Portsmouth Pharmaceutical Needs Assessment 2022

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1 Executive Summary

1.1 Purpose and structure of the Pharmaceutical Needs Assessment

The statutory Pharmaceutical Needs Assessment (PNA) is a statement of current pharmaceutical services provided in the local area that assesses whether or not the pharmaceutical services provision meets the needs for the local population and identifies any perceived gaps in the provision.

This document describes the purpose of the PNA (section 2), the process by which it has been developed (section 3) and the local context (section 4). It then provides details of the pharmaceutical services available in the city (section 5) and analyses how accessible they are (section 6).

Section 8 provides detailed analysis of the key demographic and health needs in the city that services respond to. The PNA then identifies any potential future needs that may emerge from planned developments in the city (section 9) and GP extended opening (section 10).

Section 11 explores any gaps in provision before section 12 sets out the HWB's conclusions.

1.2 Key points

In Portsmouth there are 37 community pharmacies, one distance selling pharmacy and one dispensing appliance contractor. The Health and Wellbeing Board (HWB) consider the location, number, distribution and choice of pharmaceutical services serving the Portsmouth residents to meet the needs of the population.

The HWB also consider that there is currently no identified need for improvements and better access to pharmaceutical services in Portsmouth.

This conclusion is based on the following key points:

- The total Portsmouth population is within a 1.6km straight line distance of a community pharmacy (section 6.1.6.1).
- There is a good geographical spread of community pharmacies across all three localities in the city (section 6.7) and within communities experiencing greatest deprivation.
- There are 17.2 community pharmacies per 100,000 Portsmouth population, which is slightly higher than the average for Hampshire and the Isle of Wight (HIOW) ICS and is broadly in line with national averages (section 6.2.1).
- Over 99% of the Portsmouth population are within a 20-minute walk of a community pharmacy (section 6.1.6.5).
- Good access demonstrated by opening hours from early morning, through lunchtimes and late into the evening as well as weekend opening (section 6.1.3 and 6.1.4).
- A distance selling pharmacy, four 100-hour pharmacies, supplementary hours in other Portsmouth community pharmacies as well as provision in a neighbouring HWB area provide improvements which meets the needs of Portsmouth residents (section 5.2).
- All pharmacies provide the full range of essential pharmaceutical services (section 6.2).
- Good provision of advanced services across the city (section 6.3).
- A range of enhanced and locally commissioned services delivered in the city (section 6.4). Pharmacies accredited to deliver these services have good geographical spread across the localities within Portsmouth.

- A large proportion of community pharmacies providing a delivery service to residents, including housebound patients (section 6.1.7).
- There will not be substantial changes in population areas, nor major development, which can be anticipated during the three-year lifespan of this PNA and which would warrant the need for additional pharmaceutical services. Smaller changes would be managed by existing providers. (Section 8.1 and 10).

1.3 Conclusion

The Health and Wellbeing Board has considered the city's demography and health needs, and pharmaceutical provision in Portsmouth, and concludes:

The current need for pharmaceutical services is met by the existing providers on the pharmaceutical list.

- There will not be substantial changes in population areas, nor major development, during the three-year lifespan of this PNA, which would warrant the need for additional pharmaceutical services. Smaller changes would be managed by existing providers.
- There is good coverage across the city of Advanced, Enhanced and locally commissioned services in place.
- Despite consolidations and changes in provision and extended hours in the last three years which have reduced the availability of pharmaceutical services, we still believe that there is a good range of pharmaceutical services provided in the city. However, further reductions in provision of services could require an updated assessment of the needs of the local population.
- There are no identified specific improvements or better access that could be met by an additional pharmaceutical services provider at this time. Future improvements could be met by the current pharmaceutical service providers.

2 Introduction

2.1 Definition and purpose of the PNA

The statutory Pharmaceutical Needs Assessment (PNA) is a statement of current pharmaceutical services provided in the local area, that assesses whether or not the pharmaceutical services provision meets the needs of the local population and identifies any gaps in the provision.

It is a key commissioning tool that will be used to inform and support the future commissioning of pharmaceutical services in Portsmouth. If a person wants to provide pharmaceutical services, they are required to apply to NHS England to be included on the pharmaceutical list. The PNA will be used by NHS England as a basis for making decisions when applications are received to enter or amend the entry on the list of pharmaceutical service providers within the Health and Wellbeing Board (HWB) area. This includes decisions to:

- Determine market entry of new NHS pharmaceutical service providers
- Determine relocation or change of business premises of existing pharmaceutical service providers.
- Determine changes of pharmaceutical services provided by any current individual pharmaceutical services provider.

The PNA can also inform the commissioning of additional pharmaceutical services by Portsmouth City Council (PCC) and NHS Hampshire and Isle of Wight Integrated Care Board (ICB) as locally commissioned services.

2.2 Historical and Legal Background

The Health Act 2009 sets out the minimum standards for PNAs and the use of PNAs as the basis for determining market entry to NHS pharmaceutical services provision. The Regulations came into force in May 2010 and required Primary Care Trusts (PCTs) to develop and publish their first PNA under these Regulations by 1 February 2011.

The Health and Social Care Act 2012 brought about major reforms to the NHS. From April 2013, PCTs were abolished, and their duties transferred to other organisations. Responsibility for developing, updating and publishing a local PNA was transferred to HWBs. In addition, this Act also transferred the responsibility of using the PNA as the basis for determining market entry to a pharmaceutical list and dispensing doctor list from the PCT to NHS England. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs. The NHS (Pharmaceutical and Local Pharmaceutical Services (Amendment and Transitional Provision) Regulations 2014 have been published to amend these regulations following a report published by the Joint Committee on Statutory Instruments. More recently, the NHS (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2016 were published.

The first PNA to be produced by the Portsmouth HWB was published on 1st April 2015 to comply with these regulations. The regulations state that each HWB must publish a revised statement within three years of its previous publications and this document has been produced to satisfy this requirement.

3 Process for producing the PNA

The PNA has been undertaken in line with the requirements of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 under the guidance of the HIOW PNA Steering Group.

The Portsmouth PNA published in 2018 has been used as the basis for the Portsmouth PNA 2022 and the work from its authors is gratefully acknowledged. The Portsmouth PNA 2022 has been in development since winter 2021 and work on it has continued up to the completion of this final version in September 2022 in preparation for its official publication on the 1st October 2022. The key stages in the process are outlined below:

Stage 1: Formation of a steering group

A joint steering group formed to oversee the development of each of the PNAs for Portsmouth, Southampton, Hampshire and the Isle of Wight. The group has representation from Public Health teams, NHS England (South East) and Community Pharmacy South Central (Local Pharmaceutical Committee) and reports to the Directors of Public Health in each upper tier local authority. The group oversees the development of the PNA and ensures that the PNA conforms to the relevant regulation and statutory requirements on behalf of the HWBs.

Stage 2: Collation of information and data

The Joint Strategic Needs Assessment data for Portsmouth has been extensively used to give an overview of major health and wellbeing needs of the local population.

Every existing community pharmacy in Portsmouth was invited to complete a short questionnaire about their services to inform the development of the PNA. This survey was open from December 2021, originally until January 2022, but was then extended, with messages sent via PharmOutcomes and an additional prompt to all HIOW pharmacies on 7th February before being closed on 1st March 2022. Data held by NHS England Wessex Area Team was also used to inform the Portsmouth picture of local pharmaceutical provision, including data on delivery of advanced services. National and locally held statistics have been examined to determine levels of activity in delivering current services.

Stage 3: Analysis

Analysis of the information was collated to identify any gaps of pharmaceutical provision within the locality. A draft consultation document was completed in line with national guidance and approved by the steering group and Director of Public Health.

Stage 4: Draft PNA

The draft PNA was shared with the joint chairs of the HWB in March 2022 prior to consultation. This is in line with the process agreed by the HWB in February 2022.

Stage 5: Consultation

A stakeholder consultation to meet the statutory requirements was held from 1st April to 6th June 2022. Members of the public were also able to respond to the survey via the council's website.

Stage 6: Review of consultation responses

10 responses were received: 4 representing the views of an organisation such as a Health and Wellbeing Board, Local Pharmaceutical Committee, Local Medical Committee or CCG; 2 personal

views as a pharmaceutical professional working in a community pharmacy; 1 personal view as a member of the public; and 3 others. All responses to the consultation have been considered and have informed the development of the final PNA.

The responses to the consultation were positive, with 100% of responses agreeing or strongly agreeing with the conclusions of the PNA. 100% of respondents also agreed or strongly agreed with the following statements:

- The purpose of the pharmaceutical needs assessment has been explained within the draft document
- The draft PNA reflects the current provision of pharmaceutical services in your area
- The draft PNA identifies gaps in service provision i.e. when, where and which services are available that have not been identified in the PNA
- The draft PNA reflects the needs of your area's population
- The draft PNA provides information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises
- The draft PNA provides information to inform how pharmaceutical services may be commissioned in the future
- The draft PNA provides enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors.

One respondent (25% of the 4 respondents to answer this question) agreed with the statement "There are gaps in pharmaceutical services that could be provided in a community pharmacy setting in the future that have not been highlighted". However, no further information was provided that could inform the identification of any gaps.

One specific comment about recent changes to opening hours was provided. This has been addressed with updates to section 6.1 reflecting the position as at 1st August 2022 and the addition of maps at appendix A.

Stage 7: Publication

The final PNA will be published on 1st October 2022.

4 Introduction to Portsmouth

Portsmouth is located on the south coast of England. In 2021, it is estimated that approximately 213,000 people are resident in Portsmouth.

Portsmouth is a compact city covering 40 square kilometres—75% of the population lives on Portsea Island. The city continues to be the most densely populated local authority area outside London (5,315 people per square kilometre in Portsmouth).

4.1 Localities

This PNA considers Portsmouth in three localities: North encompassing five electoral wards of Drayton and Farlington, Cosham, Paulsgrove, Hilsea and Copnor. Central encompassing four electoral wards of Charles Dickens, Nelson, Baffins and Fratton. South encompassing five electoral wards of St Thomas, St Jude, Central Southsea, Milton and Eastney and Craneswater. These localities are electoral ward based and reflect the divisions used by the local authority in other departments

such as children's services. Similar size populations are resident in each locality. Using an electoral ward base approach facilitates the use of statistics and other public health information held within the local authority. This method of division is familiar to Councillors and local authority staff.

4.2 North Locality Profile

The North locality comprises five wards; three north of Hilsea moat - Paulsgrove, Cosham and Drayton and Farlington; and the two northern-most wards on Portsea Island - Hilsea and Copnor. The M27 bisects this locality. All three road routes which provide the on/off access to Portsea Island, plus the railway line, are in the North.

Population

In 2021, it is estimated that 68,948 people live in the North locality but is estimated to increase slightly to 68,978 residents by 2025 (Hampshire County Environment Department's 2011 Census, 2021-based Small Area Population Forecasts (SAPF)). See demography and needs section for more information on the population.

Employment

The large employers in this area include Portsmouth Hospitals University NHS Trust (Queen Alexandra Hospital), Highbury College (part of City of Portsmouth College), IBM, Alenia Marconi and the businesses located at Lakeside North Harbour Business Park. There are light industrial estates and business areas at Anchorage Park, Port Solent, and O'Jays industrial parks and in Fitzherbert Road and Broad Oak areas. Large retail outlets are at Port Solent, Ocean Park and Anchorage Park, with shopping centres in Cosham and North End and smaller centres in Paulsgrove, Hilsea and Drayton. There are three superstores in the area - Sainsbury's, Tesco and Morrisons.

NHS services

The ICB member practices in this locality are Portsdown Practice (one site in Cosham and one in Paulsgrove); Drayton Surgery and its Wootton Street surgery branch; North Harbour Medical Group Practice; Kirklands and Copnor Road Surgery which is part of the Derby Road Group Practice. Queen Alexandra Hospital, provided by Portsmouth Hospitals University NHS Trust, is located in the North of the city. This is the main acute hospital for the area supporting residents in Portsmouth City and also areas of Fareham and Gosport and South East Hampshire. This hospital hosts the local major Accident and Emergency department. The current GP out-of-hours provider operates a primary care centre at Queen Alexandra Hospital. There are eleven dental practices providing NHS dental services and six opticians located in the North locality. There are 14 community pharmacies in the area (including one distance selling pharmacy) - three pharmacies located in major supermarkets, four in the Cosham shopping area, one in Paulsgrove and two in the Drayton shopping area. In the Portsea Island wards of Hilsea and Copnor there are two pharmacies in the Copnor area; two at Anchorage Park (one located within the supermarket and the other is distance selling); and one in the Hilsea area. Two of these pharmacies are '100' hour pharmacies providing evening and weekend services. A further three pharmacies routinely open on Sunday.

The legend in Figure 1 relates to the locality maps given in Figures 2, 3 and 4.

Figure 1. Legend of the locality maps of Portsmouth showing the location of pharmacies and other key sites, as at June 2022

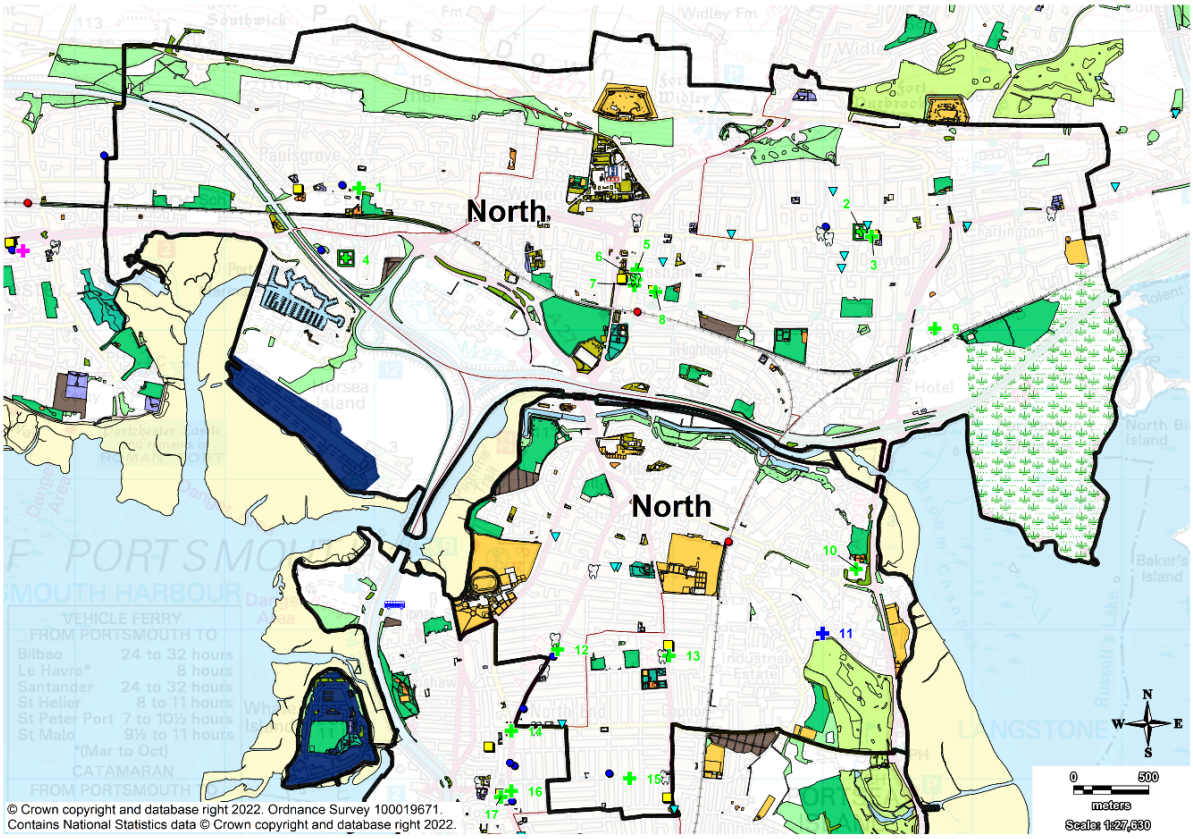

Figure 2. Map of the North locality of Portsmouth showing the location of pharmacies and other key sites, as at June 2022.

4.3 Central Locality Profile

The Central locality comprises of four electoral wards crossing the centre of Portsea Island: Nelson, Charles Dickens, Fratton and Baffins.

Population

In 2021, it is estimated that 67,780 people live in the Central locality but is estimated to increase to 69,292 residents by 2025 (Hampshire County Environment Department's 2011 Census, 2021-based SAPF). See demography and needs section for more information on the population.

Employment

The larger employers based in this area are Portsmouth City Council, University of Portsmouth, Royal Navy, the international ferry port, and the historic dockyards, plus the major retail employers for the Commercial Road shopping area. Other shopping areas include North End and Fratton Road. There are small business and light industrial estates e.g. Victory Business Centre.

NHS services

The ICB member practices are Lake Road Practice, East Shore Partnership (Baffins Surgery), John Pounds Surgery, two Portsdown Group Practice surgeries (Somerstown Central Health Centre and Kingston Crescent Surgery), Southsea Medical Centre and the University Surgery. There are six dental practices providing NHS dental services and there are eight opticians located in the Central locality. There are thirteen community pharmacies in the area. Two of these pharmacies are '100' hour pharmacies providing evening and weekend services. A further three pharmacies routinely open on Sunday.

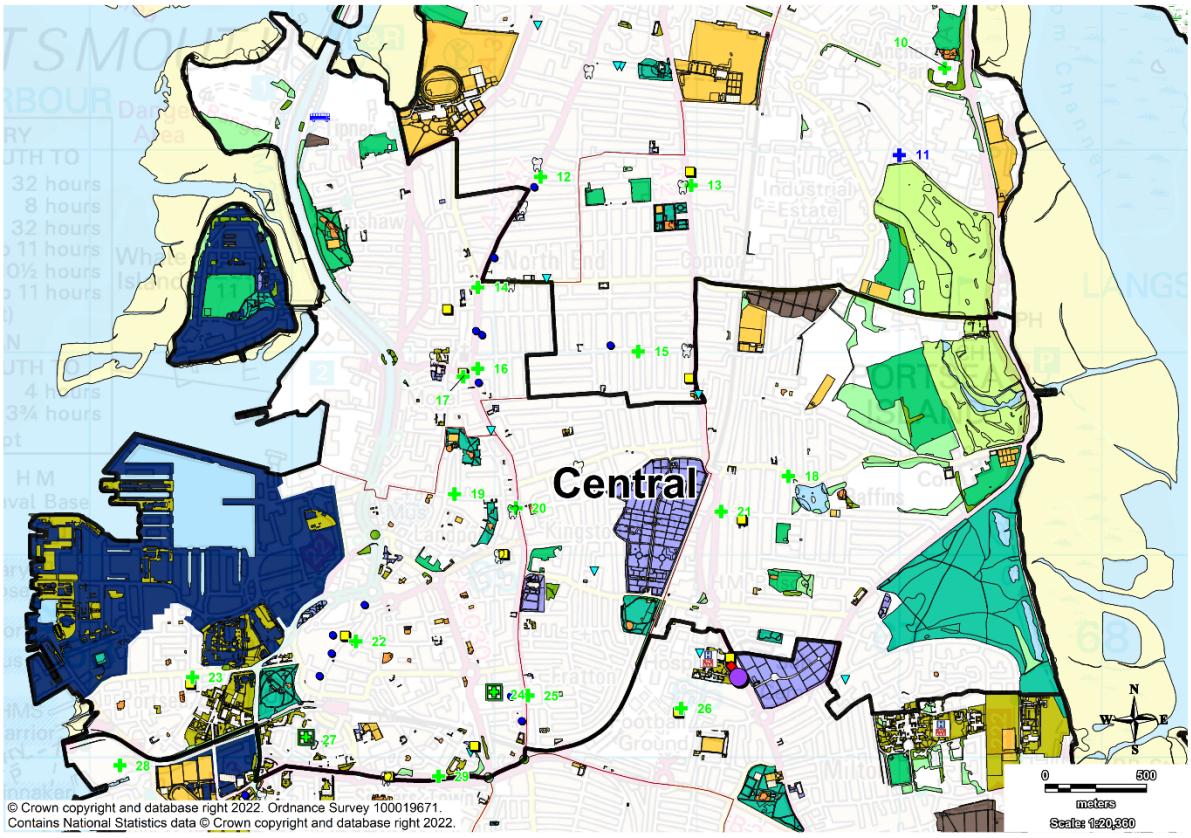

Figure 3. Map of the Central locality of Portsmouth showing the location of pharmacies and other key sites, as at June 2022. *Note: the only change following the draft PNA consultation is that the University Surgery has relocated to Commercial Road*.

4.4 South Locality Profile

The South locality comprises of five electoral wards crossing the southern part of Portsea Island:-St Thomas, St Jude, Central Southsea, Eastney and Craneswater and Milton.

Population

In 2021, it is estimated that 76,361 people live in the South locality but is estimated to increase to 78,037 residents by 2025 (Hampshire County Environment Department's 2011 Census, 2021-based SAPF). See demography and needs section for more information on the population.

Employment

The larger employers in this area are in retail, leisure and the NHS. Retail areas include Gunwharf Quays, Palmerston Road, Albert Road/Highland Road areas and the Fratton Park retail area. The NHS has two major sites at St Marys Community Campus and St James Hospital. The South has several major hotels along the seafront as well many smaller hotels and bed and breakfast establishments. There are several small business and light industrial estates e.g. Warren Avenue and the Pompey Centre.

NHS services

The ICB member practices are Sunnyside Surgery, Portsdown Practice (Heyward Surgery), Trafalgar Medical Group (3 sites), Craneswater Group Practice (2 sites), Devonshire Practice which is part of the Lighthouse Group Practice, and East Shore Partnership (Milton Park Practice). There are twelve dental practices providing NHS dental services and located in the South locality. This includes the University of Portsmouth Dental Academy which provides patient services. There are also four opticians in the South locality. The NHS St Mary's Treatment Centre is located in the east of this region providing treatment for minor illness and injuries plus a range of diagnostic services. The St Mary's hospital campus provides many community based services including integrated sexual health service, imaging services and community assessment services. St James' hospital is also located in this area. It is home to some of the adult mental health services provided by Solent NHS Trust. There are eleven community pharmacies in the area. One pharmacy routinely opens on Sunday. Though there are no 100 hour pharmacies in this area, there are two located close to the southern boundary of the Central locality which are easily accessible.

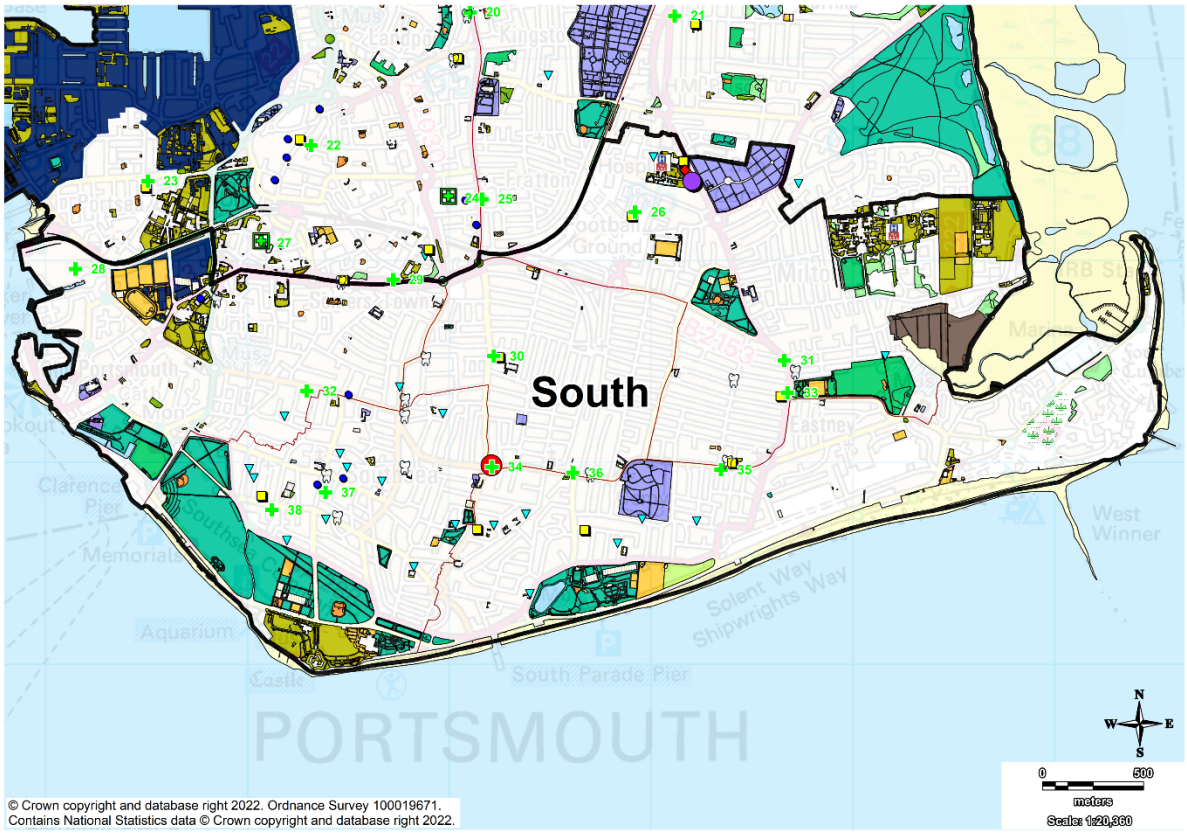

Figure 4. Map of the South locality of Portsmouth showing the location of pharmacies and other key sites, as at June 2022. *Note: the only change following the draft PNA consultation is that the University Surgery has relocated to Commercial Road*

5. Current Pharmaceutical Services

The NHS Act 2006 sets out the definition for pharmaceutical services.

5.1 Community Pharmacies

Portsmouth has 37 community pharmacies providing NHS services. The pharmacies are distributed across the city in primary, secondary and tertiary shopping areas and are part of the makeup of varied retail areas within the city. These pharmacies can be divided into pharmacies providing a minimum of 40 hours of NHS pharmaceutical services each week and those providing 100 hours of NHS pharmaceutical services per week. There are 33 pharmacies providing '40 core hours' of service and 4 pharmacies providing '100 core hours' of service. The majority of 40-hour pharmacies choose to open for longer and these additional hours are referred to as supplementary hours.

5.2 Distance Selling Pharmacies

Portsmouth has one distance-selling pharmacy which opened in August 2016. Distance selling pharmacies provide services solely to customers who do not attend the premises, for example internet services only. However, Portsmouth residents may choose to have their prescriptions dispensed from any pharmacy across the country including distance selling pharmacies. This trend is anticipated to increase, in line with other internet shopping trends, particularly as more electronic prescriptions are produced by prescribers.

5.3 Dispensing Doctor

None of the GP practices in Portsmouth are on a dispensing doctor list. GP practices can only apply for approval to dispense to patients on their list if they meet a set of eligibility criteria, and the area has been designated a controlled locality. This usually applies to rural areas. Portsmouth is a totally urban area and the conditions for such an application would not arise.

5.4 Local Pharmaceutical Services Scheme

Portsmouth has no Local Pharmaceutical Services pharmacies (LPS). These are pharmacies that provide a service tailored to specific local requirements. A typical example would be for very rural areas where a pharmacy opening to provide pharmaceutical services would not be financially viable without this type of arrangement. Again due to the urban nature of Portsmouth with a wide distribution of pharmacies the conditions for this type of application to the pharmaceutical list cannot be identified.

5.5 Dispensing Appliance Contractor

Portsmouth has one dispensing appliance contractor (DAC). This type of contractor only supplies appliances e.g. stoma care products (rather than medicines). Many prescriptions for specialist appliances are dispensed by specialist appliance contractors, located across the country and providing delivery services. All pharmacies within the city are also able to dispense appliances.

5.6 Pharmacies close to Portsmouth boundaries

Consideration has been taken of pharmacies providing pharmaceutical services just outside the Portsmouth City boundary. Most of the city is located on an island and so the only land border is on its northern edge. There is the natural geographical feature of the South Downs running along this border and a major motorway M27 running just inside this boundary. The nearest retail areas are: in west direction Portchester and then Fareham; east direction Bedhampton and Havant; in north direction Purbrook and Waterlooville. Examining dispensing data shows that some prescriptions prescribed by Portsmouth GPs are dispensed in these localities, but they are not large in number (see section 8.2.1). One pharmacy in Crookhorn, two miles north of the Portsmouth City boundary, dispenses a number of prescriptions generated by a Portsmouth member practice. This is because this GP practice is located at multiple sites, mainly in Portsmouth but with one surgery in Crookhorn. The pharmaceutical needs of some patients accessing medical services at the Crookhorn surgery are likely to be being met by the pharmacy located in Crookhorn, which is within Hampshire HWB area. Generally these pharmacies located on the boundaries are providing additional choice for people residing in Portsmouth but they do not provide additional pharmaceutical services, e.g. a greater range of opening hours or services, compared to Portsmouth located pharmacies. Hampshire residents may also choose to use pharmacies located within Portsmouth.

5.7 Pharmaceutical Needs Assessment Map

The PNA requires a map that shows all current pharmaceutical service providers. Figure 5 is the designated map as required by paragraph 7 of Schedule 1 of the 2013 Regulations. This map will be updated during the lifetime of this PNA to reflect changes in pharmaceutical services in the form of a supplementary statement if required, for example, when pharmacy premises open, close or relocate. This map shows the locations of the 38 community pharmacies, one distance selling pharmacy and one dispensing appliance contractor.

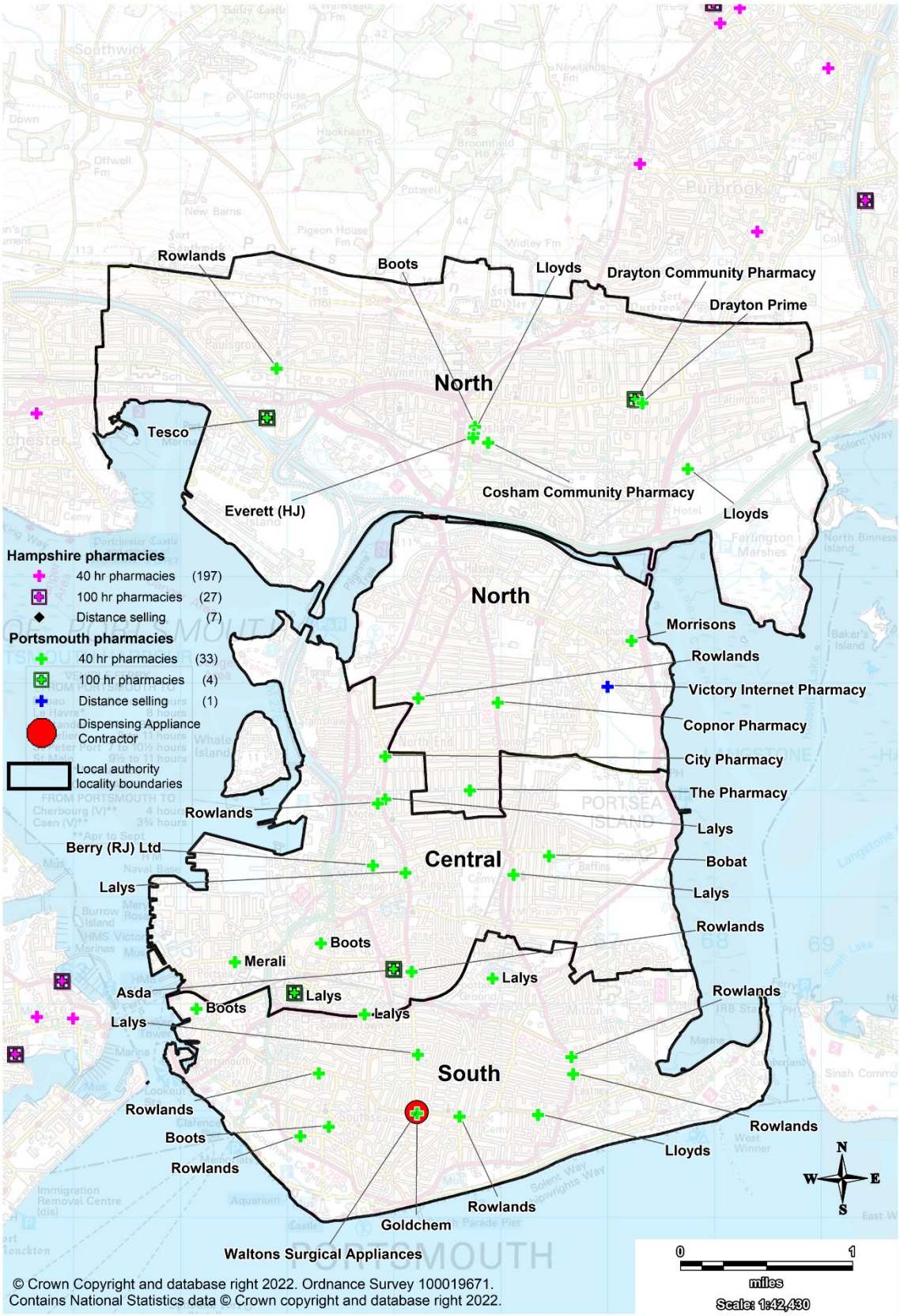

Figure 5. The map detailing the location of Pharmaceutical Service providers in Portsmouth; and the nearest providers outside the city. Source: SHAPE Place Atlas

6. NHS Pharmaceutical Services

The PNA has considered the general accessibility to all pharmaceutical services. The NHS regulations have split Pharmaceutical services into Essential Services, Advanced Services and Enhanced Services. The delivery and access to each of these services levels is considered within this PNA.

6.1 Access to Pharmaceutical Services

6.1.1 Opening hours

The opening hours used in this section are based on the total opening hours (both 'core' and 'supplementary' hours) as held by NHS England as at 1st August 2022. Details of individual pharmacy opening times can be found on the NHS website *(*www.nhs.uk) using the "find a pharmacy" tool. Many pharmacies that provide a minimum of '40 core hours' of NHS pharmaceutical service also extend these hours of service, opening into the evening and/ or opening on Saturday afternoon and Sunday using supplementary hours. This gives a broad range of opening hours for the pharmacies located across the city. The maps in Appendix A and the following text relating to weekdays have been drawn based on Monday opening hours. This, in general, is the same opening hours for all weekdays.

6.1.2 100-hour core hour of service pharmacies

There are four '100 hour pharmacies' in the city which opened using the 'necessary or expedient' test under the 2005 exemptions to the market entry system. These pharmacies provide 100 core hours per week of pharmaceutical services. They have given Portsmouth residents greater access to pharmaceutical services by extending opening hours both in the morning and late into the evening plus extended weekend coverage. These pharmacies meet an identified need for pharmaceutical services for both 'out of hours' dispensing services and for the general population who wish to seek professional help for health and lifestyle advice, treating minor ailments and conditions that may be managed by self-care.

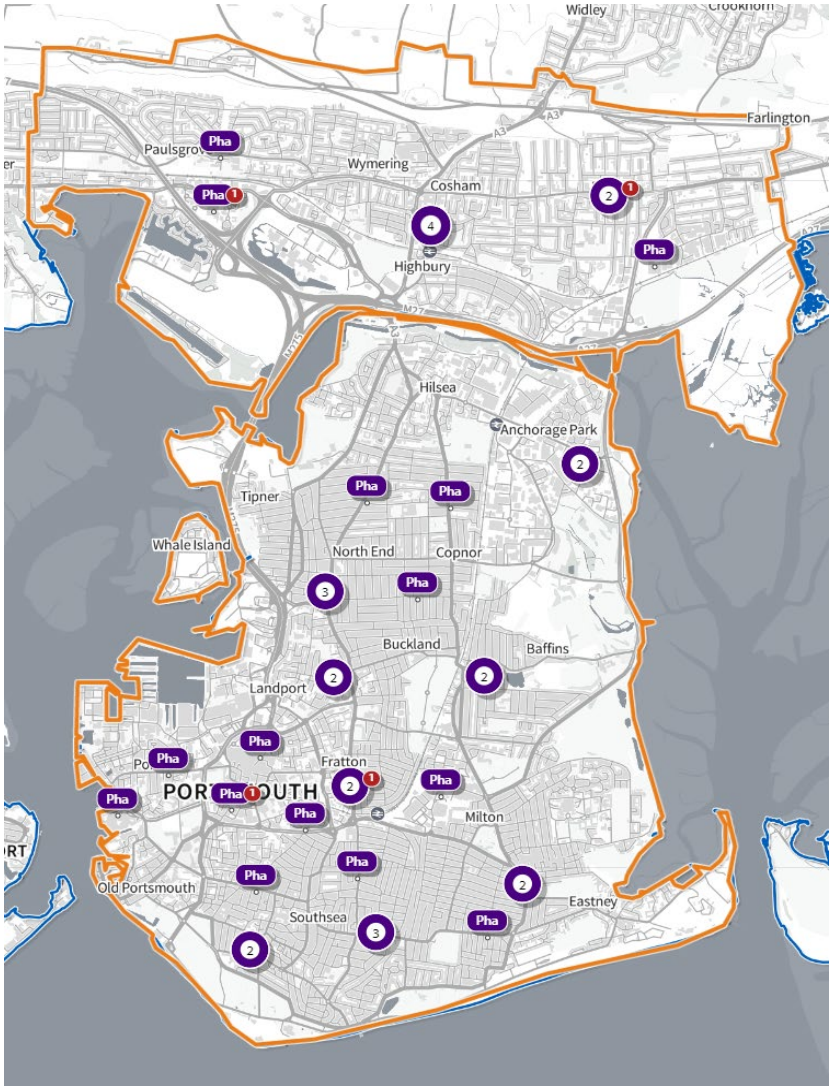

Figure 6 showing the location of 100-hour pharmacies in Portsmouth. Source: SHAPE Place Atlas

6.1.3 Opening hours during the week

For early morning access eleven pharmacies open before 9am on weekday. There is also access to NHS pharmaceutical services during the lunch period (12pm to 3pm) in all of the thirty-eight Portsmouth pharmacies. Nineteen pharmacies are continuously open during lunch time without closure. One pharmacy is closed for more than an hour. Thirteen pharmacies are closed for one hour during lunch. The remaining five pharmacies are closed for 30 minutes or less. In the evening, the four 100-hour pharmacies are open late in the evening between 8pm and 11pm. Another five pharmacies are open between 6.30pm and 8pm. The remaining twenty-nine are closed by 6.30pm.

6.1.4 Opening hours on the weekend

The majority of pharmacies are open for at least part of the day on a Saturday with only six pharmacies closed all day. Nineteen pharmacies close at 2pm or earlier, eight are also open between hours of 2pm to 6.30pm and the remaining five are open after 6.30pm as well as the majority of the day.

Thirty pharmacies are closed all day on Sunday. Eight pharmacies are open regularly on a Sunday. For four of these pharmacies the Sunday trading laws limit opening times to six hours only with

typical closing times being 4pm, 4.30pm or 5pm. The remaining two 100-hour pharmacies are open before 10am to after 5pm; and the other two pharmacies are open for 5 hrs and 5 and half hours up to 4.30pm.

6.1.5 Bank holidays

Community pharmacies are not required to open on bank holidays. However, for the majority of the bank holidays historically, some have opened on a voluntary basis. For major bank holidays such as Christmas Day and Easter Sunday, voluntary opening by one or two pharmacies has ensured sufficient pharmaceutical services for the city to enable urgent prescriptions to be dispensed and self-care remedies to be purchased. NHS England can direct pharmacies to open on bank holidays if required. Details of opening times for these holidays are usually available on the NHS website www.nhs.uk.

6.1.6 Access distance

6.1.6.1 Pharmacies with Buffer Zone of 1.6km

Figure 7 shows all pharmacy locations in Portsmouth with a buffer zone of 1.6km (approximately 1 mile) Euclidean distance (straight line). This demonstrates that the majority of Portsmouth's population are within 1.6km of a pharmacy. There is a small area in the north-west that is outside the merged buffer zone. However, people who live or work in this area are sufficiently covered by pharmaceutical provision in Portchester. Another area outside the 1.6km buffer zone is on the western edge of Tipner. This area corresponds to the western edge of the defence training estate and does not have a significant level of resident population. This area is an identified strategic site for housing, but there are currently no housing plans that would lead to a new residential population to emerge within the PNA timeframe. The small areas on the eastern edges of the city do not contain significant numbers of residential dwellings.

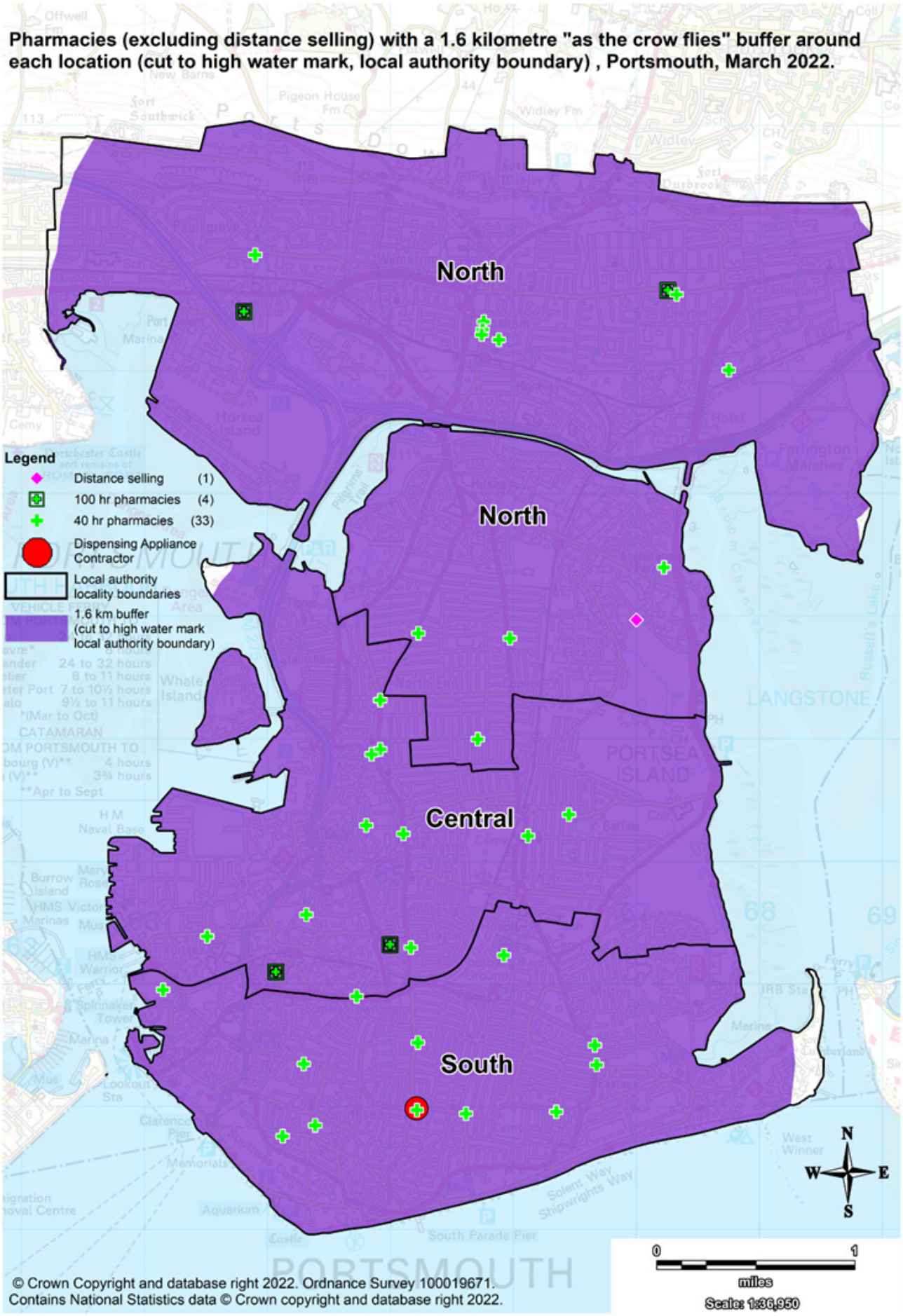

Figure 7: Map showing distance zone of 1.6km from a pharmacy inside Portsmouth.

6.1.6.2 Driving

As per table 1, a community pharmacy in Portsmouth should still be accessible within a five-minute drive for the entire population in Portsmouth. The areas shown in figure 8 which are not covered by the 5-30 minute drive times are areas with low residential density.

In terms of accessibility to New Medicine Service, Medicines Utilisation Review, Covid-19 vaccination, flu vaccination and stoma appliance customisation, the entire population of Portsmouth are within a 15-minute drive travel time. All of the mentioned services, except for Covid-19 vaccination sites, are also within a 10-minute drive-time to all residents in Portsmouth.

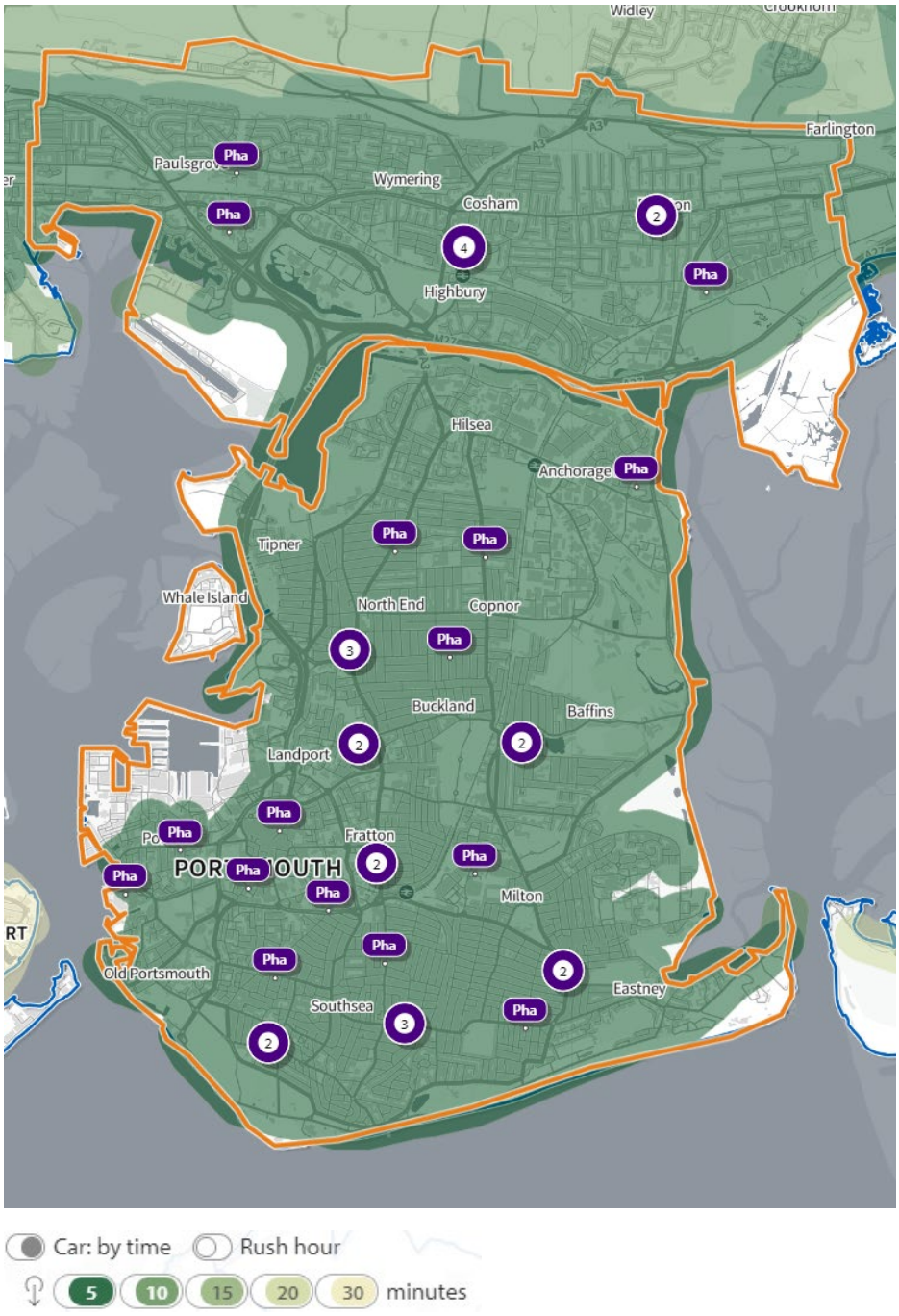

Figure 8 shows the drive times (5 to 30 minutes) to the nearest community pharmacies (excluding Victory Internet Pharmacy). Source: SHAPE Place Atlas

Access	Travel time (minutes)	Included population: Portsmouth CCG pharmacies as at February 2022	Excluded population: Portsmouth CCG pharmacies as at February 2022	% of population excluded from Portsmouth CCG pharmacies as at February 2022
	12	192,344	22,348	10.4%
	15	206,353	8,339	3.9%
Car: by time	5	214,692	0	0.0%
	10	214,692	0	0.0%
	15	214,692	0	0.0%
	20	214,692	0	0.0%
	30	214,692	0	0.0%
Public transport	5	167,888	46,804	21.8%
	10	210,815	3,877	1.8%
	15	214,692	0	0.0%
	20	214,692	0	0.0%
	30	214,692	0	0.0%
Cycle	4	183,254	31438	14.6%
	8	214,692	0	0.0%
	12	214,692	0	0.0%
	16	214,692	0	0.0%
	20	214,692	0	0.0%
Car: by time	5	213,299	1393	0.6%
	10	214,692	0	0.0%
	15	214,692	0	0.0%
	20	214,692	0	0.0%
	30	214,692	0	0.0%

Table 1 shows the travel time it takes to reach the nearest community pharmacy by walking, car, cycling and using public transport in minutes and the percentage of population included and excluded in the travel time by using each mode of transport. Source: SHAPE Place Atlas

	Services / Commissioned services	Included population: Portsmouth CCG pharmacies as at February 2022	Excluded population: Portsmouth CCG pharmacies as at February 2022	% of population excluded from Portsmouth CCG pharmacies as at February 2022
Drive time: 5 minutes	New Medcine Service	214,692	0	0.0%
	Covid	92,023	122,669	57.1%
	Flu vaccination	214,692	0	0.0%
	Stoma appliance customisation	206,369	8,323	3.9%
Drive time: 10 minutes	New Medcine Service	214,692	0	0.0%
	Covid	164,019	50,673	23.6%
	Flu vaccination	214,692	0	0.0%
	Stoma appliance customisation	214,692	0	0.0%
Drive time: 15 minutes	New Medcine Service	214,692	0	0.0%
	Covid	214,692	0	0.0%
	Flu vaccination	214,692	0	0.0%
	Stoma appliance customisation	214,692	0	0.0%
Drive time: 20 minutes	New Medcine Service	214,692	0	0.0%
	Covid	214,692	0	0.0%
	Flu vaccination	214,692	0	0.0%
	Stoma appliance customisation	214,692	0	0.0%
Drive time: 30 minutes	New Medcine Service	214,692	0	0.0%
	Covid	214,692	0	0.0%
	Flu vaccination	214,692	0	0.0%
	Stoma appliance customisation	214,692	0	0.0%

Table 2 shows drive times to essential services including New Medicine Service, Covid vaccination, flu vaccination and stoma appliance customisation in Portsmouth. Source: SHAPE Place Atlas

6.1.6.3 Cycling

85.4% of the Portsmouth population are within a four minute cycle ride of a pharmacy (excluding distance selling); and the entire population are within an eight minute cycle ride - this assumes a cycle speed of 15km per hour (kph) or 9.3 miles per hour (mph). This of course assumes all people have access to a bike and can ride a bike; nevertheless for those that do have access and can ride a bike it indicates that cycling to a pharmacy is a reasonable option.

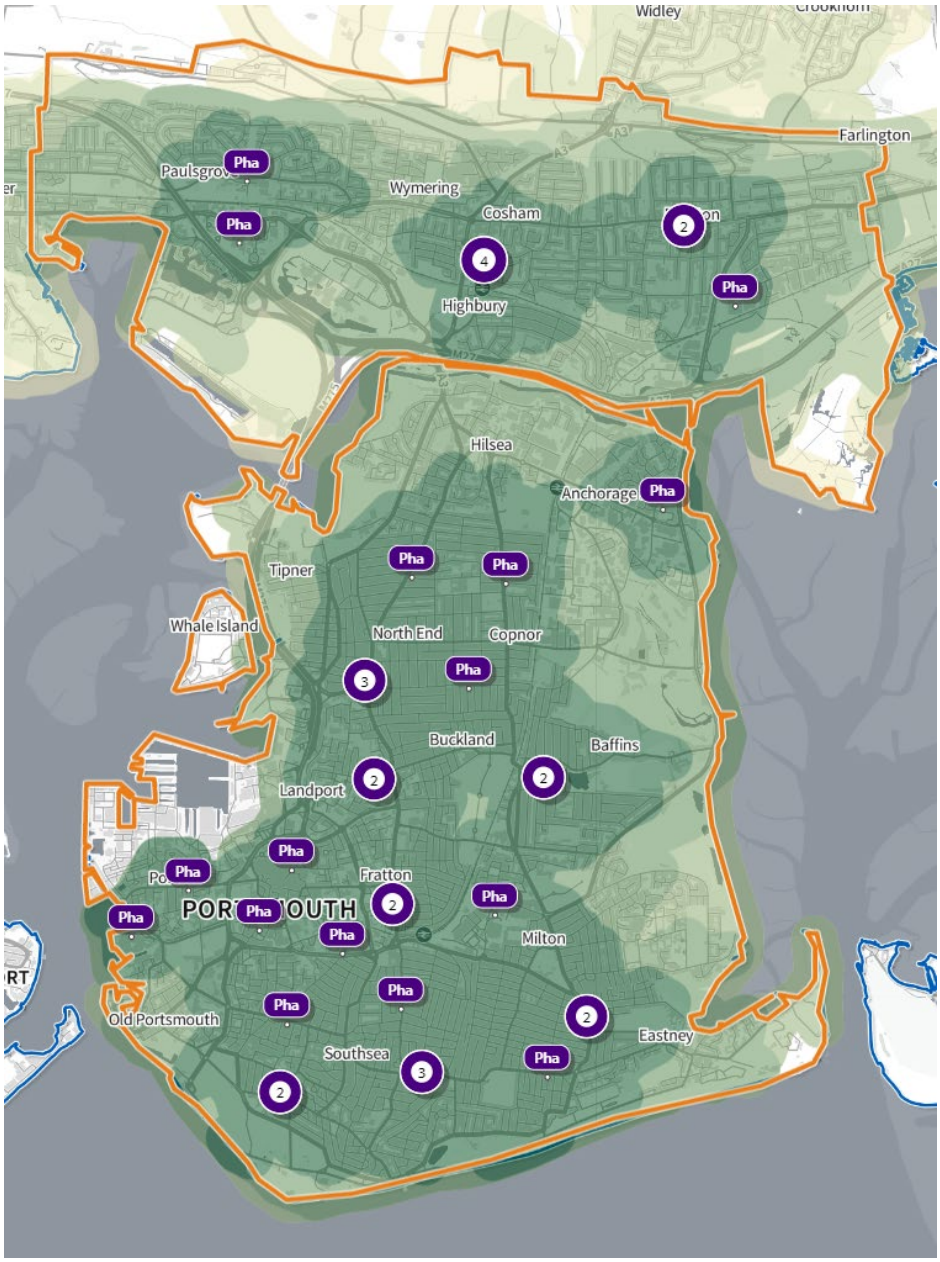

Figure 9 shows the travel times by cycling (5 to 30 minutes) to the nearest community pharmacies (excluding Victory Internet Pharmacy). Source: SHAPE Place Atlas

6.1.6.4 Public Transport

Residential areas of Portsmouth are well covered by bus stops and bus routes, therefore, access to pharmacies in Portsmouth are well served. There are also two railway stations in the North locality

(Hilsea and Cosham stations) and three on the border of the Central and South localities (Fratton; Portsmouth and Southsea; and Portsmouth Harbour stations) and over 99% of the Portsmouth population are within a 20-minute rail journey of a pharmacy (excluding distance selling). In addition, Portsmouth is well served with 24-hour taxi services at prices not too dissimilar to bus and rail prices.

Figure 10 shows the number of pharmacies and travel times to those sites by using public transport services.

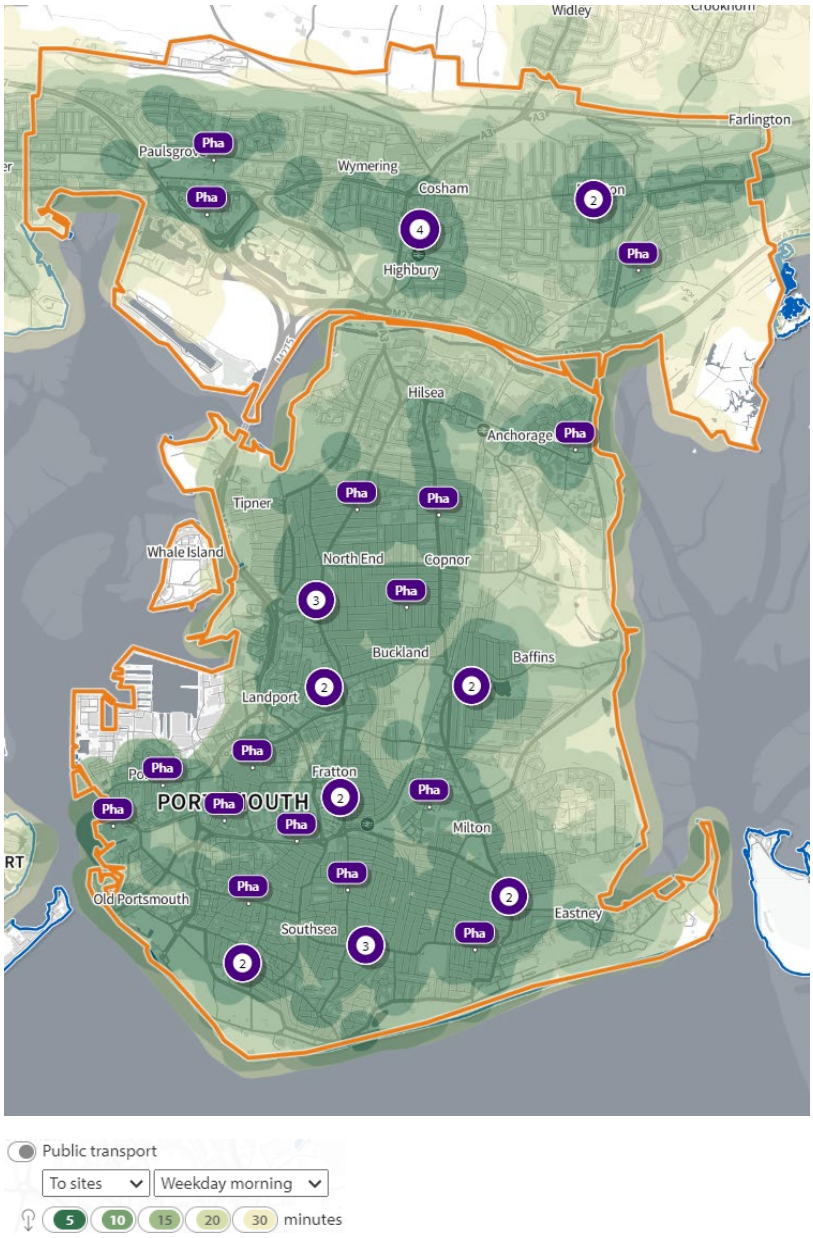

Figure 10 shows the number of pharmacies and travel times to those sites by using public transport services. Source: SHAPE Place Atlas

6.1.6.5 Walking

Over 96% of the population can reach a pharmacy in Portsmouth (excluding distance selling) within a 15-minute walk (assuming the average walking speed is 3.1 mph) and this is especially the case in the more densely populated areas of Portsmouth. Over 70% of the Portsmouth population is within a six-minute walk of a pharmacy (Figure 11). This proportion is higher in the South and Central localities of the city. Portsea Island is relatively flat with few hills/inclines which might make walking a realistic alternative for many to public transport or car use. The total Portsmouth population is within a 25-minute walk of a pharmacy.

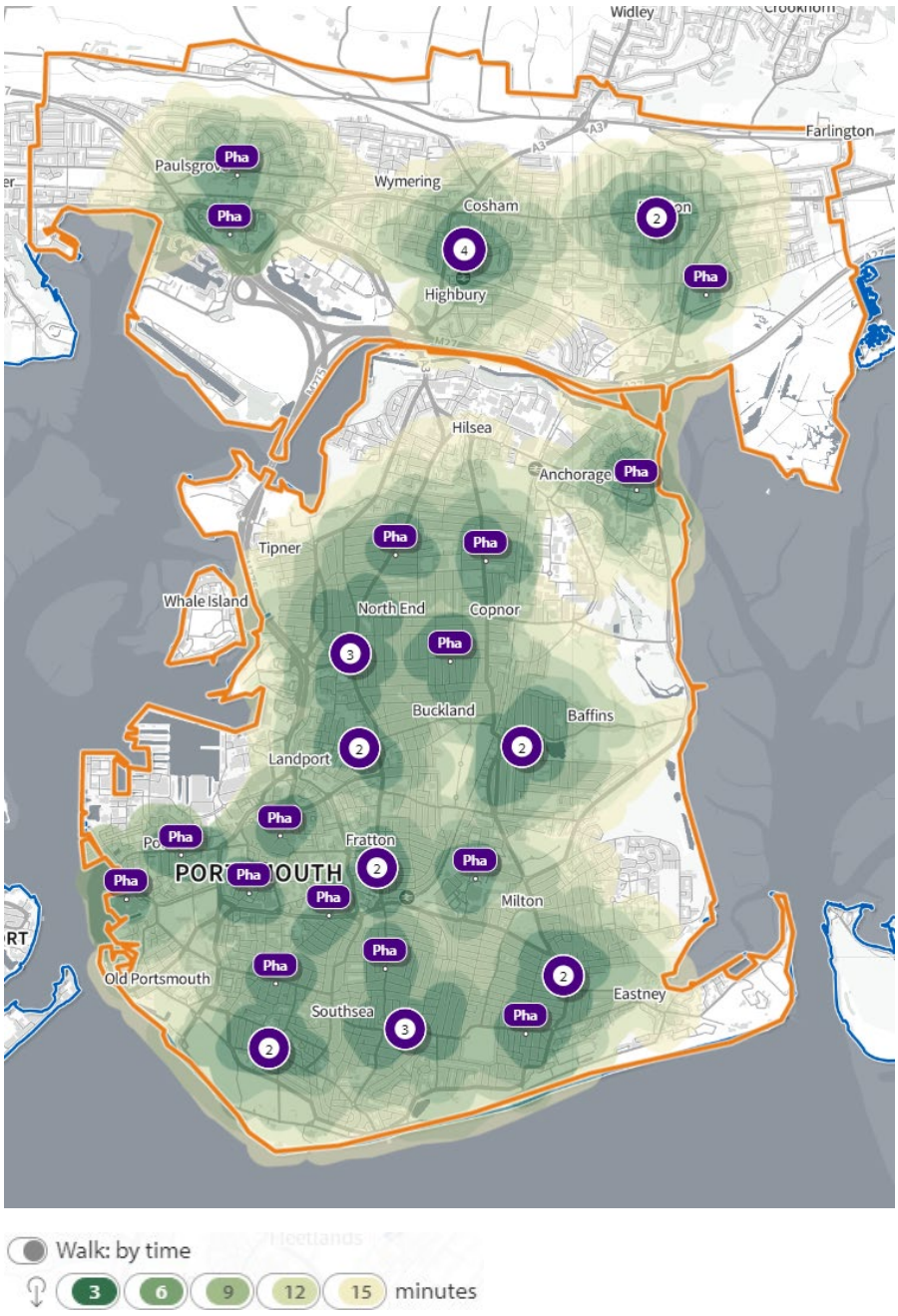

Figure 11: Map of walking times (3-15 minutes) from pharmacies in Portsmouth (excluding distance selling). Source: SHAPE Place Atlas

6.1.6.6 Proximity to GP Practices

The location of GP surgeries along with the shortest straight-line distance to a community pharmacy is given in Figure 12. Locations of GP surgeries are all within 500m straight line distance of a community pharmacy.

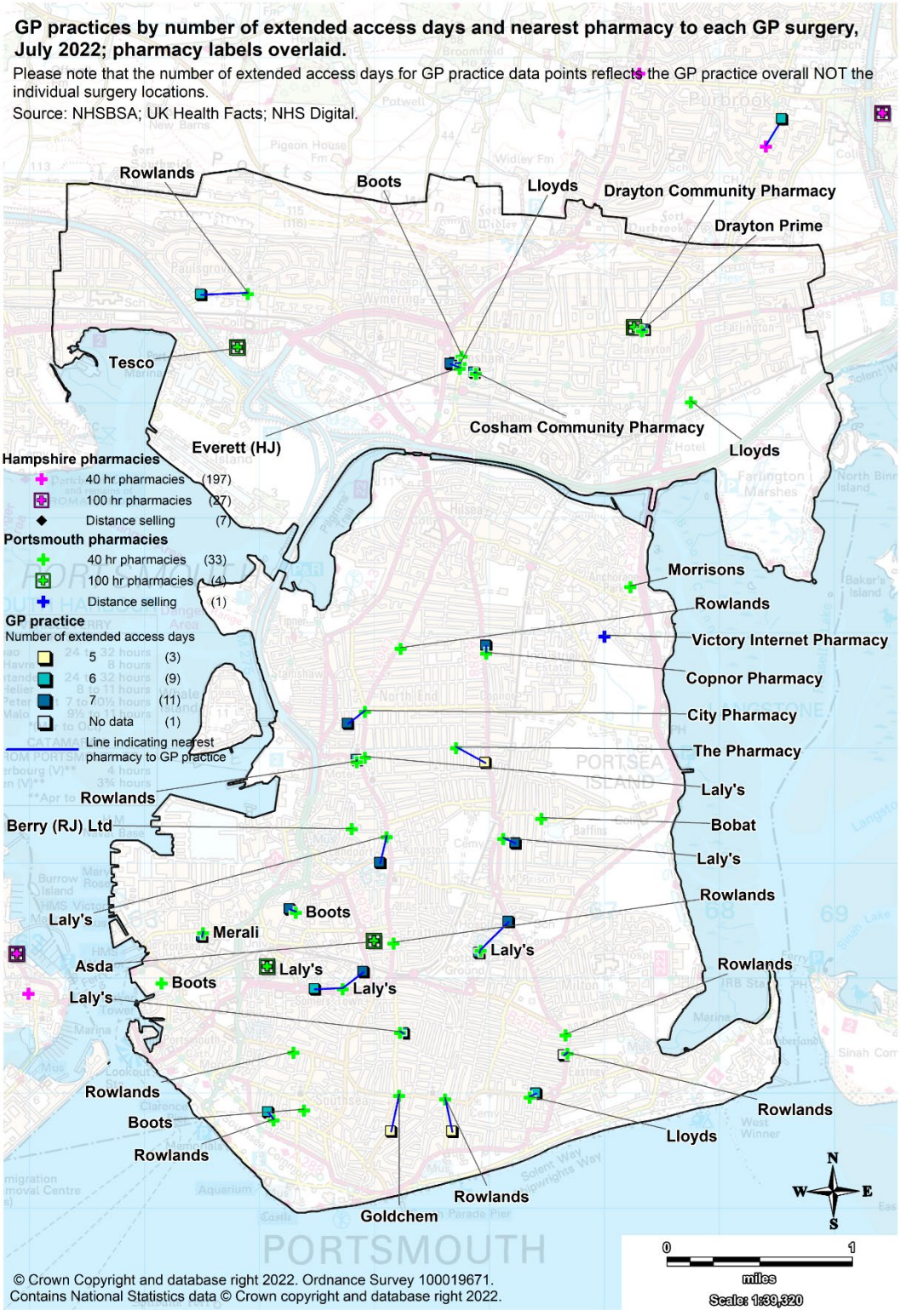

Figure 12: Map of GP surgeries proximity to pharmacies in Portsmouth. *Note: the only change following the draft PNA consultation is that the University Surgery has relocated to Commercial Road*.

6.1.7 Access for residents with additional needs

The contractor questionnaire was issued to all 38 community pharmacies and one DAC in Portsmouth. This resulted in 12 responses.

Housebound

The survey of pharmacies indicated that 9 out of 12 pharmacies who responded will collect prescriptions from GP practices across the city. 7 of these pharmacies stated they provide a delivery service free of charge to residents, including housebound patients, which is not an NHS service. Two of these pharmacies stated that they provide a delivery service with charge. One of the pharmacies stated that they provide a delivery service only to housebound patients who are unable to collect dispensed medications themselves and who have no friends and family that can help them to collect. All pharmacies can give telephone advice to housebound and other residents.

Equality Act

Businesses and health care professionals have responsibility under the Equality Act to make reasonable adjustment to their services to facilitate access by people affected by disability. For pharmacy this is part of their terms of service. Typical examples of adjustments for premises adjustments include wheelchair/ buggy ramps, doors sufficiently wide to allow wheelchairs, consultation rooms with wheelchair access and hearing aid loops. Typical examples of amendments to services include collection of prescriptions; home delivery of prescriptions and other goods from pharmacy; adding easy opening lids to medicine bottles; large print labels; provision of compliance charts and other aids to help use eye drops and inhalers.

Access Languages

The pharmacy workforce in Portsmouth embraces a range of nationalities and cultural backgrounds. The recent survey showed that 18 different languages were spoken from amongst Portsmouth staff in the 12 pharmacies that completed the survey. It is not unusual for residents who are from other countries and cultures to seek out services from a pharmacy that speaks their native language. These were the languages identified from individual pharmacies in addition to English: Arabic, Bengali, Cantonese, Estonian, Farsi, French, German, Greek, Gujarati, Hindi, Hungarian, Italian, Polish, Punjabi, Russian, Swahili and Urdu.

6.2 Essential Services

Essential Pharmaceutical services are provided by all community pharmacies and cover those services that any member of the public would anticipate receiving from a community pharmacy on the high street. They include:

- dispensing prescription medicines
- repeat dispensing and electronic prescribing services
- disposal of unwanted medicines
- providing support for self-care
- promoting healthy lifestyles
- signposting
- discharge medicine service
- clinical governance.

6.2.1 Dispensing NHS prescriptions

A range of nationally and locally available statistics has been researched to determine whether there is sufficient capacity within Portsmouth pharmacies to dispense prescriptions generated within the city. In 2020-2021 there were 3,328,922 items prescribed by Portsmouth GPs dispensed across the country (an increase of 7.2% from the 3,105,241 items dispensed in 2019-2020). More than 99% of these prescription items are dispensed through less than 100 sites. Further analysis of these 100 sites shows that 95.8% of these prescriptions are dispensed within Portsmouth community pharmacies.

In turn Portsmouth pharmacies dispense many prescriptions generated from outside the Portsmouth area. This will typically be from workers, tourists and students who are registered with GPs outside the area, as well as some care home provision.

Table 3a shows that Portsmouth has slightly more community pharmacies per 100,000 population (17.2 per 100,000 population) compared to Hampshire and Isle of Wight Integrated Care System (ICS) (16.5 per 100,000); and fewer than the rest of England (19.2 per 100,000).

Table 3a. Number of community pharmacies (excluding distance selling pharmacies) per 100,000 population by dispensing location England, HIOW ICS and Portsmouth, as at 27th February 2022.

Dispensing location	ONS Mid-2020 Population	Number of pharmacies	Pharmacies per 100,000 population
*England	56,550,138	10,855	19.2
Portsmouth	214,692	37	17.2
Hampshire and Isle of Wight ICS	1,999,066	330	16.5

Source: NHS England

*as at January 2022

Table 3b shows that in 2020/21 Portsmouth has a slightly lower number of prescription items dispensed at Portsmouth community pharmacies per 100,000 population (1,462,520 per 100,000 population) compared to Hampshire and Isle of Wight Integrated Care System (ICS) (1,490,968 per 100,000 population); and lower than the rest of England (1,700,736 per 100,000). Overall, the number of pharmacies and their dispensing workload is broadly in line with national averages.

Table 3b. Prescription items dispensed at community pharmacies (excluding distance selling pharmacies) per 100,000 population by dispensing location England, HIOW ICS and Portsmouth, 2020/21

Dispensing location	Population Mid 2020	Number of prescription items dispensed		Prescription items dispensed (rate per 100,000 population)	
		*In-area	Total	In-area	Total
England	56,550,138	961,205,851	961,768,502	1,699,741	1,700,736
Portsmouth	214,692	3,006,425	3,139,914	1,400,343	1,462,520
Hampshire and Isle of Wight ICS	1,999,066	28,487,814	29,805,426	1,425,056	1,490,968

Source: Practice prescribing dispensing data (NHSBSA) via NHS England.
*where the number of in-area prescription items dispensed is the number of items both prescribed and dispensed in a given location.
Note that the prescription UTLA name field contained blanks meaning some in-area prescription items dispensed may have been excluded.

6.2.2 Repeat Prescribing and Electronic Prescription Service

All GP practices and pharmacies are enabled to deliver NHS Electronic Prescription Service and participate in this national programme. NHS Portsmouth CCG (now part of the ICB) has actively encouraged the uptake of both electronic repeat prescribing and electronic prescribing services by providing specialist support to GP practices and pharmacies. These services can be beneficial to patients by reducing the number of visits they make to their GP practice to collect routine prescriptions for long term conditions. The latest statistics from NHS England demonstrate the success of these programmes (Table 4).

% of EPS items out of all items for Portsmouth CCG compared to England, December 2018 to December 2021

Area	Dec-18	Dec-19	Dec-20	Dec-21
Portsmouth CCG	72.98	96.61	97.37	97.71
England	66.88	73.46	88.91	89.29

Source: EPS and eRD Utilisation Dashboard, percentage of all items prescribed as EPS comparing all CCGs (GP Practices only) in England via NHSBSA.

Table 4 shows the percentage of all items prescribed using electronic prescribing system as a proportion of all prescription items in Portsmouth and England from December 2018 to December 2021

As can be seen in Table 4, in December 2021, 97.71% of all prescription items in Portsmouth have been dispensed using electronic prescription service, which showed a significant increase from 72.98% in December 2018. The percentage of items prescribed using electronic prescription service has been higher in Portsmouth as compared to England in each year.

% of eRD items out of all EPS items for Portsmouth CCG compared to England, December 2018 to December 2021

Area	Dec-18	Dec-19	Dec-20	Dec-21
Portsmouth CCG	28.24	23.21	22.34	19.33
England	14.65	14.57	14.69	14.69

Source: EPS and eRD Utilisation Dashboard, percentage of all items prescribed as EPS comparing all CCGs (GP Practices only) in England via NHSBSA.

Table 5 shows the percentage of all items prescribed using electronic repeat dispensing system (eRD) as a proportion of all prescription items in Portsmouth and England from December 2018 to December 2021

Electronic repeat dispensing is a process that allows a patient to obtain repeated supplies of their medication or appliances without the need for the prescriber to hand sign authorised repeat prescriptions each time. This allows the prescriber to authorise and issue a batch of repeat prescriptions until the patient needs to be reviewed. The prescriptions are then available for dispensing at the specified interval by the patient's nominated dispenser. As seen on table 5, 19.33% of all items were dispensed using eRD in December 2021 in Portsmouth, which is slightly a higher figure than 14.69% in England.

6.3 Advanced Services

- There are eight advanced services that may be provided by any community pharmacy as long as they meet the necessary requirement to deliver the service and are on the pharmaceutical list:
- New Medicine Service (NMS)
- Appliance Use Reviews (AUR)
- Stoma Appliance Customisation
- Flu Vaccination Service
- Community Pharmacist Consultation Service (CPCS)
- Hypertension Case Finding Service
- Smoking Cessation Advanced Service
- Hepatitis C Testing Service

6.3.1 New Medicine Service

The service provides support for people with long-term conditions and who have newly been prescribed a medicine. The aim of the service is to help improve medicines adherence. It is initially focused on particular patient groups and conditions; asthma and COPD, diabetes (Type 2), antiplatelet /anticoagulant therapy and hypertension. NHS England data shows that all 38 pharmacies were accredited to deliver the New Medicine Service for 2020-21 for these patient groups, providing 4,154 provisions of service. The average for the city was 109 per pharmacy.

6.3.2 Appliance Use Reviews

Appliance Use Reviews (AURs) can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any listed appliances that include stoma care products. Nationally, NHS England data shows little activity is recorded for this service. The contractor questionnaire issued to all 38 community pharmacies and one DAC in Portsmouth had 12 responses. None of the pharmacies reported to provide the AUR

service and two reported they would soon be providing the service. Only a very small number of patients would have need to access the AUR service. Locally many GP practices have provided targeted information or signposted patients to specialist nurse services that allow similar reviews to be carried out in the patient's home. Patients have good access to these services.

6.3.3 Stoma customisation services

Stoma customisation services aim to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. This service is for a very limited number of patients, many of whom may access this service from specialist appliance contractors located outside the city, who operate a mail order service. Patients have a good choice of providers for this specialised service. These patients may also access specialist nurse services. NHS England data show 15 of 38 pharmacies (39%) were accredited to provide stoma customisation services for 2020-21.

6.3.4 Flu Vaccination Service

The seasonal influenza vaccination programme aims to protect those who are most at risk of serious illness or death should they develop influenza, by offering protection against the most prevalent strains of influenza virus. This advanced service aims to support an effective vaccination programme in England by building capacity of community pharmacies as an alternative to general practice and improving convenience for eligible patients to access flu vaccinations. NHS England data show 36 of the 38 pharmacies (95%) were accredited to deliver flu vaccinations for 2020- 2021 giving a total of 10,464 vaccinations during the flu season between September 2020 and March 2021. The average number of flu vaccinations for the city was 268 per pharmacy.

6.3.5 Community Pharmacist Consultation Service (CPCS)

This service was launched across England in October 2019. The CPCS manages a referral from NHS 111 to a community pharmacy where a patient has contacted NHS 111 for low acuity conditions / minor illness or for urgent medicine supply. The service enables appropriate access to medicines or appliances including Out-of-Hours (OOH) via community pharmacy, relieving pressure on urgent and emergency care services by shifting demand from GP out-of-hours providers to community pharmacy. All of the 38 Portsmouth pharmacies are signed up to CPCS. Since November 2021 GPs are able to refer to the CPCS.

6.3.6 Hypertension Case-Finding Service

The Hypertension Case-Finding Service (HCFS) was commissioned as an Advanced Service from 1st October 2021. The service has two stages. The first is identifying people at risk of hypertension and offering them blood pressure measurement. The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

The service received a soft launch and uptake has been relatively slow due to pressures related to the Covid-19 pandemic. It is anticipated that more local pharmacies will sign up to provide this advanced service over the lifetime of this pharmaceutical needs assessment. 15 out of 38 pharmacies in Portsmouth are signed up to HCFS.

6.3.7 Smoking Cessation Service Advanced (SCS)

The Smoking Cessation Service Advanced (SCS) was commissioned as an Advanced Service from 10th March 2022 and will be introduced for patients who started their stop-smoking journey in hospital. This service will allow NHS trusts to refer patients to a pharmacy of their choice so they can continue receiving treatment, advice, and support with their attempt to quit smoking when they are

discharged. It is expected that this service will continue to develop over the lifetime of this PNA. 7 out of 38 community pharmacies are signed up to SCS.

6.3.8 Hepatitis C Testing Service

The Community Pharmacy Hepatitis C Antibody Testing Service was added to the Community Pharmacy Contractual Framework (CPCF) in 2020, commencing on 1st September 2020. The introduction of this new Advanced Service was originally trailed in the 5-year CPCF agreement, but its planned introduction in April 2020 was delayed by five months because of the Covid-19 pandemic.

The service is focused on provision of point of care testing (POCT) for Hepatitis C (Hep C) antibodies to people who inject drugs (PWIDs), i.e. individuals who inject illicit drugs e.g. steroids or heroin but who have not yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.

6.4 Enhanced and other locally commissioned services

Enhanced services are listed in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 and the provision in Portsmouth is summarised below.

No Specifically Commissioned Service

- Anticoagulant Monitoring: This service is provided by Portsmouth Hospitals University Trust.
- Care Home service: This service is directly provided by Health and Care Portsmouth (HCP) staff.
- Disease specific medicines management service: Training opportunities to increase knowledge about local clinical pathways is provided through a varied range of educational and information resources for all health staff within the locality.
- Gluten free food supply service: Available via GP prescription.
- Independent prescribing service: A number of nurses, independent and employed HCP pharmacists are able to provide this service.
- Home delivery service: There is a widespread voluntary service provided by local community pharmacies which meets this need. Some pharmacies also provide this service with a service charge.
- Language access service: NHS Portsmouth CCG (now part of the ICB) commissions professional language service when required. However, it is recognised that a wide variety of languages are spoken within Portsmouth pharmacies and residents may choose to use a particular pharmacy for that reason.
- Out of hours service: Voluntary opening by one or two pharmacies has ensured sufficient pharmaceutical services for major bank holidays.
- Prescriber support service: Provided in house by HCP staff. Pharmacists working in GP practices are an emerging role nationally.
- Schools service: This service is not required at this time from community pharmacies.
- Supplementary Prescribing Service: The majority of prescribing is met by GPs.
- Emergency supply Pharmacy Urgent Repeat Medicine Service (PURMs): Commissioned by NHS England Wessex Area Team.

Service commissioned by NHS Portsmouth CCG (now NHS HIOW ICB)

- Medicines assessment and compliance support: Commissioned by NHS Portsmouth CCG.
- Minor ailment service: Commissioned by NHS Portsmouth CCG.

- On Demand Availability of Palliative Care Drugs: This service is aimed at the supply of specialist medicines, the demand for which may be urgent and/or unpredictable, for example palliative care. This service is commissioned from 2 pharmacies.

Service commissioned by Portsmouth City Council

- Public Health Needle and Syringe Exchange Service is commissioned by PCC, Public Health.
- Emergency Hormonal Contraception is commissioned by PCC, Public Health.
- Screening Service NHS Health Checks are commissioned by PCC, Public Health.
- Stop Smoking Service is commissioned by PCC, Public Health.
- A supervised consumption service is commissioned by PCC, Public Health.
- Take Home Naloxone service is commissioned as a pilot by PCC, Public Health.
- Alcohol Brief Intervention service is commissioned by PCC, Public Health.

6.4.1 Medicines assessment and compliance support

Good compliance with medicine can prevent disease progression and hospital admission. Poor medication compliance can lead to an increase in financial costs related to greater health treatment costs and a probable reduction in quality of life for the patient. In 2008 Portsmouth PCT set up an Intermediate Care Pharmacy service to support medicine taking for the most vulnerable people. This has now been renamed as Medicines Advice at Home service. Though there are no age constraints on patients referred to this service, the majority of referrals are for elderly patients. This pharmacy team has a spectrum of support for any individual with problems taking their medicines. This ranges from medication review, synchronising medicines, auditing medicines taken with GP held records, compliance cards and one-off aids. Regular ongoing support from local community pharmacy has often been identified as the best option for many scenarios. If the required support is outside of the pharmacies responsibilities required under their NHS terms of service then funding is available for items such as Medication Recording charts and monitored dosage systems. In the last few years, a successful pilot to use digital technology to improve medicine compliance has been carried out. There is now a commissioned digital technology service for dispensed medicines available for up to 52 patients in the city.

6.4.2 Minor ailment service

Pharmacy First Minor ailments are defined as common or self-limiting or uncomplicated conditions which can be managed without medical intervention. The management of patients with minor self-limiting conditions impacts significantly upon GP workload. The situation is most acute where patients do not pay prescription charges and may not have the resources to seek alternatives to a prescription from their GP. It is estimated that one in five GP consultations are for minor ailments and by reducing the time spent managing these conditions would enable them to focus on more complex cases. A minor ailments scheme has been in place within Portsmouth since 2005. In 2014 this service was redesigned and renamed as Pharmacy First. The scope of the service both in geography and range of conditions has been expanded and pharmacies now make use of web-based technology to facilitate the scheme. Following 2018 NHSE Guidance on conditions for which over the counter items should not routinely be prescribed in primary care, the formulary was reduced to mainly paediatric formulations and the inclusion criteria comprised of individuals in receipt of income related benefits. The service is available in all areas of the city. 35 pharmacies actively took part in the scheme in 2020/21.

6.4.3 On Demand Availability of Palliative Care Drugs (ODAPCD)

This service is aimed at the supply of specialist medicines, the demand for which may be urgent and/or unpredictable, for example palliative care. The pharmacy contractor will stock a locally agreed range of specialist medicines and will make a commitment to ensure that users of this service have prompt access to these medicines at all times agreed with the commissioner. The pharmacy contractor will also provide information and advice to the user, carer and clinician. They may also refer to specialist centres, support groups or other health and social care professionals where appropriate. This service is commissioned from two pharmacies.

6.4.4 Needle and Syringe Exchange Service

Needle Exchange services for injecting drug users are a crucial component in providing a comprehensive harm reduction programme. These schemes prevent blood-born viral infections within the illicit drug addiction community. 32 pharmacies have a contract to provide Needle Exchange services in 2021/22.

6.4.5 Emergency Hormonal Contraception

The supply of Emergency Hormonal Contraception is available free through 35 of the community pharmacies with contracts in Portsmouth in 2021/22. This service is available to all women of child-bearing age to lessen the demand on GP practices, A&E and out-of-hours services.

6.4.6 Stop Smoking Service

The Stop Smoking Service offers one to one support and advice, plus nicotine replacement therapy to any individual who wants to stop smoking. Community Pharmacy has consistently contributed to the achievement of successful '4 week' quitters in addition to stop smoking support offered by the Wellbeing Service (a PCC service). 36 community pharmacies have contracts to provide this service in 2021/22.

6.4.7 Supervised consumption

Methadone and buprenorphine (oral formulations), using flexible dosing regimens, are used for maintenance therapy in the management of opioid dependence, as part of a programme of supportive care. To aid compliance, administration of these medications can be supervised which also provides routine and structure for the client in helping to promote a move away from chaotic and risky behaviour. The current supervised scheme is contracted to be run through 34 pharmacies in 2021/22.

6.4.8 Take Home Naloxone

Naloxone is a drug which can reverse acute opiate overdose and prevent a drug related death and should be distributed as widely as possible to at risk drug users and their carers, with brief training provided on how to administer. Pharmacies are well placed to reach this group where they provide needle and syringe exchange and supervised consumption. The current Take Home Naloxone scheme is being piloted with eight pharmacies.

6.4.9 Alcohol Intervention and Brief Advice service.

This service is in two parts. The first is aimed at all adults and asks individuals to complete a simple scratch card which will highlight whether they should be concerned about their levels of alcohol consumption. This simple analysis results in either congratulating the client that their alcohol consumption is within recognised agreed national limits; or highlights a moderate problem that can be easily addressed by making a small change e.g. introducing alcohol free days to the week, reducing strength of alcoholic beverages; interspersing alcohol with soft drinks; or highlights a more serious concern – this can be followed up by a more detailed questions and support and/ or direct

referral to the council-based Wellbeing Service. 31 community pharmacies have contracts to provide this service in 2021/22.

6.4.10 Wessex Pharmacy Urgent Repeat Medicines (PURM) Service

There is one enhanced service which is locally commissioned in Hampshire. Wessex Pharmacy Urgent Repeat Medicines (PURM) Service allows participating pharmacies to make emergency supplies (which are usually private transactions) at NHS expense. Normal prescription charges apply unless the patient is exempt in accordance with the NHS Charges for Drugs and Appliances Regulations. The pharmacist will only make a supply where they deem that the patient has immediate need for the medicine and that it is impractical to obtain a prescription without undue delay. This service is currently under review as it has been largely superseded by the CPCS with some exceptions such as walk-in provision. The number of pharmacies offering this service continues to decrease as a result. As of March 2022, 19 pharmacies in Portsmouth are providing this service.

6.4.10 COVID-19 Vaccination Service

Two pharmacies have reported COVID-19 vaccination service activity. These pharmacies offering COVID-19 vaccination service are located in the Southern and Central Locality of Portsmouth. There is currently no community pharmacy offering this service in Northern Locality.

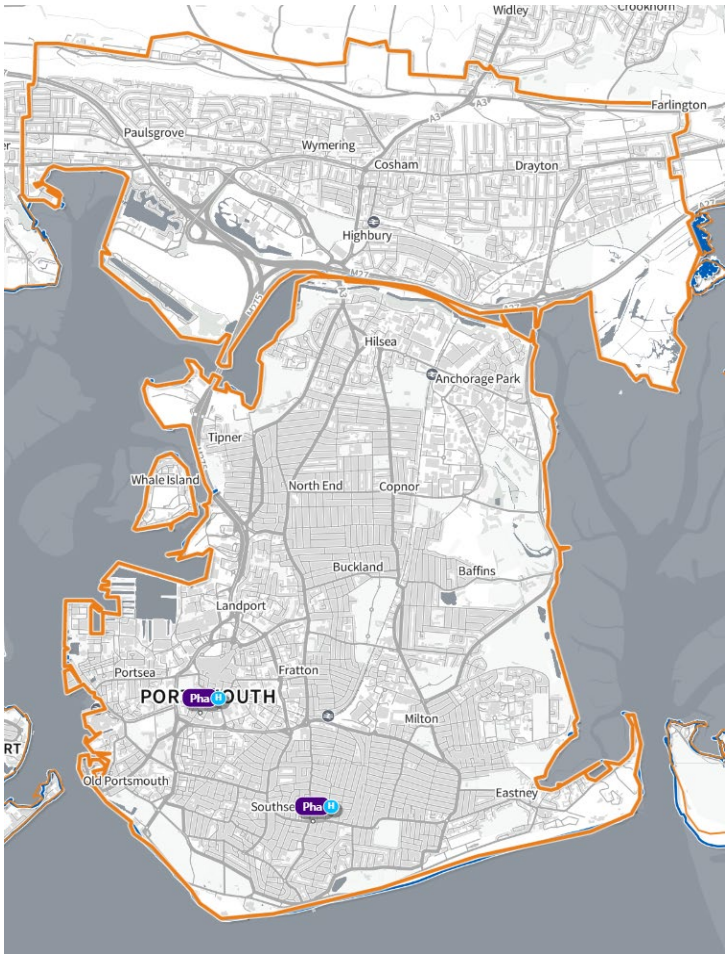

Figure 13: Map showing the locations of pharmacies providing COVID-19 vaccination service in Portsmouth. Source: SHAPE Place Atlas

7. Public Consultation

Public consultation will take place as part of statutory consultation process that will run throughout April and May, with members of the public able to respond to the survey via the council's website. Conclusions will be reflected in the final version of PNA in October 2022.

8 Demographic and health needs of Portsmouth

8.1 Population

Portsmouth is a compact city covering 40 square kilometres - 75% of the population lives on Portsea Island. The city continues to be the most densely populated local authority area outside London (5,315 people per square kilometre in Portsmouth). [1]

In 2020, approximately 214,700 people are estimated to be resident in Portsmouth - the annual population estimate has been broadly similar since 2017. These estimates are largely based on births, deaths and estimated migration data and, to a lesser extent, changes in special populations (home armed forces, foreign armed forces and the prison population)—although there remain more births than deaths each year in Portsmouth, and a positive net international migration (more inflow than outflow), this is offset by a negative internal migration (more UK outflow than UK inflow). [2] Although the population increase is estimated to have slowed since 2017; nevertheless, the population is projected to increase (albeit projections based on 2018 estimates) by roughly 5,000 (2.3%) between 2021 and 2030 - from 217,330 to 222,300. The projected increase between this period is largely an anticipated increase in the number of 15-24 year olds and an increase in residents aged 65 years and over. [3]

As at 1st April 2021, nearly 230,100 people were registered with Portsmouth City GP Practices[4] - although the vast majority are resident to Portsmouth (roughly 95%), not all registered patients live in Portsmouth and the Portsdown Group GP practice has one of its surgeries (Crookhorn surgery) located outside of Portsmouth, which increases the registered population.

The workday population at the time of the 2011 census was 217,960 (i.e. either in employment in Portsmouth, or not in employment but living in Portsmouth), which was higher than the 2011 population of 205,433. The workplace population at the time of the 2011 census was 109,456 (residents aged 16 to 74 years in employment in Portsmouth a week before the census).

Where possible this section has also taken account of the localities North, Central and South, when describing the health needs of the city.

Portsmouth has a comparatively high proportion of young people aged 20-24 years, compared to England, largely due to the city's University and colleges (11.3% of Portsmouth's total population compared with 6.1% nationally). (Figure 14)

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[1] Mid-2020 population estimates. Local Authorities in England, Office for National Statistics (ONS)

[2] Mid-2020 population estimates. Local Authorities in England, Office for National Statistics (ONS)

[3] SNPP Z1: 2018-based Subnational Population Projections. Local Authorities in England, mid-2018 to mid-2043, Office for National Statistics (ONS) © Crown Copyright 2020 via Portsmouth Joint Strategic Needs Assessment (JSNA) webpage: www.jsna.portsmouth.gov.uk

[4] Number of Patients Registered with a GP Practice, NHS Digital https://digital.nhs.uk/ Accessed 22 June 2021

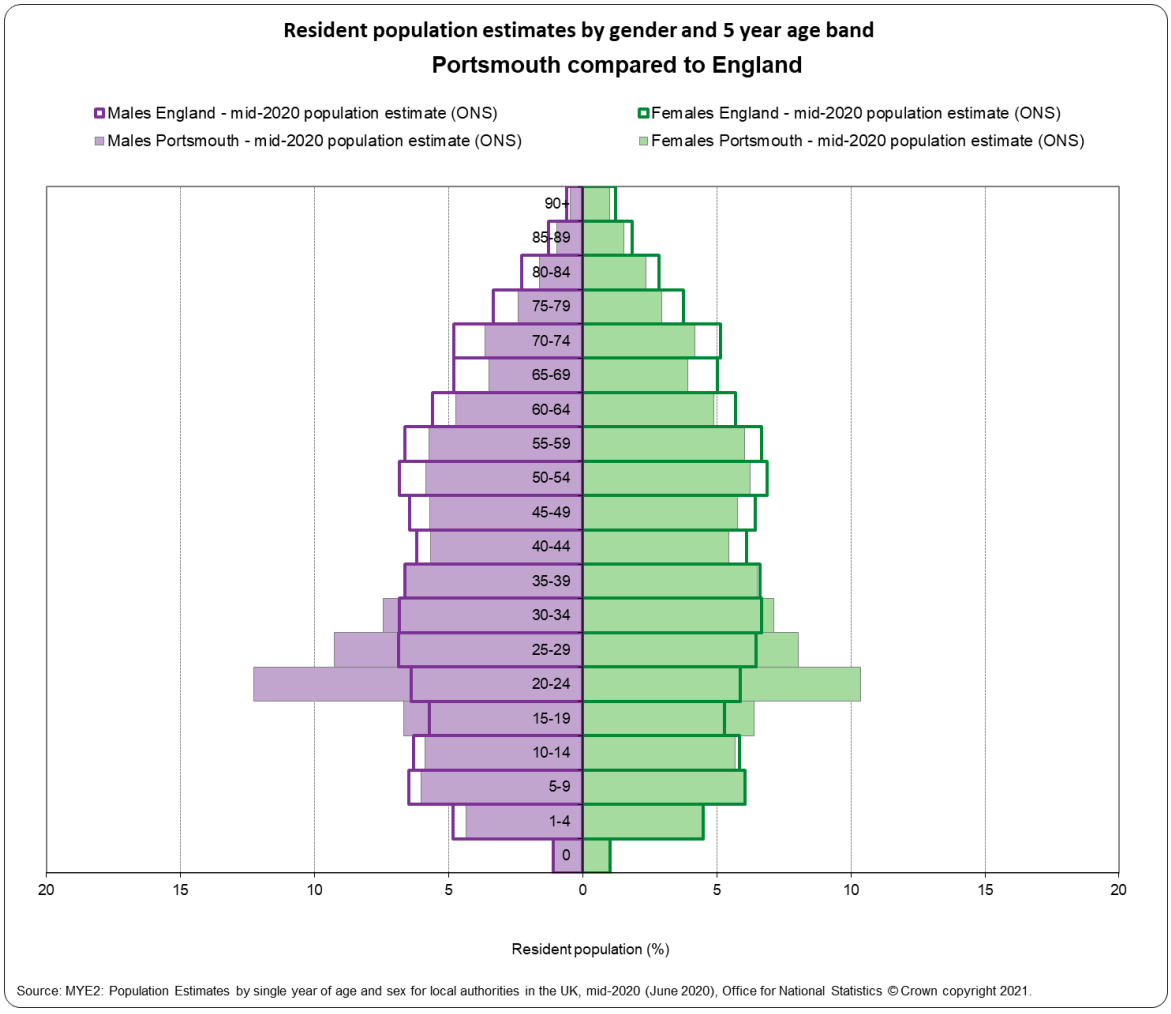

Figure 14. ONS mid-2020 resident population estimate by gender and 5 year age bands, Portsmouth City compared to England

In 2020, approximately 140,800 people aged 18-64 years are estimated to be resident in Portsmouth; and approximately 30,600 residents aged 65 years and over (of which approximately 4,300 are aged 85 years and over). [5]

[5] Mid-2020 population estimates. Local Authorities in England, Office for National Statistics (ONS)

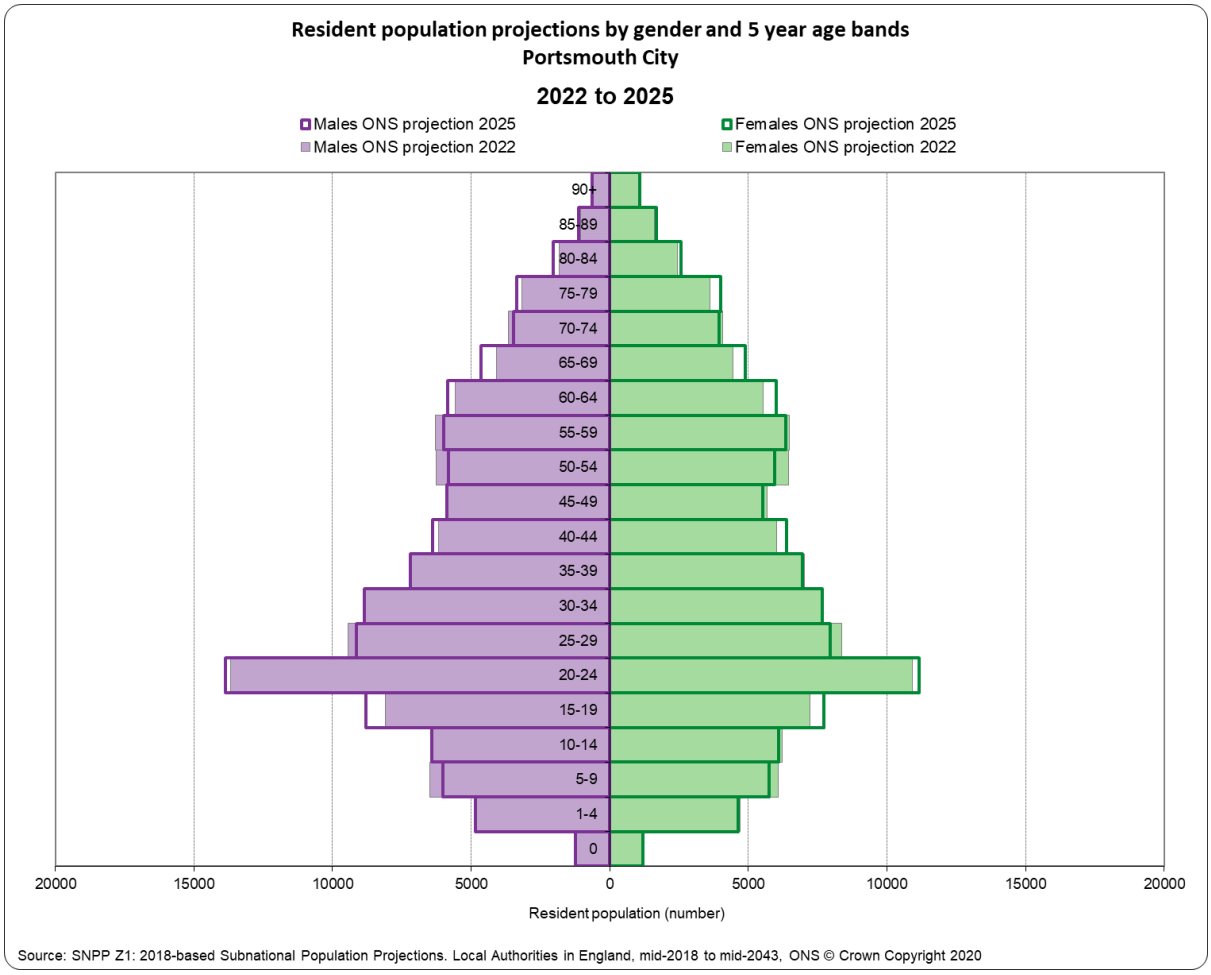

Figure 15. Resident population projections by gender and 5 year age bands, Portsmouth City, 2018-based 2022 projection compared to 2025 projection

8.1.1 Population by locality[6]

The North, Central and South localities mentioned below consist of the following electoral wards:
North locality: Paulsgrove; Cosham; Drayton and Farlington; Hilsea; and Copnor
Central locality: Nelson; Charles Dickens; Fratton; and Baffins
South locality: St. Thomas; St. Jude; Central Southsea; Milton; Eastney and Craneswater.

In 2022, the North locality of the city is estimated to have a more even spread of residents across age bands than the Portsmouth average. The North is estimated to have a greater proportion than the Portsmouth average in residents aged 45 years and over, but less than average in ages 15-29 years (Figure 16). However, by 2025, the population in the North is forecast to increase the most for those aged 35-44 years, aged 75-79 years and males in particular aged 75 years and over; whilst the population is predicted to decrease the most in ages 5-9 years and aged 70-74 years (Figure 17).

[6] Hampshire County Environment Department's 2011 Census, 2020-based Small Area Population Forecasts (localities calculated from aggregating electoral ward data)

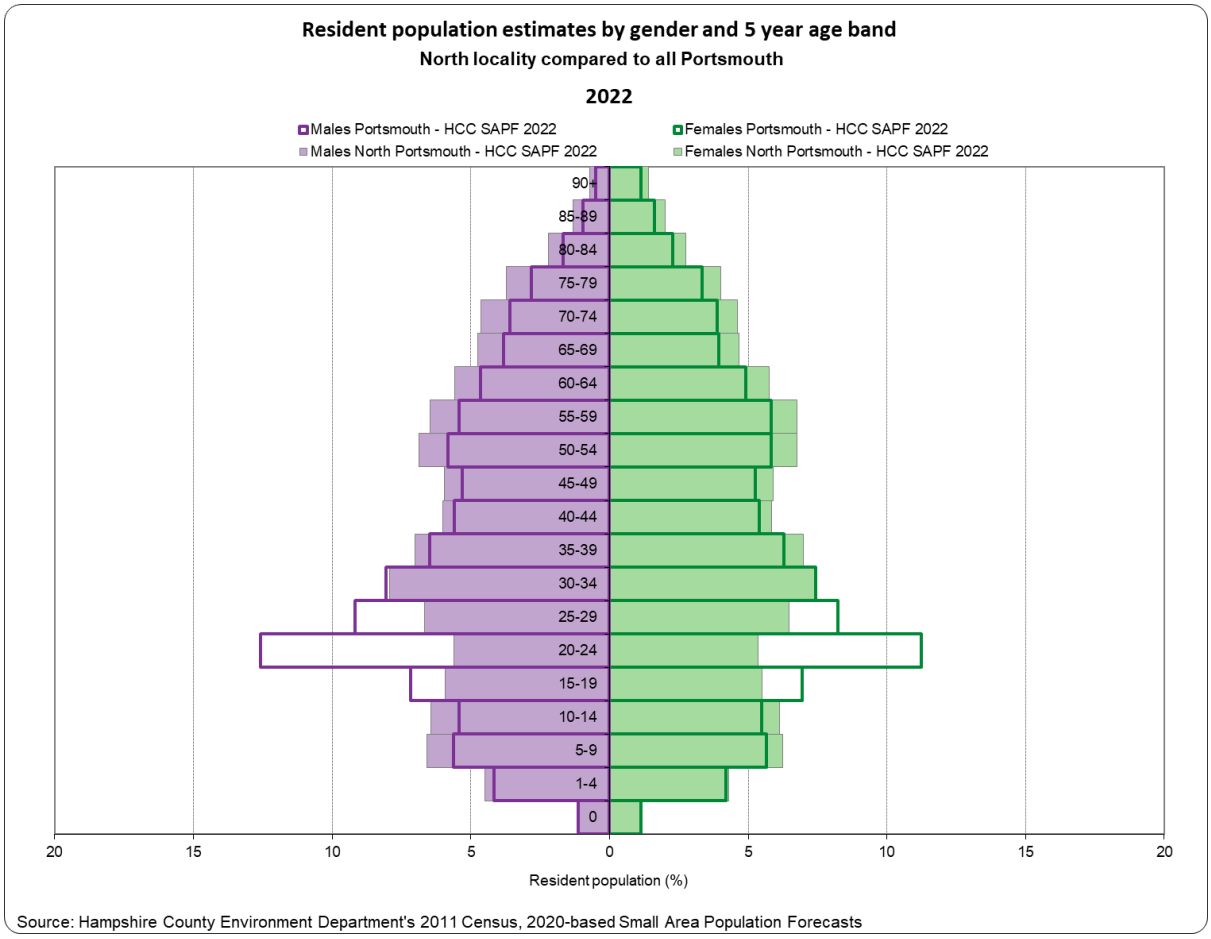

Figure 16. Resident population estimates by gender and 5 year age band, North locality compared to all Portsmouth, 2022.

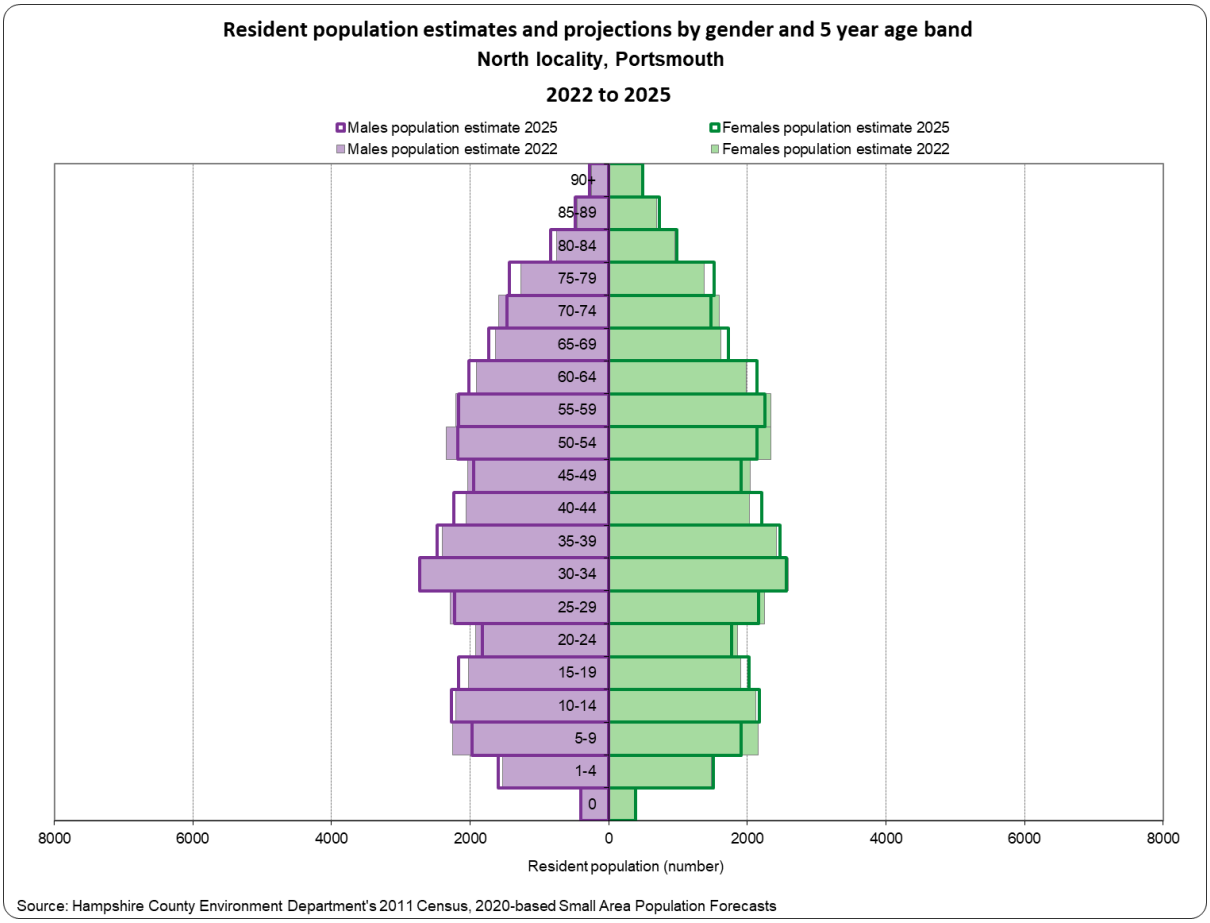

Figure 17. Resident population estimates and projections by gender and 5-year age band, North locality, 2022 compared to forecasted 2025.

In 2022, the Central locality of the city is estimated to have a similar pattern across all age groups compared to the Portsmouth average. However, the Central locality is estimated to have a greater proportion than the Portsmouth average in residents aged 0-19 years and in under 50 years in general (except the aged 20-24 years group) (Figure 18). By 2025, the population in the Central locality is forecast to increase the most for those aged 15-19 years, aged 60-69 years and aged 75-79 years; whilst the population is forecast to decrease the most in ages 5-9 years, ages 50-54 years and 70-74 years (Figure 19).

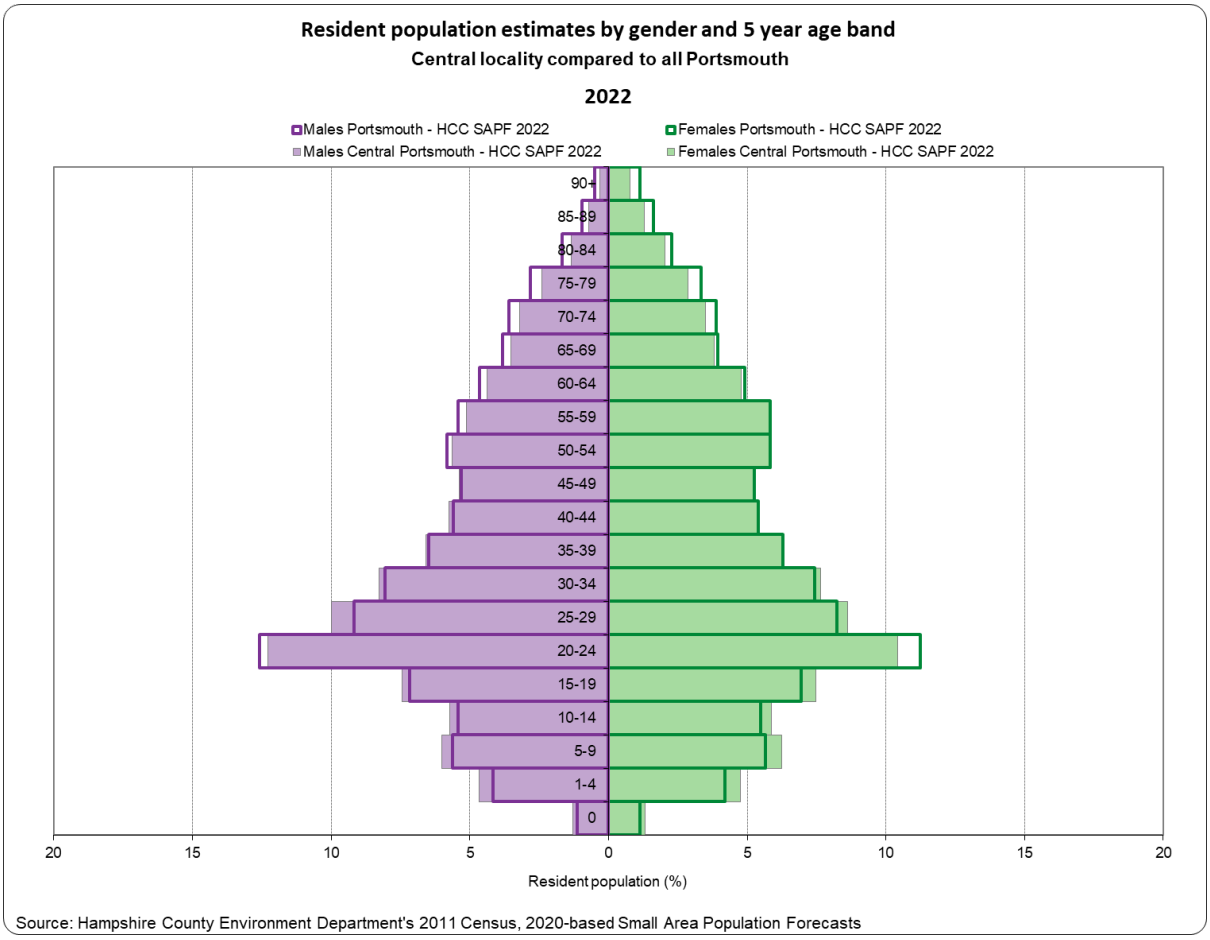

Figure 18. Resident population estimates by gender and 5 year age band, Central locality compared to all Portsmouth, 2022.

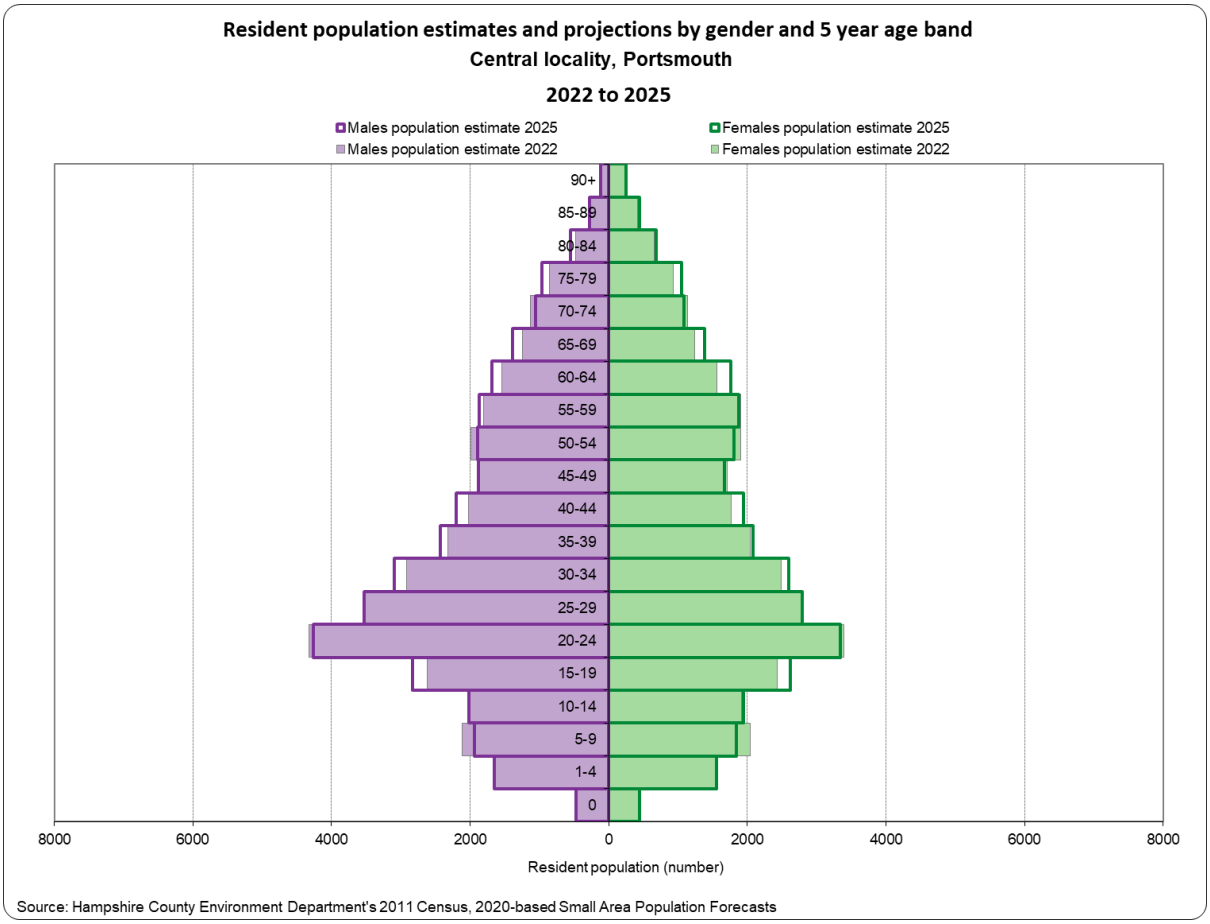

Figure 19. Resident population estimates and projections by gender and 5-year age band, Central locality, 2022 compared to forecasted 2025.

In 2022, the South locality of the city is estimated to proportionally have a much larger population of young persons aged 15-29 years compared to the Portsmouth average, with the 20-24 years age group being principally larger than the Portsmouth average, primarily due to the vast majority of students being located in the South. The South is also estimated to have a lower proportion of age 0-14 years and 30-89 years (45-74 years in particular) than the Portsmouth average (Figure 20). However, by 2025, the population in the South is forecast to increase the most for those aged 30-44 years, aged 60-69 years and aged 75-79 years; whereas the population is predicted to decrease the most in aged 45-54 years and aged 70-74 years (Figure 21).

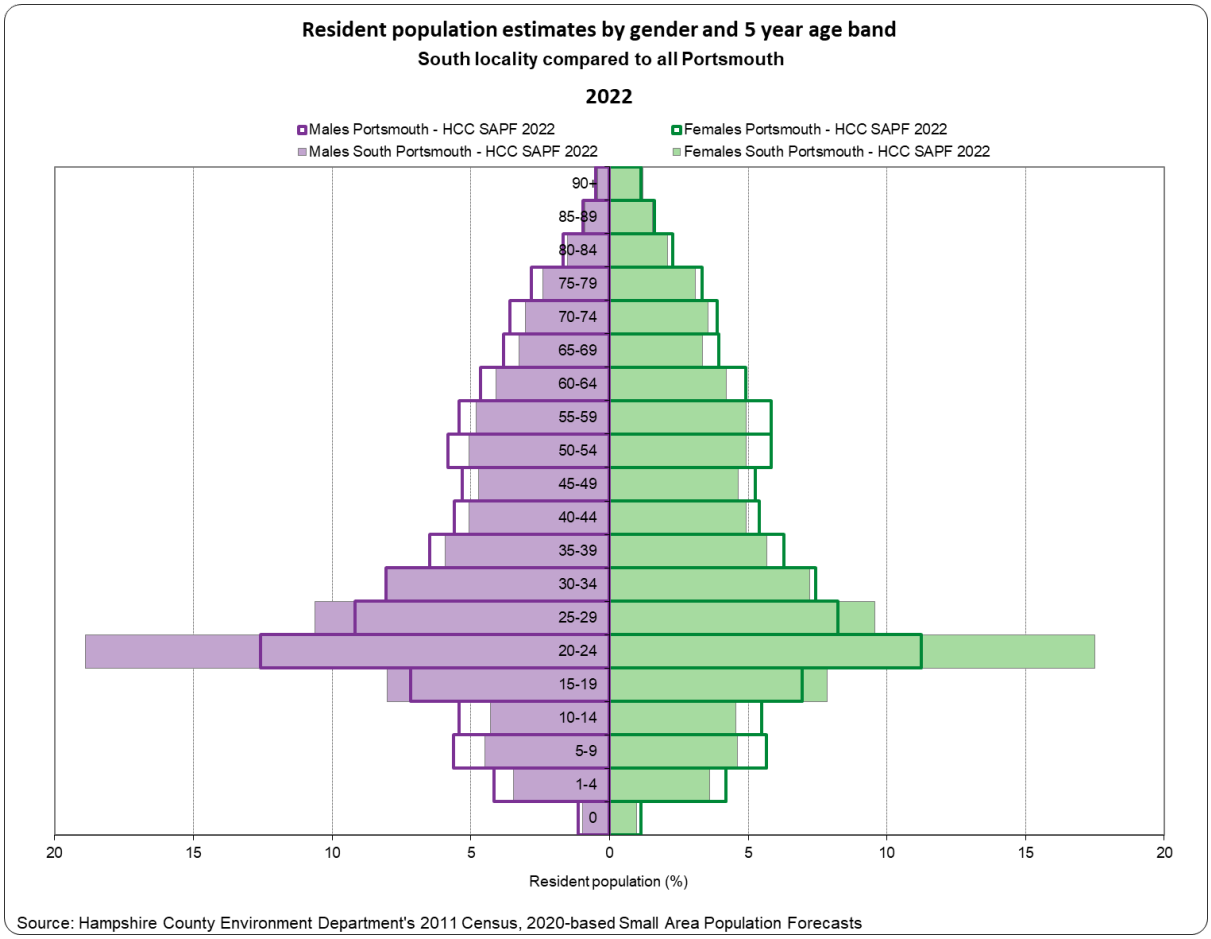

Figure 20. Resident population estimates by gender and 5 year age band, South locality compared to all Portsmouth, 2022.

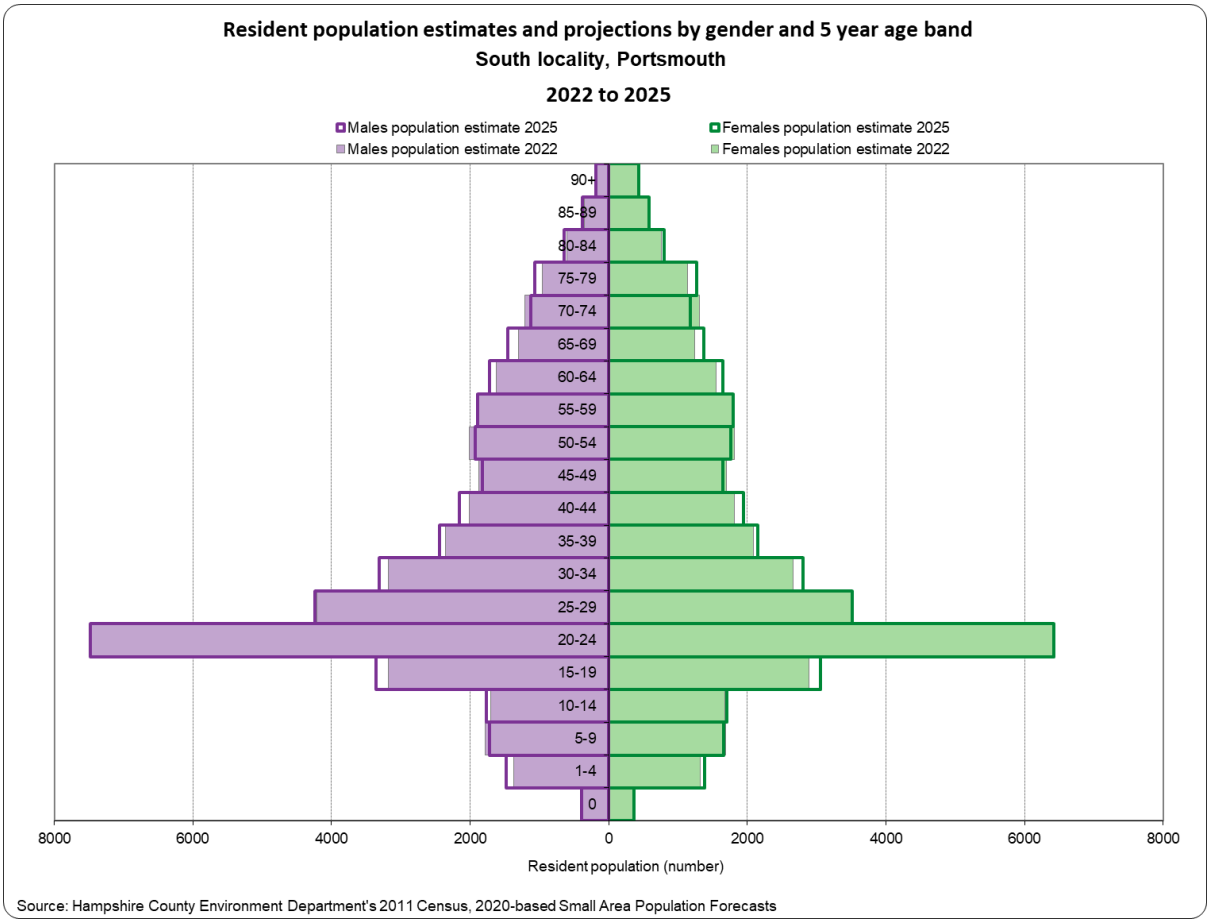

Figure 21. Resident population estimates and projections by gender and 5-year age band, South locality, 2022 compared to forecasted 2025.

8.2 Sub-national population projections

The total Portsmouth population is predicted to increase by nearly 1,500 from 2022 to 2025; and increase by roughly 9,300 between 2022 to 2043.

8.2.1 Children and young persons

Between 2021 and 2043, the population aged 0-4 years is projected to remain relatively stable albeit an increase of 9% (roughly 1,000 infants).

The 5-11 years age group is projected to decrease by 12% by 2030 (roughly 2,100 fewer children compared to 2021) before increasing again by 2043 (an additional 600 children compared to 2030).

The 12-17 years age group is projected to remain relatively stable albeit a decrease of 8% by 2043 (roughly 1,100 children).

The 18-24 years age group is projected to increase by 16% by 2030 (roughly 5,100 more young persons compared to 2021) before decreasing again by 2043 (roughly 3,100 fewer compared to 2030). [7]

[7] SNPP Z1: 2018-based Subnational Population Projections. Local Authorities in England, mid-2018 to mid-2043, Office for National Statistics (ONS) via Portsmouth Joint Strategic Needs Assessment (JSNA) webpage: www.jsna.portsmouth.gov.uk

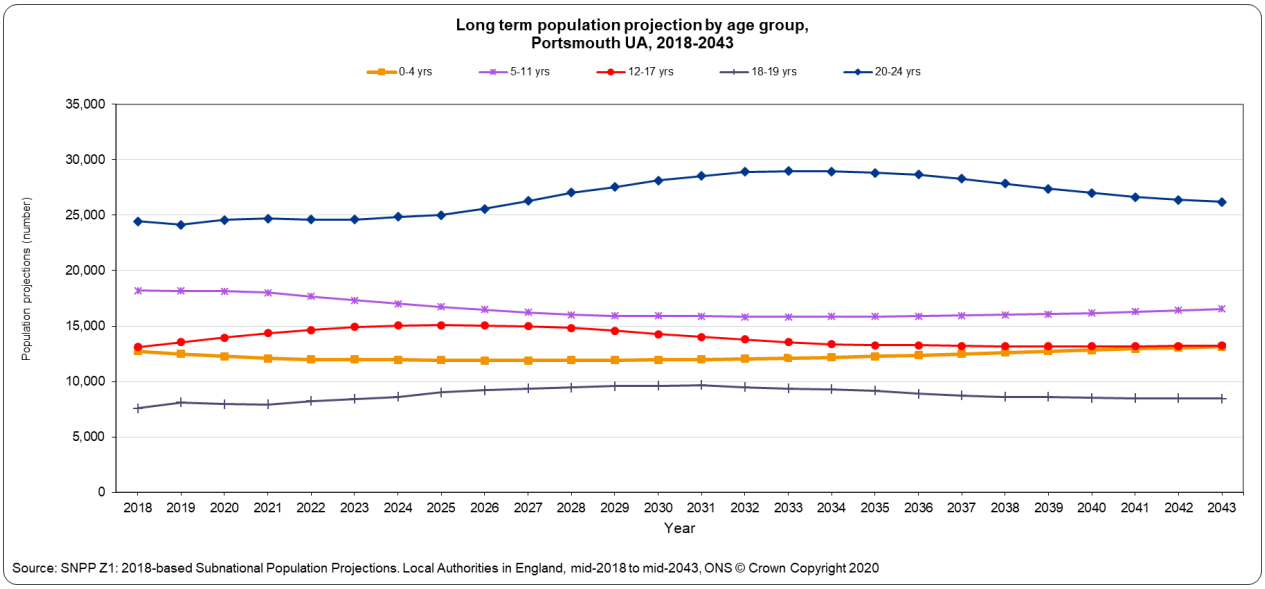

Figure 22. Long term population projections for children and young people, Portsmouth City, 2018- 2043 projection

8.2.2 Working age population

Between 2021 and 2030, the Portsmouth working age adult population aged 18–64 years (though for the purposes of dependency ratios this is usually 15-64 which will be covered later) is projected to increase by 1% (roughly 1,300 people); but this increase is largely due to the younger age group; whereas there is a projected decrease of 14% in the 50-59 year old age group. By 2043, the working age adult population is expected to decrease to a similar total number compared to 2021. [8]

8.2.3 Population aged 65 and over

Between 2021 and 2030, the population aged 65+ years is projected to increase by 19% (projected population of 37,200 in 2030) and those aged 80+ years by 28% (projected population of 11,000 in 2030). It is anticipated that this will increase further with a 35% increase by 2043 (compared to 2021) - that is 19% (roughly 42,100 people aged 65 years) of Portsmouth's population is expected to be aged 65 years and over by 2043 compared to 14% (roughly 32,000 people aged 65 years) of Portsmouth's population in 2020. [9]

[8] SNPP Z1: 2018-based Subnational Population Projections. Local Authorities in England, mid-2018 to mid-2043, Office for National Statistics (ONS) via Portsmouth Joint Strategic Needs Assessment (JSNA) webpage: www.jsna.portsmouth.gov.uk

[9] SNPP Z1: 2018-based Subnational Population Projections. Local Authorities in England, mid-2018 to mid-2043, Office for National Statistics (ONS) via Portsmouth Joint Strategic Needs Assessment (JSNA) webpage: www.jsna.portsmouth.gov.uk

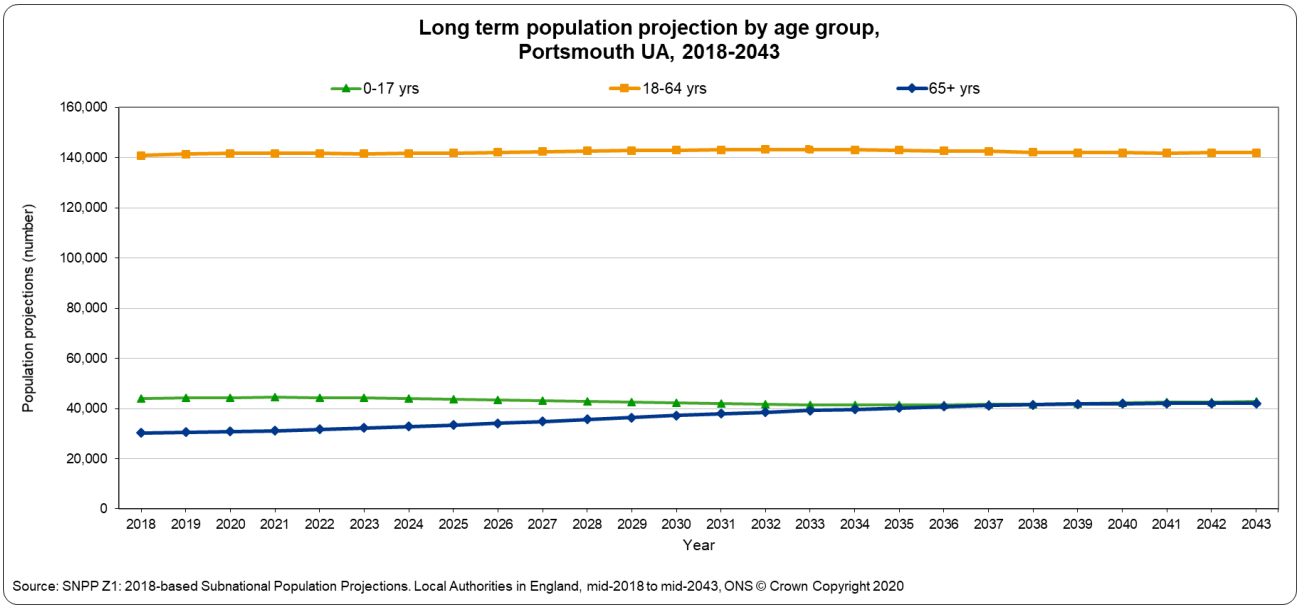

Figure 23. Long term population projections for children, working age adult population and aged 65+ years, Portsmouth City, 2018- 2043 projection

Important theme:
An ageing society - between 2022 and 2030 the population aged 65+ years is estimated to increase by 18% (5,550 people); between 2022 and 2025 the population aged 65+ years is estimated to increase by 6% (1,800 people).

8.3 Ethnicity

At the time of the 2011 Census, Portsmouth had a lower percentage of residents from Black and minority ethnic (BAME) communities (people identifying with an ethnicity other than White English/Welsh/Scottish/Northern Irish/British) compared to in England (16% compared to 20%). However, 32,800 residents make Portsmouth a diverse multi-ethnic community. All BAME groups (except Mixed) have a larger proportion of their group of working age than the White British group (Figure 24). Of the localities in Portsmouth, the South is the most ethnically diverse with 22% of the population belonging to BAME groups, compared to 16% of the Portsmouth population (Figure 25)[10].

Children and young people have a different ethnic profile with 25% of pupils of all ages being of non-White British ethnicity in January 2021. There was a change in methodology in 2018 to include all pupils at state-funded schools, rather than of compulsory school age prior to 2018, therefore 2018 onwards cannot be directly compared to earlier years. However, in 2017, 22% of compulsory school-age children were non-White British ethnicity compared to 15% in 2011. Of the localities, the South remains the most ethnically diverse with 33% of all pupils of non-White British ethnicity; 29% and 15% of pupils living in the Central and North localities, respectively, are of non-White British ethnicity. In the South, the wards of St. Jude and St. Thomas are the most ethnically diverse with 47% and 49% of all pupils of non-White British ethnicity. In the Central locality, the wards of Charles Dickens and Fratton are the most ethnically diverse with 37% and 32% of all pupils of non-White British ethnicity. In the North locality, the wards of Hilsea, Cosham and Copnor are the most ethnically diverse with 21%, 17% and 16% of all pupils of non-White British ethnicity.

[10] Portsmouth City Council and Health and Care Portsmouth JSNA webpage. Ethnic group by broad age group (2011 Census) www.jsna.portsmouth.gov.uk

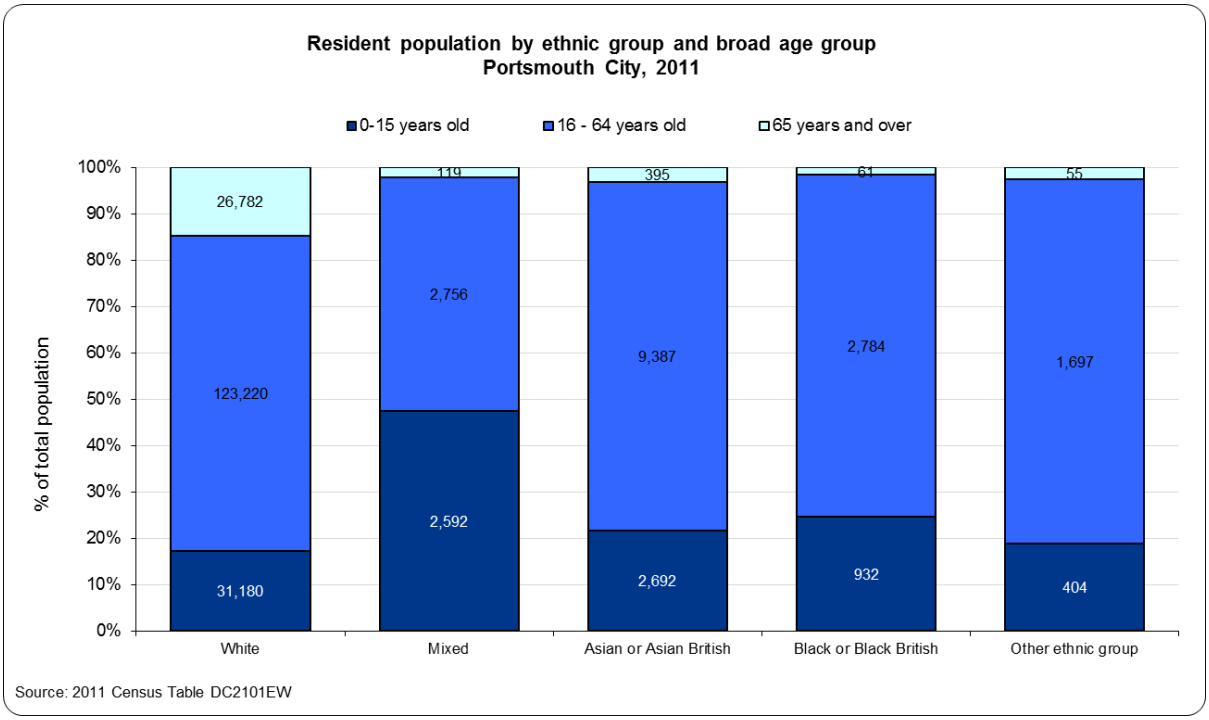

Figure 24 Proportion of population by ethnic group and broad age group, Portsmouth UA, 2011.

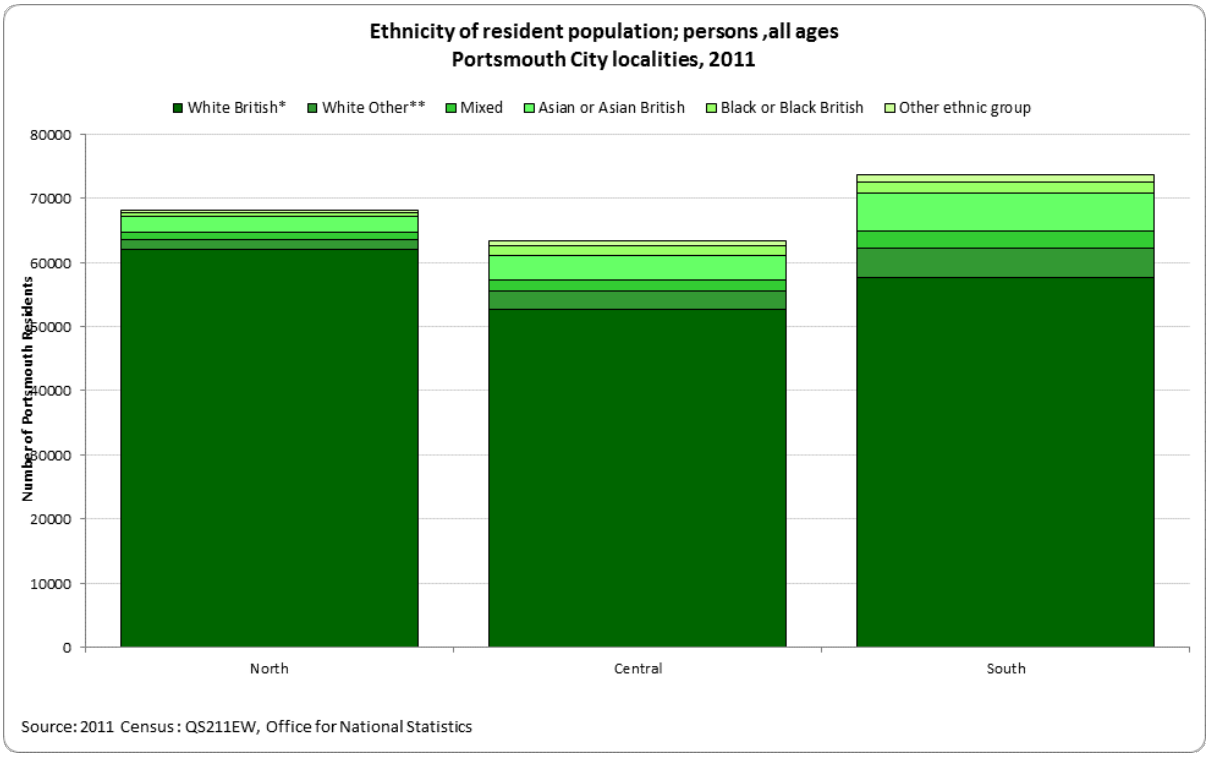

Figure 25. Number of people by ethnicity and locality, Portsmouth UA, 2011.

8.4 Sexual orientation/identity

Prior to 2014, official statistics on lesbian, gay, transgender (LGBT) communities had not been routinely collected nationally (e.g. Censuses) or locally; and the survey findings have been mixed. In 2019, the Office for National Statistics (ONS) estimated that 2.7% of England's population aged 16

years and over identified themselves as lesbian, gay or bi-sexual (LGB) which is an increase compared to previous year estimates; 93.3% identified as Heterosexual or straight, which is a decrease compared to previous years[11]—however, the ONS LGB estimate could be a low estimate due to the telephone and face-to-face survey methodology used[12]. The ONS have also provided local authority estimates; in 2016-18, ONS estimated there to be 2.3% of Portsmouth's population aged 16 years and over that identified themselves as LGB (applying that to the ONS 2018-based subnational population projection for 2021 equates to roughly 4,100 adults aged 16 and over); 95.8% identified as Heterosexual or straight; 0.5% identified as 'Other' (roughly 900 adults aged 16 and over[13]); 1.3% as Don't know or refuse (roughly 2,300 adults aged 16 and over[14]). The ONS estimates are much lower than the estimate quoted by the UK Department of Trade and Industry in 2003 that 5% to 7% of the UK population are LGB[15]. In 2019, the ONS estimates 2.7% of the UK population aged 16 years and over identified themselves as LGB; but the results are different by age group where people aged 16 to 24 years continue to be the most likely to identify as LGB: 6.7% aged 16-24 years in the UK in 2019 (5.9% for males and 7.4% for females aged 16-24 years). This compares to 3.6% aged 25-34 years; 2.5% aged 35-49 years; 1.7% aged 50-64 years; 1% aged 65+ years.

Alternatively, Portsmouth City carried out a Health & Lifestyle postal and online survey in late 2015 (H&LS 2015) and one of the questions asked was: "How would you describe your sexual orientation?" The survey found 4% of Portsmouth residents described themselves as LGB (6% male and 2% female) which does not include those stating, 'I prefer not to say' nor 'none of these', so the percentage LGB could be higher (up to 9.5% persons: 11% male and 8% female, if included). In the South locality, 7% described themselves as LGB, which is significantly higher than the North locality and City average.[16] Applying the 4% LGB estimates from the H&LS 2015 to the ONS 2018-based subnational population projection for 2021 suggests that roughly 7,100 of adults aged 16 and over identify themselves as LGB (5,400 male and 1,700 female) rounded to the nearest 50; but including those stating 'I prefer not to say' and 'none of these' as potentially LBT (although not identified as so) then there could be roughly 16,900 LGB adults in Portsmouth aged 16 and over (9,900 male and 7,000 female). Comparing this to the GP patient survey (also a postal and online survey) results for Portsmouth CCG in 2021 (coterminous, but not all CCG patients are resident to Portsmouth); the estimates are quite similar; 5% LGB (persons) with 4% 'prefer not to say' and 1% stating 'other'.

The EU LGBT 2012 survey found that 44% of UK respondents felt discriminated against or harassed in the 12 months preceding, on the grounds of sexual orientation. Fourteen per cent of UK respondents felt discriminated against, because of being LGBT, by healthcare personnel (of these 18% of bisexual, 19% of lesbian and 26% of transgender respondents felt discriminated against). Five per cent of respondents experienced difficulty in gaining access to healthcare and 8% felt they had received unequal treatment when dealing with medical staff—significantly higher amongst transgender respondents (25% and 21% respectively).[17]

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[11] Office for National Statistics. Annual Population Survey (Experimental Statistics).
[12] Producing estimates of the size of the LGB population of England: Technical Report 2 - methodology for synthesis, Public Health England. https://www.gov.uk/government/publications/producing-estimates-of-the-size-of-the-lgb-population-of-england [Accessed 3 February 2017]
[13] ONS 2018-based subnational population projection for 2021 applied to the percentage identifying as 'Other'
[14] ONS 2018-based subnational population projection for 2021 applied to the percentage identifying as Don't know or refuse
[15] Producing modelled estimates of the size of the LGB population of England: Final report, Public Health England. https://www.gov.uk/government/publications/producing-estimates-of-the-size-of-the-lgb-population-of-england [Accessed 3 February 2017]
[16] Ipsos MORI for Portsmouth City Council. Health and Lifestyle Survey, 2015.
[17] Portsmouth City Council Equality & Diversity strategy 2014-17. Ibid.

8.5 Socio-economic

Portsmouth is ranked 59th of 326 local authorities (excluding counties; and where a ranking of first is the most deprived) in terms of the average index of multiple deprivation (IMD) score in 2019 (a rank of 1 is the most deprived). Deprivation can be experienced in several forms: the IMD comprises seven domains: income; employment; health deprivation and disability; education, skills and training; barriers to housing and services; crime; and living environment. The IMD is assigned to Census derived small administrative areas of about 1500 people named Lower Super Output Areas (LSOAs) of which there are 125 LSOAs in Portsmouth as at 2011 Census. Thirty out of 125 LSOAs in Portsmouth are in the 20% most deprived in England. Of these 30 LSOAs (in the most deprived 20% in England), 11 (of 44) LSOAs are in the North locality; 17 (of 39) in Central locality; and 2 (of 42) are in the South[18]. (Figure 26)

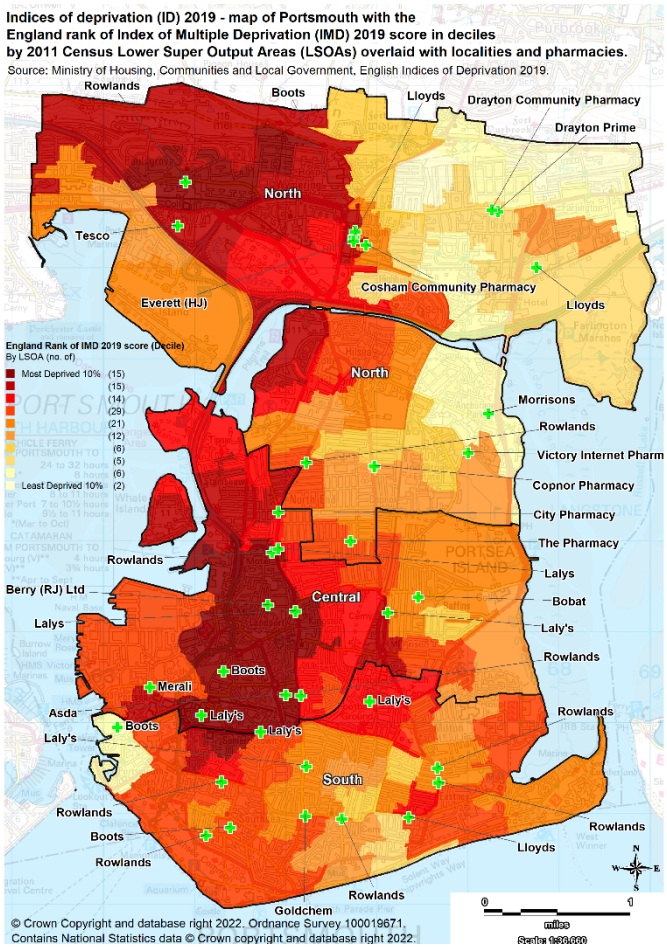

Figure 26. Map of Portsmouth with the England Rank of IMD 2019 score in deciles by 2011 Census LSOAs overlaid by localities and pharmacies.

The Marmot Review (2010) suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy. There is also a wide variety of evidence to show that children who live in poverty are exposed to a range of risks that can have a serious impact on their mental health.

[18] English Indices of Deprivation, 2019. Ministry of Housing, Communities & Local Government. https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019 [Accessed 26 September 2019]

There are two indicators for measuring children in low-income families - an absolute and relative measure:

The children in absolute low-income families measure is useful for tracking changes over time in relation to a fixed reference point and is designed to assess how low incomes are faring with reference to inflation. So, the absolute low income takes the 60 per cent of median income threshold from 2010/11 and then fixes this in real terms (i.e. the line moves with inflation). It measures the number and proportion of individuals who have incomes below this threshold. The percentage of individuals in absolute low income will decrease if individuals with lower incomes see their incomes rise by more than inflation.

The children in relative low-income families measure is useful for comparing the situation in local areas and measuring the number and proportion of individuals who are currently in low income compared to the current median income. Relative low income sets a threshold as 60% of the UK average (median) income and moves each year as average income changes. It is used to measure the number and proportion of individuals who have income below this threshold. The percentage of individuals in relative low income will decrease if:

- Average (median) income stays the same or rises, and individuals with lower incomes see their incomes rise more than the average; or
- Average (median) incomes fall, and individuals with lower incomes see their incomes fall less than average incomes. [19]

In 2019/20, 16.5% of children aged under 16 years (6,528 children) in Portsmouth were in absolute low-income families (before housing costs). The gap between Portsmouth and England for children in absolute low-income families had previously been widening. In 2014/15, the Portsmouth percentage was similar to England, then from 2015/16 Portsmouth was significantly worse than England with the gap increasing in 2017/18. This gap between Portsmouth and England narrowed in 2019/20 and although Portsmouth remains significantly higher than the England average for this indicator, it has also reduced significantly compared to the previous year [20]. The percentage of children living in absolute low-income families (before housing costs) at smaller geographies in Portsmouth is contrasting. In 2019/20, the electoral ward with the highest number and percentage of children living in absolute low-income families remains Charles Dickens with 29% of children living in absolute low-income families; followed by St Thomas and Paulsgrove (both 21%), Fratton (19%) and Nelson (18%). Drayton and Farlington ward (7%) remains the ward with the lowest percentage of children living in absolute low-income families in the city. [21]

In 2019/20, 20.2% of children aged under 16 years (7,989 children) in Portsmouth were in relative low-income families (before housing costs); increasing (although not significantly) from 19.9% in 2018/19. The percentage of children aged under 16 years in Portsmouth in relative low-income families has been significantly worse (higher) than England between 2016/17 and 2019/20. Before this, the Portsmouth rate had been similar to England (since at least 2014/15) [22]. The percentage of children living in relative low-income families (before housing costs) at smaller geographies in

[19] Public Health Outcomes Framework. Public Health Profiles. Date accessed 29/11/2021. https://fingertips.phe.org.uk © Crown copyright 2021'
[20] Public Health Outcomes Framework. Public Health Profiles. Date accessed 29/11/2021. https://fingertips.phe.org.uk © Crown copyright 2021'
[21] Children in low-income families: local area statistics, United Kingdom: financial years ending (FYE) 2015 to 2020, Department for Work and Pensions. Accessed via Portsmouth JSNA: www.jsna.portsmouth.gov.uk
[22] Public Health Outcomes Framework. Public Health Profiles. Date accessed 29/11/2021. https://fingertips.phe.org.uk © Crown copyright 2021'

Portsmouth also varies greatly. In 2019/20, the electoral ward with the highest number and percentage of children living in relative low-income families remains Charles Dickens with 35% of children living in relative low-income families; followed by Paulsgrove (26%), St Thomas (25%), Fratton (23%) and Nelson (22%). Drayton and Farlington ward (8%) remains the ward with the lowest percentage of children living in relative low-income families in the city. [23]

Based on data from 2015/16, the Income Deprivation Affecting Older People Index (IDAOPI) (a sub-domain of IMD 2019) estimate that 17% of Portsmouth residents (about 6,540 people) aged 60 years and over in the city lived in income-deprivation (12.7%, 24.8% and 15.8% in the North, Central and South localities respectively). Thirteen (out of 125) LSOAs in Portsmouth are within the most deprived 10% of LSOAs in England on the Income Deprivation Affecting Older People Index. Of these, only one is in the north of the city (in Paulsgrove) with the rest clustered in Charles Dickens and adjoining neighbourhoods.

The most recent Annual Population Survey, for the period April 2020 to March 2021, show that Portsmouth's percentage of people in employment aged 16-64 years at 76.4% was the highest since April 2011 to March 2012; however, this is not statistically significantly different to any of the previous periods. In 2020/21, Portsmouth's employment rate aged 16-64 years is higher but not significantly than England; and lower but not significantly than the South East region. However, in 2020/21, 66.1% of Portsmouth residents aged 50-64 years were in employment, which is lower but not significantly than England; and significantly lower than the South East region (74.7%).[24]

In 2020, the estimated unemployment rate (aged 16 years and over) for Portsmouth was 5.4% (roughly 6,200 residents), which was an increase on the previous year (4.0%). This remains higher, but not significantly than the England rate (4.7% in 2020 and 3.9% in 2019); and the Portsmouth rate is now significantly higher than the South East region (4.0% in 2020 and 3.0% in 2019).

The unemployed and the economically inactive represent two distinct categories. Groups comprising the economically inactive include: the long-term sick or disabled, the temporary sick (with no employment), people looking after family/home, students, and retired people. In 2020/21 (April to March), the Portsmouth economic inactivity rate[25] was estimated to be 19.3% of residents aged 16-64 years, which was the lower than in 2019/20 (23.3%). The Portsmouth economic inactivity rate was similar to England (20.9%) in 2020/21; but was significantly higher than England in 2019/20 (20.6%).[26] In 2020/21, of the approximately 27,600 economically inactive residents in Portsmouth, roughly 7,300 (26.3%) wanted a job (roughly 20,400 or 73.7% did not want a job). [27]

As at March 2020, the unemployment Claimant Count rate for Portsmouth was 3.1% of residents aged 16-64 years (3.0% in England and 2.1% in the South East). However, the Claimant Count rate increased to 7.1% by March 2021, due to the impact of the Covid-19 pandemic (6.5% in England and 5.3% in the South East). As at December 2021, the Claimant count rate was 5.0% of residents aged 16-64 years (4.5% in England and 3.5% in the South East). Amongst electoral wards in Portsmouth, the Claimant

[23] Children in low-income families: local area statistics, United Kingdom: financial years ending (FYE) 2015 to 2020, Department for Work and Pensions. Accessed via Portsmouth JSNA: www.jsna.portsmouth.gov.uk
[24] Public Health Outcomes Framework (PHOF), Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 14/2/2022.
[25] defined as those not classed as employed or unemployed according to ILO definitions
[26] Wider Determinants of Health, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 14/2/2022.
[27] Data from ONS Claimant Counts via https://www.nomisweb.co.uk ONS © Crown copyright 2022. Date accessed 14/2/2022.

Count rate per residents aged 16-64 years was above the Portsmouth rate in three of the electoral wards in the Central locality:

- Charles Dickens (5.1% of working age population in Mar 2020; 8.9% in Mar 2021; and 7.2% in Dec 2021);
- Nelson (4.4% in Mar 2020; 10.3% in Mar 2021; and 7.6% in Dec 2021);
- and Fratton (3.7% in Mar 2020; 8.9% in Mar 2021; and 6.4% in Dec 2021);
- Paulsgrove (3.9% in Mar 2020; 8.9% in Mar 2021; and 6.0% in Dec 2021) in the North locality;
- St. Jude (3.3% in Mar 2020; 7.1% in Mar 2021; and 5.3% in Dec 2021) in the South locality. [28]

As at March 2020, the unemployment Claimants as a proportion of economically active residents aged 16 years and over was 3.9% for Portsmouth (3.7% in England and 2.5% in the South East). However, the Claimant rate out of economically active increased to 8.9% by March 2021, due to the impact of the Covid-19 pandemic (8.0% in England and 6.3% in the South East). As at December 2021, the Claimant rate out of economically active was 6.3% of residents aged 16 years and over (5.5% in England and 4.1% in the South East). [29]

Job density (the number of filled jobs relative to the working age resident population - e.g. a job ratio of 1.0 is one job per person) provides further insight into the economic performance in an area when interpreted together with the unemployment rate. For example, an area with high unemployment combined with low job density is indicative of an underperforming economy, with too few jobs for the population. In contrast, high unemployment together with a high job density may indicate a skills mismatch between workers and jobs in the local economy. In 2019, the job density ratio in Portsmouth was 0.89, which was higher than in previous years (since 2013). The Portsmouth job density ratio was higher than the England average (0.88) but lower than the South East region (0.90)

The link between income (in particular low income) and poor health is well established, and the relationship can operate in both directions: low income can lead to poor health and ill health can result in a lower earning capacity[30]. Earnings are the primary source of income; therefore, the Average Weekly Earnings indicator is designed to give insight into the variation of economic resources across areas and between subgroups (men and women, income decile). This measure of earnings includes full and part-time workers because the aim of the indicator is to provide insight into the economic resources available to people, not to compare wage rates per se (for which comparing full-time wages may be more appropriate). The measure excludes overtime payments because such earnings are potentially more erratic. In 2021, the median average weekly earnings in Portsmouth was £468, which is higher, but not statistically significantly, than in 2020 (£407). Portsmouth's median average weekly earnings in 2021 was lower, but not significantly than the England average (£496) and Southampton (£521.40); and significantly lower than the South East (£530.40). [31]

The most commonly used threshold for income poverty is below 60% of median income. The latest data on households in poverty at sub regional geography is from the 2013/14 ONS estimates - at that time approximately 21,000 households in Portsmouth are below 60% of the median income *after* housing costs (25% of households) or approximately 13,100 households in Portsmouth are below 60% of the median income *before* housing costs (15% of households). There is greater variation in income

[28] Data from the Annual Population Survey via https://www.nomisweb.co.uk ONS © Crown copyright 2022. Date accessed 14/2/2022.
[29] Data from the Annual Population Survey via https://www.nomisweb.co.uk ONS © Crown copyright 2022. Date accessed 14/2/2022.
[30] Fair Society Healthy Lives (The Marmot Review): 'Fair Society Healthy Lives' 2010
[31] Wider Determinants of Health, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 14/2/2022.

poverty at smaller geographies in the city. In the North locality of the city, it is estimated that Paulsgrove and Wymering Middle Super Output Areas (MSOAs) have roughly 30% of households below the after housing cost (AHC) threshold compared to 13% of households in Cosham Junction MSOA. In the Central locality, it is estimated that the City Centre and Buckland MSOAs have roughly 45% of households below the after housing cost (AHC) threshold compared to 16% of households in Baffins MSOA. In the South locality, it is estimated that the Somerstown MSOA*[32] have roughly 44% of households below the after housing cost (AHC) threshold, compared to 17% of households in Prince Albert MSOA.[33]

8.5 Education

Children from poorer backgrounds are more at risk of poorer development and the evidence shows that differences by social background emerge early in life. Children are defined as having reached a good level of development if they achieve at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and the early learning goals in the specific areas of mathematics and literacy. In 2018/19, 69.4% of Portsmouth children achieved a good level of development at the end of Reception, which was significantly lower than the England average (71.8%) and the South East region (74.6%).

There is some evidence to suggest that the highest level of educational qualifications is a significant predictor of wellbeing in adult life; educational qualifications are a determinant of an individual's labour market position, which in turn influences income, housing and other material resources. Educational attainment is influenced by both the quality of education children receive and their family socio-economic circumstances. In 2019/20, the Average Attainment 8 score of Portsmouth's 15-16 year-olds was 45.7, which was significantly lower than the England average (50.2) and the South East region (51.3). [34]

Parents of children of compulsory school age (aged 5 to 15 at the start of the school year) are required to ensure that they receive a suitable education by regular attendance at school or otherwise. In 2018/19, Portsmouth pupils aged 5-15 years missed 5.41% of school sessions due to overall absence - Portsmouth's pupil absence rate was significantly higher than England (4.73%) and the South East region (4.71%).[35]

Young people who are not in education, employment or training are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood. In 2020, the percentage of Portsmouth young people aged 16-17 years not in education, employment or training (NEET) or whose activity is not known was 5.6%, which is higher, but not significantly, than the previous four years. Portsmouth's 2020 NEET rate was higher, but not significantly than England (5.5%); and lower, but not significantly, than the South East region (6.4%). [36]

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[32]*Somerstown MSOA are not coterminous with the South Locality and North Somerstown is part of the Central locality; however, both the north and south of somerstown have similar levels of deprivation therefore the proportion of households below 60% of the median income is likely to be similar.

[33] Households in Poverty estimates for middle layer super output areas, England & Wales, 2013/14. Office for National Statistics.

[34] Wider Determinants of Health, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 14/2/2022.

[35] Wider Determinants of Health, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 14/2/2022.

[36] Wider Determinants of Health, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 14/2/2022.

8.6 Crime and disorder

The police recorded 22,882 crimes in Portsmouth during 2020/21, which is 11% (n2,832) fewer than last year. The reduction in crimes were largely due to reduction in violence with injury and many types of theft offences, particularly vehicle related thefts. However, increases were seen in other offences including: stalking and harassment, shoplifting, crimes flagged as domestic abuse, drug offences, sexual offences, robbery and possession of a weapon. The 2020/21 crime rate of 106.5 per 1,000 residents in Portsmouth is higher than the average for other similar local authority areas (96.5 per 1,000). The overall level of crime in Portsmouth was generally lower in 2020/21 than the previous three years, apart from July to September, when there were fewer restrictions on socialising during the Covid-19 pandemic. [37]

8.7 Students

In the academic year 2019/20, the University of Portsmouth had 26,755 registered students — 79% (21,000) came from the UK, 4% from EU and 17% from Non-EU. Of the 26,755 registered students, 22,150 were full-time (83% were full-time). Also, of the 26,755 registered students, 22,010 were undergraduate students (82%). In the academic year 2020/21, the University of Portsmouth had 28,280 registered students — 77% (21,905) came from the UK, 5% from EU and 18% from Non-EU. Of the 28,280 registered students, 24,065 were full-time (85% were full-time). Also, of the 28,280 registered students, 22,170 were undergraduate students (79%).[38] This shows an increase in student registrations during the Covid-19 pandemic, but it is not clear how many of these attend classes in person or remotely, although there was a large decrease in 'Other rented accommodation' in 2020/21 compared to 2019/20 (53% of all full-time students in 2019/20 compared to 30% of full-time students in 2020/21) as well as increases in 2020/21 in 'Provider maintained property' (28% of full-time compared to 19% in 2019/20); 'Private-sector Halls' (7% of full-time compared to 5% in 2019/20); 'Parental/guardian home' (14% of full-time compared to 10% in 2019/20) and 'Own residence' (12% of full-time compared to 10% in 2019/20)[39]. However, national data for 2020/21 indicates a large increase in students at parental/guardian home compared to previous years (456,870 in 2020/21; 379,205 in 2019/20 or 22% of full-time students compared to 19% of full-time students).[40]

Key issues identified for students nationally include sexual health, mental health, healthy behaviours and access to healthcare both for those coordinating care of long-term conditions and international students. [41]

8.7.1 Student Sexual health

Nationally and regionally, STIs disproportionately affect young people. South East residents aged between 15 and 24 years accounted for 50% of all new STI diagnoses in 2018.[42] Sexual health clinic activity for 18-22 year-olds peak and trough in line with University of Portsmouth term times. During the 2016/17 academic year, accessing sexual health support online (the first year of the online access) accounted for 4.9% of all initial contacts into the service. Booked and wait to be seen appointments accounted for over three-quarters of initial contacts in the service for this age group. Community

[37] ONS data via the Portsmouth Strategic Assessment 2020-21: https://www.saferportsmouth.org.uk/strategic-assessments Date accessed 17/2/2022.
[38] HESA: https://www.hesa.ac.uk/data-and-analysis/students/table-1 Date accessed 17/2/2022.
[39] HESA: https://www.hesa.ac.uk/data-and-analysis/students/table-57 Date accessed 17/2/2022.
[40] HESA: https://www.hesa.ac.uk/data-and-analysis/students/chart-4 Date accessed 17/2/2022.
[41] Portsmouth JSNA: https://www.portsmouth.gov.uk/wp-content/uploads/2020/04/portsmouth-student-health-needs-assessment-2018.pdf Date accessed 18/2/2022.
[42] Public Health England. Spotlight on sexually transmitted infections in the South East: 2018 data https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/827649/2019_08_SE_STISpot2018.pdf Date accessed 18/2/2022.

pharmacy provision of EHC was the most frequently used route to access EHC accounting for 90% of EHC provided in the 6 months September 17 to February 18 inclusive (10% through the sexual health service). 41% of EHC accessed through pharmacies between September 2017 to February 2018 (inclusive) were for individuals recorded to be a student. A local survey carried out in 2018 of University students found the majority of who had used the sexual health service or via the Let's Talk About It website, reporting that it was quite or extremely easy to use, with the vast majority of students reporting that local provision of sexual health services met their needs. In 2018, the findings of the Student Health Needs Assessment found that the service provision at the time appeared to meet the needs of students in Portsmouth in regards to ease of use and access.[43]

8.7.2 Student Mental health

Nationally, 2% of first year undergraduate students disclosed a mental health condition to their educational institution in 2015/16. In a local survey of Portsmouth University students in 2018, 72% of respondents reported mental ill-health (which included depression, worry, anxiety or stress in the measure) in the past year but this was from a small sample (47 out of 65 respondents)). Of these 47, 16 (34%) respondents also reported that they had not accessed any support. It is not known what type of mental health and wellbeing problem was being experienced by these individuals. [44]

8.8 Lifestyle and behaviour

8.8.1 Smoking

Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Smoking is a modifiable behavioural risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population. [45]

In 2020, based on the national Annual Population Survey (APS)[46] (which is designated as a National statistic), it is estimated that 14.3% of Portsmouth adults (aged 18+ years) are current smokers - higher, but not significantly than the estimated prevalence for England and the South East region[47]. The 2020 prevalence estimate is based on a new telephone survey design, whereas previously was conducted as a face-to-face interview; this means that the 2020 prevalence estimate cannot be compared to the previous years because ONS found that selection bias would have impacted the final prevalence estimates. [48]

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[43] Portsmouth JSNA: https://www.portsmouth.gov.uk/wp-content/uploads/2020/04/portsmouth-student-health-needs-assessment-2018.pdf Date accessed 18/2/2022.

[44] Portsmouth JSNA: https://www.portsmouth.gov.uk/wp-content/uploads/2020/04/portsmouth-student-health-needs-assessment-2018.pdf Date accessed 18/2/2022.

[45] Local Tobacco Control Profile, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 18/2/2022.

[46] From 2016, the APS survey question was 1) Have you ever smoked cigarettes regularly? (yes/no) 2) And do you smoke cigarettes at all nowadays? (yes/no)

[47] Data for 2020 is based on Q2-Q4 survey collection only due to the impact of the COVID-19 pandemic. As such, the confidence limits are wider than observed for a typical year of the APS which has resulted in fewer local areas being statistically significantly higher or lower than the England average. (Source: Local Tobacco Control Profile, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 18/2/2022.)

[48] C18 - Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition), Public Health Outcomes Framework, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 18/2/2022.

The smoking prevalence (from APS) in Portsmouth had estimated to have generally decreased from 2011-2019 and each of the 2017-2019 single year estimates were significantly lower than each of the 2011-2013 single year estimates. The Portsmouth smoking prevalence estimate was 16.4% of adults in 2019 compared to 22.0% in 2013 (Figure 27). [49]

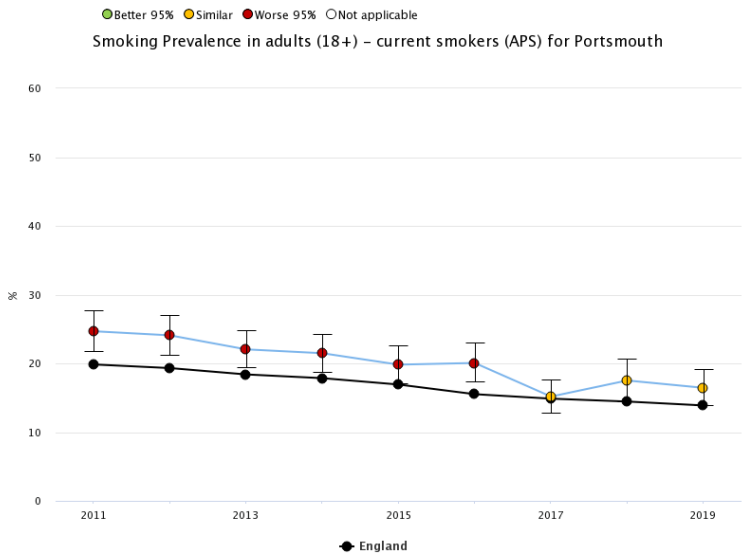

Figure 27. Smoking prevalence in adults (aged 18+ years) - current smokers (APS survey), Portsmouth and England, 2011-2019

An alternative smoking prevalence estimate for Portsmouth is from the GP patient survey (GPPS), which is an online or paper questionnaire and therefore a different research methodology; the smoking questions[50] are also different to the APS, therefore the GPPS estimate offer an alternative view. The latest 2019/20 GPPS estimate 18.1% of Portsmouth adults aged 18 years and over are current smokers, which is significantly higher than the England average (14.3%). The 2019/20 Portsmouth GPPS smoking prevalence estimate is also higher, but not significantly, than the previous two years (16.4% in 2018/19 and 17.5% in 2017/18). [51]

The most recent (2015) Portsmouth Health and Lifestyle Survey (H&LS) found that 16% of adults (aged 16+ years) smoke tobacco. The Portsmouth H&LS, 2015 found higher proportions of people in the most deprived fifth of neighbourhoods smoke compared to the least deprived fifth (28% compared to 8% respectively). Linked to this, tobacco smoking is much more common among council/social housing tenants, and among those without any qualifications (41% and 24% respectively, compared with 16% overall). In terms of localities, the Portsmouth H&LS found the highest prevalence of adults smoking daily or occasionally is in the Central locality (22.6%, compared to 16.5% in North locality and 13.2% in South locality).[52]

[49] C18 - Smoking Prevalence in adults (18+) - current smokers (APS), Public Health Outcomes Framework, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 18/2/2022.
[50] The number of people who responded either "regular smoker" or "occasional smoker" to the question "Which of the following best describes your smoking habits?"
[51] Local Tobacco Control Profile, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 18/2/2022.
[52] Ipsos MORI for Portsmouth City Council. Health and Lifestyle Survey, 2015.

Smoking prevalence also has a strong association nationally with deprivation, socio-economic classification, age, gender, sexuality, housing tenure, health status, ethnic groups, country of birth, religion and mental health. In 2020, the APS smoking prevalence estimate amongst Portsmouth adults (aged 18-64 years) in 'routine and manual occupations' (a national statistics socio-economic classification) was 27.2%, which is higher, but not significantly, than the prevalence in this group in England (21.4%), the South East (20.1%) and Southampton (22.2%). In 2019/20, the GPPS smoking prevalence estimate amongst Portsmouth adults (aged 18+ years) with a long term mental health condition was 36.8%, which is significantly higher, than adults with a long term mental health condition in England (25.8%), the South East region (24.9%) and Southampton (21.0%). In 2019/20, the GPPS smoking prevalence estimate amongst Portsmouth adults (aged 18+ years) with a long-term mental health condition was 36.8%, which is significantly higher than adults with a long term mental health condition in England (25.8%), the South East region (24.9%) and Southampton (21.0%).[53]

Smoking during pregnancy causes premature births, miscarriage and perinatal deaths. It also increases the risk of stillbirth, complications in pregnancy, low birthweight, and of the child developing other conditions in later life. In 2018/19, the percentage of Portsmouth women smoking at time of booking an appointment with a midwife was 13.5% - similar to Southampton (13.8%) but significantly higher than the South East region (11.3%) and higher, but not significantly than England (12.8%). In the same year, the percentage of Portsmouth women smoking at time of delivery (SATOD) was 13.0% (albeit a different data source to the smoking at booking estimate in 2018/19). In 2020/21, the percentage of Portsmouth women smoking at time of delivery (SATOD) was 12.1%, which was a decrease on the previous two years - the 2020/21, Portsmouth's percentage SATOD of 12.1% remained significantly higher than England (9.6%) and the South East region; and higher, but not significantly than Southampton (10.7%).[54]

Admissions to hospital due to smoking related conditions not only represent a large demand on NHS resources, but can also be used as a proxy for variations in smoking related ill health in the general population across England. High smoking attributable admission rates are indicative of poor population health and high smoking prevalence; however, smoking attributable admissions are based on the primary diagnosis of the admission episode and subsequent episodes which relate to smoking but where the admission episode is not related to smoking are not included, therefore this is likely to be an underestimate of smoking related admissions. In 2019/20, the rate of smoking attributable hospital admissions for Portsmouth residents (aged 35+ years) remained similar since 2016/17. The Portsmouth smoking attributable admission rate in 2019/20 was higher (but not significantly) than England and significantly higher than the South East region; but the Portsmouth rate was significantly lower than Southampton. COPD is a serious lung disease for which smoking is the biggest preventable risk factor - the rate of emergency hospital admissions for COPD for Portsmouth residents aged 35 years and over has remained similar since 2014/15 (up to 2019/20). The Portsmouth COPD emergency hospital admission rate (aged 35+ years) in 2019/20 was significantly higher than England and the South East region; but the Portsmouth rate was significantly lower than Southampton. [55]

Lung cancer registration and oral cancer registration are both a direct measure of smoking-related harm. Given the high proportion of lung cancer registrations and oral cancer registrations are due to smoking, a reduction in the prevalence of smoking would reduce the incidence of both lung cancer

[53] Local Tobacco Control Profile, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 18/2/2022.
[54] Local Tobacco Control Profile, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 18/2/2022.
[55] Local Tobacco Control Profile, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 18/2/2022.

and oral cancer. The lung cancer registration rate for Portsmouth residents (all ages) has remained similar since 2007/09 (up to 2016-18). The Portsmouth lung cancer registration rate in 2016/18 was significantly higher than England and the South East region; but the Portsmouth rate was lower, but not significantly, than Southampton. The oral cancer registration rate for Portsmouth residents (all ages) has remained statistically similar since 2007/09 (up to 2016-18); but in 2016-18, the rate was the highest since 2007/09 and was for the first time significantly higher than the England rate. The Portsmouth oral cancer registration rate in 2016/18 was also significantly higher than the South East region; but the Portsmouth rate was higher, but not significantly, than Southampton.[56]

Smoking remains the biggest single cause of preventable mortality and morbidity in the world[57]. It still accounts for 1 in 6 of all deaths in England, and there exist huge inequalities in smoking related deaths: areas with the highest death rates from smoking are about three times as high than areas with the lowest death rates attributable to smoking. In 2017-19, Portsmouth had a significantly higher rate of smoking-attributable deaths in persons aged 35+ years compared to England and the South East region; but a similar rate to Southampton. The Portsmouth rate has remained similar since 2014-16. Also, compared to England, Portsmouth had significantly higher rates of deaths from lung cancer (2017-19) and deaths from chronic obstructive pulmonary disease (2017-19). [58]

8.8.2 Alcohol

Alcohol-related harm is determined by the volume of alcohol consumed and the frequency of drinking occasions. As such, the risk of harm is directly related to levels and patterns of consumption. Drinking very large amounts of alcohol on a single occasion increases the likelihood of experiencing acute alcohol-related harms. [59]

Alcohol use is the biggest risk factor in Portsmouth adults aged 15-49 years from 2017-2019, in terms of Years Lived with Disability (YLD) per 100,000 (695 YLD per 100,000 in 2019). In 2009, Drug use was the biggest risk factor, with Alcohol use (610 YLD per 100,000 in 2009) ranked second in Portsmouth. Alcohol use is the second biggest risk factor in 2019 in England (646 YLD per 100,000). [60]

The local Health and Lifestyle Survey from 2015 found Portsmouth residents aged 16+ years (82%) say they drink alcohol at least occasionally, although the frequency of drinking varies quite widely - one in three (35%) residents says they drink alcohol at least two or three times a week (with one in seven (14%) drinking four or more times a week).

The Portsmouth Health and Lifestyle Survey (2015) found that among those who do drink, around one in five (22%) are drinking to unhealthy levels, consuming at least seven units in a typical day when drinking. Fifty-six per cent of residents who drink alcohol are at risk of developing an alcohol use disorder and meet criteria for receiving advice about reducing their alcohol consumption. The proportion at 'high risk' of developing an alcohol misuse disorder peaks among middle-aged drinkers aged 35-54 years (25%). It is lower among younger drinkers aged 16-34 years (11%) and older drinkers

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[56] Local Tobacco Control Profile, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 18/2/2022.
[57] World Health Organization Report on the Global Tobacco Epidemic 2009 http://www.who.int/tobacco/mpower/2009/en/index.html via Local Tobacco Control Profile, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 18/2/2022.
[58] Local Tobacco Control Profile, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 18/2/2022.
[59] Local Alcohol Profiles for England, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 22/2/2022.
[60] GBD compare, Global Burden of Disease: https://vizhub.healthdata.org/gbd-compare/. Date accessed 22/2/2022.

aged 55-64 years (14%) or 65+ years (five per cent). The Portsmouth Health and Lifestyle Survey (2015) findings also show that drinking problems are concentrated more strongly in Central Portsmouth. Drinkers there are more likely to have caused themselves or someone else an injury because of their drinking (17% compared with 11% overall). They are also more likely to have been advised by someone else to drink less (15% compared with nine per cent). Such problems are also more frequently reported by those in rented housing. [61]

Data from the Health Survey for England allows for comparisons to be made with statistical neighbours and in 2015-2018, Portsmouth had a higher percentage of adults (aged 18 years and over) binge drinking on the heaviest day in the last week (16.7%) compared to England (15.4%), the South East (14.9%) and Southampton (14.5%), although Portsmouth is not statistically significantly higher than these areas. Chief Medical Officer guidelines advises that that in order to keep to a low level of risk of alcohol-related harm, adults should drink no more than 14 units of alcohol a week - in 2015-2018, Portsmouth had a lower (but not significantly) percentage drinking more than 14 units of alcohol a week (19.3%) than England (22.8%), the South East region (22.9%) and Southampton (20.6%).[62]

Alcohol-related hospital admissions are used as a way of understanding the impact of alcohol on the health of a population. There are two measures used to assess this burden: the Broad and the Narrow measure. The broad measure (better than the narrow measure for measuring the burden on community and health services) of the directly aged-standardised rate (DSR) of alcohol-related hospital admissions of all ages in 2019/20 and 2020/21 (both years included due to the impact of Covid-19 on hospital activity in 2020/21, in particular) for Portsmouth males and females were significantly higher than the rate for England. The narrow measure (better than the broad measure for measuring alcohol harm that is less sensitive to the changes that have occurred in coding over the years) of the directly aged-standardised rate (DSR) of alcohol-related hospital admissions of all ages in 2020/21 for Portsmouth males was significantly higher than the rate for England, but the Portsmouth rate decreased compared to 2019/20 (although the rate of decrease was not as great as England) - however, the 2020/21 rate may have been impacted on due to the impact of Covid-19 on hospital activity in 2020/21. Both the Portsmouth and England rates for males had been increasing up to 2019/20 (Figure 28). A similar trend can be seen for Portsmouth females for the narrow alcohol-related hospital admissions, where the Portsmouth rate was slowly increasing (although the rate was highest in 2018/19) then decreased in 2020/21; but unlike Portsmouth males, the female rate remained similar to the England rate (Figure 29) .

When it comes to hospital admissions wholly attributable to alcohol, the alcohol-specific admission rate for Portsmouth males and females had been increasing since 2018/19 and in both 2019/20 and 2020/21 the alcohol-specific admission rate for both Portsmouth males and females remained significantly higher than the England rate. [63]

[61] Ipsos MORI for Portsmouth City Council. Health and Lifestyle Survey, 2015.
[62] Local Alcohol Profiles for England, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 22/2/2022.
[63] Local Alcohol Profiles for England, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 22/2/2022.

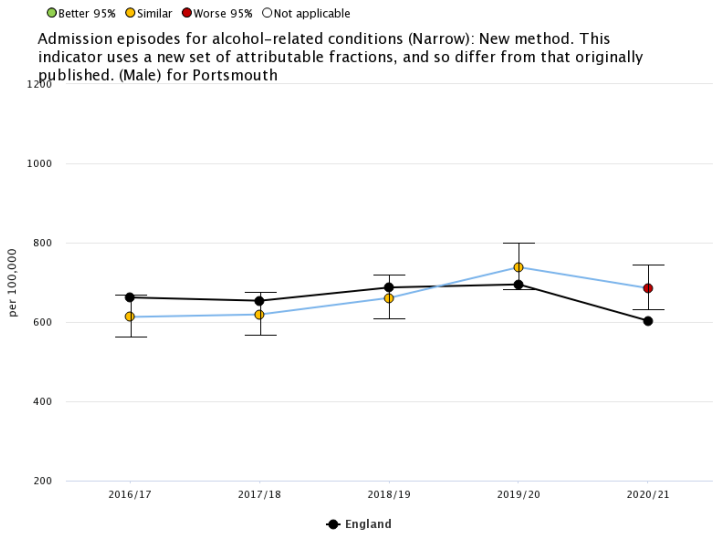

Figure 28. Alcohol-related admission rate for males (Narrow definition), Portsmouth and England, 2016/17 to 2020/21

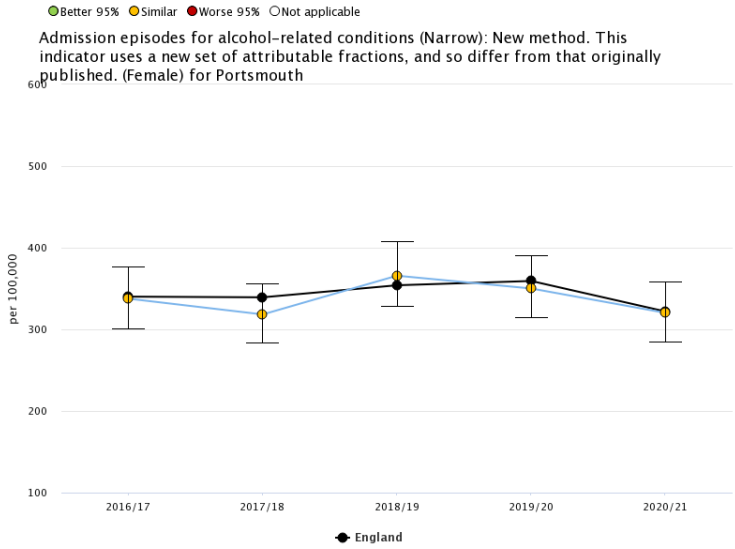

Figure 29. Alcohol-related admission rate for females (Narrow definition), Portsmouth and England, 2016/17 to 2020/21

In 2018/19 (the most recent estimate), it was estimated that between 2,600 and 4,400 adults were alcohol dependent and potentially in need of specialist treatment - at 1.90 adults per 100 adults, this is a higher, but statistically different, rate to the England average (1.37 per 100 adults). [64]

In 2020/21, there were 336 adults in treatment for alcohol dependency only at a specialist alcohol service in Portsmouth plus an additional 146 adults in treatment for alcohol and a non-opiate substance - an increase from 303 alcohol only receiving treatment (plus 109 alcohol and a non-opiate substance) in 2019/20. Of the 336 people in treatment for alcohol dependency only, 208 of these were new presentations in 2020/21. In 2019/20, it is estimated that, of the estimated number of alcohol dependent Portsmouth adults in need of treatment, 12% received treatment, leaving

[64] Alcohol dependence prevalence in England, Public Health England https://www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england © Crown copyright 2022. Date accessed 22/2/2022.

potentially an estimated 88% of unmet need. [65] However, demand for treatment in 2020/21 was 100% met within three weeks of waiting for treatment i.e. out of first alcohol treatment interventions starting in 2020/21, no one in Portsmouth waited over three weeks to commence treatment. In 2020, there were 104 Portsmouth adults successfully completing treatment (free of alcohol dependence and who do not re-present within 6 months), which was 30.7% of all adults receiving structured treatment - this percentage is lower, but not statistically significantly, than the England average (35.3%). In 2018/19-2020/21 (three-years pooled), there were 10 deaths amongst adults in alcohol treatment which is a mortality ratio of 1.08 out of expected deaths (if Portsmouth experienced the same the same age-specific mortality rates as in the whole alcohol treatment population in England) - therefore, Portsmouth's mortality ratio is higher, but not significantly, than England (mortality ratio of 1.00) [66]

Portsmouth's alcohol-related mortality rate for males and females has remained broadly similar from 2016 to 2020. In 2020, the alcohol-related mortality rate for males and females was higher, but not significantly, than England.

Portsmouth's alcohol-specific mortality rate for males has generally decreased since 2009-11, but the 2017-19 rate is not significantly different between periods since then. The Portsmouth alcohol-specific mortality rate for males in 2017-19 was higher, but not significantly, than England. Portsmouth's alcohol-specific mortality rate for females increased in 2009-11 and has remained broadly similar since. The Portsmouth alcohol-specific mortality rate for females in 2017-19 was significantly higher than England. The Portsmouth premature (under 75 years) mortality rate from alcoholic liver disease for females in 2017-19 was significantly higher than England. [67]

8.8.3 High body-mass index, physical inactivity and poor diet

There is national ambition to "significantly reduce childhood obesity" as set out in "Child Obesity - A Plan for Action". There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. [68]

In 2019/20, 23.8% of Year R pupils (aged 4-5 years) and 38.1% of Year 6 pupils (aged 10-11 years) residing in Portsmouth were overweight, including obesity (i.e. "excess weight"). The proportion overweight, including obesity, for Year R pupils residing in Portsmouth is statistically significantly similar to Southampton and England (24.1% and 23.0% respectively). The proportion overweight, including obesity, for Year 6 pupils residing in Portsmouth is similar to Southampton, and statistically significantly higher than England (37.6% and 35.2% respectively). The percentage overweight, including obese for Year 6 pupils attending Portsmouth schools is significantly higher than the South East region and higher (although not significantly higher) than England. Since 2006/07, the percentage for overweight, including obese for both age groups attending Portsmouth schools improved. [69]

In 2019/20, 11.0% of Year R pupils (aged 4-5 years) and 22.1% of Year 6 pupils (aged 10-11 years) residing in Portsmouth were obese, including severe obesity - the former having reduced since

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[65] National Drug Treatment Monitoring System (NDTMS). Office for Health Improvement and Disparities. https://www.ndtms.net/ Date accessed 22/2/2022.
[66] Local Alcohol Profiles for England, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 22/2/2022.
[67] Local Alcohol Profiles for England, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 22/2/2022.
[68] Obesity Profile, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 23/2/2022.
[69] NCMP profile, PHE. https://fingertips.phe.org.uk/profile/national-child-measurement-programme Accessed 21 April 2021

2018/19 (previously 12.5%). The proportion obese, including severe obesity, for Year R pupils residing in Portsmouth is similar to Southampton, and statistically similar to than England (9.9% and 9.9% respectively). The proportion of obese, including severe obesity, for Year 6 pupils residing in Portsmouth is similar to Southampton and England (23.8% and 21.0% respectively).[70]

Due to the data collection limitations arising from the Covid-19 pandemic, the National Childhood Measurement Programme data from the 2020/21 has not been provided at local authority level. National data for 2020/21 has, however, been published by NHS digital. In 2020/21, 14.4% of Year R pupils (aged 4-5 years) and 25.5% of Year 6 pupils (aged 10-11 years) residing in England were obese, including severe obesity. This represents a significant increase for both Year R and Year 6 when compared to 2019/20 when 9.9% of Year R pupils and 21.0% of Year 6 pupils were considered obese (including severe obesity).[71]

Good physical activity habits established in childhood and adolescence are also likely to be carried through into adulthood. If we can help children and young people to establish and maintain high volumes of physical activity into adulthood, we will reduce the risk of morbidity and mortality from chronic non-communicable diseases later in their lives. In 2020/21, Sport England's Active Lives Children and Young People Survey found 55.7% of Portsmouth children (aged 5-16 years) were 'physically active'[72] - significantly higher than in 2018/19 (38.1%); however, in 2018/19 and 2019/20 no data was collected in Years 1 and 2[73], which may have impacted on the response profile between survey years. In 2020/21, Portsmouth's percentage of physically active children was significantly higher than England (44.9%). [74]

Obesity is a priority area for Government. The Government's "Call to Action" on obesity (published Oct 2011) included national ambitions relating to excess weight in adults, which is recognised as a major determinant of premature mortality and avoidable ill health[75]. In 2017/18, Sport England's Active Lives Survey found 28.6% of Portsmouth adults (aged 18 years and over) were obese, which is significantly worse than England (23.4%) and the South East (21.4%) and worse (but not significantly) than Southampton (24.3%).[76]

The same survey in 2019/20 found that 67.4% of Portsmouth adults (aged 18 years and over) were overweight or obese (66.5% in 2018/19). This is significantly worse than the South East which found that 61.5% of adults were overweight or obese in 2019/20 (60.9% in 2018/19 and 59.7% in 2017/18). This is also higher than Portsmouth's JSNA Unitary Authority comparator group average in 2019/20

[70] NCMP profile, PHE. https://fingertips.phe.org.uk/profile/national-child-measurement-programme Accessed 21 April 2021
[71] NHS Digital, National Child Measurement Programme, England 2020/21, National Child Measurement Programme, England 2020/21 School Year - NHS Digital Accessed 03 February 2022
[72] Defined as children meeting the UK Chief Medical Officers' recommendation of an average of at least 60 minutes moderate-vigorous intensity activity per day across the week
[73] Sport and Physical Activity Levels amongst children and young people in school years 1-11 (aged 5-16), Active Lives Survey, Sport England https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2021-12/ALS%20CYP%2020-21%20Tables%201-4%20Levels%20of%20activity..xlsx?VersionId=2cULHc35FT.GDerJFPNayav.RB9XbiQa Date accessed 23/2/2022.
[74] Public Health Outcomes Framework, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 23/2/2022.
[75] Public Health Outcomes Framework, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 23/2/2022.
[76] Adjusted BMI from the Active Lives Survey, Public Health England.

(61.8%) and significantly worse than England where 62.8% of adults were classed as overweight or obese in 2019/20 (62.3% in 2018/19 and 62.0% in 2017/18) [77].

The local Portsmouth Health and Lifestyle Survey 2015 (H&LS 2015) of adults (aged 16 years and over) found (by using a similar adjusted BMI method to the Active People Survey) that an estimated 40% of Portsmouth adults are overweight and 27% obese - the adjusted BMI also showed that the North and Central localities had a higher percentage of obese adults (34% and 29% respectively) compared to the South locality (21% obese).

The costs of diet related chronic diseases to the NHS and more broadly to society are considerable. Average intakes of saturated fat, sugar, and salt are above recommendations while intakes of fruit and vegetables, oily fish, fibre and some vitamins and minerals in some groups are below recommendations. In 2019/20, the Active Lives Survey found that 49.7% of Portsmouth adults met the '5-a-day on a usual day' recommendation - this was lower than in 2018/19 when 51.9% of adults met this recommendation. The 2019/20 percentage of Portsmouth adults meeting the recommended '5-a-day' on a 'usual day' was significantly lower than England (55.4%), lower than Portsmouth's JSNA Unitary Authority comparator group average (54.1%) and was significantly lower than the South East region (58.3%). [78]

The H&LS 2015 found that only 33% met or exceeded the recommended daily minimum of five portions. Barriers to healthy eating were lack of time to prepare or cook food (24%), 'lack of willpower' (20%) and the cost of healthy food (19%). Residents in South Portsmouth are particularly likely to say their diet is healthy compared with North Portsmouth and Central Portsmouth (72% compared with 60% and 59% respectively). [79]

People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities. The estimated direct cost of physical inactivity to the NHS across the UK is over £0.9 billion per year. In 2019/20, Sport England's Active Lives Survey found 69.7% of Portsmouth adults (aged 19 years and over) were physically active[80] which is higher (but not significantly) than England (66.4%) and the South East Region (69.5%). The percentage of adults in Portsmouth who were physically active was also higher than Portsmouth's JSNA Unitary Authority comparator group average (66.9%). The same survey found that 17.3% of Portsmouth adults (aged 19 years and over) were physically inactive[81] which is significantly lower than England (22.9%) and lower (but not significantly) than the South East Region (20.1%). It was also lower than Portsmouth's JSNA Unitary Authority comparator group average which was 22.0%. [82]

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[77] Public Health Outcomes Framework, indictor 2.12 (current method), Public Health England. https://fingertips.phe.org.uk Accessed 3rd June 2021

[78] Public Health Outcomes Framework, Public Health England. Public Health Profiles. 2021 https://fingertips.phe.org.uk © Crown copyright 2021, Accessed 03/06/2021

[79] Ipsos MORI for Portsmouth City Council. Health and Lifestyle Survey, 2015. http://data.hampshirehub.net/data/portsmouth-health-and-lifestyle-survey-2015-report-and-findings Accessed 4 October 2016

[80] Defined as adults doing at least 150 “equivalent” minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days.

[81] Defined as adults less than 30 “equivalent” minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days.

[82] Public Health Outcomes Framework, Public Health England. Public Health Profiles. 2021 https://fingertips.phe.org.uk © Crown copyright 2020, Accessed 03/06/2021

The H&LS 2015 found three in five (59%) Portsmouth adults (aged 16 years and over) meet the recommended weekly minimum of either 150 minutes of moderate activity or its equivalent in vigorous activity. The local survey found that the South locality had a significantly higher proportion meeting the recommended weekly minimum physical activity guideline, than the North and Central localities (and the Portsmouth average) - 66% in the South compared to 55% and 54% in North and Central.[83]

8.8.4 Substance misuse

When comparisons were possible using the Tell Us Survey, higher percentages of young people aged 10-15 years in Portsmouth (12.8% in 2009/10) reported frequently misusing substances including alcohol, illegal drugs and volatile substances compared with England and the South East region (9.8% for both). The Tell Us Survey was discontinued; but Portsmouth City Council conducted its own Health ('You Say') survey (including substance misuse) amongst Year 8 and Year 10 secondary school age pupils each year from 2010 to 2018 (2014 was part of a wider 'measuring wellbeing survey'). Key findings from the 2018 survey include:

- Using cannabis use as an approximation for overall drug use, over 90% of pupils have never tried drugs
- Cannabis is the most frequently tried drug—9% of pupils have tried it at least once (2% in Year 8, but 18% in Year 10)
- Friends are the most common source of drugs
- The perception that no one of their own age takes drugs was the lowest percentage for Year 10 pupils (5%) since 2012, including significantly lower than 2014 survey (15%).

Year 10 pupils were significantly more likely than Year 8 pupils to:

- Have ever tried, or be a regular user of cannabis, ecstasy, ketamine, cocaine and speed. They were more likely to have tried all other substances included in the survey with the exception of solvents (glue, gas or aerosols) where the proportions were very similar;
- Think that about half, most, or all of people their age takes drugs;
- Have received advice at school on drugs and alcohol

Year 10 pupils were significantly less likely than Year 8 pupils to:

- Think that none or a few people their age take drugs. [84]

The latest estimate from 2016/17 for the number of opiate and/or crack cocaine users (OCUs) aged 15-64 years in Portsmouth is 1,541 (or between 1,329 and 1,838 users) - as a crude rate this is 10.6 per 1,000 population aged 15-64 years, which is estimated to be higher, but not significantly, than England and Southampton; but significantly higher than the South East region. The 2016/17 estimates that OCUs in Portsmouth are more likely to be aged 25-34 or 35-64 (12.4 and 12.9 per 1,000 respectively), compared to the aged 15-24 age group (4.5 per 1,000), but the difference is not statistically different - as estimated numbers this is 949 users aged 35-64 years, 419 users aged 25-34 years and 173 users aged 15-24 years.[85] In 2019/20, it is estimated that, of the estimated number of OCU Portsmouth adults in need of treatment, 49% received treatment, leaving potentially an

[83] Ipsos MORI for Portsmouth City Council. Health and Lifestyle Survey, 2015.
[84] Portsmouth City Council, 2018. 'You Say' Survey Secondary Schools.
[85] Opiate and crack cocaine use: prevalence estimates by local area, Public Health England. https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations [Accessed 24 February 2022]

estimated 51% of unmet need. [86] In 2020/21, there were 1,056 adults aged 18 years and over in treatment at specialist drug misuse services in Portsmouth.

Mental health problems are common amongst those needing and/or in treatment for drug use. In 2016/17, there were 82 adults in Portsmouth entering into a specialist drug misuse service who were in concurrent contact with a mental health service - 27.8% of all adults entering into a specialist drug misuse service. The 2016/17 Portsmouth proportion in concurrent contact with mental health services was higher, but not significantly, than England. [87]

Persons who inject drugs are at increased risk of contracting hepatitis B and C infections. In 2016/17, of Portsmouth residents entering substance misuse treatment and eligible for a Hep B vaccination, 3.2% (n=6) of these completed a course of Hep B vaccination, which is significantly lower than the England average (8.1%). However, in 2017/18, of Portsmouth residents entering substance misuse treatment who inject drugs, 487 received a Hep C test (90.9%) - significantly higher than the England average (84.2%).[88]

In 2020, there were 766 clients aged 18 years and over resident to Portsmouth in treatment for opiate use [89]. Portsmouth's percentage of successful completion of drug treatment for opiate users (ie the percentage who do not re-present within 6 months) was 4.8% (n=37) - similar compared to England (4.7%); and lower but not significantly than the South East Region (5.7%) and higher, but not significantly than Southampton (3.9%). In the same year (2020), 27.1% (n=79) of Portsmouth residents receiving treatment for non-opiate drug use was successful, which was significantly lower than England (33.0%); and lower, but not significantly, than the rate for the South East region (33.3%) and Southampton (28.9%).[90]

In 2020/21, 24.6% (n=32) of Portsmouth adults with substance misuse treatment need successfully engaged in community-based structured treatment following release from prison. This was significantly lower than England (38.1%) and the South East region (37.5%); but similar compared to Southampton (22.2%).[91]

In 2018-20, the death rate from drug abuse for Portsmouth males was significantly higher than England, the South East; higher, but not significantly than Southampton; and lower but not significantly compared to Brighton and Hove and Plymouth (Figure 30 column chart). The Portsmouth male drug abuse death rate was also higher, but not significantly, than 2017-19 (Figure 30 line chart). Deaths from drug abuse for Portsmouth females was rising since 2013-15 and the rate was significantly higher than England until 2017-19. In 2018-20, the death rate from drug abuse for Portsmouth females was not significantly different to England, but remained significantly higher than the South East. The Portsmouth female drug abuse death rate was also lower, but not significantly, than 2017-19. [92]

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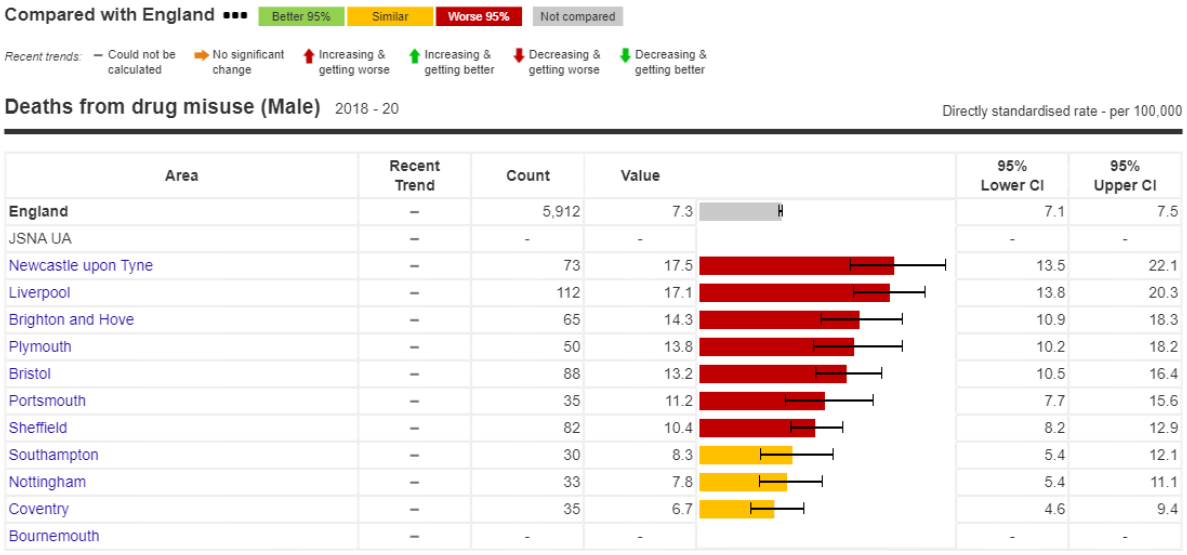
[86] National Drug Treatment Monitoring System (NDTMS). Office for Health Improvement and Disparities. https://www.ndtms.net/ Date accessed 23/2/2022.
[87] Co-occurring substance misuse and mental health issues, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 23/2/2022.
[88] Health Protection Profile, Office for Health Improvement and Disparities. https://fingertips.phe.org.uk © Crown copyright 2022. [Accessed 25 February 2022]
[89] National Drug Treatment Monitoring System (NDTMS). Office for Health Improvement and Disparities. https://www.ndtms.net/ Date accessed 23/2/2022.
[90] Public Health Outcomes Framework, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 28/2/2022.
[91] Public Health Outcomes Framework, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 28/2/2022.
[92] Mortality Profiles. Public Health Profiles. Date accessed 9/11/2021. https://fingertips.phe.org.uk © Crown copyright 2021'



Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	5,912	7.3	7.1	7.5
JSNA UA	–	-	-	-	-
Newcastle upon Tyne	–	73	17.5	13.5	22.1
Liverpool	–	112	17.1	13.8	20.3
Brighton and Hove	–	65	14.3	10.9	18.3
Plymouth	–	50	13.8	10.2	18.2
Bristol	–	88	13.2	10.5	16.4
Portsmouth	–	35	11.2	7.7	15.6
Sheffield	–	82	10.4	8.2	12.9
Southampton	–	30	8.3	5.4	12.1
Nottingham	–	33	7.8	5.4	11.1
Coventry	–	35	6.7	4.6	9.4
Bournemouth	–	-	-	-	-

Figure 30. Chart to compare Portsmouth males deaths from drug abuse to England and comparator areas, 2018-20

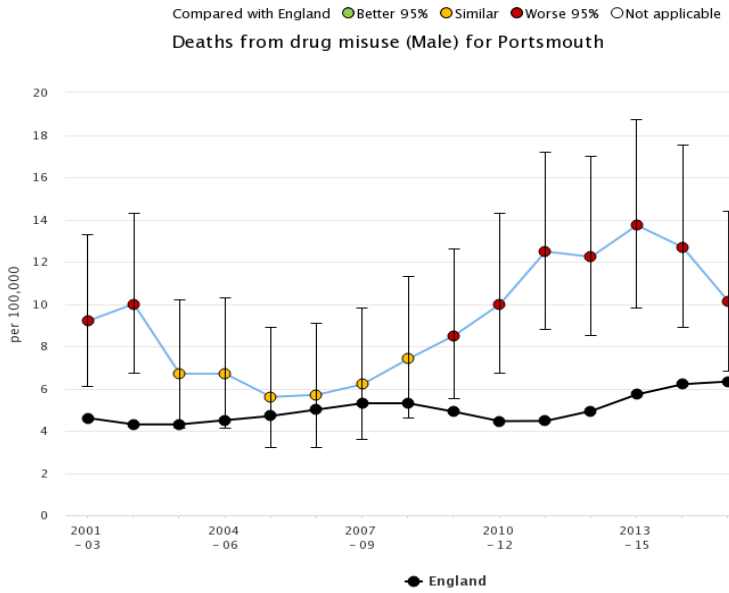


Figure 30 Line chart to show trend in Portsmouth male deaths from drug abuse and compared to England rate, 2001-03 to 2018-20

8.9 Sexual health

In 2020, there were 2,038 new STIs diagnosed Portsmouth residents as a rate Portsmouth had a significantly higher rate of all new STIs compared to England (949 per 100,000 population, all ages compared to 562 per 100,000 population, all ages). In 2020, the Portsmouth rate for new STI diagnoses excluding Chlamydia aged under 25 years was also significantly higher than England (770 per 100,000 population, aged 15-64 years compared to 619 per 100,000 population, aged 15-64 years). Perhaps unsurprisingly, Figure 31 shows the new STI diagnoses rate is strongly correlated with the STI testing rate (i.e. the more people tested often leads to higher diagnosis rates) - in 2020, Portsmouth had a significantly higher STI testing rate (excluding Chlamydia aged under 25 years) than

England; but has a similar testing rate compared to the following comparator local authorities: Southampton, Nottingham and Derby. Of these local authorities, in 2020, Portsmouth had a significantly higher new STI diagnosis rate (excluding Chlamydia aged under 25 years) than Derby; but a similar rate compared to Southampton and Nottingham. Portsmouth's positivity rate has been increasing and in 2020 the positivity rate in Portsmouth was 7.6% which is similar to 7.3% in England. In 2020, Portsmouth also had a similar STI testing positivity rate to Nottingham and Southampton. Portsmouth's STI diagnosis rate (excluding chlamydia in under 25 year-olds) remains higher than England from 2017 to 2020, which given an increasing positivity rate and a higher testing rate, it may be indicative of a high burden of infection in Portsmouth relative to England.

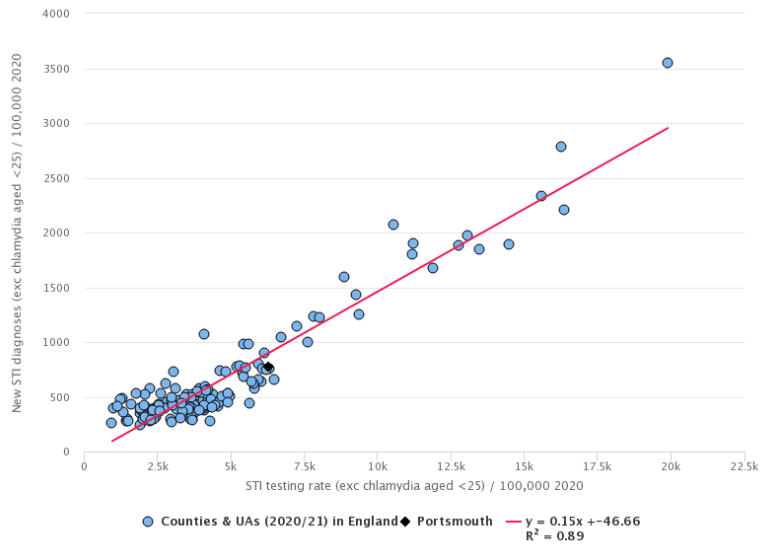


Figure 31. New STI diagnoses (exc chlamydia aged <25) per 100,000 aged 15-64 years, 2020 compared to STI testing rate (exc chlamydia aged <25) aged 15-64 years, 2020; by Unitary Authorities. Source: Sexual and Reproductive Health Profiles, Office for Health Improvement & Disparities.

Chlamydia is more common in younger people aged 15-24 years and in Portsmouth, in 2020, over half (63%) of all the diagnoses are from this age group (891 diagnoses). Chlamydia is most often asymptomatic, a high detection rate reflects success at identifying infections that, if left untreated, may lead to serious reproductive health consequences. A higher diagnosis rate is usually associated with a higher chlamydia proportion of the population tested (screened), especially in the 15-24 years age group. It is recommended that local authorities achieve a detection rate (diagnosis rate) of a least 2,300 per 100,000 residents aged 15 to 24 years and Portsmouth's detection rate in 2020 was 2,323 per 100,000 population (891 positives out of 5,871 screened), higher than the 2,300 target. In 2020, in Portsmouth, 15.3% of 15-24 year-olds were screened for chlamydia, compared to 14.3% in England. Figure 32 shows a close relationship nationally between the proportion screened for Chlamydia and the Chlamydia detection rate, aged 15-24 years, but also shows that Portsmouth has an above average diagnosis (detection) rate aged 15-24 years compared to comparator unitary authorities with a similar proportion of the population screened - a higher detection rate than Bristol (15.8% screened), Plymouth (14.8% screened), Newcastle-upon-Tyne (15.4% screened) and Southampton (14.4% screened), although the Southampton detection rate is also above average compared to Bristol,

Plymouth and Newcastle-upon-Tyne. [93] Variation in rates of chlamydia detection may represent differences in prevalence, but are influenced by screening coverage and whether most at risk populations are being reached (i.e. the proportion testing positive). [94]

In June 2021, the National Chlamydia Screening Programme (NCSP) changed to focus on reducing the harms from untreated chlamydia infection. These harms occur predominantly in young women and other people with a womb or ovaries - this includes transgender men, non-binary people assigned female at birth, and intersex people with a womb or ovaries. Therefore, opportunistic screening should focus on these groups, combined with reducing time to test results and treatment, strengthening partner notification and re-testing after treatment. In practice this means that chlamydia screening in community settings (e.g. GP and Community Pharmacy) will only be proactively offered to young women and other people with a womb or ovaries. Services provided by sexual health services remain unchanged and everyone can still get tested if needed. [95]

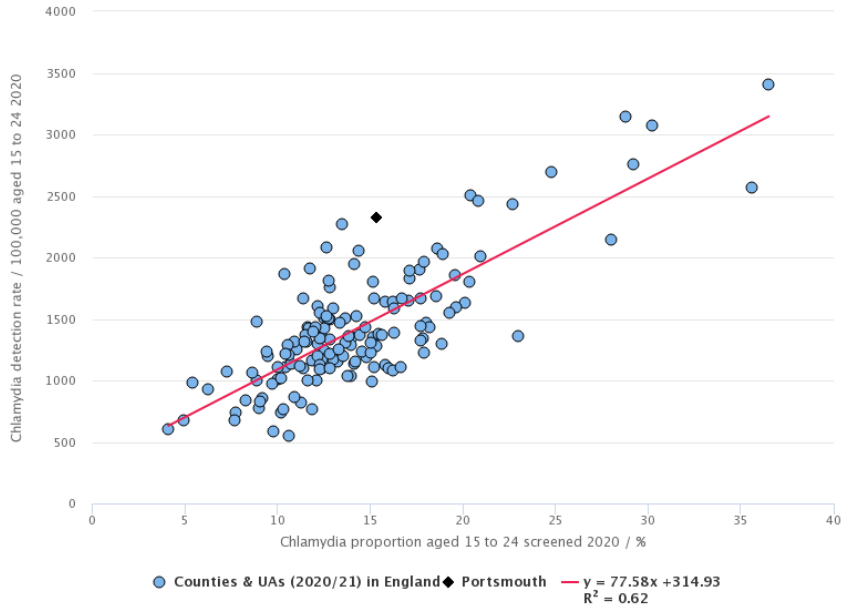


Figure 32. Proportion of aged 15-24 population screened for Chlamydia, 2020 compared to Chlamydia detection rate per 100,000 young people aged 15-24, 2020, by Unitary Authorities. Source: Sexual and Reproductive Health Profiles, Public Health England.

Common STIs in Portsmouth are genital warts (161 diagnoses or 75.0 diagnoses per 100,000 persons of all ages, in 2020); herpes (113 diagnoses or 52.6 diagnoses per 100,000 persons of all ages, in 2020); gonorrhoea (206 diagnoses or 96.0 diagnoses per 100,000 persons of all ages, in 2020) and syphilis (31 diagnoses or 14.4 diagnoses per 100,000 persons of all ages, in 2020). [96] It should be noted that if

[93] Sexual and Reproductive Health Profiles, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 28/2/2022.
[94] Summary profile of local authority sexual health (SPLASH) report, Sexual and Reproductive Health Profiles, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 1/3/2022.
[95] Summary profile of local authority sexual health (SPLASH) report, Sexual and Reproductive Health Profiles, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 1/3/2022.
[96] Sexual and Reproductive Health Profiles, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 28/2/2022.

high rates of gonorrhoea and syphilis are observed in a population, this reflects high levels of risky sexual behaviour. [97]

In 2020, Portsmouth had higher rates of genital warts and herpes in persons of all ages compared to England, South East region and Southampton. Portsmouth had lower rates (but not significantly) of gonorrhoea than England and Southampton. Portsmouth had higher rates (but not significantly) of syphilis than England and Southampton; and significantly higher than the South East region.

Between 2013 and 2020, the rate of genital warts diagnoses had decreased in Portsmouth (following national and regional trends) which can largely be attributed to the protective effect of HPV vaccination and are particularly evident in the younger age groups (aged 25 years and younger) who have been offered the vaccine since the national programme began[98]. Between 2013 and 2020, herpes diagnoses generally decreased in Portsmouth; but remained higher than England and SE region. Between 2013 and 2019, the rate of gonorrhoea diagnoses had increased nationally, regionally and in Portsmouth; and in 2019 the Portsmouth rate was significantly higher than England - the data reported in 2020 may have been impacted by the reconfiguration of sexual health services during the national response to COVID-19. Syphilis numbers and rates have increased in Portsmouth, regionally and nationally; however, the number of Portsmouth diagnoses in 2020 remain similar to previous years despite the data reported potentially impacted by reconfiguration of sexual health services during the national response to COVID-19 or theoretically reduced sexual behaviours due to national and regional lockdowns in 2020.[99]

Cervical screening checks a sample of cells from the cervix for certain types of human papillomavirus (HPV). HPV infections can come from any kind of skin-to-skin contact of the genital area, not just from penetrative sex. Nearly all cervical cancers are caused by an infection with certain types of human papillomavirus (HPV). Cervical screening and the HPV vaccination are the best way to prevent cervical cancer. In line with national and regional trends, Portsmouth's coverage of cervical screening in women aged 25-64 years has declined since 2010. Measured on 31 March each year; in 2021, Portsmouth's cervical screening coverage for women aged 25-49 years was 64.3% and coverage for women aged 50-64 years was 71.5% - both remained significantly lower than both the national and regional rates; however, screening coverage in 2020/21, in particular, decreased and may have been affected by the Covid-19 pandemic locally and nationally.[100]

Free and effective antiretroviral therapy (ART) in the UK has transformed HIV from a fatal infection into a chronic but manageable condition. People living with HIV in the UK can now expect to have a near normal life expectancy if diagnosed promptly and they adhere to treatment. In addition, those on treatment are unable to pass on HIV, even if having unprotected sex (undetectable=untransmissible [U=U]). The number of new HIV diagnoses among people aged 15 years and above in Portsmouth was 16 in 2020. In 2020, there were 321 Portsmouth residents aged 15 to 59 years and 36 residents aged 60 years and over who were seen at HIV services (the prevalence

[97] Summary profile of local authority sexual health (SPLASH) report, Sexual and Reproductive Health Profiles, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 1/3/2022.
[98] Summary profile of local authority sexual health (SPLASH) report, Sexual and Reproductive Health Profiles, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 1/3/2022.
[99] Sexual and Reproductive Health Profiles, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 1/3/2022.
[100] Public Health Outcomes Framework, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 1/3/2022.

of diagnosed HIV). The diagnosed prevalence per 1,000 residents aged 15 to 59 years was 2.35, which is similar to 2.31 per 1,000 in England. The rank of Portsmouth was 52nd highest (out of 148 UTLAs/UAs) - since 2019, the increase in Portsmouth was 5%; in the 5 years since 2015, the increase was 25%.

Late diagnosis is the most important predictor of HIV-related morbidity and short-term mortality - in Portsmouth, in the three-year period between 2018-20, the percentage of HIV diagnoses made at a late stage of infection (all individuals with CD4 count ≤350 cells/mm3 within 3 months of diagnosis) was 47.4% (n=27 late stage diagnoses) - similar to 42.4% in England.

HIV testing is integral to the treatment and management of HIV infection. In 2020, amongst Portsmouth residents, the percentage of eligible Sexual Health Service attendees who received an HIV test was 37.4%, worse than 46.0% for England - this was a significant decrease in HIV testing coverage compared to 2019 both locally and nationally (in 2019, Portsmouth's HIV testing coverage was 58.1% and in England was 64.9%). For 2020, the percentage of men who have sex with men (MSM) in Portsmouth who had tested more than once in the previous year was 47.3%, similar to 52.0% in England. [101]

8.9.1 Teenage conception and abortions

Most teenage pregnancies are unplanned and around half end in an abortion. As well as it being an avoidable experience for the young woman, abortions represent an avoidable cost to the NHS. While for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both the parent and child living in long-term poverty.

In 2019, the teenage conception rate, aged under 18 years, in Portsmouth increased to 20.5 per 1,000 females aged 15-17 years (n=65) - the Portsmouth rate was significantly higher than England (15.7 per 1,000 females aged 15-17 years) and the South East (12.7 per 1,000 females aged 15-17 years); and higher, but not significantly, than Southampton (18.5 per 1,000 females aged 15-17 years). [102]

The three-year pooled trend in the under 16 years conception rate for Portsmouth continues to decrease (2.6 per 1,000 females aged 13-15 years in 2017-19, compared to 3.8 in 2016-18) and is similar to Southampton (2.5 per 1,000 females aged 13-15), and England (2.5 per 1,000 females aged 13-15). [103]

There are electoral wards in each locality which have significantly higher under 18 year old conception rates than England - Paulsgrove ward, in the North of the City; Charles Dickens, Fratton and Baffins in the Central locality; and St. Thomas ward in the South locality, all have higher rates than England, in 2017-19. (Figure 33)

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[101] Summary profile of local authority sexual health (SPLASH) report, Sexual and Reproductive Health Profiles, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 1/3/2022.

[102] Sexual and Reproductive Health Profiles, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 1/3/2022.

[103] Table 7, VSOB, Office for National Statistics © Crown Copyright via Portsmouth JSNA: www.jsna.portsmouth.gov.uk

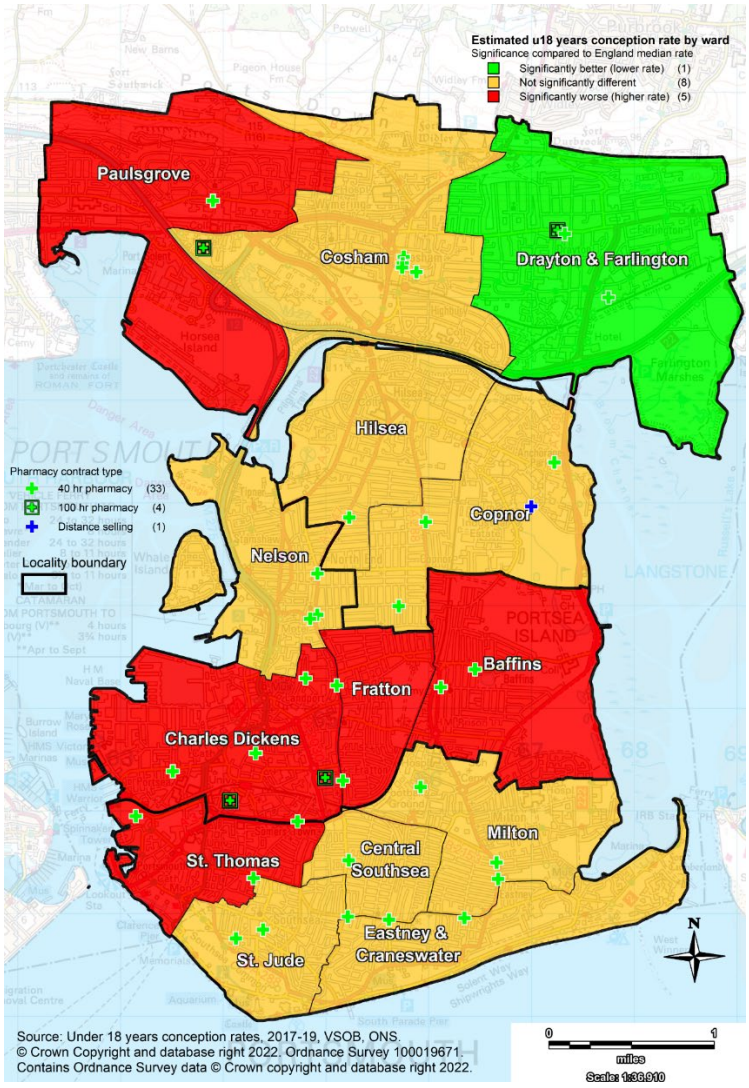

Figure 33. Map of Portsmouth comparing the estimated electoral ward under 18 years conception rate to the England median, 2017-19, overlaid by localities and pharmacies.

Teenagers are more likely to present late for abortion and to book late for antenatal care. The higher risk of unplanned pregnancy, late confirmation of pregnancy and fear of disclosure, all contribute to delays in accessing abortion and maternity services. Early pregnancy diagnosis, unbiased advice on pregnancy options and swift referral to maternity or abortion services are required to minimise delays. Young people who have experienced pregnancy are also at higher risk of subsequent unplanned conceptions [104]. In 2017-19, 69.2% of conceptions to under 16 year-olds in Portsmouth led to abortion—a higher (but not significantly) percentage than England, the South East region and Southampton. The percentage of under 16 years conceptions leading to abortion in Portsmouth in 2017-19 was the highest since 2008/10 [105]. In 2019, 56.9% of conceptions to Portsmouth women aged under 18 year-olds led to abortion - higher (but not significantly) than England and Southampton, but lower (but not significantly) than the South East region. [106]

[104] Summary profile of local authority sexual health (SPLASH) report, Sexual and Reproductive Health Profiles, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 1/3/2022.
[105] Table 7, VSOB, Office for National Statistics © Crown Copyright via Portsmouth JSNA: www.jsna.portsmouth.gov.uk
[106] Table 6, VSOB, Office for National Statistics © Crown Copyright via Portsmouth JSNA: www.jsna.portsmouth.gov.uk

In 2020, Portsmouth's abortion rate[107] in females aged under 18 years is 10.7 per 1,000 females aged 15-17 years. The Portsmouth abortion rate for females aged under 18 years was significantly higher than England and the South East region; and higher, but not significantly, than Southampton. The 2020 Portsmouth under 18 years abortion rate is higher, but not significantly than in 2018 and 2019. [108]

The total abortion rate, under 25 years repeat abortion rate, under 25 years abortions after a birth, and over 25 years abortion rates may be indicators of lack of access to good quality contraception services and advice, as well as problems with individual use of contraceptive method. [109]

In 2020, there were 950 abortions for Portsmouth females of all ages. The age-standardised total abortion rate in Portsmouth was 18.7 abortions per 1,000 women aged 15-44 years - higher, but not significantly, than England and Southampton. In 2020, the over 25 years abortion rate per 1,000 women aged 25-44 years in Portsmouth was 19.5 (n=556), which is significantly higher than England (17.6 per 1,000) and the South East region (16.4 per 1,000); and similar to Southampton (19.4 per 1,000 women). Abortions are safer when carried out in early pregnancy—before 10 weeks[110]. The proportion of NHS-funded abortions carried out before 10 weeks has continued to increase in Portsmouth and nationally. In 2020, 91.3% of abortions were performed under 10 weeks – higher than the percentage for England, the South East region and Southampton. [111]

In 2020, of the Portsmouth women aged under 25 years having an abortion, 31% had a previous abortion which is the highest percentage since 2012 (in 2019, 22.8% had a previous abortion). The Portsmouth percentage having a previous abortion aged under 25 years, in 2020, was higher than England (29.2%) and the South East (28.7%). In 2020, of the Portsmouth women aged under 25 years having an abortion, 22.3% had previously given birth - this was significantly lower than England (27.1%).[112]

In 2020, of the Portsmouth women aged 25 years and over having an abortion, 49.6% had undergone a previous abortion, this was higher than England (48.9%) and represents a decrease from the previous year for Portsmouth (51.8% in 2019). [113]

8.10 Skin cancer

In 2017-19, Portsmouth's incidence of malignant melanoma of skin was 38.1 registrations per 100,000 persons of all ages (age-standardised rate) (n=196 registered tumours); and there was no significant difference between males and females for Portsmouth CCG. The 2017-19 Portsmouth incidence rate was significantly higher than the rate for England. [114]

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[107] Defined as abortions in the calendar year from DHSC, whereas an alternative source would be via ONS, which provides abortion rate but based on the year of conception, so may differ.
[108] Sexual and Reproductive Health Profiles, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 1/3/2022.
[109] Summary profile of local authority sexual health (SPLASH) report, Sexual and Reproductive Health Profiles, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 1/3/2022.
[110] DH Abortion Statistics © Crown Copyright. Table 10d via Portsmouth JSNA: www.jsna.portsmouth.gov.uk
[111] DH Abortion Statistics © Crown Copyright. Table 11a via Portsmouth JSNA: www.jsna.portsmouth.gov.uk
[112] Sexual and Reproductive Health Profiles, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 1/3/2022.
[113] DH Abortion Statistics © Crown Copyright. Table 11d via Portsmouth JSNA: www.jsna.portsmouth.gov.uk
[114] CancerData, National Cancer Registration and Analysis Service (NCRAS) and NHS England. https://www.cancerdata.nhs.uk [accessed 2 Mar 2022].

8.11 Screening and protection

Hepatitis B is vaccine preventable and an important health protection issue that can cause serious disease. Variation in incidence rate may reflect outbreaks, differences in underlying population e.g. larger proportion of risk groups (e.g. migrants from countries with a high prevalence of hepatitis B, men who have sex with men, injecting drug users), in addition to variation in uptake of vaccination of risk groups. High rates of acute hepatitis B should prompt a review of cases to determine underlying reasons and to identify appropriate interventions. In 2018, there were 2 cases of Acute Hepatitis B in Portsmouth, which as a rate (0.93 per 100,000 population) is similar to the England rate (0.9 per 100,000).

Infants born to hepatitis B virus (HBV) infected mothers are at high risk of acquiring HBV infection themselves. Since April 2000 it has been recommended that all pregnant women in England and Wales should be offered testing for hepatitis B through screening for HBsAg, and that all babies of HBsAg seropositive women should be immunised (HSC 1998/127). In 2020/21, Hepatitis B vaccine coverage for both 1 and 2 year olds was 100% in Portsmouth (all 19 children at age 12 and 24 months received the full course of doses of hepatitis B vaccine).

Hepatitis C is an important health protection issue that increases people's risk of developing serious long-term disease. About a third of people infected with hepatitis C virus will eventually develop liver cirrhosis, where normal liver tissue is replaced by scar tissue, accompanied with an increased risk of developing liver cancer. Hepatitis C is difficult to diagnose. Variation in detection rates may reflect differences in local testing activity for a given population as well as the underlying population (eg larger proportion of risk groups, such as people who inject drugs). In 2017, there were 51 diagnoses of Hepatitis C in Portsmouth, which as a detection rate (25.9 per 100,000 population) is significantly higher than the England rate (18.4 per 100,000). [115]

In 2019/20[116], Portsmouth's immunisation coverage of children aged 1 year for Pneumococcal disease (PCV) (96.1%) was higher than the England rate and above the national target of 95% coverage. In 2020/21, Portsmouth's immunisation coverage of children aged 1 year for Diphtheria Tetanus, pertussis, polio and Haemophilus influenzae type b (DTaP/IPV/Hib) (94.9%); Meningococcal group B (MenB) (94.9%); Rotavirus (Rota) (93.3%) were higher than the England rate. The national target is 95% coverage or above for these vaccinations for children aged 1 year. [117]

In 2020/21, Portsmouth's immunisation coverage of children aged 2 years for PCV booster vaccine (98.4%); first dose of Measles, Mumps and Rubella (MMR) vaccine (94.3%); the combined Haemophilus influenza type b and meningitis C (Hib/menC) booster vaccine (93.2%); Meningococcal group B (menB) booster (96.6%); and DTaP/IPV/Hib (97.6%) were all higher than the England rate and all, but Hib/menC booster and MMR 1st dose, met the national target of 95% coverage.

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[115] Health Protection profile, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 2/3/2022.

[116] Babies born from 1 January 2020 will be offered 1 dose of PCV at 12 weeks of age and a booster dose at 1 year. Due to this change, PCV 12m data is not available for 2020-21 (Source: NHS Digital, https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics/england---2020-21/introduction)

[117] Health Protection profile, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 2/3/2022.

In 2020/21, Portsmouth's immunisation coverage for children at their fifth birthday completing MMR (1st and 2nd dose) (91.8% receiving both doses, although 96.3% received at least the 1st dose); and receiving a fourth dose of Diphtheria, Tetanus, Polio and Pertussis (DTaP/IPV) vaccine (booster) (90.8%) were all higher than the England rate, but only MMR 1st dose met the national target of above 95%.[118]

Immunisation against the human papillomavirus virus (HPV) (which causes at least 70% of cases of cervical cancer[119]) was introduced in 2008/09 and was initially a three dose programme for girls aged 12-13 years, but reduced to two doses in 2014/15; and is offered through educational establishments. In July 2018, it was announced that the HPV vaccine would be extended to boys aged 12 to 13 years in England. The national target is 90% coverage or above for the HPV vaccine. In 2019/20, Portsmouth's vaccination coverage for one dose of HPV for boys aged 12-13 years (Year 8) was 83.5%. In the same year, Portsmouth's vaccination coverage for one dose of HPV for girls aged 12-13 years (Year 8) was 91.7% and for the second dose for girls aged 13-14 years was 84.2% - a decrease on the previous year for both. However, coverage rates for both age groups were impacted on due to the Covid-19 pandemic affecting educational settings and the delivery of the programme, although Portsmouth was not affected to the same extent as nationally where the England rate was 59.2% for girls aged 12-13 years, 64.7% for girls aged 13-14 years and 54.4% for boys aged 12-13 years. [120]

The MenACWY vaccination was introduced into the national immunisation programme in autumn 2015 to respond to a rapid and accelerating increase in cases of invasive meningococcal group W (MenW) disease, which was declared a national incident. The MenACWY conjugate vaccine provides direct protection to the vaccinated cohort and, by reducing MenW carriage, will also provide indirect protection to unvaccinated children and adults. The national target is 90% coverage or above for the MenACWY vaccine. In 2019/20, Portsmouth's vaccination coverage for MenACWY aged 14-15 years was 80.0% - significantly lower than England (87.0%) and the South East region (88.9%). However, Portsmouth's uptake may have been impacted on when schools closed from 23rd March 2020. In 2018/19, Portsmouth's coverage rate met the national target. [121]

Pneumococcal disease is a significant cause of morbidity and mortality. Certain groups are at risk for severe pneumococcal disease, these include young children, the elderly and people who are in clinical risk groups. Pneumococcal infections can be non-invasive such as bronchitis, otitis media or invasive such as septicaemia, pneumonia, meningitis. Cases of invasive pneumococcal infection usually peak in the winter during December and January. The PPV protects against 23 types of Streptococcus pneumoniae bacterium. It is thought that the PPV is around 50-70% effective at preventing more serious types of invasive pneumococcal infection. In 2020/21, Portsmouth's vaccination coverage for PPV aged 65 years and over was 76.9% - above the national target of 75%; and higher than the England average (70.6%).

In 2020/21, the Portsmouth 'seasonal flu' vaccine coverage rate in the population aged 65 years and over was 82.5%, which was higher than the national target of 75% for the first time since 2013/14.

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[118] Health Protection profile, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 2/3/2022.
[119] World Health Organisation (WHO) https://www.who.int/news-room/fact-sheets/detail/cervical-cancer [accessed 2 Mar 2022]
[120] Health Protection profile, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 2/3/2022.
[121] Health Protection profile, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 2/3/2022.

The rate for Portsmouth in 2020/21 was higher than the coverage rates for England and the South East region. [122] The big increase locally and nationally in coverage rates in 2020/21 may be due in part to a number of factors which is likely to be a positive effect from the Covid-19 pandemic: eg greater public desire and/or awareness to protect themselves and the NHS during the pandemic as a result of increased marketing and communications; perhaps improved planning and delivery of the immunisation programme, including additional funding of the programme; and improved accessibility.

In 2020/21, the Portsmouth 'at-risk individuals' vaccine coverage rate in the population aged 6 months to under 65 years (at risk individuals from age six months to under 65 years, excluding otherwise 'healthy' pregnant women and carers) was 57.3%, which is higher than the national target of 55% (an increase from 2019/20). The rate for Portsmouth in 2020/21 was higher than the coverage rate for the South East region and England. [123]

In 2013-14, a new childhood influenza vaccine programme was started. In 2020/21, the Portsmouth 'aged 2-3 years old' vaccine coverage rate was 61.8%, which is lower than the national target of 65% (but an increase compared to 53.2% in 2019/20). The rate for Portsmouth in 2020/21 was higher than the coverage rate for England; but similar to the South East region. [124]

In addition to cervical cytology screening and chlamydia screening mentioned in the Sexual health section, there are other screening programmes including a number of antenatal and new-born screenings, and other young people and adult screening programmes: diabetic retinopathy, breast cancer screening, bowel cancer screening and Abdominal Aortic Aneurysm (AAA) screening. Although not strictly a screening programme, the NHS Health Checks programme is offered to people aged 40-74 years aiming to help prevent heart disease, stroke, diabetes and kidney disease for those not already diagnosed.

As at March 2021, Portsmouth's coverage of breast screening for female residents aged 53 to 70 years was 68.2%. Portsmouth's coverage was higher than the rates for the South East (68.0%) and England (64.1%); but nationally breast cancer screening was impacted on by the Covid-19 pandemic. Portsmouth's coverage as at March 2020 was 69.2% - lower than England (74.1%). [125]

In 2021, the bowel cancer screening coverage rate (% of residents screened adequately within the previous two and a half years, out of those eligible for bowel screening) for 60-74 year-olds in Portsmouth (61.0%) remained significantly lower than the coverage rate for England (65.2%). Portsmouth's coverage rate has been improving since 2019. [126]

In 2020/21, the Abdominal Aortic Aneurysm (AAA) screening coverage rate for males aged 65 years old in Portsmouth (72.3%) was higher than the England rate (55.0%). However, both 2019/20 and especially 2020/21, AAA screening coverage was impacted on by the Covid-19 pandemic.

[122] Health Protection profile, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 2/3/2022.
[123] Health Protection profile, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 3/3/2022.
[124] Health Protection profile, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 3/3/2022.
[125] Public Health Outcomes Framework, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 3/3/2022.
[126] Public Health Outcomes Framework, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 3/3/2022.

Portsmouth's AAA screening coverage in 2018/19 was 78.4% - significantly lower than England (81.3%). [127]

In 2018/19, 85.1% of Portsmouth CCG registered patients with diabetes aged 12+ years, had retinal screening (as a proportion of those offered screening) - this is higher than the proportion for England (83.2%). [128]

In 2020/21, the newborn and infant physical examination screening coverage rate in Portsmouth (95.6%) was significantly lower than the rates for England (97.3%) and the South East region (97.1%). The newborn hearing screening coverage rate in Portsmouth (95.9%) was lower than the rates for England (97.5%) and the South East region (98.2%). Newborn screening coverage in 2019/20 and 2020/21 may have been impacted on by the Covid-19 pandemic. [129]

The cumulative percentage of eligible population aged 40-74 years offered an NHS Health Check who received an NHS Health Check (in the five years period 2016/17 to 2020/21) was 31.0% - this is significantly lower than the proportion for England (46.5%). [130]

8.12 Long term conditions

At the time of the 2011 Census, 11.6% of Portsmouth residents aged 16-64 years (working age) and 54.9% of Portsmouth residents aged 65 years and over declared a long-term health problem or disability that limits their day-to-day activity a lot or a little. The highest percentage for both working age (13.9%) and aged 65+ years (59%) is in the Central locality of the city (Figure 34 and Figure 35) with Charles Dickens ward having almost 1 in 5 working age adults with a limiting long term illness (LLTI). The North of the city has the second highest percentage reported LLTI for working age people (12.1%); although the South has the second highest percentage reported LLTI for aged 65+ years (54.2%).

[127] Public Health Outcomes Framework, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 3/3/2022.
[128] Diabetic eye screening: 2018 to 2019 data: https://www.gov.uk/government/publications/diabetic-eye-screening-2018-to-2019-data. Date accessed 3/3/2022.
[129] Public Health Outcomes Framework, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 3/3/2022.
[130] Public Health Outcomes Framework, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 3/3/2022.

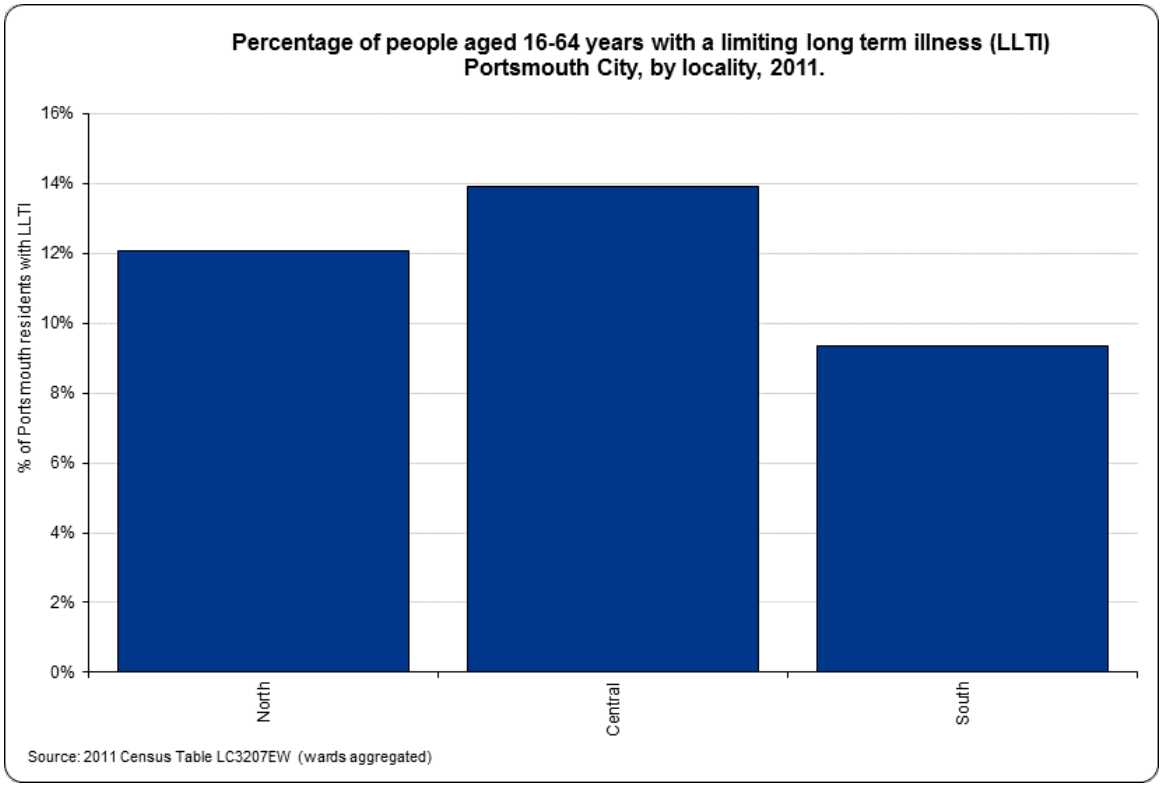

Figure 34. Percentage of people aged 16-64 years with a limiting long term illness (LLTI), Portsmouth City, by locality, 2011.

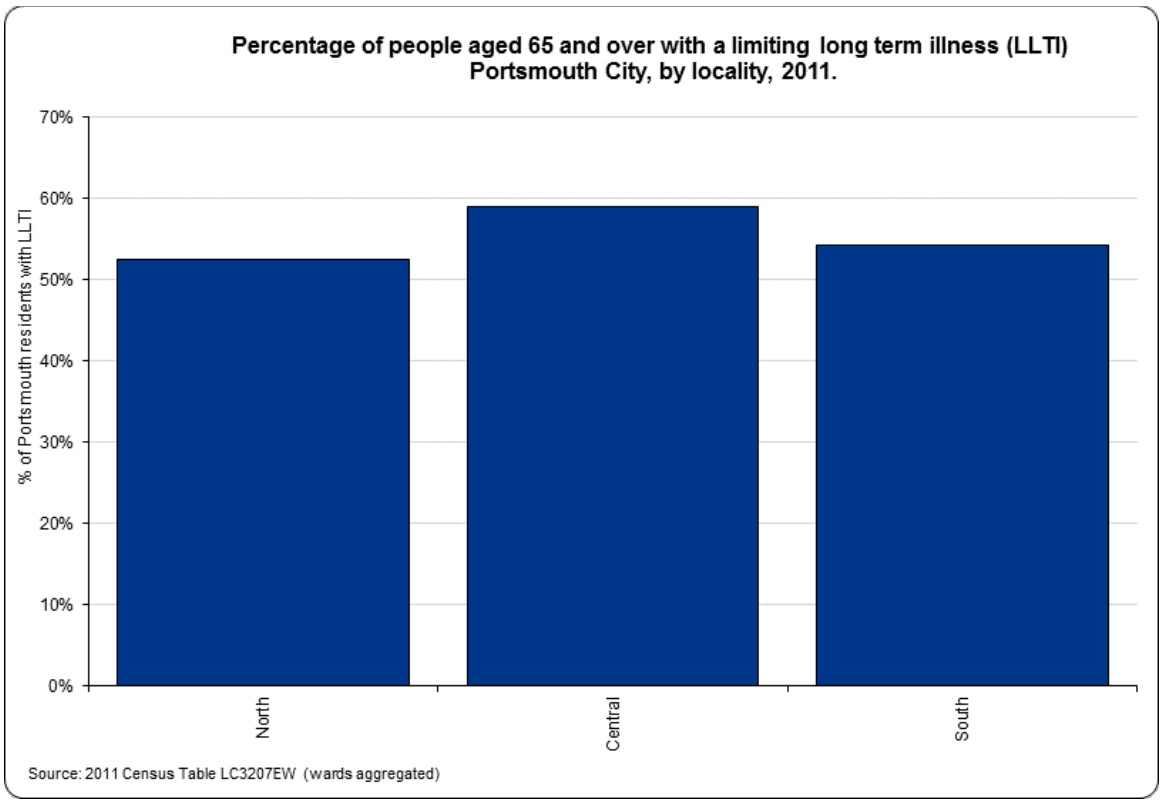

Figure 35 Percentage of people aged 65 and over with a limiting long term illness (LLTI), Portsmouth City, by locality, 2011.

The more recent Portsmouth Health & Lifestyle Survey 2015 found over half of adult residents aged 16 and over say they have a health condition of some kind (56%) and one in eight (13%) have a combination of at least three different types of condition. The most common single conditions among residents are high-blood pressure (16%) and arthritis or long-term joint problems (16%), followed by long-term back problems (14%). The clearest trend is for prevalence of conditions to increase with age; the proportion with at least one condition rises from 30% of those aged 16-34 years to 83% of those aged 65+ years. As with general levels of health, prevalence also varies by housing tenure, with council/social housing tenants more likely to have at least one health condition (73% compared with 55% of housing owner-occupiers and 43% of private-sector tenants). The results suggest that lifestyle factors and behaviour are closely linked to having a health condition. For instance, overweight and obese residents are more likely to have a high co-morbidity of three or more health conditions (18% compared with seven per cent of those with a healthy weight). So too are those who smoke (20% compared with eight per cent of non-smokers). Also, the proportion of residents with at least one health condition is greater among those who do not currently exercise enough (63% compared with 45% of those who do exercise enough) and those with an unhealthy diet (68% of residents who do not believe they have a healthy diet compared with 49% who do). [131]

Poor health in childhood and adolescence can have a significant impact on overall life chances, with certain unhealthy behaviours having medium to long-term impacts on health. The national What About YOUth (WAY) survey, 2014/15 found that 16.8% of 15 year olds in Portsmouth responded that they had a long-term illness, disability or medical condition diagnosed by a doctor - this is higher than the proportion for England (14.1%).[132]

8.12.1 Prevalence and modelled prevalence of long term conditions

There are major differences between modelled prevalence (taking into account various risk factors such as age, sex, ethnicity, smoking status and deprivation) and locally recorded prevalence for many long-term conditions (NB the information below does not reflect co-morbidities).

8.12.2 Hypertension

In 2020/21[133], hypertension is the most common condition on GP registers with 27,634 patients or 12.0% of registered patients of all ages, on hypertension registers. The range at practice level was from 15.9% at North Harbour Medical Group to 10.8% at Lake Road Practice (excluding Guildhall Walk and the University Practice prevalence rates). Portsmouth CCG recorded prevalence is lower than the prevalence figures for England (13.9%)[134]. However, Portsmouth's recorded prevalence is likely to be an underestimate of the prevalence of hypertension in Portsmouth. Modelled prevalence based on self-reported responses from the Health Survey for England estimates that in 2015, 17.2% of Portsmouth residents aged 16 years and over have been diagnosed with hypertension (based on survey respondents stating they were told by a nurse or doctor they had high blood pressure) and a further 10.9% of Portsmouth residents aged 16+ years are estimated to also have hypertension but undiagnosed (derived from those respondents that, first, were considered uncontrolled or untreated

[131] Ipsos MORI for Portsmouth City Council. Health and Lifestyle Survey, 2015 via Portsmouth JSNA.
[132] What About YOUth (WAY) survey,Health behaviours in young people Profile, Public Health England. http://fingertips.phe.org.uk/child-health-behaviours [Accessed 01 August 2017]
[133] Due to the impact of Covid-19 pandemic on activity in general practice in 2020/21, the data may not be inaccurate and therefore comparisons with previous years may be misleading. Quality and Outcomes Framework (QOF), NHS Digital: https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2020-21/ Accessed 3 Mar 2022
[134] National General Practice Profiles, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 3/3/2022.

hypertensive and second, they did not report having been diagnosed high blood pressure) [135] - roughly 30,200 Portsmouth residents aged 16 years and over expected to be diagnosed with hypertension and there may be roughly, a further 19,100 residents aged 16+ years undiagnosed with hypertension (by applying the 2015 prevalence estimates to the ONS mid-2020 population aged 16+ years estimate).

8.12.3 Diabetes

In 2020/21, 12,851 people aged 17+ years (6.8% of people aged 17+ years registered with Portsmouth City GP Practices) are on GP registers either Type 1 or Type 2 diabetes - lower than England (7.1%). Portsmouth's recorded prevalence of diabetes has increased annually from 4.9% in 2010/11. The range at practice level in 2020/21 was from 8.9% at Portsdown Group Practice to 5.7% at Trafalgar Medical Group Practice (excluding Guildhall Walk and the University Practice prevalence rates)[136]. However, due to the impact of Covid-19 pandemic on activity in general practice in 2020/21, the data may not be inaccurate and therefore comparisons with previous years may be misleading.[137]

However, modelled prevalence (based on national survey data from 2012-2014) of diagnosed and undiagnosed diabetes (taking into account age, sex, ethnicity and deprivation) estimated that in 2015, 7.4% of Portsmouth CCG registered patients aged 16+ years had diabetes and projected this to increase to 7.6% by 2020. In 2015/16, the recorded diabetes prevalence was 5.8% for Portsmouth CCG registered patients, which suggested there may have been roughly 3,000 undiagnosed Portsmouth patients at that time. The 2020 modelled estimate (assumes no increase in obesity levels since 2015) would suggest there would be 13,100 Portsmouth residents or 14,000 Portsmouth CCG registered patients with diabetes[138]. Compared with 12,851 registered patients aged 17+ years on the diabetes register in 2020/21, 6.8% prevalence[139] - the modelled prevalence suggests that there may be roughly 1,200 Portsmouth CCG registered patients undiagnosed/ not on the diabetes register. It's, therefore, unclear if the annual increasing recorded prevalence of diabetes on GP registers is due to increased diabetes prevalence in the Portsmouth population and/or due to improved identification of diabetic patients by GP practices leading to previously undiagnosed patients being recorded on registers.

Modelled diabetes prevalence (based on 2012-14 national survey data) for Portsmouth residents aged 16 years and over was predicted to increase from 7.2% to 8.1% between 2015 and 2035 but assumes no change in the age, sex and ethnicity; and also assumes no change in the proportion of people who are overweight or obese[140]. However, Public Health England have provided scenarios on the potential impact of changing obesity levels on diabetes prevalence in the city (note: it also assumes there to be no change in age, sex and ethnicity):

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[135] Disease and risk factor prevalence, Public Health England https://fingertips.phe.org.uk/profile/prevalence via Portsmouth JSNA: www.jsna.portsmouth.gov.uk [Accessed 04 August 2017]

[136] National General Practice Profiles, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 3/3/2022.

[137] Quality and Outcomes Framework (QOF), NHS Digital: https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2020-21/ Accessed 3 Mar 2022

[138] Diabetes prevalence model for local authorities and CCGs. PHE. https://www.gov.uk/government/publications/diabetes-prevalence-estimates-for-local-populations Accessed 03 March 2022

[139] National General Practice Profiles, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 3/3/2022.

[140] Diabetes prevalence model for local authorities and CCGs. PHE. https://www.gov.uk/government/publications/diabetes-prevalence-estimates-for-local-populations Accessed 03 March 2022

Scenario: the 2015 level of obesity *increases by 5%* every 5 years –it is estimated there would be 14,600 (8.0%) Portsmouth residents aged 16+ years with diabetes in 2025. This represents an additional 600 people with diabetes compared to if obesity levels remained at the same level as 2015. By 2035, it is estimated that there would be 17,100 (8.8%) people with diabetes if obesity levels continued to increase at the same rate (5% every 5 years). This represents an additional 1,450 residents aged 16+ years.

Scenario: the 2015 level of obesity *decreases by 5%* every 5 years – it is estimated there would be 13,400 (7.4%) Portsmouth residents aged 16+ years with diabetes in 2025. This represents 600 fewer people with diabetes compared to if obesity levels remained unchanged. By 2035, if obesity levels continued to decline at the same rate, it is estimated that there would be 14,400 (7.4%) residents with diabetes. This represents 1,250 fewer residents aged 16+ years. [141]

Non-diabetic hyperglycaemia (NDH), also known as pre-diabetes or impaired glucose regulation, refers to raised blood glucose levels, but not in the diabetic range. People with non-diabetic hyperglycaemia are at increased risk of developing Type 2 diabetes. They are also at increased risk of other cardiovascular conditions. PHE modelled estimates for Portsmouth in 2015 suggest the prevalence of non-diabetic hyperglycaemia to be 9.4% (16,250 people) of the population aged 16 years and over - Portsmouth has a lower estimated prevalence than average due to a lower elderly population than average. [142] In 2020/21, 10,364 people aged 18+ years (5.6% of people aged 18+ years registered with Portsmouth City GP Practices) are on GP registers with NDH - higher than England (5.3%). The range at GP practice level in 2020/21 was from 9.4% at Portsdown Group Practice to 2.9% at The Drayton Surgery (excluding Guildhall Walk and the University Practice prevalence rates). However, due to the impact of Covid-19 pandemic on activity in general practice in 2020/21, the data may not be inaccurate as accuracy of the data depends on:

- Clinical case finding by GPs: for example, information from Quality and Outcomes Framework (QOF) NDH register or about QOF NDH indicators depends on people with NDH being diagnosed.
- Clinical coding: for example, when patients are diagnosed with NDH, the quality of QOF data about people with NDH depends on the GP practice maintaining accurate and coded clinical records. [143]

Between 2011/12 and 2018/19, emergency hospital admissions for diabetes (where Insulin-dependent diabetes mellitus is the primary diagnosis) for Portsmouth children and young people aged under 19 years, had been a similar rate compared to England where nationally admissions had been decreasing each year. However, in 2019/20, emergency hospital admissions for diabetes for Portsmouth aged under 19 years increased (as did England) but the Portsmouth rate was significantly worse than England for the first time since 2010/11.

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[141] Diabetes prevalence model for local authorities and CCGs. PHE. https://www.gov.uk/government/publications/diabetes-prevalence-estimates-for-local-populations Accessed 03 March 2022

[142] NHS Diabetes Prevention Programme (NHS DPP): Non-diabetic hyperglycaemia analysis, Public Health England. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/456149/Non_diabetic_hyperglycaemia.pdf [Accessed 25 July 2017].

[143] National General Practice Profiles, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 4/3/2022.

8.12.4 Coronary heart disease

In 2020/21[144], there were 6,110 patients on the coronary heart disease (CHD) register (2.7% of registered patients of all ages compared with 3.0% in England). The range at GP practice level was from 3.5% of registered patients of all ages at The Drayton Surgery to 2.5% at the Derby Road practice (excluding Guildhall Walk Healthcare Centre and the University Practice). [145]

Modelled prevalence of CHD was derived from various sources including self-reporting; definite angina, hospitalisation or death from CHD, abnormal ECGs, medication or other treatment for CHD. In 2015, the estimated prevalence for CHD is 8.2% of Portsmouth residents aged 55-79 years[146] —roughly 3,400 people in 2015 (applying the prevalence rate to the ONS 2014-based subnational population estimates). Assuming the CHD prevalence remains the same in future years, the ageing population in Portsmouth would indicate a greater number of residents aged 55-79 years with CHD—roughly 4,000 people aged 55-79 years by 2025 (applying the prevalence rate to the ONS 2018-based subnational population estimates). However, CHD prevalence is also modelled on various risk factors which are likely to change over time such as prevalence of diabetes, smoking, hypertension, obesity, physical activity, dyslipidaemia (high total cholesterol, low high density lipoproteins (HDL), and high low density lipoproteins (LDL), deprivation, Chronic Kidney Disease (CKD). [147]

In 2020, for Portsmouth males, the leading cause of death remained as coronary heart disease (also known as ischaemic heart disease) (101 deaths; 11% of all male deaths). For Portsmouth males aged 50-64 years, Ischaemic heart diseases was the leading cause of death each year from 2014 to 2020, except in 2015 where Malignant neoplasm of trachea, bronchus and lung was the leading cause. When looking at five-year age groups over six-year periods, the leading cause of death for Portsmouth males in each five-year age group from 45-49 years and over in 2002-07 and 2008-13 was Ischaemic heart diseases; in the most recent period in 2014-19, Ischaemic heart diseases remained a leading cause of death especially aged 50-84 years. [148]

For Portsmouth females, Ischaemic heart diseases was ranked third out of the leading causes of death in 2020, but was ranked second in the previous three years. [149]

In 2017-19, Portsmouth's female premature mortality (aged under 75 years) from coronary heart disease rate was significantly higher than England. In 2017/19, Portsmouth's male premature mortality (aged under 75 years) from coronary heart disease rate was higher, but not significantly, than England males. [150]

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[144] Due to the impact of Covid-19 pandemic on activity in general practice in 2020/21, the data may not be inaccurate and therefore comparisons with previous years may be misleading. Quality and Outcomes Framework (QOF), NHS Digital: https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2020-21/ Accessed 3 Mar 2022

[145] National General Practice Profiles, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 4/3/2022.

[146] Disease and risk factor prevalence, Public Health England https://fingertips.phe.org.uk/profile/prevalence [Accessed 04 August 2017]

[147] CHD prevalence model technical document, Disease and risk factor prevalence, Public Health England https://fingertips.phe.org.uk/profile/prevalence [Accessed 04 August 2017]

[148] Civil Registration Data via Primary Care Mortality Database (PCMD), Copyright ©2021, re-used with the permission of HSCIC. All rights reserved. Accessed via JSNA Portsmouth www.jsna.portsmouth.gov.uk

[149] Civil Registration Data via Primary Care Mortality Database (PCMD), Copyright ©2021, re-used with the permission of HSCIC. All rights reserved. Accessed via JSNA Portsmouth www.jsna.portsmouth.gov.uk

[150] Public Health England. Public Health Profiles. Date accessed 4/11/2021. https://fingertips.phe.org.uk © Crown copyright 2021' via JSNA Portsmouth www.jsna.portsmouth.gov.uk

8.12.5 Chronic obstructive pulmonary disease

In 2020/21, there were 4,490 registered patients of all ages recorded with COPD on GP practice registers (2.2% of all registered patients compared to 1.9% nationally). The range at GP practice level was from 3.3% of registered patients at North Harbour Medical Group to 1.8% at Trafalgar Medical Group Practice (excluding Guildhall Walk Healthcare Centre and University practice)[151]. Portsmouth's recorded prevalence of COPD is increasing (1.6% in 2010/11; 2.0% in 2015/16). However, due to the impact of Covid-19 pandemic on activity in general practice in 2020/21, the data may not be inaccurate and therefore comparisons with previous years may be misleading.[152]

Modelled prevalence of COPD was derived from various sources including Clinical Practice Research Datalink (CPRD) recorded COPD based on agreed Read Code lists; Hospital Episode Statistics (HES) linked record of admission for COPD; and on inferred COPD based on symptoms and prescribing. In 2015, the estimated prevalence for COPD was 2.8% of Portsmouth residents of all ages[153] - roughly 6,000 people (applying the prevalence rate to the ONS 2014-based subnational population estimates). However, the actual COPD prevalence is expected to be higher than both GP recorded prevalence and the modelled estimate for 2015 which was limited by data access issues including researchers unable to identify patients who are likely to have COPD but do not have a diagnosis from any source. The Imperial College London estimate that the actual COPD prevalence is at least double the England modelled prevalence of 2.4% and expect COPD prevalence to be least 6% nationally[154]. Therefore, considering the Portsmouth modelled prevalence is 0.4 percentage points higher than the England estimate, a rough estimate of 6.4% of Portsmouth residents with COPD - roughly 13,900 people (applying the prevalence rate to the ONS 2018-based subnational population estimates) estimated to have COPD. Estimating future prevalence might also be affected by an ageing population, smoking prevalence and deprivation.

Since 2015/16, emergency hospital admissions for COPD (where COPD is the primary diagnosis) for Portsmouth CCG registered patients of all ages has been significantly higher than England. In 2020/21, emergency admissions for COPD, all ages, decreased significantly for Portsmouth and England[155], which may be due to the impact of the Covid-19 pandemic.

In 2020, chronic lower respiratory disease (which includes COPD) was the third most frequent broad cause of death for Portsmouth males of all ages (72 deaths, 8% of all deaths) and fifth most frequent cause of death for Portsmouth females of all ages (45 deaths, 5% of all deaths). In 2020 (and 2016 and 2018), Chronic lower respiratory diseases was the leading cause of death for Portsmouth males aged 75-84 years. In 2017 and 2018, Chronic lower respiratory diseases was the leading cause of death for Portsmouth females aged 65-74 years (15% of all female deaths aged 65-74 years in 2017 and 13% in 2018). [156]

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[151] National General Practice Profiles, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 4/3/2022.

[152] Quality and Outcomes Framework (QOF), NHS Digital: https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2020-21/ Accessed 3 Mar 2022

[153] Disease and risk factor prevalence, Public Health England https://fingertips.phe.org.uk/profile/prevalence [Accessed 04 August 2017]

[154] COPD prevalence model technical document v1.2, Imperial College London for Public Health England, PHE https://fingertips.phe.org.uk/profile/prevalence [Accessed 04 August 2017]

[155] Inhale - INteractive Health Atlas of Lung conditions in England, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 4/3/2022.

[156] Civil Registration Data via Primary Care Mortality Database (PCMD), Copyright ©2021, re-used with the permission of HSCIC. All rights reserved. Accessed via JSNA Portsmouth www.jsna.portsmouth.gov.uk

In 2017-19, the Portsmouth mortality rate from chronic obstructive pulmonary disease (COPD) remained similar to the previous period and was significantly higher than England and the South East, but similar to Southampton.[157] The mortality rate from COPD for Portsmouth males, in particular, is amongst the highest in the country although the Portsmouth female rate is also significantly higher than England.[158]

8.12.6 Asthma

In 2020/21, there were 14,621 registered patients of aged 6 years and over (6.8% of all registered patients aged 6 years and over) on GP Practice asthma registers. The national prevalence was 6.4% aged 6 years and over. Previously, Asthma recorded prevalence on GP registers included all ages so are not comparable. The range at GP practice level in 2020/21 was from 9.5% of registered patients aged 6 years and over at Sunnyside Medical Centre to 6.1% at Craneswater Group Practice (excluding Guildhall Walk Healthcare Centre and University practice) [159]

The 2010 Health Survey for England indicated 9.5% of adults and children reported having asthma. Most of the care for people with asthma is provided in primary care. NICE guidelines for the management of asthma state that people with asthma should not need emergency treatment if appropriate routine care is given. Between 2017/18 and 2019/20, emergency hospital admissions for asthma (where asthma is the primary diagnosis) for Portsmouth CCG registered patients, aged 19 years and over, was significantly lower than England. In 2020/21, emergency admissions for asthma in adults decreased significantly for Portsmouth and England[160], which may be due to the impact of the Covid-19 pandemic.

Since 2015/16, hospital admissions for asthma (where asthma is the primary diagnosis) for Portsmouth residents, aged under 19 years, was lower than England and significantly lower than England in 2016/17. In 2019/20 hospital admissions for asthma or Portsmouth residents, aged under 19 years was significantly lower than England. However, 2019/20 and especially 2020/21, emergency admissions for asthma, aged under 19 years, decreased significantly for Portsmouth and England[161], which may be due to the impact of the Covid-19 pandemic.

8.12.7 Stroke

In 2020/21, there were 3,583 patients on the Stroke or Transient Ischaemic Attacks registers in primary care (1.6% of registered patients of all ages compared with 1.8% in England). The range at GP practice level was from 2.1% at Craneswater Group Practice to 1.4% at North Harbour Medical Group and Derby Road Practice (excluding Guildhall Walk and the University Practice prevalence rates). [162]

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[157] Local Tobacco Control Profiles. Public Health Profiles. Date accessed 8/11/2021. https://fingertips.phe.org.uk © Crown copyright 2021' via JSNA Portsmouth www.jsna.portsmouth.gov.uk

[158] Mortality Profiles. Public Health Profiles. Date accessed 9/11/2021. https://fingertips.phe.org.uk © Crown copyright 2021' via JSNA Portsmouth www.jsna.portsmouth.gov.uk

[159] National General Practice Profiles, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 4/3/2022.

[160] Inhale - INteractive Health Atlas of Lung conditions in England, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 4/3/2022.

[161] Inhale - INteractive Health Atlas of Lung conditions in England, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 4/3/2022.

[162] National General Practice Profiles, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 7/3/2022.

Modelled prevalence of stroke was derived from a combination of patients self-reporting being told by a nurse or doctor that they had stroke; a clinical record of stroke/TIA; or mortality from stroke. In 2015, the estimated prevalence for stroke is 3.8% of Portsmouth residents aged 55-79 years[163] — roughly 1,600 people aged 55-79 years in 2015 (applying the prevalence rate to the ONS 2014-based subnational population estimates). Assuming the stroke prevalence remains the same in future years, the ageing population in Portsmouth would indicate a greater number of residents aged 55-79 years with stroke - roughly 2,000 people by 2025 (applying the prevalence rate to the ONS 2018-based subnational population estimates). However, stroke prevalence is modelled on various risk factors which are likely to change over time such as prevalence of diabetes, smoking, hypertension, obesity, physical activity, dyslipidaemia (high total cholesterol, low high density lipoproteins (HDL), and high low density lipoproteins (LDL)), deprivation, Chronic Kidney Disease (CKD).[164]

Atrial fibrillation (AF) is a heart condition and is the most common form of cardiac arrhythmia. AF is associated with increased risk of stroke as well as reduced cardiac performance and early mortality. Stroke patients with uncontrolled AF are more likely to be diagnosed with severe stroke which can lead to poorer outcomes. AF is often asymptomatic, frequently unrecognised and consequently it is difficult to quantify the true prevalence in the general population. In 2020/21, there were 4,206 patients on the atrial fibrillation registers in primary care (1.8% of registered patients of all ages compared with 2.0 % in England). The range at GP practice level was from 2.6% at Craneswater Group Practice to 1.7% at Sunnyside Medical Centre, Lake Road Practice and Derby Road Practice (excluding Guildhall Walk and the University Practice prevalence rates). In 2019, the estimated prevalence of AF was 2.1% for Portsmouth, which suggests that, given a recorded prevalence of AF on GP registers of 1.7% in 2018/19, there could have been roughly 800 undiagnosed patients at that time. Assuming that the estimated prevalence of AF remains at the same rate as in 2019 at 2.1%, then there could be a further 600 undiagnosed patients in 2020/21. [165]

In 2020/21, hospital admissions for stroke (where stroke is the primary diagnosis) for Portsmouth residents of all ages was higher, but not significantly, than England. The Portsmouth rate has remained similar since 2015/16 [166]. Behavioural risk factors play a large part in the prevention of stroke with smoking, excessive alcohol use and an unhealthy diet being major risk factors. Emergency admissions are used as a proxy for the incidence of stroke and an indication of where public health interventions may be targeted for prevention of the condition - in 2015/16-2019/20 (5 years pooled), the emergency hospital admissions for stroke rate for Portsmouth persons of all ages was significantly higher than England. [167]

In 2020, Cerebrovascular diseases (which includes stroke) was the sixth most frequent broad cause of death for Portsmouth males of all ages (40 deaths, 4% of all deaths) and fourth most frequent cause of death for Portsmouth females of all ages (46 deaths, 6% of all deaths). In 2017-19, cerebrovascular diseases was third leading cause of death for Portsmouth males aged 50-64 years and fourth leading cause of death for Portsmouth males aged 65-74 years. In 2016, cerebrovascular diseases was the

[163] Disease and risk factor prevalence, Public Health England https://fingertips.phe.org.uk/profile/prevalence [Accessed 04 August 2017]
[164] Stroke prevalence model technical document, Disease and risk factor prevalence, Public Health England https://fingertips.phe.org.uk/profile/prevalence [Accessed 04 August 2017]
[165] National General Practice Profiles, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 7/3/2022.
[166] Cardiovascular disease, Diabetes and Kidney Disease profile, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 7/3/2022.
[167] Local health profile, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 7/3/2022.

leading cause of death for Portsmouth females aged 75-84 years (12% of all female deaths aged 75-84 years). [168]

In 2017-19, the premature mortality (aged under 75 years) rate from stroke for Portsmouth males was significantly higher than England and the South East region; and higher, but not significantly than Southampton. The premature mortality rate from stroke for Portsmouth females remained similar compared to England, the South East and Southampton.[169]

8.13 Physical disability

2011 Census data shows that 11.6% of Portsmouth residents of working age (aged 16-64 years) had a long-term health problem or disability that limits their day-to-day activity a lot or a little (limiting long term illness, LLTI). At electoral ward level, Charles Dickens had the highest percentage (17.5%) of working age people with a LLTI, followed by Paulsgrove (7.1%). Central Southsea had the lowest percentage (7.1%) of working age people with a LLTI.

For persons aged 65+ years, the Census shows that 54.9% of Portsmouth residents had a LLTI. At electoral ward level, Charles Dickens had the highest percentage (65.1%) of residents aged 65+ years with a LLTI, followed by Fratton (59.0%). Copnor had the lowest percentage (45.0%) of residents aged 65+ years with a LLTI.

Poor health in childhood and adolescence can have a significant impact on overall life chances, with certain unhealthy behaviours having medium to long-term impacts on health. The national What About YOUth (WAY) survey, 2014/15 found that 16.8% of 15 year olds in Portsmouth responded that they had a long-term illness, disability or medical condition diagnosed by a doctor - this is higher than the proportion for England (14.1%).[170]

In 2022, it is estimated that there are approximately 6,600 Portsmouth adults aged 16-64 years with impaired mobility[171] and half of these are estimated to be in the aged 55-64 age group (3,300 residents). Assuming the prevalence rate doesn't change, then the number of residents aged 16-64 years with impaired mobility are not expected to increase between 2022 to 2040[172]. However, in Portsmouth aged 65 and over, there is expected to be an increase in residents with impaired mobility (albeit a different definition: unable to manage at least one mobility activity on their own) - in 2022, it is estimated that there are approximately 5,800 Portsmouth adults aged 65+ years unable to manage at least one mobility activity on their own and half of these are estimated to be in the aged 80 years and over age group (2,900 residents). Assuming the prevalence rate doesn't change, then the number of residents aged 65 years unable to manage at least one mobility activity on their own is expected to increase to 6,900 by 2030. [173]

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[168] Civil Registration Data via Primary Care Mortality Database (PCMD), Copyright ©2021, re-used with the permission of HSCIC. All rights reserved. Accessed via JSNA Portsmouth www.jsna.portsmouth.gov.uk
[169] Mortality Profiles. Public Health Profiles. Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 7/3/2022.
[170] What About YOUth (WAY) survey,Health behaviours in young people Profile, Public Health England. http://fingertips.phe.org.uk/child-health-behaviours [Accessed 01 August 2017]
[171] Based on national Life Opportunities Survey Office for Disability Issues (2011) where respondents indicated they had the following: they experience either moderate, severe or complete difficulty with mobility, and certain activities are limited in any way as a result, such as walking or climbing stairs (Source: pansi.org.uk).
certain activities are limited in any way as a result, such as walking or climbing stairs.
[172] Mobility, Projecting Adult Needs and Service Information www.pansi.org.uk Date accessed 7/3/2022
[173] Mobility, Older People Population Information System www.poppi.org.uk Date accessed 7/3/2022

In terms of Years Lived with Disability (YLD), musculoskeletal (MSK) disorders - in particular, low back pain is the biggest cause of disability/ill-health in Portsmouth adults aged 15-49 years (1,160 YLD per 100,000 in 2019) and 50-64 years (2,217 YLD per 100,000 in 2019). It is also the biggest cause in England for these age groups. [174] In terms of prevalence, it's estimated that in 2020, 16.9% of Portsmouth residents aged 16 years and over, have a long-term MSK problem, which is similar to the England average (18.6%). People with a musculoskeletal condition are also likely to have another long-term condition and in 2020, 12.9% of Portsmouth residents aged 16 years and over have at least two long-term conditions, at least one of which is MSK related - similar to the England average (13.2%).

Registration for physical disabilities is good from Adult Social Care as part of the Assessment of Social Care Services, but poor outside of this system.

During 2020/21, in Portsmouth 300 Adult Social Care clients aged 18-64 years accessed long-term 'Physical support'[175] (as their primary reason) during the year; 610 ASC clients aged 18-64 years accessed 'Other support' (e.g. Learning Disability, Sensory, Mental Health) as their primary reason. As a percentage of clients accessing Long Term Support, 9.4% of Portsmouth clients aged 18-64 years accessed long-term support with Physical support as the primary reason - this is lower than the England average (10.2%). [176]

During 2020/21, in Portsmouth 1,730 Adult Social Care clients aged 65 years and over accessed long-term 'Physical support' (as their primary reason) during the year; 560 ASC clients aged 65 years and over accessed 'Other support' (e.g. Learning Disability, Sensory, Mental Health) as their primary reason. As a percentage of clients accessing Long Term Support, 54.1% of Portsmouth clients aged 65 years and over accessed long-term support with Physical support as the primary reason - this is lower than the England average (48.6%). [177]

8.14 Life expectancy

Life expectancy is a frequently used indicator of the overall health of a population: a longer life expectancy is generally a reflection of better health. Reducing the differences in life expectancy is a key part of reducing health inequalities. Life expectancy at birth for an area is an estimate of how long, on average, babies born today may live if she or he experienced that area's age-specific mortality rates for that time period throughout her or his life.

In 2018-20, male life expectancy at birth in Portsmouth (78.5 years) remained similar to previous periods and is statistically significantly longer than in 2008-10; however, it continues to be significantly shorter than England (79.4 years in 2018-20) even though life expectancy at birth decreased by over a year in England in 2020 (80.0 in 2019 to 78.7 in 2020), which would largely be due to Covid-19 related mortality. In 2018-20, female life expectancy at birth in Portsmouth (82.4 years) remained significantly worse than England (83.1 years). Whilst life expectancy at birth for females across England had been improving before 2020, female life expectancy at birth in Portsmouth had remained similar from 2011

[174] GBD compare, Global Burden of Disease: https://vizhub.healthdata.org/gbd-compare/. Date accessed 22/2/2022.
[175] Physical support: Access and mobility and personal care support
[176] Adult Social Care: Overview by Region and Local Authority Analytical Hub, NHS Digital. Date accessed 7/3/2022.
[177] Adult Social Care: Overview by Region and Local Authority Analytical Hub, NHS Digital. Date accessed 7/3/2022.

to 2019. Unlike for the England average (where life expectancy decreased), female life expectancy at birth increased in 2020, although this was not significantly different to England. [178]

Life expectancy at birth (2018-20) for males in Portsmouth's most deprived 10% of Lower Super Output Areas (LSOAs) is 9.1 years shorter than males in Portsmouth's least deprived 10% of LSOAs - shorter, but not significantly, than the inequality gap in England (9.7 years). Life expectancy at birth (2018-20) for females in Portsmouth's most deprived 10% of LSOAs is 4.3 years shorter than females in Portsmouth's least deprived 10% of LSOAs (the slope index of inequality in life expectancy at birth for males and females) - the gap has decreased each period since 2014-16 and is significantly shorter than the inequality gap in England (7.9 years). [179]

In 2018-20, the healthy life expectancy (HLE) at birth in Portsmouth is shorter, but not significantly than England for both males and females. [180] Portsmouth males and females have a similar HLE at birth (62.1 years and 62.3 years respectively); but as a result of longer life expectancies at birth, females in Portsmouth (and nationally) would be expected to have a smaller proportion of life in "good" health than males. However, there are inequalities in HLE by deprivation (within Middle Super Output Areas). In 2009-2013, Portsmouth has a slope index of inequality of 15.1 years of HLE for males and 14.2 years of HLE for females (the range in years of HLE from the most and least deprived). [181]

8.15 Mortality

Premature mortality in England is considered as deaths aged under 75 years (u75). In 2017-19, the u75 all-cause mortality rate for Portsmouth males and females (480 per 100,000 males of all ages (DSR) and 330 per 100,000 females of all ages (DSR)) was significantly higher than England (397 per 100,000 males of all ages (DSR) and 258 per 100,000 females of all ages (DSR)), the South East (351 per 100,000 males of all ages (DSR) and 229 per 100,000 females of all ages (DSR)); but similar to Southampton (465 per 100,000 males of all ages (DSR) and 316 per 100,000 females of all ages (DSR)) [182]. For small areas within Portsmouth there is variation in premature mortality for all causes - in 2015-19, the Buckland, City Centre and Somerstown middle super output areas (MSOAs) have a standardised mortality ratio about twice that of the England average (if those areas had the same age specific death rate as England) [183]

In 2017-19, Portsmouth's male premature mortality rates were significantly higher than England from the following major cause groups:

- U75 mortality from cardiovascular disease
- U75 mortality from stroke
- U75 mortality from cancer

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[178] Public Health Outcomes Framework, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 8/3/2022.
[179] Public Health Outcomes Framework, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 8/3/2022.
[180] Public Health Outcomes Framework, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 8/3/2022.
[181] Slope index of inequality (SII) in healthy life expectancy (HLE) at birth by sex for Upper Tier Local Authorities (UTLAs) in England, 2009 to 2013, Office for National Statistics. *http://www.ons.gov.uk/ons/rel/disability-and-health-measurement/health-expectancies-at-birth-by-middle-layer-super-output-areas--england/inequality-in-health-expectancies-using-imd-2015-small-area-deprivation-scores--2009-13/index.html* Accessed 20 November 2015.
[182] Public Health England. Public Health Profiles. Date accessed 4/11/2021. https://fingertips.phe.org.uk © Crown copyright 2021' via Portsmouth JSNA www.jsna.portsmouth.gov.uk
[183] Local health profile, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 7/3/2022.

- U75 mortality from respiratory disease

In 2017-19, Portsmouth's female premature mortality rates were significantly higher than England from the following major cause groups:

- U75 mortality from cardiovascular disease
- U75 mortality from heart disease
- U75 mortality from cancer
- U75 mortality from breast cancer (the highest rate in the country and increasing since 2015-17)
- U75 mortality from liver disease
- U75 mortality from respiratory disease

The effect of the Covid-19 pandemic makes it difficult to aggregate the data over three years (which is useful for robust statistical comparisons), therefore the following major cause groups are also available for single years up to and including 2020:

- U75 mortality from cardiovascular disease
- U75 mortality from cancer
- U75 mortality from liver disease
- U75 mortality from respiratory disease

In 2020, Portsmouth's male and female premature mortality rates were not significantly different compared to England for the four major cause groups.

The Portsmouth male u75 mortality rate from cardiovascular disease in 2020 was similar to the previous year, but the England rate had increased to similar to the rate in 2013. The Portsmouth female u75 mortality from cardiovascular disease rate in 2020 was lower but not significantly to the previous year; unlike England males, the female England rate was similar to the previous two years.

The Portsmouth male u75 mortality rate from cancer in 2020 was lower, but similar to the previous year and the England rate also continued to decrease. The Portsmouth female u75 mortality rate from cancer in 2020 was lower than the previous year and lower, but not significantly compared to the England rate.

The Portsmouth male u75 mortality rate from liver disease in 2020 was lower, but similar to the previous year; whilst the England rate increased compared to previous years. The Portsmouth female u75 mortality rate from liver disease in 2020 was lower, but not significantly than the previous year; the England rate increased in 2020.

The Portsmouth male u75 mortality rate from respiratory disease in 2020 remained similar to the previous year; but the England rate decreased compared to previous years. The Portsmouth female u75 mortality rate from respiratory disease in 2020 was lower, but not significantly than the previous year; the England rate decreased compared to previous years. [184]

[184] Public Health England. Public Health Profiles. Date accessed 4/11/2021. https://fingertips.phe.org.uk © Crown copyright 2021' via Portsmouth JSNA www.jsna.portsmouth.gov.uk

The leading cause death[185] for Portsmouth residents in 2020 (and since 2015 for persons of all ages was Dementia and Alzheimer's disease (213 deaths; 12% of all deaths). For Portsmouth males, the leading cause of death remained as Ischaemic heart diseases (101 deaths; 11% of all male deaths); however, deaths from Covid-19 were ranked second (98 deaths; 10% of all male deaths), but as a new disease which existed for just over 9 months of the year, if adjusted for the shorter time frame it may well be ranked as the leading cause of death over the year for males. For Portsmouth females, the leading cause of death remained as Dementia and Alzheimer's disease (142 deaths; 17% of all female deaths); deaths from Covid-19 were ranked second (67 deaths; 8% of all female deaths) (Figure 36).[186]

Males

Cause of death groups (ICD-10)	2014	2015	2016	2017	2018	2019	2020
Ischaemic heart diseases (I20-I25)	1	1	1	1	1	1	1
COVID-19 (identified or not: U071-U702; MIS associated: U109)*	New	New	New	New	New	New	2
Chronic lower respiratory diseases (J40-J47)	4	3	2	3	2	3	3
Dementia and Alzheimer's disease (F01, F03, G30)	3	2	3	2	3	2	4
Malignant neoplasm of trachea, bronchus and lung (C33, C34)	2	4	4	4	4	4	5
Cerebrovascular diseases (I60-I69)	5	5	5	5	5	5	6
Malignant neoplasm of prostate (C61)	6	6	8	7	7	6	7
Malignant neoplasm of colon, sigmoid, rectum and anus (C18-C21)	9	>10	7	10	8	9	8
Accidents (V01-X59)	>10	7	9	8	6	8	9
Influenza and pneumonia (J09-J18)	10	8	6	6	9	7	10
Malignant neoplasms of lymphoid, haematopoietic and related tissue (C81-C96)	7	9	>10	9	10	>10	>10
Aortic aneurysm and dissection (I71)	>10	>10	>10	>10	>10	10	>10
Diabetes (E10-E14)	>10	>10	>10	>10	10	>10	>10
Cirrhosis and other diseases of liver (K70-K76)	8	>10	10	>10	>10	>10	>10
Heart failure and complications and ill-defined heart disease (I50-I51)	>10	10	>10	>10	>10	>10	>10

Sources: Civil Registration Data via Primary Care Mortality Database (PCMD), Copyright ®2021, re-used with the permission of HSCIC. All rights reserved.
*Covid-19 deaths occurred from late March 2020 onwards, so just over 9 months of the calendar year.

Females

Cause of death groups (ICD-10)	2014	2015	2016	2017	2018	2019	2020
Dementia and Alzheimer's disease (F01, F03, G30)	1	1	1	1	1	1	1
COVID-19 (identified or not: U071-U702; MIS associated: U109)*	New	New	New	New	New	New	2
Ischaemic heart diseases (I20-I25)	2	2	3	2	2	2	3
Cerebrovascular diseases (I60-I69)	4	3	2	3	4	4	4
Chronic lower respiratory diseases (J40-J47)	3	4	4	3	3	3	5
Malignant neoplasm of trachea, bronchus and lung (C33, C34)	5	7	6	5	5	5	6
Malignant neoplasms of breast (C50)	7	6	7	7	6	6	7
Influenza and pneumonia (J09-J18)	6	5	4	6	7	7	8
Diseases of the urinary system (N00-N39)	>10	>10	>10	>10	>10	>10	9
Malignant neoplasm of colon, sigmoid, rectum and anus (C18-C21)	8	9	8	8	8	8	10
Accidents (V01-X59)	>10	10	10	>10	8	>10	10
Cardiac arrhythmias (I47-I49)	>10	>10	>10	>10	>10	>10	10
Malignant neoplasms of lymphoid, haematopoietic and related tissue (C81-C96)	10	>10	9	9	>10	>10	>10
Malignant neoplasm of ovary (C56)	>10	>10	>10	10	>10	>10	>10
Hypertensive diseases (I10-I15)	>10	>10	>10	>10	10	9	>10
Malignant neoplasm of pancreas (C25)	9	>10	>10	>10	>10	10	>10
Nonrheumatic valve disorders (I34-I38)	>10	8	>10	>10	>10	>10	>10

Sources: Civil Registration Data via Primary Care Mortality Database (PCMD), Copyright ®2021, re-used with the permission of HSCIC. All rights reserved.
*Covid-19 deaths occurred from late March 2020 onwards, so just over 9 months of the calendar year.

Figure 36 Summary infographic of the top 10 ranking of leading causes of death by year of death by gender; all ages, Portsmouth residents. 2014 to 2020.

8.16 Mental health

Common mental health disorders (CMD) are mental health conditions that cause marked emotional distress and interfere with daily function but do not usually affect insight or cognition – including

[185] The cause of death groups used are based on a list developed by the World Health Organization (WHO), modified for use in England and Wales by ONS - the list used is based on ONS revised 2016 list. It was modified in 2016 for use on 2015 mortality data. Minor changes were made in 2017 to ensure mutual exclusivity between groupings. This involved the removal of meningitis and meningococcal diseases (A39), sepsis due to haemophilus influenzae (A41.3), rabies (A82), certain mosquito-borne diseases (A83) and yellow fever (A95) from the vaccine preventable diseases grouping.

COVID-19 is a new novel disease since March 2020, therefore has been added as an addition to the 2016 list.

[186] Civil Registration Data via Primary Care Mortality Database (PCMD), Copyright ©2021, re-used with the permission of HSCIC. All rights reserved. Accessed via JSNA Portsmouth www.jsna.portsmouth.gov.uk

different types of depression and anxiety, and include obsessive compulsive disorder. The Adult Psychiatric Morbidity Survey 2014 (APMS 2014) categorises the following as types of CMD: generalised anxiety disorder; depression; all phobias; obsessive compulsive disorder; panic disorder; and CMD not otherwise specified. The APMS 2014 found that since the last survey (2007), increases in CMD have been evident among late midlife men and women (aged 55 to 64 years), and approached significance in young women (aged 16 to 24 years). CMDs were more prevalent in certain groups of the population. These included Black women, adults under the age of 60 who lived alone, women who lived in large households, adults not in employment, those in receipt of benefits and those who smoked cigarettes. These associations are in keeping with increased social disadvantage and poverty being associated with higher risk of CMD. Most people identified by the CIS-R with a CMD also perceived themselves to have a CMD. This was not the case for most of the other disorders assessed in the APMS. [187]

The APMS 2014 found prevalence of common mental health disorders is higher in females compared to males aged 16 years and over nationally - 20.7% of females compared to 13.2% of males. [188] Using the national prevalence rates identified in the APMS 2014 and apply to Portsmouth's population aged 16-64 years, then about 27,600 Portsmouth residents aged 16-64 years are predicted to be affected by common mental disorders in 2022; increasing to 27,700 by 2025 (assuming the prevalence rate remains the same)[189] [190]. However, Public Health England provided modelled estimates for CMD (based on APMS 2014) taking into account of local population differences in age structure, sex and deprivation to allow for comparisons with statistical neighbours: in 2017, the estimated prevalence of CMD aged 16 years and over for Portsmouth was 18.5% (approximately 32,330 people), which is higher than England (16.9%) and similar to Southampton (18.7%). Also, the estimated prevalence of CMD aged 65 years and over for Portsmouth was 11.4% (approximately 3,410 people), which is higher than England (10.2%) and similar to Southampton (11.5%).[191]

Between 2017 and 2021, nationally, the percentage of children aged 6-16 year-olds with a probable mental health disorder increased from 11.6% to 17.4%; and a similar increase was seen in young adults aged 17-19 years (10.1% with a probable mental health disorder in 2017 to 17.4% in 2021. The prevalence for both age groups was similar between 2020 and 2021. The 2020 and 2021 surveys were follow-up surveys to the Mental Health of Children and Young People (MHCYP) in 2017 to assess the impact of the COVID-19 pandemic, although comparisons between years may have been affected by the survey design (face-to-face in 2017 to online surveys for the follow-ups[192]. Applying these national prevalence rates to Portsmouth's population (using ONS mid-year estimates[193]) then it is estimated that in 2017 there were roughly 3,050 children aged 6-16 years with a probable mental disorder, rising to 4,500 in 2021. In 2017, there was an estimated 1,000 young people aged 17-19 years in Portsmouth with a probable mental disorder increasing to 1,700 in 2021.

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[187] Stansfeld S, Clark C, Bebbington P, King M, Jenkins R, Hinchliffe S. 'Chapter 2: Common mental disorders' in McManus S, Bebbington P, Jenkins R, Brugha T. (eds) (2016) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital.

[188] NHS Digital. Adult Psychiatric Morbidity Survey, 2014 (Table 2)

[189] NHS Digital. Adult Psychiatric Morbidity Survey, 2014 (Table 2) and ONS 2018 sub-national populations projections

[190] Note: these are projections are crude estimates based on national estimated prevalence and have not been adjusted for local population differences in age structure, ethnicity, etc.

[191] Public Health England. Common Mental Health Disorders profile. Common Mental Health Disorders - PHE Accessed 25 June 2021

[192] Mental Health of Children and Young People in England 2021 - wave 2 follow up to the 2017 survey https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2021-follow-up-to-the-2017-survey Accessed 14 Mar 2022

[193] 2017 estimate using ONS mid-2017 estimated Portsmouth population aged 6-16 years and 17-19 years. The 2021 estimate using ONS mid-2020 estimated Portsmouth population aged 6-16 years and 17-19 years

In 2020/21 22,829 people aged 18+ years (12.3%) were recorded by Portsmouth CCG GPs as having depression which is similar to the prevalence for England (12.3%). The range at GP practice level in Portsmouth was from 18.6% (Portsdown Group Practice) to 5.3% (University Surgery). There were 1,944 new cases of depression in 2020/21— 1.0% of the GP practice register aged 18+ years in Portsmouth and this is significantly lower than the England incidence rate (1.4%)[194]. However, due to the impact of Covid-19 pandemic on activity in general practice in 2020/21, the data may not be inaccurate and therefore comparisons with previous years may be misleading.[195]

However, the recorded prevalence by GPs is likely to be an underestimate of the prevalence of depression in Portsmouth. Modelled prevalence based on self-reported responses from the Health Survey for England estimates that in 2015, 15.4% of Portsmouth residents of all ages have been diagnosed with depression (based on survey respondents stating they were told by a health professional that they had depression)[196]. This also correlates closely to the 2015/16 estimated prevalence of depression and anxiety from the self-reported GP patient survey (GPPS) (15.3% of NHS Portsmouth patients aged 18+ years), although this increased to 16.3% of NHS Portsmouth patients aged 18+ years in 2016/17 (the latest year the question was included)[197] - using the 16.3% estimated prevalence from GPPS, then approximately 28,250 residents aged 18 years and over would be expected to have depression in 2022 (applying the prevalence rate to the ONS 2018-based subnational population estimates). Assuming the depression prevalence remains the same in future years, then roughly 28,600 people by 2025 (again, applying the prevalence rate to the ONS 2018-based subnational population estimates). However, depression prevalence is also can be impacted on from various risk factors which are likely to change over time such as prevalence of obesity and physical activity; ageing population; ethnicity; educational levels; socio-economic status; marital status; alcohol and drug abuse; limiting long-lasting illness; anxiety; and sleep disorders. [198]

In 2021, 12.9% of Portsmouth CCG registered patients aged 16+ years reported having a long-term mental health problem (from the self-reported GP patient survey (GPPS)) which is higher than the prevalence in England (11%)[199]. Using the 12.9% estimated prevalence from GPPS, then approximately 23,000 Portsmouth residents aged 16 years and over would be expected to have a long-term mental health problem in 2022 (applying the prevalence rate to the ONS 2018-based subnational population estimates).

In 2020/21 2,142 people of all ages (0.93%) were recorded by Portsmouth CCG GPs as having schizophrenia, bipolar affective disorder and other psychoses which is similar to the prevalence for England (0.95%). The range at GP practice level in Portsmouth was from 1.41% (Trafalgar Medical

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[194] National General Practice Profiles, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 8/3/2022.
[195] Quality and Outcomes Framework (QOF), NHS Digital: https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2020-21/ Accessed 3 Mar 2022
[196] Disease and risk factor prevalence, Public Health England https://fingertips.phe.org.uk/profile/prevalence via Portsmouth JSNA: www.jsna.portsmouth.gov.uk [Accessed 31 August 2017]
[197] Mental Health and Wellbeing JSNA, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 8/3/2022.
[198] Depression prevalence model technical document v1.1, Imperial College London for Public Health England, PHE https://fingertips.phe.org.uk/profile/prevalence [Accessed 30 August 2017]
[199] Mental Health and Wellbeing JSNA, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 8/3/2022.

Group Practice) to 0.27% (University Surgery)[200]. Using the national prevalence from the Adult Psychiatric Morbidity Survey (APMS) 2014 (by assuming no change in prevalence and applying it to the projected Portsmouth population), it is estimated that in 2022, 880 adults aged 16-64 years had a psychotic disorder in the past year (unless prevalence was to change then this estimate is expected to be similar up to 2030). However, psychotic disorders in the past year are expected to be an underestimate, so using the APMS 2014 probable psychotic disorders national prevalence, then there could be a further 300 (up to 1200) Portsmouth adults aged 16-64 years with a psychotic disorder.[201] [202]

Self-harm is an expression of personal distress and there are varied reasons for a person to harm themselves irrespective of the purpose of the act. There is a significant and persistent risk of future suicide following an episode of self-harm. Hospital admissions can be used as a proxy of self-harm incidence, but hospital admissions are a very small proportion of incidents of self-harm and the identification and coding of intent may be subject to recording bias. In 2020/21, the emergency hospital admissions rate for intentional self-harm for Portsmouth residents of all ages was significantly higher than England and the South East region. The 2020/21 intentional self-harm emergency admission rate for Portsmouth was significantly lower than the previous two years (2019/20 and 2018/19).[203]

Suicide is a significant cause of death in young adults, and is seen as an indicator of underlying rates of mental ill-health. Suicide is a major issue for society and a leading cause of years of life lost. Suicide is often the end point of a complex history of risk factors and distressing events, but there are many ways in which services, communities, individuals and society as a whole can help to prevent suicides. In 2018-20, Portsmouth's suicide and mortality from injury of undetermined intent directly age standardised rate (DSR) aged 10 years and over (10.3 per 100,000 population) was similar to England (10.4 per 100,000 persons aged 10+ years) and the South East region (10.1 per 100,000 persons aged 10+ years). [204]

8.17 Armed Forces personnel and veterans

The Ministry of Defence has a number of establishments in this area, with roughly 7,450 military personnel registered to Portsmouth (97% in Royal Navy/Royal Marines), as at April 2021. [205]

At the time of the 2011 Census, there were 2,396 members of the Armed Forces aged 16 years and over resident to Portsmouth: 80% were male; 203 (8%) persons identified themselves as BME (not White English/Welsh/Scottish/Northern Irish/British); 20% were aged 16-24 years, 36% aged 25-34 years, 38% aged 35-49 years and 5% aged 50+ years. However, there were 4,611 members of the Armed Forces aged 16+ years whose workplace was Portsmouth. There were 1,251 associated people

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[200] National General Practice Profiles, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 8/3/2022.
[201] NHS Digital. Adult Psychiatric Morbidity Survey, 2014 (Table 5) ONS 2018 sub-national populations projections
[202] Note: these are projections are crude estimates based on national estimated prevalence and have not been adjusted for local population differences in age structure, ethnicity, etc.
[203] Public Health Outcomes Framework, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 8/3/2022.
[204] Public Health Outcomes Framework, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 8/3/2022.
[205] Annual Locations statistics, 1 April Edition, Ministry of Defence (Tri Service). https://www.gov.uk/government/statistics/location-of-uk-regular-service-and-civilian-personnel-annual-statistics-2021 Accessed 9 March 2022.

(i.e. a spouse, same-sex civil partner, partner, child or stepchild) of a member of the Armed Forces aged 16+ years resident to Portsmouth - 20% of the associated people were economically inactive.[206]

The most robust estimates of the national veteran population are obtained from survey data from the Office for National Statistics (ONS) Annual Population Survey (APS). The APS 2017 estimates approximately 2.4 million veterans residing in Great Britain (GB) (5% of the GB adult population)—89% of whom are male and 99% of all veterans were of White ethnicity. The APS 2017 estimates 7% of Hampshire's (including Portsmouth) adult population are veterans (higher than the 5% of GB adults). APS 2017 found UK Armed Forces veterans residing in GB aged 16-64 years and aged 65+ years are significantly more likely than non-veterans to have health problems lasting or expected to last more than 12 months. GB veterans aged 16-64 years are significantly more likely than non-veterans to have arms/hands; legs/feet; and back/neck long-term health problems; whilst GB veterans aged 65 years and over are significantly more likely than non-veterans to have difficulty seeing and difficulty hearing as long-term health problems. GB veterans aged 18-64 years and 65+ years were more likely to have ever smoked (55% and 66% respectively). GB veterans aged 18-64 years who had ever smoked were significantly more likely to report suffering from chest/breathing problem compared to non-smoking GB veterans aged 18-64 years - however, this is also the case for GB non-veterans[207]. GB veterans were as likely to have bought their home (outright or with a mortgage) as non-veterans. There were 'no differences' between working age veterans and non-veterans who had a qualification (92% and 89% respectively). However, there were significant differences between working age veterans and non-veterans: where veterans are less likely to have a degree, but are more likely to have gained a qualification through work. Working age veterans were as likely to be employed as non-veterans (79% for both groups). But there were significant differences in occupation held, with veterans aged 16-34 years (when compared to non-veterans) being: more likely to work as 'process, plant and machine operatives' and less likely to work in 'professional occupations'. [208]

Locally, the H&LS 2015 found that there was an estimated 11% of the adult population aged 16+ years are veterans (of the Armed Forces or Reserve Armed Forces) - roughly 17,500 residents aged 16+ years (applying the prevalence rate to the ONS 2014-based subnational population estimates) of which approximately 84% are estimated to be aged 45 years and over (roughly 14,500 residents).[209] The local H&LS 2015 found residents who are veterans of the Armed Forces or Reserve Armed Forces have a similar pattern of behaviour to older residents aged 65+ years, which reflects the overlap between the two groups. For example, veterans are less likely than residents overall to rate their health as good/very good (62% compared with 72%), as are all residents aged 65+ years (59%). However, veterans' levels of mental wellbeing and satisfaction with life are in line with the average for residents across Portsmouth, and in line with the average for all residents aged 65+ years. Also, it is notable that veterans have a higher mean satisfaction score when it comes to their finances (7.29 compared with 6.54 for residents overall).[210]

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[206] 2011 Census: AF001, AF003, AF004, AF005. Office for National Statistics © Crown Copyright 2014

[207] Annual Population Survey: Annual Great British Veteran Report, 2017 reference tables. Defence Statistics (Health), Ministry of Defence https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/774939/20190128_-_APS_2017_Annex_A.xlsx Accessed 8 March 2022

[208] Annual Population Survey: UK Armed Forces Veterans residing in Great Britain, 2017 bulletin. Ministry of Defence https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/774937/20190128_-_APS_2017_Statistical_Bulletin_-_OS.pdf Accessed 8 March 2022

[209] Portsmouth Health & Lifestyle Survey 2015, Ipsos MORI for Portsmouth City Council.

[210] Ipsos MORI Summary Report of findings for Portsmouth City Council. Health and Lifestyle Survey, 2015 via Portsmouth JSNA.

8.18 Prison health

Since the closure of HMP Kingston in 2013, there are now no prisons in Portsmouth.

8.19 Autistic spectrum conditions

Autism is a lifelong developmental disability that affects how people perceive, communicate and interact with others, although it is important to recognise that there are differing opinions on this and not all autistic people see themselves as disabled.[211]

One of the 6 key themes of the national strategy for children, young people and adults is: improving autistic children and young people's access to education, and supporting positive transitions into adulthood[212]. Schools are acutely aware of children who have particular difficulties in learning and the school census covers all pupils enrolled in state-funded primary, secondary or special schools. The extent to which children are assessed in relation to SEN has changed recently. At present, nationally, not all of the pupils recognised as autistic will have been formally assessed outside the school [213]. In 2020, there were 414 children with Autism known to schools in Portsmouth, which as a rate (15.5 per 1,000 school age pupils) is significantly lower than England, the South East region and Southampton. [214]

A local estimate of the prevalence of autistic spectrum disorders (ASD) in adults in Portsmouth was produced using national prevalence estimates derived from the Adult Psychiatric Morbidity Survey (APMS) 2014, which combined data from APMS 2014 with data from the previous APMS 2007. APMS 2014 found that ASD was associated with level of educational qualification, with rates being higher among people with no qualifications; and People with ASD appeared to be no more likely than other adults to make use of treatment or services for mental or emotional problems[215]. The APMS 2014 found 1.5% of males and 0.2% of females, averaged for all ages, are estimated to have ASD. However, prevalence of ASD is estimated to be higher in younger adults aged 16-34 for both males and females (2.6% and 0.6% respectively). By applying these national adult age and gender specific ASD prevalence estimates crudely to the estimated adult population in Portsmouth, it is estimated that in 2022 between 700 and 4,330 adults in Portsmouth have ASD and that by 2030 this will increase to between 740 and 4,590 people. (Table 6). [216]

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[211] National strategy for autistic children, young people and adults: 2021-2026 https://www.gov.uk/government/publications/national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026/the-national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026 accessed 10 March 2022

[212] National strategy for autistic children, young people and adults: 2021-2026 https://www.gov.uk/government/publications/national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026/the-national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026 accessed 10 March 2022

[213] Learning disabilities profile, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 10/3/2022.

[214] Learning disabilities profile, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 10/3/2022.

[215] Brugha T, Cooper SA, Gullon-Scott FJ, Fuller E, Ilic N, Ashtarikiani A, Morgan Z. (2016) 'Chapter 6: Autism' in McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital.

[216] Note: these local estimates are based on crude national prevalence rates and have not been adjusted for local differences in additional risk factors e.g. educational attainment

Table 6 Estimated number of adults with autism-spectrum disorders, Portsmouth, 2022 to 2030.

Estimated number of adults with autism spectrum disorders (ASD) Portsmouth, 2022, 2025 and 2030									
	2022			2025			2030		
Age band (years)	Estimated no.	Lower estimate	Upper estimate	Estimated no.	Lower estimate	Upper estimate	Estimated no.	Lower estimate	Upper estimate
16-34	1,220	500	2,970	1,240	500	3,010	1,270	530	3,150
35-54	60	20	260	60	20	260	60	20	270
55-74	390	170	880	400	180	900	410	180	900
75+	50	10	220	50	10	230	60	10	280
Total	1,730	700	4,330	1,760	710	4,400	1,810	740	4,590

Sources:
(1) Table 6: Estimated national prevalence of ASD (combined Adult Psychiatric Morbidity Survey (APMS) 2007 and 2014), by age and sex, Adult Psychiatric Morbidity Survey (APMS) 2014, NHS Digital Copyright © 2016, HSCIC.
(2) SNPP Z1: 2018-based Subnational Population Projections. Local Authorities in England, mid-2018 to mid-2043, ONS.

8.20 Dementia

In May 2021, in Portsmouth there were 1,370 patients aged 65 and over, on the dementia register (4.1% of registered patients aged 65 years and over compared with 3.9% in England). The range at Practice level was from 4.8% of patients registered with Craneswater Group practice to 2.8% at North Harbour Medical Group (excluding Guildhall Walk Healthcare Centre and the University Practice)[217]. 97% of all dementia registrations are people aged 65 and over. In December 2020, there were 46 Portsmouth patients aged under 65 years on the dementia register (2.33 per 10,000 compared to 3.05 per 10,000 in England). [218]

Portsmouth's prevalence of dementia aged 65 years and over has not changed significantly between years (4.7% in May 2017; 4.6% in May 2018; 4.5% in May 2019 and 4.2% in May 2020). However, NHS Digital has noted that from 2020 data onwards COVID-19 has led to unprecedented changes in the work and behaviour of General Practices and as a result this data will be impacted.

In 2018/19, Portsmouth's crude rate of newly diagnosed dementia registrations is 10.4 per 1,000 patients registered aged 65+ years (342 patients newly diagnosed with dementia) is similar to the England rate (11.4 per 1,000 patients registered aged 65+ years). [219]

Modelled prevalence suggests that in 2022, it is estimated that approximately 2,260 people[220] aged 65+ years have dementia in Portsmouth. With an ageing population, by 2025 and 2035 the number of

[217] Recorded dementia diagnosis summaries https://digital.nhs.uk/data-and-information/publications/statistical/recorded-dementia-diagnoses Accessed June 2021.
[218] National General Practice Profiles, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 8/3/2022.
[219] Dementia Profile, Public Health England. https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia Accessed 1 June 2021 via Portsmouth JSNA
[220] Please note that these are very rough estimate of simply applying the national prevalence estimates to the estimated population for those age groups. It does not take into effect other possible risk factors which might impact on the estimated prevalence.

people aged 65+ years with dementia is predicted to increase by 7% (about an additional 150 people (2,390 in total)) and 32% (approximately an additional 720 people (2,960 in total)), respectively.[221]

There are about 770 fewer people on GP dementia registers than is predicted by national prevalence estimates for our registered population. However, most Practices have registered numbers of patients sufficient to almost equal the numbers predicted to have moderate or severe dementia. Part of the national Dementia Strategy is to encourage people to seek early diagnosis when experiencing the signs of mild dementia. The Portsmouth estimated diagnosis rate[222] in 2020 was 68.0%, which is similar to the national benchmark (66.7%) and similar to the England and Southampton rates (67.4% and 66.8% respectively).[223] However, comparing the May 2021 recorded prevalence to the dementia prevalence estimates[224] used by the Projecting Older People Population Information System (POPPI) indicates there are about 980 fewer people on GP dementia registers. [225]

The leading cause death[226] for Portsmouth residents in 2020 (and since 2015 for persons of all ages was Dementia and Alzheimer's disease (213 deaths; 12% of all deaths). For Portsmouth females, the leading cause of death in 2020 remained as Dementia and Alzheimer's disease (142 deaths; 17% of all female deaths). For Portsmouth males, Dementia and Alzheimer's disease was the fourth leading cause of death (71 deaths; 8% of all male deaths). The leading cause of death is usually age and gender dependent; for both males and females in Portsmouth, Dementia and Alzheimer's disease was the leading cause of death in aged 85 and over each year from 2014 to 2020. Dementia and Alzheimer's disease was also the leading cause of death for females aged 75-84 years, each year from 2014 to 2020, except in 2016 where Cerebrovascular diseases (stroke) was the leading cause of death. For females in 2014-19 (6 years pooled), in each five-year age group from 80-84 to 85-89 years as well as those aged 90 years and over, Dementia and Alzheimer's disease was the leading cause of death - for males in 2014-19, Dementia and Alzheimer's disease was also the leading cause of death in aged 85-89 years as well as those aged 90 years and over. [227]

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[221] Projecting Older People Population Information System. www.POPPI.org.uk accessed June 2021 via Portsmouth JSNA

[222] The rate of persons aged 65 and over with a recorded diagnosis of dementia per person estimated to have dementia given the characteristics of the population and the age and sex specific prevalence rates of the Cognitive Function and Ageing Study II, expressed as a percentage with 95% confidence intervals. Significance is determined by the non-overlapping of confidence intervals with the 66.7% benchmark.

[223] Dementia Profile, Public Health England. https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia Accessed June 2021 via Portsmouth JSNA

[224] Recorded dementia diagnosis summaries https://digital.nhs.uk/data-and-information/publications/statistical/recorded-dementia-diagnoses Accessed June 2021. via Portsmouth JSNA

[225] Projecting Older People Population Information System. www.POPPI.org.uk accessed June 2021

[226] The cause of death groups used are based on a list developed by the World Health Organization (WHO), modified for use in England and Wales by ONS - the list used is based on ONS revised 2016 list. It was modified in 2016 for use on 2015 mortality data. Minor changes were made in 2017 to ensure mutual exclusivity between groupings. This involved the removal of meningitis and meningococcal diseases (A39), sepsis due to haemophilus influenzae (A41.3), rabies (A82), certain mosquito-borne diseases (A83) and yellow fever (A95) from the vaccine preventable diseases grouping.

COVID-19 is a new novel disease since March 2020, therefore has been added as an addition to the 2016 list.

[227] Civil Registration Data via Primary Care Mortality Database (PCMD), Copyright ©2021, re-used with the permission of HSCIC. All rights reserved. Accessed via JSNA Portsmouth www.jsna.portsmouth.gov.uk

In 2019, the dementia (directly age-standardised) mortality rate aged 65 and over in Portsmouth was 1,026 per 100,000 population, which was significantly higher than England and similar to Southampton (849 and 927 per 100,000 population, respectively). [228]

8.21 Learning disabilities

Schools are acutely aware of children who have particular difficulties in learning and the school census covers all pupils enrolled in state-funded primary, secondary or special schools. The extent to which children are assessed in relation to SEN has changed recently. At present, nationally, not all of the pupils recognised as moderate learning difficulty will have been formally assessed outside the school [229]. In 2020, there were 890 children with moderate learning difficulties known to schools in Portsmouth, which as a rate (33.4 per 1,000 school age pupils) is significantly higher than England. In the same year, there were 97 children with severe learning difficulties and 41 children with profound and multiple learning difficulties known to schools in Portsmouth, which as a rate (3.6 and 1.5 per 1,000 school age pupils respectively) are both similar to England. [230]

In 2020/21, there were 1,279 registered patients of all ages recorded with learning disabilities on GP practice registers (0.6% of all registered patients compared to 0.5% in England). The range at GP practice level was from 0.8% of registered patients at Portsdown Group Practice to 0.3% at Trafalgar Medical Group Practice (excluding The University practice).[231]

In 2019/20, 500 Portsmouth adults aged 18+ years with learning disability received long-term support from Adults Social Care which as a rate was significantly lower than England. This was a decrease of roughly 80 Portsmouth clients compared to 2018/19.

In 2018/19, 608 Portsmouth residents aged 14 years and over with learning disability received a GP health check - this was 54.7% of all eligible adults (out of those registered by their GP as having a learning disability) which was higher, but not significantly, than England (52.3%).[232]

People with learning disabilities are at increased risk of social exclusion. Two national priorities aim to reduce this risk by improving their outcomes in terms of settled accommodation and employment. In 2020/21, 83.2% (55.0% in 2019/20) of Portsmouth adults aged 18+ years with a learning disability known to Adult Social Care were in stable and appropriate accommodation (significantly higher than the percentage for England and the South East region) [233]. In 2020/21, the employment rate of Portsmouth adults aged 18-64 years with a learning disability known to Adult Social Care was 3.9% (this was lower than the percentage for England and the South East region). [234]

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[228] Dementia profile, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 22/2/2022.
[229] Learning disabilities profile, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 10/3/2022.
[230] Learning disabilities profile, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 11/3/2022.
[231] National General Practice Profiles, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 11/3/2022.
[232] Learning disabilities profile, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 11/3/2022.
[233] Learning disabilities profile, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 11/3/2022.
[234] HSCIC Adult Social Care Outcomes 2020/21 https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascof/england-2020-21 1E Accessed 11 March 2022 via Portsmouth JSNA: www.jsna.portsmouth.gov.uk.

In 2019/20, the percentage point gap in the employment rate of Portsmouth adults aged 18-64 years with a learning disability known to Adult Social Care and the overall employment rate had increased to 70.7% (65.7% in 2018/19), which is similar to England (70.6%). Nationally this gap has increased annually since 2011/12. [235]

In 2016/17, Adult Social Care provided a service in the community for 449 people with a learning disability aged 18+ years (2.7 per 1,000 residents aged 18+ years). The highest number and rate of clients receiving services in the community were in Hilsea ward (5.0 clients per 1,000 resident population aged 18+ years) in the North locality, followed by Fratton (3.6 clients per 1,000 resident population aged 18+ years) in the Central locality and Eastney and Craneswater (3.5 clients per 1,000 resident population aged 18+ years) in the South locality. [236]

8.22 Carers

At the time of the 2011 Census, over 17,000 people of all ages (8.4% of total population) stated that they provided unpaid care - over 4,000 provided 50 or more hours of unpaid care per week. [237] About 1 in 10 people (n=6,644) in the North of the city are unpaid carers and over 1,600 people provide 50 hours or more of unpaid care. The Central and South localities had 8.3% and 7.1%, respectively, of residents providing unpaid care. (Figure 37)

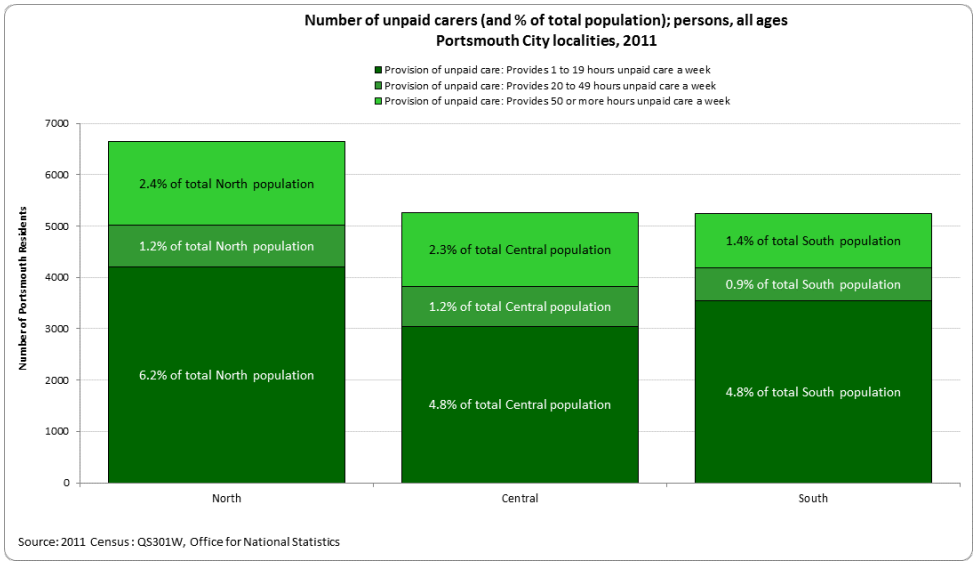

Figure 37. Number of unpaid carers (and percentage of total population); persons, all ages, Portsmouth City UA localities, 2011 Census.

The H&LS 2015 found that 21% of residents provide unpaid care (27% in the North locality which is significantly higher than the Central locality - 16%) and support to someone else because of a long-term health condition, disability or problems related to old age. For one in twenty (five per cent) of residents, this consists of 20 or more hours of unpaid care a week. Being a carer is more common among council/social housing tenants (36%) and those aged 55-64 years (29%). Carers are also likely to have lower levels of life satisfaction and poorer mental wellbeing. This may reflect their greater tendency to be council/social housing tenants or aged 55-64 years, as these two groups also have

[235] Public Health Outcomes Framework, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 11/3/2022.
[236] Short- and Long-Term Support (SALT) database, Portsmouth City Council via Portsmouth JSNA: www.jsna.portsmouth.gov.uk.
[237] 2011 Census: QS301EW, Office for National Statistics.

lower levels of mental wellbeing. Carers who took part in this survey are less likely than non-carers to say they have good health (62% compared with 75%) and are more likely than non-carers to have a low SWEMWBS mental wellbeing score (19% compared with 9%) and to be smokers (25% compared with 14%).[238]

In November 2020, 2,875 (140 more than in November 2019) residents aged 16+ years claimed Carer's Allowance. This equates to 16.4 per 1,000 residents aged 16+ years. The highest number of claimants are in Paulsgrove MSOA (294 claimants, 48.4 per 1,000 residents aged 16+ years), which is in the North locality, followed by the Buckland MSOA (277 claimants, 45.2 per 1,000 aged 16+ years), which is in the Central locality. [239]

In 2020/21, Adult Social Care provided support to about 1,155 carers (including about 5 carers receiving 'Respite or Other Forms of Carer Support delivered to the cared-for person') - similar in number to 2019/20 (1,175 carers although that includes 200 carers receiving 'Respite or Other Forms of Carer Support delivered to the cared-for person'). [240]

The national survey of carers is carried out biennially. The 2018-19 postal survey of local carers aged 18+ years receiving services from Social Services was carried out in October/November 2018. The carers' survey found that, locally, 68.9% of people being cared for were aged 65+ years (65.8% in England). The three main reasons for caring for someone were physical disabilities (54.2%), dementia (36.3%) and long-standing illness (38.5%). High levels of the person being cared for had not accessed available services eg short-notice/in an emergency respite (86.0% not accessed), a break for more than 24 hours (86.8% not accessed), sitting service (72.6% not accessed), personal assistant (91.3%), home care/home help (72.1%), day centres or day activities (82.1%), lunch club (97.5%), meals services (95.6%), Lifeline Alarm (79.8%). Home equipment or adaptations (48% accessed) was most likely to have been accessed. Over half of all carers in Portsmouth themselves had at least one type of physical or mental health problem (38.8% had none). 47.5% of local carers (50.1% in England) had some social contact with people but said it was not enough; 13.8% felt socially isolated (17.4% in England). [241]

8.23 People threatened with homelessness

Homelessness is associated with severe poverty and is a social determinant of health. It often results from a combination of events such as relationship breakdown, debt, adverse experiences in childhood and through ill health. Homelessness is associated with poor health, education and social outcomes, particularly for children. The Homelessness Reduction Act (HRA) introduced new homelessness duties which meant significantly more households are being provided with a statutory service by local housing authorities than before the Act came into force in April 2018. [242]

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[238] Ipsos MORI Summary Report of findings for Portsmouth City Council. Health and Lifestyle Survey, 2015 via Portsmouth JSNA.

[239] Department for Work and Pensions, Nov 2020. https://stat-xplore.dwp.gov.uk (Claimant numbers) Accessed 11 March 2022. Rates calculated using ONS mid-2020 small area population estimates.

[240] HSCIC Adult Social Care Activity and Finance Report, England - 2019/20 and 2020/21 https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report Accessed 11 March 2022

[241] Personal Social Services Survey of Adult Carers in England, 2018-19. NHS Digital. https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-survey-of-adult-carers/england-2018-19 Accessed 11 March 2022

[242] Public Health Outcomes Framework, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 11/3/2022.

The HRA introduced new prevention and relief duties, that are owed to all eligible households who are homeless or threatened with becoming homeless, including those single adult households who do not have 'priority need' under the legislation. In 2020/21, Portsmouth had 1,986 households owed a prevention or relief duty under the Homelessness Reduction Act, which as a rate (22.0 per 1,000 households) was significantly higher than England (11.3 per 1,000 households), the South East and Southampton. [243]

Young people experiencing homelessness are extremely vulnerable, and face complex and compounding challenges. Of the 1,986 households in Portsmouth owed a duty under the HRA, the main applicant was aged 16-24 years for 392 households - as a rate this is also significantly higher than England, the South East and Southampton. [244]

In recent years, nationally, there has been a significant increase in homelessness experienced by older people. Households are increasingly living in the growing private rented sector, and loss of assured shorthold tenancy is the main cause of statutory homelessness. Many older households also live in poverty. Of the 1,986 households in Portsmouth owed a duty under the HRA, the main applicant was aged 55 years and over for 184 households - as a rate this is also significantly higher than England, the South East and Southampton. [245]

The UN Convention on the Rights of the Child highlights the right of every child to an adequate standard of living. Of the 1,986 households in Portsmouth owed a duty under the HRA, 482 households include one or more dependent children - as a rate this is also significantly higher than England, the South East and Southampton. [246]

In addition, as a result of the HRA, local authorities must provide temporary accommodation for households in a number of circumstances, which might include pending the completion of inquiries into an application, or they might spend time waiting in temporary accommodation after an application is accepted until suitable secure accommodation becomes available. The Public Accounts Committee's December 2017 report, Homeless Households, observed that temporary accommodation is often of a poor standard and does not offer value for money. In 2020/21, Portsmouth had 144 households in temporary accommodation, which as a rate (1.6 per 1,000 households) was significantly lower than England (4.0 per 1,000 households) and the South East region; but similar compared to Southampton. [247]

Local authorities across England take an autumn single night snapshot of people sleeping rough[248]. They either use a count-based estimate of visible rough sleeping, an evidence-based estimate meeting

[243] Public Health Outcomes Framework, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 11/3/2022.
[244] Wider determinants of Health, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 11/3/2022.
[245] Wider determinants of Health, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 11/3/2022.
[246] Wider determinants of Health, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 11/3/2022.
[247] Public Health Outcomes Framework, Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk © Crown copyright 2022. Date accessed 11/3/2022.
[248] People sleeping rough are defined as follows: People sleeping, about to bed down (sitting on/in or standing next to their bedding) or bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments). People in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or 'bashes' which are makeshift shelters, often comprised of cardboard boxes).

with local agencies or an evidence-based estimate meeting including a spotlight count. As well as the Covid-19 pandemic, there are other factors that can affect the number of people who sleep rough on any given night. For example, the availability of night shelters, the weather, where people choose to sleep and the date and time chosen for the snapshot estimate. In Autumn 2021, it was estimated that there were 24 people sleeping rough, which was lower than the estimated 29 people sleeping rough in 2020. Both 2020 and 2021 were evidence based estimates, whereas the most recent count in 2019 found 26 people sleeping rough. In 2021, it was an evidence-based estimate following consultation with the Voluntary sector, Police, Outreach workers and Drug & alcohol treatment teams; but Faith groups, Mental health agencies, Substance misuse agencies and local residents/businesses were not consulted.[249]

8.24 Gypsies and travellers

At the time of the 2011 Census, there were 85 people identifying themselves as White: Gypsy or Irish Traveller (less than 1% of the total population). [250] Also, the latest ethnicity data from the January 2021 school pupil census, identifies 30 pupils as 'White: Gypsy/Roma' resident to Portsmouth.[251]

Although not necessarily ethnic gypsies and travellers, as at July 2021, there were neither authorised nor unauthorised traveller caravans in Portsmouth.[252]

The 2018 Portsmouth City Council Gypsy, Traveller and Travelling Showpeople Accommodation Assessment (GTAA) sought to understand the accommodation needs of the Gypsy, Traveller and Travelling Showpeople population in the study area through a combination of desk-based research, stakeholder interviews and efforts to engage with members of the Travelling Community. However, the report found that despite all the efforts that were made during the course of the GTAA, no households were identified to interview living in bricks and mortar, despite a small number of households being identified in the 2011 Census. The 2018 assessment concluded that there is no current or future need for additional pitches or plots in Portsmouth over the GTAA period to 2036. [253]

9 Potential future need

9.1 Major developments

As the local planning authority, Portsmouth City Council is creating a new Local Plan that will set out where we build new homes, opportunities for local jobs and the facilities we need, and how we protect our environment and deliver the high-quality spaces we want to see.

The Council is currently in the process considering all the responses received to the draft new Local Plan consultation ('regulation 18' stage) that ran from the 17th of September to the 31st of October

[249] Annual Rough Sleeping Snapshot in England: autumn 2021, MHCLG Annual Rough Sleeping Snapshot: https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2021 Accessed 11 March 2022

[250] 2011 Census: QS211EW, Office for National Statistics.

[251] Department for Education Statistical First Release Schools, Pupils and their Characteristics: January 2021. © Crown Copyright via Portsmouth JSNA: www.jsna.portsmouth.gov.uk.

[252] Tables 1 and 3: Count of Traveller Caravans, Department for Levelling up, Housing and Communities. https://www.gov.uk/government/statistics/traveller-caravan-count-july-2021 Accessed 11 March 2022

[253] Gypsy and Traveller Accommodation Assessment (GTAA), Final Report November 2018, Portsmouth City Council: https://www.portsmouth.gov.uk/wp-content/uploads/2020/05/development-and-planning-portsmouth-gypsy-and-traveller-needs.pdf Accessed 11 March 2022

2021. The document presented the draft approach to the sustainable development of Portsmouth, indicating what type of development can happen and where, guided by a number of draft policies.

Significant levels of development are proposed for the plan period, with an anticipated minimum of 17,701 new homes between 2020-2038.

The plan identifies strategic sites with the potential to deliver 11,112 homes by 2038 and a further 697 homes after this. This is currently allocated to the following sites, but will likely be subject to change:

- City Centre **4,605**
- St James' and Langstone Campus **436**
- Tipner **4,081**
- Cosham **740**
- Fratton Park / Pompey Centre **750**
- Lakeside Northharbour **500**

(see below Figure 38: Portsmouth Local Plan Draft Development Strategy, see pg. 26 Portsmouth Local Plan 2038).

The remainder will be provided on much smaller quantums, scattered across the city, with a very small contribution from student accommodation and other residential accommodation such as care homes.

Figure 38: Portsmouth Local Plan Draft Development Strategy, see pg. 26 Portsmouth Local Plan 2038

For the purposes of this PNA, it is unlikely that much of the proposed development will be built within the next 3-5 years, although housing proposals at St James' and Langstone Campus are relatively well progressed, with early proposals for City Centre North now underway. Planning permission for 1,090 homes has already been granted and new planning applications considered as major development will identify and address pharmacy needs through the planning process and the requirement for Health Impact Assessments.

10 GP extended opening

Plans are being developed for a new extended access offer from October 2022, based on:

- PCNs providing bookable appointments outside core hours within the Enhanced Access period of 6.30pm-8pm weekday evenings and 9am-5pm on Saturdays;
- utilising the full multi-disciplinary team;
- and offering a range of general practice services, including 'routine' services such as screening, vaccinations and health checks, in line with patient preference and need.

PCNs will also be able to provide a proportion of Enhanced Access outside of these hours if they wish, for example early morning or on a Sunday, where this is in line with patient need locally and it is agreed with the commissioner.

Any potential increase in demand for pharmaceutical services as a consequence of extended GP opening is expected to be met within existing provision.

11. Gaps in provision

11.1 Necessary services

The HWB consider the location, number, distribution and choice of pharmaceutical services serving the Portsmouth residents to meet the needs of the population. In particular, this is based on:

• The total Portsmouth population is within a 1.6km straight line distance of a community pharmacy.

• A good geographical spread of community pharmacies across all three localities in the city and within communities experiencing greatest deprivation.

• There are 17.2 community pharmacies per 100,000 Portsmouth population, which is slightly higher than the average for Hampshire and the Isle of Wight (HIOW) ICS and is broadly in line with national averages and is broadly in line with national averages.

• Over 99% of the Portsmouth population are within a 20-minute walk of a community pharmacy.

• Good access through opening hours from early morning, through lunchtimes and late into the evening as well as weekend opening.

• All pharmacies provide the full range of essential pharmaceutical services

• There is good provision of advanced services across the city.

• A large proportion of community pharmacies providing a non-NHS delivery service to residents, including housebound patients.

• There will not be substantial changes in population areas, nor major development, which can be anticipated during the three-year lifespan of this PNA, which would warrant the need for additional pharmaceutical services. Smaller changes would be managed by existing providers.

11.2 Improvements and better access

The HWB consider that there is currently no identified need for improvements and better access to pharmaceutical services in Portsmouth. In particular, this is based on:

• A distance selling pharmacy, four 100-hour pharmacies, supplementary hours in other Portsmouth community pharmacies, as well as provision in a neighbouring HWB area, provide improvements and better access which meets the needs of Portsmouth residents.

• This current provision is expected to continue to meet any increase in need as a result of further increase in extended hours of opening by GP practices or known planned developments.

• There is good provision of advanced services across the city.

• There are a range of enhanced and locally commissioned services delivered in the city. Pharmacies accredited to deliver these services have good geographical spread across the localities within Portsmouth.

12 Conclusion

The HWB has considered the demographic and health needs (section 8), and pharmaceutical provision (sections 5 and 6) in Portsmouth and concludes:

• The current need for pharmaceutical services is met by the existing providers on the pharmaceutical list.

• There will not be substantial changes in population areas, nor major development, during the three-year lifespan of this PNA, which would warrant the need for additional pharmaceutical services. Smaller changes would be managed by existing providers.

• There is good coverage across the city of Advanced, Enhanced and locally commissioned services in place.

• Despite consolidations and changes in provision and extended hours in the last three years which have reduced the availability of pharmaceutical services, we still believe that there is a good range of pharmaceutical services provided in the city. However, further reductions in provision of services could require an updated assessment of the needs of the local population.

• That there are no identified specific improvements or better access that could be met by an additional pharmaceutical services provider at this time. Future improvements could be met by the current pharmaceutical service providers.

Appendix A: Maps showing weekday and weekend community pharmacies opening hours for accessing pharmaceutical services in Portsmouth as at 1st August 2022.

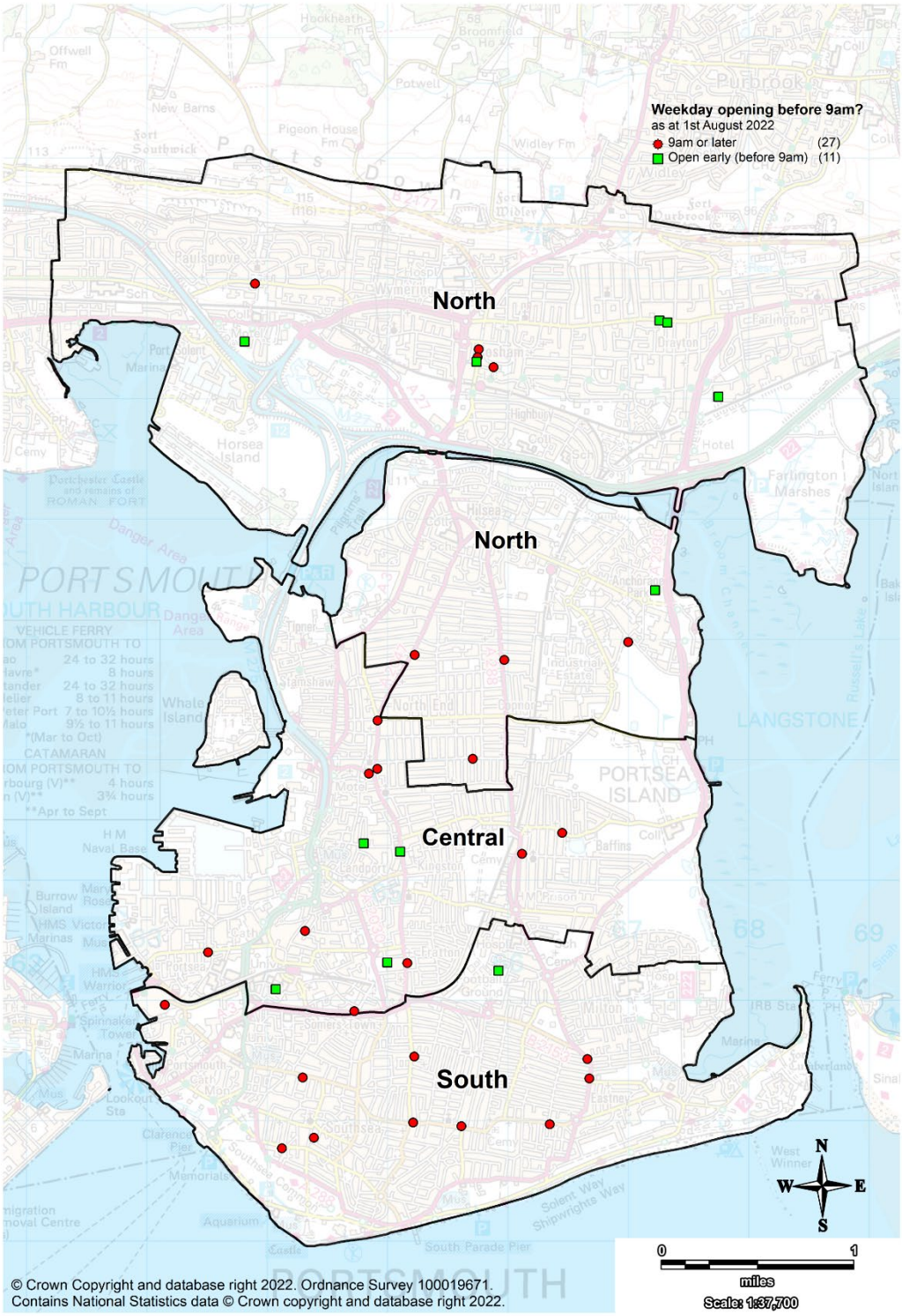

Figure 39. Map of weekday morning opening times for community pharmacies in Portsmouth, as at 1st August 2022.

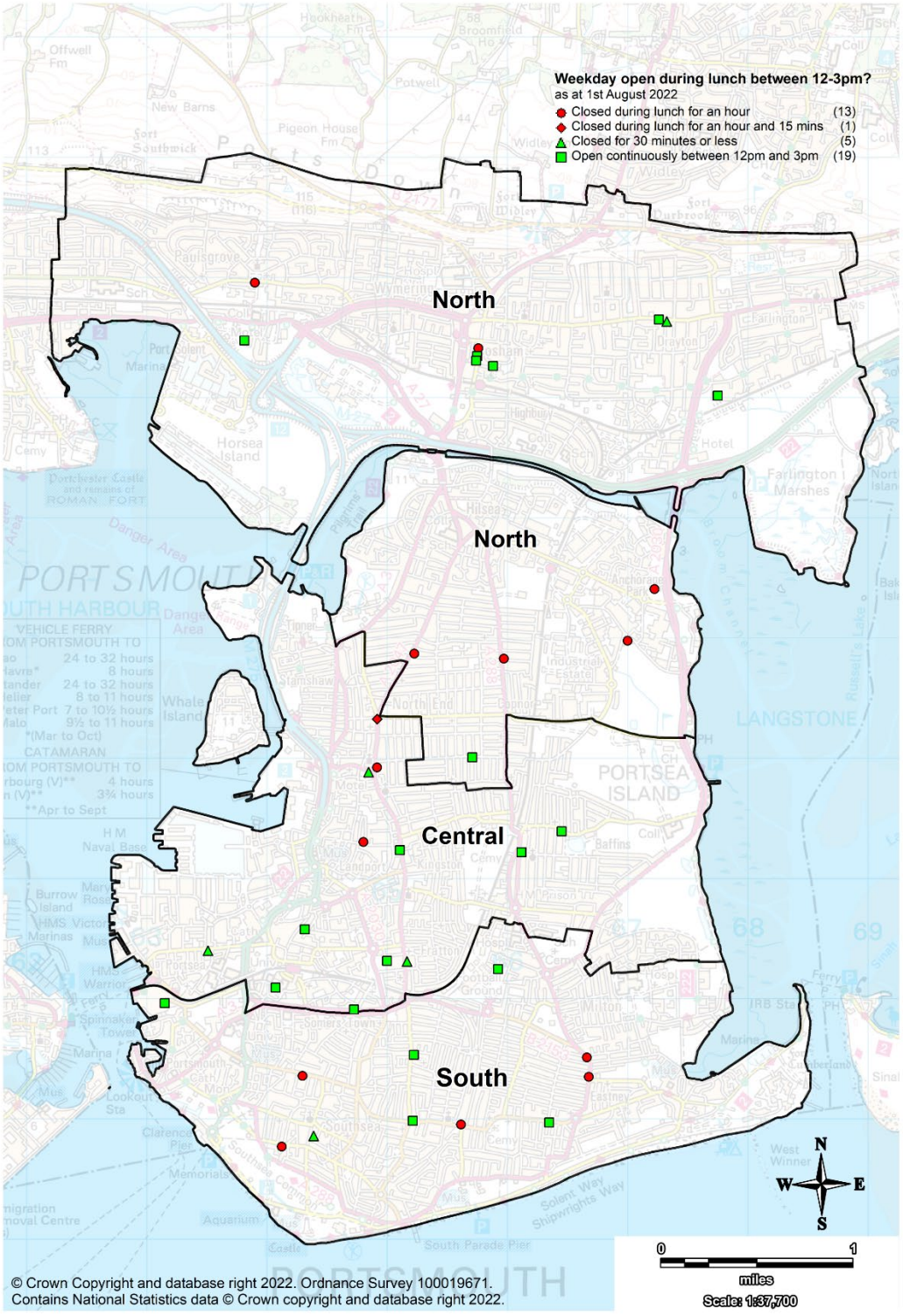

Figure 40. Map of weekday lunch time opening times for community pharmacies in Portsmouth, as at 1st August 2022.

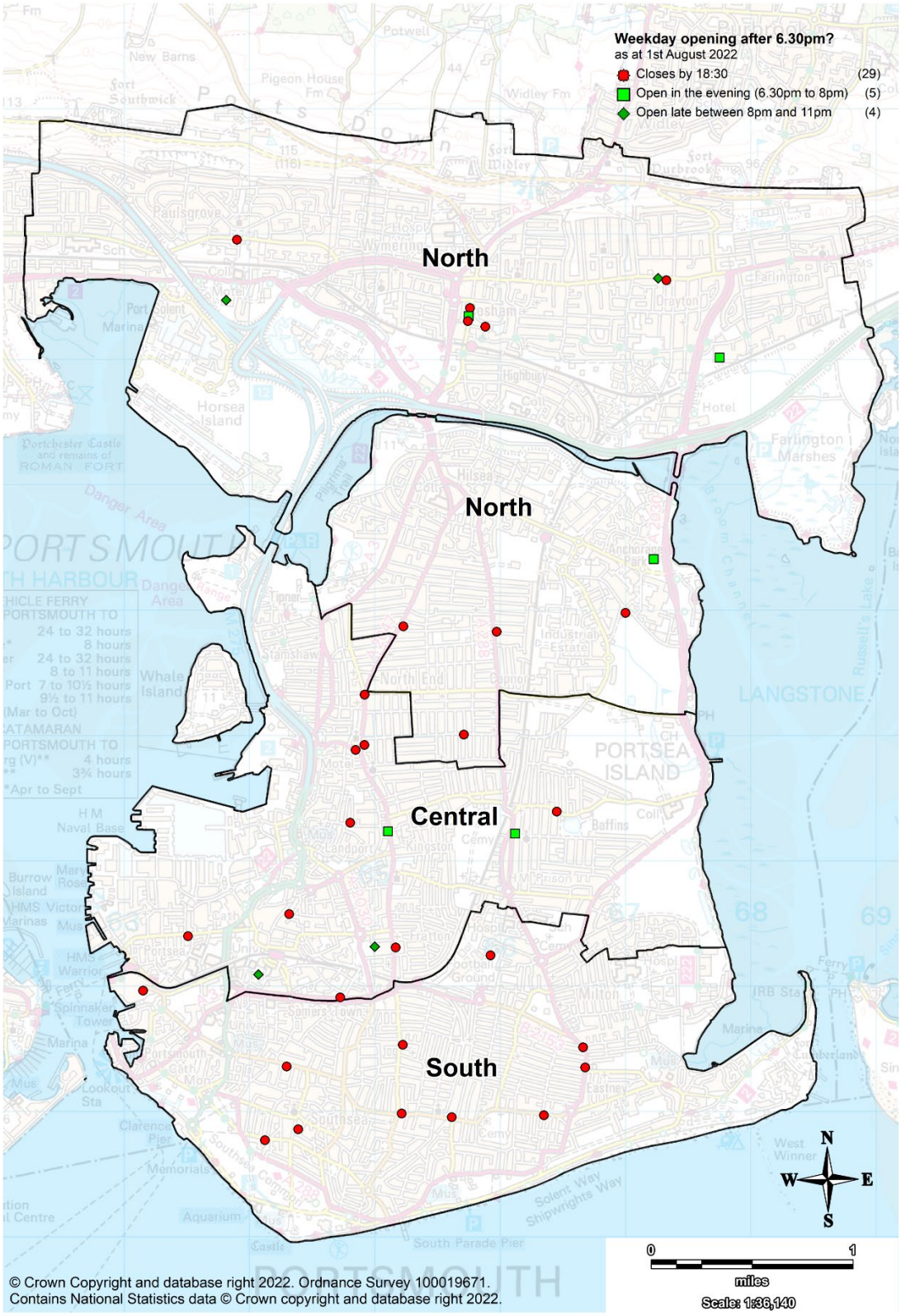

Figure 41. Map of weekday evening opening times for community pharmacies in Portsmouth, as at 1st August 2022.

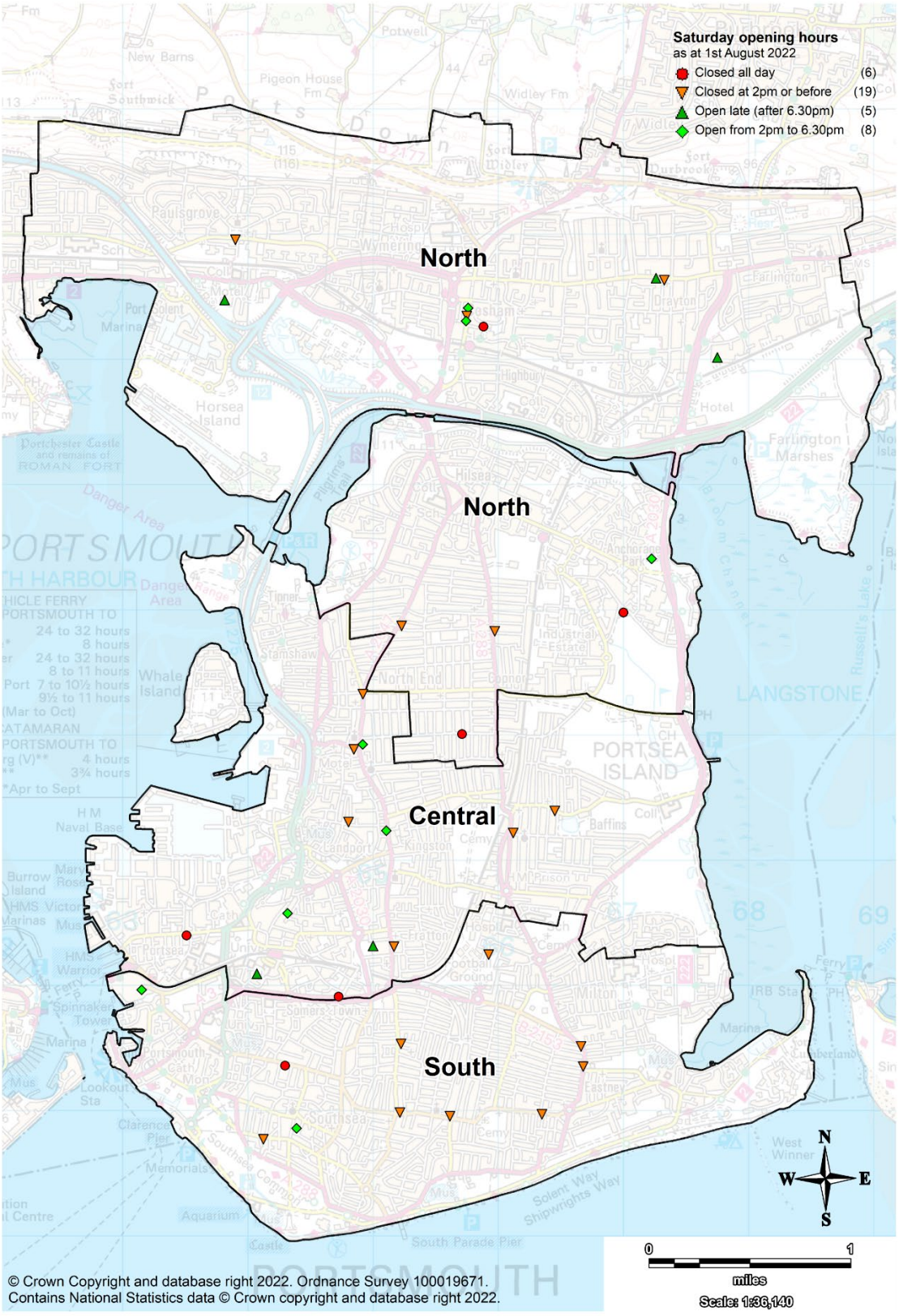

Figure 42. Map of Saturday opening times for community pharmacies in Portsmouth, as at 1st August 2022.

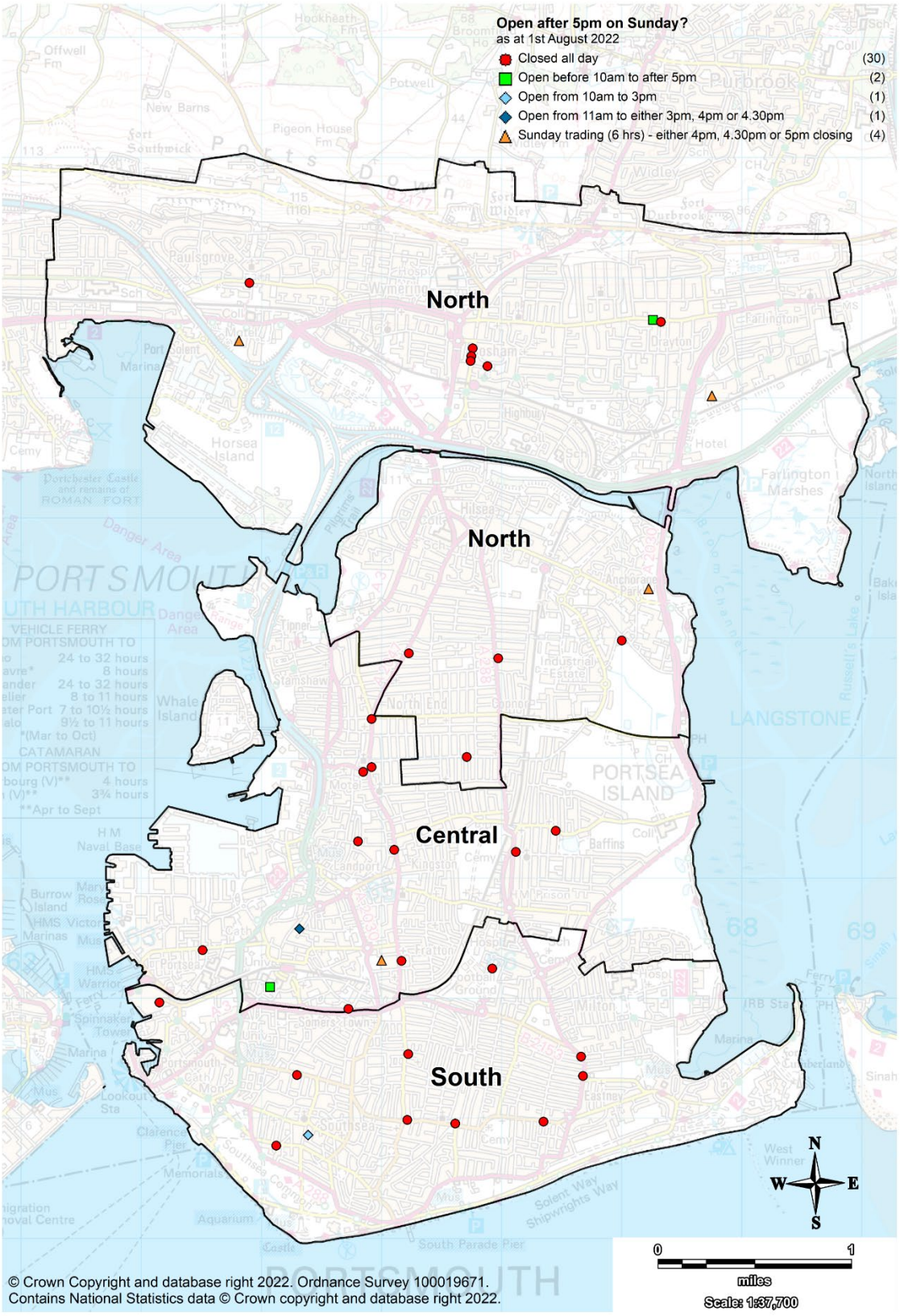

Figure 43. Map of Sunday opening times for community pharmacies in Portsmouth, as at 1st August 2022.