

# Joint Strategic Needs Assessment (JSNA) August Review

Southampton City Council



- Health & Wellbeing Boards are responsible for producing a JSNA (Health & Social Care Act 2012)
- The JSNA is an assessment of the current and future health and social care needs of the community
- Purpose is to improve health & wellbeing and reduce inequalities
- Statutory requirement to produce AND inform health and wellbeing commissioning plans
- Locally determined process - No mandated format, core dataset or update schedule. Southampton JSNA is brought together with other data, intelligence, specialist reports, needs assessments, summary analysis and headline statistics covering the city's population, health, community safety, economy and public services within the [Southampton Data Observatory](#)
- Health and Wellbeing Boards should develop a Health and Wellbeing Strategy paying due regard to the evidence set out in the JSNA.
- The Southampton Health and Wellbeing Strategy is monitored using a key set of performance indicators (KPIs). These can be accessed via a regularly refreshed [Power BI dashboard](#). They are also available to view (along with commentary) within this slide pack [on slide 55](#).



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



# Demography

[Population \(data.southampton.gov.uk\)](https://data.southampton.gov.uk)



Southampton had an estimated resident population of **263,769** in 2022, of which...

**134,578** (51.0%) were **male** and **129,191** (49.0%) were **female**

## Population age groups

Aged 0-15 – **45,717** (17.3%)

Aged 16-64 – **180,284** (68.3%)

Aged 65 and over – **37,768** (14.3%)

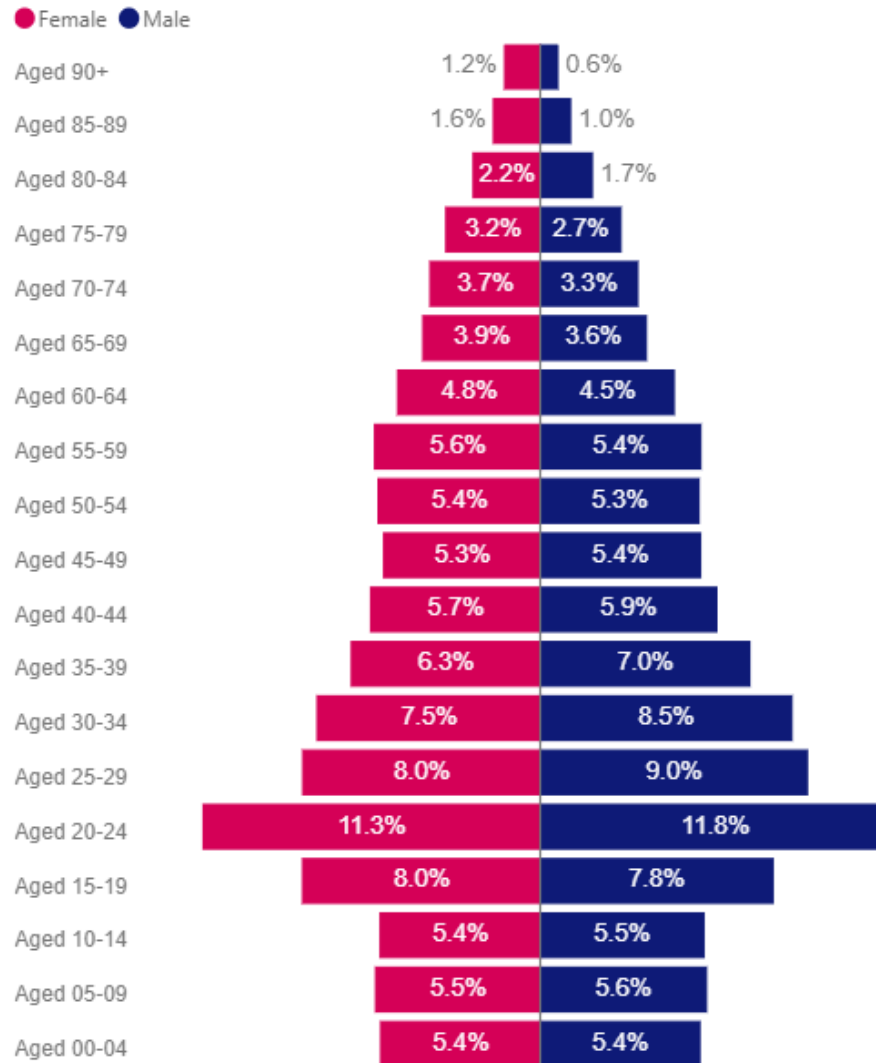
Aged 16-24 – **48,818** (18.5%)

Compared to 10.5% nationally – Southampton has a very young population

**Population**



### Percentage of population by sex for Southampton 2022



### Population for Southampton 2022

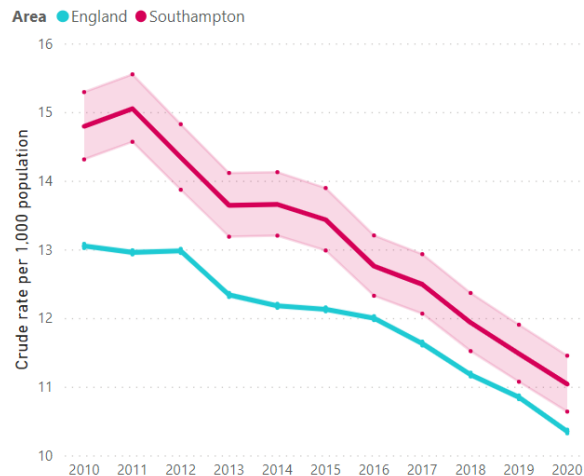
Age group	Female	Male	Total
Aged 00-04	6,926	7,221	<b>14,147</b>
Aged 05-09	7,149	7,521	<b>14,670</b>
Aged 10-14	6,949	7,405	<b>14,354</b>
Aged 15-19	10,322	10,535	<b>20,857</b>
Aged 20-24	14,643	15,864	<b>30,507</b>
Aged 25-29	10,314	12,088	<b>22,402</b>
Aged 30-34	9,690	11,388	<b>21,078</b>
Aged 35-39	8,201	9,481	<b>17,682</b>
Aged 40-44	7,360	7,985	<b>15,345</b>
Aged 45-49	6,793	7,251	<b>14,044</b>
Aged 50-54	7,036	7,180	<b>14,216</b>
Aged 55-59	7,189	7,261	<b>14,450</b>
Aged 60-64	6,192	6,057	<b>12,249</b>
Aged 65-69	5,093	4,796	<b>9,889</b>
Aged 70-74	4,781	4,406	<b>9,187</b>
Aged 75-79	4,089	3,644	<b>7,733</b>
Aged 80-84	2,905	2,350	<b>5,255</b>
Aged 85-89	2,022	1,363	<b>3,385</b>
Aged 90+	1,537	782	<b>2,319</b>
<b>Total</b>	<b>129,191</b>	<b>134,578</b>	<b>263,769</b>

Data source: Hampshire County Council, Small Area Population Forecasts(SAPF) 2022 base



# Births

Crude birth rate, crude rate per 1,000 population, England, Southampton: 2010 to 2020

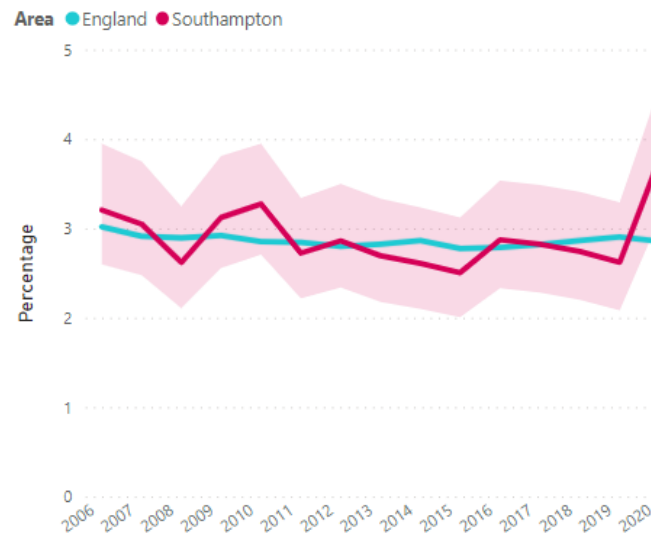


The **birth rate** in Southampton remains **significantly higher** than England, although both are **falling** over time

Local rates are **falling faster** than nationally

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

Percentage of live term births with a recorded birth weight under 2.5 kgs, England, Southampton: 2006 to 2020



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

In **2020**, **3.8%** of births were of **low birth weight**; significantly higher than England.

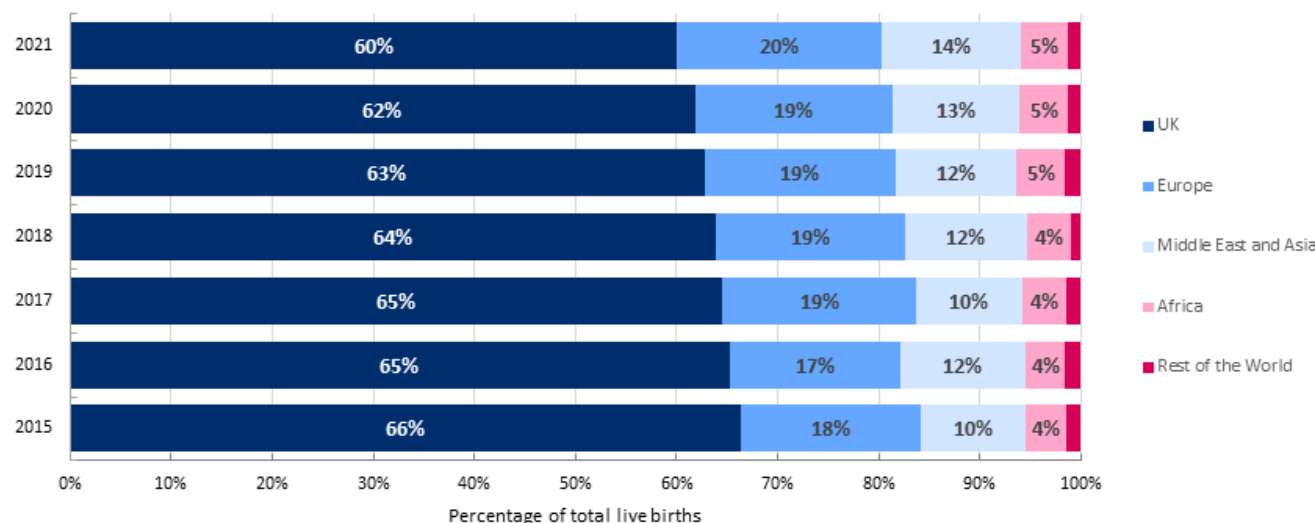
**Bevois Ward** was found to have the **highest percentage** of **low birthweight** babies. Local analysis shows **Bevois** has a **higher concentration** of **Asian mothers** who are **more likely** to have **lower birth weight** babies compared to the **UK average**. This reflects [published literature](#)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

In **2018-20**, the percentage of low weight births in the **20% most deprived** areas (**3.5%**) was **3.2x higher** than in the **20% least deprived** (**1.1%**)

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

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

Proportion of total live births by mothers birth region in Southampton, 2015 to 2021



Source: Office for National Statistics



# Population projections

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

Data source: Hampshire County Council, Small Area Population Forecasts(SAPF) 2021 base

## Population



## Dashboard

Total percentage change between 2022 and 2029 Southampton

7.5%

Aged 0-15 change between 2022 and 2029 Southampton

-1.8%

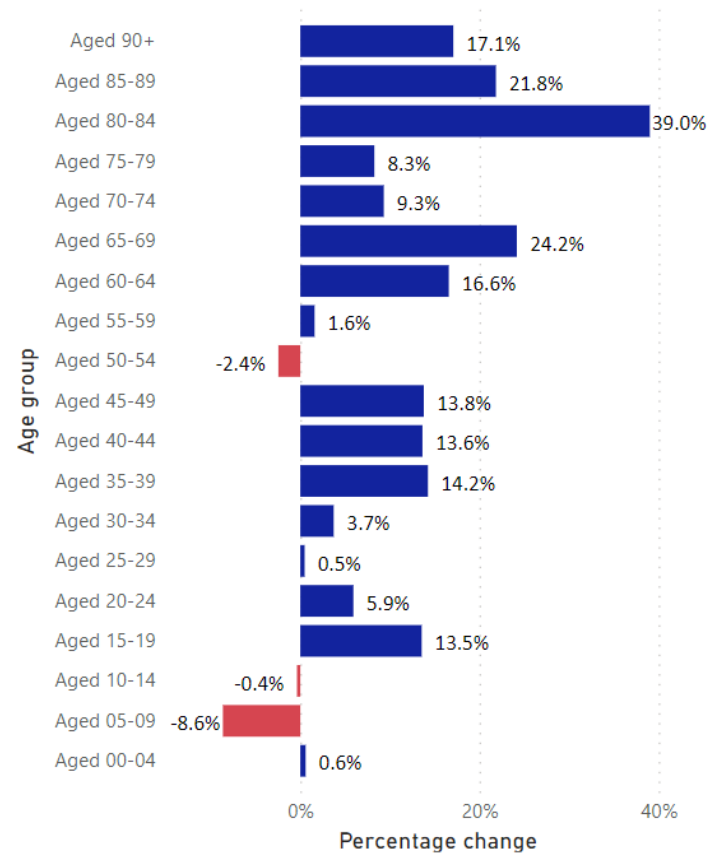
Aged 18+ change between 2022 and 2029 Southampton

9.1%

Aged 65+ change between 2022 and 2029 Southampton

18.7%

Percentage change in population between 2022 and 2029 Southampton



Change by age groups between 2022 and 2029 Southampton

Age group	Female	Male	Total
Aged 00-04	-4	88	84
Aged 05-09	-563	-704	-1,267
Aged 10-14	34	-87	-53
Aged 15-19	1,289	1,536	2,825
Aged 20-24	816	991	1,807
Aged 25-29	-37	145	108
Aged 30-34	176	609	785
Aged 35-39	1,001	1,518	2,519
Aged 40-44	909	1,183	2,092
Aged 45-49	981	955	1,936
Aged 50-54	-246	-102	-348
Aged 55-59	112	118	230
Aged 60-64	1,032	998	2,030
Aged 65-69	1,220	1,170	2,390
Aged 70-74	459	397	856
Aged 75-79	334	305	639
Aged 80-84	1,009	1,041	2,050
Aged 85-89	328	411	739
Aged 90+	162	234	396
<b>Total</b>	<b>9,012</b>	<b>10,806</b>	<b>19,818</b>

Forecasts show a drop in residents aged under 16 (-1.8%), whilst the biggest increase is for those aged 65+ (+18.7%) between 2022 and 2029.

This is even greater for the 80+ age group, which is forecast to increase by +29.1%,

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



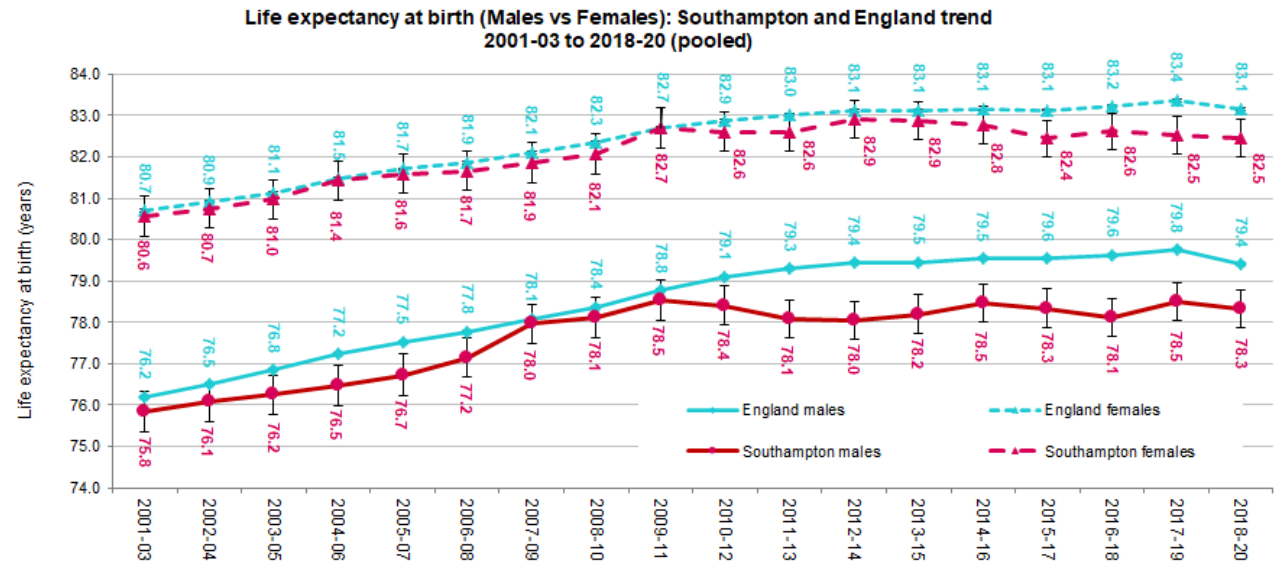
# Life expectancy and mortality

[Life expectancy and mortality](https://data.southampton.gov.uk)  
[data.southampton.gov.uk](https://data.southampton.gov.uk)





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



Source: Office for Health Improvement and Disparities (OHID)

2019-21 national data expected November 2023

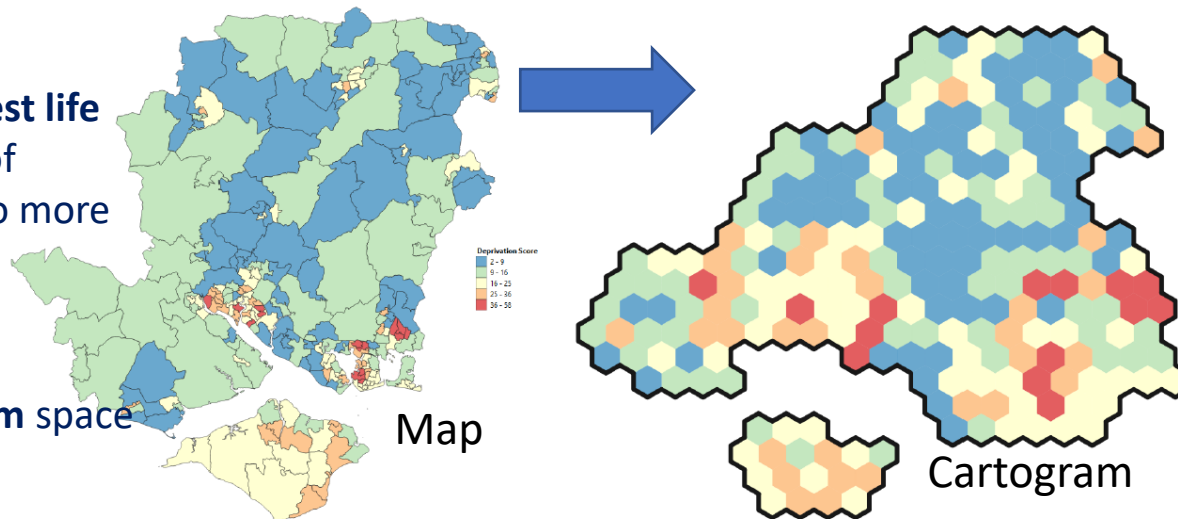
In 2018-2020, male life expectancy was 78.3 years in Southampton; significantly lower than England (79.6 years) and ranking 5<sup>th</sup> worst among comparators.

For females it was 82.5 years; again significantly lower than that for England of 83.1 years and ranking 7<sup>th</sup> worst among comparators.

Male and female life expectancies have followed national trends until for 2010-12 for males and 2014-16 for females; Southampton's rates have started to decrease whilst those for England have plateaued, which has widened the gap

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

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



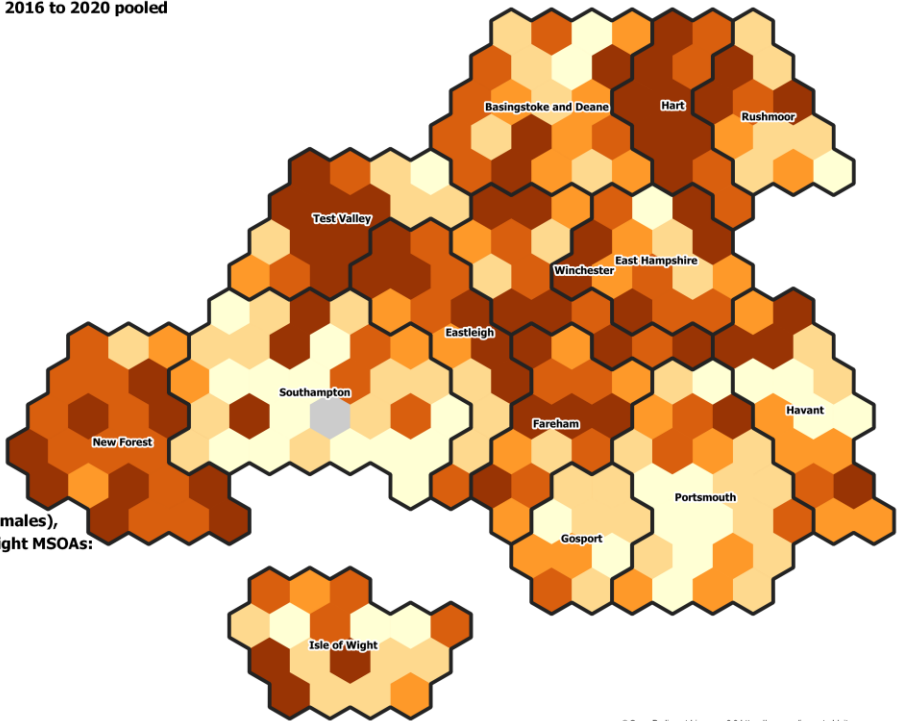
Map

Cartogram



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

Life expectancy at birth (males), Hampshire and the Isle of Wight MSOAs: 2016 to 2020 pooled

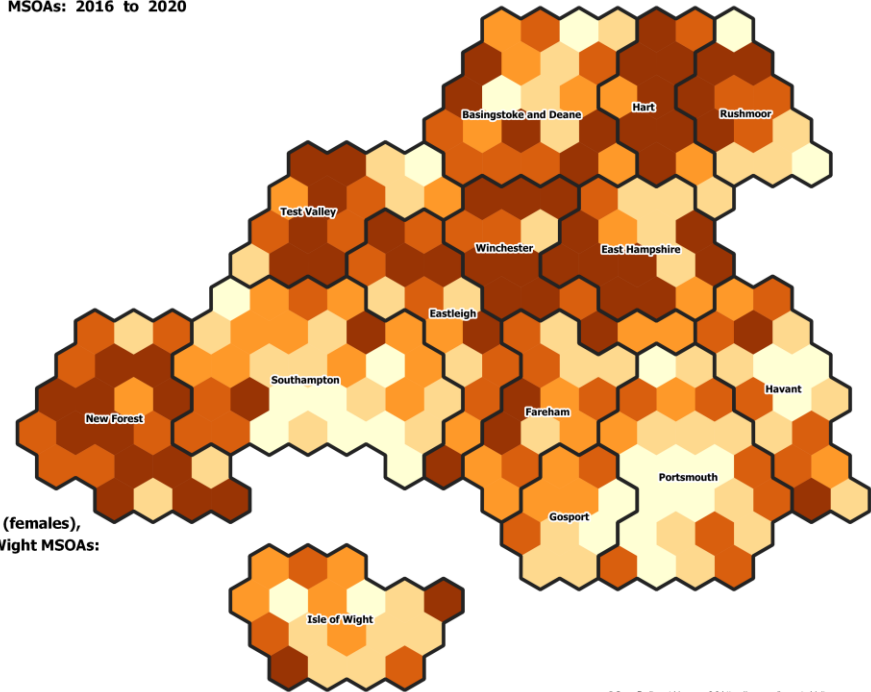


Life expectancy at birth (males), Hampshire and Isle of Wight MSOAs: 2016 to 2020 pooled

- Data Suppressed [1]
- 64.7 to 77.4 [34]
- 77.5 to 79.6 [55]
- 79.7 to 80.9 [39]
- 81.0 to 82.2 [52]
- 82.3 to 95.4 [62]
- Unitary authorities

© Open Parliament Licence v3.0 https://www.parliament.uk/site-information/copyright/parliament-open-parliament-licence/ ONS via Local Health ONS - Crown copyright, Open Government Licence

Life expectancy at birth (females), Hampshire and the Isle of Wight MSOAs: 2016 to 2020 pooled



Life expectancy at birth (females), Hampshire and Isle of Wight MSOAs: 2016 to 2020 pooled

- 73.6 to 81.2 [28]
- 81.3 to 83.1 [56]
- 83.2 to 84.3 [42]
- 84.4 to 85.7 [54]
- 85.8 to 98.4 [63]
- Unitary authorities

© Open Parliament Licence v3.0 https://www.parliament.uk/site-information/copyright/parliament-open-parliament-licence/ ONS via Local Health ONS - Crown copyright, Open Government Licence

Life expectancy at birth (males), Southampton MSOAs: 2016 to 2020 pooled



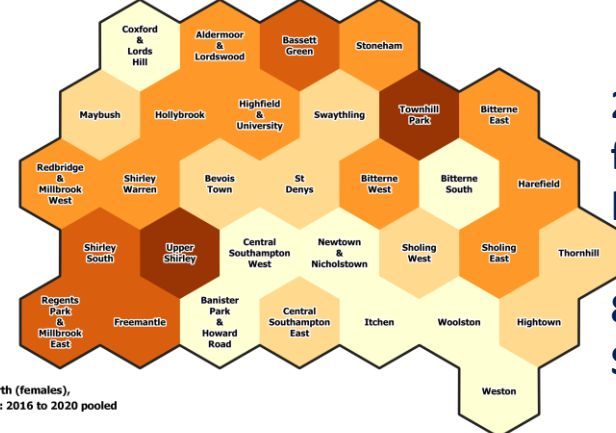
- Data Suppressed [1]
- 64.7 to 77.4 [13]
- 77.5 to 79.6 [10]
- 79.7 to 80.9 [2]
- 81.0 to 82.2 [3]
- 82.3 to 95.4 [3]

© Open Parliament Licence v3.0 https://www.parliament.uk/site-information/copyright/parliament-open-parliament-licence/ ONS via Local Health ONS - Crown copyright, Open Government Licence

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

13 of these (38%) are in Southampton

Life expectancy at birth (females), Southampton MSOAs: 2016 to 2020 pooled



- 73.6 to 81.2 [8]
- 81.3 to 83.1 [8]
- 83.2 to 84.3 [10]
- 84.4 to 85.7 [4]
- 85.8 to 98.4 [2]

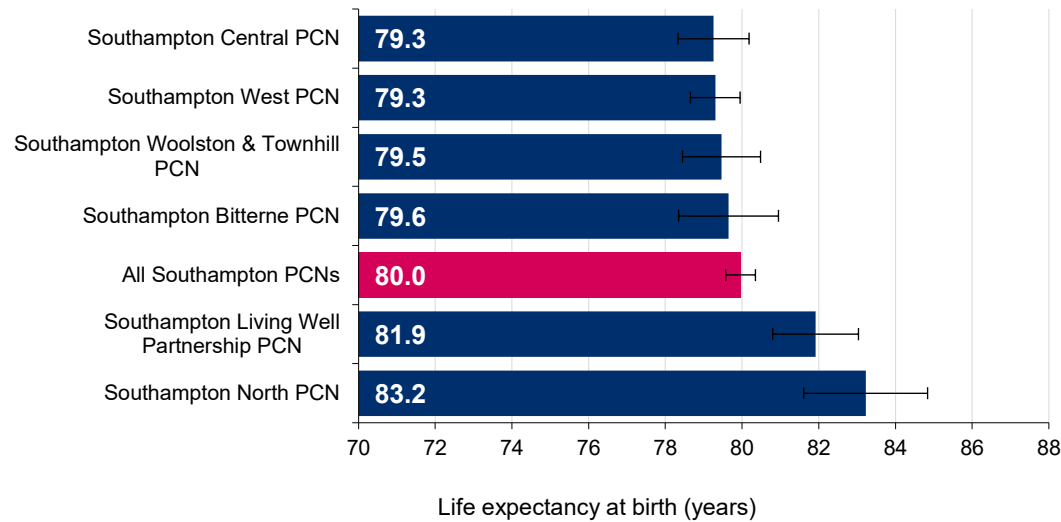
© Open Parliament Licence v3.0 https://www.parliament.uk/site-information/copyright/parliament-open-parliament-licence/ ONS via Local Health ONS - Crown copyright, Open Government Licence

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

8 of these (29%) are in Southampton

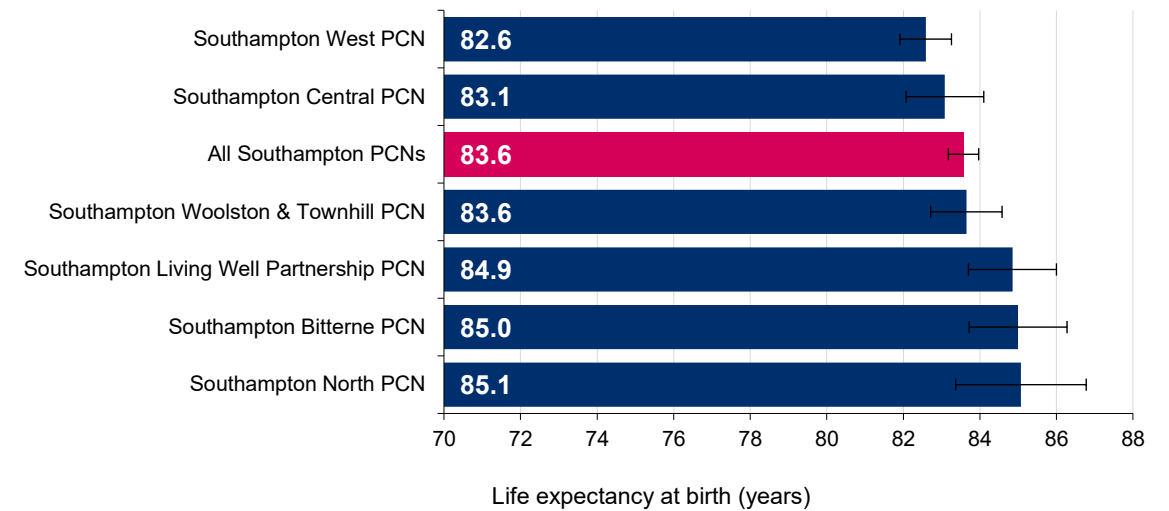


### Life expectancy at birth (Males) - Southampton Primary Care Networks: 2019 to 2021 (pooled)



Sources: NHS Digital Civil Registration Deaths Extract, GP Registration data

### Life expectancy at birth (Females) - Southampton Primary Care Networks: 2019 to 2021 (pooled)



Sources: NHS Digital Civil Registration Deaths Extract, GP Registration data

For both **males** and **females**, patients in the **North PCN** are expected to live longer than patients registered to other Southampton GPs, living **83.2** years and **85.1** years respectively.

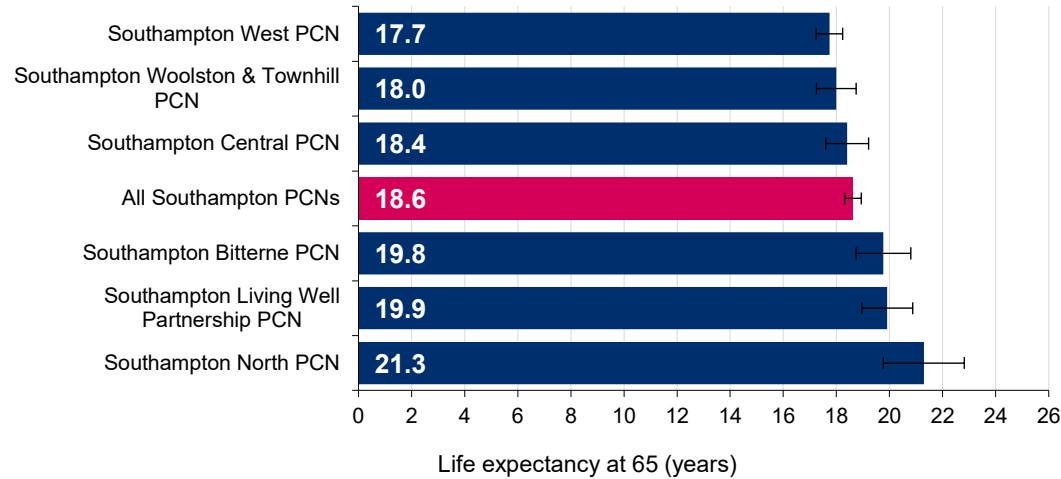
**Males** living in the **North PCN** expect to **live significantly longer** than the **Southampton male average**

**Males** in **Central PCN** are expected to live the shortest time, for **79.3 years**, just under **4 years less** than those in **North PCN**.

**Females** in **West PCN** are expected to live the shortest time by sex, **82.6 years**, **2.5 years less** than those in **North PCN**

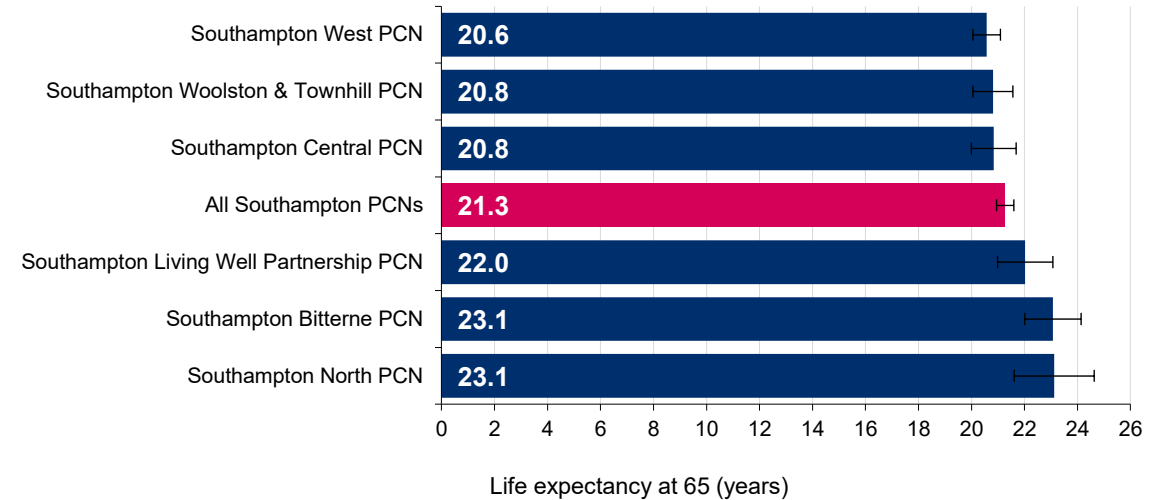


### Life expectancy at 65 years (Males) - Southampton Primary Care Networks: 2019 to 2021 (pooled)



Sources: NHS Digital Civil Registration Deaths Extract, GP Registration data

### Life expectancy at 65 years (Females) - Southampton Primary Care Networks: 2019 to 2021 (pooled)



Sources: NHS Digital Civil Registration Deaths Extract, GP Registration data

After reaching age **65 years**, for both **males** and **females**, patients in the **North PCN** are expected to live the longest, living **21.3 years** and **23.1 years** respectively. **Bitterne PCN females** are also expected to lived **23.1 years** after turning 65 years old.

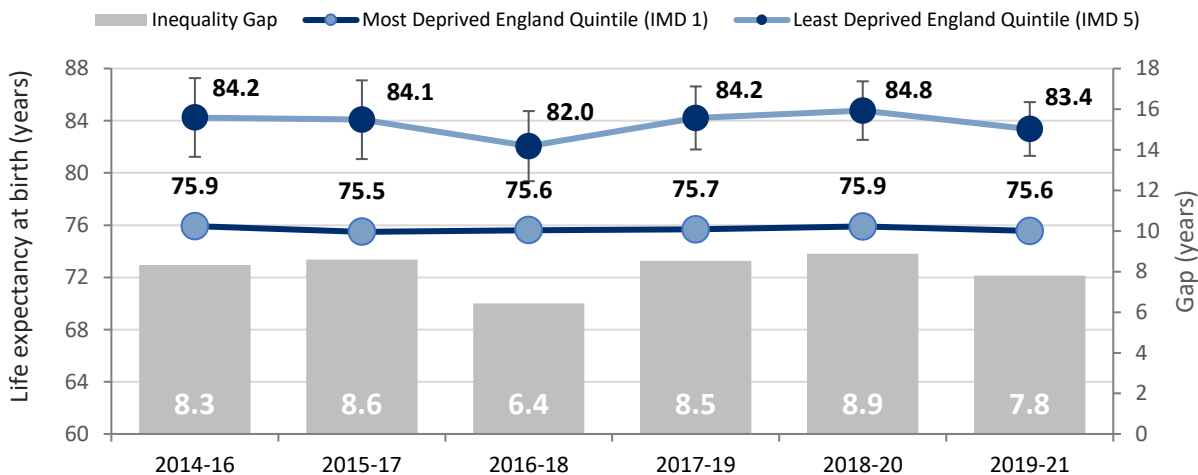
**North PCN males** and **Living Well PCN males** are expected to live **significantly longer** than the **average male Southampton GP** registered patients.

**Males** in **West PCN** are expected to live the **shortest time** after 65 years, for **17.7 years**, **3.6 years less** than those in **North PCN**. **Females** also in **West PCN** are expected to live the **shortest time** by sex, **20.6 years**, **2.6 years less** than those in **North PCN**



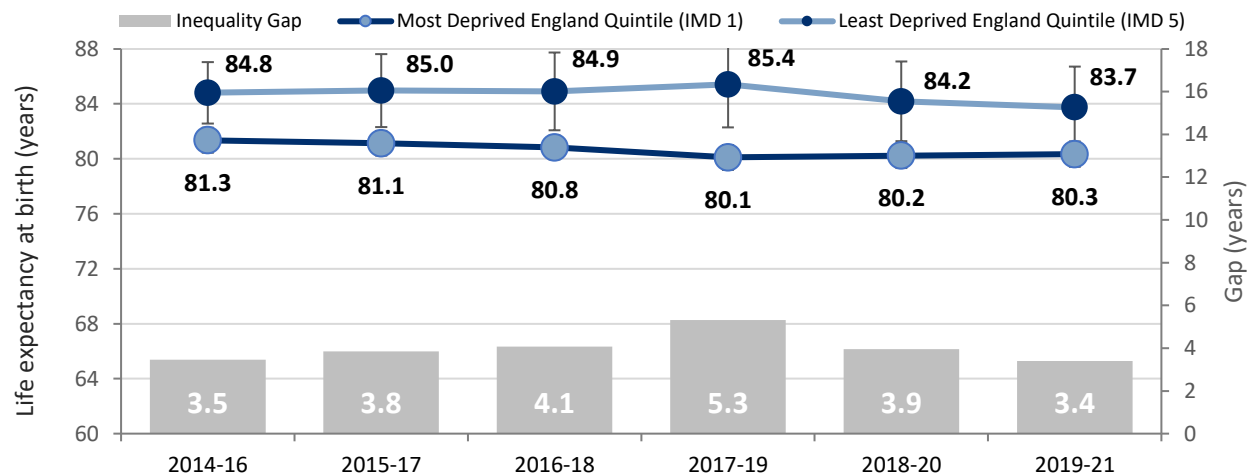
# Life Expectancy at deprivation level

### Life expectancy at birth (Males) - Inequalities Trend - Most Vs Least Deprived IMD England Quintiles (IMD 2019): 2014-16 to 2019-21 (pooled)



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

### Life expectancy at birth (Females) - Inequalities Trend - Most Vs Least Deprived IMD England Quintiles (IMD 2019): 2014-16 to 2019-21 (pooled)



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

**Life expectancy at birth for males in the most deprived 20% has remained fairly constant, decreasing by 4 months between 2014-16 and 2019-21. In the least deprived 20% life expectancy has decreased for males by 11 months.**

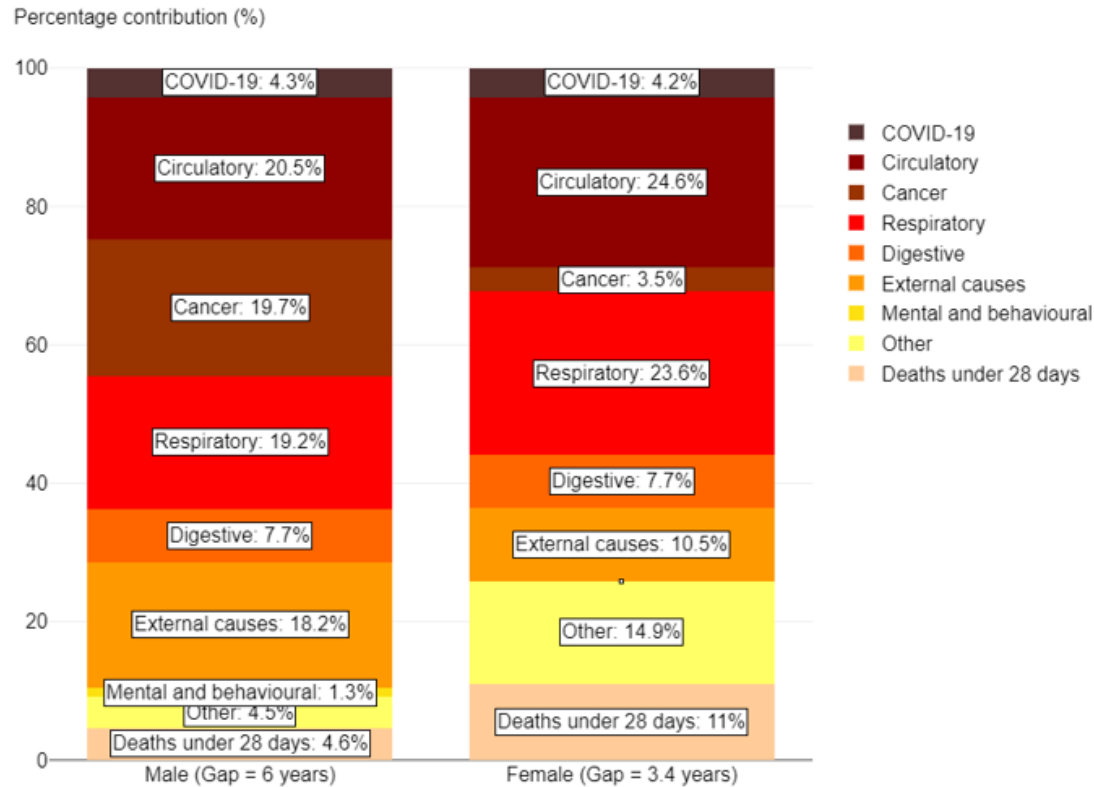
**For females, life expectancy has decreased by just over a year for those in the most and least deprived 20% between 2014-16 and 2019-21.**

The more recent decrease for those in the least deprived between 2018-20 and 2019-21 will be impacted by COVID-19. **Older affluent people, who aged into frailty, were more likely to have poorer outcomes such as pandemic related deaths.**

Another **antecedent was multiple long-term conditions, more prevalent in the most deprived 20%**, these may both be factors in the **recent decrease in the life expectancy gap.**



Breakdown of the life expectancy gap between the most and least deprived quintiles of Southampton by cause of death, 2020 to 2021 (Provisional)



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

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

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

### Males

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

### Females

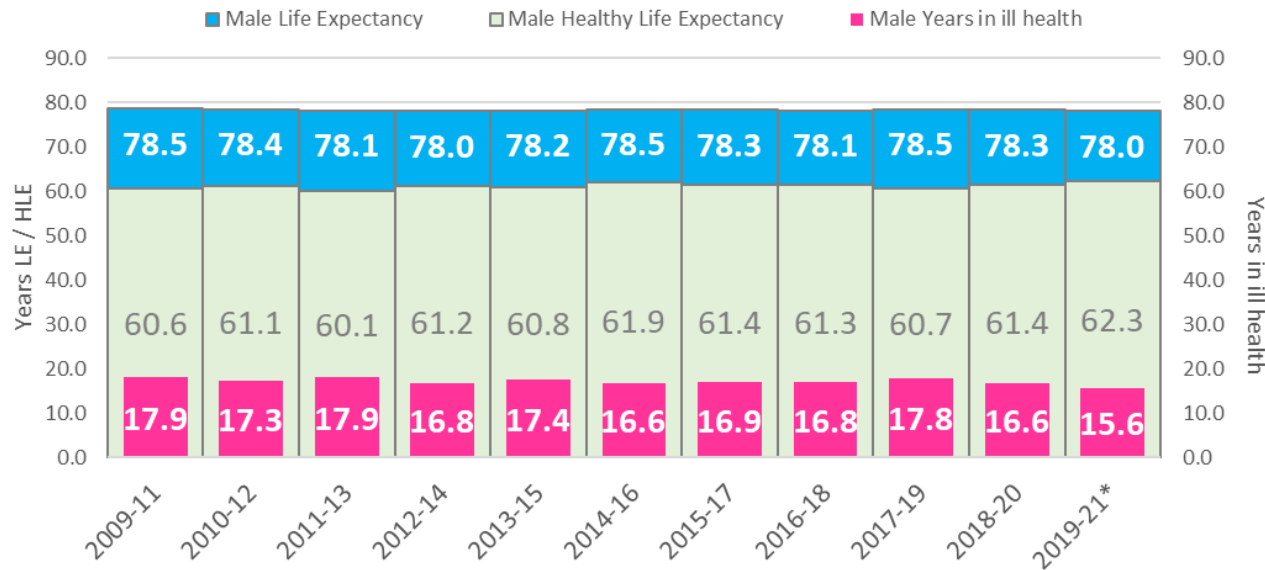
**Circulatory diseases (24.6%)** is also the largest group contributing to the **gap in female life expectancy between the most deprived and least deprived quintiles of Southampton with respiratory diseases (23.6%), other causes (14.9%) and external causes (10.5%), cancer was only 3.5% for females, unlike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

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



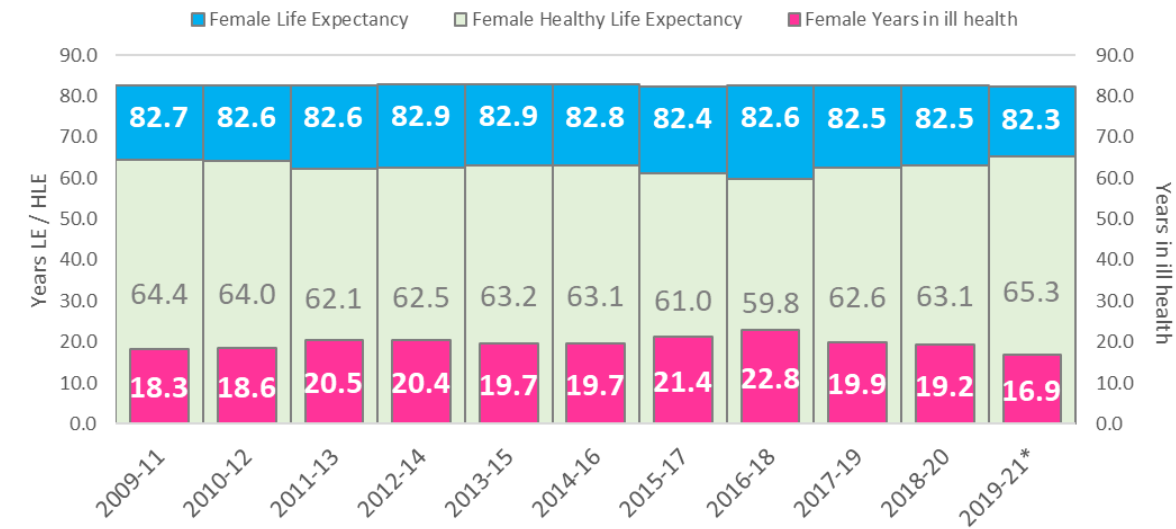
Data from the Annual Population Survey, calculates **healthy life expectancy**, which is a measure of how long people live in good health. **Life expectancy MINUS healthy life expectancy = Years in poor health** which is illustrated below

Life expectancy compared with healthy life expectancy for MALES in Southampton  
2009-11 to 2019-21



Source: NHS England and ONS, 2019-21 \*provisional data

Life expectancy compared with healthy life expectancy for FEMALES in Southampton:  
2009-11 to 2019-21

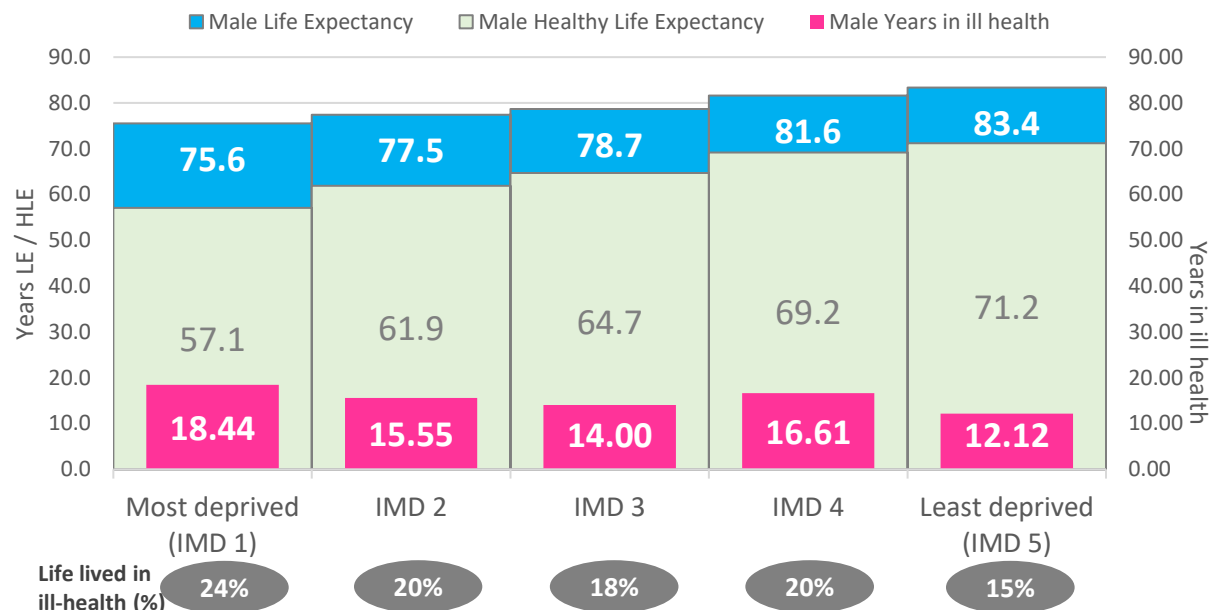


Source: NHS England and ONS, 2019-21 \*provisional data

**Females** in the city may **live longer** than **males** (82.3 years versus 78.0 years) but they live in **poorer health for longer** (16.9 years versus 15.6 years).

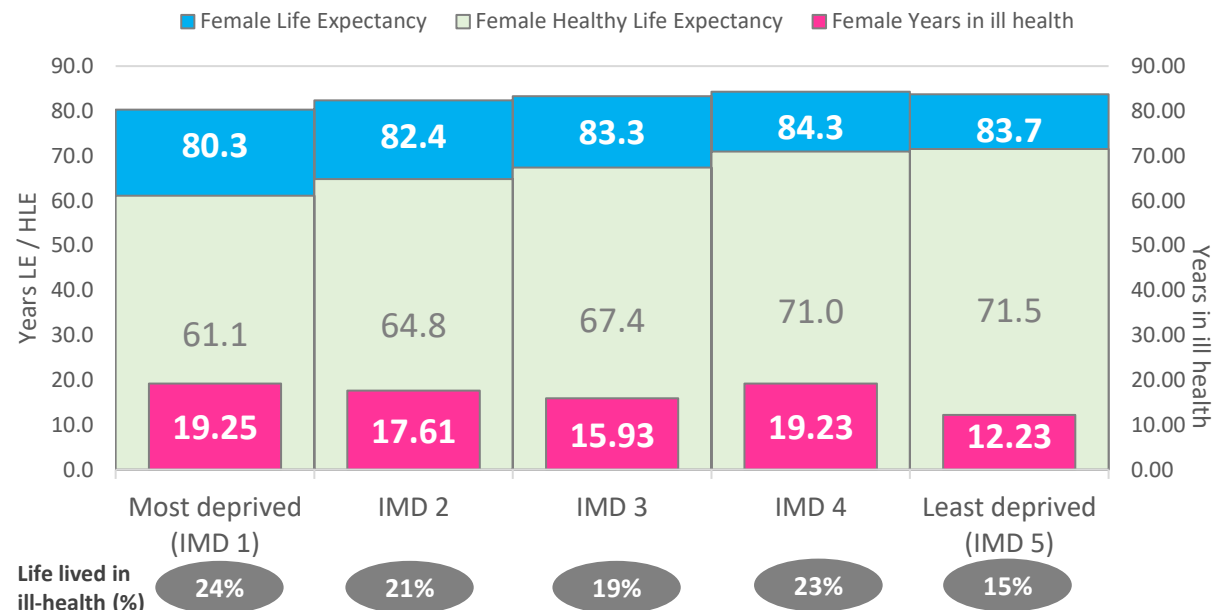


### Life expectancy compared with healthy life expectancy for MALES in Southampton, by England deprivation quintiles, 2019-21\*



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

### Life expectancy compared with healthy life expectancy for FEMALES in Southampton, by England deprivation quintiles, 2019-21\*



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

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

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

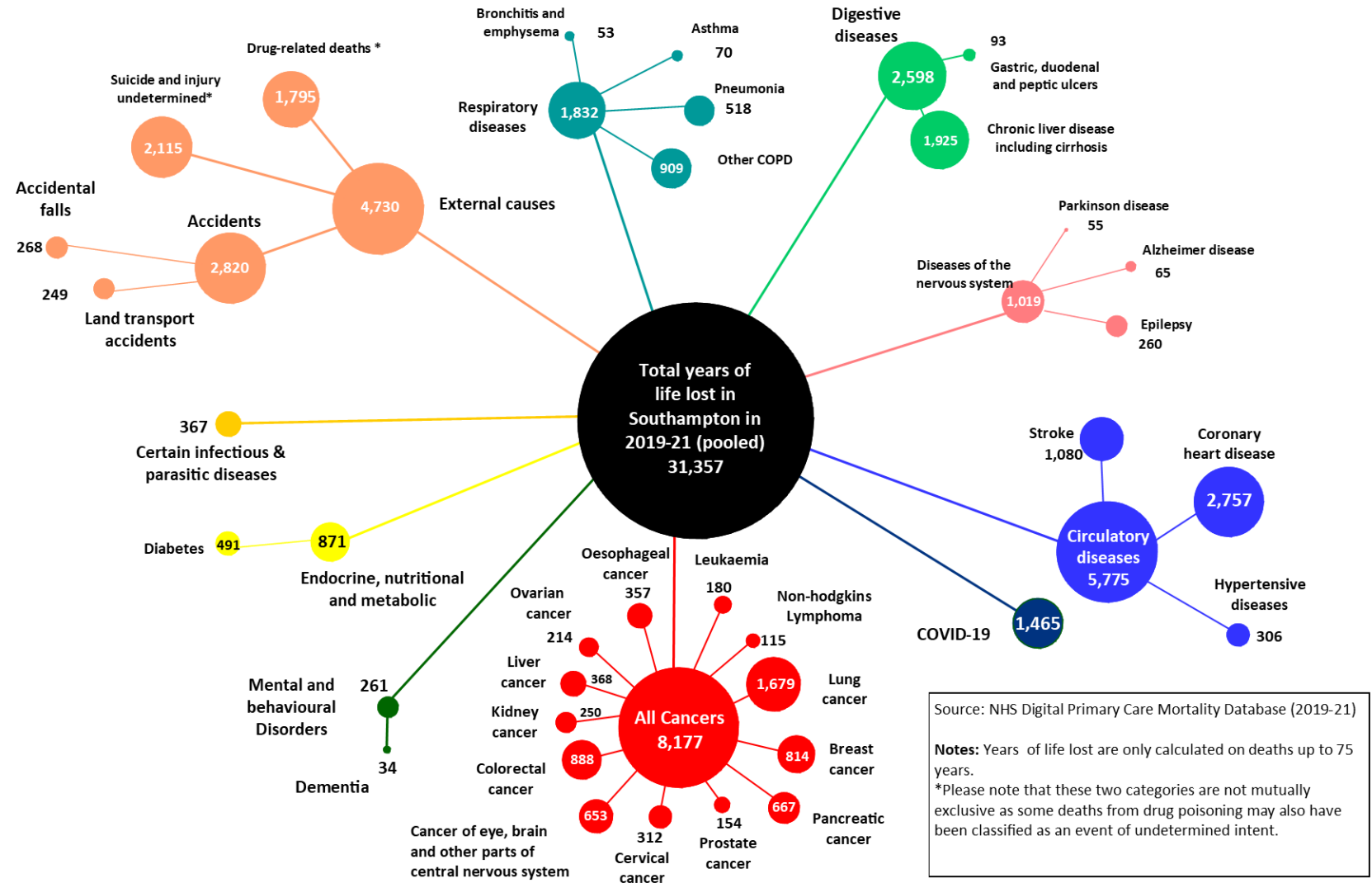




Some **causes of death** occur **earlier in the life-course** than others and therefore have a larger impact. We can measure this through calculating **Years of Life Lost**

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

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





Some causes of deaths are more common than others.

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

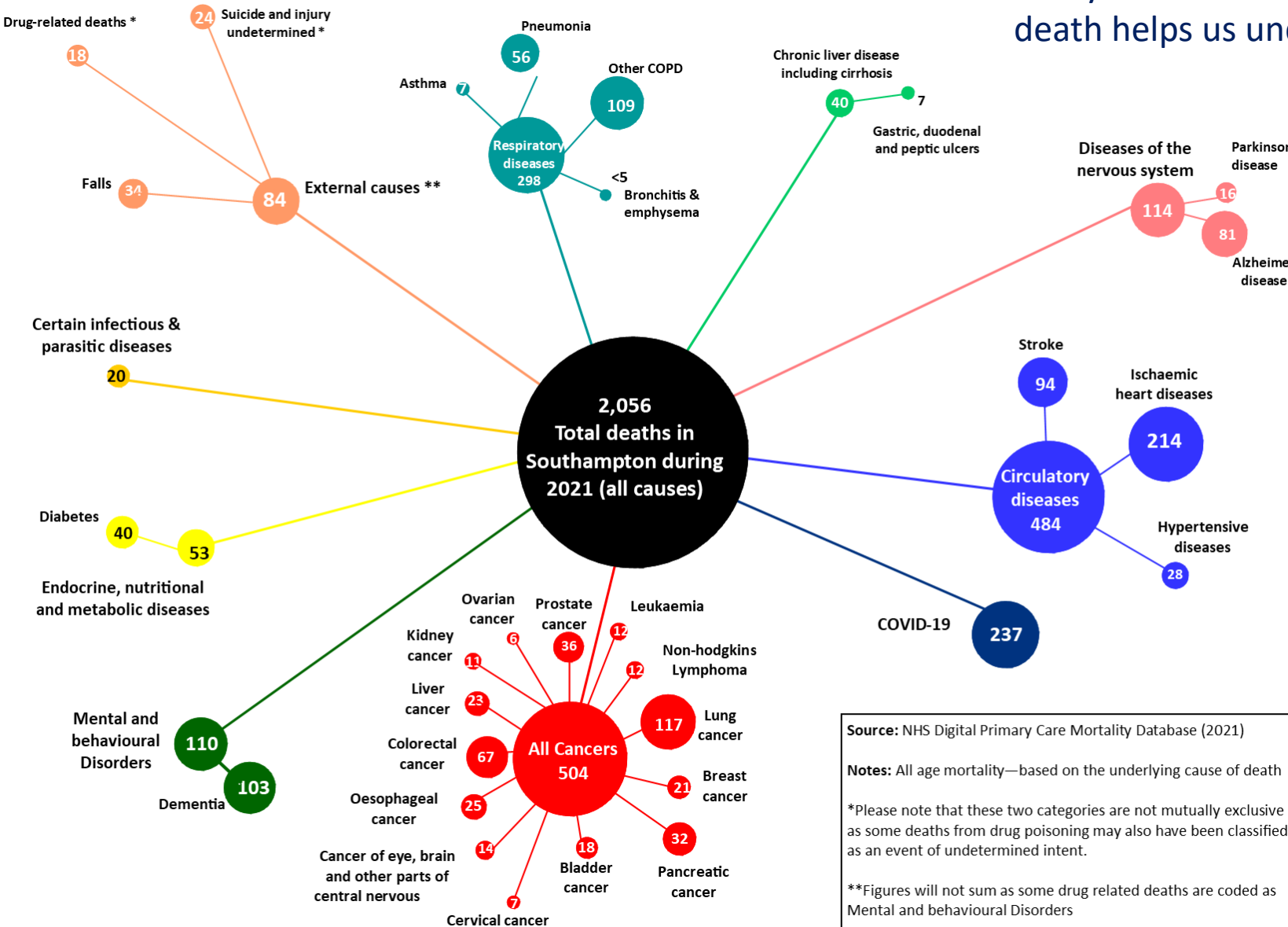
Comparing proportions of deaths by cause with proportions of years of life lost by cause shows which groups impact younger people disproportionately:

External causes account for 4.1% of deaths in 2021 but 14.5% of years of life lost.

Suicide and injury undetermined are the largest part of this accounting for 3.1% of deaths and 7.4% of years of life lost

Drug related deaths account for 0.9% of deaths in 2021 and 5.3% of years of life lost

Liver disease (incl. cirrhosis) is the underlying cause for 1.9% of deaths and 6.3% of years lost



**Source:** NHS Digital Primary Care Mortality Database (2021)

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

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

\*\*Figures will not sum as some drug related deaths are coded as Mental and behavioural Disorders



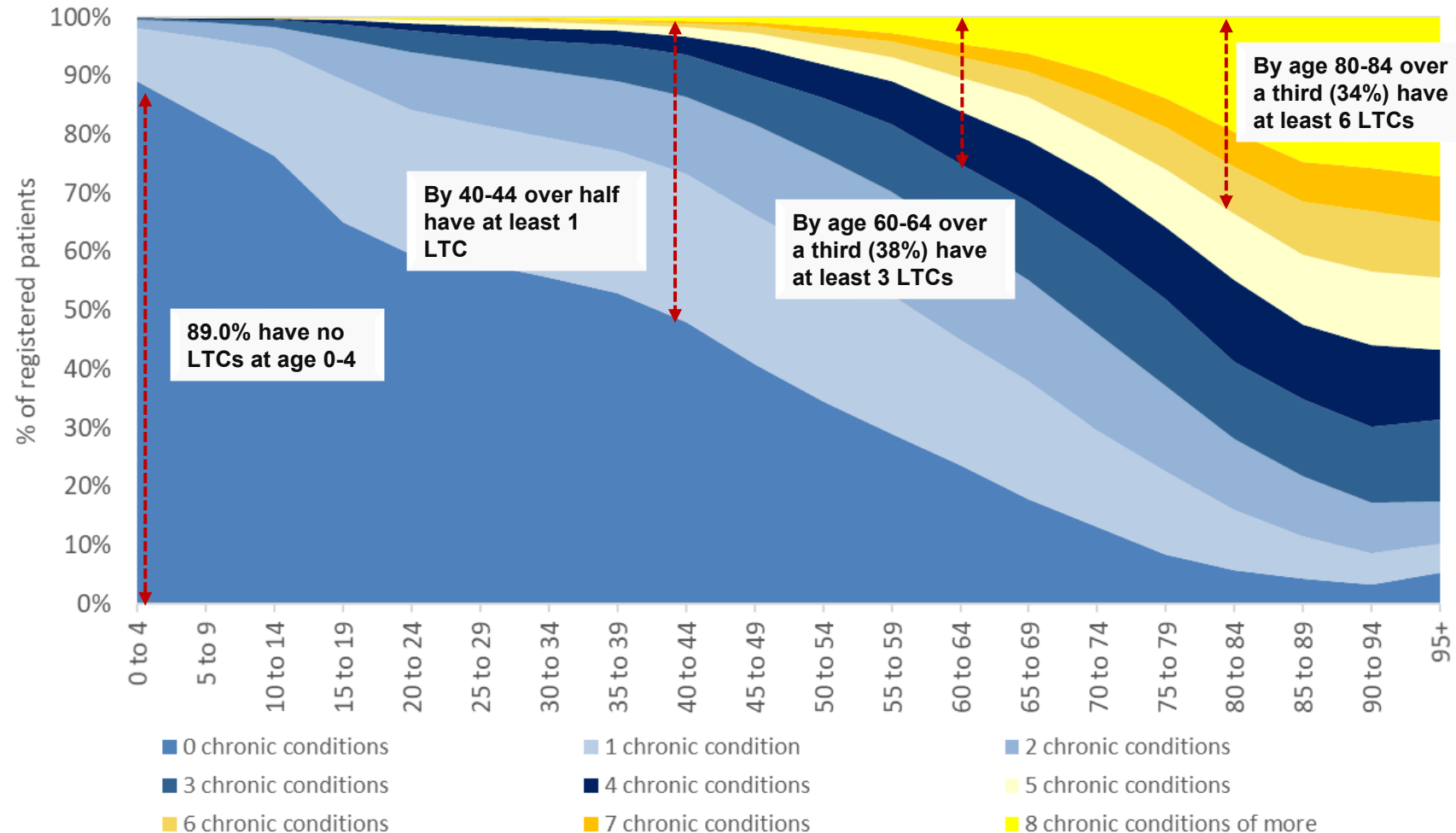
# Morbidity and long-term conditions

[Health conditions \(data.southampton.gov.uk\)](https://data.southampton.gov.uk)



- An **ageing** population compounds the **prevalence of chronic/long-term conditions** as people tend to **develop more long-term or chronic conditions** as they **grow older**
- Age analysis shows multi-morbidity **increases with age**, by **40-44 over half** of residents have at least **one** chronic/long-term condition and by **80-84 over a third** will have at least **six** long term conditions
- Analysis of snap shots from **2021** GP patient data shows **more diagnoses of multiple chronic/ long-term conditions earlier in their life course** than in **2017**

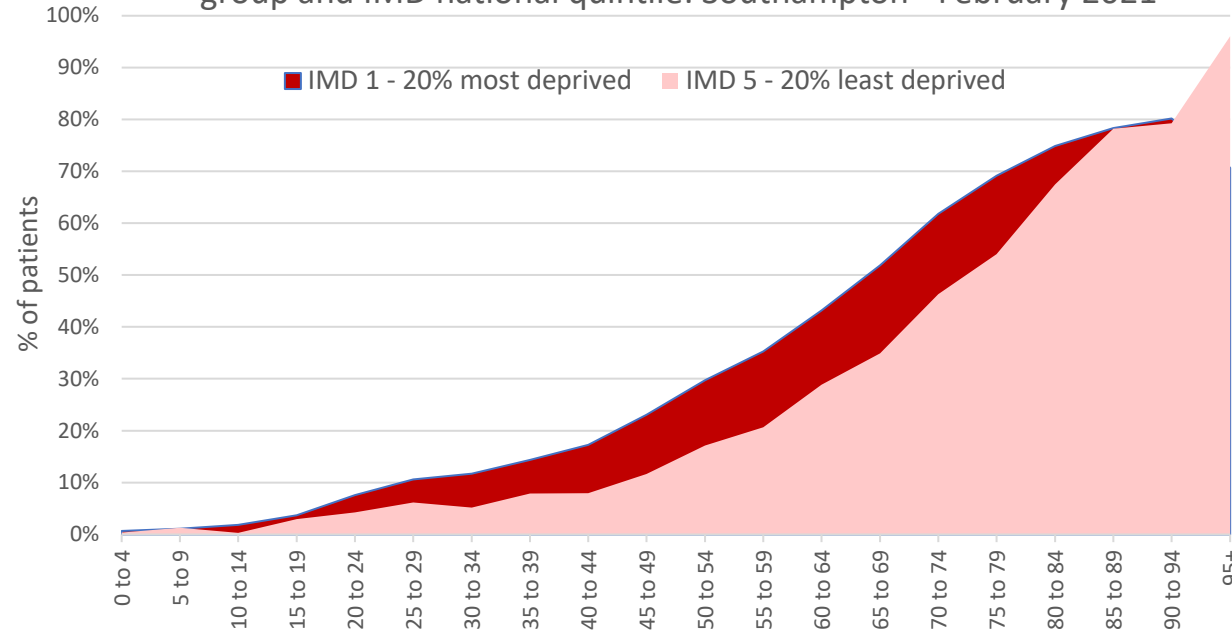
Number of chronic conditions by age band  
Southampton patients February 2021



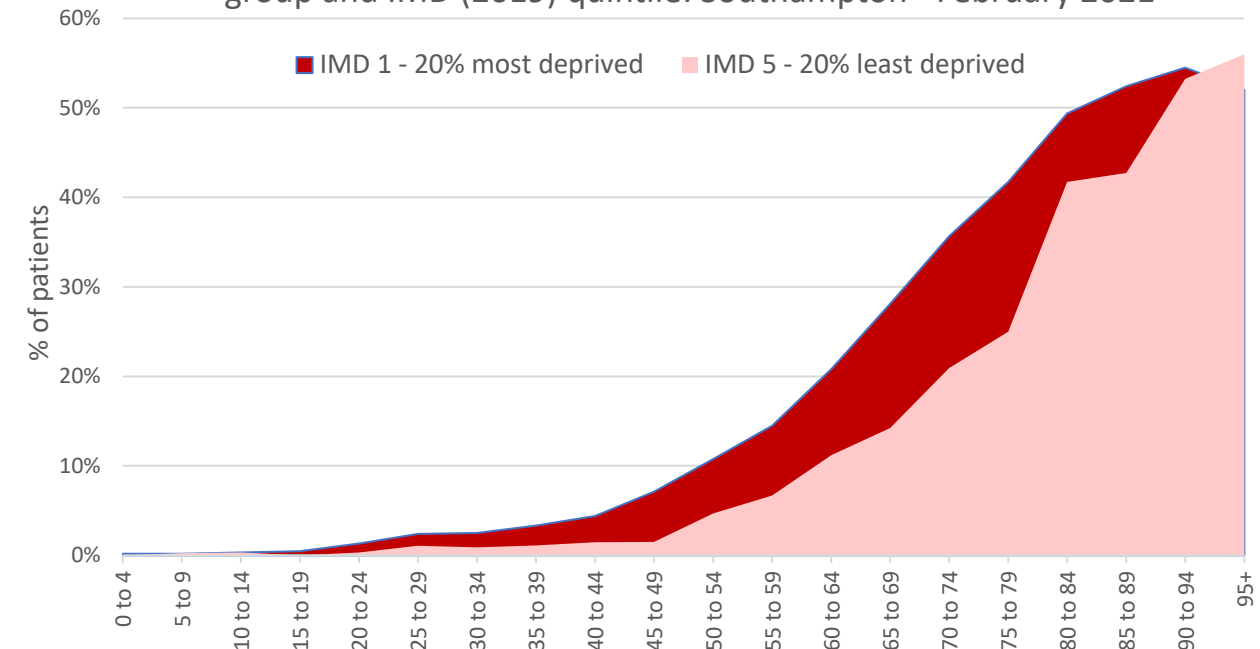
Source: Sollis Clarity Health Analytics (ACG version 11.1/11.2) February 2021



Proportion of patients with 3 or more chronic conditions by age group and IMD national quintile: Southampton - February 2021



Proportion of patients with 5 or more chronic conditions by age group and IMD (2019) quintile: Southampton - February 2021



- Multi-morbidity increases with age, **BUT** it also appears to be occurring earlier in life.....particularly for those in the **most deprived areas**
- Comparing **20% most deprived** and **20% least deprived** areas for prevalence of 3+ and 5+ chronic conditions:
  - **differences** appear at an **early age** and **gradually narrow** (relatively) as the population ages
  - differences begin to appear in the early 20's and **peak** between the **mid-30's** and **mid-40's**, where prevalence is more than **double** for those with **3+ conditions** and more than **triple** for **5+ conditions**



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

Causes	Southampton	Portsmouth	Hampshire	Isle of Wight	England
Low back pain	1	1	1	1	1
Diabetes	2	2	2	2	2
Depressive disorders	3	3	3	3	3
Headache disorders	4	4	4	4	4
Neck pain	5	5	6	6	5
Gynecological diseases	6	6	9	13	9
Other musculoskeletal	7	7	8	10	7
Anxiety disorders	8	8	11	12	10
Age-related hearing loss	9	9	5	5	6
Asthma	10	11	12	8	14

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

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

Risks Factors	Southampton	Portsmouth	Hampshire	Isle of Wight	England
High body-mass index	1	1	1	2	1
High fasting plasma glucose	2	2	2	1	2
Smoking	3	3	3	3	3
Alcohol use	4	4	4	4	4
Drug use	5	5	5	5	5
Occupational ergonomic	6	6	8	8	7
High blood pressure	7	7	6	6	6
Low bone mineral density	8	8	7	7	8
High processed meat	9	9	9	9	9
Particulate matter	10	10	10	12	10

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

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



## Top ten conditions causing greatest disease burden

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

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

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

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

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

**COPD** is the condition with the **3<sup>rd</sup>** greatest burden and **Diabetes** being the **5<sup>th</sup>**

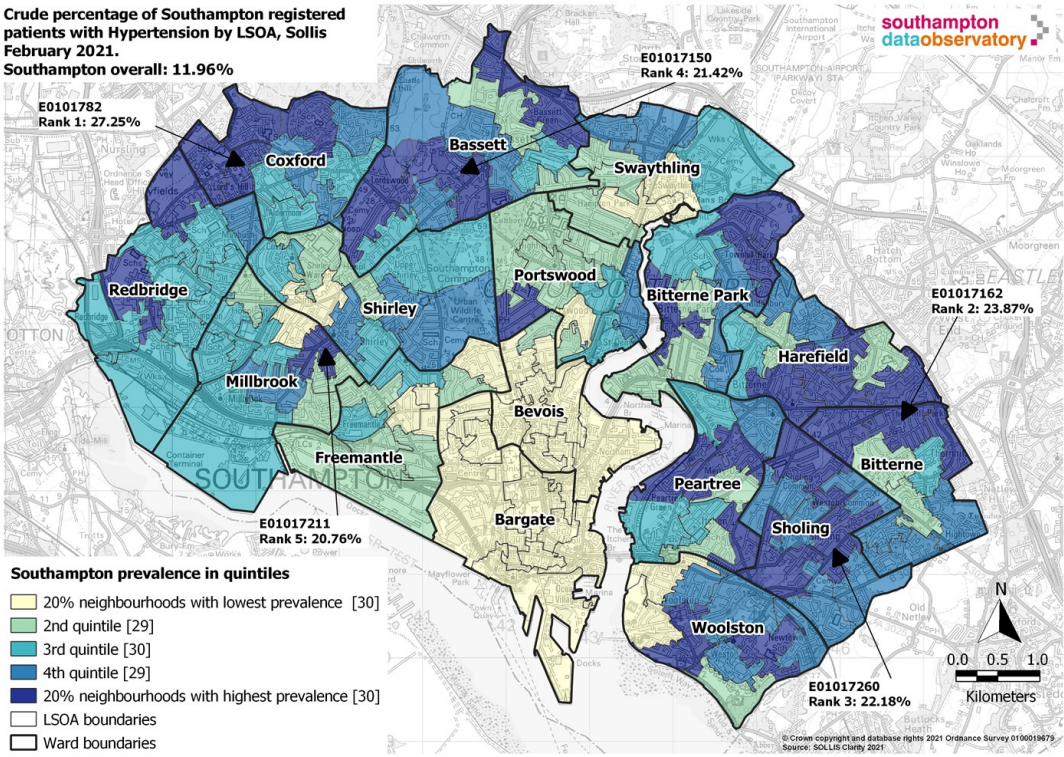
**Majority of causes** have **smoking** as an **upstream factor**

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

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



# Chronic/Long-term conditions (LTCs)



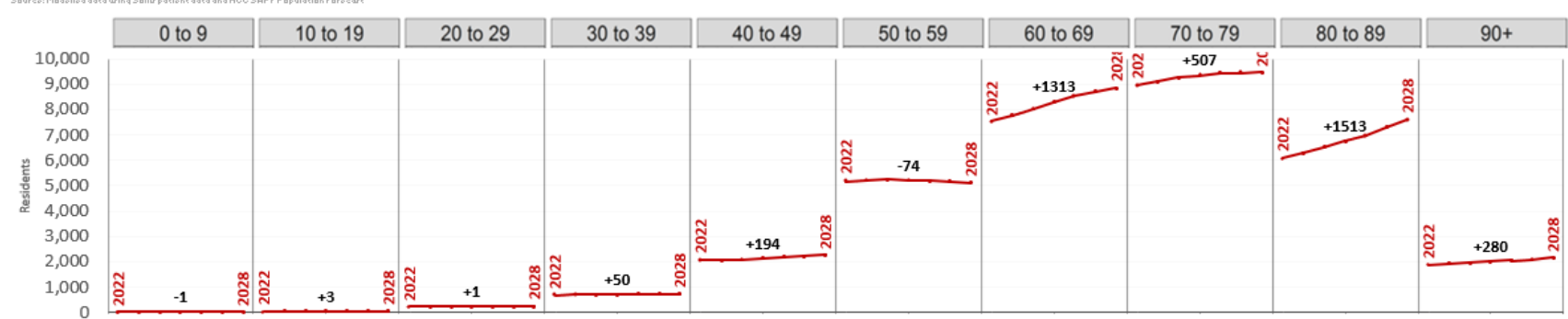
A data pack mapping the GP diagnosed prevalence of **18 common chronic/long-term conditions**, and 3-5+ multiple conditions across the city is available. This also includes modelled forecasts of disease prevalence by age and locality for these conditions in the future.

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

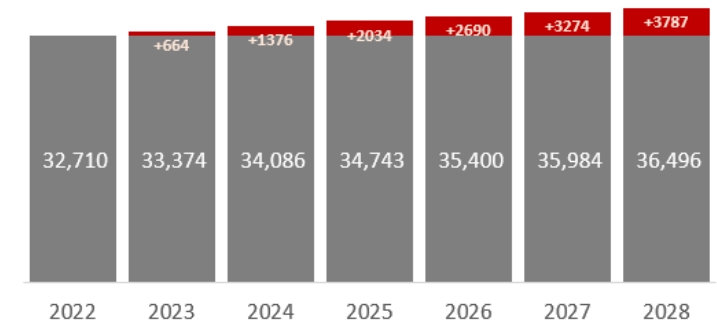
Additional logistic modelling using the **GP data and Health Survey for England data** estimated **5,600** residents need for help with 5 or more activities of daily living in 2022, which is expected to increase by **+14%** to 6,400 by 2028

Note: The graphics shown are for hypertension

Forecasted Southampton Residents with Hypertension by Age-Band (2022 vs 2028)



Forecasted Number of Southampton Residents with Hypertension vs 2022







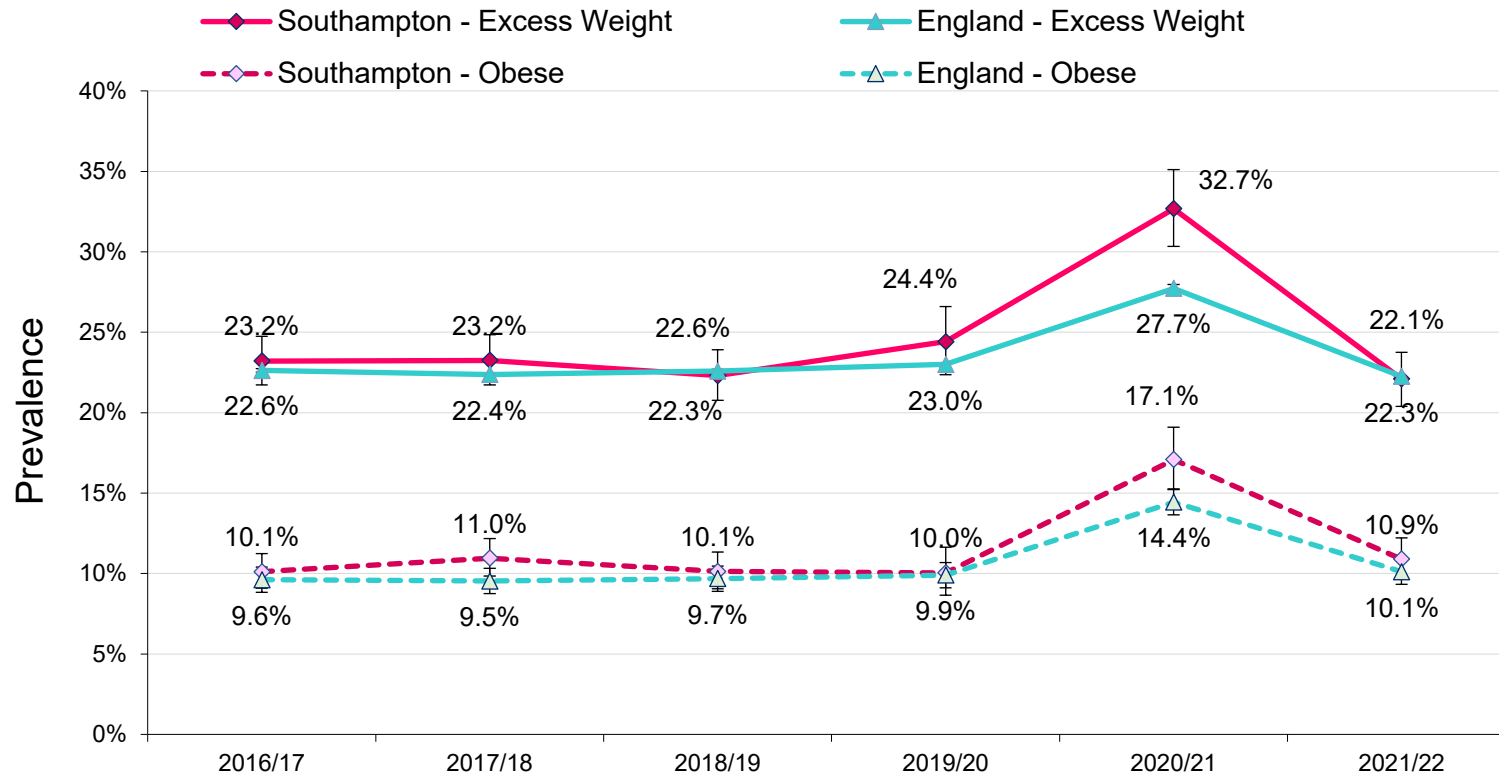
# Childhood obesity and the food environment



- The **leading cause of disability** is a **high body mass index** ([slide 24](#)).
- Obesity in children is a risk factor for obesity in adulthood, which is a leading cause in a vast range of conditions\*.  
(\*Conditions such as asthma and other respiratory problems, eating disorders, mental health disorders and psychosocial risks, cardiovascular diseases, Type 2 diabetes, musculoskeletal problems, sleep apnoea etc. )
- Before the pandemic, a **Scrutiny enquiry recommendation** on childhood obesity was that **analysis** was conducted on **childhood obesity** and the **food environment**. Analysis on [childhood obesity](#) and the [food environment](#) was provided for a Task & Finish Group, available on the JSNA in the resources section of the [Healthy weight JSNA topic page](#) .
- In Southampton the level of obesity among **year R** children has **remained stable** and **similar** to the **national** average, whereas rates in **year 6** children have **increased** overtime and have become **worse** than **England**.
- During the **COVID-19** pandemic, data was collected from a **representative sample (2020/21)**. Reception Year data for this period showed a **significantly higher increase** for obesity (17.1%) and excess weight (32.7%) prevalence locally and nationally compared to the previous four years.
- The Year 6 2020/21 sample for Southampton was **too small** to make **robust** statistical comparisons. However, the prevalence for **Year 6 obesity** (26%) and **excess weight** (41%) **mirrored** the **national** figures and **increasing prevalence** in the trend data follows the **national direction** of travel.
- The data also showed the **gap** in **obesity prevalence** between children in the **most and least deprived parts** of Southampton has **widened**. Linked analysis showed **7 out of 10 overweight** Year 6 children and **4 out of 10 obese** Year 6 children were of a **healthy weight previously** in Reception year.



## Year R Obesity and Excess Weight - Southampton and England trend: 2016/17 to 2020/21



Source: NHS Digital NCMP Enhanced data sets 2016/17 to 2020/21 with 95% Confidence Intervals (Wilson)

Between **2016/17** and **2019/20** the level of childhood **obesity** and **excess weight** for **reception year children** locally and nationally largely **remained** at statistically **similar levels\***.

\*(Except for in 2017/18 Southampton had a significantly higher level than the national average for Year R obesity)

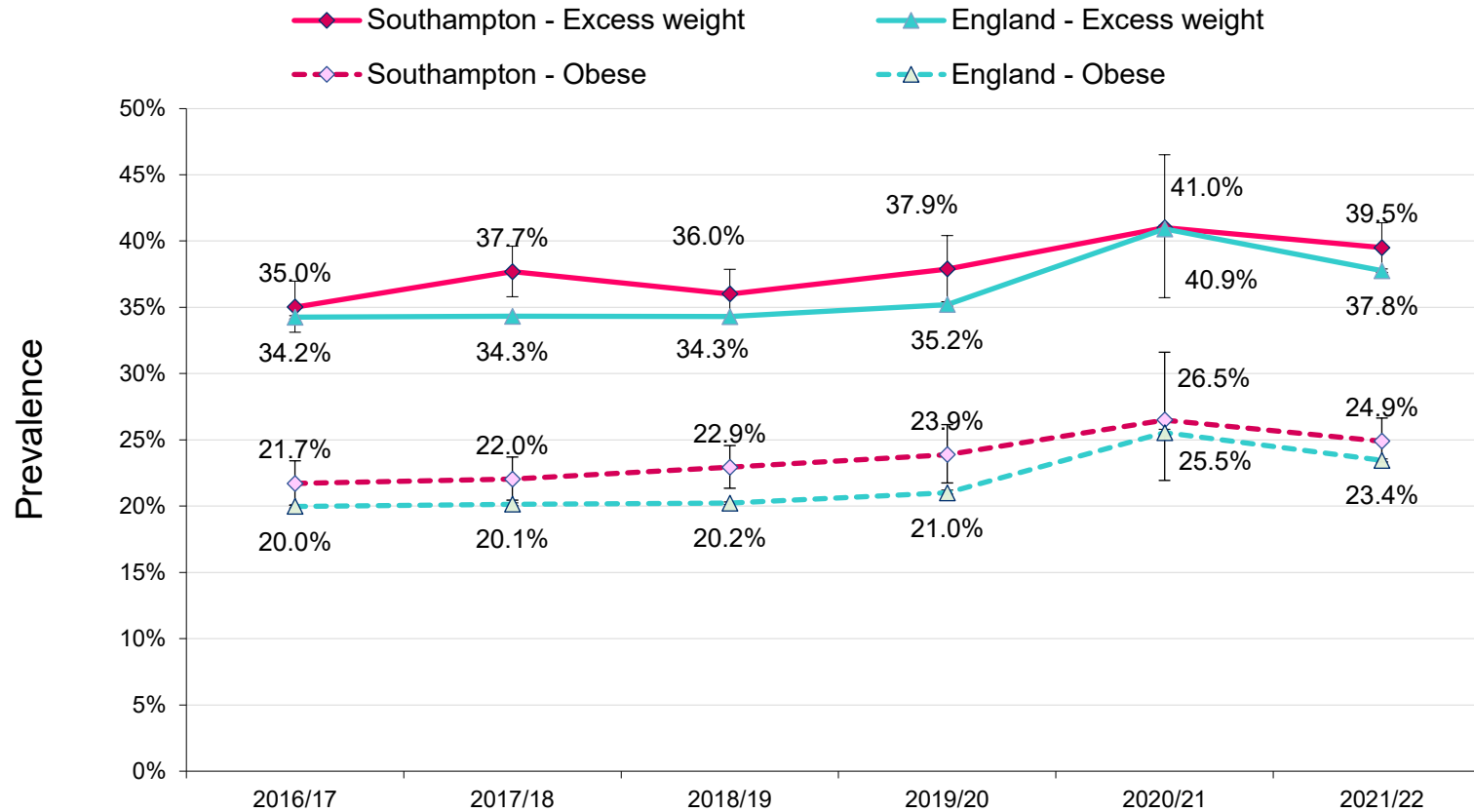
However, **2020/21** shows a **significantly higher increase** for obesity and excess weight prevalence in **year R locally** and **nationally** compared to the previous four years.

The latest data for **2021/22** shows Southampton had similar rates of childhood obesity and excess weight when compared to England.

2021/22 England - Year R:	Obese 10.1%	Excess Weight 22.3%
Southampton - Year R:	Obese 10.9%	Excess Weight 22.1%



## Year 6 Obesity and Excess Weight - Southampton and England trend: 2016/17 to 2021/22



Source: NHS Digital NCMP Enhanced data sets 2016/17 to 2021/22 with 95% Confidence Intervals (Wilson)

Between **2016/17** and **2019/20** the level of childhood **obesity** and **excess weight** for Year 6 children has been **higher locally** than **nationally** and **significantly higher** in **2017/18** and **2019/20**, Local level were also significantly higher than England for obesity in 2018/19 .

The **gaps** between **Southampton** and **England** percentages of obesity and excess weight has **narrowed** in the **last two years**.

The latest data for **2021/22** shows **Southampton** had **higher** but not significantly rates of childhood **obesity** and **excess weight** when compared to **England**.

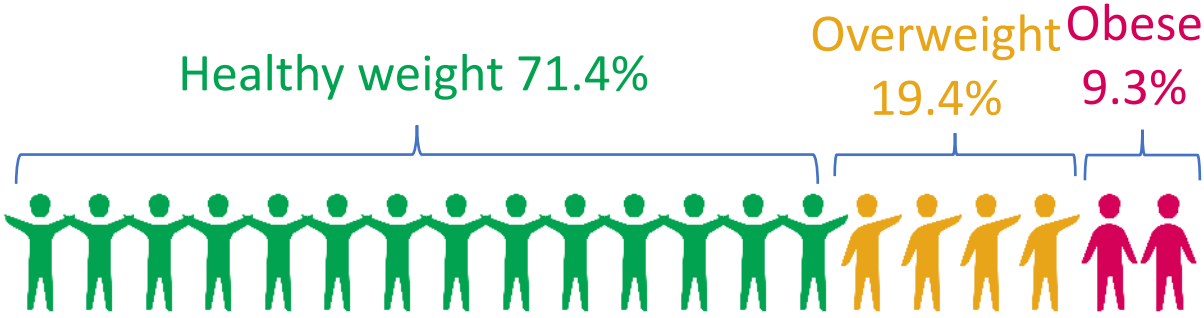
2021/22 England - Year 6:	Obese 24.9%	Excess Weight 39.5%
Southampton - Year 6:	Obese 23.4%	Excess Weight 37.8%



2018/19 to 2020/21 Year R ← Year 6 2012/13 to 2014/15

Analysis linking **individual children’s weight** recorded in **Year R** with that recorded for **Year 6**, gives **insight** into childhood obesity patterns in our city

Of the **13.2%** of children who were **OVERWEIGHT** in **Year 6**



The **majority** of **overweight** children in **year 6** had been **healthy weight** in **reception**, whilst just below a fifth had remained overweight and a further 9% had been obese

Analysis showed although **Year R obesity** is a **predictive factor** for **obesity** in **Year 6**, **interventions targeted only** at this cohort only have the potential to **reduce** Year 6 **obesity** by **one third**.

Of the **23.4%** of children who were **OBESE** in **Year 6**



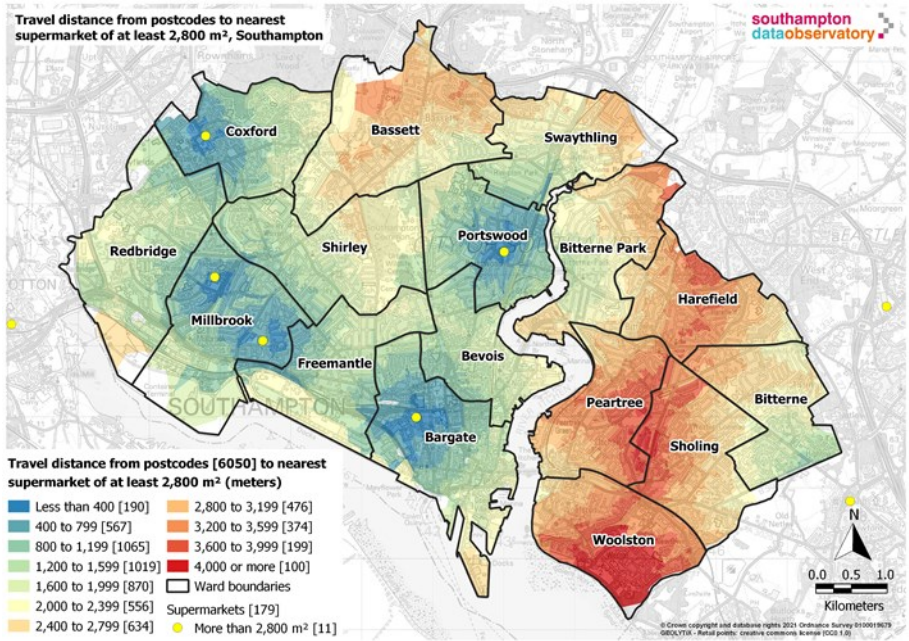
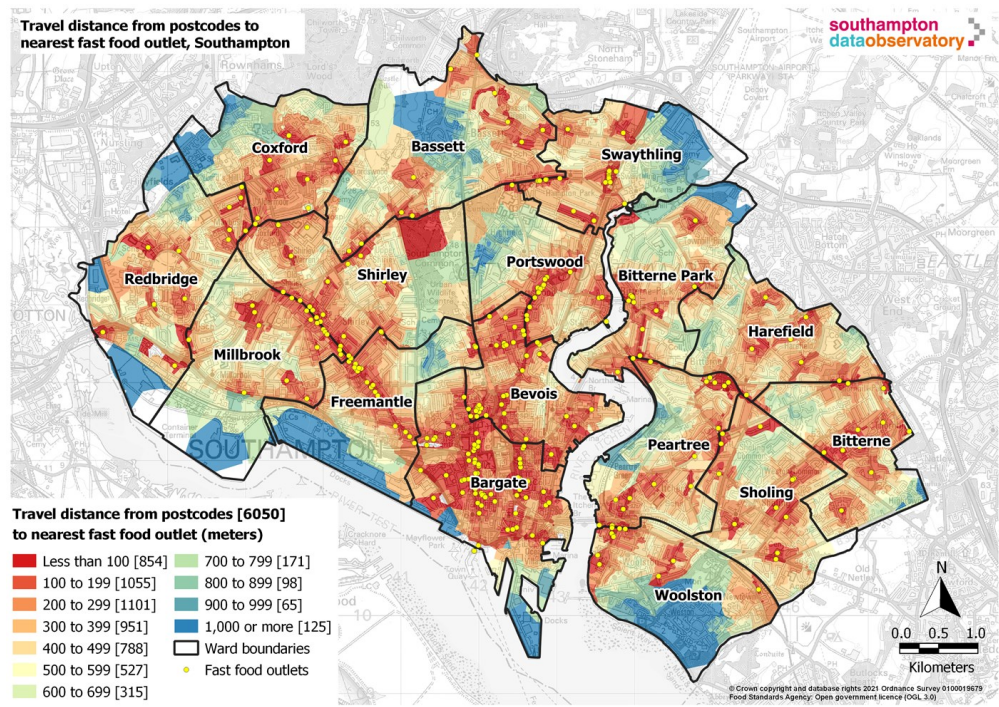
Over two-thirds (**67%**) of **obese** children had **not been obese** in **reception**, in fact the biggest proportion was for those who had been healthy weight (41%)



## Food environment impacts on childhood obesity

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

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



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

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

The full [food environment analysis](#) is on the Data Observatory



# Diabetes

[Diabetes \(data.southampton.gov.uk\)](https://data.southampton.gov.uk)



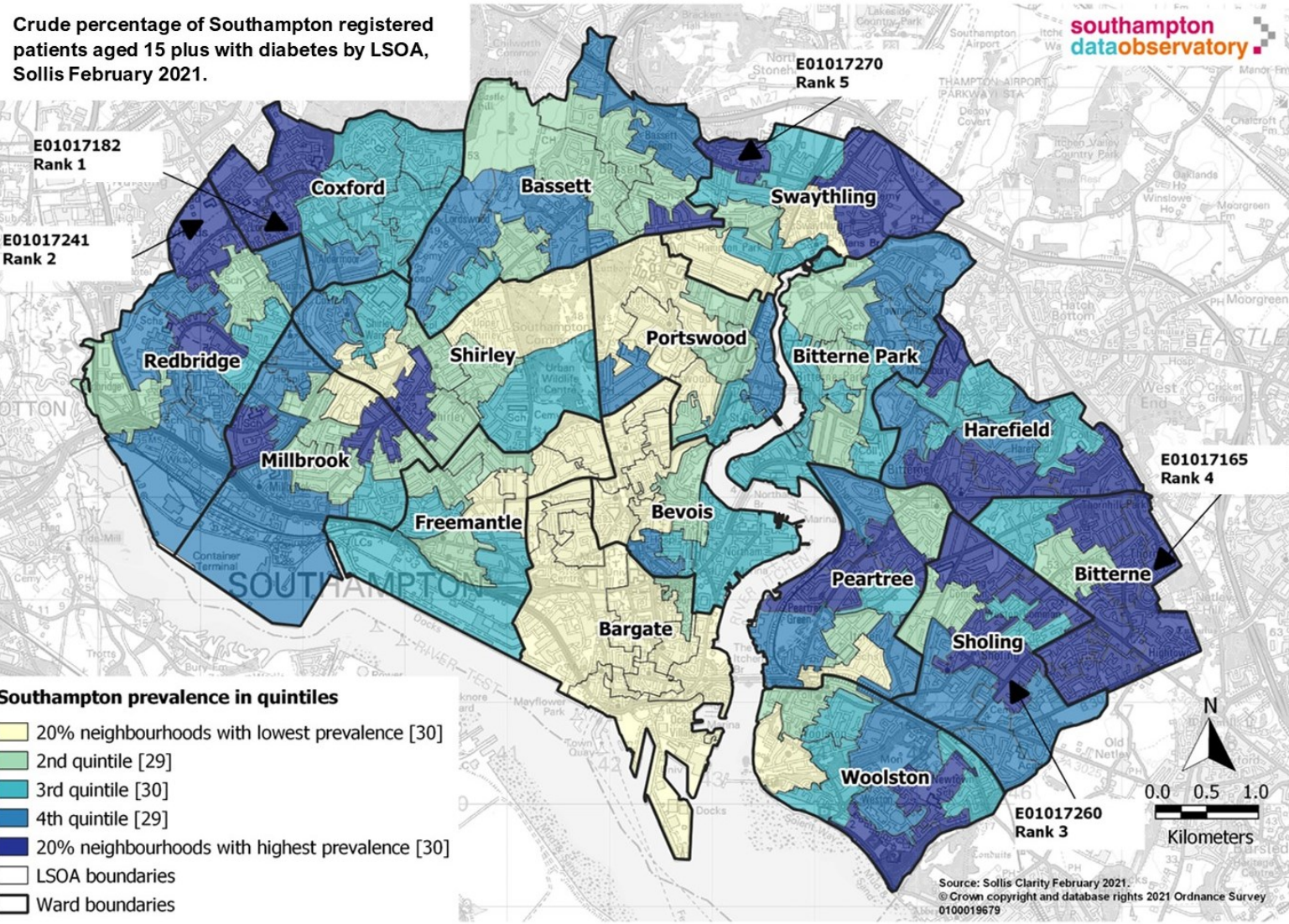
- **Diabetes** is the **second largest** contributor to **years of healthy life lost due to disability (YLDs)** in Southampton and **high fasting plasma glucose** is the **third biggest risk factor for deaths** in Southampton, increasing the risk of **cancer, cardiovascular diseases and neurological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





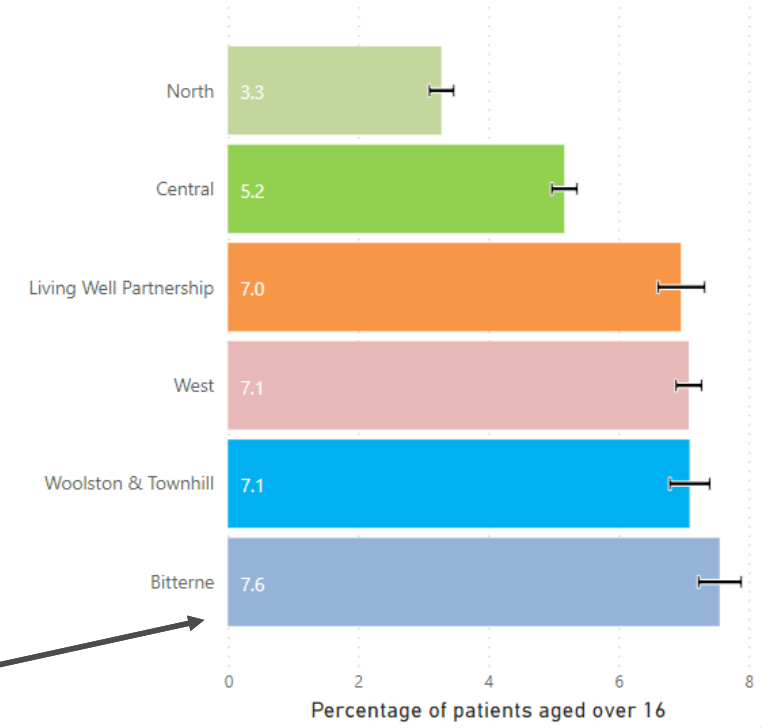
# Mapping diabetes in Southampton

Crude percentage of Southampton registered patients aged 15 plus with diabetes by LSOA, Solлис February 2021.



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

Percentage of patients aged over 16 years with diabetes mellitus, Southampton PCNs: 2020/21



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



# Respiratory

[Respiratory \(data.southampton.gov.uk\)](https://data.southampton.gov.uk)



- **Chronic respiratory diseases** ranked **3rd highest cause** of **Southampton deaths** in all ages with a rate of 67.1 per 100,000. This is the same rank as it was in 1990. **Respiratory infections** and **tuberculosis** are ranked **5th highest cause of death** for all ages in 2019 with a rate of 47.2 per 100,000 (GBD 2019). **Asthma** was ranked **10th highest** for **years of life lived with disability (YLD)** with a rate of 382.6 YLD per 100,000 for all ages, a decrease of 42.1% since 1990. **COPD** was ranked **12th highest** for **years of life lived with disability (YLD)** with a rate of 331.8 YLD per 100,000 (GBD 2019).
- **Smoking** and second-hand smoke is one of the **biggest risks** for **respiratory diseases**. Around **1 in 6** people (16.8%) in **Southampton smoke**. **Higher** when **compared** with 13.9% in **England** and 10.0% in **Hampshire**. **More males** smoke than females and people who smoke are **more likely** to be between the **ages of 25 and 54**
- **Respiratory deaths** contribute **19.2%** of the gap in **male life expectancy** between the **most** and **least** deprived quintiles (2020-2021). On closer inspection, the two largest causes are **chronic lower respiratory disease** followed by heart disease (OHID Segment tool)
- For **females**, respiratory diseases contribute **23.6%** of the gap in life expectancy between the **most** and **least** deprived quintiles, the **2nd highest group**. More detailed analysis shows the **single largest cause** of the gap in female life expectancy is **chronic lower respiratory diseases** followed by other and lung cancer (OHID Segment tool).



- **Rates of respiratory disease hospital admissions are higher** for residents in the **west** of the city, especially who live in **Redbridge** and **Coxford**. **Inequalities by deprivation** shows **admission rates for respiratory disease are 2.9x higher** (and significantly so) for those in the **20% most deprived** (England quintiles/Core 20+5) compared to the least. **Under 75 years respiratory mortality rates are 2.5x higher** for those in the **20% most deprived** (England quintiles/Core 20+5) with the highest rates in **Swaythling** and **Bargate**
- **Asthma prevalence rates are 1.2x higher** for those in the **20% most deprived** (England quintiles/Core 20+5) with the highest rates also in the **west** around **Redbridge** and **Coxford**. Asthma is **more prevalent** in those aged **60 to 84 years**. **Asthma correlates with current and ex-smokers**. **Asthma under 18 admissions rates are higher** in the top **two most deprived quintiles**, in particular for **0–9 years**, rates **highest in the most deprived 20%**
- **COPD prevalence is higher** on the **wings** and **edges** of the city, **highest rates** are found in the **west** city neighbourhoods with in **Coxford** and **Redbridge** and also for those aged **75 to 89 years**.
- **COPD inequalities analysis** shows by England quintiles **COPD prevalence 1.2x higher**, **COPD admissions 3.4x higher** and **COPD mortality 2.6x higher** for those in the **most deprived 20%** compared to the least



# Cardiovascular

[CVD \(data.southampton.gov.uk\)](https://data.southampton.gov.uk)

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

- **Emergency hospital admissions for cardiovascular disease** has highest rates for **Bevois** and then two wards in the **west of the city; Coxford and Redbridge**, the rate is **1.8x or 80% higher** and for **cardiovascular mortality 3.6x higher** in the **most deprived 20%** of the city compared to the **20% least deprived**
- **Coronary heart disease emergency hospital admissions** are **3.9x** in **most deprived 20%** of the city compared to the **20% least deprived**. The **highest rates by ward** are for people living in Redbridge (**west Southampton**), followed by Bitterne (now called Thornhill) and Bevois, all areas with **high deprivation**. **Southampton** has had **higher coronary heart disease mortality** rates than **England** since 2001-2003. At **PCN level**, **Central PCN** has the **highest mortality rate** compared to Southampton PCN average, followed by **West PCN** then **Woolston and Townhill PCN**
- **Stroke prevalence** in **Southampton** has been significantly **lower** than the England and more likely for those in the **least deprived** than the **most deprived**, perhaps occurring in **affluent residents** more likely to **live longer** when **stroke risk is greater**

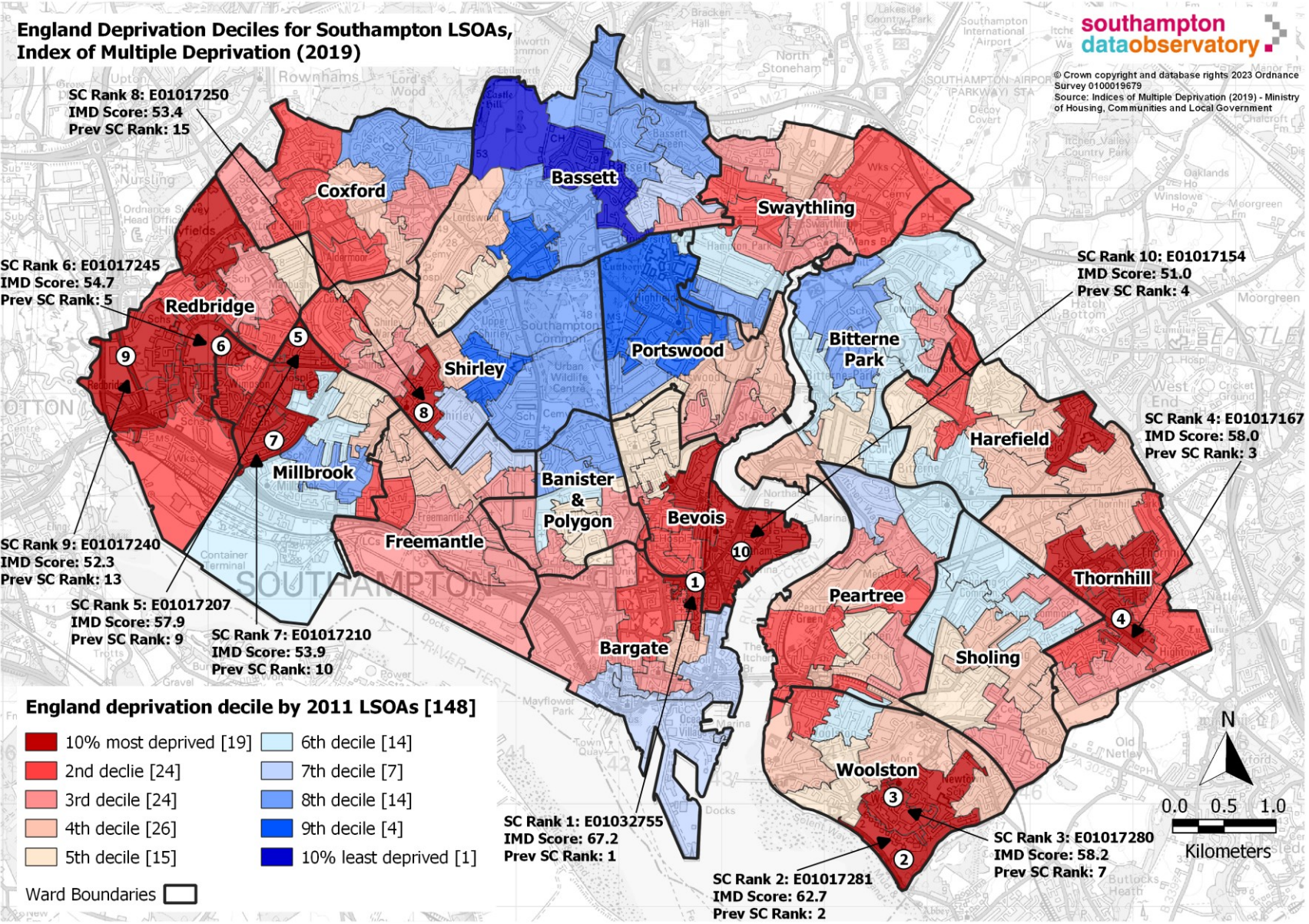


# Wider determinants and inequalities





# Deprivation



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



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



**Mothers smoking at booking**  
**4.1x higher**  
2016 to 2020



**Mental Health/Psychosocial conditions**  
(per 1k children)  
**1.5x higher**  
February 2021



**Healthy weight**  
**1.1x lower** for Year R children  
**1.2x lower** for Year 6 children  
2018/19 to 2020/21



**Child poverty**  
**3.7x higher**  
2018/19



**Average Attainment 8 Score**  
**1.3x Lower**  
2017 to 2019



**Breastfeeding at initial check**  
**1.4x lower**  
2016 to 2020



**Drug use**  
(per 1k children)  
**7.8x higher**  
April 2017 to March 2020



**Alcohol use**  
(per 1k children)  
**5.1x higher**  
April 2017 to March 2020



**Children experiencing neglect or abuse**  
(per 1k children)  
**4.9x higher**  
April 2017 to March 2020



**Looked after children**  
**4.1x higher**  
April 2017 to March 2020



**Youth Violent Crime**  
(per 1k children)  
**3.2x higher**  
April 2019 to March 2020

Note: Uses local deprivation quintiles



# Economic Needs Assessment

[Economic Needs Assessment](https://data.southampton.gov.uk)  
[\(data.southampton.gov.uk\)](https://data.southampton.gov.uk)



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

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

Population

**263,768**

Hampshire County Council 2022 forecasts

Value of the Economy

**6.8 Billion**

ONS GVA (b) Current Basic Prices 2021

Number of Businesses

**7,890**

ONS UK Business 2022

Number of Employee Jobs

**113,424**

ONS BRES 2021

Average House Price

**£259,456**

Land Registry March 2023

Full-time Median Weekly  
Pay (Residents)

**£643**

ONS ASHE 2022

Higher Education Students

**34,495**

Higher Education Statistics Agency (2021/22)

Resident Population  
Educated to Degree level

**47.9%**

ONS APS 2021 – expressed as a % of economically active population

**Ranked 10<sup>th</sup>**

(out of 50) in the latest Good Growth Cities Index

[PWC good growth index 2022](#)



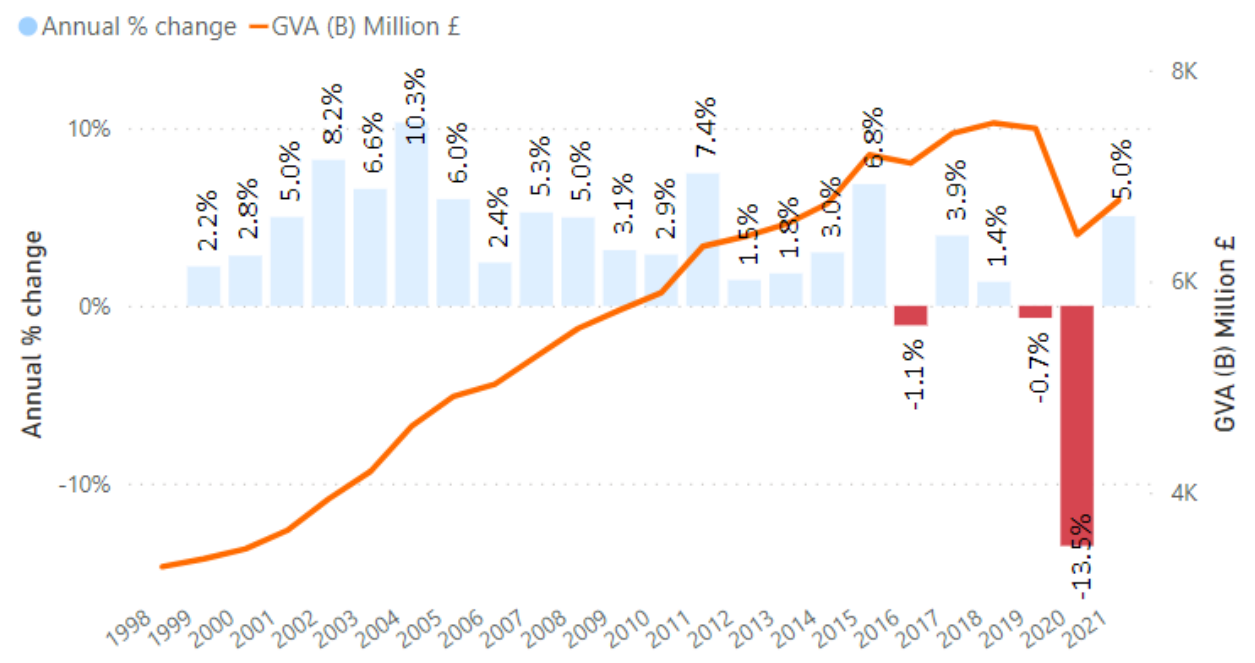
## Southampton's Economy in 2021



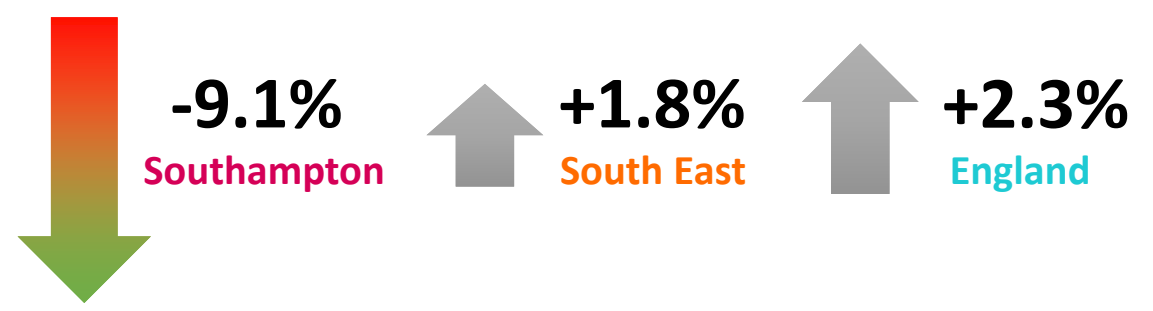
# 6.8 billion

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

GVA (B) Million £ at current basic prices- Southampton: 1998 to 2021



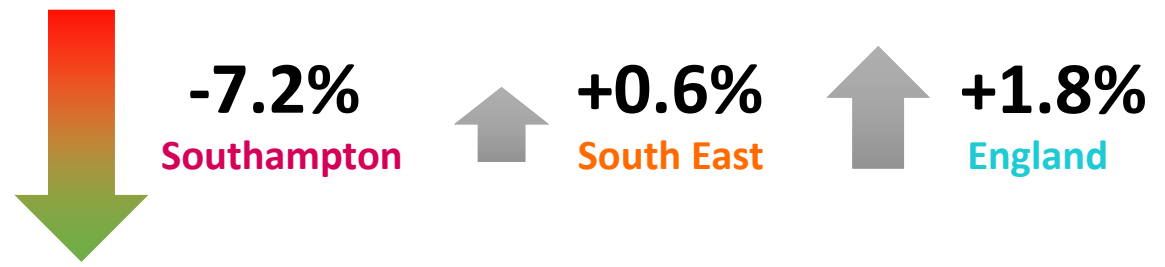
### Change since 2019:



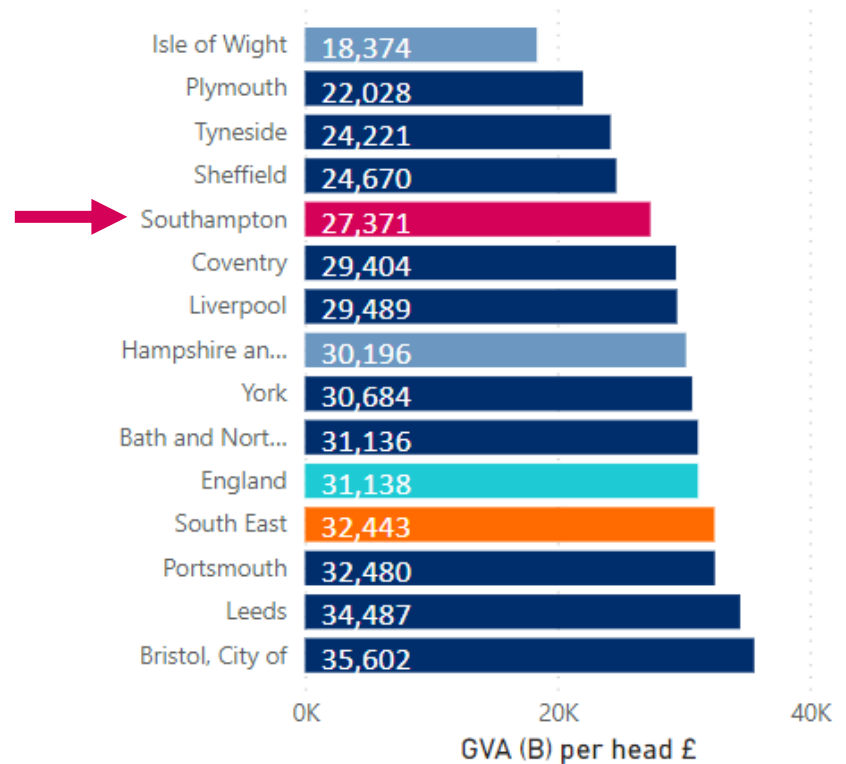
Source: Office for National Statistics – GVA. GVA rounded to nearest hundred million.

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

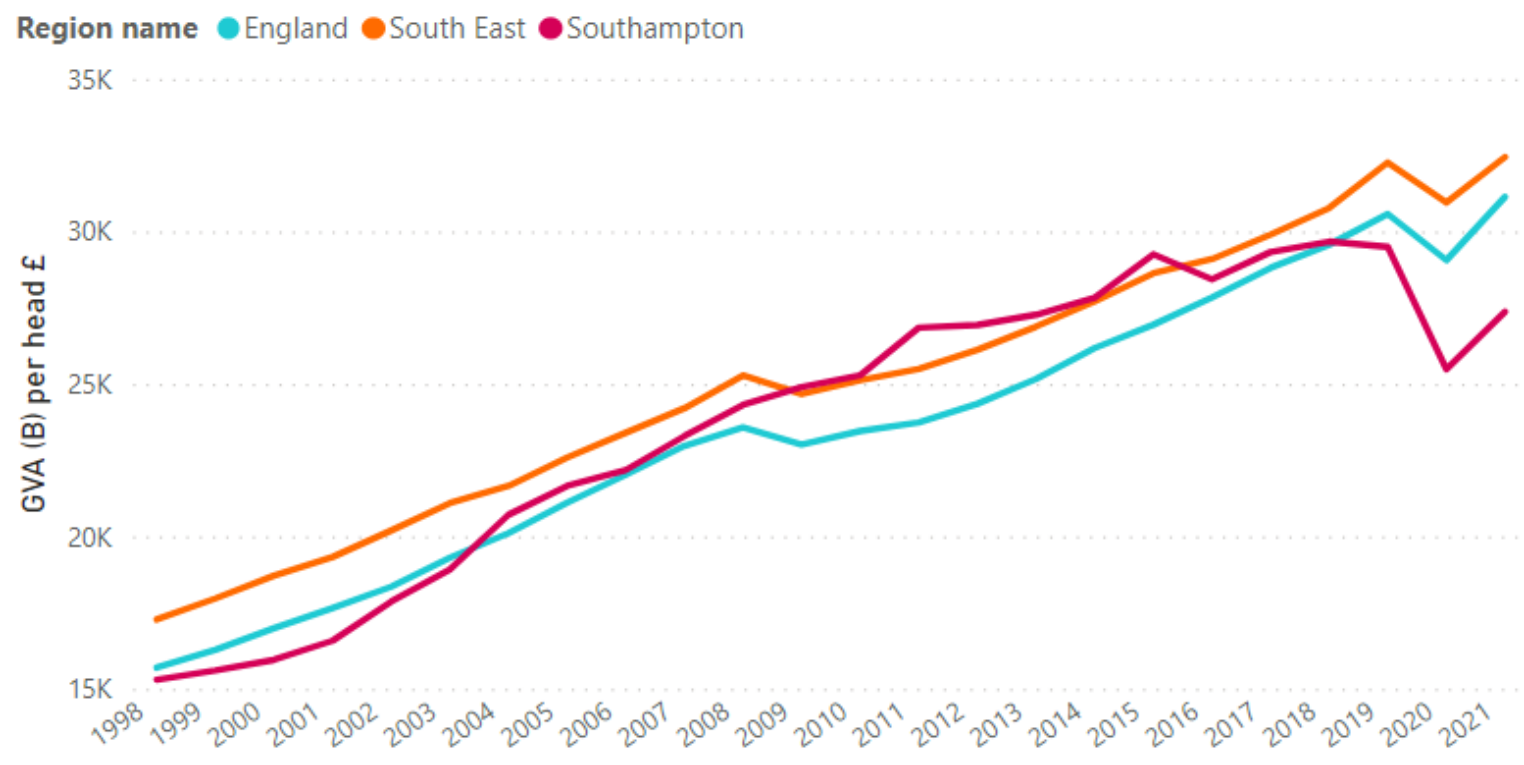
## Change since 2019:



GVA (B) per head of population at current prices - Southampton and ONS comparators: 2021

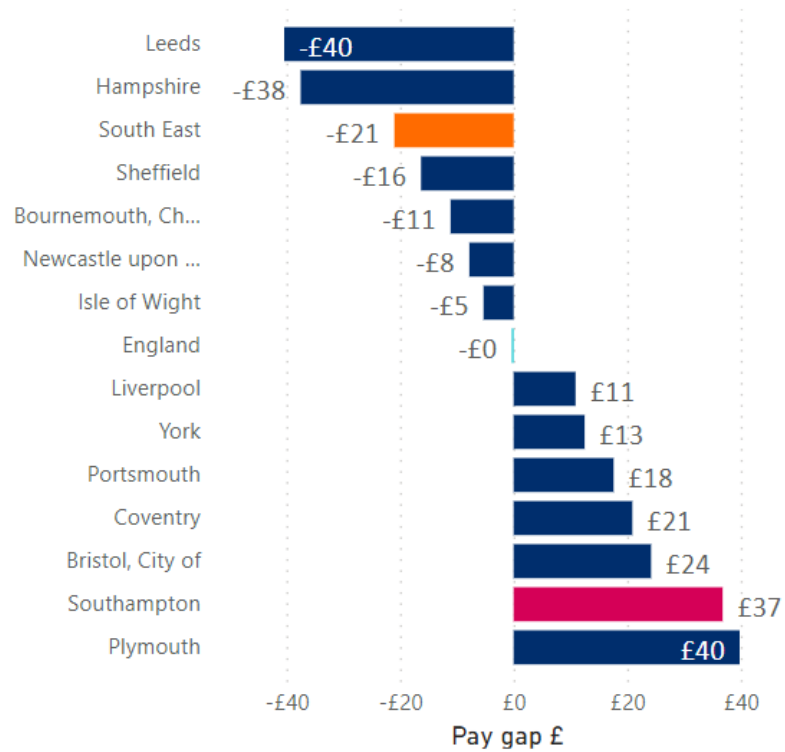


GVA (B) per head of population at current prices- England, South East, Southampton: 1998 to 2021

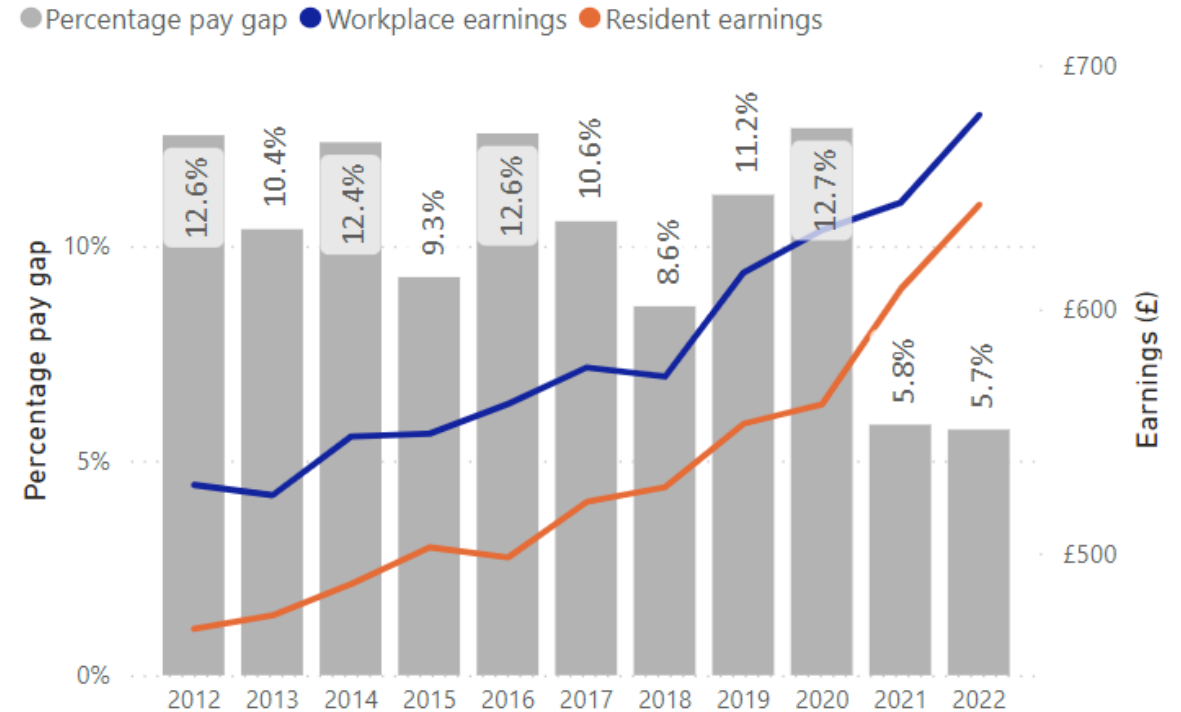




Workplace to Resident pay gap, Weekly pay - gross, Full Time Workers, (Total) - Southampton and ONS comparators: 2022



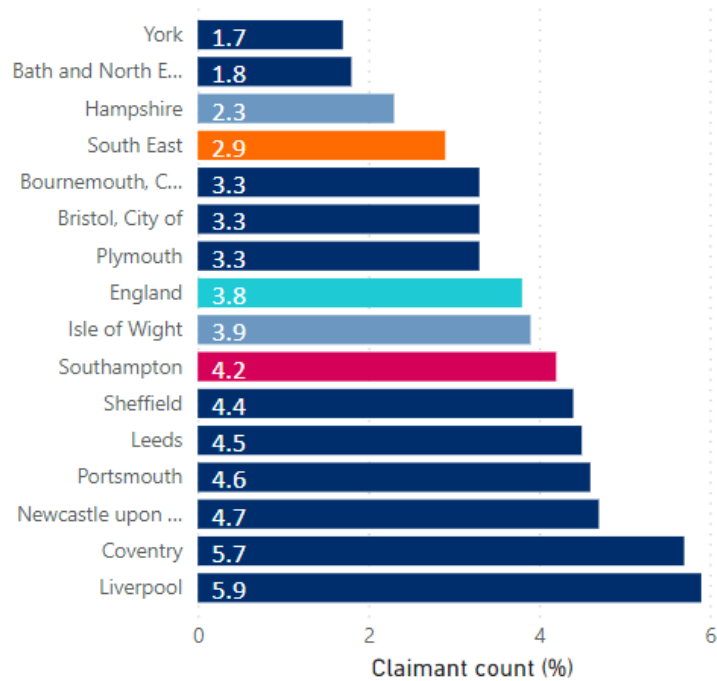
Workplace to Resident pay gap, Weekly pay - gross, Full Time Workers - (Total) Southampton: 2012 to 2022



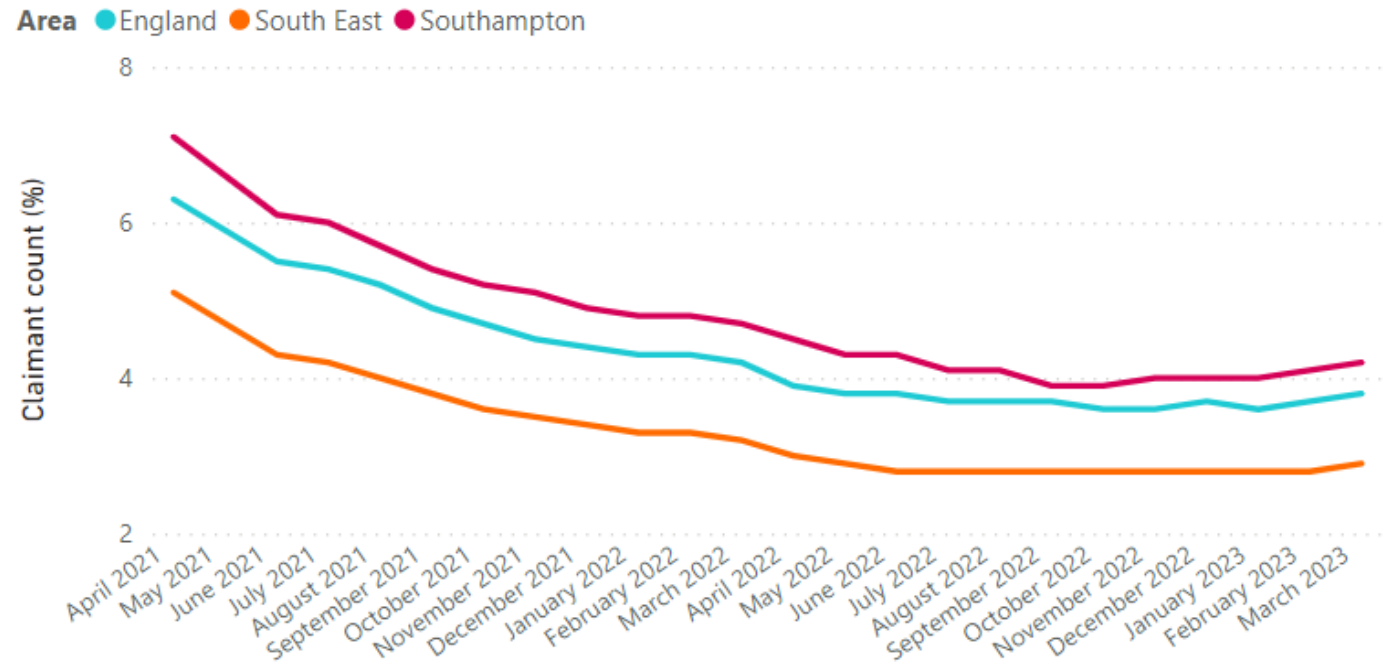
- **WORKPLACE** earnings are **£37(5.7%) more** per week than **RESIDENT** earnings for **full time workers** in **Southampton**
- **No evidence** to suggest that the **inequality gap** between workplace and resident earnings is **narrowing**
- Southampton has the **largest inequality gap** between workplace and resident earnings among **comparators**
- High workplace earnings suggests lots of good skilled employment opportunities in the city. However, resident earnings are lower which suggests those commuting into the city are taking the high skilled jobs, which residents are not benefitting from



Claimants as a proportion of residents aged 16-64 (Total) - Southampton and ONS comparators: March-2023

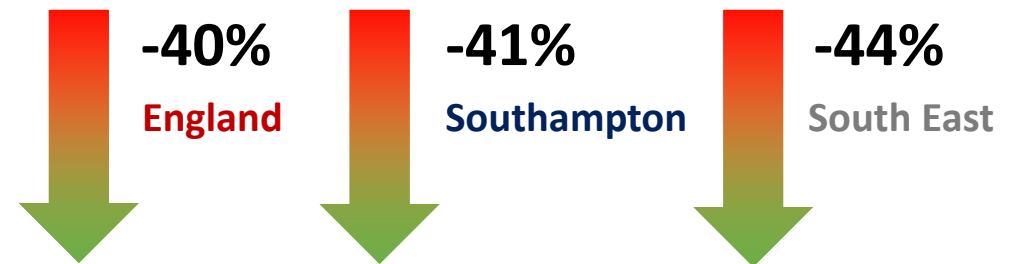


Claimants as a proportion of residents aged 16-64 (Total) - Southampton, England, South East: April-2021 to March-2023



- Locally and nationally the number of adults claiming out of work benefits has significantly decreased over the last two years, given the end of COVID-19 restrictions
- 4.2% (7,060) of the working aged population in Southampton were claiming out of work benefits in March 2023; a decline of -4,940 (-41%) since April 2021 (7.1%)
- Although, Southampton is yet to return to the pre-pandemic baseline (less than 3.5% in January to March 2020)
- Claimant count also appears to have slowly increased in recent months, possibly a result of recent financial pressures and economic uncertainty, therefore it will be important to monitor this trend

### Change April 2021 to March 2023

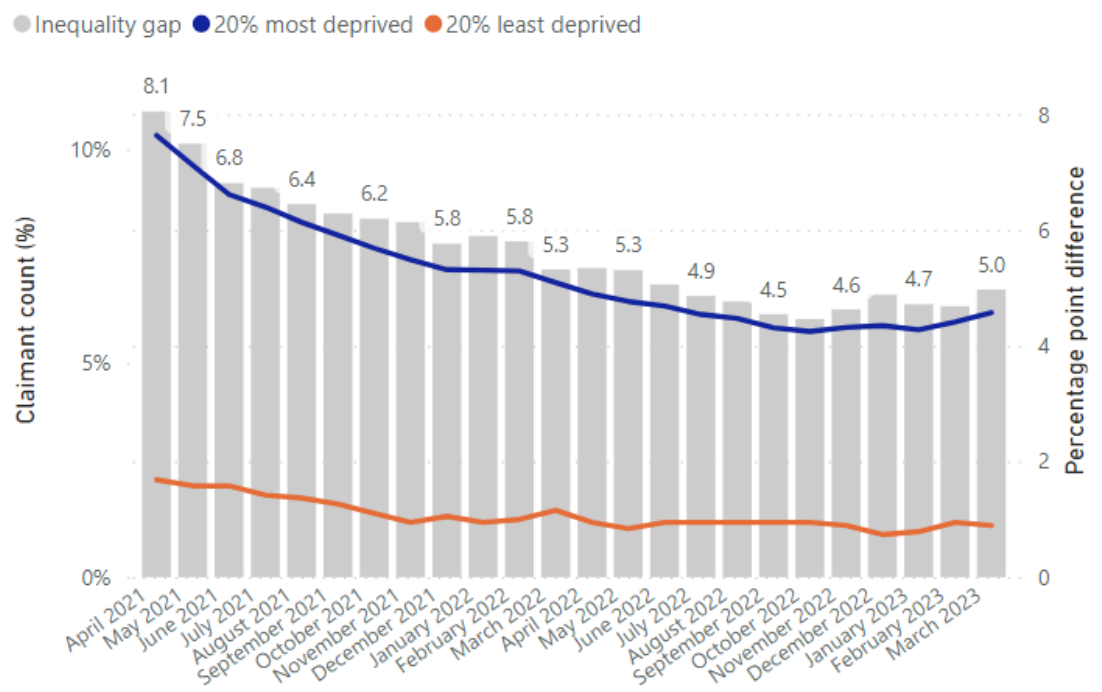




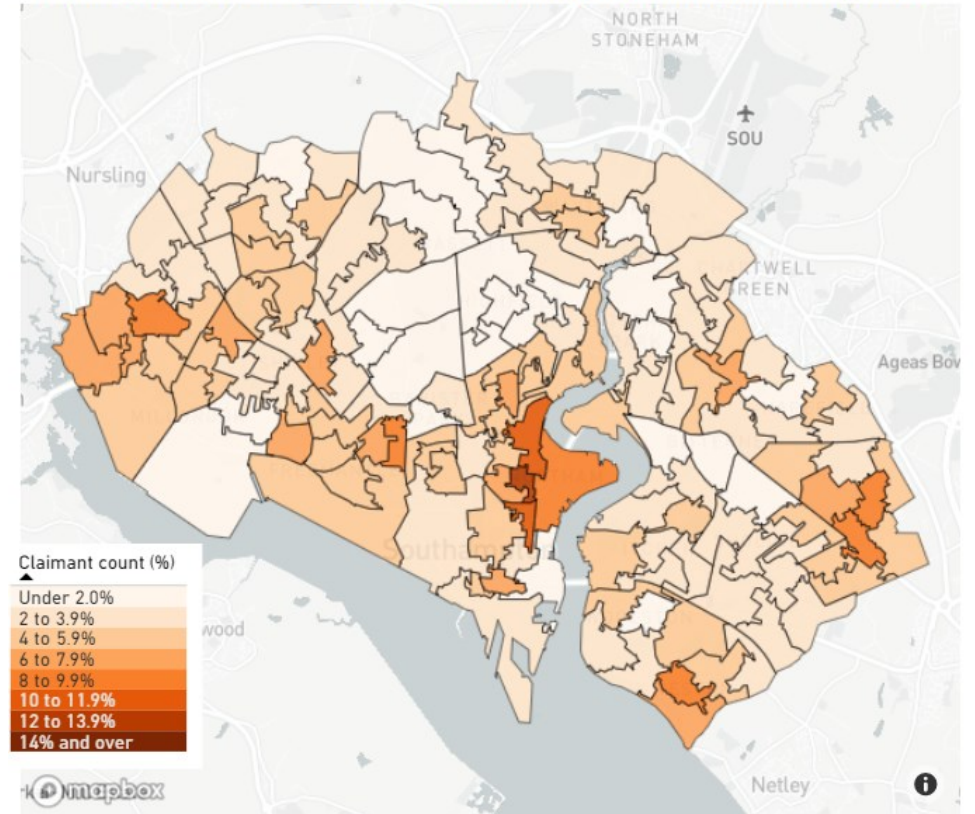


- The map below shows the latest claimant count (%) by Southampton neighbourhoods – March 2023
- Higher claimant counts are seen across neighbourhoods in Thornhill, Woolston, Bevois and Redbridge wards, which is where some of the most deprived neighbourhoods in the city are located
- The chart below shows the inequality gap in the claimant count between the most and least deprived neighbourhoods over time, which has decreased from a peak percentage point gap of 8.1 in April 2021 to 5.0 in March 2023, whilst the inequality gap briefly returned to pre-pandemic levels (average 4.6 percentage point gap throughout 2019), it appears to be widening again

Change in the claimant count for the most and least deprived national deprivation quintiles in Southampton: April-2021 to March-2023



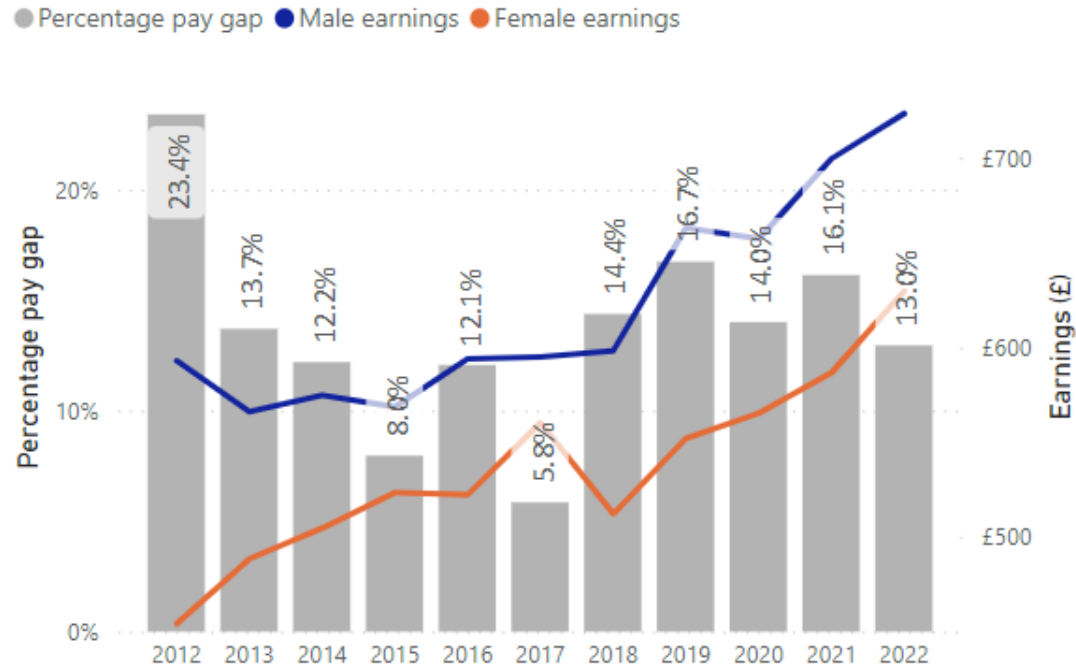
Claimant count (total) as a percentage of the working age population by LSOA: March-2023



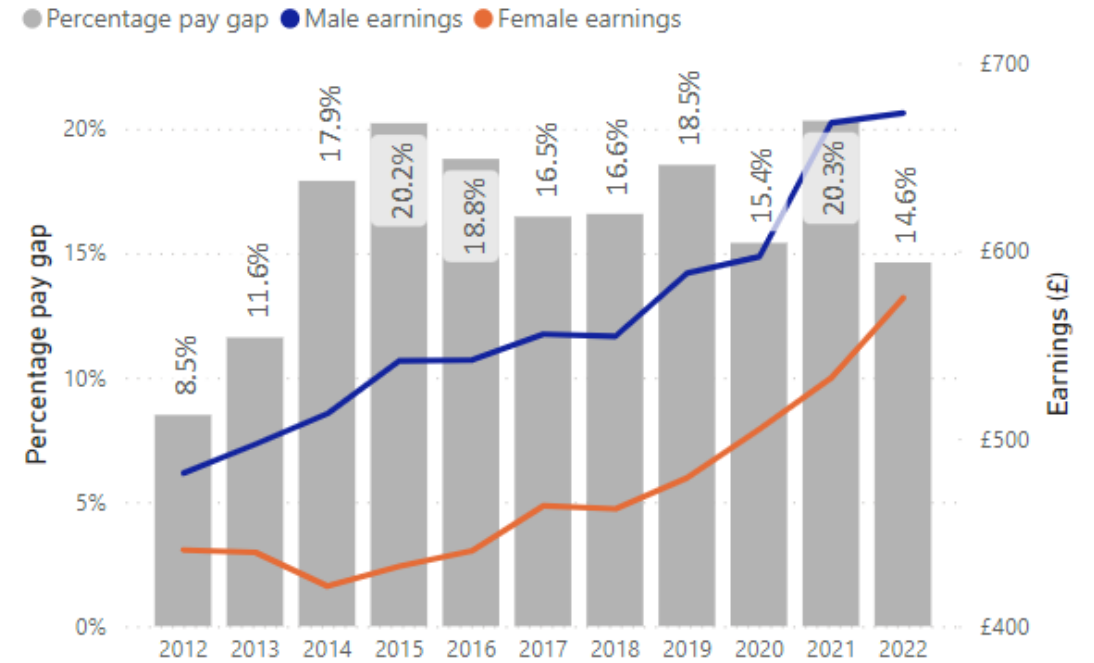


# Inequalities – Male vs Female

Male to Female pay gap, Weekly pay - gross, Full Time Workers - (Workplace)  
Southampton: 2012 to 2022



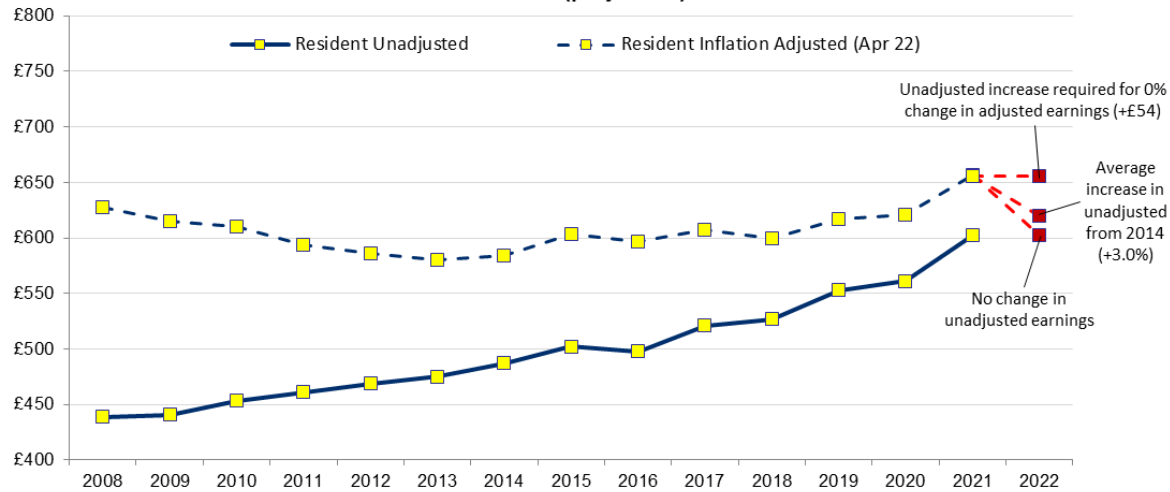
Male to Female pay gap, Weekly pay - gross, Full Time Workers - (Resident)  
Southampton: 2012 to 2022



- There is also a pay gap between male and female pay in Southampton, with this gap also experienced nationally
- In 2021, the full time resident weekly gender pay gap was 14.6% (£99) in Southampton, this compares to a gap of £106 (15.3%) nationally
- The full time workplace gender weekly pay gap in Southampton was similar at 13.0% (£94) in 2022
- No evidence that gap is narrowing – for both workplace and resident

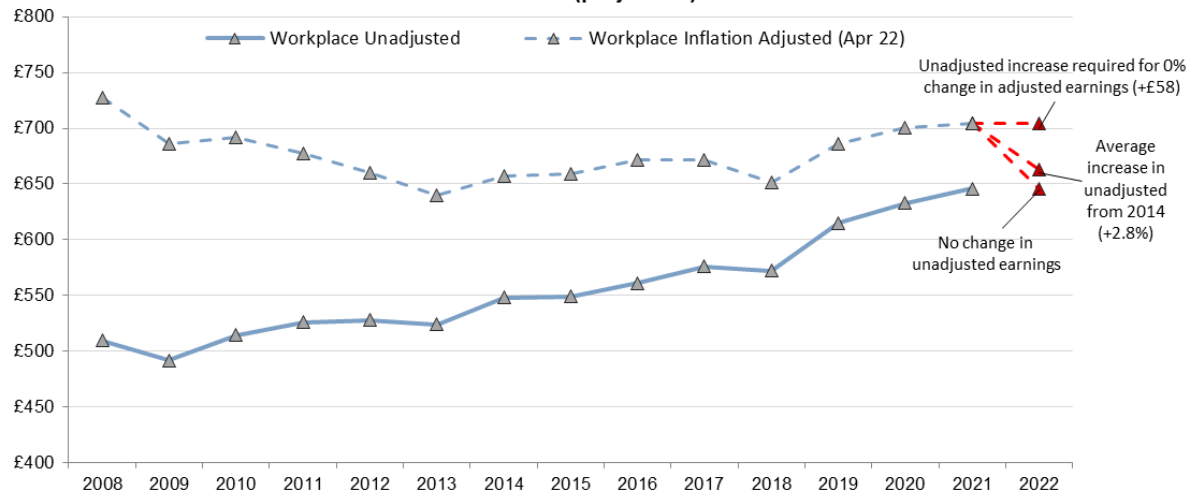


### Gross weekly pay for full time workers - resident analysis: Southampton trend: 2008 to 2022 (projection)

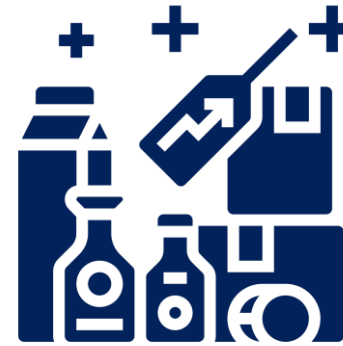


Source: ONS - Annual Survey of Hours and Earnings & Consumer Price Inflation

### Gross weekly pay for full time workers - workplace analysis: Southampton trend: 2008 to 2022 (projection)



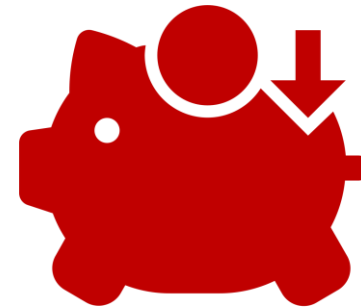
Source: ONS - Annual Survey of Hours and Earnings & Consumer Price Inflation



▲ **108.5 to 110.1** 2020 to 2021

▲ **110.1 to 120.0** 2021 to 2022

Consumer Price Index (all items April)



▲ **£33** Resident Adjusted earnings 2020 to 2021

▲ **£4** Worker

▼ **£54** Resident Adjusted earnings 2021 to 2022

▼ **£58** Worker (assuming no change in unadjusted)

- The graphs on the left show projections for adjusted resident and worker earnings based on **April 2022 inflation (120.0 CPI all items)**
- Assuming unadjusted earnings do not change, a 'real' **decline of -8.3%** in earnings could be expected for both residents and workers in Southampton – an impact of inflation increasing during the cost of living crisis
- Unadjusted weekly earnings would **need to increase** by at least **£54 for residents** and **£58 for workers** to negate the impact of inflation in 2022;
- This would be an unprecedented increase in unadjusted earnings locally, therefore would expect wage growth in Southampton to fall behind inflation, resulting in a **decline in 'real' earnings in 2022**
- [ONS estimates of weekly earnings from August 2022](#), also suggests that 'real' pay is declining as a result of inflation



# COVID Impact Assessment



- **Most aspects of health and wellbeing covered by the JSNA were impacted by the pandemic including those monitored against the Health and Wellbeing Strategy**
- Further analysis of the direct and indirect impacts of the pandemic are included in the Covid-19 Impact Assessment, set out in three sections; Healthy People, Healthy Living and Healthy Places
- Many impacts are yet to be fully realised and the Covid-19 Impact Assessment is refreshed regularly as more data is made available and further understanding reached. Future impacts suggest this winter would have an impact on health and wellbeing inequalities in the community given the challenges of heating costs and the impact of the cost-of-living increase.
- The assessment showed **significant impact** of the **Covid-19 pandemic** on the **health of Southampton residents**. Analysis including looking at **inequalities**, showing there were **significant differences** in cases (in the first three waves) and **hospital admissions** when comparing those living in the 20% most deprived neighbourhoods with those living in the 20% least deprived - with **higher rates in the most deprived**
- There have been some **negative impacts** such as an **increase in mental health issues** but also some **positive impacts** such as **reduction in smoking, increased value of air quality and clean air**, and an increase in **physical activity**.
- Analysis incorporates national and local data including Southampton resident survey data

## [Covid-19 Impact Assessment](#)



# Other summary slides

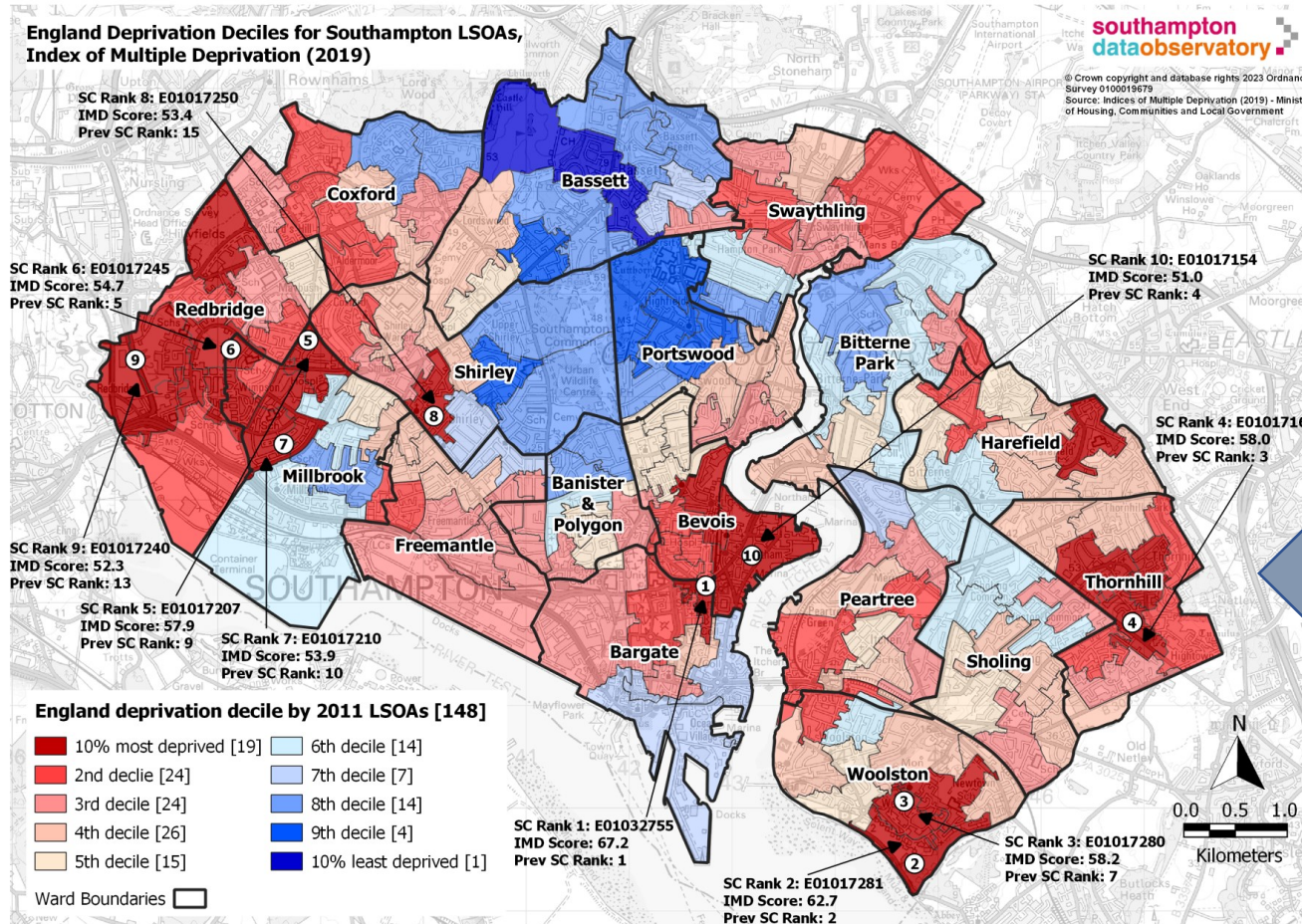


# Key facts

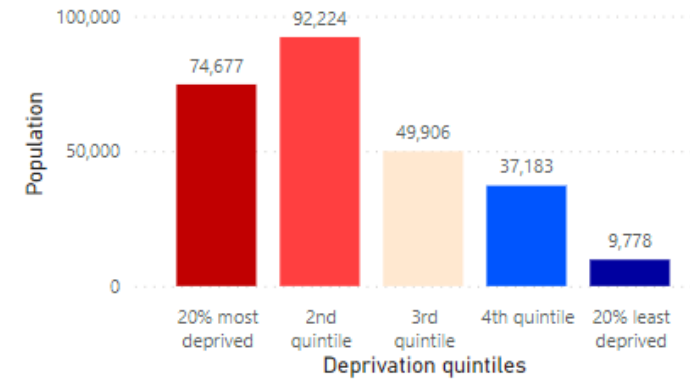
Southampton has an estimated population of **263,767** residents, of which **134,575** (51.0%) are **male** and **129,192** (49.0%) are **female** (2022).

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

Deprivation is generally associated with poor health outcomes.



Population for England quintiles: 2022



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

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

Southampton is ranked the 55th (previously 54th) most deprived out of 317 local authorities in England. 28% of Southampton's population live in neighbourhoods within the 20% most deprived nationally. Southampton is ranked 3rd worst in the country for crime deprivation and is in the worst 20% of local authorities for 5 other deprivation domains.