


Health of the working age population in Hampshire

PHIT Team


Data correct as of January 2025

Contents of the report


Start by understanding the demographics of the working age population: age, sex, ethnicity, population forecasts, projections, life expectancy and premature mortality




Then examine the socio-economic factors affecting people and in turn their health: education, economic inactivity, disability and caring responsibilities



Taking this all into account understand the general health of the population: exploring the relationship between self-reported health and several characteristics; as well as understanding the risk factors for poor health



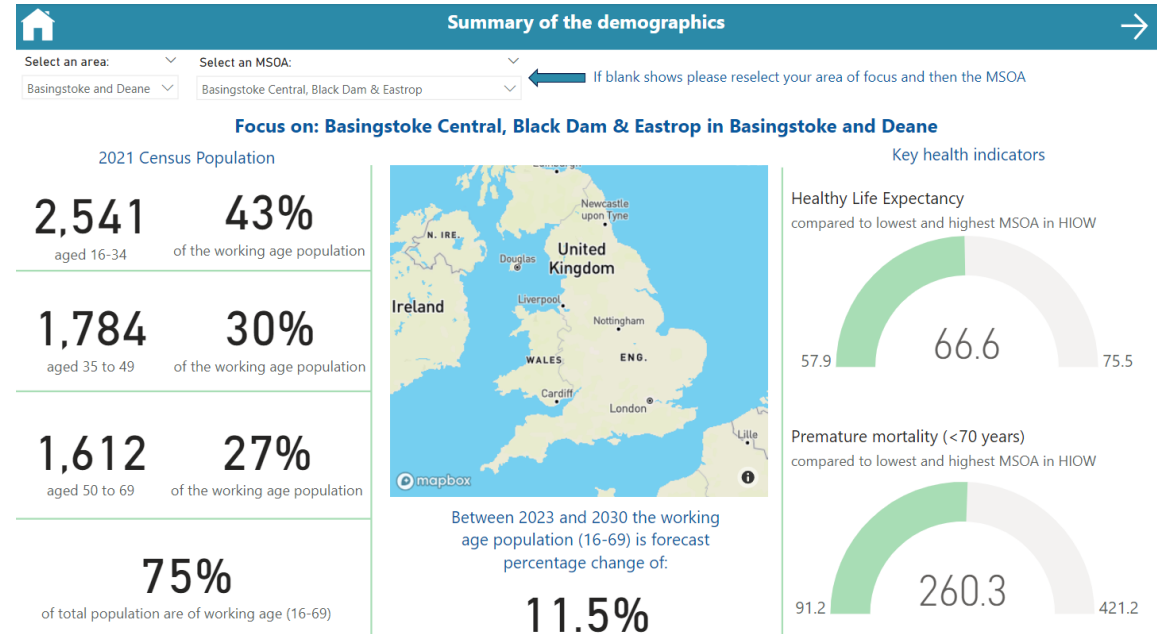
Explore the health conditions affecting the working age population: exploring the number of people diagnosed with a long term or major condition and exploring personal independence payments.



Check any data definitions or caveats at the end of the report

Using the Power BI dashboard to investigate your area

- The data in the dashboard are available for all districts in Hampshire and the Isle of Wight, where data are available it is also presented at MSOA.
- To start exploring your area look at the demography summary and socio-economic summary pages where you can explore local variation within your chosen district. This could help guide you through the appropriate pages to explore next.
- If you are unsure where any of the data in the report have come from, check the data glossary at the end of the report



Defining the working age population

- In April 2024 the state pension age was 66 for both men and women. However, most data is available by 5-year age band, hence the decision to capture those aged up to and including 69.
- Often the working age population is defined as 16-64 years. Throughout the report the 'working age population' will be referred to. In this context, this population includes those aged 16-69 unless stated otherwise. Throughout the report, if data are available, the working age population will be broken down into three age groups: 16-34 years, 35-49 years and 50-69 years.
- Taking this into account, premature mortality has been re-calculated to account for the population aged under 70 years.
- This report will therefore not capture everyone who is working but aims to understand the characteristics of a large percentage of the population that are working.

Why is it important to understand the working age population better?

- Analysis by the [Health Foundation](#) revealed that 3.7 million people (12%) of the working age population are currently in work and reporting a 'work limiting' health that is restricting the type or amount of work they can do. The rate of work limiting conditions has increased fastest in the younger working age population (16-34). This is driven by increases in reported mental ill health. Work limiting conditions have significant inequalities; with age, educational attainment, occupation and ethnicity.
- In Hampshire, [70.9% of the population aged 16 to 64](#) who are living with a physical or mental health long term condition are in employment. This means there is a [7.8 percentage point gap](#) in the employment rate between those with a physical or mental health long term health condition and the overall employment rate. An area's employment rate is an important place-based characteristic. This is because employment rate correlates to how many years people can expect to live in good health. In places with higher economic inactivity, people are more likely to have a lower healthy life expectancy. Good education can increase a person's employment choices as it provides the skills and specialist knowledge needed to secure good jobs and participate in society. It is also therefore an important influence on a person's health over their life.
- Understanding the characteristics of our working age population is so important. Economic inactivity has increased across the county and work-limiting conditions do not impact people or place equally. The data in this report show that people of a younger working age may experience different work-limiting health conditions to those of an older working age. Local population health insights into the differing challenges of the working age population should inform preventative work programmes. These should aim to help people with disabilities or poor health gain work and support employees to remain at work and in good health.

Summary of Hampshire's working age population

- Two thirds of the total population in Hampshire are of the working age (16-69yrs). The working age population structure varies across the county with a younger working age structure observed in Basingstoke and Deane, Eastleigh, Rushmoor and Winchester. An older working age structure is observed in East Hampshire, Fareham, Havant and the New Forest.
- In Hampshire overall life expectancy and healthy life expectancy is statistically better than England however there are stark inequalities across the county, especially at very local geographies. People living in Gosport and Havant have the poorest health outcomes, they live longer in poor health and die younger.
- Population forecasts suggest that in the short term the working age population will increase by 5% across the county, but longer-term projections for the next 20 years suggest an overall decrease.
- Across Hampshire almost one in four (38%) are economically inactive. This has increased since the Census in 2011. On average, one quarter of the economically inactive population are retired. Exploring economic inactivity by reason shows differences, overall long term sick and disability has increased more in females than males and is higher in the more deprived areas.
- Overall, the economically inactive population across Hampshire do have poorer health on a variety of measures, general health and disability. Other inequalities are evident within this population. Areas of higher deprivation such as Gosport and Havant have the highest proportion of economically inactive people whose general health is bad, are disabled or are long term sick and disabled. Age is another significant factor, observed in the proportion of people reporting poor health or disability from age 50.
- In Hampshire 9.8% of the working age population do not have any qualifications. Havant has the highest percentage of the working age population with no qualifications at 14.4% and Hart has the lowest at 6.9% of the working age population. People who have a disability or report their health to be not good are more likely to not have any qualifications.

Summary of Hampshire's working age population

- The proportion of people not working due to looking after home or family has increased, females are more likely than males to be economically inactive for this reason. Caring responsibilities can affect people's ability to pursue paid work and limit their options. Nationally, carers providing more than 20 hours of care a week are more likely to live in lower-income households than non-carers. Across Hampshire more than 160,000 people of working age provide unpaid care, 41% of these people provide 20 hours or more. 62% of all unpaid carers are female. As the number of hours providing unpaid care increases, those who rate their health as bad also increases.
- There are marked differences in the causes of ill health by age. The Global Burden of Disease reports that in Hampshire for 15-49yr olds the leading cause of disability adjusted life years was mental disorders, followed by musculoskeletal disorders and neurological disorders. Whereas in the older working age population of 50-69yrs this changes to neoplasms, followed by musculoskeletal disorders and cardiovascular diseases.
- This is consistent with national evidence in [The State of Ageing 2022](#) report, which found that from the age of 50 we are more likely to develop a long term condition. Analysis of data for Hampshire resonates with this national evidence. From 50yrs a significant change is observed in general health and inequalities become more evident with a greater proportion of people in the more deprived areas living a bigger proportion of their lives with poor health and disability.
- conditions. Common mental health conditions, depression and anxiety, are the most recorded condition in patients aged 15-49yrs. In the 50-69 year olds, cardiovascular disease is the condition recorded the most on GP records. As the working age population ages, the percentage with musculoskeletal disease recorded on their records increases significantly.
- These findings from the analysis of primary care data are supported by analysis of claimant data for Personal Independence Payments for residents of Hampshire. Psychiatric disorders account for the largest number of claims, followed by musculoskeletal disease. The type of disorders within these condition groups reported varied by age.
- For psychiatric disorders, 16-34 year olds have the highest number of claims - over a third of all psychiatric claims in this age group were due to autistic spectrum disorders. In 35-49 and 50-69 year olds mixed anxiety and depressive disorders are the most significant conditions contributing to claims for psychiatric disorders.
- For MSK disease, in 16-34 and 35-48 year olds over half of all MSK disease general claims are because of chronic pain syndromes. In 50-69 year olds the number of claims relating to MSK general increases significantly, osteoarthritis makes up the largest percentage of all MSK general claims in this age group.

Key considerations and implications for workplace health in Hampshire

- Not all areas with high levels of economic inactivity due to ill health share the same characteristics in terms of age profile or type of illness.
- The overall rise in the proportion of people economically inactive is not solely due to reasons of ill health – there are also increases in the proportion of people with caring responsibilities. Being an unpaid carer decreases opportunity for economic activity and increases the likelihood of poor health.
- Not all health conditions will be amenable to efforts to improve or support employment opportunity, so care must be taken to understand local profiles and support accordingly.
- Where ill health is a primary reason for economic inactivity, it is often a complex picture involving more than one health issue/LTC. There may also be other factors affecting an individual's opportunities: accessibility/availability of suitable work, level of training and qualifications, co-occurring caring responsibilities (for example).
- In addition to those already economically inactive, there will be a population whose ill health is putting their employment at risk. Falling into economic inactivity is costly to the individual's wellbeing and their ability to support their family, as well as to the employer and the wider economy. Supporting people to stay in work and supporting employers to adjust to an individual's health needs, may help avoid this outcome.
- The relationship between work and health is complex; and not all work is 'good' - poor conditions, unsocial hours, job insecurity and in-work poverty can themselves be a cause of work-related mental and physical health problems.
- A good workplace can provide a channel to reach its employees with proactive advice and interventions to support individuals with current concerns and help prevent future ill health.

Chapter 1: Demographics of the working age population

Links to the following pages:

[How many of the population are of the working age in Hampshire](#)

[Exploring the variation in working age population across Hampshire](#)

[Understanding the future of the working age population: Forecasting 2023 to 2030](#)

[Understanding the future of the working age population: Projecting to 2043](#)

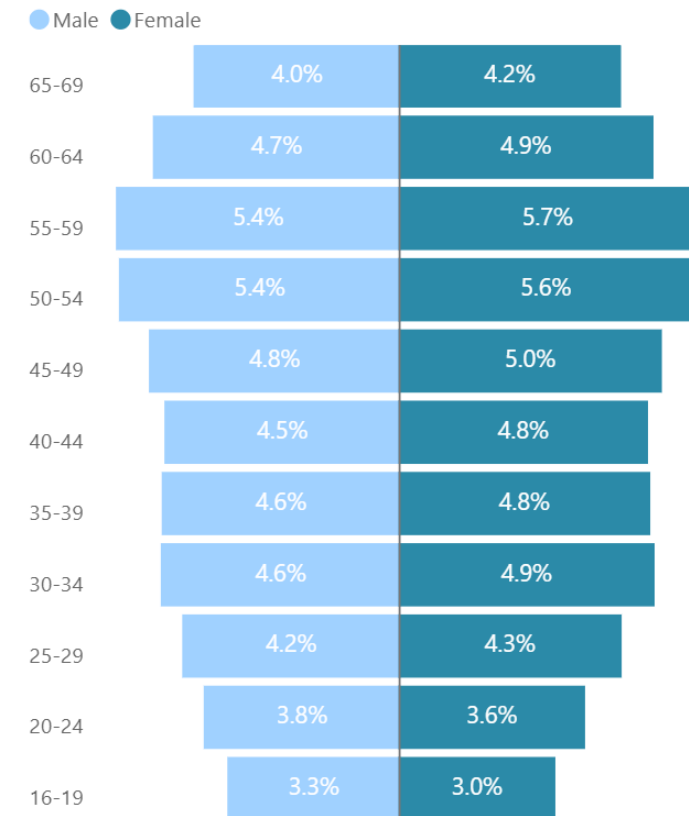
[Life expectancy \(LE\) estimates and Healthy life expectancy \(HLE\) \(2018-2022\)](#)

[Premature mortality](#)

How many of the population are of the working age in Hampshire?

- 65.9% of the total population are of working age (16-69 years old) in Hampshire, around 920,000 people in 2021.
- The 5-year age bands making up the largest contribution to the overall working age population are 50-54 and 55-59-year-olds.
- The working age population overall is older, with 40% aged 50 to 69 years old.
- Overall, 92.3% the working age population identified as being of White ethnicity and 4.2% as Asian, Asian British or Asian Welsh. Rushmoor is more ethnically diverse; with 77.3% of the population identifying as white, 15.4% as Asian, Asian British or Asian Welsh. The New Forest is the least ethnically diverse district with 96.6% of the working age population identifying as white.

Working age population structure (16-69) in Hampshire



Note: 100% = all people aged 16-69

Exploring the variation in Hampshire

- The working age population makes up the largest percentage of the total population in Rushmoor (70.0%) and the smallest in the New Forest (62.2%).
- In terms of numbers, Basingstoke and Deane have the highest number of working age adults and Gosport has the least number of working age adults.
- In Hampshire overall, the working age population structure is as follows: 16-34 year olds 31.5%; 35-49 year olds 28.5%; and 50-69 year olds 40.0%.
- Basingstoke and Deane, Eastleigh, Rushmoor and Winchester have a younger age working age population; with a higher proportion aged 16-34 years old compared to Hampshire overall.
- East Hampshire, Fareham, Havant and the New Forest have a higher proportion of their working age population aged 50-69 years old compared to Hampshire overall.
- Hart and Gosport have a very similar working age population structure to Hampshire.

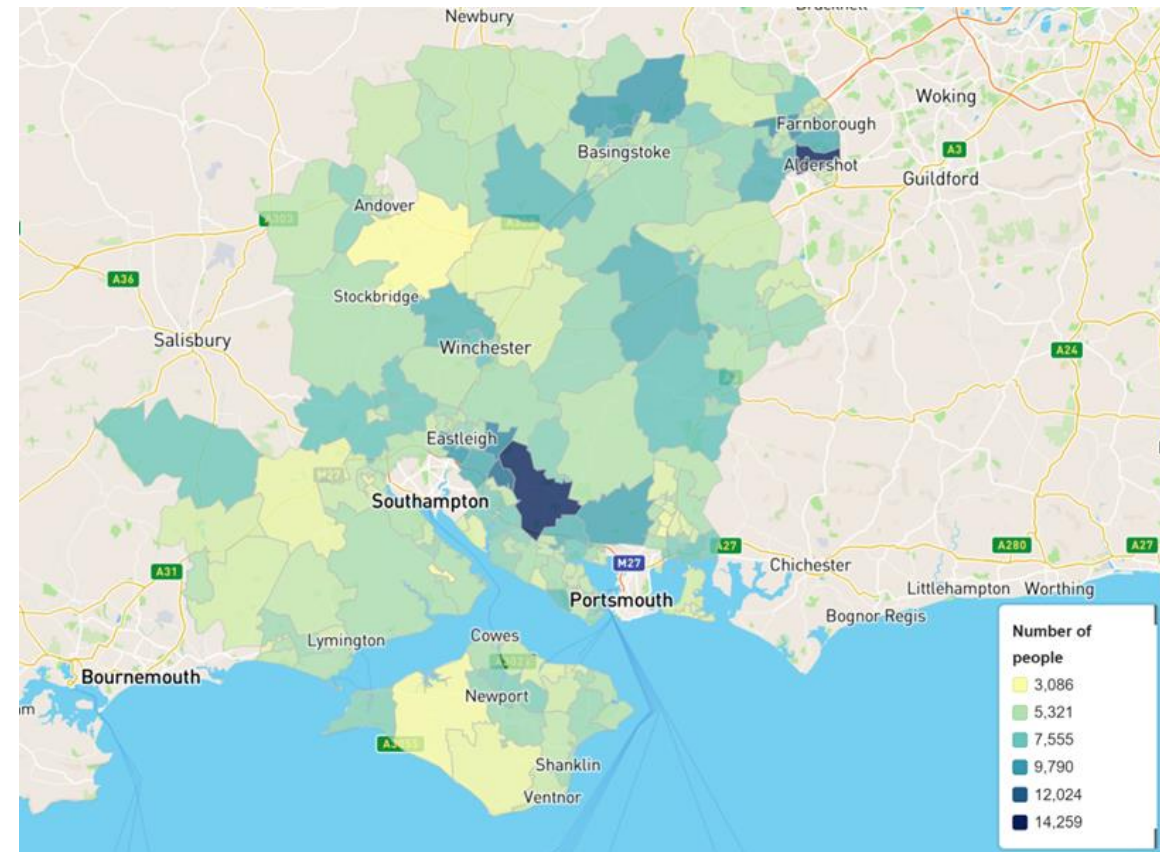
| Area | 16-34 | 35-49 | 50-69 | Total |
|-----------------------|-------|-------|-------|--------------|
| Rushmoor | 26.1% | 21.2% | 22.7% | 70.0% |
| Basingstoke and Deane | 22.7% | 21.0% | 24.6% | 68.2% |
| Eastleigh | 21.7% | 19.9% | 24.9% | 66.4% |
| Winchester | 22.7% | 18.5% | 25.2% | 66.4% |
| Gosport | 21.5% | 18.0% | 26.6% | 66.2% |
| Hart | 19.9% | 20.6% | 25.3% | 65.9% |
| Hampshire | 20.8% | 18.8% | 26.3% | 65.9% |
| Test Valley | 20.1% | 19.4% | 26.3% | 65.9% |
| East Hampshire | 18.8% | 18.2% | 28.2% | 65.3% |
| Fareham | 19.1% | 17.8% | 27.9% | 64.8% |
| Havant | 20.2% | 16.6% | 27.7% | 64.5% |
| Isle of Wight | 17.7% | 15.5% | 30.2% | 63.4% |
| New Forest | 16.9% | 15.8% | 29.4% | 62.2% |

| Area | 16-34 | 35-49 | 50-69 | Total |
|-----------------------|--------|--------|--------|----------------|
| Basingstoke and Deane | 33.23% | 30.71% | 36.06% | 100.00% |
| East Hampshire | 28.85% | 27.90% | 43.26% | 100.00% |
| Eastleigh | 32.62% | 29.94% | 37.44% | 100.00% |
| Fareham | 29.52% | 27.47% | 43.02% | 100.00% |
| Gosport | 32.53% | 27.23% | 40.24% | 100.00% |
| Hampshire | 31.51% | 28.51% | 39.98% | 100.00% |
| Hart | 30.23% | 31.33% | 38.44% | 100.00% |
| Havant | 31.37% | 25.78% | 42.86% | 100.00% |
| New Forest | 27.26% | 25.49% | 47.25% | 100.00% |
| Rushmoor | 37.29% | 30.32% | 32.39% | 100.00% |
| Test Valley | 30.55% | 29.44% | 40.00% | 100.00% |
| Winchester | 34.21% | 27.87% | 37.93% | 100.00% |

Understanding the future of the working age population: Forecasting 2023 to 2030

- The working age population of Hampshire is forecast to increase by 5.0% between 2023 and 2030; to just under 980,000 people.
- Out of the districts in Hampshire, Winchester is forecasted to have the largest population growth for the working age population, increasing by 9.1%.
- Gosport is forecast to increase the least, with 1.8% of growth in the working age population forecast.

Hampshire and Isle of Wight's forecasted working age population (16-69) in 2030

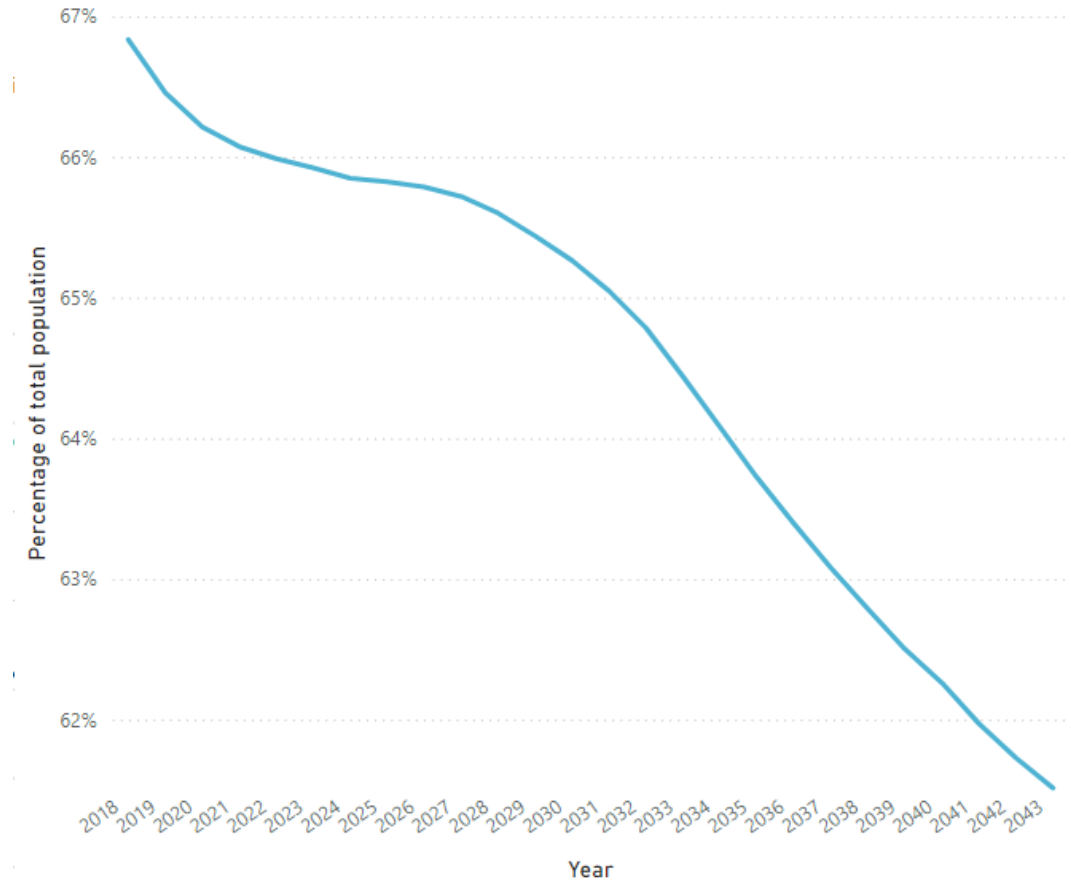


*[To find out more about forecasts visit the data information at the end of the report](#)

Understanding the future of the working age population: Projecting to 2043

- Hampshire's working age population (15-69) as a proportion of the total population is projected to decrease from 66.8% in 2018 to 61.5% in 2043. This same pattern is observed across the South East, with the proportion decreasing from 67.8% to 63.7%.
- The age composition of the working age population (15-69) is projected to remain consistent with the pattern observed in 2018.
- Every district in Hampshire is projected that the proportion of the total population that are of working age will decrease. New Forest is projected to have the smallest proportion of the total population of working age (15-69) in 2043 at 56% and Rushmoor the largest at 66.6%.

The percentage of the population projected to be of working age (15-69), 2018 to 2043 in Hampshire



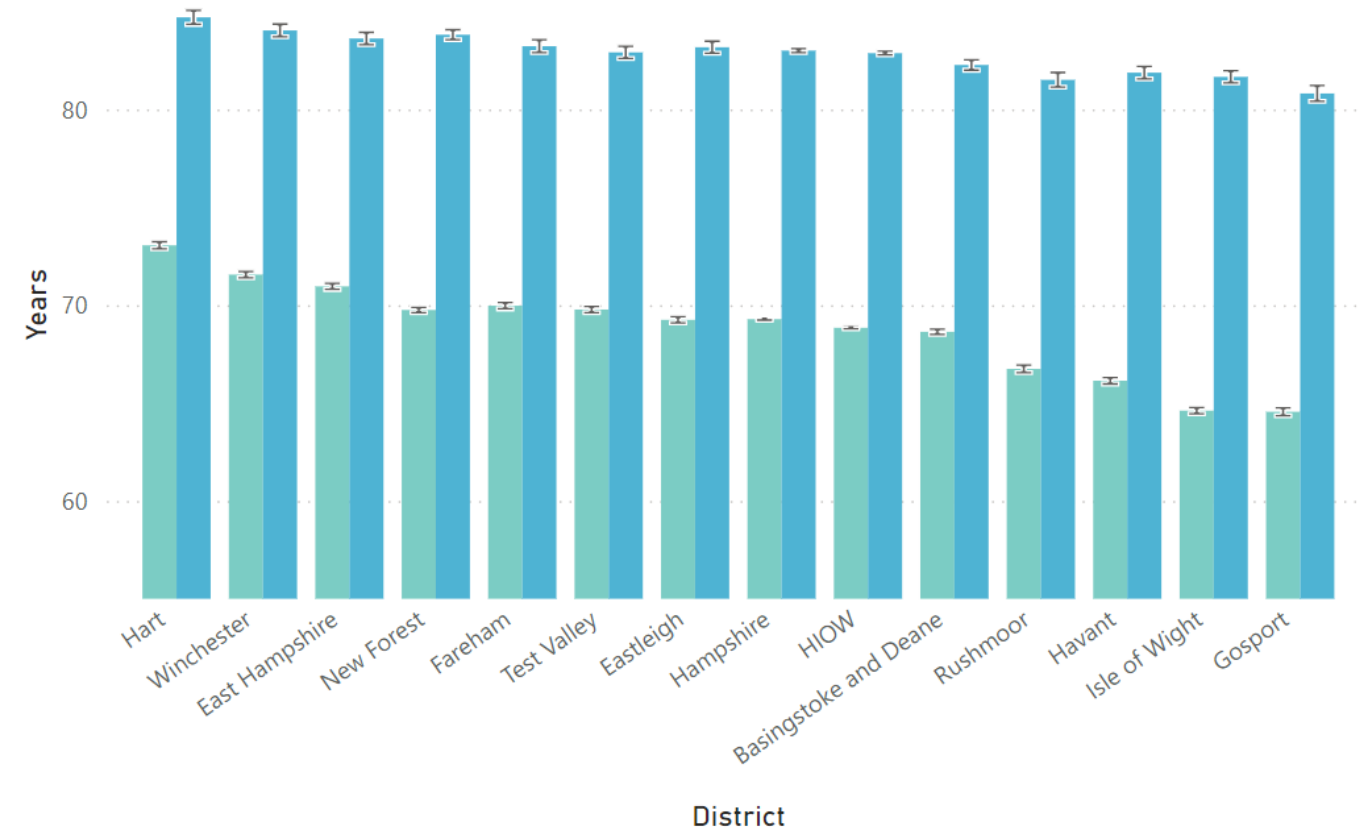
[*To find out more about projections visit the data information at the end of the report](#)

Life expectancy (LE) and healthy life expectancy (HLE) estimates (2018-2022)

- Estimates show LE to be 83 years in Hampshire. There is some variation within Hampshire. Hart has the highest estimated LE at 84.7 years and Gosport has the lowest at 80.8 years.
- Healthy life expectancy is estimated to be 69.3 years in Hampshire. The lowest estimated HLE is in Gosport at 64.6 years and the highest is in Hart at 73.1 years.
- Years of life lived in poor health measures the difference or gap in years between life expectancy and healthy life expectancy. For Hampshire, the years of life lived in poor health is estimated to be around 13.7 years.
- Gosport has the highest number of estimated years lived in poor health at 16.3 years.
- Hart has the lowest number of estimated years lived in poor health at 11.6 years.

Life expectancy and healthy life expectancy (2018-2022) in Hampshire and the Isle of Wight

Measure ● HLE ● LE



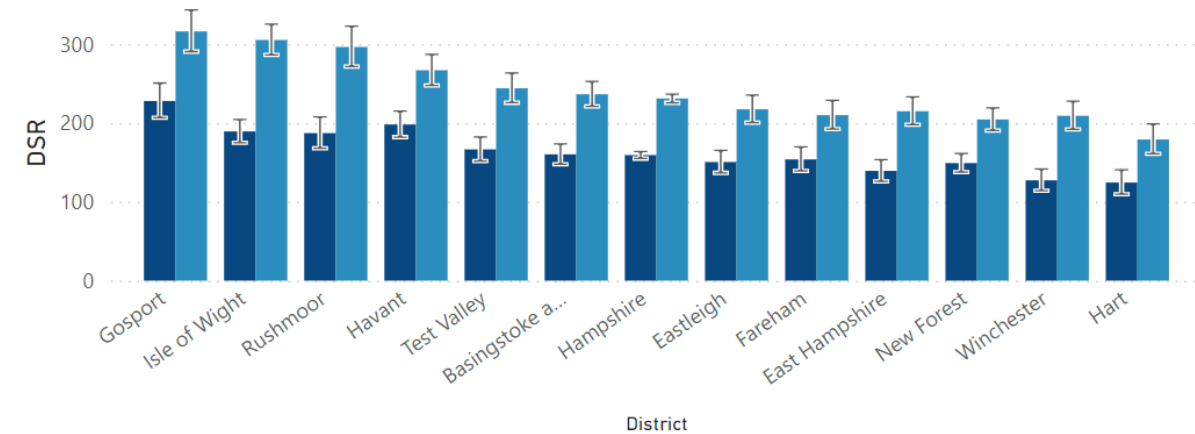
*To explore the data in more detail by district and MSOA visit the data resource. To find out more about LE/HLE visit the data information at the end of the report

Premature mortality (<70 years)

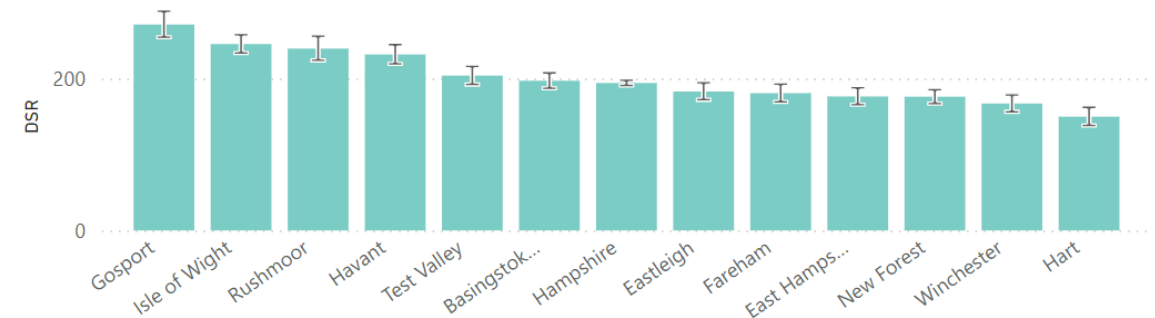
- Premature mortality is a good high-level indicator of the overall health of a population.
- Overall, in Hampshire, the directly standardised rate of premature mortality in under 70 year olds is 194.1 per 100,000.
- Hampshire has a statistically higher directly standardised rate of premature mortality in under 70 year olds in males compared to females (231.0 compared to 159.2 per 100,000).
- Gosport has the highest premature mortality directly standardised rate for under 70 year olds at 271.0 per 100,000.
- Gosport, Rushmoor and Havant have statistically higher premature mortality rates than Hampshire overall.
- Hart has the lowest premature mortality directly standardised rate for under 70 year olds at 149.7 per 100,000.

Premature mortality (under 70 years) across Hampshire and the Isle of Wight by sex

Sex ● Females ● Males



Premature mortality (under 70 years) across Hampshire and the Isle of Wight (all persons)



Chapter 2: Socio-economic characteristics of the working age population

Links to the following pages:

[Education & Education variation across the districts](#)

[Exploring the relationship between education and health](#)

[Economic inactivity in the South East](#)

[Economic inactivity in Hampshire](#)

[Disability & Disability prevalence across Hampshire](#)

[Unpaid carers](#)

[Carer's Allowance](#)

Chapter 3: General health of the working age population

Links to the following pages:

[Differences in health by economic activity](#)

[Exploring the relationship between providing unpaid care and health](#)

[Exploring the relationship between sex, age and health](#)

[Exploring the relationship between disability status and health](#)

[Exploring the relationship between ethnicity and health](#)

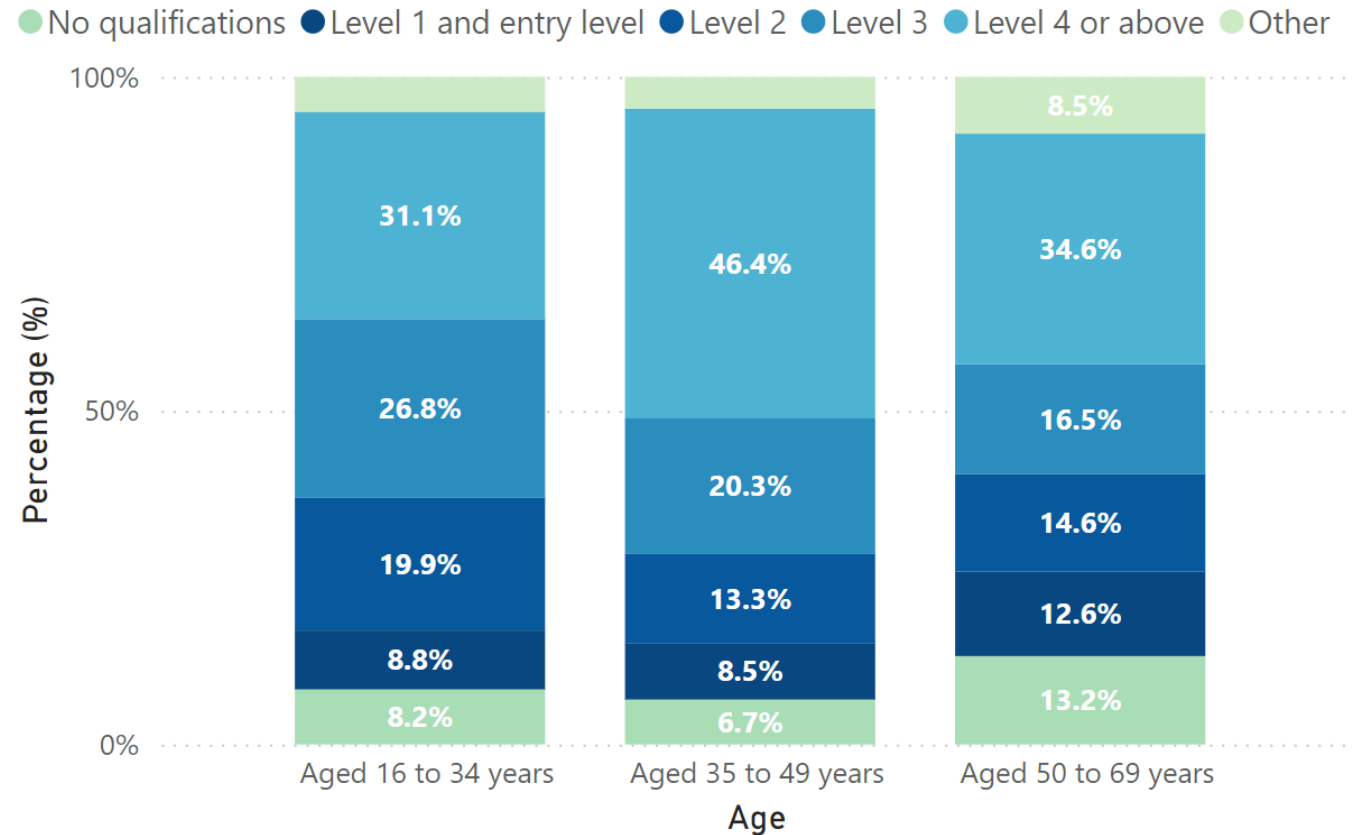
[Exploring the relationship between marital status and health](#)

Socio-economic: Education

- In Hampshire, 9.8% of the working age population (16-69) do not have a qualification, this is higher in males (10.3%) than females (9.3%).
- 50 to 69 year olds were the age group with the highest proportion not having a qualification at 13.2%.
- Over a third (36.8%) of the working age population have level 4 or above qualification. This is higher in females (38.2%) than males (35.4%).
- 35-49 year olds were the age group with the highest proportion having a level 4 qualification at 46.4%.

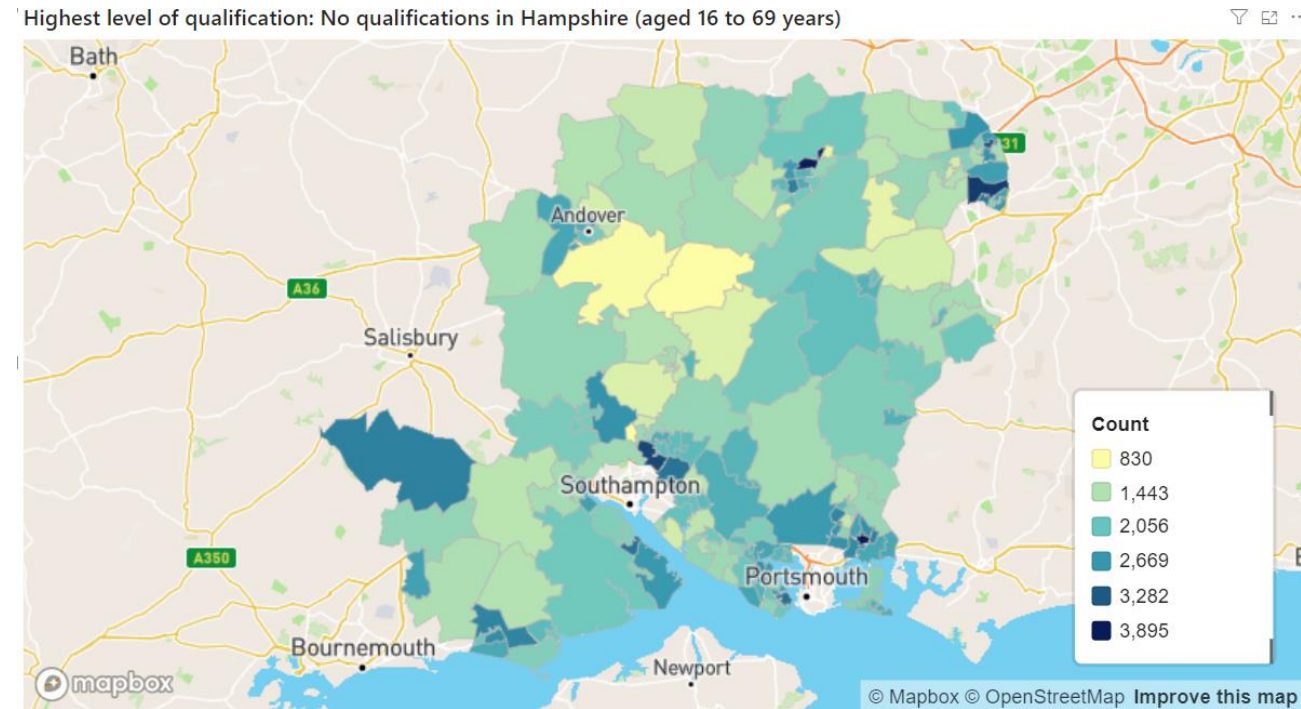
[*to understand the levels of qualification visit the data section at the end of the report](#)

Highest level of qualification in Hampshire for the working age population



Socio-economic: Education within districts

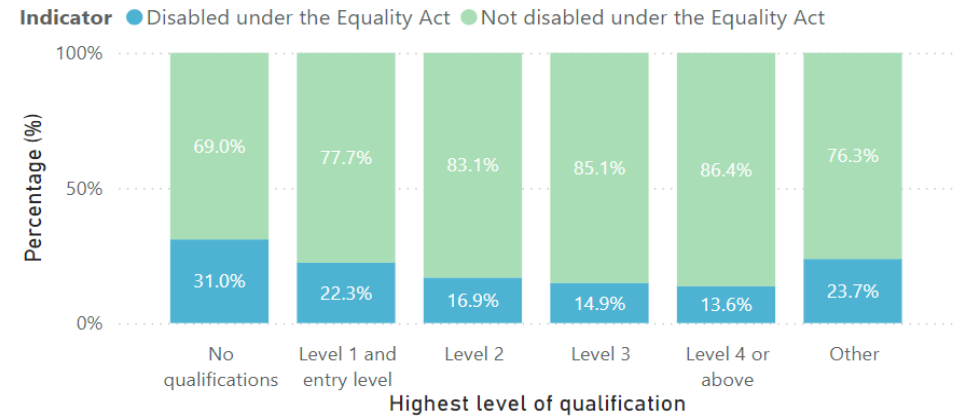
- Havant has the highest percentage of the working age population with no qualifications at 14.4% and Hart had the lowest at 6.9% of the working age population.
- In all districts, the most common qualifications are level 4 or above.
- The lowest percentage of the working age population with a level four qualification or above is Gosport at 26.6% and the highest is Winchester at 47.2% of the working age population.



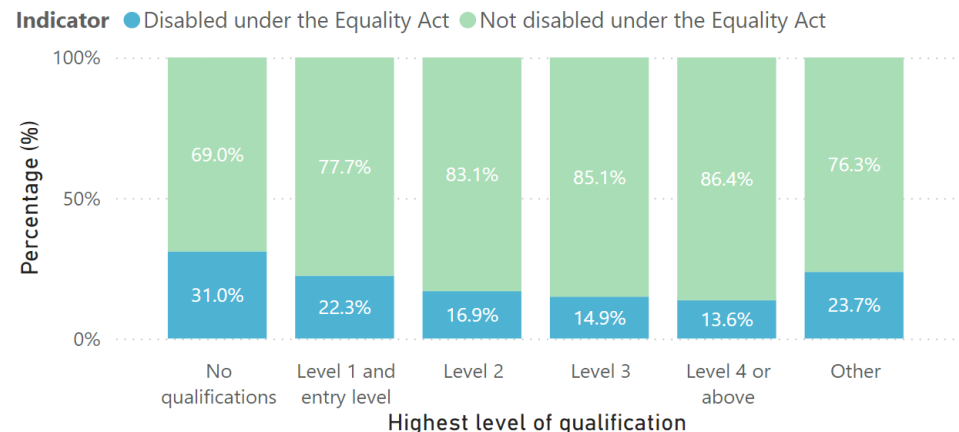
Education and health

- In Hampshire, as the level of education rises, the percentage of the population rating their health as good increases. 37.6% of 16-69 year olds in Hampshire with no qualifications rate their health as not good, compared to 12.0% of those with a level 4 or above qualification. This shows the relationship with increasing levels of education, there are higher ratings of health.
- In 50-69 year olds the ratings of health is more significant. In the population with no qualifications, 36.0% rate their health as not good compared to 13.2% of those with a level 4 or higher qualification.
- In Hampshire, 31.0% of 16-69 year olds who have no qualifications are disabled under the Equality Act; compared to 13.6% of 16-69 year olds with level 4 or above qualification are disabled under the Equality Act.

Highest level of qualification in Hampshire (aged 16 to 69 years) by disability status (all persons)



Highest level of qualification in Hampshire (aged 16 to 69 years) by disability status (all persons)



Socio-economic: economic inactivity in the South East

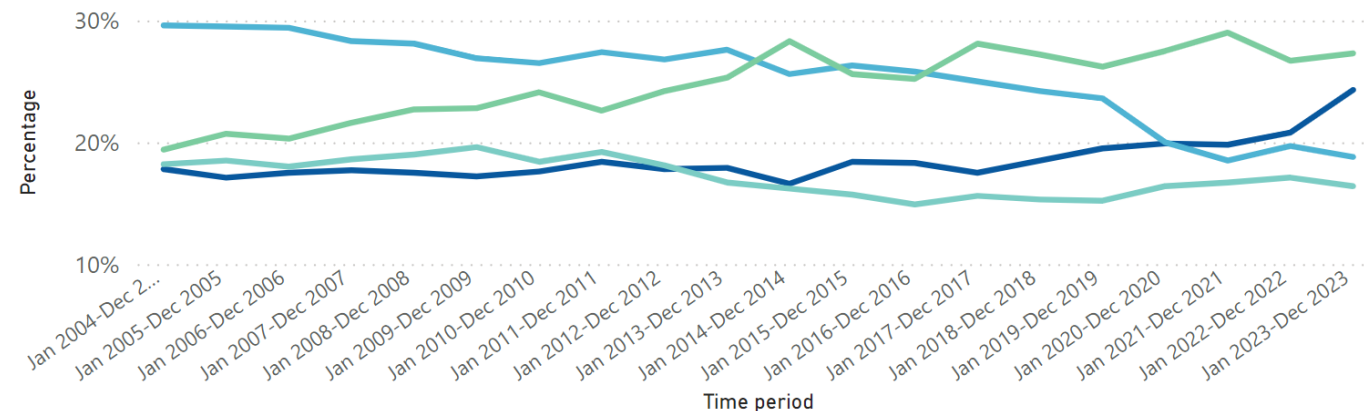
- In the South East between January-December 2004 and January- December 2023 there has been two pattern changes in the reasons why people aged 16-64 years are economically inactive. Being a student as a reason for being economically inactive has risen over the years and the reason of looking after family/home has declined.

In January 2023-December 2023, economic inactivity in:

- 16-24 year olds is driven by people being students, 77% of all inactivity.
- 25-49 year olds, looking after family/ home (44.6%) and being long term sick (32.5%) drives economic inactivity.
- 50-64 year olds, being retired (37.6%) or long-term sick (32.3%) are the leading reasons for economic inactivity.

Percentage economically inactive by reason: All persons in South East aged 16-64yrs

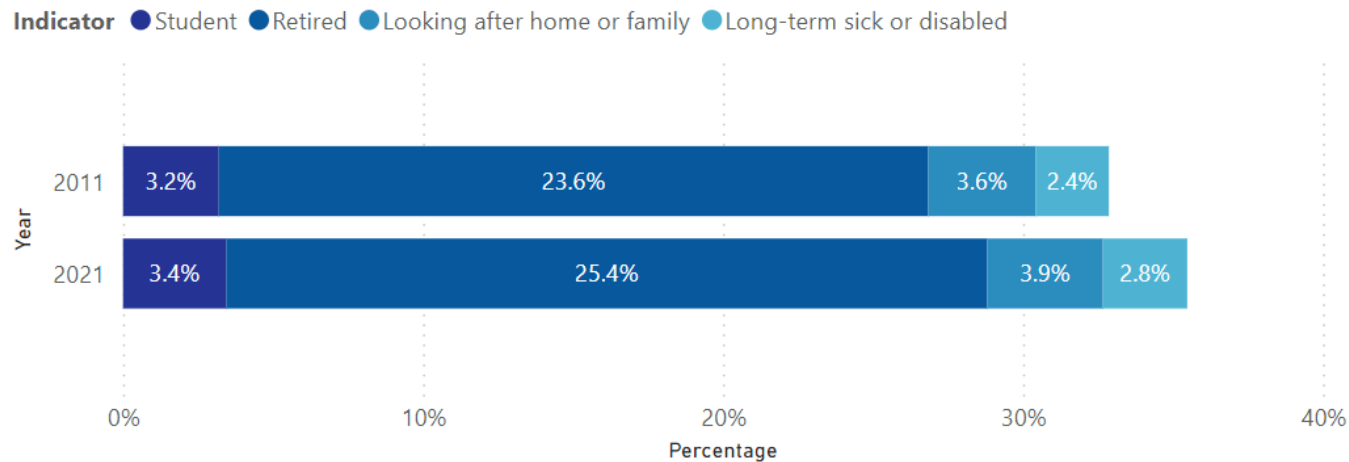
Economic inactivity by reasons ● Long-term sick ● Looking after family/home ● Retired ● Student



Socio-economic: Economic inactivity in Hampshire

- In Hampshire, the 2021 census showed that 37.8% of the working age population (16+) were economically inactive; increasing from 34.3% in 2011.
- Nearly half the 16+ population (45%) in the New Forest were economically inactive in 2021, the highest of all the districts.
- Rushmoor had the lowest percentage of the 16+ population economically inactive at just under a third of the population (31.3%).
- The reasons for economic inactivity in Hampshire and the districts cannot be explored by age.

Comparing the percentage of persons (16+) who reported they were economically inactive by reason in Hampshire, Census 2011 and 2021

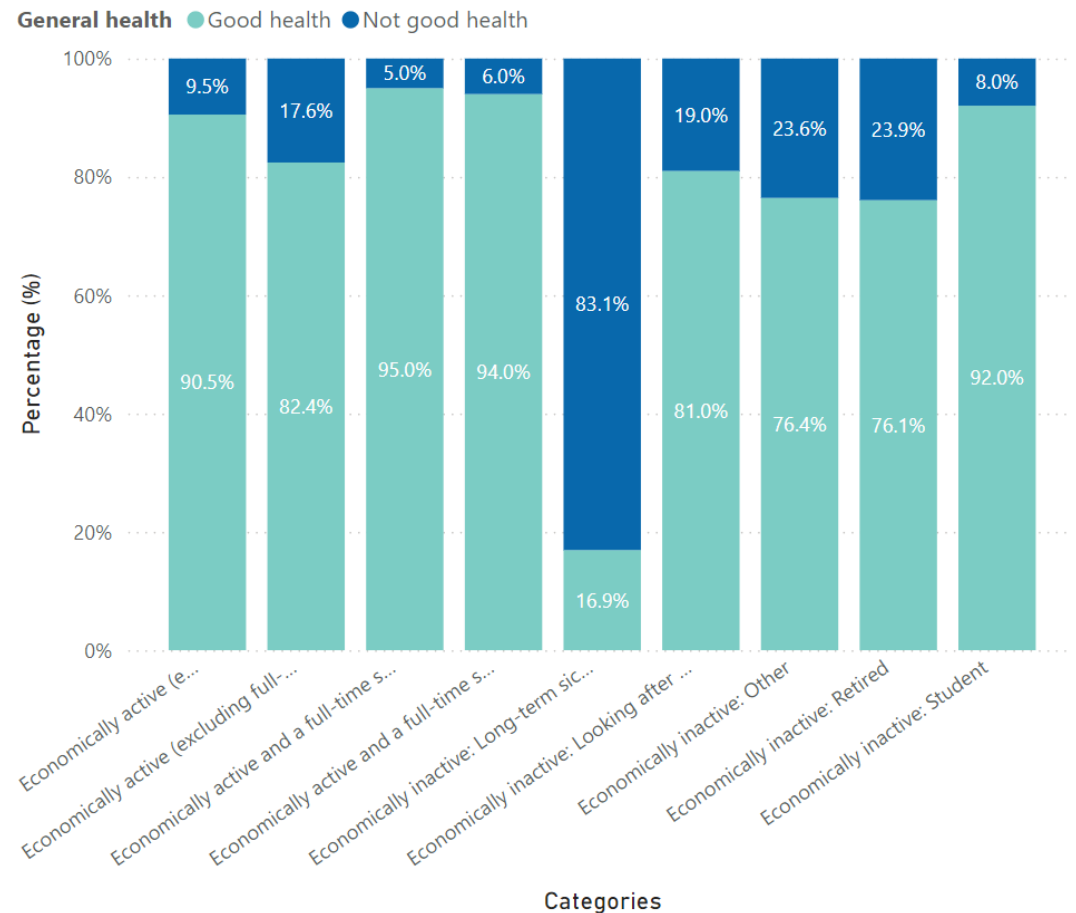


[*Data information at the end explains how economic inactivity was defined in the census](#)

Differences in health by economic activity

- In Hampshire, those that are economically inactive because they are long term sick or disabled rate their health the worst, with 83.1% rating their health as not good (this includes those rating their health as fair, bad or very bad).
- In comparison, students rate their health the best, with 8.0% of students, 5.0% of full-time students in employment and 6.0% of students who are seeking work or waiting to start a job, rate their health as not good (this includes those rating their health as fair, bad or very bad).

Hampshire's working age population (aged 16 to 69 years): Economic activity by rating of health

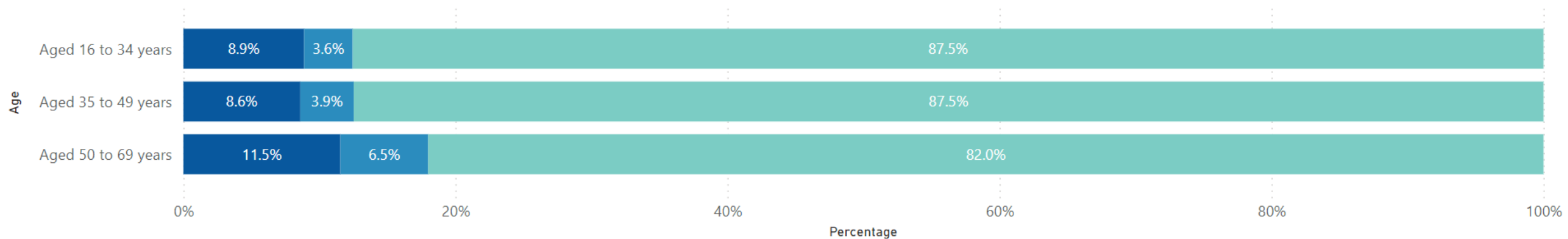


Disability

- In Hampshire overall, 14.7% of 16–69-year-olds are considered disabled under the Equality Act, an estimated 135,000 people.
- Disability is higher in working age (16-69) females at 16.5% than males at 12.8%.
- Disability prevalence increase with age. There is a significant difference between 16-49 year olds and 50-69 year olds; with 12.5% disabled under the Equality Act compared to 18% of 50-69 year olds.

Disability status of the working age population (16-69) in Hampshire

Categories ● Disabled under the Equality Act: Day-to-day activities limited a little ● Disabled under the Equality Act: Day-to-day activities limited a lot ● Not disabled under the Equality Act

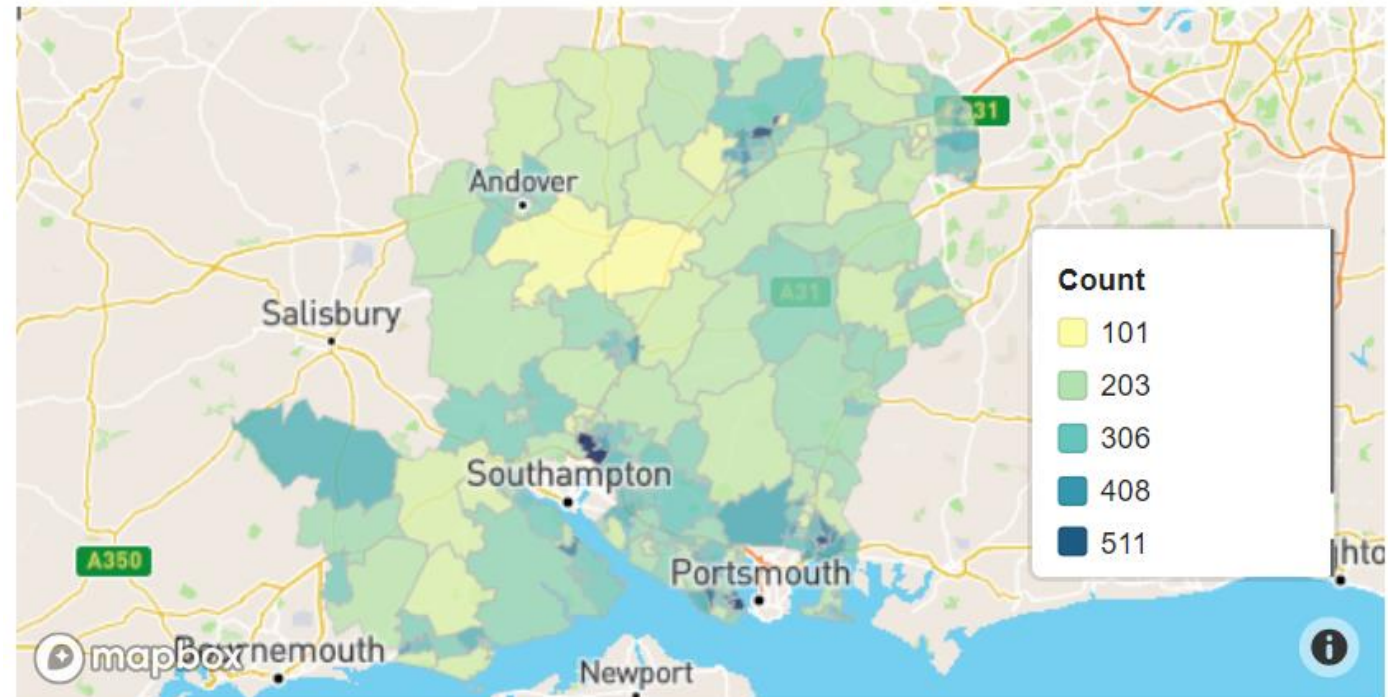


[*Data information at the end explains how disability was defined in the census](#)

Disability prevalence across Hampshire

- Gosport has the highest prevalence of the working age population that are disabled under the Equality Act, at 19.1% of 16-69 year olds. A prevalence of 21.5% in females compared to 16.7% in males.
- The lowest prevalence is in Hart, where 11.1% of 16-69 year olds are disabled under the Equality Act. A sex difference is observed here also; with 13% of females and 9.4% of males.

Number of people classified as disabled under the equality act: day-to-day activities limited a lot, in Hampshire (16-69)

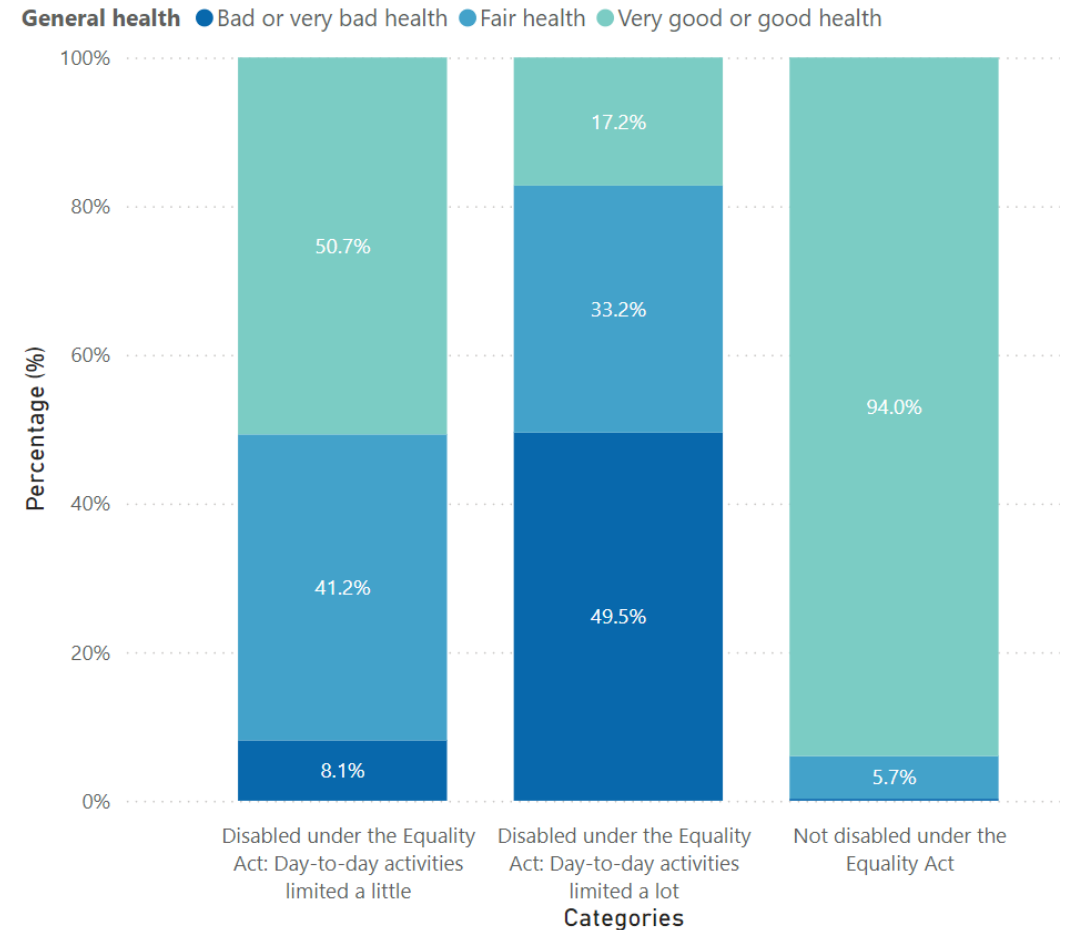


*To explore the variation within districts at MSOA level visit the data resource

Differences in health by disability status

- Those that are categorised as disabled under the Equality Act rate their health worse than those who are not disabled
- 0.27% of working age adults, who are not classified as disabled, in Hampshire rate their health as bad or very bad; compared to 8.1% of people who are disabled under the equality act with day-to-day activities limited a lot and 49.5% of people who are disabled under the equality act where day to day activities are limited a lot
- To explore the data by age of the working age population visit the data resource.

Hampshire's working age population (aged 16 to 69 years): Disability by rating of health

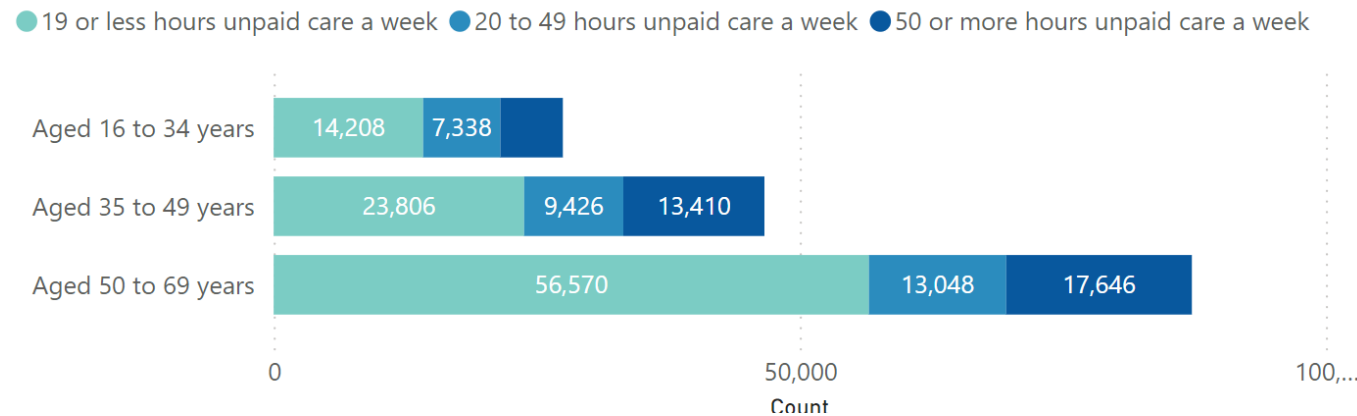


*[Data information at the end explains how the rating of health was collected in the census](#)

Providing unpaid care in Hampshire

- Caring responsibilities can affect people's ability to pursue paid work or as much work as they would like.
- In Hampshire more than 160,000 people provide unpaid care; of which 60% are females.
- A significant proportion (59%) of the working age population providing unpaid care reported providing 19 or less unpaid caring hours a week.
- The New Forest had the highest reported number of people providing unpaid care, at over 21,000.
- The lowest reported number was in Hart at just over 10,000 people.
- For all areas, 50-69 year olds make up the largest contribution providing unpaid care.

Number of carers by age in Hampshire

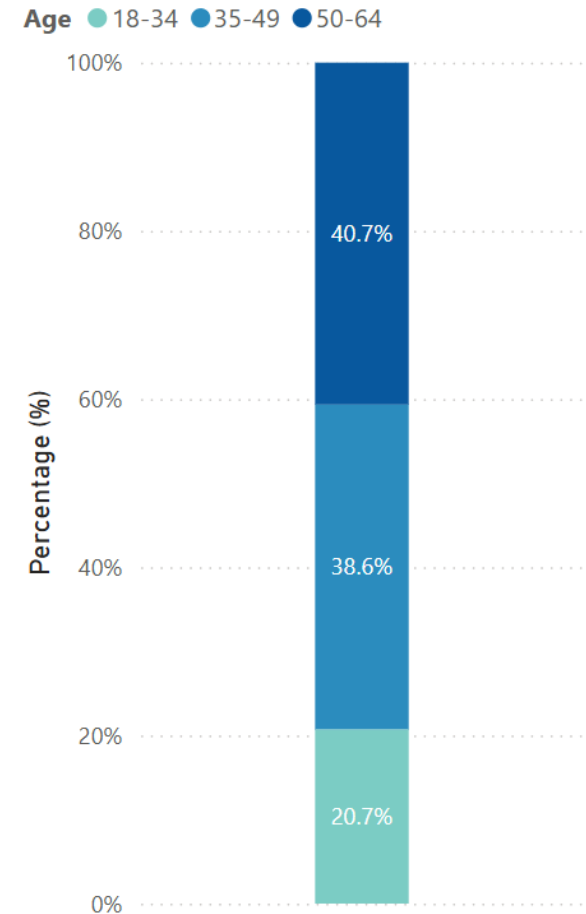


[*Data information at the end explains how unpaid care was defined in the census](#)

Carer's allowance in Hampshire

- In May 2024, in Hampshire just over 13,800 people of working age (18-64) were in receipt of Carer's allowance.
- A significant proportion (40.7%) of these people were aged 50-64 year old.
- In Hampshire, Havant has the highest number of people in receipt of Carer's Allowance at around 2,000. A significant proportion (41.5%) are aged 50-64.

The working age population (18-64) in receipt of Carer's Allowance payments in Hampshire

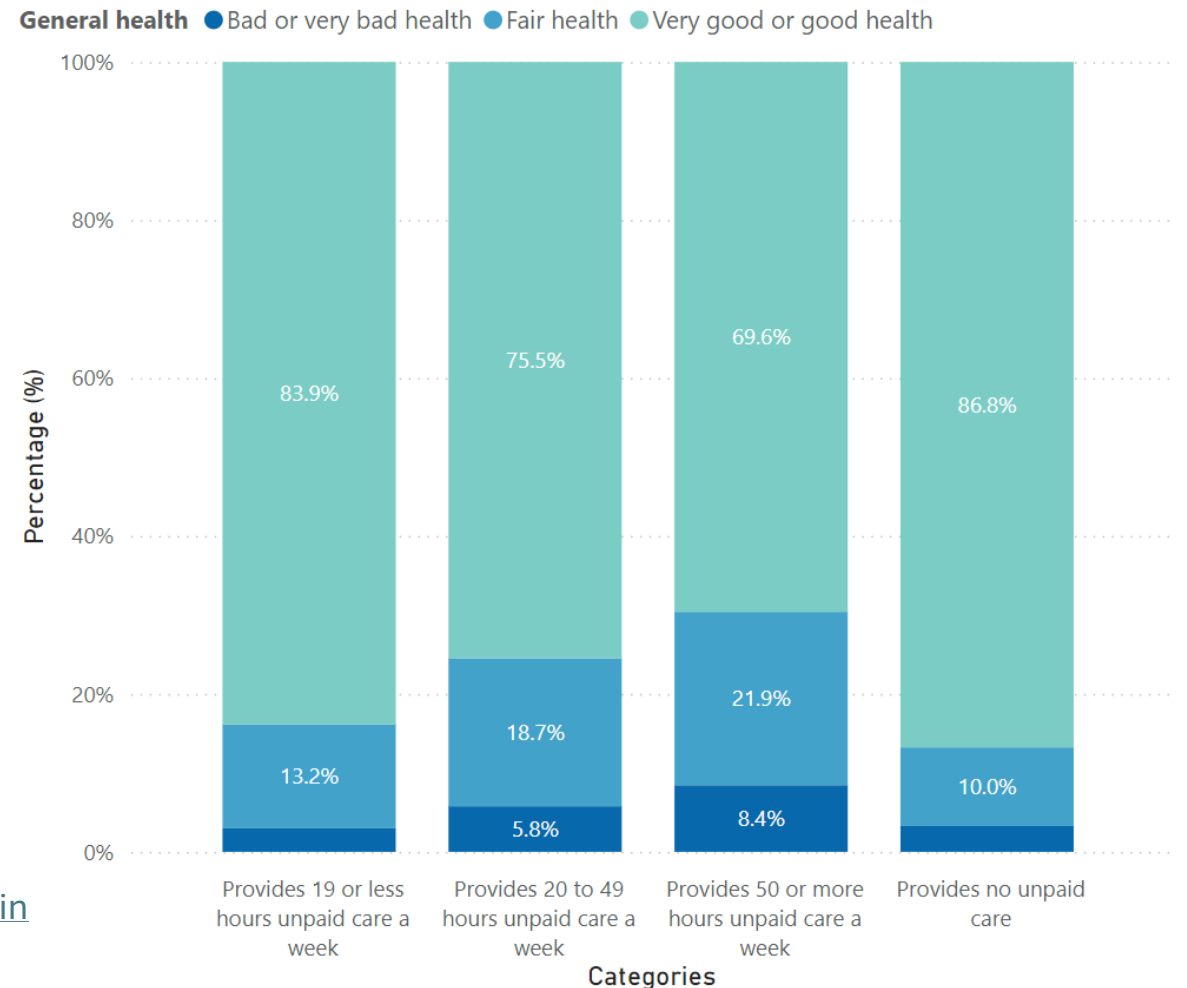


[*Data information at the end explains the eligibility requirements for Carer's allowance](#)

Differences in health by hours of unpaid care provided

- In Hampshire, in the working age population as the number of hours providing unpaid care increases the rating of health decreases; following the pattern observed at an England level.
- In the population providing no unpaid care 86.8% rate their health as very good or good; compared to 69.6% in the population providing 50 or more hours of unpaid care a week.

Hampshire's working age population (aged 16 to 69 years): Unpaid care by rating of health



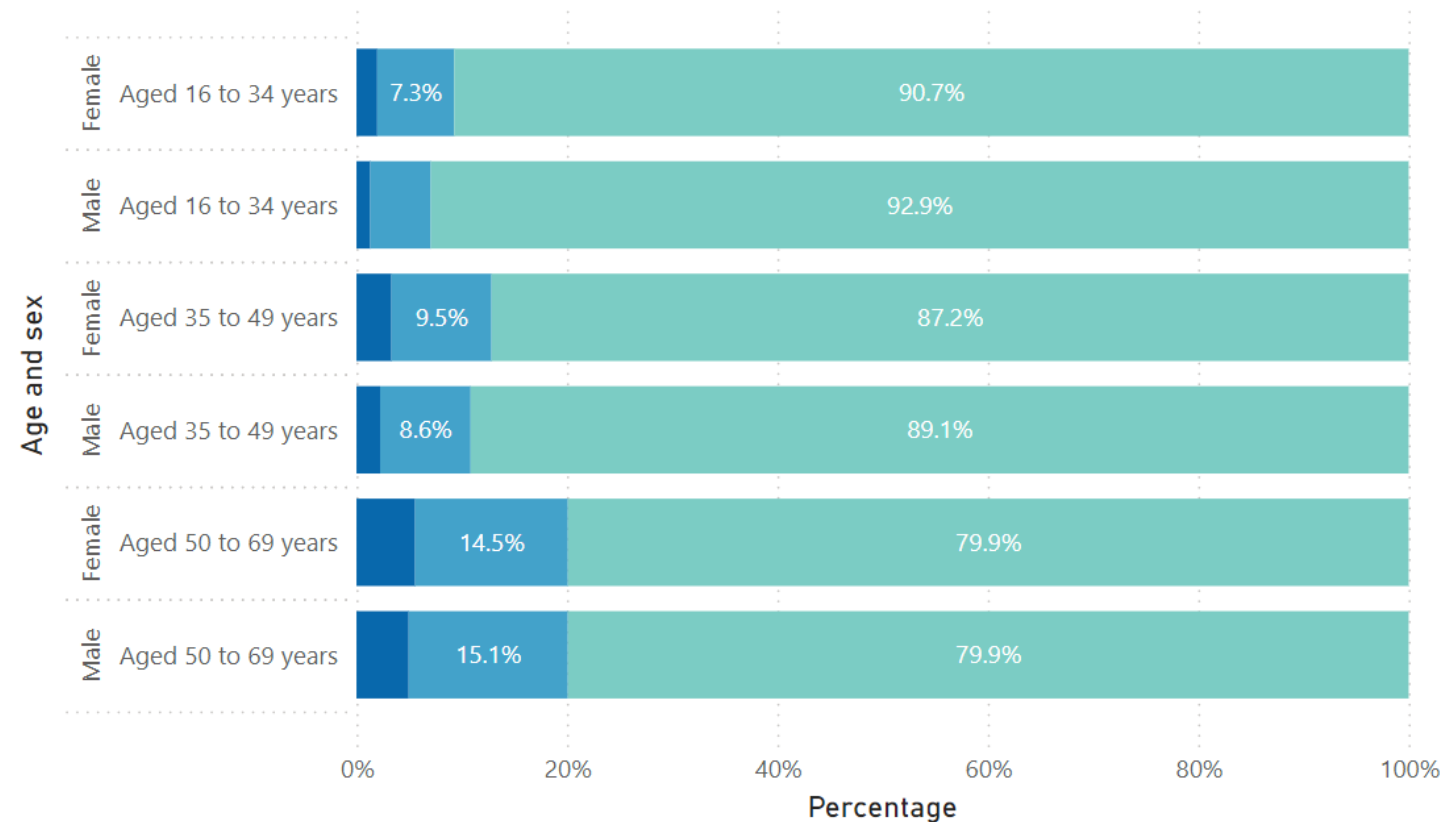
[*Data information at the end explains how the rating of health was collected in the census](#)

Differences in health by sex and age

- Overall, in Hampshire 86% of working age population rate their health as good or very good. Working age females are slightly lower than males at 85.3% compared to 86.7%
- For both males and females the percentage of people rating their health as good or very good decreases with age
- Gosport has the lowest percentage of the working age population rating their health as good or very good at 80.9% and Hart has the highest at 90%.
- To explore the data by age of the working age population visit the data resource.

Population's rating of health in Hampshire

General health ● Bad or very bad health ● Fair health ● Very good or good health

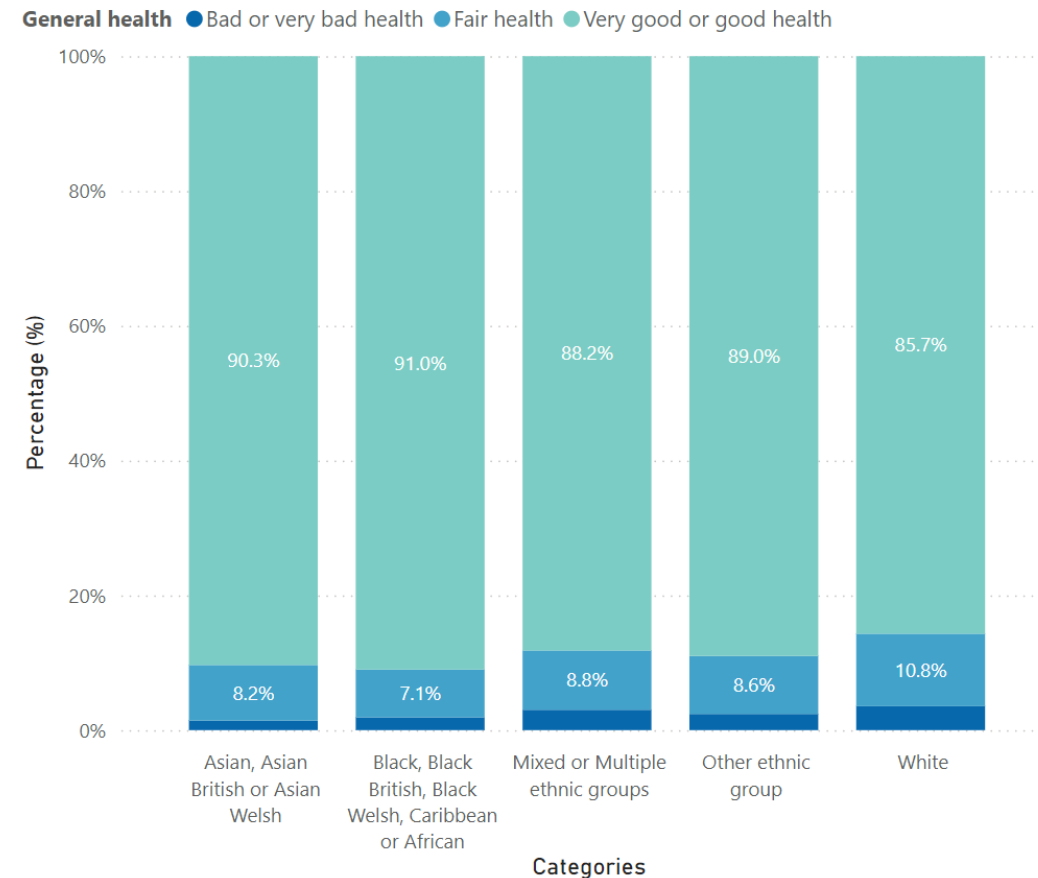


*[Data information at the end explains how the rating of health was collected in the census](#)

Differences in health by ethnicity

- There is more variation in the rating of health by ethnicity in Hampshire compared to England
- In Hampshire, people that identified as white had the lowest rating of very good or good health at 85.7%; compared to 91% of people who identified as Black, Black British, Black Welsh, Caribbean or African
- To explore the data by age of the working age population visit the data resource.

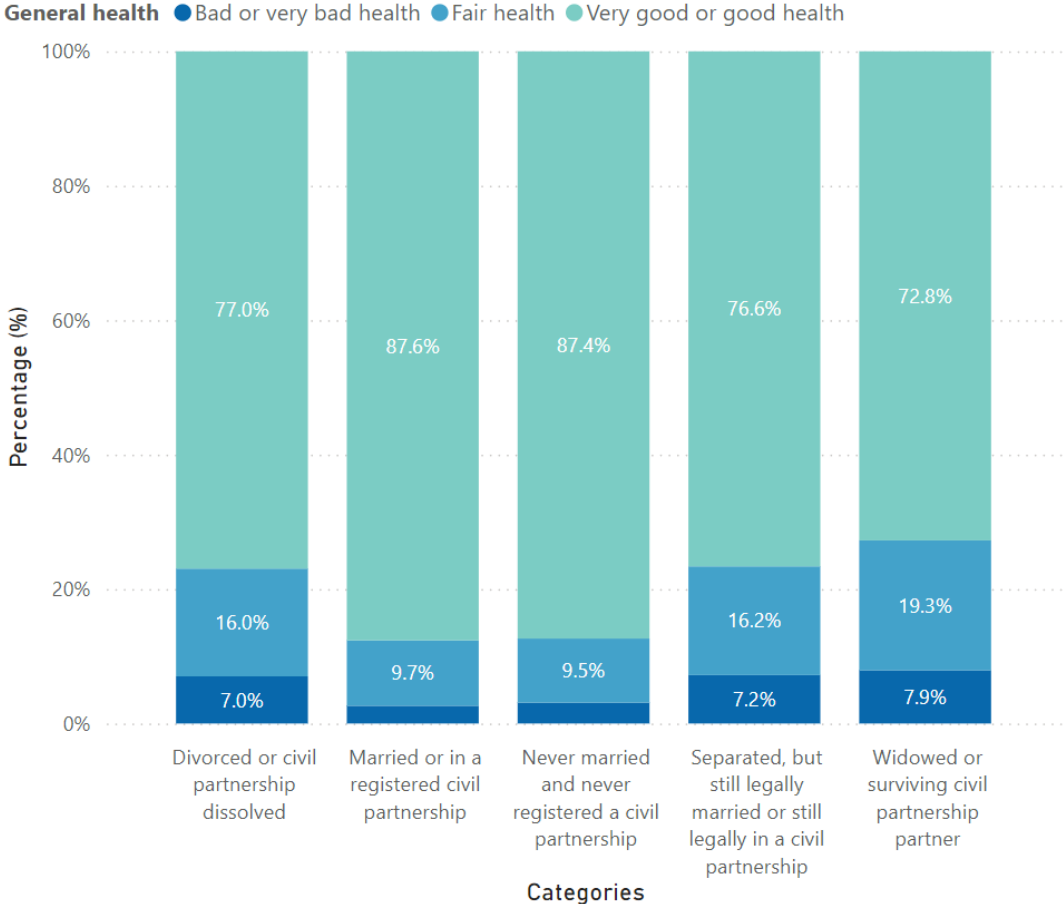
Hampshire's working age population (aged 16 to 69 years): Ethnicity by rating of health



Differences in health by marital status

- In Hampshire, 16-69 year olds who rate their health more highly are those that are married or in a civil partnership (87.6%) or people that have never married or never registered in a civil partnership (87.4%).
- Only 77% of people who are divorced or had a civil partnership dissolved rate their health as good or very good.
- Only 77% of people who are divorced or had a civil partnership dissolved rate their health as good or very good.

Hampshire's working age population (aged 16 to 69 years): Marital status by rating of health



*Data information at the end explains how the rating of health was collected in the census

Chapter 4: Health of the working age population

Links to the following pages:

[Causes of the overall burden of disease](#)

[Risk factors for the overall burden of disease](#)

[Multimorbidity](#)

[Major conditions across the population](#)

[Personal Independence Payments](#)

[PIP: Psychiatric disorders](#)

[PIP: MSK](#)

Overall burden of disease - causes

- According to the Global Burden Disease study, in 15-49 year olds living in Hampshire, the leading cause of disability adjusted life years (DALYs) was mental disorders (20%), followed by musculoskeletal disorders (13.9%) and neurological disorders (8.5%). Overall, in England the top two leading causes of DALYs are the same with the third being substance use disorders.
- In 50-69 year olds living in Hampshire, the leading cause of disability adjusted life years was neoplasms (22.1%), followed by musculoskeletal disorders (14.9%) and cardiovascular diseases (10.5%). Nationally, the same pattern is observed.
- For both age groups the leading causes are categorised as non-communicable diseases.

Overall burden of disease – risk factors

- Global burden of disease* data identifies the following risk factors:
 - For all causes of disability adjusted life years in 15-49 year olds in Hampshire alcohol use (5.9%), high body-mass index (4.9%) and drug use (4.7%).
 - For 50-69 year olds in Hampshire the attributable risk factors for all causes of disability adjusted life years are tobacco (9.9%), high body-mass index (9.1%) and dietary risks (7%).
 - Alcohol use, drug use, tobacco and dietary risks are classified as behavioural risk factors. High body-mass index is a metabolic risk.
- HIOW Health Analytics** data (recorded risk factors on GP records) shows that:
 - All districts follow the same pattern for alcohol abuse, with increasing rates with age.
 - Similarly, rates of the patients recorded as obese or severely obese also increases with age significantly.
 - For smoking the pattern varies by district, but in all districts the highest recorded rate is in 35-49 year olds.

Physical activity

- National findings show that physical inactivity increases significantly in the population aged 75+ years. People who have a disability, female, are unemployed/economically inactive or have lower levels of education are also more likely to be physically inactive. In Hampshire 19% of the population aged 19+ are classified as [physically inactive](#).

[*Data information at the end explains the Global Burden of Disease dataset](#)

** In this context Hampshire means the HIOW Health Analytics data. As there is incomplete data for Hart and Rushmoor it has been removed from the district comparisons. [Visit the Data resource for more information](#)

Major conditions across the districts

- The major conditions report includes: cancer, cardiovascular disease, chronic respiratory disease, dementia, mental health and musculoskeletal disease.
- As seen in the GBD data, across all districts*, the condition recorded the most on GP records of patients aged 15-69 are common mental health conditions, depression and anxiety.
- However, there is variation in age. Focusing on the 50-69 year olds, cardiovascular disease is the condition recorded the most on GP records.
- As the working age population ages, the percentage with musculoskeletal disease recorded on their records increases significantly.

* In this context Hampshire means the HIOW Health Analytics data. As there is incomplete data for Hart and Rushmoor it has been removed from the district comparisons. [Visit the Data resource for more information](#)

Personal Independence Payments (PIP) in 2023

- The leading causes of reasons for claiming PIP in 2023, in the 16-69 population, accounting for 90.8% of claims in 2023 were: cardiovascular disease, malignant disease, musculoskeletal disease (general and regional), neurological disorder, psychiatric disorders and respiratory disease
- In Hampshire, as noted in the GP data, psychiatric disorders account for the largest number of claims – 39.8% of all claims in the 16-69 population. The proportion of claims that are due to psychiatric disorders decreases with age. In the 16-34 population, 71.2% of all claims are for psychiatric disorders, compared to 21.5% in 50-69 year olds
- The second largest reason for claiming PIP was musculoskeletal disease: with general claims contributing up 16.9% of all claims in the 16-69 population. Claiming for this condition increases with age, with only 5.3% of 16-34 year olds claiming, compared to 23.7% of 50-69 year old claims.

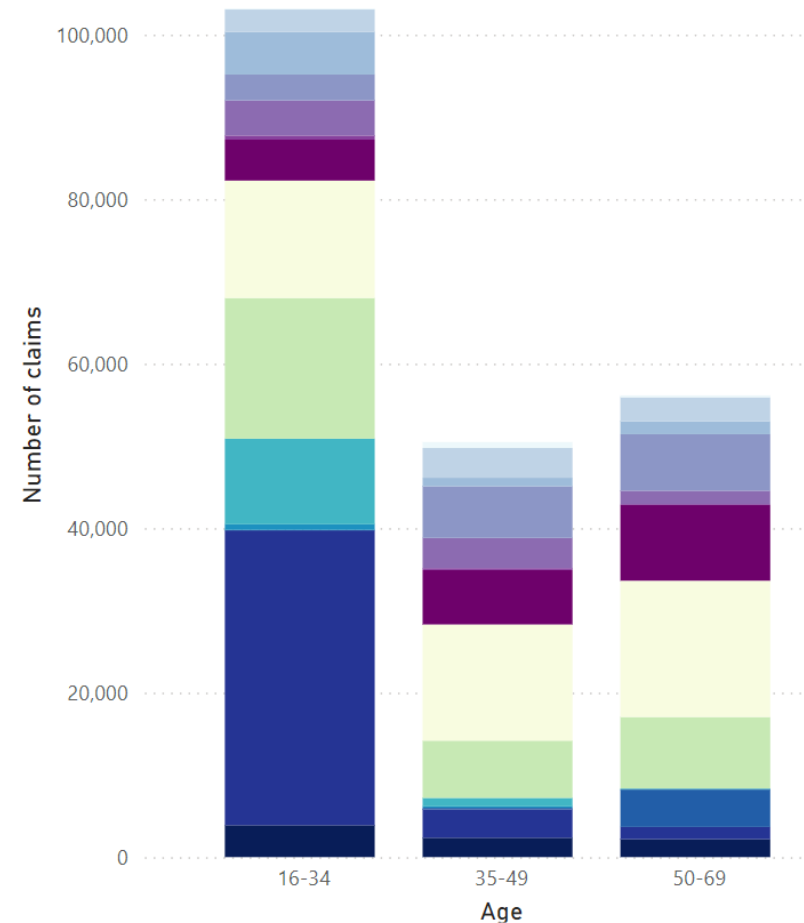
PIP: Psychiatric disorders in 2023

- 16-34 year olds have the highest number of claims for psychiatric disorders. Over a third (34.8%) of all psychiatric claims were because of autistic spectrum disorders
- In 35-49 year olds mixed anxiety and depressive disorders are the most significant contributing to claims for psychiatric disorders at 28.0%. The same pattern is evident for 50-69 year olds at 29.5% of psychiatric disorder claims

Number of people claiming for psychiatric disorders, by cause, in Hampshire

Disability

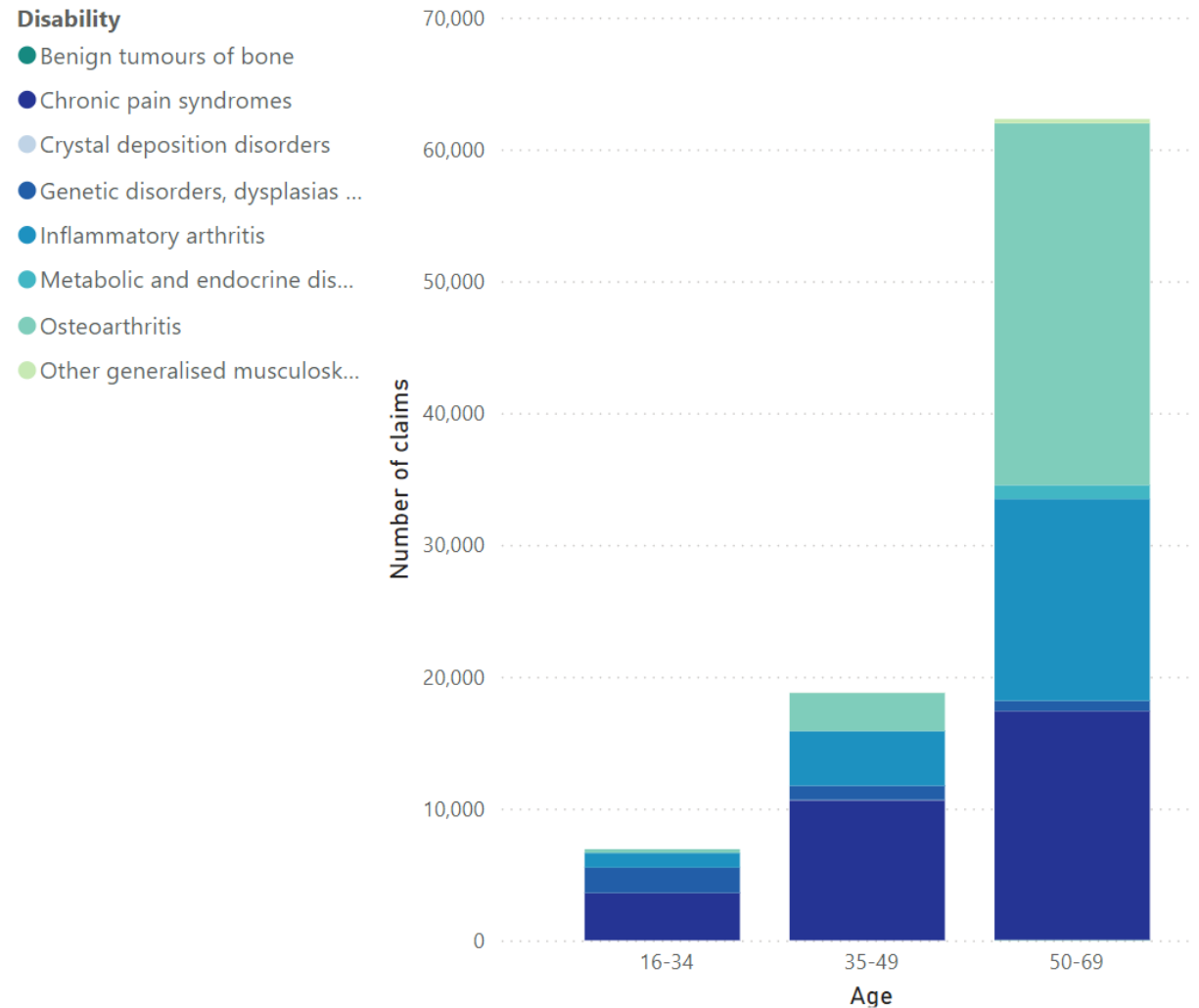
- Anxiety disorders
- Autistic spectrum disorders
- Cognitive disorders
- Conduct disorder (including ...
- Eating disorders
- Hyperkinetic disorder
- Learning disability global
- Mixed anxiety and depressive...
- Mood disorders
- Obsessive compulsive disorder
- Personality disorder
- Psychotic disorders
- Specific learning disorder
- Stress reactions
- Substance (mis) use disorders



PIP: Musculoskeletal disease in 2023

- Overall, MSK accounts for 27.4% of all claims, (16.9% are MSK general claims & 10.5% are MSK regional claims).
- In 16-34 year olds, 51.9% of all MSK disease general claims are because of chronic pain syndromes. This pattern is the same for the population aged 35-49 at 56.5%
- In 50-69 year olds the number of claims relating to MSK general increases significantly. Osteoarthritis makes up the largest percentage of all MSK general claims at 44.1%

Number of people claiming for musculoskeletal disease (general), by cause, in Hampshire



Data information: Data definitions and caveats

Understanding population forecasts and projections

- Small area population forecasts are calculated by Hampshire County Council that take into account birth and death rates, along with large scale housing developments that are planned.
- Projections were calculated by the Office for National Statistics (ONS). 2018 based subnational population projections are projected resident population of an area; based on past trends and the assumptions of future levels of births, deaths and migration. They do not incorporate local development plans but provide a baseline which can be combined with local knowledge as required.

Understanding life expectancy and healthy life expectancy

- Small area life expectancy and healthy life expectancy (2018-2022) have been calculated. Interpret these with caution, taking note of the confidence interval. The confidence intervals provide the range that the true values lies in. A wider confidence interval suggests the estimate is less stable and should be interpreted with caution.
- Both estimates are the average number of a years a person would expect to live at birth. With Healthy life expectancy this is an estimate of the average number of years a person would expect to live in good health

Education: understanding the educational levels from Census 2021

Level 1 and entry level: 1 to 4 GCSEs grade A* to C, Any GCSEs at other grades, O levels or CSEs (any grades), 1 AS level, NVQ level 1, Foundation GNVQ, Basic or Essential Skills

Level 2: 5 or more GCSEs (A* to C or 9 to 4), O levels (passes), CSEs (grade 1), School Certification, 1 A level, 2 to 3 AS levels, VCEs, Intermediate or Higher Diploma, Welsh Baccalaureate Intermediate Diploma, NVQ level 2, Intermediate GNVQ, City and Guilds Craft, BTEC First or General Diploma, RSA Diploma

Level 3: 2 or more A levels or VCEs, 4 or more AS levels, Higher School Certificate, Progression or Advanced Diploma, Welsh Baccalaureate Advance Diploma, NVQ level 3; Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma

Level 4 or above: degree (BA, BSc), higher degree (MA, PhD, PGCE), NVQ level 4 to 5, HNC, HND, RSA Higher Diploma, BTEC Higher level, professional qualifications (for example, teaching, nursing, accountancy)

Other: apprenticeships, vocational or work-related qualifications, other qualifications achieved in England or Wales, qualifications achieved outside England or Wales (equivalent not stated or unknown)

Economic activity definition from Census 2021

Definition: People aged 16 years and over are economically active if, between 15 March and 21 March 2021, they were:

- in employment (an employee or self-employed)
 - unemployed, but looking for work and could start within two weeks
 - unemployed, but waiting to start a job that had been offered and accepted
- It is a measure of whether or not a person was an active participant in the labour market during this period. Economically inactive are those aged 16 years and over who did not have a job between 15 March to 21 March 2021 and had not looked for work between 22 February to 21 March 2021 or could not start work within two weeks.

Disability definition from Census 2021

- Disability: People who assessed their day-to-day activities as limited by long-term physical or mental health conditions or illnesses are considered disabled. This definition of a disabled person meets the harmonised standard for measuring disability and is in line with the Equality Act (2010).
- To identify disability, the census asked people "Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?". If they answered yes, a further question "Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?" was presented.

Understanding unpaid care (from Census 2021) and Carer's Allowance

- **Unpaid care:** An unpaid carer may look after, give help or support to anyone who has long-term physical or mental ill-health conditions, illness or problems related to old age. This does not include any activities as part of paid employment. This help can be within or outside of the carer's household.
- **Carer's Allowance (CA)** is a non-contributory benefit for people:
 - who look after a severely disabled person for at least 35 hours a week
 - who are not gainfully employed (i.e. not earning more than £95 per week after certain deductions) and
 - who are not in full-time education
 - **This excludes** people with an entitlement to Carer's Allowance who do not receive a payment, for instance where another income benefit is being paid to the carer.

General health of the working age population from Census 2021

What do we mean by rating their health?

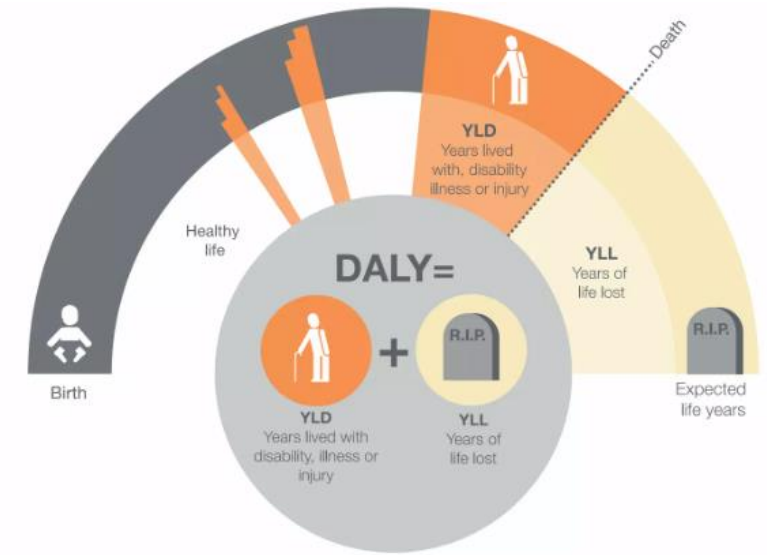
- An individual's personal assessment of the general state of their health from very good to very bad. This assessment is not based on a person's health over any specified period of time.
- Census 2021 was conducted during the coronavirus (COVID-19) pandemic. This may have influenced how people perceive and rate their health and therefore may have affected how people chose to respond.
- When only good or not good health is available; not good health includes people that rated their health as fair, bad or very bad. Good includes ratings of good or very good

Understanding the global burden of disease

- The overall burden of disease can be explained by disability adjusted life years (DALY):

DALY = Years of life lost due to premature mortality (YLLs) + Years of life lost due to lives in less than full health or years of life lost due to disability (YLDs)

- For causal factors the higher the percentage, the greater the contribution to the total burden of disease
- The DALYs or YLDs attributable to risk factors will not add up to 100%. Different risk attributed burden cannot be added together because risk factors overlap in the population



PHE, 2015

Understanding the HIOW Health Analytics dataset

- Data from HIOW Health Analytics can be used to explore the recorded major conditions. The data includes residents on the Isle of Wight and most of Hampshire (part of Hart and excludes Rushmoor) who are registered with a GP in HIOW ICB. For more information visit the data information.
- Cancer includes all cancer and any patient with a diagnosis history of cancer. Cardiovascular disease includes atrial fibrillation, coronary artery disease, heart failure, hypertension, ischaemic stroke, peripheral artery disease, transient ischaemic attack and diabetes. Musculoskeletal conditions includes arthritis and osteoporosis. Respiratory disease includes asthma and COPD. Mental health conditions includes severe mental illness or an active diagnosis of anxiety or depression
- All data is correct as of data download in April 2024

Understanding Personal Independent Payment (PIP)

Personal Independence Payment (PIP) eligibility to claim: if you're aged 16 to 64 and have a health condition or disability where you:

- have had difficulties with daily living or getting around (or both) for 3 months
- expect these difficulties to continue for at least 9 months (unless you're terminally ill with less than 6 months to live)
- This data explores the total for all entitled cases. It shows both the number of people in receipt of PIP and those with entitlement where the payment has been suspended (e.g if they are in hospital at a point in time).