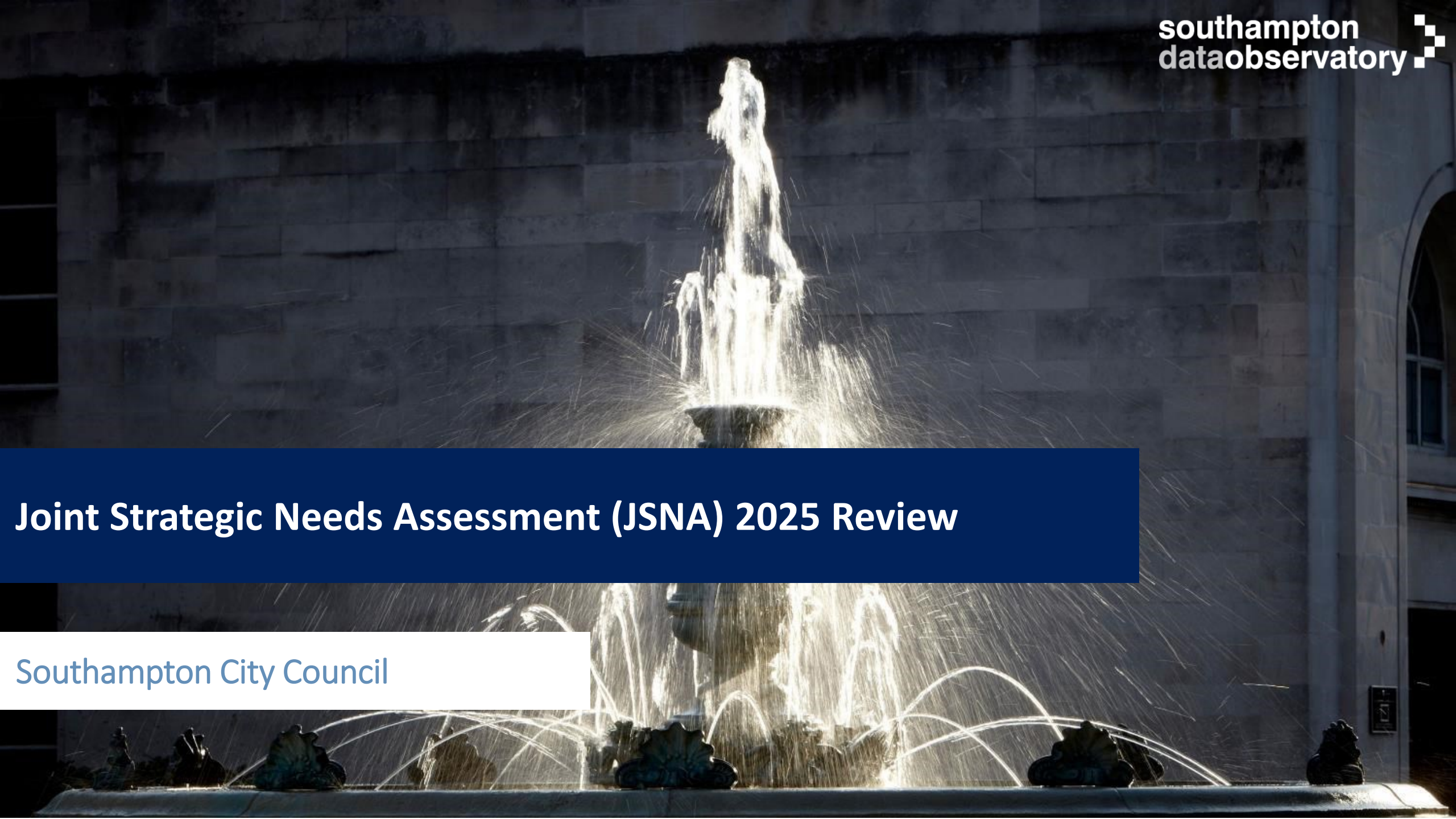


Joint Strategic Needs Assessment (JSNA) 2025 Review

Southampton City Council

The JSNA (Joint Strategic Needs Assessment)

- Health & Wellbeing Boards are responsible for producing a JSNA (Health & Social Care Act 2012)
- The JSNA is an assessment of the current and future health and social care needs of the community
- Purpose is to improve health & wellbeing and reduce inequalities
- Statutory requirement to produce AND inform health and wellbeing commissioning plans
- Locally determined process - No mandated format, core dataset or update schedule. Southampton JSNA is brought together with other data, intelligence, specialist reports, needs assessments, summary analysis and headline statistics covering the city's population, health, community safety, economy and public services within the Southampton Data Observatory
- Health and Wellbeing Boards should develop a Health and Wellbeing Strategy paying due regard to the evidence set out in the JSNA.
- The Southampton Health and Wellbeing Strategy is monitored using a key set of performance indicators (KPIs). These can be accessed via a regularly refreshed Power BI dashboard. They are also available to view (along with commentary) within this slide pack.

What does the JSNA tell us about Health & Wellbeing in Southampton?

Demography

Current population

southampton dataobservatory

Southampton had an estimated resident population of **264,957** in 2023, of which…

135,236 (51.0%) were **male** and

129,721 (49.0%) were **female**

Population age groups

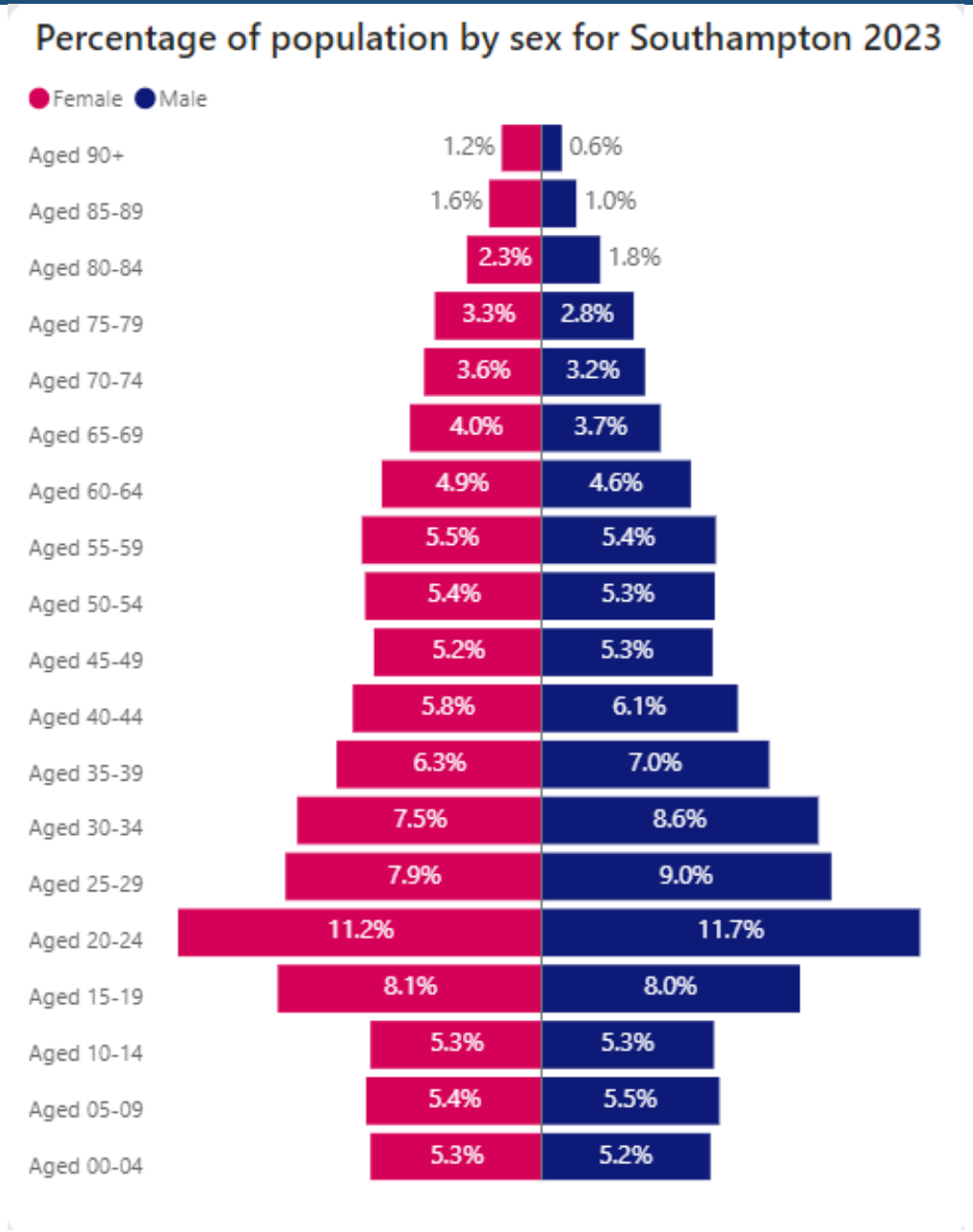
Aged 0-15 – **44,965** (17.0%)
Aged 16-64 – **181,520** (68.5%)
Aged 65 and over – **38,472** (14.5%)

Aged 16-24 – **49,155** (18.6%)

Compared to 10.8% (2023) England – Southampton has a young population

Data source: Hampshire County Council, Small Area Population Forecasts(SAPF) 2023 base

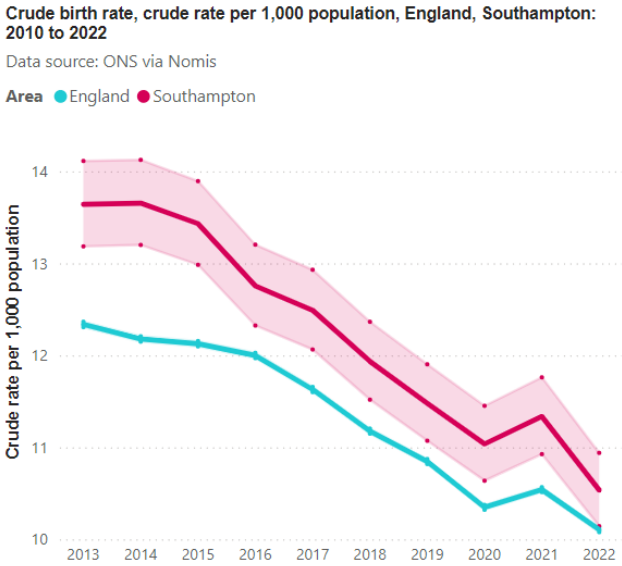
Population Dashboard



Population for Southampton 2023

Age group	Female	Male	Total
Aged 00-04	6,837	7,042	**13,879**
Aged 05-09	7,013	7,423	**14,436**
Aged 10-14	6,838	7,188	**14,026**
Aged 15-19	10,570	10,800	**21,370**
Aged 20-24	14,579	15,830	**30,409**
Aged 25-29	10,259	12,117	**22,376**
Aged 30-34	9,786	11,574	**21,360**
Aged 35-39	8,202	9,508	**17,710**
Aged 40-44	7,550	8,189	**15,739**
Aged 45-49	6,701	7,135	**13,836**
Aged 50-54	7,055	7,224	**14,279**
Aged 55-59	7,190	7,269	**14,459**
Aged 60-64	6,385	6,221	**12,606**
Aged 65-69	5,247	4,946	**10,193**
Aged 70-74	4,678	4,299	**8,977**
Aged 75-79	4,256	3,826	**8,082**
Aged 80-84	2,959	2,421	**5,380**
Aged 85-89	2,058	1,417	**3,475**
Aged 90+	1,558	807	**2,365**
Total	**129,721**	**135,236**	**264,957**

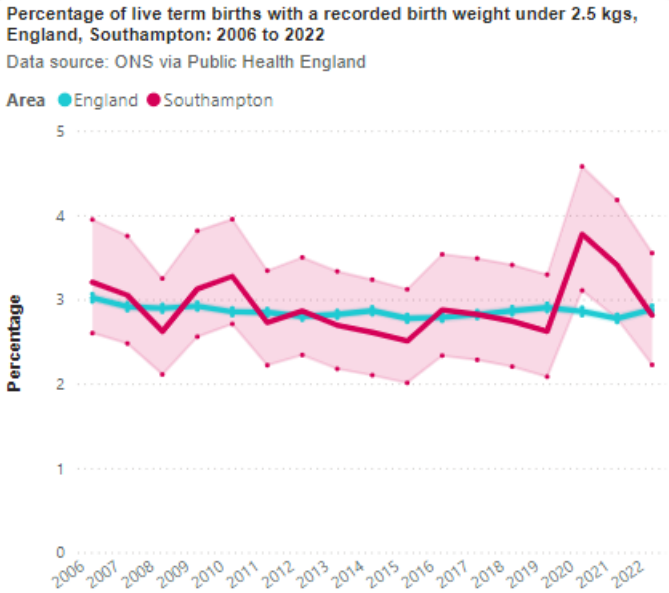
Births



The **birth rate** in Southampton remains **significantly higher** than England, although both are **falling** over time

Local rates are **falling faster** than nationally

In the **20% most deprived** areas, birth rates (12.4 per 1k) are **1.6x higher** than in the 20% least deprived (7.6 per 1k)



A **public health concern** is babies being born of **low birth weight** (under 2.5kg).

In **2022, 2.8%** of births were of **low birth weight; lower** than **England** but not significantly.

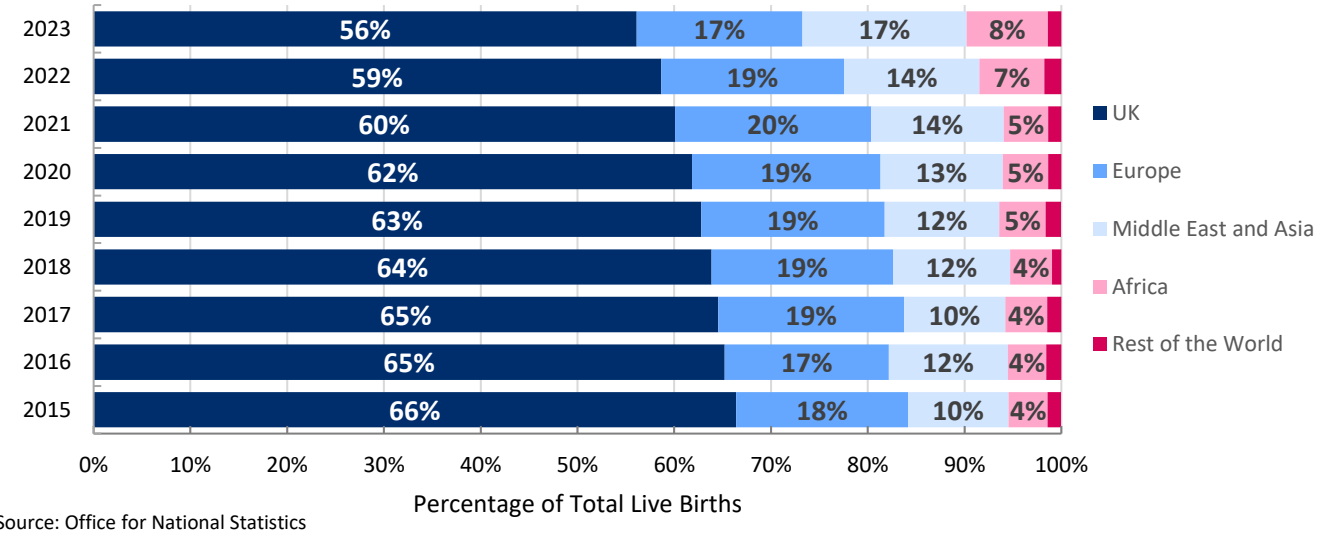
Bevois Ward was found to have the **highest percentage** of **low birthweight** babies. Local analysis shows **Bevois** has a **higher concentration** of **Asian mothers** who are **more likely** to have **lower birth weight** babies compared to the **UK average**. This reflects published literature where analysis confirms **lower birth weight** in second generation **South Asian babies**.

In **2020-22**, the percentage of low weight births in the **20% most deprived** areas (5.1%) was **2.2x higher** than in the **20% least deprived** (2.3%).

Births data details the **mothers birth region,** understanding this, along with births rates and changes in migration helps with **maternity service** and **school pupil place planning**.

In Southampton, the percentage of **mothers born outside the UK** is **increasing**.

Proportion of total live births by mothers birth region in Southampton, 2015 to 2023



Source: Office for National Statistics

Population projections

Falling birth rates is reflected in the **population forecasts** as is the **ageing population**.

Data source: Hampshire County Council, Small Area Population Forecasts(SAPF) 2023 base

Population Dashboard

Total percentage change between 2023 and 2030 Southampton

7.5% (19,967)

Aged 0-15 change between 2023 and 2030 Southampton

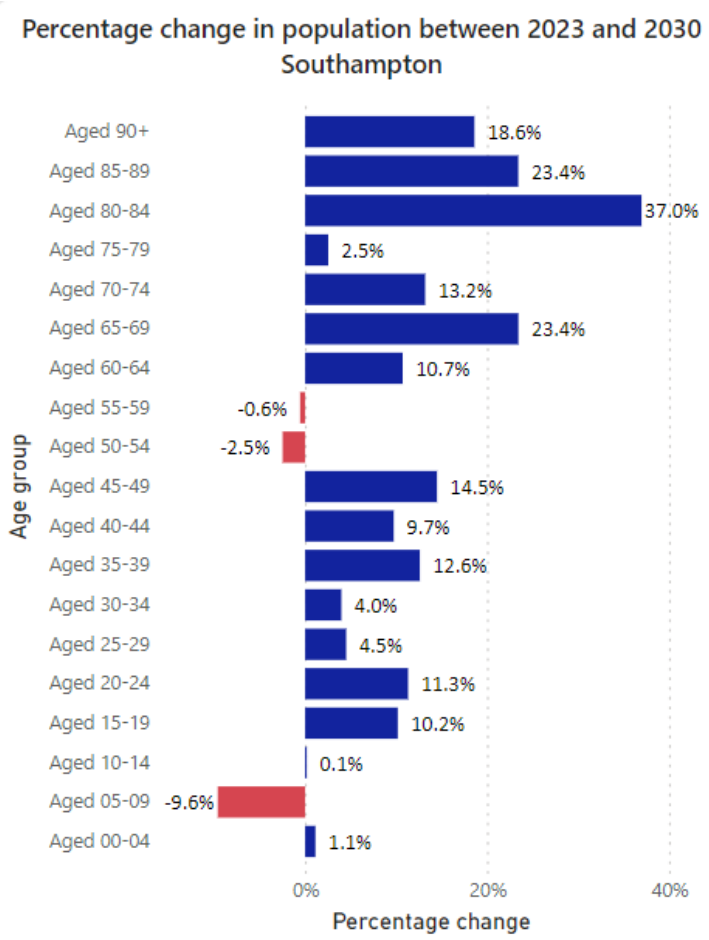
-2.2% (-999)

Aged 18+ change between 2023 and 2030 Southampton

9.4% (20,169)

Aged 65+ change between 2023 and 2030 Southampton

18.2% (7,021)



Change by age groups between 2023 and 2030 Southampton

Age group	Female	Male	Total
Aged 00-04	-2	159	**157**
Aged 05-09	-629	-757	**-1,386**
Aged 10-14	6	4	**10**
Aged 15-19	1,047	1,129	**2,176**
Aged 20-24	1,624	1,816	**3,440**
Aged 25-29	355	654	**1,009**
Aged 30-34	173	678	**851**
Aged 35-39	802	1,431	**2,233**
Aged 40-44	610	922	**1,532**
Aged 45-49	995	1,010	**2,005**
Aged 50-54	-216	-137	**-353**
Aged 55-59	-55	-25	**-80**
Aged 60-64	680	672	**1,352**
Aged 65-69	1,232	1,157	**2,389**
Aged 70-74	617	567	**1,184**
Aged 75-79	106	99	**205**
Aged 80-84	973	1,016	**1,989**
Aged 85-89	396	418	**814**
Aged 90+	184	256	**440**
Total	**8,898**	**11,069**	**19,967**

Forecasts show a **drop** in residents aged **under 16 (-2.2%),** whilst the biggest **increase** is for those aged 65+ **(+18.2%**) between 2023 and 2030.

This is even greater for the **80+ age group,** which is forecast to **increase** by **+28.9%,**

This **ageing population** will provide a future **challenge** and likely **increase demand** for **health and social care** services

Diverse City

southampton dataobservatory

Southampton is a **diverse city** with nearly **160 languages** spoken in the city. Just over than **1 in 7** (15.4%) residents **do not** have **English** as their main language

68.1% of usual residents are **white British** (2021 Census), a **decrease of -7.9%** from the 2011 Census; the population of Southampton **is getting more culturally diverse**

2 in 5 people report to be **Christian, 1 in 18** people are **Muslim** and **1 in 59** people are **Sikh** with **1 in 77** people describing themselves as **Hindu**

Just **over half** (52.7%) of our residents describe themselves as **British** and **just under half (47.7%)** of our residents over 16 **do not live as a couple.**

There are over **6,300 veterans** in our city, some included among the **1 in 6 people** who are **disabled** under the Equality Act in the city.

Protected groups

2,765 pregnant mothers booking in a midwife aged 15 to 44 (2023/24)

2,541 live births (2023)

Life expectancy at **birth**: Males **77.9** years and Females **82.3** years.
At **65+** years: Males **17.6** and Females **20.5** (2021-23)

160 languages spoken in Southampton (2024)

15.4% (37,044) residents **do not** have English as their main language (2021 Census)

488 children looked after in care (2023/24)

17.7% (43,937) of residents identify as having a disability under the Equality Act (2021 Census)

0.5% (1,648) of registered patients are diagnosed with a learning disability (2023/24)

36.5% (74,519) of residents are married or in a registered civil partnership (2021 Census)

Protected groups

50.0% (124,510) of residents consider themselves to have a religion:
40.1% (99,910) Christian
5.6% (13,893) Muslim
1.7% (4,192) Sikh
43.4% (108,000) have no religion (2021 Census)

3.1% (6,361) people aged 16+ have previously served UK armed forces or reserves
51.7% (3,292) of veterans are aged **65+** (2021 Census)

7.7% (18,138) of residents are unpaid carers.

- **14.4% (5,699)** are aged between **50** and **64**
- **10.5% (3,582)** are aged **65+** (2021 Census)

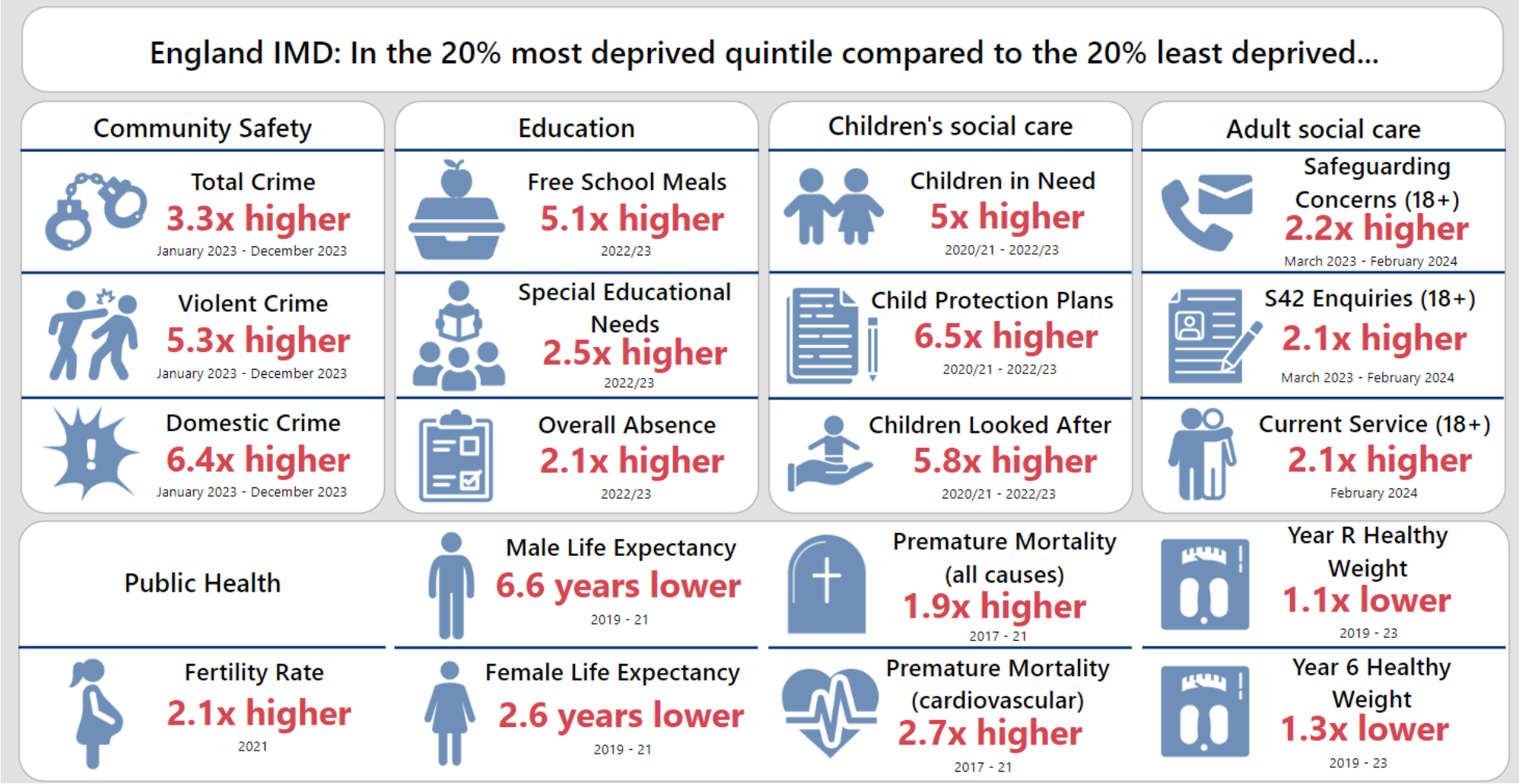
0.8% (1,633) of residents have a gender identity different from that registered at birth (2021 Census)

4.9% (10,082) of residents are LGBTQ+ (2021 Census)

31.9% (79,439) residents consider themselves other than white British:
11.6% (28,787) other white
3.7% (9,169) Indian
2.7% (6,784) other Asian
(2021 Census)

Inequalities – cross cutting theme

- It is important to monitor inequalities, as these result in differences in outcomes for different people or groups. These differences can have a huge impact as they result in people who are worse off experiencing poorer outcomes, particularly those relating to health, education and crime. One way we measure inequalities is to compare outcomes between those living in the 20% most deprived and those living in the 20% least deprived neighbourhoods. More information can be found on the Southampton Data Observatory. If the wider determinants worsen e.g. poverty and deprivation, then this could be a driver for increased inequalities and poorer outcomes for residents.

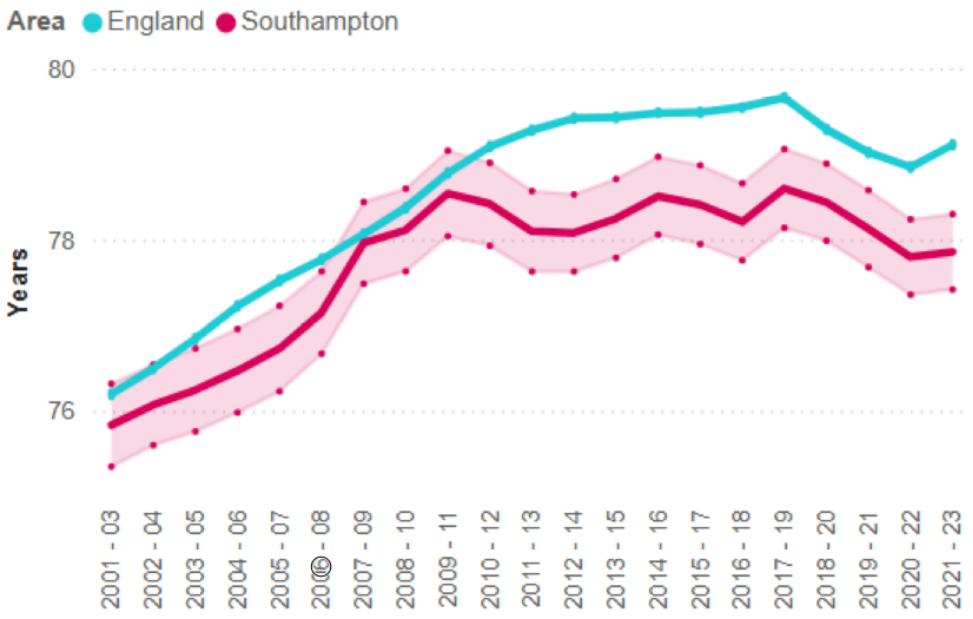


Life expectancy and mortality

Life expectancy and mortality (southampton.gov.uk)

Life Expectancy

Life expectancy at birth (**Males**): Southampton and England
2001-03 to 2021-23 (pooled)



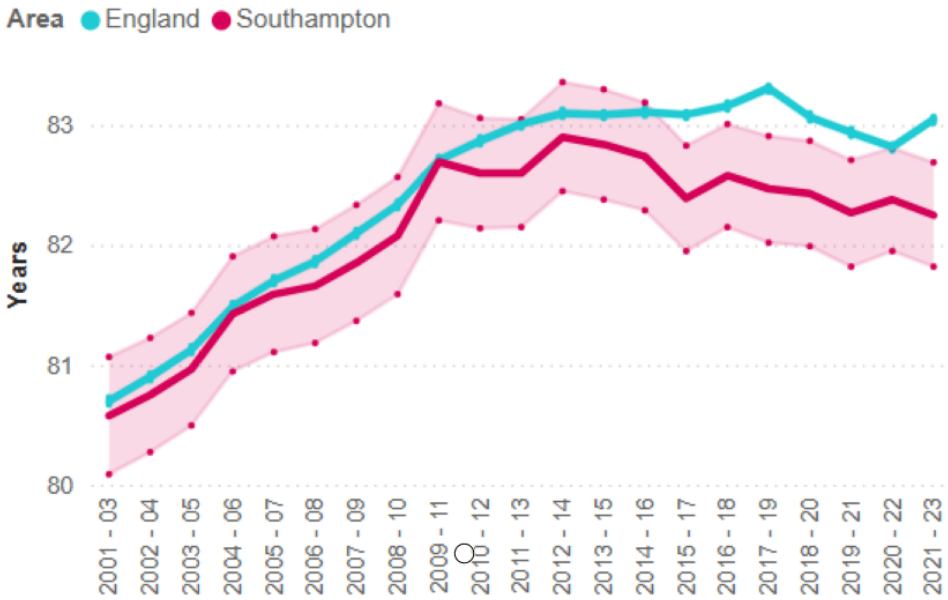
Source: Office for Health Improvement and Disparities (OHID)

Poor health and **premature mortality** are **intertwined.**

Understanding how long people are expected to live for (**life expectancy**), and how this **compares** locally with national average and comparator areas is an important measure of health.

Life expectancy webpage

Life expectancy at birth (**Females**): Southampton and England
2001-03 to 2021-23 (pooled)



Source: Office for Health Improvement and Disparities (OHID)

In **2021-2023**, **male life expectancy** was **77.9 years** in Southampton; **significantly lower** than **England (78.1 years)** and ranking **5th worst** among **comparators.** For **females** it was **82.3 years;** again **significantly lower** than that for England of **83.1** years and ranking **6th worst** among **comparators.**

Male and **female life expectancies** have followed national trends until for 2010-12 for males and 2014-16 for females; **Southampton**'s rates have started to **decrease** whilst those for **England** have **plateaued**, until periods covering the pandemic saw overall decreases in life expectancy for England and Southampton

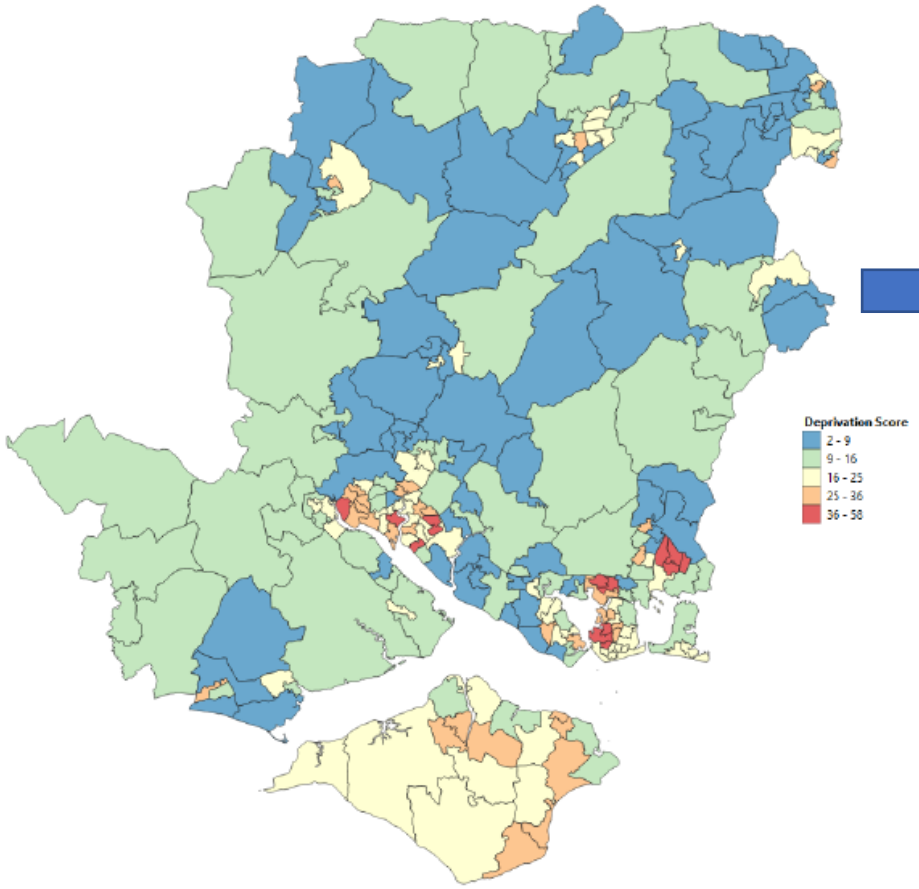
In Southampton, men live **15 months** less and women live 10 months less compared to the England average (2021-23).

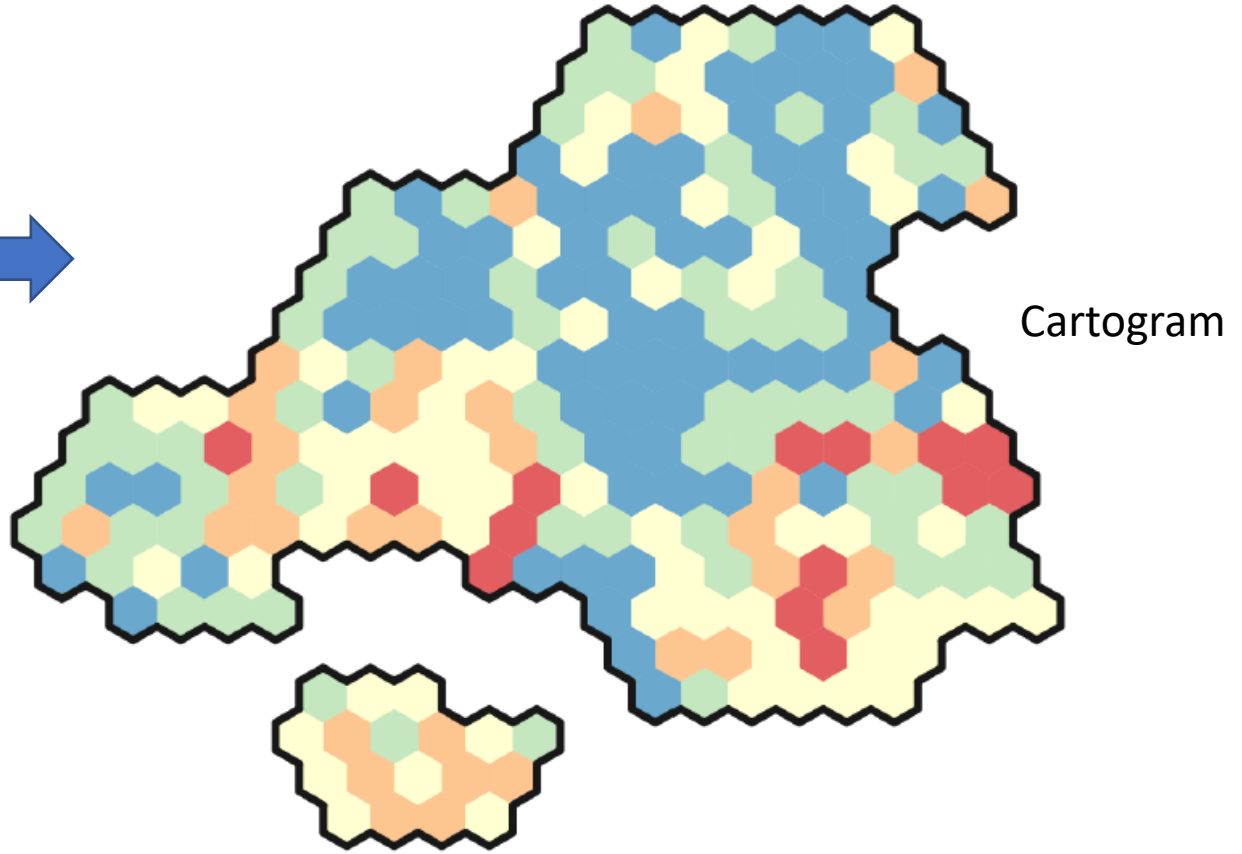
Life Expectancy at sub-city level

Southampton as a whole and at neighbourhood level has some of the **lowest life expectancies** in our **wider area.** It is difficult to see this on a map because of different population densities. In denser areas the detail is lost compared to more population sparse areas.

The next slide shows **cartograms** which are **maps reformatted** so the neighbourhoods of around 8,000 people cover the **same amount of diagram** space (regardless of land area covered)

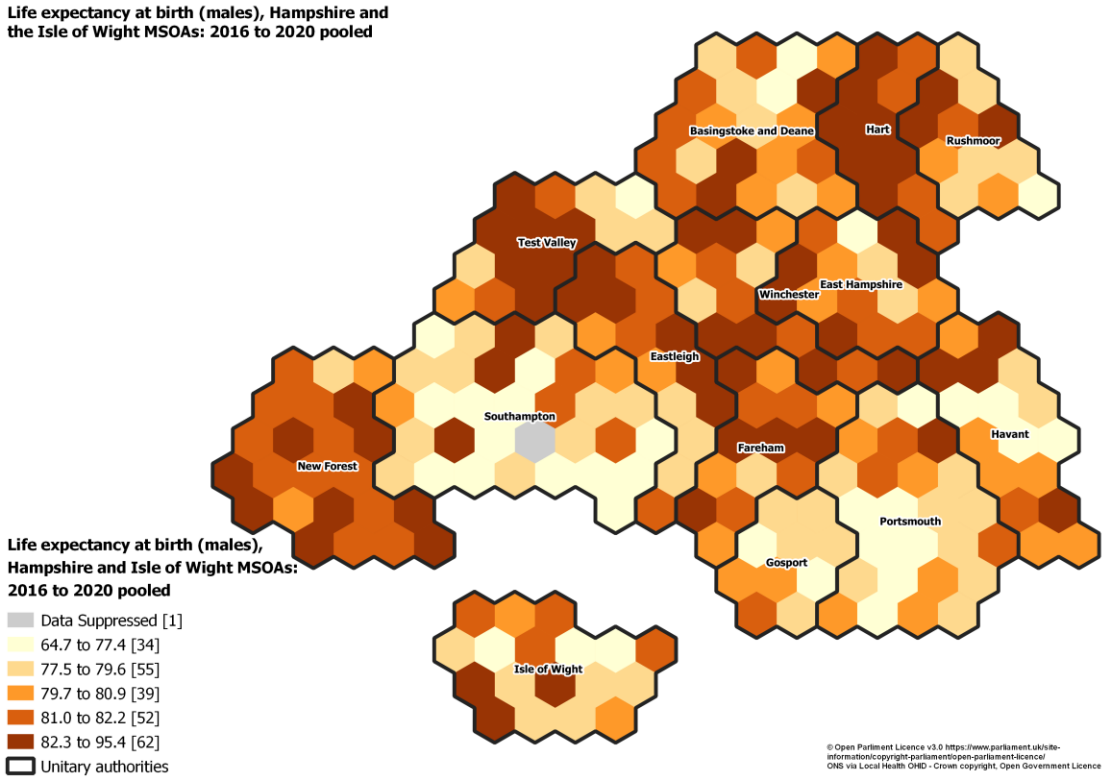
Map

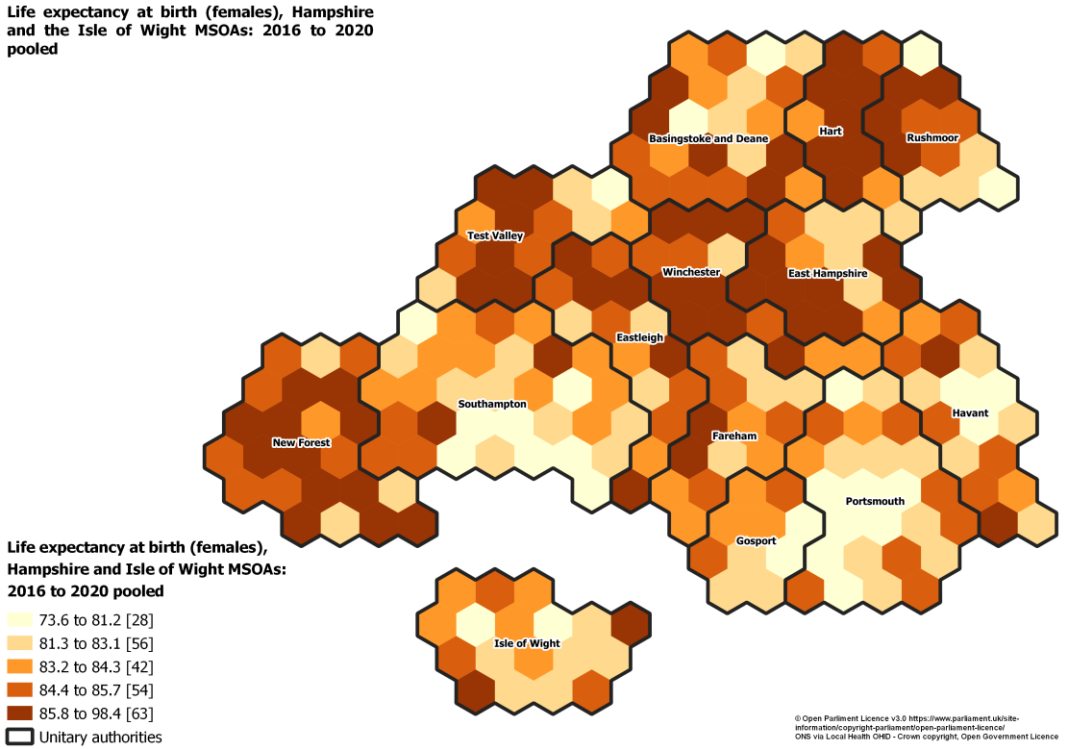


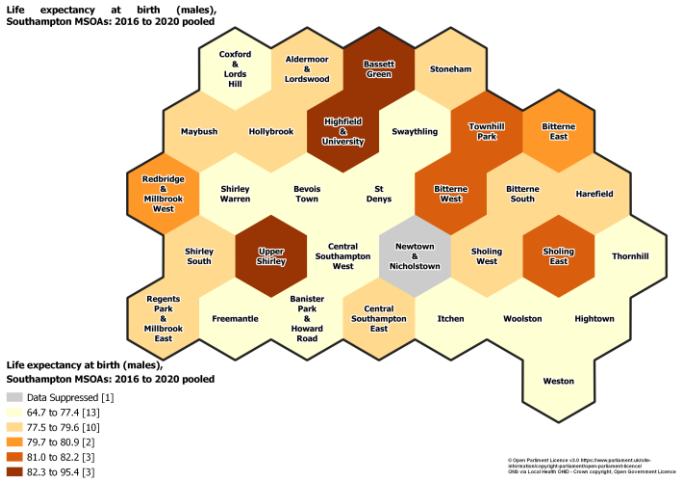


Cartogram

2016-20 Life Expectancy – Cartograms (MSOA - 7.5k to 8k neighbourhoods)

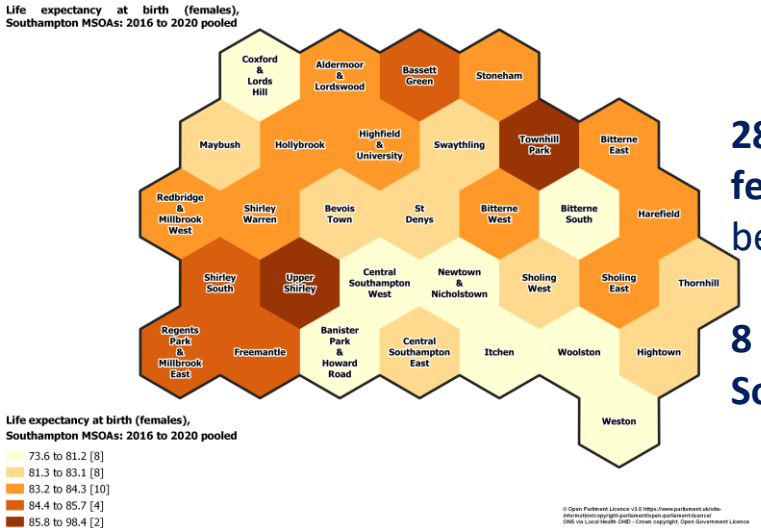






34 neighbourhoods have **low male life expectancy** between 64.7 and 77.4 years

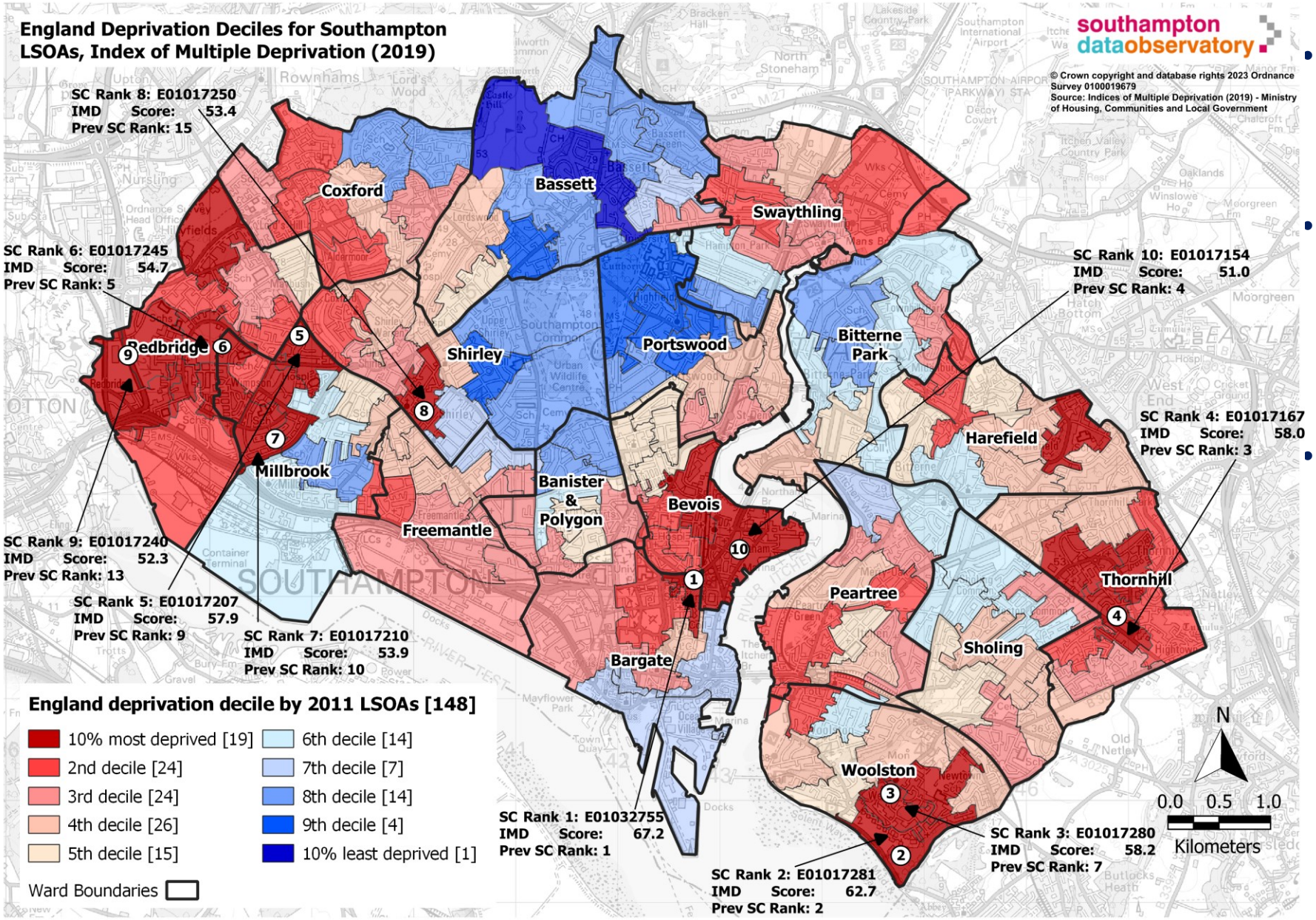
13 of these **(38%)** are in **Southampton**



28 neighbourhoods have **low female life expectancy** between 73.6 and 81.2 years

8 of these **(29%)** are in **Southampton**

Deprivation

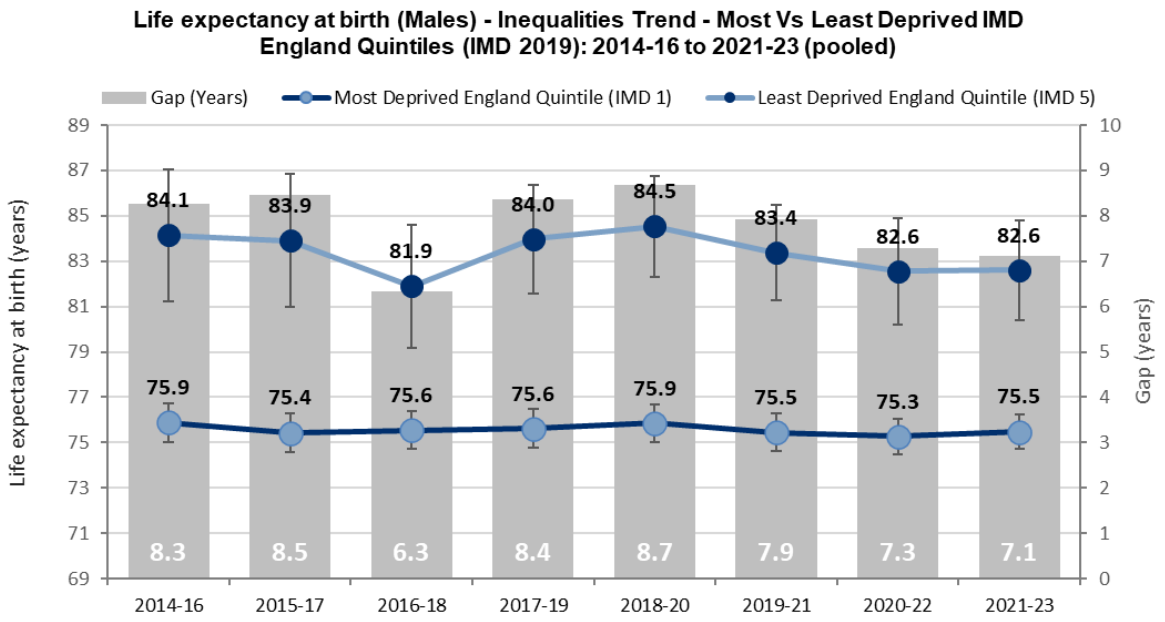


- Southampton is **ranked 55th** (previously 54th) **most deprived** of 317 local authorities
- Around **12%** of Southampton's **population** live in neighbourhoods within the **10% most deprived nationally** (18% for the under 18 population)
- We can **combine values** for the **most** and **least 20% deprived** neighbourhoods to explore **inequalities**
- Deprivation webpage

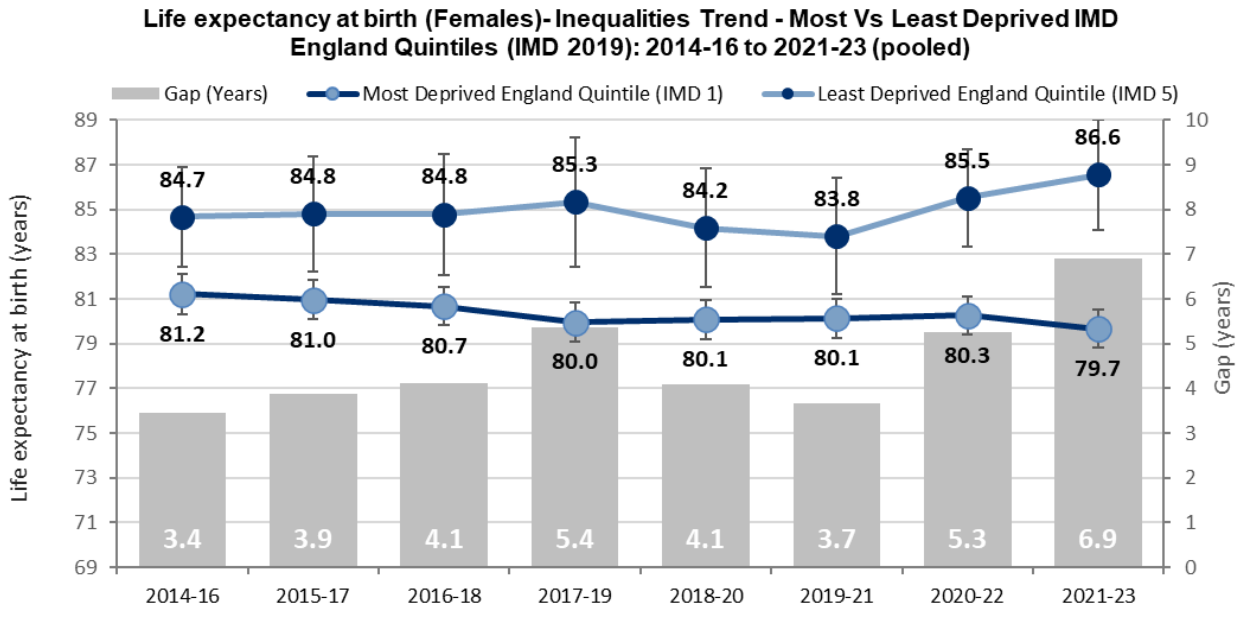
Most 20% deprived
- 10% most deprived [19]
- 2nd decile [24]

Least 20% deprived
- 9th decile [4]
- 10% least deprived [1]

Life Expectancy at deprivation level



Sources: NHS Digital Civil Registration Deaths Extracts, ONS Mid-Year Population Estimates and IMD (2019)



Sources: NHS Digital Civil Registration Deaths Extract, ONS Mid-Year Population Estimates and IMD (2019)

Life expectancy at **birth** for **males** in the **most deprived 20%** has remained **fairly constant, decreasing** by **4 months** between 2014-16 and 2021-23. In the **least deprived 20%** life expectancy has **decreased** for **males** by **1.5 years.**

For **females**, life expectancy has **increased** by **nearly two years** between 2014-16 and 2021-23. In the **least deprived 20%** life expectancy **decreased** by **1.5 years** for those in the **least deprived 20%** between 2014-16 and 2021-23.

Recent decrease for those in the least deprived between 2018-20 and 2019-21 will be impacted by COVID-19. **Older affluent** people, who aged into **frailty**, were **more likely** to have **poorer outcomes** such as **pandemic related deaths.**
Another **antecedent** was **multiple long-term conditions**, **more prevalent** in the **most deprived 20%,** these may both be factors in the **recent decrease** in the **life expectancy gap.**

Gap in life expectancy

The chart shows the relative contribution that **nine broad causes of death** have on the **gap between life expectancy** for **Southampton** the **most deprived** and **least deprived quintiles of Southampton** 2020 to 2021 period.

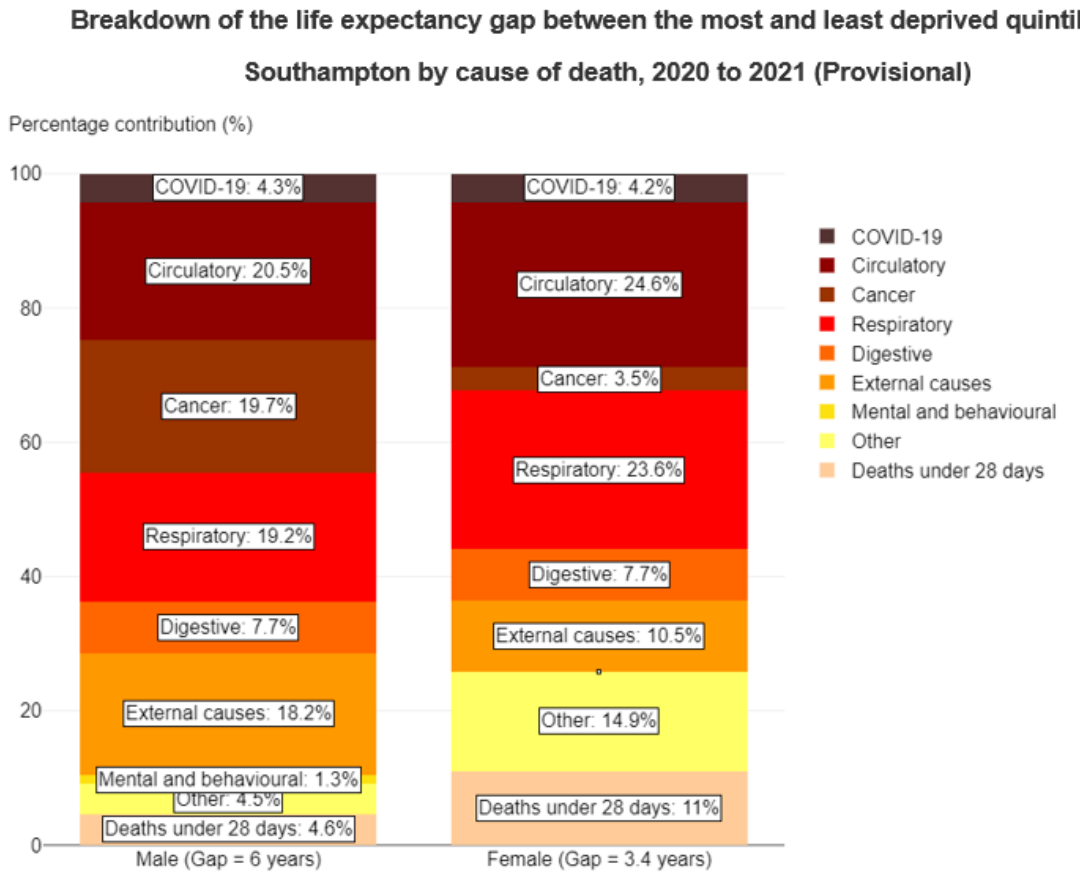
Males

Circulatory (20.5%) **cancer** (19.7%) and **respiratory** (19.2%) **deaths** are the largest groups contributing to the **gap** in **male life expectancy** the **most deprived** and **least deprived quintiles of Southampton** . A deeper data dive shows the two largest causes are **chronic lower respiratory disease** followed by **heart disease.**

Females

Circulatory diseases (24.6%) is also the largest group contributing to the **gap** in **female life expectancy** between the **most deprived** and **least deprived quintiles of Southampton** with **respiratory diseases** (23.6%), other causes (14.9%) and external causes (10.5%), **cancer** was only **3.5%** for **females**, unlike for **males** where it was over **5 times higher.**

More detailed analysis shows the single largest causes of the **gap** in **female life expectancy** is **chronic lower respiratory diseases** followed by **other causes** and **lung cancer.**



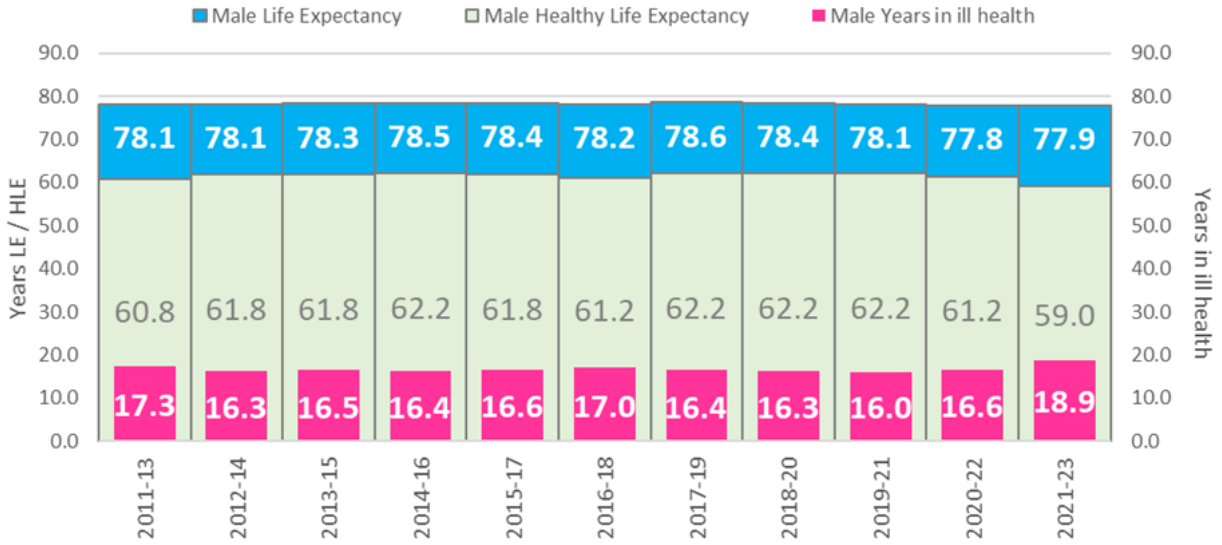
Source: Office for Health Improvement and Disparities based on ONS death registration data (provisional for 2021) and 2020 mid-year population estimates, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019.

COVID-19 contributed **4.3%** to the gap in **male life expectancy** and **4.2%** to the gap for **female life expectancy.**

Life Expectancy and healthy life expectancy

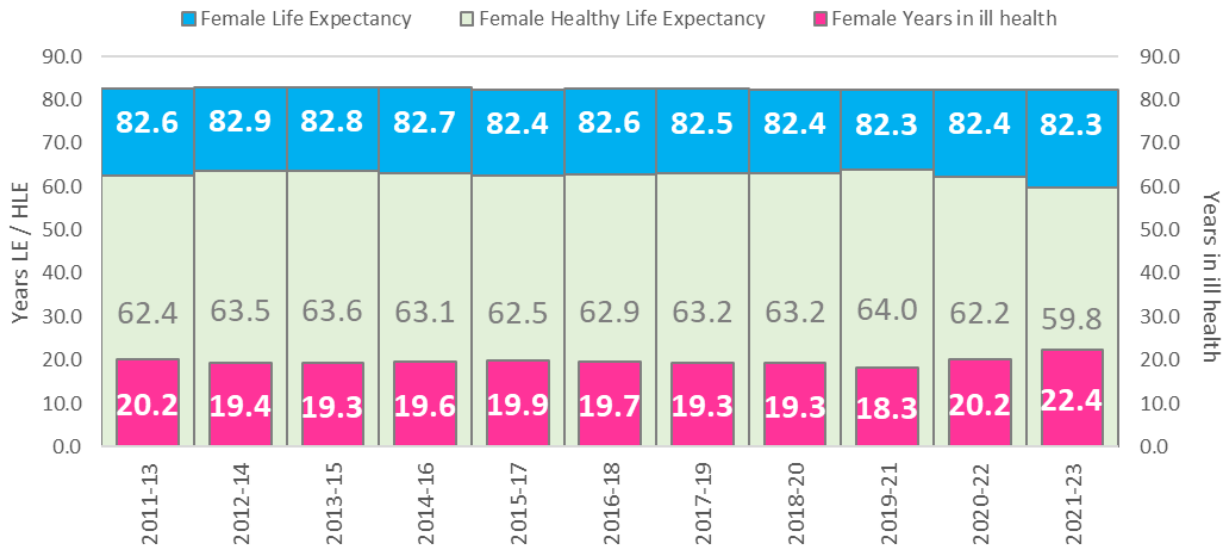
Data from the Annual Population Survey, calculates **healthy life expectancy**, which is a measure of how long people live in good health. **Life expectancy** MINUS **healthy life expectancy = Years in poor health** which is illustrated below

Life expectancy compared with healthy life expectancy for MALES in Southampton 2011-13 to 2021-23



Source: NHS England and ONS,

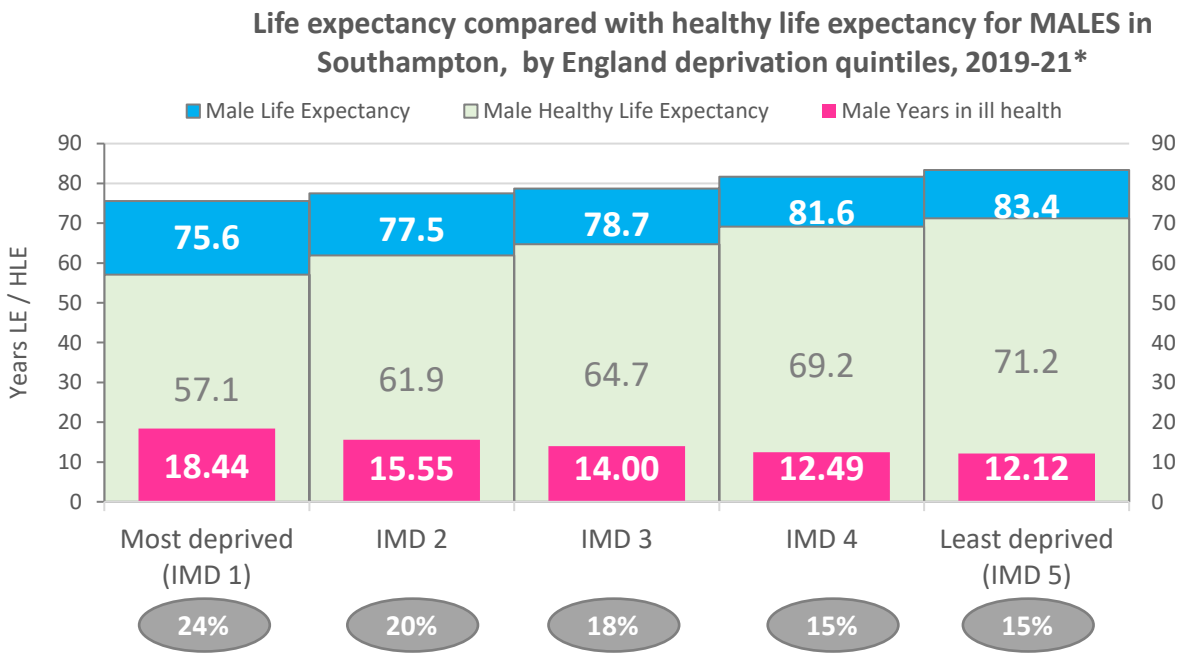
Life expectancy compared with healthy life expectancy for FEMALES in Southampton: 2011-13 to 2021-23



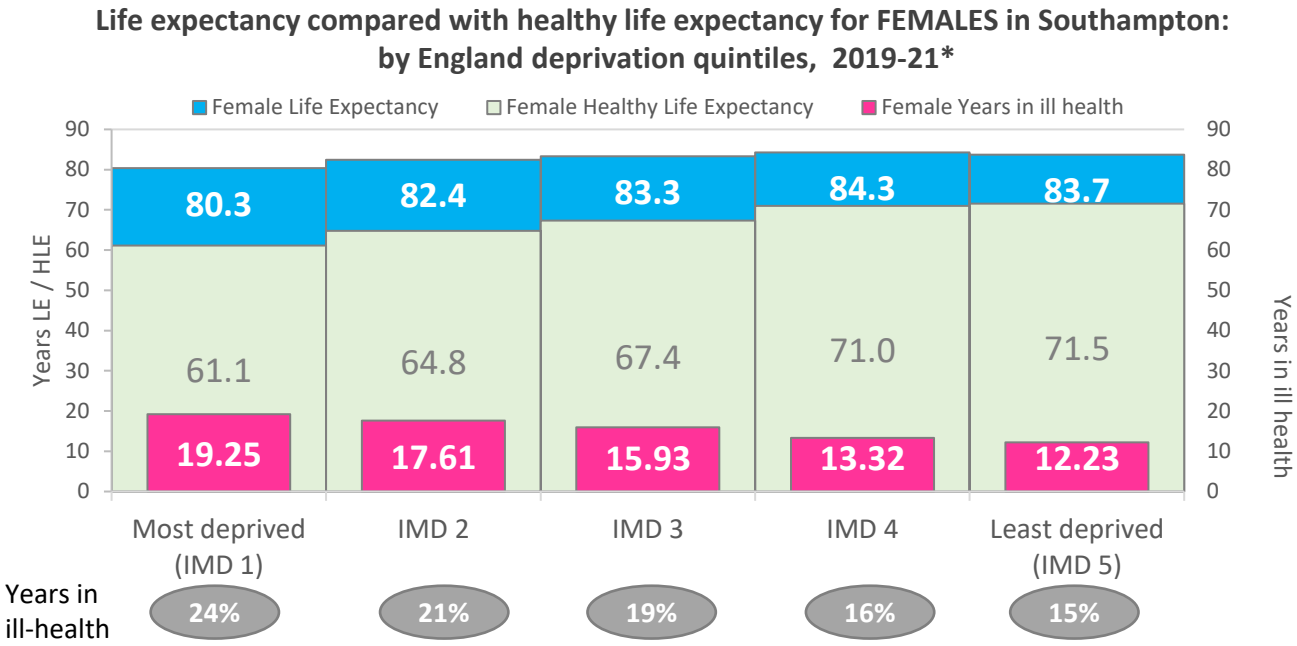
Source: NHS England and ONS,

Females in the city may **live longer** than **males** (82.3 years versus 77.9 years) in 2021-23 but they live in **poorer health** for **longer** 22.4 years versus 18.9 years).

Life expectancy and healthy life expectancy



Source: NHS England and ONS using ONS Silcocks method for Life Expectancy and ONS Sullivan method for Healthy Life Expectancy , *provisional data



Source: NHS England and ONS using ONS Silcocks method for Life Expectancy and ONS Sullivan method for Healthy Life Expectancy , *provisional data

Females in the city may **live longer** than **males** but they live in **poorer health** for **longer** which ever deprivation quintile they live in.

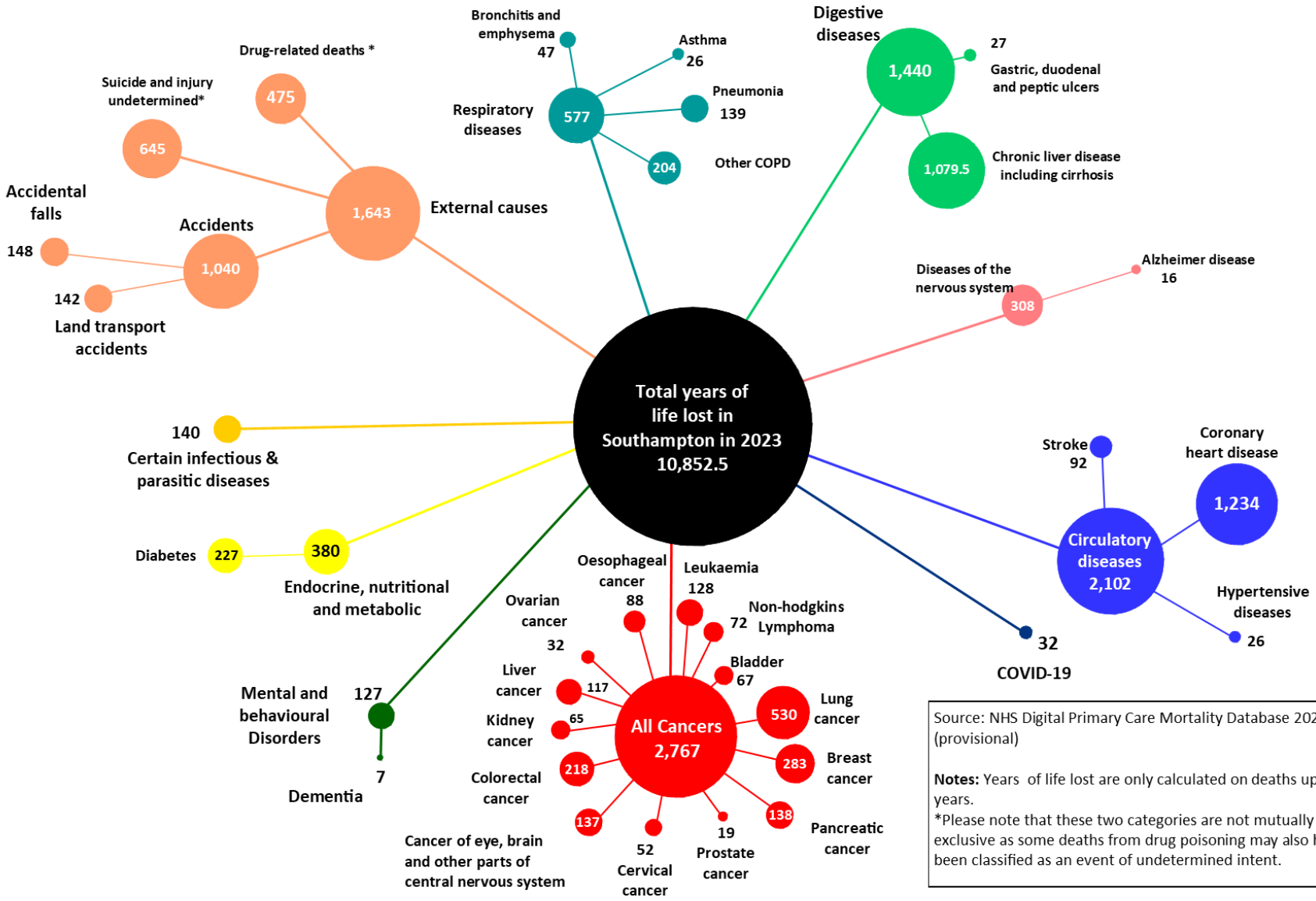
Looking at **life expectancy versus healthy life expectancy**, in the **most deprived 20% England quintile**s (used by Core20+5 analysis), **males** live on average for **18.4 years** in **ill health** however females live for **19.2** years in ill health. Both males and females in the **most deprived quintile** live a **quarter (24%)** of their **shorter** lives in ill health. **Males** and **females** in the **least deprived** quintile live **a seventh (15%)** of their lives in **ill health**

Mortality – Years of life lost in Southampton 2023

Some **causes** of **death** occur **earlier in the life-course** than others and therefore have a larger impact. We can measure this through calculating **Years of Life Lost**

Years of life lost are calculated by summing the number of years between the age at death and 75 years of age. This helps illustrate which **causes of death** have the greatest impact on life expectancy and **young people**

Analysis of these **trends, patterns** and **comparisons** helps us understand **priorities** for **health** and **wellbeing**



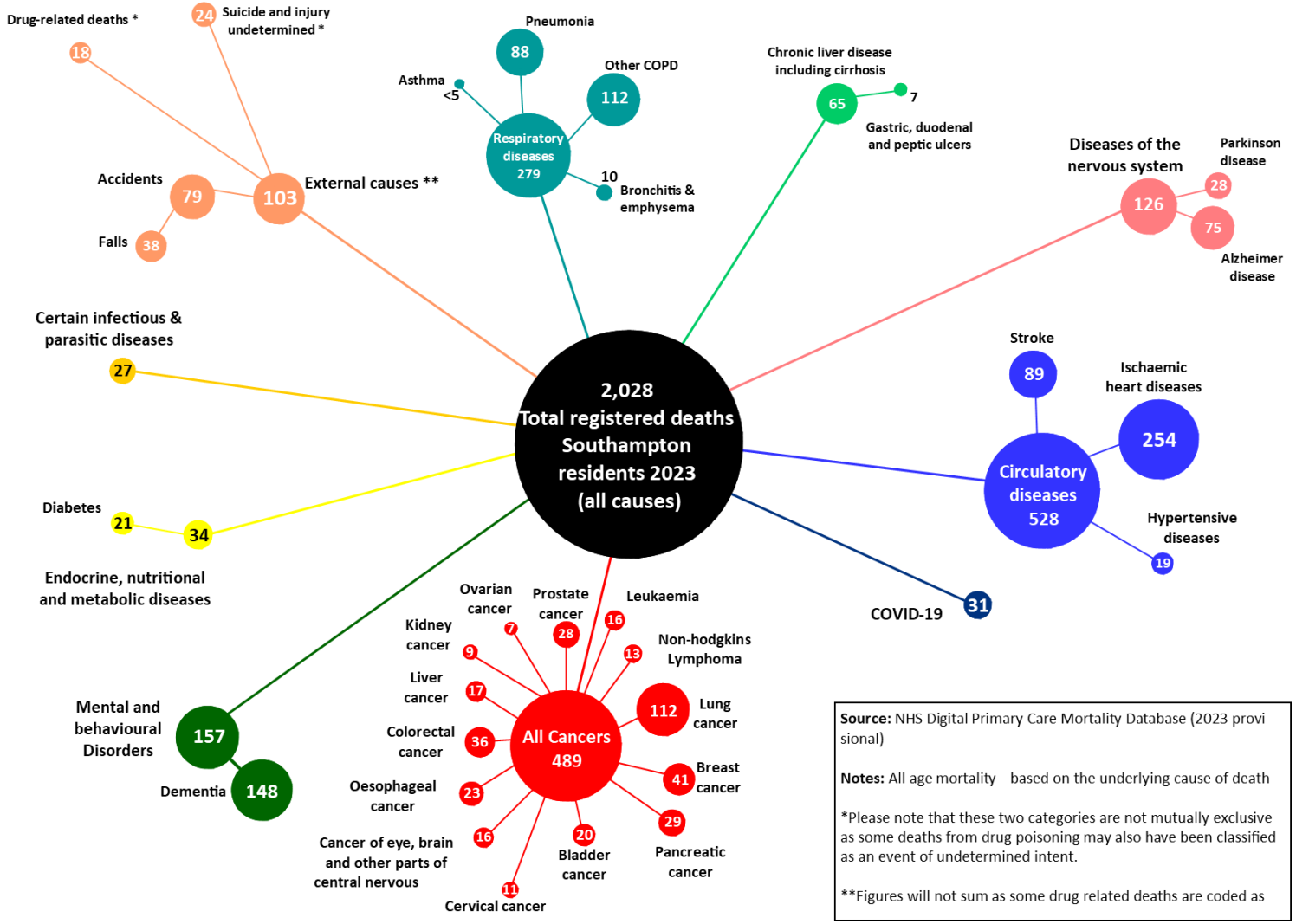
Source: NHS Digital Primary Care Mortality Database 2023 (provisional)

Notes: Years of life lost are only calculated on deaths up to 75 years.
*Please note that these two categories are not mutually exclusive as some deaths from drug poisoning may also have been classified as an event of undetermined intent.

Mortality – Underlying causes of deaths Southampton 2023

Some **causes** of **deaths** are **more common** than others.

Analysis of the **trends, patterns** and **comparisons** for cause of death helps us understand **priorities** for **health** and **wellbeing**



Source: NHS Digital Primary Care Mortality Database (2023 provisional)

Notes: All age mortality—based on the underlying cause of death

*Please note that these two categories are not mutually exclusive as some deaths from drug poisoning may also have been classified as an event of undetermined intent.

**Figures will not sum as some drug related deaths are coded as

Comparing proportions of **deaths by cause** with proportions of **years of life lost by cause** shows which groups impact younger people disproportionately:

External causes account for **5.1% of deaths** in **2023** but **15.1%** of **years of life lost**.

Suicide and injury undetermined are the accounting for **1.2% of deaths** and **5.9% of years of life lost**

Drug related deaths account for **0.9% of deaths** in 2023 and **4.4% of years of life lost**

Liver disease (incl. cirrhosis) is the underlying cause for **3.2% of deaths** and **9.9% of years lost**

Health conditions

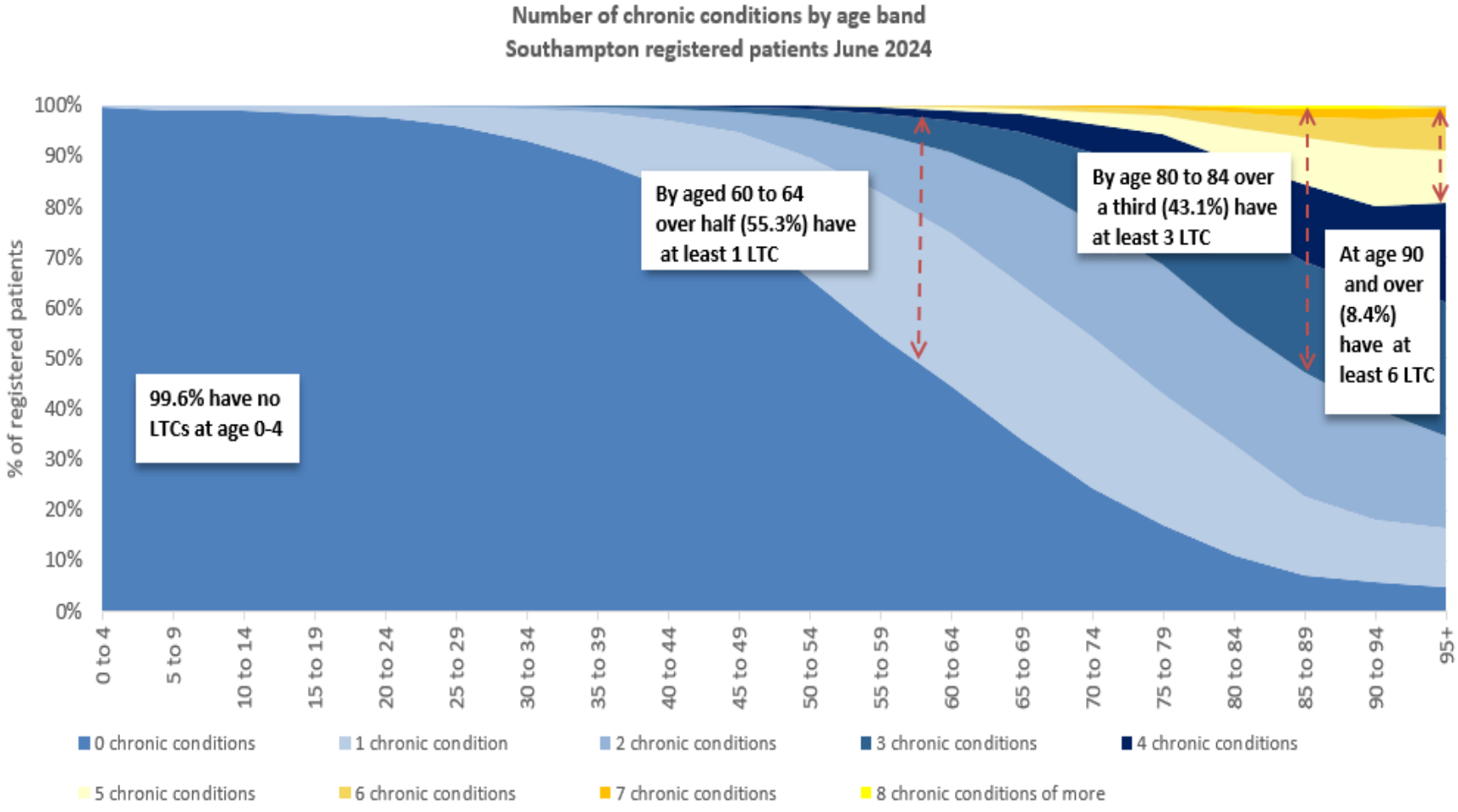
Health conditions (southampton.gov.uk)

Chronic/Long-term conditions (LTCs)

- An **ageing** population compounds the **prevalence** of **chronic/long-term conditions** as people tend to **develop more long-term or chronic conditions** as they **grow older**

- Age analysis shows multi-morbidity **increases** with **age**, by **60-64 over half** of residents have at least **one** chronic/long-term condition and by **80-84** over a **third** will have at least **three** long term conditions

- Analysis of snap shots from **2024** GP patient data shows **more diagnoses** of **multiple chronic/ long-term conditions earlier** in their **life course** than in **2024** but excludes low back pain



Source: Population Health Management Tool Healtheintent June 2024

Leading causes and risk factors of disability

Understanding the **leading causes** and **risks** contributing to **disability** helps **inform** health and wellbeing action

Causes	Southampton	Portsmouth	Hampshire	Isle of Wight	England
Low back pain	1	1	1	1	1
Depressive disorders	2	2	2	2	2
Headache disorders	3	3	4	5	4
Anxiety disorders	4	5	6	7	5
Diabetes	5	4	3	3	3
Falls	6	6	5	6	6
Other musculoskeletal	7	7	9	9	8
Gynecological diseases	8	8	10	14	10
Age-related hearing loss	9	9	7	4	7
Asthma	10	10	12	10	12

Top 10 Causes attributed to Years Lived with Disability (YLDs)

Low **back pain** and **depressive disorders** are the **two** leading **causes** of disability across the local area and nationally

Risks Factors	Southampton	Portsmouth	Hampshire	Isle of Wight	England
High body-mass index	1	1	1	1	1
High fasting plasma glucose	2	2	2	2	2
Smoking	3	3	3	3	3
High alcohol use	4	4	4	4	4
Drug use	5	5	8	7	5
Low bone mineral density	6	8	5	5	6
Kidney dysfunction	7	7	6	6	7
Occupational ergonomic	8	6	10	10	10
High processed meat	9	9	9	9	9
High blood pressure	10	10	7	8	8

Top 10 Risk Factors attributed to Years Lived with Disability (YLDs)

High body mass index and **high fasting plasma glucose** are the **two** leading **risk factors** causing disability across local area and nationally

Source: Global Burden of Disease, University of Washington 2021

Leading causes and risk factors of disability (pre-pandemic)

southampton dataobservatory

Top ten conditions causing greatest disease burden

The top ten causes shown in the table below account for 37.3% of total DALYs in the selected area (or closest region if an ICB has been selected or parent county if a district has been selected).

Top ten conditions causing greatest disease burden (Disability-Adjusted Life Years): Southampton

Cause Name	Percentage of total DALYs in selected area (%)
Ischemic heart disease	6.45
Low back pain	4.96
Chronic obstructive pulmonary disease	4.42
Tracheal, bronchus, and lung cancer	3.86
Diabetes mellitus	3.64
Stroke	3.10
Depressive disorders	3.09
Headache disorders	2.85
Falls	2.65
Drug use disorders	2.29

Source: Global Burden of Disease 2019. Institute for Health Metrics and Evaluation (IHME). **GBD Compare Data Visualization**. Seattle, WA: IHME, University of Washington, 2020.
Available from http://vizhub.healthdata.org/gbd-compare. (Accessed 06/09/2022)

Note: GBD 2019 data are only available for area geographies as at 2019. As such, no data are available for the 2021 geographies of North Northamptonshire and West Northamptonshire. GBD values displayed for these areas are for the former geography of Northamptonshire. Likewise, no data are available for the 2021 geography of Bournemouth, Christchurch and Poole. GBD values displayed for this area are for the former geography of Bournemouth.

Top 10 conditions causing greatest burden measured in disability-adjusted life years (DALYs)

Ischemic heart disease is the most common condition causing greatest burden with **Stroke** placed **6th**

COPD is the condition with the **3rd** greatest burden and **Diabetes** being the **5th**

Majority of **causes** have **smoking** as an **upstream factor**

Leading causes and risk factors of disability (during pandemic)

southampton dataobservatory

Top conditions causing greatest burden

Rank	Cause name	Percentage of total DALYs in selected area (%)
1	COVID-19	7.74%
2	Ischemic heart disease	5.18%
3	Low back pain	4.66%
4	Depressive disorders	3.86%
5	COPD	3.62%
6	Lung cancer	3.44%
7	Diabetes	2.82%
8	Headache disorders	2.77%
9	Falls	2.75%
10	Stroke	2.68%

Top 10 conditions causing greatest burden measured in disability-adjusted life years (DALYs) account for **39.5%** of total DALYs in Southampton

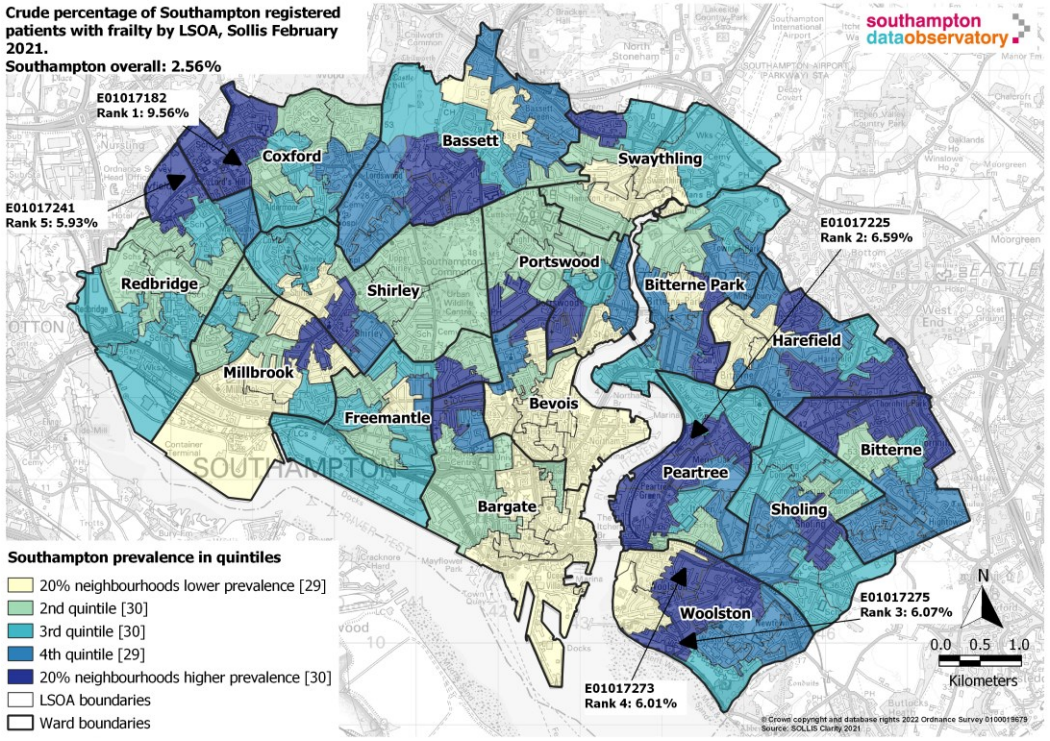
Source: Institute for Health Metrics and Evaluation GBD 2021© 2024 University of Washington

COVID-19 is the most common condition causing greatest burden with **Ischemic heart disease** placed **2nd**

COPD is the condition with the **5th** greatest burden and **Lung cancer** being the **6th**

Again, majority of **causes** have **smoking** as an **upstream factor**

Chronic/Long-term conditions (LTCs)



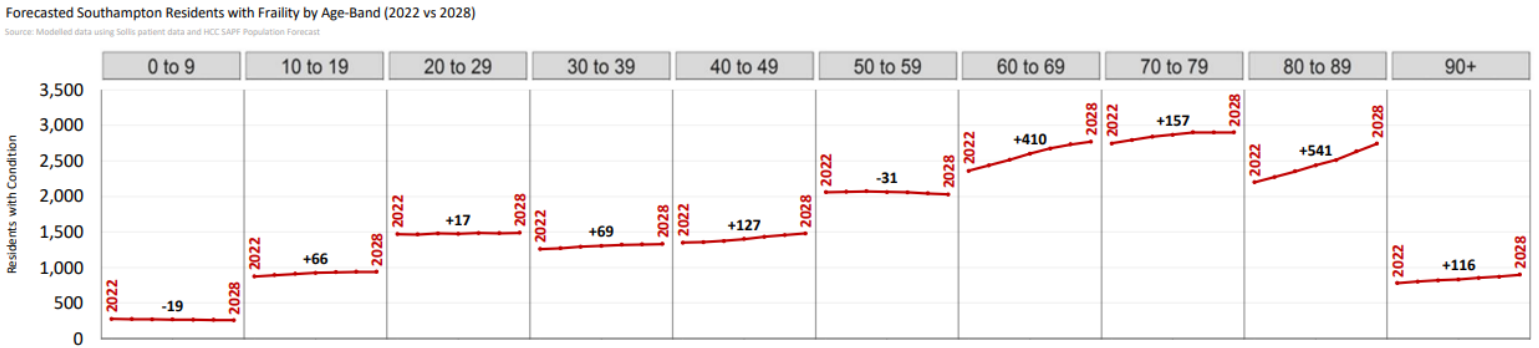
A data pack mapping the GP **diagnosed prevalence** of **18 common chronic/long-term conditions,** and 3-5+ **multiple conditions** across the city is available. This also includes **modelled forecasts of disease prevalence** by **age** and **locality** for these **conditions** in the **future.**

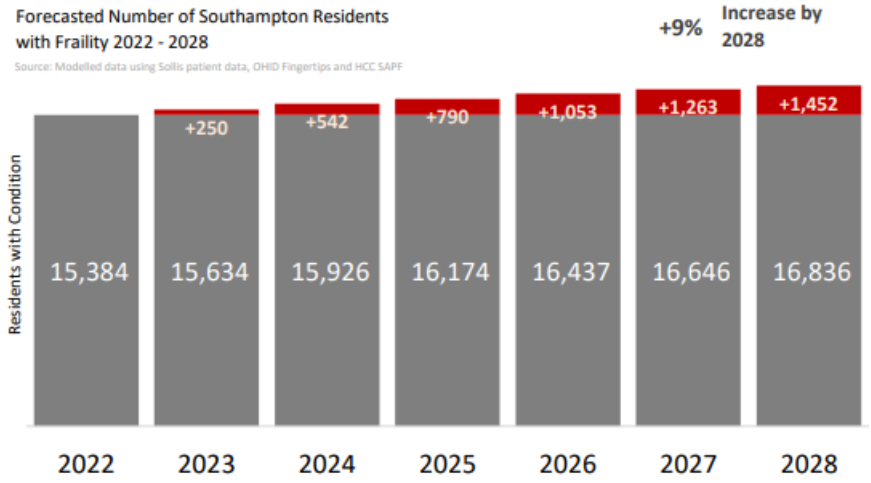
The top **FOUR** diagnosed conditions of Southampton registered patients are **hypertension, frailty, asthma** and **diabetes.**

Additional logistic modelling using the **GP data** and **Health Survey for England data** estimated **5,600** residents need for **help** with 5 or more **activities of daily living** in 2022, which is expected to increase by **+14%** to 6,400 **by 2028**

Refreshed demand and forecasting work is currently being undertaken with Newton Europe

Note: The graphics shown are for frailty





Inequalities – Long Term Conditions

In the most deprived quintile compared to the least…

Anxiety

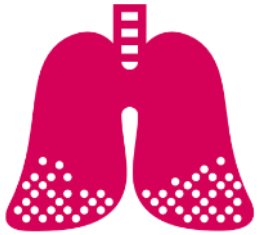
u75 prevalence

1.1x higher

Arthritis

u75 prevalence

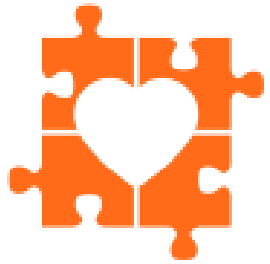
1.1x higher



COPD

u75 prevalence

3.8x higher



Coronary Artery Disease

u75 prevalence

1.3x higher

Asthma

All age prevalence

1.3x higher

Chronic Kidney Disease

u75 prevalence

1.9x higher

Dementia

u75 prevalence

1.3x higher

Note: Uses national deprivation quintiles

Inequalities – Long Term Conditions

In the most deprived quintile compared to the least…

Heart Failure

u75 prevalence

1.6x higher

Hypertension

u75 prevalence

1.2x higher

Severe Mental Illness

All age prevalence

1.7x higher

Depression

All age prevalence

1.5x higher

Epilepsy

All age prevalence

1.4x higher

Multiple Sclerosis

All age prevalence

1.5x higher

Ischaemic Stroke

u75 prevalence

1.5x higher

Diabetes

u75 prevalence

1.7x higher

Note: Uses national deprivation quintiles

Childhood obesity and the food environment

Healthy weight (southampton.gov.uk)

Why is tackling Childhood obesity in Southampton important?

- The **leading cause** of **disability** is a **high body mass index** slide 22 measured in YLDs (years of healthy life lost due to disability).

- Obesity in children is a risk factor for obesity in adulthood, which is a leading cause in a vast range of conditions*.
(*Conditions such as asthma and other respiratory problems, eating disorders, mental health disorders and psychosocial risks, cardiovascular diseases, Type 2 diabetes, musculoskeletal problems, sleep apnoea etc.)

- Before the pandemic, a **Scrutiny enquiry recommendation** on childhood obesity was that **analysis** was conducted on **childhood obesity** and the **food environment**. Analysis on childhood obesity and the food environment was provided for a Task & Finish Group, available on the JSNA in the resources section of the Healthy weight JSNA topic page .

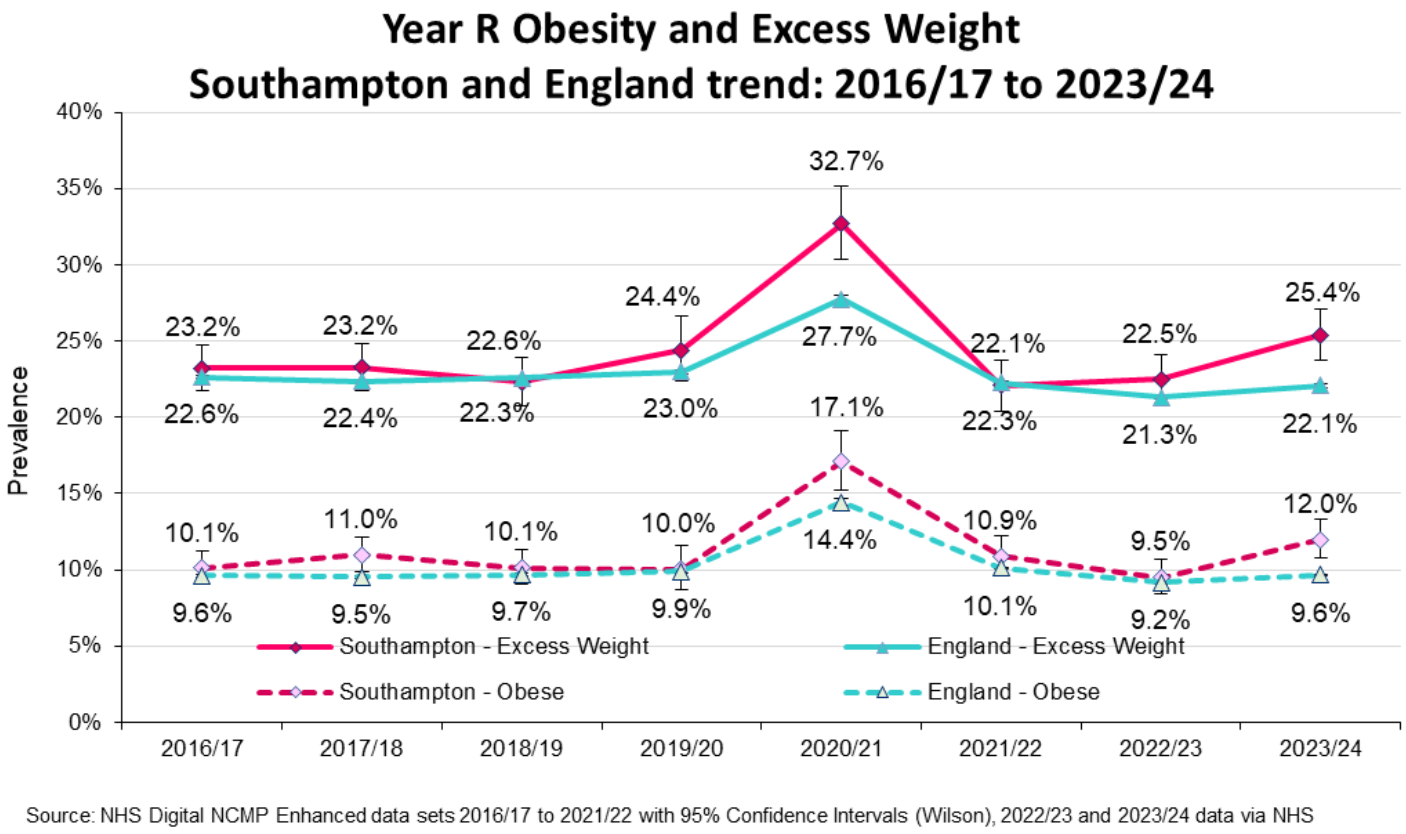
- In Southampton, the level of obesity among **year R** children has **increased** in 2022/23 (vs the year prior) while the **England average reduced, Southampton** is on track to be **significantly higher than England next year.**

- During the **COVID-19** pandemic, data was collected from a **representative sample (2020/21)**. Reception Year data for this period showed a **significantly higher increase** for obesity (17.1%) and excess weight (32.7%) prevalence locally and nationally compared to the previous four years.

- The Year 6 2020/21 sample for Southampton was **too small** to make **robust** statistical comparisons. However, the prevalence for **Year 6 obesity** (26%) and **excess weight** (41%) **mirrored** the **national** figures and **increasing prevalence** in the trend data follows the **national direction** of travel.

- The data also showed the **gap** in **obesity prevalence** between children in the **most and least deprived parts** of Southampton has **widened**. Linked analysis showed **7 out of 10 overweight** Year 6 children and **4 out of 10 obese** Year 6 children were of a **healthy weight previously** in Reception year.

Year R overweight and obesity prevalence in Southampton



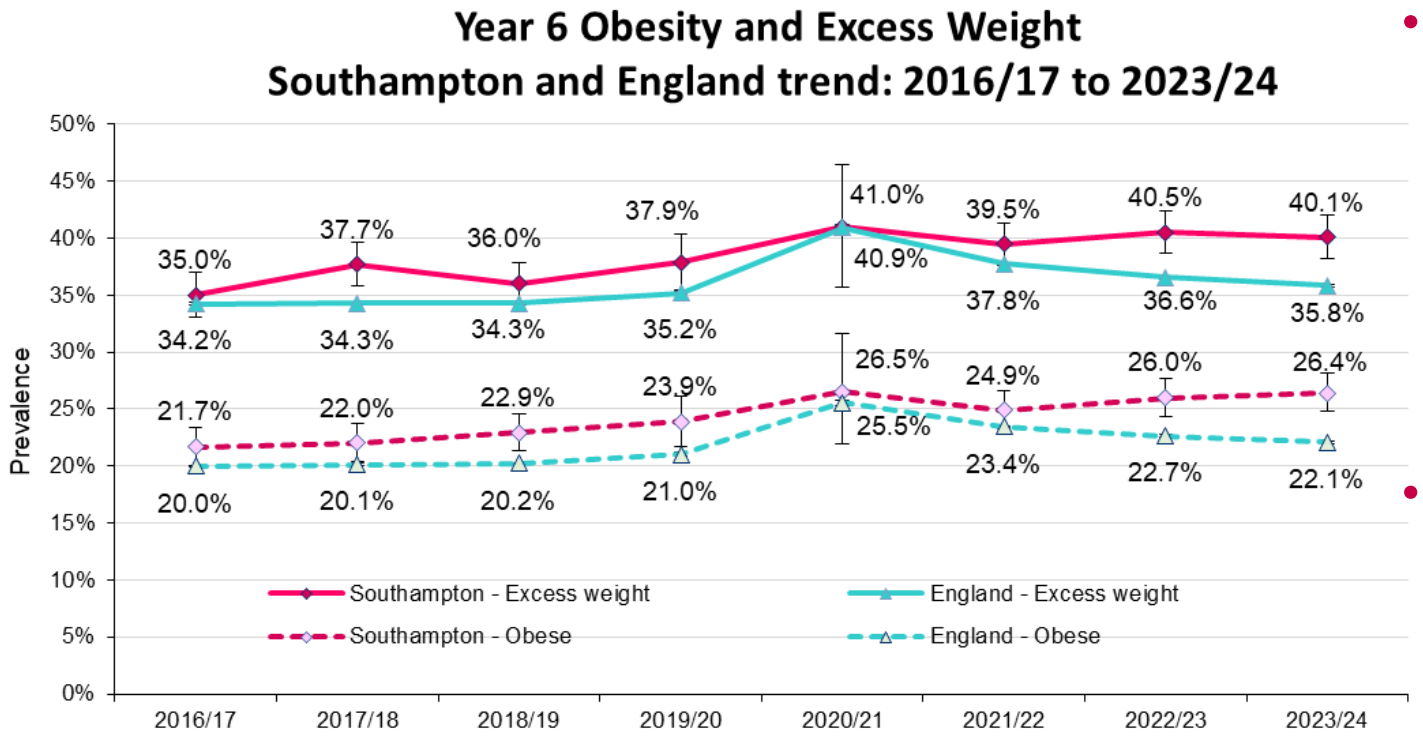
Source: NHS Digital NCMP Enhanced data sets 2016/17 to 2021/22 with 95% Confidence Intervals (Wilson), 2022/23 and 2023/24 data via NHS

2023/24 England - Year R:	Obese 9.6%	Excess Weight 22.1%
Southampton - Year R:	Obese 12.0%	Excess Weight 25.4%

NCMP measurements in 2019/20 and 2020/21 were disrupted by the COVID-19 pandemic. 2021/22 NCMP was the first data collection since the COVID-19 pandemic that was unaffected by school closures and other public health measures.

- **2023/24 Southampton's excess weight** prevalence **increased** by **2.9%** (percentage points vs the year prior) while England increased by **0.8%**. This was driven by **2.5%** percentage point increase in the prevalence of **obese Year R** while **England** increased by **0.5%**.
- **12.0%** of children in **Southampton** schools are classed as **obese (around 1 in 8),** also **significantly higher** than the **England** average of **9.6%** (**1 in 10 children**).
- Looking over the **last 8 years** (excluding the pandemic year of 2020/21) this is the highest prevalence of obese in our Year R school children and ranks Southampton **4th worst** among its 16 CIPFA comparators. Approximately **60 less Year R children** being **obese** would see us with **same prevalence** as **England.**

Year 6 overweight and obesity prevalence in Southampton



Source: NHS Digital NCMP Enhanced data sets 2016/17 to 2021/22 with 95% Confidence Intervals (Wilson), 2022/23 and 2023/24 data via NHS Digital Table 3a_6

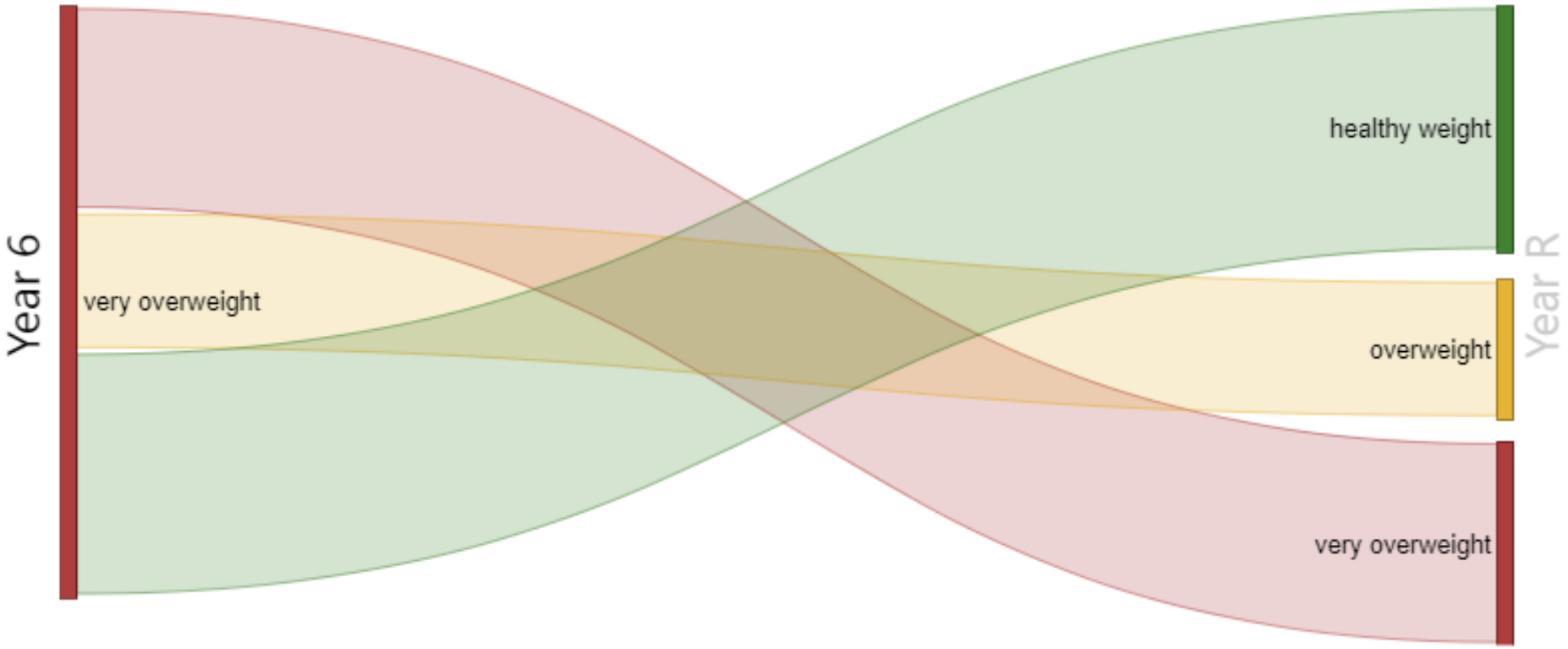
2023/24 England - Year 6:	Obese 22.1%	Excess Weight 35.8%
Southampton - Year 6:	Obese 26.4%	Excess Weight 40.1%

NCMP measurements in 2019/20 and 2020/21 were disrupted by the COVID-19 pandemic. 2021/22 NCMP was the first data collection since the COVID-19 pandemic that was unaffected by school closures and other public health measures.

- **Historic rates** of Year 6 excess weight in Southampton have been **similar** or **significantly higher** than the England average since 2016/17, where England has continued to fall in the last 3 years. In 2023/24 this **gap grew wider**. The percentage point gap of **4.3%** is the **widest** seen in this period.
- **Southampton** has seen a **21% increase** in Year 6 obesity rates **since 2016/17**. Rates in **England** have increased by **11%** over the same period but have been on a **downward trajectory** for the **last 3 years**.
- **Southampton (26.4%)** is **significantly higher** than the **England** average (22.1%), ranking Southampton 7th worst, we would need **115 Southampton Year 6 school children** to be classed as a **healthier weight** instead of obese to match the **same prevalence as England**

Southampton – Single year 2023/24

Year R BMI of students who were very overweight in Year 6 (school year 2023/24)



581

Year 6 Students

Year R BMI Category	Students	%
healthy weight	244	42.0%
very overweight	202	34.8%
overweight	135	23.2%

- **581 Year 6 children** measured in 2023/24 were **very overweight.**

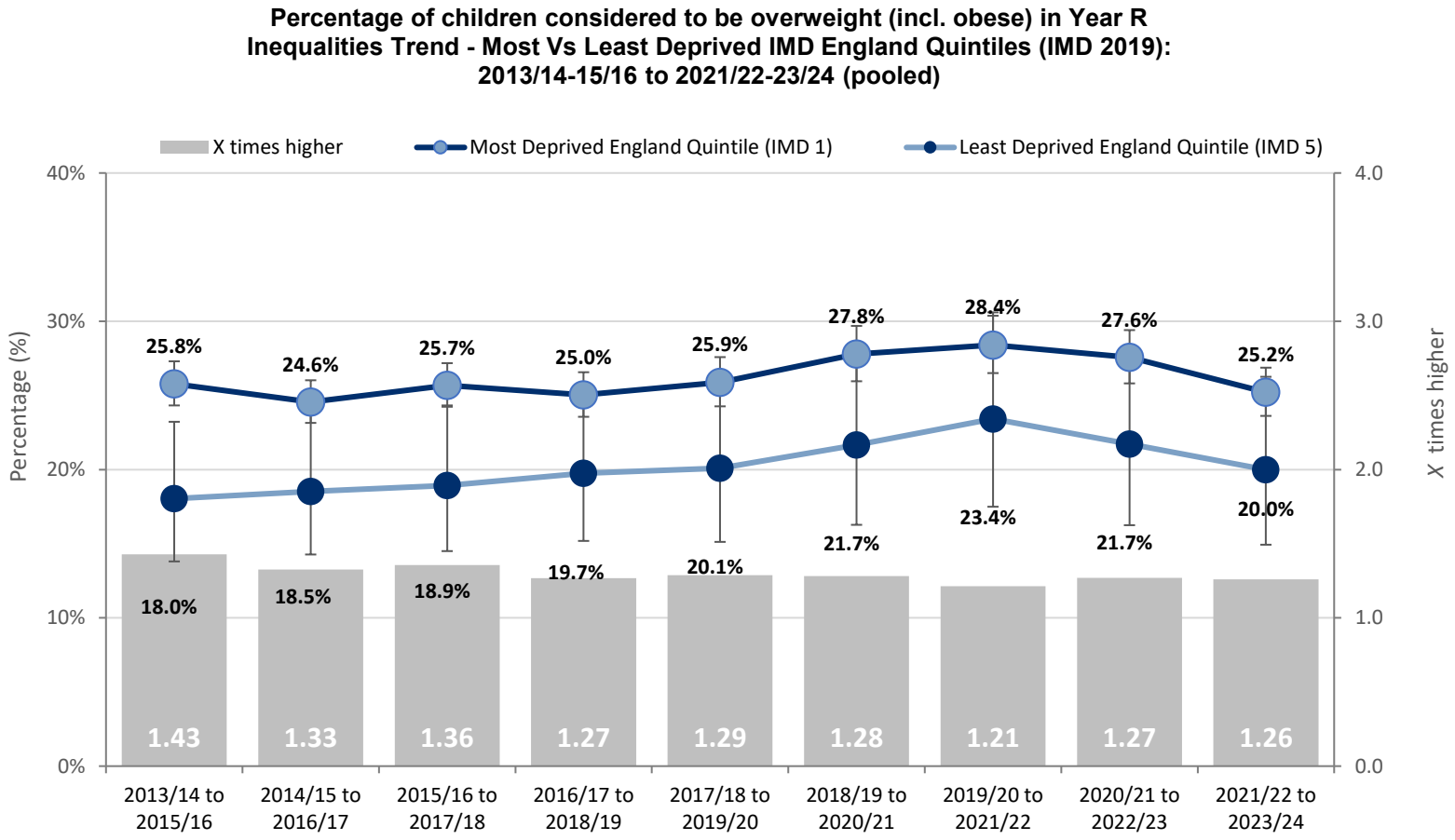
42.0% of them were a **healthy weight** when they were measured in **Year R.**

While **Year R obesity** is a **predictive factor** for **obesity** in **Year 6**, **interventions** targeted at **obese children** in **Year R** will only have the potential to reduce Year 6 obesity by a **maximum of one third** (as **two thirds of obese Year 6 children were not obese in Year R.**

Source: NCMP – NHS Digital

Data for underweight children has been excluded due to small numbers

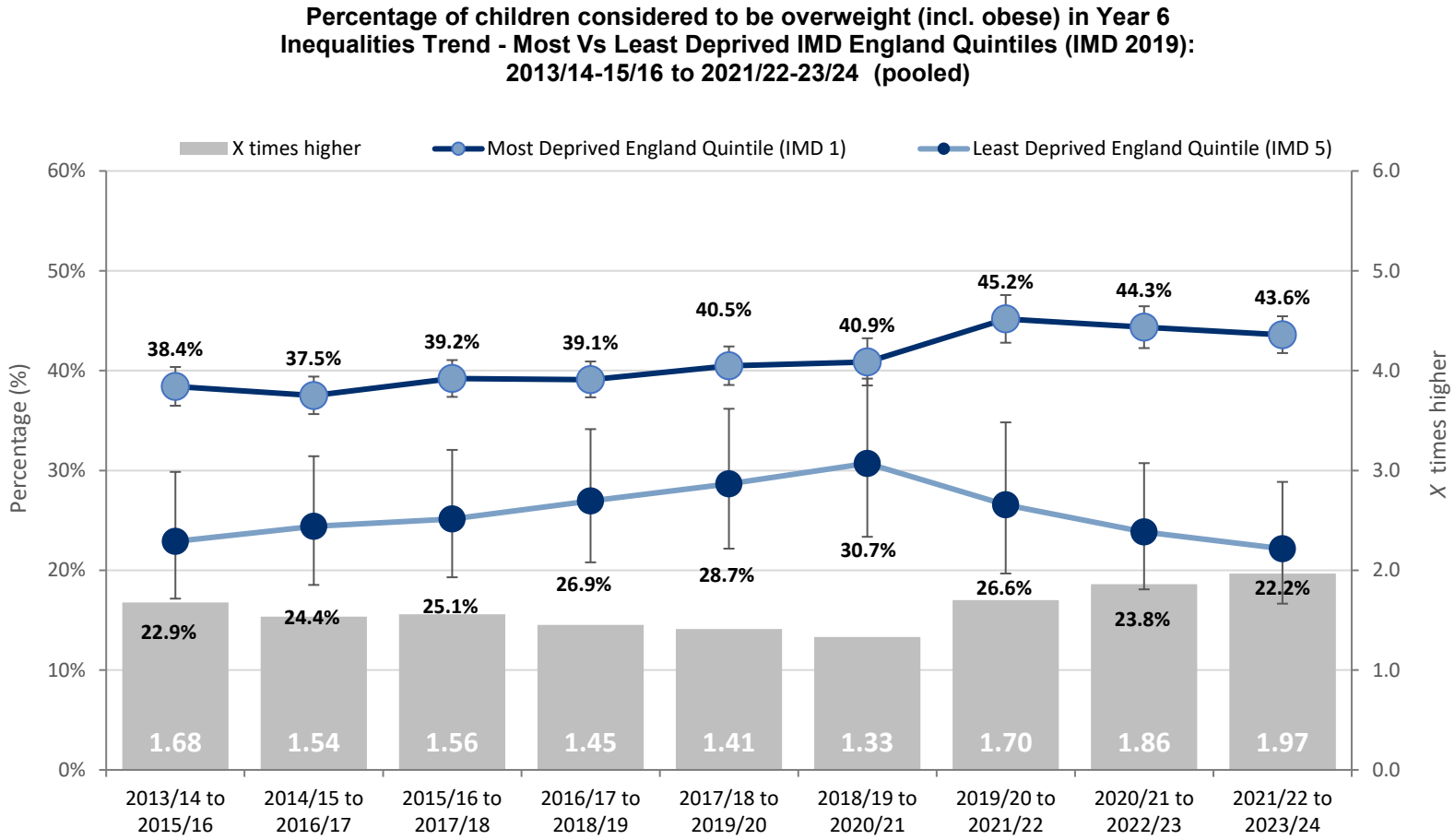
Year R overweight and obesity by deprivation



Sources: National Child Measurement Programme Pupil Enhanced Data Set, NHS Digital - Lifestyle Statistics (data for 2013/14 onwards)

- For the period 2021/22 to 2023/24 the **Year R rate of overweight and obesity** in Southampton's **most deprived quintile** was **1.27x higher** than the least deprived.
- The **deprivation gap** has remained **similar** since 2016/17 to 2018/19. While the prevalence of excess weight **reduced** for the **most and least deprived** quintile in 2021/22 to 2023/24, the **gap widened** slightly as the **reduction** was **greater** in the **least deprived** quintile.

Year 6 overweight and obesity by deprivation



Sources: the National Child Measurement Programme Pupil Enhanced Data Set, NHS Digital - Lifestyle Statistics (data for 2013/14 onwards)

- For the period 2021/22 to 2023/24 the **Year 6 rate of overweight and obesity** in Southampton's **most deprived** quintile was **1.97x higher** than the least deprived.
- The **deprivation gap** has been **growing** since 2018/19 to 2020/21 for **Year 6**. While the prevalence of excess weight **reduced** in the **most and least deprived** quintiles in 2021/22 to 2023/24, the **gap continued to widen** as the **reduction** was **greater** in the **least deprived** quintile.

Sex differences in NCMP measurements

southampton dataobservatory

Year R 2021/22 to 2023/24 Year 6

Overweight including obese


23.4%


23.4%

% Point gap
0.1%
Statistically similar


42.9%


37.0%

% Point gap
5.9%
Males significantly higher

Obese


11.2%


10.3%

% Point gap
0.9%
Statistically similar


28.7%


22.9%

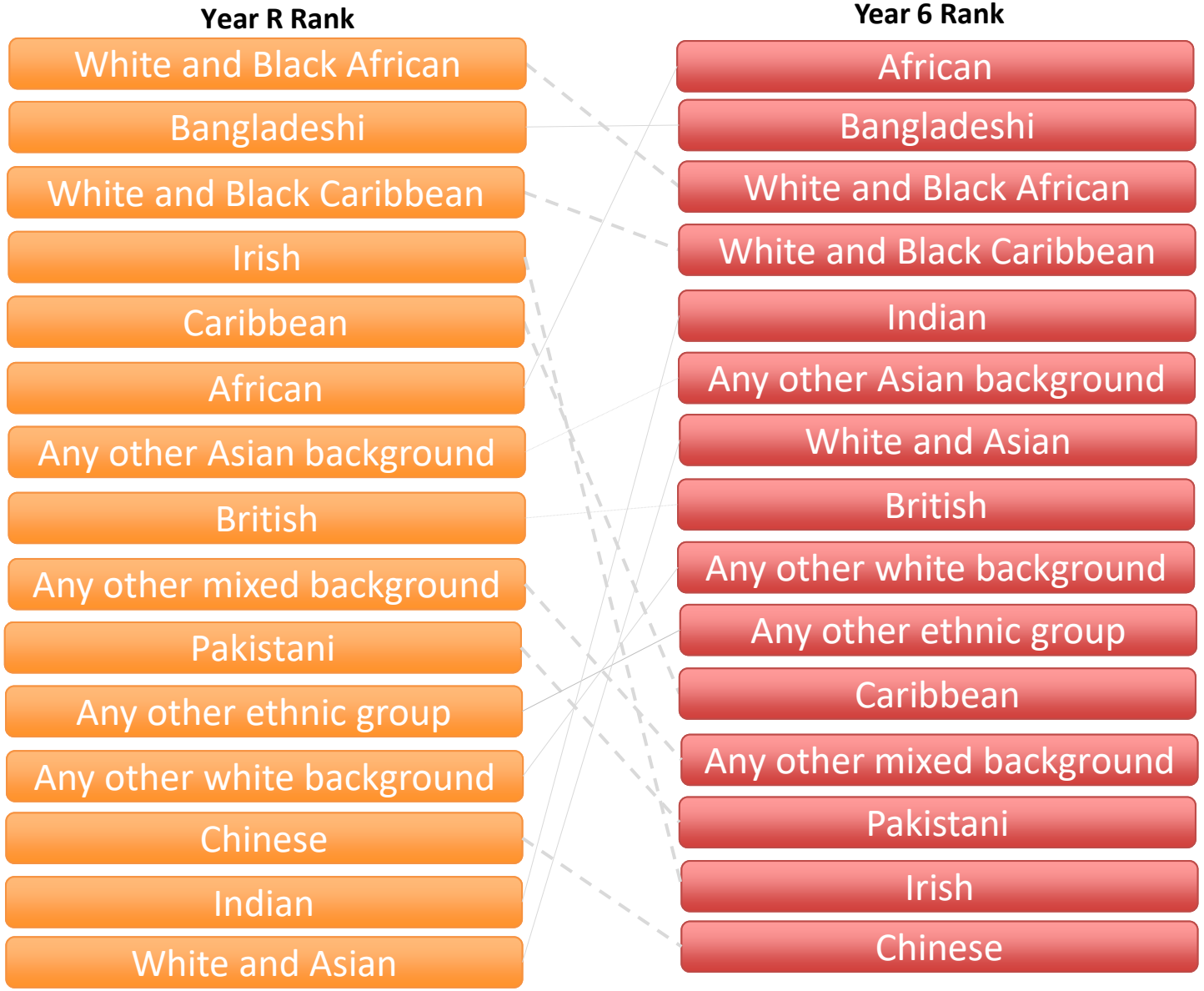
% Point gap
5.8%
Males significantly higher

Prevalence of **obesity** and **overweight including obesity** is **significantly higher in Year 6 males compared to Year 6 females** but statistically **similar** between the sexes in **Year R**.

Source: NCMP – NHS Digital

Ethnicity differences in NCMP measurements

Prevalence of Southampton children who are very overweight and obese by ethnicity, ranked highest to lowest (Yr R -2016/17-2018/19 and Yr6 – 2021/22-2023/24)



- **32.6% of children** with from **white and black African backgrounds** had **excess weight** in **Year R**. This group also had the **3rd highest prevalence** of **excess weight** in **Year 6** (**44.8%**).
- Children with **Bangladeshi** ethnicity are among the **most likely** to have **excess weight** in **Year R** (**30.4%**) and **Year 6** (**49.5%**).
- Children with **White & Asian** or **Indian** ethnicity were among the **least likely** to have **excess weight** in **Year R** but are **more likely** in **Year 6.**
- Children with a **White British** ethnicity had an excess weight of **24.0%** in **Year R** and rate **39.3%** in **Year 6**.

Summary of NCMP

- **Year 6 prevalence of overweight (including obesity) rates in Southampton** are now **significantly higher** than England, in **Southampton** in **2023/24 40.4%** of Year 6 are overweight including obesity compared with **35.8%** in **England**

- Children in Southampton are **likely to become** a **less healthy weight** in the time between **Year R** and **Year 6**. **Especially in more deprived areas**. Nearly a third (**32.4%**) of **healthy weight Year R** students are **overweight including obese** by the time they reach **Year 6**

- While **Year R obesity** is a **predictive factor** for **obesity** in **Year 6**, **interventions** targeted at **obese children** in **Year R** will only have the potential to reduce Year 6 obesity by a **maximum of one third**
(as **two thirds of obese Year 6 children were not obese in Year R** (2021/22))

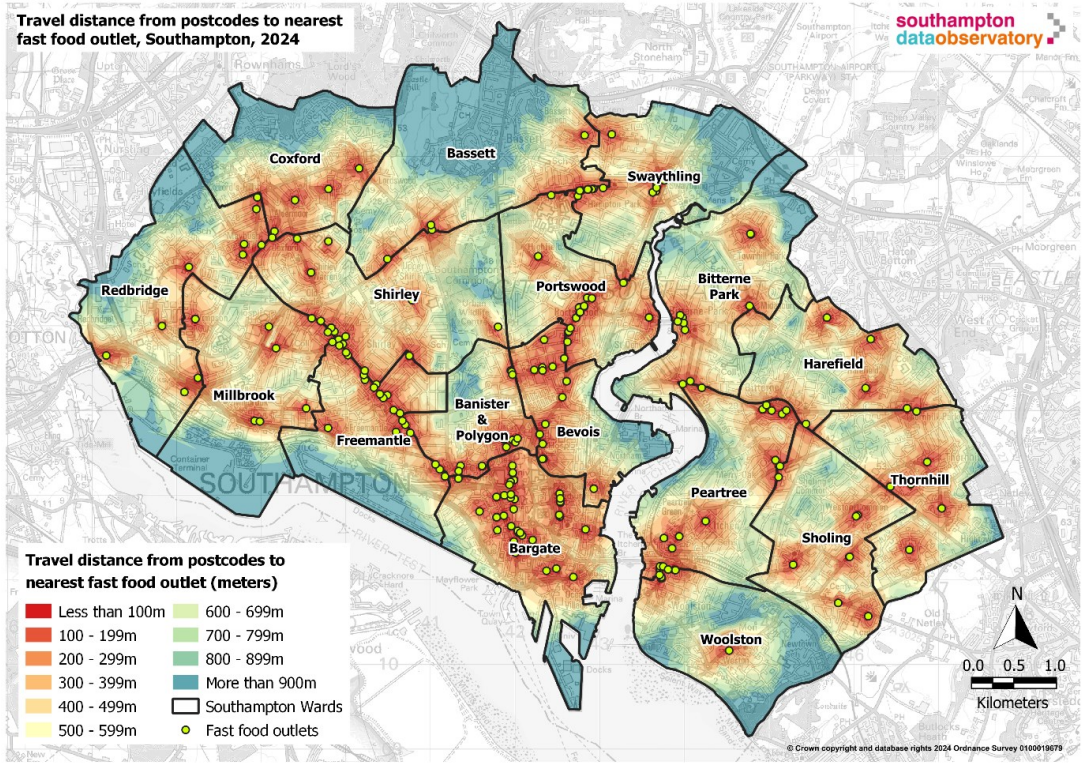
- Southampton has **significant differences** in childhood overweight and obesity rates **between deprivation quintiles**, **ethnicities** and **sexes**. **Males**, children living in **more deprived areas** and children with **Caribbean or Bangladeshi ethnicity** have the **highest rates** of Year 6 overweight and obesity

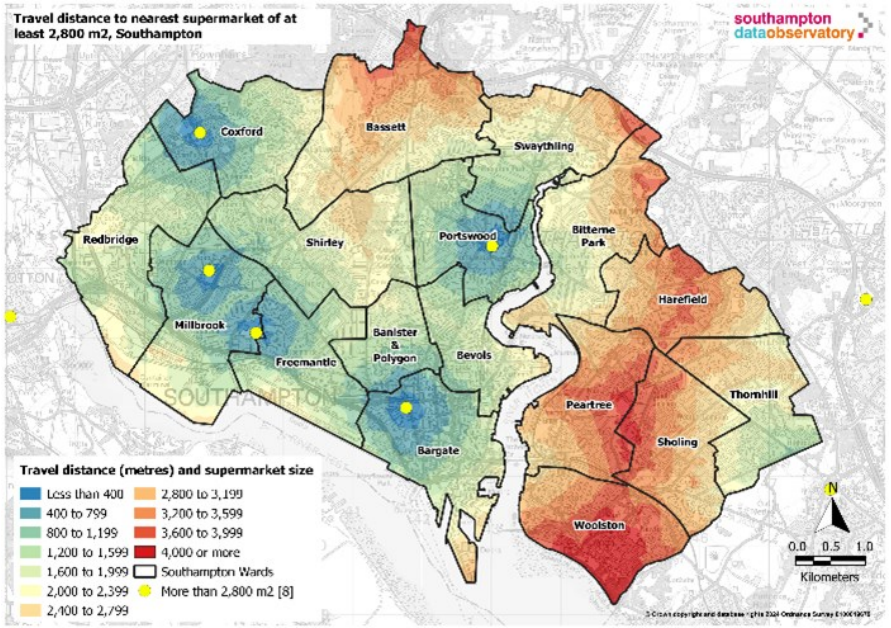
The Food Environment

Food environment impacts on childhood obesity

Fast food outlet data highlighted the **majority of residents** live with a **5-10 minute** drive or a **1km walk** of a **fast food** outlet

Almost all residents are **within a mile** of a fast food outlet, **7 out of 10 schools** are **within 400m** of a **fast food** outlet, with closer proximities in the city centre and deprived areas.





Access to **supermarkets** with **larger floor spaces** (2,800+ m^2) holding **more range** and more likely to include **budget brands** is **further** away from people in the **east** of the city and **Bassett** and **Swaythling**.

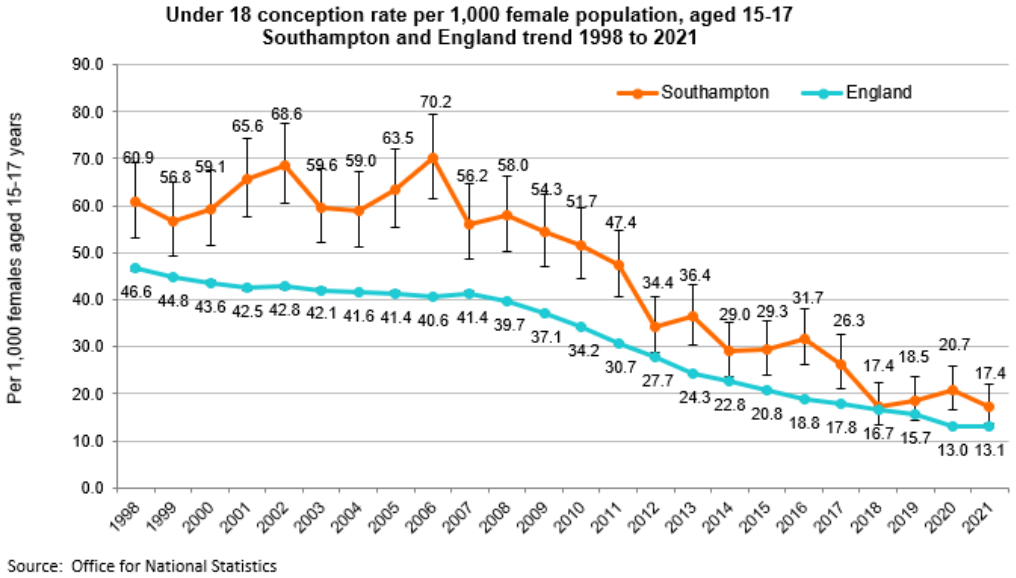
People in **deprived** areas are **less likely** to order groceries **online**

The full food environment analysis is on the Data Observatory

Teenage conception

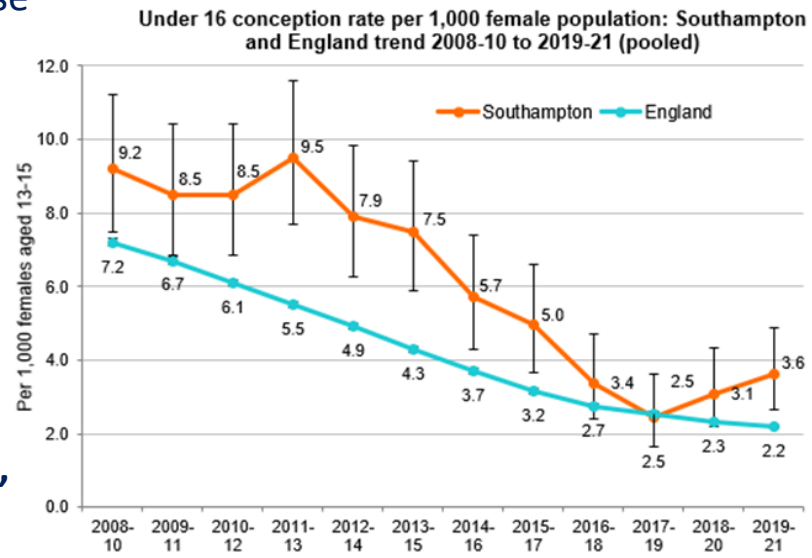
Teenage conception

- **Teenage conceptions** in Southampton among females aged under 16 and 18 years have **declined in recent years**. However since 2017-19, 2018-20 and 2019-21 showed an increase
- In **2019-21**, the **under 16 conception rate** was **3.6 per 1,000** women aged **13 to 15 years**, **significantly higher** than the national average (**2.2 per 1,000** women aged 13 to 15 years). To be similar to the national average that would need to be 15 less conceptions in this age group



Source: Office for National Statistics

- The **under 18** rates for **2021** (17.4 per 1k females aged 15 to 17) were together with **17.4 in 2018,** the **lowest rates recorded** since data started in **1998.**



Source: Office for National Statistics

- Had there been **one less conception, n=62,** this would have been the **lowest rate over 24 years**, **25 less conceptions** would have given us the **same rate as England**

- In 2019-21, **1 in 5** Southampton **teenage pregnancies are under 16 (21%)** for **2019-2021**, for context in 2018-20 the percentage **of under 18 pregnancies** that were in **under 16s was 17%, 2017 to 19 was 12%** and **2016- 18 was 13%.** Nationally for the last 3 data periods the percentage of under 18 that were in under 16s has been **16%.**
- Ward analysis shows that **Bitterne, Redbridge and Swaythling** wards have the **highest percentages of teenage mothers** aged under 20 years (aged 13-19 at midwifery booking). There is a **very strong correlation** between **deprivation and teenage pregnancies**, with the **percentage of teenage pregnancies 5.3 times higher** for females living **in the most deprived** England deprivation quintile compared to the **least deprived**.

Cancer

Cancer (data.southampton.gov.uk)

Cancer in Southampton

- **Cancer** is the biggest cause of death in England and Southampton. In **2023**, nearly **1** in every **4** deaths in **Southampton** was from cancer (24.1%). Lung cancer alone caused **1** in every **20** deaths (112 people).

- The reduction in cancer mortality has been slower in Southampton than the rest of England, causing the gap between England and Southampton to grow. For the period **2020 – 2022**, cancer mortality in **Southampton** (**278.5** DSR per 100,000) was significantly higher than the **England** average (**251.7** DSR per 100,000).

- **Females** in Southampton's least deprived quintile live an average of **3.4 years** longer than those in the most deprived, **3.5%** of this gap is due to cancer. The gap for **males** is **6 years** and nearly **one fifth** of this gap is because of higher cancer mortality in the most deprived neighbourhoods of Southampton.

- While cancer treatment and early detection has been getting better, the number of cancer cases has been increasing. **Southampton's cancer registrations** (directly age standardised cancer registrations per 100,000 people) was **559.3** for the period **2020 - 2024**.

Lung cancer registrations in Southampton

southampton dataobservatory

Data up to 2023

Cancer registrations: by Southampton IMD quintiles

SOUTHAMPTON CITY COUNCIL

Year

2020 - 2024

Cancer

Lung

England IMD

Local Authority

Ward

Locality

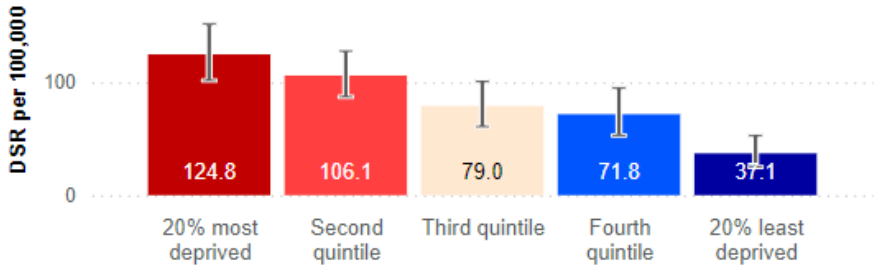
Sex

This report shows benchmarking and trends data for cancer mortality by deprivation.

Select different time periods, measures or areas above to filter

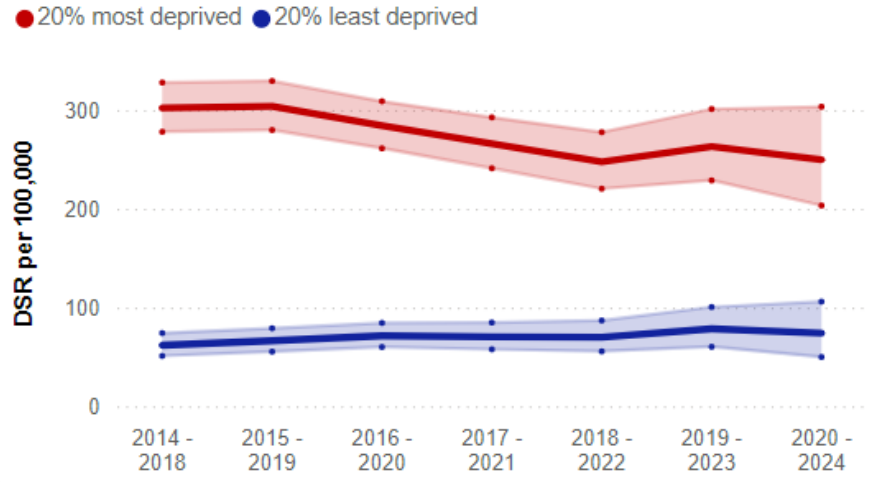
Cancer registrations (Lung) in Southampton between 2020 - 2024 by Southampton deprivation quintile (IMD 2019)

Source: NHS England



Cancer registrations (Lung) in Southampton by Southampton deprivation quintile (IMD 2019)

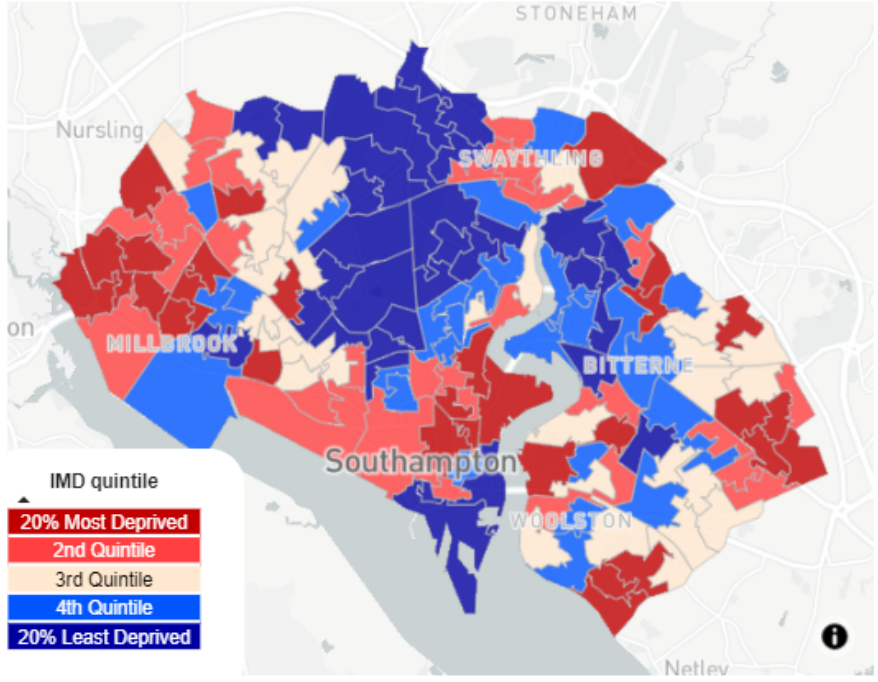
Source: NHS England



Registrations in the most deprived quintile (249.7 DSR per 100,000) were 236.6% higher than the least deprived (74.2) in 2020 - 2024.

Southampton deprivation quintiles for Southampton LSOAs, Index of Multiple Deprivation (2019).

Source: Index of Multiple Deprivation (2019)



Screening | Registrations | Treatment | Admissions | Mortality | Metadata

southampton dataobservatory

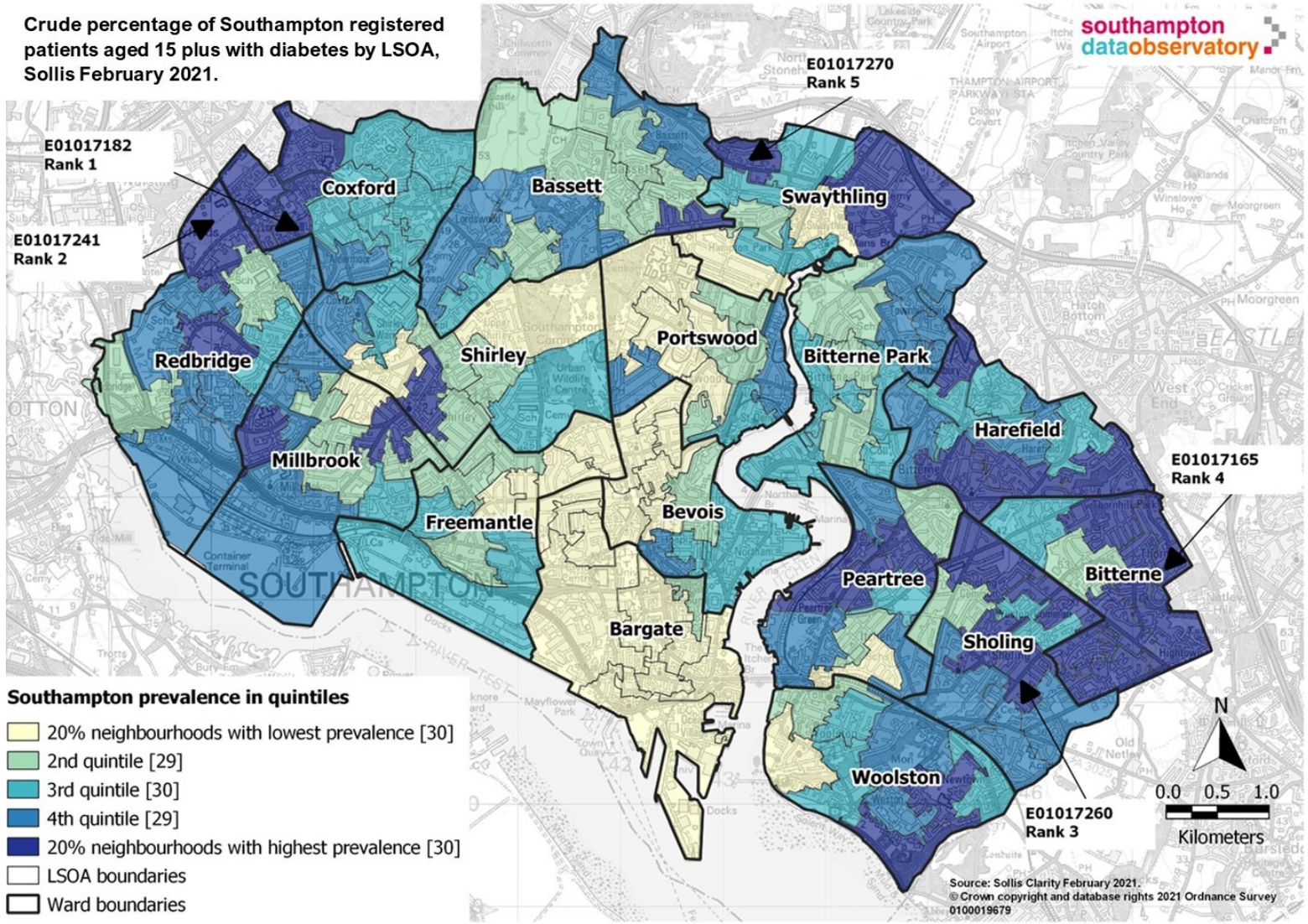
Diabetes

Diabetes (southampton.gov.uk)

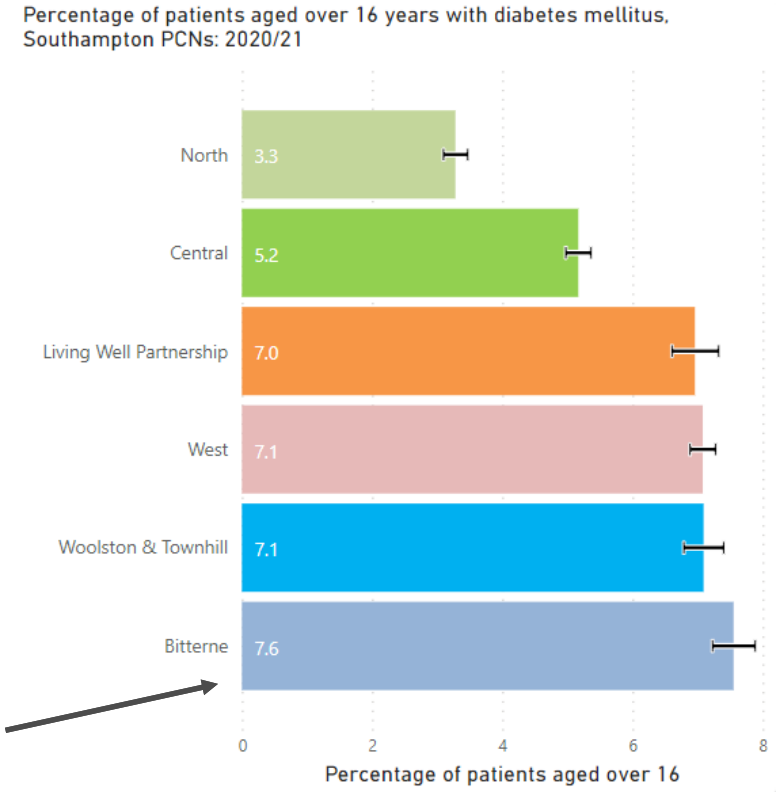
Diabetes in Southampton

- **Diabetes** is the **second largest** contributor to **years of healthy life lost due to disability** (YLDs) in Southampton and **high fasting plasma glucose** is the **third biggest risk factor for deaths** in Southampton, increasing the risk of **cancer**, **cardiovascular diseases** and **neurological diseases** (GBD 2019).
- **Prevalence** of diagnosed diabetes in Southampton (6.2%) is **lower** than the England average (7.3%) and is lower than most of its comparators (possibly due to its **relatively young population**). However, **prevalence has been increasing** in Southampton (+**14.8% increase since 2012/13** - but not as steeply as England +20.7%).
- **Despite** the **lower prevalence**, those people who do have **diabetes** in Southampton have some of the **worst outcomes in England**.
- Southampton's ratio of **diabetic complications**, rates of **diabetic eye conditions** and rates of **minor diabetic lower limb amputations** are all **significantly higher** than the England average and are **the highest amongst Southampton's comparators**.
- Southampton has an **ageing population;** this alone would result in nearly **1,500 additional cases** of diabetes in Southampton by **2028**. If Southampton's **prevalence rate continues to grow as well**, this increase could be greater than +**10,000 more cases by 2028**.

Mapping diabetes in Southampton



- **The 20% neighbourhoods** with the **lowest prevalence** are mainly in the **centre of the city**.
- **The 5 LSOAs** with the **highest** prevalence of diabetes are **spread across Southampton.** They are all located **on or near the outer edge of the city.**



- **LSOA E0107182** (in Coxford) has the **highest prevalence.**
- By PCN, **Bitterne PCN** has the **highest prevalence (7.6%)**

Respiratory

Respiratory (southampton.gov.uk)

Respiratory disease in Southampton (1)

- **Chronic respiratory diseases** ranked **4th highest cause** of **Southampton deaths** in all ages with a rate of 62.1 per 100,000 in 2021. (Ranked 3rd in in 1990). **Respiratory infections** and **tuberculosis** are ranked **3rd highest cause of death** for all ages in 2021 with a rate of 144.8 per 100,000 (GBD 2021). **Asthma** was ranked **10th highest** for **years of life lived with disability** (YLD) with a rate of 407.2 YLD per 100,000 for all ages, a decrease of 45.2% since 1990. **COPD was ranked 18th highest** for **years of life lived with disability** (YLD) with a rate of 198.0 YLD per 100,000 (GBD 2021).
- **Smoking** and second-hand smoke is one of the **biggest risks** for **respiratory diseases**. Around **1 in 6** people (14.2% - 2023) in **Southampton smoke**. **Higher** when **compared** with 11.6% in **England** and 10.1% in **Portsmouth**. **More males** smoke than females and people who smoke are **more likely** to be between the **ages of 25 and 54**
- **Respiratory deaths** contribute **19.2%** of the gap in **male life expectancy** between the **most** and **least** deprived quintiles (2020-2021). On closer inspection, the two largest causes are **chronic lower respiratory disease** followed by heart disease (OHID Segment tool)
- For **females**, respiratory diseases contribute **23.6%** of the gap in life expectancy between the **most** and **least** deprived quintiles, the **2nd highest group**. More detailed analysis shows the **single largest cause** of the gap in female life expectancy is **chronic lower respiratory diseases** followed by other and lung cancer (OHID Segment tool).

Respiratory disease in Southampton (2)

- **Rates** of **respiratory** disease hospital **admissions** are **higher** for residents in the **west** of the city, especially who live in **Redbridge** and **Coxford**. **Inequalities** by **deprivation** shows **admission rates** for **respiratory disease** are **2.9x higher** (and significantly so) for those in the **20% most deprived** (England quintiles/Core 20+5) compared to the least. **Under 75 years respiratory mortality rates** are **2.5x higher** for those in the **20% most deprived** (England quintiles/Core 20+5) with the highest rates in **Swaythling** and **Bargate**

- **Asthma prevalence** rates are **1.2x higher** for those in the **20% most deprived** (England quintiles/Core 20+5) with the highest rates also in the **west** around **Redbridge** and **Coxford**. Asthma is **more prevalent** in those aged **60 to 84 years. Asthma correlates** with **current** and **ex-smokers. Asthma under 18 admissions** rates are **higher** in the top **two most deprived quintiles**, in particular for **0–9 years, rates highest** in **the most deprived 20%**

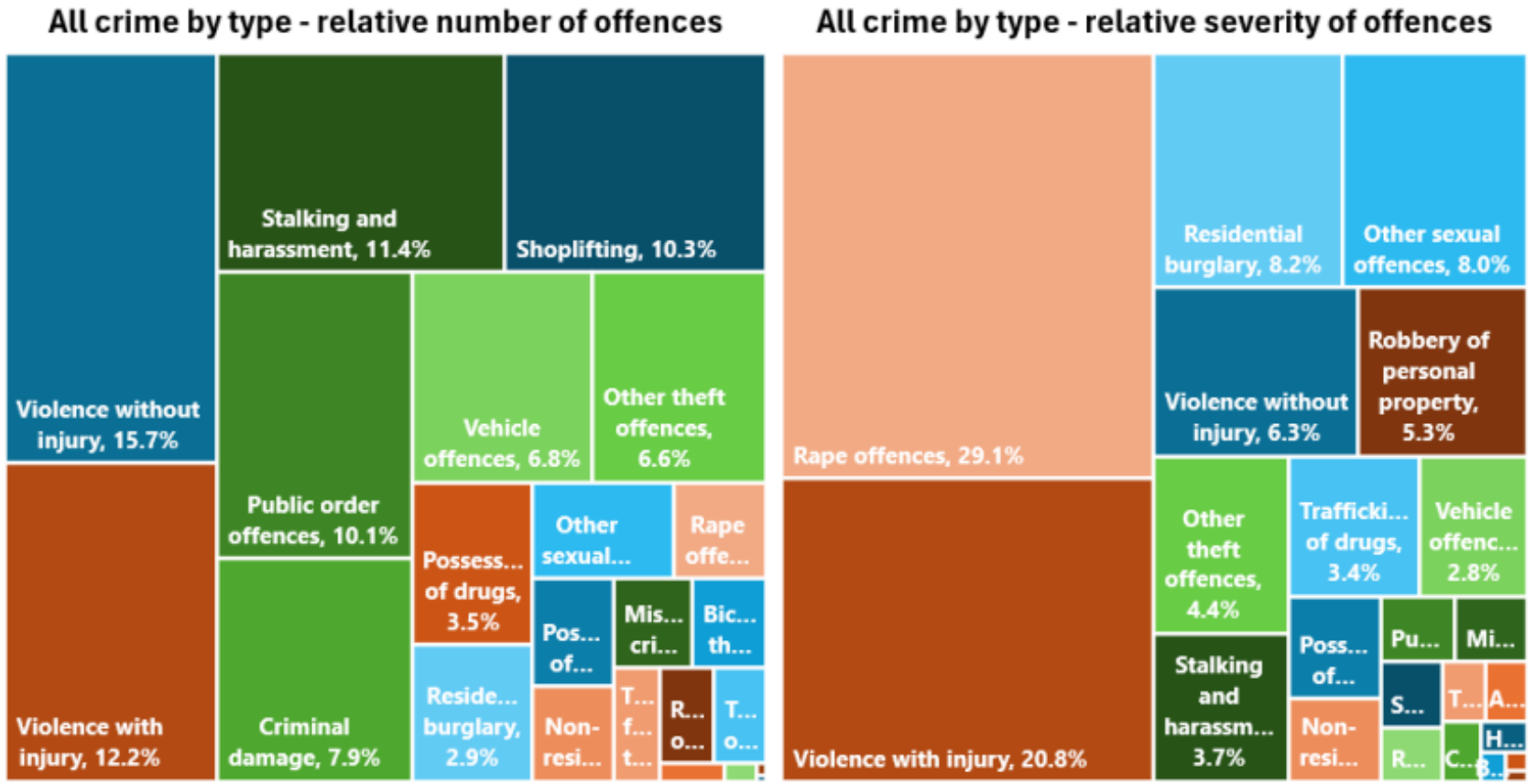
- **COPD prevalence** is **higher** on the **wings** and **edges** of the city, **highest rates** are found in **the west** city neighbourhoods with in **Coxford** and **Redbridge** and also for those aged **75 to 89 years.**

- **COPD inequalities analysis** shows by England quintiles **COPD prevalence 2.4x higher**, **COPD admissions 1.5x higher** and **COPD mortality 2.3x higher** for those in the **most deprived 20%** compared to the **least**

Community safety

Community safety (data.southampton.gov.uk)

Crime in Southampton

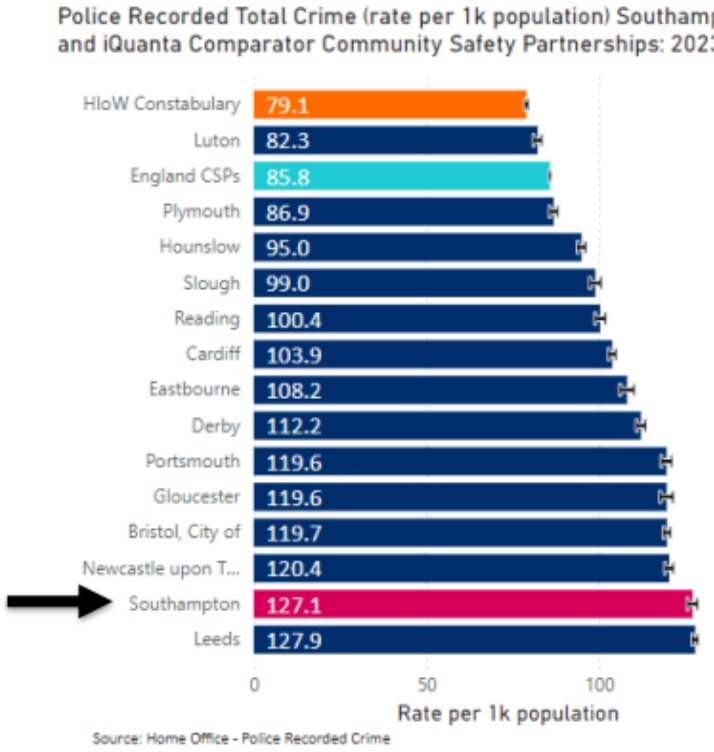


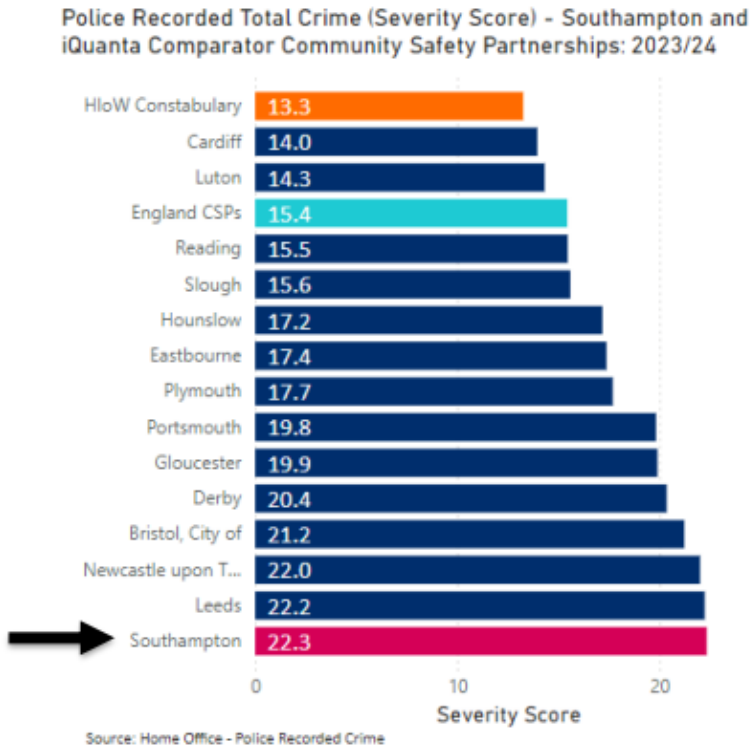
Source: Home Office - police recorded crime

- Alongside the **number of offences** (left chart) it is important to examine the **relative severity** or **harm** caused by a crime (right chart).
- When examining the mix of all crimes, some crimes are relatively **high volume but** are **low harm** e.g. **public order offences.**
- **Rape** is an example of a relatively **low volume**, but a **high harm crime**, as it accounts for **1.6%** of the number of offences, but **29.1%** in terms of relative severity (harm caused).

More information on the Safe City Strategic Assessment and crime is available on the community safety pages.

Benchmarking Crime in Southampton



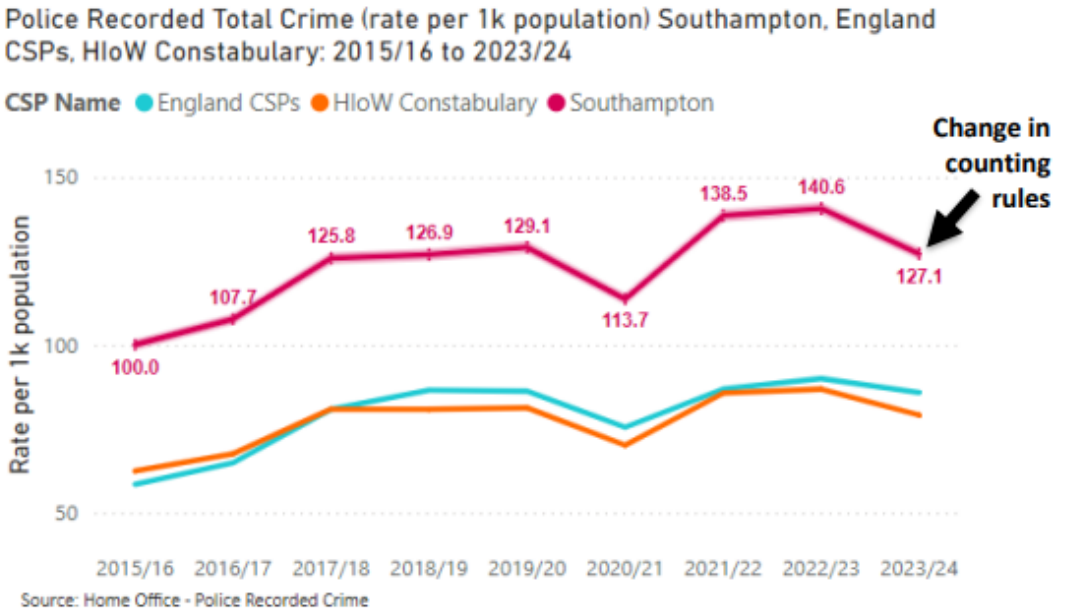


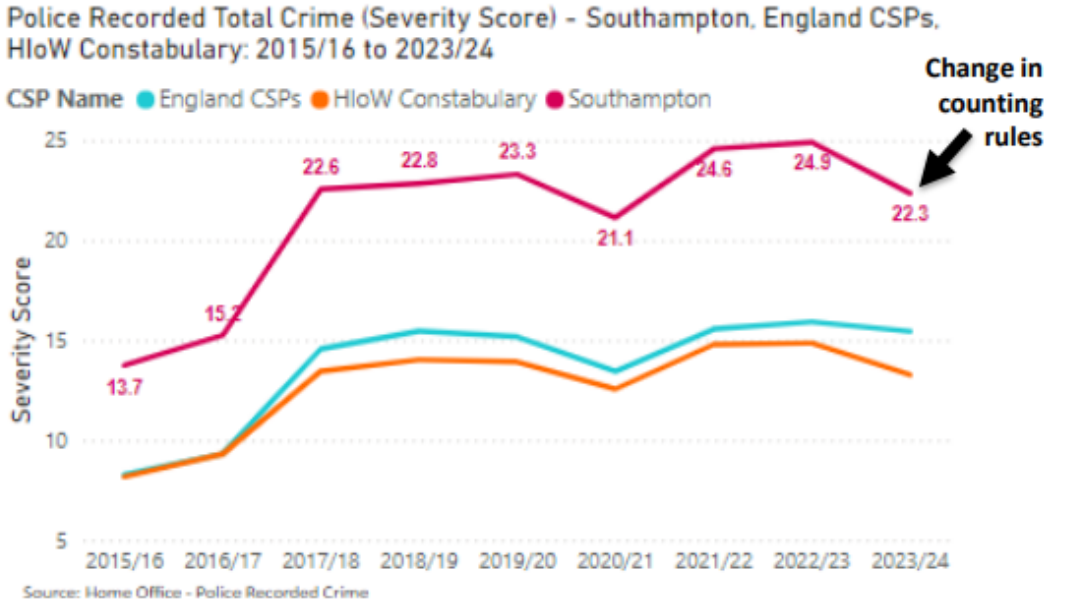
- In 2023/24, **Southampton** had an overall crime rate of **127 crimes per 1k population**
- **Southampton accounted** for **20%** of **total recorded crime** across **Hampshire and Isle of Wight Constabulary** in 2023/24
- **Southampton** has the second highest total **reported crime** rate and the **highest crime severity** amongst iQuanta comparators

Crime in Southampton

southampton dataobservatory

- Between 2022/23 and 2023/24 there was a **-8.2%** decrease in total police recorded crime in **Southampton**
- In **England (-3.6%)** and **Hampshire and Isle of Wight Constabulary (-8.2%)** also experienced decreases in total police recorded crime during the same period
- The **decrease** in **total recorded crime over the last year is unlikely to reflect a 'true' decline** due to **changes in counting rules implemented in 2023**. Recorded crime can be influenced by awareness of key issues, reporting of crime and changes in recording by the police
- Southampton experienced a **-10.3% decrease** in the crime **severity score** of all crimes between 2022/23 and 2023/24, with **Hampshire and Isle of Wight Constabulary (-10.8%)** and England **(-3.0%)** also experiencing a decrease in severity
- **Southampton remains one of the highest among comparators** and **higher** than the national average when considering the **volume (rate) and severity** of total recorded crime

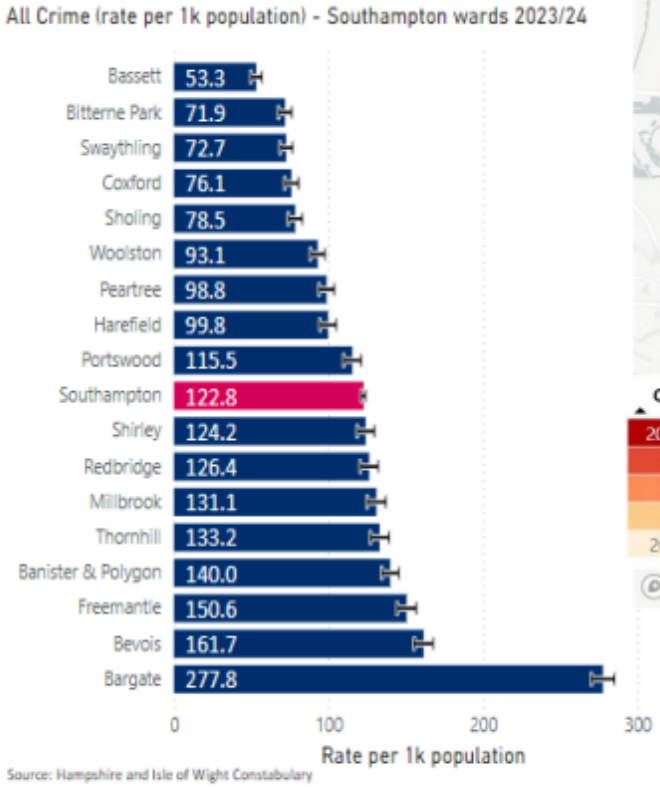


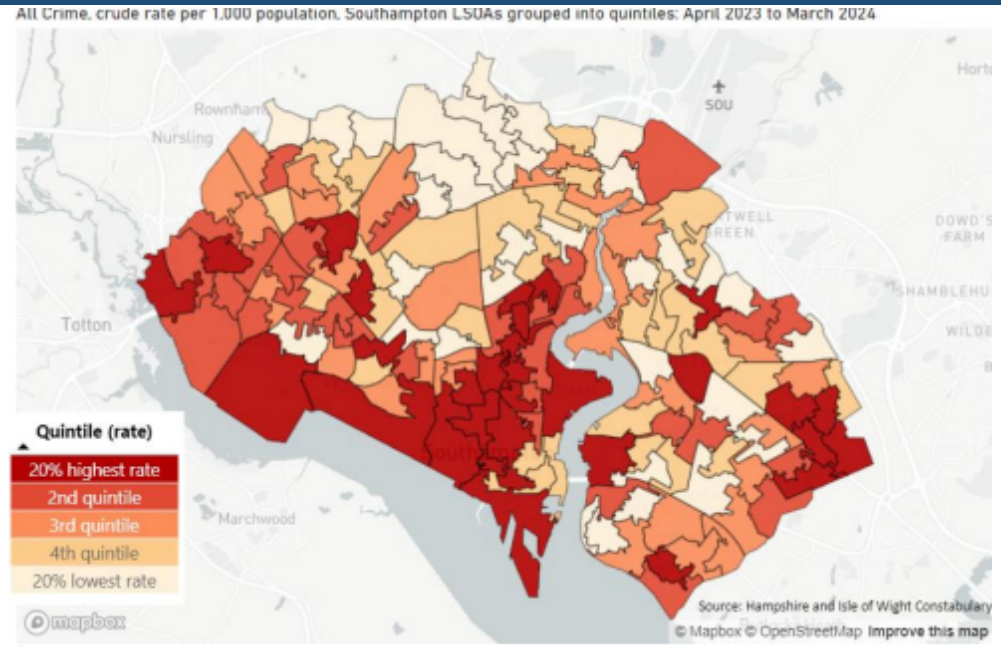


Distribution of crime in Southampton

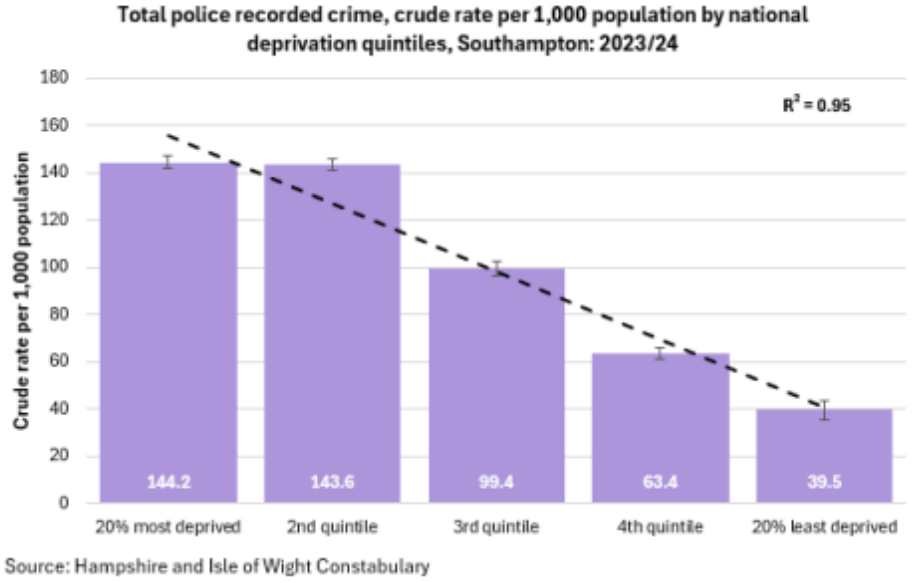
southampton dataobservatory

- At ward level, **Bargate ward** had the **highest overall crime rate (278 per 1k population)**
- **Bevois, Freemantle, Banister & Polygon and Thornhill wards** also had significantly **higher overall crime rates** compared to the city average
- The map of **overall crime rate by LSOA** gives a more nuanced picture, with **hotspots identified** in the majority of Southampton wards
- The **link between crime and deprivation remains strong**. The overall crime rate is **3.7 times higher** in the **20% most deprived neighbourhoods** in the city, **compared to the 20% least deprived**;





- This **gap appears to be increasing** having been **2.6 times higher** in 2022/23;
- This **change** appears to be **driven by a decrease in crime rates among the 20% least deprived neighbourhoods** (-33.9% decrease in the crime rate), with the 20% most deprived neighbourhoods experiencing a -8.7% decrease in the crime rate between 2022/23 and 2023/24



Safe City Partnership

Cardiovascular

Cardiovascular disease (CVD) (southampton.gov.uk)

Cardiovascular disease in Southampton (1)

- **Cardiovascular disease** is the second highest ranking disease in Southampton for **deaths** and **disability adjusted life years (DALYs)** for all ages and rises to the highest rank for those aged 70 and over (GBD 2019).
- **Circulatory diseases**, including stroke, heart disease and CVD deaths contribute **20.5%** of the gap in Southampton **male life expectancy** between the **most** and **least** deprived quintiles and is the largest group identified. For females, circulatory diseases contribute **24.6%** of the gap in life expectancy between the **most** and **least** deprived quintiles , also the largest group identified (OHID Segment tool)
- **Hypertension** is estimated to be present in a **third** of the adult population. In Southampton, the known prevalence for 2021/22 is **10.8% or 32,550 patients**. Other estimates by ONS suggest for every **7 adults diagnosed with hypertension** there another **3 adults who are undiagnosed**.
- **NHS Health checks** can identify help **hypertension** and early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. The **pandemic affected** Health Checks and in **Southampton, 2.8% of the targeted 20% eligible population (14.0%)** had a NHS Health Check in **2021/22**.

Cardiovascular disease in Southampton (2)

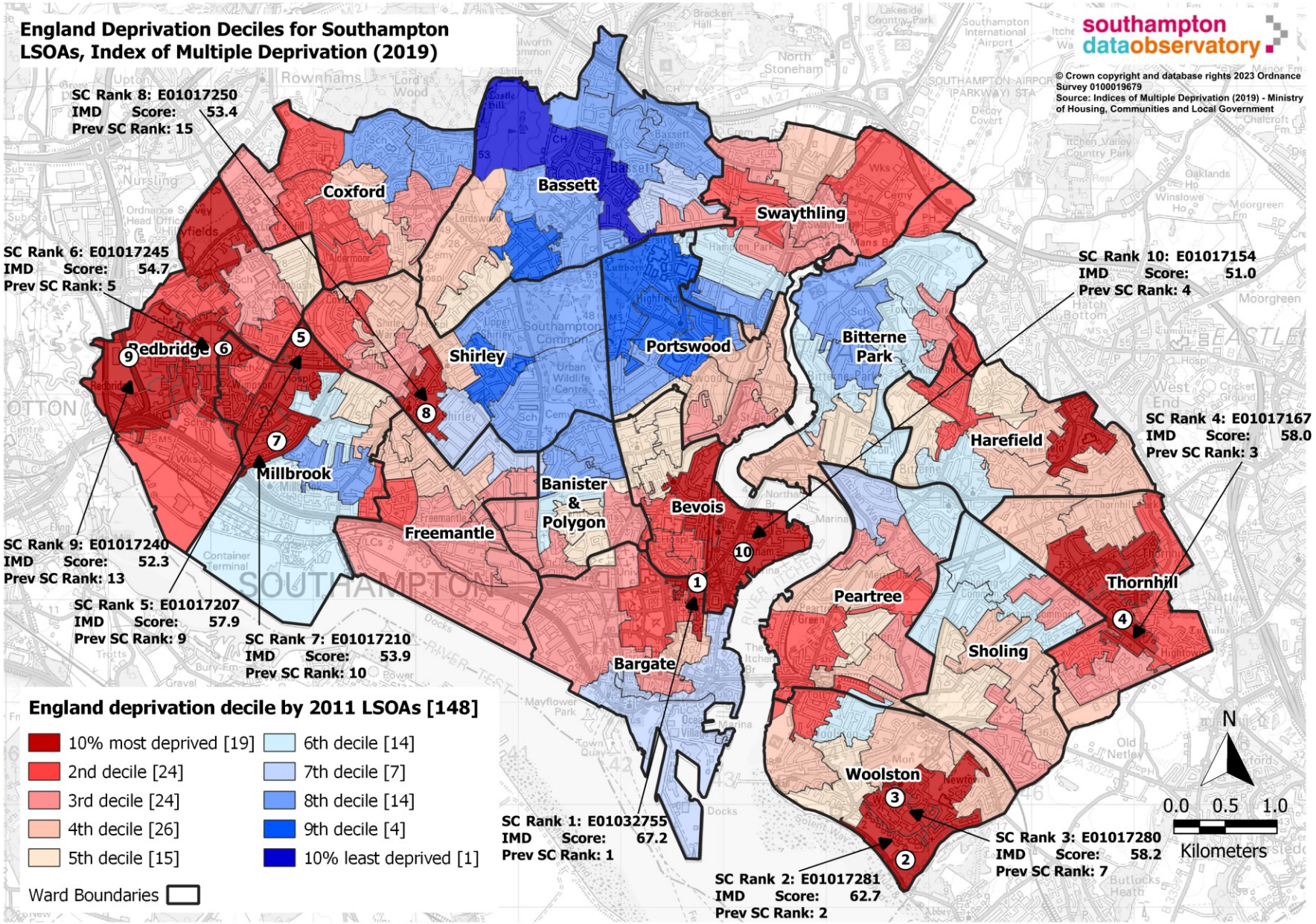
- **Emergency hospital admissions** for **cardiovascular disease** has highest rates for **Bevois** and then two wards in the **west of the city; Coxford and Redbridge**, the rate is **1.8x or 80% higher** and for **cardiovascular mortality 3.6x higher** in the **most deprived 20%** of the city compared to the **20% least deprived**

- **Coronary heart disease** emergency **hospital admissions** are **3.9x** in **most deprived 20%** of the city compared to the **20% least deprived.** The **highest rates** by **ward** are for people living in Redbridge (**west** Southampton), followed by Bitterne (now called Thornhill) and Bevois, all areas with **high deprivation. Southampton** has had **higher coronary heart disease mortality** rates than **England** since 2001-2003. At **PCN** level, **Central PCN** has the **highest mortality rate** compared to Southampton PCN average, followed by **West PCN** then **Woolston and Townhill PCN**

- **Stroke prevalence** in **Southampton** has been significantly **lower** than the England and more likely for those in the **least deprived** than the **most deprived**, perhaps occurring in **affluent residents** more likely to **live longer** when **stroke risk is greater**

Building blocks of health

Deprivation



- Southampton is **ranked 55th** (previously 54th) **most deprived** of 317 local authorities
- Around **12%** of Southampton's **population** live in neighbourhoods within the **10% most deprived nationally** (18% for the under 18 population)
- Southampton is ranked **3rd worst i**n the country for **crime deprivation** and is in the **worst 20%** of local authorities for **FIVE** other deprivation domains
- Grouping **indicators** by the **deprivation** levels (people experience living in these neighbourhoods) helps us explore **inequalities within the city**

Inequalities – Children and Young People

southampton dataobservatory

Comparing outcomes for children and young people in the most deprived 20% of Southampton to the least deprived 20% illustrate the inequality gap in the city……

Mothers smoking at booking

4.1x higher

2016 to 2020

Breastfeeding at initial check

1.4x lower

2016 to 2020

Mental Health/Psychosocial conditions

(per 1k children)

1.5x higher

February 2021

Healthy weight

1.1x lower for Year R children

1.2x lower for Year 6 children

2018/19 to 2020/21

Child poverty

3.7x higher

2018/19

Average Attainment 8 Score

1.3x Lower

2017 to 2019

Youth Violent Crime

(per 1k children)

3.2x higher

April 2019 to March 2020

Drug use

(per 1k children)

7.8x higher

April 2017 to March 2020

Alcohol use

(per 1k children)

5.1x higher

April 2017 to March 2020

Children experiencing neglect or abuse

(per 1k children)

4.9x higher

April 2017 to March 2020

Looked after children

4.1x higher

April 2017 to March 2020

Note: Uses local deprivation quintiles

Wider determinants or building blocks for health

southampton dataobservatory

Domestic abuse (related crimes)

1.5x higher than England & Wales

5.5x higher

Most deprived quintile vs least deprived

Child poverty

1 in 4 compared to 1 in 5 in England

3.7x higher

Most deprived quintile vs least deprived

Deprivation

55th most deprived for 317 lower and unitary LAs

28% of Southampton population

are in England's 20% most deprived neighbourhood

All crime

1.5x higher than England & Wales

2.6x higher

Most deprived vs least deprived

Attainment 8 Score

5% lower than England

1.3x lower

Most deprived vs least deprived

Universal Credit

9.5% higher than England

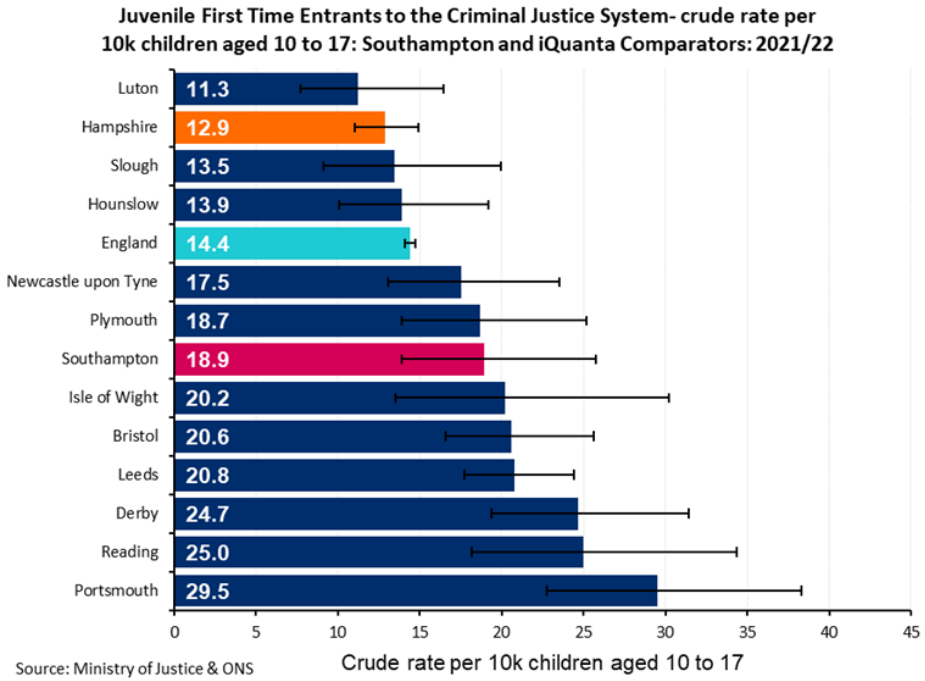
5.7x higher

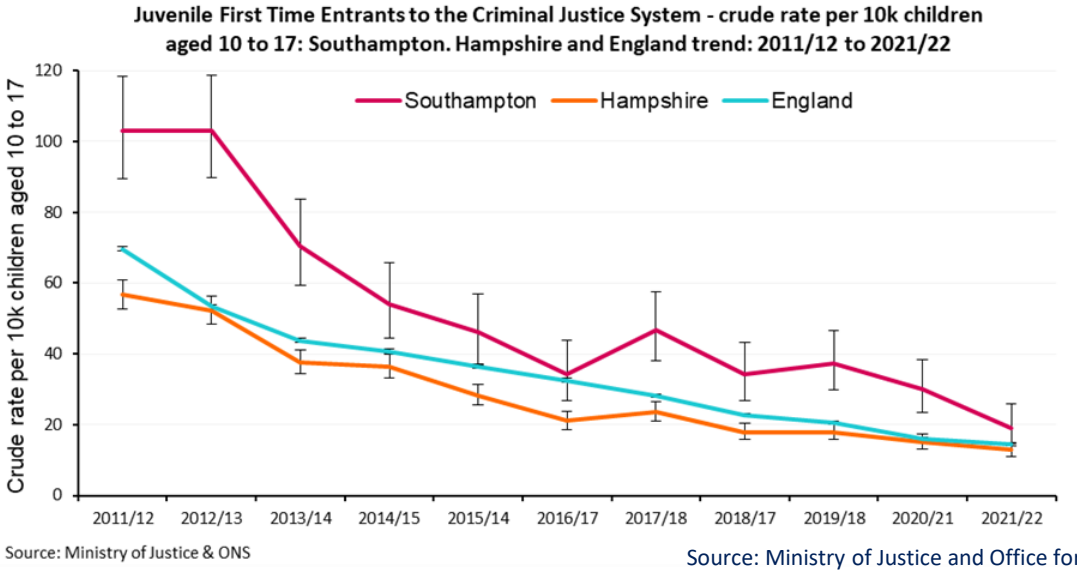
Most deprived vs least deprived

Youth offenders

First Time Entrants (FTE)

- In **2021/22,** Southampton had a juvenile **First Time Entrant** (FTE) rate of **18.9 per 10,000** children aged 10 to 17 years;
- Higher but not significantly than the national average (14.4 per 10,000 children)
- Since 2012/13, the juvenile FTE rate has been on a **downward trend** in Southampton and nationally. Southampton's rate has been **falling faster**
- However, 2021/22 is the **first year** in the last **five years** that the juvenile FTE rate in Southampton has been **statistically similar** to the national average



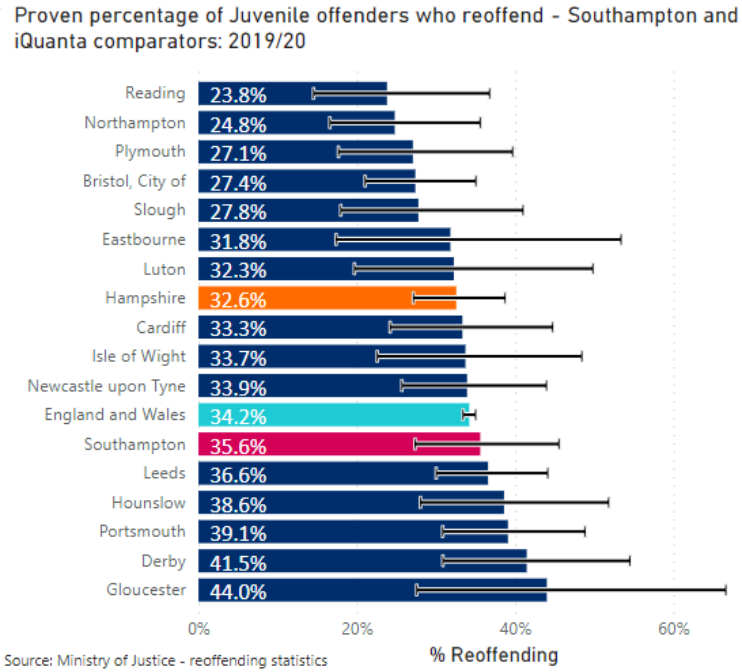


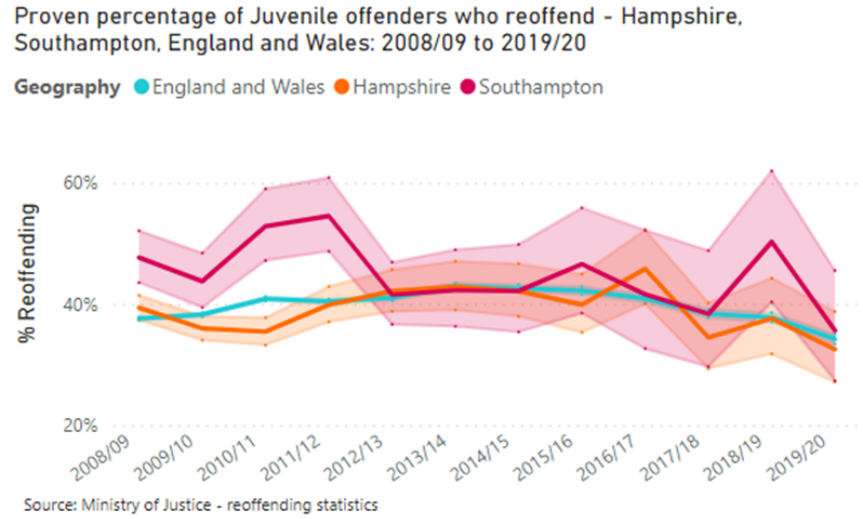
Source: Ministry of Justice and Office for National Statistics

Safe City Partnership
making Southampton safer

*Youth offending statistics may be impacted by delays in court process due to the pandemic

Youth reoffending





- Percentage of youth offenders who reoffend in **Southampton** is **35.6%** (2019/20 cohort), which is **similar** to the **England and Wales** average **(34.2%)**
- **Southampton** has a **lower than average** number of reoffences per youth reoffender at **3.3 reoffences** (compared to 3.6 for England and Wales)
- Similar to adult reoffending statistics, method and data changes mean analysis of long-term trends is not possible
- There was a decline in the youth reoffending rate between 2016/17 and 2017/18, before increasing in 2018/19;
- However, over the last year there has been a **-14.7 percentage point decrease** in the youth offending rate from **50.3%** in 2018/19 to **35.6%** in 2019/20;
- However, important to note that this decrease is not statistically significant due to the small cohort of offenders

*Youth offending statistics may be impacted by delays in court process due to the pandemic

Source: Ministry of Justice – reoffending statistics

Economic Needs Assessment

Economic assessment (southampton.gov.uk)

Southampton Wider Determinants Headlines (Economy focussed)

southampton dataobservatory

Analysis conducted on Southampton's economy contributes to our understanding of a number of **wider determinants of health and wellbeing**

The **Economic Needs Assessment** explores a **whole range** of areas that affects the **inequality gap** and also helps forecast the impact of areas of concern, for example the **cost of living**

Population

264,957

Hampshire County Council 2023 forecasts

Value of the Economy

10.0 Billion

ONS GVA (b) Current Basic Prices 2022

Number of Businesses

7,400

ONS UK Business 2024

Number of Employee Jobs

115,269

ONS BRES 2023

Average House Price

£238,389

Land Registry February 2025

Full-time Median Weekly Pay (Residents)

£690

ONS ASHE 2024

Higher Education Students

34,495

Higher Education Statistics Agency (2021/22)

Resident Population Educated to Degree level

44.4%

ONS APS 2023 – expressed as a % of economically active population

Ranked 3rd

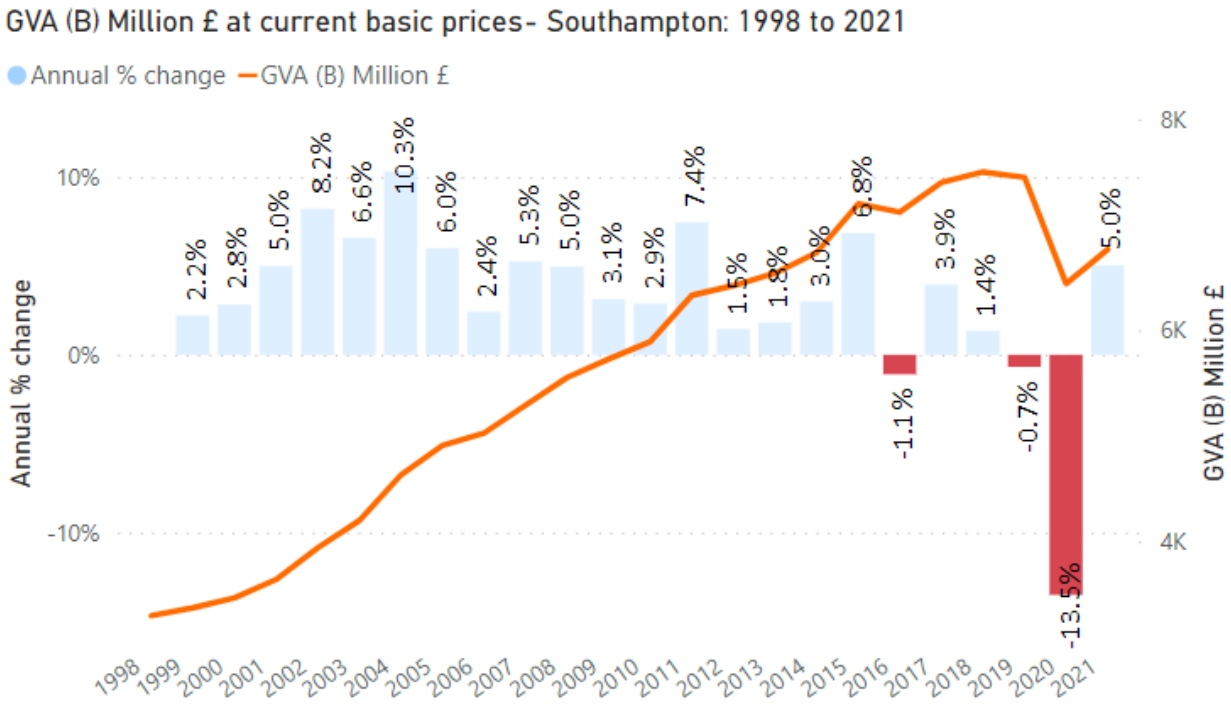
in the latest Good Growth Cities Index

PWC good growth index 2024

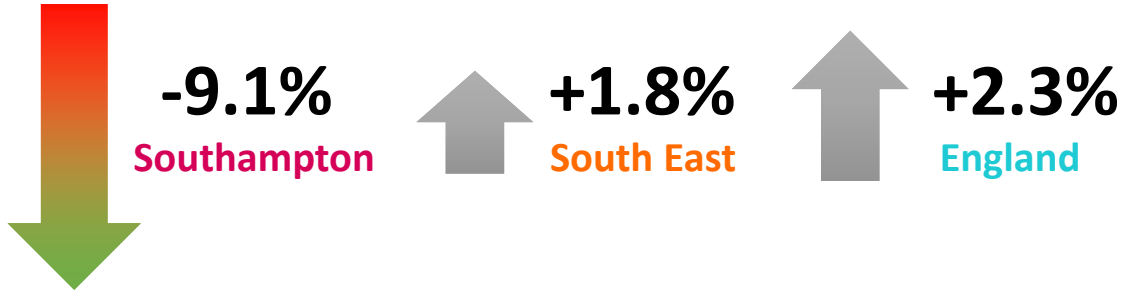
Southampton's Economy in 2021

6.8 billion

- Gross Value Added (GVA) is a key economic indicator
- Southampton represents 2.2% of South East economy
- The Southampton economy declined by -13.5% between 2019 and 2020, followed by an increase of +5.0% in 2021
- Since 2019, this represents a decline of -£681 million
- The England (+2.3%) and South East (+1.8%) economies have grown over the last two years, whilst the Southampton economy has declined since 2019 (-9.1%)
- Additionally, this is the greatest decline among comparators; the majority (8 out of 10) having experienced growth
- Overall this suggests that the economic impact of the COVID-19 pandemic was greater locally



Change since 2019:



Source: Office for National Statistics – GVA. GVA rounded to nearest hundred million.

Productivity and Growth – GVA (B) per head

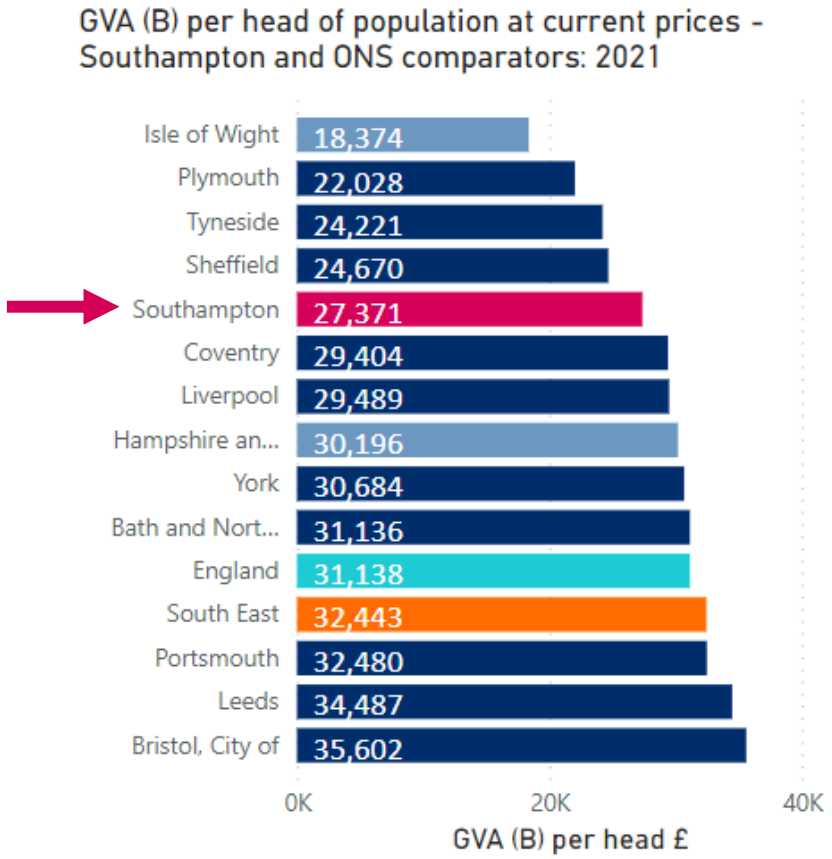
- GVA (B) per head in Southampton is lower than England and the South East
- Southampton experienced a -7.2% decline in GVA (B) per head, whilst England and the South East experienced increases of +1.8% and +0.6% respectively since 2019
- Similar to overall GVA, Southampton experienced a larger decline in GVA (B) per head in comparison to other areas. Again highlighting the greater impact of the pandemic on the Southampton economy, widening the gap to the national average

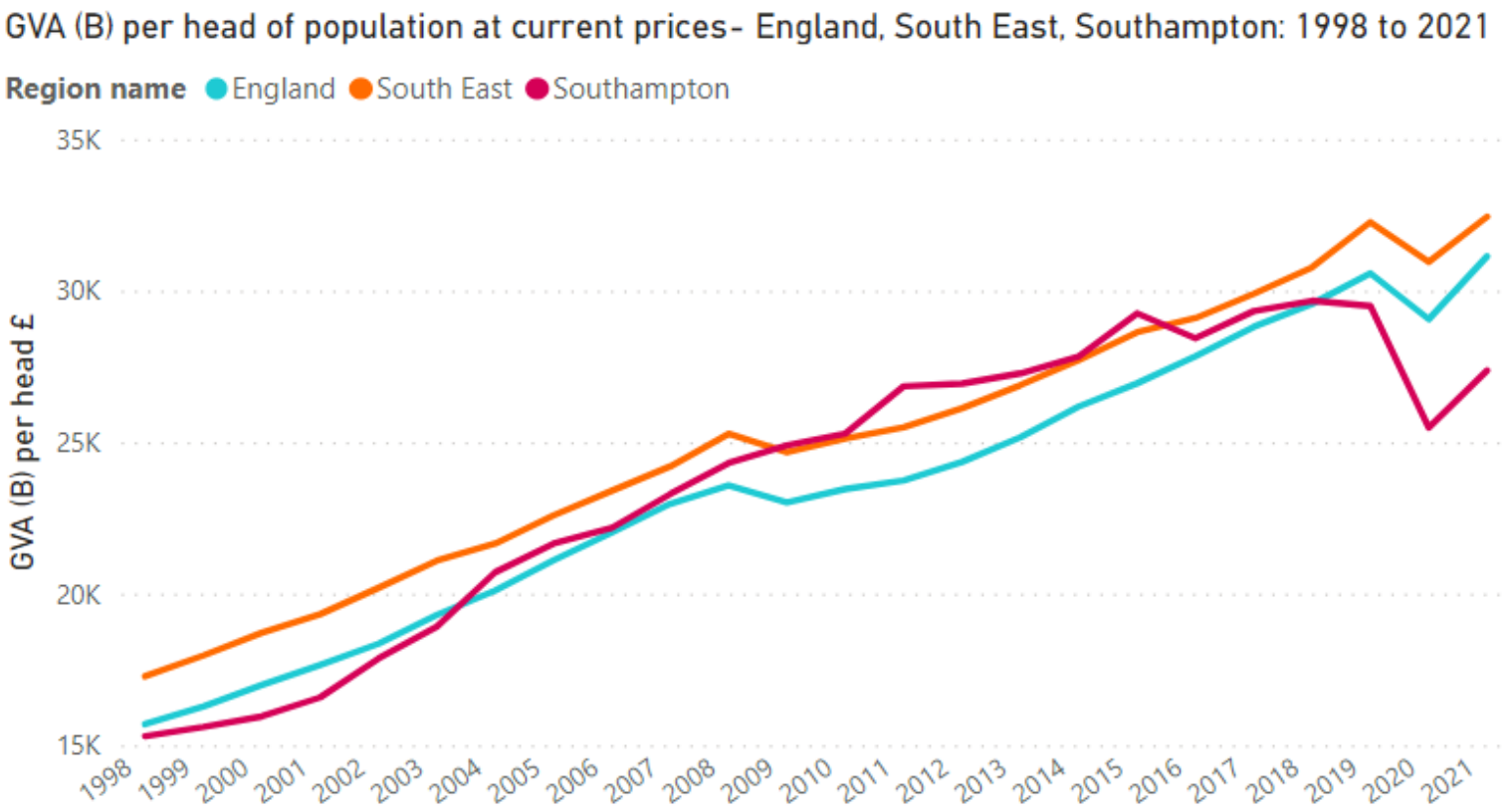
Change since 2019:

-7.2% Southampton

+0.6% South East

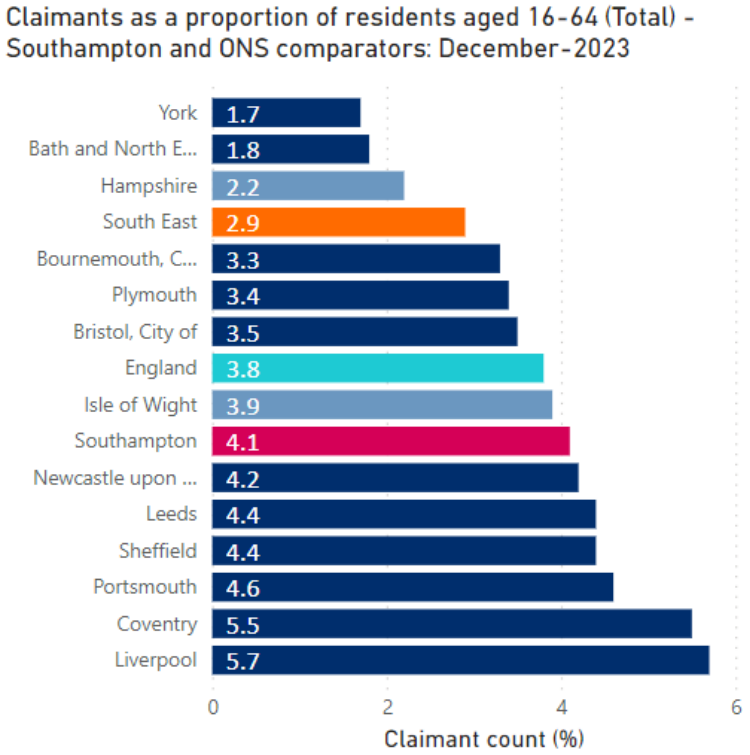
+1.8% England

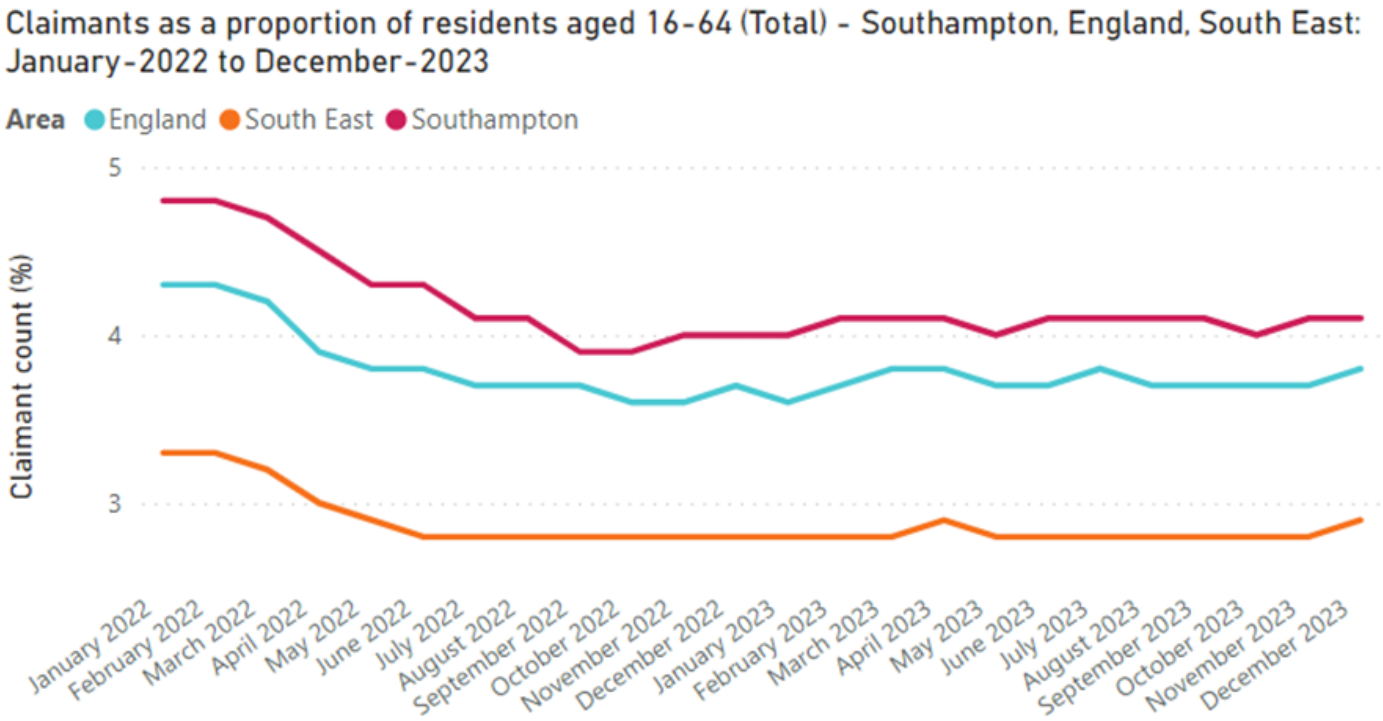




Source: Office for National Statistics – GVA

Claimant Count





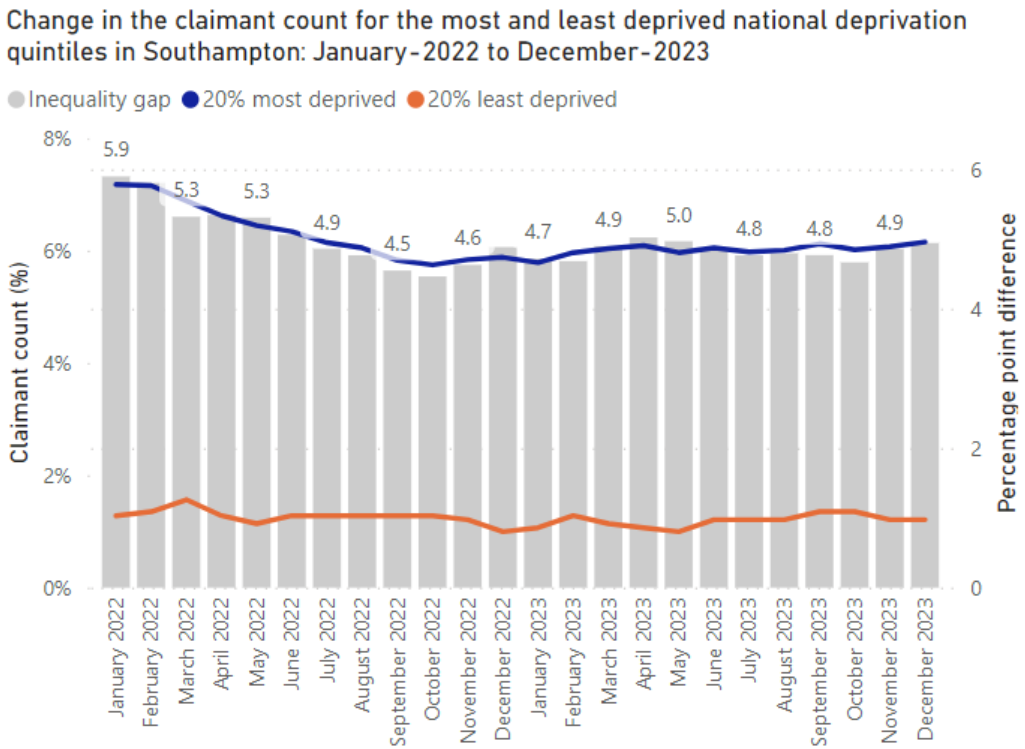
- Locally and nationally the number of adults claiming out of work benefits has stagnated over the last year
- 4.1% (6,965) of the working aged population in Southampton were claiming out of work benefits in December 2023; a small increase of +215 claimants (+3.2%) since December 2022 (4.0%)
- Whilst progress has been made in recovering from the COVID-19 pandemic, Southampton is yet to return to the pre-pandemic baseline (less than 3.5% in January to March 2020)

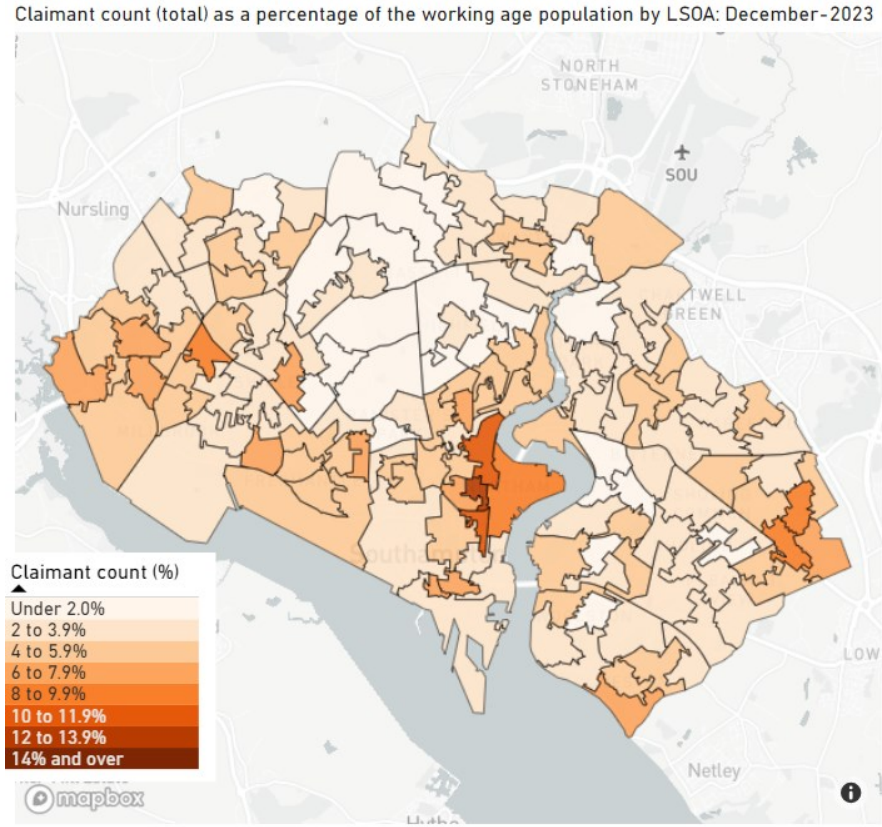
Change December 2022 to December 2023

Source: Department for Work and Pensions

Claimant Count Inequalities

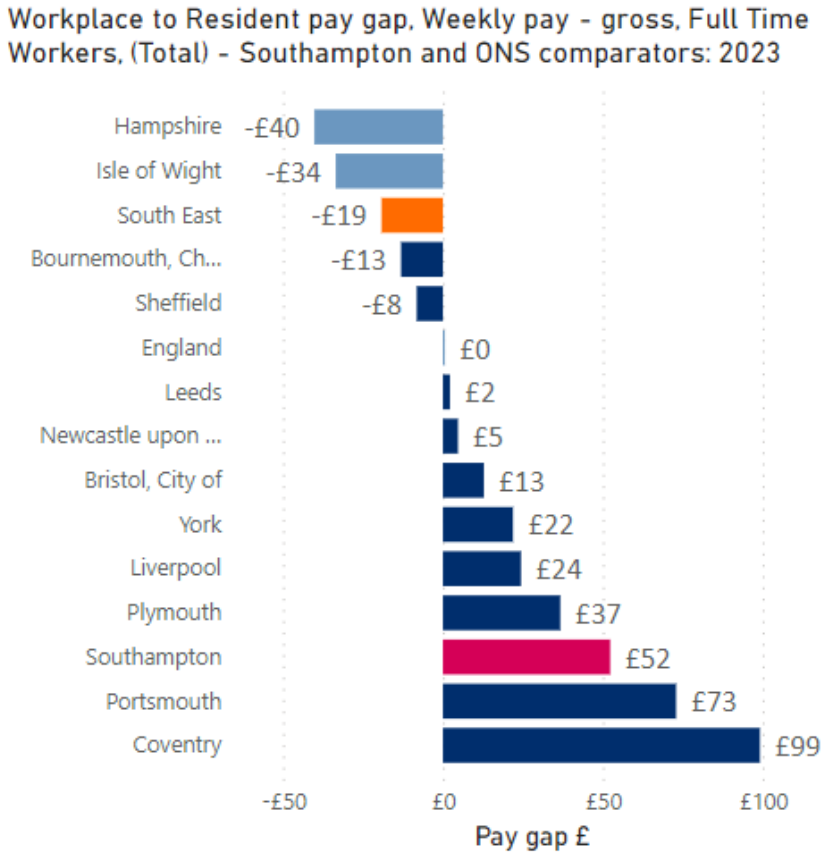
- The map below shows the latest claimant count (%) by Southampton neighbourhoods – December 2023
- Higher claimant counts are seen across neighbourhoods in Thornhill, Woolston, Bevois and Redbridge wards, which is where some of the most deprived neighbourhoods in the city are located
- Unemployment is not evenly distributed across the city. As of December 2023, there was a 4.9 percentage point inequality gap in the proportion of adults claiming unemployment benefits between the 20% most and 20% least deprived neighbourhoods in Southampton
- This is similar to the average 4.6 percentage point gap throughout 2019 but significantly lower than the pandemic peak; an 8.1 percentage point difference in April 2021

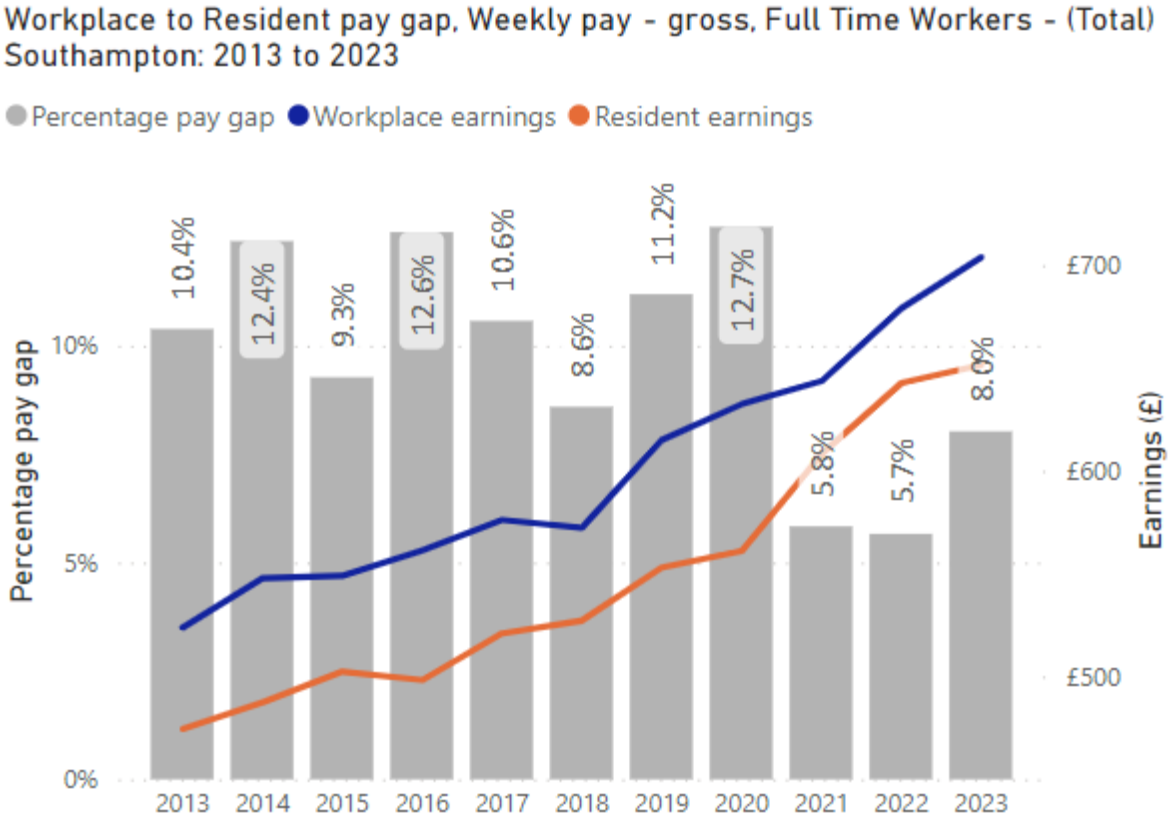




Source: Department for Work and Pensions

Inequalities – Workplace vs Resident

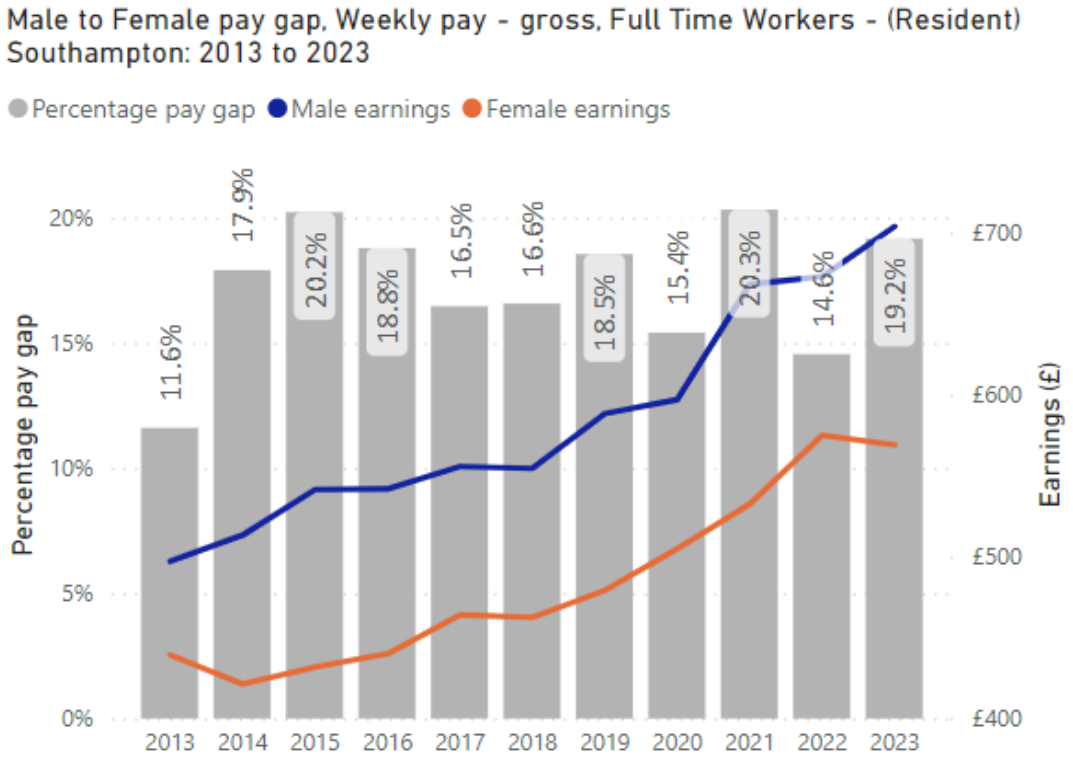


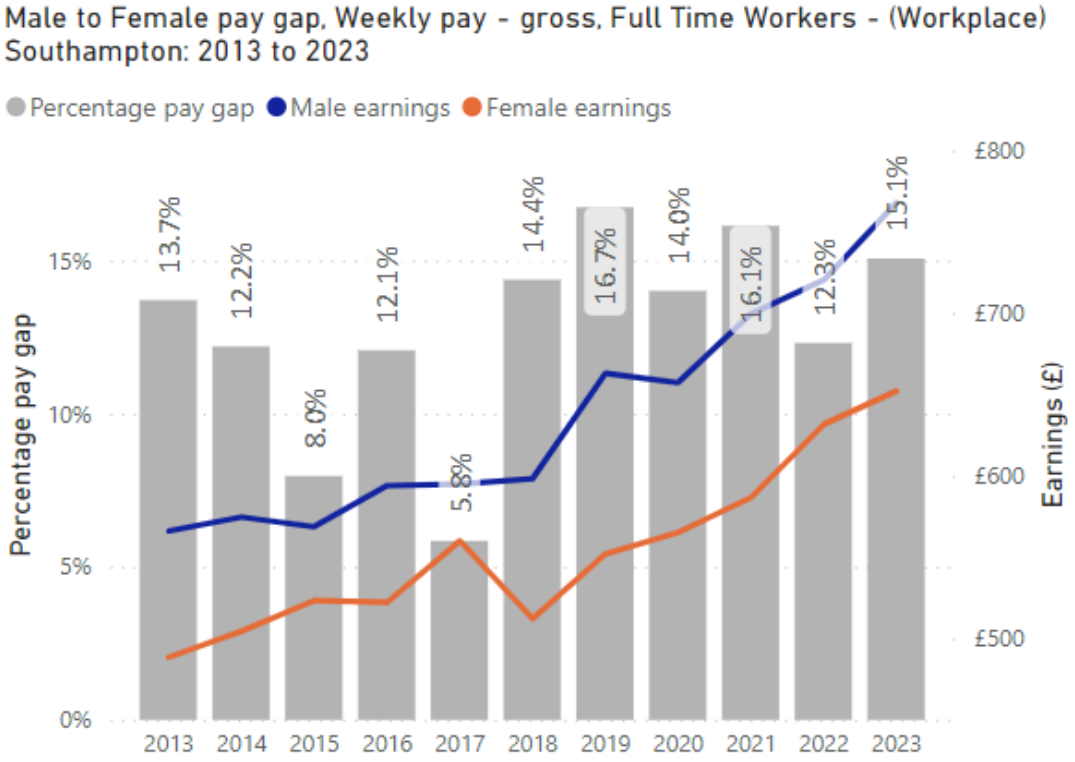


- **Workplace earnings** are **£52** (**8.0%**) more per week than **resident earnings** for full time workers in Southampton in 2023
- Whilst the **inequality gap** between workplace and resident earnings appears to have **narrowed** in recent years, the gap is still the **third largest among comparators**
- High workplace earnings suggests that good skilled employment opportunities exist in the city. However, lower resident earnings suggests that commuters into the city have those high skilled jobs, which residents are not benefitting from

Source: Office for National Statistics – Annual Survey of Hours and Earnings – data for the most recent year is provisional

Inequalities – Male vs Female

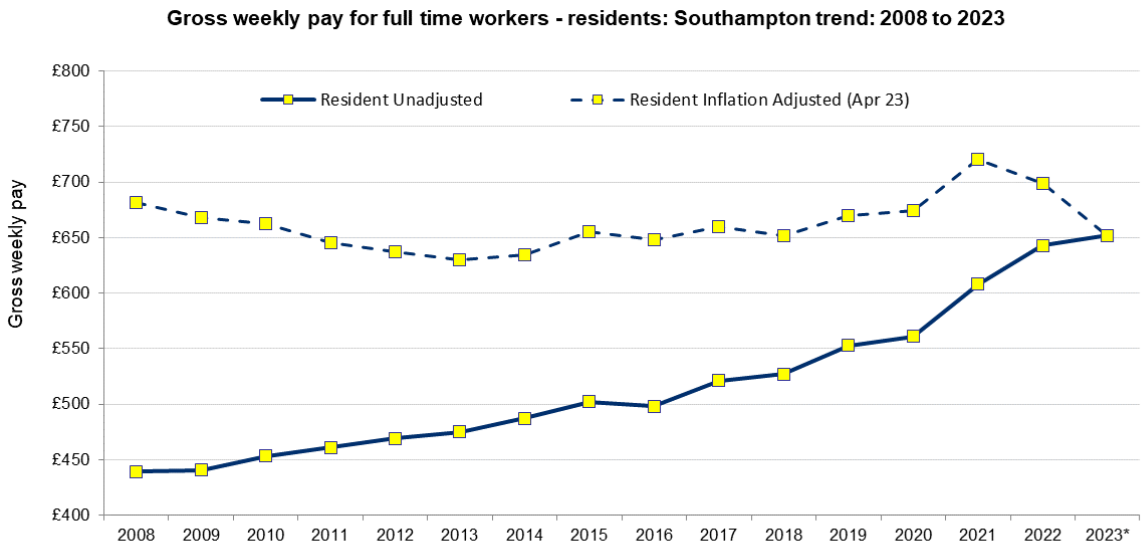




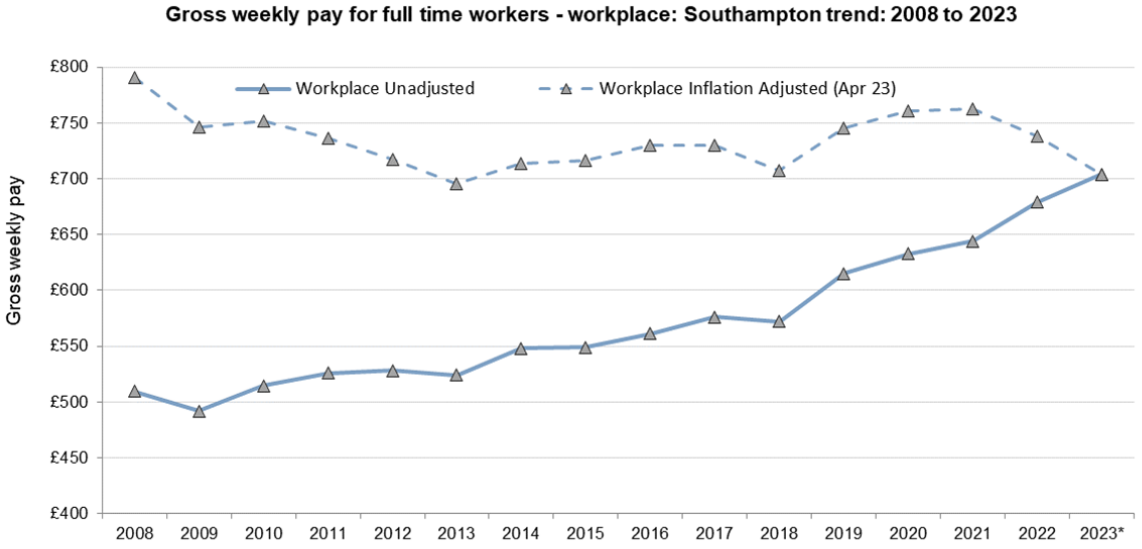
- There is also a pay **gap between male and female pay** in Southampton, with this gap also experienced nationally
- In 2023, the full time **resident** weekly gender pay gap was **19.2%** (**£135**) in Southampton, this compares to a gap of £105 (14.4%) nationally
- The full-time **workplace** gender weekly pay gap in Southampton was similar at **15.1%** (**£116**) in 2023
- There is no evidence that gap is narrowing – for either workplace or resident

Source: Office for National Statistics – Annual Survey of Hours and Earnings – data for the most recent year is provisional

Cost of Living – Earnings



Source: ONS - Annual Survey of Hours and Earnings & Consumer Price Inflation. *Data for the latest year is provisional.



Source: ONS - Annual Survey of Hours and Earnings & Consumer Price Inflation. *Data for the latest year is provisional.

Source: Office for National Statistics – Consumer Price Inflation & Annual Survey of Hours and Earnings

▲ **108.5 to 130.4** *2021 to 2023*

Consumer Price Index (all items April)

▼ **£68** *Resident*

▼ **£59** *Worker*

Adjusted earnings 2021 to 2023

- After adjusting for inflation, pay declined in 'real' terms between 2008 and 2013. From 2013 to 2021, weekly pay had generally increased in 'real' terms for both residents and workers in Southampton
- However, any growth since has been stunted by unprecedented high inflation since late 2021;
- The PwC estimate **real earnings** to be lower than they were in 2006, which is equivalent to almost **two decades of no net growth** in earnings
- After adjusting for inflation, as of April 2023 (130.4 CPI all items), both resident (**-£68**, **-9.5%**) and workplace (**-£59**, **-7.7%**) declined between 2021 and 2023 in Southampton
- Given continued high inflation, unadjusted weekly earnings would **need to increase** by at least a further **£9 for residents** and **£10 for workers** to negate the inflation as of December 2023 (132.2 CPI all items)

Health and Wellbeing Strategy

HWBB Priorities and Indicators

southampton dataobservatory

Outcome	What are we going to do?
People in Southampton live active, safe and independent lives and manage their own health and wellbeing	• Encourage and promote healthier lifestyle choices and behaviour, with a focus on smoking, alcohol / substance misuse, healthy weigh, and physical activity including walking and cycling more. • Encourage and promote healthy relationships and wellbeing of individuals of all ages, carers and families, particularly for those at risk of harm and the most vulnerable groups through increasing early help and support. • Support people to be more independent in their own home and through access to their local community, making best use of digital tools including Telecare. • Ensure that information and advice is coordinated and accessible. • Prioritise and promote mental health and wellbeing as being equally important as physical health. • Increase access to appropriate mental health services as early as possible and when they are needed. • Make every contact count by ensuring all agencies are able to identify individual needs and respond /refer to services as appropriate. • Promote access to immunisation and population screening programmes.
Inequalities in health outcomes are reduced	• Reduce the health inequalities gap between the most deprived and least deprived neighbourhoods in the city using the evidence of what works in the Marmot review of Health Inequalities. • Take action to improve men's health to reduce the difference between male and female life expectancy through community based initiatives to deliver behaviour change. • Reduce inequalities in early childhood development by ensuring good provision of maternity services, childcare, parenting and early years support. • Work with schools to improve healthy lifestyle choices and mental wellbeing and reduce the harm caused by adolescent risk taking. • Target access to advice and navigation to services to those who are most at risk and in need, to improve their health outcomes. • Ensure that health inequalities are taken into account in policy development, commissioning and service delivery. • Provide support to help people access and sustain quality jobs, targeting those who are long term unemployed or with families.
Southampton is a healthy place to live and work with strong, active communities	• Support development of community networks, making best use of digital technology, community assets and open spaces. • Improve housing standards and reduce illness and avoidable deaths related to fuel poverty. • Develop an understanding of, and response to, social isolation and loneliness in the city. • Work with city planners to ensure health is reflected in policy making and delivery. • Deliver a cleaner environment through a clean air zone with vehicle access restrictions to the city. • Work with employers and employees to improve workplace wellbeing through healthier work places.
People in Southampton have improved health experiences as a result of high quality, integrated services	• Improve health outcomes for residents, at a lower cost, through integration and joint working across all health and council services. • Prioritise investment in and embed a prevention and early intervention approach to health and wellbeing across the city. • Deliver a common approach to planning care tailored to the needs of the individual or family. • Deliver the right care, at the right time, in the right place by working as locally as possible and shifting the balance of care out of hospital to community providers. • Maximise opportunities for prevention and early intervention through making every contact with services count.

How will we measure success?

The Public Health Outcomes Framework is a comprehensive list of desired outcomes and indicators that help measure how well public health and wellbeing is being improved and protected in an area. The Health and Wellbeing Board will focus on a selection of these indicators that a) require the most improvement and b) will best indicate progress towards the outcomes in this strategy.

Priority area	Measure		
Overarching	Life expectancy at birth	Life expectancy at 65 years	Healthy Life Expectancy at birth
	Under 75 years mortality rate from cardiovascular disease	Under 75 years mortality rate from respiratory disease	Mortality rate from causes considered preventable
Children & Young People/ Early years	Smoking status at time of delivery	Breastfeeding prevalence at 6-8 weeks after birth	Child excess weight in 4-5 and 10-11 year olds
	Population vaccination coverage – MMR for one dose (2 years old)	Looked after children rate	School readiness
	Children in low income families (under 16s)	Hospital admissions caused by unintentional and deliberate injuries (0-14 years)	Under 18 years conception rate
Adults	Smoking prevalence in adults	Suicide rate	Depression recorded prevalence
	Injuries due to falls in people aged 65 years and over	HIV late diagnosis	Under 75 years mortality rate for liver disease considered preventable
	TB incidence (3 year average)		
Healthy settings	Fraction of mortality attributable to particulate air pollution	Percentage of people aged 16-64 years in employment	Excess winter deaths index

The full Public Health Outcomes Framework can be found at **www.phoutcomes.info**

We have been monitoring Southampton against the measures set out in the Health and Wellbeing Strategy. These indicators are also available on constantly refreshed Health and Wellbeing Strategy Dashboard (Power Bi)

Key points – Overarching indicators: Life expectancy and mortality

southampton dataobservatory

- In Southampton, **men** live **15 months less** and **women** live **10 months less** compared to the England average (2021-23).
- Southampton **women** live for a **longer period** in **poorer health** (22.4 years) than Southampton men (18.9 years) in 2021-23 [Poorer health years = Life Expectancy – Healthy Life Expectancy].
-
- The **under-75 mortality rate** for **cardiovascular disease** (males) considered **preventable** remains **higher** than England and the gap is widening in recent years. However, the under-75 mortality rate for **causes** (males and females), **circulatory disease** (females) **respiratory disease** (males and females); **all considered preventable** are **significantly higher** and with an **increasing gap** in recent years **compared** to England
- Comparing the **most deprived 20%** of Southampton to the **least deprived 20%,** life expectancy at birth gap is **7.1 years** for **men** and **6.9 years** for **women** (2021-23 – provisional). During 2019 to 2021, both males and females in the **most deprived quintile** live a **quarter (24%)** of their **shorter** lives in ill health. **Males** and **females** in the **least deprived** quintile live **a seventh (15%)** of their lives in **ill health**

Priority area	Measure	Unit	Latest period	Southampton Sparkline	Southampton value	England value	ONS Comparator Ranking (1 out of 12 is worse, worst quarter in pink)	CIPFA Comparator Ranking (1 out of 16 is worse, worst quarter in pink)	Significance compared to England value
Overarching	Life expectancy at birth (Male)	Years	2021 - 23		77.9	79.1	5	12	Significantly lower
	Life expectancy at birth (Female)	Years	2021 - 23		82.3	83.1	6	13	Significantly lower
	Life expectancy at 65 years (Male)	Years	2021 - 23		17.6	18.7	4	9	Significantly lower
	Life expectancy at 65 years (Female)	Years	2021 - 23		20.5	21.1	6	13	Significantly lower
	Healthy Life Expectancy at birth (Male)	Years	2021 - 23		59.0	61.5	7	14	Lower
	Healthy Life Expectancy at birth (Female)	Years	2021 - 23		59.8	61.9	7	14	Lower
	Under 75 mortality rate from all cardiovascular diseases considered preventable Male	per 100,000	2021 - 23		50.5	44.5	5	12	Higher
	Under 75 mortality rate from all cardiovascular diseases considered preventable Female	per 100,000	2021 - 23		22.6	17.3	3	8	Higher
	Under 75 mortality rate from respiratory disease considered preventable Male	per 100,000	2021 - 23		28.5	19.9	4	8	Significantly higher
	Under 75 mortality rate from respiratory disease considered preventable Female	per 100,000	2021 - 23		24.6	16.2	2	8	Significantly higher
	Under 75 mortality rate from causes considered preventable Male	per 100,000	2021 - 23		274.9	216.3	4	10	Significantly higher
	Under 75 mortality rate from causes considered preventable Female	per 100,000	2021 - 23		141.1	113.9	5	12	Significantly higher

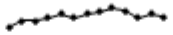
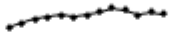
Key points – Children and Young people

- **Smoking at time of delivery** in Southampton (7.9%) is **higher** but not **significantly** than England (7.4%). **13 less women** smoking would have **matched** the **England** average. Recent years show the **Southampton** percentage **decreasing at a faster** rate **than nationally**. **Breastfeeding** prevalence at 6-8 weeks after birth is **increasing** and **higher** than the **national** average (55.1% vs. 52.7%).
- **Around 80 less** Southampton children at **excess weight** at **Reception year** and around **125 less** Southampton children at **excess weight** in **Year 6** would have the city with prevalence similar to England.
- **MMR vaccination** (for one dose, aged 2) coverage **increased** compared to last year, around **115 more children vaccinated** would meet the WHO recommendation of 95%, however Southampton still remains **higher** than **England.**
- **Children Looked After rate** is **significantly higher** than **England** but has dropped compared to last year.
- **School readiness at reception** is **lower** than England post pandemic having previously followed England: **9 more Southampton children** would need to reach a **good level of development** to meet the **England** average. For Year 1 Phonics, **76 more children achieving the expected level** would match the **England** average.
- **22.5% children** are in relative **low-income** families compared to **19.8%** in **England**, **consistently significantly higher** and the **gap** has **narrowed,** but both England and Southampton percentages have **increased** since 2014/15**.**
- Admissions caused by **unintentional and deliberate injuries** (under 15 years) is **higher** than England, both falling since 2010/11.
- Teenage conception **decreased overall** at a **faster** rate than **nationally.** Had there been one less conception, the rate in 2021 would have been the lowest over 24 years and 15 less conceptions would have given us the same rate as England.

Priority area	Measure	Unit	Time period	Southampton Sparkline	Southampton value	England value	ONS Comparator Ranking (1 out of 12 is worse, worst quarter shaded)	CIPFA Comparator Ranking (1 out of 16 is worse, worst quarter shaded)	Significance compared to England value
Children & Young People/Early years	Smoking status at time of delivery (Female)	%	2023/24		7.9	7.4	5	9	Higher
	Breastfeeding prevalence at 6-8 weeks after birth - current method	%	2023/24		55.1	52.7	5 of 7	8 of 12	Significantly higher
	Child excess weight in 4-5 year olds	%	2023/24		25.2	22.1	2	4	Significantly higher
	Child excess weight in 10-11 year olds	%	2023/24		40.4	35.8	4	8	Significantly higher
	Population vaccination coverage - MMR for one dose (2 years old)	%	2023/24		91.2	88.9	7	13	Significantly higher
	Children looked after	per 10,000	2024		97.0	70.0	9	4	Significantly higher
	School readiness: Good level of development at the end of reception	%	2022/23		66.9	67.2	9	15	Lower
	School readiness: Year 1 pupils achieving the expected level in the phonics screening check	%	2022/23		76.2	78.9	5	9	Significantly lower
	Children in relative low income families (under 16s)	%	2022/23		22.5	19.8	5	12	Significantly higher
	Hospital admissions caused by unintentional &deliberate injuries in children (aged 0-14 yrs)	per 10,000	2022/23		84.0	75.3	5	7	Higher
	Under 18s conception rate / 1,000 (Female)	per 1,000	2021		17.3	13.1	5	7	Significantly higher

Key points – Adults

- **Smoking prevalence** in adults is **decreasing** overall. In 2023, Southampton estimate (14.2%) was higher but statistically similar to England (11.6%). It needs noted the survey only asked around 600 people in the city.
- **Suicide rate** in 2021-23 was **11.6** per 100k, **higher** to **England** and despite an **overall decrease** since 2012-14, **2021-23** saw the **highest rate** in the last **5 pooled periods**.
- Local **depression new diagnosis prevalence** in 2023/24 (1.5%) is **the same** as **England** (1.5%). The Southampton prevalence **followed England** trends since recording in 2013/14
- Under 75 mortality from **preventable liver disease** rate for 2021-23 is **significantly higher** than **England; 63% higher** and the **worst** among ONS and CIPFA **comparator** groups.
- **HIV late diagnosis** in people first diagnosed with HIV in the UK is now 43.1% and continues with a 6th consecutive 3 year pooled period **lower** than **national average** (43.5%).
- **TB incidence locally** (8.8 per 100k) is **higher but statistically similar** to England (7.6 per 100k) and **2nd lowest** in last 20 years.
- **Injuries due to falls** in those aged 65+ is **significantly higher than the England average** and ranked **1st worse** among ONS and CIPFA comparators for **persons, males and females**

Priority area	Measure	Unit	Time period	Southampton Sparkline	Southampton value	England value	ONS Comparator Ranking (1 out of 12 is worse, worst quarter shaded)	CIPFA Comparator Ranking (1 out of 16 is worse, worst quarter shaded)	Significance compared to England value
Adults	Smoking Prevalence in adults (18+) - current smokers (APS)	%	2023		14.2	11.6	2	7	Higher
	Suicide rate (age 10+ years)	per 100,000	2021 - 23		11.6	10.7	5	10	Higher
	Depression: new diagnosis (aged 18+)	%	2023/24		1.5	1.5	4	9	Similar
	Injuries due to falls in people aged 65+ (Persons)	per 100,000	2022/23		2994.6	1932.8	1	1	Significantly higher
	Injuries due to falls in people aged 65+ years (Male)	per 100,000	2022/23		2730.7	1616.0	1	1	Significantly higher
	Injuries due to falls in people aged 65+ years (Female)	per 100,000	2022/23		3187.2	2169.9	1	1	Significantly higher
	Under 75 mortality rate from liver disease considered preventable	per 100,000	2021 - 23		31.2	19.2	1	1	Significantly higher
	HIV late diagnosis in people first diagnosed with HIV in the UK	%	2021 - 23		43.1	43.5	8	6	Lower
	TB incidence (3 year average)	per 100,000	2020 - 22		8.8	7.6	2	7	Higher

Key points – Healthy settings

- 2022 saw fraction of **mortality attributable to particulate air pollution higher** than **England average** (6.1% versus 5.8%) and ranked **2nd worst** in our **ONS comparators** group.
- **Excess Winter Deaths** (now called Winter Mortality Index) was higher in Southampton than for England for persons, males and females in Winter 2021 to 2022. Previously COVID-19 was the leading cause of excess winter deaths in Winter 2020 to 2021 and for Southampton and England excess winter deaths higher than any year in the 20 year recorded period between Winter 2001 to 2002 and Winter 2020 to 2021. The previous year (Winter 2019 to 2020) saw a pandemic related drop with less deaths in the winter months than the summer months.
- Data for **people in employment** to the end of March 2024 saw Southampton **higher** than England and returning to pre-pandemic levels and the 4th highest yearly rate of the last 13 years

Priority area	Measure		Time period	Southampton Sparkline	Southampton value	England value	ONS Comparator Ranking (1 out of 12 is worse, worst quarter shaded)	CIPFA Comparator Ranking (1 out of 16 is worse, worst quarter shaded)	Significance compared to England value
Healthy settings	Fraction of mortality attributable to particulate air pollution (new method)	%	2022		6.1	5.8	2	5	Not comparable
	Percentage of people aged 16-64 in employment	%	2023/24		76.0	75.7	9	13	Higher
	Excess winter deaths index (Persons)	Ratio	Aug 2021 - Jul 2022		9.2	8.1	6	7	Higher
	Excess winter deaths index (Male)	Ratio	Aug 2021 - Jul 2022		9.2	8.0	6	7	Higher
	Excess winter deaths index (Female)	Ratio	Aug 2021 - Jul 2022		9.1	8.1	6	8	Higher

southampton dataobservatory

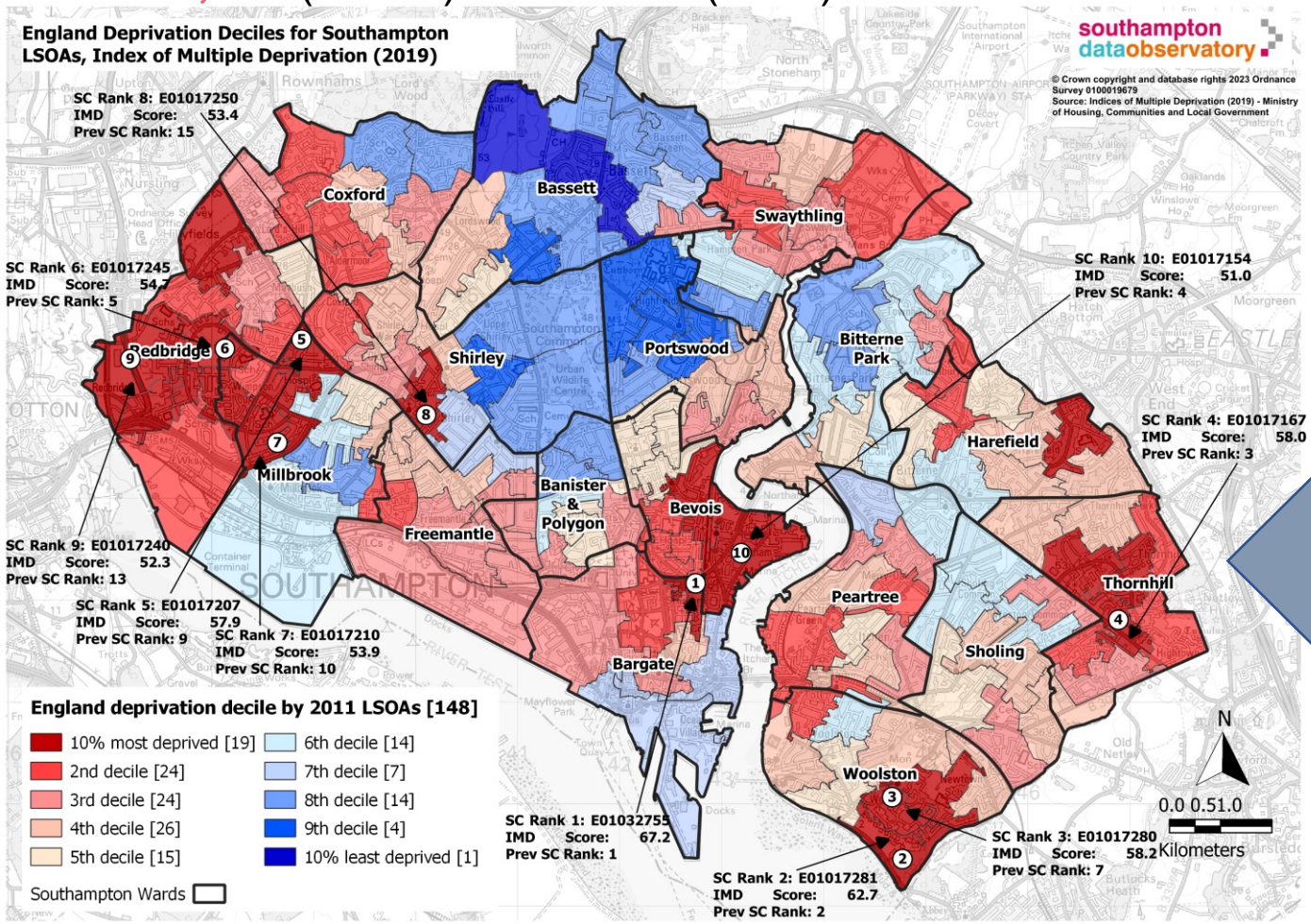
Other summary slides

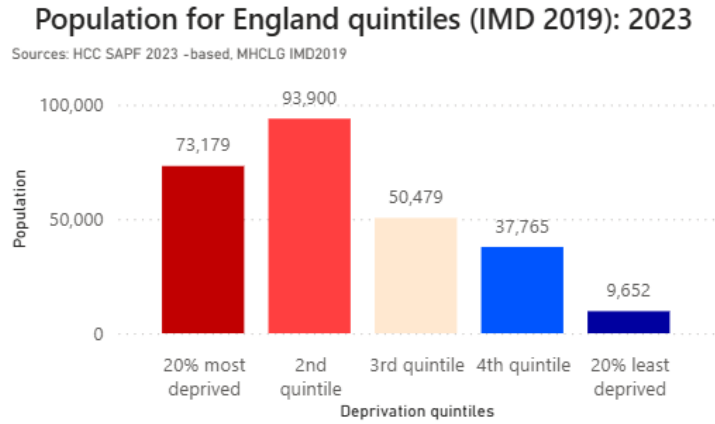
Key facts

Southampton has an estimated population of **264,957** residents, of which **135,236** (51.0%) are **male** and **129,721** (49.0%) are **female** (2023).

Southampton has a relatively young population compared to geographic neighbours with higher rates of deprivation, diversity and pre-existing disease. A shift towards an ageing population has been forecast for the city.

Deprivation is generally associated with poor health outcomes.





This map shows how deprivation is distributed across different neighbourhoods in the city with red areas experiencing much higher deprivation compared to blue areas.

The Index of Multiple Deprivation consists of 7 domains including income, employment, health and disability, education, crime, housing and living environment.

Southampton is ranked the 55th (previously 54th) most deprived out of 317 local authorities in England. 27.6% of Southampton's population live in neighbourhoods within the 20% most deprived nationally. Southampton is ranked 3rd worst in the country for crime deprivation and is in the worst 20% of local authorities for 5 other deprivation domains.

2025 Pen profile of Southampton

southampton dataobservatory

Population of **263,769**

Life expectancy years - Males **77.9** and Females **82.3**

102,290 households

Average house price **£242,008**

Southampton covers 49.8km^2

Empty **132,000** household bins every week

31.9% of residents consider themselves other than white British

35,325 higher education students

Ranked in the **3rd** for Good Growth

18,918 garden waste customers

Support **76** schools

£690 - average gross weekly wage (resident)

5,400 (4.0%) residents claiming work benefits

University of Southampton ranked **20th**

7,400 business enterprises

Recycle, compost and reuse **26,405** tonnes of waste per year

76.0% 16-64 yrs olds in employment

11 Green Flag awards for parks

1,626 commercial waste customers

694 planning applications

2025 Pen profile of Southampton

southampton dataobservatory

Maintain **416** miles of roads

3,005,207 cruise passengers

Maintain over **100** play areas, **24** multi use games areas, **6** Skateparks and **7** tennis courts and **2** golf courses

200 green spaces covering over **950** hectares (**20%** of Southampton land) including parks, gardens, recreation grounds, natural habitats, ecology areas managed for wildlife (**75** sites),woodlands and greenways

Support **2,074** people in 0ver 60s properties

16,304 council houses

58% of the SCC workforce are local residents

3,461 people work for Southampton City Council

In SCC **55%** of senior roles are women

488 children looked after in our care

26% of the SCC workforce are part-time

9% of SCC employees identify as having a disability

7% of SCC colleagues had an internal move/development opportunity

3% of the SCC workforce are apprentices