Joint Strategic Needs Assessment

Annual Summary, 2015

Contents

6   **Research required to develop and implement the Joint Health and Wellbeing Strategy**

Appendix   **Joint Health and Wellbeing Strategy outcome measures**

1   Introduction

The Joint Strategic Needs Assessment (JSNA) describes the current and future wellbeing, health and care needs of local communities. The Health and Wellbeing Board has a statutory duty to ensure that Portsmouth City Council and NHS Portsmouth Clinical Commissioning Group (CCG) jointly produce a JSNA. Portsmouth's JSNA has several elements:

- Providing health and social care commissioners and the Health and Wellbeing Board with intelligence about health and social care needs
- Maintaining a website with up-to-date research and statistics about health and wellbeing (http://data.hampshirehub.net/def/concept/folders/themes/jsna/portsmouth-jsna)
- Producing Annual JSNA summaries
- Working with the Children's Trust and the Safer Portsmouth Partnership in a knowledge and research programme to support and inform partnership decisions.

Previously, in this report, we have given the Health and Wellbeing Board an overview of key demographic, health and wellbeing trends and issues. The JSNA directly informs the priorities of the Joint Health and Wellbeing Strategy[1]:

1. Giving children and young people the best start in life
2. Promoting prevention
3. Supporting independence
4. Intervening earlier
5. Reducing inequality.

This year's Annual Summary focuses on the new Strategy and comprises:

- Key health and wellbeing trends and issues
- Monitoring progress in achieving the Joint Health and Wellbeing Strategy priorities

Previous JSNA Annual Summaries can be found here:

http://data.hampshirehub.net/def/concept/folders/themes/jsna/portsmouth-jsna/jsna-and-ward-summaries-and-outcome-frameworks/jsna-summaries

2   Recent research and investigations

Partner agencies and Scrutiny Panels continue to carry out a wide range of research into health and wellbeing in Portsmouth, including:

- "Knowledge Summits" held in January, February, November 2014. Identified 'Parenting' as key cross-cutting issue for Health and Wellbeing, Children's Trust and Safer Portsmouth Partnership

---

[1] Portsmouth City Council. NHS Portsmouth Clinical Commissioning Group. Joint Health and Wellbeing Strategy 2014-2017. https://www.portsmouth.gov.uk/ext/documents-external/hlth-jhwellbeingstrategy2014-17.pdf Accessed 27 October 2015

- Updated Electoral Ward profiles
  http://data.hampshirehub.net/def/concept/folders/themes/jsna/portsmouth-jsna/jsna-and-ward-summaries-and-outcome-frameworks/electoral-ward-summaries
- Index of Multiple Deprivation 2015 - resources updated on JSNA website

Socio-environmental factors:
- Series of 'Building a healthier city' seminars
- Annual Public Health Report 2014: Building a healthier city (in press)
- Food mapping
- Annual crime and anti-social behaviour strategic assessment
- Reported road casualties, 2010-2014. Hampshire Constabulary
  http://data.hampshirehub.net/data/reported-road-casualties-portsmouth-2010-2014
- Road safety around schools - investigation by the Traffic, Environment and Community Safety Scrutiny Panel http://data.hampshirehub.net/data/road-safety-around-schools-traffic-environment--community-safety-scrutiny-panel-review-2015
- Profiles of neighbourhoods especially Somerstown, Paulsgrove and Wymering, Portsea, Fratton to inform development of the Wellbeing Service
- Economic development, Culture and Leisure Scrutiny Panel - Revitalising Portsmouth's local high streets and secondary shopping areas
  http://data.hampshirehub.net/def/concept/folders/themes/jsna/portsmouth-jsna/social-and-environmental-context/the-economy-and-employment
- Intelligence to support development of Healthy Weight Strategy
- Research into cumulative impact zones to inform Licensing Policy
- Solent Local Economic Partnership strategies and plans

Tackling inequalities affecting vulnerable groups:
- Tackling poverty needs assessment http://data.hampshirehub.net/data/jsna/portsmouth-jsna/social-and-environmental-context/poverty-and-deprivation/tackling-poverty-needs-assessment
  to inform Tackling poverty strategy http://data.hampshirehub.net/data/tackling-poverty-strategy-2015-2020
- Health needs of homeless people http://data.hampshirehub.net/data/health-needs-assessment-of-homeless-people
- Better Care population needs and demand profiling
- Intelligence to support development of the Carers' Strategy
  http://data.hampshirehub.net/data/jsna/portsmouth-jsna/burden-of-ill-health-and-disability/carers/carers-strategy

Surveys carried out this year
- Annual 'You say' survey of secondary school age pupils

Community engagement/consultations carried out this year
- Physical activity
- Mental health strategy

Specific health and wellbeing issues:
- Liver health needs assessment http://data.hampshirehub.net/data/liver-health---needs-assessment-june-2015

- Pharmaceutical needs assessment (statutory) http://data.hampshirehub.net/def/concept/folders/themes/jsna/portsmouth-jsna/services/pharmacies
- Sexual health needs assessment http://data.hampshirehub.net/data/1-sexual-health-needs-assessment-2014 (to inform Sexual health strategy 2014-19 http://data.hampshirehub.net/data/1-sexual-health-strategy-2014-2019)
- Mental health needs assessment to inform Mental Health strategy
- Intelligence to support development of Infant Feeding strategy

Services
Review of health services for homeless people

Current needs assessments or research
- Health and lifestyle survey of adults aged 16+ years
- Survey of Veterans' health
- Impact assessment of retrofit of Wilmcote House, Somerstown
- Rapid participatory appraisals of health and wellbeing in Paulsgrove and Fratton
- Children's and young people's needs assessment
- Continence services
- Review of home to school transport and access to primary school places (Education, Children and Young People Scrutiny Panel)
- Support services for people aged 16-25 years living in isolation (Housing and Social Care Scrutiny Panel)
- How to develop wider opportunities for students to the mutual benefit of students and the city council (Economic Development, Culture and Leisure Scrutiny Panel)
- Consideration of options for, and improvements and variations to, Portsmouth's public transport system (Traffic, Environment and Community Safety Scrutiny Panel)
- What do we need to do differently in relation to parenting to improve outcomes in the city?
- Safer Portsmouth Partnership research identified in the annual strategic assessment

3 Demographic trends and deprivation

Population

- About 209,000 people live in Portsmouth - about 1,600 more than in 2013
- Each year, there are about 1,000 more births than deaths to city residents
- There were 2,685 live births - 23.6% born to non-UK born mothers
- ONS estimate that 0.8% of Portsmouth's population increase is due to net international migration. Net internal migration contributes -0.5% of growth (ie more people move out of the city to other parts of the UK than move in from other UK areas)

Diversity

- 16.0% of the city's population are not of White British ethnicity
- Children and young people have a different ethnic profile with 29% of school-age children being of non White British ethnicity (45% of school children living in St Thomas ward and 38% in St Jude ward are of non White British ethnicity)

Population change

Over the next 22 years, the population is projected to increase to about 241,000 persons (13% increase). The greatest proportionate increase will be in the population aged 65+ years which will increase from 14% to 19%. The proportion of the population aged 0-19 years will slightly decline from 24% to 23%. (Figure 1)

Deprivation

The new Index of Multiple Deprivation, 2015 provides a relative ranking of areas across England according to their level of deprivation. Deprivation is experienced across a range of issues and refers to unmet need caused by a lack of resources - not just financial resources. For overall deprivation, Portsmouth is ranked 63rd of 326 local authorities (previously ranked 76th of 326 local authorities in 2010, and 93rd of 354 authorities in 2007) where 1 is the most deprived in terms of the average score.

Figure 2 shows relative deprivation across the city. Figure 3 shows in more detail, those areas of the city that lie within the most deprived 1%, 2%, 3-5% etc areas of England.

Figure 1

Resident population estimates and projections by gender and 5 year age bands
Portsmouth City

2015 to 2037

☐ Males population estimate 2037   ☐ Females population estimate 2037
■ Males population estimate 2015   ■ Females population estimate 2015

Resident population (number)

Source: ONS 2011 Census-based mid-2012 subnational population projections.

Figure 2

Indices of deprivation (ID) 2015 - map of Portsmouth with the
England rank of Index of Multiple Deprivation (IMD) 2015 score in deciles
by 2011 Census Lower Super Output Areas (LSOAs) overlaid with electoral wards.
Source: Department for Communities and Local Government, Indices of Deprivation 2015.

England Rank of IMD 2015 score (Decile)
By LSOA (no. of)

Most Deprived 10%	(16)
	(12)
	(21)
	(20)
	(24)
	(10)
	(9)
	(7)
	(4)
Least Deprived 10%	(2)

© Crown Copyright and database right 2015. Ordnance Survey 100019671.
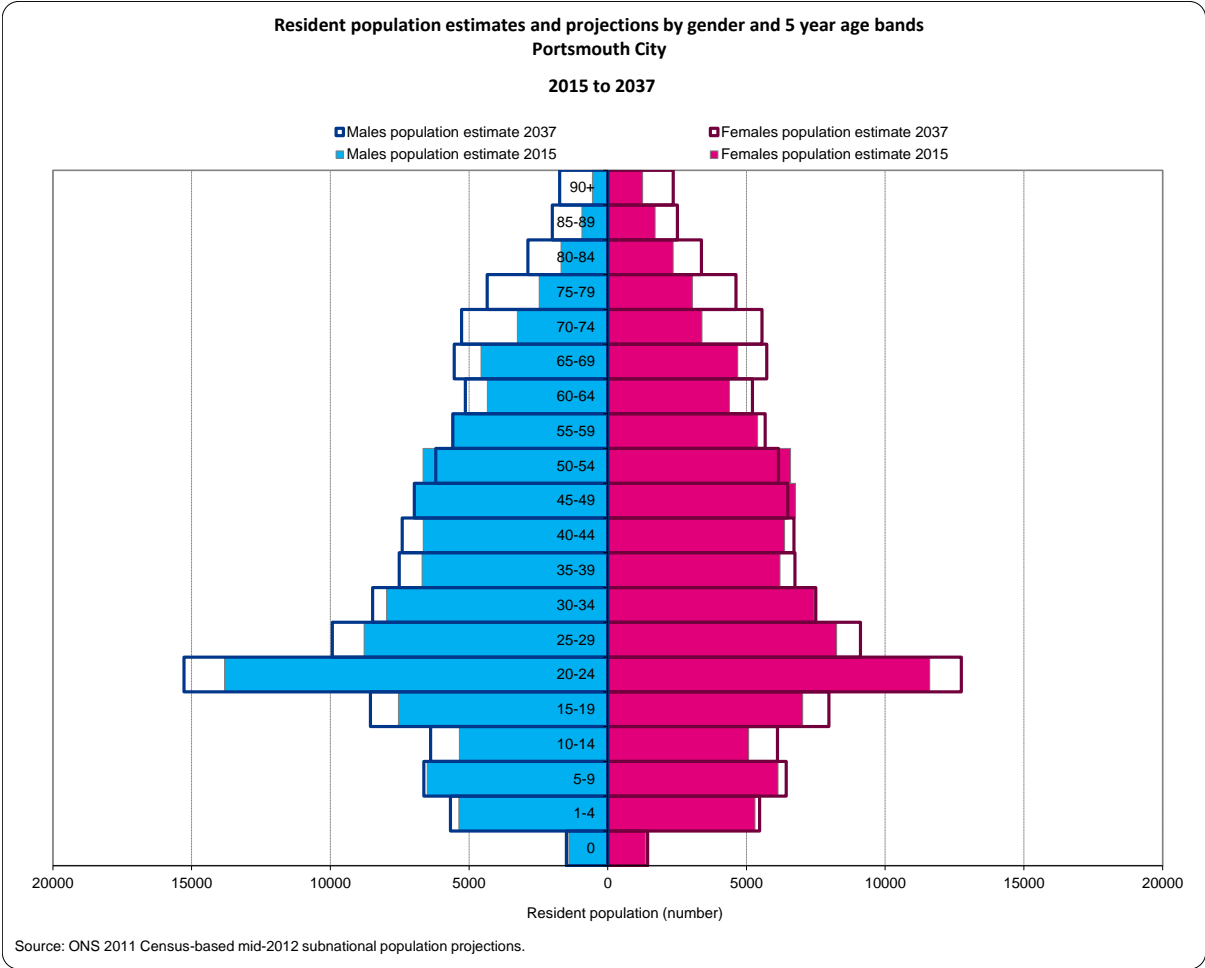Contains National Statistics data © Crown copyright and database right 2015.

Scale: 1:36,680

Figure 3

Indices of deprivation (ID) 2015 - map of Portsmouth with the
England rank of Index of Multiple Deprivation (IMD) 2015 score in top 1%, 5% and the rest
by 2011 Census Lower Super Output Areas (LSOAs) overlaid with electoral wards.
Source: Department for Communities and Local Government, Indices of Deprivation 2015.
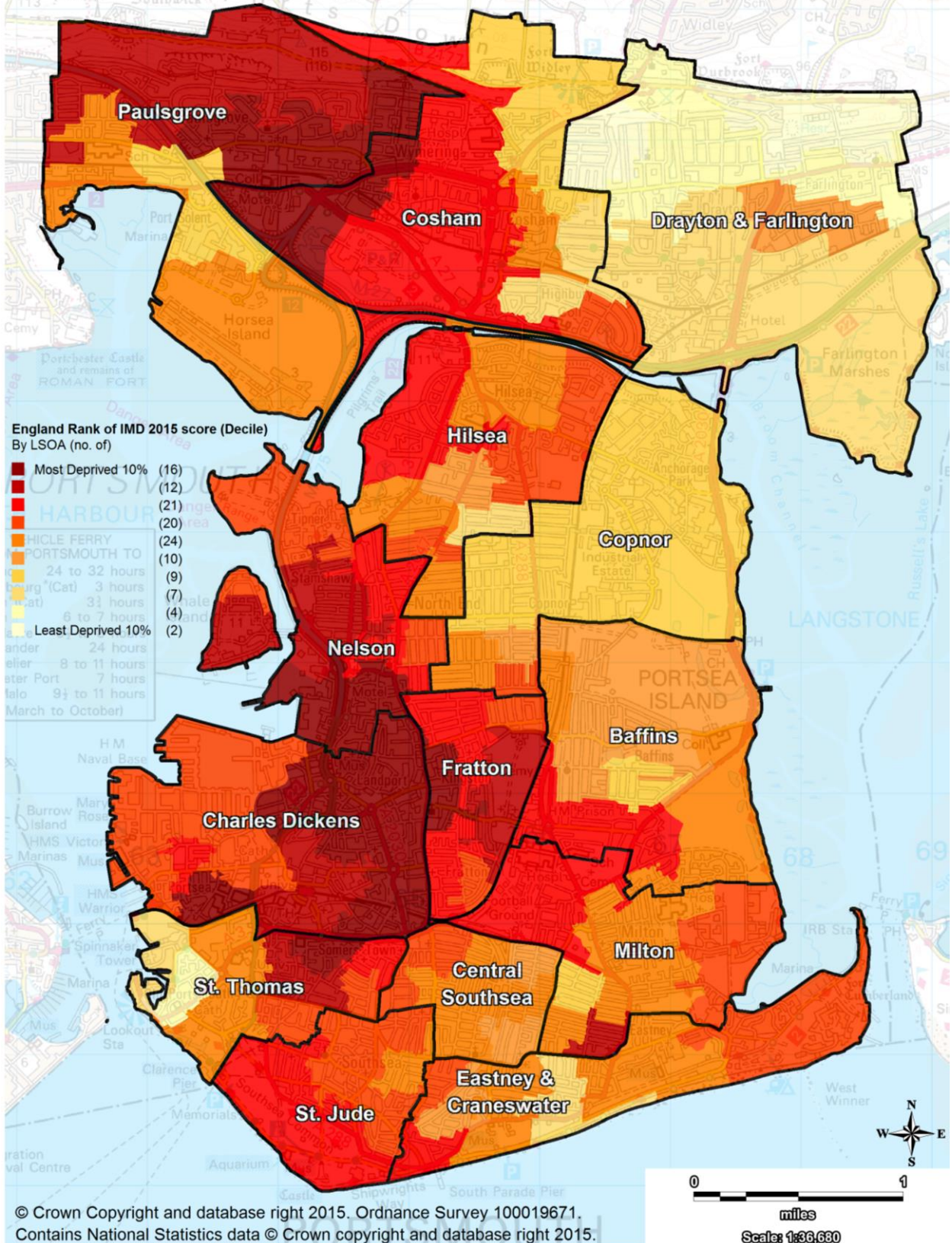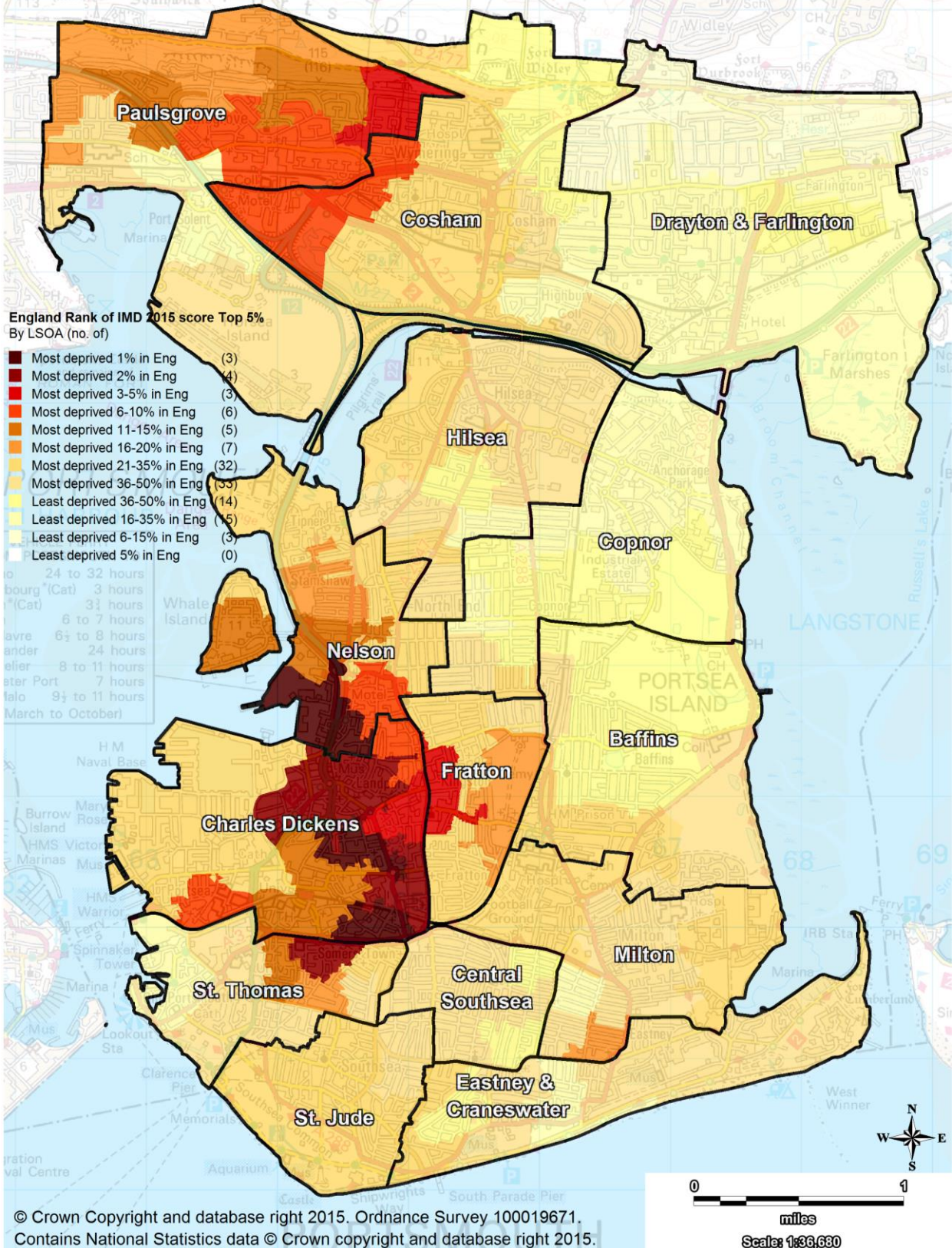
4   Key health and wellbeing trends

4.1   Overview

Reducing inequalities runs through all the outcomes presented in this report as the overall aim of the Joint Health and Wellbeing Strategy is "to improve the health of the poorest fastest".

Showing the impact of poorer physical and mental health outcomes, males in Portsmouth's most deprived areas die 9.5 years earlier than males in Portsmouth's least deprived areas. For females living in the most compared to least deprived areas, the gap in life expectancy is 6.0 years. Figure 4 shows the causes of this gap in life expectancy eg circulatory diseases contribute 23% of the gap for males and 26% for females.

Figure 4. Causes of the life expectancy gap between the most deprived quintile and the least deprived quintile in Portsmouth, 2010-12
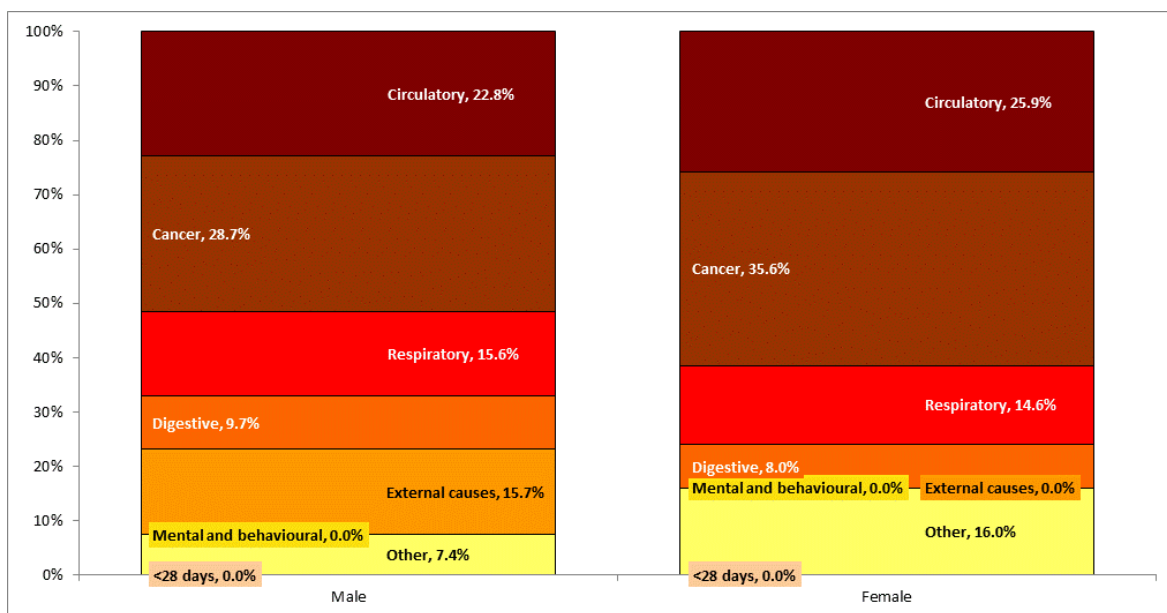
Source: Segment tool. London Knowledge and Intelligence Team, PHE[2]

The data is stark. Between 2010 and 2012, comparing deaths in Portsmouth's most deprived areas compared to the least deprived areas there were:

- 58 more male deaths and 57 more female deaths from circulatory disease (including coronary heart disease and stroke)
- 36 more male deaths and 35 more female deaths from lung cancer
- 44 more male deaths and 18 more female deaths from chronic obstructive pulmonary disease
- 19 more male deaths and nine more female deaths from chronic liver disease (including chirrhosis)
- Male suicide caused two additional deaths. [3]

---

[2] Segment tool. London Knowledge and Intelligence Team, Public Health England.
http://www.lho.org.uk/LHO_Topics/Analytic_Tools/Segment/TheSegmentTool.aspx? Accessed 3 September 2015
[3] London Health Observatory. Segment tool: segmenting life expectancy gaps by cause of death.
http://www.lho.org.uk/LHO_Topics/Analytic_Tools/Segment/Documents/LA_E06000044.pdf Accessed 3 September 2015

Public Health England's Health Profiles give an overview of key physical and mental health and wellbeing issues.[4] (summarised in Figure 5)

Figure 5. Key health and wellbeing trends, from national Health Profiles issued 2011-2015

Key health and wellbeing trends
Portsmouth value compared to previous year's value, and compared to England, 2011-2015

Indicator	Value in 2012 compared to 2011	Value in 2013 compared to 2012	Value in 2014 compared to 2013	Value in 2015 compared to 2014	Portsmouth compared to England 2011	2012	2013	2014	2015
Deprivation	↑	↑	↓	Same data	green	red	red	red	red
% children in poverty	↑	↓	↓	↓	red	red	red	red	red
Statutory homelessness	↑	↑	↑	↓	red	red	red	red	red
Achievement of GCSEs incl English and Maths	↑	↑	↓	New measure	red	red	red	red	red
Recorded crimes of violence v the person	↓	↑	↓	↓	red	red	red	red	red
Long term unemployment	↓	↑	↑	↓	green	green	green	amber	green
Smoking in pregnancy	↓	↓	↓	↓	red	red	red	red	red
Breastfeeding initiation	↑	↓	↑	↓	amber	amber	amber	amber	Not able to compare
Obese children in Yr 6	↓	↑	↓	↓	red	amber	red	red	amber
Alcohol-specific hospital stays (under 18)	Not applicable	Same data	↓	New measure	Not applicable	amber	amber	amber	amber
Teenage pregnancy (under 18)	↓	↓	↓	↓	red	red	red	red	amber
Estimated prevalence adults smoking	↑	↓	↓	↓	amber	amber	amber	amber	amber
Estimated prevalence physically active adults	↑	New measure	Same data	↑	amber	amber	amber	amber	amber
Estimated prevalence obese adults	Same data	Same data	New measure	Same data	amber	amber	amber	amber	amber
Incidence malignant melanoma	↓	↔	↑	New measure	red	amber	red	red	red
Self-harm hospital stays	↑	↓	↓	↑	red	red	red	red	red
Alcohol-related hospital stays	↑	Same data	↓	New measure	red	red	red	amber	amber
Est prev opiate &/or crack cocaine users	↓	↓	Same data	↑	red	red	red	red	red
Diabetes prevalence	↑	↑	↑	↑	Signif lower	Signif lower	Signif lower	Signif lower	Signif lower
Incidence TB	↓	↓	↓	New measure	red	red	red	red	green
Acute sexually transmitted disease	Not applicable	↓	Same data	New measure	Not applicable	red	red	red	red
Hip fracture 65+ yrs	↑	↑	↑	↑	amber	amber	amber	amber	amber
Excess winter deaths	↑	↓	↓	↑	red	amber	red	red	red
Male life expectancy at birth	↑	↓	↑	↔	red	red	red	red	red
Female life expectancy at birth	↑	↓	↓	↓	amber	amber	amber	amber	red
Infant deaths	↑	↓	↓	↓	amber	amber	amber	green	green
Smoking related deaths	↑	↓	↑	↓	red	red	red	red	red
Heart disease & stroke premature mortality	↓	↓	↓	↑	red	amber	red	red	red
Cancer premature mortality	↑	↓	↑	↓	red	red	red	red	red
Road injuries and deaths	↑	↑	↑	↑	amber	amber	red	red	red

Legend:
- ↔ No change
- ↑ Increasing, positive direction
- ↑ Increasing, negative direction
- ↓ Decreasing, positive direction
- ↓ Decreasing, negative direction

- Significantly worse than England (red)
- No different to England (amber)
- Significantly better than England (green)

Source: Health Profiles, Public Health England, 2011 to 2015

4.2 Issues

The main areas of concern are the seven areas highlighted in red text in Figure 3. The trend for each is worsening **and** Portsmouth is significantly worse than England:

- Female life expectancy

---

[4] Public Health England. Health Profiles, issued 2011 to 2015
http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES Accessed 3 September 2015

- Premature mortality from heart disease and stroke
- Hospital stays for self-harm
- Estimated prevalence of opiate and/or crack cocaine users
- Incidence of malignant melanoma
- Road injuries and deaths
- Excess winter deaths

4.2.1   Female life expectancy

Life expectancy at birth is a summary measure of the all cause mortality rates in an area in a given period. It is the average number of years a new-born baby would survive, were he or she to experience a particular area's recent age-specific mortality rates for the whole of their life.

Male life expectancy in Portsmouth has been significantly shorter than the England average for some years now. The reasons for this were examined in the Director of Public Health's Annual Report 2012.[5]

However, Portsmouth's female life expectancy is now (in 2011-13 and 2012-14) also significantly shorter than the England female average.

Within the city, the chart above (Figure 4) shows that it is cancer (36% contribution), circulatory diseases (26%) and respiratory diseases (15%) that make the greatest contributions to the gap in life expectancy between females living in the most compared to the least deprived city areas.

Looking at the main contributors to local female mortality from 1995 onwards, mortality rates from circulatory disease have shown greatest improvement (this is also the case nationally for females, and is also the case nationally and locally for males). But there has been little improvement in female mortality rates for cancer and for certain respiratory conditions. (Figure 6)

Figure 6   Selected causes of female mortality, all ages, Portsmouth 1995 to 2013

---
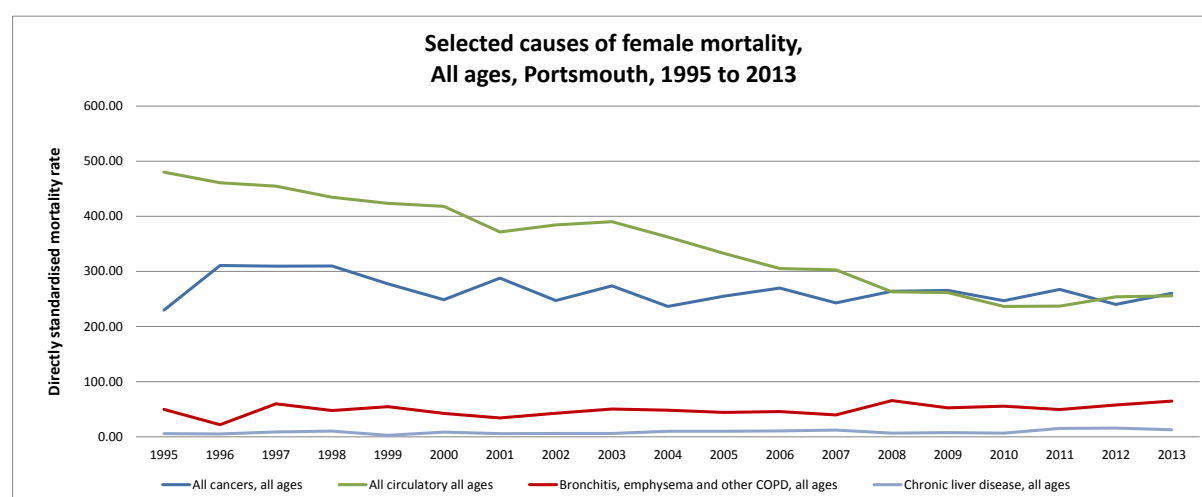
[5] Director of Public Health, Portsmouth City Council, 2012. Public Health Annual Report: The health of men in Portsmouth. http://data.hampshirehub.net/data/jsna/portsmouth-jsna/the-people-of-portsmouth/public-health-annual-reports/the-health-of-men-in-portsmouth-public-health-annual-report-2012 Accessed 23 October 2015

Between 1995 and 2013, the female mortality rate for chronic liver disease increased from 5.7 deaths per 100,000 females of all ages to 12.7 such deaths. One contributor to chronic liver disease is alcohol. Between 2006/08 to 2011/13, Portsmouth's female alcohol-specific mortality rate increased from 9.1 deaths per 100,000 females of all ages to 15.7 such deaths. The local rate has been significantly higher than the England rate for the last three rolling three year periods.

For 2011-13, Portsmouth's female premature mortality rate (ie females dying before they reach 75 years of age), is significantly higher than England for circulatory diseases, liver disease and cancers. The local female premature mortality rate for each of these diseases worsened between 2010-12 and 2011-13.

Local female premature mortality rates for circulatory disease and for liver disease with contributing factors which could have prevented early mortality (eg adopting healthy lifestyles, engaging with preventive and other health services) are also significantly worse than England .[6]

Within cancers, the most common female cancers are breast, lung and colorectal cancers. Of these, locally lung cancer has the highest mortality rate. Comparing 1995 and 2013, there has been little change in the breast and colorectal cancer mortality rates. The encouraging decreases in the female lung cancer mortality rate seen in late 1990s/early 2000s were not sustained and the local lung cancer mortality rate is now at 60 deaths per 100,000 females of all ages. (Figure 7)

Figure 7   Mortality due to certain cancers, females of all ages, Portsmouth 1995 to 2013

Source: HSCIC. NCHOD
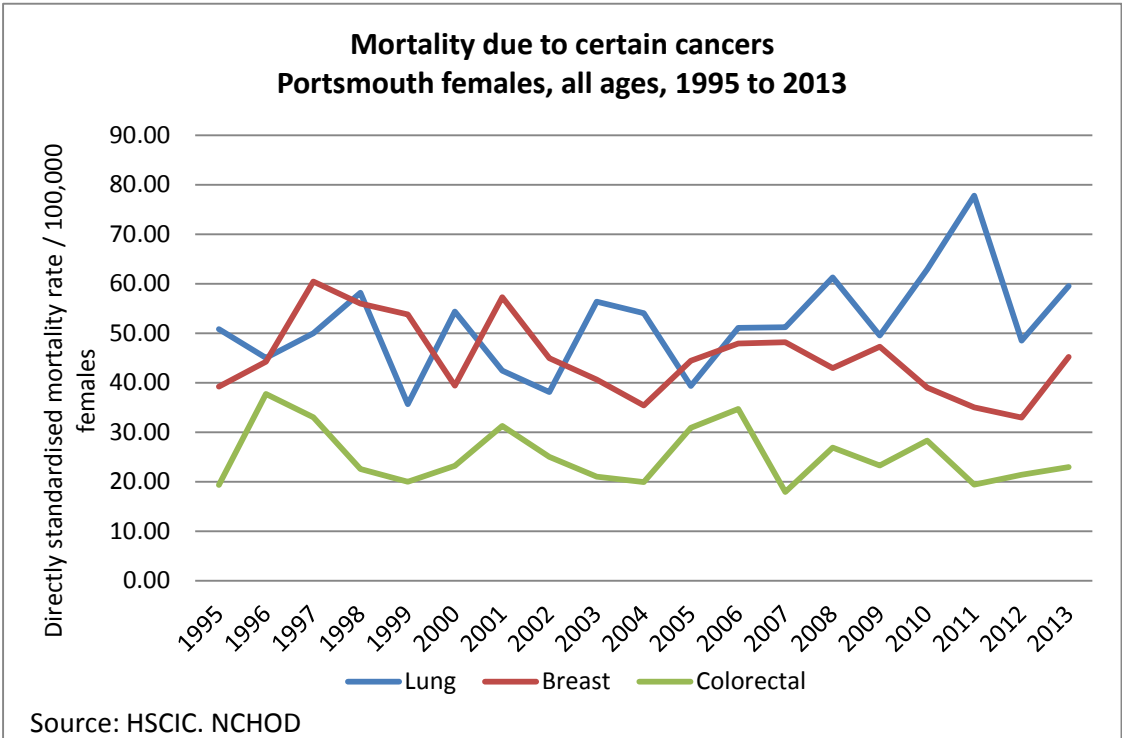
As at March 2014, compared to England, significantly lower percentages of eligible Portsmouth females attended for breast (70.5%) or for cervical (70.7%) screening.

---

[6] Public Health England. Public Health Outcomes Framework. http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000044/pat/104/par/E45000019/ati/102/are/E06000044/iid/40702/age/163/sex/2 Accessed 25 September 2015

4.2.2   Premature mortality from circulatory disease and stroke, under 75s

Portsmouth premature mortality rates from circulatory disease and stroke for males and for females (the latter outlined above) are both significantly higher than the England average. Compared to England, Portsmouth males and females also have significantly higher rates of premature mortality due to circulatory disease resulting from causes considered to be preventable.

One aim of NHS Health Checks is to identify people aged 40-74 years old who are at risk of circulatory disease (it also aims to identify people at risk of diabetes and kidney disease). For 2013/14 to 2014/15, Portsmouth had the third highest proportion of 19 South Eastern local authorities of the eligible population being offered a Health Check (47%). However, of these 19, Portsmouth had the lowest percentage of people actually taking up the invitation (26.5%).[7]

However, national HealthCheck's data reports on activity in the two financial years April 2013 to March 2015. Locally, uptake of NHS Health Checks by those invited was 15% in 2013/14 but has greatly improved to 40% in 2014/15. This positive upward trend has continued in the first quarters of 2015/16.

We need more information about the best ways to encourage people to have healthy lifestyles, and to take advantage of the wide range of health and other services which can identify problems and work alongside people to improve their wellbeing.

4.2.3   Hospital stays for self-harm, persons of all ages

Improving mental health and wellbeing and understanding more about emotional wellbeing of children and young people are workstreams within the Joint Health and Wellbeing Strategy. Mental health issues are covered by the Children's Trust and the Mental Health Alliance.

In 2013/14, Portsmouth had a significantly higher rate of people admited to hospital as emergencies for self-harm (332 such admissions per 100,000 persons of all ages).

At population level, levels of self-harm reflect wider community as well as personal issues. The use of alcohol or drugs is strongly associated with suicide in the general population and in sub-groups such as young men and people who self-harm.[8] Self-harm hospital admission rates also reflect variability in the type, ease of access to and availability of appropriate mental and physical health services.

Compared to England, the suicide mental health profile illustrates that Portsmouth has lower rates of long term health problems and of long term unemployment, but has higher rates of people who are separated or divorced, people living alone, households which are statutorily homeless, looked after children, children in the youth justice system and estimated prevalence of opiates or crack cocaine. Portsmouth

---

[7] Public Health England. Public Health Outcome Framework. http://www.phoutcomes.info/ Accessed 27 October 2015

[8] HM Government 2012. Preventing suicide in England: A cross government outcomes strategy to save lives. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf Accessed 29 September 2015

also has a higher than national rates of mental health clients receiving services from adult social care, and of clients receiving specialist alcohol and drug services. [9]

For 2011/13, Portsmouth's suicide rate for persons aged 15+ years is now significantly higher than the England rate (13.8 per 100,000 persons aged 15+ years). This is the highest local rate since 1999/2001. (Figure 8)

Figure 8   Mortality from suicide and underdetermined injury, persons aged 15+ years, Portsmouth and England 1995/97 to 2011/13

Source: Health and Social Care Information Centre. © Crown Copyright. Compendium of Population Health Indicators (indicator.ic.nhs.uk) and National Statistics.
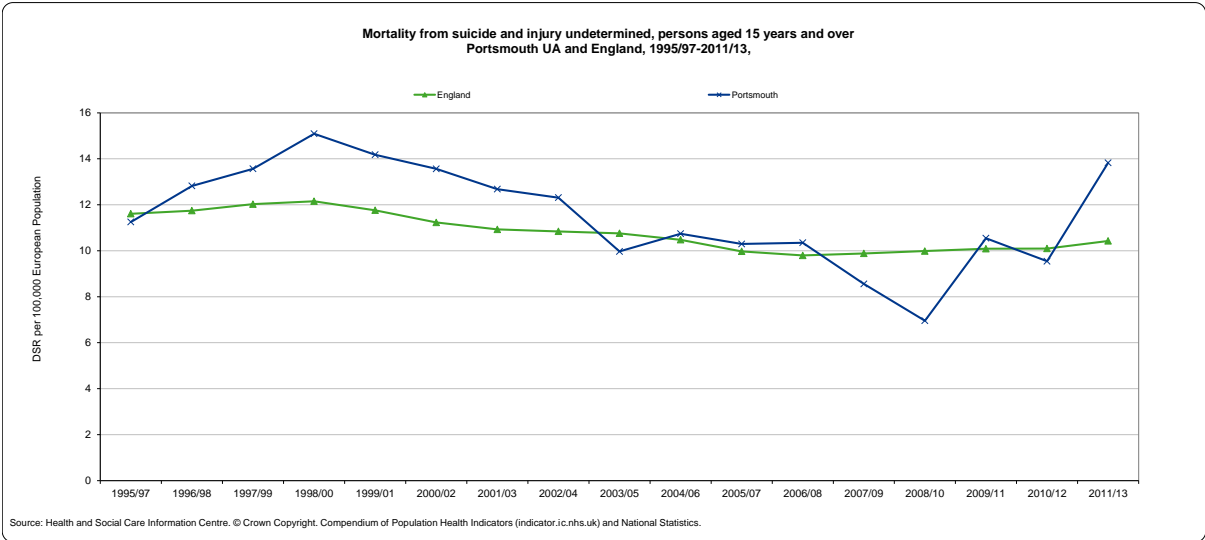
In 2013/14,for children and young people aged 0-17 years, the rate of admission to hospital with a mental health problem was lower than the England rate (77 admissions per 100,000 persons aged 0-17 years). The reasons for these admissions include anxiety, stress, depression as well as severe mental health conditions and admissions due to use of substances and alcohol. However, this particular indicator does NOT include admissions where the main reason for admission was coded as intentional self-harm.

In 2013/14, hospital admissions for intentional self-harm by young people aged 10-24 years were significantly higher than England (533 admissions per 100,000 persons aged 10-24 years).[10] Nationally, between 2004/05 and 2013/14, hospital admissions for self-harm for young people aged 10-14 years increased by 67%, and for young people aged 15-19 years by 60% and it has been suggested that these large increases may be attributed to improved data collection.[11] However, it is concerning that the local admission rate for self-harm is reportedly significantly higher than the national rate. Further local investigations are underway to examine the issues around self-harm in young people.

---

[9] Public Health England. Suicide prevention profile. http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/1/gid/1938132831/pat/6/par/E12000008/ati/102/are/E06000044 Accessed 28 September 2015

[10] Public Health England. CHIMAT. Child health profile http://www.chimat.org.uk/resource/view.aspx?QN=PROFILES_STATIC_RES&SEARCH=P* Accessed 28 September 2015

[11] HM Government 2015. Preventing suicide in England: Two years on. Second annual report on the cross-government outcomes strategy to save lives. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/405407/Annual_Report_acc.pdf Accessed 29 September 2015

Looking at other specific reasons for young persons' hospital admission, for 2011/12 to 2013/14, hospital admissions for young people aged 15-24 years for substance misuse (100 admissions per 100,000 young people aged 15-24 years) were significantly higher than England whilst hospital admissions for alcohol for 0-17 year olds (38 per 100,000 young people aged 0-17 years)were lower than England.

We need more information about the reasons behind the apparent high rate of hospital admissions for self-harm, for young people for self-harm, and for substance misuse. A CAMHS transformation plan is underway, which will include a health needs assessment for this age group.

A suicide audit is planned for autumn 2015.

4.2.4   Estimated prevalence of opiate and/or crack cocaine users, 15-64 years[12]

Substance misuse (including alcohol misuse) is the responsibility of Safer Portsmouth Partnership.

The latest (2011/12) estimate is that 1,549 Portsmouth residents, aged 15-64 years old, are opiate and/or crack cocaine users (10.9 per 1,000 residents aged 15 to 64 years). NB The prevalence is an estimate based on service users. Portsmouth's estimated prevalence is lower than other areas with a similar socio-economic profile but prevalence in Porsmouth has increased at a greater rate than elsewhere.

Drug use in the city continues to be higher than national averages, particularly for powder cocaine but also for ecstasy. While this may reflect the urban and age demographic of the city, tackling drugs continues to be a priority for the Safer Portsmouth Partnership. The Partnership also intends to monitor and respond to the changing profile of drug use in the city - particularly inceases in the use of new psychoactive substances. For young people this is now the third most reported substance use after alcohol and cannabis. Existing treatment services are more geared to opiate and crack cocaine.

The Partnership has found very clear links between alcohol and drug use and crime and anti-social behaviour and health outcomes for the city. Analysis of persistent and prolific offenders, young offenders and complex antisocial behaviour cases shows the impact of substances on perpetrators, their families and the local community.

For more information about substance misuse, please see Safer Portsmouth Partnership's strategic assessment, 2014/15.

4.2.5   Incidence of malignant melanoma, under 75s

For 2010-12, compared to England, Portsmouth had a significantly higher rate of people aged under 75 years being newly diagnosed (incidence) with malignant melanoma.

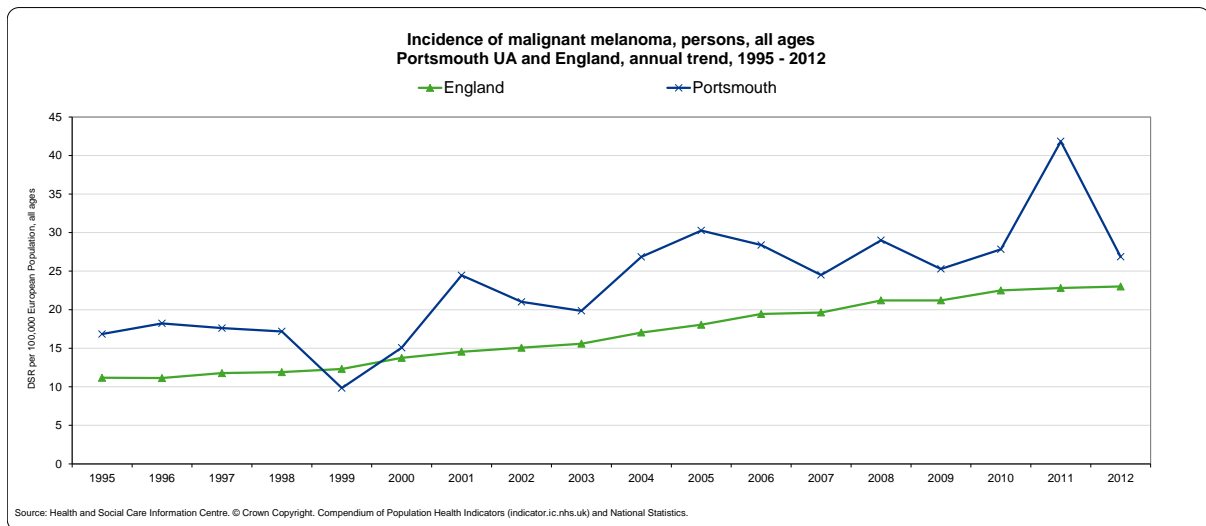Excluding non-malignant skin cancer, malignant melanoma is the fifth most common cancer in the UK. The number of people getting melanoma now is five times higher than in the mid 1970s. In people aged

---

[12] Safer Portsmouth Partnership, 2015. Strategic Assessment 2014/15. https://hampshirehub-files.s3.amazonaws.com/98e5a2a1-108e-4374-bc38-228189adc2d8/API_STR_JSNA_SEC_CRIME_SPPStratAx2014-15.pdf

over 15 years, the incidence steadily rises with age with the highest incidence in people aged over 85 years. It is now the second most common cancer in people under the age of 50 years.[13]

For people of all ages, the incidence rate in Portsmouth peaked in 2011. (Figure 9)

Figure 9   Incidence of malignant melanoma, persons of all ages, Portsmouth and England, 1986 to 2012

Incidence of malignant melanoma, persons, all ages
Portsmouth UA and England, annual trend, 1995 - 2012

Source: Health and Social Care Information Centre. © Crown Copyright. Compendium of Population Health Indicators (indicator.ic.nhs.uk) and National Statistics.

Overexposure to ultraviolet light from the sun or sunbeds is the environmental factor that increases the risk of developing melanoma. Current incidence levels reflect previous exposure to these risk factors.

Public health advice about safe enjoyment of being outside in the sun includes using sunscreen and not staying out in the sun - particularly in the middle of the day.[14] The council registers and inspects all businesses engaged in cosmetic treatments including sunbeds.

4.2.6   Road injuries and deaths, all ages

The most recent national comparative outcome measure covers 2011 to 2013 when an average of 127 Portsmouth residents of all ages were killed or seriously injured (KSI) each year (61.6 persons per 100,000 population -a significantly higher rate compared to England).

Figure 10 shows that there was a spike in the number of people who were "killed or seriously injured" in 2011. In 2011, the increase was in those with serious injuries as there were no local road traffic fatal injuries in that year.

---

[13] Cancer Research UK. Melanoma http://www.cancerresearchuk.org/about-cancer/type/melanoma/about/melanoma-risks-and-causes Accessed 29 September 2015
[14] NHS Choices. Sun safety. http://www.nhs.uk/Livewell/travelhealth/Pages/SunsafetyQA.aspx Accessed 9 October 2015

Figure 10   Number of persons killed or seriously injured in road collisions, persons of all ages, Portsmouth, 2004 to 2014

Number of persons killed or seriously injured in road collisions, persons of all ages, Portsmouth City, 2004 onwards

Source: Department for Transport
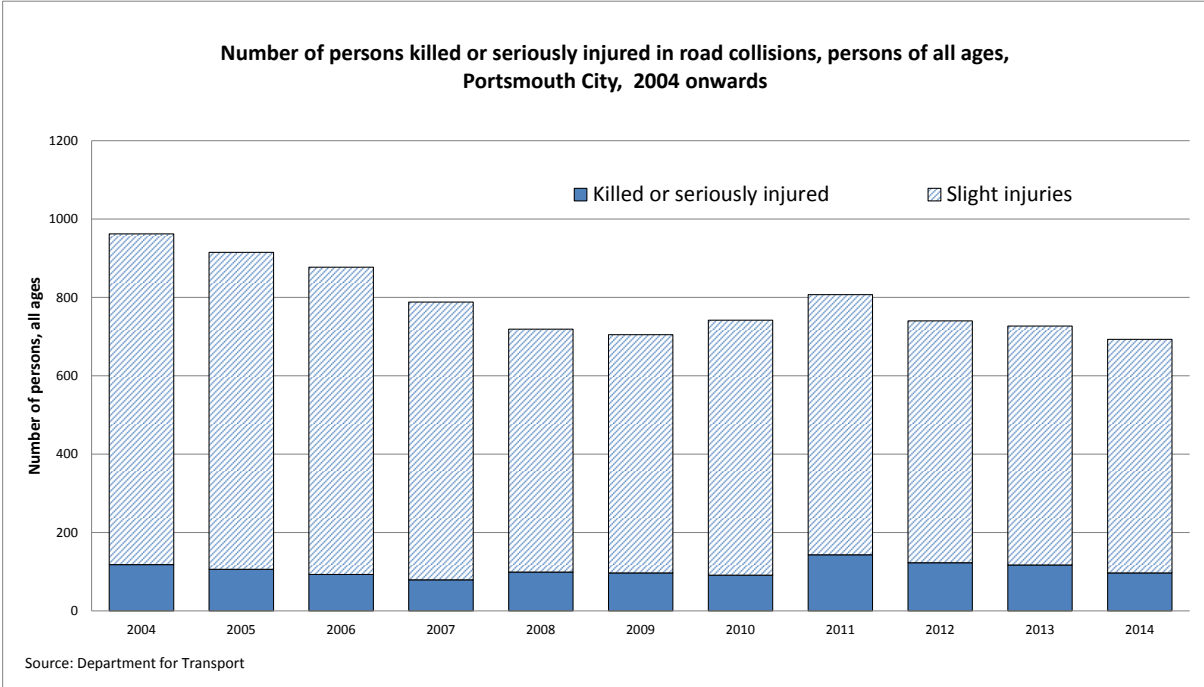
Between 2010 and 2014, car drivers and passengers made up the greatest proprotion of all people who were killed, or seriously or slightly injured in Portsmouth (45% of all casualties). However, for KSI casualties, higher proportions were more vulnerable road users (29% of all KSI casualties were pedal cyclists and 27% were pedestrians). (Figure 9)

Road casualties have reduced between 2012 and 2014. The reduction is most apparent for car occupant casualties - especially for 15-29 year old car occupants. For most other road user groups there has also been an encouraging decrease in casualties. However, pedal cyclists are the only road users with a year-on-year increase in the number of road casualties, and in their percentage contribution to all casualties, between 2012 and 2014. (Figure 11)

Figure 11   Main types of killed or injured road uses, Portsmouth, 2010 to 2014

Main types of killed or injured road users
Portsmouth 2010-2014

Source: DfT. Table RAS30043
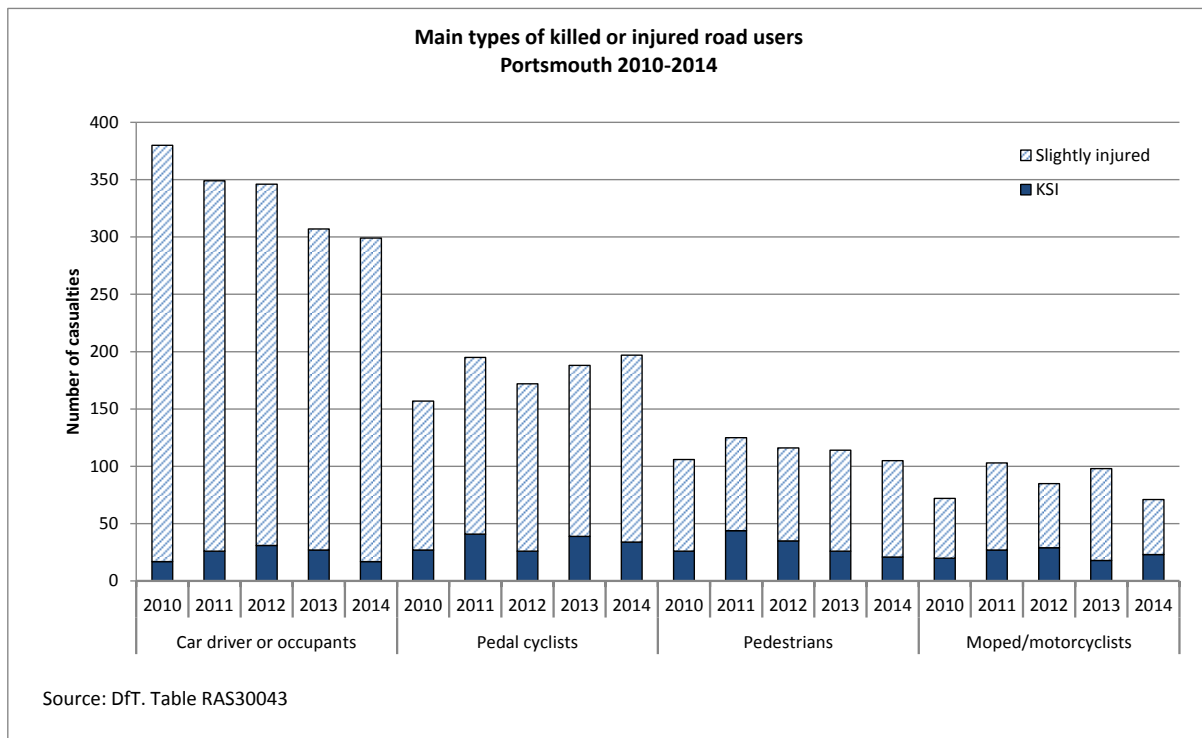
Between 2010-2014 and in-line with Portsmouth's population profile, 15-29 year old casualties account for the greatest proportion of all Portsmouth's road casualties. This is a wide demographic and includes those in compulsory education, at college/university and those in employment. Younger road users and male road users as car drivers, cyclists etc are more likely to take risks and are more likely to be injured. Encouragingly, for this age group there has been a year on year decrease in casualties. Conversely, there has been an increase in the number of injured road users aged 40-59 years - particularly those using mopeds/motorbikes (which is also a national trend).

Typical of cities, Portsmouth's personal injury collisions peak on weekdays between 1500-1759 - when there is more traffic on the roads. Research by Hampshire Constabulary found no seasonal trends.

Between 2010-2014, the greatest proportion of collisions (70%) occurred on single carriageway 30mph (23% of city roads have this speed limit) or 20mph roads (68% of city roads have this speed limit). Forty-two per cent of collisons occurred at staggered junctions, T-junctions or roundabouts on 30mph roads. These are typical locations for collisions as there is increased opportunity for conflict or human error.

Hampshire Constabulary's cluster analysis indicated that strategic A and B roads in the city have the greatest concentration of collisions, and in particular more serious collisions. These busy roads run through some of the city's most deprived areas which puts their local communities at increased risk.

Contributory factors grouped under the heading Driver/Rider Error were recorded for half of the vehicles involved in collisions. Specifically, 'Failed to look properly' and 'Failed to judge other persons path or speed' are most frequently recorded.[15]

---

[15] Hampshire Constabulary, September 2015. Reported road casualties, Portsmouth 2010-2014
http://data.hampshirehub.net/data/reported-road-casualties-portsmouth-2010-2014 Accessed 12 October 2015

The Traffic, Environment and Community Safety Scrutiny Panel investigated road safety around schools because Portsmouth has higher child pedestrian and child cyclist casualties than the national average. The Panel recommended:

1   Encourage schools to participate in council-run education programmes for KS1 and KS2 pupils and for bikeability training
2   Encourage schools to take some responsibility for road safety outside their schools at the start and end of the school day
3   Assess and make any improvements to signage and road markings associated with school safety
4   Consider engaging with local businesses to sponsor bicycle safety equipment including cycle helmets, high visibility jackets and reflective bands
5   All cyclists in council literature to wear helmets, high visibility jackets and have bicycles with lights
6   Publicise and enforce parking regulations outside schools
7   Promote joint working around pupils' road safety.

4.2.7   Excess winter deaths

Nationally, there are 21% more excess winter deaths in the quarter of homes that have the coldest indoor temperature compared to the quarter of homes that have the warmest indoor temperature.

The comparative measure in the Health Profile covers August 2010 to July 2013 when there were 26% excess winter deaths in Portsmouth (compared to 18% excess winter deaths across the South East). Portsmouth's excess winter death rate for these years and for the previous rolling three year period were both significantly higher than the national average.

Using local data for the period 2011/2 to 2013/14, South locality had the highest rate of excess winter deaths (27%) but at electoral ward level the highest excess rate was Nelson ward in Central locality (44%). Locally, the main causes of excess deaths in the winter are respiratory diseases - especially influenza and chronic obstructive pulmonary disease.

4.3   Other trends

For a further two areas (alcohol-related hospital stays, hip fractures in over 65s) Portsmouth's trend is worsening but the city's value is no different to England.

GCSE attainment remains significantly below the England average.

Partnership working is producing positive trends for:

- Childhood obesity
- Teenage pregnancy
- New cases of TB
- Infant mortality

5   Joint Health and Wellbeing Strategy outcome measures

The rationale for each outcome measure was set out in JSNA Annual Summary 2014.

Monitoring data for each outcome, including for localities where available, is at Appendix 1.

5.1   Overall measure

The overall health outcome measure is to increase life expectancy rates in Portsmouth. Reducing differences in life expectancy is a key part of reducing health inequalities.

Life expectancy for males in Portsmouth is 78.2 years, and for females 82.2 years - both significantly shorter than their respective English average. (Figure 12)

Figure 12   Trends in male and female life expectancy at birth, Portsmouth and England, 1991/93 to 2012/14
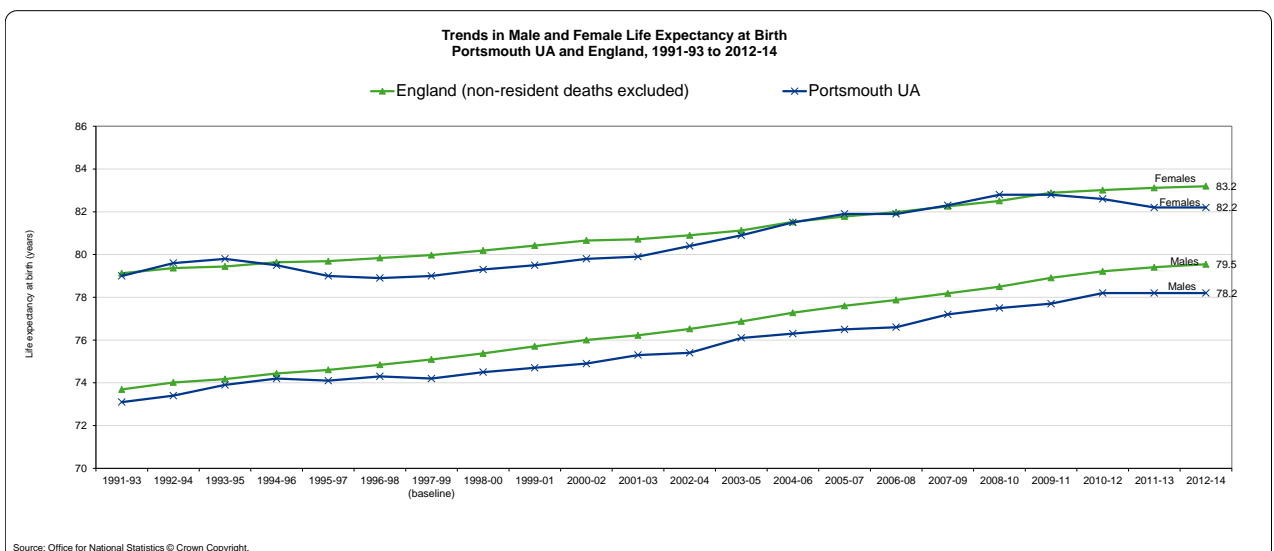
Males in Portsmouth can expect to live 64.1 years in a state of 'Good' health. Females in Portsmouth can expect to live 63.4 years in a state of 'Good' health.

5.2   Priority 1: Giving children and young people the best start in life

---

Associated research

Children and young people's needs assessment

Intelligence to support development of the Infant Feeding Strategy

Annual 'You Say' survey of secondary school pupils

Review of support services for victims of domestic abuse

1a   Improve outcomes for the pre-birth to 5 years age group

The vision for Portsmouth's under-5s is for all children to be safe, healthy, developing and ready for school. The Children's Trust is the partnership board with lead responsibility for improving outcomes for this age group and the Safer Portsmouth Partnership leads the city's response to domestic abuse.

Table 1   Outcome measures for improving outcomes for the pre-birth to 5 years age group

Measure	Strategy baseline (year)	Latest England	Latest Portsmouth	Latest Portsmouth compared to England	City trend	City action to match England average
Smoking in pregnancy (% of women giving birth who have smoked throughout pregnancy)	15.4 (2013/14)	11.4%	14.7%	Significantly higher	Improving	90 fewer women smoking during pregnancy
Breastfeeding within 48 hrs of baby's birth	66.1% (2013/14)	74.3%	74.6%	Higher	Improving	Need to maintain high level
Breastfeeding at 6-8 weeks (% of women breastfeeding at the time of the baby's 6-8 week check)	38.9% (2013/14)	43.8%	38.9%	Cannot compare - different methodologies	No change	Need to improve 6-8 wk rate. Baseline to be set
Early Years Foundation Stage: Meeting at least Expected Level in Communication and language - overall	75% (2013)	77%	79%	Higher	Improving	Achievement continues to be higher than England average - need to maintain level
Boys	67% (2013)	71%	73%	Higher	Improving	

Measure	Strategy baseline (year)	Latest England	Latest Portsmouth	Latest Portsmouth compared to England	City trend	City action to match England average
Girls	82% (2013)	83%	85%	Higher	Improving	
Early Years Foundation Stage: Meeting at least Expected Level in Personal, social, emotional development - overall	80% (2013)	81%	83%	Higher	Improving	Achievement continues to be higher than England average - need to maintain level
Boys	73% (2013)	75%	78%	Higher	Improving	
Girls	87% (2013)	87%	89%	Higher	Imnproving	

The overall positive picture hides city inequalities affecting certain groups eg ethnic minority communities, people in routine and manual socio-economic groups, looked-after children; and differences between genders.

1b   Support the delivery of the 'Effective learning for every pupil strategy'

After high attainment at Foundation Stage, educational attainment in Portsmouth declines relative to other areas - the progress children make between key stage 1 and key stage 2 is not as good as nationally, and by GCSE level (key stage 4), Portsmouth pupils have some of the worst results in England. In addition to the Early Years Foundation Profile, a further three outcome measures have been selected to monitor how well we achieve the aims of the 'Effective Learning for every Pupil Strategy'.

Table 2 Outcome measures for the 'Effective learning for every pupil' strategy

Measure	Strategy baseline (year)	Latest England	Latest Portsmouth	Latest Portsmouth compared to England	City trend	City action to match England average
Pupil absence (average days lost per enrolment)	8 days (2012/13)	8 days lost per enrolment	9 days lost per enrolment	Higher	Worsening	1 day gained per enrolment

Measure	Strategy baseline (year)	Latest England	Latest Portsmouth	Latest Portsmouth compared to England	City trend	City action to match England average
Reading - % pupils making at least expected levels of progress between Key Stage 1 and Key Stage 2	82% (2013)	91%	88%	Lower	Improving	47 more pupils making at least expected progress
Writing - % pupils making at least expected levels of progress between Key Stage 1 and Key Stage 2	88% (2013)	93%	92%	Lower	Improving	26 more pupils making at least expected progress
Maths - % pupils making at least expected levels of progress between Key Stage 1 and Key Stage 2	84% (2013)	90%	87%	Lower	Improved 2009-2014 (although no change 2012-2013)	57 more pupils making at least expected progress
KS 2 results (Level 4+ in Reading/Writing/ Maths) - overall	69.8% (2013)	79%	75%	Lower	Improving	65 more pupils achieving Level 4+ R/W/M
Boys	66% (2013)	76%	71%	Lower	Improving	42 more boys achieving Level 4+ R/W/M
Girls	74% (2013)	82%	79%	Lower	Improving	23 more girls achieving Level 4+ R/W/M
English - % pupils making at least expected levels of progress between Key Stage 2 and Key Stage 4	Change to indicator in 2014	72%	65%	Lower	Change to indicator in 2014	110 more pupils making at least expected progress
Maths - % pupils making at least expected levels of progress		66%	60%	Lower		104 more pupils making at least

Measure	Strategy baseline (year)	Latest England	Latest Portsmouth	Latest Portsmouth compared to England	City trend	City action to match England average
between Key Stage 2 and Key Stage 4						expected progress
5 GCSE A* to C grades incl English and Maths - all pupils		53.4%	50.8%	Lower		46 more pupils achieving 5+ A*-C incl English and Maths
Boys	Change to indicator in 2014	48.2%	47.5%	Lower	Change to indicator in 2014	7 more boys achieving 5+ A*-C incl English and Maths
Girls		58.9%	54.3%	Lower		41 more girls achieving 5+ A*-C incl English and Maths

English and mathematics are assessed at **Key Stage 2** (ages 8-11 years). Although the trend is improving, both boys and girls in Portsmouth are currently achieving below the national average at Key Stage 2 (for achievement of Level 4+ in Reading/Writing/Maths: 76% nationally compared to 71% locally for boys, and 82% compared to 79% for girls). Again, nationally and locally girls out-perform boys. South locality again had the highest Key Stage 2 results (78.3% achieving level 4+ in these subjects) and Central the lowest (70.8%).

The national standard is that all pupils should achieve at least five **GCSEs graded A* to C**, including English and mathematics. Portsmouth pupils have never achieved the national average and in the baseline year (2013) Portsmouth was ranked third lowest of 151 local authorities. The measure has changed so the trend cannot be determined. In 2014, local achievement for both boys (39.7%) and girls (55.6%) was significantly lower than the national average. North locality again had the highest gold standard GCSE results (54.0%) and Central the lowest (46.8%).

1c   Understand more about the emotional wellbeing of children and young people

The recent survey of Portsmouth children and young people aged between seven and 18 years, found that most are relatively happy with the lives with 10% to 13% having low overall wellbeing. Portsmouth children are happier than average with their money/belongings and their prospects for the future. They were less happy than average with their health and appearance.

As part of the child and adolescent mental health needs assessment, outcomes linked to emotional wellbeing in children and young people will be developed as we understand more about local children's sense of wellbeing and anxieties, and how most effectively to meet their needs.

5.3   Priority 2: Promoting prevention

Associated research

Series of 'Builing a healthier city' seminars

Annual Public Health Report 2014: Building a healthier city

Rapid participatory appraisals of health and wellbeing in Paulsgrove and Fratton (in development)

Road traffic incidents and casualties - Hampshire Constabulary

Road safety around schools - Scrutiny Panel investigation

Food mapping

Healthy weight strategy development

Annual secondary school pupil 'You say' survey (incl substance misuse)

Liver health needs assessment

Research into cumulative impact zones to inform licensing policy

2a   Create sustainable healthy environments

This workstream explores how the urban and coastal environment (eg housing, open spaces such as the shoreline, seafront, parks and other civic spaces, and transport) can support people to lead healthy lives. The outcomes measure active travel and childhood obesity.

Initially, the workstream is focusing on how the physical environment can be improved to encourage "active travel" ie lessening our dependence on motorised transport, particularly the car. The city has a "Travel Active Portsmouth" strategy[16] and one key measure is that **walking and cycling become the travel 'norm' for short trips.** Data to set and monitor the Strategy outcome measure is not yet available but will be collected in conjunction with the University of Portsmouth.

Healthy weight in childhood

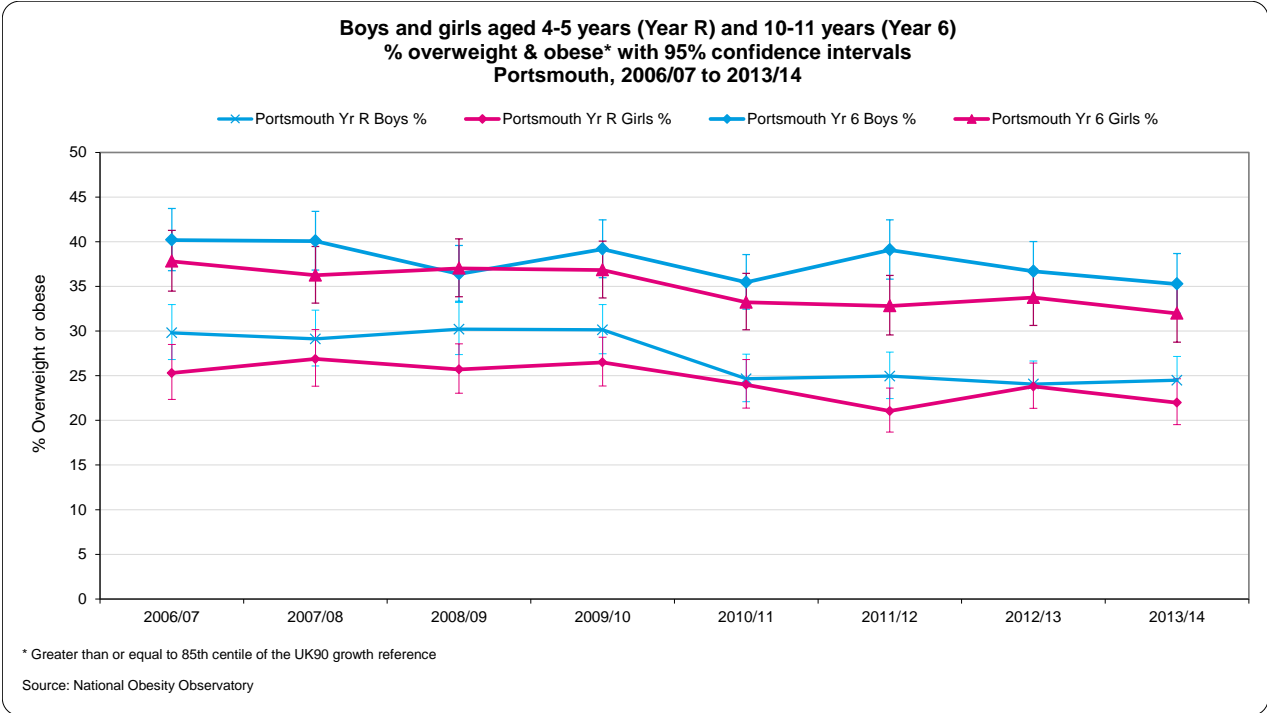The Travel Active Portsmouth strategy explicitly associates active travel with other measures to promote healthy weight. Childhood obesity measures (taken in Reception Year and in Year 6 of primary school) are

---

[16] Portsmouth City Council. Travel Active Portsmouth: A walking and cycling strategy for 2013 to 2023 http://www.hants.gov.uk/pccjsna/ActiveTravelStrategy.pdf Accessed 15 July 2014

key indicators of physical activity and of nutrition. Children of these ages are reliant on the adults around them for their nutritional needs. Overweight or obese children are of particular concern because habits learned in childhood of eating unhealthy food and being inactive can lead to a lifetime of obesity.

In 2013/14, 23.5% of Year R pupils resident in Portsmouth were overweight including obese - the local trend has not changed significantly since 2010/11. The chart shows that, for both genders, the prevalence of excess weight increases during primary school. By Year 6, the prevalence of overweight including obese pupils has increased to 33.6%.

Boys and girls aged 4-5 years (Year R) and 10-11 years (Year 6)
% overweight & obese* with 95% confidence intervals
Portsmouth, 2006/07 to 2013/14

* Greater than or equal to 85th centile of the UK90 growth reference

Source: National Obesity Observatory

2b   Improve mental health and wellbeing

The Mental Health Alliance is currently producing the mental health strategy and action plan. We know that Portsmouth has significantly higher rates of factors which are risks for mental ill health (eg relative deprivation, alcohol misuse and violent crime) but lower recorded rates than the national average of, for example, depression. The Alliance has pledged to improve mental health and will also identify and monitor outcome measures.

2c   Tackle issues relating to smoking, alcohol and substance misuse

The key outcome measures relate to reducing the prevalence of smoking and drinking alcohol amongst young people, reducing the prevalence of smoking in adults, and reducing alcohol-related hospital admissions. Achieving these outcome measures is linked to the development of the Wellbeing Service.
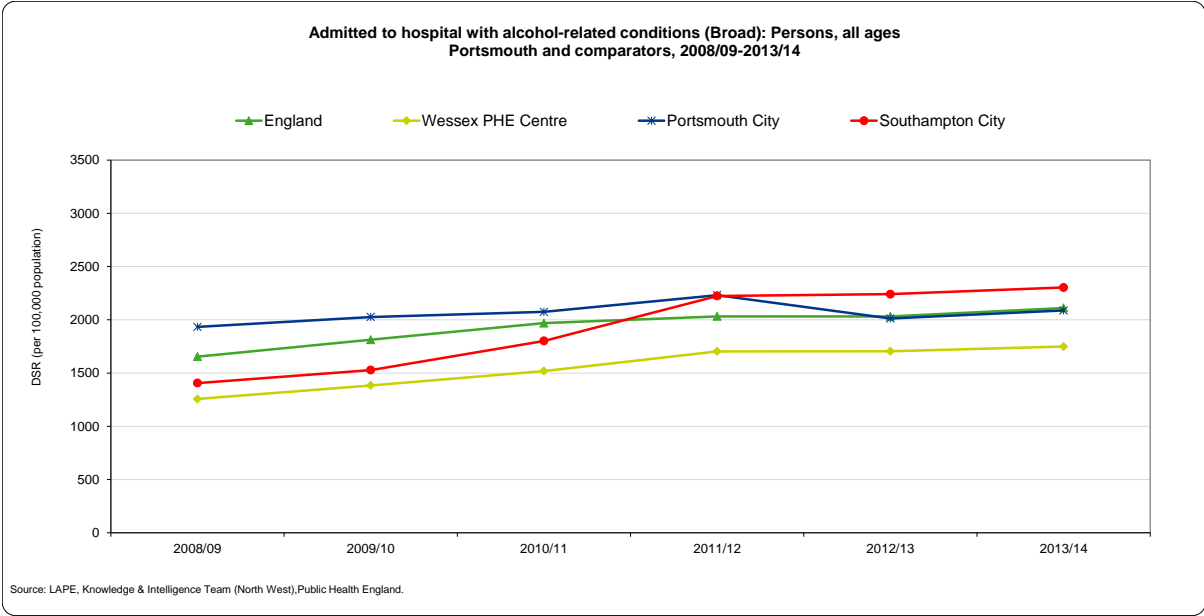
Measure	Strategy baseline (year)	Latest England	Latest Portsmouth	Latest Portsmouth compared to England	City trend	City action to match England average
Secondary school pupils report **never** tried tobacco	82% (2014)	N/A	78%	N/A	Worsening	N/A
Secondary school pupils report having drunk a whole alcoholic drink	53% (2014)	N/A	51%	N/A	Improving	N/A
Adult smoking prevalence	22.5% (2012)	18.4%	22.3%	Significantly higher	Improving	6,397 fewer adults smoking
Adult binge drinking	22.2% (2006-08)	20.0%	22.2%	Higher	N/A	3,636 fewer adults binge drinking
Alcohol hospital admissions misuse - broad measure	2,012 admissions per 100,000 population (2012/13)	2,111 admissions per 100,000 population	2,088 admissions per 100,000 population	No different	Worsening.	N/A
Alcohol hospital admissions misuse - narrow measure	609 admissions per 100,000 population (2012/13)	645 admissions per 100,000 population	650 admissions per 100,000 population	No different	Worsening	N/A

Smoking remains the main reason for the gap in life expectancy between rich and poor. Portsmouth has a significantly higher rate of deaths attributable to smoking compared to England. This year's local secondary school survey disappointingly found an decrease in pupils who had **never** tried tobacco.

Drinking excessive alcohol adversely affects the wider community (eg compared to England, Portsmouth has significantly higher rates of working-age people claiming benefits due to alcoholism [and has the highest rate of 19 authorities in the South East]) as well as the individual.

There are two measures of alcohol-related hospital admissions - termed 'broad' and 'narrow'. The 'broad' measure provides a more realistic measure of the total burden that alcohol has on community and health services. It looks at admissions where the main diagnosis or any secondary diagnosis was attributable to

alcohol.[17] Using the broad measure, the local rate of alcohol-related hospital admissions has increased slightly but is now no different to the national rate.

**Admitted to hospital with alcohol-related conditions (Broad): Persons, all ages
Portsmouth and comparators, 2008/09-2013/14**

Source: LAPE, Knowledge & Intelligence Team (North West), Public Health England.

The 'narrow' measure of admissions is a better measure than the 'broad' measure when looking at the effectiveness of local actions directly on alcohol. The narrow measure looks at admissions to hospital where the main diagnosis is attributable to alcohol **or** where a secondary diagnosis is an alcohol-related 'external' cause (eg accidents, assault or intentional self-harm). Using the narrow measure, the local rate of alcohol-related hospital admission has also increased slightly but is no different to the England rate.

**Admitted to hospital with alcohol-related conditions (Narrow): Persons, all ages
Portsmouth and comparators, 2002/03-2013/14**

Source: LAPE, Knowledge & Intelligence Team (North West), Public Health England.
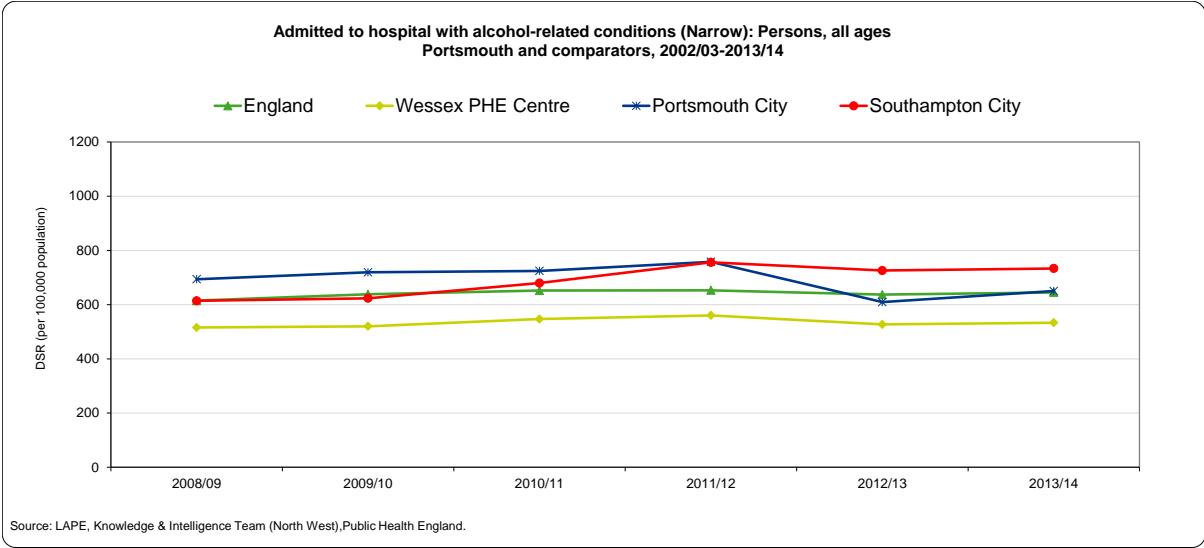
Portsmouth's hospital admission rates on both broad and narrow measures are higher for males compared to females.

---

[17] There is a complicated methodology to calculate diagnoses that are 'attributable to alcohol'. This can include for example alcoholic liver disease but also proportions of other conditions such as stroke and takes account of age and gender, For more information see: https://publichealthmatters.blog.gov.uk/2014/01/15/understanding-alcohol-related-hospital-admissions/

The Safer Portsmouth Partnership has lead responsibility for tackling alcohol misuse. Back in 2008 it identified alcohol misuse as a significant driver for violent crime and this continues to be a top priority for the Partnership. The SPP leads a programme to address the priorities identified by detailed analysis in the SPP Strategic Assessment and Plan.[18]

We are currently surveying adults aged 16+ years about their health and lifestyles and will be able to obtain baseline data on the prevalence of adult smoking and drinking excess alcohol once this is completed.

---

[18] See Safer Portsmouth Partnership website for more information including Strategic Assessment and Plan
http://www.saferportsmouth.org.uk/

5.4   Priority 3: Supporting independence

Associated research

Better Care Fund population needs and demand profiling - ongoing

Profiling neighbourhoods to inform the development of the Wellbeing Service

Rapid Participatory Needs Appraisals to inform the development of the Wellbeing Service, and community development

Intelligence to support development of the Carers' Strategy

Adult health and wellbeing survey

3a   Develop and implement the Better Care Fund

A single health and social care system will use the Better Care Fund to provide integrated care. Focussing initially on older people, this includes the following schemes: establishing fully integrated locality-based health and social care community teams, reviewing current bed-based provision, and increasing re-ablement services. The key outcome measures for older people are:

Measure	Strategy baseline (year)	Latest England	Latest Portsmouth	Latest Portsmouth compared to England	City trend	City action to match England average
Reduction in total general and acute non-elective hospital admissions	19,635 admissions (2013/14)	N/A	19,635 admissions	N/A	N/A	N/A
Increase in proportion of older people still at home 91 days after discharge from hospital into rehab services	81.8% (2013/14)	82.1%	76.2%	Lower	Worsening	9 more older people still at home after discharge into rehab services

3b   Explore and develop Wellbeing Service

Public Health Portsmouth's new Wellbeing Service - where local people can find information, advice and support to help lead healthier lifestyles - is in operation from October 2015. At a population level, the outcome measures will relate to increasing the prevalence of people having a healthy lifestyle - healthy nutrition, healthy weight, not smoking and reducing alcohol misuse - as well as improvements in wider issues affecting wellbeing eg school attendance, skills and getting out of debt.

A key role of the hubs will be to work with communities to identify needs and aspirations. Relevant outcome measures are described under other workstreams but tackling inequalities will necessarily mean improving the health and wellbeing of males of all ages, of Black and Minority Ethnic groups etc. Over time, different hubs are likely to have different outcomes reflecting the needs of their local communities, local assets etc. The main gaps in quantitative lifestyles intelligence will be filled by data from the current health and lifestyle survey of adults. The anonymised results will provide baseline information about current health and lifestyle issues, trend information when compared to the previous surveys in 1999 and 2005, and help us identify areas for direct action by the new Wellbeing Service.

3c   Implement the City of Service model of high impact volunteering - Portsmouth Together

High impact volunteering will enable local people and communities to tackle some of the city's key challenges. The workstream itself has its own metrics for performance.

Measure	Strategy baseline (year)	Latest England	Latest Portsmouth	Latest Portsmouth compared to England	City trend	City action to match England average
GCSE attainment - average points scored (See Workstream 1b for GCSE Gold Standard attainment)			337 average point score for mentored students (279 for other Pupil Premium students. 333 for non-Pupil Premium students)			

Measure	Strategy baseline (year)	Latest England	Latest Portsmouth	Latest Portsmouth compared to England	City trend	City action to match England average
Adult numeracy skills (% of working age adults with numeracy skills at Entry Level 3 or below)	47.7%	49.2%	47.7%	Better	N/A	Already better than England
Love Your Street Residents engage in more voluntary activities in their neighbourhood	Data currently being collected by Love Your Street					
Satisfaction with neighbourhood as a place to live	Data currently being collected in local Health and Lifestyle Survey					

5.5   Priority 4: Intervening earlier

Associated research
Better Care Fund population needs and demand profiling - ongoing
Intelligence to support development of the Carers' Strategy

4a   **Safeguard the welfare of children, young people and adults**

Portsmouth's boards for safeguarding children and adults are responsible for scrutinising and challenging safeguarding arrangements. Some outcomes are not quantifiable and some may not be solely influenced by the workstream's actions (eg increases in the number of incidents of harm may be due to increased public awareness and reporting). Outcome measures are reported to the Health and Wellbeing Board by the Safeguarding Boards.

4b   **Deliver NHS Portsmouth CCG strategic priorities**

NHS Portsmouth CCG has four strategic priorities which are reported to the CCG Board. Two outcome measures have been chosen to reflect the priority theme of "Intervening earlier" and will be evidenced in fewer emergency readmissions to hospital and more people being supported to live at home. Although these outcomes focus on older people, CCG priority outcomes which affect other age groups are covered under other workstreams. Both of the selected CCG outcome measures for older people are also some of the Better Care Fund outcomes.

Measure	Strategy baseline (year)	Latest England	Latest Portsmouth	Latest Portsmouth compared to England	City trend	City action to match England average
Reduction in emergency re-admissions to hospital within 30 days	12.2% (2013/14)	11.8%	12.2%	Higher	Improving	N/A
Older adults with long term support needs met by admission to residential and nursing care homes	736.3 per 100,000 population (2014/15)	668.8 per 100,000 population	736.3 per 100,000 population (2014/15)	Higher	Change to indicator in 2014/15	20 fewer admissions

4c   Improve the quality of dementia services and care

Dementia continues to be a national and local priority. Key aims of the workstream are to increase the proportion of people identified with dementia and provide the right support at the right time. The key outcome measure is, by March 2015, to increase the diagnosis rate to 80% of the population predicted to have dementia.

Measure	Strategy baseline (year)	Latest England	Latest Portsmouth	Latest Portsmouth compared to England	City trend	City action to match England average
Increasing diagnosis rate for people with dementia (% recorded dementia per registered patients of all ages)	0.68% (2012/13)	0.6%	0.66%	Significantly higher	Decreasing	Already higher than England

5.6 Priority 5: Reduce inequality

Associated local research:

- Rapid Participatory Needs Appraisals to inform the development of the Wellbeing Service, and community development
- Tackling poverty needs assessment and strategy
- Solent Local Economic Partnership strategies and plans
- Health needs of homeless people

a   Implement 'Tackling Poverty Strategy'

For overall deprivation, Portsmouth is now ranked 63rd worst of 326 local authorities (where one is the most deprived, previously ranked 76th worst of 326 local authorities).

The Tackling Poverty Needs Assessment was refreshed in January 2015 in the light of the recession and changes in the welfare system. The needs assessment identifies the multiple factors which adversely and positively affect poverty including educational outcomes, employment and low-pay employment, financial exclusion and debt and the way services are organised to respond to people in crisis. [19] The Tackling Poverty Strategy sets out its own direct and indirect outcome measures.[20]

The Joint Health and Wellbeing Strategy baseline outcome measures look at poverty experienced by children, working-age adults and older people.

Measure	Strategy baseline (year)	Latest England	Latest Portsmouth	Latest Portsmouth compared to England	City trend	City action to match England average
Indices of Multiple Deprivation	76th worst of 326 local authorities (2010)	N/A	63rd worst of 326 local authorities		Comparatively worse in ranking	
Children aged 0-19 yrs in low income households	22.3% 9,335 children (2012)	18.0%	21.4% 9,035 children	Higher	Improving	1,416 fewer children

---

[19] Portsmouth City Council, 2015. Tackling poverty needs assessment. http://data.hampshirehub.net/data/jsna/portsmouth-jsna/social-and-environmental-context/poverty-and-deprivation/tackling-poverty-needs-assessment Accessed 26 October 2015

[20] Portsmouth City Council, 2015. Tackling poverty strategy. http://data.hampshirehub.net/data/tackling-poverty-strategy-2015-2020 Accessed 26 October 2015

Measure	Strategy baseline (year)	Latest England	Latest Portsmouth	Latest Portsmouth compared to England	City trend	City action to match England average
Index of Multiple Deprivation - Older People	18.1% IMD 2010	15.8%	19.0%	Worse	Now 63rd highest of 152 LAs	

5b   Tackle health-related barriers to accessing and sustaining employment

'Creating fair employment and good work for all' is one of the six policy objectives in the Marmot Review into reducing health inequalities.

Measure	Strategy baseline (year)	Latest England	Latest Portsmouth	Latest Portsmouth compared to England	City trend	City action to match England average
Gap in employment between those in contact with secondary mental health services and the overall employment rate (% point difference)	68.1% (2012/13)	64.7%	69.1%	Higher	Worsening	N/A
Employment rate of people with a learning disability known to Adult Social Care	9.6%	6.0%	8.0%	Higher	Worsening	Already better than England
Young people aged 16-18 yrs not in education, training or employment	460 young people 7.7% of 16-18 yr olds known to PCC (2014)	4.67% of 16-18 yr olds known to all LAs	313 young people ie 6.8% of 16-18 yr olds known to PCC	Higher	Improving	91 fewer NEET young people Aim is for no young person to be NEET

Portsmouth's unemployment rate is typically lower than that of England but within the city there are inequalities with higher rates in the most deprived areas. Improving levels of educational attainment, tackling youth unemployment, increasing employment opportunities, tackling low pay and reducing inequalities in employment xperienced by adults with mental health problems and by people with a learning disability are part of the Tackling Poverty Strategy. The aim is to make Portsmouth a city where no young person is NEET.

5c   Address issues raised in the Public Health Annual Report

This workstream picks up issues raised by the Director of Public Health's statutory Annual Report. The 2012 Report focused on men's health[21] and recommended that improving men's health should be a specific strategic aim for the Health and Wellbeing Board as well as for all city-wide strategic decisions.

In terms of contribution to reducing the gap in male life expectancy in the most and least deprived areas of Portsmouth tackling 'other cancers', 'other external causes' (such as accidents or falls), lung cancer, chronic obstructive airways disease, coronary heart disease and chronic cirrhosis of the liver will have greatest impact. The common lifestyle factors behind these causes of mortality are high rates of smoking and drinking alcohol to excess. Baseline outcome measures will be obtained from the Health and Lifestyle Survey.

---

[21] Portsmouth City Council, NHS Portsmouth CCG. Public Health Annual Report 2012: The health of men in Portsmouth. http://www.hants.gov.uk/pccjsna/API_STR_JSNA_POP_PublicHealthAnnualReport2012.pdf

5.7   Impact of selected Strategy outcomes

Even to achieve the current England average, each year the Portsmouth needs:

90 more pregnant women to stop smoking	Continue to provide a good Early Foundation Year education to pre-schoolers	**22** fewer Year R children to be overweight or obese
24 fewer Year 6 children to be overweight or obese	**1 additional day** attended at school per enrolment	**65** more pupils achieving Key Stage 2 Level 4+in reading, writing, maths
46 more pupils achieving 5 GCSE A* to C grades including English and maths	**91** more young people in education, training or employment	**1,416** fewer children living in poverty
3,640 fewer adults binge drinking	**4,870** fewer adults smoking	**20** fewer older people to be permanently admitted to nursing or residential care homes

6   Research required to develop and implement the Joint Health and Wellbeing Strategy

Workstream 2a Create sustainable healthy environments

At first, this workstream is focusing on active travel but we need to understand more about how Portsmouth's built environment (housing, planning, open spaces) can promote health and wellbeing. Understanding and then embedding health impact assessments into key decisions will be a key part of this intelligence.

The evidence for how to promote and sustain good mental and physical health and wellbeing will underpin the new Portsmouth Plan.

Workstream 2b Improve mental health and wellbeing

The Mental Health Alliance is identifying topics for further research from current known local population needs and comparing current client experiences and practice to the 'Closing the gap' priorities. The Alliance's remit will necessarily cover some of the needs relating to children and young people (working with the relevant Children's Trust sub-group on Workstream 1c 'Understand more about emotional wellbeing of children/young people'), transition from young people's to adults services, needs of adult clients and needs of carers. Environmental settings for good mental health cover workplaces and homes as well as the city's built environment.

A major research focus is likely to be child and adolescent mental health including the most effective ways to support parents and foster parents/carers.

Workstream 3a Develop the Wellbeing Service to meet local needs

The concept of lifestyle hubs is evolving and the involvement of communities in identifying and addressing local need is exciting. Research is likely to focus on (not exclusive list):

- Most effective means of promoting and increasing self-help at a population level
- Effective models of community engagement
- Best way to evaluate lifestyle hubs.

The Health and Lifestyle Survey of adults will inform actions for a range of workstreams.

Additionally, partners will need to be able to collate, analyse, interpret and share qualitative and quantitative intelligence for and about local communities.