

Director of Public Health Annual Report:  
Portsmouth Population Health Summary 2021/22

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## 1. Executive Summary

This Public Health Annual Report sets out the key demographic and health characteristics of Portsmouth in 2021/22. Portsmouth is unique as a city in which the majority of the population live on Portsea Island. The 2021 CMO annual report focusses on coastal communities. As well as acknowledging the ways in which residents in communities like Portsmouth gain from living close to the sea, the report describes the stark inequalities coastal communities often face. This report summarises how those challenges are experienced by residents in Portsmouth.

This report also provides a baseline position to inform our recovery plans as we move out of acute phase of the pandemic and begin 'Living With Covid'. We do not yet know the full impact of Covid-19 on our city, and much of our data about the characteristics and health of our population predates Covid-19. However what we do know, and what the last 2 years have highlighted further, is the extent to which the circumstances of people's lives shape the health outcomes they experience. The full report describes what we know about our population in more depth but some of the key points to highlight are as follows:

**Population:** Portsmouth is a young city with a comparatively high proportion of people aged 20-24. It is also an ageing population, with most of the growth projected over the next 20 years being among those aged 65+.

**Life expectancy:** Life expectancy in Portsmouth is shorter than England and there are significant inequalities within Portsmouth. A man born in Portsmouth's most deprived areas can, on average, expect to live 9 years fewer than one born in the least deprived parts of the city. Men and women in

the city can expect to live 62 years in good health, but this varies by 15 years for men and 14 years for women between more and less deprived areas. The likelihood of dying prematurely (before 75) in Buckland, City Centre and Somerstown is twice as high as in England. This is driven by causes such as cardiovascular disease, stroke, heart disease, cancer, liver and respiratory disease.

**Deprivation:** Portsmouth is ranked 59<sup>th</sup> of 326 local authorities for deprivation, where 1 is the most deprived. Even before the cost of living crisis, nearly 8,000 children were in relative low-income families (before housing costs), including more than 1 in 3 children in Charles Dickens Ward. And over 6,500 people aged over 60 are estimated to live in income-deprivation. While employment rates are similar to England, the proportion of economically active people claiming unemployment has increased due to the impact of Covid-19 and is significantly higher than in England or the South East. Particular communities such as Paulsgrove have been highlighted in recent reports as being extremely vulnerable to poor health outcomes.

**Long term conditions:** Many Portsmouth residents experience one or more long term health conditions that limit their daily activity, including hypertension, diabetes and COPD. Prevalence increases with age. In 2021, 13% of patients registered with Portsmouth GPs reported having a long-term mental health problem, which would equate to 23,000 residents aged 16+.

**Risk factors and behaviours:** Lifestyle factors and behaviours, including smoking, being overweight or obese, poor diet and lack of physical activity, are also closely linked to having a high co-morbidity of three or more health conditions. 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. 14% of Portsmouth adults are estimated to be current smokers but this is significantly higher in council/social housing (41%), in routine and manual occupations (27%), and in those with a longer term mental health condition (37%), for example.

**Wider Determinants:** People who have good quality and secure jobs and housing in the communities where they have families and social networks stay healthier, feel happier and live longer. In order for them to secure work, homes and relationships, they need a good start in life, support when they have problems, and care when they need it. This report does not seek to describe all of these factors as they apply to Portsmouth, much of which is addressed in the city's Health and Wellbeing Strategy. However the context of health determinants is important in considering many of the issues elsewhere in this report, and examples of particular challenges Portsmouth faces are included.

**Covid impact:** Almost everyone in Portsmouth will know someone who recorded a positive Covid test at some point during the pandemic, or did so themselves, while everyone has been impacted in different ways by the policies introduced in response. Significant numbers of people suffered severe health outcomes resulting in hospitalisations and, sadly, hundreds of deaths. We know that older and more vulnerable populations were particularly affected, while those from ethnic minority backgrounds were disproportionately at risk. Younger people were most adversely affected by some of the policy responses to Covid-19, while again it was those in more deprived areas who experienced the greatest negative impact on outcomes.

## 2. Introduction

This Public Health Annual Report sets out the key demographic and health characteristics of Portsmouth in 2021/22. Portsmouth is unique as a city in which the majority of the population live on Portsea Island. The 2021 CMO annual report focusses on coastal communities. As well as acknowledging the ways in which residents in communities like Portsmouth gain from living close to the sea, the report describes the stark inequalities coastal communities often face. This report summarises how those challenges are experienced by residents in Portsmouth. The city's response is encapsulated in the Health and Wellbeing Strategy 2022-2030. Approved by the multi-agency Health and Wellbeing Board in February 2022 following extensive stakeholder and community engagement and consultation, the strategy sets out how partners will work together to address the 'causes of causes'. These are the long-term factors that underpin many of the health and wellbeing challenges faced by people in our city.

This report also provides a baseline position to inform our recovery plans as we move out of acute phase of the pandemic and begin 'Living With Covid'. We do not yet know the full impact of Covid-19 on our city, and much of our data about the characteristics and health of our population predates Covid-19. However what we do know, and what the last two years have highlighted further, is the extent to which the circumstances of people's lives shape the health outcomes they experience.

The report is broken down into seven sections:

- Population and population characteristics
- Life expectancy and mortality
- Deprivation, social economics and vulnerable communities
- Long-term conditions
- Risk factors and behaviours
- Wider determinants
- Covid-19 impacts and ongoing response,

## 3. Population and population characteristics

### 3.1 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).<sup>1</sup>

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). There remain more births than deaths each year in Portsmouth, and a positive net international migration (more inflow than outflow), but this is offset by a negative internal migration (more UK outflow than UK inflow).<sup>2</sup> Although the population increase is estimated to have slowed since 2017 the population is projected to increase (albeit projections based on 2018 estimates) by roughly 5,000 (2.3%) between 2021 and 2030 - from

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<sup>1</sup> Mid-2020 population estimates. Local Authorities in England, Office for National Statistics (ONS)

<sup>2</sup> Mid-2020 population estimates. Local Authorities in England, Office for National Statistics (ONS)

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. <sup>3</sup>

As at 1<sup>st</sup> April 2021, nearly 230,100 people were registered with Portsmouth City GP Practices<sup>4</sup> - 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).

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 1)

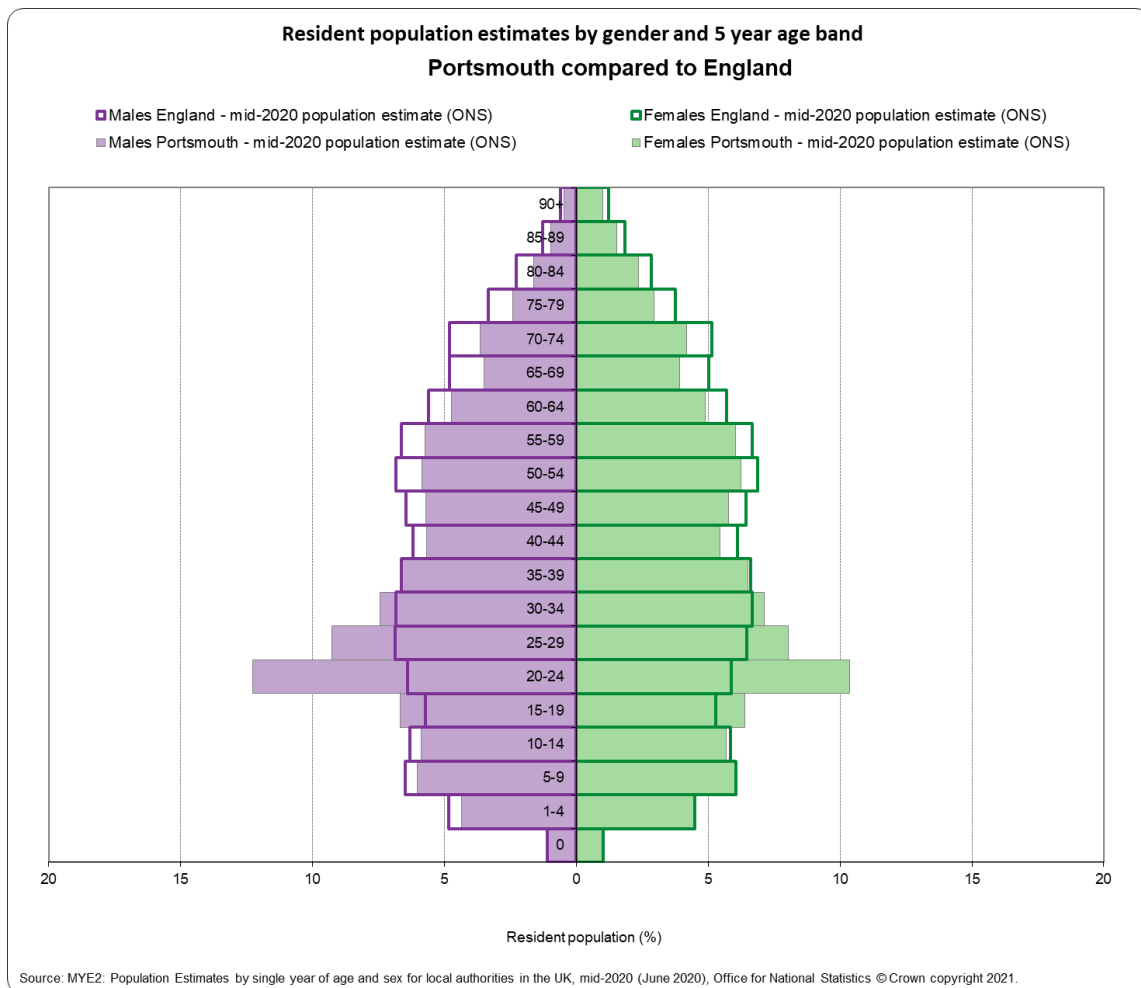


Figure 1. ONS mid-2020 resident population estimate by gender and 5 year age bands, Portsmouth City compared to England

<sup>3</sup> 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](http://www.jsna.portsmouth.gov.uk)

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

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).<sup>5</sup>

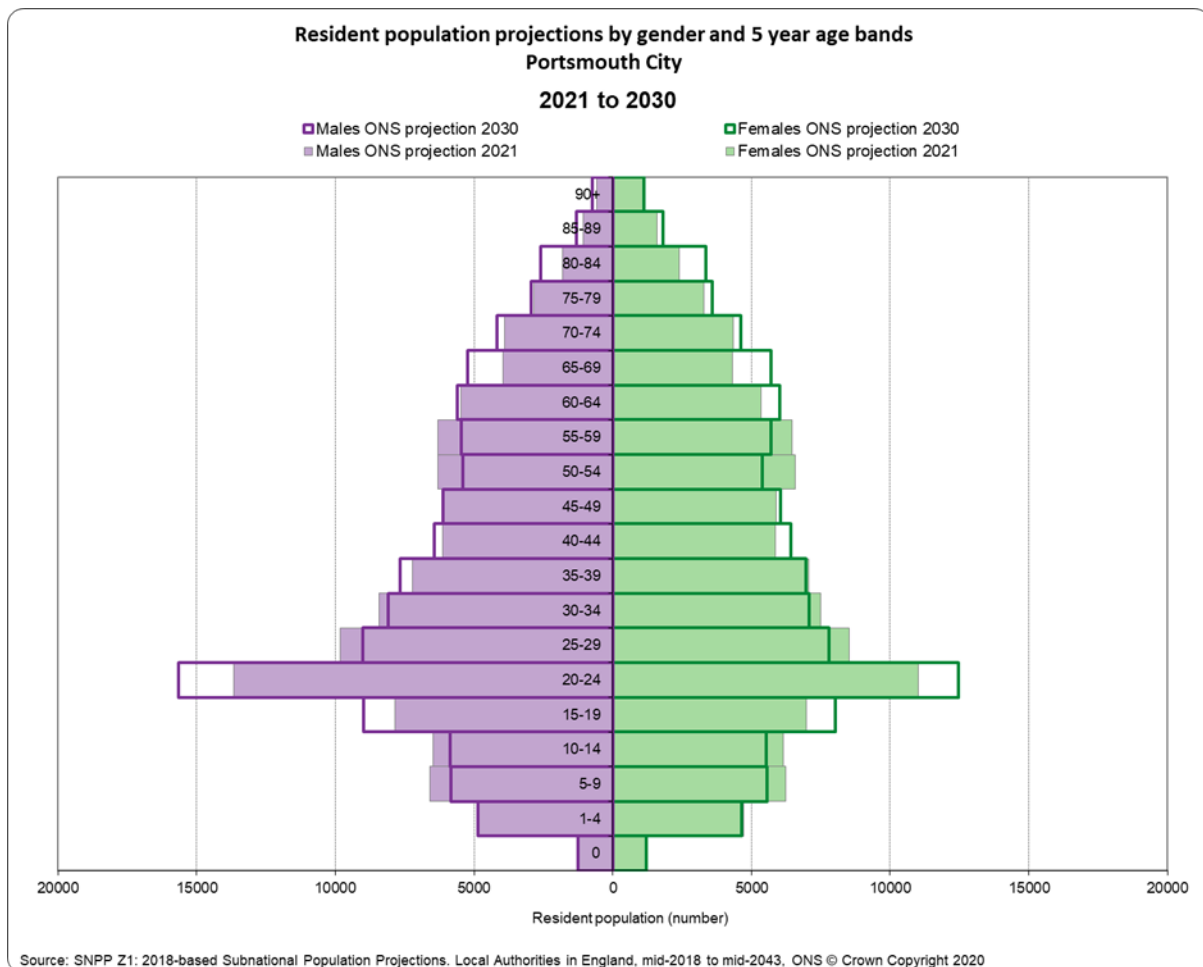


Figure 2. Resident population projections by gender and 5 year age bands, Portsmouth City, 2018-based 2021 projection compared to 2030 projection

### 3.1.1 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. Portsmouth is an ageing society: the largest increases are in those aged 65. 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).

#### 3.1.1.1 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).

<sup>5</sup> Mid-2020 population estimates. Local Authorities in England, Office for National Statistics (ONS)

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).<sup>6</sup>

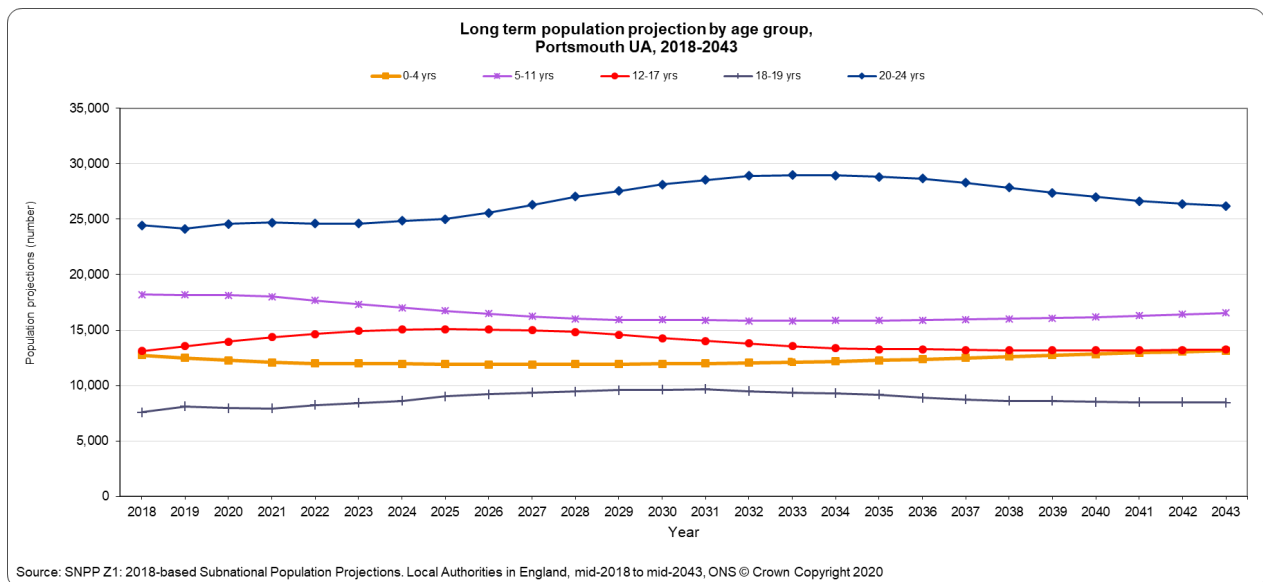


Figure 3. Long term population projections for children and young people, Portsmouth City, 2018-2043 projection

### 3.1.1.2 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.<sup>7</sup>

### 3.1.1.3 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

<sup>6</sup> 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](http://www.jsna.portsmouth.gov.uk)

<sup>7</sup> 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](http://www.jsna.portsmouth.gov.uk)



65 years and over by 2043 compared to 14% (roughly 32,000 people aged 65 years) of Portsmouth's population in 2020.<sup>8</sup>

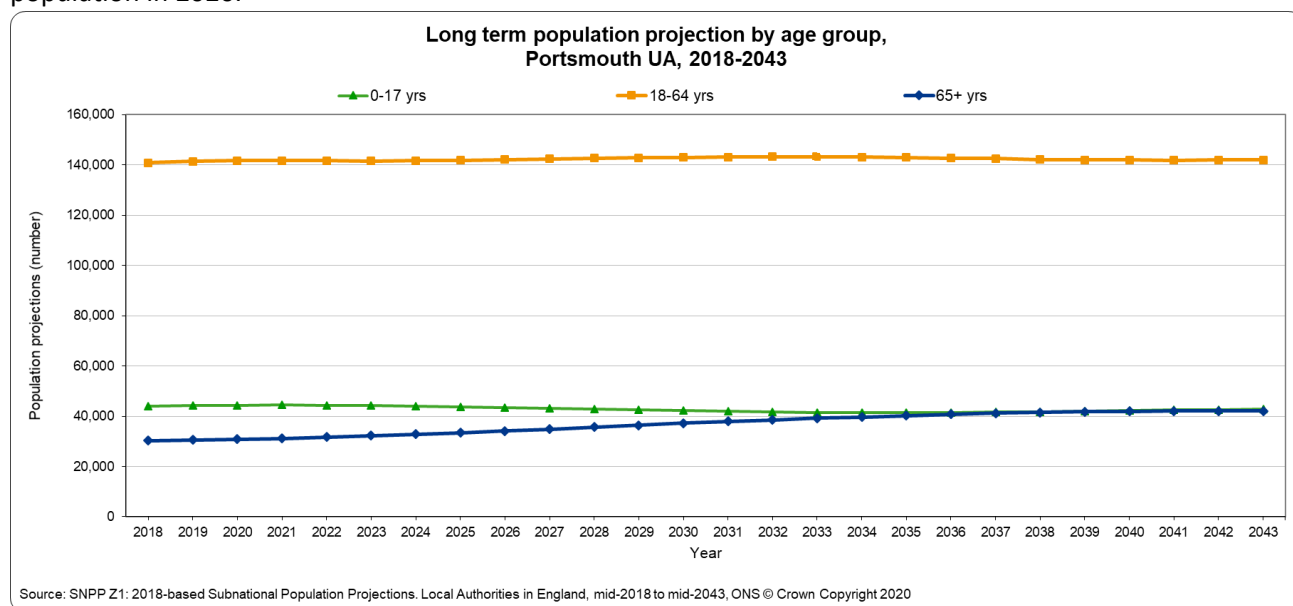


Figure 4. Long term population projections for children, working age adult population and aged 65+ years, Portsmouth City, 2018- 2043 projection

### 3.2 Population characteristics

#### 3.2.1 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 5). 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.<sup>9</sup>

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.

<sup>8</sup> 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](http://www.jsna.portsmouth.gov.uk)

<sup>9</sup> Portsmouth City Council and NHS Portsmouth CCG JSNA webpage. Ethnic group by broad age group (2011 Census)

[www.jsna.portsmouth.gov.uk](http://www.jsna.portsmouth.gov.uk)

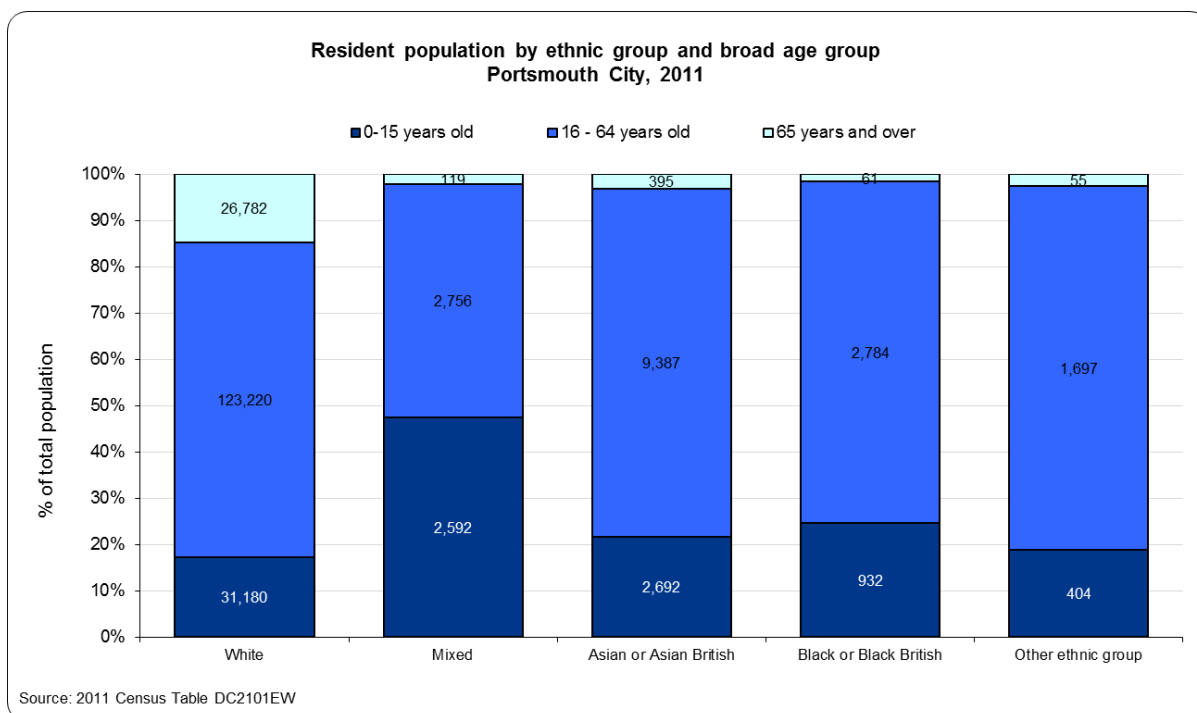


Figure 5. Proportion of population by ethnic group and broad age group, Portsmouth UA, 2011

### 3.2.2 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).<sup>10</sup> Also, the latest ethnicity data from the January 2021 school pupil census, identifies 30 pupils as 'White: Gypsy/Roma' resident to Portsmouth.<sup>11</sup>

Although not necessarily ethnic gypsies and travellers, as at July 2021, there were neither authorised nor unauthorised traveller caravans in Portsmouth.<sup>12</sup>

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.<sup>13</sup>

### 3.2.3 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

<sup>10</sup> 2011 Census: QS211EW, Office for National Statistics.

<sup>11</sup> Department for Education Statistical First Release Schools, Pupils and their Characteristics: January 2021. © Crown Copyright via Portsmouth JSNA: [www.jsna.portsmouth.gov.uk](http://www.jsna.portsmouth.gov.uk).

<sup>12</sup> 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

<sup>13</sup> 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

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<sup>14</sup>—however, the ONS LGB estimate could be a low estimate due to the telephone and face-to-face survey methodology used<sup>15</sup>.

### 3.2.4 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%).<sup>16</sup> 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)<sup>17</sup>. 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).<sup>18</sup>

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.<sup>19</sup>

### 3.2.5 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.<sup>20</sup>

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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<sup>14</sup> Office for National Statistics. Annual Population Survey (Experimental Statistics).

<sup>15</sup> 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]

<sup>16</sup> HESA: <https://www.hesa.ac.uk/data-and-analysis/students/table-1> Date accessed 17/2/2022

<sup>17</sup> HESA: <https://www.hesa.ac.uk/data-and-analysis/students/table-57> Date accessed 17/2/2022

<sup>18</sup> HESA: <https://www.hesa.ac.uk/data-and-analysis/students/chart-4> Date accessed 17/2/2022

<sup>19</sup> Portsmouth JSNA: <https://www.portsmouth.gov.uk/wp-content/uploads/2020/04/portsmouth-student-health-needs-assessment-2018.pdf> Date accessed 18/2/2022.

<sup>20</sup> 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.<sup>21</sup>

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<sup>22</sup>. GB veterans were as likely to have bought their home (outright or with a mortgage) as non-veterans.

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).<sup>23</sup> 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).<sup>24</sup>

### 3.2.6 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

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<sup>21</sup> 2011 Census: AF001, AF003, AF004, AF005. Office for National Statistics © Crown Copyright 2014

<sup>22</sup> 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](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/774939/20190128_-_APS_2017_Annex_A.xlsx) Accessed 8 March 2022

<sup>23</sup> Portsmouth Health & Lifestyle Survey 2015, Ipsos MORI for Portsmouth City Council.

<sup>24</sup> Ipsos MORI Summary Report of findings for Portsmouth City Council. Health and Lifestyle Survey, 2015 via Portsmouth JSNA.

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%).<sup>25</sup>

In 2022, it is estimated that there are approximately 6,600 Portsmouth adults aged 16-64 years with impaired mobility<sup>26</sup> 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<sup>27</sup>. 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.<sup>28</sup>

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.<sup>29</sup> 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'<sup>30</sup> (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

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<sup>25</sup> 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]

<sup>26</sup> 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.

<sup>27</sup> Mobility, Projecting Adult Needs and Service Information [www.pansi.org.uk](http://www.pansi.org.uk) Date accessed 7/3/2022

<sup>28</sup> Mobility, Older People Population Information System [www.poppi.org.uk](http://www.poppi.org.uk) Date accessed 7/3/2022

<sup>29</sup> GBD compare, Global Burden of Disease: <https://vizhub.healthdata.org/gbd-compare/>. Date accessed 22/2/2022.

<sup>30</sup> Physical support: Access and mobility and personal care support

accessed long-term support with Physical support as the primary reason - this is lower than the England average (10.2%).<sup>31</sup>

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%).<sup>32</sup>

### 3.2.7 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.<sup>33</sup>

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<sup>34</sup>. 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<sup>35</sup>. 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.<sup>36</sup>

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<sup>37</sup>. The APMS 2014 found 1.5% of males and 0.2% of females, averaged for all ages, are estimated to have ASD. However,

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<sup>31</sup> Adult Social Care: Overview by Region and Local Authority Analytical Hub, NHS Digital. Date accessed 7/3/2022.

<sup>32</sup> Adult Social Care: Overview by Region and Local Authority Analytical Hub, NHS Digital. Date accessed 7/3/2022.

<sup>33</sup> 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

<sup>34</sup> 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

<sup>35</sup> 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.

<sup>36</sup> 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.

<sup>37</sup> 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.

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 (Figure 6).<sup>38</sup>

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

Age band (years)	2022			2025			2030		
	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
<b>Total</b>	<b>1,730</b>	<b>700</b>	<b>4,330</b>	<b>1,760</b>	<b>710</b>	<b>4,400</b>	<b>1,810</b>	<b>740</b>	<b>4,590</b>

Sources:

(1) Figure 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.

### 3.2.8 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<sup>39</sup>. 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.<sup>40</sup>

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).<sup>41</sup>

<sup>38</sup> 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

<sup>39</sup> 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.

<sup>40</sup> 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.

<sup>41</sup> 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.

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%).<sup>42</sup>

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)<sup>43</sup>. 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).<sup>44</sup>

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.<sup>45</sup>

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.<sup>46</sup>

### 3.2.9 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.<sup>47</sup> 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 7).

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<sup>42</sup> 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.

<sup>43</sup> 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.

<sup>44</sup> 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](http://www.jsna.portsmouth.gov.uk).

<sup>45</sup> 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.

<sup>46</sup> Short- and Long-Term Support (SALT) database, Portsmouth City Council via Portsmouth JSNA: [www.jsna.portsmouth.gov.uk](http://www.jsna.portsmouth.gov.uk).

<sup>47</sup> 2011 Census: QS301EW, Office for National Statistics.



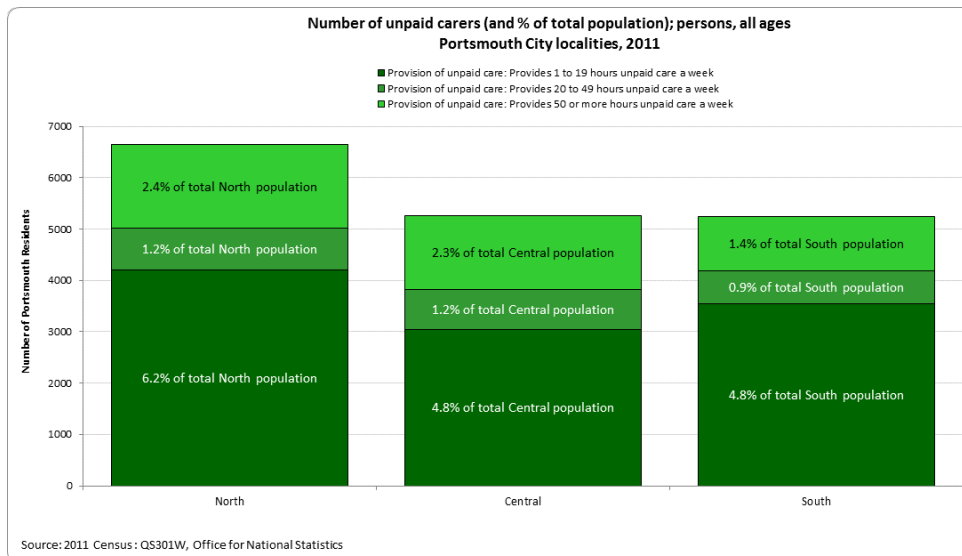


Figure 7. Number of unpaid carers (and percentage of total population); persons, all ages, Portsmouth City UA localities, 2011 Census

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 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%).<sup>48</sup>

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.<sup>49</sup>

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').<sup>50</sup>

<sup>48</sup> Ipsos MORI Summary Report of findings for Portsmouth City Council. Health and Lifestyle Survey, 2015 via Portsmouth JSNA.

<sup>49</sup> 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.

<sup>50</sup> 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

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).<sup>51</sup>

### 3.2.10 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.<sup>52</sup>

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.<sup>53</sup>

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.<sup>54</sup>

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.<sup>55</sup>

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<sup>51</sup> 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

<sup>52</sup> 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.

<sup>53</sup> 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.

<sup>54</sup> 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.

<sup>55</sup> 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.

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.<sup>56</sup>

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.<sup>57</sup>

Local authorities across England take an autumn single night snapshot of people sleeping rough<sup>58</sup>. They either use a count-based estimate of visible rough sleeping, an evidence-based estimate meeting 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.<sup>59</sup>

## 4. Life expectancy and mortality

### 4.1 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.

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<sup>56</sup> 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.

<sup>57</sup> 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.

<sup>58</sup> 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).

<sup>59</sup> 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

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 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.<sup>60</sup>

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).<sup>61</sup>

In 2018-20, the healthy life expectancy (HLE) at birth in Portsmouth is shorter, but not significantly than England for both males and females.<sup>62</sup> 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).<sup>63</sup>

The scarf chart below shows, for each broad cause of death, the percentage contribution that it makes to the overall life expectancy gap between the most and least deprived quintiles in Portsmouth in 2020/21, split by gender.<sup>64</sup> Circulatory disease contributes nearly a third of the gap in life expectancy for both men and women, with cancer and respiratory disease the next largest factors.

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<sup>60</sup> 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.

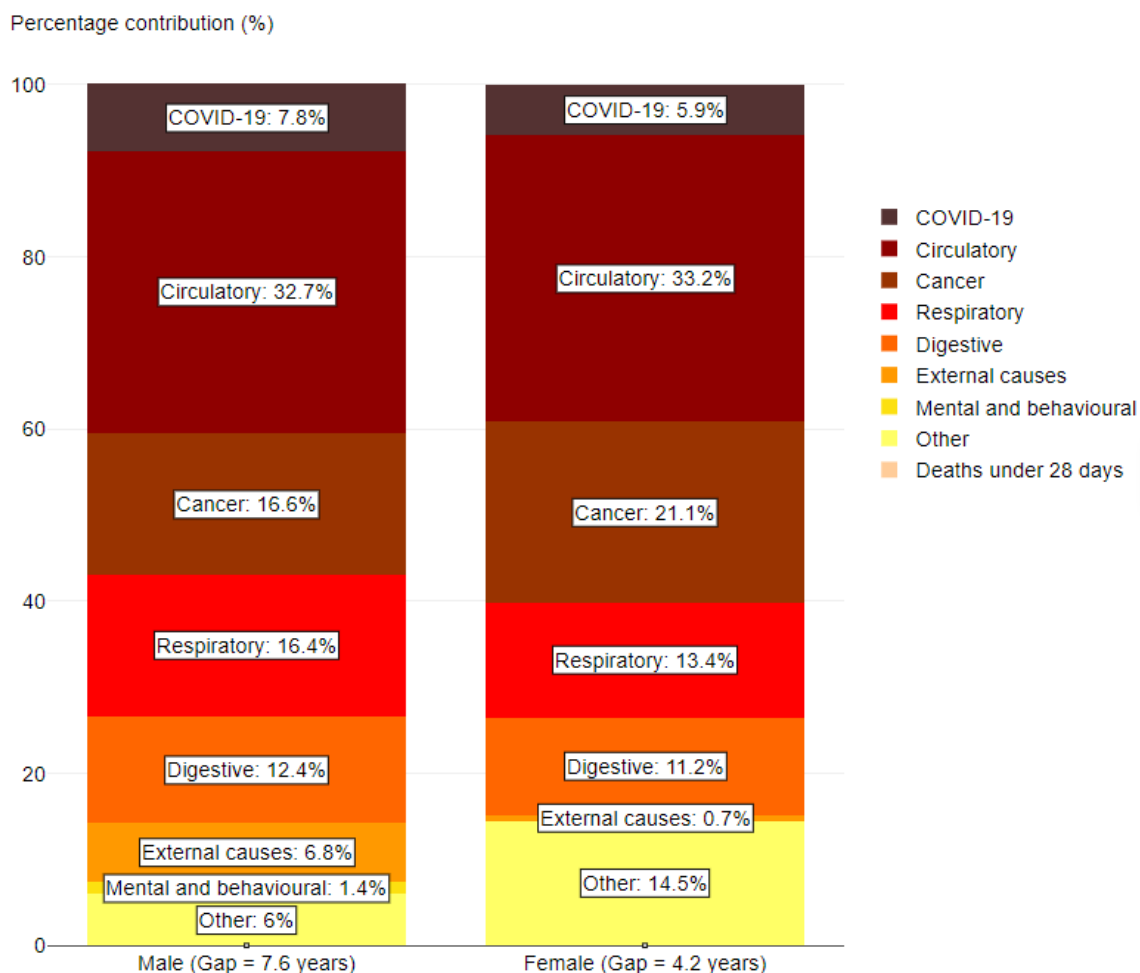
<sup>61</sup> Public Health Outcomes Framework, Office for Health Improvement and Disparities. Public health profiles. 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022. Date accessed 8/3/2022.

<sup>62</sup> 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.

<sup>63</sup> 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.

<sup>64</sup> Segment Tool breakdown of life expectancy gap by deprivation and cause of death, Office for Health Improvement and Disparities. Date accessed 26/06/2022

**Breakdown of the life expectancy gap between the most and least deprived quintiles of Portsmouth by cause of death, 2020 to 2021 (Provisional)**



Source: Office for Health Improvement and Disparities based on ONS death registration data (provisional for 2021) and 2020 mid year population estimates, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019

Figure 8. Summary infographic of the factors contributing to the life expectancy gap between most and least deprived quintiles by gender, Portsmouth residents, 2020/21

#### 4.2 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))<sup>65</sup>. 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

<sup>65</sup> 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](http://www.jsna.portsmouth.gov.uk)

standardised mortality ratio about twice that of the England average (if those areas had the same age specific death rate as England) <sup>66</sup>

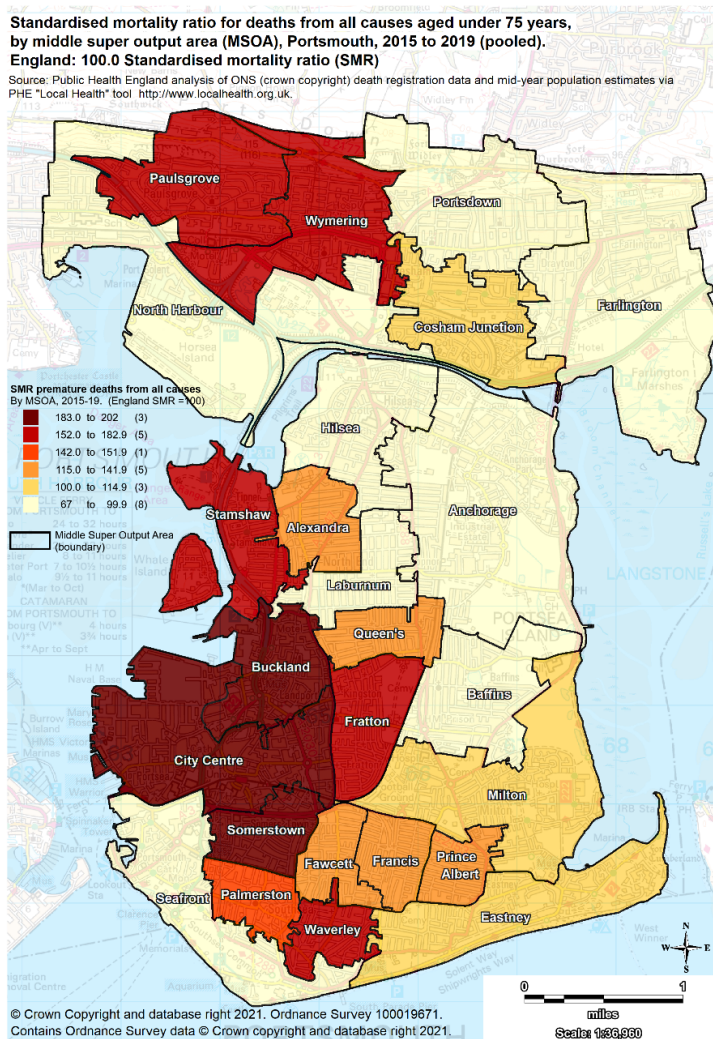


Figure 9. Map of Portsmouth with standardised mortality ratio for deaths from all causes aged under 75 years by middle super output areas (MSOAs)

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
- 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

<sup>66</sup> 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 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.<sup>67</sup>

The leading cause death<sup>68</sup> for Portsmouth residents in 2020 (and since 2015 (Figure 10) for persons of all ages was Dementia and Alzheimer's disease (213 deaths; 12% of all deaths). For Portsmouth males,

<sup>67</sup> 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](http://www.jsna.portsmouth.gov.uk)

<sup>68</sup> 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.

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).<sup>69</sup>

Figure 10. 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

Cause of death groups (ICD-10)	Males						
	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-U720: 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

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\*Covid-19 deaths occurred from late March 2020 onwards, so just over 9 months of the calendar year.

Cause of death groups (ICD-10)	Females						
	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-U720: 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 neoplasm 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 neoplasms 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.

<sup>69</sup> 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](http://www.jsna.portsmouth.gov.uk)



## 5. Deprivation, socio-economics and vulnerable communities

### 5.1 Indices of Multiple Deprivation

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<sup>70</sup> (Figure 11).

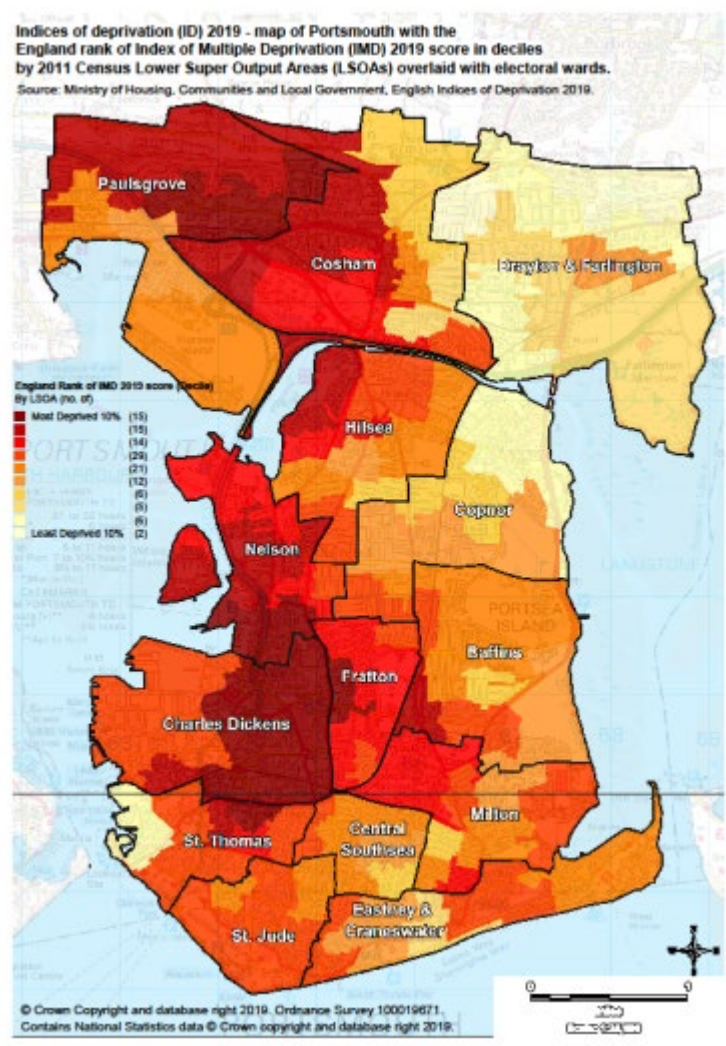


Figure 11. Map of Portsmouth with the England Rank of IMD 2019 score in deciles by 2011 Census LSOAs

<sup>70</sup> 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]

## 5.2 Child poverty

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.

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.<sup>71</sup>

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<sup>72</sup>. 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.<sup>73</sup>

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<sup>71</sup> Public Health Outcomes Framework. Public Health Profiles. Date accessed 29/11/2021. <https://fingertips.phe.org.uk> © Crown copyright 2021'

<sup>72</sup> Public Health Outcomes Framework. Public Health Profiles. Date accessed 29/11/2021. <https://fingertips.phe.org.uk> © Crown copyright 2021'

<sup>73</sup> 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](http://www.jsna.portsmouth.gov.uk)

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)<sup>74</sup>. The percentage of children living in relative low-income families (before housing costs) at smaller geographies in 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.<sup>75</sup>

### 5.3 Older people

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.

### 5.4 Employment

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%).<sup>76</sup>

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<sup>77</sup> 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%).<sup>78</sup>

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<sup>74</sup> Public Health Outcomes Framework. Public Health Profiles. Date accessed 29/11/2021. <https://fingertips.phe.org.uk> © Crown copyright 2021'

<sup>75</sup> 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](http://www.jsna.portsmouth.gov.uk)

<sup>76</sup> 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.

<sup>77</sup> defined as those not classed as employed or unemployed according to ILO definitions

<sup>78</sup> 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.

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).<sup>79</sup>

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 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.<sup>80</sup>

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).<sup>81</sup>

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)

## 5.5 Income

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<sup>82</sup>. 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

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<sup>79</sup> Data from ONS Claimant Counts via <https://www.nomisweb.co.uk> ONS © Crown copyright 2022. Date accessed 14/2/2022.

<sup>80</sup> Data from the Annual Population Survey via <https://www.nomisweb.co.uk> ONS © Crown copyright 2022. Date accessed 14/2/2022.

<sup>81</sup> Data from the Annual Population Survey via <https://www.nomisweb.co.uk> ONS © Crown copyright 2022. Date accessed 14/2/2022.

<sup>82</sup> Fair Society Healthy Lives (The Marmot Review): 'Fair Society Healthy Lives' 2010

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).<sup>83</sup>

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 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\*<sup>84</sup> have roughly 44% of households below the after housing cost (AHC) threshold, compared to 17% of households in Prince Albert MSOA.<sup>85</sup>

### 5.6 Coastal Communities.

The Chief Medical Officer's 2021 Annual report focused on health inequalities in coastal areas, including Portsmouth communities. Coastal communities include a disproportionately high burden of ill health, particularly heart disease, diabetes, cancer, COPD and mental health. Life expectancy, healthy life expectancy and disability-free life expectancy are all lower in coastal areas for males and females.<sup>86</sup>

Portsmouth is defined as a 'coastal city' (along with Brighton and Hove, Kingston upon Hull, Liverpool, Plymouth and Southampton) using ONS methodology. Such cities experience greater exposure to risks and poorer health outcomes on a range measures, explored throughout this report, compared to non-coastal cities. This includes key wider determinants of health such as educational attainment where coastal cities perform significantly less well than non-coastal cities on progress between KS2 and KS4. The CMO report also highlights areas where coastal cities overall compare well to non-coastal cities, including KS2 attainment, % pupils eligible for Free School Meals, and employment rates.

Portsmouth's approach to addressing the 'causes of the causes' of poor health outcomes, which map closely against the issues identified by the CMO, is set out in the Health and Wellbeing Strategy 2022-2030<sup>87</sup>. This city-wide strategy is overseen by the Health and Wellbeing Board.

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<sup>83</sup> 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.

<sup>84</sup>\*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.

<sup>85</sup> Households in Poverty estimates for middle layer super output areas, England & Wales, 2013/14. Office for National Statistics.

<sup>86</sup> Health in Coastal Communities, Chief Medical Officer's Annual Report 2021, 21/07/2021

<sup>87</sup> Health and Wellbeing Strategy 2022-2030, <https://www.portsmouth.gov.uk/services/council-and-democracy/transparency/health-and-wellbeing-strategy/>. Date accessed 16.06.2022

## 5.7 Left Behind Neighbourhoods

Left behind neighbourhoods (LBN's) feature in the most deprived 10% of areas in the Index of Multiple Deprivation, and the 10% of areas of greatest need in the Community Needs Index. Paulsgrove is identified as an LBN, and is also classified as coastal communities, highlighting its extremely high vulnerability to poor health outcomes.<sup>88</sup>

LBN's have a higher proportion of people who self-report their health to be 'bad' or 'very bad' than other deprived areas and England as a whole, and people in these neighbourhoods were 46% more likely to die of COVID-19 than the national average. These areas also have high rates of unemployment, high rates of obesity. People living in LBN's have lower life expectancy than the general population, living on average 7.5 fewer years in good health. Female life expectancy in LBN's is 3 years below the national average, and male life expectancy is 3.7 years below.

## 5.8 Health Inequalities in the ICS

NHS England published their approach to tackling health inequalities, 'Core20PLUS', in November 2021. This approach seeks to support the reduction of health inequalities through defining a target population the 'Core20Plus' and identifies 5 focus clinical areas requiring accelerated improvement.

### **Core20:**

- The Core20 population is defined as the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation

### **PLUS:**

- The PLUS population groups include those groups that have poorer health outcomes for a variety of reasons, often relating to the way in which services are unable to meet their multiple and overlapping needs. Groups that ICSs are expected to identify include:
  - Ethnic minority communities
  - Inclusion health groups (people experiencing homelessness, people experiencing drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the criminal justice system, victims of modern slavery and other socially excluded / multiply disadvantaged groups)
  - People with learning disabilities and / or autism
  - Coastal communities with pockets of deprivation hidden amongst relative affluence
  - People with multi-morbidities
  - Protected characteristic groups (age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation)

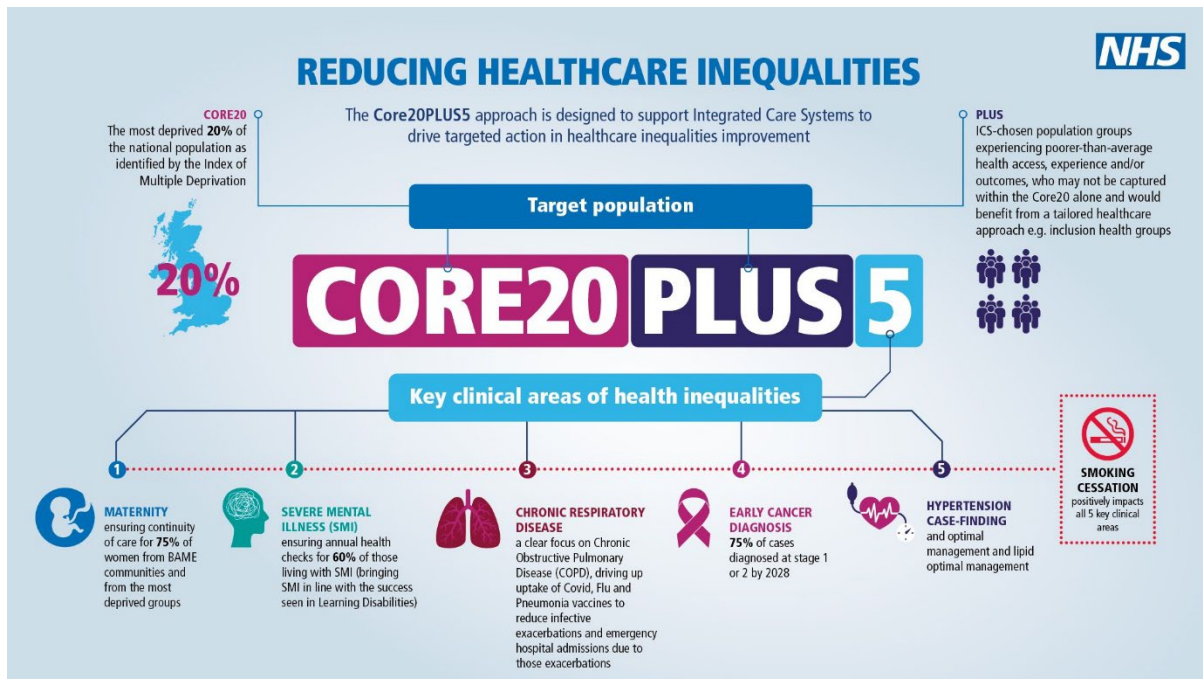
### **5:**

- Maternity - ensuring continuity of care for 75% of women from Black, Asian and minority ethnic communities and from deprived groups
- Severe Mental Illness (SMI) - ensuring annual health checks for 60% of those living with SMI
- Chronic respiratory disease - a clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of COVID, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions as a result of these
- Early cancer diagnosis - 75% of cases diagnosed at stage 1 or 2 by 2028

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<sup>88</sup> Left Behind? Understanding communities on the edge. Local Trust, 05/09/2019

- Hypertension case finding and optimal management and lipid optimal management - to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction (heart attack) and stroke



## 6. Long-term conditions

### 6.1 Prevalence and modelled prevalence of 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 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 comorbidity 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).<sup>89</sup>

<sup>89</sup> Ipsos MORI for Portsmouth City Council. Health and Lifestyle Survey, 2015 via Portsmouth JSNA.

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).

## 6.2 Hypertension

In 2020/21<sup>90</sup>, 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%)<sup>91</sup>. 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 hypertensive and second, they did not report having been diagnosed high blood pressure)<sup>92</sup> - 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).

## 6.3 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)<sup>93</sup>. 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.<sup>94</sup>

It is 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. The gap between modelled prevalence estimates and recorded diabetes estimates has reduced. The modelled prevalence suggests that there may be roughly 1,200 Portsmouth CCG registered patients undiagnosed/ not on the diabetes register, compared to 3,000 in 2015.

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<sup>90</sup> 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

<sup>91</sup> 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.

<sup>92</sup> Disease and risk factor prevalence, Public Health England <https://fingertips.phe.org.uk/profile/prevalence> via Portsmouth JSNA: [www.jsna.portsmouth.gov.uk](http://www.jsna.portsmouth.gov.uk) [Accessed 04 August 2017]

<sup>93</sup> 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.

<sup>94</sup> 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



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<sup>95</sup>. 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):

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.<sup>96</sup>

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.<sup>97</sup> 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 and coding by GP practices.<sup>98</sup>

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

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<sup>95</sup> 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

<sup>96</sup> 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

<sup>97</sup> 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](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/456149/Non_diabetic_hyperglycaemia.pdf) [Accessed 25 July 2017].

<sup>98</sup> 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.

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.

#### 6.4 Coronary heart disease

In 2020/21<sup>99</sup>, 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).<sup>100</sup>

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<sup>101</sup>—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).<sup>102</sup>

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.<sup>103</sup>

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.<sup>104</sup>

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

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<sup>99</sup> 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

<sup>100</sup> 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.

<sup>101</sup> Disease and risk factor prevalence, Public Health England <https://fingertips.phe.org.uk/profile/prevalence> [Accessed 04 August 2017]

<sup>102</sup> CHD prevalence model technical document, Disease and risk factor prevalence, Public Health England <https://fingertips.phe.org.uk/profile/prevalence> [Accessed 04 August 2017]

<sup>103</sup> 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](http://www.jsna.portsmouth.gov.uk)

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mortality (aged under 75 years) from coronary heart disease rate was higher, but not significantly, than England males.<sup>105</sup>

### 6.5 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)<sup>106</sup>. 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.<sup>107</sup>

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<sup>108</sup> - 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. 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<sup>109</sup>. Portsmouth's modelled prevalence is 0.4 percentage points higher than the England estimate, which would give a rough estimate of 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<sup>110</sup>, 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

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<sup>105</sup> 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](http://www.jsna.portsmouth.gov.uk)

<sup>106</sup> 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.

<sup>107</sup> 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

<sup>108</sup> Disease and risk factor prevalence, Public Health England <https://fingertips.phe.org.uk/profile/prevalence> [Accessed 04 August 2017]

<sup>109</sup> 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]

<sup>110</sup> 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.

Portsmouth females aged 65-74 years (15% of all female deaths aged 65-74 years in 2017 and 13% in 2018).<sup>111</sup>

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.<sup>112</sup> 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.<sup>113</sup>

## 6.6 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)<sup>114</sup>

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<sup>115</sup>, 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<sup>116</sup>, which may be due to the impact of the Covid-19 pandemic.

## 6.7 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

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<sup>112</sup> 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](http://www.jsna.portsmouth.gov.uk)

<sup>113</sup> 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](http://www.jsna.portsmouth.gov.uk)

<sup>114</sup> 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.

<sup>115</sup> 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.

<sup>116</sup> 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.

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).<sup>117</sup>

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<sup>118</sup> — 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).<sup>119</sup>

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.<sup>120</sup>

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<sup>121</sup>. 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.<sup>122</sup>

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<sup>117</sup> 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.

<sup>118</sup> Disease and risk factor prevalence, Public Health England <https://fingertips.phe.org.uk/profile/prevalence> [Accessed 04 August 2017]

<sup>119</sup> Stroke prevalence model technical document, Disease and risk factor prevalence, Public Health England <https://fingertips.phe.org.uk/profile/prevalence> [Accessed 04 August 2017]

<sup>120</sup> 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.

<sup>121</sup> 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.

<sup>122</sup> 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.

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 leading cause of death for Portsmouth females aged 75-84 years (12% of all female deaths aged 75-84 years).<sup>123</sup>

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.<sup>124</sup>

### 6.8 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.<sup>125</sup>

### 6.9 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)<sup>126</sup>. 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).<sup>127</sup>

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), similar to the England rate (11.4 per 1,000 patients registered aged 65+ years).<sup>128</sup>

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<sup>124</sup> 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.

<sup>125</sup> CancerData, National Cancer Registration and Analysis Service (NCRAS) and NHS England. <https://www.cancerdata.nhs.uk> [accessed 2 Mar 2022].

<sup>126</sup> Recorded dementia diagnosis summaries <https://digital.nhs.uk/data-and-information/publications/statistical/recorded-dementia-diagnoses> Accessed June 2021.

<sup>127</sup> 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.

<sup>128</sup> Dementia Profile, Public Health England. <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia> Accessed 1 June 2021 via Portsmouth JSNA

Modelled prevalence suggests that in 2022, it is estimated that approximately 2,260 people<sup>129</sup> aged 65+ years have dementia in Portsmouth. With an ageing population, by 2025 and 2035 the number of 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.<sup>130</sup>

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<sup>131</sup> 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).<sup>132</sup> However, comparing the May 2021 recorded prevalence to the dementia prevalence estimates<sup>133</sup> used by the Projecting Older People Population Information System (POPPI) indicates there are about 980 fewer people on GP dementia registers.<sup>134</sup>

The leading cause death<sup>135</sup> for Portsmouth residents in 2020 (and since 2015 (Figure 10) 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.<sup>136</sup>

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<sup>129</sup> 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.

<sup>130</sup> Projecting Older People Population Information System. [www.POPPI.org.uk](http://www.POPPI.org.uk) accessed June 2021 via Portsmouth JSNA

<sup>131</sup> 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.

<sup>132</sup> Dementia Profile, Public Health England. <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia> Accessed June 2021 via Portsmouth JSNA

<sup>133</sup> Recorded dementia diagnosis summaries <https://digital.nhs.uk/data-and-information/publications/statistical/recorded-dementia-diagnoses> Accessed June 2021. via Portsmouth JSNA

<sup>134</sup> Projecting Older People Population Information System. [www.POPPI.org.uk](http://www.POPPI.org.uk) accessed June 2021

<sup>135</sup> 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.

<sup>136</sup> 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](http://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).<sup>137</sup>

## 6.10 Mental health

### 6.10.1 Common mental health disorders

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 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.<sup>138</sup>

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.<sup>139</sup> 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)<sup>140 141</sup>. 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%).<sup>142</sup>

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

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<sup>137</sup> 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.

<sup>138</sup> 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.

<sup>139</sup> NHS Digital. Adult Psychiatric Morbidity Survey, 2014 (Table 2)

<sup>140</sup> NHS Digital. Adult Psychiatric Morbidity Survey, 2014 (Table 2) and ONS 2018 sub-national populations projections

<sup>141</sup> 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.

<sup>142</sup> Public Health England. Common Mental Health Disorders profile. [Common Mental Health Disorders - PHE](#) Accessed 25 June 2021



Portsmouth and this is significantly lower than the England incidence rate (1.4%)<sup>143</sup>. 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.<sup>144</sup>

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)<sup>145</sup>. 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)<sup>146</sup> - 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.<sup>147</sup>

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%)<sup>148</sup>. 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).

### *6.10.2 Serious Mental Illness*

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 Group Practice) to 0.27% (University Surgery)<sup>149</sup>. 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

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<sup>143</sup> 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.

<sup>144</sup> 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

<sup>145</sup> Disease and risk factor prevalence, Public Health England <https://fingertips.phe.org.uk/profile/prevalence> via Portsmouth JSNA: [www.jsna.portsmouth.gov.uk](http://www.jsna.portsmouth.gov.uk) [Accessed 31 August 2017]

<sup>146</sup> 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.

<sup>147</sup> 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]

<sup>148</sup> 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.

<sup>149</sup> 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.

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.<sup>150</sup>

151

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).<sup>152</sup>

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).<sup>153</sup>

### 6.10.3 Children's Mental Health

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<sup>154</sup>). Applying these national prevalence rates to Portsmouth's population (using ONS mid-year estimates<sup>155</sup>) 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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<sup>150</sup> NHS Digital. Adult Psychiatric Morbidity Survey, 2014 (Table 5) ONS 2018 sub-national populations projections

<sup>151</sup> 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.

<sup>152</sup> 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.

<sup>153</sup> 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.

<sup>154</sup> 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

<sup>155</sup> 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

#### 6.10.4 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.<sup>156</sup>

## 7 Risk factors and behaviours

### 7.10 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.

<sup>157</sup>

In 2020, based on the national Annual Population Survey (APS)<sup>158</sup> (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<sup>159</sup>. 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.<sup>160</sup>

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 12).<sup>161</sup>

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<sup>156</sup> Portsmouth JSNA: <https://www.portsmouth.gov.uk/wp-content/uploads/2020/04/portsmouth-student-health-needs-assessment-2018.pdf> Date accessed 18/2/2022.

<sup>157</sup> 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.

<sup>158</sup> 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)

<sup>159</sup> 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.)

<sup>160</sup> 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.

<sup>161</sup> 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.

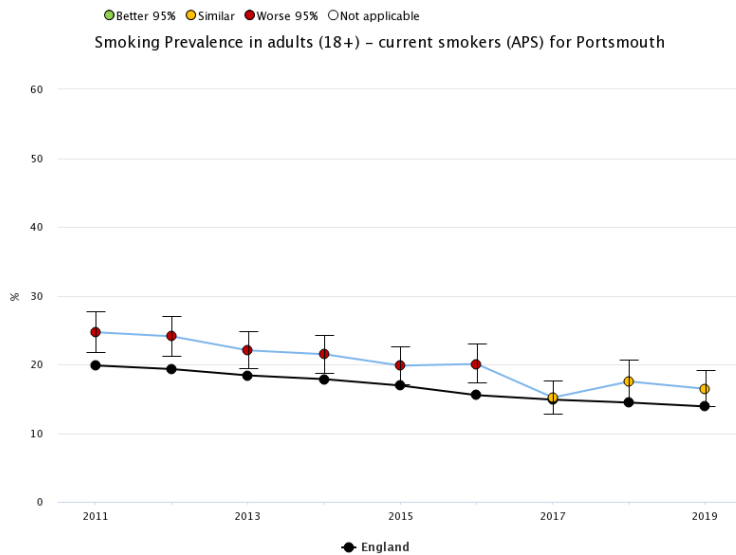


Figure 12. Smoking prevalence in adults (aged 18+ years) - current smokers (APS survey), Portsmouth and England, 2011-2019

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<sup>162</sup> 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).<sup>163</sup>

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).<sup>164</sup>

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,

<sup>162</sup> The number of people who responded either "regular smoker" or "occasional smoker" to the question "Which of the following best describes your smoking habits?"

<sup>163</sup> 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.

<sup>164</sup> Ipsos MORI for Portsmouth City Council. Health and Lifestyle Survey, 2015.

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%).<sup>165</sup>

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%).<sup>166</sup>

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.<sup>167</sup>

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 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

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<sup>165</sup> 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.

<sup>166</sup> 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.

<sup>167</sup> 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.

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.<sup>168</sup>

Smoking remains the biggest single cause of preventable mortality and morbidity in the world<sup>169</sup>. 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).<sup>170</sup>

### 7.11 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.<sup>171</sup>

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).<sup>172</sup>

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 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

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<sup>168</sup> 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.

<sup>169</sup> 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.

<sup>170</sup> 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.

<sup>171</sup> 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.

<sup>172</sup> GBD compare, Global Burden of Disease: <https://vizhub.healthdata.org/gbd-compare/> . Date accessed 22/2/2022.

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.<sup>173</sup>

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%).<sup>174</sup>

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 13). 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 14).

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.<sup>175</sup>

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<sup>173</sup> Ipsos MORI for Portsmouth City Council. Health and Lifestyle Survey, 2015.

<sup>174</sup> 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.

<sup>175</sup> 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.

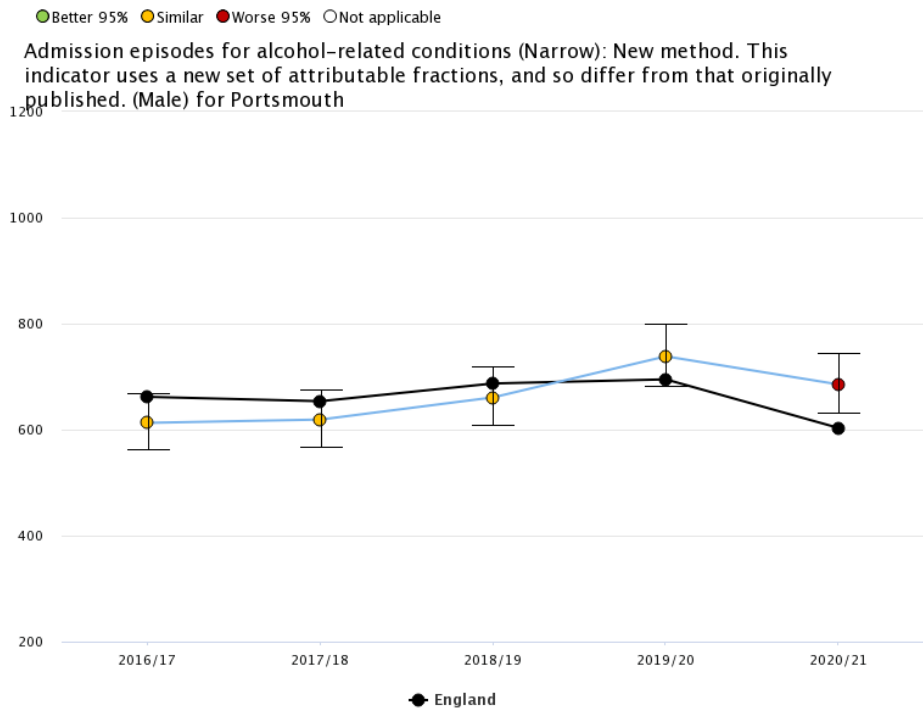


Figure 13. Alcohol-related admission rate for males (Narrow definition), Portsmouth and England, 2016/17 to 2020/21

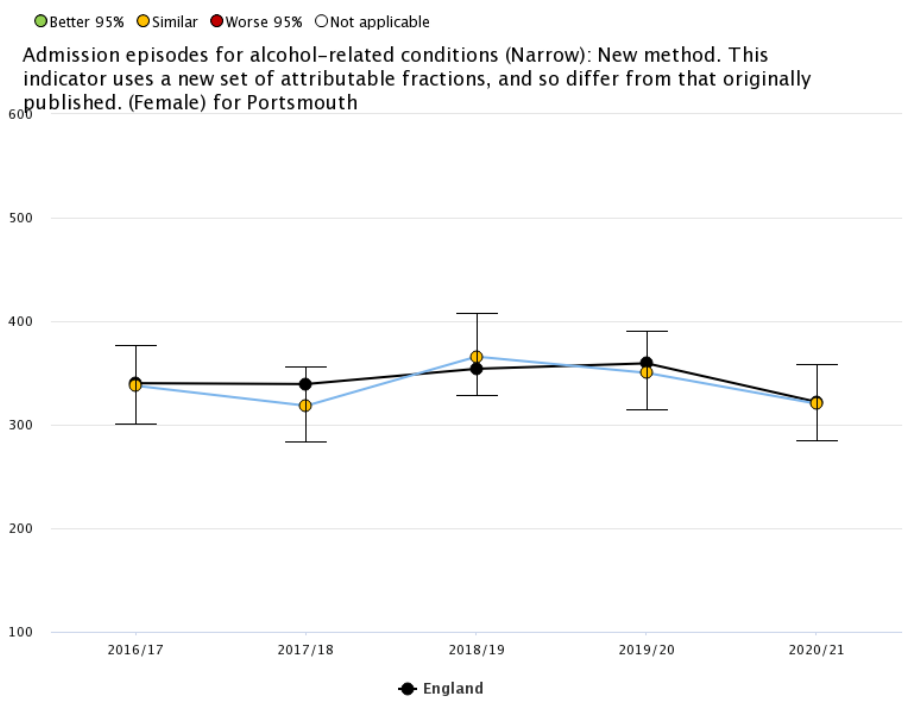


Figure 14. Alcohol-related admission rate for females (Narrow definition), Portsmouth and England, 2016/17 to 2020/21



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).<sup>176</sup>

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 potentially an estimated 88% of unmet need.<sup>177</sup> 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)<sup>178</sup>

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.<sup>179</sup>

### 7.12 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.<sup>180</sup>

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<sup>176</sup> 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.

<sup>177</sup> National Drug Treatment Monitoring System (NDTMS). Office for Health Improvement and Disparities. <https://www.ndtms.net/> Date accessed 22/2/2022.

<sup>178</sup> 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.

<sup>179</sup> 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.

<sup>180</sup> 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.

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.<sup>181</sup>

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 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).<sup>182</sup>

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).<sup>183</sup>

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'<sup>184</sup> - significantly higher than in 2018/19 (38.1%); however, in 2018/19 and 2019/20 no data was collected in Years 1 and 2<sup>185</sup>, 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%).<sup>186</sup>

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

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<sup>181</sup> NCMP profile, PHE. <https://fingertips.phe.org.uk/profile/national-child-measurement-programme> Accessed 21 April 2021

<sup>182</sup> NCMP profile, PHE. <https://fingertips.phe.org.uk/profile/national-child-measurement-programme> Accessed 21 April 2021

<sup>183</sup> NHS Digital, National Child Measurement Programme, England 2020/21, [National Child Measurement Programme, England 2020/21 School Year - NHS Digital](#) Accessed 03 February 2022

<sup>184</sup> 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

<sup>185</sup> 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.

<sup>186</sup> 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.

major determinant of premature mortality and avoidable ill health<sup>187</sup>. 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%).<sup>188</sup>

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 (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)<sup>189</sup>.

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%).<sup>190</sup>

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).<sup>191</sup>

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

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<sup>187</sup> 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.

<sup>188</sup> Adjusted BMI from the Active Lives Survey, Public Health England.

<sup>189</sup> Public Health Outcomes Framework, indicator 2.12 (current method), Public Health England. <https://fingertips.phe.org.uk> Accessed 3<sup>rd</sup> June 2021

<sup>190</sup> Public Health Outcomes Framework, Public Health England. Public Health Profiles. 2021 <https://fingertips.phe.org.uk> © Crown copyright 2021, Accessed 03/06/2021

<sup>191</sup> 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

(aged 19 years and over) were physically active<sup>192</sup> 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<sup>193</sup> 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%.<sup>194</sup>

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.<sup>195</sup>

### 7.13 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.<sup>196</sup>

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<sup>192</sup> 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.

<sup>193</sup> 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.

<sup>194</sup> Public Health Outcomes Framework, Public Health England. Public Health Profiles. 2021

<https://fingertips.phe.org.uk> © Crown copyright 2020, Accessed 03/06/2021

<sup>195</sup> Ipsos MORI for Portsmouth City Council. Health and Lifestyle Survey, 2015.

<sup>196</sup> Portsmouth City Council, 2018. 'You Say' Survey Secondary Schools.

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.<sup>197</sup> 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 estimated 51% of unmet need.<sup>198</sup> 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.<sup>199</sup>

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%).<sup>200</sup>

In 2020, there were 766 clients aged 18 years and over resident to Portsmouth in treatment for opiate use<sup>201</sup>. 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%).<sup>202</sup>

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

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<sup>197</sup> 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]

<sup>198</sup> National Drug Treatment Monitoring System (NDTMS). Office for Health Improvement and Disparities. <https://www.ndtms.net/> Date accessed 23/2/2022.

<sup>199</sup> 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.

<sup>200</sup> Health Protection Profile, Office for Health Improvement and Disparities. <https://fingertips.phe.org.uk> © Crown copyright 2022. [Accessed 25 February 2022]

<sup>201</sup> National Drug Treatment Monitoring System (NDTMS). Office for Health Improvement and Disparities. <https://www.ndtms.net/> Date accessed 23/2/2022.

<sup>202</sup> 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.

significantly lower than England (38.1%) and the South East region (37.5%); but similar compared to Southampton (22.2%).<sup>203</sup>

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 15). The Portsmouth male drug abuse death rate was also higher, but not significantly, than 2017-19 (Figure 16). 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.<sup>204</sup>

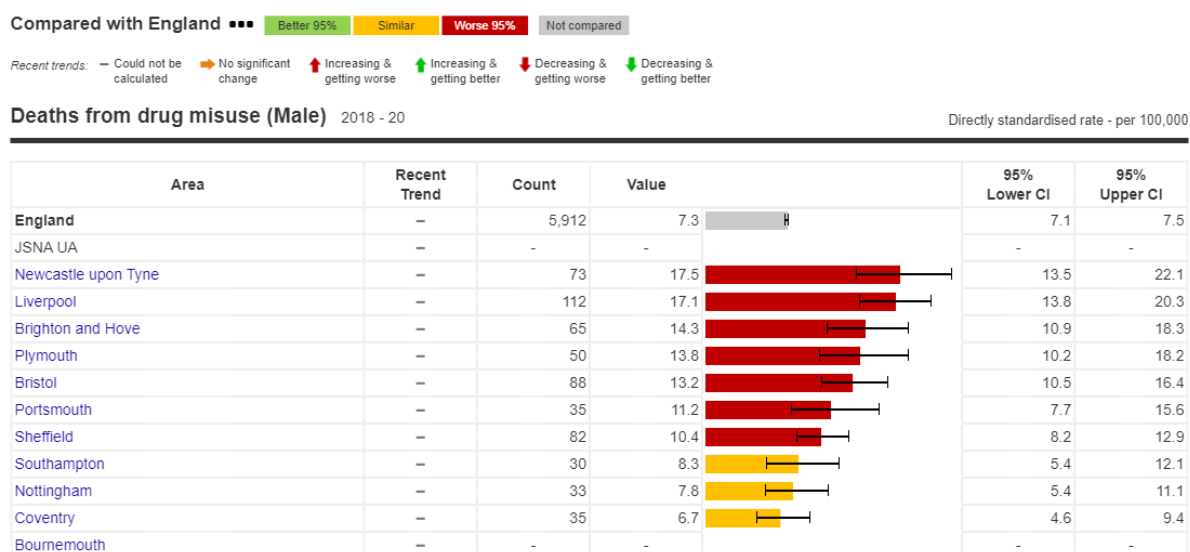


Figure 15. Chart to compare Portsmouth males deaths from drug abuse to England and comparator areas, 2018-20

<sup>203</sup> 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.

<sup>204</sup> Mortality Profiles. Public Health Profiles. Date accessed 9/11/2021. <https://fingertips.phe.org.uk> © Crown copyright 2021'

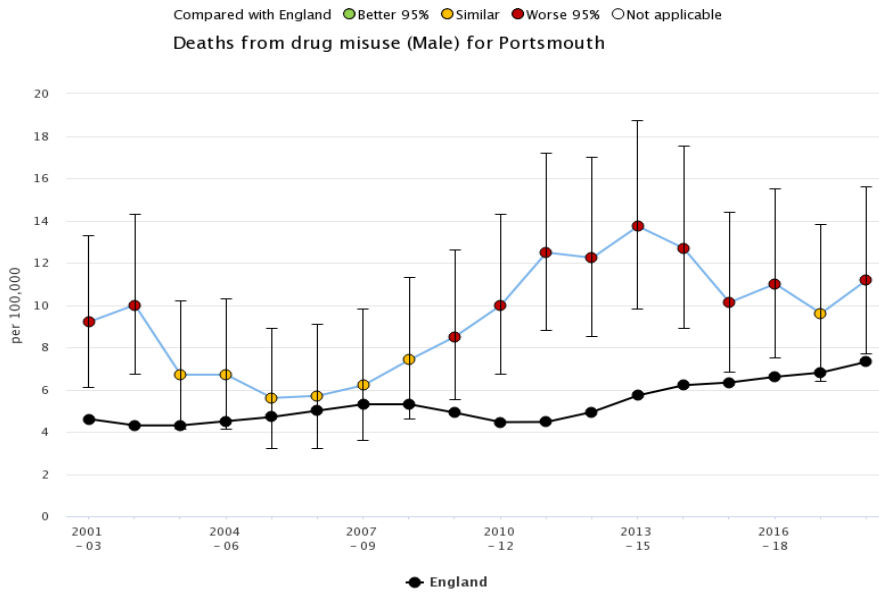


Figure 16. Line chart to show trend in Portsmouth male deaths from drug abuse and compared to England rate, 2001-03 to 2018-20

#### 7.14 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 17 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.

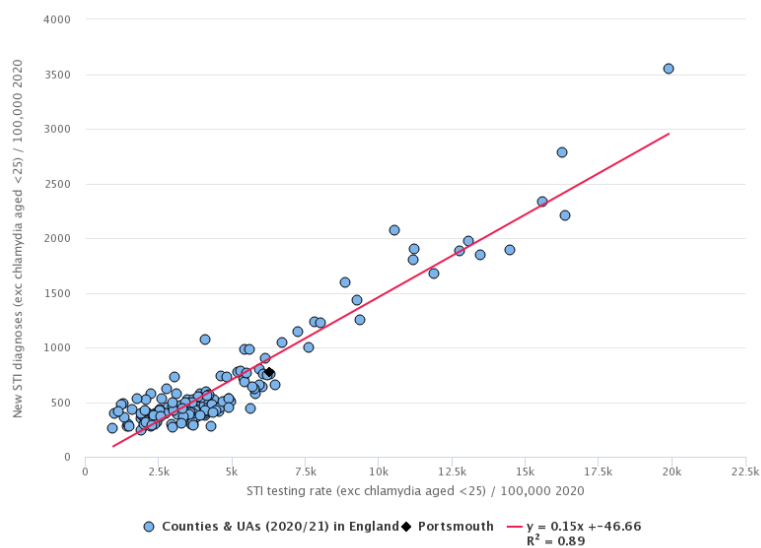


Figure 17. New STI diagnoses (exc chlamydia aged <25) per 100,000 aged 15-64 years, 2020 compared to STI testing rate (exc chlamydia aged <25) aged 15-64 years, 2020; by Unitary Authorities. Source: Sexual and Reproductive Health Profiles, Office for Health Improvement & Disparities

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 18 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.<sup>205</sup> 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).<sup>206</sup>

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

<sup>205</sup> 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.

<sup>206</sup> 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.



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.<sup>207</sup>



Figure 18. 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).<sup>208</sup> It should be noted that if high rates of gonorrhoea and syphilis are observed in a population, this reflects high levels of risky sexual behaviour.<sup>209</sup>

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.

<sup>207</sup> 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.

<sup>208</sup> 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.

<sup>209</sup> 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.

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<sup>210</sup>. 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.<sup>211</sup>

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.<sup>212</sup>

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 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  $\leq$ 350 cells/mm<sup>3</sup> within 3 months of diagnosis) was 47.4% (n=27 late stage diagnoses) - similar to 42.4% in England.

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<sup>210</sup> 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.

<sup>211</sup> 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.

<sup>212</sup> 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.

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.<sup>213</sup>

## 8 Wider determinants of health

### 8.10 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).<sup>214</sup>

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%).<sup>215</sup>

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%).<sup>216</sup>

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<sup>213</sup> 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.

<sup>214</sup> 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.

<sup>215</sup> 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.

<sup>216</sup> 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.

### 8.11 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).<sup>217</sup>

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).<sup>218</sup>

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 19).

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<sup>217</sup> 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.

<sup>218</sup> Table 7, VSOB, Office for National Statistics © Crown Copyright via Portsmouth JSNA: [www.jsna.portsmouth.gov.uk](http://www.jsna.portsmouth.gov.uk)

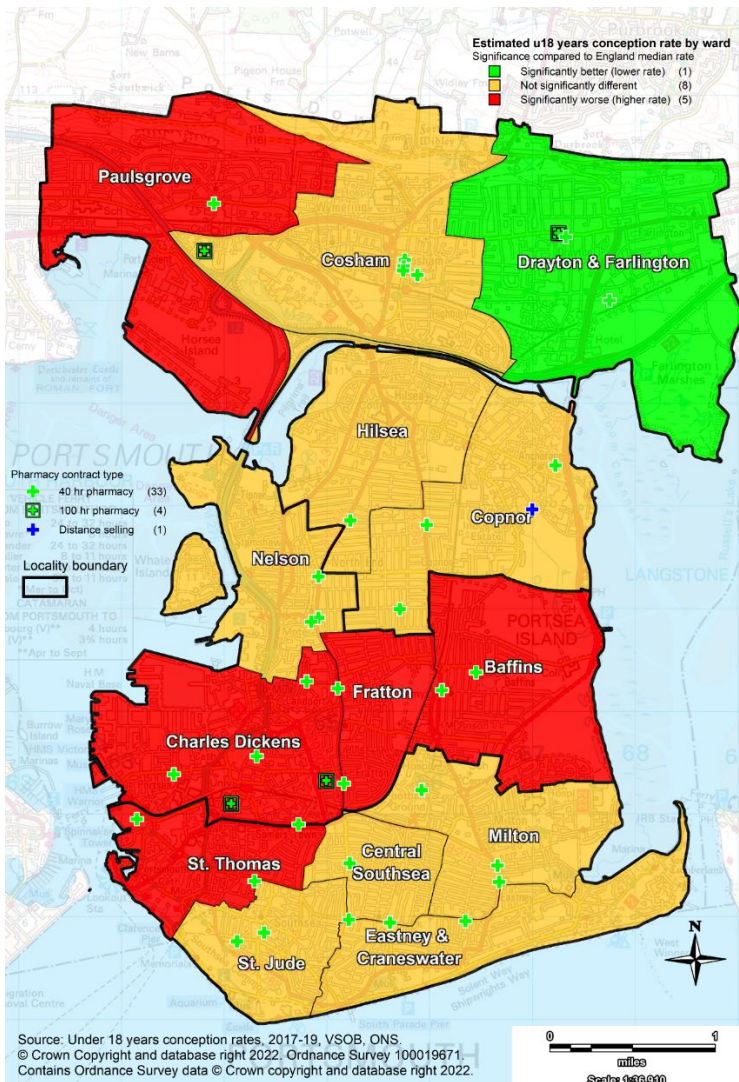


Figure 19. Map of Portsmouth comparing the estimated electoral ward under 18 years conception rate to the England median, 2017-19, overlaid by localities and pharmacies

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 <sup>219</sup>. 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 <sup>220</sup>. 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. <sup>221</sup>

<sup>219</sup> 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.

<sup>220</sup> Table 7, VSOB, Office for National Statistics © Crown Copyright via Portsmouth JSNA: [www.jsna.portsmouth.gov.uk](http://www.jsna.portsmouth.gov.uk)

<sup>221</sup> Table 6, VSOB, Office for National Statistics © Crown Copyright via Portsmouth JSNA: [www.jsna.portsmouth.gov.uk](http://www.jsna.portsmouth.gov.uk)

In 2020, Portsmouth's abortion rate<sup>222</sup> 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.<sup>223</sup>

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.<sup>224</sup>

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<sup>225</sup>. 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.<sup>226</sup>

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%).<sup>227</sup>

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).<sup>228</sup>

#### *8.11.4.1 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.<sup>229</sup> 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)

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<sup>222</sup> 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.

<sup>223</sup> 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.

<sup>224</sup> 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.

<sup>225</sup> DH Abortion Statistics © Crown Copyright. Table 10d via Portsmouth JSNA: [www.jsna.portsmouth.gov.uk](http://www.jsna.portsmouth.gov.uk)

<sup>226</sup> DH Abortion Statistics © Crown Copyright. Table 11a via Portsmouth JSNA: [www.jsna.portsmouth.gov.uk](http://www.jsna.portsmouth.gov.uk)

<sup>227</sup> 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.

<sup>228</sup> DH Abortion Statistics © Crown Copyright. Table 11d via Portsmouth JSNA: [www.jsna.portsmouth.gov.uk](http://www.jsna.portsmouth.gov.uk)

<sup>229</sup> 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](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/827649/2019_08_SE_STISpot2018.pdf) Date accessed 18/2/2022.

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 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.<sup>230</sup>

### 8.12 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.<sup>231</sup>

## 9 Covid-19 impacts and ongoing response

### 9.10 Impacts of Covid-19 in Portsmouth

#### Cases

Up to 31<sup>st</sup> March 2022, Portsmouth has now had 68,201 people with at least one positive Covid-19 test result (either lab-confirmed or lateral flow device) since the first confirmed city case on 9<sup>th</sup> March 2020. Cases in the third wave peaked on 1<sup>st</sup> January 2022 at an average of 599 cases each day over the previous 7 days, driven by the more transmissible Omicron variant. This was nearly three times the height of the second wave which peaked on 11<sup>th</sup> January 2021 with an average of 210 cases each day over the previous 7 days. Rates fell during February before rising again with the emergence of Omicron BA.2. While recorded rates peaked on 19<sup>th</sup> March at just over half the rates recorded earlier in the year, ONS Infection Survey data estimated that prevalence of Covid was at the highest levels seen throughout the pandemic. Since then recorded rates have fallen steadily though changes in testing policy have made it harder to maintain a consistent picture.

Comparisons between waves remain difficult due to the significant changes in testing regimes. The roll-out of the vaccination programme, targeted initially at older and more vulnerable cohorts, significantly changed the age profile of cases in wave 3 and reduced the link between cases and severe outcomes, while testing rates increased in wave 3 meaning more asymptomatic cases were identified. The levels of Covid seen during the Omicron wave have led to significant pressure on healthcare systems despite the lower severity with the current variant and levels of antibodies in the population.

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<sup>230</sup> Portsmouth JSNA: <https://www.portsmouth.gov.uk/wp-content/uploads/2020/04/portsmouth-student-health-needs-assessment-2018.pdf> Date accessed 18/2/2022.

<sup>231</sup> ONS data via the Portsmouth Strategic Assessment 2020-21: <https://www.saferportsmouth.org.uk/strategic-assessments> Date accessed 17/2/2022.

Covid related admissions to Portsmouth Hospitals NHS Trust peaked in early April 2022 at around 75% of the levels seen in January 2021.

### *Severe health outcomes*

Demographic factors such as age and gender correlated with higher rates severe health outcomes - hospitalisation and death due to COVID-19. Older people and males were disproportionately affected by these severe COVID-19 outcomes. Higher numbers of cases were reported in females when compared to males, which may be linked to occupation. Local analysis suggesting that the burden of Long COVID may disproportionately fall on the female working age population.

Care homes were disproportionately affected by the COVID-19 outbreak as residents and those working in care homes were more vulnerable to the virus.

People from ethnic minority groups were more likely to be diagnosed with COVID-19 and were disproportionately affected by severe health outcomes - hospitalisation and death due to COVID-19.

National data reported a link between occupation and severe outcomes from contracting COVID-19. Local analysis found that for two occupational groups the relative increase in deaths was far higher than the average. These were caring, leisure and other service occupations and elementary occupations. These types of occupation suggest employees with increased socio economic vulnerabilities and working conditions such as unable to work from home, working in multiple settings (such as carers) and being lower paid.

### *Deaths*

Portsmouth Hospitals NHS Trust recorded its first Covid-19 death on 14<sup>th</sup> March. Since then, up to the 31<sup>st</sup> March 2022, there have been a total of 455 Covid-19 related deaths in Portsmouth within 28 days of positive test. Nearly two thirds (63%) of these occurred during the second wave (between October 2020 and March 2021), with 80 deaths (22%) in wave 1 and 88 deaths (19%) since 1<sup>st</sup> July 2021. Significantly lower mortality in the third wave demonstrates the success of the vaccination programme as well as the lower severity of Delta and Omicron variants to those that preceded them.

The total number of deaths each week in Portsmouth was significantly higher than in an average week during the peaks of wave 1 and wave 2. These excess deaths were mostly Covid-19 related. Despite the very high prevalence of Covid-19, deaths in most weeks in 2022 have so far been below the weekly average in previous years before the pandemic.

### *Wave 1 deaths analysis*

Analysis of deaths in Portsmouth between 1<sup>st</sup> March and 31<sup>st</sup> August 2020 in which Covid-19 was mentioned on the death certificate ('Wave 1 Covid-19 deaths') shows the following:

- Portsmouth had a relatively lower rate of Covid-19 mentioned deaths compared to England and other local authorities
- 99% deaths were in hospital or care homes
- Covid-19 was the underlying cause in 92% of deaths in which Covid-19 was mentioned
- Portsmouth **males had a statistically significantly higher Covid-19 mortality rate than females** both aged 75+ and under 75 years during March to August 2020 (see fig1 below)
- Covid-19 was the leading cause of death for males of all ages, while dementia remained the leading cause of death for females



### *Indirect impacts of Covid-19*

The whole population has been impacted by national policy responses to Covid; however, particular groups have been impacted in different ways and experienced varying levels of hardship over the course of the pandemic. National evidence, summarised below, highlights some of the ways in which people's socio-economic situation has impacted on their experience during the pandemic.

**Children:** The number of children living in relative poverty has been steadily increasing prior to COVID and the economic impact of COVID has disproportionately impacted low-income families, potentially further driving and widening the inequalities for these children. Children saw decrease in overall activity, reduced access to healthy food, and increases in obesity, particularly for children from more disadvantaged backgrounds. Education has been significantly impacted on due to school closures and the time spent learning declined during lockdown. Schools in higher areas of deprivation had greater months of learning lost when compared to schools in lower deprivation areas

**Young people:** Adolescence is a key period for social cognitive development - young people saw increased feelings of loneliness and isolation, concerns about school, college or university work, trouble sleeping, anxiety about catching and spreading COVID-19 and a breakdown in routine. The young working age population had the highest rates of furlough as they were less likely to be able to work from home. Young people also have characteristics which make them particularly vulnerable to experiencing a decline in their mental wellbeing related to COVID-19 restrictions. They have characteristics which compound their vulnerability; being in education or insecure employment, having less financial security and having high scores for loneliness and mental health conditions.

**Working age population:** Those with low income or loss of income associated with increasing levels of loneliness during lockdown and higher levels of anxiety and mental distress. They were more likely to experience financial strain, longer working hours, poorer work life balance or increased fear of potential exposure to COVID-19. Women in lower socio-economic jobs were more likely to be furloughed than any other positions. Lockdown policy meant that those working in food service, accommodation, arts and entertainment were the workforce most affected. People living in smaller, more crowded homes with less access to private garden space would have experienced greater stress during social distancing restrictions than those with garden and additional living space. One in five adults have experienced some form of depression, double that observed before the pandemic. People who have never experienced adverse mental health in the past may be experiencing mental health conditions for the first time during and after COVID-19. Similarly, those who have past or ongoing experiences with their mental health may have also felt a decline in their mental wellbeing related to COVID-19.

**Carers and social care:** Nationally, there has been an increase in unpaid carers during the pandemic as people provide informal help for family members. Carers have reported a decline in mental health and increased isolation.

**Older people:** Decreased social connectiveness led to increasing feelings of loneliness and isolation and growing concern of cognitive decline due to lack of mental stimulation and socialising. Anxiety and depression also increased.

### 9.11 Living with Covid

In March 2022, the Government published its latest COVID-19 response guidance 'Living with Covid-19'. The Government's objective in the next phase of the COVID-19 response is to enable the country to manage COVID-19 like other respiratory illnesses, while minimising mortality and retaining the ability to respond if a new variant emerges which may be more severe or more transmissible than the Omicron variant putting the NHS under unsustainable pressure.

The Government will structure its ongoing response around four principles:

1. **Living with COVID-19:** removing domestic restrictions while encouraging safer behaviours through public health advice, in common with longstanding ways of managing most other respiratory illnesses;
2. **Protecting people most vulnerable to COVID-19:** through vaccination guided by Joint Committee on Vaccination and Immunisation (JCVI) advice, the best available treatments and deploying targeted testing;
3. **Maintaining resilience:** ongoing surveillance, contingency planning and the ability to reintroduce key capabilities such as mass vaccination and testing in an emergency;
4. **Securing innovations and opportunities from the COVID-19 response,** including investment in life sciences.

In Portsmouth, we are aiming to ensure a smooth transition from acute phase of response to 'Living safely with Covid' and support the government measures outlined above.

We need to ensure that the most vulnerable in our community continue to be supported and will build on the innovation and partnership work with organisations and residents developed through the pandemic to do this.

We continue to promote safer behaviours to limit the likelihood of transmission in the community. This includes the promotion of vaccination, good hygiene practices such as handwashing, good ventilation, wearing face coverings in crowded spaces, testing if symptomatic and staying at home if positive.

A follow up Contingency Framework is awaited from the UK Health Security Agency. This will clarify plans for maintaining resilience, including Local Authority roles in managing the consequences of infection. In order to prepare, we are developing local escalation frameworks and delivery plans to reactivate mass testing and tracing should it become necessary. We aim to remain agile as we continue to monitor and adapt to any new challenges that the virus presents in the future.

## 10 Conclusion

Portsmouth is a unique city and a fantastic place to live, work and visit. It faces many of the challenges common to coastal cities identified in the 2021 CMO report, as well as local issues such as poor equality that are linked to its geography. Life chances and health outcomes are too low for too many of our residents and the inequalities, both within the city and between Portsmouth and the rest of the country are stark. The Covid-19 pandemic has highlighted the impact that people's circumstances and background has on their health outcomes but many of these problems were evidence prior to that, as this report sets out.

As a city we have identified our priorities through the Health and Wellbeing Strategy to address these long-standing issues. As a health and care system we have an opportunity through the new

Integrated Care System to focus on how we work together in Portsmouth to address the areas of poor outcomes and the place-based factors that influence those outcomes and the behaviours that drive them. As Director of Public Health I look forward to continuing to work with you all to make Portsmouth a healthy and happy city.

Helen Atkinson, Director of Public Health

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