

Southampton Pharmaceutical Needs Assessment (PNA) Part 2: Appendices

Last updated July 2025

Note: **Part 1** is the main PNA report and is in a separate document.

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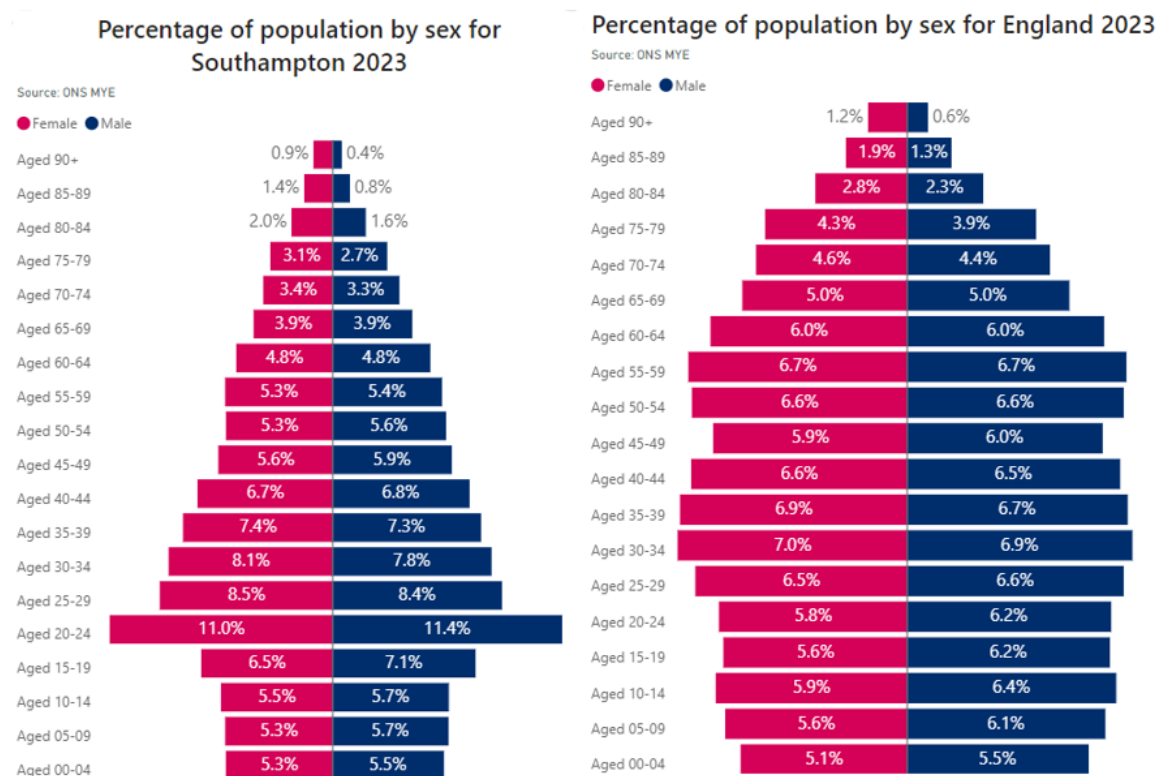
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11. Appendix A: Supporting Information

11.1 Population

In 2023, the resident population of Southampton is estimated to be 264,957⁴⁰ with 332,245 people registered with GP practices in July 2024.⁴¹ The population pyramids in Figure 18, for 2023, show how the profile of Southampton's population differs from the national average. This is because of the large number of students in the city; 18.0% of Southampton's population is aged between 15 and 24 years, compared to just 11.9% in England.⁴²

Figure 18: Population by age and sex for England and Southampton 2023



Source: Small Area Population Forecast, Hampshire Country Council and Mid-Year Population Forecast, Office for National Statistics

⁴⁰ Hampshire County Environment Department's 2023-based Southampton Small Area Population Forecasts <https://www.hants.gov.uk/landplanningandenvironment/facts-figures/population/estimates-forecasts>

⁴¹ NHS Digital <https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice>

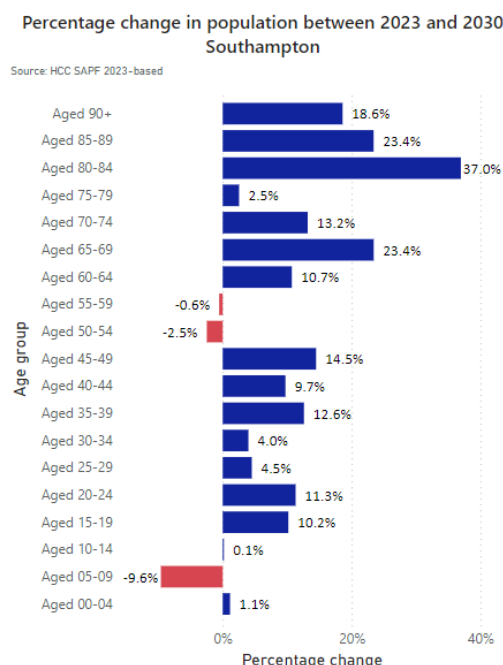
⁴² Southampton population dashboard. July 2024

<https://app.powerbi.com/view?r=eyJrIjoiaNzgZjAzNTQtZDg5Ni00NTczLWE0Y2EtY2FjNTNiNjhlMzk4liwidCI6IjIhM2lwNzlhLTlY0YzAtNDcxYy05MmU1LTRlOTE5ZTMwN2NhOCIsImMiOiJh9>

There are many uncertainties around current and future population numbers. The Southampton JSNA currently uses data produced by Hampshire County Council (HCC)⁴³ which incorporates the results of the 2021 Census. HCC's small area population forecasts (SAPF) are based on the planned completions of residential dwellings in Southampton, which predict an increase in dwellings of 6,718 (6.2%) between 2023 and 2030. The largest growth in dwellings is predicted to be in Bargate (3,465 dwellings; 43.4%) – seven times the city average, followed by Banister and Polygon (557 extra dwellings; 7.8%) and Bitterne Park (473 extra dwellings; 7.0%). The increase in dwellings across Southampton translates to a population increase of 19,967 (7.5%) between 2023 and 2030. Due to the planned residential development, the largest population growth is predicted to be in Bargate (7,269 people or 37.8%) followed by Banister & Polygon (1,886; 10.6%). The smallest increase can be found in Coxford (253; 1.7%) over the same period.

The older population is projected to grow proportionally more than any other group in Southampton over the next few years (Figure 19). The over 65s population is projected to increase between 2022 and 2030, from 38,472 in 2023 to 45,493 in 2030, an increase of 7,021 or 18.2%. The over 85s population is forecast to grow from 5,840 in 2023 to 7,094 in 2030, an increase of 21.5% between the 2023 and 2030.

Figure 19: Population change by age, in Southampton, between 2023 and 2030



Source: Hampshire County Council 2023-Based Southampton Small Area Population Forecasts

⁴³ Hampshire County Environment Department's 2023-based Southampton Small Area Population Forecasts
<https://www.hants.gov.uk/landplanningandenvironment/facts-figures/population/estimates-forecasts>

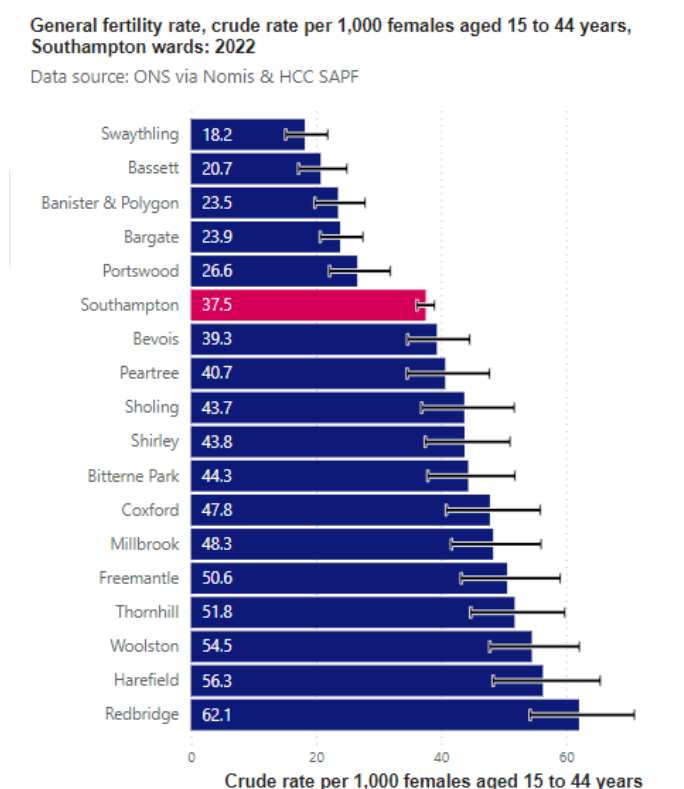
Life expectancy in Southampton is 77.8 years for males and 82.4 years for females compared to the England averages of 78.9 and 82.8 respectively (2020-22 pooled). In addition, although people are living longer, it is often with multiple long-term conditions and an extended period of poor health and/or disability.

According to the Hampshire County Council forecasts, the number of 0 to 4-year-olds will increase by 1.1% between 2023 and 2030

Between 2013 and 2021 general fertility rates in the city have decreased from 58.3 to 48.6 per 1,000 females aged 15-44 years. The 2021 figures compare with 54.8 per 1,000 females aged 15 to 44 years across the South East and 54.3 per 1,000 in England.

In 2022, the general fertility rate for Southampton by electoral ward ranged from 62.1 births crude rate per 1,000 females aged 15 to 44 years in Redbridge to 18.2 in Swaythling (Figure 20).

Figure 200: General fertility rate in Southampton wards 2022



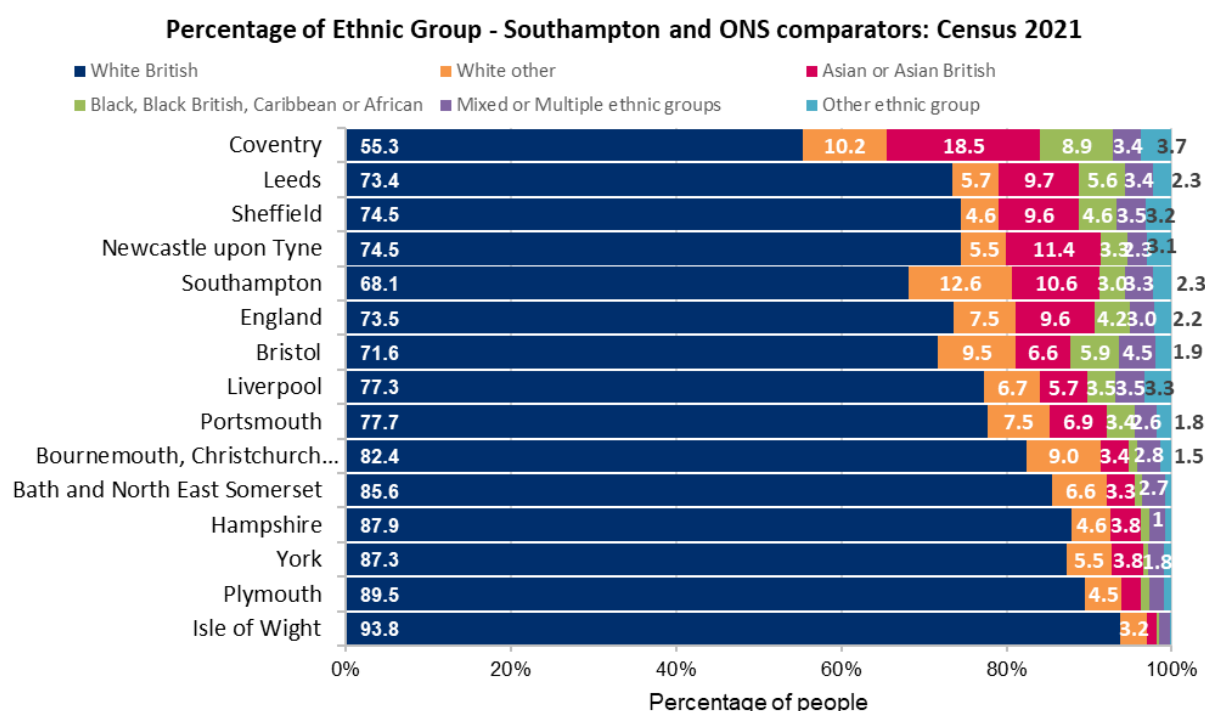
Source: Office for National Statistics

11.1.1 Ethnicity, Migration, Language and Religion

Data on long-term international migration up to the end of June 2023 shows that Southampton has more international incomers than leavers (10,438 compared to 4,807). There is also a high level of internal migration, with 17,776 people arriving and 20,067 leaving over the same period.

Based on results from the 2021 Census, Southampton has residents from over 70 different countries who between them speak over 160 different languages.⁴⁴ In the 2021 Census, in Southampton, 68.1% of usual residents are white British, a decrease of -7.9% since Census 2011. Compared with a decrease of -1.7% in England. Meaning that the population of Southampton is getting more culturally diverse. In Southampton, 31.9% of residents consider themselves other than white British, compared with 22.3% in 2011. An increase of 50.2% or just over 26,500 people.

Figure 21: Ethnicity of resident population 2021 census



Source: Office for National Statistics

⁴⁴ Schools, pupils and their characteristics, Department for Education 2023.

<https://data.southampton.gov.uk/population/ethnicity-language-and-identity/> Accessed 29/07/2024

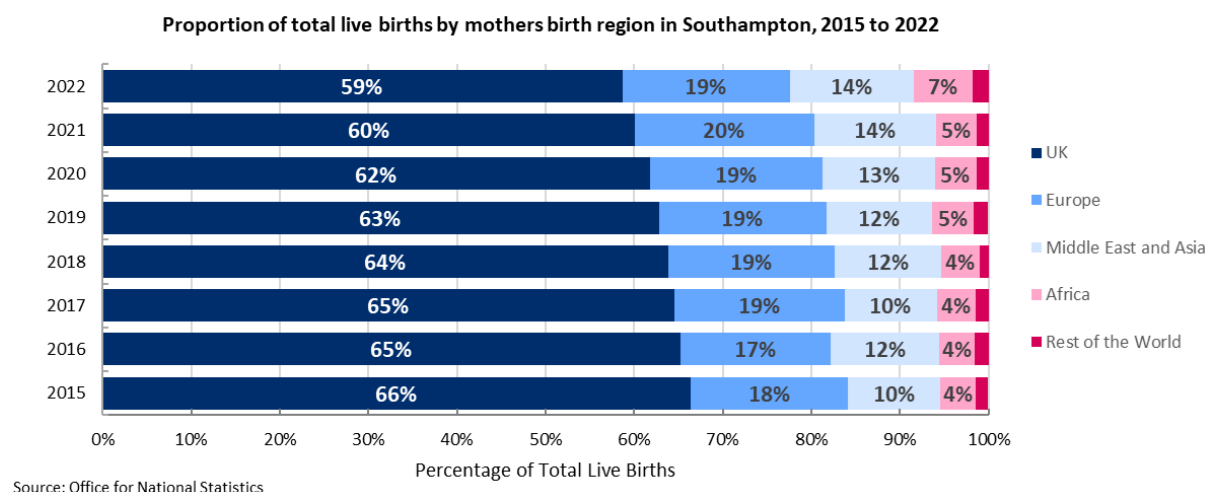
Within Southampton, there is a wide variation in ethnic diversity. In Bevois ward, the largest ethnic group is white British at 36.1% followed by Asian or British Asian (29.1%) and 18.2% of the population are white other (than white British). In Freemantle, the largest ethnic group is white British (56.1%) followed by white other (than white British) (21.5%). Sholing has the largest white British ethnic group (87.3%).

Looking in more detail at the changes in ethnicity across Southampton wards, there has been a fall in the white British population across all wards except Woolston (an increase of 1.4%), ranging from a fall of -0.9% in Redbridge to a fall of -16.0% in Portswood.

In Southampton wards, the largest changes in the number of people by ethnic groups, between Census 2011 and Census 2021, show an increase in Bargate of 2,154 white (other than white British), 1,491 Asian or British Asian (including 582 Chinese) and 621 Black, Black British, Caribbean or African people. The wards with higher percentages of ethnic groups above the city average remain the same as were recorded for the 2011 Census (Bevois, Bargate, Freemantle, Swaythling, Portswood, Bassett and Shirley).

In Southampton in 2022, 41% of live births were born to mothers who were born outside the UK. Of the live births in Southampton, 19% were to mothers born in Europe, 14% to those born in the Middle East and Asia, 7% to mothers born in Africa and 2% were born in the rest of the world. Southampton has a higher proportion of live births born to non-UK-born mothers than its local neighbours, 32% in Portsmouth, 19% in Hampshire and 9% on the Isle of Wight, reflecting the diversity of Southampton's community, see Figure 23. In the 2021 Census 26.2% of Southampton residents were born outside UK, compared to 19.7% for England.

Figure 22: Mothers country of birth - Southampton 2015 to 2022



In Southampton, there is an increase of 17.7% from 4,587, in 2011 to 5,398 in 2021, who cannot speak English well. There was also an increase of 6.1% (44 people) in the number of people who cannot speak English. Nationally 17.1% cannot speak English well and 3.1% cannot speak English at all.

The top 10 first languages spoken in Southampton, according to the 2021 Census, excluding English (84.6%) are Polish, Romanian, Chinese, Portuguese, Spanish, Persian or Farsi, Arabic, Greek and Bulgarian. Polish speakers make up 4.34% of the population an increase of 26.3% between the 2011 and 2021 Census. Although Romanian speakers make up only 1.32%, they have increased by 924.5% between the two Census.

In Southampton schools in 2023, 31.1% of school pupils had a first language other than English, higher than the England average of 20.2%. Data from the spring 2023 school census shows that English is ranked 1 in all wards. The ward with the highest percentage for English is Thornhill at 87.4% of pupils, followed by Sholing (87.0%), the lowest ward is Bevios has only 28.0% of pupils with English as a first language.⁴⁵

In the January 2023 school census, the top five languages spoken in Southampton schools (excluding English) are show in Figure 24 below.

Figure 23: Top 5 languages spoken in Southampton schools 2023 (excluding English)

Top 5 languages	Number of pupils	% of total
Polish	2,626	8.1%
Romanian	609	1.9%
Panjabi	551	1.7%
Urdu	516	1.6%
Pashto/Pakhto	482	1.5%

Source: 2023 School Census. Children's Data Team Southampton City Council.

⁴⁵ Schools, pupils and their characteristics, Department for Education 2023/24. <https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics> Accessed 30/07/2024

The following statistics in Figure 25 for self-reported religion of Southampton residents are taken from the 2021 Census.

Figure 24: Religion from 2021 Census, for Southampton

Religion	Number	Percentage
No religion	108,000	43.4
Christian	99,910	40.1
Not answered	16,412	6.6
Muslim	13,893	5.6
Sikh	4,192	1.7
Hindu	3,265	1.3
Other religion	1,663	0.7
Buddhist	1,333	0.5
Jewish	254	0.1

Source: Office for National Statistics 2021 Census

11.1.2 Southampton's Local Economy

Southampton is the UK's number one vehicle handling port, handling 900,000 vehicles per year. It is also Europe's leading turnaround cruise port, welcoming around two million passengers annually and is home to the UK's largest cruise line operators. It is also home to the second largest container terminal in the UK and in 2018 handled more than 1.9 million twenty-foot equivalent units (TEUs).⁴⁶

The Port of Southampton supports 45,600 jobs and contributes £2.5 billion to the nation's economy every year. As the UK's number one export port, Southampton handles exports worth £40 billion annually, including £36 billion destined for markets outside the EU.⁴⁷

Major employers include ABP, IKEA, Ocean Infinity, Southampton City Council, the NHS, the University of Southampton and Solent University, Quilter, Carnival, Maritime & Coastguard Agency, DP World (container port) and Southampton based rail and bus companies. The city has five million visitors a year for retail and leisure

⁴⁶ The twenty-foot equivalent unit (TEU) is an inexact unit of cargo capacity, often used for container ships and container ports. It is based on the volume of a 20-foot-long (6.1 m) intermodal container, a standard-sized metal box which can be easily transferred between different modes of transportation, such as ships, trains, and trucks.

⁴⁷ Associated British Ports Website <https://www.abports.co.uk/locations/southampton/> (Accessed 30/07/2024)

activities and its night-time economy has grown in recent years. Although this has been affected by the COVID-19 pandemic in 2020 and 2021. The ABP Port forms a key asset to the city and the Solent area. The port is also considered as the capital of England's cruise industry, and Europe's leading turnaround cruise port. In 2023, there were 2.73m cruise passengers and similar forecast for 2024.

Productivity and growth can be measured using Gross Value Added (GVA), which is a key economic indicator. It measures the performance of each individual producer or industry and their input to the economy. The most recent data (2022) estimates the Southampton economy to be worth £10 billion. This equates to a net increase of +13.2% (+£1.2 billion) since 2019 (pre-pandemic baseline). The national and regional GVA(B), which includes estimates of GVA balanced against the effects of inflation,⁴⁸ also increased during this period (+13.0% and +13.2% respectively), albeit at a slightly lesser rate than Southampton. Overall, this highlights positive economic recovery and subsequent growth since the COVID-19 pandemic in Southampton.

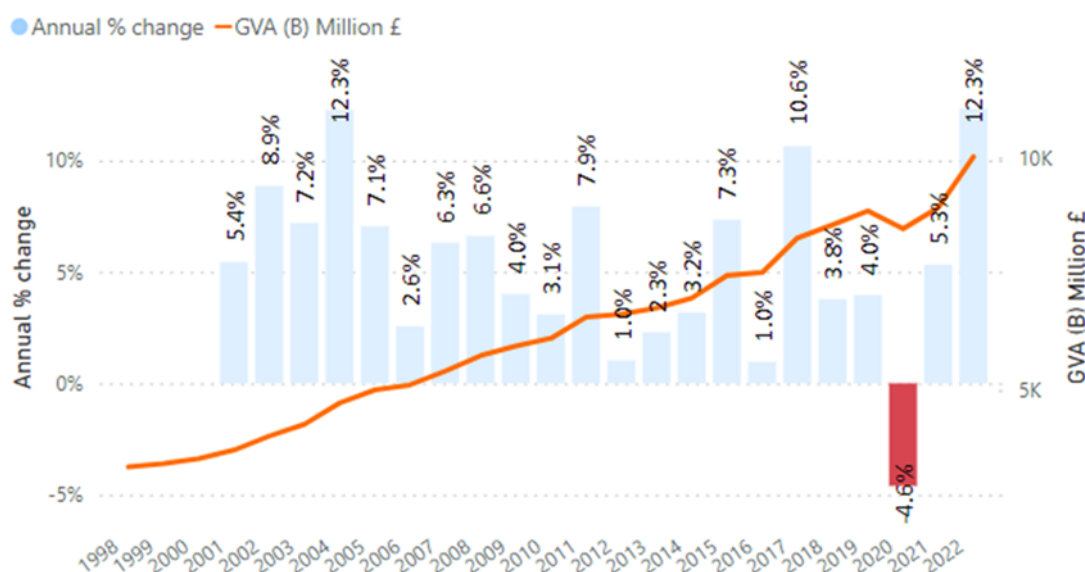
Additionally, GVA(B) per head of population has also increased in Southampton, experiencing a +11.7% increase from £35,503 in 2019 to £39,665 in 2022. The latest revisions have impacted the long-term trend of GVA(B) per head, with Southampton now showing to have had a value greater than England and South East averages consistently since 2010, see Figure 26, below, for details.⁴⁹

⁴⁸ ONS – GVA(B) - [Regional gross value added \(balanced\) QMI - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/economy/gross-value-added/gva-b) (accessed 15/10/2024)

⁴⁹ Southampton economic assessment <https://data.southampton.gov.uk/economy/economic-assessment/> (Accessed 30/07/2024)

Figure 25: GVA (B) million £ at current basic prices - Southampton 1998-2022

GVA (B) Million £ at current basic prices- Southampton: 1998 to 2022



11.1.3 Major Regeneration Projects

Southampton has many regeneration projects recently completed or underway, to meet the housing needs of the city's population growth, there are a number of major developments taking place that will help regenerate key areas and facilitate good growth and future prosperity. Significant levels of development are expected to be an ongoing feature of the city as part of the Southampton Renaissance and as set out in the Southampton City Vision, which is the city's new Local Plan.

In the city centre, construction work is ongoing to deliver the mixed-use redevelopment of the Bargate Shopping Centre. The development will include 519 new apartments and the developer has stated they expect the first residents will move in at the start of 2026.

The redevelopment of Chapel Riverside has delivered 204 new dwellings to date with planning permission having been granted for the remaining phases to provide 316 new apartments. Unfortunately, the developer Inland Homes entered administration at the end of 2023, but work is ongoing to identify a new developer to take forward those final phases.

The former Debenhams at the Queens Buildings on Queensway now has planning permission for 607 new dwellings (598 apartments and 9 houses) and the former Toys R Us on Western Esplanade has planning permission to be redeveloped for a mixed-use development including 603 apartments. The former Olleco plant on Royal Crescent Road now has planning permission for 397 apartments which will be

operated as co-living accommodation. All three of these developments are expected to come forward over the next few years.

Other major development completions in the city centre include:

- The conversion and extension of 43-49 London Road – 20 apartments
- The redevelopment of 5A-6A Bedford Place – 10 apartments
- The conversion and extension of 19-21 High Street – 23 apartments
- The conversion and upward extension of 64 London Road – 34 apartments

Major development with planning permission and are expected to be completed in the next few years include:

- The conversion of Queensway House at 11 Queensway – 33 apartments
- The conversion of Thomas House at 28-30 Bernard Street – 15 apartments
- The redevelopment of 127-131 Albert Road South – 20 apartments
- The redevelopment of 6-12 Royal Crescent Road – 36 apartments
- The redevelopment of 119-122 High Street and 55-59 Castle Way – 98 apartments
- The development of land to the rear of 104-106 East Street – 16 apartments
- The conversion of Dukes Keep on Marsh Lane – 118 apartments
- The development of land to the rear of 56 High Street – 29 apartments
- The conversion and upward extension of 124-126 Above Bar Street – 17 apartments
- The conversion of Friary House on Briton Street – 46 apartments
- The conversion of 49-50 High Street and the rear of 48 High Street – 12 apartments
- The conversion of 12-14 Carlton Place – 16 apartments
- The conversion of 8-9 College Place – 21 apartments

Elsewhere in the city, construction work has continued at the Centenary Quay development with a further 161 apartments now having been completed. This means the total number of new dwellings delivered at Centenary Quay has reached 1,115. The final phase of Centenary Quay now has planning permission for 164 dwellings (32 houses and 132 apartments) and will be delivered in the next few years.

Work is also taking place to progress the regeneration of the Townhill Park Estate, which involves the demolition of 416 existing dwellings to be replaced by 665 new high-quality, more sustainable dwellings. The first 56 dwellings have been completed and further phases are now being promoted through the Council's Affordable Housing Framework.

Developments that are progressing well and should be completed soon include the conversion of Compass House on Romsey Road to deliver 241 apartments, the

redevelopment of the former East Point Centre on Burgoyne Road for 128 dwellings (21 houses and 107 apartments) and the redevelopment of the former car showroom at 75 The Avenue for 66 assisted living apartments and an 80-bed care home.

Other major developments outside of the city centre that have now been completed include:

- The redevelopment of 57A Rockstone Lane – 13 apartments
- The redevelopment of the former Oakland School on Fairisle Road - 103 dwellings (62 houses and 41 apartments)
- The redevelopment of Herbert Collings House at 5 Northleigh Corner on Walnut Avenue – 14 apartments
- The upward extension of Elmfield North and West Blocks on Millbrook Road East – 16 apartments
- The redevelopment of the former snooker hall on Church End – 12 dwellings (3 houses and 9 apartments)

Other major developments outside of the city centre, that have planning permission and are expected to be completed in the next few years include:

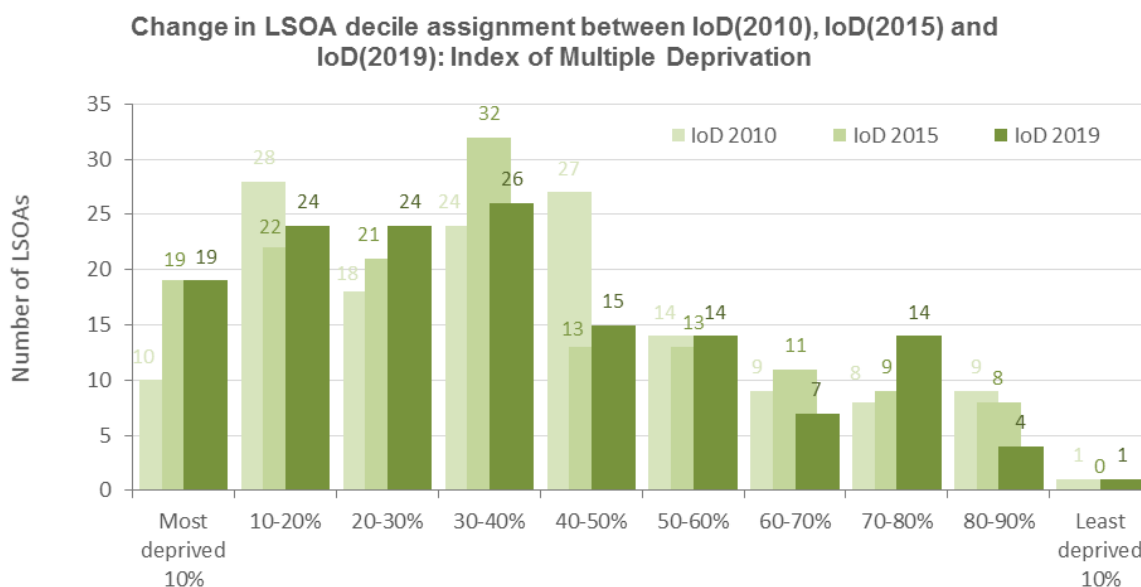
- The redevelopment of 22-28 Onslow Road – 16 apartments
- The redevelopment of Southern House on Shirley Road – 14 dwellings (3 houses and 11 apartments)
- The conversion of the commercial units at 67-71 Millbrook Road East – 22 apartments
- The redevelopment of 411-419 Millbrook Road West – 10 flats
- The redevelopment of 2 Victor Street – 45 flats
- The redevelopment of Bitterne Parish Church Office – 15 houses
- The conversion and upward extension of 75-79 Shirley Road – 12 flats
- The redevelopment of Horseshoe Park at Horseshoe Bridge – 47 flats

11.1.4 Overall Deprivation

Whilst Southampton has achieved significant economic growth in the last few years, the city characteristics relating to poverty and deprivation present challenges more in common with urban areas outside of the South East.

The Index of Multiple Deprivation (IMD 2019) illustrates how Southampton continues to be a relatively deprived city (Figure 27). Based on average deprivation rank of its neighbourhoods (Lower Super Output Areas - LSOAs), Southampton is now ranked 55th (where 1 is the most deprived) out of 317 local authorities: more deprived than comparator cities of Bristol (82nd), Leeds (92nd) and Sheffield (93rd). Southampton has 19 LSOAs within the 10% most deprived in England and one in the 10% least deprived.

Figure 26: Change in LSOA decile assignment between Index of Deprivation (IoD) 2010, 2015 and 2019 Index of Multiple Deprivation



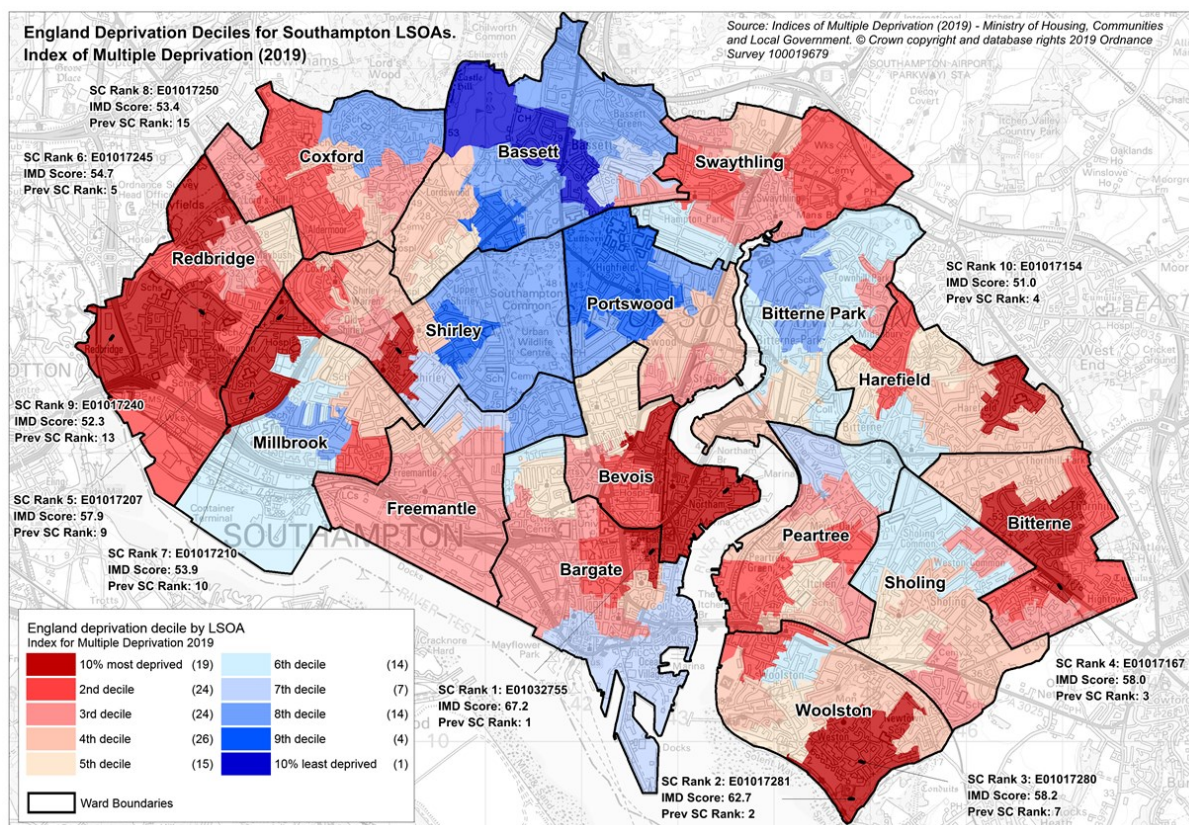
Source: DCLG. Note: IMD (2019) data is based on PHE rebased figures for 2011 LSOAs

The IMD 2019 is based on the concept that deprivation consists of more than just poverty. Poverty is not having enough money to get by on whereas deprivation refers to a general lack of resources and opportunities. The IMD brings together a range of indicators, which cover specific aspects of deprivation. These indicators are aggregated into seven domains, which are then weighted and combined to create the overall IMD. The majority of data underpinning the IMD 2019 is from 2015/16, although some is more recent.

The seven domains are income, employment, education, skills and training, health, crime, barriers to housing and services and finally living environment. In addition, the IMD also has two supplementary indices: Income Deprivation Affecting Children (IDACI) and Income Deprivation Affecting Older People Index (IDAOPI).

As noted at the beginning of this section, deprivation is a significant issue in Southampton and is a wider determinant of health outcomes. The following map (Figure 28) shows how the LSOAs in Southampton score on the IMD scale. Better health outcomes are expected in those areas shaded in blue (the darker the blue, the better the outcomes), and poorer health outcomes are expected in those areas shaded in red, with the worst outcomes expected in those areas shaded in the darkest red.

Figure 27: Overall deprivation by England deciles for Southampton 2019



11.1.5 Income Deprivation

At city level, Income Deprivation worsened by two places between 2015 and 2019 and, of the 148 LSOAs in Southampton, 27 moved into a more deprived decile, 100 have remained in the same decile and 21 have moved into a less deprived decile. Southampton has 13 LSOAs within the 10% most income deprived in England (16 in 2015) and 6 LSOAs in the 10% least deprived (7 in 2015). This suggests that the number of neighbourhoods experiencing the most extreme income deprivation has reduced since 2015. However, in 2019, 51 LSOAs were in the most deprived 30% nationally, compared to 47 in 2015, suggesting a more uniform shift in relative income deprivation in Southampton.

11.1.6 Children Affected by Deprivation

The Marmot Review (2010)⁵⁰ suggests there is evidence to show that childhood poverty leads to premature mortality and poor health outcomes for adults. There is also a wide variety of evidence to show, that children who live in poverty are exposed to a range of risks that can have a serious impact on their mental health. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy.

In 2020/21, figures on households with below average income, from the Department for Work and Pensions, suggest that there are 3.3 million (23%) children under 16 in the UK living in absolute poverty (after housing costs). Applying this percentage to Southampton, it is estimated that there could be 10,000 children living in absolute low income in the city.

Figures on children living in low-income families are also produced by the Department for Work and Pensions. In 2021/22, 25% of children in Southampton aged under 16 are living in relative low income families, significantly higher than the national average (23.8%).

11.1.7 Older People Affected by Deprivation

Older people are one of the most vulnerable groups in society. At city level, Income Deprivation Affecting Older People Index (IDAOPI) worsened by four places between 2015 and 2019. However, there have been variations at neighbourhood level in the city. Southampton has 13 LSOAs within the 10% most deprived in England (11 in 2015) and four LSOAs in the 10% least deprived (four in 2015). This suggests that the number of neighbourhoods experiencing the most extreme income deprivation has increased since 2015. There was also an increase in the number of LSOAs in the most deprived 30% nationally (66 LSOAs in 2019 compared to 54 in 2015).

11.1.8 Unemployment, Employment, Education, and Training

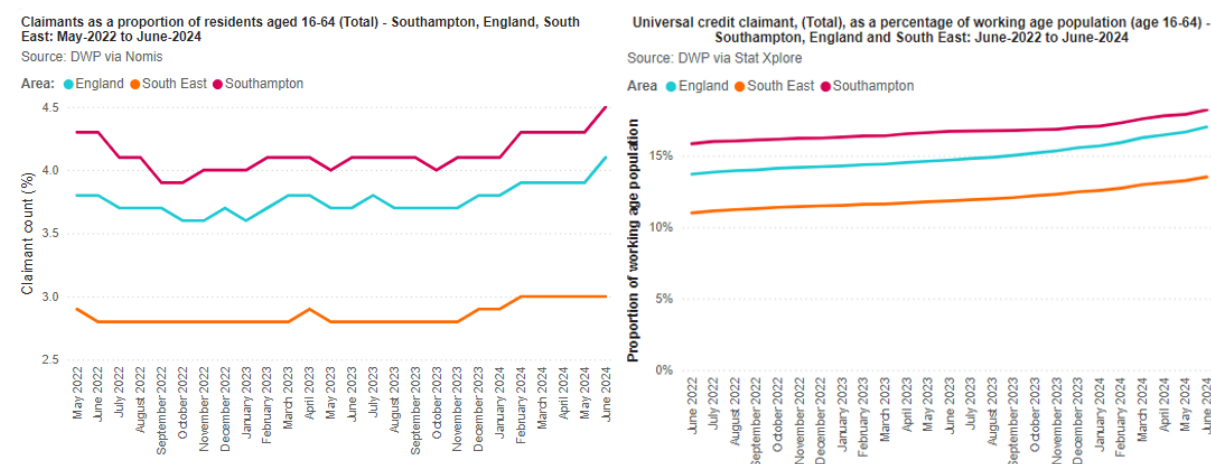
In 2022/23, 80.1% (139,300) of the working age population in Southampton were economically active, increasing by +2.1 percentage points (+3,700 people) from the previous period, and remains similar to both the national (78.6%) and South East (80.7%) averages.

⁵⁰ Marmot M "Fair Society Healthy Lives" (The Marmot Review) 2010.
<http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

In addition, unemployment in Southampton has experienced an overall decline since 2010. In 2022/23, 4.3% (6,000) of working age adults in Southampton were unemployed, a decrease from the previous financial year (4.8%). Although, it is important to emphasise that the changes observed in Southampton in recent years are not statistically significant. Unemployment data is from the Labour Force Survey (LFS), which is considered the most reliable source of unemployment data, following changes to the benefits system and the introduction of Universal Credit.

Claimant count data is published monthly and allows for the proportion of adults claiming out of work benefits to be monitored in detail. Locally and nationally the number of adults claiming out of work benefits has stagnated over the last year. As of April 2024, 4.4% (7,395) of the working age population were claiming out of work benefits in Southampton; an increase of +470 claimants (+6.8%) since April 2023 (4.1%). 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). This could possibly be linked to recent financial pressures and economic uncertainty. More information can be found in the benefits dashboard on Southampton Data Observatory.⁵¹

Figure 28: Job-seekers Allowance (JSA) claimants and Universal Credit claimants for Southampton from May 2022 to June 2024



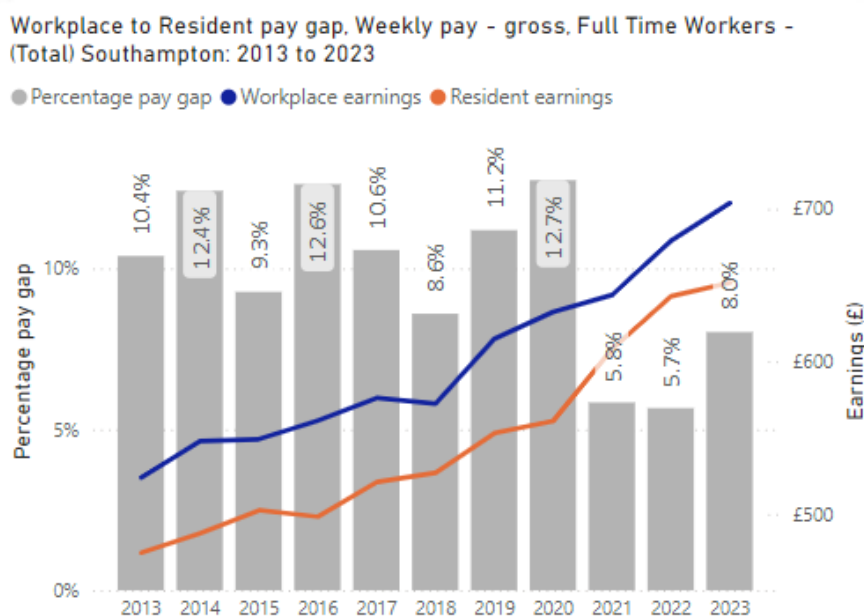
Source: Department of Work and Pensions via Nomis and Stat-Xplore

As can be seen from Figure 30 below, there continues to be an inequality gap in terms of pay between those working in the city and those resident in the city. In 2023, the median gross weekly pay for full-time workers was £704, compared to £652 for residents; a difference of £52, the third largest gap amongst comparators. Workplace

⁵¹ Southampton Data Observatory Economic assessment resources section. <https://data.southampton.gov.uk/economy/economic-assessment/> (Accessed 10/09/2024)

pay is higher but not significantly than the national average (£684), whilst resident pay is lower but not significantly than the average (£683).

Figure 29: Workplace and residents pay gap, for Southampton 2013 to 2023



Source: Office for National Statistics – Annual Survey of Hours and Earnings (ASHE)

Levels of pay for jobs located in Southampton are now higher than the England average and the highest on offer amongst the city's statistical neighbours. Southampton is home to large businesses requiring higher skilled workers, as well as hosting university workers and graduates. However, the relatively high levels of income available to workers in the city is not directly reflected in the economic wellbeing of Southampton residents. The average house price in Southampton (£240,777 in May 2024) is 7.3 times the average annual salary for residents (£33,101).

Since 2020 all GCSEs had been converted to a scale of 9-1 with no unreformed GCSEs graded A*-G remaining. Attainment 8 measures a pupil's average grade across eight subjects including English and Maths. 2023 is the second consecutive year since 2019 that Key Stage 4 grades are being based on exams and assessments after two years (2020 and 2021) of alternative arrangements in response to Coronavirus. Unlike 2022, students have not been given advanced information about topics they are likely to be tested on in 2023. Grades are expected to fall back in line with results in 2019. However, some of the adjusted measures from 2022 remain in place. Exams were spaced out more than they were prior to the pandemic, allowing for rest and revision. In addition, some subjects provided

formulae and equations, and students will not be expected to confront unfamiliar words in language exams.

In 2023, Southampton had an Attainment 8 points score of 42.9, which is lower than the national average of 46.3. In view of achieving Grade 5 or above in English and Mathematics GCSEs, Southampton had 38.1% of pupils achieve, which is also lower than the national average of 45.3%.

In 2023, 30.0% of Southampton pupils entered the English Baccalaureate (EBacc). The 2023 National average for pupils entering the EBacc was 39.3%. Southampton pupils achieved an EBacc points score of 3.67, which is lower than the National average of 4.05.

In 2022, the percentage of Southampton's young people aged 16-17 years not in education, employment, or training (NEET) was 4.1%, and this was higher than the rate for England (2.8%).⁵²

⁵² DfE – NEET and participation: Local authority figures. <https://www.gov.uk/government/publications/neet-and-participation-local-authority-figures> (Accessed 30/07/2024)

11.1.9 Housing Composition

The number of households in Southampton with at least one resident increased from 98,254 in 2011 to 102,291 in Census 2021, an increase of 4.1%. This is lower than the overall England increase of 6.2% and is the 6th lowest change amongst our ONS comparators.

The number of one person households in Southampton has increased from 33,241 in 2011 to 33,711 in Census 2021 an increase of 1.4%. Older person single households increased by 1.5% between 2011 and 2021 (it should be noted that in 2011 census older people were classified as aged 65 and over. In the 2021 Census they are classified as 66 and over).

One family households increased from 53,070 in 2011 to 58,597 households in 2021 an increase of 10.4%. Lone parent families increased from 10,048 in 2011 to 11,270 in 2021 an increase of 12.2%.

The number of other household types including full time students fell from 11,943 in 2011 to 9,983 households in 2021 a decrease of -16.4%. This may be due to fewer student households in Southampton due to the COVID-19 pandemic restrictions.

In the 2021 Census Southampton, had 4,635 (1.9%) widowed residents and 28,186 (11.3%) who were separated or divorced. There were 74,518 (29.9%) people who were married or in a registered civil partnership and over 97,000 (39.0%) people who were never married and never registered a civil partnership.

Figure 30: Marital status of Southampton Residents – 2021 Census

Marital status for Southampton residents (2021 Census)	Number	Percentage
Never married and never registered a civil partnership	97,029	39.0
Married or in a registered civil partnership	74,518	29.9
Separated, but still legally married or still legally in a civil partnership	18,630	7.5
Divorced or civil partnership dissolved	9,556	3.8
Widowed or surviving civil partnership partner	4,635	1.9
Never married and never registered a civil partnership	97,029	39.0

Source: Office for National Statistics 2021 Census

The 2021 Census data also showed Southampton has a similar proportion of families that are large (3+ children) as the national average.

11.1.10 Housing Stock

In 2023, there were an estimated 108,885 homes in Southampton,⁵³ the details of which are shown in Figure 32. The proportion of housing stock in Southampton that was local authority owned, was over twice the national average.

Figure 31: Housing stock in Southampton

Tenure	Number	Percentage of total	
		Southampton	National
Local Authority (incl. owned by other LAs)	16,304	15.0%	6.2%
Private Registered Provider providers of social housing (includes Housing Associations)	7,979	7.3%	10.5%
Private sector	84,602	77.7%	83.3%
Total (all housing)	108,885		

Between 2020/21 and 2023/24 there have been 1,120 dwelling completions in Southampton. For more information on the latest developments is available in section 11.1.3 above.

More people have been helped to stay in their homes for longer with over 5,600 adaptations to homes since 2011. Licensing has been introduced for Houses in Multiple Occupancy (HMOs) to raise standards and mitigate the impacts of HMOs on the city. In 2024 there are 2,060 properties registered.⁵⁴

11.1.11 Crime and Disorder

In 2022/23, Southampton had an overall crime rate of 144 crimes per 1k population, which is significantly higher than the national average and remains the highest amongst comparator Community Safety Partnerships (CSPs). Southampton accounted for 20% of total recorded crime across Hampshire and Isle of Wight

⁵³ Department for Communities and Local Government Live tables on dwelling stock (including vacant).
<https://www.gov.uk/government/statistical-data-sets/live-tables-on-dwelling-stock-including-vacants>
(Accessed 30/07/2024)

⁵⁴ Southampton City Council Housing Strategy 2016-2025.
<https://www.southampton.gov.uk/housing/housing-policies/> (Accessed 17/09/2024)

Constabulary in 2022/23 and has the 9th highest total recorded crime rate among English and Welsh CSPs with a valid crime rate (296 total).⁵⁵

There were 35,485 police recorded crimes in Southampton during 2022/23, which is an increase of +3.8% (+1,296 crimes) compared to the previous year (2021/22). This increase is in line with local and national trends, with Hampshire and Isle of Wight Constabulary experiencing a +2.8% increase and England (excluding Devon and Cornwall Police) a +4.6% increase over the same period. However, it is important to note that changes in the volume of crimes vary across different crime groups. Additionally, police recorded crime only includes crimes that have been reported to and recorded by the police, with 'hidden' crimes such as domestic abuse far more likely to be underreported than other offences such as theft.

The Crime Survey for England and Wales (CSEW) notes that police recorded crime is not the most reliable measure of crime trends. This is because police recorded crime trends can be impacted by changes to recording practices, policing activity and public reporting of crime.

The CSEW estimates that total crime decreased by -15% in the year ending March 2023 compared to the pre-pandemic baseline (year ending March 2020). However, the change in total police recorded crime nationally and in Southampton between 2019/20 (pre-pandemic baseline) and 2022/23 represents a statistically significant increase. Differences between CSEW findings and police recorded crime are likely in part due to different methodologies. Additionally, trends in police recorded crime data are influenced by factors including increased awareness and reporting of crime.

Between 2021/22 and 2022/23, there has been a decline in the number of offences for 16 of the 32 offence types. There have been notable declines in:

- Violent crime (-1.9%),
- Residential burglary (-1.1%)
- Hate crime (-7.1%)
- Alcohol affected crime (-10.8%)
- Stalking and harassment (-0.4%),
- Anti-social behaviour (-30.4%)

Notable increases include:

- Vehicle offences (+27.9%)

⁵⁵ Safe City Strategic Assessment 2022-2023. <https://data.southampton.gov.uk/media/m20a2aoj/safe-city-strategic-assessment-report-2022-23.pdf> (Accessed 30/07/2024)

- Possession of weapon offences (+17.1%)
- Possession of bladed implement (+22.4%)
- Serious knife crime (+17.9%)
- Drug offences (+19.0%)
- Drug affected crime (+7.6%)

There continues to be a decline in anti-social behaviour offences in Southampton, with a -30.4% decline in the last year (-49.9% since 2019/20). Similar declines have been observed across Hampshire and Isle of Wight Constabulary (-23.5%) and all other districts (-28.7% in Portsmouth) in the last year. However, it is important to note that this does not necessarily reflect a true decline, due to perceived barriers to reporting crime and ASB, with over 70% of respondents witnessing or experiencing antisocial behaviour in the 2023 Southampton community safety survey not reporting the incident.

As of the May 2023 local elections, the Southampton electoral ward boundaries were reviewed by the Local Government Boundary Commission. As a result of this review, Banister and Polygon was introduced as a new ward in the city centre, Bitterne ward was renamed Thornhill and many wards underwent boundary changes. There were 2,827 crimes recorded in Banister and Polygon in 2022/23. Compared to the old ward boundaries, 39.7% would have previously been counted in Bevois ward, 38.2% in Bargate and 22.0% in Freemantle. Therefore, it is not advisable to compare the distribution of crime by wards to that published in previous assessments.

Bargate (295 crimes per 1k population) ward had the highest overall crime rate among Southampton wards in 2022/23. Bargate ward covers the city centre, which is where a large proportion of the day and night-time economy is in Southampton, which are associated with certain crime types, such as alcohol affected crime. However, it is important to note that the high crime rates in the city centre will be influenced by the resident population being used as the denominator. Therefore, the 'transient' population; those that travel into the city centre, are not captured in the denominator. Bevois, Banister & Polygon, Freemantle and Thornhill wards also show significantly higher total crime rates than the Southampton average in 2022/23.

Overall crime continues to be strongly patterned with deprivation. In 2022/23, the overall crime rate in the 20% most deprived neighbourhoods was 2.6 times higher than in the 20% least deprived neighbourhoods in Southampton. Although crime rates remain significantly higher in the 20% most deprived Southampton neighbourhoods compared to the 20% least deprived neighbourhoods, this gap appears to be narrowing; having been 3.7 times higher in 2019/20, 3 times higher in 2020/21 and also 2.6 times higher in 2021/22. However, this change appears to be driven by higher crime rates in the 20% least deprived neighbourhoods (+33.8%

increase in the crime rate from 2019/20), rather than lower crime rates in the 20% most deprived neighbourhoods (-3.8% decline in the crime rate from 2019/20).

From 2021/22 to 2022/23, total crime increased in 10 out of 17 wards (Figure 2.10). The largest percentage increase in total crime between 2021/22 and 2022/23 was in Harefield ward (+22.3%), followed by Thornhill (+17.9%) and Bargate (+10.3%) wards. Notably, declines in total crime were seen in Millbrook (-11.1%), Shirley (-10.2%) and Swaythling (-8.0%) wards. Although, geographical analysis may be influenced by key police sites located in Freemantle and Shirley wards.

For more information on crime in Southampton please see the Safe City Strategic Assessment: 2020/21 available on Southampton Data Observatory.⁵⁶

⁵⁶ Southampton Data Observatory. <https://data.southampton.gov.uk/community-safety/safe-city-strategic-assessment/> (accessed 13/09/2024)

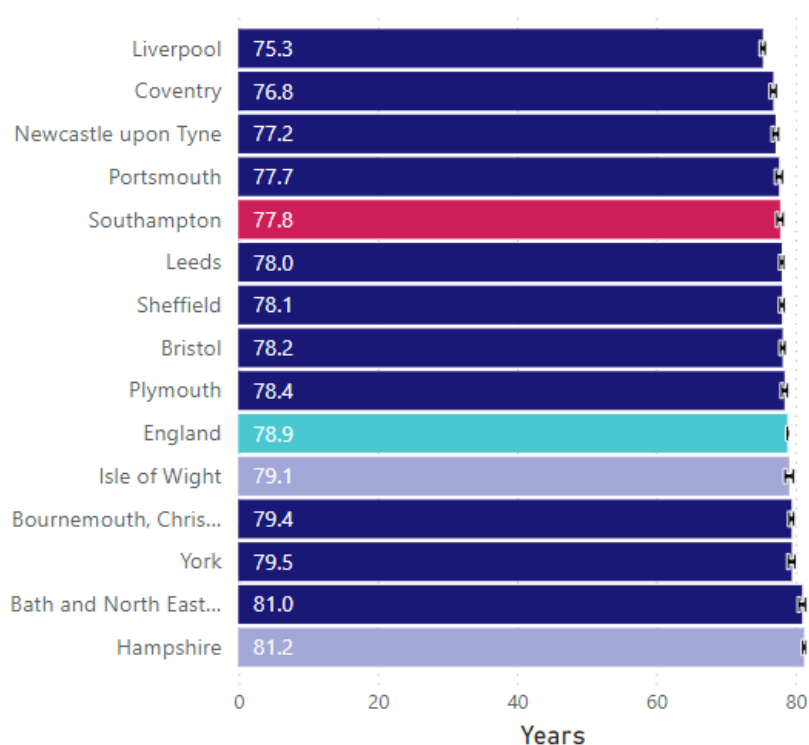
11.2 General Health Needs of Southampton

11.2.1 Life Expectancy

Life expectancy at birth for males living in Southampton is currently estimated to be 77.8 years for the 2020-22 (pooled) period, significantly lower than the England average male life expectancy of 78.9 years and ranked 5th lowest among our ONS comparators. Male life expectancy had been decreasing in Southampton since the highest, recorded in 2017-19 (pooled) period, in line with the England trend. Between 2010-12 and 2016-18 (pooled) male life expectancy has plateaued around the 78-year mark, failing to keep in line with overall England increases.

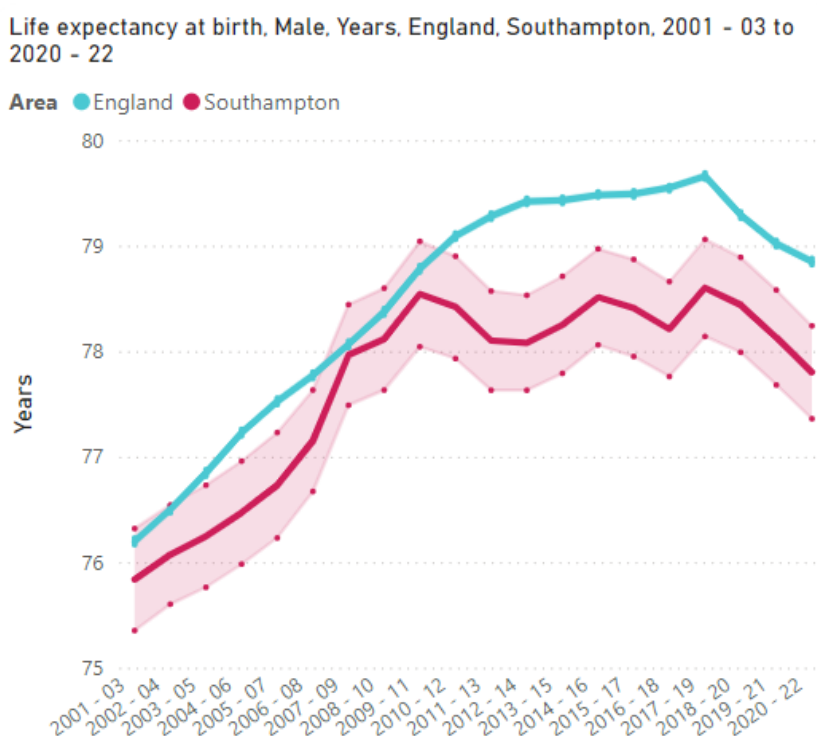
Figure 32: Life expectancy at birth (Male) 2020-2022

Life expectancy at birth, Male, Years, Southampton & ONS Comparators, 2020 - 22



Source: Office for National Statistics (ONS)

Figure 33: Life expectancy at birth (Male) Southampton and England trend: 2001-03 to 2020-22

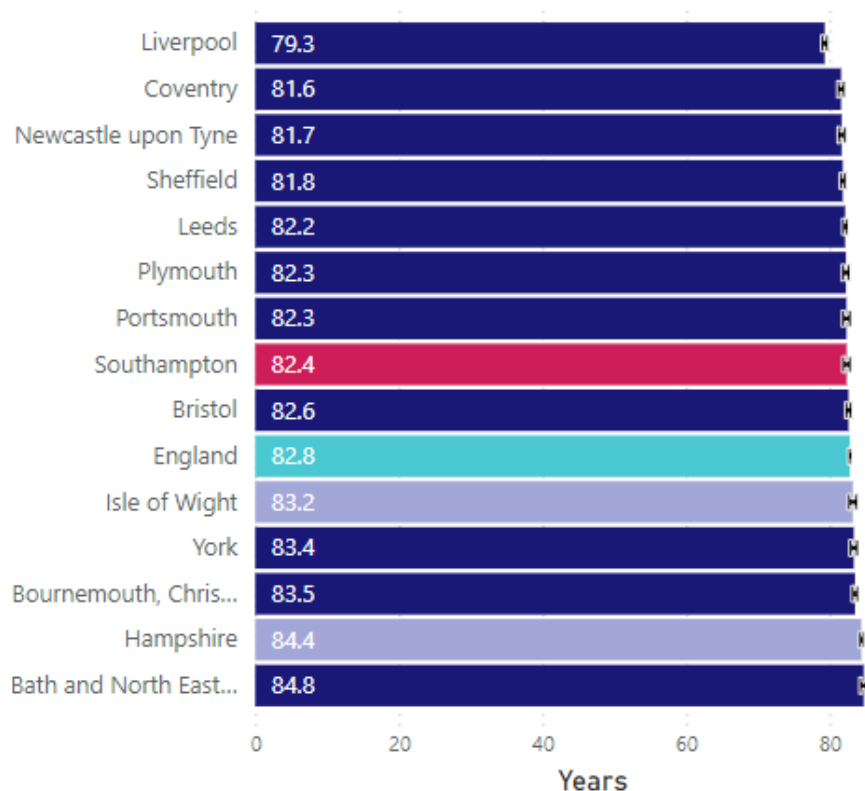


Source: Office for National Statistics (ONS)

Female life expectancy at birth is 82.4 years (2020-22 pooled), which is lower than the England average of 82.8 years. Since 2015-17 Southampton female life expectancy has been significantly lower than the England average. The gap between Southampton and England life expectancies was at its widest of 10 months for females in 2017-19 and 16 months for males in 2016-18 and since those periods the gap has been narrowing overall. For males and females, in Southampton and England life expectancy for 2018-20, 2019-21 and 2020-22 encompassing COVID-19 pandemic mortality, dipped compared to life expectancy for 2017-19. The chart shows the trend in life expectancy between 2001-03 and 2020-22 for males and females. (Figure 35).

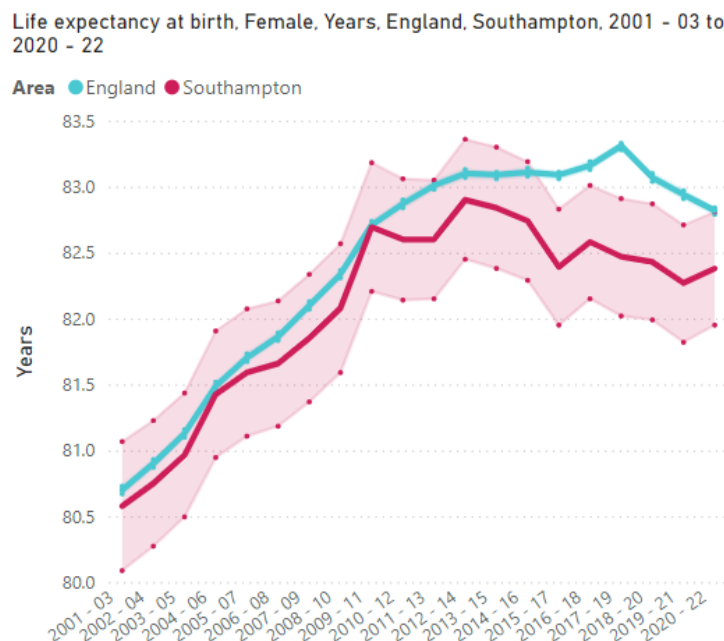
Figure 34: Life expectancy at birth (Female) Southampton and ONS comparators 2020-22

Life expectancy at birth, Female, Years, Southampton & ONS Comparators, 2020 - 22



Source: Office for National Statistics (ONS)

Figure 35: Life expectancy at birth (Female) Southampton and England trend: 2002-03 to 2020-22



Source: Office for Health Improvement and Disparities (OHID) - Public Health Outcomes Framework (PHOF)⁵⁷

At a ward level, the latest data for the 2020-22 period shows that Banister & Polygon ward has the lowest life expectancy for females at 80.8 years, whilst Bevois had the highest with 88.5 years (Bargate has been excluded due to small numbers for certain age bands affecting the reliability of the calculations). Thornhill has the lowest life expectancy for males at 76.0 years, whilst Bitterne Park has the highest at 81.6 years (again excluding Bargate).

When looking at the England deprivation quintiles for the 2020-22 period, males living in the 20% most deprived areas of the city live on average 5.3 years less than those living in the 20% least deprived areas. Females in the 20% most deprived areas live 3.9 years less than those in the 20% least deprived areas.

In 2018-20, in Southampton, healthy life expectancy for males was 61.4 years, which is lower than the national average of 63.1 years. For females, health life expectancy in Southampton is 63.1 years, which again is lower than the national average of 63.9 years. This suggests that in Southampton there is a wider healthy life expectancy gap (1.7 years) between males and females than that seen nationally (0.8 years).

⁵⁷ Office for Health Improvement and Disparities (OHID) - Public Health Outcomes Framework (PHOF) [Public Health Outcomes Framework - OHID \(phe.org.uk\)](https://public.healthoutcomesframework.org.uk/) (assessed 01/08/2024)

Whilst healthy life expectancy nationally has remained relatively stable over the last decade, there has been more variation in Southampton, particularly for females. In 2018-20 (pooled) period, female healthy life expectancy increased to 63.1 years after dramatically falling to 59.8 years in 2016-2018.

Disability-free life expectancy (DFLE) is an estimate of the number of years lived without a long-term physical or mental health condition that limits daily activities. In 2018-20, males in Southampton could expect to live 61.1 years disability-free, which is lower than the England average of 62.4 years, although not statistically significantly so. Despite females living longer than males, in Southampton and nationally, women live fewer years disability-free. In Southampton females have a disability-free life expectancy of 59.1 years, which is slightly lower than the England average of 60.9 years, although not statistically significantly so. Since 2014-2016, disability-free life expectancy of both males and females has decreased in Southampton at a quicker rate than nationally.

11.2.2 Mortality

In 2022, there were 1,948 deaths registered in Southampton and, of these deaths, the underlying causes responsible were.

The three main causes were:

- Cancer - 508 deaths (26.1%)
 - Circulatory diseases – 462 deaths (23.7%)
 - Respiratory diseases - 259 deaths (13.3%)
- Lung cancer accounted for 1 in 20 of all deaths and 1 in 5 cancer deaths (100 deaths)
 - 46.3% of circulatory disease deaths were caused by Ischaemic heart diseases, also known as coronary heart disease (214 deaths)
 - 49.4% of all respiratory disease deaths were attributed to other COPD (128 deaths)
 - COVID-19 was responsible for 3.4% deaths in 2022, a 72.2% decrease from 2021 deaths (237 COVID deaths)

Around 40.6% of deaths occurred in a hospital setting, 18.8% in a care home and 31.9% in the individuals own home.

Figures 37 and 38 illustrate the causes of mortality and year of life lost in Southampton.

Figure 36: Deaths by cause in Southampton 2022

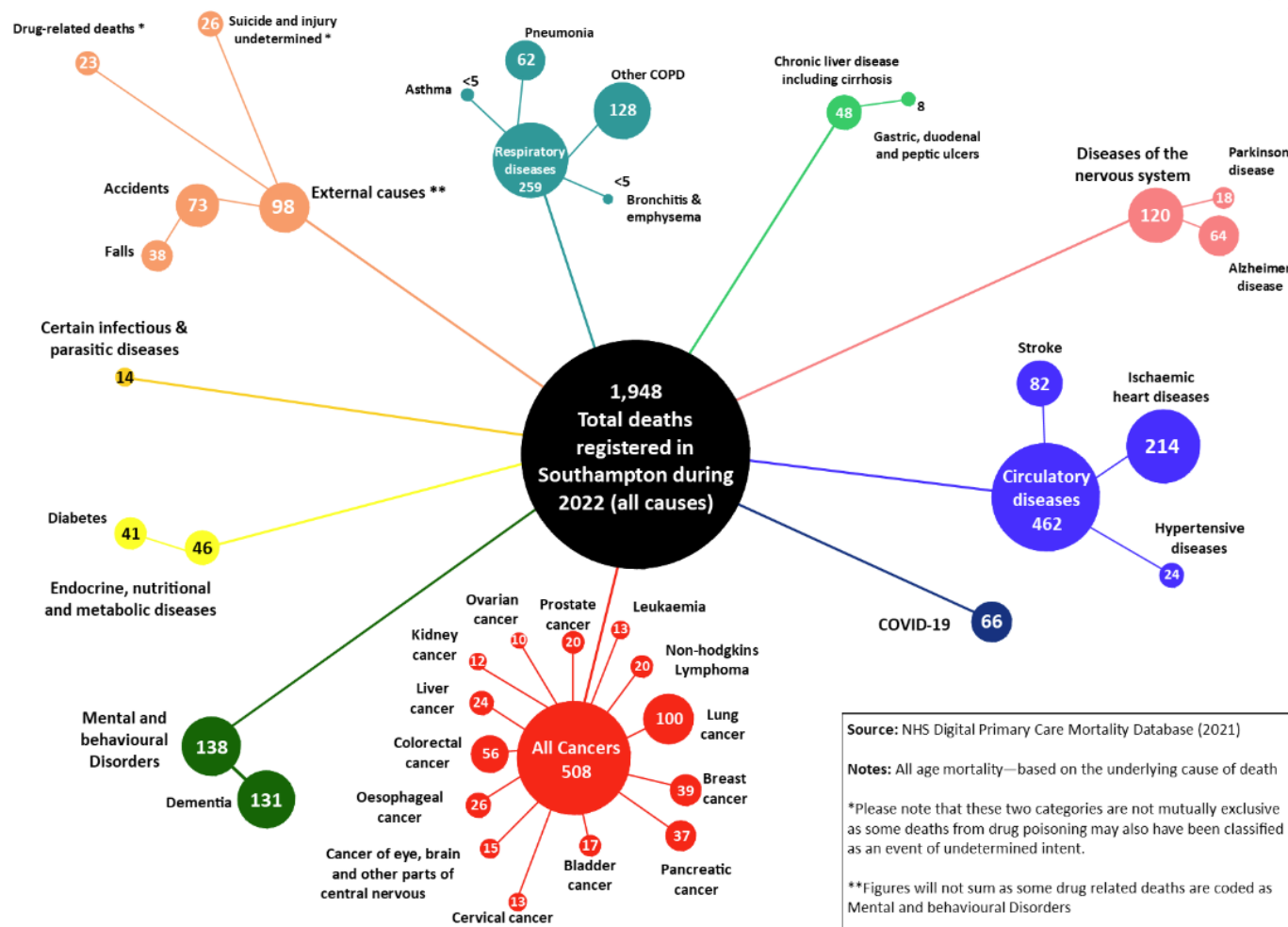
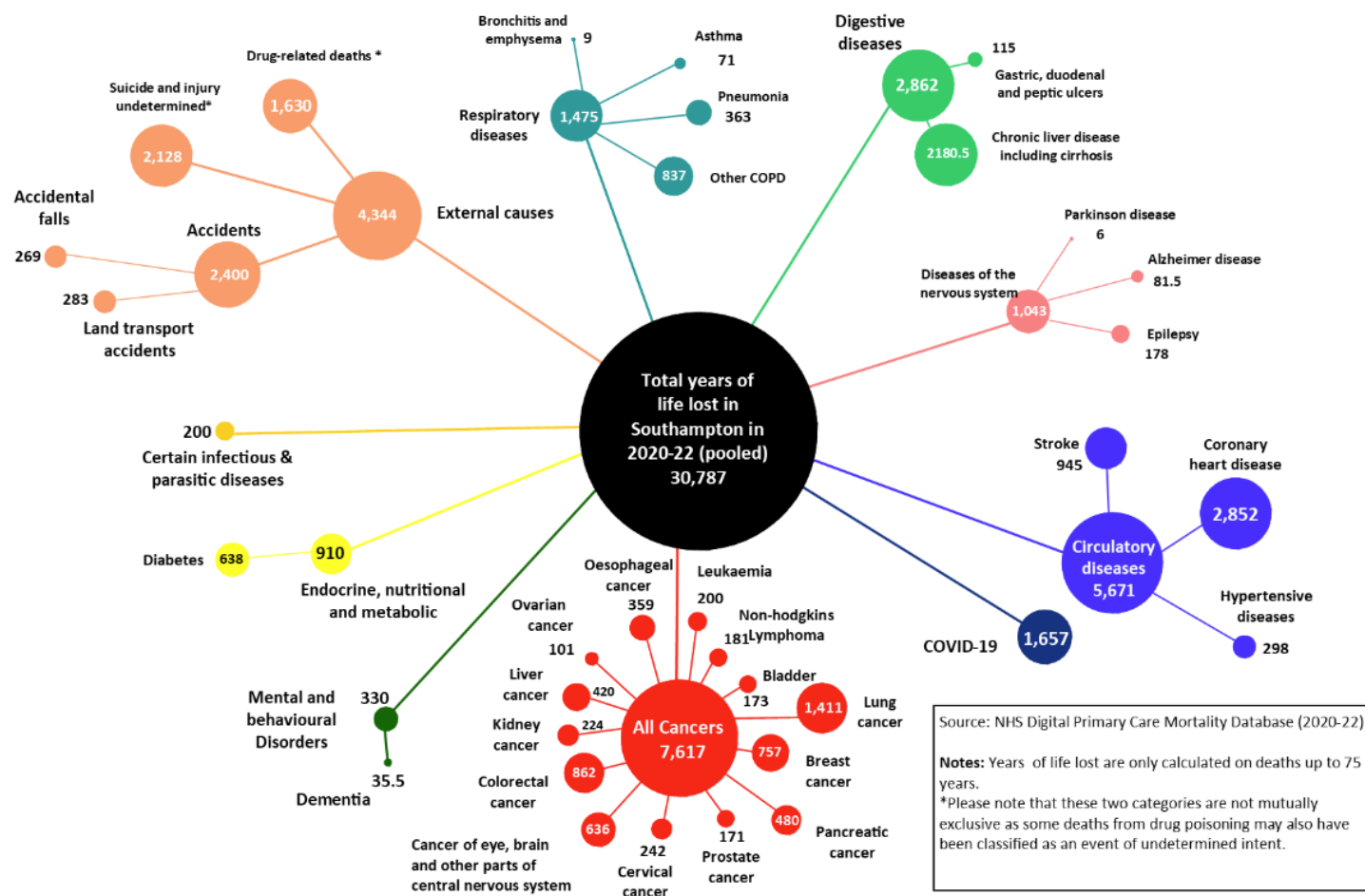


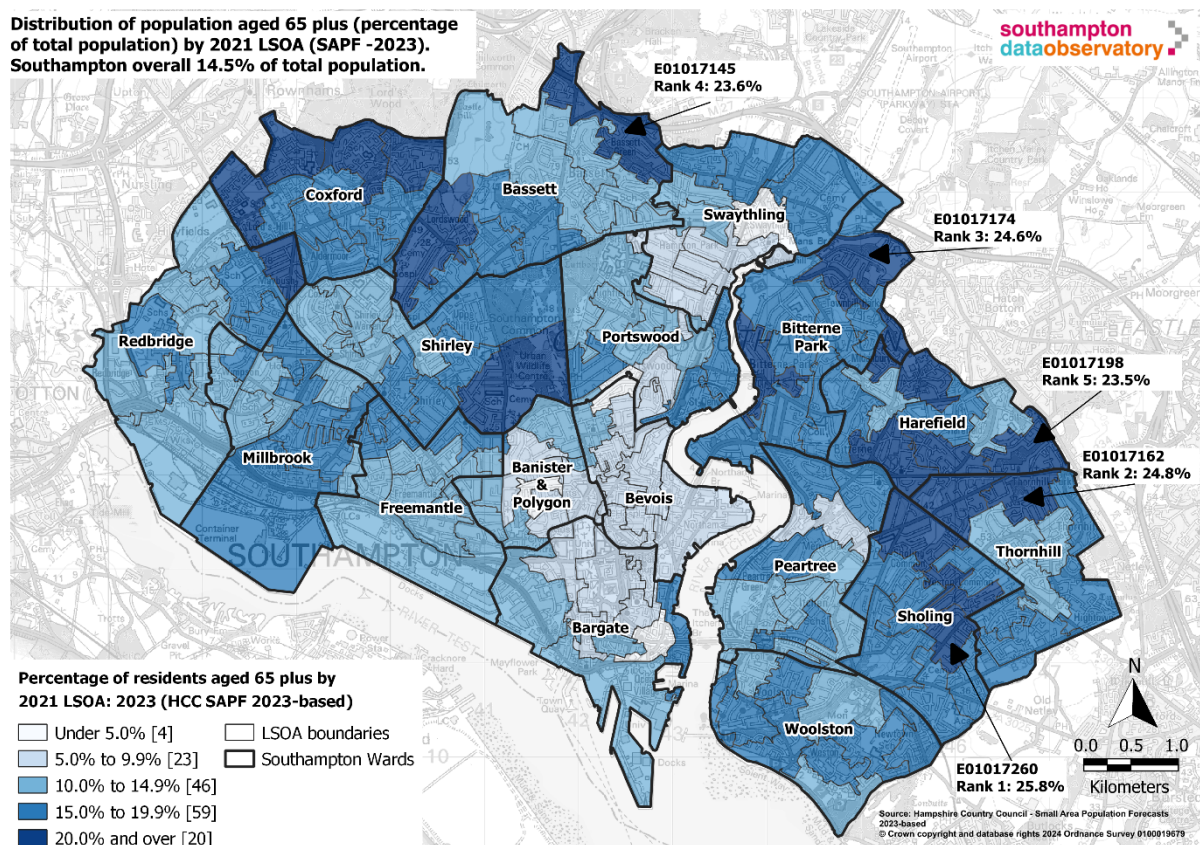
Figure 37: Years of life lost in Southampton (YLL) – 2020-22



11.2.3 Ageing Population and Chronic Conditions

According to Hampshire County Council (HCC) Small Area Population Forecast (SAPF) estimates, that in 2023, there are 38,4782 residents aged 65 years and over in Southampton. The map below (Figure 39) shows the distribution of these older people across the city. The proportions are lower in the central areas of the city where there is a large student population.

Figure 38: Distribution of population aged 65 plus in Southampton (2023)



The Productive Healthy Ageing Profile and the Palliative and End of Life Care Profile produced by the Office for Health Improvement & Disparities⁵² provides a useful snapshot of indicators at local authority level. It shows that older people in Southampton have significantly worse than the England average outcomes for several key indicators:

- male and female life expectancy at aged 65 years
- percentage of deaths in usual place of residence among people aged 65 years and over

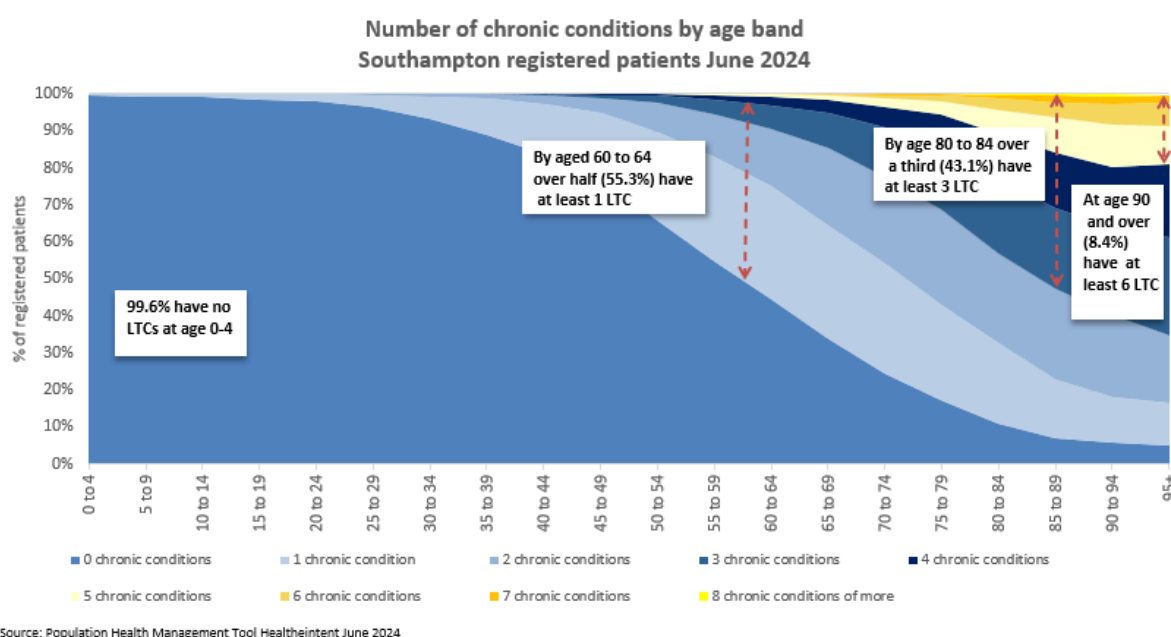
⁵² Office for Health Improvement & Disparities Fingertips [Public health profiles - OHID \(phe.org.uk\)](https://public.health.org.uk/public-health-profiles)

- permanent admissions to residential and nursing care homes per 100,000 aged 65 years and over
- rate of deaths from cancer among people aged 65 years and over
- rate of deaths from respiratory disease among people aged 65 years and over
- rate of admission episodes for alcohol-related conditions (Narrow) – 65+ years
- rate of emergency admissions for dementia (aged 65+)
- and emergency hospital admissions due to falls aged 65 and over

Long-term conditions in later life tend to become more frequent and complex, requiring more reactive and proactive health and social care.

Figure 40 illustrates the growing importance of effectively managing long-term conditions (LTCs) as the population grows older. The number of LTCs change with age, possibly making care more complex and costly. The data from the Population Health Management Tool does not include low back pain so will look differently from previous versions.

Figure 39: Number of chronic conditions by age band. June 2024



In Southampton's 0 to 4 year olds, 99.6% are without chronic conditions. By age 60 to 64 over half (55.3%) have at least one LTC, by the age of 80 to 84 43.1% have at least 3 LTC and people aged 90 and over 8.4% have at least 6 long term conditions.

11.2.4 Cancer

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). Southampton has worse cancer mortality than England for almost all mortality measures. Despite cancer mortality decreasing and getting better for England and Southampton since 2001 – 2003, Southampton's mortality has always been slightly higher than the England average. 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).

For the period 2020 – 2022, Southampton had the 5th highest rate in England for colorectal cancer mortality (32.2 DSR per 100,000), significantly higher than the England average of 25.7. Southampton's cancer mortality is also worse than the England average for lung, bladder, oesophageal, alcohol related cancer, 'preventable' cancer and under 75 cancer mortality.

Years of life lost (YLL) is a measure of the average time a person would have lived had they not died before the age of 75 years. This data helps measure the social and economic loss from dying younger and highlights the specific causes of death affecting younger people. In 2023, nearly 11,000 years of life were lost for Southampton residents aged under 75 years. During this period cancer was by far the biggest cause of life lost, responsible for 25.5% of YLL (the equivalent of 2,767 years). Lung, breast and colorectal cancer caused the most YLL of all the cancers. Colorectal cancer caused only 1.8% of all cancer deaths but accounted for 7.9% of YLL, reflecting the younger average age of people who died from colorectal cancer in Southampton. Conversely, prostate cancer caused 1.4% of all cancer deaths but only accounted for 0.7% of YLL.

Successful treatment is much more likely if cancer is diagnosed at an earlier stage. Screening can catch cancer in its earliest stages or (in some cases) before it has even formed. Widespread screening and quick referrals can significantly improve cancer outcomes within a population. In England there are 3 major cancer screening programmes:

- Cervical screening (offered to all women aged 25 to 64 to check the health of cells in the cervix. It is offered every 3 years for those aged 25 to 49, and every 5 years from the ages of 50 to 64)
- Breast screening (offered to women aged 50 to 70 to detect early signs of breast cancer. Women over 70 can self-refer)

- Bowel cancer screening (everyone aged 60 to 74 is offered a bowel cancer screening home test kit every 2 years)

Despite the proven efficacy of early cancer diagnosis, cervical and breast cancer screening coverage has been steadily falling in England and Southampton since 2010. In Southampton, 62.3% of eligible women (registered with a GP) have been screened for breast cancer within the last 36 months (2023). This is significantly worse than the England average of 66.2% and is nearly 10 percentage points lower than Southampton's coverage in 2010 (72.0%). While Southampton and England's coverage had been steadily decreasing in the years prior to 2020, the COVID-19 pandemic severely disrupted breast cancer screening. England's coverage has increased year on year since 2021, however Southampton's recovery has been slower (2023 was worse than the year prior).

Cervical screening coverage (among people aged 50 to 64 years) in Southampton (68.3% in 2023) is also significantly lower than the England average (74.4%). Southampton would have needed to screen 1,158 extra people to match England's coverage in 2023. Southampton's coverage was more than 10 percentage points better in 2012 (77.7%). This decline increased during the COVID-19 pandemic, however cervical screening coverage was not as badly impacted as breast screening.

While bowel cancer screening coverage is significantly lower in Southampton (68.6%) than the England average (72.0%), it is the cancer screening programme with the best coverage. It was historically the screening programme with the worst coverage for England and Southampton, however coverage has been steadily improving since 2015. This may be, in part, due to the introduction of less intrusive home testing kits.

Early cancer detection statistics are monitored closely by central government, local government and the NHS as they are such influential public health measures. The NHS has set an ambitious target of diagnosing 75% of all cancers at stage 1 or 2 by 2028. England currently diagnoses 54.4% of all cancers at stage 1 or 2 (in 2021). England's rate has remained similar since 2013. Southampton was significantly better than England in 2021, achieving 58.8% (and has been improving over time). This is also the best rate compared to all of Southampton's CIPFA comparator cities. Despite this, Southampton would have needed to diagnose 178 more cancer cases at stage 1 or 2 to achieve the NHS 2028 target of 75%. While this may seem like an unrealistic target, significant technological advances in early detection (particularly in testing and artificial intelligence) are likely to improve early detection rates over the coming years.

11.2.5 Coronary Heart Disease (CHD)

In 2022/23, there were 6,963 people on CHD registers in Southampton giving a crude prevalence rate of 2.2%, compared with 3.0% in England. Prevalence across GP populations in 2022/23 vary between 0.2% (University Health Service) and 3.2% (The Peartree Practice).

The data shows a lower incidence rate for CHD for Southampton, however in terms of deaths, Southampton is significantly worse than the England average. Between 2020-22, the DSR for Southampton was 48.2 per 100,000 population aged under 75. Significantly worse than the England average of 40.6 per 100,000 population aged under 75.

The data shows a lower incidence rate for CHD in Southampton, however in terms of deaths, Southampton is significantly worse than the England average in 2020-2022 (48.2 and 40.6 per 100,000 population under 75 respectively).

Coronary heart disease was the main cause of death for 12.5% of Southampton deaths in 2023.

11.2.6 Stroke

In 2022/23, QOF data showed 4,861 people in Southampton (1.5%) were recorded on practice disease registers with stroke or transient ischaemic attacks, compared to 1.8% across England.

In 2023, 4.4% of deaths in Southampton were due to strokes. Stroke is a leading cause of adult disability in the UK. Two-thirds of people who survive a stroke find themselves living with a disability. Many strokes are preventable and with some lifestyle changes the risk can be reduced. This includes stopping smoking, being more active, drinking less alcohol, eating a healthy diet and staying a healthy weight.⁵³

In 2022/23, hospital admissions due to stroke (all ages) were significantly higher in Southampton (194.1 DSR per 100,000 population) compared to the England average (168.4 DSR per 100,000 population).

⁵³ Stroke Management – Stroke Association <https://www.stroke.org.uk/stroke/manage-risk> (Accessed 21/08/2024)

11.2.7 Hypertension

Hypertension or high blood pressure contributes to cardiovascular disease (CVD), strokes, renal disease, vascular disease including aortic aneurysms and shows few, if any, symptoms until the disease is advanced. In 2022/23, there were 36,092 people on hypertension registers in Southampton, a prevalence of 11.4%, lower than the England average of 14.4%.

11.2.8 Atrial Fibrillation (AF)

Atrial fibrillation is the most common heart rhythm disturbance, affecting around 1.4 million people in the UK. People with atrial fibrillation are more at risk of having a stroke. It can affect adults of any age, but it is more common in older people. Atrial fibrillation is more likely to occur in people with other conditions, such as high blood pressure (hypertension), atherosclerosis or a heart valve problem.

Early detection of AF with treatment reduces the likelihood and severity of stroke. In Southampton, in 2022/23, QOF data showed that 5,166 people were registered with AF which is a prevalence rate of 1.6% compared to 2.1% in England.

11.2.9 Persistent Asthma

In 2022/23, there were 18,258 people on GP asthma registers in Southampton giving a crude prevalence rate of 6.1% which is significantly lower than the England average of 6.5%. Prevalence varies at sub city level in 2021 between 3.7% in Bargate ward and 9.0% Redbridge ward.

11.2.10 Chronic Obstructive Pulmonary Disease (COPD)

In 2022/23, there were 6,484 registered patients on COPD registers in Southampton- a crude prevalence rate of 2.0%, statistically similar to the England rate of 1.8%. In 2021, prevalence varies between 1.1% in Bargate ward and 3.8% in Redbridge ward.

11.2.11 Kidney Disease

Chronic kidney disease (CKD) is a long-term condition where the kidneys do not work as well as they should. It is a common condition often associated with getting older. It can affect anyone, but it's more common in people who are black or of south Asian

origin. CKD can get worse over time and eventually the kidneys may stop working altogether, but this is uncommon.⁵⁴

In 2022/23, there were 5,559 patients in Southampton (2.2%) aged 18 years and over with CKD compared with 4.2% in England. In the same period among Southampton GPs this varies between 4.1% at the Raymond Road surgery and 0.1% at the University Health Service.

11.2.12 Diabetes

In 2022/23, 16,437 (6.3%) patients aged 17 or over in Southampton were recorded on practice disease registers as having type 2 diabetes mellitus. This is lower when compared to 7.5% in England. In the same period among Southampton GPs, the prevalence ranges from 0.7% at the University Health Centre to 9.0% at Lordshill Health Centre.

Modelled estimates predict the prevalence of diabetes is set to increase. By 2040, Southampton's diabetic population is estimated to be 10,146 people aged 18 and over, an increase of 12.4% from 2023 (9,024), assuming no change in the underlying population of age, sex and ethnicity, levels of excess weight and physical inactivity.⁵⁵ Poor diabetic foot care can result in lower limb amputations in diabetic patients.

Among GPs in Southampton in 2022/23, people with type 2 diabetes aged 12 and over who have received an annual foot check range from 50.8% at the Mulberry House Surgery to 92.5% in Chartwell Green Surgery.

However as described previously, there are potentially several thousand people in the city unaware of the importance of foot care with their undiagnosed diabetes, increasing their risk of ulceration, reduced sensation/circulation and potential lower limb amputation.

11.2.13 Sight Loss

Diabetic retinopathy is a complication of diabetes, caused by high blood sugar levels damaging the back of the eye (retina). It can cause blindness if left undiagnosed and untreated. Early detection through screening can reduce the risk of blindness.⁵⁶

⁵⁴ NHS England CKD <https://www.nhs.uk/conditions/kidney-disease/> (Accessed 21/08/2024)

⁵⁵ Protecting older people information system (POPPI) <https://www.poppi.org.uk/index.php?pageNo=416&areaID=8332&loc=8332> (Accessed 21/08/2024)

⁵⁶ NHS England <https://www.nhs.uk/conditions/diabetic-retinopathy/> (Accessed 21/08/2024)

In 2022/23, Southampton's rate of preventable sight loss due to diabetic eye disease in those aged 12 years and over was 6.4 per 100,000 population. This is significantly higher than England's rate of 2.9 per 100,000.

Age related macular degeneration (AMD) and glaucoma are the two other types of eye disease which can result in blindness or partial sight if not diagnosed and treated in time. In 2022/23, Southampton's rate of AMD was 144.3 per 100,000 population aged 65 and over, significantly higher than England's rate of 105.6 per 100,000 aged 65 plus. In 2022/23, Southampton's rate of preventable sight loss due to glaucoma is lower but not significantly to the rate for England (10.4 per 100,000 aged 40 plus compared to 13.5 per 100,000 aged 40 plus respectively).

In 2022/23, there were 125 people aged 65 to 74, registered blind or partially sighted people in Southampton, a rate of 681 per 100,000 population, significantly higher than the England average of 533 per 100,000 population. When compared to those people aged 75 and over in the same period (2022/23), the rate in Southampton is 2,273 per 100,000 population, which is significantly lower to the England value of 3,031 per 100,000 population.

In February 2024, 106 Southampton residents (1.6% of all people claiming DLA) were registered for Disability Living Allowance (DLA) with the main disabling condition recorded as 'Visual Disorders and Diseases' (higher than the England average of 1.5%). Of these residents registered with 'Visual Disorders and Diseases' as their main disabling condition, 29 (0.7%) people were aged under 16 years, 33 (3.2%) people were aged 16 to 64 years old, and 48 (3.4%) people were aged 65 year and over.⁵⁷

Modelling predicts in 2023 there are 109 Southampton residents aged 18-64 and 3,163 residents aged 65 years and over predicted to have a moderate or serious visual impairment. This is predicted to increase to 112 people aged 18-64 and 4,082 for people aged over 65 years of age by 2040.⁵⁸

⁵⁷ DWP - Disability Living Allowance (Cases in Payment) <https://stat-xplore.dwp.gov.uk/webapi/jsf/login.xhtml> (Accessed 23/08/2024)

⁵⁸ Projecting Older People Population Information System (POPPI) and Projecting Adult Needs and Service Information (PANSI), Oxford Brookes University <https://www.poppi.org.uk/index.php?pageNo=341&arealID=8332&loc=8332> (Accessed 23/08/2024)

11.2.14 Hearing Loss and Deafness

Infants have their hearing checked within hours of birth through the newborn infant screening programme. In 2022/23, 99.4% of infants in Southampton were correctly screened within 5 weeks of birth. Which is significantly better than the England average of 98.5%.

It is estimated that there are 34,548 people aged 18 and over in Southampton with some hearing loss in 2023 and is estimated to increase by 18.1% to 40,794 people in 2040. For people aged 18 and over with severe hearing loss, its estimated to increase 29.0% from 3,551 people in 2023 to 4,580 people in 2040.⁵⁹

The 2024 GP patient survey estimates that's for the Hampshire and Isle of Wight Integrated Care System, 6.2% of the GP registered population reported that they had deafness or severe hearing loss, which is just over 1000 people.

In February 2024, 96 (1.5% of people claiming DLA) Southampton residents were registered for Disability Living Allowance (DLA) with the main disabling condition recorded as 'hearing disorders'. Of these residents registered with 'hearing disorders' as the main disabling condition, 47 people were aged under 16 years, 35 people were aged 16 to 64 years old, and 5 people were aged 65 years and over.⁶⁰

⁵⁹ Projecting Older People Population Information System (POPPI) and Projecting Adult Needs and Service Information (PANSI), Oxford Brookes University <https://www.poppi.org.uk/index.php?pageNo=419&arealID=8332&loc=8332> (Accessed 23/08/2024)

⁶⁰ DWP - Disability Living Allowance (Cases in Payment) <https://stat-xplore.dwp.gov.uk/webapi/jsf/login.xhtml> (Accessed 23/08/2024)

11.2.15 Levels of Disability

In February 2024, data on Disability Living Allowance (DLA) claimants amongst the under 16 years old shows that 3,963 children in Southampton, receive DLA. Of those children claiming DLA, 2,247 children (56.7%) had a main disabling condition classed as learning difficulties. The second most common main disabling condition was Behavioural Disorder with 817 children (22.0%). Hyperkinetic Syndrome, also known as ADHD, was the third most common diagnosed main disabling condition with 255 children (6.4%).⁶¹

In February 2024, there were 1,044 Southampton residents aged 16 to 64 years receiving DLA. The most common disabling condition was learning difficulties (n=300, 28.7%). The second most common main disabling condition was psychosis with 102 adults (9.8%) aged 16 to 64.⁶²

In the same period (February 2024), 1,431 adults aged 65 years and over were receiving DLA. The most common main disabling condition was arthritis, accounting for 32.0% of those aged 65 years and over in receipt of DLA (n=460). Back pain was the second main disabling condition (7.5%, n=107) and disease of the Muscles, Bones or Joints (7.1%, n=102) was the third the main disabling. This shows physically disabling conditions are more prolific in older adults compared to working age adults receiving DLA.⁶³

In Southampton, between April 2014 and August 2024, there are 2,621 residents with support from Adult Social Care, with the current primary support reason of:⁶⁴

- Sensory support (visual or hearing impairment) - 38
- Physical support (access and mobility support or personal care support) – 1,437
- Social support (substance use support or social isolation support) – 20
- Learning Disability support - 563
- Mental Health support - 346
- Support with Memory and Cognition - 205

⁶¹ DLA Entitlement (Cases in payment) Department for Work and Pensions <https://stat-xplore.dwp.gov.uk/>

⁶² DLA Entitlement (Cases in payment) Department for Work and Pensions <https://stat-xplore.dwp.gov.uk/>

⁶³ DLA Entitlement (Cases in payment) Department for Work and Pensions <https://stat-xplore.dwp.gov.uk/webapi/jsf/tableView/tableView.xhtml>

⁶⁴ Adult Social Care – Southampton City Council

Modelled estimates suggest that in 2023 there are 10,278 people aged 65 and over in Southampton who need help with at least one domestic task. These domestic tasks include:

- Doing routine housework or laundry
- Shopping for food
- Getting out of the house
- Doing paperwork or paying bills

This is predicted to increase to 13,291 Southampton residents aged 65 and over by 2040, an increase of 3,013 or 29.3%.⁶⁵

11.2.16 Human Immunodeficiency Virus (HIV)

In 2022, 436 Southampton residents (2.74 per 1,000 population aged 15 to 59) were seen at HIV services - an increase of 56.8% (158 more residents) since 2011 diagnosed with a HIV infection and accessing HIV care.⁶⁶

Late diagnosis of HIV is the most important predictor of morbidity and mortality among those with HIV infection. Among those diagnosed in England, those diagnosed late in 2019 had more than a 7-fold increased risk of death within a year of diagnosis compared to those diagnosed promptly, and this indicator is essential to evaluate the success of expanded HIV testing. In 2020-22, 22 people (42.3%) had a late diagnosis, lower, but not significantly, than the England average of 43.3%.

⁶⁵ Projecting Older People Population Information System (POPPI), Oxford Brookes University
<https://www.poppi.org.uk/index.php?pageNo=329&sc=1&loc=8332&np=1> (Accessed 23/08/2024)

⁶⁶ OHID Fingertips -
<https://fingertips.phe.org.uk/search/90790#page/4/gid/1/pat/15/par/E92000001/ati/502/are/E06000045/iid/90790/age/238/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0> (Accessed 23/08/2024)

11.3 Mental Health and Neurological Conditions

There is no good health without good mental health, and this is important across the life course.

11.3.1 Children and Young People

One in ten children aged 5 to 16 years has a clinically diagnosable mental health problem and, of adults with long-term mental health problems, half will have experienced their first symptoms before the age of 14. Self-harming and substance use are known to be much more common in children and young people with mental health disorders – with ten per cent of 15 to 16 year olds having self-harmed. Failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations. In 2022/23, Southampton had a crude rate of 130.4 per 100,000 for hospital admissions due to mental health conditions in ages under 18, significantly higher than the England average of 80.8 per 100,000.

In 2022/23, there were 360 young people admitted to hospital for self-harm aged between 10 and 24 years, a DSR of 632.8 per 100,000 population which is significantly worse than the England average of 319.0 DSR per 100,000.

Looked after children in care and care leavers: Nationally, half of looked after children meet the criteria for a mental health disorder. On 31 March 2023, Southampton had 538 children looked after. In 2021/22, 36.0% of children looked after were identified whose emotional wellbeing was cause for concern.

Nationally, 60% young carers feel their caring role has affected their emotional wellbeing. Their caring role can be associated with stress, anxiety, low self-esteem, missing school, not participating in activities, and a lack of social connections. The 2021 Census recorded in Southampton 314 unpaid carers are under 16, of which, 103 (a third) provide more than 20 hours of care a week. This is likely to be an underestimate.

Self-harm and suicide among young people are extremely important issues. Many psychiatric problems, including borderline personality disorder, depression, bipolar disorder, schizophrenia, and drug and alcohol use disorders, are associated with self-harm. Self-harm increases the likelihood of a person eventually dying by suicide by between 50 and 100 times that of the rest of the population in a 12-month period.⁶⁷

⁶⁷ Self-harm in over 8s: long-term management <https://www.nice.org.uk/guidance/cg133> (accessed 11/09/2024)

The 2014 Adult Psychiatric Morbidity Survey (APMS 2014)⁶⁸ found one in four, 16 to 24 year old women (25.7%) reported having self-harmed at some point; more than twice the rate for men in this age group (9.7%). Using small area population projections for 2023, this equates to 6,087 women and 2,453 men aged 16 to 24 years having self-harmed at some point.⁶⁹

11.3.2 Adults

Mental illness, also called mental health conditions, refer to a wide range of mental health conditions, these disorders can alter mood, thinking and behaviour. The most frequently occurring include common mental disorders, depression, severe mental illnesses, including Schizophrenia and bipolar disorder and self-reported wellbeing, more details are available below.

It was estimated, in 2017, that 18.7% of the Southampton population were likely to have a common mental health disorder. This is significantly higher than the estimate for England (16.9%) and this estimate is likely to be an under estimation of the whole population as it does not take into consideration those people living in institutional settings or those people experiencing homelessness. In the same period, it is estimated that in Southampton 11.5% of people aged 65 and over have a common mental disorder, higher but not significantly from the England average of 10.2%.

In Southampton, in 2022/23, 3,551 or 1.12% of patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on practice disease registers, which is significantly higher to that of the England average of 1.00%. In October 2024 1.1% (2,912) of patients are recorded on GP registers as having a severe mental illness (SMI).

In 2022/23, 32,971 patients or 12.8% of registered patients in Southampton, aged 18 and over, have depression this is lower than the England average of 13.2%. In Southampton, in 2021/22 4,032 or 1.6% of registered patients aged 18, were newly diagnosed as having depression. Higher but not significantly than the England average of 1.5%.

Not everyone who has a mental health problem is registered with a GP or has a diagnosis, so the true figure is likely to be significantly higher.

⁶⁸ NHS England Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014 <https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014> (accessed 11/09/2024)

⁶⁹ HCC SAPF 2023 base in Population Power BI available from <https://data.southampton.gov.uk/population/population-size-and-structure/> (accessed 11/09/2024) and Self-harm in over 8s: long-term management <https://www.nice.org.uk/guidance/cg133> (accessed 11/09/2024)

Respondents to the 2024 GP patient survey (carried out between January and March 2024) were asked the question “Which of the following long-term conditions or illnesses do you have?” Looking at the results for percentage who have a mental health condition, by Primary Care Network (PCN):

- Living Well Partnership PCN – 18.8%
- Southampton North PCN – 18.7%
- Southampton West PCN – 16.4%
- Woolston & Townhill PCN – 16.2%
- Bitterne PCN – 16.1%
- Southampton Central PCN – 13.8%

The Mental Health and Wellbeing JSNA profile shows Southampton has higher rates compared to England for related risk factors; including smoking at time of delivery, child poverty for those aged under 16 years old, excess weight for Year 6 children, children looked after, children in need due to abuse, neglect or family dysfunction, pupils with behavioural, emotional and social support needs, violent crime (including sexual violence), crime, deprivation and current smoking in adults. These topics are covered in other sections of this document.

Evidence shows work has a generally positive effect on both physical and mental health and wellbeing across society. In 2020/21, the gap in the employment rate for those who are in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate in Southampton was 76.0 percentage points, this is significantly worse than the England gap of 66.1 percentage points.

In 2022/23, the gap in the employment rate for those with a physical or mental long-term health condition (aged 16 to 64) and the overall employment rate in Southampton was 10.2 percentage points, lower, but not significantly, than England (10.4 percentage points). In the same period for Southampton, the gap in the employment rate for those who are in receipt of long-term support for a learning disability (aged 18 to 64) and the overall employment rate was 72.6 percentage points, higher, but not significantly, than the gap for England (70.9 percentage points).

In 2022/23, Southampton had a significantly higher rate of emergency hospital admissions for intentional self-harm (all ages) than England (285.3 DSR per 100,000 population compared to 126.3 DSR per 100,000 population).

The Adult Psychiatric Morbidity Survey (APMS) 2014 survey found a fifth of adults (20.6%) reported that they had thought of taking their own life at some point. Applying this prevalence to the Southampton adult population (aged 16 years and over), in 2023 an estimated 45,318 adults had had suicidal thoughts within their lifetime; this number is projected to increase to 49,644 adults in 2030.⁷⁰

In 2021-23, the age-standardised mortality rate from suicide and injury of undetermined intent (aged 10 and over) per 100,000 is 11.6 in Southampton, higher, but not significantly, than the England average of 10.7. The rate of suicide and mortality from injury undetermined for males is significantly higher than the rate for females, locally and nationally.

In 2020-22, Southampton's DSR of years of life lost due to mortality from suicide and injury undetermined (aged 15 and 74) is 34.7 per 10,000 population, higher, but not significantly, than England (34.1 per 10,000 population).

11.3.3 Older People

The number of people with neurological conditions is likely to grow sharply in the next two decades due to improved survival rates, improved general health care, better infection control, increased longevity and improved diagnostic techniques.

Dementia is a life-limiting condition, it is the 6th biggest cause of death in England (GBD 2019). Alzheimer's is the most common form of dementia and accounts for more than half of England's dementia cases. It is estimated that more than 800,000 people are currently living with dementia in England. Dementia is significantly more prevalent amongst older people, around 98% of people with dementia in England are aged 65 or over. Due to England's ageing population, where the 65 and over age group is growing year-on-year, dementia cases are projected to reach one million in England by 2035.

In 2020, Southampton's crude prevalence of dementia among under 65 year olds (2.2 per 10,000 population) was significantly lower than the England average (3.1 per 10,000) and was the second lowest rate among its CIPFA comparators. Southampton also has one of the lowest crude dementia rates of its CIPFA comparators for people aged 65 or over (4.0% in 2020).

⁷⁰ NHS Digital. NatCen Social research Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014. <http://content.digital.nhs.uk/catalogue/PUB21748> applied to HCC 2023-based Small Area Population Forecast

To understand the true scale of dementia in a population, it is more useful to use modelled estimates rather than diagnosed cases as many people have dementia without a formal diagnosis. Dementia prevalence is surveyed in a sample population by age and sex, these prevalence rates are then applied to the population structure of a given area. In 2023 there were 1,726 people aged 65 or over in Southampton diagnosed with dementia, however the number of people living with dementia in the city was estimated to be significantly higher (2,663). This is expected to reach 4,480 by 2040

For age standardised emergency admissions among people aged 65 and over Southampton has the 7th highest rate in England (5,507 per 100,000 people in 2019/20), this is 57% higher than the England average (3,517). Short stay emergency admissions are also significantly higher than the England average. While these rates are noteworthy, hospital admission statistics are easily skewed by different coding practices. An admission in Southampton may have a dementia code added to it where it wouldn't in other parts of the country. We know from alcohol and obesity related admission statistics that Southampton hospitals use secondary coding to improve care pathways, however this makes comparisons less robust as Southampton looks exceptionally high.

11.4 Health Behaviours

The 'Health Behaviours' theme of Southampton's JSNA (embedded in the Southampton Data Observatory ⁷¹) is split into four distinct topics: 'smoking', 'healthy weight', 'sexual health' and 'alcohol & drugs'.

11.4.1 Smoking

Smoking is the leading cause of preventable death and disease in the UK and the leading factor for disability-adjusted life years. Every year around 78,000 people in the UK, die from smoking, with many more living with debilitating smoking-related illnesses. Smoking increases the risk of developing more than 50 serious health conditions including cancer, heart disease, other vascular diseases and Chronic Obstructive Pulmonary Disease (COPD). Ischemic Heart Disease, COPD, cancer and a stroke are 4 of the top 6 conditions causing the greatest disease burden with smoking as an upstream factor. In addition, 1 in 9 pregnant women still smoke nationally with the associated risks of miscarriage, premature birth, still birth, low birth weight and neonatal complications. Tobacco is the largest contribution to years of life lost for both males and females.

In 2022 around 1 in 8 people (13.2%) in Southampton smoke, equivalent to 28,000 people. Compared with 12.7% in England and 10.5% in Hampshire. Southampton is the 6th highest in our ONS comparator group. This is an increase from 2021 and is now higher than England, but not significantly.

In 2021, more males smoke than females and they are more likely to smoke between the ages of 30 and 39 years. Smoking amongst men peaks between the ages of 35 and 39 years (3,530 registered patients). Whereas for females smoking peaks between the ages of 30 and 34 years (2,579 registered patients).

11.4.2 Excess Weight and Physical Activity

In Southampton, 29.5% of adults aged 18 and over are classified as obese (BMI greater than or equal to 30kg/m²) in 2022/23, higher, but not significantly, than the England average of 26.2%. During the same time period for Southampton, the percentage of physical activity of at least 150 minutes per week amongst adults (aged 19 and over) is 66.9% which is lower, but not significantly, than the England percentage of 67.1%.

⁷¹ Southampton Data observatory <https://data.southampton.gov.uk/>

Active transport has benefits for health in terms of reducing the risk of chronic disease such as coronary heart disease or stroke and improving mental health and well-being. In 2019/20, during the pandemic, the Department for Transport reported that 1.9% of Southampton residents cycled three times per week compared to 2.3% England.

11.4.3 Sexually Transmitted Infections (STIs)

In 2023, a total of 1,891 STIs were newly diagnosed in Southampton residents, with a rate of 748 per 100,000 significantly higher than the England average of 704 per 100,000. The rate has decreased from 2012, with an increase in 2022. This may have been caused by the lack of diagnosis during the pandemic. The most commonly diagnosed STI was chlamydia, followed by gonorrhoea then genital warts.

11.4.4 Alcohol Use

The 2014 What about YOUTH survey estimates that 63.3% of 15-year-olds in Southampton have ever had an alcoholic drink and 5% of this age group report being regular drinkers. These figures are not significantly higher than the national average.

It is thought that in Southampton, 41,807 individuals (20.6% of people over 18) drink over 14 units of alcohol a week (a level considered as high risk), lower but statistically similar to the England average (22.8%). It is estimated that 2.7% of adults locally are dependent drinkers, nearly double the England rate of 1.4%.

Much of the night-time economy is surrounding the consumption of alcohol and yet in Southampton 14.9% of the adult population are thought to abstain from alcohol. Conversely, there is a similar proportion (14.5% of adults) who reported to have binge-drunk on their heaviest day (drinking more than 6 units by women or 8 units by men).

Profiles for England show men are more likely to drink alcohol at increasing or higher risk levels (with those aged 40 to 64 years being heaviest drinking age group amongst both men and women). Also, those in the most deprived areas had the highest proportion of non-drinkers at 28.9%. Alcohol consumption at an increased or higher risk level is more prevalent in more deprived areas.

Alcohol-related hospital admissions can be used as a measure to indicate the burden of excessive alcohol consumption on the health of a population. Three hospital admissions measures can be used: alcohol-specific, alcohol-related (narrow) and alcohol-related (broad):

- **Alcohol-specific** hospital admissions are where the primary or any of the secondary diagnoses are wholly attributable to alcohol
- **Alcohol-related** admissions are those which can partly be attributed to alcohol

- *The broad definition* encompasses admissions where the primary or secondary diagnoses is an alcohol-related condition
- *The narrow definition* only includes admissions where the primary diagnosis is alcohol-related

The broad measure can be more sensitive to changes in coding practices over time, the narrow definition can understate the role of alcohol in the admission.

Southampton is shown to have a higher rate of alcohol-specific and alcohol-related (broad) hospital admissions than England. Alcohol affects many illnesses and treatments. University Hospital of Southampton (UHS) asks all Southampton inpatients about alcohol so they can provide the right care. This is good practice which is not common in other hospitals yet. It means our numbers are higher because UHS is thorough in identifying and recording alcohol use. In other areas of the country, alcohol is likely to contribute to as many hospital admissions but may be less likely to be consistently identified and/or recorded so their reported numbers are lower.

Men are twice as likely as women in Southampton to be admitted to hospital for alcohol-specific health issues, increasing to 3 times more likely for broadly categorised alcohol-related issues.

Despite increasing alcohol-specific hospital admissions across all ages, when looking specifically at those aged under 18, Southampton admissions have fallen over the last 10 years, reducing the rate from 102.5 to 61.7 admissions per 100,000 people aged under 18, in 2018/19 to 2020/21. This remains statistically worse than the England average of 29.3 per 100,000 people.

In England, alcohol related hospital admissions increase with age, peaking at 40 to 64 years for narrow admissions. In Southampton under the age of forty, the gap between male and female hospital admissions for alcohol-related conditions (narrow) is similar, 273.2 (males) vs 223.0 (females) in 2021/22. This difference increases with age, men aged 65+ are just under 3 times more likely than their female counterparts to be admitted to hospital for alcohol-related conditions (narrow).

11.4.5 Drug use

In Southampton, all individuals in contact with services were seen within three weeks to commence their first drug treatment. It is estimated that almost half (44.7%) of opiate and/or crack cocaine users aged 18 and over were not in contact with drug treatment services in 2020/21, showing a high level of unmet need. The number of adults in treatment at specialist drug use services in Southampton equated to 5 in every 1,000 adults, higher when compared to the England average of 4 in 1,000

(2020/21). In 2021, of those non-opioid users accessing treatment, 41.5% successfully completed the program and did not re-present within 6 months. This is a steep increase from 28.9% in 2020 and now statistically significantly higher than England (34.3%). For opioid users, 5.6% successfully completed the program higher than England (5.0%).

Demographic profiling for England shows in 2021/22, 7 out of 10 people in treatment for drug use were male. The age of those entering treatment has been increasing, with the median age of those in treatment for problems with non-opiates currently at 31 years old, increasing to 43 for those in treatment for problems involving opiates.

For Southampton, substance use hospital admission rates are only available for young people aged 15 to 24. Hospital admission rates for this age group had been steadily rising at a similar rate both across England and Southampton over the last 10 years. From the period 2013/14 to 2015/16, Southampton's rate has risen from 96.6 per 100,000 persons to 109.5 per 100,000 persons in 2015/16 to 2016/17 and has then decreased to 101.8 per 100,000 in 2018/19 to 2020/21 statistically significantly higher than the England value of 81.2 per 100,000 persons.

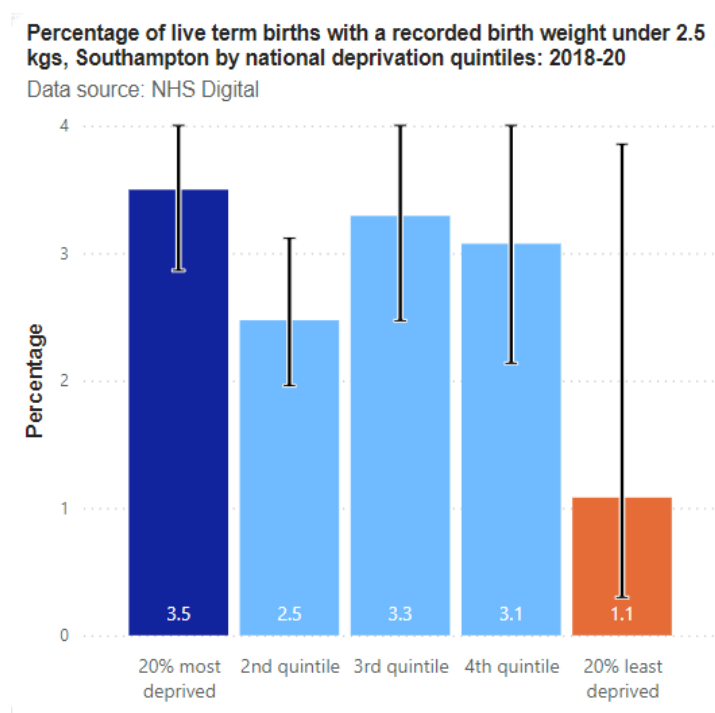
11.5 Maternal, Child and Young People's Health

11.5.1 Low Birthweight

Low birthweight is defined as a recorded birth weight under 2.5kgs. Low birthweight among infants is strongly associated with infant mortality, as well as disability and disease throughout child and adulthood, which can have wider impacts such as reduced educational achievement. Southampton has a statistically similar percentage of live term births with a low birthweight to the England average, 3.4% compared to 2.8%.

For the period of 2018 to 2022, the percentage of low birthweight babies across the city ranges from 1.7% in Bassett and 6.1% in Bevois. However, Bevois appears to be an outlier, with the second highest percentage at 3.9% in Woolston. It is unknown exactly why Bevois has such a high rate, it is likely the result of a combination of factors. Low birthweight is closely associated with deprivation, with babies born into the most deprived quintile are 2.2x more likely to be underweight than their counterparts born into the least deprived quintile in 2020-2022 by local IMD. Local analysis also shows Bevois has a higher concentration of Asian mothers who are more likely to have lower birth weight babies compared to the UK average.

Figure 40: Percentage of live term births with a recorded birthweight under 2.5kgs Southampton, by England deprivation quintiles.



11.5.2 Smoking During Pregnancy

Smoking during pregnancy causes premature births, miscarriage and perinatal deaths. It also increases the risk of stillbirth, complications in pregnancy, low birthweight, and of the child developing other conditions in later life. Between 2018/19 to 2020/21 (pooled) 13.7% of women were smoking at the time of booking and appointment with midwife.

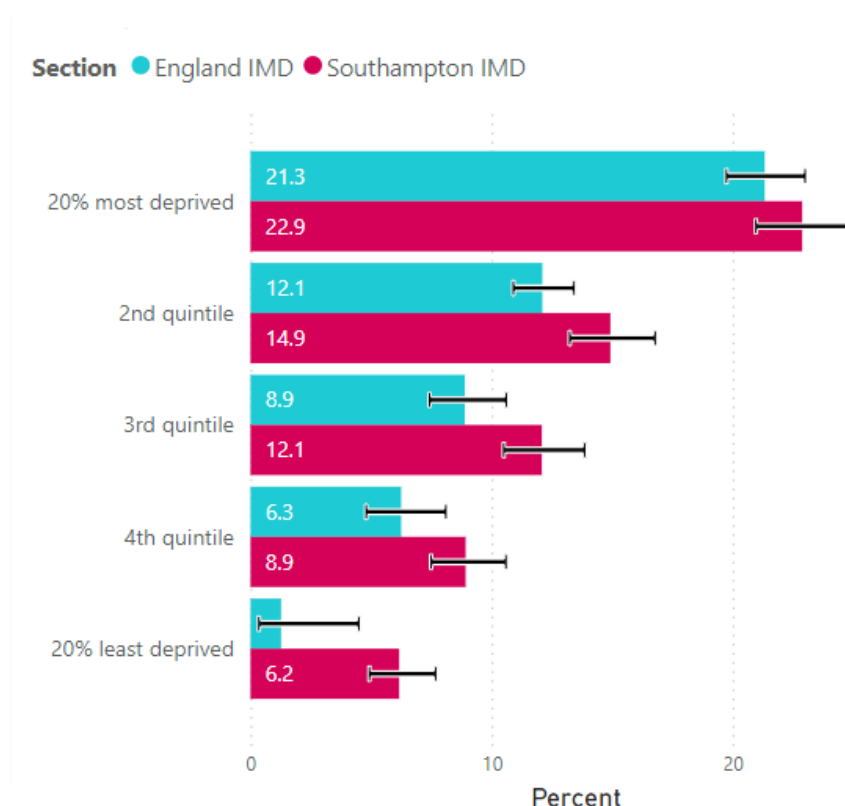
In 2022/23, 8.9% of women in Southampton were smoking at the time of delivery, statistically similar to the England rate of 8.8%. Locally, this is the first time Southampton has been statistically similar to England, following a decreasing trend since 2010/11.

In 2010 showed nationally pregnant women from routine and manual occupations are much more likely to smoke and to have done so during pregnancy than those from professional and managerial occupations (20% compared to 4%).⁷²

Figure 46 demonstrates the wide disparity across the city with significantly higher rates of smoking at midwifery booking in the most deprived areas of the city compared to the least deprived.

⁷² McAndrew F, Thompson J, Fellows L et al (2012) Infant Feeding Survey 2010. A survey conducted on behalf of the Information Centre for Health and Social Care. Leeds: The Information Centre for Health and Social Care.
<https://digital.nhs.uk/data-and-information/publications/statistical/infant-feeding-survey/infant-feeding-survey-uk-2010>

Figure 41: Percentage of mothers smoking at midwifery booking England and local deprivation quintiles 2018/19 to 2020/21 (pooled)



Source: Maternity services dataset (MSDS)

11.5.3 Breastfeeding Initiation and Maintenance

In 2020/21, data was collected on baby's first breastmilk feed for both Southampton and England. Data showed that 71.8% of local mothers were giving breastmilk as a baby's first feed, higher, but not significantly, than England's rate of 71.7%.

Another indicator looks at breastfeeding after the neonatal period where women continue to breastfeed at 6 to 8 weeks and beyond. In Southampton, a local target has been set to reach 50% of new mother's breastfeeding at 6 to 8 weeks. This target was met in 2018/19 and continues to improve. In 2022/23, 54.6% of women still breastfed at 6 to 8 weeks, significantly higher than the England average of 49.2% over the financial year.

11.5.4 Childhood Obesity

Obesity in childhood is closely linked to obesity in adulthood and with a wide range of poor long term physical and mental health outcomes related to poor diet and low levels of physical activity. According to the most recent published results from the National Child Measurement Programme (NCMP) from 2022/23, 9.5% of children in reception are obese (including severe obesity), higher but not significantly than the England average of 9.2%. The prevalence of obesity has decreased slightly from the previous year (11.0% compared to 9.5%), but the long-term trend to 2019/20 was relatively stable.

In Southampton, the prevalence of obesity (including severe obesity) for Year 6 children is 26.2%, significantly higher than the England average of 22.7%. The figures for Southampton have been increasing since 2006/07 (18.2%). No data was collected in 2020/21 due to schools being shut in the pandemic.

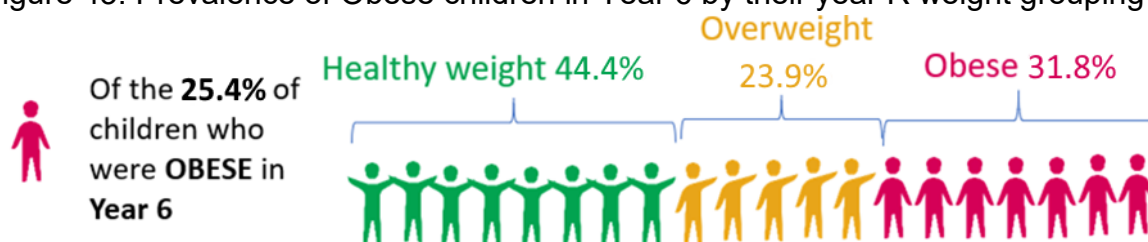
Linked analysis from 2022/23 shows that when looking at the changes in weight status from Year R to Year 6, of the children who were overweight in Year 6 (14.3%), 71.1% were a healthy weight in Year R, 20.7% were overweight and a further 7.6% were obese.

Figure 42: Prevalence of overweight children in Year 6 by their year R weight grouping



Of the 25.4% of children who were obese in Year 6, 44.4% were healthy weight in Year R, 23.9% were overweight and 31.8% were obese.

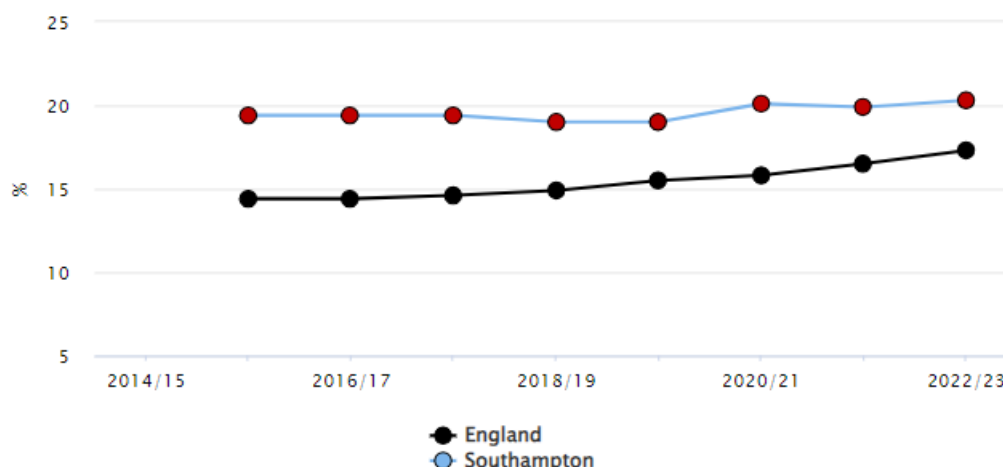
Figure 43: Prevalence of Obese children in Year 6 by their year R weight grouping



11.5.5 Children & Young People with Special Education Needs (SEN)

In 2022/23 there were 7,210 pupils (20.3%) in Southampton schools with a special educational needs, significantly higher than the England average of 17.3%.

Figure 44: Percentage of pupils with Special Educational Needs Support 2014/15 to 2022/23: Southampton and England trend



Source: Fingertips⁷³

In 2022/23, 3.1% of primary school pupils in Southampton have social, emotional and mental health needs, significantly higher when compared to 2.8% in England. In Southampton during the same period, 4.7% of secondary school age pupils have social, emotional and mental health needs, significantly higher when compared with 3.5% in England.

⁷³ OHID Fingertips ID 90898 - <https://fingertips.phe.org.uk/search/SEN#page/4/gid/1/pat/15/par/E92000001/ati/502/are/E06000045/iid/90898/age/217/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

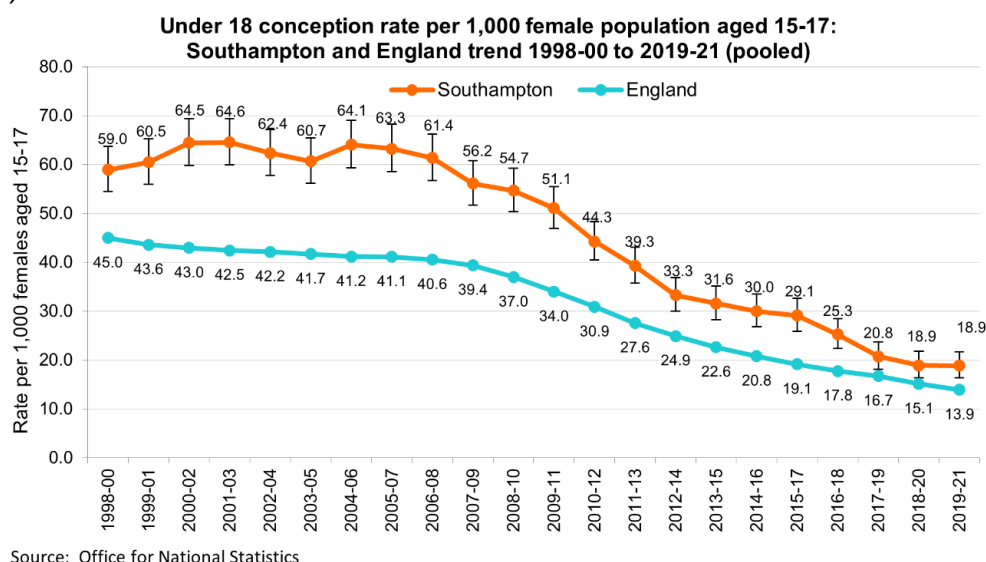
11.5.6 Teenage Pregnancy

A large proportion of teenage pregnancies are unplanned and around half end in abortions. Teenage pregnancies are an avoidable experience for most young women. Although, for some young women having a child can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the parent and the child. Around 1 in 5 young women aged 16 to 18 who are not in education, training or employment are teenage mothers; young fathers are also more likely to have poor education and have a greater risk of being unemployed in adult life.

Teenage conceptions in Southampton among females aged under 16 (aged 13-15) in 2021 is 2.9 per 1,000 (11 conceptions). If Southampton had 3 fewer conceptions, it would have the same rate as England of 2.1 per 1,000.

For females aged under 18, Southampton's rate continues to fall faster than the England average. The conception rate is 17.3 per 1,000, the lowest rate for Southampton since 2001. However, Southampton is the 5th highest amongst its ONS comparators and significantly higher than England's rate of 13.1 per 1,000.

Figure 45: Conceptions in females aged under 18 years, crude rate per 1,000 females aged 15 to 17 years. Southampton and England trend 1998-00 to 2019-21 (pooled)



11.5.7 Termination of Pregnancy

In Southampton 725 abortions were carried out in 2021, this is a crude rate of 20.4 per 1,000 females. This is significantly higher than the England average (17.9 per 1,000). It is important that females requesting an abortion have early access to services and support, as the earlier in the pregnancy the abortion is performed, the lower the risk of complications there are. Data from the most recent period (2021) shows that within Southampton 89.0% of abortions were performed within 10 weeks gestation, which is similar to the England average of 88.6%.

11.5.8 Use of Alcohol and Other Substances by Young People

Results from the 2014 What about YOUTh survey indicate that 11.7% of Southampton 15-year-olds currently smoke, 8.3% smoke regularly, 13.4% have ever tried cannabis and 21.4% have tried e-cigarettes. All of these figures are significantly higher than the national average.

The same survey estimates that 63.3% of 15-year-olds in Southampton have ever had an alcoholic drink and 5% of this age group report being regular drinkers. These figures are not significantly higher than the national average.

In the 2021 Smoking, drinking and drug use among Young People in England (SDD) survey of secondary school pupils (aged 11 to 15 year olds) across England, 13% of 11 year olds had consumed alcohol and this had increased to five times higher, 65% by the age of 15. The survey asked about the previous 4 weeks and 17% of 15 year olds had drunk alcohol (but not been drunk) and 21% had been drunk.

Despite increasing alcohol-specific hospital admissions across all ages, when looking specifically at those aged under 18, Southampton admissions have fallen over the last 10 years, reducing the rate from 102.5 to 61.7 admissions per 100,000 people aged under 18, in 2018/19 to 2020/21. This remains statistically worse than the England average of 29.3 per 100,000 people.

11.6 Protecting the Population

11.6.1 Environmental Exposures

Prior to the mid-1980s asbestos was widely used in the ship-building industry. Exposure to asbestos is the leading cause of a cancer called mesothelioma which can affect the tissues covering the lungs or the abdomen. The city's ship-building heritage means that, although mesothelioma is a relatively rare cancer, Southampton is included within ten geographical areas of Great Britain with the highest male mesothelioma death rates for the period 1981-2022 (425 deaths for Southampton male residents). These areas include other prime ship-building locations of the last 40 years, as shown in Figure 53. There were 58 female deaths from mesothelioma in the same period, and Southampton is ranked 26th.⁷⁴

Figure 46: Mesothelioma mortality in Great Britain: number of deaths and Standardised Mortality Ratios for males by area, 1981-2022

Rank within GB	Area	Male deaths	Standardised Mortality Ratios (SMRs)	95% Confidence Interval	
				Lower	Upper
1	Barrow-in-Furness	305	399.3	355.7	446.7
2	West Dunbartonshire	302	350.8	312.4	392.7
3	North Tyneside	579	276.3	254.2	299.7
4	South Tyneside	445	273.0	248.2	299.6
5	Plymouth	648	261.1	241.4	282.0
6	Portsmouth	464	260.0	236.9	284.8
7	Medway	504	232.3	212.5	253.5
8	Hartlepool	201	221.4	191.8	254.2
9	Gosport	170	215.6	184.4	250.6
10	Southampton	425	215.1	195.1	236.5

Source: HSE <http://www.hse.gov.uk/statistics/assets/docs/mesoarea.xlsx>

Poor air quality is a significant public health issue. Particulate matter (PM2.5) has a significant contributory role in human all-cause mortality, particularly cardiopulmonary mortality. In 2022, Southampton's level of PM2.5 was 8.2 µg/m3 which is statistically similar to the England average of 7.8 µg/m3, using the new method of concentration of PM2.5.

In 2022, the estimated fraction of all cause adult mortality attributable to anthropogenic particulate air pollution (new method) as measured as fine particulate

⁷⁴ Health and Safety Executive, Mesothelioma Mortality in Great Britain by Geographical area, 1981–2022
<https://www.hse.gov.uk/statistics/assets/docs/mesoarea.pdf> page 4 (accessed 04/09/2024)

matter, PM2.5 for Southampton was 6.1% statistically similar to the percentage for England (5.8%). The fraction of mortality attributable to particulate air pollution has fluctuated but decreased overall from 2018 to 2022 but since particulate matter can be affected by weather patterns, trends overtime should be interpreted cautiously.

11.6.2 Safeguarding for Children and Vulnerable Adults

Southampton has a relatively young age profile, with the population aged 10 to 24 years predicted to grow by +7% by 2029. There is evidence to suggest that young people can be at a higher risk of becoming involved in crime, either as a victim or an offender. The likelihood of a young person becoming involved in crime increases with negative risk factors such as, but not limited to experiencing adverse childhood experiences, family conflict, poor attendance and exclusion from school. The above factors highlight the importance of early intervention to prevent young people from becoming involved in crime in the first place.

13.5% of victims and 14.6% of suspects or offenders identified in Southampton in 2022/23 were aged under 18 years. The risk of young people becoming involved in crime also varies across crime groups, with certain crimes skewed towards younger age profiles, for example violent crime.

In 2022/23 there were 538 children in care, in Southampton, a rate of 108 per 10,000 population aged under 18 years, significantly worse than the England rate of 71 per 10,000.

Bullying has a strong effect on the mental health of those bullied and can often damage their outcomes in other areas of life and lead to suicide amongst the worst affected and most vulnerable. The What About YOUth? Survey 2014/15 found a higher, but not significantly percentage of 15-year-olds in Southampton (56.7%) had been bullied in the past couple of months compared to the national percentage (55.0%).

Injuries are a source of harm for children and a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people.

In 2022/23, the rate of children aged 0 to 4 years old with hospital admissions caused by unintentional and deliberate injuries in Southampton was 105.6 per 10,000 population, statistically similar to England's rate of 92.0 per 10,000. The trend in Southampton has been decreasing and getting better from a rate of 211.4 per 10,000 in 2011/12. This trend should continue to be monitored to see if the decline experienced over the last year is sustained.

However, Southampton remains significantly worse than the England average for hospital admissions due to unintentional and deliberate injuries among the 15 to 24 years age group in 2022/23.

Vulnerable adults include adults in contact with secondary mental health services and adults with a learning disability. Living in settled accommodation improves their safety and reducing their risk of social exclusion. Maintaining settled accommodation and providing social care in this environment promotes personalisation and quality of life, prevents the need to readmit people into hospital or more costly residential care and ensures a positive experience of social care. More information is available in section 11.7.3 below.

In 2020/21, the percentage of adults in contact with secondary mental health services who live in stable and appropriate accommodation in Southampton was 26.0%, this is significantly lower than the England average of 58.0%. In 2019/20, the percentage of adults with a learning disability who live in stable and appropriate accommodation in Southampton was 82.4%, this is significantly better than the England average of 77.3%.

11.6.3 Health Protection from Communicable Diseases

- **Tuberculosis (TB):** Cases of TB in Southampton have seen an overall decrease since the peak in 2011-13 (18.3 per 100,000 population). In 2020-22, the rate per 100,000 population of new TB notifications in Southampton was 8.8, statistically similar to the England average of 7.6 per 100,000 population. This is lowest rate since pre 2001-03. In 2021, 85.7% of drug sensitive TB cases had completed a full course of treatment by 12 months, also similar to the England percentage (84.2%). The highest percentage of drug completion locally was in 2013 with a coverage of 96.9%.
- **Hepatitis C:** In 2021, Hepatitis C had a detection rate of 46.1 per 100,000 population. This was significantly higher than the England crude rate of 27.8 per 100,000 population. Hepatitis C has a higher prevalence among those people who inject drugs. In 2017/18, 85.0% of those people in drug use treatment in Southampton received a Hepatitis C test, similar to the England average of 84.2%.
- **Healthcare Associated Infections (HCAI):** Healthcare-associated infections (HCAIs) can develop either as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with a healthcare setting. The term HCAI covers a wide range of infections. The most well-known HCAI include those caused by methicillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile* (C. difficile). In the University Hospital

Southampton, there were 6 cases of overnight bed days of MRSA bacteraemia⁷⁵, 157 cases of Clostridium difficile (C. diff) infection⁷⁶ and 412 cases of E.coli bacteraemia in 2022/23 (a rate of 1.52, 39.9 and 104.6 respectively).

- **Vaccine Preventable Disease:**

Routine childhood immunisation ensures children are best protected against a range of vaccine preventable diseases. Vaccination is safe and effective. In 2024, the UK has seen increases in cases of measles and pertussis. Vaccination rates have been falling nationally and locally over the last 10 years and dropped further during the COVID-19 pandemic.

Measles is a highly infectious acute viral illness. It is a notifiable disease and vaccine-preventable. Global cases of measles are high due to poor vaccination coverage made worse by the COVID-19 pandemic. Imported cases are therefore likely.

Vaccine has been available in the UK since 1968 but low coverage of population until MMR vaccine in 1988 and due to subsequent lower transmission, unvaccinated children remain highly susceptible to measles infection, and this continues to the present day. The target for uptake is 95% of the population to protect everyone. In 2021/22 in Southampton in 92% of children had their 1st MMR by age 2 years but this drops to 88% of children having their second dose by 5 years. Both are higher than the England average

Since 1 January 2024, there have been 2,012 laboratory confirmed measles cases reported in England (46% in London, 28% in the West Midlands, and 9% in East Midlands. 129 upper tier local authorities (UTLA) have reported at least one confirmed case with symptom onset since 1st January. The majority of the cases, (62%), have been in children under 10 and young people and adults aged 15-34 (31%). In the same period there have been 13 confirmed measles cases (correct at 30th September 2024) in Southampton. Most of these were travel related with no sustained community transmission.

⁷⁵ Public Health England. MRSA bacteraemia: annual data <https://www.gov.uk/government/statistics/mrsa-bacteraemia-annual-data> (accessed 16/09/2024)

⁷⁶ Public Health England. Clostridium difficile infection: annual data [Clostridioides difficile \(C. difficile\) infection: annual data - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data) (Accessed 16/09/2024)

Whooping cough, also known as pertussis, is a highly contagious bacterial infection that mainly affects the lungs and airways. Whooping cough is sometimes known as the 100-day cough because of how long it takes to recover from it. It spreads very easily and can be serious. It's important for babies, children and anyone who's pregnant to get vaccinated against it.

Whooping cough can affect people of all ages and while it can be a very unpleasant illness for older vaccinated adolescents and adults, young babies who are too young to be fully protected through vaccination are at increased risk of serious complications or, rarely, death.

Since 1 Jan 2024, there have been 5337 suspected cases in South East: 2005 confirmed, compared with 858 cases for the whole of last year (2023). Of the 4992 cases with age information available, 61 (1.2%) were under 3 months old, 48 (0.9%) were 3-5 months old and 57 (1.1%) were 6-11 months old

- **Seasonal Flu:**

The seasonal flu vaccine is recommended for the very young, older people, pregnant women and those who are immunosuppressed with certain underlying conditions. In the 2023/24 'flu season', 41.3% of people at risk had a vaccination administered between 1st September and the end of February. Under the national goal of 55%, but statistically similar to the England average of 41.4%. Eligibility has been extended to children aged 2 years and older over the last few years.

Port Health: In 2023, Southampton port handled 30.62 million tonnes of cargo by volume, and 1.50 million units⁷⁷ and 2.73 million cruise passengers coming to 5 cruise terminals annually require a range of diverse environmental health control functions from Southampton Port Health Services. Food and people now travel over far greater distances than ever before, creating the conditions necessary for widespread and rapidly occurring outbreaks of disease. Infectious diseases such as cholera persist and return, and recent decades have shown an unprecedented rate of emergence of new zoonoses within the UK. It is anticipated that container volumes and shipping movements will continue to grow but accurate projections are somewhat difficult in the current economic climate. It is also anticipated that the number and details of intervention will also increase in line with the effects of climate change, food fraud and adulteration which have clear implications for food

⁷⁷ Department for Transport – Maritime Statistics <https://maps.dft.gov.uk/maritime-statistics/index.html> (accessed 16/08/2024)

production, food security and food safety. Southampton City Council continually assesses resource threats and requirements and delivery outcomes.

11.7 Specific Needs for Key Population Groups

The following patient groups, who may have particular needs, have been identified as living within the HWB's area:

11.7.1 University Students

Approximately 40,000 students live in the city with over 7,600 international students each year. These students represent more than 135 countries studying at the University of Southampton and Solent University. The health issues most commonly associated with students are:

- Mumps
- Chlamydia testing
- Meningitis
- Contraception, including EHC provision
- Mental health problems

In addition, students may need support managing pre-existing or long-term conditions such as diabetes, asthma, epilepsy, eczema and/or mental health problems, previously managed for the majority in a home environment.

11.7.2 Carers

Carers are a critical, and often under-recognised and under-valued resource in caring for vulnerable people. In the 2021 census, 18,136 people (7.7%) 1 in 13 people, said they provide some level of unpaid care in Southampton. This was significantly lower than the England average (8.8%) and was the third lowest rate among Southampton's ONS comparator group. Significantly more people in Southampton said they were in good health compared to the England average in the 2021 census. This, along with the city's relatively young population, may explain why there is slightly less unpaid care provided in Southampton.

Southampton has lower percentages of unpaid carers across all age and economic activity groups compared to England. Southampton's 2021 percentage of unpaid carers was also lower than the 2011 census (8.6%), however 'unpaid care' was more tightly defined in the 2021 census question so a robust comparison cannot be made.

Differences in percentages of unpaid carers by ethnicity group may be due to cultural differences or a combination of factors mentioned in this analysis. The white British

ethnicity group provide the highest amount of unpaid care from 9.0% of residents in this ethnicity group. This is also group with the highest percentage reporting in “not good health”.

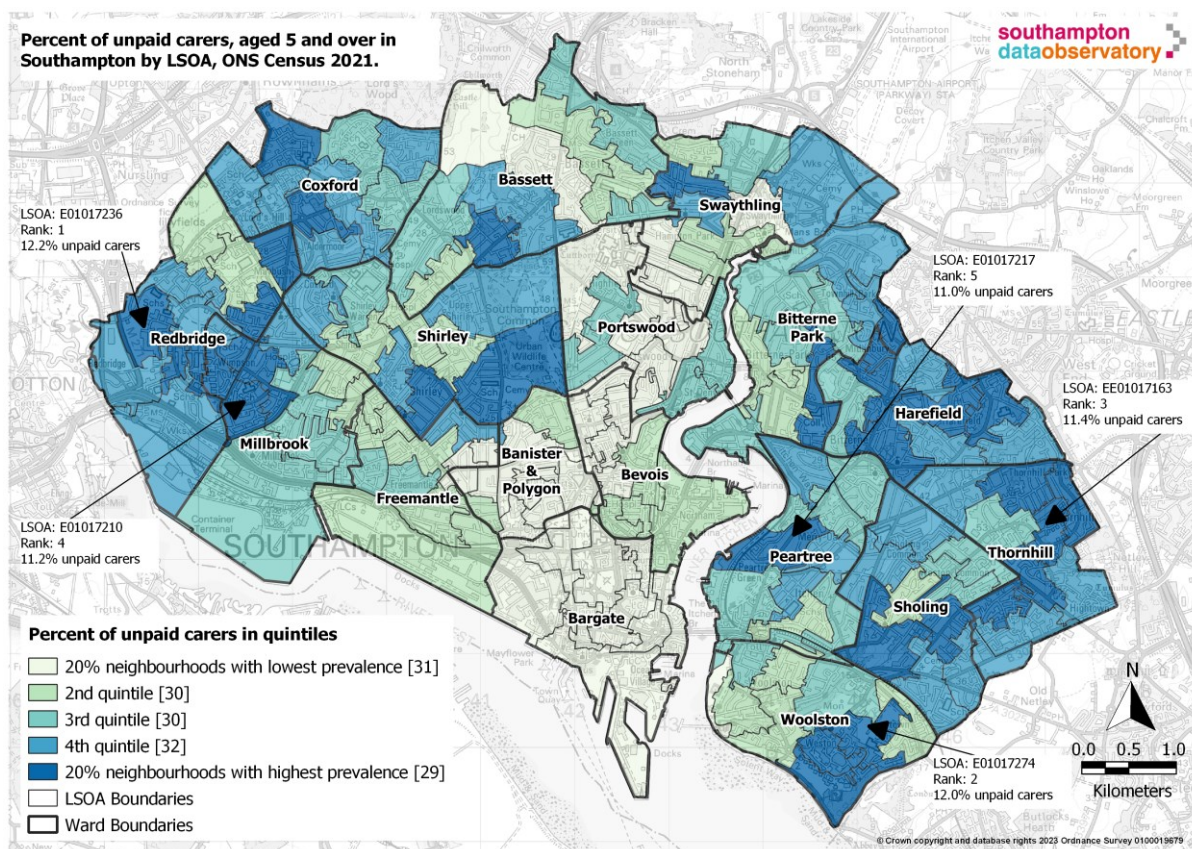
A higher (80.5%) percentage of residents who are white British, are providing some level of unpaid care compared to the percentage of this ethnicity within the Southampton (68.5%) population. Looking specially at those providing 50+ hours of unpaid care a week across the city, 82.1% of those providing this are white British.

Breaking down hours provided by ethnic group (including the more common sub groups) show whilst 9.0% of white British provide the most unpaid care; Asian Bangladeshi (8.9%) and Black Caribbean (8.8%) also give more than the Southampton average (7.7%). During the pandemic, changes in caring patterns where normally from several individuals in multiple households changed to single individuals from one household in line with government guidelines to reduce infection spread, this may be a factor on the data.

The highest groups by ethnicity providing 20+ hours of care a week, recorded in the 2021 Census were 5.4% of Asian Bangladeshi (aged 5+), 4.7% of white British (aged 5+) and 4.4% of Black Caribbean (aged 5+). The highest percentage by ethnic group providing 50+ hours is Asian Bangladeshi (3.3%).

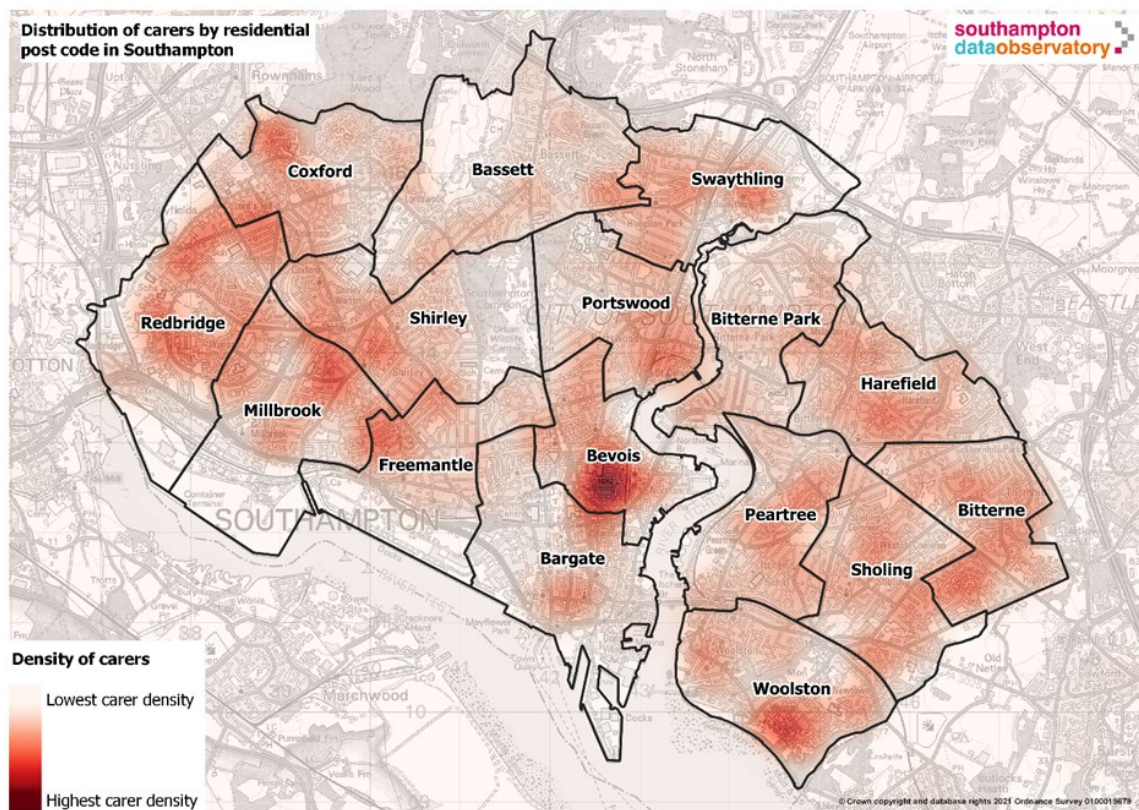
A deeper dive looking at differences by sex and ethnicity, showed 53.7% of Asian unpaid carers are females, rising to 60.5% among Asian Pakistani residents. Black unpaid carers are 56.6% females and 58.9% of white British unpaid carers are females.

Figure 47: Percent of unpaid carers, aged 5 and over in Southampton by LSOA 2021
Census



The rate of unpaid carers is lower in Southampton's north and central locality. Most of these areas have a younger average age and a larger student population or have the affluence to provide paid care.

Figure 56: Distribution of carers by residential postcode in Southampton August 2021



Many carers administer medicines for the person they care for as well as request/purchase equipment or aids for the home to support the care they provide.

11.7.3 Disability - People with a Learning Disability

There is a gap between the number of people who are estimated to have a learning disability and those who are registered with a GP.

Across Southampton PCNs, 1,583 GP registered patients were registered as having a learning disability, a prevalence of 0.49% for 2022/23. The prevalence ranged by practice from 0.02% of patients at University Health Service to 0.94% at Lordshill Health Centre. The next highest prevalence was at Stoneham Lane Surgery and Shirley Health Partnership, both with a prevalence of 0.71%.

In Southampton the key characteristics of people with learning disabilities are:

- More males, than females have a learning disability
- A higher percentage of residents who have a learning disability live in Coxford, Redbridge and Thornhill
- Prevalence in the most deprived areas of Southampton is four times higher than in the least deprived areas (6.72 per 1,000 population in the 20% most deprived areas compared to 2.61 per 1,000 population in the least deprived areas).

People with a learning disability often have a significantly higher prevalence of other health conditions compared to people without learning disabilities. These conditions can include the following, please note that percentages are for the period 2021-22 and are for the Hampshire and Isle of Wight Sub-ICB, (this is not an exclusive list of conditions):

- Asthma - 9.0% of patients with Learning disabilities have an active diagnosis of asthma, higher when compared to 6.4% of patients without LD
- Autism – 31.2% of patients with LD have a diagnosis of autism significantly higher than patients without LD (1.0%)
- Dementia – 1.5% of patients with LD have a diagnosis of dementia higher when compared to 0.8% of patients without LD
- Depression - 15.2% of patients with LD have and active diagnosis of depression, slightly lower when compared to patients without LD (15.9%)
- Diabetes – 6.9% of patients with LD have an active diagnosis of diabetes mellitus and a record of IFCC-HbA1C in 2021/22 , higher when compared to 4.2% of patients without LD
- Epilepsy - 18.1% of patients with LD have Epilepsy, significantly higher than those patients without LD (0.6%)
- Hyperthyroidism – 7.2% of patients with LD have a diagnosis of hyperthyroidism higher than those patients without LD (3.6%)

- Severe mental illness – 6.5% of patients with LD have a diagnosis of severe mental illness significantly higher than those patients without LD (0.8%)⁷⁸

The type of conditions with higher diagnosed prevalence among people with a learning disability tend to be those that involve self-management. Higher prevalence often occurs at an earlier age in a person's lifetime for people with a learning disability compared to those without.

For instance, the percentage of people with a learning disability are likely to have a higher BMI than the general population. In 2021-22, in the Hampshire and Isle of Wight sub-ICB, 24.5% of people with learning disabilities had a BMI assessment classification (or downs syndrome BMI centile classification) of obese (BMI equal or over 300). Significantly higher when compared to 8.3% for the general population.

lack of physical activity. They may also be prescribed medicines that increase the risk of diabetes, e.g., antipsychotics. As a consequence, the treatment regimens of people with a learning disability can be complex, involving several different prescribers with medicines frequently used outside their product license.⁷⁹

⁷⁸ Learning disabilities – Southampton Data Observatory
<https://data.southampton.gov.uk/health/disabilities/learning-disabilities/> accessed 16/08/2024

⁷⁹ Royal Pharmaceutical Society, Learning disabilities; Medicines Optimisation.
<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Policy/learning-disability-moarticle-160324.pdf>
<https://www.rpharms.com/Portals/0/RPS document library/Open access/Policy/learning-disability-mo-article-160324.pdf>

11.7.4 Disability - Adults with Autistic Spectrum Conditions

A local estimate of the prevalence of autistic spectrum conditions in adults aged 16 years and over in Southampton was produced using national prevalence estimates derived from the 2014 Adult Psychiatric Morbidity Survey. In 2023, it is estimated that there are 1,153 males (1.1% of male population) and 212 females (0.2% of the female population) aged 16 years and over in Southampton who would screen positive for autism spectrum conditions.⁸⁰

11.7.5 Lesbian, Gay, Bisexual and Transgender Community

For the first time Census 2021 included a question on sexual orientation. Although voluntary, people aged 16 and over were asked to complete.

In Southampton, there are 4,071 (2.0%) people who are gay or lesbian 5th highest amongst our ONS comparators and significantly higher when compared with 1.5% for England as a whole. There are also 4,830 people (2.4%) who are bisexual the 3rd highest amongst our ONS comparator group with Bristol as the highest (3.1%) and higher when compared to 1.3% in England. In Southampton, there are also 1,181 people (0.6%) who are other sexual orientations, including pansexual, asexual and queer. Third highest amongst ONS comparators and higher compared to 0.3% in England. In Southampton 8.3% of the people who filled in the Census didn't answer this question, higher than England (7.5%).

Specific issues for this population group include being targets for hate crime, mental illness such as depression and anxiety, smoking and substance use.

Trans is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Being trans does not imply any specific sexual orientation. Some people consider being trans a very private matter and can be subjected to prejudice and harassment.

In the 2021 Census there was a question on gender identity, which asked people aged over 16 what their gender identity was. In Southampton, 92.3% of the over 16

⁸⁰ NHS Digital. NatCen Social research Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014 <https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014> (accessed 16/08/2024) applied to the Hampshire County Council 2023-based Small Area Population Forecast

population identified as the same sex as registered at birth, the 2nd lowest amongst our ONS comparators and significantly lower when compared to 93.5% for England. Coventry is the lowest at 91.6% and Plymouth is the highest at 94.2%.

In Southampton, 1,633 people (0.80%) aged 16 and over identified themselves as a different sex from that registered at birth. This is significantly higher when compared to 0.55% for England. Southampton is ranked 3rd highest amongst our ONS Comparators, the largest being Newcastle upon Tyne (0.87%).

In Southampton, 0.15% of people were trans women, the highest ranking amongst our ONS comparators and higher when compared to 0.10% England. The same percentage (0.15%) were trans men and is ranking 1st amongst ONS comparators. There were 390 people (0.19%) with other gender identities in Southampton.

11.7.6 Age

Mental health needs by age are explored in Section 11.3 and the health needs of Southampton's children are highlighted in Section 11.5.

- Health issues tend to be greater amongst the very young and the very old
- In Southampton's 0 to 4 year olds, 99.6% are without chronic conditions. By age 60 to 64 over half (55.3%) have at least one LTC, by the age of 80 to 84 43.1% have at least 3 LTC and people aged 90 and over 8.4% have at least 6 long term conditions. In 2022/23, a higher rate of older people (aged 65 year and over) in Southampton access long term support through adult social services than is the case nationally (5,965 per 100,000 compared with 5,185 per 100,000).⁸¹

11.7.7 Older Adults mental health

The older we get, the risk factors that may lead to social isolation and loneliness increase. In the latest analysis report from [Age UK](#), older people aged 50+ in England are:

- 5.2 times more likely to be often lonely if they are facing bereavement
- 1.6 times more likely to be often lonely if they are living alone
- 3.7 times more likely to be often lonely if they are living with limiting disabilities or illnesses
- 2.6 times more likely to be often lonely if they are caring for a partner

⁸¹ Personal Social Services Adult Social Care Survey, England, 2022-23 [Adult Social Care Activity and Finance Report - NHS England Digital](#) table 36 (Accessed 20/09/2024)

- Physical and mental health difficulties, making it harder to participate in activities and maintain relationships
- 2.3 times more likely to be often lonely if they have low fixed incomes, such as pensions, making activities unaffordable
- 3.0 times more likely to be often lonely if they don't feel they belong to their neighbourhood e.g., Digital exclusion
- Reduced mobility and loss of access to affordable, reliable, and/or suitable modes of transport

Gender identity may have an impact on social isolation and loneliness; however, evidence doesn't suggest that one gender is lonelier than the other. LGBTQ+ people are at a greater risk of loneliness as social rejection, exclusion, and discrimination can lead LGBTQ people to feel lonelier. Older LGBTQ+ people more vulnerable to social isolation as they are more likely to be single, living alone and less contact with relatives. A person's long-term health, disability or mental health impacts the risk of loneliness and social isolation. Family circumstances can contribute to loneliness, such as: adult children leaving home, bereavement, becoming single, weak familial relationships, and being at home with young children. People from a lower socio-economic status or a socio-economically disadvantaged area are at a higher risk. This could be due to inequality in resources and limited finances.

11.7.8 Ethnicity, Migration, Language and Religion

In the 2021 Census in Southampton, 31.9% of residents consider themselves other than white British, compared with 22.3% in 2011. An increase of 50.2% or just over 26,537 people. Within Southampton, there is a wide variation in ethnic diversity. In Bevois ward, the 36.1% of residents are white British, followed by 29.1% of residents who are Asian or British Asian and 18.2% of the population are white other (than white British). In Freemantle, 56.1% are white British, followed by white other (than white British) (21.5%). Sholing has the largest white British population at 87.3%.

Cultural difference can affect health and wellbeing:

- Ethnic differences in health are most marked in the areas of mental wellbeing, cancer, heart disease, HIV, TB and diabetes
- An increase in the number of older people from ethnic minorities is likely to lead to a greater need for provision of culturally sensitive social care and palliative care.
- Ethnic minority populations and religious groups may face discrimination and harassment and may be possible targets for hate crime⁸²

⁸² Hate Crime on Southampton Data Observatory <https://data.southampton.gov.uk/community-safety/hate-crime/> (Accessed 16/08/2024)

- Migrants may have limited health literacy to spoken and written information that is not in their first language⁸³
- Possible link with ‘honour-based violence’ which is a type of domestic violence motivated by the notion of honour and occurs in those communities where the honour concept is linked to the expected behaviours of families and individuals
- Female genital mutilation⁸⁴ is related to cultural, religious, and social factors within families.

11.7.9 Gender

- In 2018-20, in Southampton, healthy life expectancy for males was 61.4 years, which is lower than the national average of 63.1 years. For females, health life expectancy in Southampton is 63.1 years, which again is lower than the national average of 63.9 years. This suggests that in Southampton there is a wider healthy life expectancy gap (1.7 years) between males and females than that seen nationally (0.8 years).⁸⁵
- In 2020-22, in Southampton, looking at the England deprivation quintiles, males living in the 20% most deprived areas of the city live on average 5.3 years less than those living in the 20% least deprived areas. Females in the 20% most deprived areas live 3.9 years less than those in the 20% least deprived areas.⁸⁶
- The most recent community safety survey also highlighted that over half of respondents that witnessed or were a victim of crime did not report the incident. This is particularly concerning for high harm and priority offences, such as hate crime (80%), sexual assault (74%), Violence against women and girls (68%), domestic abuse (58%) and serious violent crime (53%).⁸⁷

11.7.10 Port Workers and Visitors

Southampton is a port city with the potential for communicable diseases to be spread by the large-scale movements of goods and people through the port.

⁸³ Ethnicity, language and identity on Southampton Data Observatory <https://data.southampton.gov.uk/population/ethnicity-language-and-identity/> (Accessed 16/08/2024)

⁸⁴ NHS Overview of FGM <https://www.nhs.uk/conditions/female-genital-mutilation-fgm/> (Accessed 16/08/2024)

⁸⁵ Life Expectancy on Southampton Data Observatory <https://data.southampton.gov.uk/health/life-expectancy-and-mortality/life-expectancy/> (accessed 16/08/2024).

⁸⁶ Life Expectancy on Southampton Data Observatory <https://data.southampton.gov.uk/health/life-expectancy-and-mortality/life-expectancy/> (accessed 16/08/2024).

⁸⁷ Southampton City Council Safe City Assessment. <https://data.southampton.gov.uk/media/m20a2aoj/2022-23-safe-city-strategic-assessment-report.pdf> page 73 (accessed 16/08/2024).

In 2023, Southampton port handled 30.62 million tonnes of cargo by volume, and 1.50 million units⁸⁸ and 2.73 million cruise passengers coming to 5 cruise terminals annually require a range of diverse environmental health control functions from Southampton Port Health Services. As ferry port, Southampton serves around 3 million passengers to and from the Isle of Wight.

11.7.11 Veterans

The 2021 Census recorded 6,361 (3.1%) Southampton residents (aged 16 and over) who had previously served UK armed forces or reserves (veterans). Southampton's percentage of veterans is lower when compared to England (3.8%) and the 5th lowest percentage amongst our ONS comparators which range from 8.4% in Plymouth to 2.4% in Bristol.

In Southampton, 86.8% of people who previously served in the UK armed forces or in the reserves were male and 13.2% were females. This is similar to England where 86.5% of veterans were male and 13.5% were female.

Veterans are more likely to be older people; 51.7% of veterans locally and 53.2% of veterans nationally are aged 65 and over. The range across the city shows 62.7% of veterans in Bassett who were aged 65 and over, higher compared to 36.2% in Bevois. Differences by sex reflects National Service legislation (1939 to 1960), showing in Southampton, 42.7% of female veterans and 53.1% of male veterans were aged 65 years. In England, this percentage is 40.5% of female veterans and 55.2% are males are aged 65 and over.

In Southampton, 35.9% of veterans, reported themselves to be in bad health higher when compared to 35.5% of veterans in England, but also far higher than the 20.1% of the overall city population (aged 16 and over) reporting to be in bad health. This may be due to service sustained injuries. Variation among Southampton wards range from 43.3% of veterans in both Coxford and Bitterne are not in good health to Bargate (30.7%).

Three out of ten veterans (31.4%) are disabled under the Equality Act and of those 48.4% of people who served had their day-to-day activities limited a lot and 51.6% reported having their day-to-day activities limited a little. This compares to two out of ten (19.8%) for Southampton's general population who are disabled under the Equality Act - with 39.8% of all Southampton residents aged 16 and over had their day-to-day activities limited a lot and 60.2% limited a little.

⁸⁸ Department for Transport – Maritime Statistics <https://maps.dft.gov.uk/maritime-statistics/index.html> (accessed 16/08/2024)

Information from [PTSD UK](#) suggests that the estimated rate of PTSD among UK veterans of all conflicts is 7.4%. The rate for PTSD among the public is 4%. Using this rate (7.4% of 6,361 veterans), would suggest that there are 470 veterans have PTSD in Southampton.⁸⁹

The University Hospital Southampton NHS Foundation Trust is one of 104 NHS providers that are accredited to have the best care for veterans, to help care for people that serve or have served in the UK armed forces and families. These Veteran Aware trusts are helping to provide and improve veterans' care, as part of the [Veterans Covenant Healthcare Alliance](#) (VCHA).

11.7.12 Travellers

In September 2021, there were twenty-six pitches across Southampton and nine travelling show people yards, making a total of 35 plots across Southampton. In the 2021 Census, 918 people recorded themselves as Roma (578) or Gypsy or Irish Traveller (340), just 0.4% of the population. Key barriers to health in these communities include lower health literacy and cultural distrust of systems.

11.7.13 Homelessness

Southampton had an overall rate of 5.3 households threatened by homelessness per 1,000 households in 2021/22, which was similar to the national average (5.6 per 1,000 households) and 6th lowest among comparators. Notably, Southampton had a significantly lower rate of households threatened by homelessness compared to Portsmouth (7.7 per 1k households).

Based on Autumn count data, the number of people rough sleeping on a single night in Southampton was three times higher in 2022 (27 people) compared to 2021 (9 people). Looking at trends over time, the average count between 2010 and 2022 was 20 people a year, with the 2022 count (27 people) above this average.

In addition, there are believed to be high numbers of 'hidden homeless' people who are housed by family and friends in shifting circumstances, but not always captured as part of the official figures. Underpinning these upward trends are the various causes of homelessness, of which, the most important remains the supply and affordability of decent housing.

⁸⁹ PTSD UK https://www.ptsduk.org/?gad_source=1&gclid=CjwKCAjw8fu1BhBsEiwAwDrsjN9atkbOe0IsOCV6RSU5H_-GAFmO42MEzTYWbkRViHzkG2YQg9KACxoC3RQQAvD_BwE (accessed 16/08/2024)

The average life expectancy for women experiencing homelessness is 43 years old and for men it is 47 years old. Drug and alcohol use are particularly common causes of death among the homeless population, accounting for just over a third of all deaths, and people experiencing homelessness are nine times more likely to commit suicide than the general population.⁹⁰

A study of homelessness service users between 2017/18 and 2019/20 was undertaken by Southampton City Council in March 2021. The study identified 619 rough sleepers, but it is recognised that the rough sleeping population is fluid in its composition, and there are a number of services assisting them out of rough sleeping.

The 619 known rough sleepers provided 1,048 reasons for their rough sleeping, with Mental Health (26.7%) and Drug Addiction (23.9%) being the most represented reasons. Other reasons given were Prison (16.5%), Physical Disability (13.8%), Alcohol issues (13.5%), Domestic Violence (3.1%) and Learning Difficulties (2.6%).

The majority of known rough sleepers gave their nationality as 'British' (76%) with Polish being the second highest (12%) reported nationality. Over the course of the study, there was a decreasing trend for Polish rough sleepers (13% down to 8%) with an increasing trend in British homeless (77% increasing to 82%).

⁹⁰ 'Homelessness Kills' report by Crisis available here: [crisis_homelessness_kills_es2012.pdf](https://www.crisisuk.org/media/2012/04/homelessness-kills-es2012.pdf)

12. Appendix B – HIOW Pharmaceutical Needs Assessment Steering Group Terms of reference

The Pharmaceutical Needs Assessment (PNA) is a legal duty for Health and Wellbeing Boards (HWBs). Hampshire, Portsmouth, Southampton and Isle of Wight (HIOW) HWBs are each required to publish a revised PNA for their area by 1st October 2022. The PNAs are used by NHS England to make decisions on which NHS funded pharmaceutical services need to be provided in each local area. Failure to publish a robust PNA, which has been produced in line with requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 could lead to legal challenges, particularly as the local PNA is central to making decisions about new pharmacy openings.

The HIOW PNA Steering Group exists to guide the preparation of the PNA documents on behalf of the HIOW Directors of Public Health for presentation to the HWBs.

12.1 Purpose

The Steering Group will: -

- Oversee the development and publication of a separate PNA for Hampshire County Council (HCC), Isle of Wight Council (IOWC), Portsmouth City Council (PCC) and Southampton City Council (SCC)
- Agree a timetable for the development of the PNAs
- Guide the PNAs to meet the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and by the required timescale
- Advise on the statutory duties for consultation for the PNAs

12.2 Membership

The membership of the HIOW PNA steering group is as follows:

Southampton City Council

Robin Poole - Public Health Consultant

Vicky Toomey – Principal Analyst (Public Health)

Vanella Mead – Strategic Data Analyst

Portsmouth City Council

Matt Gummerson – Head of Strategic Intelligence and Research

Hampshire County Council

Catherine Walsh – Senior Public Health Intelligence Analyst

Thomas Ruxton – Senior Public Health Intelligence Analyst

Isle of Wight Council

Simon Squibb – Public Health Practitioner (Analyst)

Community Pharmacy HIOW

Artur Pysz – Joint Chief Officer

Alison Freemantle – Joint Chief Officer

South East Pharmacy Optometry and Dentistry Commissioning Hub – Working on behalf of all ICBs across the South East

Amanda Borland – Senior Commissioning Manager – Pharmacy and Optometry

Health and Care Portsmouth / Hampshire and Isle of Wight ICB

Simon Cooper – Director of Pharmacy, Optometry and Dentistry (HIOW ICB) and Medicines Optimisation (Portsmouth)

An agreed deputy may be used where the named member of the group is unable to attend.

Other staff members/stakeholders may be invited to attend meetings for the purpose of providing advice and/or clarification to the group.

NHS Frimley – Frimley Health and Care Integrated Care System

Yinka Kuye – Community Pharmacy Clinical Lead

An agreed deputy may be used where the named member of the group is unable to attend. Other staff members/stakeholders may be invited to attend meetings for the purpose of providing advice and/or clarification to the group.

Where there are discussions in the steering group specific to one Local Authority, only those members representing the Local Authority in question may take part.

12.3 Declarations of interest

Members must declare any pecuniary or personal interest in any business on the agenda for it to be formally recorded in the minutes of the meeting.

12.4 Meetings

All meetings will have an agenda and action notes. There will be scheduled meetings of the steering group although this schedule may be adjusted, if necessary, by agreement of the group.

12.5 Accountability and reporting

The PNA steering group will be accountable to the Directors of Public Health across HIOW.

13. Appendix C – Consultation report

13.1 Details of the consultation

Southampton City Council conducted a public consultation on a draft Pharmaceutical Needs Assessment (“PNA”).

The aim of this consultation was to:

- Communicate clearly to residents and stakeholders the proposed content of the Pharmaceutical Needs Assessment
- Ensure any resident, business or stakeholder who wished to comment on the proposals had the opportunity to do so, enabling them to raise any impacts the proposals may have
- Allow participants to propose alternative suggestions for consideration which they feel could achieve the objective in a different way.

13.2 Results of the consultation

A detailed report of the consultation and the results will be available on the [Southampton Data Observatory \(PNA\)](#).

13.3 Consideration of the consultation results

The steering group will look at the consultation results at a future meeting.

14. Appendix D - Equality and Safety Impact Assessment

The Public Sector Equality Duty (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people's needs. The Council's Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with Section 17 of the Crime and Disorder Act and will enable the council to better understand the potential impact of proposals and consider mitigating action.

Figure 48: The Equality Duty

Name or Brief Description of Proposal	Southampton Pharmaceutical Needs Assessment 2025
Brief Service Profile (including number of customers)	
<p>A Pharmaceutical Needs Assessment (PNA) is a statement of current pharmaceutical services provided in the local area. It also assesses whether the pharmaceutical services provision is satisfactory for the local population and identifies any perceived gaps in provision.</p> <p>The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs. It is a statutory requirement for the Health and Wellbeing Board to publish a revised assessment within three years of its previous PNA. This PNA is due to be published in October 2025.</p>	
Summary of Impact and Issues	
<p>The PNA reflects the current and future needs for pharmaceutical services. This affects the residents of Southampton, people who work and study in the city and partner NHS organisations including NHS Hampshire and Isle of Wight ICB, Southampton University Hospitals NHS Foundation Trust, GP practices and the existing community pharmacy network. This PNA refreshes the previous assessment published on 1 October 2022.</p> <p>Access to high quality pharmaceutical services is particularly relevant for those in ill health who are taking medicines, typically people suffering from long term conditions and older adults. But there is no specific population group</p>	

that is impacted as everyone may need access to pharmaceutical services in the city. The PNA, therefore, makes reference to a range of groups.	
Potential Positive Impacts	
The PNA has been developed to ensure a good range of pharmaceutical services may be accessed by the local population of Southampton. Many services have been identified, including locally commissioned services, and their role in promoting health and wellbeing of the people of Southampton is described.	
Responsible Service Manager	Robin Poole Public Health Consultant
Date	08/11/2024
Approved by Senior Manager	Debbie Chase Director of Public Health
Date	08/11/2024

Potential Impact:

Figure 49: Potential impact DRAFT – not currently up to date

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	<p>This PNA identified good provision of services for all ages. Medicine use increases with age. The majority of older adults will be taking at least one regular prescription medicine.</p> <p>The PNA has considered services that would support older adults such as prescription collection and home delivery of medicines. Distance selling pharmacies, including those registered outside of Southampton, also provide additional choice, and increase accessibility to older adults, some of whom may have limited mobility. Age-Adjustments to the dispensing process which may support older people include easy open containers and large print labels.</p>	N/A
Disability	<p>The PNA has considered services that would support people with a disability such as home delivery of medicines.</p> <p>Distance selling pharmacies provide additional choice and increase</p>	N/A

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	accessibility to individuals with disabilities who may have limited mobility.	
Gender Reassignment	No specific impact has been identified from this PNA.	N/A
Marriage and Civil Partnership	No specific impact has been identified from this PNA.	N/A
Pregnancy and Maternity	<p>No specific impact has been identified from this PNA.</p> <p>Community pharmacies can provide an important source of advice for minor ailments, such as constipation, which can commonly occur in pregnancy.</p> <p>For women planning pregnancy, access to a community pharmacy for advice can also be important.</p>	N/A
Race	<p>No specific impact on a particular group has been identified from this PNA.</p> <p>Information has been collected and summarised in the PNA on languages spoken by pharmacy staff.</p>	N/A
Religion or Belief	No specific impact has been identified from this PNA. The General Pharmaceutical Council has published guidance ⁹¹ to clarify that while a pharmacist may be unwilling to provide a particular service due to religious reasons or personal values and beliefs, they should take steps to make sure the person asking for care is at the centre of their decision-making, so that they are able to access the service they need in a timely manner.	N/A

⁹¹ https://www.pharmacyregulation.org/sites/default/files/in_practice-guidance_on_religion_personal_values_and_beliefs.pdf

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Sex	No specific impact for either men or women has been identified from this PNA.	N/A
Sexual Orientation	No specific impact has been identified from this PNA.	N/A
Community Safety	No specific impact has been identified from this PNA.	N/A
Poverty	Areas of deprivation have been described and considered in this PNA but no specific impact has been identified.	N/A
Health & Wellbeing	The PNA has looked at the health and wellbeing of Southampton's population and at how the needs of different groups may vary. In relation to this, the PNA has assessed access to, and availability of, pharmaceutical services in the city.	
Other Significant Impacts	<p>Community pharmacists tend to be the most accessible health care professionals for the general public. Pharmacies can be particularly effective in providing services to more underserved groups as they offer a walk-in service and do not require an appointment.</p> <p>Some specific population groups (such as people experiencing homelessness and vulnerable migrants) have become even more reliant on pharmacies for their health and care needs as a result of the effects of the pandemic.</p> <p>Public Health England has published guidance⁹² on the unique role that pharmacy teams, located in the heart of communities, can play in helping to address health inequalities.</p>	

⁹² Pharmacy teams – seizing opportunities for addressing health inequalities. <https://psnc.org.uk/wp-content/uploads/2021/09/Pharmacy-teams-seizing-opportunities-for-addressing-health-inequalities.pdf>

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	There is also further guidance ⁹³ available how pharmacies can be inclusive and on the role that pharmacies can play in ensuring equitable access ⁹⁴ to vaccinations.	

⁹³ Joint National Plan for Inclusive Pharmacy Practice in England. <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Inclusive%20Pharmacy%202021/Joint%20National%20Plan%20for%20Inclusive%20Pharmacy%20Practice%20-%2010%20March.pdf>

⁹⁴ Delivering an open access vaccination clinic. <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/12/C1463-community-pharmacy-toolkit-delivering-an-open-access-vaccination-clinic.pdf>