Joint Strategic Needs Assessment
2017

South Eastern Hampshire CCG

Hampshire Public Health Team
Hampshire Health and Wellbeing Board
Contents

• Demography – our population

• Starting Well – the health and life chances of our children

• Living Well – the health of our adult population

• Ageing Well – the health of our older population
Key Issues for South Eastern Hampshire

Population headlines 2016
Children - (0-19 years) – 48,469 (22.7%) (21.9% County)
Adults - (20-64 years) – 116,603 (54.5%) (55.8% County)
Older people
• (65+) – 48,977 (22.9%) (21.2% County)
• (90+) – 2,666 (1.2%) (1.2% County)

Life Expectancy
• Men – 80.1 years
• Women – 83.6 years

Demographic Growth by 2023
• Aged 0-19 years – increase by 2,144 (4.42%)
• Aged 65 and over – increase by 7,747 (15.8%)
• Aged 90 and over – increase by 1,165 (43.7%)

Lifestyle risks
• Smoking
• Obesity
• Alcohol
• Inactivity
• Poor diet

Health and social inequalities
• Education
• Employment
• Isolation

Long term conditions / multi-morbidity:
• Diabetes
• Cardiovascular Disease
• Chronic Obstructive Pulmonary Disease
• Mental Health (including Dementia)
• Musculoskeletal (including Falls/Fractured hips)

Working age:
• Healthy carers,
• Workplace health
• Community Resilience

Source: The 2016-based Hampshire County Council (HCC) Small Area Population Forecasts (SAPF)
Demography: Current structure and forecast

<table>
<thead>
<tr>
<th>Age band</th>
<th>Hampshire Female</th>
<th>Hampshire Male</th>
<th>England Male</th>
<th>England Female</th>
<th>% Change</th>
<th>% Change</th>
<th>% Change</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>36,182</td>
<td>33,246</td>
<td>35,262</td>
<td>38,514</td>
<td>38,290</td>
<td>32,207</td>
<td>37,528</td>
<td>42,259</td>
</tr>
<tr>
<td>2023</td>
<td>38,290</td>
<td>32,207</td>
<td>37,528</td>
<td>42,259</td>
<td>5.83%</td>
<td>-3.13%</td>
<td>6.43%</td>
<td>9.72%</td>
</tr>
<tr>
<td>2016</td>
<td>9,886,800</td>
<td>301,676</td>
<td>47,202</td>
<td>38,514</td>
<td>10,476,600</td>
<td>303,444</td>
<td>301,676</td>
<td>42,259</td>
</tr>
<tr>
<td>2023</td>
<td>10,476,600</td>
<td>303,444</td>
<td>301,676</td>
<td>42,259</td>
<td>7.7%</td>
<td>0.6%</td>
<td>7.1%</td>
<td>9.8%</td>
</tr>
<tr>
<td>2016</td>
<td>1,058,800</td>
<td>8,334,500</td>
<td>47,202</td>
<td>38,514</td>
<td>10,387,000</td>
<td>303,444</td>
<td>301,676</td>
<td>42,259</td>
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<td>2023</td>
<td>10,387,000</td>
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<td>-1.9%</td>
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<td>9.8%</td>
</tr>
<tr>
<td>2016</td>
<td>1,082,200</td>
<td>11,109,300</td>
<td>47,202</td>
<td>38,514</td>
<td>11,487,900</td>
<td>303,444</td>
<td>301,676</td>
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<td>6.0%</td>
<td>0.6%</td>
<td>7.1%</td>
<td>9.8%</td>
</tr>
</tbody>
</table>

Source: The 2016-based HCC SAPF
Demography: Old Age Dependency Ratio (OADR); Ethnicity

- The OADR provides an idea of the relationship between the working age population compared to those of pensionable age. A higher OADR value indicates a fewer people of working age.

- Ratio of people of state pension age is increasing compared to working age population.

- Difference across the CCG – Higher in East Hampshire and Havant areas.

- By 2025 for every 2 people of working age there will be 1 person of pensionable age in East Hampshire and Havant.

- Predominantly White British; with 5.7% non-White British.

Source: Office for National Statistics (ONS) 2014-based Subnational Population Projections, OADRs
Demography: Life expectancy

**Life expectancy, years, 2010-2014**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>NHS South Eastern Hampshire DOG</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at birth for males 2010-2014</td>
<td>80.1</td>
<td>79.3</td>
</tr>
<tr>
<td>Life expectancy at birth for females 2010-2014</td>
<td>83.6</td>
<td>83</td>
</tr>
</tbody>
</table>

Source: Public Health England, produced from ONS data Copyright © 2016

**Life expectancy, compared to England, years, 2010-2014**

- Green: Significantly better than England
- Yellow: Not significantly different
- Red: Significantly worse than England
- Grey: England

Source: Public Health England, produced from ONS data Copyright © 2016

Life expectancy is significantly better than the England average for males and females

Source: Local Health
Deprivation

50th least deprived CCG in the country

IMD score: 15.9

The map shows the extent of the 2015 IMD in the lower super output areas (LSOAs) that make up the South Eastern Hampshire CCG area
Inequalities

• Across the CCG health inequalities impact differently, as shown in the life expectancy gap between most and least deprived and between genders

• Main impacts are by Circulatory disease, Cancer and Respiratory disease

• Notable differences:
  – Winchester (Digestive disease including alcohol related disease in women)
  – Havant (Respiratory disease in Women)
Inequalities

Havant
Life expectancy gap between most deprived and least deprived quintiles, by broad cause of death 2010-12

Winchester
Life expectancy gap between most deprived and least deprived quintiles, by broad cause of death 2010-12

East Hampshire
Life expectancy gap between most deprived and least deprived quintiles, by broad cause of death 2010-12

Source: PHE Segment Tool 2015
Demography: Key messages

• Population is changing – slow growth, ageing, decline in youth, less diverse

• Proportion of working aged population is reducing; pressure on services and caring

• Good life expectancy at birth for males and females; significantly better than the England average

• Health inequalities; pockets of socio-economic deprivation
Starting Well

• A wide number of factors influence and determine good health

• No single definitive measure

• Infant and child mortality, and birth weight tend to be regarded as good indicators of health now and in the future
Starting Well: Low Birth Weight

- Babies born with low birth weight (LBW) at risk of poorer health developmental issues
- Risk factors for LBW include maternal smoking (10.9%) and deprivation

Source: Child Health Profiles, PHE 2017
Breastfeeding gets off to a relatively good start with 72.2% mothers breast feeding at birth but drops at 6-8 weeks to 42.0%.

Note that data collection on breast feeding at 6-8 weeks maybe incomplete.
Levels of excess weight increase over primary school years, and obesity levels double.

Source: Child Health Profiles, PHE 2017
Starting Well: Morbidity

Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (directly standardised rate)  
Hampshire CCG

Directly standardised rate - per 100,000

Recent trend:

<table>
<thead>
<tr>
<th>Period</th>
<th>Count</th>
<th>Value</th>
<th>Lower CI</th>
<th>Upper CI</th>
<th>Wessex</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010/11</td>
<td>134</td>
<td>302</td>
<td>253</td>
<td>357</td>
<td>319</td>
<td>336</td>
</tr>
<tr>
<td>2011/12</td>
<td>95</td>
<td>215</td>
<td>174</td>
<td>263</td>
<td>294</td>
<td>312</td>
</tr>
<tr>
<td>2012/13</td>
<td>116</td>
<td>262</td>
<td>216</td>
<td>314</td>
<td>310</td>
<td>337</td>
</tr>
<tr>
<td>2013/14</td>
<td>123</td>
<td>261</td>
<td>233</td>
<td>336</td>
<td>-</td>
<td>311</td>
</tr>
<tr>
<td>2014/15</td>
<td>115</td>
<td>259</td>
<td>214</td>
<td>312</td>
<td>-</td>
<td>327</td>
</tr>
</tbody>
</table>

Source: NHS Outcomes Framework

Emergency admissions for children with lower respiratory tract infections (directly standardised rate) (Persons)  
NHS South Eastern Hampshire CCG

Directly standardised rate - per 100,000

Recent trend:

<table>
<thead>
<tr>
<th>Period</th>
<th>Count</th>
<th>Value</th>
<th>Lower CI</th>
<th>Upper CI</th>
<th>Wessex</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010/11</td>
<td>164</td>
<td>406.7</td>
<td>348.4</td>
<td>476.4</td>
<td>430.6</td>
<td>379.0</td>
</tr>
<tr>
<td>2011/12</td>
<td>178</td>
<td>454.6</td>
<td>390.2</td>
<td>526.6</td>
<td>431.0</td>
<td>356.0</td>
</tr>
<tr>
<td>2012/13</td>
<td>206</td>
<td>541.2</td>
<td>469.7</td>
<td>620.4</td>
<td>472.5</td>
<td>399.6</td>
</tr>
<tr>
<td>2013/14</td>
<td>172</td>
<td>436.3</td>
<td>373.5</td>
<td>506.7</td>
<td>-</td>
<td>372.9</td>
</tr>
<tr>
<td>2014/15</td>
<td>127</td>
<td>333.5</td>
<td>277.8</td>
<td>397.0</td>
<td>-</td>
<td>395.1</td>
</tr>
</tbody>
</table>

Source: NHS Outcomes Framework

Suggested decline in emergency admissions for LRTI

Source: Child Health Profiles, PHE 2017
Starting Well: Injuries

Hospital admissions caused by injuries in children (0-14 years)  
NHS South Eastern Hampshire CCG  
Crude rate - per 10,000

<table>
<thead>
<tr>
<th>Period</th>
<th>Count</th>
<th>Value</th>
<th>Lower CI</th>
<th>Upper CI</th>
<th>Wessex</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/15</td>
<td>310</td>
<td>90.2</td>
<td>80.4</td>
<td>100.8</td>
<td>109.3*</td>
<td>109.6</td>
</tr>
</tbody>
</table>

Source: Hospital Episode Statistics (HES). Copyright © 2016. Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

Hospital admissions caused by injuries in young people (15-24 years)  
NHS South Eastern Hampshire CCG  
Crude rate - per 10,000

<table>
<thead>
<tr>
<th>Period</th>
<th>Count</th>
<th>Value</th>
<th>Lower CI</th>
<th>Upper CI</th>
<th>Wessex</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/15</td>
<td>348</td>
<td>149.1</td>
<td>133.9</td>
<td>165.7</td>
<td>151.4*</td>
<td>132.6</td>
</tr>
</tbody>
</table>

Source: Hospital Episode Statistics (HES). Copyright © 2016. Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

- Significantly higher than national for hospital admissions due to injuries in 15-24 year olds
- Need to understand better social and emotional factors affecting young people that impact on these indicators

Source: Child Health Profiles, PHE 2017
## Starting Well – Emotional health and wellbeing

### High hospital admissions for self-harm in 10-24 year olds

Source: *Children and Young People’s Mental Health and Wellbeing, PHE 2017*
Starting Well: Vulnerable children

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Period</th>
<th>Hants</th>
<th>Region England</th>
<th>England</th>
<th>Best</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Recent Trend</td>
<td>Count</td>
<td>Value</td>
<td>Value</td>
</tr>
<tr>
<td>Children in care</td>
<td>2016</td>
<td>▲</td>
<td>1,305</td>
<td>46*</td>
<td>52*</td>
</tr>
<tr>
<td>Children in care who gained 5 GCSEs at A*-C incl. English and Maths</td>
<td>2015</td>
<td>-</td>
<td>6</td>
<td>6.4%</td>
<td>13.7%</td>
</tr>
<tr>
<td>Looked after children aged &lt;5: Rate per 10,000 population aged &lt;5</td>
<td>2016/17</td>
<td>-</td>
<td>220</td>
<td>28.3</td>
<td>27.8</td>
</tr>
<tr>
<td>Looked after children aged 10-15</td>
<td>2016</td>
<td>-</td>
<td>535</td>
<td>59.1*</td>
<td>63.9*</td>
</tr>
<tr>
<td>Looked after children aged 16+</td>
<td>2016/17</td>
<td>-</td>
<td>260</td>
<td>79.7*</td>
<td>129.7*</td>
</tr>
<tr>
<td>Looked after children: rate per 10,000 &lt;18 population</td>
<td>2015/16</td>
<td>-</td>
<td>1,305</td>
<td>46.3</td>
<td>51.5</td>
</tr>
<tr>
<td>Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March</td>
<td>2015/16</td>
<td>-</td>
<td>-</td>
<td>13.6</td>
<td>14.4</td>
</tr>
<tr>
<td>Emotional and behavioural health outcome for looked after children: % eligible children considered ‘of concern’</td>
<td>2012/13</td>
<td>-</td>
<td>190</td>
<td>34.0%</td>
<td>41.0%</td>
</tr>
<tr>
<td>New child protection cases: Rate of children who became the subject of a child protection plan during the year, per 10,000 aged &lt;18</td>
<td>2014/15</td>
<td>-</td>
<td>1,838</td>
<td>65.3</td>
<td>51.5</td>
</tr>
<tr>
<td>Children providing unpaid care (aged 0-15)</td>
<td>2011</td>
<td>-</td>
<td>2,394</td>
<td>0.97%</td>
<td>1.06%*</td>
</tr>
<tr>
<td>Children providing 20+ hours/week of unpaid care (aged 0-15)</td>
<td>2011</td>
<td>-</td>
<td>388</td>
<td>0.16%</td>
<td>0.20%*</td>
</tr>
</tbody>
</table>

Hampshire level data suggest increases in social care and safeguarding activity

Source: Vulnerable children and young people, PHE 2017
Starting Well: Mortality

Infant mortality
NHS South Eastern Hampshire CCG
Crude rate - per 1000

Child mortality rate (1-17 years)
NHS South Eastern Hampshire CCG
Directly standardised rate - per 100,000

Recent trend:

<table>
<thead>
<tr>
<th>Period</th>
<th>Count</th>
<th>Value</th>
<th>Lower CI</th>
<th>Upper CI</th>
<th>Wessex</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012 - 14</td>
<td>20</td>
<td>3.1</td>
<td>1.9</td>
<td>4.7</td>
<td>-</td>
<td>4.0</td>
</tr>
<tr>
<td>2013 - 15</td>
<td>21</td>
<td>3.3</td>
<td>2.1</td>
<td>5.1</td>
<td>-</td>
<td>3.9</td>
</tr>
</tbody>
</table>

Source: Office for National Statistics (ONS)

Source: Child Health Profiles, PHE 2017
Starting Well: Key messages

• Work with families to minimise excess weight and achieve healthy weight in childhood (improve healthy eating and physical activity)

• Understand levels of self harm/injuries; collaborative working to support improvements in children and young people’s mental health and wellbeing

• Work to maximise the impact of Public Health Nursing Services to give children the best start in life, improve healthy eating, reduce accidents, identify families at risk of poorer health and emotional wellbeing

• Focus on the surge in emergency admissions for unwell children; prevent inappropriate admissions and embed best practice e.g. new Royal College of Paediatrics and Child Health (RCPCH) initiatives

• Better understand the needs of vulnerable children
Living Well

Difficulties measuring how well we live, repertoire tends to represent only negative outcomes (disease, disability, death) we hope to avoid or delay ..... 

• Quantifying prevalence of health conditions can provide a measure of the public's health

• The extent of premature mortality (as defined by potential years of life lost (PYLL) before age 75) is another important measure

• Disability/impairment
  – Certain illnesses (e.g. mental health and diabetes) not only cause morbidity but can also cause significant disability impacting on employment and future wellbeing
  – Main causes of premature death are cancer, heart and respiratory disease.
## Living Well: Prevalence of conditions

Recorded 2015/16 QOF prevalence

<table>
<thead>
<tr>
<th>Condition</th>
<th>South Eastern Hampshire CCG (%)</th>
<th>England (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking (GP survey)</td>
<td>14.2</td>
<td>16.4</td>
</tr>
<tr>
<td>Obesity</td>
<td>11.3</td>
<td>9.5</td>
</tr>
<tr>
<td>Hypertension</td>
<td>15.6</td>
<td>13.8</td>
</tr>
<tr>
<td>CHD</td>
<td>3.7</td>
<td>3.2</td>
</tr>
<tr>
<td>Stroke</td>
<td>2.0</td>
<td>1.7</td>
</tr>
<tr>
<td>Heart failure</td>
<td>0.8</td>
<td>0.8</td>
</tr>
<tr>
<td>Atrial fibrillation</td>
<td>2.3</td>
<td>1.7</td>
</tr>
<tr>
<td>Diabetes</td>
<td>6.9</td>
<td>6.5</td>
</tr>
<tr>
<td>Chronic kidney disease</td>
<td>4.6</td>
<td>4.1</td>
</tr>
<tr>
<td>Cancer</td>
<td>3.0</td>
<td>2.4</td>
</tr>
<tr>
<td>Depression</td>
<td>8.6</td>
<td>8.3</td>
</tr>
<tr>
<td>Dementia</td>
<td>1.0</td>
<td>0.8</td>
</tr>
<tr>
<td>Mental health</td>
<td>0.83</td>
<td>0.90</td>
</tr>
<tr>
<td>Learning disability</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>0.7</td>
<td>0.3</td>
</tr>
<tr>
<td>Rheumatoid arthritis</td>
<td>0.7</td>
<td>0.7</td>
</tr>
<tr>
<td>COPD</td>
<td>2.1</td>
<td>1.9</td>
</tr>
<tr>
<td>Asthma</td>
<td>6.4</td>
<td>5.9</td>
</tr>
</tbody>
</table>

Note that population prevalence of obesity and smoking is higher than GP QOF register rates.

Source: National General Practice Profiles, PHE 2017
Living Well: Heart disease

Early CHD mortality (under 75 years) rates are significantly lower than the national rate.

Note that there are variations within the CCG geographical area.

Source: Cardiovascular disease profiles, PHE 2017
Living Well: Cancer

Headline

- Incidence rate 2014
- Standardised rates per 100,000 population

- One-year survival 2013
- Net survival index for adults

- Overall experience of care 2015
- Average score (scale from 0 to 10)

Survival

- One-year survival 2013
- Net survival index for adults

- Cancers diagnosed at stage 1 or 2 2014-Q4
- % diagnosed (for certain cancers)

- Cancers diagnosed through emergency presentation FY2016-Q1
- % diagnosed (proxy measure)

Key: Compared to England Average:
- ✔ better
- ✗ worse
- similar
- --- no comparison made

Source: Cancerdata, NHS England, PHE 2017
Living Well: Premature mortality due to cancer

Lower premature cancer mortality rates compared to England

Declining trend following earlier rise

Continue to improve early detection and screening uptake

Please note that the data is old!

Source: GP registered patient counts from NHAIS (Exeter), Primary Care Mortality Database (PCMD) and ONS mid-year England population estimates
### Living Well: Diabetes – care processes treatment targets

<table>
<thead>
<tr>
<th>Key facts</th>
<th>Local</th>
<th>Comparator CCGs</th>
<th>STP</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes prevalence in adults (per cent)</td>
<td>6.9</td>
<td>6.7</td>
<td>5.9</td>
<td>6.5</td>
</tr>
<tr>
<td>Estimated total diabetes prevalence in adults (per cent)</td>
<td>8.5</td>
<td>8.6</td>
<td>8.1</td>
<td>8.5</td>
</tr>
<tr>
<td>People with type 1 diabetes who have had the eight recommended care processes (per cent)</td>
<td>35.2</td>
<td>35.7</td>
<td>34.4</td>
<td>37.3</td>
</tr>
<tr>
<td>People with type 2 diabetes who have had the eight recommended care processes (per cent)</td>
<td>46.2</td>
<td>50.9</td>
<td>53.9</td>
<td>53.9</td>
</tr>
<tr>
<td>People with type 1 diabetes who met blood glucose, blood pressure and cholesterol targets (per cent)</td>
<td>15.8</td>
<td>18.2</td>
<td>18.3</td>
<td>18.3</td>
</tr>
<tr>
<td>People with type 2 diabetes who met blood glucose, blood pressure and cholesterol targets (per cent)</td>
<td>39.4</td>
<td>41.1</td>
<td>38.3</td>
<td>40.4</td>
</tr>
</tbody>
</table>

Source: Diabetes, PHE 2017
Living Well: Diabetes - complications

Comparison of the additional risk of complications for people with diabetes, 2010/11 - 2012/13

Source: National Diabetes Audit (NDA) 2015/16

Indicator | Period | South Eastern Hampshire | Sub-region | England | Worst/Lowest | Range | Best/Highest
--- | --- | --- | --- | --- | --- | --- | ---
Additional risk of myocardial infarction among people with diabetes | 2010/11 - 12/13 | -- | 121 | 69.6% | -- | 100.6% | 277.1% | 20.4%
Additional risk of heart failure among people with diabetes | 2010/11 - 12/13 | -- | 331 | 160.0% | -- | 150.0% | 237.8% | 73.5%
Additional risk of angina among people with diabetes | 2010/11 - 12/13 | -- | 349 | 124.7% | -- | 136.8% | 233.5% | 69.8%
Additional risk of stroke among people with diabetes | 2010/11 - 12/13 | -- | 227 | 84.7% | -- | 81.3% | 167.9% | 21.4%
Additional risk of renal replacement therapy among people with diabetes | 2010/11 - 12/13 | -- | 51 | 272.1% | -- | 293.0% | 655.1% | 110.4%
Additional risk of minor amputation among people with diabetes | 2010/11 - 12/13 | -- | 40 | 911.0% | -- | 753.5% | 2,209.1% | 242.4%
Additional risk of major amputation among people with diabetes | 2010/11 - 12/13 | -- | 22 | 752.6% | -- | 445.8% | 1,675.8% | 42.3%

Source: Diabetes, PHE 2017
# Living Well: Respiratory disease

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Period</th>
<th>South Eastern Hampshire</th>
<th>Sub-region</th>
<th>England</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency COPD admissions per 100 patients on disease register</td>
<td>2010/11</td>
<td>325</td>
<td>9.9%</td>
<td>11.4%*</td>
<td>12.0%</td>
</tr>
<tr>
<td>Emergency COPD admissions per 1,000 population</td>
<td>2012/13</td>
<td>321</td>
<td>1.53</td>
<td>1.70</td>
<td>2.06</td>
</tr>
<tr>
<td>COPD mean length of stay for emergency admissions</td>
<td>2012/13</td>
<td>1,532</td>
<td>5.0</td>
<td>6.3</td>
<td>5.9</td>
</tr>
<tr>
<td>Emergency asthma admissions per 100 patients on disease register</td>
<td>2010/11</td>
<td>223</td>
<td>1.74%</td>
<td>1.65%*</td>
<td>1.83%</td>
</tr>
<tr>
<td>Emergency asthma admissions per 1,000 population</td>
<td>2012/13</td>
<td>189</td>
<td>0.90</td>
<td>1.01</td>
<td>1.09</td>
</tr>
<tr>
<td>Deaths from respiratory disease in hospital</td>
<td>2010 - 12</td>
<td>455</td>
<td>53.8%</td>
<td>59.7%</td>
<td>64.4%</td>
</tr>
<tr>
<td>Under 75 mortality rate from respiratory disease</td>
<td>2013</td>
<td>46</td>
<td>20.5</td>
<td>23.4</td>
<td>26.1</td>
</tr>
</tbody>
</table>

**Source:** Inhale - INteractive Health Atlas of Lung conditions in England, PHE 2017
Living Well: Mental illness

Premature mortality ratio for SMI and suicide rate are not significantly different to national averages.

Source: Severe Mental Illness Profiles, PHE 2017
## Living Well: Complex patients

### Complex patients - Age Profile

<table>
<thead>
<tr>
<th>2015/16</th>
<th>South Eastern Hampshire CCG</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complex patients age profile</td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥65 years</td>
<td>63%</td>
<td>61%</td>
</tr>
<tr>
<td>≥75 years</td>
<td>40%</td>
<td>38%</td>
</tr>
<tr>
<td>≥85 years</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Admissions/year</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Most common conditions of admissions</td>
<td>circulatory, gastro-intestinal &amp; neurological</td>
<td>circulatory, cancer &amp; gastro-intestinal</td>
</tr>
<tr>
<td>Total complex patients</td>
<td>582</td>
<td></td>
</tr>
</tbody>
</table>

Source: NHS RightCare and Public Health England (PHE) Commissioning for Value toolkit, January 2017
Living Well: Disabilities

Impact of disabilities – Personal Independence Payments (PIP)

<table>
<thead>
<tr>
<th>PiP by Area &amp; Disability April 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
</tr>
<tr>
<td>East Hampshire</td>
</tr>
</tbody>
</table>

- Unknown or missing
- Cardiovascular disease
- Malignant disease
- Musculoskeletal disease (regional)
- Musculoskeletal disease (general)
- Neurological disease
- Psychiatric disorders
- Respiratory disease

- Some conditions causing disability don't necessarily cause mortality
- There is benefit in reviewing this data as it becomes more established to identify areas where input could have greatest impact

Source: Department for Work and Pensions
Living well: Potential Years of Life Lost (PYLL)

Conditions of focus:

- CVD – Hypertensive disease, Stroke, Ischaemic Heart Disease (IHD)
- Cancer – Breast, colon
- Respiratory – Asthma, pneumonia

Source: ONS Primary Care Mortality Database
Living Well: Key messages

• Focus on prevention and control, improving lifestyles and self management of health conditions, particularly diabetes, respiratory and heart disease

• Improving early diagnosis and screening uptake to reduce premature cancer mortality

• Optimise management of long term conditions

• Collectively work to improve societal wellbeing and access to services to reduce levels of preventable mortality for serious mental illness (SMI)

• Better understand the impact of health conditions on disability (mental health, cancer, neurological conditions, MSK) and premature mortality
Ageing Well

- Life expectancy at 65 and disability-free life expectancy at 65 give us a measure of the health of our older population.

- Falls and fractures in older people can lead to loss of independence and death – preventing falls has a major impact on health and wellbeing.

- Social isolation and loneliness impact on health and wellbeing particularly for conditions such as dementia – reducing isolation can improve outcomes for all ages but particularly our older population.
## Ageing Well: Healthy Life Expectancy (HLE)

### Healthy Life Expectancy (HLE) at birth, 2010-12

<table>
<thead>
<tr>
<th></th>
<th>Male LE at birth (years)</th>
<th>Male HLE at birth (years)</th>
<th>Rank</th>
<th>Proportion of life in 'Good' health (%)</th>
<th>Female LE at birth (years)</th>
<th>Female HLE at birth (years)</th>
<th>Rank</th>
<th>Proportion of life in 'Good' health (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Eastern Hampshire CCG</td>
<td>80.1</td>
<td>66.3*</td>
<td>38</td>
<td>82.7</td>
<td>83.8</td>
<td>67.7*</td>
<td>38</td>
<td>80.8</td>
</tr>
<tr>
<td>England</td>
<td>79.2</td>
<td>63.5</td>
<td>80.2</td>
<td>83</td>
<td>64.8</td>
<td></td>
<td>78</td>
<td></td>
</tr>
</tbody>
</table>

### Living longer but healthier? or with associated frailty?

### Healthy Life Expectancy (HLE) at 65, 2010-12

<table>
<thead>
<tr>
<th></th>
<th>Male LE at 65 (years)</th>
<th>Male HLE at 65 (years)</th>
<th>Rank</th>
<th>Proportion of life in 'Good' health (%)</th>
<th>Female LE at 65 (years)</th>
<th>Female HLE at 65 (years)</th>
<th>Rank</th>
<th>Proportion of life in 'Good' health (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Eastern Hampshire CCG</td>
<td>19.2</td>
<td>10.8*</td>
<td>30</td>
<td>56.4</td>
<td>21.7</td>
<td>11.5*</td>
<td>23</td>
<td>53</td>
</tr>
<tr>
<td>England</td>
<td>18.5</td>
<td>9.2</td>
<td>49.7</td>
<td>21.1</td>
<td>9.7</td>
<td></td>
<td>46.1</td>
<td></td>
</tr>
</tbody>
</table>

* Significantly better than the England average

The gap in HLE at birth was 13.8 years for males and 16.1 years for females

At 65 the gap in HLE 8.4 years for males and 10.2 years for females

Source: Office for National Statistics, Crown Copyright 2014
Ageing Well: Bone health and hip fractures

England
437/100,000

CCG ranks within the best quartile in England for hip fracture incidence

Source: Hip fracture incidence Jan – Dec 2016 NHS Outcomes Tool, HSCIC indicator portal and RightCare
Ageing Well: Benefits of an effective hip fracture programme

What a hip fracture programme can deliver

Hip fracture is the most common serious injury in older people. Hip fracture patients take up 1.5m hospital bed days each year and cost NHS and social care £1b. Patient care can be improved and NHS cost reduced with a Hip Fracture Programme.

- 88% of patients see an older person specialist in their first 72 hours in hospital
- 76% get out of bed by the day following their surgery
- 44% of hospitals say they provide shared care from surgeons and geriatricians
- 72% have their operation by the day after admission
- 80% receive bone strengthening treatment to prevent future fractures
- 67% of hospitals follow up their patients at 120 days after admission

Ageing Well: Sight and hearing loss/impairment

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>% reporting blindness or severe visual impairment</td>
<td>2015/16</td>
<td>-</td>
<td>-</td>
<td>1.1%</td>
<td>1.0%</td>
<td>0.0%</td>
<td></td>
<td>17.1%</td>
</tr>
<tr>
<td>% reporting deafness or severe hearing impairment</td>
<td>2015/16</td>
<td>-</td>
<td>-</td>
<td>5.3%</td>
<td>3.8%</td>
<td>0.0%</td>
<td></td>
<td>15.3%</td>
</tr>
</tbody>
</table>

CCG appears to rank less favourably against England values with relatively higher reporting of visual and hearing impairment.

*Source: National GP Practice Profiles, PHE 2017*
Ageing Well: Dementia in age 65+

Recorded prevalence 4.28, not significantly different to England 4.31

Rising trend in dementia emergency admission rate

Rising trend in dementia mortality rate

Source: 2016 Dementia Profile, PHE 2017
The UK has one of the highest EWD rates in Europe; majority of these deaths were those 75+, with greatest EWDs in females 85+ in 2014/15

CCG had 170 EWDs in 2014/15

Large fluctuation in EWDs is common and trends over time are not smooth

Fuel poverty and keeping warm, major factor in increasing susceptibility

Link to social isolation – identification of individuals at risk is key issue
Ageing well: Mapping social isolation and loneliness in Hampshire’s older population

Social Isolation

Predictive analytics identified social isolation and loneliness in Havant

Loneliness

More than half of people 75 and over live alone

Around 10% of people over 65 report being ‘lonely’ most or all of the time

Older people are vulnerable to social isolation and loneliness
Ageing Well: Key messages

- Promote healthy active ageing to reduce frailty; invest in prevention initiatives to improve healthy life expectancy
- Strengthen work on falls prevention and the fragility fractures pathway; opportunity for joint commissioning
- Focus on preventable disabilities; particularly blindness (AMD/reducing smoking, diabetic retinopathy/screening); improve mobility. Better longevity implies increases in the very oldest age groups and demands on hearing loss services
- Prevent people getting dementia where possible through supporting healthy lifestyles and reducing vascular disease
- Collaboratively work with relevant local authority departments, to identify and support patients affected by fuel poverty through signposting
- Partnership working on initiatives to reduce the impact of social isolation and improve social relationships among older people