

Joint Strategic Needs Assessment Update












Hampshire
**Health and
Wellbeing**
Board

Hampshire and IOW JSNA work programme

Structured on the ONS Health Index domains and provides as a resource with a **written high-level summary** and **PowerBI data report** which enables data to be analysed at smaller geographies such as GP, PCN, LSOA, District.

Joint Strategic Needs Assessment (JSNA)

Hampshire's JSNA looks at the current and future health and wellbeing needs and inequalities within our Hampshire population. It is used to inform and guide the planning and commissioning (buying) of health, wellbeing and social care in the local authority area

 COVID-19 Data and Intelligence	 COVID-19 health impact assessment	 JSNA data reports
 JSNA Demography	 JSNA Vital Statistics	 JSNA Healthy People
 JSNA Healthy Lives	 JSNA Healthy Places	 Mental health and wellbeing index

Completed reports

COVID-19 Health Impact Assessment – a retrospective view of the first two waves of the pandemic and what has meant to our local populations, reviews national guidance and policy to date and what the potential impacts have been and will be on our populations.

JSNA Demography -This chapter focuses on the age structure of our population and future projections and the socio demographic and protected characteristics of our population.

JSNA Vital Statistics - This chapter provides births and deaths data and trends analysis

JSNA Healthy Places - This chapter focuses on the social and commercial drivers for health – includes district reports

JSNA Inclusion Health Groups- This chapter considers inclusion health groups across Hampshire and Isle of Wight and where possible aims to quantify these communities in our population, where they live, their demographics and describe the potential health outcomes and challenges they may face – includes district summary

JSNA Healthy People - This chapter focuses on the health outcomes of our population and the health inequalities which are evident. Includes a separate long term conditions report

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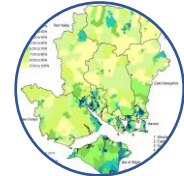
JSNA Healthy Lives - This chapter focuses on risk factors including behavioural risk factors and some of the wider determinants of health.

What do we know about need in Hampshire?



Demographics – At, over 1.4 million residents, Hampshire is one of the most populous counties in England. Ethnic diversity is dispersed, greater in Basingstoke and Deane and Rushmoor compared to Hampshire overall, and is increasing. Hampshire's population is ageing. In the next 5 years, the 75+ age group, is expected to grow by 25.3% with likely increases in complex multimorbidity, a big driver of health service need.

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



Deprivation – 16th least deprived upper tier authority in England and home to Hart, the least deprived lower tier authority in the country, yet also home to significant socioeconomic deprivation in **Rushmoor, Havant, Gosport** and **Eastleigh**, with pockets also in the **New Forest**. Burden of multimorbidity and healthcare activity falls disproportionately on those living in deprived conditions, with lower life expectancy and healthy life expectancy at birth. On average, people in the more deprived areas of Hampshire live a shorter life than those in the least deprived areas (7.5 years less for men and 5.3 years for women).

“Take a system leadership role and “place based” approach with partners to tackle deprivation and the wider determinants of health”



Maternity, early years and children and young people - 12,891 births in 2020, continuing the decrease observed in recent years. Smoking rates among pregnant women (7.9%) 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 – 19% of routine and manual workers smoke compared to 10% of managerial and professional workers, emphasising the need for smoking cessation uptake in routine and manual workers. Two thirds (63.2%) of adults are overweight or obese, significantly higher in Gosport (71%), and other more deprived lower tier authorities. Continued focus on lifestyle risk factors such as smoking and obesity in light of the impact on COVID-19, their contribution to health inequalities and cardiovascular disease (CVD) alongside acting on wider determinants

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



Inequalities - Several population groups in Hampshire experience more health risks (CVD, diabetes, COPD, SMI) and outcomes. 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. 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 – Gosport and Rushmoor have the highest preventable, premature death rates, again highlighting the focus on prevention. Deaths from these causes are also major contributors to the gap in life expectancy between the most and least deprived quintiles across Hampshire. 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).”




What is causing ill health in Hampshire?

Overweight and obesity, high blood sugar, smoking, alcohol and drug use, high blood pressure, and air pollution account for around 40% of years lived in poor health. Diagnosed mental health conditions are also a significant contributor to year, accounting for 14% of disability in Hampshire and we know that poor emotional health and wellbeing contributes to additional time spent in ill health on top of this. The circumstances in which we are born, grow, live and work are the things which have the strongest influence and biggest impact on health and often include factors outside the control of individuals so while there are steps we can take to improve our health the biggest changes will only come by focussing on these wider factors. We know that while people in Hampshire are generally relatively healthy, there are significant differences in the number of years people live in good health between different groups, There are also differences between people of different ethnicities, for people with learning disabilities, veterans, migrants and certain other groups.

What risk factors drive the most death and disability combined?

	Hampshire	Isle of Wight	Portsmouth	Southampton	SE England	England
Tobacco	1	1	1	1	1	1
High fasting plasma glucose	2	2	2	2	2	2
High body-mass index	3	3	3	3	3	3
Dietary risks	4	4	4	4	4	4
High blood pressure	5	5	5	5	5	5
Alcohol use	6	7	6	6	6	6
High LDL	7	6	8	7	7	7
Occupational risks	8	8	7	8	8	8
Non-optimal temperature	9	9	10	11	9	9
Kidney dysfunction	10	10	12	13	12	11
Air pollution	11	11	11	10	11	12
Drug use	12	12	9	9	10	10

Tobacco, high blood sugars and high body mass index drive the most death and disability across the ICS.

Both sexes, All ages, 2019, DALYs per 100,000
Higher rank  Lower rank