Intelligence to inform delivery of the NHS Long Term Plan (LTP) in the Hampshire and Isle of Wight (HIOW) STP
June 2019
1. Report scope and data caveats
2. Demographics – population, population change, ethnicity, life expectancy, vital statistics
3. Best start in life
4. Health of children and young people
5. Risks and ill health – preventing risks and morbidity
6. Current and emerging health protection issues
7. Health of older people - slowing the development of older people’s frailty
8. Healthier Communities - wider determinants of health
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Scope and Data Caveats

**Scope** - The scope of the Hampshire and Isle of Wight (HIOW) STP JSNA 2019 – 2024 focuses on intelligence that informs delivery of the NHS Long Term Plan (LTP) and its commitments (highlighted as blue scrolls). Thus it does not include social care intelligence although it recognises the interdependencies and makes references where applicable.

**Data caveats**
Whenever possible and appropriate, data are presented for the HIOW STP as a whole. However, where data are not available at the geographical breakdown of the STP or its constituent CCGs, data are presented at a local authority level or aggregated up to STP level. A future version will produce data at different STP geographical levels.

Maps present data at different geographies such as super output areas (SOAs, LSOAs, MSOAs) and are dependent on data availability, further information on these can be found on the Office for National Statistics website https://www.ons.gov.uk/methodology/geography/ukgeographies/censusgeography

Data are presented in several ways to illustrate the absolute and relative difference in health, including other measures of inequality detailed further. For most analyses, simple counts, crude rates or standardised rates are presented. Age-standardised rates have been estimated to adjust for differences in the age structures of populations, to enable comparisons over time and between areas. However not all information is comparable where it is collected across different age bands and time periods. Where sufficient data time points are available, trends have been compiled.

Large configurations tend to obscure small pockets of deprivation/need in an otherwise non-deprived/healthy community like the STP. At the same time, smaller configurations often result in small numbers of events, which are problematic regarding data confidentiality and statistical significance.

Caution is needed with some of these results, for e.g. increasing trends may reflect improved recording by GPs; rather than a true increase in prevalence. All these factors need to be considered when reading this document.
DEMOGRAPHICS

Population & changes
- Ageing demographic – increasing frailty and multimorbidity, this will be a big driver in health and social care needs. This is particularly expected in West Hampshire and Isle of Wight
- Young population structure’s in Southampton and Portsmouth - driven by the student residents health and social care needs would be different to that of an ageing demographic.

Ethnicity
- 93.8% white population – Census shows population becoming more diverse
- Diversity is greatest in the cities and north east Hampshire

Life expectancy
- Inequalities exist within the STP with males in the most deprived areas living 5.2 yrs. less and females living 3.2 yrs. less than the most affluent areas of the STP.

Vital statistics - births and deaths
- Birth data show a steady decrease in the number of live births and general fertility rate.
- Cancer and circulatory disease account for over half of the deaths (55%) across the STP in 2017
HIOW STP Population, 2019

HIOW STP has the 6th largest population out of the 42 STPs in England and is similar in size to Kent & Medway STP and Sussex & East Surrey STPs.

Hampshire & Isle of Wight STP

Registered population - 1,883,368

Births in 2017 - 19,355

Deaths in 2017 - 17,793

Source: NHS Digital Patients Registered at GP Practice March 2019

Number of patients by 10 year age groups:

- 50-59: 260,635
- 40-49: 237,150
- 30-39: 248,161
- 0-9: 203,942
- 10-19: 203,313
- 20-29: 206,964
- 30-39: 171,910
- 40-49: 84,968
- 50-59: 90+

Source: NHS Digital Patients Registered at GP Practice March 2019
HIOW STP CCG Populations, 2019

West Hampshire CCG - 567,426 (30% of STP)
North Hampshire CCG – 227,194 (12% of STP)
South Eastern Hampshire CCG – 216,645 (12% of STP)
Fareham & Gosport CCG – 204,803 (11% of STP)
Southampton CCG – 289,845 (15% of STP)
Portsmouth CCG – 232,635 (12% of STP)
Isle of Wight - 144,820 (8% of STP)

Young population structure in the cities reflecting the student populations
Greatest proportion of older people on the IOW

Source: NHS Digital Patients Registered at GP Practice March 2019
HIOW STP population projections

Population change over the next five years

Population change over the next decade

Hampshire & Isle of Wight STP
CCG Forecast change in registered population between 2019 and 2024.
Population figures in thousands

Source: ONS 2016-based subnational population projections for NHS regions and clinical commissioning groups in England
Ethnicity

Across HIOW STP 93.8% of the population reported to be in the Census 2011 White ethnic groups, higher than the England average of 86.7%

At 6.2% it had a lower proportion of non white STP population (pale purple areas)

Source: SHAPE Place tool
Healthy life expectancy is the proportion of life spent in good health.

On average females live longer than males however they live in poor health for longer.

National data show that a male or female born in the most deprived areas have lower life expectancy and live in poor health for longer.
Healthy Life Expectancy – STP Clusters

**Healthy Life Expectancy (Males) - Southampton Better Care Clusters: 2015 to 2017 (pooled)**

- Cluster 4: 58.5
- Cluster 2: 60.1
- Cluster 5: 61.7
- Southampton*: 62.1
- Cluster 6: 62.3
- Cluster 1: 63.3
- Cluster 3: 64.3

*Southampton estimates calculated using Census 2011 ‘Good health’ data and therefore not comparable with LA level benchmarking data using the APS 2017 ‘Good health’ data.
Sources: NHS Digital Civil Registration Deaths Extract, ONS Mid-Year Population Estimates and Census table DC3302

Healthy Life Expectancy Males

- **5.8 year variation** in the male HLE for Southampton clusters
- **7 year variation** in the male HLE for Hampshire clusters

**Healthy Life Expectancy (Females) - Southampton Better Care Clusters: 2015 to 2017 (pooled)**

- Cluster 4: 59.0
- Cluster 2: 62.6
- Cluster 5: 63.5
- Cluster 6: 63.7
- Southampton*: 63.7
- Cluster 1: 64.4
- Cluster 3: 66.1

*Southampton estimates calculated using Census 2011 ‘Good health’ data and therefore not comparable with LA level benchmarking data using the APS 2017 ‘Good health’ data.
Sources: NHS Digital Civil Registration Deaths Extract, ONS Mid-Year Population Estimates and Census table DC3302

Healthy Life Expectancy Females

- **7.1 year variation** in the female HLE for Southampton clusters
- **6.3 year variation** in the female HLE for Hampshire clusters
In 2017 there were 19,355 live births across the STP. Trend data from 2014 show a steady decrease in the number of live births and general fertility rate (GFR). The STP general fertility rate is lower than England and data show a greater decline over time compared to a stagnant England rate.

<table>
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<th>Area</th>
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<th>2015</th>
<th>2016</th>
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<tbody>
<tr>
<td>STP General Fertility Rate</td>
<td>61.3</td>
<td>61.9</td>
<td>61.7</td>
<td>60.6</td>
<td>59.1</td>
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<tr>
<td>England General Fertility Rate</td>
<td>62.4</td>
<td>62.2</td>
<td>62.5</td>
<td>62.5</td>
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</table>
In 2017 there were 17,793 deaths. The main causes of deaths were:

- **Cancer** – 29% of deaths
- **Diseases of the circulatory system** - 26% of deaths
- **Diseases of the respiratory system** - 13% of deaths
- **Mental & Behavioural deaths** – 9% of deaths
- **Diseases of the nervous system** - 8% of deaths
BEST START IN LIFE

- Health of children in the early years affects health and wellbeing outcomes in later life. However, across the STP many babies and mothers miss out on the best start in life.

- About 2,000 babies are born to women who still smoke at delivery, 600 babies are estimated to be born with fetal alcohol syndrome (FASD) and 800 pregnancies involve substance abuse. Women at both ends of the spectrum of childbearing age are at increased risk of poor birth outcomes including low birth weight and prematurity. Sole registration is linked to social exclusion. Care needs to be targeted to these vulnerable women with complex social factors.

- Work to tackle stillbirths and mother and child deaths during birth has to be a priority.

- There are problems with data recording, in particular recording of maternal BMI and the STP needs to prioritise action to address data quality issues to deliver excellent care.

- The STP needs to ensure that improvements in breastfeeding initiation and skin to skin contact are sustained and consistent across providers.
• By 2025, halving (50% reductions) stillbirths, neonatal mortality, premature births, infant mortality, low birth weight, maternal mortality and serious brain injury in newborn babies
• Ensuring most women can benefit from continuity of carer through and beyond their pregnancy, targeted towards those who will benefit most
• Providing extra support for expectant mothers at risk of premature birth
• Expanding support for perinatal mental health condition
• A new smoke-free pregnancy pathway including focused specialist sessions and treatments for expectant mothers and their partners
• Increasing access to evidence-based care for women with moderate to severe perinatal mental health difficulties and a personality disorder diagnosis

– NHS LTP
Best start in life – key indicators

New provider level dataset, thus should be considered indicative of the true picture and used with caution.

Need to improve quality of data reporting

Still many babies and mothers miss out on the best start in life across the STP

Source: NHS Digital, PHE Stillbirth and Infant Mortality Tool, FASD estimates from: Scottish Intercollegiate Guidelines Network (SIGN), -Children and young people exposed prenatally to alcohol
HEALTH OF CHILDREN AND YOUNG PEOPLE

Childhood obesity
• The STP is witnessing a sustained increase in high levels of childhood obesity, which forebodes future disease burden in decades to come. Obesity prevalence for children living in the most deprived areas is higher than that of those living in least deprived areas.

Mental health
• Eating disorders are serious mental health problems but children and young people in the STP wait too long for routine and urgent assessments and need to be reduced if the 95% target is to be met in 2020.
• Rates of hospital admissions as a result of self-harm are higher than the England average. The data do not take A&E attendances into account, so the true prevalence of self-harm could be much higher.

A&E attendances
• Children and young people account for 25% of emergency department attendances. This high usage of A&E services is also reflected across the STP. Delivery of better care for children in the community is needed to reduce this demand.
Health of children and young people - commitments

Childhood obesity
- By 2030, halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas
- By 2022/23, expectation to treat up to a further 1,000 children a year for severe complications related to their obesity, such as diabetes, cardiovascular conditions, sleep apnoea and poor mental health

Mental Health - increase support for children with learning disabilities and autism and improve children and young people’s mental health services
- Increasing funding for children and young people’s mental health
- Providing the right care for children with a learning disability
- Bringing down waiting times for autism assessments
- Increasing access to support for children and young people with an autism diagnosis,
- CAMHS – Self harm
- Access support via NHS funded mental health services and school or college-based Mental Health Support Teams.

Commitment to developing new models of care - create a comprehensive offer for children and young people, from birth to age 25, with a view to tackling problems with transitions of care.

Emergency attendances – be managed effectively in primary care or community settings to reduce attendances.

Cancer
- Improve outcomes for children with cancer
- Delivering the best treatments available for children with cancer, including CAR-T and proton beam therapy
Health of children and young people – key indicators

Mental health
- Eating disorders
Percentage of children and young people with an eating disorder receiving treatment, Q2 - 2018/19

<table>
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<tr>
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<th>Within 1 week (urgent)</th>
<th>Within 4 weeks (routine)</th>
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<tbody>
<tr>
<td>STP</td>
<td>42.3%</td>
<td>59.7%</td>
</tr>
<tr>
<td>England</td>
<td>81.3%</td>
<td>80.2%</td>
</tr>
</tbody>
</table>

- Self harm
Rate of hospital admissions for self-harm in 10-24 year olds/100,000 143.8 (STP) v/s 101.8 (England)

Reduce A&E attendances
A&E attendances, crude rate/1000, 2013/14 - 15/16

<table>
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<tr>
<th></th>
<th>0 - 4 years</th>
<th>5 - 17 years</th>
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<tbody>
<tr>
<td>STP</td>
<td>479/1,000</td>
<td>306/1,000</td>
</tr>
<tr>
<td>England</td>
<td>551/1,000</td>
<td>317/1,000</td>
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</table>

Source: PHE National General Practice & Child and Maternal Health Profiles, NHS England Mental Health Services dataset (MHSDS)
RISks AND ILL HEALTH

Risks
- Smoking remains the biggest preventable killer. But recording of smoking status in medical conditions across the STP is low. It needs to be more strongly committed to tackling smoking by improving identification, offering help and support to quit, especially for smokers admitted to hospital and in specialist mental health services.
- Obesity is a priority for the STP; it accounts for the third highest QOF recorded prevalence rate. Portsmouth and South Eastern Hampshire account for the highest levels of obesity related bariatric surgery. Targeted weight management support is key especially in obese people with Type 2 diabetes or hypertension and the challenge of keeping people active and eating healthily is a concern.
- Increasing alcohol-specific admissions, particularly in Southampton and West Hampshire needs to be curbed through Alcohol Care Teams (ACT) who provide focused support for alcohol dependent people.
- If these trends continue, it is likely that rates of avoidable ill-health (and health inequalities) are likely to grow.

Ill health
- Across the STP, cancer, cardiovascular disease, diabetes, respiratory disease, mental health and musculoskeletal conditions are increasing and are likely to continue to rise as they are linked to lifestyle-related risks and an ageing demographic. The burden of multimorbidity also needs to be better managed, as does palliative care.
- Pressures are increasing, but there are significant opportunities to focus on - reducing the risk of people becoming ill or having increasing need; making use of the STP’s assets, focusing on prevention particularly working with the middle ages (40-64 years) adult population to promote healthy ageing, to reduce future risk of disease or to support active management of health conditions that improve outcomes and help people retain independence for longer.
Risks and ill health - commitments

Risks
- A ‘renewed’ NHS prevention programme will focus on maximising the role of the NHS in influencing behaviour change, guided by the top five risk factors identified by the Global burden of disease study: smoking, poor diet, high blood pressure, obesity, and alcohol and drug use.
- Improving upstream prevention of avoidable illness and its exacerbations. So for example, smoking cessation, diabetes prevention through obesity reduction, and reduced respiratory hospitalisations from lower air pollution. This can also be achieved through better support for patients, carers and volunteers to enhance ‘supported self-management’ particularly of long-term health conditions
- Enrolment in the Type 2 NHS Diabetes Prevention Programme

Ill health
- Preventing 150,000 heart attacks, strokes and dementia cases
- Providing education and exercise programmes to tens of thousands more patients with heart problems
- Preventing up to 14,000 premature deaths
- Saving 55,000 more lives a year by diagnosing more cancers early
- Investing in spotting and treating lung conditions early to prevent 80,000 stays in hospital
- Spending at least £2.3bn more a year on mental health care
- Helping 380,000 more people get therapy for depression and anxiety by 2023/24
- Delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24
STP needs to improve recording of smoking status in medical conditions

Source: PHE National General Practice Profiles
Respiratory Disease - Prevalence of COPD

Actions to improve detection and care for people with respiratory disease

- Park Lane Medical Centre (Bedhampton) – 4.68%
- The Whiteley Surgery (Sarisbury) – 0.58%
- The University Surgery (St Thomas)* – 0.07%

* Large student population in this area

Source: PHE National General Practice Profiles
Asthma prevalence

The University Surgery (St Thomas)* - 2.38%
St. Mary’s & Walnut Tree Surgeries (Bargate) – 3.99%
New Milton Health Centre (Milton) - 9.15%

* Large student population in this area

Source: PHE National General Practice Profiles
Diet & Physical Activity

It is estimated that across the STP *70% of adults do the recommended minutes of physical activity a week*

The NHS will continue to take action on healthy NHS premises, e.g. encourage healthier food options, nutrition training

– NHS LTP
Alcohol-specific hospital admissions

Alcohol-specific admissions are those which are wholly caused by alcohol consumption.

Over the last three years data show an increase in alcohol-specific admissions across the STP and CCGs. In 2018/19 there were 15,085 alcohol-specific hospital admissions.

Southampton accounted for almost 30% of the total admission numbers in 2018/19 (n=4,334). West Hampshire also accounted for almost 30% of the total admission numbers (n=4,335).

Southampton has the highest alcohol specific rates across the STP and had the greatest increase in 2018/19.

Over the next five years, hospitals with the highest rate of alcohol dependence-related admissions will be supported to fully establish Alcohol Care Teams (ACTs) – NHS LTP

Data source: NHS Digital HES via HDIS
Prevalence of recorded obesity

Rowlands Castle Surgery (Rowlands Castle) – 4.73%
Denmead Health Centre (Denmead) – 21.76%
The University Surgery (St Thomas)* – 2.30%

* Large student population in this area
Obesity admissions for bariatric surgery

In 2017/18 there were 260 hospital admissions with a primary diagnosis of obesity and a main or secondary procedure of bariatric surgery.

At 26/100,000 both Portsmouth and South Eastern Hampshire accounted for the highest obesity related bariatric surgery rates across the STP. The Isle of Wight had the lowest rate (6/100,000)
Cancer - commitments

*Milestones* - boost survival by speeding up diagnosis, extend screening and overhaul diagnostic services, review of cancer screening programmes and diagnostic capacity

- By 2028 the Plan commits to dramatically improving cancer survival, partly by increasing the proportion of cancers diagnosed early, from a half to three quarters
- From 2019, start to roll out new Rapid Diagnostic Centres across the country.
- By 2020 HPV primary screening for cervical cancer will be in place.
- By 2021, where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support.
- By 2023, stratified, follow-up pathways for people who are worried their cancer may have recurred. These will be in place for all clinically appropriate cancers.
- Safer and more precise treatments including advanced radiotherapy techniques and immunotherapies, CART

- NHS LTP
Cancer prevalence

Significantly above England average and sharply rising trend in cancer prevalence

St. Mary’s & Walnut Tree Surgeries (Bargate) – 0.98%

The University Surgery (St Thomas)* – 0.17%

Milford Medical Centre (Milford) – 6.32%

* Large student population in this area

Source: PHE National General Practice Profiles
Breast neoplasm (C50) elective activity by lower super output area, 2017/18

Test Valley (003A) - 1.5/1,000 pop’n

More elective activity can be expected in practices with an older population where breast cancers are more likely.

New Forest (012C) - 24.1/1,000 pop’n

Source: SHAPE Place tool
More elective activity can be expected in practices with a deprived population where lung cancers are more likely.

Southampton (007D)-
12.3/1,000 popn

New Forest (015B)-
2.9/1,000 popn

Extend the lung health check model i.e. Targeted Lung Health Checks by 2022

– NHS LTP

Source: SHAPE Place tool
Maximise the number of cancers identified through screening; A new faster diagnosis standard from 2020 to ensure most patients receive a definitive diagnosis or ruling out of cancer within 28 days of referral from a GP or from screening

Source: National Cancer Registration & Analysis Service (NCRAS), Public Health England (PHE)
The proportion of 10 cancers* diagnosed and recorded as presenting at an early stage case, i.e., stage 1 or 2

*Cancer - Stage at Diagnosis

Diagnose 75 % of cancers at stage 1 or 2 by 2028 – NHS LTP

Source: National Cancer Registration & Analysis Service (NCRAS), Public Health England (PHE)
Cancer – cancers diagnosed via an emergency route

The crude rate per 100,000 of persons diagnosed with cancer via an emergency route

Higher (98/100,000) presentations of cancer as emergencies, compared to England (85/100,000)

More emergency presentations can be expected in practices with older populations. Also lung cancers are more likely to present as emergencies, so higher figures in deprived populations.

Reductions in diagnosis through emergency presentation – NHS LTP

Source: PHE Cancer Services Profiles
Cancer – emergency admissions with cancer

Measured as the crude rate per 100,000 persons of all emergency admissions with an invasive, in-situ, uncertain or unknown behaviour, or benign brain cancer

Higher (617/100,000) cancer emergency admissions, compared to England (540/100,000)

May be expected to be higher in practices with an unusually high fraction of persons of 65+ years of age, due to the higher incidence of cancer at these ages

Source: PHE Cancer Services Profiles
Cardiovascular Disease (CVD)

*Milestones* - actions to improve detection and care for people with CVD

- Help prevent up to 150,000 heart attacks, strokes and dementia cases over the next 10 years.
- Work with partners to improve community first response and build defibrillator networks to improve survival from out of hospital cardiac arrest.
- By 2028 the proportion of patients accessing cardiac rehabilitation will be amongst the best in Europe, with up to 85% of those eligible accessing care

– NHS LTP
CVD is the single biggest condition where lives can be saved and so the STP needs to prioritise evidence-based interventions.

Also, the CVD burden on the STP’s population is higher than national prevalence figures, with potential for improved management.

**Management of CVD**

**Hypertension**

Hypertension is a big burden for the STP, accounting for the highest QOF recorded prevalence rate of 14.2% (266,026 people diagnosed with high blood pressure). But, 4 out of 10 people remain undiagnosed – estimated at 182,900 people, so the actual burden is even higher at about 448,926.

Among those diagnosed and treated, around 78% have their blood pressure under control to <150/90 mmHg and even fewer would achieve the new NICE target of <140/90 mmHg.

**Coronary heart disease (CHD)**

At 91.9%, not all patients have a record that aspirin, an alternative anti-platelet therapy, or anticoagulant is prescribed.

**Stroke and Transient Ischaemic Attack (TIA)**

91.7% patients with a non-haemorrhagic stroke or TIA have a record that an anti-platelet agent or anticoagulant is prescribed suggesting that all patients aren’t benefitting from stroke anticoagulant prophylaxis.

**Heart Failure**

Only 83.9% patients with heart failure due to left ventricular dysfunction (LVD) are currently treated with an ACE inhibitor or angiotensin receptor blocker (ARB).

**Vascular dementia**

Vascular dementia was mentioned in 1,903 hospital admissions, resulting in a rate of 501 per 100,000, significantly lower than the England average. Reducing cardiovascular disease and stroke has co-benefits for vascular dementia as they are driven by the same risk factors. So preventive CVD measures are likely to result in an even further reduction in vascular dementia.

*Source: PHE National General Practice Profiles*
Hypertension - prevalence

14.2% (266,026 people with high BP)

Source: PHE National General Practice Profiles

* Large student population in this area
Atrial Fibrillation - prevalence

Significantly above England average and rising trend in prevalence of atrial fibrillation

2.2% (40,595 people with atrial fibrillation)

1.9%

0.74%

0.11%

4.21%

* Large student population in this area

Source: PHE National General Practice Profiles
Heart Failure - prevalence

Steadily rising trend in heart failure prevalence, now similar to national average

0.8% (15,516 people with heart failure)

2009/10 2011/12 2013/14 2015/16 2017/18

England

Chineham Medical Practice (Chineham) – 0.21%
Red and Green Practice (Hythe West and Langdown) – 2.09%
Blackfield Health Centre (Fawley, Blackfield and Langley) – 2.09%
Ringwood Medical Centre (Ringwood South) - 2.09%
The University Surgery (St Thomas)* – 0.03%

* Large student population in this area

Source: PHE National General Practice Profiles
Stroke - commitments

- In 2019, pilot a new credentialing programme for hospital consultants to be trained to offer mechanical thrombectomy with the Royal Colleges.
- By 2020, begin improved post-hospital stroke rehabilitation models, with full roll-out over the period of the LTP.
- By 2022, deliver a ten-fold increase in the proportion of patients who receive a thrombectomy after a stroke so that each year 1,600 more people will be independent after their stroke.
- By 2025, have amongst the best performance in Europe for delivering thrombolysis to all patients who could benefit.

– NHS LTP
**Stroke/TIA - prevalence**

Significantly above England average and steadily rising trend in prevalence of stroke

![Graph showing prevalence of stroke](image)

1.9% (36,162 people suffering from a stroke)

1.8%

- England

<table>
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<td>2015/16</td>
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<td>2017/18</td>
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Rooksdown Practice (Rooksdown) – 0.72%

The University Surgery (St Thomas)* – 0.08%

Barton Webb-Peploe Partnership (Barton) – 2.50%

**Actions to improve improve stroke services – NHS LTP**

* Large student population in this area

Source: PHE National General Practice Profiles
Diabetes - prevalence

St. Mary’s & Walnut Tree Surgeries (Bargate) – 3.23%

The Elms Practice, Waterside (Hayling East) – 8.71%

The University Surgery (St Thomas)* – 0.56%

* Large student population in this area

Source: PHE National General Practice Profiles
Trends in diabetes

Continued future rise in number of diabetics in the STP

Source: PHE, Diabetes Prevalence Model
Diabetes prevention programme

Doubling of places on the Diabetes Prevention Programme over the next five years

Source: NHS Diabetes Prevention Programme (NHS DPP), SCW/CSU
Management of diabetes

Improvement needed to achieve recommended diabetes treatment targets, structured education course attendance and reduce major and minor foot amputations

**STRUCTURED EDUCATION**

1. HbA1c test to measure overall blood glucose levels
   - **STP**: 92.8%
   - **England**: 94.6%

2. Blood pressure measurement
   - **STP**: 94.9%
   - **England**: 96.0%

3. Cholesterol test to check for levels of harmful fats in the blood
   - **STP**: 90.4%
   - **England**: 92.1%

**PROVISION OF DIABETES INPATIENT SPECIALIST NURSING (DISN) SERVICES**

- % DISN coverage across Trusts within each CCG
  - **STP**: 74.1%
  - **England**: 65.5%

**PROVISION OF MULTIDISCIPLINARY FOOTCARE TEAMS (MDFT)**

- Foot examination – to check the skin, circulation and nerve supply of legs and feet
  - **STP**: 81.5%
  - **England**: 75.6%

**DIABETES AMPUTATION RATES**

- Three-year rate of major amputations for patients with diabetes, per 10,000 registered diabetes patients
  - **STP**: 11.2
  - **England**: 7.8

- Three-year rate of minor amputations for patients with diabetes, per 10,000 registered diabetes patients
  - **STP**: 31.4
  - **England**: 20.6

Testing an NHS programme supporting very low calorie diets for obese people with type 2 diabetes

Source: NHS England, Diabetes Treatment & Care Transformation Dashboard
Chronic Kidney Disease - prevalence

The Whiteley Surgery (Sarisbury) – 1.22%
Brook Lane Surgery (Park Gate) – 7.55%
The University Surgery (St Thomas)* – 0.08%

* Large student population in this area

Source: PHE National General Practice Profiles
Osteoporosis - prevalence

Significantly above England average and rising trend in prevalence of osteoporosis

Lyndhurst Surgery (Lyndhurst) – 2.43%

The Surgery (Hordle), New Milton Health Centre (Milton) – 0.08%

Source: PHE National General Practice Profiles
By 2023/24

- Growth in mental health services, creating a new ringfenced local investment fund, at least £2.3 billion a year
- Redesign core community mental health services, reinforcing components such as psychological therapies, physical health care and employment support, as well as introducing personalised and trauma-informed care, medicines management and support for self-harm and restoring substance misuse support within NHS mental health services
- New and integrated models of primary and community mental health care will give 370,000 adults and older adults with severe mental illnesses greater choice and control over their care and support them to live well in their communities.
- NHS 111 will be the single, universal point of access for people experiencing mental health crisis. Also increase alternative forms of provision for those in crisis, including non-medical alternatives to A&E and alternatives to inpatient admission in acute mental health pathways. Families and staff who are bereaved by suicide will also have access to post-crisis support.
- Introduce mental health transport vehicles, introduce mental health nurses in ambulance control rooms and build mental health competency of ambulance staff to ensure that ambulance staff are trained and equipped to respond effectively to people experiencing a mental health crisis.
- Mental health liaison services will be available in all acute hospital A&E departments and 70% will be at ‘core 24’ standards, expanding to 100% thereafter.
- Developing new models of care to provide care closer to home and investing in intensive, crisis and forensic community support. Aim that inpatient provision for people with learning difficulties or autism will have reduced to less than half of the 2015 level.
Mental Health - prevalence

Chineham Medical Practice (Chineham) - 0.42%
The Clanfield Practice (Clanfield and Finchdean) – 0.42%
Homeless Healthcare Team (Bevois) - 9.24%
The University Surgery (St Thomas)* – 0.11%

* Large student population in this area

Source: PHE National General Practice Profiles
16,725 (0.89%) people are registered with severe mental health across the STP. Prevalence varies across the CCGs between 0.77% to 1.18%

156,787 (10.4%) people are registered with depression across the STP. Prevalence varies across the CCGs between 9.22% to 11.78%
Learning Disabilities - prevalence

The University Surgery (St Thomas)* – 0.06%

The Whiteley Surgery (Sarisbury) – 0.12%

Riverside Partnership (Liss) – 1.29%

Improving care for people with learning disabilities and autism

* Large student population in this area

Source: PHE National General Practice Profiles
Access to psychological therapies

By 2028/29, 50% of people with common mental disorders can access IAPT each year. 
(For the STP ≈ 7,277 + would need to account for growth)

– NHS LTP

HIOW significantly lower access to IAPT (15.7%)

Source: PHE National General Practice Profiles
Physical health checks in people on the SMI primary care register

By 2028/29, 90% of people on the SMI primary care register will receive physical health checks in primary care. (For the STP would mean ≈1,182 + would need to account for growth)

– NHS LTP

HIOW significantly lower proportion of physical checks in people with SMI

Source: PHE National General Practice Profiles
End of Life

In 2016, almost half of all deaths in HIOW (48.5%) occurred in the usual place of residence; showing an increasing trend.

Deaths with cancer as an underlying cause of death show a continued rising trend, but declined for circulatory and respiratory disease.

Source: PHE End of Life Care Profiles
Significantly below England average but rising trend in prevalence of patients in need of palliative care/support

Park Lane Medical Centre (Bedhampton) - 1.49%

Winklebury Medical Centre (Winklebury), Bermuda Marlowe Partnership (Popley East) - 0.05%

Source: PHE National General Practice Profiles
### Summary of disease prevalence, QOF 2017/18

<table>
<thead>
<tr>
<th>Disease</th>
<th>Numbers</th>
<th>HIOW</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated smoking prevalence</td>
<td>257,257</td>
<td>16.4%</td>
<td>17.2%</td>
</tr>
<tr>
<td>Obesity</td>
<td>140,463</td>
<td>9.3%</td>
<td>9.8%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>266,026</td>
<td>14.2%</td>
<td>13.9%</td>
</tr>
<tr>
<td>Coronary Heart Disease</td>
<td>57,590</td>
<td>3.1%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Stroke or TIA</td>
<td>36,162</td>
<td>1.9%</td>
<td>1.8%</td>
</tr>
<tr>
<td>PAD</td>
<td>11,175</td>
<td>0.6%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Heart Failure</td>
<td>15,516</td>
<td>0.8%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Atrial Fibrillation</td>
<td>40,595</td>
<td>2.2%</td>
<td>1.9%</td>
</tr>
<tr>
<td>COPD</td>
<td>35,355</td>
<td>1.9%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Asthma</td>
<td>118,390</td>
<td>6.3%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Cancer</td>
<td>58,185</td>
<td>3.1%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>94,936</td>
<td>6.2%</td>
<td>6.8%</td>
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<tr>
<td>Mental health</td>
<td>16,725</td>
<td>0.89%</td>
<td>0.94%</td>
</tr>
<tr>
<td>Learning disability</td>
<td>8,545</td>
<td>0.5%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Dementia</td>
<td>16,089</td>
<td>0.9%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Depression</td>
<td>156,787</td>
<td>10.4%</td>
<td>9.9%</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>6,115</td>
<td>0.8%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Percentage reporting a long term MSK problem</td>
<td>4,015</td>
<td>18.5%</td>
<td>18.8%</td>
</tr>
<tr>
<td>Palliative/supportive care</td>
<td>6,191</td>
<td>0.3%</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

The highest QOF recorded prevalence are for:
- Hypertension (14.2%)
- Depression (10.4%)
- Obesity (9.3%)
### Leading causes and risk factors of disability

#### CAUSES

<table>
<thead>
<tr>
<th>Hampshire</th>
<th>Isle of Wight</th>
<th>Portsmouth</th>
<th>Southampton</th>
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</table>

#### RISK FACTORS

<table>
<thead>
<tr>
<th>Hampshire</th>
<th>Isle of Wight</th>
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<th>Southampton</th>
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<tr>
<td>12</td>
<td>12</td>
<td>13</td>
<td>14</td>
</tr>
</tbody>
</table>

Data Source: Global Burden of Disease, 2017.

Top 10 causes attributed to Years Lived with Disability (YLDs)

- Low back pain
- Migraine

Top 10 risk factors attributed to Years Lived with Disability (YLDs)

- High body mass index
- High fasting plasma glucose
HEALTH PROTECTION

• Emerging health protection issues are likely to become increasingly challenging and will need integrated approaches – scarlet fever, measles, syphilis

• Effective antibiotic prescribing is needed to manage the rising threat of antimicrobial resistance (AMR).

• Still a lot of work needs to be done to achieve measles elimination. Overall, sustained high rates of flu vaccination uptake in 2018/19, especially among pre-schoolers and children. But so much lower among healthcare workers. Also need to improve shingles vaccination. Gender neutral HPV

• Breast and cervical cancer screening coverage are declining. Modernising Bowel Cancer Screening Programme e.g FIT implementation. HPV primary screening for cervical cancer

• Most sexually transmitted infections have been falling but syphilis is making an alarming comeback.

• Healthcare associated infections (E.coli), including Tuberculosis (TB) continue to be major concerns.
Health protection - commitments

- Continue to support implementation and delivery of the government’s new five-year action plan on Antimicrobial Resistance
- Optimise use, reduce the need for and unintentional exposure to antibiotics
- Ensure access to preventative measures (including vaccines)
- Support system-wide improvement, surveillance, infection prevention and control practice, and antimicrobial stewardship

– NHS LTP
Health protection - Antibiotic Prescribing

The consumption of antibiotics is a major driver for the development of AMR.

---

**Total number of prescribed antibiotic items per 1000 registered patients by quarter**

<table>
<thead>
<tr>
<th>Area</th>
<th>Recent Trend</th>
<th>Count</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td></td>
<td>7,701,673</td>
<td>128.7</td>
</tr>
<tr>
<td>NHS Isle Of Wight CCG</td>
<td></td>
<td>22,650</td>
<td>156.4</td>
</tr>
<tr>
<td>NHS South Eastern Hampshire CCG</td>
<td></td>
<td>28,515</td>
<td>132.0</td>
</tr>
<tr>
<td>NHS West Hampshire CCG</td>
<td></td>
<td>69,649</td>
<td>123.1</td>
</tr>
<tr>
<td>NHS Portsmouth CCG</td>
<td></td>
<td>27,940</td>
<td>118.4</td>
</tr>
<tr>
<td>NHS Fareham And Gosport CCG</td>
<td></td>
<td>23,885</td>
<td>116.6</td>
</tr>
<tr>
<td>NHS North Hampshire CCG</td>
<td></td>
<td>25,745</td>
<td>113.0</td>
</tr>
<tr>
<td>NHS Southampton CCG</td>
<td></td>
<td>30,234</td>
<td>105.0</td>
</tr>
</tbody>
</table>

Source: NHS Digital publish monthly prescribing data under the OGL. Population data is the practice list size, based on registered patients at general practices, sourced from NHS Digital.

---

**Percentage of broad-spectrum prescribed antibiotic items (cephalosporin, quinolone and co-amoxiclav class) by quarter**

<table>
<thead>
<tr>
<th>Area</th>
<th>Recent Trend</th>
<th>Count</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td></td>
<td>649,042</td>
<td>8.43</td>
</tr>
<tr>
<td>NHS West Hampshire CCG</td>
<td></td>
<td>7,620</td>
<td>10.94</td>
</tr>
<tr>
<td>NHS Southampton CCG</td>
<td></td>
<td>3,195</td>
<td>10.57</td>
</tr>
<tr>
<td>NHS South Eastern Hampshire CCG</td>
<td></td>
<td>2,582</td>
<td>9.05</td>
</tr>
<tr>
<td>NHS Fareham And Gosport CCG</td>
<td></td>
<td>2,111</td>
<td>8.84</td>
</tr>
<tr>
<td>NHS Portsmouth CCG</td>
<td></td>
<td>2,241</td>
<td>8.02</td>
</tr>
<tr>
<td>NHS North Hampshire CCG</td>
<td></td>
<td>2,048</td>
<td>7.95</td>
</tr>
<tr>
<td>NHS Isle Of Wight CCG</td>
<td></td>
<td>1,561</td>
<td>6.89</td>
</tr>
</tbody>
</table>

Source: NHS Digital publish monthly prescribing data under the OGL.
Health protection - Healthcare-Associated Infections (HCAI)

1,258 cases of E.coli were reported between March 2018 and 2019.

This is an increase of 16% from 2014 to 2015.

E. coli bacteraemia counts and 12-month rolling rates, by CCG and month

<table>
<thead>
<tr>
<th>Area</th>
<th>Recent Trend</th>
<th>Count</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td></td>
<td>3,598</td>
<td>77.7</td>
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<tr>
<td>NHS Isle Of Wight CCG</td>
<td></td>
<td>17</td>
<td>100.7</td>
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<tr>
<td>NHS South Eastern Hampshire CCG</td>
<td></td>
<td>11</td>
<td>65.7</td>
</tr>
<tr>
<td>NHS Fareham And Gosport CCG</td>
<td></td>
<td>10</td>
<td>65.4</td>
</tr>
<tr>
<td>NHS West Hampshire CCG</td>
<td></td>
<td>30</td>
<td>64.2</td>
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<tr>
<td>NHS North Hampshire CCG</td>
<td></td>
<td>13</td>
<td>58.7</td>
</tr>
<tr>
<td>NHS Portsmouth CCG</td>
<td></td>
<td>9</td>
<td>55.9</td>
</tr>
<tr>
<td>NHS Southampton CCG</td>
<td></td>
<td>14</td>
<td>49.1</td>
</tr>
</tbody>
</table>

Source: PHE National General Practice Profiles
Health protection - Screening programmes

Women aged 25-49 are invited for routine screening every 3 years and women aged 50-64 are invited for routine screening every 5 years.

This indicator gives a combined coverage for the full age range so that it counts women aged 25-49 screened within a period of 3.5 years and women aged 50-64 within a period of 5.5 years prior to the report date and combines the counts to give the final measure.

Bowel cancer - Implementation of Faecal Immunochemical Test (FIT) Testing is being phased - roll out to self-referrers in the South from 1st April and to all eligible people from June.

Declining trend observed

Also declining trend

Women aged 50-70 are invited for routine screening every 3 years. Age extension - In some areas, women aged 47 to 49 and 71 to 73 receive invitations for screening.

Need to increase uptake of first time attenders to the breast screening programme.
Childhood immunisation

Preliminary 2018/19 data suggest some increases in vaccine coverage, and decreases (possibly due to practice mergers).

Still a lot of work to be done to achieve measles elimination i.e. the official “WHO 95% uptake of two doses of MMR by 5 years”

Gender neutral HPV programme due to be introduced from September 2019

Source: PHE Cover of vaccination evaluated rapidly (COVER) programme 2017 to 2018
# Seasonal flu immunisation

## February 2019

<table>
<thead>
<tr>
<th>CCG</th>
<th>Over 65</th>
<th>Under 65 At Risk</th>
<th>Pregnant Women</th>
<th>2 Year Olds</th>
<th>3 Year Olds</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Hampshire CCG</td>
<td>74.8</td>
<td>50.5</td>
<td>50.7</td>
<td>54.1</td>
<td>59.2</td>
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<tr>
<td>Fareham and Gosport CCG</td>
<td><strong>75.7</strong></td>
<td>51.7</td>
<td>48.4</td>
<td>56.9</td>
<td>57.4</td>
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<tr>
<td>Isle of Wight CCG</td>
<td>68.9</td>
<td>45.5</td>
<td>39.1</td>
<td>41.5</td>
<td>42.4</td>
</tr>
<tr>
<td>Portsmouth CCG</td>
<td>72.5</td>
<td>50.5</td>
<td>48.1</td>
<td>50.7</td>
<td>54.2</td>
</tr>
<tr>
<td>South Eastern Hampshire CCG</td>
<td><strong>76.7</strong></td>
<td>54.7</td>
<td>49.2</td>
<td>55.9</td>
<td>58.8</td>
</tr>
<tr>
<td>Southampton CCG</td>
<td>74.2</td>
<td>50.1</td>
<td>49.1</td>
<td>44.7</td>
<td>46.5</td>
</tr>
<tr>
<td>West Hampshire CCG</td>
<td><strong>76.2</strong></td>
<td>54.7</td>
<td><strong>55.9</strong></td>
<td>61.8</td>
<td>64.3</td>
</tr>
<tr>
<td><strong>HIOW STP</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENGLAND</td>
<td>72.0</td>
<td>48.0</td>
<td>45.2</td>
<td>43.8</td>
<td>45.9</td>
</tr>
<tr>
<td><strong>Ambitions</strong></td>
<td><strong>75%</strong></td>
<td><strong>55%</strong></td>
<td><strong>55%</strong></td>
<td><strong>48%</strong></td>
<td><strong>48%</strong></td>
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</table>

## Healthcare workers

<table>
<thead>
<tr>
<th>Trust</th>
<th>Ambitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAMPShIRE HOSPITALS NHS FOUNDATION TRUST</td>
<td>62.7</td>
</tr>
<tr>
<td>PORTSMOUTH HOSPITALS NHS TRUST</td>
<td>73.5</td>
</tr>
<tr>
<td>SOUTHERN HEALTH NHS FOUNDATION TRUST</td>
<td>64.1</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST</td>
<td>70.8</td>
</tr>
<tr>
<td><strong>Ambitions</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Source: PHE Cover of vaccination evaluated rapidly (COVER) programme 2017 to 2018
HEALTH OF OLDER PEOPLE

Key Points

Dementia
• Higher dementia prevalence compared to England, 0.86% compared to 0.76%.
• By 2025 there will be an estimated 8,000 more 65yrs+ patients with dementia

Frailty
• Increasing frailty in older people causes greater demands on health and social care, increased risk of falls.
• Over one year (2017/18) there were 12,000 admissions where frailty was coded, half had fallen or had tendency to fall recorded. People aged 75 years and over accounted for nine out of ten emergency fall related admissions.

Multimorbidity
• Multimorbidity is often associated with reduced quality of life, higher mortality, polypharmacy and high treatment burden, higher rates of adverse drug events, and much greater health services use (NICE Guidance QS153)
• It is estimated that 26,000 older people across the STP have three or more 3 chronic conditions.
Health of older people - commitments

Milestones

- increasing funding for primary and community care by at least £4.5bn
- bringing together different professionals to coordinate care better
- Helping more people to live independently at home for longer
- Developing more rapid community response teams to prevent unnecessary hospital spells, and speed up discharges home.
- Upgrading NHS staff support to people living in care homes.

NHS LTP
Health of older people – Dementia all ages

16,089 (0.86%) people are diagnosed with dementia across the STP. Prevalence varies across the CCGs between 0.56% to 1.26%

Diagnosis rate, aged 65yrs+ varies across the STP between 62.1% and 72.3% compared to a national diagnosis rate target of 66.7%.
There will be an estimated 32,569 patients aged 65yrs+ with dementia by 2024.

Based on the current diagnosis rate of 65.8%, 21,430 people with dementia will known to primary care.

This equates to an extra 8,000 dementia patients

Making further progress on care for people with dementia

– NHS LTP
Health of older people – Frailty

Frailty defines the group of older people who are at highest risk of adverse outcomes such as falls, disability, admission to hospital, or the need for long-term care.

Older people with moderate to severe frailty are often well known to local health and social care professionals. They usually have weak muscles and also usually have other conditions like arthritis, poor eyesight, deafness and memory problems. Older people with frailty are particularly vulnerable over the winter months.

Across the STP between April 2017 and March 2019 there were 12,021 admissions which had frailty coded during the hospital stay, 93% (n= 11,178) were emergency admissions.

- 40% of admissions were male, 60% female
- Almost half (49%) of all emergency admissions had either a fall or ‘tendency to fall’ coded in the admission.
- One in five admission were due to respiratory illness or disease.
- Of the emergency admissions 93% were people age 75yrs+.

Frailty has been coded by acute trusts since 2016 using ICD10 code R54. The chart shows three CCGs which, compared to the STP rate, have significantly higher 75yrs+ admissions rate. However this could be attributed to different clinical coding practices across the trusts.
Health of older people - Multimorbidity

Multimorbidity is often associated with reduced quality of life, higher mortality, polypharmacy and high treatment burden, higher rates of adverse drug events, and much greater health services use (NICE Guidance QS153)

The number of long-term conditions increases steadily with age.

Health Profile for England (2017) reported;

- at age 40, 44% of people had 1 or more long-term condition.
- at age 60, 64% of people had 1 or more long-term condition and over 30% had 2 or more.
- at age 80, nearly 90% of people have 1 or more long-term condition and 44% had 3 or more.

Almost 50% of those aged 85+ have three or more chronic conditions. This would mean 26,000 older people across the STP with >=3 chronic conditions.

Nb: Public Health access to CHIA would enable this analysis to be conducted on local data.

Data source: Health profile for England: 2018
HEALTHIER COMMUNITIES – WIDER DETERMINANTS

Key Points

Rural/urban – Need to consider rurality and how it affects service delivery across the STP geography

Rough Sleepers - Increasing number of rough sleepers, significant number with health and social problems – more likely to die from external cause leading to lower life expectancy

Veterans - There are an estimated 37,400 veterans of working age across the STP, 90% are male. Data suggest they are more likely to smoke, have specific health needs relating to musculoskeletal and sensory conditions

Gambling
- Gambling Venues, in particular betting shops and adult gaming centres (venues with machine operated gambling devices, usually with higher stake and prize pay-outs) tend to be clustered together in towns and areas of higher deprivation.
- There are an estimated 10,870 problem gamblers across the STP

Carers
- Across the STP one in ten people (n=179,107) provide at least one hour of care, one quarter of these carers are aged 65yrs+.
- Carers needs are not being met – low proportion receiving community services with four out of every ten carers feel like they have as much social contact as they would like

Air quality
- Acknowledging the contribution the NHS can make to action on air pollution, the STP needs to reduce the mileage and air pollutant emissions from the NHS fleet
Healthier communities – Deprivation

Burden of multimorbidity falls disproportionately on those living in deprived conditions

Wide variation in deprivation across the STP footprint

HIOW STP average score – 16.75

Test Valley 010F – 1.05

Portsmouth 016F – 78.13

• A more concerted and systematic approach to reducing health inequalities and addressing unwarranted variation in care
• Targeting a higher share of funding towards geographies with high health inequalities
• Supporting local planning, ensuring national programmes are focused on health inequality reduction, by setting out specific, measurable goals for narrowing inequalities, including those relating to poverty, through service improvements set out in the Plan

Source: SHAPE Place tool
Healthier communities – inequalities in deprivation scores

Charts show biggest inequalities in GP practice deprivation scores are within Southampton CCG, South Eastern Hampshire CCG and Portsmouth CCG.

Most deprived practices are in Southampton and Portsmouth.
Healthier communities – Rural/Urban

Map shows the large geographic footprint incorporating significant rural/urban living and thus the need to serve both urban and rural populations.

Source: PHE, SHAPE ONS 2011 rural/urban classification, ons.gov.uk/.../2011ruralurbanclassification
86% of rough sleepers are men. Life expectancy is significantly lower. On average men die 32 years earlier and women die 39 years younger than the average life expectancy at birth.

Local areas in England with the highest deprivation have around nine times more deaths of homeless people relative to their population than the least disadvantaged areas.

Homeless people are more likely to die from external causes. Deaths as a result of traffic accidents are three times as likely, infections twice as likely and falls more than three times as likely for homeless people. They are nine times more likely to die by suicide.

Drug and alcohol abuse are particularly common causes of death among the homeless population, accounting for just over a third of all deaths.

Meeting the needs of rough sleepers, ensuring better access to specialist homelessness NHS mental health support, integrated with existing outreach service – *NHS LTP*

In 2018 Southampton had the highest number of rough sleepers.

Highest rates per 10,000 households in 2018 were in Fareham and Isle of Wight.

Healthier communities – Veterans

There are an estimated 37,400 veterans of working age across the STP

- 90% of working age veterans are male. Compared to non veterans;
- Veterans aged 16-64 years have significantly higher proportion who have long term problems with;
  - Arms or hands
  - Legs or feet
  - Back or neck
- Veterans aged 65 years and over have a significantly higher proportion who have difficulty in;
  - Hearing and seeing
- Veterans are more likely to smoke than non veterans

Most common mental health problems for ex-Service personnel are alcohol problems, depression and anxiety disorder. Rates of mental health problems amongst serving personnel and recent veterans appear to be broadly similar to the UK population as a whole, but working age veterans are more likely to report suffering from depression. There is also growing evidence that some mental health conditions such as PTSD may present years after leaving the services*.

Data source:


Over the next 10 years veteran population is expected to decrease.

In 2016 it was estimated that half (49%) of UK Armed Forces veterans were aged 75 and over.

Due to the number of older veterans it is projected that the number of deaths within the veteran cohort will be greater than the number of Service personnel projected to leave the UK Armed Forces.
Data from the Gambling Commission suggests there are 277 licensed gambling premises across the STP.

Gambling Venues, in particular betting shops and adult gaming centres (venues with machine operated gambling devices, usually with higher stake and prize pay-outs) tend to be clustered together in towns and areas of higher deprivation.

Portsmouth, Southampton and Havant have the highest rate of premises per 1,000 adult population.

There are an estimated 10,870 problem gamblers across the STP*

Gambling Behaviour in Great Britain 2016 report found;

• 9% of adults in Great Britain participated in any online gambling.

• Men are more likely than women to have gambled online. Gambling rates are highest in middle aged men.

• Gambling participation are related to alcohol consumption.

• 0.7% of the adult population are estimated to be problem gamblers

• Problem gambling was more common in men who had gambled >=2 times a week.

• The highest proportion of problem gamblers was found among those aged 25 to 34

• Problem gambling prevalence was higher among those with probable mental ill health

*Data source: Gambling Behaviour in Great Britain 2016, Gambling Commission.
Across the STP one in ten people (n=179,107) provide at least one hour of care, one quarter of these carers are aged 65 years and over. One in twenty people (n=9,338) who provide any unpaid care report their own health to be bad or very bad.

One in fifty people (n=37,821) provide over 50 hours of unpaid care a week, 40% of these carers are aged 65 years and over. One in ten people (n=3,944) who provide over 50 hours of unpaid care a week report their own health to be bad or very bad.

Carers needs are not being fully met

- Dementia patient carers’ scores suggest only some needs are being met (maximum/best score = 12)
- Mental health patient carers – a very low proportion of them are receiving community services compared to England
- Across the STP less than four out of every ten carers feel like they have as much social contact as they would like
Healthier communities - Air quality, Nitrogen Dioxide NO₂

- By 2023/24, reduce the business mileage and air pollutant emissions from the NHS fleet by 20%
- At least 90% of the NHS fleet will use low-emissions engines (including 25% Ultra Low Emissions) by 2028
- Primary heating from coal and oil fuel in NHS sites will be fully phased out

– NHS LTP

GP practices and hospitals are in areas affected by toxic air

Source: SHAPE Place tool
APPENDIX

Includes:

- Data sources
- Hospital Activity maps
- Additional data maps
- Asset maps
Data Sources - 1

Local health
http://www.localhealth.org.uk/

SHAPE
https://shapeatlas.net/

PHE Public Health Profiles
https://fingertips.phe.org.uk/

Public Health Outcomes Framework
https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

PHE Data Gateway

NHS Long Term Plan
https://www.longtermplan.nhs.uk/about/

Health Profile for England, 2018
https://www.gov.uk/government/publications/health-profile-for-england-2018
Data Sources - 2

Global Burden of Disease visualisation tool, 2017
https://vizhub.healthdata.org/gbd-compare/

NHS Right Care Packs

NHS Digital Demand on Healthcare visualisation tools

Hampshire Joint Strategic Needs Assessment
https://www.hants.gov.uk/socialcareandhealth/publichealth/jsna

Portsmouth Joint Strategic Needs Assessment

Southampton Joint Strategic Needs Assessment
http://www.publichealth.southampton.gov.uk/healthintelligence/jsna/

Isle of Wight Joint Strategic Needs Assessment
Ophthalmology: Cataracts (C75), 2017/18

Gosport (006C)- 25.8/1,000 population

Source: SHAPE Place tool
Ophthalmology: Vitreous body (C79), 2017/18

The 2017/18 elective CPCS C79 activity for NHS F&N:
6,342 admissions (23.1% of chapter C admissions),
41 bad days (0.9% of chapter C bad days), <1 day
average length of stay.

Key

The colours represent the five national quintiles
per 1,000 population:
- 15.9 to 82
- 11.9 to 15.9
- 8.9 to 11.8
- 5.9 to 6.7
- 2.7 to 5.4
- Suppressed low value <6 admissions

Havant (0013F) - 32.4/1,000 population

Source: SHAPE Place tool
Neurology: Therapeutic epidural injection (A52), 2017/18

Basingstoke and Deane (004A)- 6.7/1,000 population

The 2017/18 elective OPCS A52 activity is:
1,600 admissions (10.6% of chapter A admissions).
76 bed days (1.0% of chapter A bed days).<1 day average length of stay.

Key:
The colours represent the five national quintiles per 1,000 population:
- 5.7 to 8
- 4.5 to 5.6
- 3.7 to 4.4
- 3 to 3.6
- 1.4 to 2.9
- Suppressed low value <6 admissions

Source: SHAPE Place tool
Mouth: Surgical removal of tooth, (F09) 2017/18

The 2017/18 elective OPCS F09 activity is:
- 4,624 admissions (43.3% of chapter F admissions)
- 73 bed days (2.6% of chapter F bed days), <1 day average length of stay.

Key:
The colours represent the five national quintiles per 1,000 population:
- 1.7 to 8.4
- 3.5 to 4.7
- 4.6 to 6.0
- 6.1 to 7.2
- 7.4 to 12

Fareham (013F)- 12/1,000 population

Source: SHAPE Place tool
MSK: Total Knee Replacement (W40), 2017/18

The 2017/18 elective ORCS W40 activity for NH3 North Hampshire CCG, NH3 Fareham and Gosport CCG, NH3 Isle of Wight CCG, NH3 Portsmouth CCG, NH3 South Eastern Hampshire CCG, NH3 Southampton CCG, NH3 West Hampshire CCG is 2,629 admissions (12% of chapter W admissions). 11.47 bed days (33.5% of chapter W bed days), 4.4 days average length of stay.

Key

The colours represent the five national quintiles per 1,000 population:
- 0.1 to 7.3
- 5.2 to 8
- 4.2 to 8.1
- 3.2 to 4.1
- 1.8 to 3.4
- Suppressed low value <6 admissions

New Forest (006B)- 7.3/1,000 popn

Winchester (013A)- 2.5/1,000 popn

Source: SHAPE Place tool
Analysis of top 20% patients with highest A&E attendances

Hampshire and the Isle of Wight STP

601K
2017/18: Total Attendances for STP

40.8%
2017/18: Attendance Ratio - STP Top 20% Patients

2017/18: Attendance Ratio by Arrival Date

2017/18: Attendance Ratio by Arrival Month

2017/18: Attendance Ratio by Day of Week

2017/18: Attendance Ratio by Arrival Hour
Non-urgent A&E attendances

Hampshire and the Isle of Wight STP

Proportion of attendances that are non-urgent by arrival hour

Proportion of attendances that are non-urgent by day of week

Proportion of attendances that are non-urgent by age group

Number of non-urgent attendances by GP
Analysis of emergency admissions

Lower emergency admissions with zero LoS than England average. Declining trend in emergency bed days rate.
## Inequalities in unplanned hospital admissions

### Absolute Gradient of Inequality (AGI) for Unplanned Hospitalisations for Chronic Ambulatory Care Sensitive Conditions and Urgent Care Sensitive Conditions 2016/17

<table>
<thead>
<tr>
<th>Partnership CCG</th>
<th>AGI</th>
<th>The greater the AGI, the greater the inequality</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Hampshire CCG</td>
<td>2,086</td>
<td></td>
</tr>
<tr>
<td>West Hampshire CCG</td>
<td>1,998</td>
<td></td>
</tr>
<tr>
<td>Isle of Wight CCG</td>
<td>1,152</td>
<td></td>
</tr>
<tr>
<td>Fareham &amp; Gosport CCG</td>
<td>523</td>
<td></td>
</tr>
<tr>
<td>South Eastern Hampshire CCG</td>
<td>512</td>
<td></td>
</tr>
<tr>
<td>Portsmouth CCG</td>
<td>872</td>
<td></td>
</tr>
<tr>
<td>Southampton CCG</td>
<td>2,830</td>
<td></td>
</tr>
</tbody>
</table>

*Source: NHS England Equality and Health Inequalities NHS RightCare Packs*
Air quality - Particulate matter PM10

Source: SHAPE Place tool
GP practices

239 GP practices

Source: SHAPE Place tool
Health centres/clinics

75 Health centres/clinics

Source: SHAPE Place tool
Community health partnerships

4 Community health partnerships

Source: SHAPE Place tool
Pharmacies

320 pharmacies

Source: SHAPE Place tool
Opticians

216 Opticians
Hospitals: Acute Community, Specialist

44 Hospitals

Source: SHAPE Place tool
Mental Health Facilities

28 Mental Health Facilities

Source: SHAPE Place tool
Ambulance stations

14 Ambulance stations