7 Health

Indicator	Latest Data	Previous Data	Trend
Life expectancy at birth: Males (years)	79.3 (2018)	78.9 (2008/10)	↑
Life expectancy at birth: Females (years)	83.2 (2018)	81.6 (2008/10)	↑
Mortality rate from all causes (per 100,000 population)	345 (2016/18)	381 (2008/10)	↓
Mortality rate from all cardiovascular diseases (per 100,000 population)	84.9 (2016/18)	80.0 (2008/10)	↑↓↑
Mortality rate from cancer (per 100,000 population)	137.3 (2016/18)	157 (2008/10)	↓
Suicide rate (per 100,000 population)	10.5 (2016/18)	10.2 (2008/10)	-
Deaths from drug misuse (per 100,000 population)	10.3 (2016/18)	5.3 (2012/14)	↑
Under 18 conception rates (per 1,000 females aged 15-17)	22.4 (2018)	53.7 (2008)	↓
Infant mortality rates (per 1,000 live births)	4.1 (2016/18)	5.1 (2010/12)	↓
Killed and seriously injured (KSI) casualties on roads (per 100,000 population)	39 (2016/18)	-	-
Percentage of physically active adults	65.3% (2018/19)	69.9% (2015/16)	↓
Reception prevalence of overweight (including obesity)	25.7% (2018/19)	26.6% (2008/09)	↓

Indicator	Latest Data	Previous Data	Trend
Year 6 prevalence of overweight (including obesity)	34.3% (2018/19)	34.3% (2008/09)	-
Percentage of adults (aged 18+) classified as overweight or obese	71.3% (2018/19)	70.3% (2015/16)	↑
Children in low income families (under 16s)	15.5% (2016)	19.1% (2006)	↓
Average attainment 8 score	40.3 (2018/19)	41.1 (2016/17)	↓
Health deprivation and disability (number of LSOA (out of 53 in Gosport Borough) in 10%, 20%, 30% most deprived nationally)	13 (2019)	13 (2015)	-

Life expectancy and causes of death

Life expectancy at birth

Residents in Gosport Borough have a lower life expectancy when compared to all Hampshire districts and the South East region (Figure 7.1 and Figure 7.2). The average male has a life expectancy at birth of 79.3 years and the average female 83.2 years. Life expectancy is 4.2 years lower for men and 4.8 years lower for women in the most deprived areas of the Borough than in the least deprived.

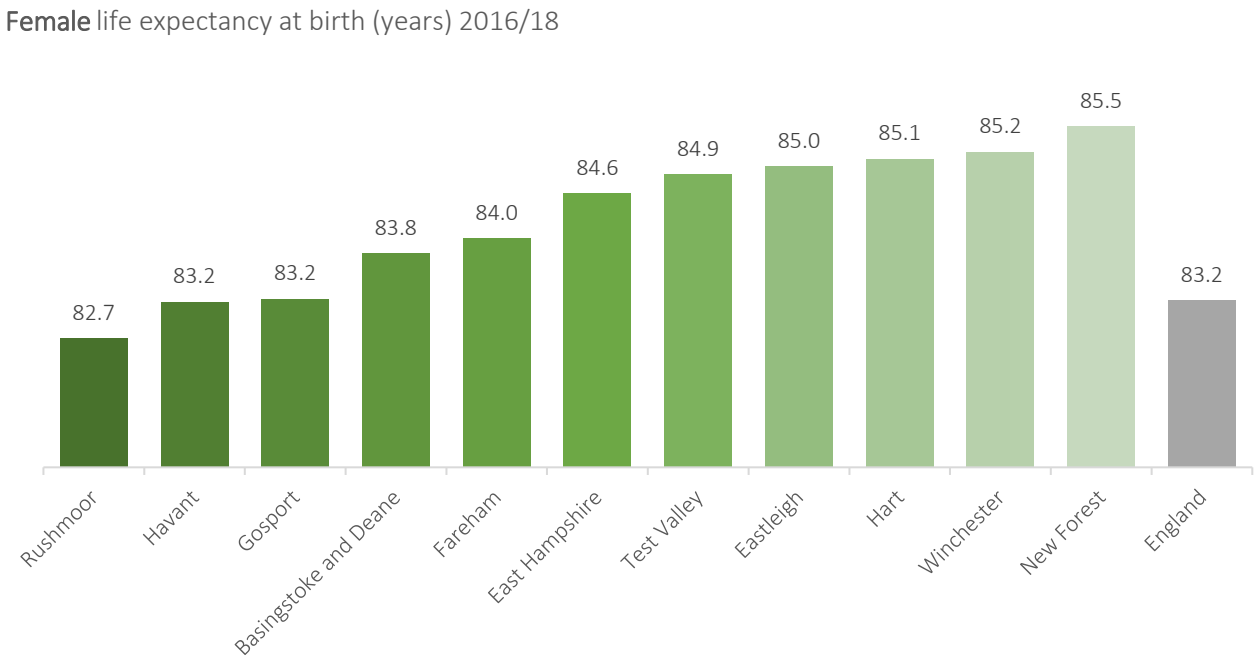

Figure 7.1: Female life expectancy at birth (years) (2016/18) (Fingertips PHE 2020)

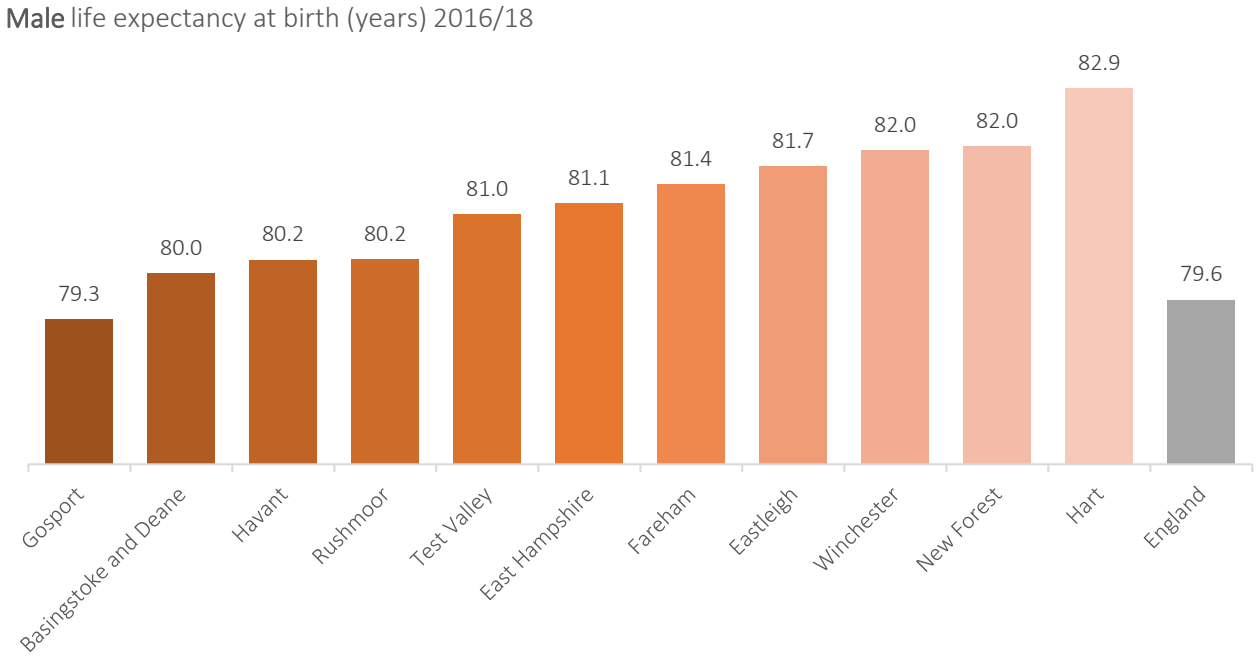

Figure 7.2: Male life expectancy at birth (years) (2016/18) (Fingertips PHE 2020)

Female life expectancy has increased by 2.4 years since 2001/03. Female life expectancy is similar to the England average but significantly below the average for the South East region of 84.1 years. A time series comparing England, the South East and Gosport Borough is shown in Figure 7.3.

Female life expectancy 2001/03 to 2016/18

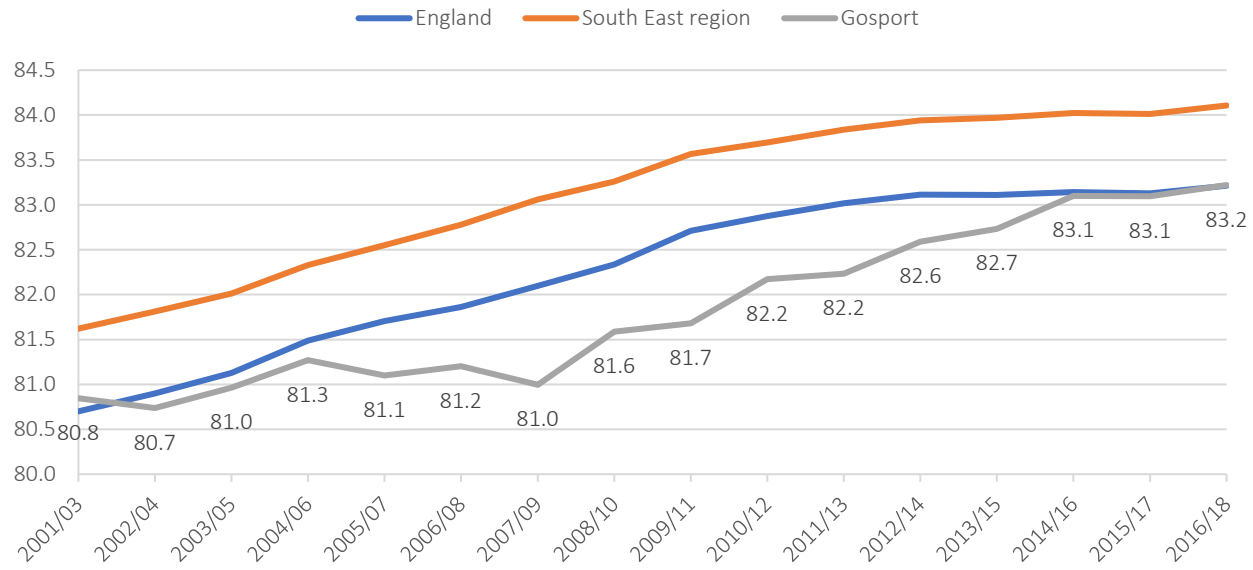

Figure 7.3: Average female life expectancy (Fingertips PHE 2020)

Male life expectancy has increased by 3.3 years since 2001/03. Male life expectancy is similar to the England average but slightly below the average for the South East region of 80.7 years. A time series comparing England, the South East and Gosport Borough is shown in Figure 7.4.

Male life expectancy 2001/03 to 2016/18

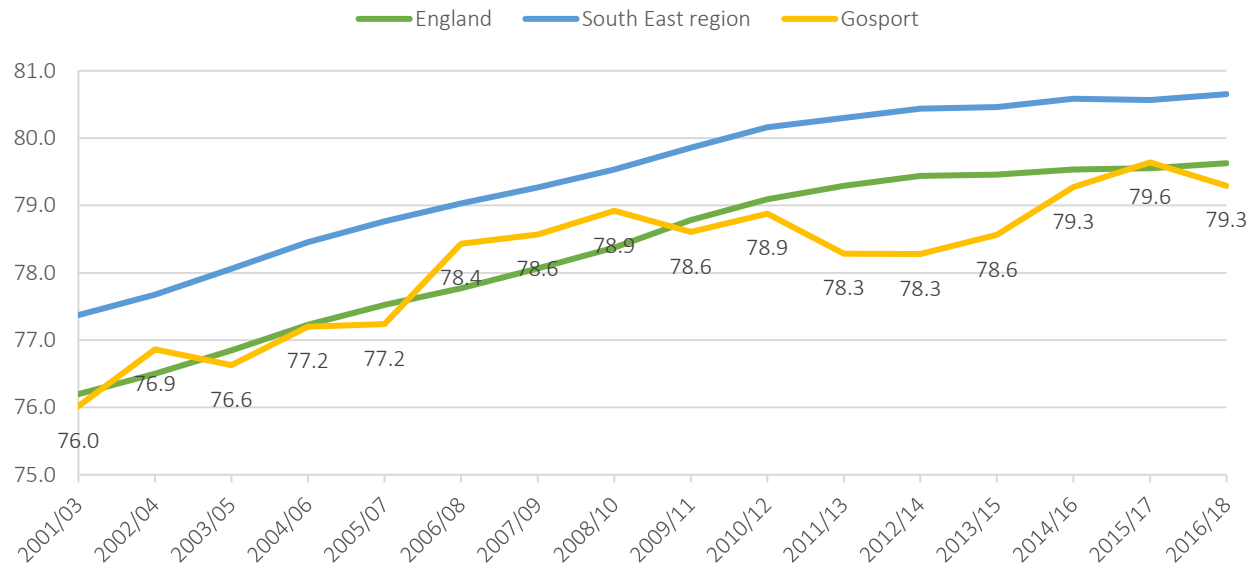

Figure 7.4: Average male life expectancy (Fingertips PHE 2020)

Mortality rates from all causes

Public Health England considers deaths before the age of 75 years as premature. There were 815 premature deaths from all causes in Gosport Borough between 2016 and 2018, equivalent to 345 deaths per 100,000 population and the highest rate out of all Hampshire districts (Figure 7.5).

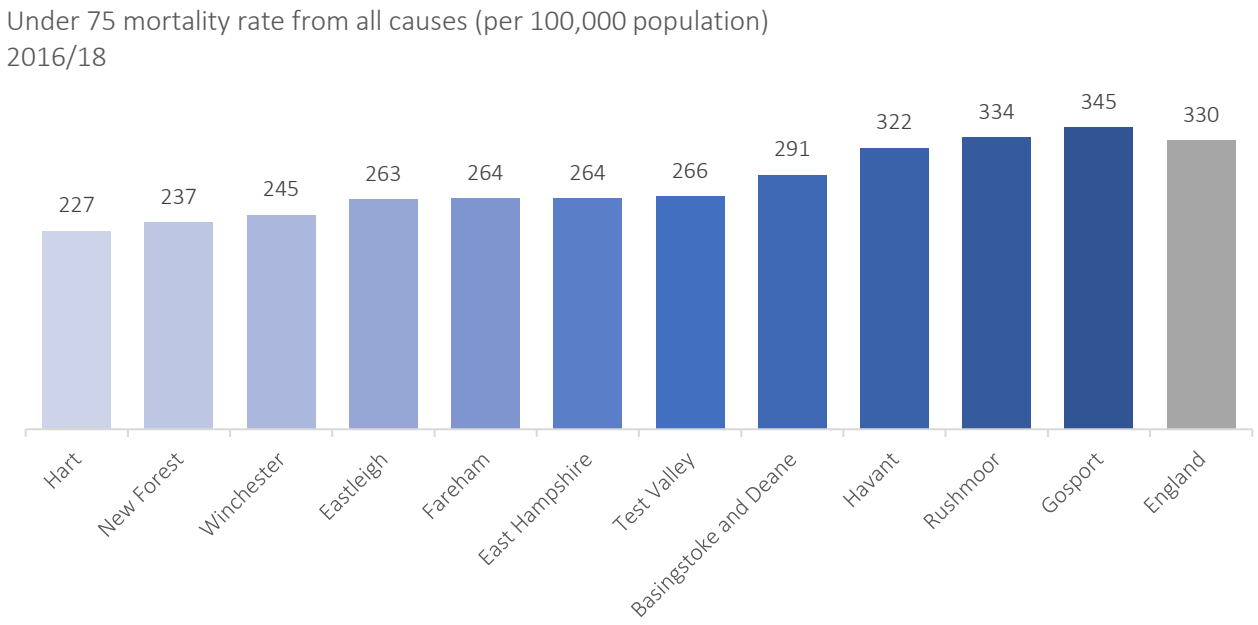

Figure 7.5: Under 75 mortality rate from all causes (per 100,000 population) (2016/18) (Fingertips PHE 2020)

Although the highest out of all Hampshire districts and above the average for England and the South East, under 75 mortality rates from all causes in Gosport Borough have reduced over the past 20 years. In 2002/04 there were 438 deaths per 100,000 people compared to 345 in 2016/18.

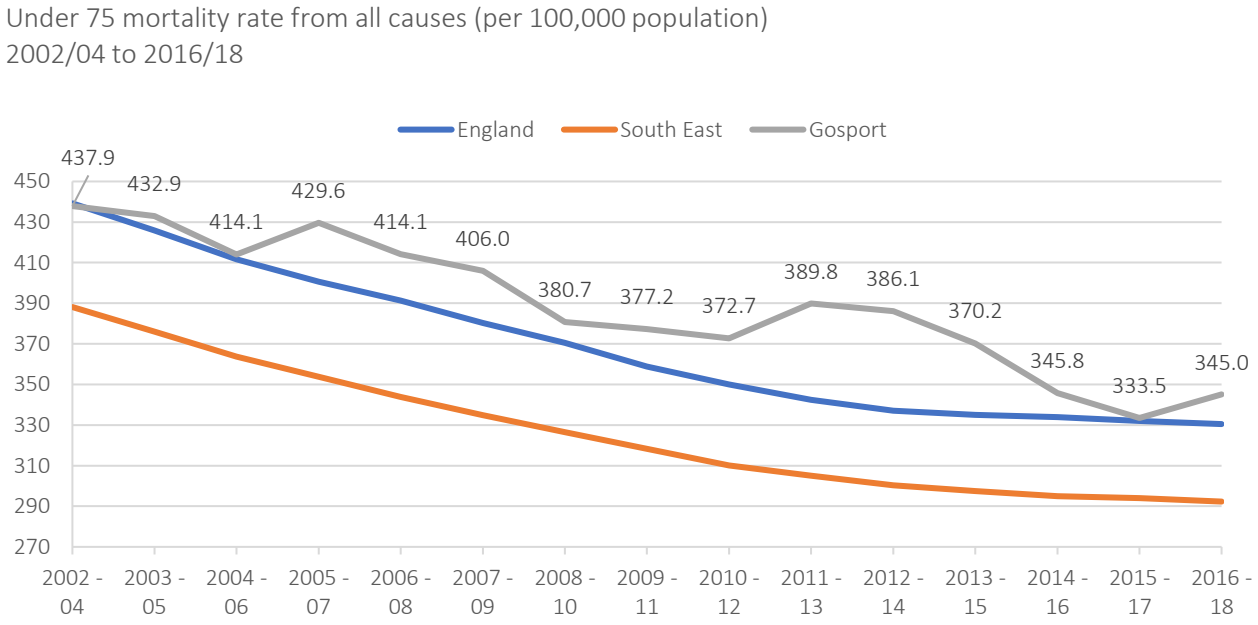

Figure 7.6: Under 75 mortality rates from all causes (per 100,000 population) (2002/04 to 2016/18) (Fingertips PHE 2020)

Mortality rate from all cardiovascular diseases

Cardiovascular disease (CVD) is one of the major causes of deaths in under 75s in England. There have been huge gains over the past decades in terms of better treatment for CVD and improvements in lifestyle. In Gosport Borough, under 75 mortality rates from cardiovascular diseases are the highest out of all Hampshire districts at 84.9 deaths per 100,000 people and well above the England average of 51.5 per 100,000 people (Figure 7.7).

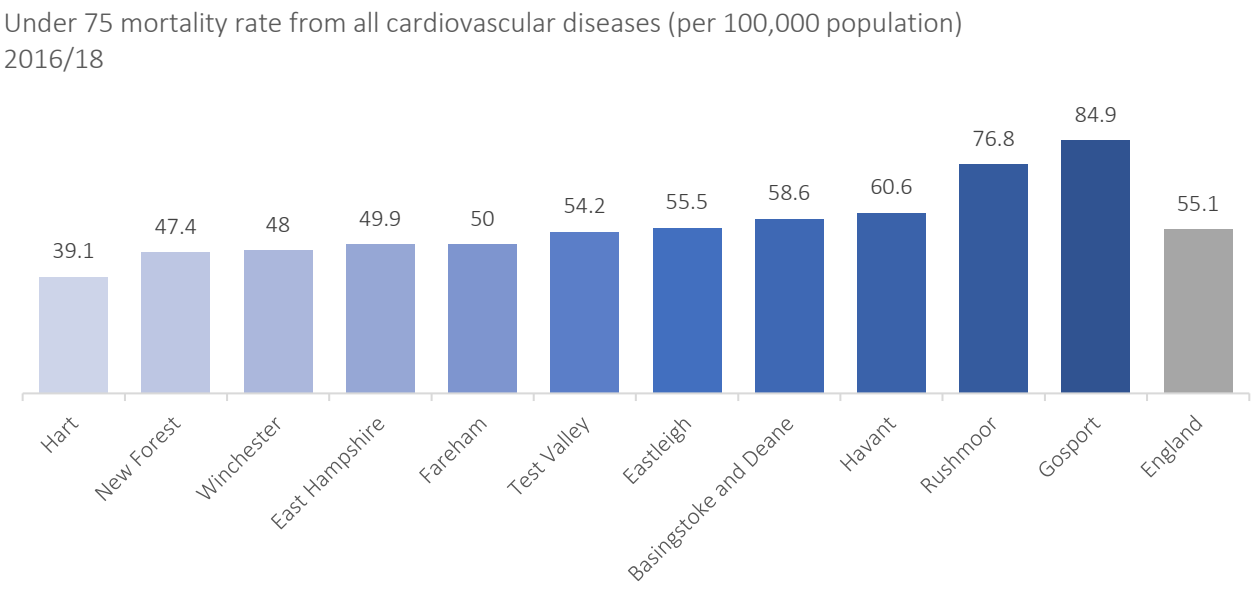

Figure 7.7: Under 75 mortality rate from all cardiovascular diseases (per 100,000 population) (2016/18) (Fingertips PHE 2020)

Between 2002/04 and 2009/11 the number of deaths per 100,000 people from cardiovascular diseases fell considerably to below the England average. Since 2009/11 this mortality rate has increased, counter to the trend for both Hampshire and England (Figure 7.8).

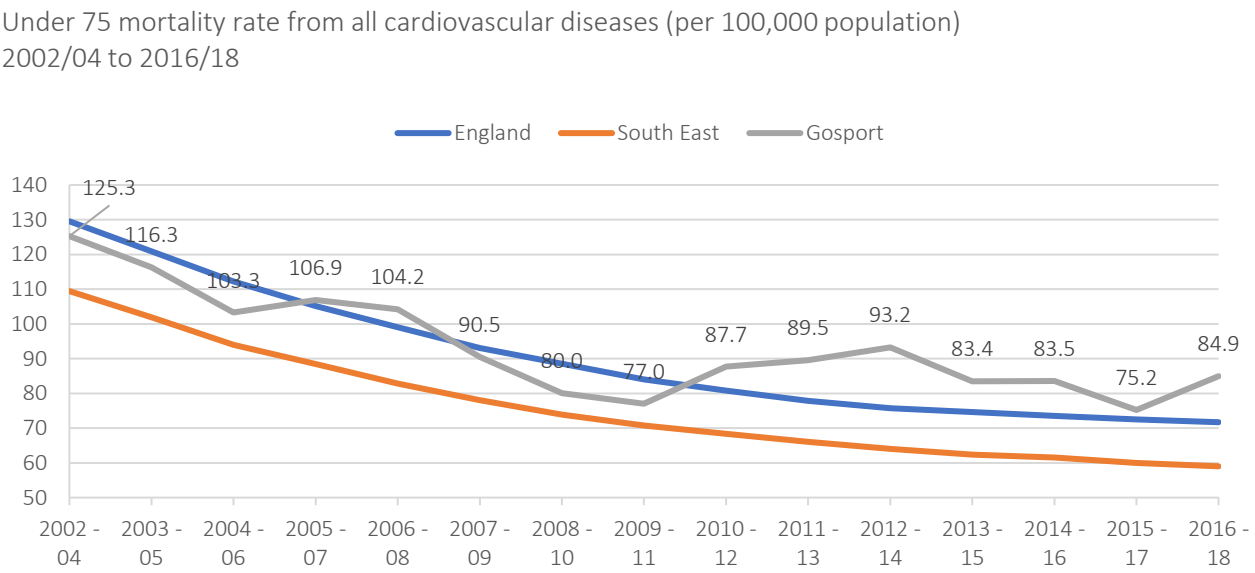

Figure 7.8: Under 75 mortality rates from all cardiovascular diseases (per 100,000 population) (2002/04 to 2016/18) (Fingertips PHE 2020)

Mortality rate from cancer

Cancer is the highest cause of death in England in under 75s. Gosport Borough has the second-highest under 75 mortality rate from cancer out of all Hampshire districts and is above the rate for England (Figure 7.9). In 2016/18 under 75 mortality rate from cancer in Gosport Borough stood at 137.3 deaths per 100,000 population.

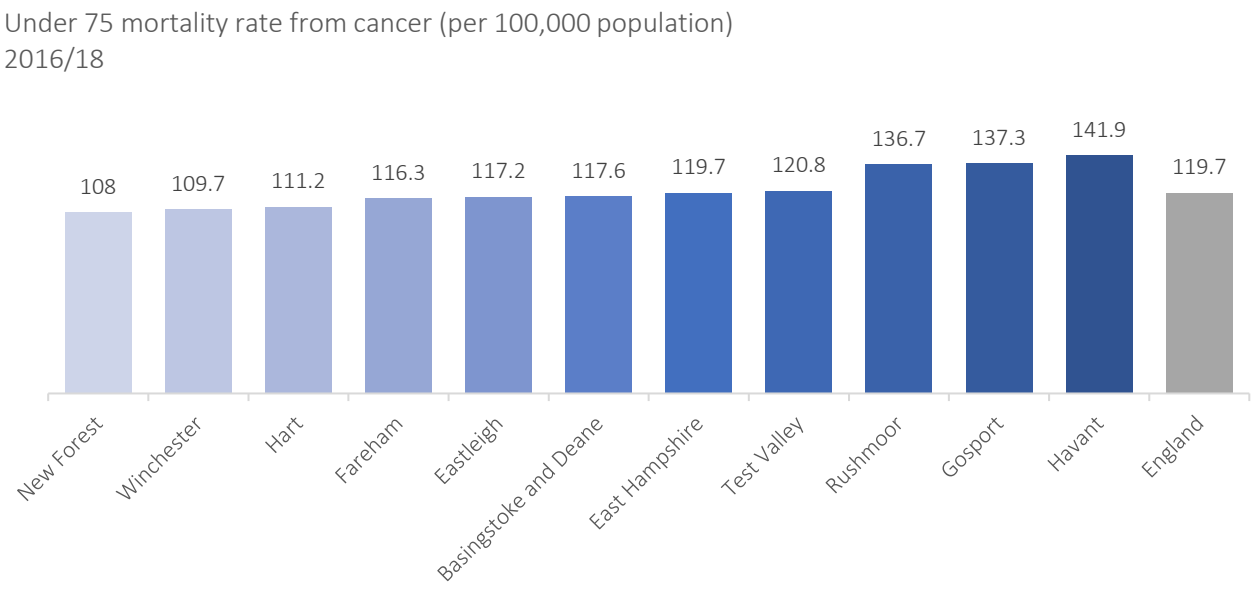

Figure 7.9: Under 75 mortality rate from cancer (per 100,000 population) (2016/18) (Fingertips PHE 2020)

Between 2002/04 and 2016/18 the number of deaths per 100,000 people from cancer has fallen in line with the trend for England and the South East. Despite this, the mortality rate remains above that of England and the South East seeing spikes between 2011 and 2015 (Figure 7.10).

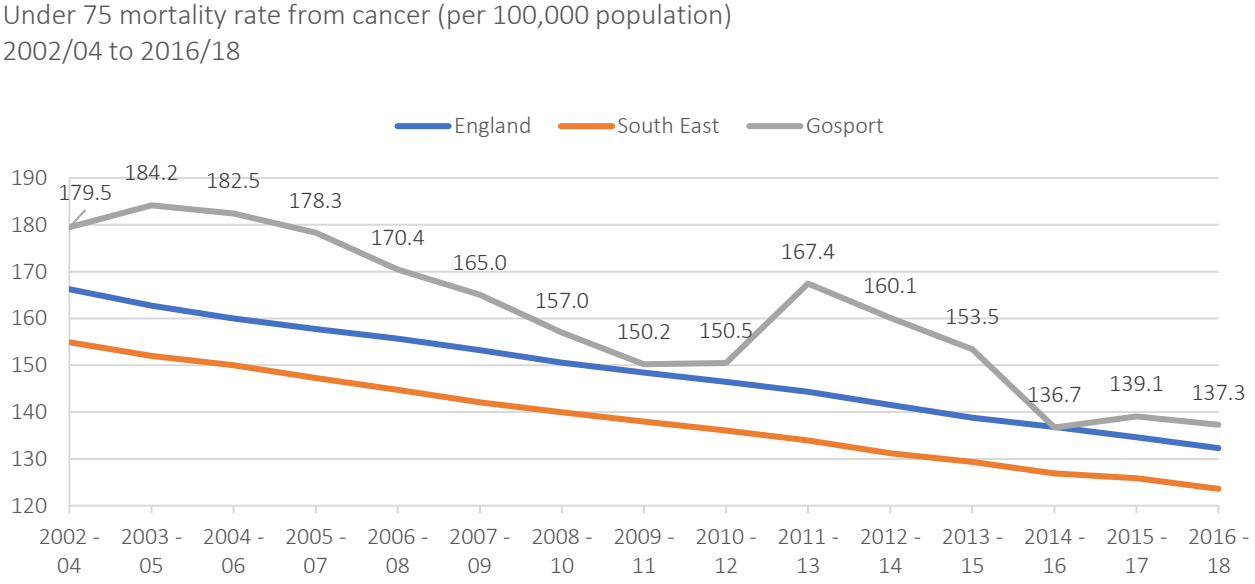

Figure 7.10: Under 75 mortality rates from cancer (per 100,000 population) (2002/04 to 2016/18) (Fingertips PHE 2020)

Suicide rate

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[1].

In 2016/18 Gosport Borough had the highest suicide rate out of all Hampshire districts with 10.5 per 100,000 people. This was also above the rate for England of 9.6. (Figure 7.11).

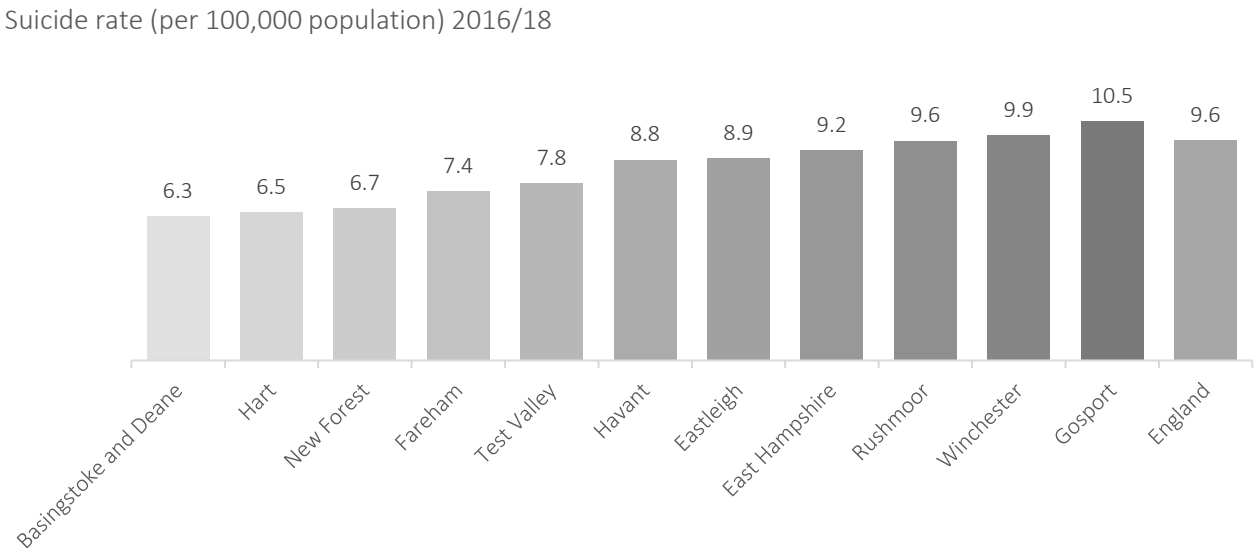

Figure 7.11: Suicide rate (per 100,000 population) (2016/18) (Fingertips PHE 2020)

Over the period 2001/03 to 2016/18, the suicide rate in Gosport has fluctuated considerably. Since 2013/15 the rate has been above that of both England and the South East (Figure 7.12)

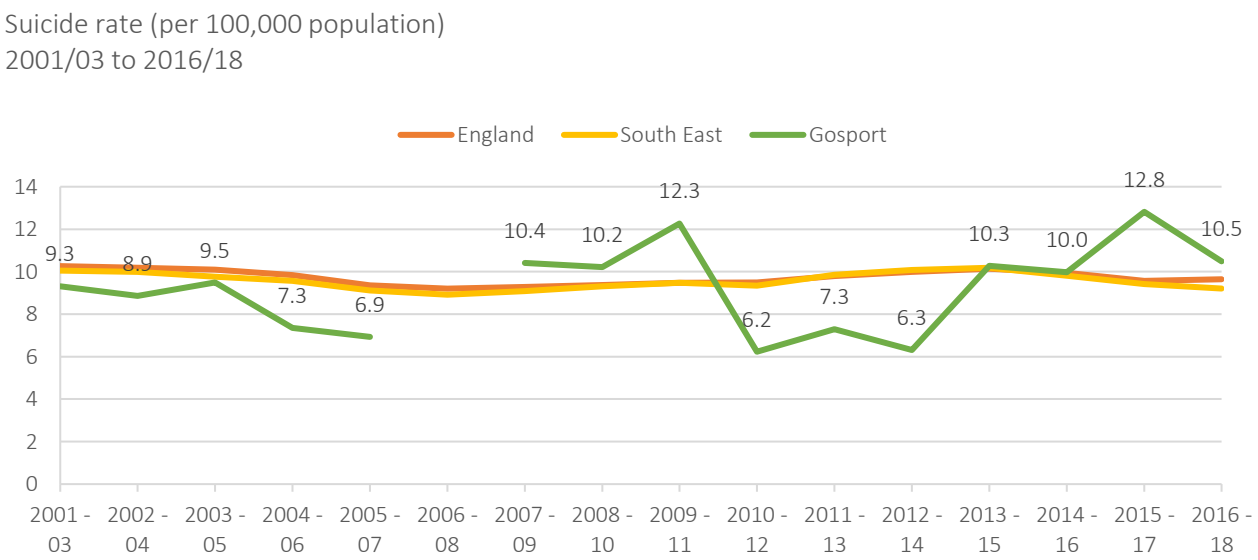

Figure 7.12: Suicide rate (per 100,000 population) (2001/03 to 2016/18) (Fingertips PHE 2020)

[1] Public Health England Definition and Description (Indicator 41001)

Deaths from drug misuse

Drug misuse is a significant cause of premature mortality in the UK. Analysis of the Global Burden of Disease Survey 2013 shows that drug use disorders are now the third ranked cause of death in the 15 to 49 age group in England. Nearly one in nine deaths registered among people in their 20s and 30s in England and Wales in 2014 were related to drug misuse. Deaths from drug misuse substantially increased in England in 2013 and 2014, with a 42% total increase over these two years[2]. Out of all Hampshire districts, Gosport Borough has the highest number of deaths from drug misuse. In 2016/18 there were 25 deaths from drug misuse, the equivalent of 10.3 per 100,000 population (Figure 7.13).

Deaths from drug misuse (persons) per 100,000 population
2016/18 (*Hart and Fareham value cannot be calcuated as case numbers too small*)

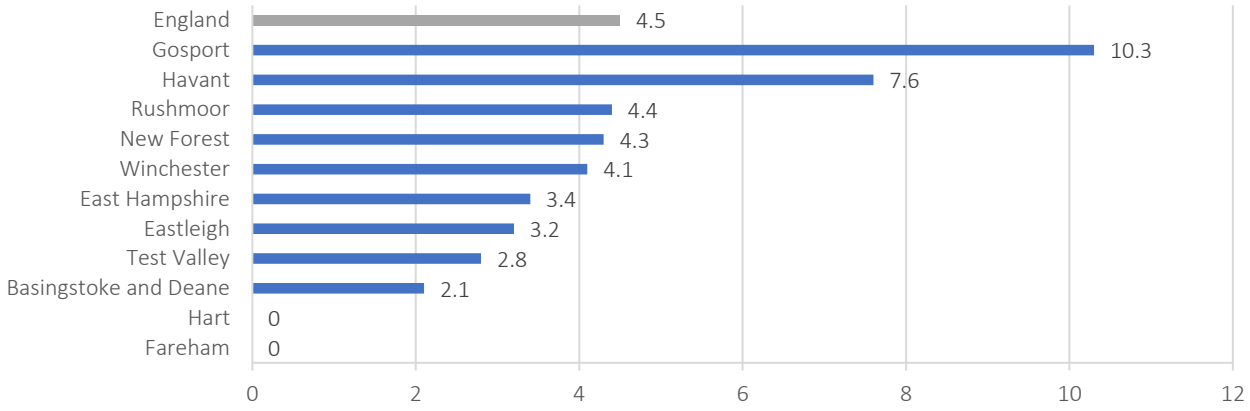

Figure 7.13: Deaths from drug misuse (persons) per 100,000 population (2016/18) (Fingertips PHE 2020)

Deaths from drug misuse in Gosport Borough have doubled between 2012 and 2018. In 2012/14 there were 13 deaths from drug misuse (5.3 per 100,000 population). In 2016/18 this had increased to 25 deaths (10.3 per 100,000 population) (Figure 7.14). The death rate from drug misuse is significantly above the rate for England and the South East.

Deaths from drug misuse per 100,000 population
2012/14 - 2016/18

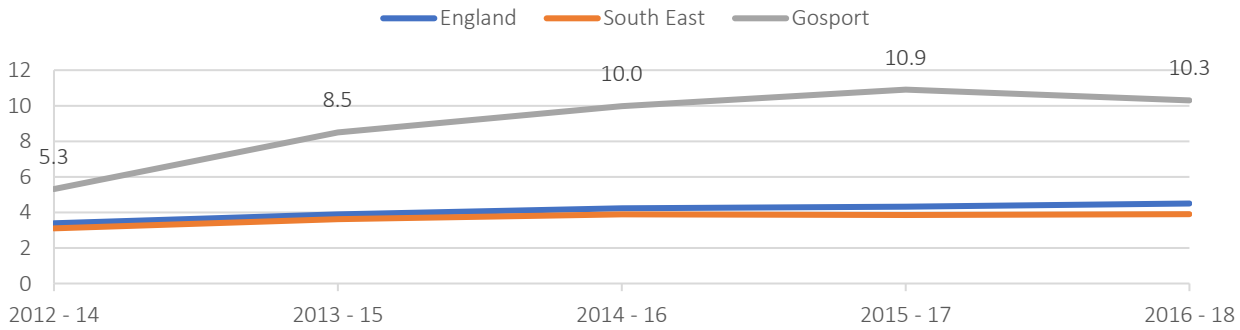

Figure 7.14: Deaths from drug misuse (persons) per 100,000 population (2012/14 – 2016/18) (Fingertips PHE 2020)

[2] Public Health England Definition and Description (Indicator 92432)

Child Health

Under 18s conception rate

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. And 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.

Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor-quality housing and are more likely to have accidents and behavioural problems[3].

In 2016/18 Gosport Borough has the highest under 18's conception rate in Hampshire at 22.4 per 1,000 females aged 15-17. This rate is significantly higher than the rate for the South East (13.5) and England (16.7) (Figure 7.15).

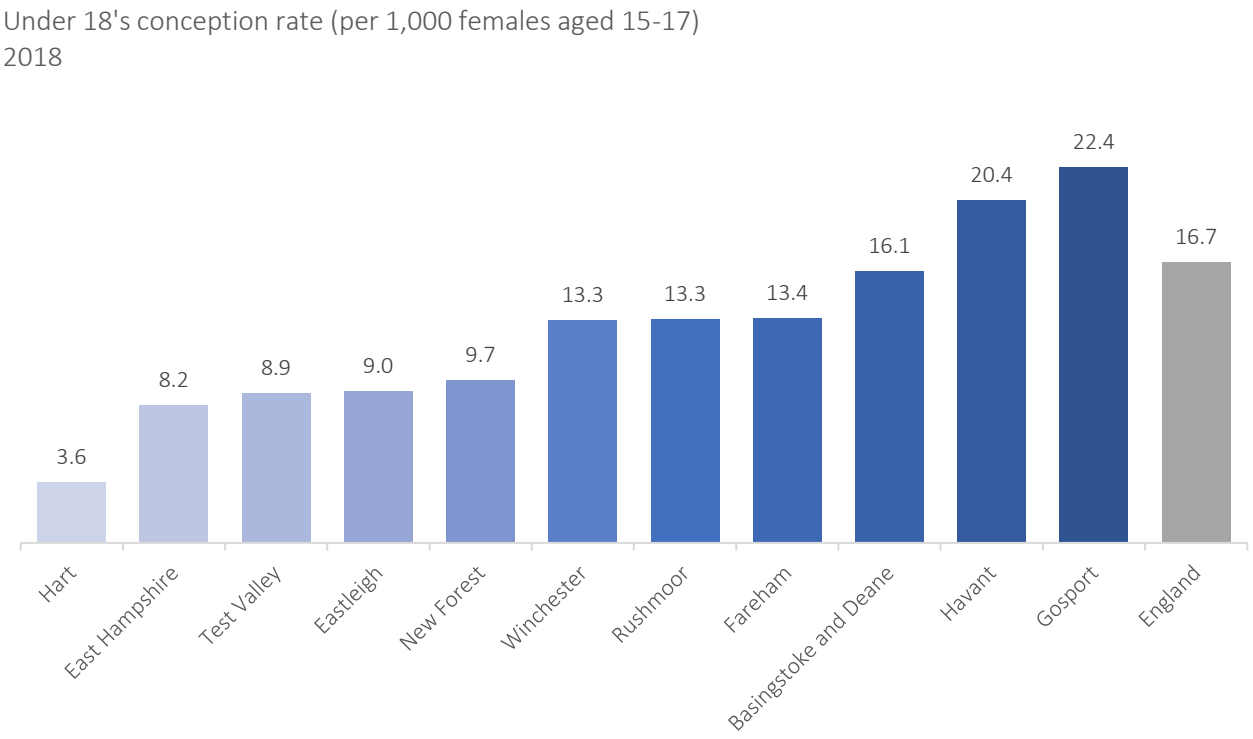

Figure 7.15: Under 18's conception rate (per 1,000 females aged 15-17) (2018) (Fingertips PHE 2020)

[3] Public Health England Definition and Description (Indicator 20401)

Between 1998 and 2018 the under 18's conception rate has fallen considerably from 53.7 per 1,000 females aged 15-17 in 1998 to 22.4 in 2018 (Figure 7.16).

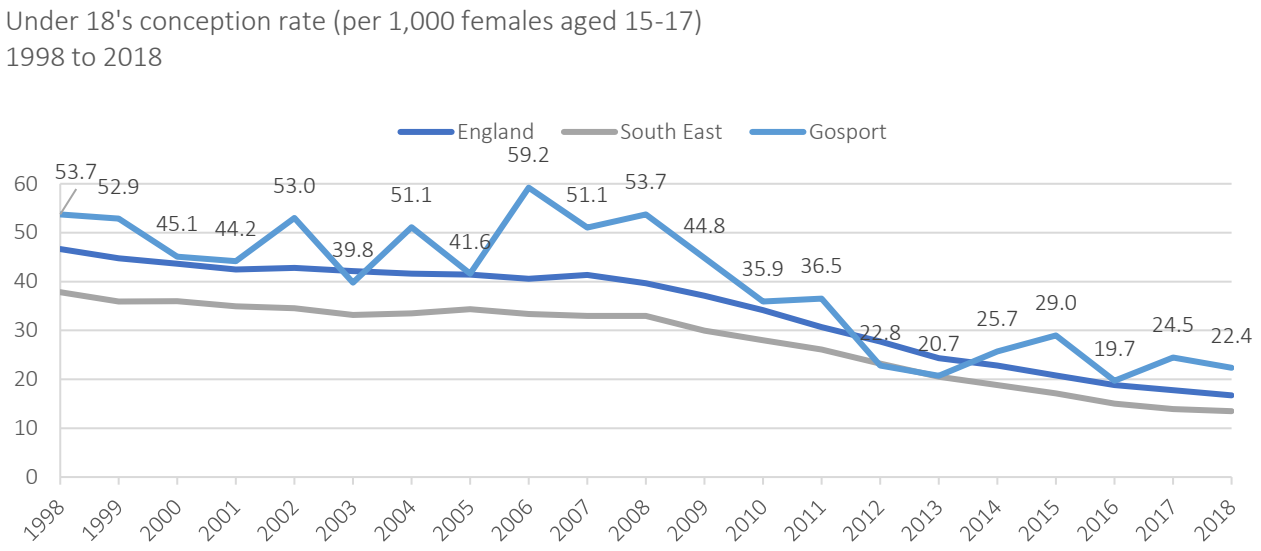

Figure 7.16: Under 18's conception rate (per 1,000 females aged 15-17) (1998 to 2018) (Fingertips PHE 2020)

Infant mortality

Infant mortality is an indicator of the general health of an entire population. It reflects the relationship between causes of infant mortality and other determinants of population health such as economic, social and environmental conditions. Deaths occurring during the first 28 days of life (the neonatal period) in particular, are considered to reflect the health and care of both mother and newborn[4]. This indicator shows the number of infant deaths aged under 1 year per 1,000 live births that were registered in the relevant period. In 2016/18 there were 4.1 deaths per 1,000, above the South East (3.6) and England (3.9). Between 2001/03 and 2011/13 Gosport Borough had above the average infant mortality rate. In the period 2012/14 to 2015/17 this rate reduced to below the national average (Figure 7.17).

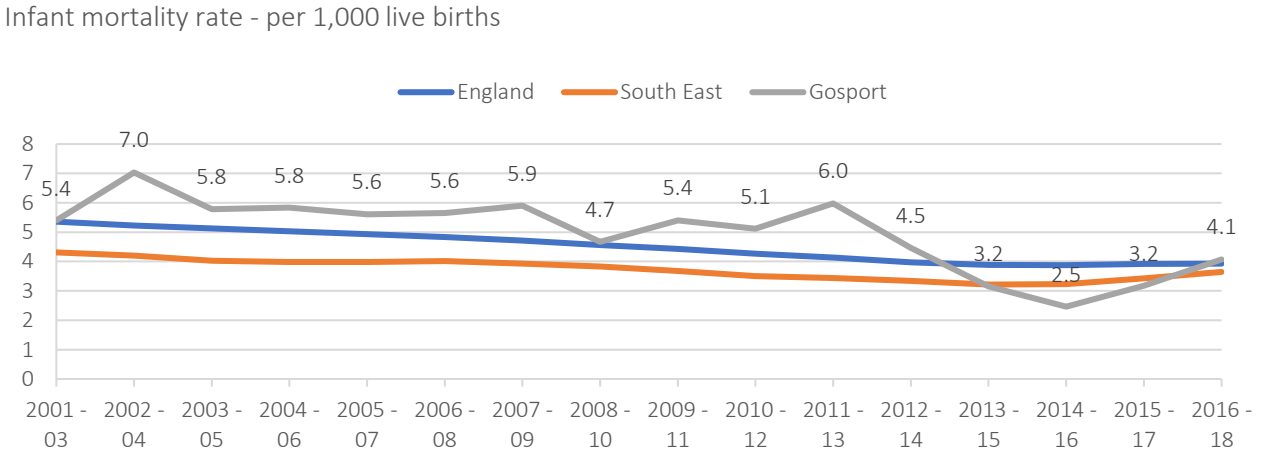

Figure 7.17: Infant mortality rate per 1,000 live births (2001/03 to 2016/18) (Fingertips PHE 2020)

[4] Public Health England Definition and Description (Indicator 92196)

Killed and seriously injured (KSI) casualties on roads

Motor vehicle traffic accidents are a major cause of preventable deaths and morbidity, particularly in younger age groups. For children and men aged 20-64 years, mortality rates for motor vehicle traffic accidents are higher in lower socioeconomic groups. The vast majority of road traffic collisions are preventable and can be avoided through improved education, awareness, road infrastructure and vehicle safety[5].

In the two years from 2016 to 2018 there were 100 people killed or seriously injured (KSI) on roads in Gosport Borough, representing a rate of 35.1 per 100,000 people. Compared to other districts in Hampshire, the Borough has the second lowest rate of KSI casualties (Figure 7.18). This is perhaps related to the Borough's urbanised road network compared to much of Hampshire which is characterised by more major roads and a rural road network.

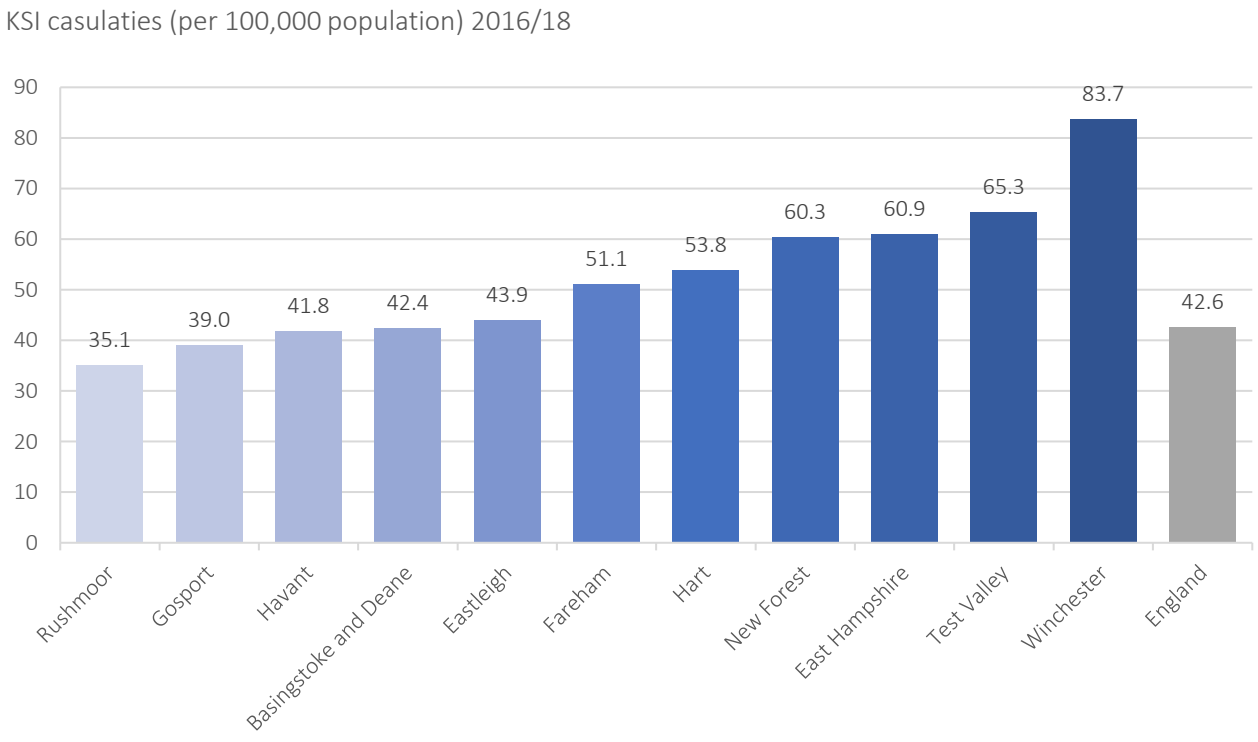

Figure 7.18: Killed and seriously injured (KSI) casualties (2016/18) (Fingertips PHE 2020)

[5] Public Health England Definition and Description (Indicator 11001)

Behavioural risk factors

Alcohol related hospital admissions

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually[6]. The following two indicators explore admissions to a hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition.

Admission episodes for alcohol-specific conditions – Under 18s

In 2016/17 – 2018/19, there were 10 admissions to hospital for under 18s due to alcohol related diagnoses in Gosport Borough. This represents a rate of 18.5 per 100,000 population. Compared to other Hampshire districts, Gosport Borough has the lowest rate and significantly below the rate for England (Figure 7.19). Overall admissions in the Borough have seen a reduction since 2013 (Figure 7.20).

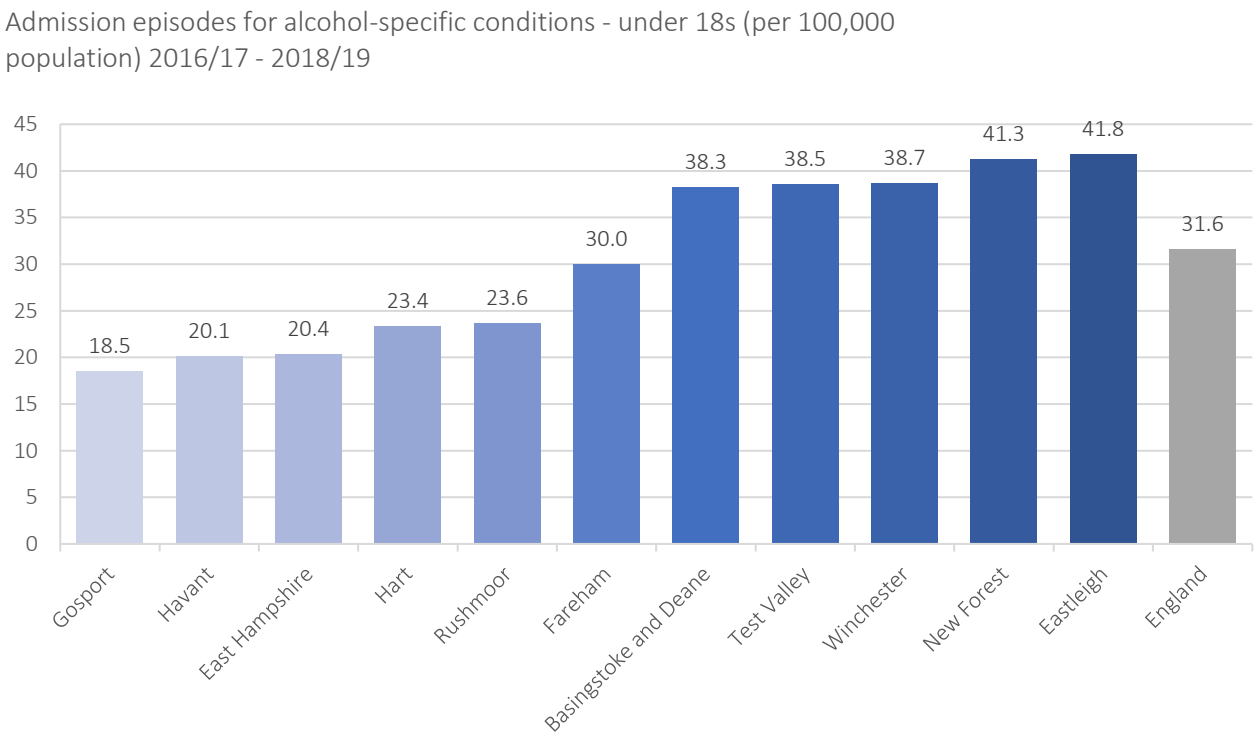

Figure 7.19: Admission episodes for alcohol-specific conditions – under 18s (per 100,000 population) (2016/17 to 2018/19) (Fingertips PHE 2020)

[6] Public Health England Definition and Description (Indicator 92904 & 91414)

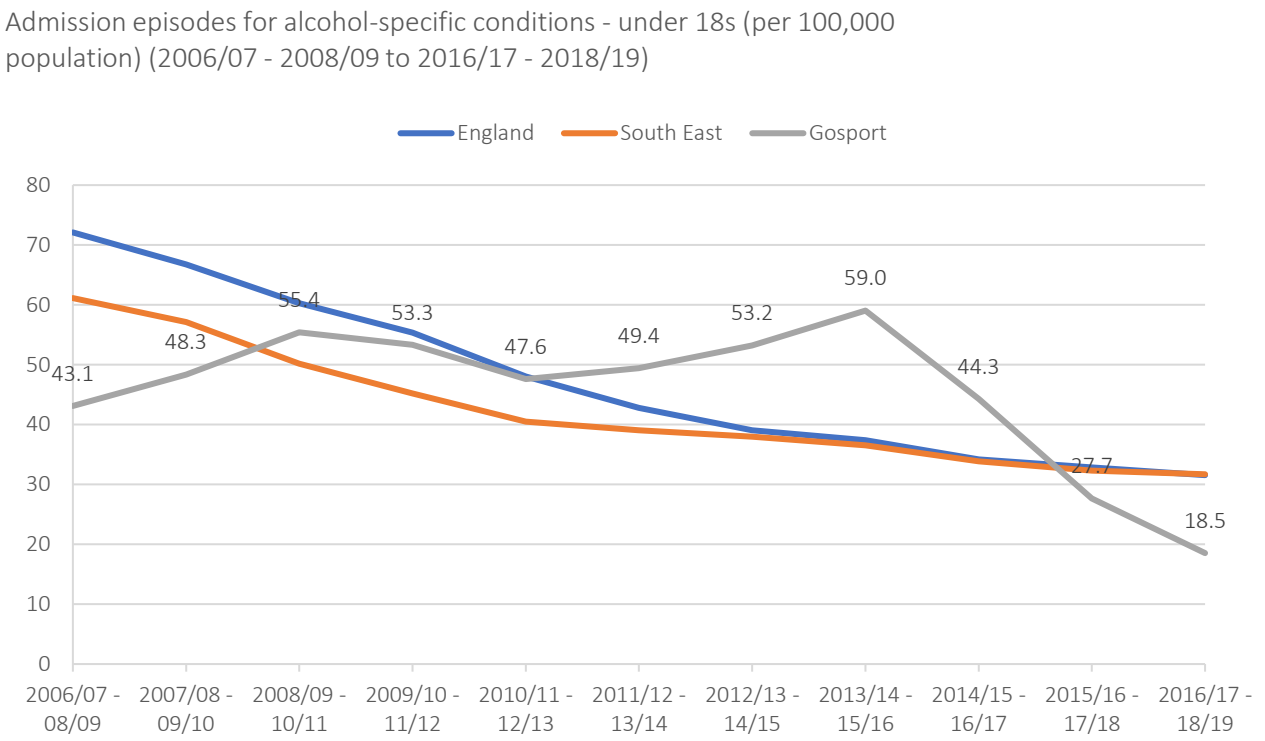

Figure 7.20: Admission episodes for alcohol-specific conditions – under 18s (per 100,000 population) (2006/07 – 2008/09 to 2016/17 - 2018/19) (Fingertips PHE 2020)

Admission episodes for alcohol-related conditions (All ages)

In 2018/19, there were 456 admissions to hospital for all ages due to alcohol related diagnoses in Gosport Borough. This represents a rate of 544 per 100,000 population. Compared to other Hampshire districts, Gosport Borough has the fifth lowest rate and is below the rate for England (Figure 7.21). Overall admissions in the Borough have seen an overall reduction since 2008/09, although have been increasing since 2016/17 (Figure 7.22).

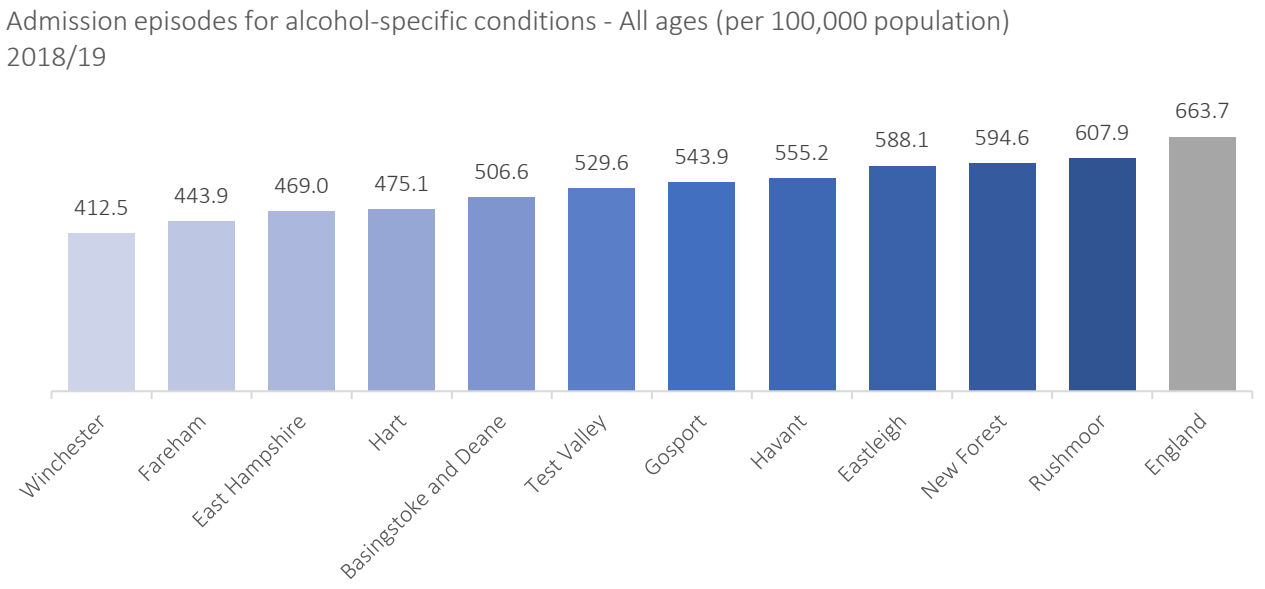

Figure 7.21: Admission episodes for alcohol-specific conditions – all ages (per 100,000 population) (2018/19) (Fingertips PHE 2020)

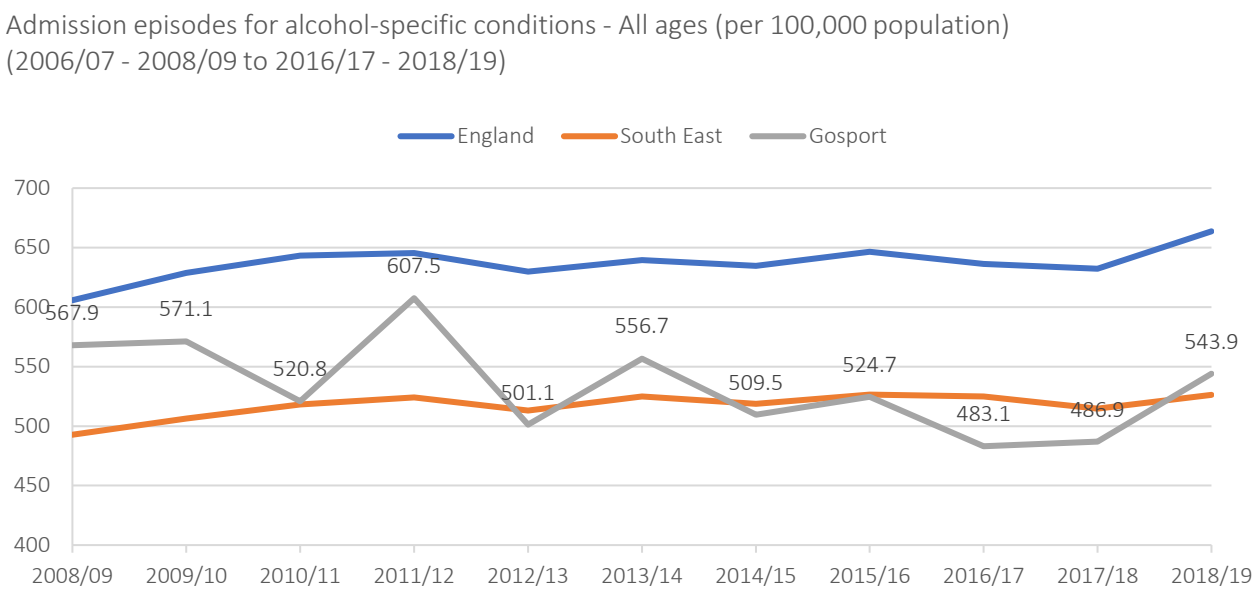

Figure 7.22: Admission episodes for alcohol-specific conditions – all ages (per 100,000 population) (2008/09 to 2018/19) (Fingertips PHE 2020)

Smoking Prevalence in adults (18+)

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 lifestyle risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population[7].

This indicator measures the prevalence of smoking among persons aged 18 years and over. In 2018, 15% of the population (18+) were current smokers. This is the 3rd highest rate out of all Hampshire districts and slightly above the proportion for England (Figure 7.23).

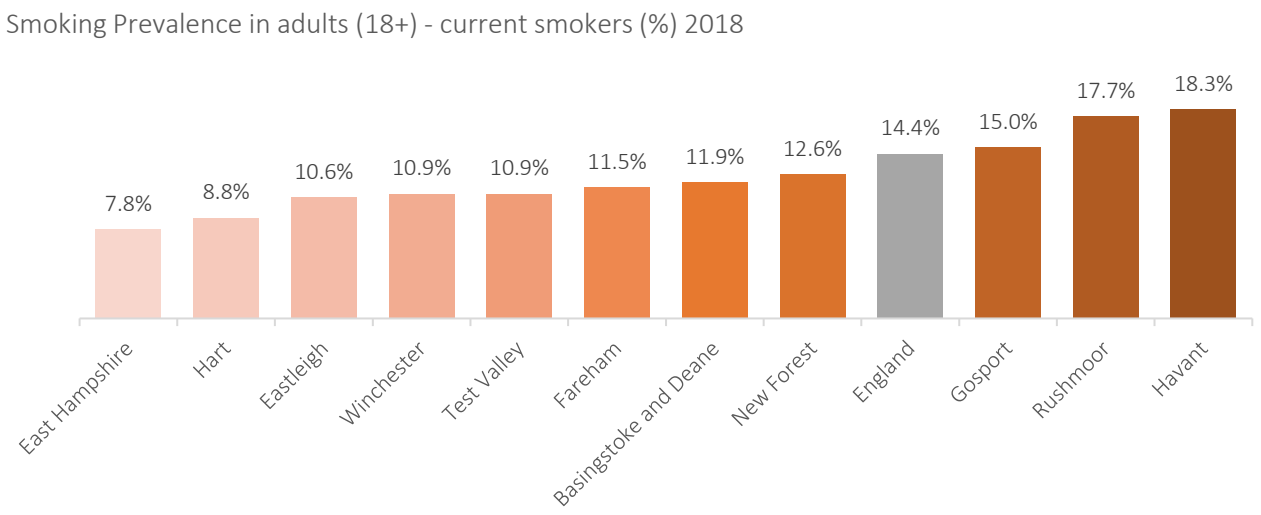

Figure 7.23: Smoking prevalence in adults (18+) – current smokers (%) (2018) (Fingertips PHE 2020)

Overall, the prevalence of smoking in Gosport Borough has declined since the start of data collection in 2012 (Figure 7.24).

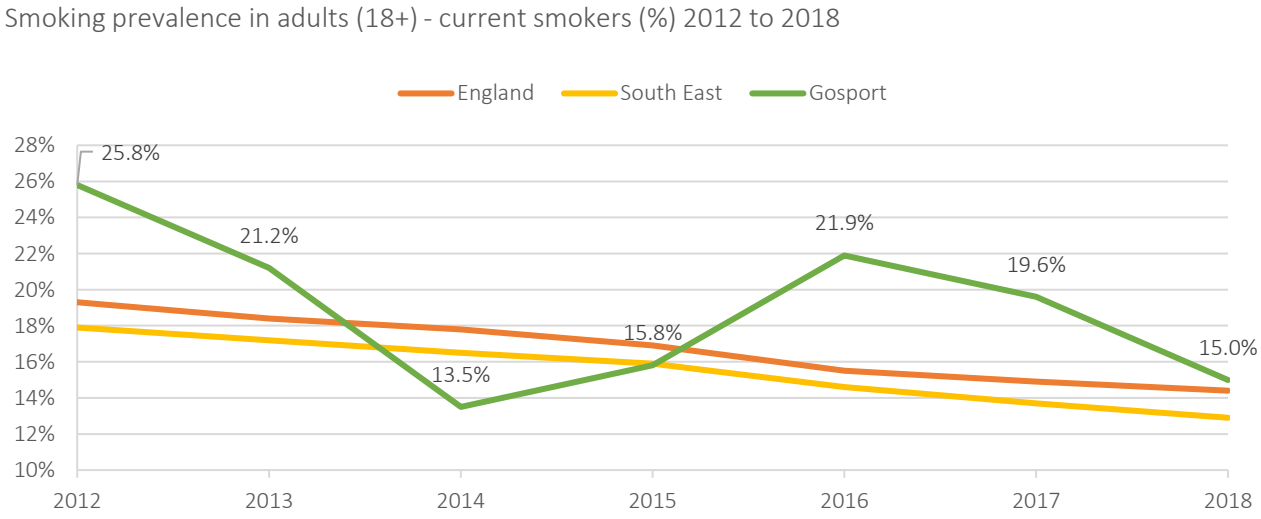

Figure 7.24: Smoking prevalence in adults (18+) – current smokers (%) (2012 to 2018) (Fingertips PHE 2020)

[7] Public Health England Definition and Description (Indicator 92443)

Percentage of physically active adults

Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally. 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[8]. The indicator measures the proportion of the population (aged 19+) doing at least 150 minutes of physical activity per week.

In 2018/19, 65.3% of Gosport Borough's population was estimated to be physically active. This is the second lowest in Hampshire (Figure 7.25). Since 2017/18 physically activity has seen a reduction when compared to the South East (Figure 7.26).

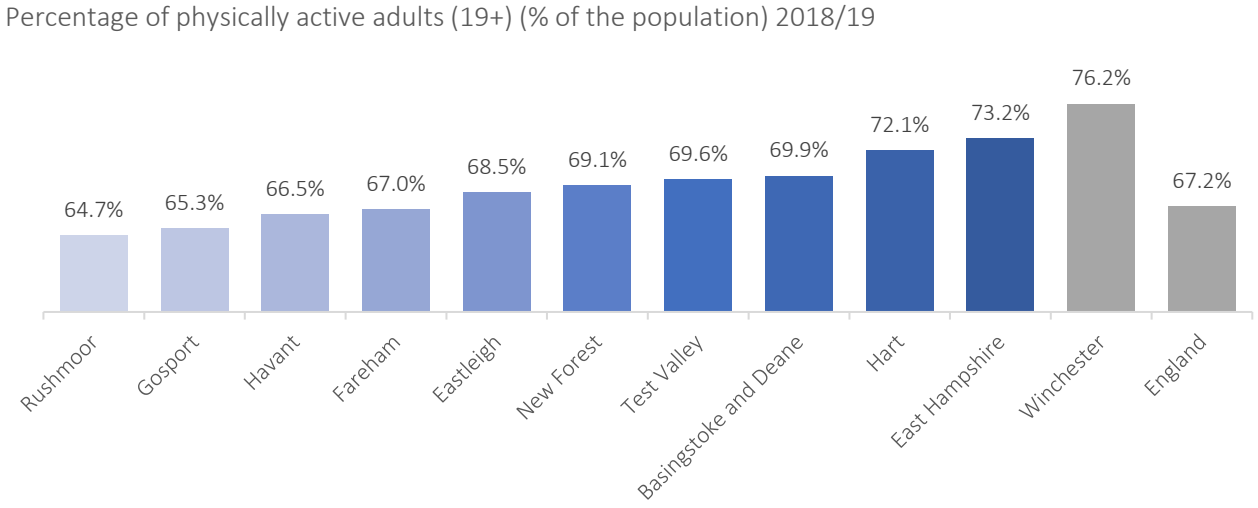

Figure 7.25: Percentage of physically active adults (19+) (% of the population) (2018/19) (Fingertips PHE 2020)

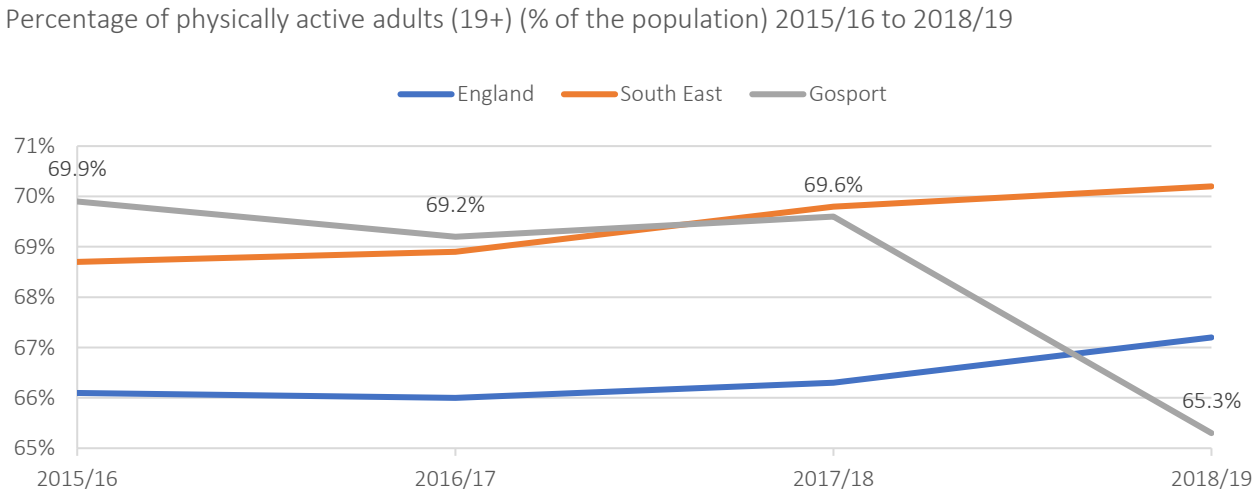

Figure 7.26: Percentage of physically active adults (19+) (% of the population) (2015/16 to 2018/19) (Fingertips PHE 2020)

[8] Public Health England Definition and Description (Indicator 93014)

Overweight and obesity

Reception and year 6 prevalence of overweight (including obesity)

Childhood obesity is a significant problem; Gosport Borough has among the highest levels of childhood overweight and obesity in Hampshire. The National Child Measurement Programme (NCMP[9]) is an annual programme that measures the height and weight of children aged 4-5 years (reception, Year R) and 10-11 years (Year 6) in England. On all indicators produced by the programme, Gosport has considerably higher levels of excess weight than its neighbours.

Excess weight (overweight and obese) for Reception year children in Gosport Borough has been consistently significantly worse than the county, regional and national averages. In 2018/19 25.7% of Reception year children in the Borough were overweight or obese compared to 21.5% in Hampshire and 22.6% in England[10]. Gosport Borough has the highest proportion of overweight and obese reception age children out of all the Hampshire districts (Figure 7.27).

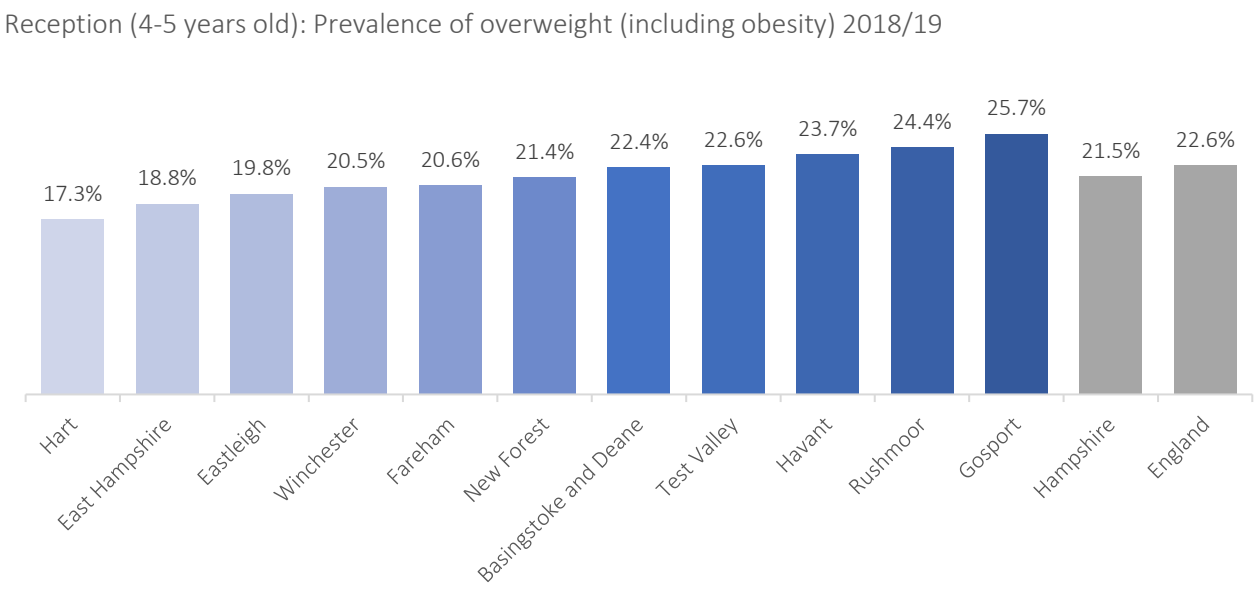

Figure 7.27: Reception (4-5 years old): Prevalence of overweight (including obesity) (2018/19) (National Child Measurement Programme)

[9] National Child Measurement Programme (NCMP) https://digital.nhs.uk/services/national-child-measurement-programme/

[10] Public Health England. Public Health Profiles. [Accessed 28/04/2020] https://fingertips.phe.org.uk © Crown copyright [2020]

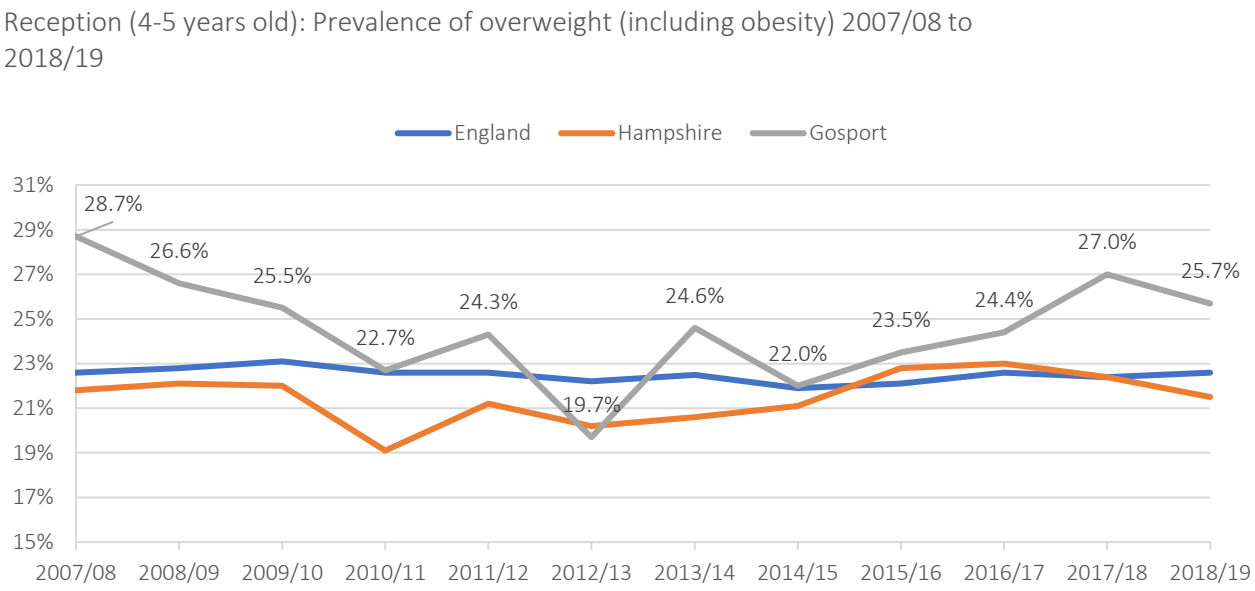

Figure 7.28: Reception (4-5 years old): Prevalence of overweight (including obesity) (2007/08 to 2018/19) (National Child Measurement Programme)

For Year 6 children in Gosport, excess weight is also consistently significantly worse than the county average. In 2018/19, 34.3% of Year 6 children in the Borough were overweight or obese compared to 30.4% in Hampshire[10]. Gosport Borough has the second highest proportion of overweight and obese year 6 children out of all the Hampshire districts.

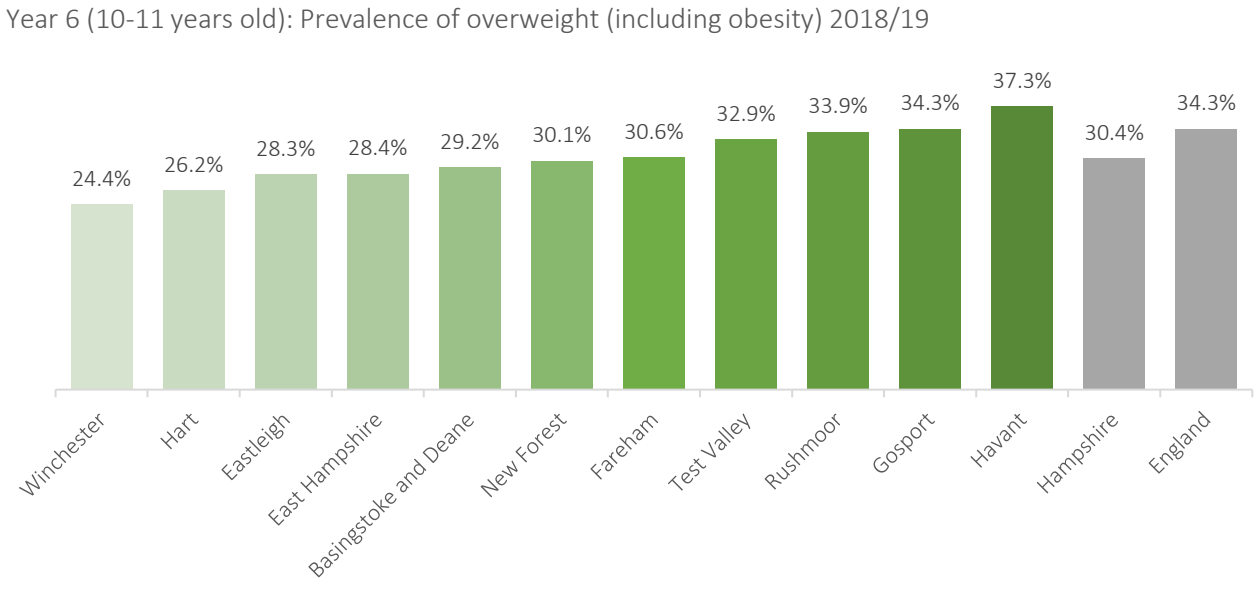

Figure 7.29: Year 6 (10-11 years old): Prevalence of overweight (including obesity) (2018/19) (National Child Measurement Programme)

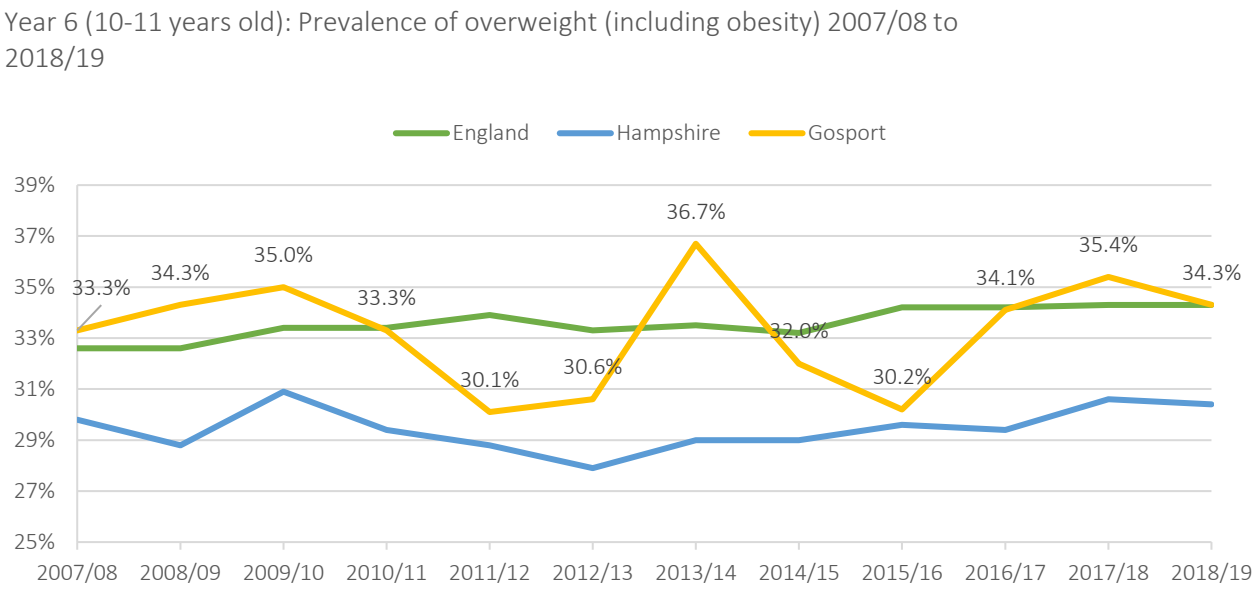

Figure 7.30: Year 6 (10-11 years old): Prevalence of overweight (including obesity) (2007/08 to 2018/19) (National Child Measurement Programme)

Percentage of adults (aged 18+) classified as overweight or obese

The percentage of adults (aged 18+) classified as overweight or obese in Gosport Borough is above many Hampshire districts and England (Figure 7.31). In 2018/19, 71.3% of adults were overweight or obese, compared to 62.1% in Hampshire and 62.3% in England.

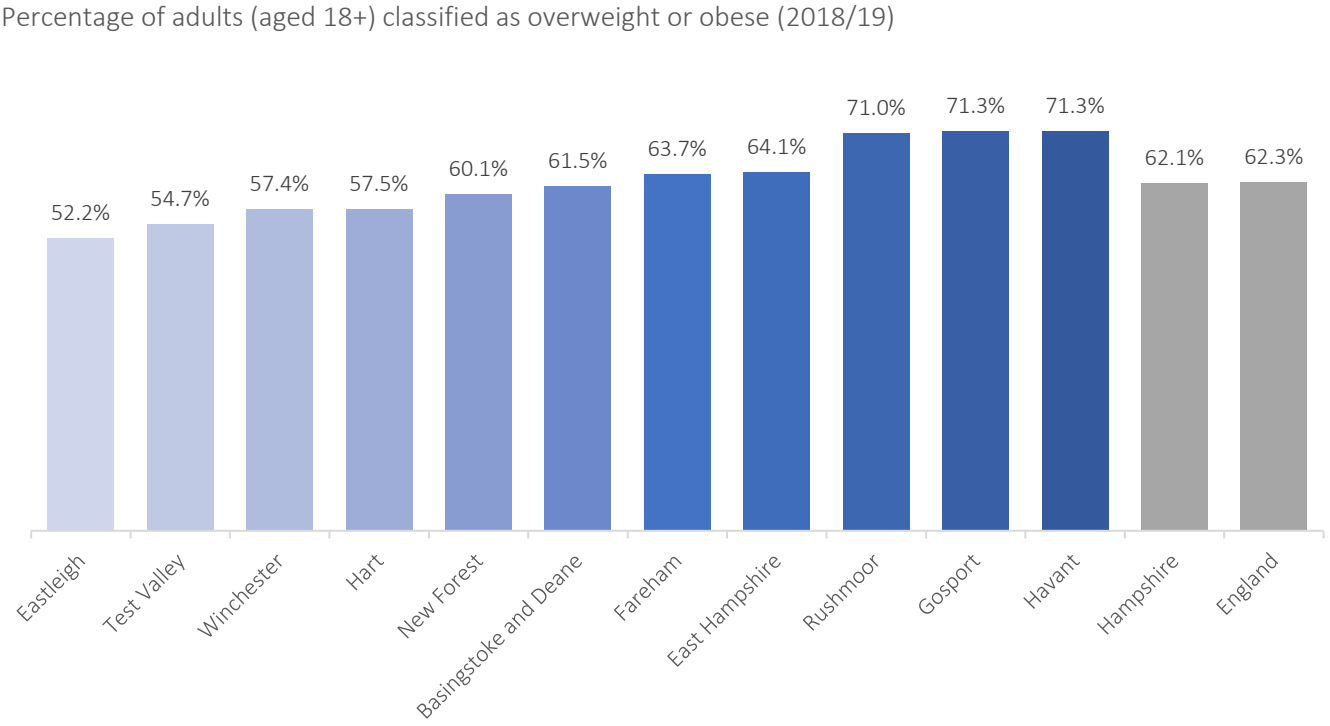

Figure 7.31: Percentage of adults (aged 18+) classified as overweight or obese (2018/19) (Public Health England, based on Active Lives survey, Sport England)

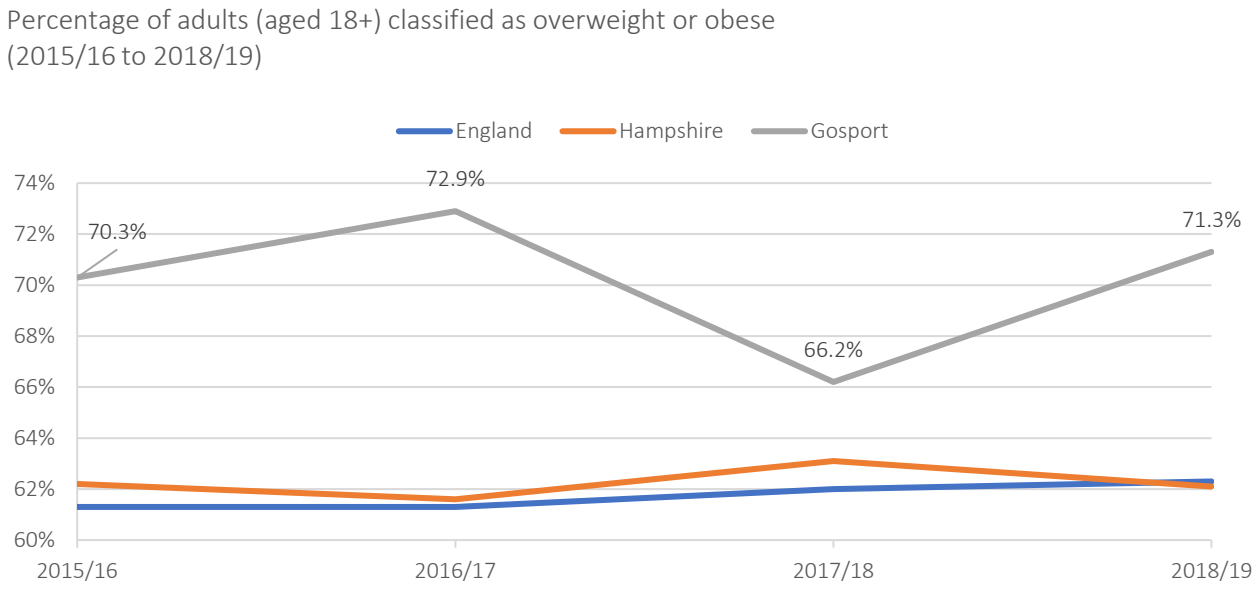

Figure 7.32: Percentage of adults (aged 18+) classified as overweight or obese (2015/16 to 2018/19) (Public Health England, based on Active Lives survey, Sport England)

Wider determinants of health

Children in low income families (under 16s)

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[11].

This indicator shows the percentage of children in low income families (children living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income) for under 16s only.

In 2016, 15.5% of under 16s in Gosport Borough were living in low income families. This is the second highest proportion out of all Hampshire districts. While below the proportion for England (17%), this figure is above the proportion for Hampshire (10.3%) and the South East (12.9%).

[11] Public Health England (Indicator 10101)

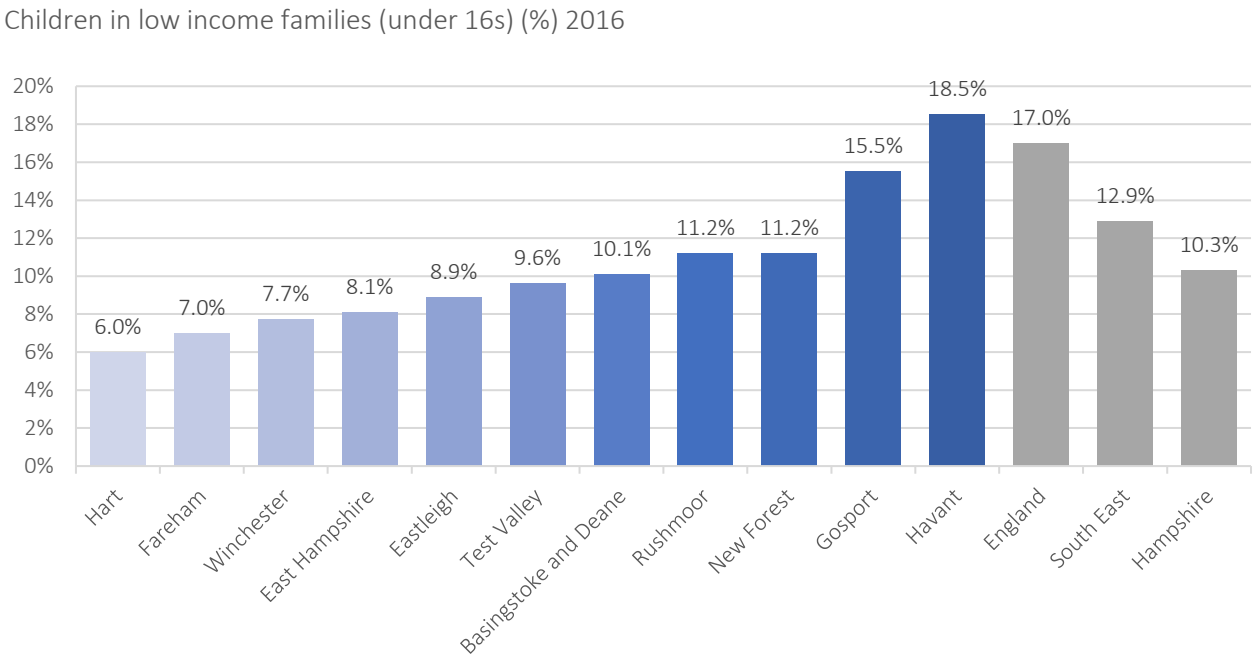

Figure 7.33: Children in low income families (under 16s) (2016) (HM Revenue and Customs (Personal Tax Credits: Related Statistics - Child Poverty Statistics))

While the proportion of under 16s living in low income families in Gosport Borough is higher than in Hampshire and the South East, the proportion is trending downwards. Between 2006 and 2016 the proportion of under 16s in low income families in the Borough has fallen from 19.1% to 15.5% (Figure 7.34).

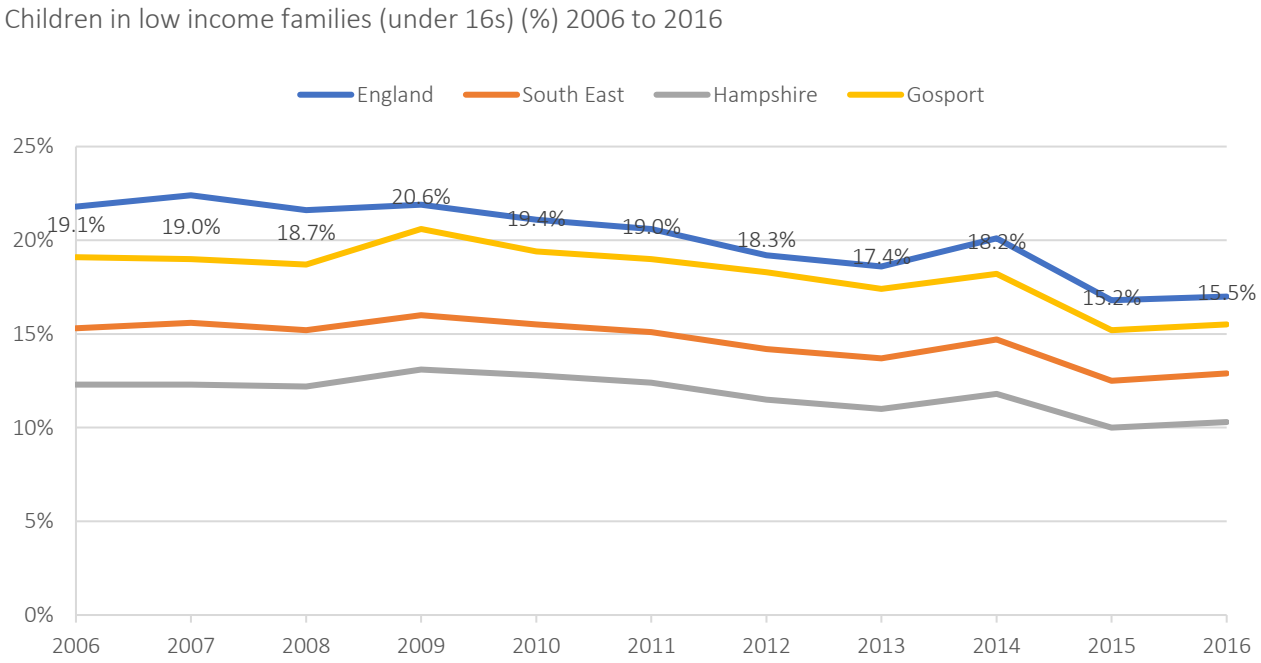

Figure 7.34: Children in low income families (under 16s) (2006 to 2016) (HM Revenue and Customs (Personal Tax Credits: Related Statistics - Child Poverty Statistics))

Average attainment 8 score

Children's education and development of skills are important for their wellbeing and for that of the nation as a whole. Learning ensures that children develop the knowledge and understanding, skills, capabilities and attributes that they need for mental, emotional, social and physical wellbeing now and in the future. Children with poorer mental health are more likely to have lower educational attainment and 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[12]. This indicator measures the achievement of pupils across 8 qualifications at the end of Key Stage 4 in all maintained secondary schools, academies and free schools.

A comparison of the average attainment scores is shown in Figure 7.35. Gosport Borough (40.3) has the lowest average attainment score out of all Hampshire districts and is significantly below the Hampshire (47.5) and England (46.9) average.

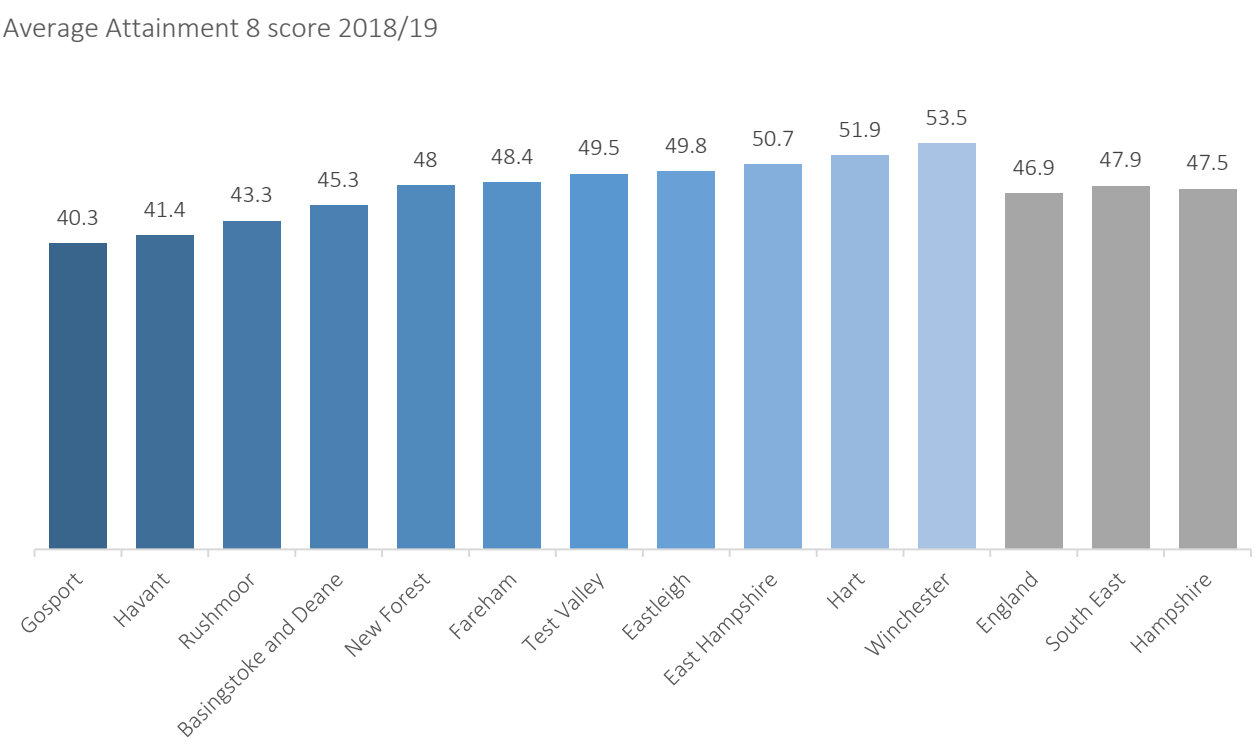

Figure 7.35: Average attainment 8 score (2018/19) (Department for Education)

[12] Public Health England Definition and Description (Indicator 93378)

Percentage of people aged 16-64 in employment

The review "Is work good for your health and wellbeing" (2006) concluded that work was generally good for both physical and mental health and wellbeing. Access to local employment and good working conditions can influence the health of a community[13]. This indicator measures the proportion of people of working age (aged 16-64) who are classed as employed.

In 2018/19, 73% of working age people were classed as in employment. This is the lowest out of all Hampshire districts, below the proportion for Hampshire (80.5%), the South East (78.4%) and England (75.6%) (Figure).

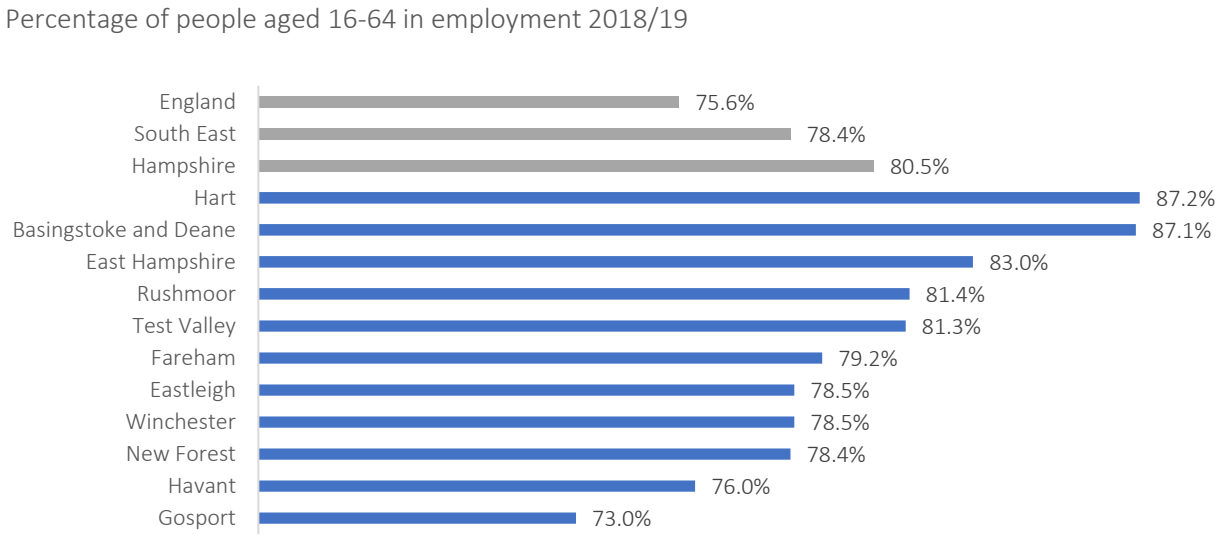

Figure 7.36: Percentage of people aged 16-64 in employment (2018/19) (ONS Annual Population Survey)

Over the past decade, there have generally been lower employment levels in Gosport Borough than in the South East (Figure 7.37).

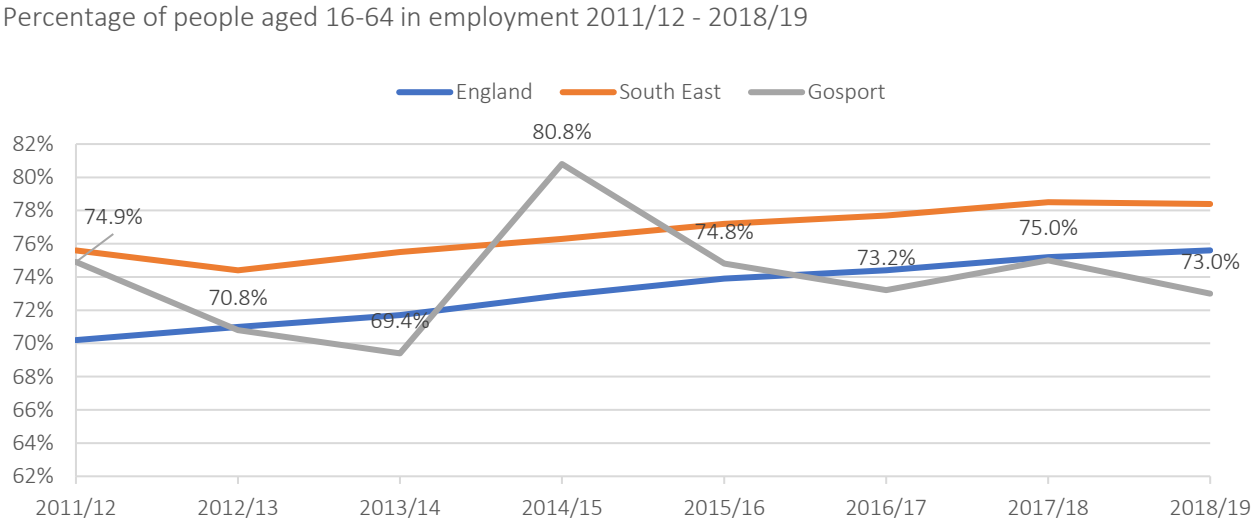

Figure 7.37: Percentage of people aged 16-64 in employment (2011/12 to 2018/19) (ONS Annual Population Survey)

[13] Public Health England (Indicator 92313)

Health inequalities

Indices of Deprivation

Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. The English Indices of Deprivation attempt to measure a broader concept of multiple deprivation, made up of seven distinct dimensions, or domains, of deprivation. The Health Deprivation and Disability Domain measures the risk of premature death and the impairment of quality of life through poor physical or mental health.

In the Indices of Deprivation 2019, out of the 53 Lower Super Output Areas (LSOAs) in Gosport Borough, there are no areas in the 10% most deprived nationally in terms of health deprivation. However, there are 6 LSOA in the 20% most deprived and 7 in the 30% most deprived nationally. No LSOAs are in the 10% least deprived nationally and only 1 is in the 20 least deprived (Figure 7.38).

Health deprivation is found in significant clusters throughout the Borough. Those areas most affected by income and employment deprivation are also areas more deprived in health and disability. Gosport Borough is the most deprived district in Hampshire in terms of health. Using the rank of average score, the Borough ranked 121 out of 317 local authorities in England (where 1 is the most deprived and 317 least deprived).

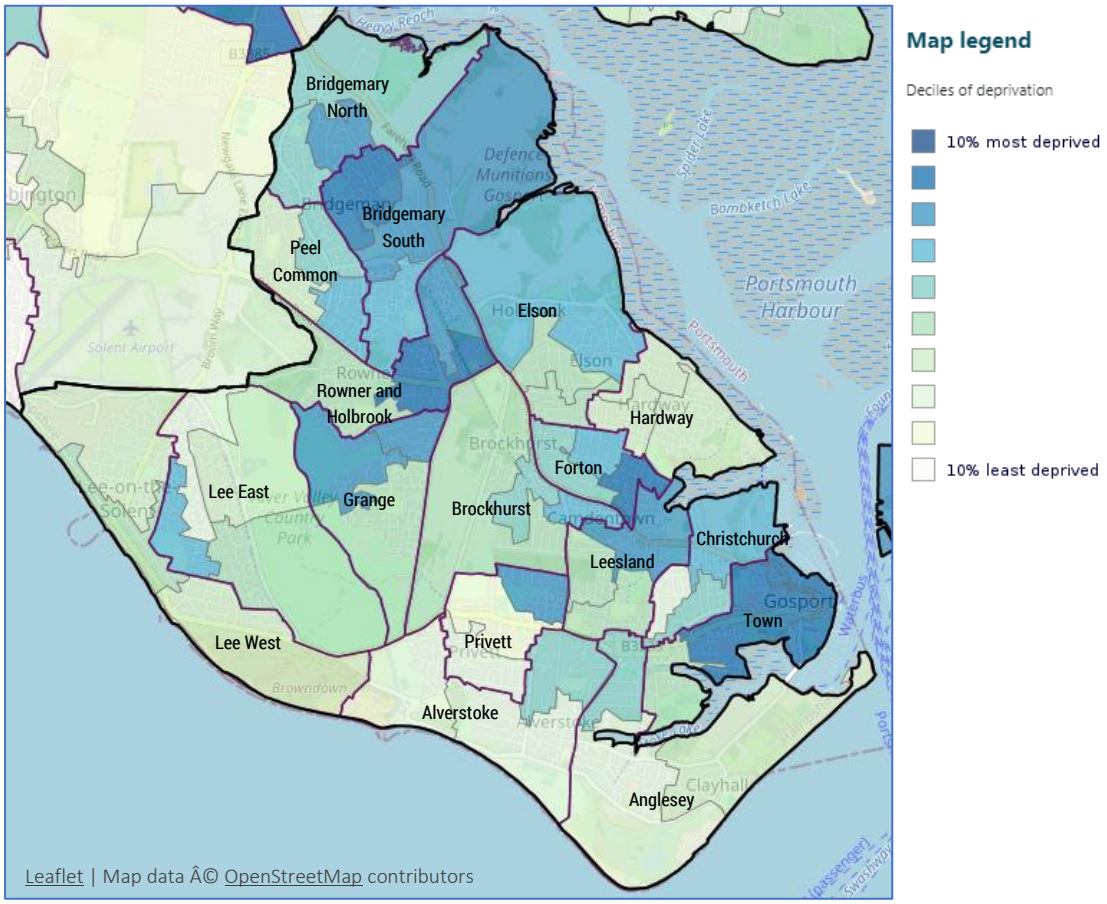

Figure 7.38: Indices of Deprivation 2019: Health and Disability Domain (MHCLG 2019)