1. Defining need in relation to pharmaceutical services?

Some people will make more use of pharmacy services than others; these will include those on long term medicines, older people and the very young reflecting the prevalence of health issues within these segments of the population. Parents and carers of children under five have been encouraged by the NHS to visit their local pharmacy team first for clinical advice for minor health concerns such as sore throats, coughs, colds, upset stomachs and teething. It is well recognised that the pharmaceutical care needs of elderly patients are different from other populations. For instance, the elderly tend to take more medicines, have multiple diseases and more complicated treatment regimens[1]. Some segments of the population may have specific needs in relation to pharmaceutical services and these are examined below. However the main considerations of need in relation to pharmaceutical services in the context of the county of Hampshire are service location and availability.

2. Demography – size and age structure of resident population

2.1 Current population

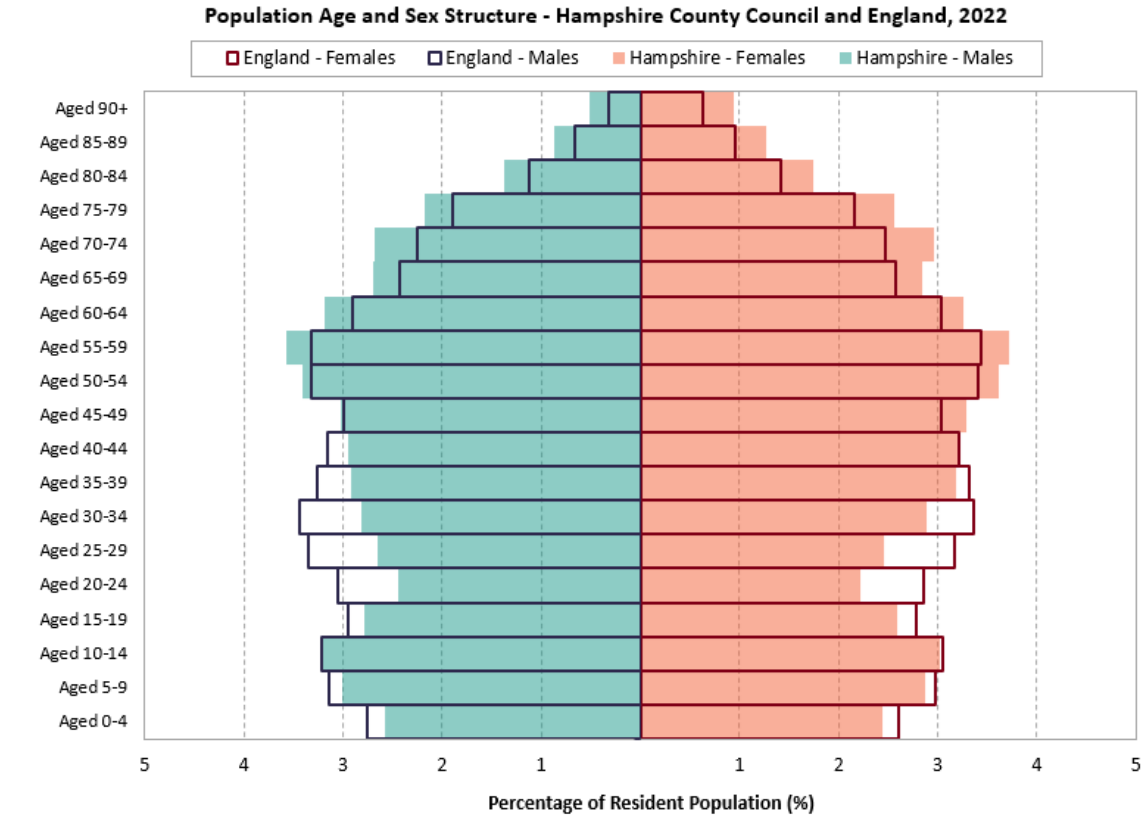
The population of Hampshire in 2022 is estimated to be 1.43 million people, according to Small Area Population Forecasts produced by Hampshire County Council[2]. This makes Hampshire the third most populous county in England after Kent and Essex. Over the nine year period between the Census of 2011 and 2022 Hampshire's population is estimated to have increased by 5.1%, in absolute numbers this equates to an increase of just over 67,000 people.

The population pyramid presents the latest mid year population estimates available for Hampshire compared to England. The chart shows Hampshire has an older population with a higher proportion of the population aged 45 years and over compared to England. Mid year population estimates suggest that the median age across Hampshire is 43 years (highest in the New Forest at 51 years and lowest in Rushmoor at 39 years), compared to the median age nationally of 40 years.

In 2022, population forecasts show that Hampshire has fewer young working aged people (aged 20-39) compared to England as a whole; 22% in Hampshire compared to 26% in England. Young people (aged 0-19 years) make up 22.5% of the county's population compared to 23.5% nationally. Hampshire's older residents (aged 75 years and over) account for 11% of the population, compared to 9% nationally. There are estimated to be just under 20,800 people living in Hampshire who are aged 90 years and over.

[1] Pharmaceutical care - a model for elderly patients - The Pharmaceutical Journal (pharmaceutical-journal.com)
[2] Population estimates and forecasts | Hampshire County Council (hants.gov.uk)

Figure 1 – Population Age and Sex Structure of Hampshire and England, 2022

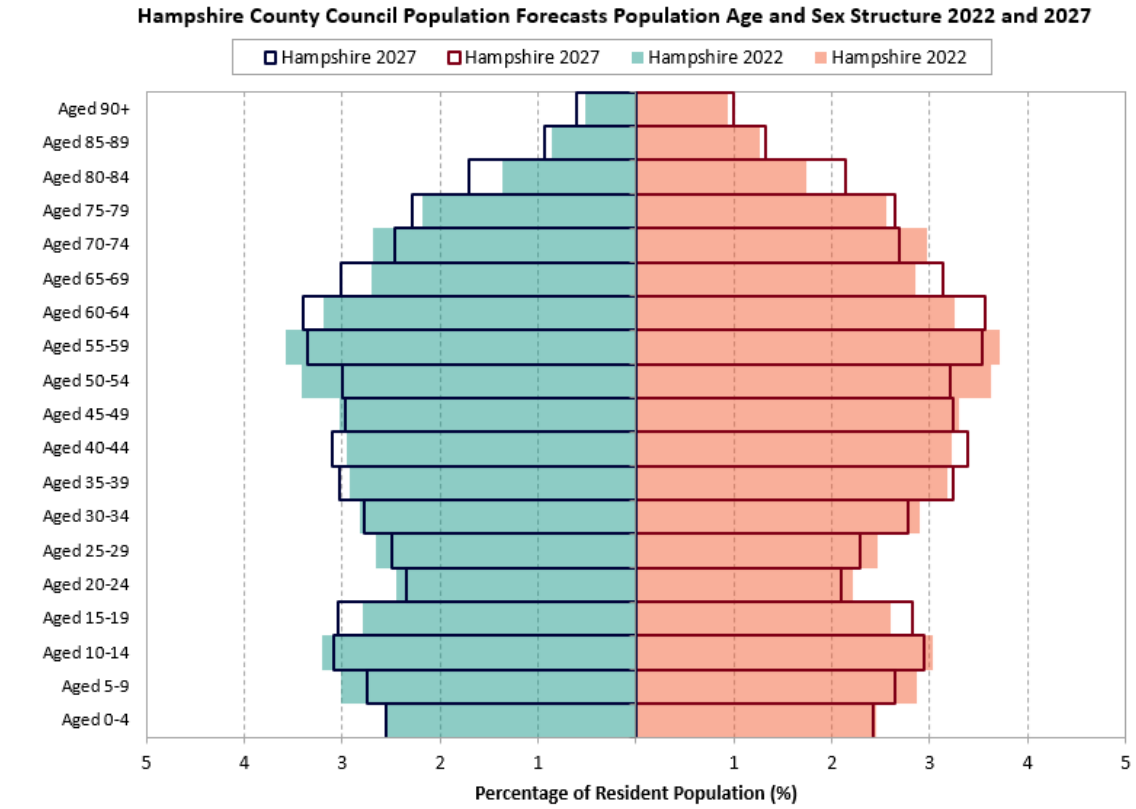


Source - HCC Small Area Population Forecasts and ONS 2022 Population Projections

2.2 Population forecasts

The population pyramid (figure 2) presents the forecast change in the county's population age and sex structure. Forecasts produced by Hampshire County's Environment Department suggest that the population of Hampshire is expected to increase by 4.6% from 1,431,300 in 2020 to 1,497,700 by 2027.

Figure 2 – Population forecast population for Hampshire 2022 and 2027



Source - Hampshire County Environment Department's 2020 based Small Area Population Forecasts

Population forecasts suggest a 3.3% increase in the 0 to 19 years population, the population pyramid illustrates that this increase can be mainly attributed to the 15-19 years cohort.

Looking forward, the ageing of Hampshire's population is set to continue across the county with forecasts suggesting that by 2027 almost 24% of Hampshire's population will be aged 65 or older, 12.7% aged 75 or older and 3.8% aged 85 or older. The proportion of the 85 years and over population is expected to increase by almost 13%, to a little under 57,900 people by 2027.

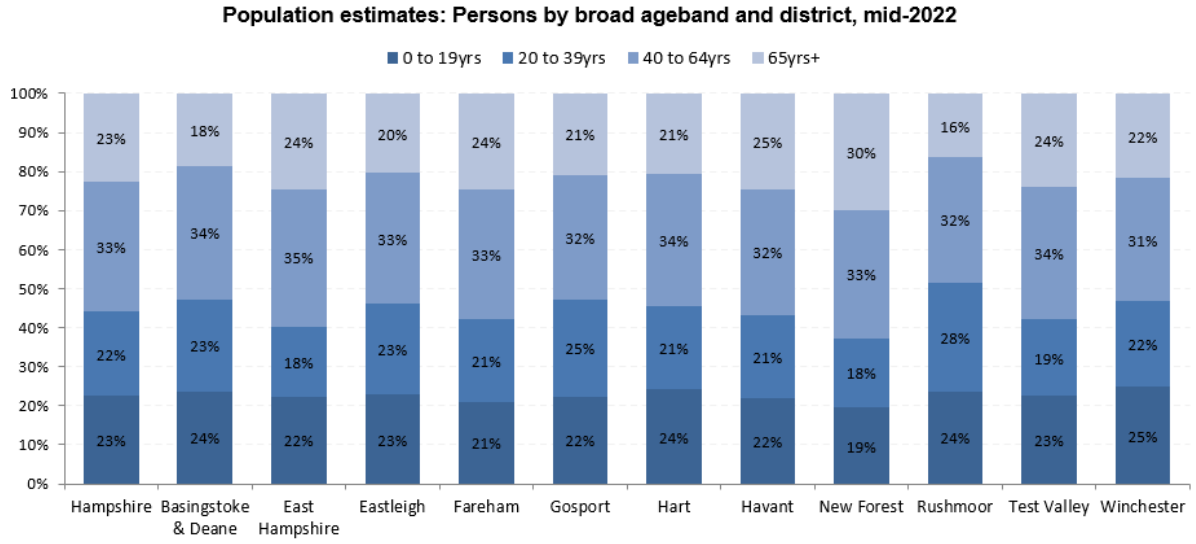
2.3 Differences in the population

There is variation in population age structure between Hampshire's districts, for example one in four of Basingstoke and Deane's population are aged 0 to 19 years compared to one in five in the New Forest. Rushmoor has the youngest population structure in the county, over a quarter of the district's population (28%) are of a young working age (20-39yrs), see figure 3.

Across the districts the level of ageing varies significantly, though all districts have seen their populations getting older. The New Forest has the oldest population structure in the county with the highest number of residents aged 65 and over (53,800), equating to almost one third (30%) of the population compared to just 16% (16,500) of Rushmoor's total population.

The districts of Test Valley, Hart and Winchester have experienced the largest population growth across the period 2011 to 2022, increasing by 15.5%, 12.9% and 12.8% respectively. The districts which have experienced the greatest increases in the 65 year and older population are Test Valley and Rushmoor, increasing by 48% and 43% over the eleven years period.

Figure 3 - Population estimates by broad age band and district, mid-2022



Source - Hampshire County Council: Small Area Population Forecasts mid-2020 based

Looking forward, population data suggest that the most growth over the next few years is forecast to occur in Winchester district where the population is expected to increase by just over 10,400 people (equating to a rise of 7.9%) by 2027. Rushmoor and Eastleigh are also forecast to see increases of 7.5% and 6.7% respectively over the same time period. Conversely Gosport's population is only set to increase by a little under 900 people (1.1% increase).

Across all districts the biggest increases are predicted in the 65 year and over age group, this population is expected to increase by a little over 35,000 people by 2027 (10.8% increase). Population data for one district, Gosport, predicts a decrease in the 0 to 64 years population by 2027 of 1.3%. In contrast, Winchester's 0 to 64 years population is predicted to increase the most across the county by 7%, followed by Rushmoor with a predicted increase of 5.6%.

2.4 New Housing developments and impact on local population dynamics

Understanding the population of the county is imperative to developing policies and plans that will improve people's lives. Hampshire County Council produces population forecasts using a cohort component model to estimate both the current and future population. The model uses information on the supply of dwellings as well as assumptions regarding births, deaths and migration. It should be noted that in the current economic climate forecasting future dwelling supply continues to be particularly difficult.

The dwelling supply information for the period 2020 to 2027 includes all large and small sites with planning permission, or allocated in local plans as at April 1st 2020. Additional dwelling information is obtained from district's Strategic Housing and Land Availability Assessment (SHLAA). The figures are the best projections available as at 1/4/2020 on a site by site basis taking account of the current market conditions.

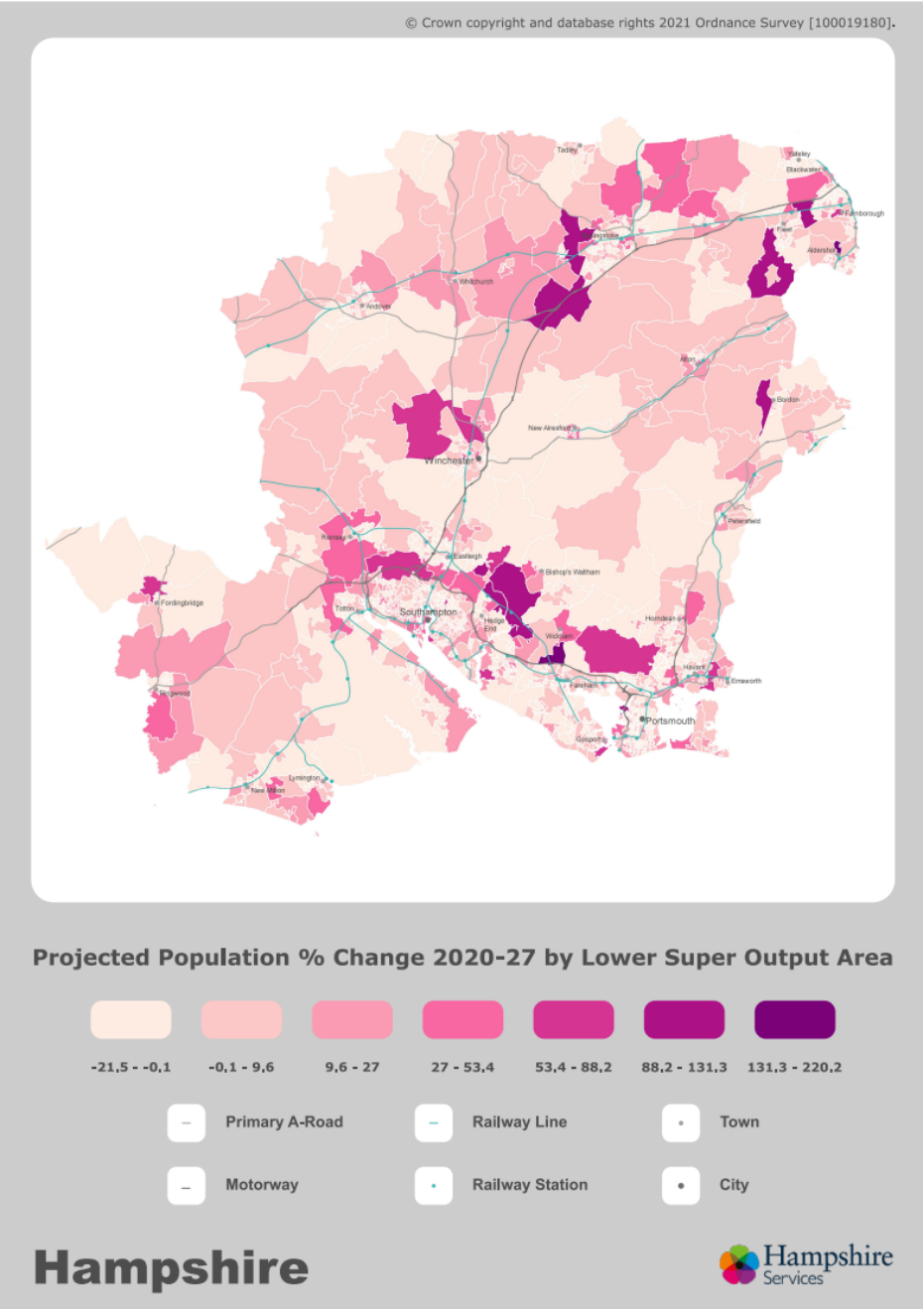
Table 1 shows that, over the next 5 years, the number of dwellings is predicted to increase by 5.8% and the population to grow 4.6% across the County. Winchester is expected to see the largest relative population growth (7.9%) attributed to just over 5,000 more dwellings. Winchester, Eastleigh and Basingstoke & Deane have the largest forecast increases in population.

Table 1 – Predicted population and dwelling changes for each district and the County overall, 2022 to 2027

	Dwelling Growth (2022 to 2027)		Population Growth (2022 to 2027)	
Area	**Number**	**Percentage change**	**Number**	**Percentage change**
Basingstoke and Deane	4,244	5.3%	7,523	4.0%
East Hampshire	3,493	6.3%	6,732	5.3%
Eastleigh	4,459	7.4%	9,273	6.7%
Fareham	2,981	5.9%	5,353	4.6%
Gosport	1,033	2.7%	899	1.1%
Hart	1,608	3.8%	2,598	2.5%
Havant	3,444	6.0%	6,343	5.0%
New Forest	3,516	4.2%	5,336	3.0%
Rushmoor	3,855	9.3%	7,529	7.5%
Test Valley	2,356	4.1%	4,425	3.3%
Winchester	5,208	9.4%	10,413	7.9%
Hampshire County Council	**36,197**	**5.8%**	**66,424**	**4.6%**

Map 1 shows the projected population % changes 2020-2027 by Lower Super Output Area (LSOA) across the county of Hampshire and the cities of Portsmouth and Southampton.

Map 1 – Projected Population % change 2020-2027 by Lower Super Output Area across Hampshire



2.5 Population Density

Hampshire has a lower population density than the regional and national averages with 378 people per square kilometre compared to 483 people per square kilometre for the South East of England and 434 across England. Gosport, Rushmoor and Havant are the most densely populated districts within Hampshire and have population densities much higher than the regional and national averages. There are 2,417 people per square kilometre living in Rushmoor, 3,337 people per square kilometre in Gosport, and 2,267 people per square kilometre in Havant[3].

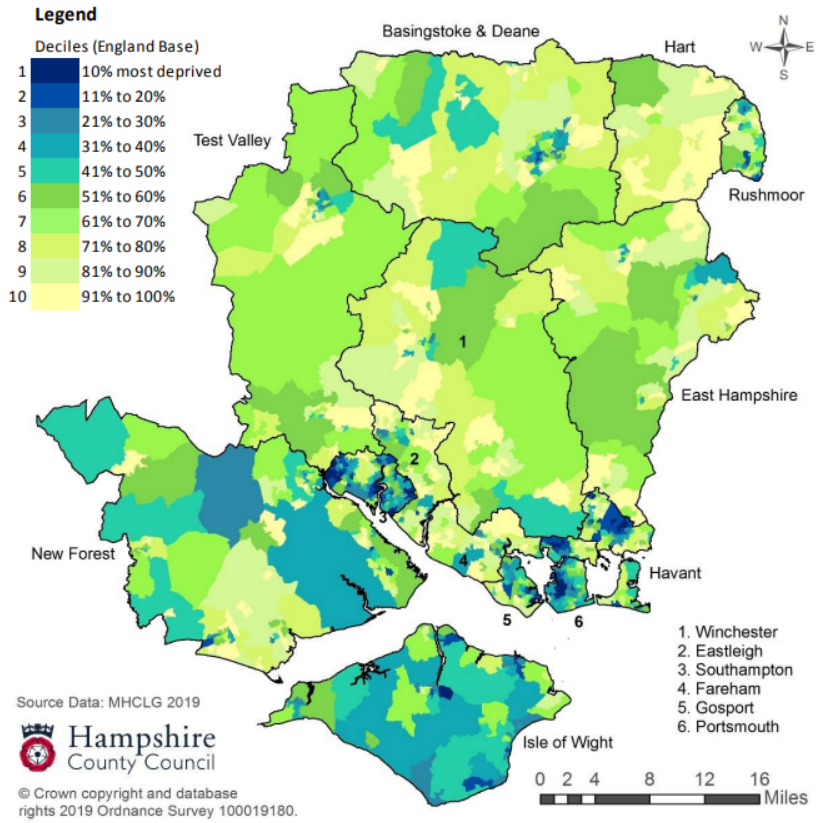
[3] Census 2011 data

3. Indices of deprivation

Hampshire is among the least deprived authorities in England according to the Index of Multiple Deprivation (IMD) 2019, although there are pockets within Hampshire that fall within the most deprived areas in the country.

Hampshire is the 16th least deprived Upper Tier Authority in England (rank out of 151 authorities). At a district level, Hart is the least deprived area in England. The most deprived areas are in Rushmoor, Havant, Gosport and Eastleigh, with pockets also in the New Forest. Havant is the most deprived district in Hampshire ranked 119th out of 317 in the local authority IMD rankings, placing the district in the top 50% most deprived authorities.

Map 2 – Index of Multiple Deprivation 2019 across Hampshire, Portsmouth, Southampton and Isle of Wight



Comparing deprivation between the 2015 and 2019 IMD suggest an increase in place-based deprivation in Havant, notably in Leigh Park.

Two supplementary indexes are produced alongside the income deprivation domain which explore income deprivation specifically affecting children (0 to 15 years) and older people (aged 60 years and over).

The income subdomains for children and older people suggest:

- 10% of children in Hampshire aged 0 to 15 years are living in income deprived families.

- IDACI ranks eight areas in Hampshire in the most deprived decile nationally, six of these are in Havant district

- 9% of resident aged 60 or over experience income deprivation

- IDAOPI ranks 14 areas in Hampshire in the most deprived decile nationally, 12 of these are in Rushmoor district

These data show there is marked inequality across the county with areas of significant deprivation affecting children and older people.

4. General health of the population

The census asks people to rate their general health and whether they have a long term illness or disability. This information gives an insight into both how good the health of the people of Hampshire is overall and the levels of long term illness and disability across the resident population of the county.

The majority of Hampshire's population (84.1%) reported having good or very good health, compared to 81.4% nationally. 84.3% of Hampshire's population reported no disabilities, a higher level than the 82.4% recorded across England.

Across Hampshire, 4% of people reported having bad or very bad health. The highest levels were reported in Havant district (5.6%) and the lowest levels in Hart (2.7%).

A smaller proportion of the Hampshire population (6.7%) reported having a long term illness or disability that limited their day to day activities a lot than the national average (8.3%). The highest levels were again seen in Havant district (8.8%) and lowest levels in Hart at 4.5%.

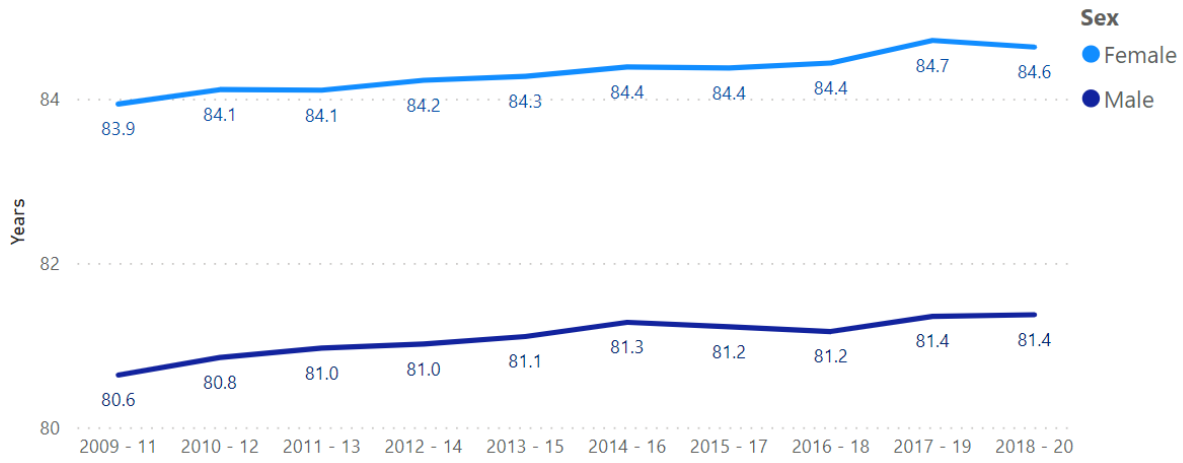
Further detailed information about the health of the population of Hampshire is available via the Hampshire County Council's Joint Strategic Needs Assessment.

5. Life expectancy and healthy life expectancy

Overall Hampshire's population health is better than England. Across the county, life expectancy at birth in 2018 to 2020 was estimated to be 81.4 years for men, this is two years longer than the average for England. Life expectancy at birth for women in Hampshire over the same time period was estimated to be 84.6 years, this is one and a half years longer than the average for England.

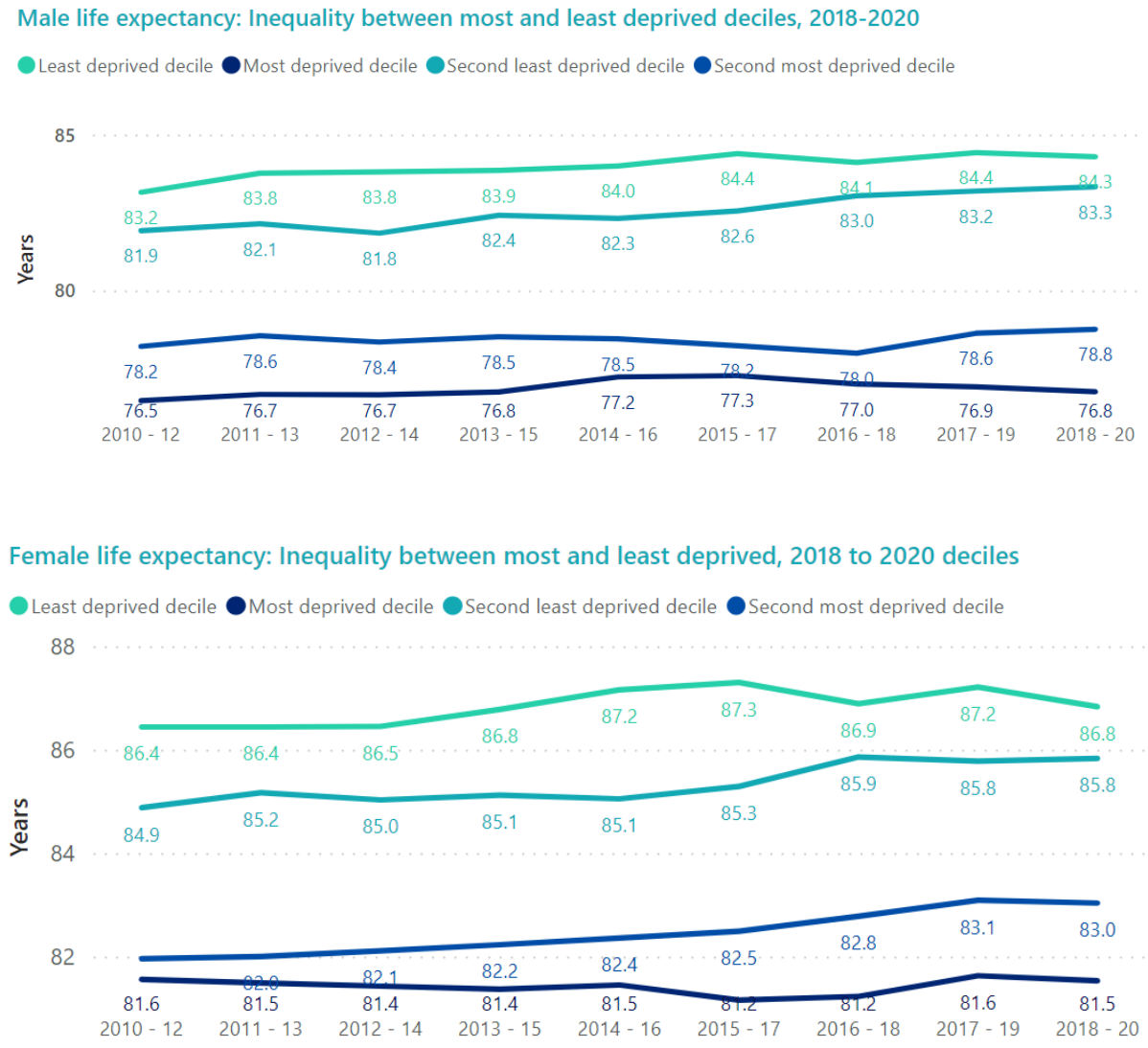
Across Hampshire life expectancy for males and females has been increasing over time, however improvements have slowed recently. This has been particularly true for females and in the deprived areas of the county, see figure 4.

Figure 4 – Trend in life expectancy for Hampshire males and females



Life expectancy varies with deprivation and is a key high level inequalities outcome measure. Males living in the most deprived areas of Hampshire could expect to live 76.9 years compared to 84.4 years in the least deprived areas, a difference of 7.5 years. Whilst females living in the most deprived areas of Hampshire could expect to live 81.6 years compared to 87.2 years in the least deprived areas, a difference of 5.3 years

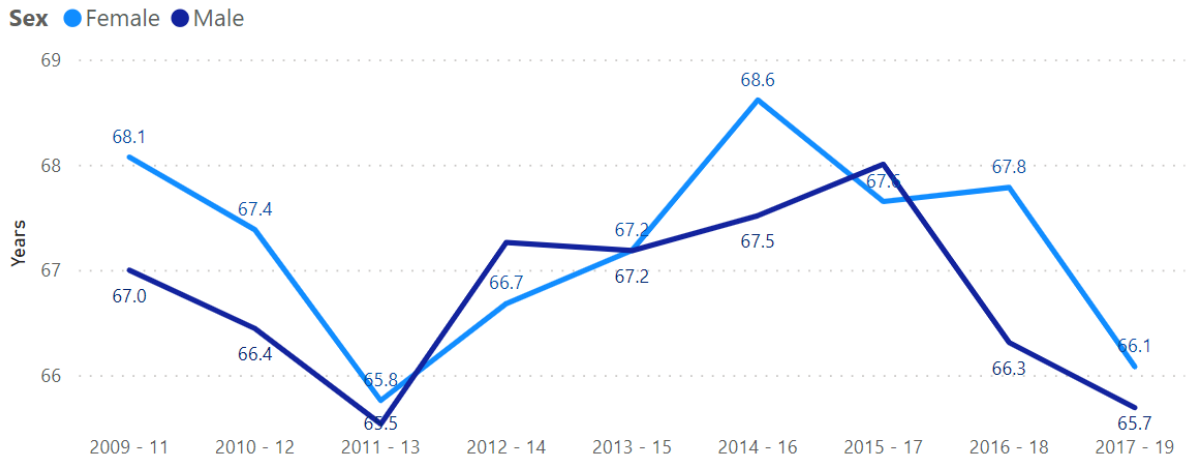
Figure 5 – Trend in life expectancy between the most and least deprived deciles of Hampshire for males and females



Healthy life expectancy shows the years a person can expect to live in good health (rather than with a disability or in poor health). It is therefore a significant measure of a person's quality of life.

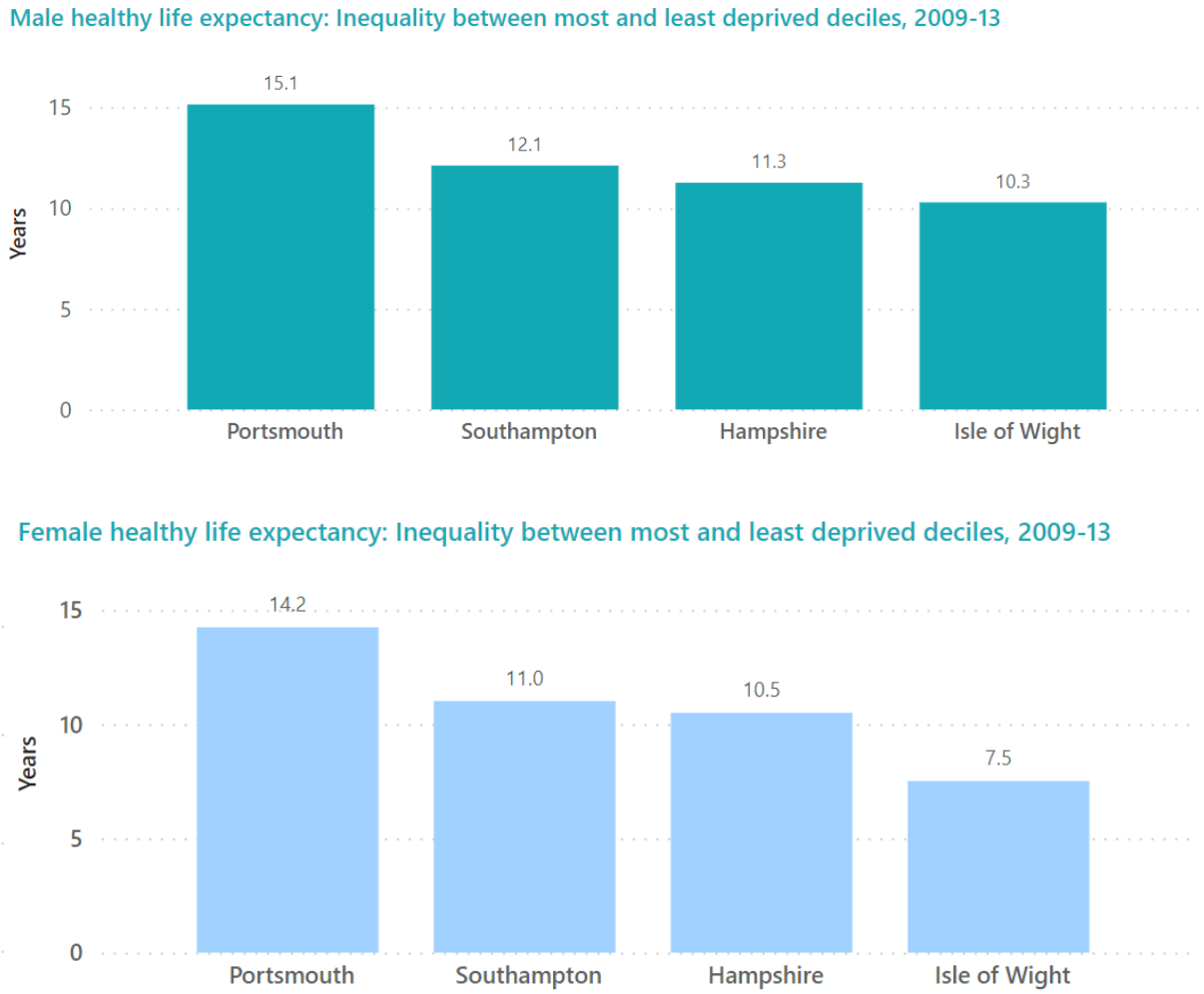
Life expectancy estimates show females live for longer compared to men but they also live in poor health for longer too. Male healthy live expectancy is 65.7 years, indicating an additional 15.7 years are spent in poor health. Female healthy live expectancy is 66.1 years, indicating an additional 18.5 years are spent in poor health, see figure 6.

Figure 6- Trend in healthy life expectancy for Hampshire males and females



Inequalities in healthy live expectancy are evident with those living in the most deprived areas living a smaller proportion of their lives in good health. Males and females living in the most deprived areas of Hampshire live in poor health for 11.3 years and 10.5 years longer respectively, compared to those living in the least deprived areas.

Figure 7 – Inequality in healthy life expectancy between most and least deprived deciles for males and females in Hampshire and neighbouring local authorities



Over the last five to six years healthy life expectancy has decreased for both males and females by 2.3 years and 2.5 years respectively. This suggests people overall are living longer in poor health with a bigger decrease observed in females' healthy life expectancy.

6. Populations with protected characteristics

6.1 Ethnicity

The 2011 Census remains the most robust source of information about the ethnicity of the resident population for Hampshire, although it should be noted that this data is now a decade old.

The population is less diverse than England as a whole, with 95% of residents describing themselves as belonging to White ethnic groups compared to the national average of 86%. The diversity of the area's population is increasing, 5% of the population described themselves as of an ethnic background other than White in 2011, up from 2.2% in the previous Census conducted in 2001.

Basingstoke and Deane and Rushmoor, both in the north of the county, are more diverse when compared to Hampshire overall. Urban areas in particular across the county tend to have higher ethnic group diversity. Over 10% of the Rushmoor population are from an ethnic minority group, with over 6,130 people identifying themselves as Nepalese in the 2011 Census.

Overall, the White population of Hampshire has higher proportions of people in the older age groups. The demographic of the population who are from an ethnic minority group is younger with:

· Young people (aged 0-19 years) making up 34.75% of the population who are from an ethnic minority compared to 22.89% of the population who are from a White ethnic group.

· Younger working people (20-44 years) making up 43.37% of the population who are from an ethnic minority compared to 29.79% of the population who are from a White ethnic group.

· Older people (70+) make up 2.92% of the population who are from an ethnic minority compared to 13.64% of the population who are from a White ethnic group.

· Mixed Ethnicity are far younger in age, with peaks in residents aged between 0 and 4 and 10 and 14 years of age.

In England, there are health inequalities between ethnic minority and White groups, and between different ethnic groups. The root causes of these inequalities can be difficult to determine. A recent review by The King's Fund suggests a complex interplay of deprivation, environmental, physiological, health-related behaviours and the 'healthy migrant effect.' Ethnic minority groups are disproportionately affected by socio-economic deprivation and existing inequalities can be reinforced by structural racism[4].

People from Bangladeshi and Pakistani communities have the poorest health outcomes across a range of health indicators. Rates of cardiovascular disease and diabetes are higher among Black and South Asian groups. These health inequalities may result in different levels of pharmaceutical need amongst different ethnic groups.

[4] The health of people from ethnic minority groups in England | The King's Fund (kingsfund.org.uk)

6.2 Disability

To understand the level of disability in our population the responses from the Census 2011 question were analysed. This asked, do you have any long-term illness, health problems or disability which limits your daily activities or work you can do?

Across Hampshire, 84.3% of people reported that they did not have any long term illnesses which limited their daily activities or work. This is higher than the national average of 82.4%.

6.7% of people said they had a long term health problem or disability which limited their day to day activities a lot. This varied across the county, at its lowest at 4.5% in Hart district and highest at 8.8% in Havant.

6.3 Religion or belief

Census 2011 data reported almost two thirds of Hampshire residents (64.9%) stated they had a religion, 27.9% no religion and 7.2% did not say.

Christianity was the dominant religion with 62.4% of Hampshire residents reporting to be Christian. 0.7% reported Hindu as their religion, 0.6% Muslim and 0.5% Buddhist.

Across the districts, religion varied the most in Rushmoor, reflecting the greater ethnic diversity in this area. Christianity remained the dominant religion in the district, but the proportion was lower than Hampshire (57.8%). 3.4% reported Hindu as their religion, 1.4% Muslim and 3.4% Buddhist.

6.4 Marriage and civil partnership

Census 2011 data reported that over half of Hampshire residents (53.25%) were married, 0.2% registered in a same-sex civil partnership, 27.7% single, 9.3% divorced and 7.1% widowed or a surviving partner from a same sex civil partnership.

The highest proportion of people who are single were in Winchester (30%) and Gosport (30%).

New Forest reported the highest proportion of people widowed or surviving partner from a same-sex civil partnership (9%).

Gosport reported the highest proportion of people divorced or formerly in a same-sex civil partnership which is now legally dissolved (11.5%).

6.5 Pregnancy and maternity

Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birthweight and sudden unexpected death in infancy.

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. On average, smokers have more complications during

pregnancy and labour, including bleeding during pregnancy, placental abruption and premature rupture of membranes.

Recent data for the financial year 2020-2021 suggest that in Hampshire 7.9% of mothers (969 mothers) were known to be smokers at the time of delivery. This varies across the county between 5.6% in Hart (50 mothers) to 11.3% in Havant (119 mothers).

Trend data show that since 2010/11 the percentage of mothers smoking has decreased and remains significantly lower or comparable to England in Hampshire and all districts except Havant which saw a slight increase in 2020/21. Trends can fluctuate considerably at a district level due to the smaller population therefore it is important to consider the long term trends.

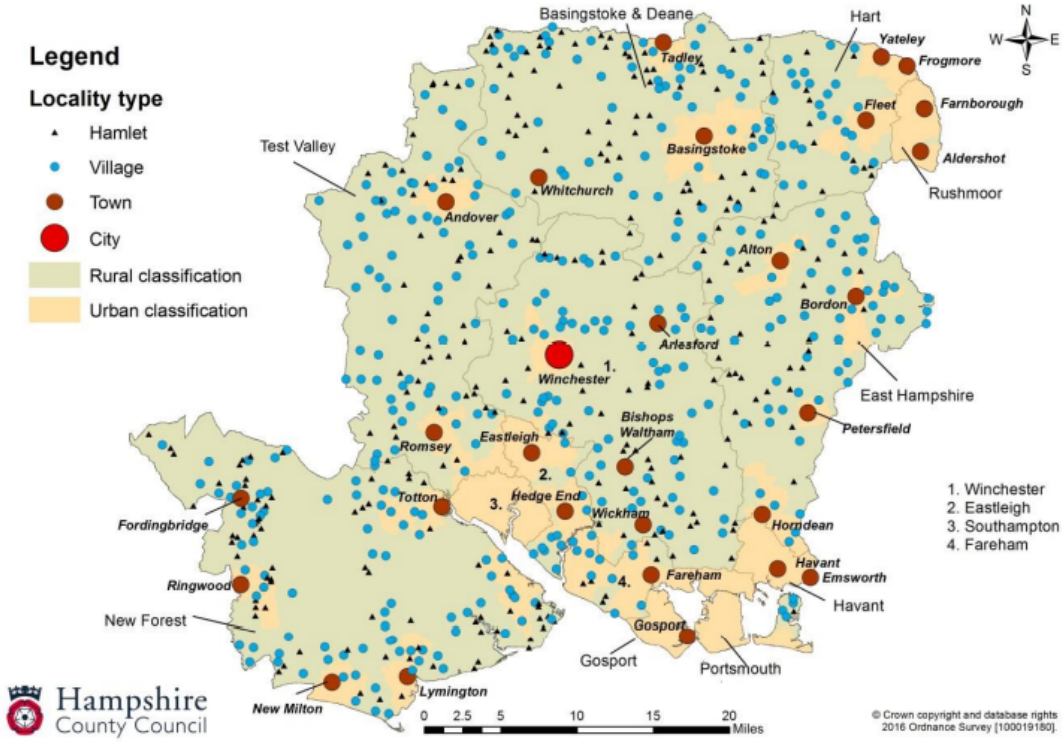
7. Inclusion groups and other populations with specific needs

7.1 Rural populations

Hampshire is a predominantly rural county, approximately 75% of the area is defined as rural and over one third of the county's area is within National Parks or Areas of Outstanding National Beauty. 22% of the population live in the county's rural areas. Hampshire is a large county and so although the minority of the population, just over one in five, live in a rural area this still equates to nearly 300,000 residents[5]. There are rural communities of varying sizes throughout the districts of Hampshire, with largest numbers residing in Winchester, Test Valley, New Forest, Basingstoke and Deane and East Hampshire, see map 3.

There is estimated to have been proportionately more growth amongst Hampshire's rural populations than its urban population in recent years and Hampshire's rural communities have a higher proportion of older people. This is a key variation that needs consideration when assessing pharmaceutical need.

Map 3 - Map showing urban and rural areas in Hampshire



Source: HCC

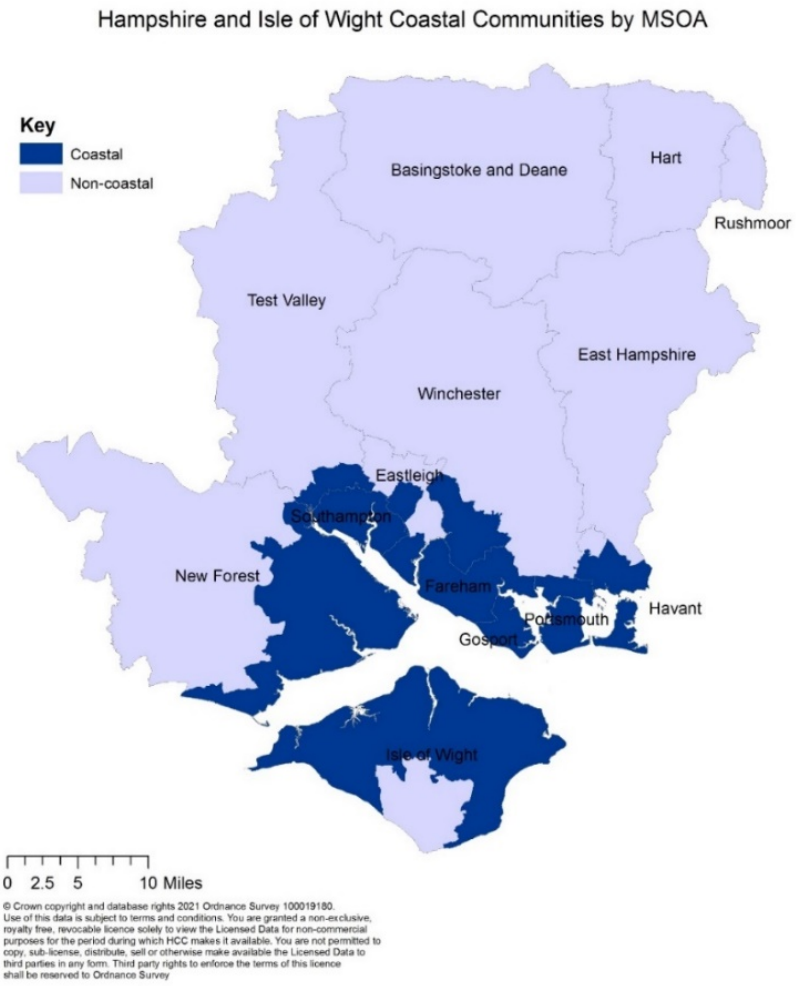
[5] Socio-economic profile of rural Hampshire 2016 (hants.gov.uk)

7.2 Coastal areas

The Chief Medical Officer's 2021 report focused on health inequalities in coastal areas. It outlined that these areas have low life expectancy and higher rates of many diseases, compared with non-coastal areas. Analysis produced by the University of Plymouth has been used to identify coastal and non-coastal communities. Coastal areas are defined that those with built-up area which lie within 500m of high tide.

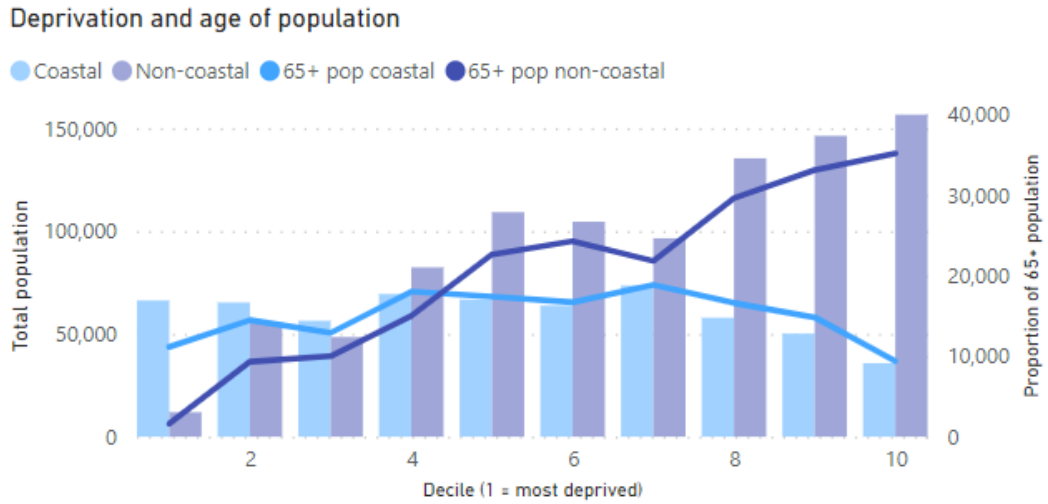
Hampshire districts which contains coastal communities are Eastleigh, Fareham, Gosport, Havant, New Forest, Test Valley and Winchester, see map 4 below.

Map 4 - Map showing Hampshire and Isle of Wight Coastal Communities



A greater proportion of the population who live in the most deprived areas are living in coastal areas. Figure 4 shows that a greater proportion of those aged 65 and over living in coastal areas are in areas of higher deprivation, whereas fewer residents aged 65 and over living in the least deprived deciles are living by the coast[6]. Havant has 31,724 people living in the most deprived decile in coastal areas, compared to 597 people living in the most deprived decile in non-coastal areas.

Figure 4 -Deprivation and age of population split into coastal and non-coastal areas



Coastal communities include a disproportionately high burden of ill health, particularly heart disease, diabetes, cancer, COPD and mental health. There is also a significant disparity in hospital admissions due to 'health-risking behaviour' between coastal and non-coastal areas[7]. Life expectancy in non-coastal areas in Hampshire is lower than coastal areas, although only the difference in females is significant. Male life expectancy in coastal areas is 80.9 years (0.7 years lower than non-coastal) and female life expectancy in coastal areas is 83.9 years, 1 year lower than non-coastal [8].

Deprivation in these areas, and the age of coastal populations are both related to this burden of ill health. University of Plymouth Coastal Health Outcomes report concluded that there is also a substantial health service deficit in coastal communities[9].

[6] Hampshire and Isle of Wight 2021 JSNA Healthy Places Report

[7] cmo-annual_report-2021-health-in-coastal-communities-accessible.pdf
[8] Microsoft Power BI
[9] cmo-annual_report-2021-health-in-coastal-communities-accessible.pdf

7.3 People with long term conditions

Around one in four people have two or more long-term conditions, often known as multimorbidity and this rises to two thirds of people aged 65 years or over[10]. The proportion of patients who have two or more medical conditions simultaneously is rising steadily[11].

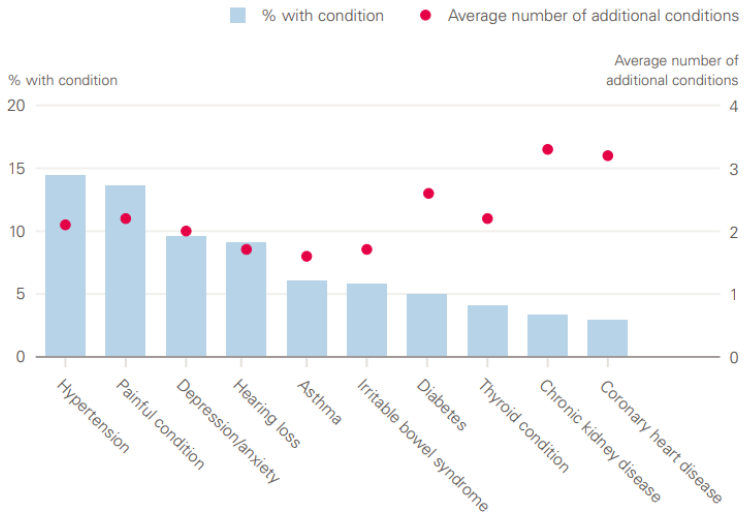
Multimorbidity increases with age, however other circumstances can mean certain people are more vulnerable to having multiple long term conditions and almost a third of people with 4+ conditions under 65 years of age.

People in disadvantaged areas are at greater risk of having multiple conditions, and are likely to have multiple conditions 10 to 15 years earlier than people in affluent areas[12]. Around 28% of people in the most deprived fifth of England have 4+ conditions, compared with 16% in the least-deprived fifth[13].

Children or young adults with serious congenital or acquired impairments often have multiple physical or mental illnesses. Certain periods of life, including pregnancy, increase the probability that multiple conditions will present simultaneously[14].

Health Foundation analysis shows that 82% of people with cancer, 92% with cardiovascular disease, 92% with chronic obstructive pulmonary disease and 70% with a mental health condition have at least one additional condition[15]. Figure 8 from this analysis shows that a person with hypertension had an average of 2.1 additional conditions and a person with depression or anxiety had 2.0 additional conditions. People with chronic kidney disease had 3.3 additional conditions.

Figure 8 - Common conditions and average number of additional conditions



Data source: Understanding the health care needs of people with multiple health conditions.pdf

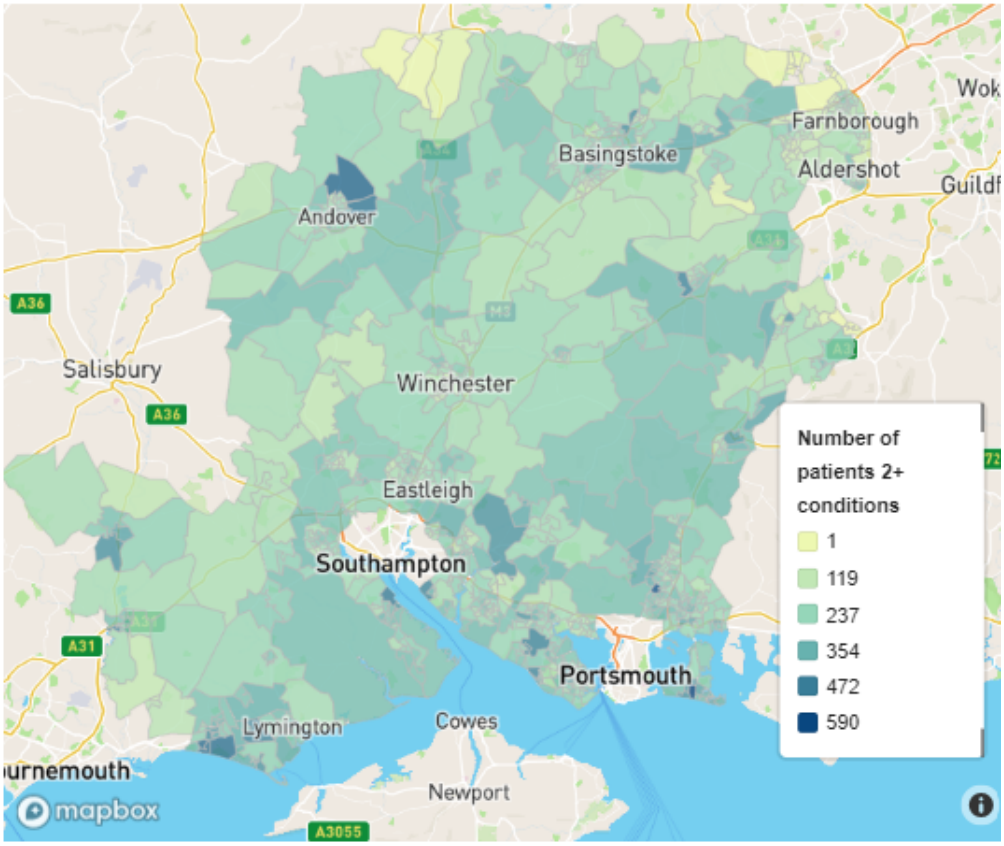
[10] NHS England » Multimorbidity – the biggest clinical challenge facing the NHS?
[11] Rising to the challenge of multimorbidity | The BMJ
[12] Long-term conditions and multi-morbidity | The King's Fund (kingsfund.org.uk)
[13] Understanding the health care needs of people with multiple health conditions.pdf
[14] Rising to the challenge of multimorbidity | The BMJ
[15] Understanding the health care needs of people with multiple health conditions.pdf

Pharmacists are ideally placed to improve the care and quality of life of people with multiple long term conditions, particularly where polypharmacy is an issue. Pharmacists may also have a pivotal role to play in the prevention or worsening of multimorbidities in younger people[16].

Across Hampshire over 190,000 residents have two or more long terms conditions, this equates to almost one in seven people (13.6%). Deprivation may explain some of the variation across Hampshire. The lowest proportion of people with two or more conditions is in Hart (6.6%) and the highest proportion in Havant (17.4%), these are the least and most deprived districts respectively. However age is also a significant factor, almost one third of the population in the New Forest are aged 65 years and over, with 17.4% of the total population having two or more conditions.

The map below shows that within districts there is further variation, with the Andover area in and to the north of Picket Piece in Test Valley reporting the highest number of people with multimorbidity.

Number of patients with 2 or more long term conditions by resident LSOA



Data source: JSNA Healthy People data report

The Health Foundation study reported that people diagnosed with cancer, chronic obstructive pulmonary disease, cardiovascular disease and mental health had high number of additional conditions. Hypertension and pain were the most common additional conditions.

[16] New approach needed to tackle rise of multimorbidity - The Pharmaceutical Journal (pharmaceutical-journal.com)

7.3 Military

Hampshire has a substantial military presence, including Army, Royal Navy and RAF bases. The number of military personnel entitled to Defence Medial Service (DMS) care provides a good indication of the size of the serving population across Hampshire. In April 2020, there were a total of 13,300 UK armed forces and entitled civilian DMS registrations in Hampshire. The largest proportion are based in North East Hampshire and Farnham (4,740), smaller numbers in both Fareham and Gosport (3,460) and West Hampshire (3,460), and fewer still in North Hampshire and South East Hampshire[17]. Approximately 550 are Serving Gurkhas.[18]

The pharmaceutical needs of the military are in the main met by the military service. However the health needs of families and dependents moving into the area will be the responsibility of the Clinical Commissioning Groups (CCGs) and therefore relevant to this PNA.

7.4 Military Veterans

Robust data about the number, location and demographics of veterans is limited at both the national and local level. Estimates suggest that that there are likely to be around 60,000 veterans in Hampshire, with the greatest numbers living in Gosport, Fareham, Havant and Test Valley.

The population of veterans in Hampshire is mostly elderly and likely to be experiencing the same health problems that the general elderly population experience, including isolation, difficulty with mobility and self-care. The most common mental health problems are anxiety and depression however there are clearly some veterans with more complex problems who will need more specialised and bespoke treatments. These might be for complex PTSD or dual diagnoses of alcohol and mental health problems.

7.5 Offenders

There is one prison in Hampshire located in the district of Winchester. It is a category B prison with an operational capacity of 564 and is able to take men from the age of 18 upwards. Population prison data from Ministry of Justice for December 2021 report a population of 483[19].

The pharmaceutical needs of prisoners in Hampshire are met by the services within the walls of this establishment and so are not within the scope of this PNA.

7.6 People in contact with the justice system

Nationally, the number of individuals formally dealt with by the Criminal Justice System (CJS) was 30% lower in 2020 than in 2019, as a result of COVID-19. The rate of juveniles receiving their first conviction, caution or youth caution per 100,000 10-17 year old population in Hampshire is not significantly different to the national average at 149.8 compared to 169.2 nationally[20].

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[17] Defence personnel NHS commissioning bi-annual statistics: financial year 2020/21 - GOV.UK (www.gov.uk)
[18] Hampshire County Council: Veterans, Reservists and Armed Forces Families Health Needs Assessment, 2014.
[19] Prison population figures: 2021 - GOV.UK (www.gov.uk)
[20] Public Health Outcomes Framework - Data - PHE

Children and young people at risk of offending or within the youth justice system often have more unmet health needs than other children[21,22]. For young people, there are overlapping risk factors associated with youth crime, such as school absence and low educational attainment[23].

7.7 Drug and alcohol dependents

There are conflicting data on UK alcohol consumption trends, between what people say they drink and the data on alcoholic drink sales. European research evidence indicates that people under-estimate their personal alcohol consumption by around 60%.[24]

It is estimated that 11,248 people have alcohol dependency in Hampshire[25]. Between 2015 and 2018 there was a very gradual increase in the estimated number of alcohol dependent adults in Hampshire and Isle of Wight[26]. The number of opiate users in Hampshire successfully completing drug treatment has been declining, in line with the England trend[27].

Data supplied by NHS Inclusion suggest that the population is treatment for dependency on drugs and alcohol tend to live in the more deprived areas of Hampshire. 54% of people in treatment in 20/21 live in areas which are in the most deprived 30% according to the 2019 Index of Multiple Deprivation. Eastleigh, New Forest and Test Valley have higher admission episodes for alcohol-related conditions than the England average[28].

Alcohol and drug dependence increases the risk of a range of mental and physical illnesses. Pharmacies provide a number of services to this section of the community from supervised administration programmes, needle exchanges and Hepatitis C testing to healthy lifestyle advice.

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[21] Public Health Outcomes Framework - Data - PHE
[22] Improving outcomes and supporting transparency part 2: summary technical specifications of public health indicators (publishing.service.gov.uk)
[23] Improving outcomes and supporting transparency part 2: summary technical specifications of public health indicators (publishing.service.gov.uk)
[24] Alcohol consumption higher than reported in England | UCL News - UCL – University College London
[25] Alcohol dependence prevalence in England - GOV.UK (www.gov.uk)
[26] Alcohol dependence prevalence in England - GOV.UK (www.gov.uk)
[27] Public Health Outcomes Framework - Data - OHID (phe.org.uk)
[28] Local Alcohol Profiles for England - Data - PHE

7.8 Homeless and rough sleepers

There are three main forms of homelessness: rough sleeping, statutory homelessness, and hidden homelessness, whereby people sofa surf at family and friends' houses or live in housing which is not safe to be occupied. Those who fall under the category of 'hidden homelessness' are the ones most often excluded from official data.

A district level count of rough sleepers in 2018 showed that Fareham had the most rough sleepers. There were no rough sleepers recorded in Eastleigh, Gosport or Hart[29]. In the same year it was reported that 86% of rough sleepers are male[30]. ONS data shows that in 2020 the New Forest had the largest number of rough sleepers (17). Gosport and Eastleigh were both found to have no people sleeping rough[31].

Table 2 - Comparison of ONS and local authority rough sleeper count/estimate[32,33,34]

District	ONS 2020 Rough Sleeping Snapshot	2018 District Count
Basingstoke and Deane	0	8
East Hampshire	1	4
Eastleigh	0	0
Fareham	3	19
Gosport	3	0
Hart	2	0
Havant	5	5
New Forest	17	8
Rushmoor	9	8
Test Valley	3	9
Winchester	7	8

Source: East Hampshire Council 2018/19 Homelessness Review, ONS 2020 Rough Sleeping Snapshot, *Isle of Wight Homeless and Rough Sleeping Strategy 2019 – 2024 (2018 figure)

Ministry of Housing, Communities and Local Government figures show the New Forest to have 5.2 households in temporary accommodation per 1,000; worse than England's average and the highest in Hampshire[35]. Rushmoor has the highest number of households (per 1,000) owed a duty under the Homelessness Reduction Act (HRA) at 16.5. This makes Rushmoor worse than England's and Hampshire's averages (12.3 and 8.6 respectively).[36]. Under the HRA prevention and relief duties are owed to all eligible households who are homeless or threatened with becoming homeless[37].

[29] Homelessness review final EH 6 141019.docx (live.com)
[30] 2019 STP JSNA (hants.gov.uk)
[31] Official statistics overview: Rough sleeping snapshot in England: autumn 2020 - GOV.UK (www.gov.uk)
[32] Homelessness review final EH 6 141019.docx (live.com)
[33] Official statistics overview: Rough sleeping snapshot in England: autumn 2020 - GOV.UK (www.gov.uk)
[34] PAPERC-AppendixA.pdf (iow.gov.uk)
[35] Public Health Outcomes Framework - Data - PHE
[36] Public Health Outcomes Framework - Data - PHE
[37] Homelessness Reduction Act 2017 (legislation.gov.uk)

However, homeless shelter figures often exceed national estimates and are often the most reliable and up to date local figures available[38].

ONS figures estimate that 83% of rough sleepers in Hampshire and the Isle of Wight in 2020 were male[39]. 91% of Hampshire and Isle of Wight rough sleepers were of UK nationality, 7% were from the EU, none had non-EU nationality and 2% of rough sleepers' nationality was unknown[40].

In 2020, the ONS reported that 91% of Hampshire and Isle of Wight's homeless population were aged over 26 years old, 6% were 18-25 and none were below 18[41].

Many people who are homeless experience poor mental health, domestic abuse and are likely to have substance use or addiction[42]. One in three people who are homeless have attempted suicide[43]. They are nine times more likely to die by suicide. Deaths as a result of traffic accidents are three times as likely, infections twice as likely and falls more than three times as likely for homeless people. Drug and alcohol abuse are particularly common causes of death among the homeless population, accounting for just over a third of all deaths[44].

7.9 Migration

Migration is complex and there is no legal requirement to inform a single body when someone moves. As such data on migration is less robust and comes with limitations on its use. Economic migrant data from the Department of Work and Pensions report that in 2020/21 there were just under 2,000 national insurance number registrations to adult overseas nationals in Hampshire. 44% of these registrations were to people from Asia and just under a third to those from the European Union. Across the county, Basingstoke and Deane had the highest proportion of economic migrants (33%) followed by Rushmoor (16%).

7.10 Refugees and asylum seekers

The most vulnerable migrants and asylum seekers in the population are a dynamic population which make frequent geographic moves. As a result data is not sufficient to map this population, and many of the group's characteristics are protected.

There are currently three bridging hotels in Hampshire, two are in Basingstoke and Deane and one is in Rushmoor.

Historically, Hampshire has had low numbers of asylum seekers and refugees, although the numbers have risen significantly since 2016[45].

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[38] Trinity-Annual-Review-2021.pdf (trinitywinchester.org.uk)
[39] Official statistics overview: Rough sleeping snapshot in England: autumn 2020 - GOV.UK (www.gov.uk)
[40] Official statistics overview: Rough sleeping snapshot in England: autumn 2020 - GOV.UK (www.gov.uk)
[41] Official statistics overview: Rough sleeping snapshot in England: autumn 2020 - GOV.UK (www.gov.uk)
[42] Trinity-Annual-Review-2021.pdf (trinitywinchester.org.uk)
[43] Annual Review 2021 - Winchester Churches Nightshelter (wcns.org.uk)
[44] 2019 STP JSNA (hants.gov.uk)
[45] Asylum seekers and refugees guide | Hampshire County Council (hants.gov.uk)

This population can have complex health needs and common health challenges includes untreated communicable diseases, poorly controlled chronic conditions, maternity care and mental health and specialist support needs[46].

Some of the children and young people seeking asylum and attending schools in Hampshire will be unaccompanied. This means that they arrived in the UK without an adult family member or guardian accompanying them. Many of these children and young people will have experienced trauma including the loss of their parents and/or siblings or will have lived in war conditions[47].

Vulnerable migrants experience a unique set of challenges when accessing healthcare, such as language barriers, insecure immigration status and housing, and discrimination. Their cultural, spiritual, and religious beliefs and practices can impact on health behaviours and practices, health outcomes, use of and access to healthcare, and decision-making regarding medical treatment[48,49].

7.11 Afghan nationals

There are several health checks which are recommended for Afghan nationals arriving to the UK. The incidence of tuberculosis, hepatitis B and C, anaemia, vitamin A and vitamin D deficiency and smoking are high, health checks should be carried out and advice given where appropriate[50]. There is also a high likelihood of people experiencing mental disorders, including PTSD because of their experiences in Afghanistan or over the course of their journey to the UK[51].

Gender roles in Afghanistan may also impact health and wellbeing, men may be the decision-makers about family members' health[52]. Female Genital Mutilation (FGM) is practised in Afghanistan, and male circumcision is highly prevalent too, individuals arriving in the UK should be given information on appropriate procedures for boys and men in the UK. There is often limited access to antenatal care, so advice should be given to Afghan women on the benefits of antenatal care.

7.12 Gypsy, Roma and Traveller communities

Historically Hampshire has always been home to a large Gypsy community and there are several private sites throughout the county. All districts in Hampshire have a very small percentage of their population identifying as Gypsy or Irish Traveller in the 2011 Census. Hart has the largest percentage of this population (0.3%) and Gosport has the lowest (0.04%). Parts of this community are often missed by official statistics such as the census as they do not live in 'bricks and mortar' homes, and Census forms are only delivered to 'settled' accommodation.

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46 Refugee and asylum seeker health toolkit (bma.org.uk)
47 Asylum seekers and refugees guide | Hampshire County Council (hants.gov.uk)
48 ARAP_Information_for_GPs_8-Aug.pdf
49 Culture, spirituality and religion: migrant health guide - GOV.UK (www.gov.uk)
50 Afghan relocation and resettlement schemes: advice for primary care (publishing.service.gov.uk)
51 ARAP_Information_for_GPs_8-Aug.pdf
52 ARAP_Information_for_GPs_8-Aug.pdf

Counts of traveller caravans published by the Department for Levelling Up, Housing and Communities for July 2021 recorded a total of 434 traveller caravans across Hampshire. These are located mainly within the districts of Winchester (140, 32%) and Hart (104, 24%)[53]. Gypsies and Travellers are significantly more likely to have a long term illness, health problem or disability and experience higher levels of anxiety and depression than the general population. This community is also more likely to experience chest pain, arthritis and respiratory problems.

Roma are a relatively new ethnic group who have migrated to the UK from across Europe. Unlike UK Gypsies, Roma do not usually seek accommodation in caravans or on sites but live in houses as in their country of origin. There are an increasing number of Roma children coming into Hampshire schools suggesting this population may be rising. Often Roma people are a hidden minority due to their reluctance to identify themselves as members of the Roma community, hence is it not possible to provide any accurate figures of the Roma population in Hampshire.

Information on the health of Roma people is difficult to obtain. The voluntary sector organisation Roma Support Group reported that 60% of those using their services had poor physical health including cancer, diabetes, epilepsy, hepatitis B, cardiovascular and respiratory ailments and multiple sclerosis. In addition, 43% were suffering from mental health problems including depression, personality disorders, learning disabilities, suicidal tendencies, self-harm and dependency / misuse of drugs[54].

7.13 University Students

There are three university campuses in Hampshire, the University of Winchester, University Centre Sparsholt, whose courses are validated by the University of Portsmouth and Winchester School of Art, part of the University of Southampton. There were approximately 8,000 students attending the University of Winchester, 6,700 undergraduates and 1,300 postgraduates[55]. The university has extensive accommodation in the district including halls of residence, student villages and university managed housing.

Winchester is also home to the Winchester School of Art, part of the University of Southampton. The campus is set in the centre of Winchester, acting as a hub for over 1,500 students with two halls of residence located nearby.

Whilst early adulthood is usually a healthy life stage, young people of university age are at increased risk of particular health issues including those related to sexual health, mental health issues and substance misuse[56]. These populations may require increased support for screening for sexually transmitted diseases, contraception including the provision of emergency hormonal contraception, and services such as smoking cessation.

[53] Traveller caravan count: July 2021 - GOV.UK (www.gov.uk)
[54] SS00-Health-inequalities_FINAL.pdf (gypsy-traveller.org)
[55] Where do HE students study? | HESA
[56] AYPH-Student-Health-Briefing.pdf (youngpeopleshealth.org.uk)

7.14 Visitors to the county

Data from Visit Britain reported that there were just over 785,500 visits to Hampshire during 2019. The majority of these were during the summer months, with just over a third occurring between July and September. A little over 45% of visits to Hampshire were for the purpose of visiting friends or relatives and nearly 30% were to take a holiday. The average length of stay was just over a week at 7.03 nights.

This population are likely to be in the county for only a brief period and as such their health needs are likely to be related to signposting to other health services, providing support for self-care, the provision of repeat medication or dispensing prescriptions in the event of an acute condition.