

Living Well in Hampshire

Annual Report of the Director of Public Health Hampshire County Council 2014/15



Hampshire
County Council

Introduction

The Director of Public Health in every local authority in England is required to produce an annual report on the health of their residents. This is the second such report I have had the pleasure of writing for Hampshire County Council. My focus this year is Living Well”, one of the themes of our Joint Health and Wellbeing Strategy. I will also review last year’s report which considered another aspect of the Strategy’s themes — ‘Starting Well’.

This report considers those issues affecting our population that result in poor health over time and early but often avoidable reliance on healthcare and social care services. Often, a few minor lifestyle changes would mean that people could spend a far greater proportion of their life as years of healthy life, avoiding the need to access health and social care.



*Dr Ruth Milton
Director of Public Health*

To live well in Hampshire means amongst other things:

- **Fewer people choosing to drink harmful amounts of alcohol, more people are helped not to start smoking and more stop smoking**
- **Most people being physically active throughout their life and eating the recommended five portions of fruit and vegetables a day**
- **People having a good understanding as to how to protect emotional and mental health**

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Living well in Hampshire

A snapshot of the health of Hampshire's residents is described here. This matters in terms of our individual enjoyment and satisfaction with how we live our lives and also in terms of the costs to individuals, families and communities.



About two thirds (65%) of adults in Hampshire are overweight or obese (around 720,000 people) with around 245,000 people (22%) obese.



The balance of what we eat is wrong with too small a proportion being fruit and vegetables.



We consume more alcohol than is safe in the long run.



Although far fewer people misuse substances than consume alcohol, it has a disproportionate impact on their own, their family's and society's wellbeing.



While less than 1 in 5 people currently smoke, stopping remains the most significant thing one can do to improve health.



Our mental and physical health are not separate. About 1 in 4 of us experiences some mental ill health. About half of mental ill health is diagnosed before people are 14 years old.



Sexual health affects us all to some extent and the consequences of poor sexual health can be serious. These have a greater impact on young people and other key groups.



We think that half the adults in Hampshire (about 670,000 people) are not moving fast enough to raise their heart rate or get sweaty for at least ½ an hour a day. This is a recipe for trouble!



Medical interventions are a small contributor to our long term outcomes. If there was a "miracle pill" it would be physical activity which improves physical and mental health and wellbeing whoever we are.



Musculoskeletal conditions, such as back pain and osteoarthritis, are the main cause of disability and have a significant individual and economic impact.

Hampshire's People

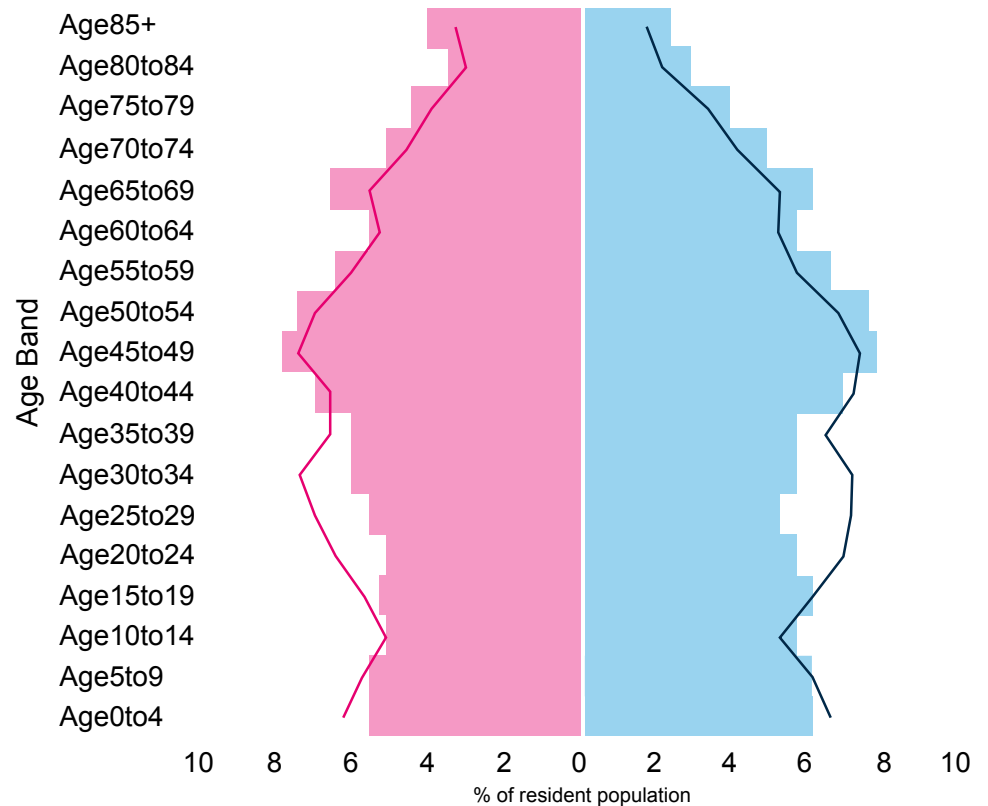
Hampshire residents are living with an increasing number of long term conditions. While it's important to support children to develop and people to age well, we also need to support the health of working age residents and their employers, including support for workers with a chronic health problem to be able to continue with their jobs.

About 1.3 million people live in Hampshire - the age profile of this population is shown in figure 1.

Life expectancy is a commonly used health comparator between and within countries. Over the last century people have been enabled to live far longer than previously. Interventions and treatments for infectious causes of ill health and early death have been effective and treatments for some of the non-infectious causes of ill health and premature death, such as cardiovascular diseases, have become established. Hampshire's residents can expect to live relatively longer, healthier lives than many others across England. But those born today can only expect to live to about 65 in good health while they can expect to live into their early eighties. They will be spending a significant proportion of their lives with some form of long term health problem.

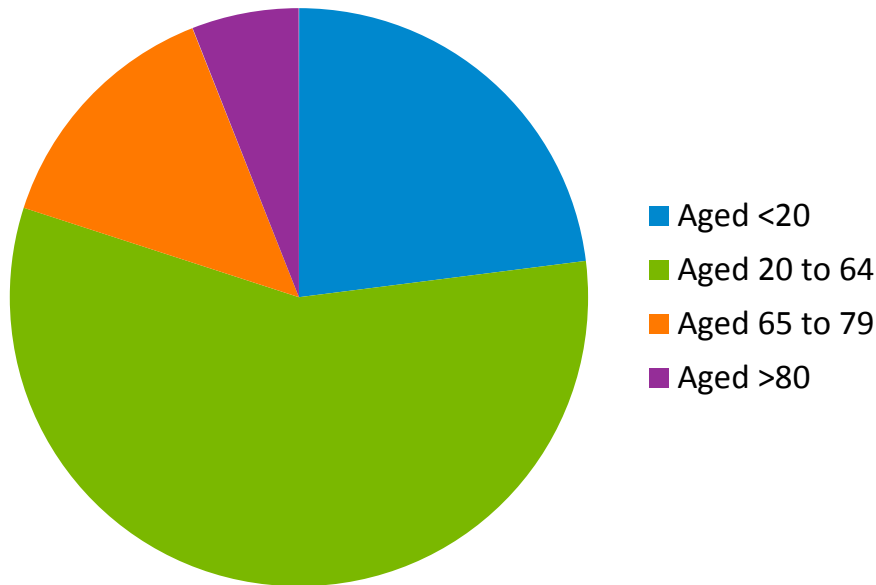
There continues to be a gap in life expectancy at birth (how long someone born now might expect to live if they experience the same mortality rates as currently seen) between the most and least affluent residents. For men living in Hampshire, the gap in life expectancy between the most deprived and least deprived areas is 9.1 years. The gap for women is 6.9 years. This gap has been increasing over the last ten years for both men and women.

Figure 1: Population pyramid for Hampshire



Hampshire has a similar proportion of residents under the age of 20 to those over 65 (see figure 2), despite the fact that we are an ageing population. We also know that many of us as we age are living with an increasing number of “long term conditions” which may or may not inform or affect how we live our lives. Those aged between 19 and 64 are the group developing poor health through their unhealthy lifestyles, much of which is avoidable.

Figure 2: Hampshire population by broad age band



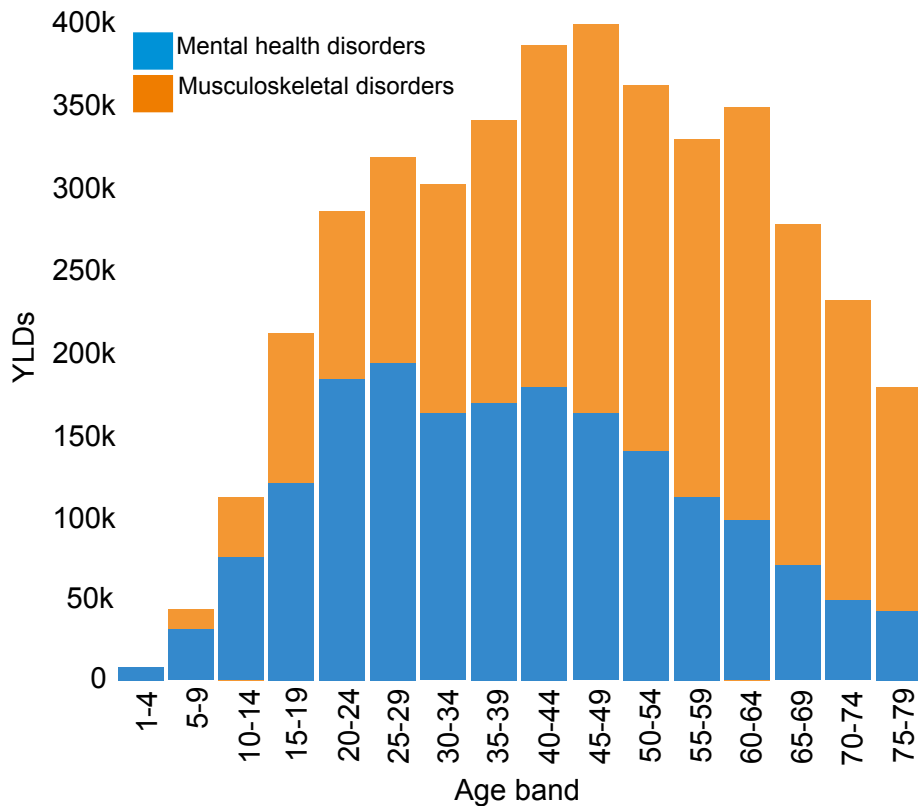
UK health performance: findings of the Global Burden of Disease

The Global Burden of Disease Study, 2010 reported that the biggest causes of disability in the UK are musculoskeletal disorders - that's bones, joints and muscles - (30.5%) and mental and behavioural disorders including substance abuse (21.5%). These two things accounted for over half of all years lived with disability (YLD) in UK in 2010. The leading musculoskeletal causes were low back pain (the single biggest cause of disability), neck pain, and osteoarthritis. Musculoskeletal related disability is set to increase with our lack of physical activity, increasing obesity and our ageing population.

The six main mental health and behavioural disorders causing disability are major depressive disorder, anxiety, drug use, alcohol use, schizophrenia and bipolar disorder.

Figure 3 indicates the age groups at which these significant causes of disability take effect. Mental ill health and musculoskeletal conditions start to have a significant impact from childhood onwards but have associated risk factors as well as solutions. A good diet and being physically active contribute to both better physical functioning and good mental health and life long resilience.

Figure 3: Years lived with disability in the UK across the life course



Working age population

The working age population in the UK is taken to be males and females aged 16 to 64, which identifies the current working age population as 40.9 million people or 63.8% of the UK resident population. This proportion is slightly less in Hampshire at 60.8%.

For most people, work helps to determine their identity, family esteem and standing within the community. It is also a means of social participation and fulfillment. There is a substantial body of

evidence to show the positive links between health and work as well as a correlation between low parental income and poor health in children. Families without a working member are more likely to suffer persistent low income, poverty and poorer health outcomes

The prevalence of psychiatric disorders in children aged 5 to 15 in families whose parents have never worked is almost double that of children with parents in low-skilled jobs and around five times greater than children with parents in professional occupations. Good health improves an individual's chances of finding and staying in work and of enjoying the consequent financial and social advantages and equally, these influence one's chances of remaining in good health.

Economic consequences of poor health in the working age population

It has been estimated that the annual economic cost of sickness absence and reduced work participation due to poor health amounted to over £100 billion annually among 40 million persons in the working age across the UK. The UK Health and Safety Executive (HSE) estimates the total cost to employers in Britain of workplace injuries and work-related poor health at £2.9 billion to £3.2 billion per year. This estimate does not include the cost to society as a whole from people unable to work through poor health or injuries. All these costs to Hampshire are substantial.

Improving the health of the working age population is important to maintaining the productivity of Hampshire's economy and securing on-going economic growth. With more jobs, more people working and earning this contributes to reducing child poverty and poverty throughout life.

Thus, the health of the working age population is important for:

- individuals and their families, because it affects their capacity to work, ability to provide for their family and impacts on the quality and length of life people lead;
- employers, because a healthier workforce is more productive workforce and investing in the training and development of healthier workers will yield a higher return and
- society as a whole, because the consequences of ill-health lead to social exclusion, lower economic activity and reduced tax revenues. Higher costs in terms of healthcare and social security benefits add to the burden on the taxpayer.

What makes a difference?

Hampshire County Council already focuses on children and young people to enable them to achieve. Workplace health programmes that support people in employment to be active and prevent and treat musculoskeletal problems and poor mental health are available and effective. It is also effective to facilitate both employers and workers with a disease or chronic health problem to be able to continue with their jobs.

Alcohol and Substance Misuse

Tackling high risk and increasing risk drinking in the population positively impacts on individuals' health risks as well as reducing the economic and social costs of alcohol in the community. More intelligence is required to inform the development of suitable interventions to raise awareness and prevent the use of New Psychoactive Substances.

Substance misuse encompasses the misuse of alcohol, illegal drugs and prescription drugs and is an important cause of disability in the UK. Deaths from drug use disorders and disability from drug dependence have risen greatly in the last twenty years in the UK particularly in the 20 to 54 year age group, however in terms of the sheer numbers of people affected, alcohol is the most significant substance.

Alcohol

Alcohol consumption is the third highest risk factor for avoidable ill health in England, accounting for 10% of disability adjusted life years (DALYs). In 2013 there were 6,592 alcohol-related deaths registered in England. An estimated 24% of Hampshire residents drink at above the safe recommended levels for alcohol each week. This represents about 257,000 people across the county, or one in five people. Of the Hampshire population who do drink alcohol about 6.6% drink at levels which may be classified as “dependent” thus presenting a health risk. About 40,000 people in Hampshire are probably ‘high risk drinkers’ or ‘dependent’ on alcohol, while 21.7% of those who drink in Hampshire are categorised as having an “increasing risk” in terms of their health and other associated risks such as offending and anti social behaviours, which can impact on families and the wider community.

Interestingly, people significantly under estimate their own alcohol consumption. European research indicates that people under-estimate their personal alcohol consumption by around 60%.

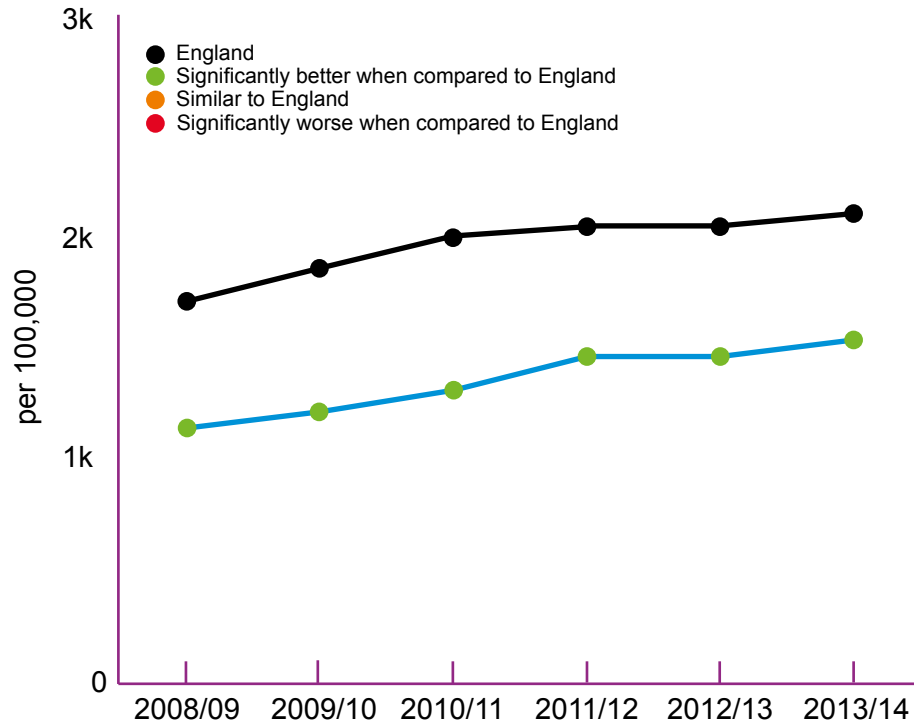
Alcohol issues are present across the whole socio-economic spectrum and all age groups. Levels of increasing and higher risk drinking are evident across the county; estimated data for Hart, East Hampshire & Winchester shows higher increasing & higher risk drinking behaviours in these areas, whilst deaths where alcohol is an attributable cause have higher rates in Rushmoor, Gosport & Havant.

Alcohol misuse has negative societal impact through the burden it places on people, their families, as well as on businesses, emergency services, criminal justice and local authorities. It is a well established but often hidden cause of sickness absence from work as well as family breakup. Alcohol contributes directly to at least 60 health conditions including, circulatory and digestive diseases, liver disease, a number of cancers, accidents and injuries and depression. The risk of these conditions increases significantly with relatively low levels of regular excessive drinking and has a greater impact on us as we get older.

The trend in alcohol-related admissions to hospital has been increasing year on year at around 9-10%, with over 21,000 hospital admissions in Hampshire, either as direct result of alcohol or where alcohol was a contributing factor, in 2013/14.

Possible solutions: Education and prevention in schools is important as are opportunities for engaging with families by brief interventions from GPs, health visitors, Local Authority staff, hospitals and workplace health initiatives. The NHS Health Check includes an assessment of alcohol use. Emergency Department staff can provide access to trained alcohol staff and access to appropriate community based treatment services. International evidence supports minimum alcohol pricing. Trading standards continue to work to minimise illegal and underage sales.

Figure 4: Admission episodes for alcohol related conditions (Broad) Persons



Drug use and emerging trends

In Hampshire the most recent estimates were that about 4,000 people were using opiates/and or crack cocaine (2011/12). New psychoactive substances (NPSs) are not yet controlled by legislation but pose a significant health threat. (Some NPSs have been made illegal such as Mephedrone and more legislation is expected) In 2008 only 12 types of NPS were reported to be available with this rising to 73 by 2012. The number of deaths attributed to NPS continues to increase year on year. It is difficult to estimate the extent of the problem associated with these substances in Hampshire but the consequences of their use are being observed in teenagers.

Impact of problematic drug use

Personal: people may experience social, financial, psychological, physical or legal problems as a result of their drug use. This includes loss of employment and housing, costs associated with crime and accidents and ill health which can be due to immediate (acute) effects of drugs, overdose and from longer term use. The impact on health depends on the substance involved, its relative purity, how it has been administered and duration of use which may be compounded by blood born viruses.

On families: substance misuse can be associated with child neglect, chaotic home circumstances and exposure of children to drug use and criminal activity including violence in the home.

Possible solutions: There is good evidence of what works for preventing and treating drug dependence. Services commissioned as part of implementing the Hampshire Substance Misuse Strategy are expected to demonstrate that they are evidenced based and in line with best practice. Working in partnership with district and borough councils, NHS, police and criminal justice agencies, Hampshire County Council is looking to ensure that the wider impact of drugs is addressed. This includes improved access to education, training, employment and housing with support for building personal resilience and family relationships for those at risk. Work is also underway to reduce supply and availability.

Prevention and education is important to raise awareness of the harms posed by drugs, taking account of the new trends in drug use such as new psychoactive substances. This focuses on schools, colleges and those at risk.

Smoking

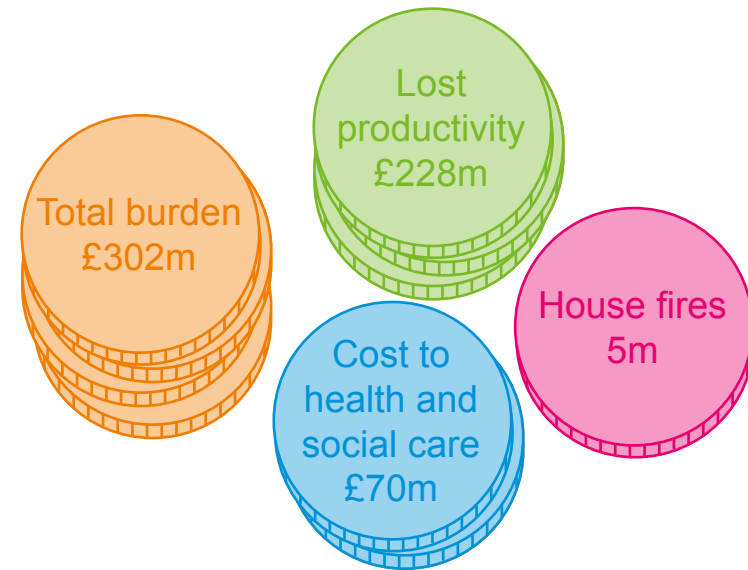
The huge financial benefits for Hampshire of people quitting smoking range from reducing the cost of health and social care for those who develop long term health problems, including passive smoking, to increased productivity through less absence from smoking breaks and sickness absence.

Smoking cessation interventions and tobacco control are both proven cost effective investments to reduce the impact of this single biggest cause of preventable ill health and early death in our residents.

Smoking remains the single leading cause of preventable death with 15 in every 100 deaths in Hampshire resulting from smoking and it has been long established that tobacco control brings unprecedented health benefits without harming the economy through job losses or decreases in tax revenue. Smoking costs Hampshire 1.5 times as much as the duty raised from tobacco products annually, resulting in a shortfall of £104 million per year. There is strong international evidence that interventions which assist people to stop smoking such as brief advice, Nicotine Replacement Therapy, individual counselling and group therapy are cost-effective. The benefit of using e-cigarettes to aid people to stop smoking compared to their negative impact has yet to be fully established.

The individual and societal financial consequences of smoking are enormous. Smokers are at high risk of long term health problems requiring both health and social care and are more likely to die young. Smokers are also more likely to lose the local businesses and economy money through reduced productivity.

Figure 5: The annual cost of smoking related harm in Hampshire

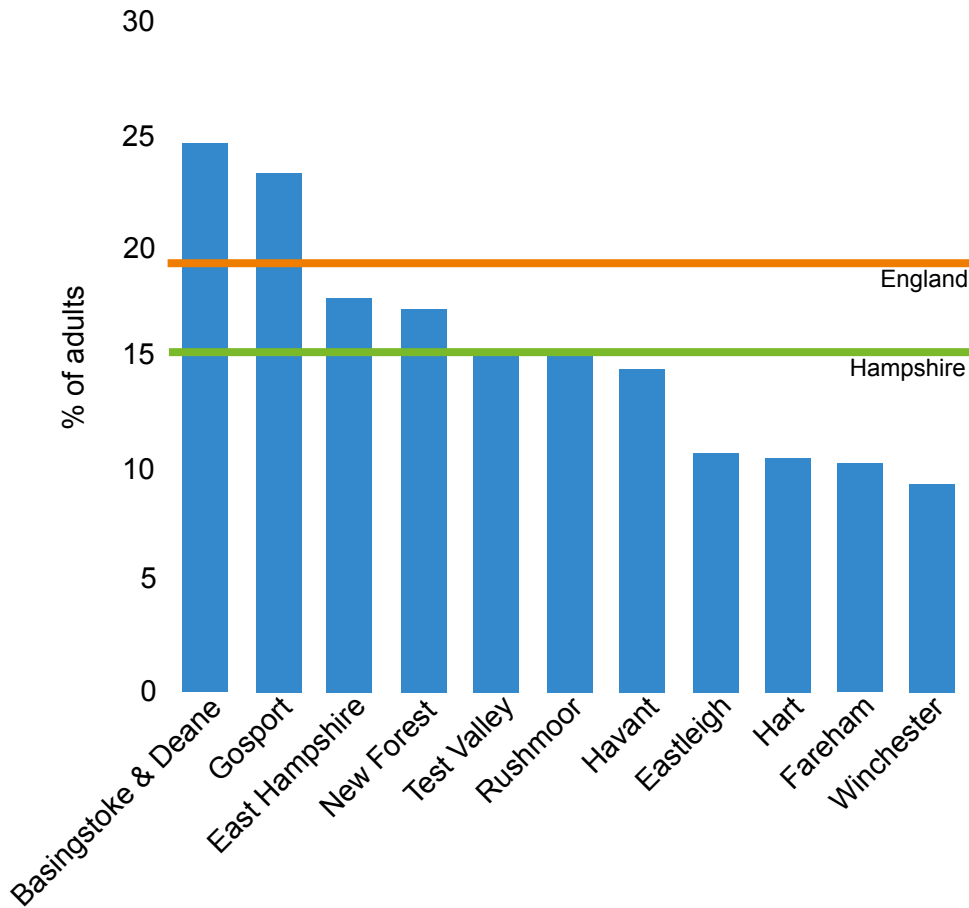


The individual and societal financial consequences of smoking are enormous. Smokers are at high risk of long term health problems requiring both health and social care and are more likely to die young. Smokers are also more likely to lose the local businesses and economy money through reduced productivity.

Although the number of smokers (prevalence) has halved in the past 20 years 15.4% of adults in Hampshire continue to smoke – almost 200,000 people. The number of people accessing stop smoking

service fell by a third in 2014/15. However, the number of smokers setting a quit date in key groups (i.e.: Routine and Manual workers, pregnant women, people with poor mental health and other chronic diseases) has continued to increase. People in these groups quitting has the biggest impact on the future health of them as individuals, their families and the community as a whole as well as providing the greatest return on investment.

Figure 6: Smoking prevalence in Hampshire



Estimates of the current burden of smoking to Hampshire place the cost at £302 million annually. This can be broken down into health and social care costs with £40 million being a direct result of smoking ill health, £5 million from passive smoking and a further £25 million for later-life care due to smoking-related ill health. Costs to the economy and local business of £228 million are incurred from losses of productivity from smoking breaks, smoking-related sickness absence and early deaths. Further costs are incurred from smoking-related accidental fires (£5 million) and waste (135 tonnes annually).

In terms of the burden on local healthcare services in Hampshire, smoking results in an extra 186,216 GP consultations, 56,329 practice nurse consultations, 33,259 outpatient visits, 6,106 hospital admissions and 106,052 prescriptions per year.

Further for 2012/13 Hampshire County Council’s social care spend for the over 50s, attributable to smoking, was estimated to be £14 million, with a further £10 million being funded by individuals for 2012/13 Hampshire County Council’s social care spend for the over 50s, attributable to smoking, was estimated to be £14 million, with a further £10 million being funded by individuals themselves. Thus smoking poses a huge financial burden to Hampshire which will only be alleviated by fewer of our residents smoking.

Possible solutions: Hampshire currently invests in programmes to prevent uptake of smoking and support quitting in young people and families. The documented financial benefits make all the tobacco control programmes completely cost-saving within two years. Enabling more people to access these services through digital access mechanisms and at their convenience is starting to accumulate a positive evidence base.

Obesity & Diabetes

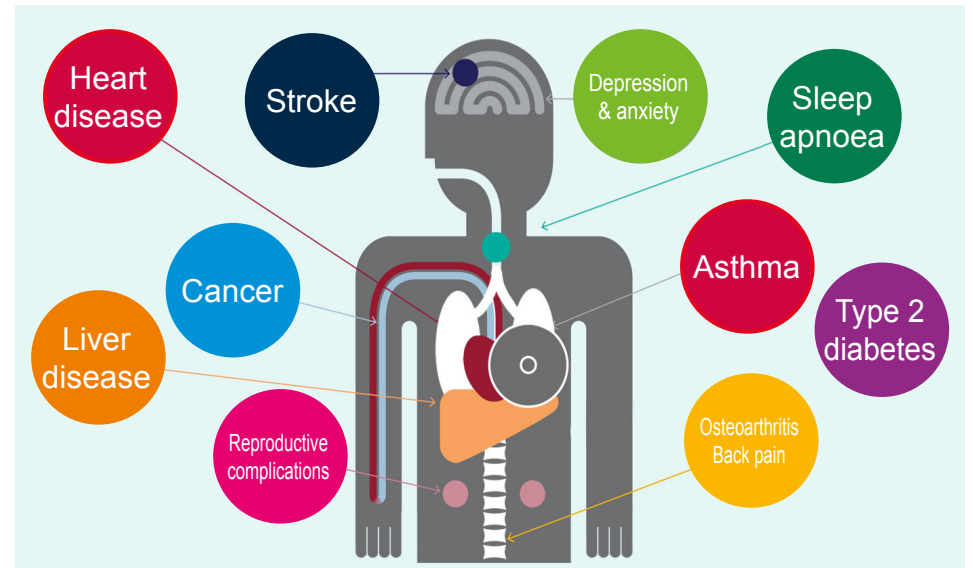
65% of Hampshire adults are overweight or obese. The estimated cost of managing the related ill health in Hampshire is £333.8 million. 85% of Hampshire residents with diabetes have Type 2, which is predominantly associated with obesity and therefore preventable. Losing as little as a sustained 5% reduction in body weight has a significant impact on an individual's current and future health. Increased physical activity helps individual weight maintenance and combined with a healthy diet can aid the prevention and management of Type 2 diabetes.

Fewer than half of adults in England are now of a healthy weight. This has profound consequences for individuals and society. The causes and solutions are complex and require action by individuals and agencies. Tackling unhealthy weight not only relies on what we do as individuals but also on interventions that change the environment we live in and how society views obesity. Nationally, the proportion of adults who are not overweight or obese decreased between 1993 and 2012, from 41 per cent to 32 per cent among men and from 49 per cent to 41 per cent among women. Some population groups are more affected than others including children, women living in more deprived areas and women from Black African groups. People with learning disabilities, physical disabilities and mental health problems are also at greater risk.

Obesity is an important risk factor for most chronic medical conditions which cause early disability and premature death. In addition the psychological and social consequences of obesity can be substantial and there is good evidence of an association between childhood obesity, chronic medical conditions and psychological consequences. Obesity significantly increases the risk of death at

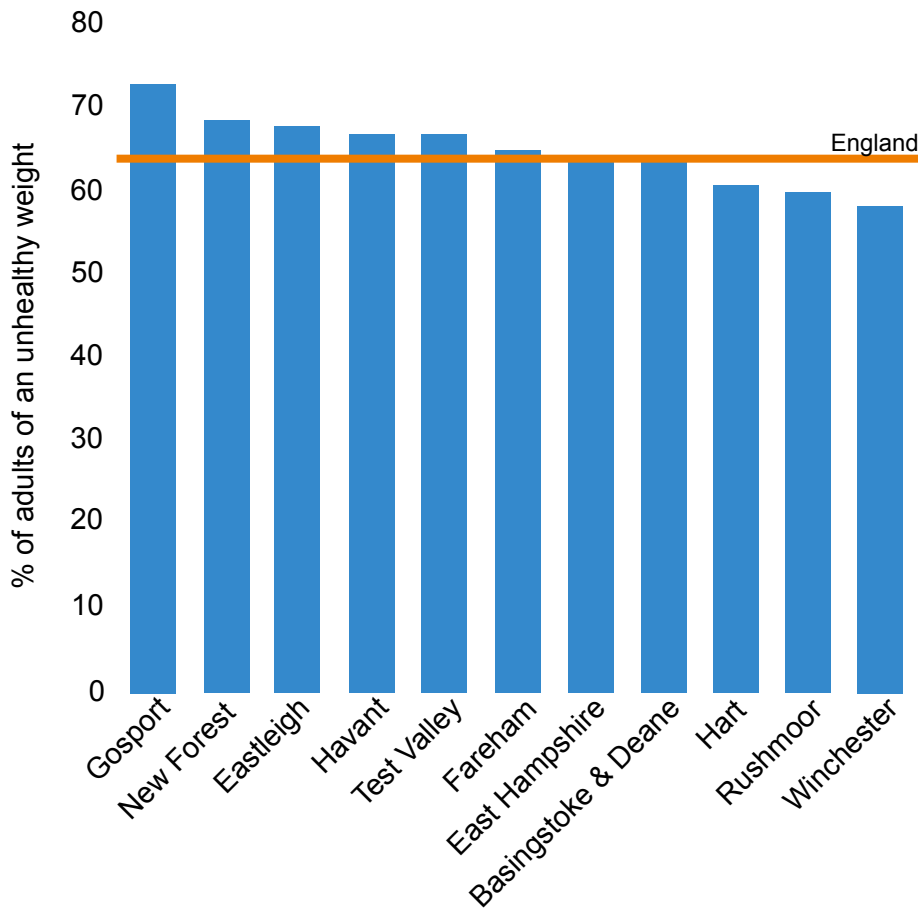
any age. However, the risk of death is moderated by an individual's level of physical activity with physically fit obese individuals having lower mortality risks than unfit obese individuals

Figure 7: Health consequences of obesity



Obesity is a significant economic and business challenge nationally and locally. A report by the National Obesity Observatory in 2010 estimated that obese people have medical costs 30% higher than normal weight peers. A recently published report by McKinsey Global Institute estimates that obesity costs the UK £47 billion pounds annually.

Figure 8: proportion of Adults in Hampshire with an unhealthy weight



The cost to the NHS in Hampshire of managing diseases related to overweight and obesity is estimated to be at least £333.8 million. About 65% of adults in Hampshire have excess weight, slightly higher than the England average (63.8%) with variations across the county. Gosport has the highest proportion of adults who are overweight obese (72.9%) followed by the New Forest District Council area (68.6%) and Eastleigh (67.9%). Less than 1% of Hampshire residents are thought to be underweight.

Diabetes

Diabetes is a serious complication of being overweight and obese. In Hampshire, 61,448 people over the age of 17 were known to have diabetes (Type 1 and Type 2 diabetes) in 2013/14. This is 5.6% of the population (that's 1 in 20 residents), similar to the national prevalence of 6.2%. Approximately 85% of these will have Type 2 diabetes, which is predominantly associated with obesity.

There has been a steady increase in the number of people with diabetes in the County, in line with national trends, and it is estimated that this could reach 7.6% (87,000 people) by 2020. The prevalence of diabetes increases with age with about 15.5% of men and 12.5% of women in Hampshire over the age of 65 being diagnosed with diabetes.

National estimates have been made of the proportion of people living with diabetes who have not yet been diagnosed. This suggests that in Hampshire there may be an additional 13,700 people living with diabetes who remain unaware that they have the condition.

Hospitals record data on children with diabetes. In 2012 this was approximately 1 in every 600 children which means that about 500 children in Hampshire are living with diabetes, most of whom have Type 1 although we are starting to see obesity related diabetes in teenagers.

Children and obesity

The National Child Measurement Programme (NCMP) measures the height and weight of children aged 4-5 years (Year R) and 10-11 years (Year 6) in England. In 2013/14, the percentage of overweight and obese children in Year R in Hampshire was 20.8% compared to England at 22.5%. Gosport, Havant and Rushmoor had the highest proportions of overweight and obese year R children. The proportion of children that are overweight and obese rises as they grow older. 28.9% (2013/14) of Year 6 children are overweight and obese, compared to the England figure of 33.5%. We do not currently have information on teenagers' weights.

Figure 9: overweight and obese year R children in Hampshire

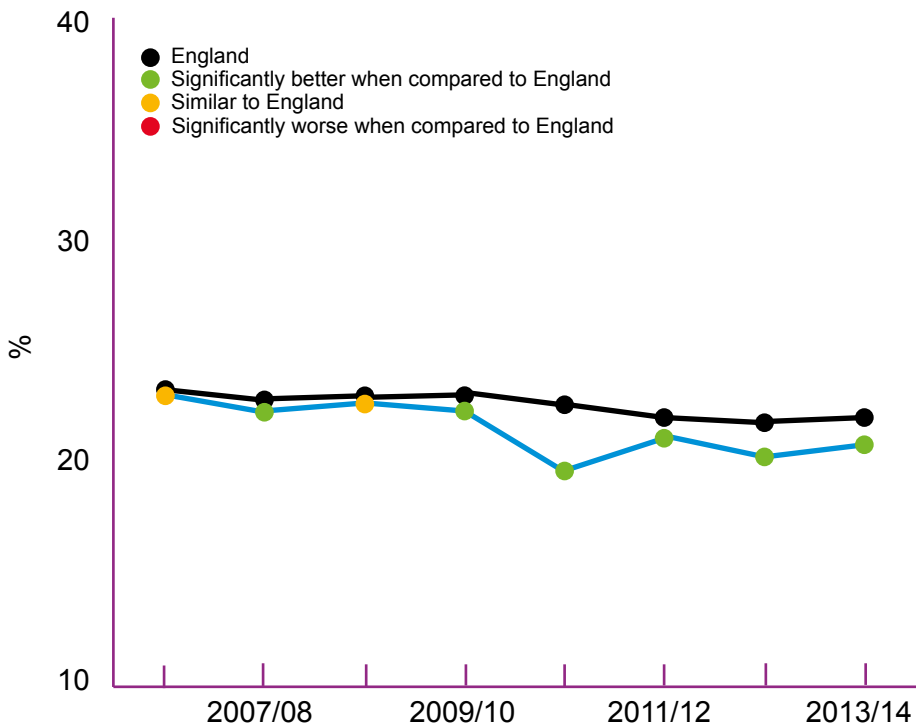
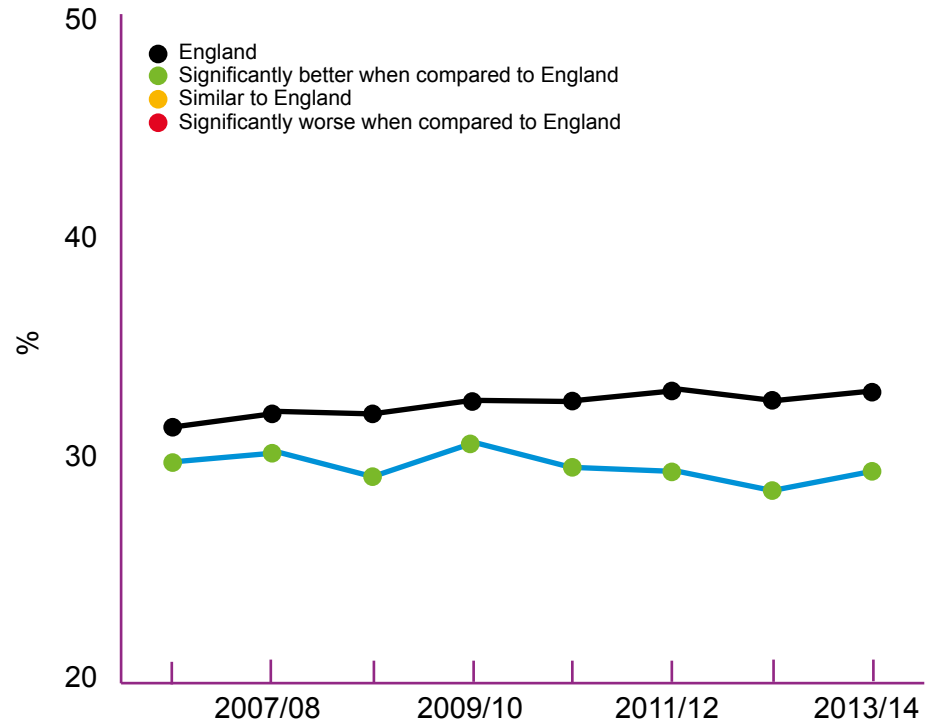


Figure 10: overweight and obese year 6 children in Hampshire



Possible solutions: Keeping our children's weight healthy as they develop is fundamental. For those already overweight, losing and maintaining weight is key to tackling obesity. Weight loss of 5% of body weight makes a significant difference to an individual's current and future health. Increased physical activity per se does not ensure weight loss but is important in maintaining individual weight and combined with a healthy diet contributes to preventing and minimising the impact of Type 2 diabetes.

- Hampshire County Council has a Healthy Weights Strategy which focuses on four areas:
- supporting an environment that enables people to make physical activity and healthy eating the easy choice
- encouraging positive lifestyle changes that enable people to improve their health and have a healthy weight
- providing access to weight management interventions for people who are already overweight and obese
- reducing inequalities in this area by focussing on those people and populations most at risk

By developing and implementing actions across these areas progress can be made in tackling body weight and reducing the development of the associated preventable conditions and avoidable costs to individuals and communities. Supporting people to make small changes can have a big impact on them and their families and different ways to support this are being developed.

Sexual Health

Sexual health impacts on everyone to some extent. Improving the sexual health of Hampshire's residents requires combined general and focused approaches for maximal impact. Focusing on reducing late diagnoses of HIV is vital to reduce avoidable HIV transmission, a poor prognosis and higher health and social care costs. Enabling people to gain information and access tests in convenient ways should further reduce infections and support healthy behaviours.

Sexual health is an important aspect of most people's lives and the consequences of poor sexual health can be serious. Many factors influence sexual relationships including: personal attitudes and beliefs; social norms; peer pressure; religious beliefs; culture; confidence and self-esteem; misuse of drugs and alcohol and coercion and abuse.

Left untreated, sexually transmitted infections (STI) can lead to complications that include ectopic pregnancy, infertility, disability, cancer and premature death. Chlamydia is the most commonly diagnosed STI in the UK and in Hampshire with infection rates being highest in young adults.

The number of people diagnosed with HIV in Hampshire continues to increase year on year with an estimated further 20% of people with HIV yet to be diagnosed, so unaware of their infection. The significant advances in treatment for HIV mean that an increasing proportion of people on treatment are likely to live into old age.

Late diagnosis (i.e. diagnosis after the point at which HIV starts to have a significant impact on the body) is associated with greater HIV transmission, a poor prognosis and higher health and social care costs.

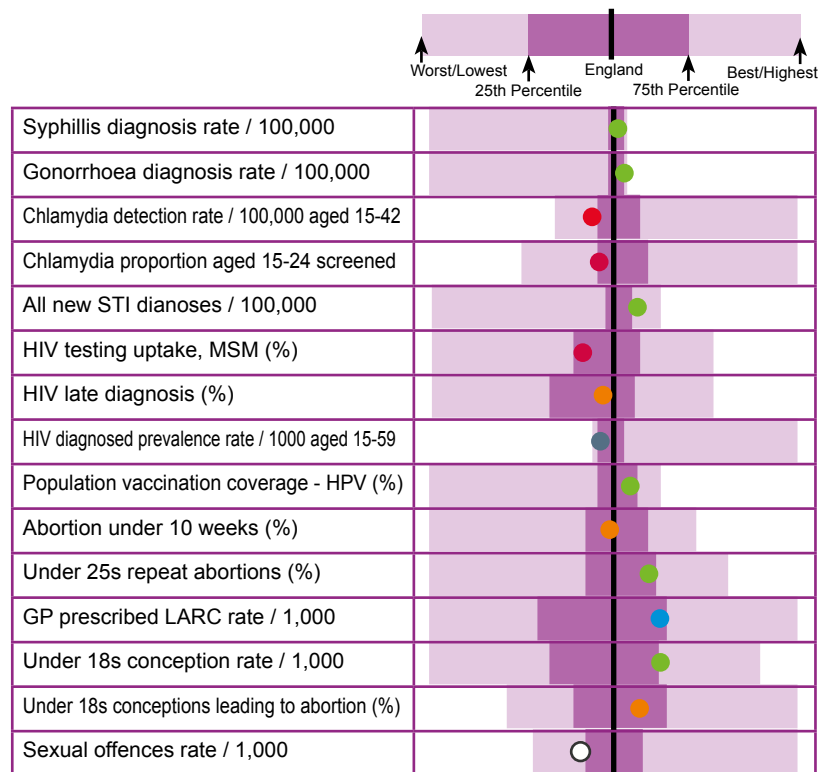
Poor sexual health is clearly associated with poverty and social exclusion and has a greater impact on young people (aged 15-24), men who have sex with men and some minority ethnic groups. There is a clear link between poor sexual health and the use of alcohol and drugs.

The past few decades have seen significant changes in people's sexual relationships and behaviours. While the age of first sex has generally remained the same, increases have been reported in both the total number of lifetime sexual partners that people have as well as in the number of people who report concurrent sexual partnerships. There has also been an increase in the number of people who report same-sex partners and who report paying for sex.

Unintended pregnancies have a significant impact on the lives of those women and their children, their educational outcomes, social and economic well-being and lifelong health.

The sexual health of Hampshire's residents is relatively good compared to national averages. Our residents, in line with national trends, are using sexual health services at an increasing rate of over 10% annually. The most recent data from the Public Health England (PHE) Sexual Health & Reproductive Health Profiles are summarised in figure 11.

Figure 11: PHE Sexual & Reproductive Health Profile - Hampshire



- Significantly better when compared to England
- Significantly better when compared to England
- Similar to England
- Higher
- Lower
- Not compared

Contraception and unwanted pregnancy

In 2013 over 25,000 women attended community contraceptive clinics in Hampshire. Of these, 32% were under 20 years of age. Oral contraception remains the most common method of contraception for all women, although in 2012/13 Long Acting Reversible Contraception (LARC) accounted for 33% of the primary method of contraception. LARC methods are the most effective methods of contraception because they do not rely on the individual to remember to administer or use them correctly.

Preventing Teenage conception

The UK has higher rates of teenage conception than other European countries. Teenage Pregnancy leading to teenage parenthood is strongly linked to social and economic disadvantage for both mother and child. The risk factors for becoming a teenage parent include: poverty; being a child in care; children of teenage mothers; low educational attainment; truanting or exclusion from school; 16-17 year olds not being in education, employment or training; victim of sexual abuse; mental health problems; and involvement in crime.

Under 18 conceptions in Hampshire

The 2011-2013 data shows that the under 18 teenage conception rate in Hampshire is decreasing in line with the national and international picture. However Havant (30.7 per 1000 females aged 15-17) and Rushmoor (28.6 per 1000) have an under 18 conception rate higher than the national rate (27.6 per 1000).

Possible solutions: Work underway to increase earlier HIV diagnosis should be reviewed for maximal impact against other successful areas. Innovative service access, including digital access is likely to be appealing to our residents. Efforts to continue to reduce teenage conceptions should focus in the areas with the highest rates. These approaches all provide a good return on investment.

Mental Health

The impact on the individual and society of the relationship between mental wellbeing, mental health and physical health cannot be underestimated. Mental ill health is the single largest source of disability in the UK. Using joined up approaches to supporting good mental health for people of all ages will start to tackle this.

Discussing mental health is still difficult for many but mental well being has serious consequences for the whole of society. So, what do we know?

- 25% adults will experience a mental health problem at some point in their lives. Most problems start in childhood and the implication is that mental disorders are actually chronic diseases of the young
- 50% of all lifetime cases of mental illness

begin by age 14 and 75% have begun by age 24.

- 10% of 5 -16 year olds have a clinically diagnosable mental health problem, 3.7% an emotional disorder (anxiety, depression)
- 16% adults are experiencing a mental health problem at any one time
- 1% of the population has a serious mental health problem
- 50% of all women and 25% of all men will be affected by depression in their life
- 4% of the population has a personality disorder – 60% of adults living in hostels have a personality disorder
- 90% of all prisoners are estimated to have a diagnosable mental health problem (including personality disorder) and/ or a substance misuse problem
- 1 in 10 new mothers experience post natal depression
- Mental health problems are the single

largest source of disability in the UK accounting for 22.8% of the “burden of disease”

- Recovery is far better when living in settled accommodation. Only 26% of Hampshire’s adults with a mental illness have this advantage.
- People with mental health problems are more likely to die prematurely. On average, people with schizophrenia die 15-25 years earlier than other people largely due to poor recognition and treatment of physical health problems.
- Depression is associated with 50% increased mortality from all disease
- The incidence of mental health problems tend to increase in times of economic uncertainty, as can the rate of suicides

Mental Health in Hampshire

The mental health of Hampshire's residents seems better than for England generally but with some exceptions. We see a higher prevalence of depression in adults (18+) and a higher hospital admission rate for depressive disorders compared to England. Depression is the most common mental health disorder in later life.

Our residents seem to have a higher rate of emergency hospital admissions for self-harm compared to England and 1 in 10 new mothers suffers from postnatal depression (around 1,500 women each year in Hampshire).

Rates of suicide and injury of undetermined intent for Hampshire's residents remain similar to those across England.

Between 2010-2013, mental health admissions associated with substance misuse were highest in Havant, Rushmoor and Gosport. 40% of these admissions resulted from a mental and behavioural disorder due to psychoactive substance use with 84% related to alcohol use. The number of mental health admissions attributed to substance misuse is highest for women in Havant and men in Rushmoor.

Cost Implications of Mental ill health

In 2010, the social and economic cost of mental health problems in England was estimated as £105 billion per annum with treatment costs expected to double in the next 20 years. The cost of crime by adults who had behavioural problems during adolescence was estimated to be £60 billion per annum.

The NHS spend on mental health per person in Hampshire is similar to the National spend.

Current interventions

Work is underway to reduce the number of suicides in Hampshire through a suicide audit and the development of a partnership Suicide Prevention Plan.

Interventions have been developed and are being implemented to tackle mental health across all ages. These range from: parenting programmes targeted at those most at risk of mental ill health, mental health and wellbeing programmes within schools including anti-bullying, mental health training for key workers and befriending projects to address social isolation.

To begin to address the stigma and discrimination attached to mental ill health, Mental Health providers in Hampshire have signed up to the 'Time to Change' pledge which is a national anti-discriminatory programme. By changing attitudes to mental wellbeing, it is anticipated that preventative action and earlier identification of issues will occur leading to more effective outcomes.

Possible solutions: Joined up approaches to support good mental health for people of all ages include access to: information and advice, physical activity, employment, volunteering opportunities and community activities as well as appropriate access to NHS early intervention and treatment services for the small proportion of residents who may require these. Targeted assessment and support can improve the physical health of those with a mental health condition.

Musculoskeletal Disorder

The most effective way of protecting ourselves from musculoskeletal problems is to establish physical fitness and strength as a young child and maintain this throughout our lives. It is about ensuring we create an environment and culture which promotes physical activity to children and enables adults to be and keep active throughout their lives

Musculoskeletal Disorders affect muscles, joints, bones and tendons in all parts of the body. While they tend to develop over time; some are linked with other diseases, a minority may result from inherited issues while some result from accidents and injuries.

Most musculoskeletal disorders are not life threatening and do not require hospital admission. However they do have a significant economic impact, through both the direct cost of treatment and the indirect costs to the economy.

Pain is reported to be the most prominent symptom in most people with musculoskeletal problems. It limits function and can result in long- term work disability with economic consequences. It can also lead to significant health and social care expense: prescriptions for pain, biological therapies, surgical procedures, referrals to physiotherapists, occupational therapists, podiatrists, chiropractors; GP appointments, consultations with rheumatologists, orthopaedic surgeons, pain specialists and rehabilitation specialists.

There is no standard recording of the prevalence of musculoskeletal disorders in Hampshire. Interpreting national prevalence provides the estimates in figure 12.

Figure 12: Estimated prevalence rates of specific Musculoskeletal Disorders

Musculoskeletal condition <i>Prevalance rate per 100,000</i>	National		Estimated Hampshire	
	Males	Females	Males	Females
Rheumatoid arthritis (population aged 16+)	440	1,110	2,280	6,140
Ankylosing spondylitis (population aged 16+)	30	40	35	45
Osteoarthritis	1,830	3,207	10,273	16,900
Back pain (population aged 16+)	4,810	5,890	24,925	32,583
Disablement (mHAQ >0.5 + pain)	13,830	17,800	77,639	93,800
All musculoskeletal conditions	16,344	21,843	86,127	122,622

Current interventions: The most effective way of protecting ourselves from musculoskeletal problems is to maintain our physical fitness and strength regardless of our age. We know that people of all ages are less physically active than optimal, or indeed, less than they were 30 years ago.

Possible options: Encourage new parents to ensure that they and their children take regular exercise. This needs to become part of their lives and something which they take into adulthood. Continue to work to develop falls prevention work to support and protect our older residents

Workplace Health

Investment in healthy workplace programmes, as part of building organization and individual resilience to ensure economic survival and growth, will prevent mental health and musculoskeletal disorders. When employers improve their working environments to promote health, we see a decrease in all adverse health-related outcomes, reducing the cost of treating and managing these conditions for the individual, the employer and society as whole. Supporting employees to be healthy and active means they are likely to be more productive, have more disability free years of life and require less assistance from health and social care.

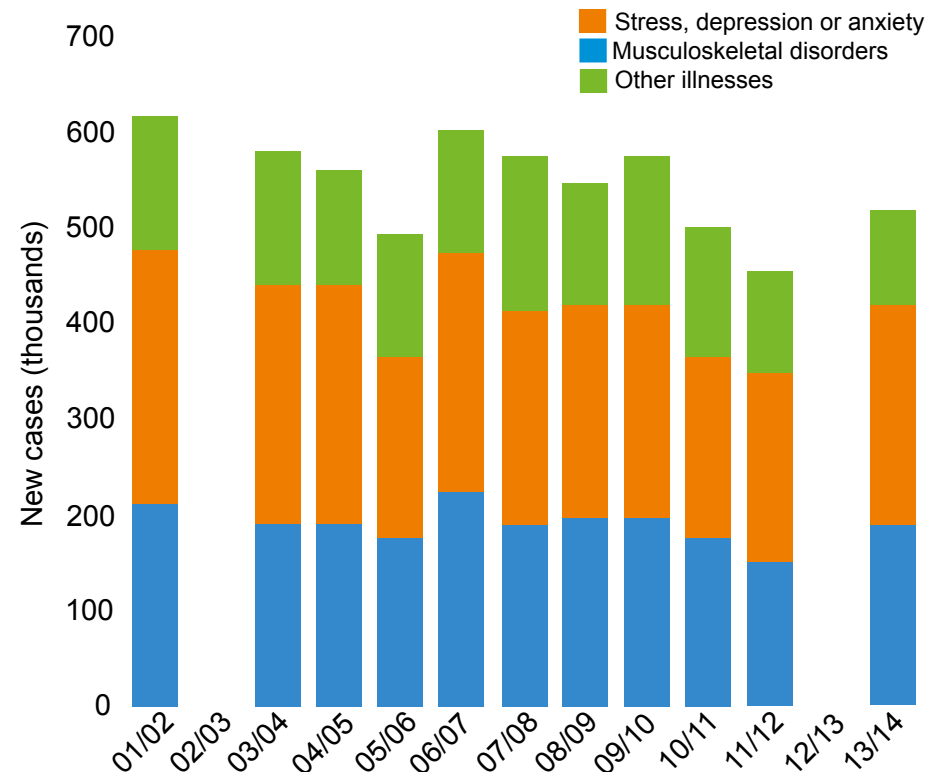
Impact of Mental Health and Musculoskeletal disorders on the workplace

Sickness absence costs UK employers about £12.2 billion each year. Between 2% and 16% of the annual UK salary bill is spent on sickness absence. So for the county of Hampshire this could be as much as £20 million a year. The cost of making reasonable adjustments to keep an employee who develops a health condition or disability is almost certainly less than the cost of recruiting and training a new employee.

The Labour Force Survey (LFS) is a household survey commissioned by The Health and Safety Executive (HSE). Its latest estimates show:

- in 2013/14, 23.5 million days were lost due to work-related ill health and 4.7 million due to workplace injuries
- on average, each person suffering took around 16 days off work, 19 days for ill health cases and 7.5 days for injuries.

Figure 13: New cases of self reported work related illness amongst people who worked in the last 12 months



Stress, depression or anxiety and musculoskeletal disorders accounted for the majority of days lost due to work-related ill health, 11.3 and 8.3 million days respectively. The average days lost per case for stress, depression or anxiety (23 days) was higher than for musculoskeletal disorders (16 days).

The highest rates of work-related stress, depression or anxiety were health and social work, education, public administration and defence. The occupations with the highest rates were health professionals (in particular nurses), teaching and educational professionals, and welfare and housing professionals.

For musculoskeletal disorders, activities in specialised construction, agriculture, postal, courier and health care had higher rates compared to the average. Building trades, nurses, carers and skilled agriculture trades had higher rates of musculoskeletal disorders compared to the average across all occupations.

Effect of workplace on health of employees

Work and mental health mutually influence each other. The workplace has a powerful effect on the health of employees. How healthy a person feels affects his or her productivity and how they feel about their job affects their own physical and psychological health. We know that when organisations proactively improve the working environments to promote health, all adverse health-related outcomes, including absence and injuries, decrease. There is a strong business case with a realisable return on investment for creating a healthy workplace.

Benefits of a healthy workplace

- improved productivity and performance
- reduced absenteeism and other costs associated with ill health
- fewer injuries, accidents, and insurance and compensation claims
- improved employee morale and staff retention
- employees more receptive to change and better able to adapt
- ensure resilience of individual and organisation and be better able to survive and thrive economically

Potential solutions: Healthy workplace programmes to improve and maintain mental and physical health and wellbeing, including those for public sector employers is key to preventing and reducing mental health and musculoskeletal disorders in the workplace. Encouraging greater physical activity in all ages throughout our communities will further address this. Employers making reasonable adjustments to keep employees who develop a health condition or disability will address the issue of loss of skills and unnecessary recruitment and training costs.

Update on Director of Public Health Annual Report 2013/14 recommendations

We've seen substantial developments in school nursing in the last year in Hampshire. The public health (school) nursing services specification was informed by the Director of Public Health's Annual Report 2013-14 leading to the procurement of a single service to support our children develop into healthy, economically active adults.

- **A consideration of how Hampshire's geographical context impacts upon the delivery of school nursing services.**

Public health school nursing resources and delivery teams are aligned to Hampshire's geographical areas based on population needs by geography in the service specification.

- **Ensuring that countywide work to narrow attainment gaps in children's education are complemented by efforts to narrow health inequalities**

Health inequalities are strongly related to educational attainment. Children's public health nursing services have now been commissioned to focus on areas of greater need, for example schools in areas of higher socioeconomic deprivation.

- **A recognition that pupil populations for Hampshire are increasing and that this needs to inform public health nursing services**

Public health needs of Hampshire's pupils are reflected in the monetary value of the school nursing contract and the development of skill-mix teams to meet local needs. The need for seamless continuity of care from health visiting to school nursing and into adulthood has been acknowledged and this is ensured through indicators around key transition points for families, children and young people, and those with additional needs in the contract.

- **An understanding of why the children of Hampshire fare worse than the England average on several indicators of child health and wellbeing and opportunities working with schools and partners to resolve these.**

The school nursing service identifies opportunities and supports the development of plans to address these. For example, school nurses will be contributing to educational attainment by improving health. Young people's mental health including self-harming is an issue for Hampshire's children and a needs assessment on the emotional/ mental health of our children has been undertaken to help clarify and document issues. Specific actions for the school nurses to focus on have been identified.

- **Using this specialist workforce to support our children maintaining a healthy weight and active lifestyle to support their development.**

Children and young people with unhealthy weights are identified, assessed, monitored, provided with one-to-one advice and support, and signposted to appropriate services as part of a healthy weight pathway.

- **Maintaining and improving the indicators of child health and wellbeing where the children of Hampshire fare better than the England average as we would expect, while addressing the inequalities across the county.**

Efforts are focussed on maintaining and improving healthy lifestyles. For example the proportion of healthy weight children in reception year and year 6 continues to remain significantly higher than the national rate with almost complete recording for both age groups.

- **The professional public health advice to Clinical Commissioning Groups and the Hampshire Children’s Trust, ensures robust continuity of systems and behavioural change approaches**

Evidence based professional public health advice to Clinical Commissioning Groups and the Hampshire Children’s Trust on care of long term conditions in children and young people, paediatric emergency admissions and first-contact care, co-location of health and social services models of care, sensory integration therapies, continence, children in care and health protective interventions, ensuring robust continuity of systems and behavioural change

approaches.

- **A consideration of aligning the “school nursing” delivered within independent schools with the public health nursing provision for the majority of our children through a quality and professional development/workforce approach.**

This will gain more focus with the new service in place.

- **The categorisation of public health nursing will enable our children to accrue lifelong health benefits from appropriate access to:**
 - Your Community - a range of health services (including GP and community services) for children and young people and their families. School nurses are able to inform the development and provision of these services, making sure families and schools know about them and how to access them;
 - Universal services - the school nurse team directly provides to deliver the Healthy Child Programme (5-19) so our children can both have a healthy start and carry that start forward into their adult years. This can include education and health checks; protecting health by immunisation and identifying problems early.

- Universal Plus – provided by the school nurses when a specific need has been identified through identification of long term or complex health needs, a health check, NCMP or when a child has raised with their own concerns. This is a vital aspect of the children’s public health support for mental and emotional health as well as sexual health.
- Universal Partnership Plus – when the public health nursing team delivers on-going support as part of a range of local services working together and with the family to support complex problems over a longer period of time.

While we rely on public health nurses to lead and co-ordinate delivery of interventions to address individual and population needs, the workforce is relatively small and cannot deliver the extensive Healthy Child Programme agenda in isolation. It is therefore important that the role of public health (school) nurses’ contribution is clearly defined within local service specifications which include robust arrangements for multi-agency working for example Early Help and Safeguarding.