Local Authority View on good practice in Health, Education, and Housing

Simon Bryant



Military Bases



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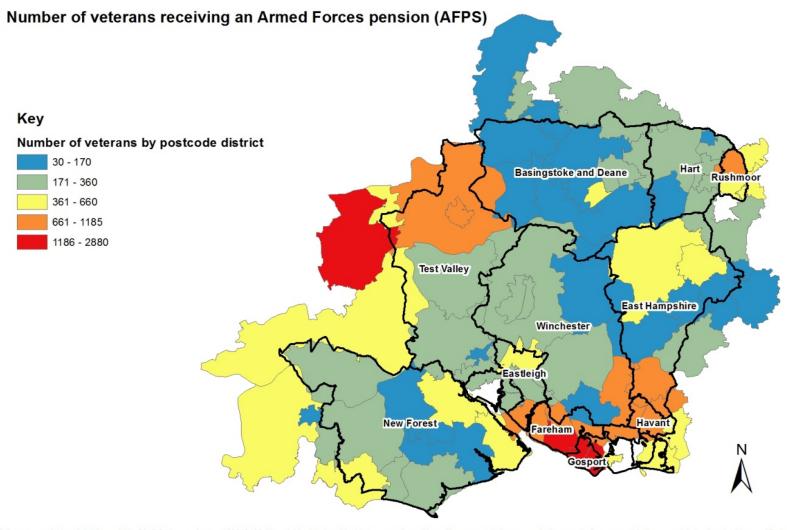


Armed Forces in Hampshire

CCG Area	All personnel	All military	Navy	Army	RAF
Fareham and Gosport	2750	2750	2420	170	160
North East Hampshire	4350	4350	10	200	1780
North Hampshire	2000	1990	1890	80	20
South East Hampshire	2370	2370	50	2080	240
West Hampshire	2440	2440	120	2080	240
TOTAL	13910	13900			





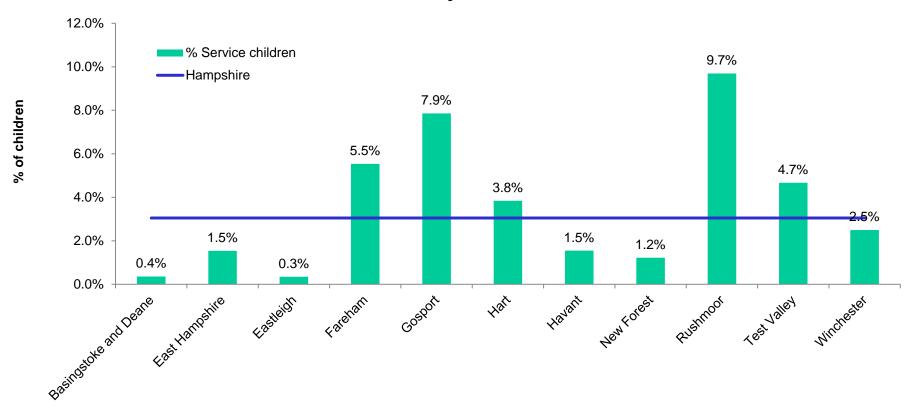


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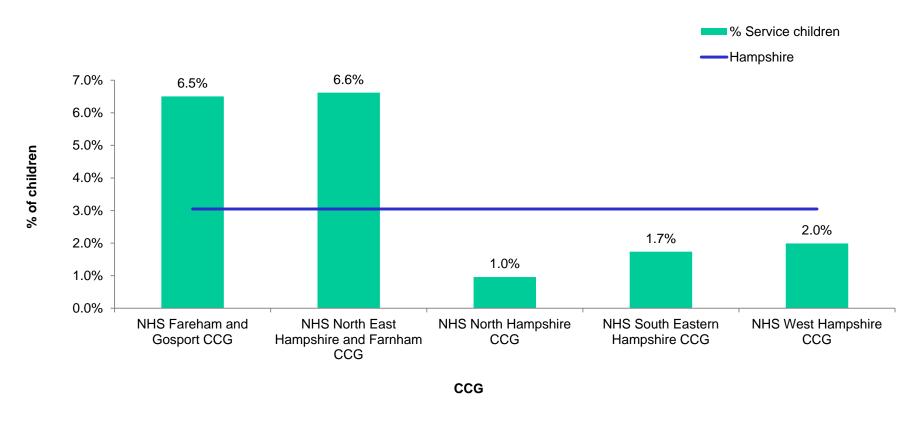
Percentage of service children in Hampshire schools - by local authority district



Local authority district



Percentage of service children in Hampshire schools - by CCG



Note: the percentage for North East Hampshire and Farnham CCG only includes Hampshire schools.



Good Practice in Hampshire: School Places

Identified that Service families had difficulties securing school places due to frequent mobility.

- Unit postal address, quartering area address or future home address accepted as the address for the application, with proof of posting.
- Hampshire County Council's Fair Access Protocol includes children of UK service personnel as one of the categories of children who may be admitted to a full school in year groups not governed by infant class size legislation.





Good Practice in Hampshire: Court Diversion & Peer Mentoring

Two programmes that can help veterans who come into contact with the criminal justice system:

- Court Diversion identifies people with sever mental health problems
- Peer Mentoring volunteer mentors support the veterans with housing, financial, employment, health issues, appointments.



Identifying and meeting health and wellbeing needs of veterans', reservists and families

Hampshire County Council Health Needs
Assessment



Veterans, Reservists and Military Families Health Needs Assessment

Two key steps:

- Describing the Veteran, reservist and military families population
- Identifying their health and healthcare needs

→ Not straight forward due to lack of routinely collected data



Describing the Veteran, reservist and military families population

Veterans:

- Extrapolations of national data
- Pension and Compensation scheme data
- Service leavers data
- Primary care records

Reservists:

Permanent home addresses

Military Families:

- Service pupil premium
- Children's Centres'
- Families Federation data



Identifying Health and Healthcare Needs

- Data
- Surveys
- Stakeholder interviews
- Focus groups



Identifying Health and Healthcare Needs: Veterans

Data - Injury compensation, IAPT, Drug & Alcohol service,

Survey – GP practices

Stakeholder interviews – South Central Veterans Service, Combat Stress, NHS England, Royal Marines Welfare, Rushmoor Borough Council, Academic departments

Focus Groups – Veterans, Gurkhas



Identifying Health and Healthcare Needs: Military Families

Data – Families Federations, IAPT,

Surveys – Children's Centres, GP practices

Stakeholder interviews – Families Federations, Royal Navy/Marines Welfare,

Qualitative – Service Children's conference



Local Authority view of good practice in Health

Simon Bryant
Consultant in Public Health
Hampshire County Council



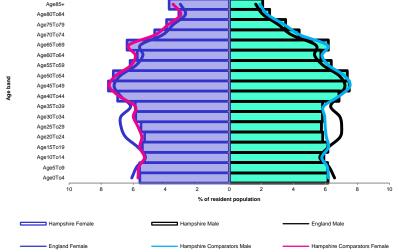


Hampshire

- 23% of Hampshire's population live in the 85% of the county classified as rural, while 77% of the population live in the 15% categorised as urban.
- The ethnic diversity in Hampshire is much lower than England as a whole (8.2% compared to 20.2% respectively) but it is gradually increasing across the county.
- Overall Hampshire is a prosperous area, ranked the tenth least deprived upper tier authority in England (out of 150).
- However this masks some inequalities; within Hampshire there are 3 areas that rank amongst the most deprived 20% of areas in England.

Population pyramid - Resident population

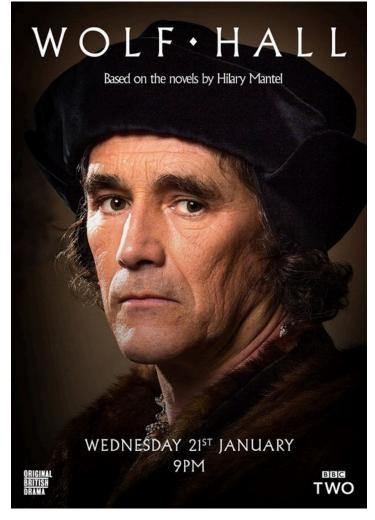
Age85+



















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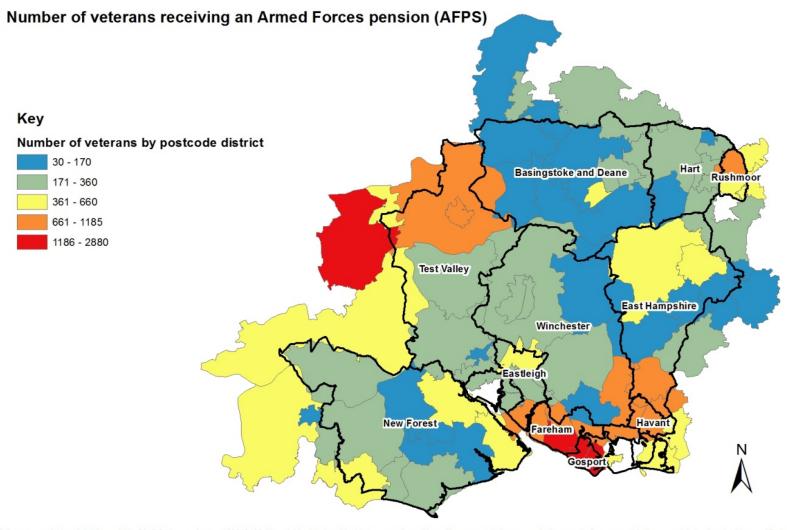


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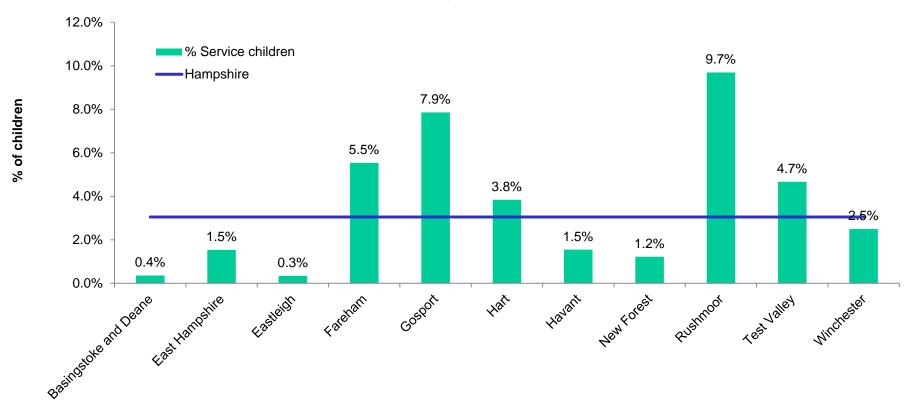


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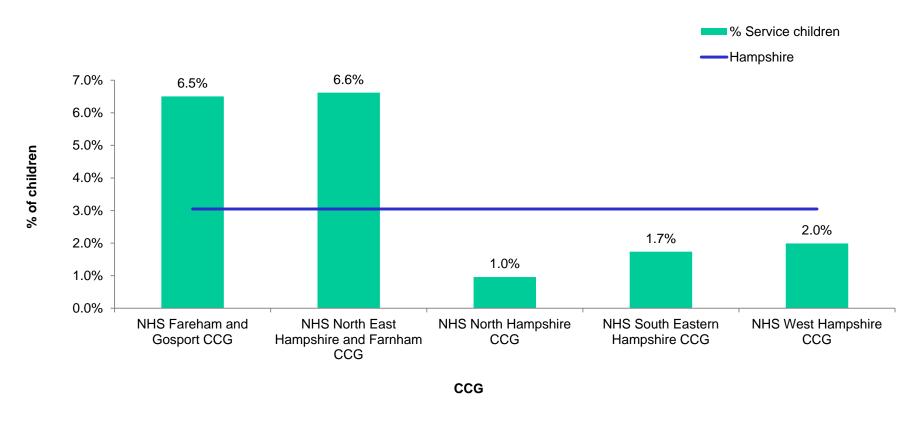
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Nepali Cancer Project

- To identify and influence change in the barriers to accessing cancer and other health services by the local community based on local needs
 - To act as a forum for innovation and improvement for local health services based on need
 - To support positive communication between primary and secondary care around the Nepali culture and the cancer pathway (including prevention).
 - To signpost Care Providers to the Nepali cancer ambassadors
 - To share learning and disseminate information about other local Nepali projects



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Conclusion

- Good partnership
- Complex needs assessment
- Projects to meet local need
- Many challenges

