. Emergency Care

The closest A&E departments are Peterborough City Hospital and a daytime service at Grantham and District Hospital. This is 22 miles from Kendrew Barracks and 19 miles from St George's Barracks. The number of personnel who attend A&E generally believed to be rare. Stakeholders at Kendrew Barracks are unaware of any recent call outs for the ambulance service and are unaware of the average waiting time. There are some concerns that ambulances would not reach the bases within the eight minute target time which is a concern for much of Rutland. There are paramedic fast-responders who have a car and can attend emergencies quickly. The nearest urgent care centre is in Corby.

7.6. Minor Injuries

Minor injuries facilities are at Rutland Memorial Hospital. This is available on weekdays between 08:30-21:00, and 09:00-19:00 on weekends and bank holidays. X-ray facilities are available on site. Attendance at the minor injuries unit by personnel was thought to be rare, as personnel with minor injuries are treated by the Kendrew Medical Centre or by Army medics.

8. Other Local Health Information and Services

8.1. Optometry

There are no optician's services available on site. For personnel and dependants Stamford and Oakham are the nearest towns with multiple opticians.

8.2. Physiotherapy

Kendrew Barracks offer an enhanced physiotherapy and rehabilitation service from dedicated teams of physiotherapists and exercise therapists. This service is only available for the serving personnel, not their families. Personnel are seen within 5-6 days or with 48 hours for an urgent appointment.

It is not known how this compares to other occupational health practices or for NHS patients in civilian services. In 2011 data from the Chartered Institute of Physiotherapy showed national variation in NHS waiting times from one week to 30-40 weeks (37).

8.3. Podiatry

There is no dedicated podiatry service on the military bases, and so any member of the military requiring input from podiatry services will need to be referred to the regional rehabilitation unit at RAF Cranwell, where they are able to offer advanced physiotherapy and podiatry.

8.4. Wellbeing and Welfare

Personnel and dependants can both access Unit Welfare teams that are attached to the regiments as an initial point of access. Further detail of the services that the Unit Welfare provide is detailed in the following sections. For personnel or dependants who require additional support that is beyond the scope of the Unit Welfare Team, there can be referral into a regional Army Welfare Services who have greater expertise and referral routes into other services.

This section provides a summary of how the services support both personnel and their dependants. As the issues presented are often a combination of concerns between the dependants and their partners this section is for both personnel and their dependants.

8.5. Unit Welfare Teams

The Unit Welfare Officers are the first port of call for routine enquiries or general support for both serving personnel and their families. The Officers can provide information and signpost to a variety of services, as well as referring on to the Army Welfare Service. There are Unit Welfare teams for each regiment. In Kendrew Barracks 2 PWRR and 7 RLC share the same building with the HIVE community hub. Unit Welfare Officers were interviewed and provided a broad understanding of the needs of their personnel and families and how the Unit Welfare service works with statutory services. Unit Welfare Officers are serving personnel with five days welfare support training and are not professional mediators or counsellors. Each Unit Welfare Officer stressed the limited training that is provided to them and their role as one of support and signposting.

8.5.1 St George's Barracks

The Unit Welfare Officer was interviewed with further details from an Army Community Support Officer. The MWD regiment is different to other regiments found at Kendrew Barracks. The personnel were generally career animal workers and experienced rapid deployments for issues such as humanitarian crisis, natural disorders or conflict. Full deployments could last for six months and there were regular exercises that could range from two weeks to three months. The Unit Welfare role is mostly to signpost to other services that are best suited to help, depending on the nature of the issue. Rural isolation and issues related to transport and access were identified as was a lack of suitable employment for spouses. Social isolation was felt to be less of an issue; this was felt to be due to different residential housing provision. St George's has a different residential housing provision to Kendrew Barracks. The base has three housing estates which include mixed civilian and Army households. This was felt to create less of a feeling of isolation when compared to 'living behind the wire'.

The impact of service life and the regular household moves that the regiment experience was felt to be detrimental to young people's emotional health. Secondary school service children were felt to be impacted most negatively as it was difficult to make and maintain friendships. Anecdotally the most common issues are:

- Mental health issues. This was felt to be due to soldiers joining the regiment with pre-existing conditions which may or may not have been diagnosed. The mental health issues would often arise as a result of the pressures of service.

For personnel with mental health issues they would be referred into the Kendrew Medical Centre

- Marital relationships that include separations, divorce. These cases could be resolved by the Unit Welfare team, or were signposted to the Army Welfare Services when counselling service were felt to be needed
- Housing and 'miscellaneous day to day' to issues. Poor housing was felt to have a link to mental health of the dependants. Day to day a variety of issues that require discussion and signposting to local services.

8.5.2 Kendrew Barracks

PWRR

Both Unit Welfare Officers were interviewed. They provided detailed information of the role of their service, how they support and signpost and the types of services they work with. As 2 PWRR have moved from Cyprus in 2017 and are moving to Aldershot in 2018/19 a lot of the issues they are involved with are related to deployment, housing, moving and personal finances. Life in Cyprus involved 'wrap around' support from all health and wellbeing services. Life in Rutland involves navigating a mix of Army, local authority, NHS England, CCG and VCS provision. Stakeholders spoke very highly of these services but identified that there was a need to manage adult dependants' expectations, overcome transport issues and identified a lack of self-efficacy to seek help or access services when signposted.

Stakeholders felt that there was a need to support dependants with their self-efficacy and encourage the individual to take the lead and access services without the need of support from the Unit Welfare team.

The officers support personnel and dependants on a huge variety of issues and described that in general the issues could be discussed and a solution found easily. For more complex cases the officers would refer to the Army Welfare Service or to Rutland County Council services.

Anecdotally the most common issues are:

- Relationships. Mediation was usually enough to talk through minor issues, for more complex cases referrals would be to Army Welfare Service for counselling
- Support before and during deployment. For some personnel and their spouses, deployment creates additional pressures and Unit Welfare service provide pre-deployment information and communications and often have more dependants presenting with issues during periods of deployment
- Age of personnel and dependants. Stakeholders felt that younger personnel and their spouses were more frequent users of the service and were less

resilient when compared with older or more experienced personnel and spouses

- Geographical isolation, inability to drive and previous lack of nursery provision on the base (now resolved as a nursery has recently opened) were common issues for the dependants and where possible the Unit welfare supported people with accessing transport.

7 RLC

The two serving Unit Welfare Officers provided stakeholder interviews. Their role is seen as signposting and support and it was estimated that around 95% of problems could be dealt with by the Unit Welfare Officers. There was a feeling that in general the service users knew the solution and needed an opportunity and space to talk through the issue.

Anecdotally the most common issues are:

- Geographical isolation. Infrequent bus services, low level of access to a car and lack of childcare on site were clear issues. Stakeholders described issues for family when personnel were away on training and they would take the car with them leaving the spouse without transport. The team were often able to organise lifts to appointments if people had no alternative
- Social isolation and relationship issues. These were felt to be more common in some younger personnel and spouses. The Unit Welfare Officers would 'walk the shop floor' and used social media and home visits to identify and support those at risk of isolation. Relationships were generally related to communication issues and the Officers often mediated conversations between couples
- Finding suitable employment. The Unit Welfare team had organised an open day with a local employer, attendance of dependants had been low and few expressed a desire to apply for these jobs with the employer. The infrequent bus services, service personnel being on detail and lack of local and affordable childcare were highlighted as barriers to suitable employment.

8.6. Army Welfare Service

The Army Welfare Service has four key delivery pillars: personal support, community support via the HIVE community hub at Kendrew Barracks, information support and the Joint Service Housing Advice Office. Army Welfare Service employees were professional welfare support workers with a higher level of training than the Unit Welfare Officers. Access to the service is via self-referral or from the Unit Welfare teams for both personnel and dependants and there is a maximum 15 day waiting

time. This service deals with the cases that the Unit Welfare teams feel need additional support.

Anecdotally the most common issues were:

- Relationships were the largest issue that the team dealt with and these were from referrals from Unit Welfare Officers. Counselling services are commissioned if needed for serious cases
- Social and geographical isolation causing mental health issues for dependants. Some stakeholders felt that the isolation resulted in more families seeking help from the Welfare service and medical services.

9 Health Needs of Adult Dependants and Local Information

This section mirrors the format for the personnel. There are however large gaps in the local and national evidence bases. For the purposes of the assessment information on what is known is provided. Therefore, there are no separate sections for mental health and physical health.

9.1 Mental Health Local Information

Dependants can access the Unit Welfare teams for mental health support and onward referrals can be made to the Army Welfare service, or to the Rutland Community Wellbeing Service and Mental Health Matters. Dependants can also access mental health support through self-referral to local services or through their GP to talking therapies such as ‘Let’s Talk Wellbeing’. There is no local data of prevalence of incidence of mental health issues for dependants, however stakeholders perceived that this group experienced mental health issues as a result of service life.

Stakeholders highlighted specific needs for the local dependant population that included self-esteem, social isolation and relationship issues. Stakeholders felt that the younger spouses were more at risk of mental health issues due to not having close family nearby, lack of transport and having young families. Stakeholders felt that there was adequate support available locally and tried to support people into activities such as coffee mornings, employment or social events such as Bingo.

9.2 Physical, Lifestyle and Behavioural Factors

There are large gaps in the evidence bases for adult dependants for alcohol, physical activity, the presence of risk-taking behaviours, substance misuse, smoking, violence and domestic abuse and obesity and overweight.

9.3 Adult Screening and Immunisation Local Information

The predicted younger age profile of the adult dependants at St George's and Kendrew Barracks indicates that cervical screening would be the most relevant service to the dependant age range. Vaccination, immunisation and screening schedules are complex, and it was unclear from stakeholders and national policy whether being a service family with frequent moves can impact these schedules.

9.4 Social Connectedness

National data highlights that that half of Service families feel disadvantaged by service life (38). There is further research by the Army Families Federation that highlights specific issues for Army dependants. These can be summarised as:

- Physical distances can be a barrier as dependants often live large distances from families and friends, and are unable to access these support networks at times of crisis
- Regular and long-distance household moves can result in a feeling of disconnection and lack of kinship with families and friends
- Friendships and support networks with other Army families can be strong and provide a sense of 'belonging to something'
- Moving away from other Army families can lead to senses of loss and grief for dependants and result in feelings of isolation
- Rank and regimental structures can hinder social connections as the rank of the partner was matched in social and community settings. (39)

9.4.1 Social Connectedness Local Information

Locally, issues related to a lack of social connectedness were highlighted by stakeholders, these included a lack of family support, a feeling of geographical isolation, reliance on cars for transport and self-esteem issues.

In some ways the issues to do with geographical isolation are in common with those experienced by civilians who live in rural areas. The difference is in that a civilian without a car may be able to choose not to live in a rural area, whereas the personnel and dependents are stationed at the barracks and do not have the same degree of choice.

Visions Children's Centre encourages civilian families to access the weekly stay and play sessions on both bases. There had been limited success to date and it was felt by stakeholders that there were real and perceived barriers for access. Civilians

could access the base but are thought to be put off by security measures gaining access to the camps.

9.5 Sexual and Reproductive Health Local Information

Contraceptive services would be via a GP, ISHS clinic or the C-Card scheme. There is an afternoon sexual health clinic available at the Kendrew medical centre that can be accessed by dependants. There was a concern from some stakeholders that there is poor knowledge by some of the female adult dependants about how to access sexual and reproductive health services, and transport access was highlighted as a potential barrier to accessing these clinics.

9.6 Domestic Abuse Local Information

Dependants can access the Unit Welfare team, Army Welfare service or local VCS services. Local data on violence and domestic abuse for dependants is not known.

9.7 Weight Management Local Information

Weight management advice is available through the Kendrew medical centre for dependants. Weight management and dietary advice services can be self-referred to the Rutland Community Wellbeing Service which provides advice and signposting service.

9.8 Physical Activity Local Information

There is access to some of the Army facilities on St George’s and Kendrew Barracks.

9.9 Substance Misuse Services Local Information

Dependants can be signposted to the Turning Point service. There is no available data on referrals. Stakeholders feel that this is likely to be very small numbers and Turning Point did not know of any dependants who had self-identified and had accessed the service.

9.10 Smoking Local Information

Smoking cessation support is available through the Kendrew medical centre for dependants. Dependants can access Rutland’s Stop Smoking service and it is not known if any dependants have accessed this service.

10 Local Health Service Provision for Adult Dependants

The following chapter provides a summary of services for dependants. Section 8.1 and Table 6 summarises the responsible commissioners for this population. Defining the use of services by dependants is complex, as stakeholders' report that dependants do not always self-identify as service families and services often do not record or collate information that identifies dependants.

10.1 Primary Care

There are some dependants who are entitled civilians and the primary care is funded by the DMS and accessed at the Kendrew Medical Centre. These can be adult and child dependants. Not all dependants are entitled to this care and new registrations are currently on hold. The remaining dependants access NHS GPs in areas close to the camps. There are four practices that are located near to Kendrew and St George's Barracks. These are:

- Oakham Medical Practice
- Empingham Medical Centre
- The Uppingham Surgery
- The Market Overton Surgery.

Interviews with the remaining practice managers had been attempted at time of writing but had not been completed.

Oakham Medical Practice has an Armed Forces link worker and employ three professionals with armed forces experience. The practice is a Silver Award winner of the Armed Forces Covenant Employer Recognition Scheme.

Oakham Medical Practice provide information sessions to groups who move into the local area and provide ad hoc outreach events. When dependants move to the Kendrew and St George's Barracks, they are expected to register themselves and their children with NHS Practices (or with the Kendrew Medical Centre if there is capacity). One stakeholder described how this process was poorly understood by some younger adult dependants as they may have received all their adult care through the MoD and DMS in countries like Cyprus.
Stakeholder and dependants both described how it could be confusing to understand who provides which services and how to access these services. The expectations of the dependants were often different to the reality of what the NHS could provide. For example, a dependant was shocked by a four hour wait in Accident and Emergency in England. They compared this to the 25-minute wait in an MoD hospital in Cyprus.

Stakeholders in primary care and Welfare units echoed this finding and highlighted a mismatch of expectations and reality when leaving or transitioning from MoD care.

10.2 Prescriptions

Dependants pay for prescriptions and for those people registered at Kendrew Barracks Medical Centre can collect their prescriptions from the in-house dispensary. For dependants registered in NHS GP surgeries prescriptions can be collected at the dispensing GP or at local pharmacy. Some stakeholders highlighted transport issues related to collecting prescriptions and expressed a desire for all prescriptions to be dispensed by the Kendrew Medical Centre, regardless of where the dependant is registered. There are differences between prescription infrastructures for the DMS and NHS. Harmonisation of these infrastructures would require a national change to prescription services and is beyond the scope of local providers to allow all dependants, regardless of registration (NHS/DMS) to access the Kendrew Barracks dispensary. It is likely that some Rutland pharmacies offer home delivery services this could reduce transport barriers.

10.3 Secondary Care, Emergency Care and Minor Injuries

Access to secondary, emergency care and minor injuries service for dependants is the same as the general population and local services are detailed in 0 and 0. There is no local data available for utilisation of these services by dependants.

10.4 Dental Care

There are several services in Oakham, available to both St George's and Kendrew Barracks and a recently opened 08:00-20:00 service. Stakeholders and dependants reported there were no issues registering as new NHS patients.

10.5 Optometry

Stamford and Oakham are the nearest towns with multiple opticians.

10.6 Physiotherapy

Access would be via GP referral, or by private consultation.

10.7 Podiatry

Access would be via GP referral, or by private consultation.

10.8 Wellbeing and Welfare

Dependants can access Unit Welfare teams that are attached to the regiments as an initial point of access. For dependants who require additional support that is beyond the scope of the Unit Welfare Team, there can be referral into a regional Army Welfare Services. Dependants can self-refer into local voluntary and community services or via NHS primary care.

There is recognition from stakeholders that providing support to the Army families involves challenges such as geographical and transport access to services. The Rutland Community Wellbeing Service provides a support and signposting service for Armed forces dependants and veterans. The service includes services for older people, emotional, financial, wellbeing services and smoking cessation services. The service is run by a partnership of Citizens Advice Rutland (CAR), Spire Homes and The Bridge Housing, with additional services delivered by Age UK Leicester-Shire and Rutland and Vista (40).

Please refer to section 0 for information on how the Welfare Unit and Army Welfare service support personnel and their dependants.

11 Health Needs of Child Dependants and Local Information

Service families are more likely to have children than non-service families and half of all Service families have at least one child of school age (21). There is awareness of the impact of service life on children, with around half (48%) of dependants feeling that service life has a negative effect on children (21).

Army children are more likely to experience household moves, stress and anxiety during deployment and mental health issues are more prevalent in these young people (35). There can be increased risks of mental ill health in older children and in children who experience regular parental deployments, foreign residence and high parental occupational risks (35) (36). Research has found that multiple residential moves in childhood can lead to an increased risk of emotional and behavioural problems in early adulthood (37).

Local evidence for health needs of Army children is not available, and stakeholders generally recognised that service life had impacts on the child. The negative impacts were related to starting new schools regularly and the disruption this can cause to education or making new friends, regular parental deployment and geographical isolation which was felt to impact the older children. The stakeholder opinions are similar to national evidence (41). There were positive impacts that included secure

play areas, freedom to roam 'behind the wire', Army Welfare service events and a community with many other young people.

11.1 Midwifery

Midwifery services are provided by University Hospitals of Leicester (UHL). There are two midwives that support the two barracks. Antenatal care for serving soldiers and dependants registered at the medical centre is provided at the medical centre at Kendrew Barracks. Other dependants are either seen at Rutland Memorial Hospital or at the Empingham Medical Centre. Antenatal classes are also delivered in Visions Children's centre in Oakham in conjunction with family support workers and health visitors.

Deliveries tend to be in Peterborough City Hospital, and it is rare for mothers to be taken to Leicester Hospitals to give birth. Some mothers choose to go home to their family to give birth. Home delivery is available on the military bases, but no home births were thought to have taken place in recent memory.

Postnatally the midwives can visit women in their own homes or there is the option to attend a clinic in Oakham. There is a seven day a week out of hour's telephone service provided by the midwifery service.

11.2 Health Visiting

Clinics are held by health visitors at both barracks, as well as in Rutland Memorial Hospital and Visions Children's Centre. Parents can choose the site where they see their health visitor, and many choose to see them off the bases. There is a general preference for clinics on base; however, stakeholders have highlighted the lack of suitable venues on base and in the local community. The health visitors deliver the universal service of five visits to all mothers, with a sixth additional support for those who require it. When families are transferred to St George's or Kendrew Barracks from other military bases, the health visitors will receive a handover from their equivalent on the original base. Generally, this is felt to be sufficient, and it has been found that most are up to date with vaccinations upon arrival. In some cases, health visitors overseas provide more frequent child measurements due to smaller caseloads, and some parents expect this frequency to continue after arrival in the UK.

The transient nature of the military was thought to lead to many missed appointments, with families not always staying in the area when the personnel are deployed elsewhere. Although there have been some recent improvements, such as military fathers being given extra paternity leave if their partner had to have a Caesarean section to enable them to help at home whilst the mother is recovering,

there are still cases where fathers are deployed at the time of birth and this can be particularly difficult for mothers. Engagement with fathers is generally seen to be better than in the general population.

Rutland County Council commissions health visitors to provide additional targeted support for 10 children up to the age of two and their families. This program is called Early Start. Stakeholders report that there are some Army children accessing the service. Early Start is an integrated programme that young people and families can opt into. It offers additional support to first time parents who are identified as experiencing a range of vulnerabilities. Where possible, the team work with and promote engagement with other local statutory and VCS agencies in the family's local area.

11.3 Early Years

Rutland County Council has Visions Children's Centre which is based in Oakham. The centre has spokes at both Kendrew and St George's Barracks with one session per week is delivered at each site. The centre is designed to help local families with children who are aged from 0-11 years old by providing a single point of access for information, advice and services.

Speech and language therapists also attend the bases for assessment and therapeutic support. Vision provide a new parents' group as part of an antenatal programme and provide targeted intervention practitioners (TIPs) who are employed to help with "early help framework", such as "Aiming High", which is an initiative for those with disabilities. These targeted interventions are available from antenatal care onwards. Local nursery and childcare providers can use TAPESTRY as a way of sharing information online to parents. Military, parents are given access to TAPESTRY, an online server account where media files such as photos and videos can be uploaded, and parents abroad can log in and see these.

11.4 Childcare

National survey data shows that in there is overall satisfaction with the availability of childcare in service families, however 38% of service families have issues with the cost (38). Stakeholder feedback highlight concerns about the cost of childcare as many service families thought their partners income would exceed the income threshold for free or lower cost childcare, there was some confusion on these income thresholds. Tax-free childcare is likely to be available to most Army families and it is recommended that children's centres and welfare services provide clarity for dependants on accessing. It is not known if the satisfaction rating and concerns about cost are different to the general population.

Stakeholders expressed concerns related to the availability of nursery places. A nursery that was based in Kendrew Barracks closed in early 2018 and there have been issues with finding places in local services. Transport is highlighted as the primary barrier to accessing nursery schools, particularly for vulnerable parents that stakeholders feel would benefit the most. The lack of childcare is felt to be a barrier to spousal employment as, in general, the serving personnel can be away from the family home for regular periods and there is a lack of a wider family structure to support the family with childcare.

In 2019 the Kendrew Barracks nursery is planned to re-open and for childcare support workers to access the base. This will reduce many of the barriers to childcare that stakeholders and dependants highlight.

11.5 Education

Nationally service children are over represented in the underperforming educational groups particularly at primary level (42). Comparative survey data from North Yorkshire highlights significant differences for social, emotional and behavioural measures between Armed Forces children and their civilian counterparts (43). Service children are around one third less likely to enter higher education when compared to the general population (44).

The small numbers of schools in Rutland and smaller numbers of Army pupils makes direct comparison difficult; however, there is a national recognition of a need to provide additional educational support through the schools for service children and this is addressed by schools receiving a Service Pupil Premium (42).

The majority of the children from St George's and Kendrew Barracks attend the three local primary schools: Cottesmore (on Kendrew Barracks), Edith Weston and St Nicholas. There are three secondary schools: Catmose, Casterton and Uppingham Community College with the majority (81%) of Service children at Catmose and Casterton. There are around 10 children from St George's and Kendrew barracks that attend independent schools. The Rutland County Council education service links with the army for when children transfer into the area.

In 2018 there were 593 children in receipt of Service Pupil Premium in Rutland schools, 395 are primary age, 196 secondary ages and two are Post 16 pupils. Stakeholders felt that some primary aged service children were more likely to require additional support, and this is being addressed by Rutland County Council Education Service. This includes a focus on the Service Pupil Premium in the Learning and Skills Service Development Plan 2018-19 (internal document). There is a programme of activities planned, this includes awareness activities are planned to

include a conference in January 2019 with additional continuous professional development (CPD) programme for schools and early education settings. Edith Weston School provides 'Military Kids Club Heroes' and any important assemblies are timetabled around deployments. The school provides coffee mornings for parents whose spouses have been deployed.

Service children that have Special Educational Needs (SEN), should be registered with the Children's Education Advisory Service (CEAS) in England (45). A family with a child with SEN and MoD Assessment of Supportability Overseas (MASO) should be completed to ensure health, education and social care service needs are met (45).

11.6 Child Immunisations and Vaccinations

Immunisation and vaccination schedules are commissioned by NHS England and delivered by a range of providers. For children these are managed by the health visiting service and school nursing services. Vaccination, immunisation and screening schedules are complex. Serving personnel and their families may be at increased risk of missing scheduled immunisations, vaccinations and screening appointments due to the frequency with which they move house. However, Army medical and other services have a robust system for updating address and contact details which mitigates this risk. There is no evidence that missed immunisations, vaccinations and screening appointments are a particular issue for personnel and dependants at the Rutland barracks. The health visitors interviewed as part of this needs assessment did not highlight a particular issue related to vaccinations in younger children. One stakeholder highlighted a potential issue where when an older child leaves a school, they may miss the second HPV vaccination.

11.7 Mental Health

There is support for children and young people through the Unit and Army Welfare services and this can include leisure activities, youth clubs and community activities. For more serious cases the children would need to access civilian services and the Unit and Army Welfare services refer into Rutland County Council Early Intervention services. For higher mental health need these services are provided by Child and Adolescent Mental Health Services (CAMHS) from Leicestershire Partnership Trust (LPT).

Welfare stakeholders commented on how household moves can affect access to special educational need (SEN) services. Some stakeholders suggested that teenaged children may face additional pressures related to service life, in particular;

forming long term friendships, school changes and geographical isolation on the two camps.

11.8 Play and Activities

Kendrew Barracks has a range of holiday provision and clubs. There is a range of activities to support children and young people with deployment of a parent. There are play areas and areas of open green space that are on the barracks.
Families of personnel based at St George's live outside the base and live close to North Luffenham village which has play areas and is close to Rutland Water and the leisure activities associated with the area.

12 Wider Determinants of Health for the Personnel and their Dependants

Army service has different impacts on the wider determinants of health than the general population. Employment for dependants, household finances, relationships and housing are linked to the Army as an employer, and as a way of life. It is likely that personnel and dependants may have different experiences to comparable civilian populations.

12.1 Accessibility

Personnel
Stakeholders report that most personnel have access to a car and are generally single car households. It is common for personnel to train in other areas of the UK; in general, they will drive to the training placement so that they can return to their families at the weekend. This can leave the adult dependant without a car for much of the time.

Dependants
Stakeholders estimate that around 20% of the dependents on the bases cannot drive or do not have access to a car and many more may be without a car when the partners use the car for training for up to three months. All stakeholders stated that one of the largest issues for dependants was the lack of public transport from the base to the local services and facilities which led to people feeling isolated, which may be a significant factor in their mental health. Geographical isolation and lack of usable public transport from Kendrew Barracks to Oakham (and further afield) was highlighted by all stakeholders as a potential issue. On Kendrew Barracks an Army wife runs a driving school.

The bus service between Melton Mowbray and Oakham calls at Kendrew Barracks every two hours Monday to Saturday, but there is no other bus service available. Oakham has a train station which has trains to cities that include Peterborough, Leicester and Cambridge. The bus service between Stamford and Uppingham calls at Edith Weston and North Luffenham (for St George's Barracks) and runs every two hours. Again, this is the only bus service. No other shuttle service is available. This has been found to be a problem in accessing healthcare appointments at Peterborough City Hospital – to travel from Kendrew Barracks to Peterborough City Hospital by public transport would take nearly two hours and involve two buses and a train. Where there is a dependent that needs regular hospital appointments, such as a child with a chronic health condition, some provision for transport has been provided by the Unit Welfare officers. Locally there is a voluntary community transport service that the dependants could access, it is recommended that awareness of other transport options are increased.

12.2 Employment and Training

Fulfilling work provides an important social, financial and mental health function. Both personnel and dependants can access free functional Maths and English courses delivered by Peterborough College on Kendrew Barracks. Stakeholders felt that the Army training provided useful transferable skills for civilian life.

Dependants

National surveys of service families show 76% of adult female dependants are employed which is similar to the general population (38), the same survey shows that there are barriers to employment with 25% of dependants having experienced difficulties finding suitable employment. There may be additional barriers to Army dependants due to the frequent household moves, and there is no data on employment of the Army dependants. Locally, stakeholders suggest there was desire for spouses to find suitable employment.

It is not known how many dependants are in employment locally, stakeholders highlighted that some dependants had roles in childcare, health and beauty and retail. Stakeholders and dependants were explicit in their experience of reluctance from some local employers to recruit dependants from the bases, this was felt to be due to the transient nature of some of the regiments, childcare and temporary single parent status when husbands were away. Stakeholders and dependants highlighted that transport, long commuting times and affordable childcare were barriers to finding employment.

One spouse described how they were unable to continue working as a carer due to the bus services not fitting around the shift work requirement of her career in caring.

12.3 Finance and Welfare

National data on financial, welfare and benefits were not available at the time of this assessment. Local stakeholders report that financial difficulties are rare for personnel and dependants however there have been issues associated with household moves from overseas to the UK.

Unit Welfare teams and Army Welfare both refer into the Citizens Advice Rutland (CAR) that provides a specific service for serving Armed Forces and veterans. Local data is combined with a small number of RAF personnel from Lincolnshire, so a true reflection is difficult to ascertain.

In 2018 the number of Army personnel, veterans and dependents accessing CAR was 139. The most common issues identified by the CAR service manager in order of frequency are:

- Financial aspects of relationship separation (housing for dependants, child support payments, legal support and advice on visas)
- Welfare and benefits (mostly veteran enquiries about disability and ill health)
- Debt relief (Mostly for veterans).

12.4 Relationships

Stakeholders report that Army personnel marry younger than the general population. The age structure is weighted towards younger age groups as shown in

Table **3**. There are few older people. Stakeholders report that wider family networks are often in other areas of the UK or in Commonwealth countries.

Data on rates of separation or divorce in the military is not available. Stakeholders described that relationship issues were common and suggested that there are additional pressures for Army families. In summary these are:

- Frequent, or rapid deployment
- Regular household moves
- A lack of traditional community support networks.

Citizen's Advice Rutland (CAR) partner with a local family law solicitor and will refer to the local domestic abuse support agency. CAR also refer to immigration solicitors for complex immigration enquiries and use the relevant benevolent funds or Army Families Federation for grants.

Spousal visas have been highlighted by stakeholders as an issue. 2 PWRR have personnel and dependants from Commonwealth countries. In the event of relationship breakdown there can be issues with visas for partners. Anecdotal indications are that UK nationals will tend to return to home areas after relationship breakdowns rather than stay in Rutland.

12.5 Housing

Service families move more than the general population. Nationally in 2018 22% of service families had moved in the last two years (38) with one stakeholder describing nine household moves in ten years. Nationally in 2016/17 15% of civilians of all tenures (private rented sectors, social lettings and owner occupiers) were in a residence for between two to three years (46). It is likely that Army personnel and families move more often than the civilian population.

Personnel at St George's move as individuals, and the families live in mixed communities close to the camp. 2PWRR and 7 RLC at Kendrew Barracks have a history of national and international moves.

Both St George's and Kendrew Barracks contain a range of accommodation, for both families and for single personnel. Not all dependants and personnel live on camp in 'service accommodation', in general, officer ranks are more likely to live off camp. Service personnel and dependants are likely to live in both privately owned and rented accommodation in the community.

Not all dependants live in service accommodation. Nationally a third of dependants live in a privately-owned home during the week and around half live in services accommodation. In general, officer rank dependants are more likely to live in private homes. Home ownership is higher in officer ranks compared to other ranks, which are potentially due to officers having a higher income. Affordability of home ownership is a concern for service families with around 60% being unable to afford to buy a home (38).

Staff working on the military bases had differing views on the housing provided by the armed forces. Some felt that it was an improvement compared with previous years, citing several high-profile cases and national awareness of poor quality housing leading to a general improvement. However, others said that housing was the most common subject for complaints, and that the Defence Infrastructure Organisation (DIO) contract had led to a reduction in the quality of housing for the armed forces. The main issue was felt to be a lack of functional heating and hot water, as well as the presence of mould within the houses. General maintenance of the housing stock is not covered by the DIO contract, with the contract only covering

repair. Despite this, all agreed that the housing generally offered good value compared with renting off barracks, with comparable properties being rented out for around a quarter to a third of what a similar property would cost off the base. There is a wholesale reconfiguration of armed forces housing that is being developed and piloted in 2018/19. This will have a major impact on the supply of suitable and affordable housing and support more personnel to have greater choice and make purchasing a home more accessible.

St George's Barracks plans to close in 2020 and the MoD will sell the site to be developed for housing. Early proposals are for around 2,500 homes to be built, this will include affordable housing. Stakeholder interviews highlighted a shortfall of smaller, affordable homes in Rutland for those who are considering moving. Leicester was seen by some dependants as the closest affordable city as towns like Stamford and Oakham are perceived to be very expensive.

Stepping Stones is a national MoD programme that provides homes for women and their children with a military connection, who may find themselves in need of temporary accommodation, whether it be homelessness, marital breakdown, moving to a new house or compassionate reasons. Referral is via the Unit Welfare Teams, The Army Welfare Service or Rutland County Council Social Care.

13 Population/Service User views

Due to the limited time available to carry out this HNA, there was no formal procedure to seek the views of the serving personnel on the bases. A framework has been developed for commissioners of health services to include the armed forces in the commissioning cycle (16).

13.1 Dependants

Two focus groups were delivered at two stay and play sessions. Eight adult dependants, two civilians and four childcare workers/managers were interviewed over the two stay and play sessions. The focus groups followed a pragmatic approach and used formal group discussions as well as smaller one to one conversations. A semi-structured guide was followed, and participants were able to discuss issues that were important to them that were not on the guide. Transcripts were coded, and themes were formed.

13.1.1 Theme 1, transport and isolation are the main issues and are both connected.

This theme refers to geographical and social isolation of living in Rutland both behind and outside the wire. Having access to a car is seen as the solution. However, there were many people that did not have the luxury of a car. Participants had personal experience or knew of friends or neighbours who could become very isolated as they were stuck on camp.

"I feel really sorry for the wives who don't drive, they are stuck up on camp".

Two sub themes that linked to the main theme were how access to affordable childcare and employment were all linked to the geographical isolation and how protective these were against social isolation.

"Since the nursery on the camp closed (Kendrew) you have to drive to Oakham to get to a nursery, that's if they have space".

13.1.2 Theme 2, strong community on camp and civilians are supportive, this works for some, not others.

Life behind the wire was described as "being like a fishbowl", everyone would be close, and know each other's lives. This was seen as positive for many families, but for some this could result in them feeling isolated, or not being part of community.

"I'm OK, but we all know someone who struggles, stuck indoors with the kids, can't get out"

Participants spoke highly of the Rutland communities but felt that their lives were not understood. This was mirrored by civilian mothers and childcare workers who had no idea of the hardships until they made friends with service families:

"I don't see the other wives as friends, I see them as family"
"We have great admiration for the young mums they have to cope with being a single mum for months, and then adjust when husband comes back, and then back to being a single parent".

13.1.3 Theme 3, life as an army wife is a unique experience and at times being a single parent is hard on everyone.

Every participant used words like 'unique' or 'different' to describe their lives. There was often a concern that their life was misunderstood by civilian services and was seen as barrier to employment:

"Oh, you have to lie if you want a job. They aren't interested in army wives, we need to change shifts at last minute if the husbands get posted and we can't always make shifts due to transport"

“I’m an adult carer. I used to be able to access work by the bus from Kendrew, but my shifts changed, and I couldn’t get to work on time so had to stop working”.

14 Unmet Needs and Service Gaps

The following chapter provides a summary of unmet needs, which can be described as areas where qualitative and quantitative data highlights needs that are not met by current services. Service gaps are where these unmet needs are not being addressed, or are services that are in place, but have deficits identified by stakeholders.

14.1 Personnel

The health and well-being services for serving personnel are comprehensive and broad. The findings of this needs assessment have not highlighted any significant gaps or unmet needs for the health needs of serving population. There are potentially equitability and prevention gaps that stakeholders and local data has highlighted. These are summarised in the following sections.

14.1.1 Awareness of Lived Experience and Stigma

Every stakeholder highlighted that the life of army personnel and any dependant was unique and poorly understood by many civilian services and society in general. Awareness of the role of the military and reducing barriers and improving access are key ambitions from the Armed Forces Covenant. There is some strong cultural awareness from many professionals and stakeholders who understand the life and needs of the personnel and dependants.

Stigma related to accessing health services is complex and is highlighted in national evidence in reference to seeking help for mental health issues (19); stakeholders did not feel there was any reluctance to access services and that the Rutland community was supportive of the Army personnel and their dependants.

Stakeholders reported that dependants were more likely to be stigmatised by employers or be disadvantaged by transport access, this was mirrored in the focus groups with the dependants.

14.1.2 Risk and Behaviours

Sexual health and risk-taking behaviour was been highlighted by stakeholders and is supported by research literature (27). Local evidence indicates that sexual health testing is common with the military; however, there are concerns from stakeholders about the levels of positive tests, further data analysis is needed to determine if this

is comparable with similar age groups and if there are significantly more or less positive tests than the general age matched population. There are no strategies for health promotion interventions for sexual health in The Army or Armed Forces that are publicly accessible and it was not clear from stakeholder interviews if there are internal strategies.

This assessment was unable to review how risk is communicated to personnel and is highlighted as a gap by stakeholders. Stakeholders describe that health education messages are delivered, however how these messages link to personnel's perceptions of risk and severity of sexually transmitted infections is not known. Using methods such as a behavioural insights approach to risk and sexual health could develop a greater understanding of the perceptions of risk related to sexual health and develop behaviour change models. There is a range of more accessible services such as home testing kits, vending machines and promotion of the contraceptive distribution (C-Card programme) for personnel under 25 which can reduce barriers and raise awareness (24).

14.2 Dependants

Dependants and stakeholders all described additional barriers to accessing health, wellbeing, social and employment support. Whilst there is a comprehensive support network provided by the Army and the wider NHS and VCS community, there are some specific issues that are explored in the following section:

14.2.1 Social Support

Social isolation of some spouses was highlighted by all stakeholders and all focus group participants. This was felt by some stakeholders to be a risk factor for mental health and relationship issues. Anecdotal feedback suggest that the younger spouses were most at risk.

Social isolation, geographical isolation, access to a car, suitable employment and accessible childcare were interlinked issues that were reported by all stakeholders and dependants.

14.2.2 Health Literacy

Stakeholders and dependants both highlighted that moving between MoD and NHS services when moving back from Cyprus, or within England was at times difficult, this was compounded by lack of knowledge, for example how to register with a GP, to a mismatch in expectations and reality related to waiting times and access to specialist services. The issues related to access and understanding was felt by some stakeholders to be compounded by a lack of self-efficacy and an expectation that the Army would sort 'things out'. These issues can be considered as issues related to

the health literacy of the dependants and that further work is needed to support dependants when they move between health systems.

Providing support to dependants to improve their health literacy could result in reducing confusion and managing expectations. Health literacy improvements could be through preparing people for what documentation is needed to access services, how health and wellbeing services can be accessed for example online or in person, defining how and when to self-refer and where health information can be sourced. Similar work has been completed within the East Midlands with a civilian population and could be adapted to this population (47).

14.2.3 Access and Transport

Public transport, access to personal car, geographical isolation and stigma related to employment were clear issues highlighted by all stakeholders and the focus group participants. This can link to issues relating to childcare and social and emotional support.

14.3 Childcare and Child Health

The availability of accessible nursery places was highlighted by all stakeholders and focus group participants. Childcare, transport and employment were co-dependent issues that stakeholders and dependants felt could be detrimental to both child and parent. When the nursery reopens on Kendrew Barracks in 2019 this will improve access and reduce some of these barriers.

15 Recommendations

There are gaps in national and local data and evidence for personnel and their dependants and identification of service families within data in services is a challenge. This needs assessment has synthesised recommendations from the evidence base, national policy and local data and insight. There are local actions that providers can address, and these vary in scope and where possible 'quick wins' are highlighted. There are deeper issues that would be within the scope of national organisations such as the Army, MoD or NHS England.

15.1 Local Recommendations.

R1. Raise awareness of 'Army life' and 'life behind the wire' and use a range of forums to tackle issues related to lack of awareness.

All army stakeholders, providers of support services and dependants highlighted a frustration related to civilian populations and service providers not understanding the

lived experience of ‘Army life’ and ‘life behind the wire’. There are civilian services and professionals with a deep understanding of the lived experience, and the personnel and dependants are clearly experts of their experience.

Part of the Armed Forces Covenant’s aims is in raising awareness and understanding of life in the military. Work has recently started in a range of areas in relation to this through the Armed Forces Liaison Officer at Rutland County Council. One of these is the Employer Recognition Scheme which gives accreditation to employers who understand what veterans, reservists and spouses of serving personnel have to offer, and are proactive in employing these groups.

It is recommended that the Civilian Military Partnership (CMP) for Leicester, Leicestershire and Rutland is used to raise awareness of particular issues faced by the Army and dependants. For instance, hospital policy means that personnel or dependants can end up being discharged from secondary care if they are deployed at short notice and have to rearrange appointments. As there is NHS representation on the Civilian Military Partnership, this forum could be used to raise awareness of this specific issue. This may also need to be raised with the CMP for Cambridgeshire, due to the use of Peterborough hospital services by residents of the barracks in Rutland.

A recommendation is that Rutland County Council in conjunction with the Army Welfare Service and Unit Welfare Officers consider developing an information resource for civilians working with, or for services that are in contact with the Army personnel and their dependants. This resource could be structured as online information, e-learning or face to face training.

A broader recommendation is that for community service commissioners or providers, personnel or their dependants should be consulted on and engaged in the design process of services. At point of public engagement there is proactive consultation with serving personnel and their dependants to ensure accessibility e.g. through equalities and human rights impact assessments.

Actioning this recommendation may reduce stigma, improve trust between the service families and services, improve links into the Rutland community and ensure that personnel and their dependants are not disadvantaged by local services.

R2. The Defence Medical Service, NHS England primary care and Rutland County Council support improvements in the health literacy of the incoming dependants.

In 2019 there will be a change in regiments at Kendrew Barracks. Rutland County Council and the Army have planned outreach, information and welcome packs to the incoming personnel and their dependants.
It is recommended that Rutland County Council, NHS England primary care and Unit Welfare Services address health literacy and expectations of the dependants. This can include; waiting times to access NHS services, documentation requirements for registering with an NHS GP. There is a need to raise the self-efficacy of dependants to ensure they can self-refer to VCS and NHS services.

It is recommended that NHS Primary care services (NHS England) and East Leicestershire and Rutland CCG jointly prepare for a change in GP registrations and liaising with Rutland County Council when appropriate. This will include assessing the numbers of dependants that will move into and out of the area and if newly arrived dependants will have access to the Kendrew Medical Centre. It is recommended that there is a planning process between Rutland County Council, The Army and NHS GP practice managers.

There are some specific actions that the Army and community services could explore when addressing health literacy. These are:

- Ensure dependants are aware of tax-free childcare funding
- Promote postal services for home sexual testing and prescriptions
- Provide outreach sessions to the new dependants with focuses on how to register for a GP and self-refer to services. This could be supported by Rutland County Council, VCS, Welfare services and GPs
- Encourage dependants to self-identify as serving families when accessing services to improve visibility and awareness
- Consult with local health visitors to ensure that vaccination schedules and health records are up to date after the move into Rutland.

Actioning this recommendation will improve the patient journey for dependants and ensure that local services are prepared for changes to the GP registered population.

R3. Address social isolation in dependants by reducing geographical barriers by reviewing transport options and availability.

Isolation can link to relationship issues, employment access, welfare and medical appointments. There is a need to provide dependants with further support to be less isolated, access suitable employment and community support.
It is recommended that Rutland County Council in conjunction with the Army Welfare service and Unit Welfare teams review transport accessibility options and access to suitable employment as follows:

- Summarise what transport options are available, and whether these meet the needs of the dependants. If these meet the needs, assess whether the options are accessed and if not, consider reasons for this. If the services do not meet needs, consider some of the following options:
    - Investigate lift share options, volunteer transport schemes and car hire schemes
    - Scope if there is capacity to review bus timetables
    - Ensure that there is venue provision for health visiting activities
    - Promote tax free childcare provision entitlement.

A further recommendation is that these stakeholders, along with the local Voluntary and Community Sector, review how dependants can be supported into wider community activities.

Actioning this recommendation could reduce feelings of isolation and potentially improve mental health in the adult dependants by engaging these spouses in the wider community.

R4. Assess the viability and scope of a veteran and reservists needs assessment for Rutland County Council.

Veterans' needs assessments are often included in HNAs. This assessment focussed on the needs of the serving Army personnel and their dependants.
It is recommended that Rutland County Council scopes the viability of completing a needs assessment of the health of the veterans and their dependants and reservists. There are additional complexities to identifying veterans in the community so this would need careful planning with the local communities and health services. Some local service providers have best practice awards for supporting veterans and would provide a good starting point.

This work may also need to include whether needs of personnel are met at the point of transition out of the Army at the point of discharge.

Actioning this recommendation will enable Rutland County Council to determine if there is sufficient information to identify veterans and reservists and if the health needs can be assessed.

R5. Support health promotion and health improvement services for personnel.

National evidence highlights high rates of smoking and poor dental health, and that uptake of cervical screening may be lower in some serving females.

It is recommended that the Army work with local health partners such as local authority public health teams to share health promotion materials and consider joint health promotion activities such as smoking cessation activities or encouraging cervical screening, particularly sharing any wider community health campaigns.

15.2 Regional and National Recommendations

R6. Develop an understanding of how risk-taking behaviours and attitudes in the personnel impact health and determine how the Army and health services can address risky behaviours.

There is potentially a mismatch between the health promotion goals of the Army and the national evidence of risk-taking behaviour in some of the personnel who have served in conflict zones.

It is recommended that the Army with the support of Rutland County Council Public Health and a research partner such as a University review the risk-taking attitudes of personnel. This can be achieved by reviewing health promotion messages provided by the Army medics, survey or interview personnel who engage in risky behaviours and use behavioural insights to understand how risk is perceived.

Actioning this recommendation would increase the evidence base for sexual health and risk-taking behaviours in Army personnel, and potentially help to identify ways to reduce risk-taking behaviours.

R7. Defence Medical Services to carry out a national review on timeliness of receiving and forwarding medical notes between NHS primary care services and the Defence Medical Service.

As Kendrew Medical Centre is one of only four medical centres in the UK that registers dependants, this means that it is common for the medical centre to receive patient medical records from NHS primary care services. The Defence Medical Services use different records systems from NHS primary care services, and so electronic transfer of patient records is not possible. This means that the Kendrew barracks rely on paper records being sent to them by the previous GP surgery. On a regular basis this process is taking between 2 and 18 months. This creates potential issues with patient safety.

It is recommended that an end-to-end analysis of the process by which medical records are requested and transferred from NHS primary care services to the defence medical centres, as well as the process by which records are transferred out of the defence medical centres when dependants move, or when personnel are discharged from Army, and then need to register with civilian GP practices.

Actioning this could identify potential system changes that could speed up the transferring of medical records to improve patient safety.

16 Stakeholders Distribution

This needs assessment should be available to all local stakeholders who have supported the process and the focus groups participants. Other stakeholders include:

- Rutland Children's Services and Adult Services
- 0-19 Service managers and health visitors and midwives involved in the camps
- Local and national VCS
- Local health commissioners, including East Leicestershire and Rutland CCG
- Defence Public Health Unit
- Public health consultants, managers and commissioners at Leicestershire and Rutland County Councils.
- Local medical and dental services
- Childcare and nursery providers
- Unit and Regional Welfare Unit Officers.

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