Southampton Strategic Assessment

Southampton Economic Assessment

2. Context

Last Updated September 2017
2. City Context

Southampton is on the south coast of England and is the largest city in Hampshire, covering an area of approximately 51.8km². It is predominantly urban in character and the built up area extends to the administrative boundary around most of the city. It is a diverse city with a population of 254,275 comprising 104,951 households, 60,083 children and young people aged (0-19 years), 53,000 residents who are not white British and approximately 43,000 students. The population of Southampton is predicted to rise by nearly 5.5% by 2023, with the over 65s and under 15s populations projected to increase by approximately 15% and 5% respectively. The working aged population (15-64) is projected to increase by 3.9% over the same period (see figure 2.1).

Figure 2.1:

Since 2004, economic migration from Eastern Europe has contributed to the development and sustainability of many business activities, thereby bringing greater richness and diversity to city life. Strong community relations over many decades have contributed to maintaining cohesiveness. Long term international migration up to the end of June 2015 shows that Southampton has more international incomers than leavers (5,300 compared to 1,800). There is also a high level of internal migration, with 16,100 people arriving and 16,900 leaving over the same period. Based on results from the 2011 Census, Southampton now has residents from over 55 different countries who between them speak 153 different languages. 12% of the population do not have English as a main language; 80% of these can speak good English, 17% can’t speak it well and 3% can’t speak English at all.

The city contains a major deep sea port which hosts the largest cruise passenger operation in the UK and is Europe’s leading turnaround cruise port (1.8 million passengers in 2015). It is also the UK's
Southampton is also a major regional centre for leisure, entertainment, cultural activities, shopping, higher and further education and hospitals; the city has 4 million visitors a year for retail and leisure activities and its night time economy has grown in recent years. Major employers include the council, the NHS, the University of Southampton and Southampton Solent University, Carnival, Old Mutual Wealth and DP World (container port).

The city centre is complemented by a network of smaller centres; Shirley town centre, four district centres (Portsmouth, Bitterne, Woolston and Lordshill) and a number of local centres. Here residents can find local employment, facilities and services including shops which provide everyday essential goods. These centres lie at the heart of local communities and have their own unique identity and history.

Whilst the city has achieved significant growth in the last few years, in line with the affluent south, the city’s characteristics relating to poverty and deprivation present challenges more in common with other urban areas across the country with high levels of deprivation. The Index of Multiple Deprivation 2015 (IMD 2015) illustrates how Southampton has become relatively and absolutely more deprived since 2010. Based on average deprivation score, Southampton is now ranked 67th (where 1 is the most deprived) out of 326 local authorities, compared to its previous position of 81st in 2010. Southampton now has 19 Lower Super Output Areas (previously 10) within the 10% most deprived in England and zero in the 10% least deprived (previously 1) as figure 2.2 below shows.

Figure 2.2

Changes to the welfare system are beginning to have an impact in Southampton. In March 2016, the Centre for Regional Economic and Social Research (CRESR) estimated that working age adults in the city will lose approximately £350 per year. This is the total cost if shared evenly across the whole

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7 Associated British Ports Website (2017) http://www.abports.co.uk/Our_Locations/Southampton/
8 Index of Multiple Deprivation (MD) 2015 communities and Local Government
9 CRESR (Mar 2016) The uneven impact of welfare reform: The financial losses to people and places
working age population (not just claimants of the benefit). Therefore, it does not represent the average or actual impact to those directly affected by each of the reforms, which is likely to be more severe. In practice, the direct impact of the welfare reforms is not shared equally; they impact hardest on some of our most deprived households, with some households affected by several changes. The impact of an individual reform can vary significantly depending on the composition, tenure and circumstance of the household.

Deprivation and inequalities between wards and residents in Southampton are significant and continue to be a driver for crime and poor health outcomes in Southampton. In addition, key outcomes for children and young people in Southampton continue to be poorer than the national average. Provisional exam result figures from 2015/16 show that 50.9% of Southampton pupils achieved 5+ A*-Cs at GCSE including English and Maths, compared to 52.8% nationally. Although this is an increase of 0.3 percentage points from 2014/15, the city is still ranked 131 out of 151 local authorities.

The latest Community Safety Strategic Assessment for the city highlighted a 19% increase in recorded crime in 2015/16, although these increases continue to be driven, at least in part, by changes in recording and reporting practices by Hampshire Constabulary following the publication of the HMIC Inquiry findings in November 2014. The rise in recorded crime has not led to a commensurate rise in calls for service, and resident perceptions crime levels remains similar to two years ago, whilst the independent Crime Survey for England & Wales indicates that, in real terms, crime continues to fall.

Nevertheless, there are a number of challenges for the city with regards to crime and antisocial behaviour. Alcohol and substance misuse remain linked to criminality and victimisation in the city, not to mention their associated harms to health which has resulted in Alcohol and Drugs Strategies being developed for the city in the last year. Domestic Violence and Abuse (DVA) also continues to be a significant issue and driver of demand in Southampton, contributing to the rise in both violent and sexual offences over the last year.

The impact of poor health and premature mortality are significant in Southampton. Although mortality rates are falling and more people are living longer, mortality rates are still significantly higher than the national average; particularly for men. Life expectancy in Southampton is 78.3 years for males and 82.9 years for females compared to the England averages of 79.5 and 83.1 respectively (2013-15). In addition, although people are living longer, it is often with multiple long term conditions and an extended period of poor health and/or disability. The over 65s population is projected to increase by 15% by 2023; this will result in an increasing demand for health and social care services in the city. Poor lifestyles also continue to hold back health improvement in Southampton, with smoking prevalence, childhood obesity (in Year 6) and alcohol-related hospital admissions in particular, being significantly higher than the national average. This is all influenced and compounded by poor living circumstances (wider determinants) such as deprivation, which are lowering life chances. Inequalities in health and wellbeing outcomes are clearly evident in the city and there is no evidence that this inequality gap is narrowing. Further information can be found at [http://www.publichealth.southampton.gov.uk/JSNA](http://www.publichealth.southampton.gov.uk/JSNA).