

Hampshire and Isle of Wight ICS JSNA

Rapid population health summary analysis

April 2022

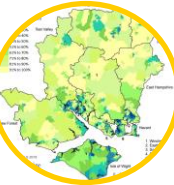
Produced by the Hampshire & Isle of Wight, Southampton and Portsmouth Public Health Intelligence Teams

What do we know about need in the H10W ICS?



Demographics –At 1.9m, is the 10th largest of England’s 42 ICSs. Ethnic diversity is dispersed, varies across the ICS and increasing overall. H10W’s population is **ageing**. In the next 5 years, the 75+ age group, is expected to grow by 18% with likely increases in complex multimorbidity, a big driver of health service need, particularly in West Hampshire and Isle of Wight. But younger population structures in Southampton and Portsmouth also drive different needs. Cancer and circulatory disease accounted for over half of the deaths (51%) across the ICS in 2020.

“Prevent ill health across the life course to ensure healthy ageing”



Deprivation - Life expectancy and healthy life expectancy at birth are lowest for people living in more deprived areas of the ICS. On average, people in the more deprived areas of the ICS live a shorter life than those in the least deprived areas (3 years less for men and 2.8 years for women). They are also more likely to spend more of their life in poor health.

“Take a system leadership role with partners in recognising and addressing the wider determinants of health”



Maternity, early years and children and young people - 18,945 births in 2020, continuing the decrease observed in recent years. Smoking rates among pregnant women (9.1%) are above the national ambition of 6% by 2022 end. Many babies and mothers would have missed out on the best start in life during the COVID-19 pandemic, which is also leading to increasing childhood obesity, mental health disorders and missed vaccinations.

“Focus on the ‘first 1,000 days’ to impact on children’s health in adult life, alongside the six national early years and school-age high impact areas including the seventh locally identified high impact area on maternal smoking”



Lifestyles - Smoking (at 92.7% smoking status recording is lower than England), poor diet, physical inactivity, obesity (3rd highest QOF recorded prevalence rate), and harmful alcohol use are leading health risks, driving the ICS’s burden of preventable ill health. Tobacco, high body mass index and high blood sugars drive the most death and disability across the ICS. They are also responsible for people becoming seriously ill with COVID-19

“Address leading health risks for the prevention and treatment of long term conditions”



Inequalities - Several population groups in the ICS experience more health risks and outcomes compared to England. People in disadvantaged areas are at greater risk of having multiple conditions and that too, 10 to 15 years earlier than people in affluent areas. Trends for both Southampton and Isle of Wight show increases in male life expectancy inequality. Additionally, COVID-19 has exposed, exacerbated, and created new health and social care inequalities.

“Use data insights to identify worsening inequalities gaps and devise interventions to level up and close these gaps”



Ill health and Multimorbidity – Southampton and Portsmouth have higher preventable, premature death rates due to cancer, cardiovascular, liver and respiratory disease compared to England, again highlighting the focus on prevention. Deaths from these key causes are also major contributors to the gap in life expectancy between the most and least deprived quintiles across the ICS. CVD is the single biggest condition where lives can be saved.

“Tackle avoidable mortality (preventable - through effective primary prevention and public health measures, and treatable through more effective and timely health care interventions).”