

Healthy Lives

Protective measures

October 2024

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Introduction

Our behaviours, personal circumstances and illnesses hugely affect our life expectancy and health. Influences on our health are particularly important before birth and during early childhood. These influences and risk factors continue to accumulate, and their effects build as we move into adulthood. Preventing exposure to these risk factors and reducing inequalities in how these risk factors are distributed among our population, can have a positive impact on our health.

Local public health teams work to both prevent and reduce people's exposures to risk factors across all stages of life. We commission services which help people reduce their risk factors (for example, smoking), as well as work alongside other organisations to provide people with the support they need to make healthy decisions and prevent exposure to negative risk factors in the first place.

This chapter focuses on the risk factors, causes and protective factors which influence our health, the health inequalities which are evident and the potential impact COVID-19 has had.

Data in this written summary are correct as of August 2024. The data in this report can be explored further by smaller geographies in the [JSNA Healthy Lives data report](#). The data report will be updated continuously, as new data are available.

Further information on the impact of COVID on our local population has been discussed in the [Hampshire COVID-19 Health Impact Assessment](#).

The health outcomes of our population and how these impact different population groups are discussed in more detail in the accompanying [JSNA reports](#).

Vaccination

High vaccination coverage is essential to ensuring population protection against vaccine-preventable diseases. These diseases often lead to serious complications which can include lasting disability and death.

On the whole, vaccination coverage in Hampshire has remained stable, and higher than the England average, over the last five years. The majority of vaccinations are consistently meeting or almost meeting the target coverage levels set for them.

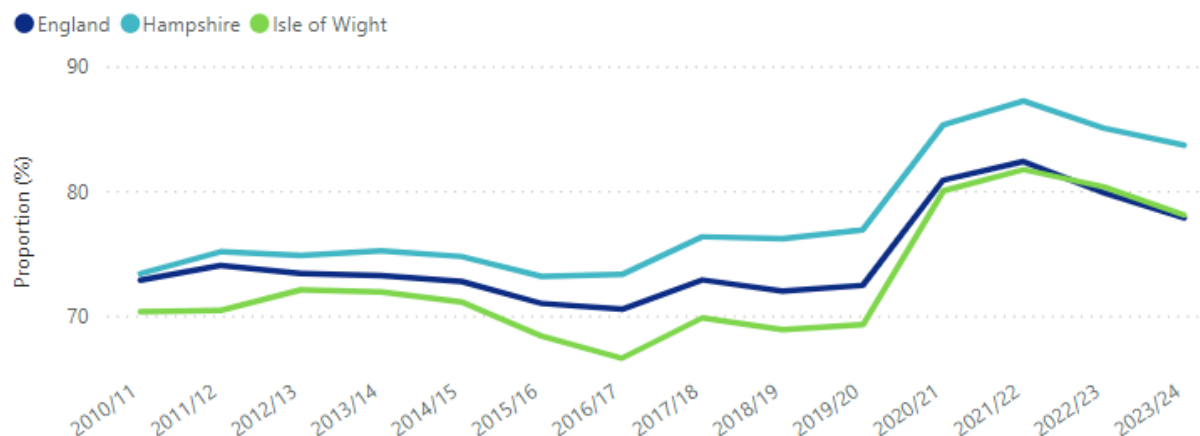
There are some targets that the Isle of Wight is not meeting in 2023/24 and is worse than the England value for, including MMR for 2 doses (5 years), flu in at risk individuals and primary school aged children, HPV, DTaP and IPV booster (5 year olds), MenACWY (14-15 year olds), and shingles (71 year olds).

Generally, vaccination coverage has not been negatively affected by the pandemic and, in the case of flu vaccination, there were significant increases in coverage for those aged 65+ between 2019/20 and 2021/22, although this has since begun to decline in England as well as Hampshire and the Isle of Wight. Flu vaccination coverage in at risk individuals has also seen a significant drop from an initial increase in 2020/21. This has since dropped from 62.7% in 2020/21 to 49.4% in 2023/24 in Hampshire. A similar pattern has been seen in England, with a drop from

53.0% in 2020/21 to 41.4% in 2023/24. The Isle of Wight has had a reduction from 55.5% in 2021/22 to 42.3% in 2023/24.

Please see [Healthy lives data report](#) for further details about flu and pneumococcal vaccine at GP and Primary Care Network level.

Figure 1: Flu vaccination coverage in people aged 65 and older, 2010/11 to 2023/24



Source: Fingertips, Office for Health Improvement and Disparities

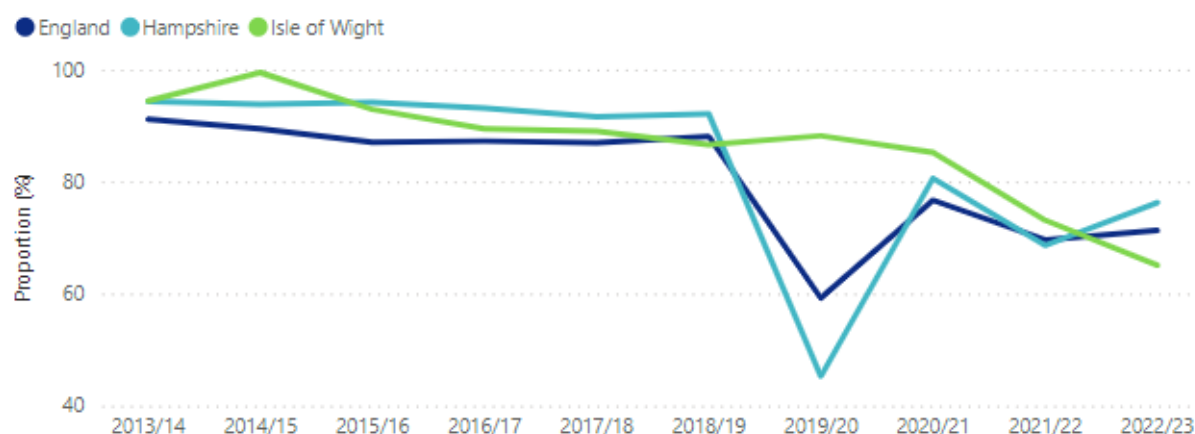
HPV vaccination coverage in females for one dose was stable until 2019/20, when it fell to 45.3% in Hampshire, down from 92.1% in 2018/19. The same trend was observed nationally, although not on the Isle of Wight. The rate has since increased, although not to pre-COVID levels. In 2022/23 the proportion of HPV coverage (1 dose) in females was at 76.2 in Hampshire, compared to 71.3% in England overall and 65.1% on the Isle of Wight.

HPV vaccination coverage (2 doses) in females also saw a drop during COVID-19, and has not increased since. The drop in Hampshire was seen later than nationally, and the decrease on the Isle of Wight has been more gradual. The proportion of females receiving 2 doses in 2020/21 was 71.1%, down from 87.2% in 2019/20. In 2022/23 the proportion of females given 2 doses was 68.8% in Hampshire, similar to the Isle of Wight at 67.8%, and higher than England at 62.9%.

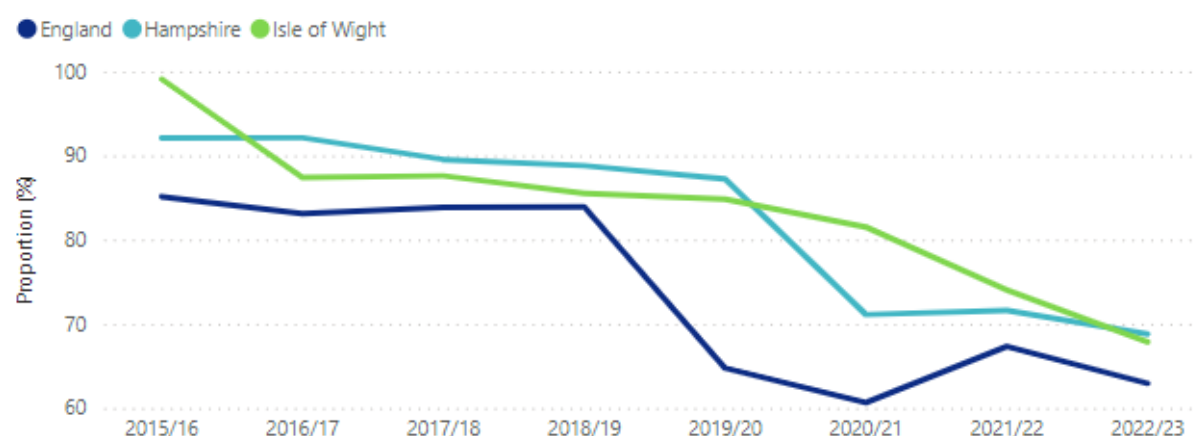
It should be noted that this data is also available for males on Fingertips, in 2022/23 the coverage in Hampshire for one dose in males was 71.7%, compared to 62.7% for 2 doses. This is compared to 65.2% for one dose in England overall, and 56.1% for two doses. The Isle of Wight is lower than England for one and two doses in males, at 44.6% and 53.5% respectively.

Figure 2: HPV vaccination coverage in females, 2013/14 to 2022/23

One dose (12- to 13-year-olds)



Two doses (13- to 14-year-olds)



Source: Fingertips, Office for Health Improvement and Disparities

Screening

Screening can detect people who are at high risk for a health problem but are not experiencing symptoms. Early detection can reduce the intensity of treatment required and improve chances of survival. Therefore, screening is a key public health action as part of wider preventative and healthcare activities.

All adults aged 60 to 74 are invited for bowel cancer screening every two years. Bowel cancer screening coverage is consistently higher than in England, and has increased steadily since 2019, from 66.8% to 77.9% in 2023. The Isle of Wight has seen a similar increase, with uptake of 73.3% in 2023, also significantly higher than 72% in England. Nationally, uptake is significantly lower in areas of higher deprivation. The districts in Hampshire which have lower uptake are Rushmoor,

Gosport and Basingstoke and Deane. As this screening can be conducted from home no decrease in screening uptake was observed over the pandemic.¹

Adult women including transgender men and non-binary people with female reproductive organs are also invited for cervical cancer screening from ages 25 to 64, and breast cancer screening from ages 53 to 70.² We are ensuring that transgender men and non-binary people with female reproductive organs are aware of cancer symptoms which may impact them, as well as receiving screening invites and being able to access screening services for cervical screening, as well as breast cancer screening. In 2024 the NHS implemented a new Cervical Screening Management System to replace the previous call/recall system. This system supports the option for a GP or sexual health provider to manually opt-in eligible transgender men and non-binary people so that they also receive an automatic screening invitation to participate in the NHS Cervical Screening Programme³.

In Hampshire, uptake for screening was higher than nationally, however none of the districts in Hampshire reached the acceptable target of 80% for cervical cancer screening or the achievable target of 80% for breast cancer, although some areas did achieve the acceptable target of 70%. Uptake is generally lower in areas of higher deprivation. For cervical cancer screening, uptake in 50 – 64 year olds was lower in Gosport and Basingstoke and Deane, whilst for breast cancer screening uptake was lower in the New Forest and East Hampshire. Both of these types of screening saw a decrease over the pandemic, especially noticeable for breast cancer screening which declined from 76.4% in Hampshire in 2020 to 67.5% in 2021, this has since increased to 73.8% in 2023.⁴ Breast cancer screening coverage was not impacted during this period on the Isle of Wight.

¹ [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

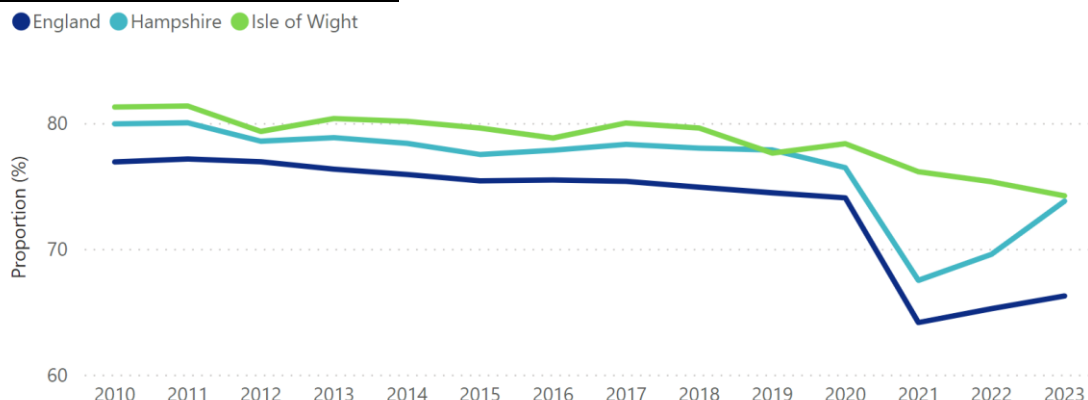
² [Fingertips | Department of Health and Social Care \(phe.org.uk\)](https://www.fingertips.org.uk/)

³ [Access to the Cervical Screening Management System \(CSMS\) - NHS England Digital](https://www.nhs.uk/england/digital/access-to-the-cervical-screening-management-system-csms/)

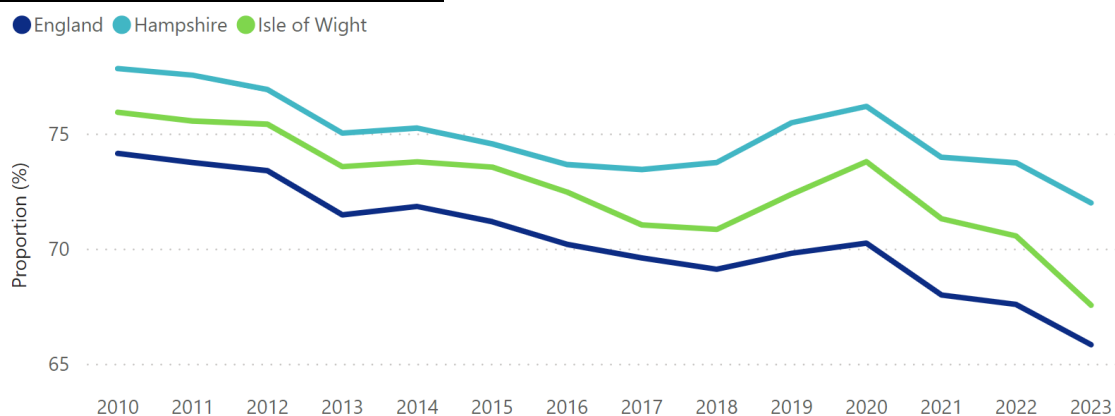
⁴ [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

Figure 3: Female screenings, 2010 to 2023

Breast cancer (ages 53 to 70)



Cervical cancer (ages 25 to 49)

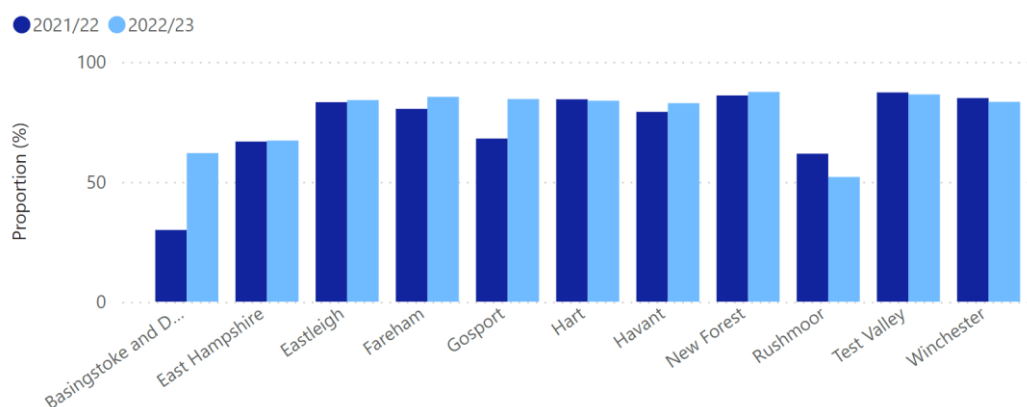


Source: Fingertips, Office for Health Improvement and Disparities

Adult men are invited for abdominal aorta screening during the year they turn 65 years. Hampshire shows a statistically similar uptake to England (78.6% compared to 78.3%). This type of screening also showed a large drop in 2020/21 down to 64.8% in Hampshire from 85.6% in the previous year, and 49.5% on the Isle of Wight in 2020/21, down from 81.6% in 2019/20.⁵ The Isle of Wight has also since increased, to 81.3% in 2022/23, statistically better than England. In 2019/20 all areas across Hampshire met the acceptable target of 75% with some areas reaching the achievable target of 85%, however in 2022 Basingstoke and Deane, East Hampshire, Rushmoor did not meet the acceptable target.

⁵ [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk)

Figure 4: Abdominal aorta screening uptake, 2021/22 to 2022/23



Source: Fingertips, Office for Health Improvement and Disparities

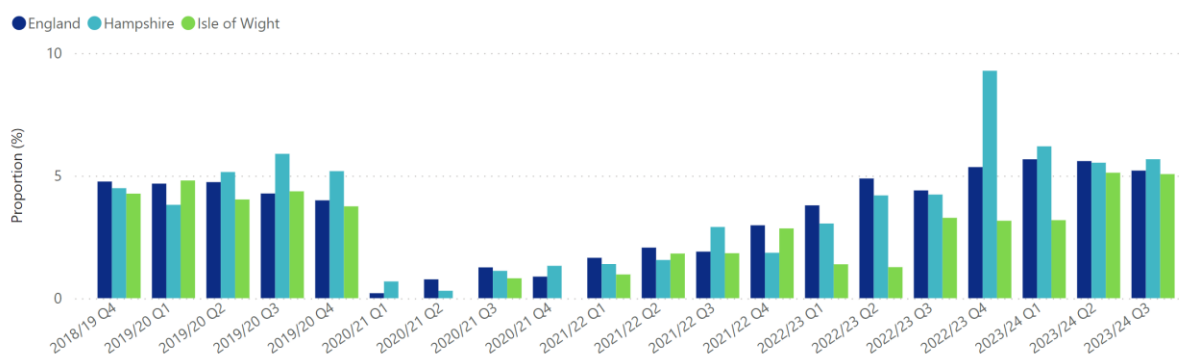
NHS Health check Programme

The NHS Health Check programme invites people aged between 40 and 74 for a check every five years to assess and manage their risk of heart disease, stroke, kidney disease and diabetes. High uptake is important to ensure that individuals at a high risk can be identified and take appropriate actions to lower their risk of serious conditions which can result in disability or death.

The delivery of the NHS Health Check programme, which is commissioned by local government and provided mainly in NHS primary care settings, was largely suspended between April 2020 and February 2022 as a result of the pandemic and in line with national guidance from NHS England. Invitations to receive health checks dropped from 5.2% of the eligible population in quarter four of 2019/20 to 0.7% in quarter one of 2020/21, in line with national trends. Since then, there has been an increase in invitations to 5.7% in quarter three of 2023/24, following a high in quarter four of 2022/23 of 9.27% in Hampshire.

The Isle of Wight has followed similar trends, seeing a decrease during COVID-19 to 0% in quarter one and two of 2020/21 following 3.7% in quarter four of 2019/20. This has since improved to 5.1% in quarter three of 2023/24.

Figure 5: Proportion of the eligible population invited for a health check, 2018/19 to 2023/24



Source: Fingertips, Office for Health Improvement and Disparities

In Hampshire, 31.1% of those eligible for an NHS Health Check has received one between 2017/18 to 2021/22, higher than the England average of 28.4% and the Isle of Wight (28.6%).⁶ This has since decreased in line with the trend over the past three years, to 27% in Hampshire and 21.7% on the Isle of Wight. This is also in line with national trends, seeing a decline to 27.4% in England.

Figure 6: Proportion of eligible population who received an NHS Health Check, 2013/14 to 2022/23



Source: Fingertips, Office for Health Improvement and Disparities

The relationship between uptake of NHS Health Check invitations and deprivation is not clear, however, Hampshire Public Health Team are helping to address inequalities by prioritising health checks for people living in areas of high deprivation, people from certain ethnic groups, and people who smoke, have a BMI over 30, or have a familial history of coronary heart disease.

⁶ [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk)