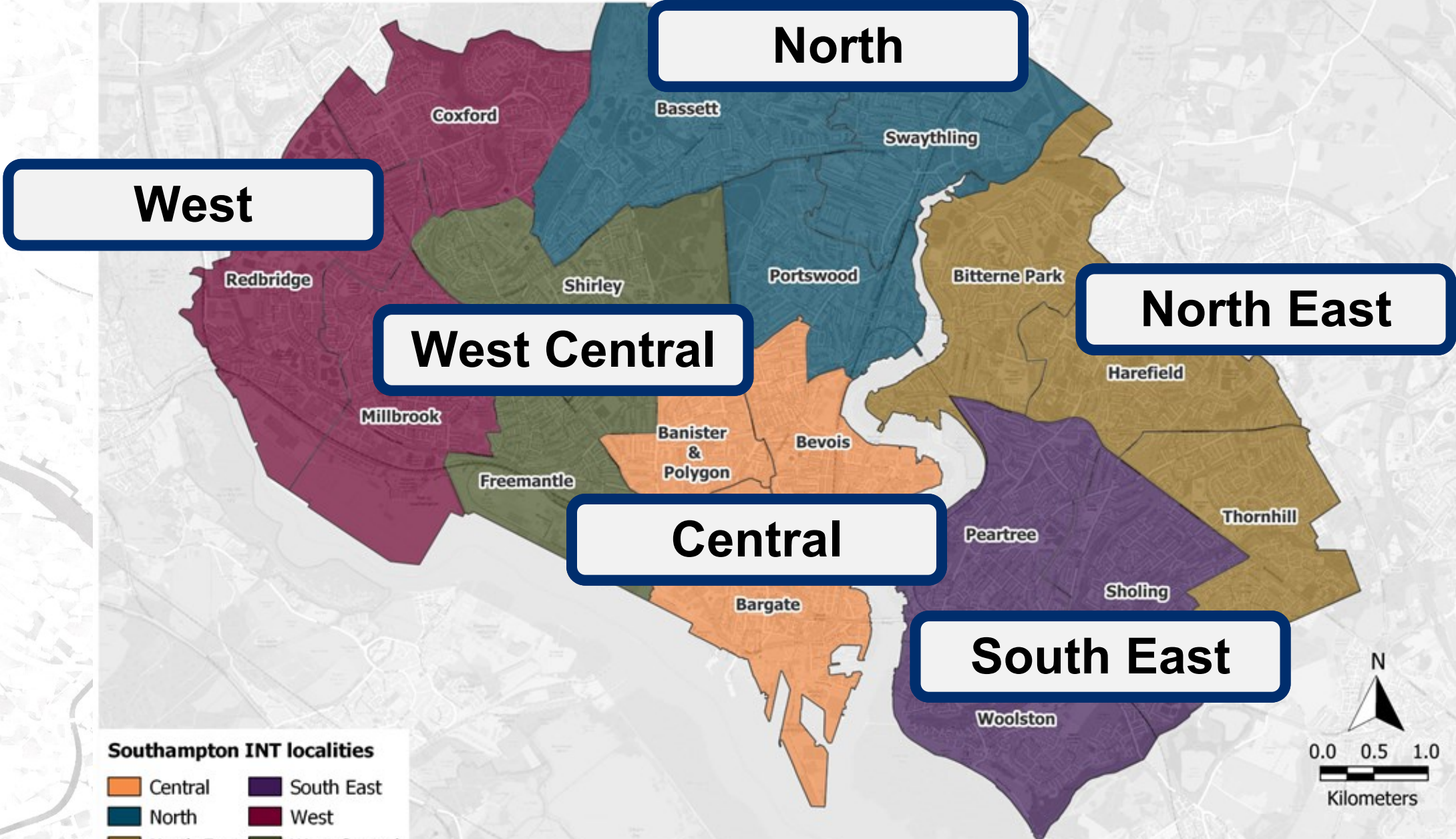


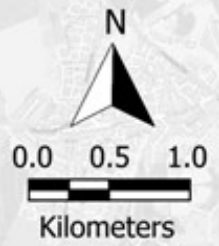
# Southampton INT localities

Data & Intelligence



**Southampton INT localities**

Central	South East
North	West
North East	West Central



**West**

**North East**

**Central**

**South East**

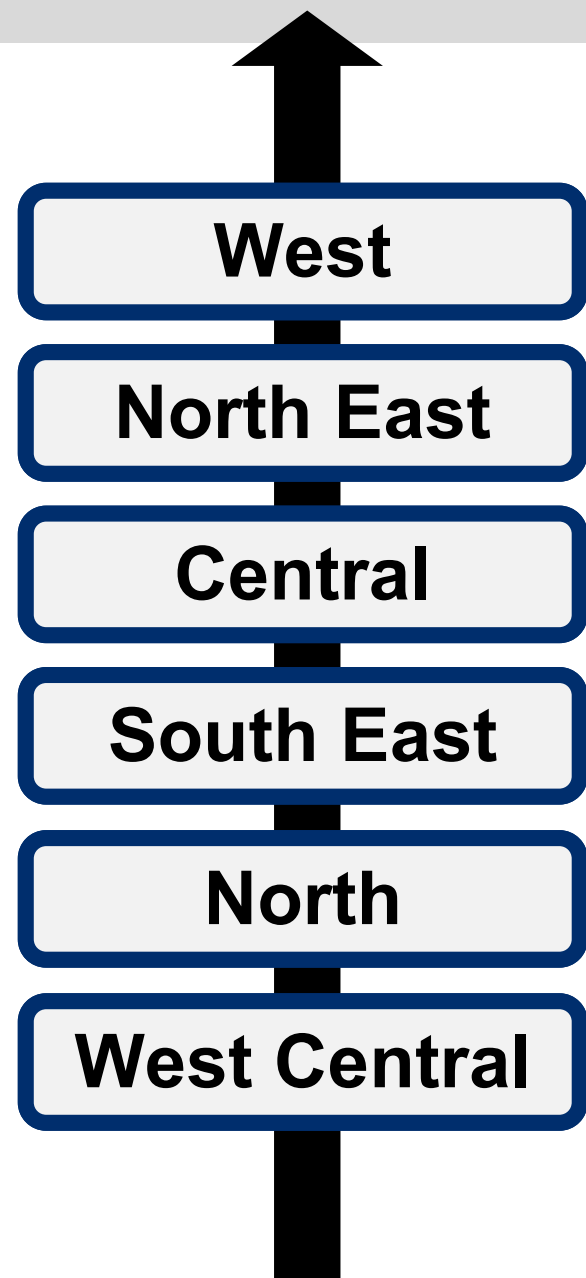
**North**

**West Central**

To enable integrated neighbourhood health and care delivery, Southampton has been split into six localities. They are (mostly) made up of 3 existing electoral wards and range from around 30k to 50k residents.

Each locality has been profiled based on its unique composition and need\*. These needs will be used to prioritise and inform service delivery at a local level in Southampton.

*\*Broad generalisations have been made about what makes each locality different. There are many individual residents in each locality who do not fit the profile.*



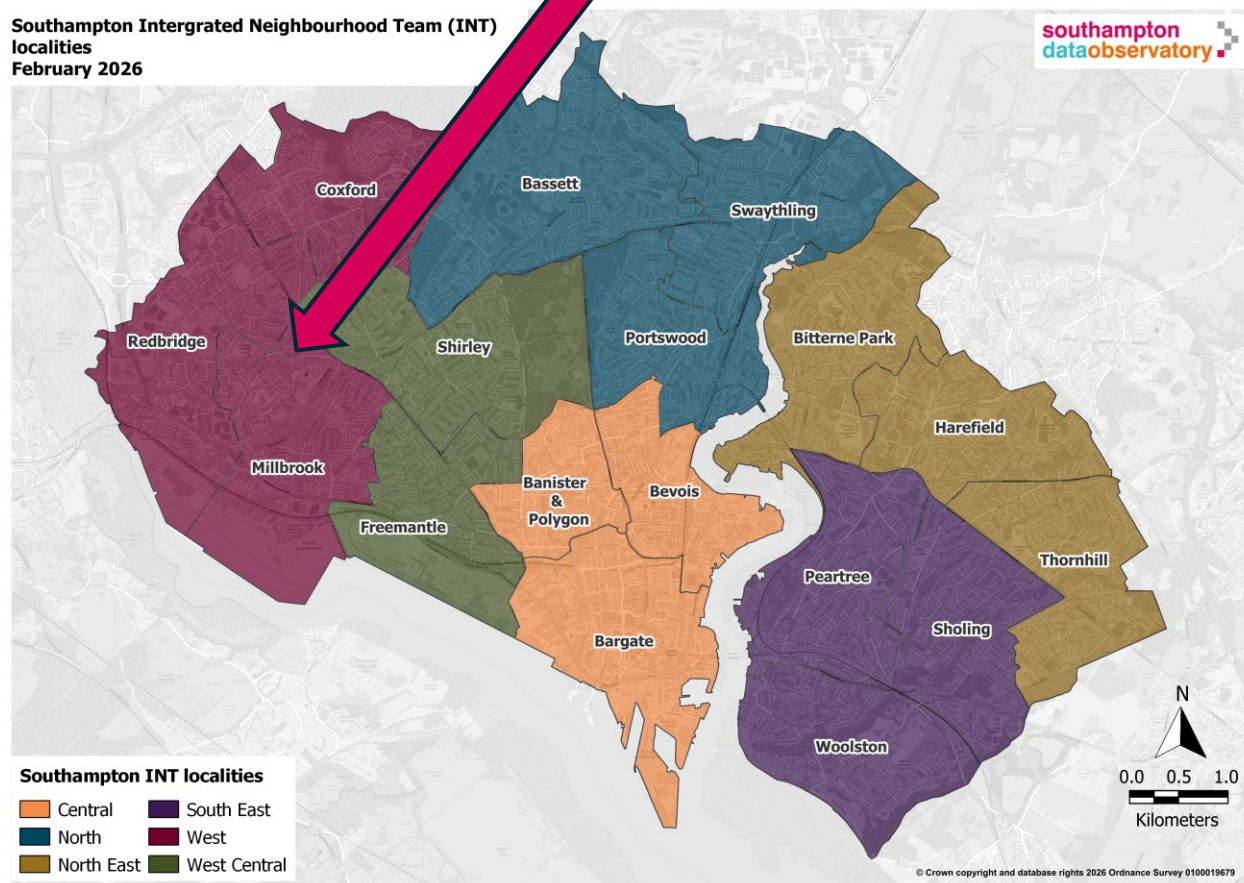
Deprivation	Health & Care Needs	Level of Need
Very High	Very high CSC, ASC need & poor health	<b>Very High</b>
High	Very high CSC, ASC need & poor health (in Thornhill)	<b>Very High</b>
High	Community safety / crime, drugs & mental health	<b>High</b>
Moderate	Falls, frailty & high ASC need	<b>High</b>
Low overall	Pockets of poor CVD & mental health	<b>Medium</b>
Low overall	Localised drugs & crime	<b>Medium</b>

# West Locality

Very  
High  
Need

Pop: 42,069

Southampton Intergrated Neighbourhood Team (INT)  
localities  
February 2026



More deprived (overall)



Less qualified adults but a  
good level of employment



Acute adult and children's social care need  
and poor health

Health & care summary

High children's & adult social care demand, poor self-reported health, high injury & drug admissions

# North East Locality

Very High Need

Pop: 42,705



Acute children's social care need



Bitterne Park (less deprived) has significantly better rates for health, education & crime compared to Thornhill (more deprived)



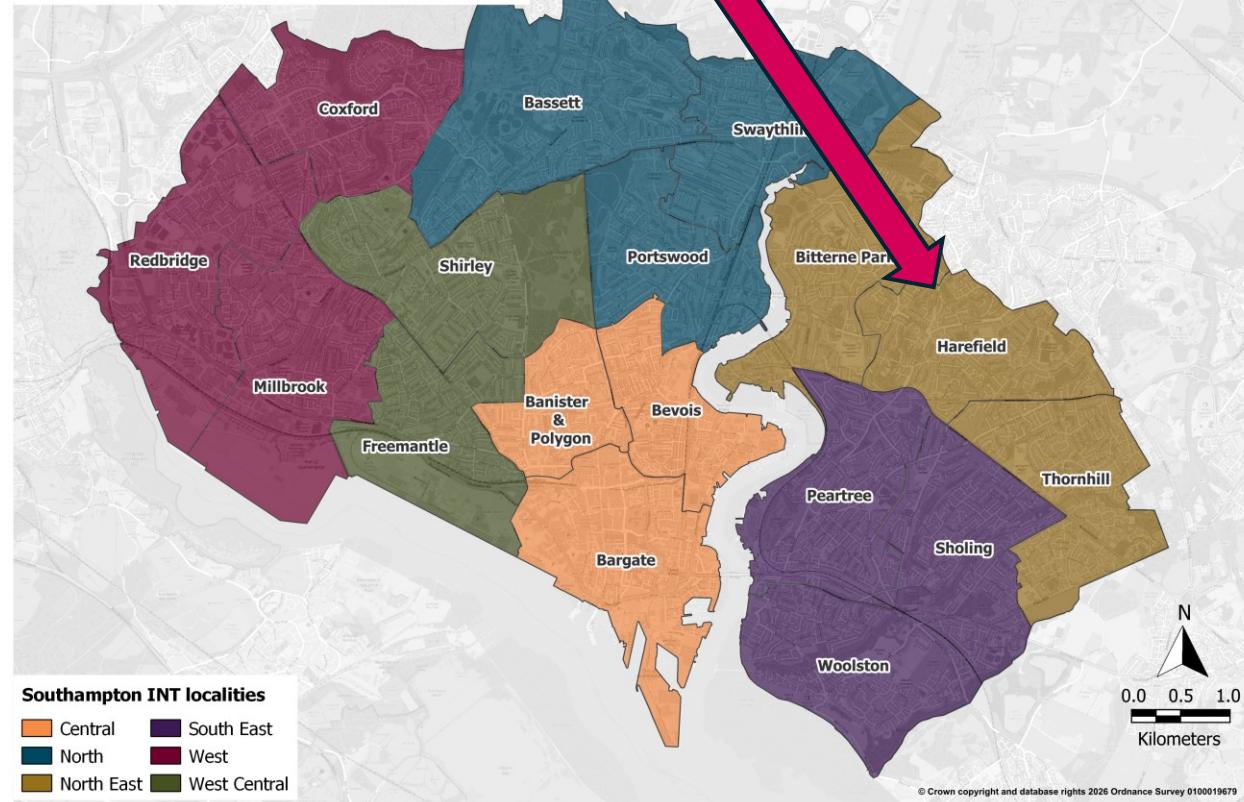
Inequality within locality

## Health & care summary

Highest need mainly in Thornhill  
(CSC, life expectancy, disability, ASC, crime), stark ward gaps

Southampton Intergrated Neighbourhood Team (INT) localities February 2026

southampton dataobservatory



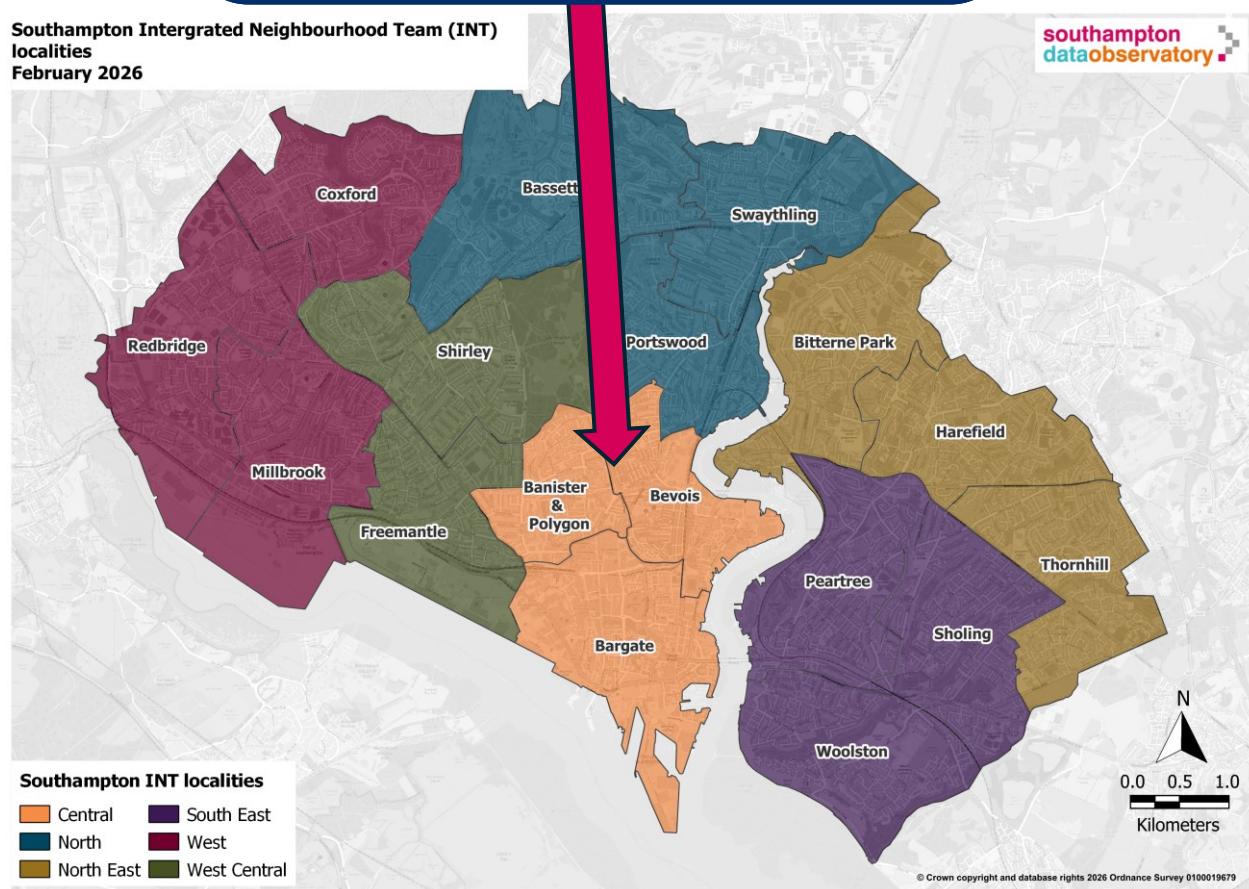
# Central Locality

High Need

Pop: 53,459

Southampton Intergrated Neighbourhood Team (INT) localities February 2026

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Significantly higher crime rates



Culturally & ethnically diverse



Population growing fast

Health & care summary

Extreme inequality, best & worst life expectancy, highest drug admissions, mental health & significantly higher crime

# South East Locality

High  
Need

Pop: 43,913



Older population



Acute adult and social care need  
and poor health



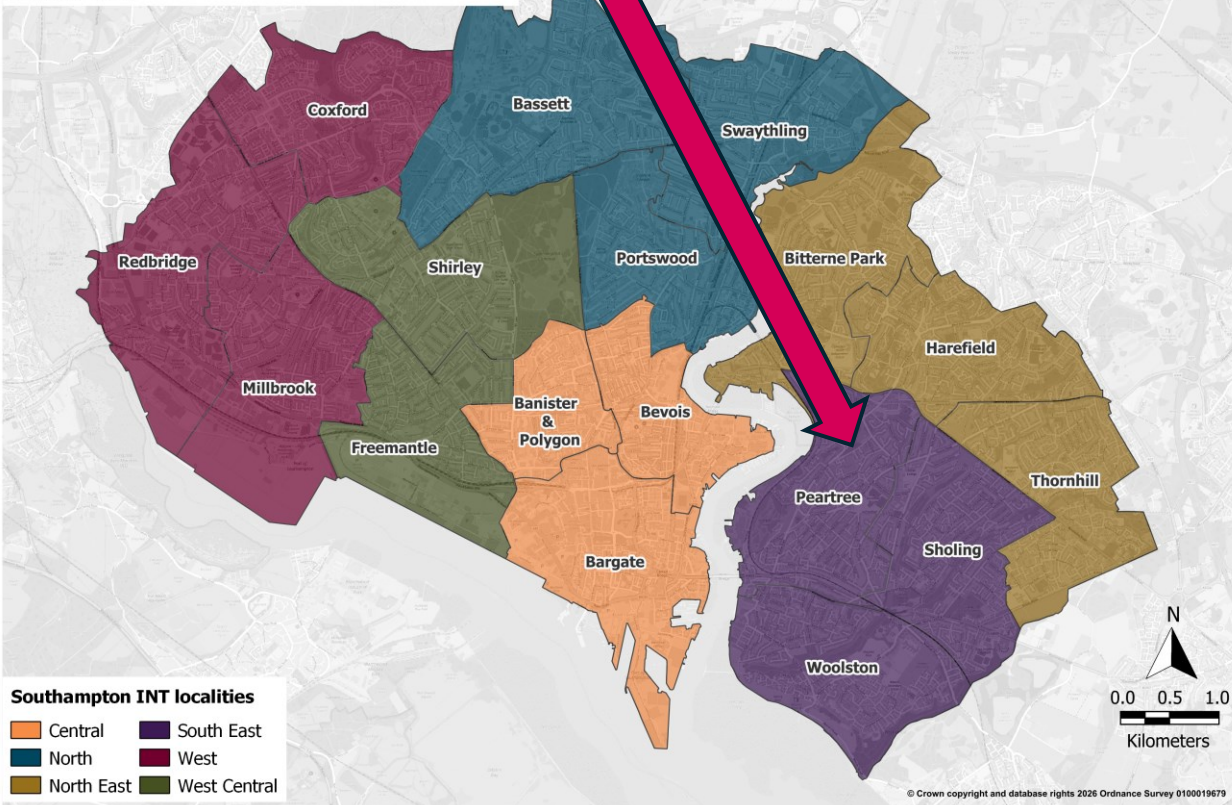
Geographical isolation,  
worst for active travel

Health & care summary

Poor life expectancy & mortality, frailty,  
very high falls & ASC demand

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localities  
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# North Locality

“Advantage with hidden gaps”  
Pop: 47,874

Medium  
Need



Less deprived (overall)



Culturally and ethnically diverse



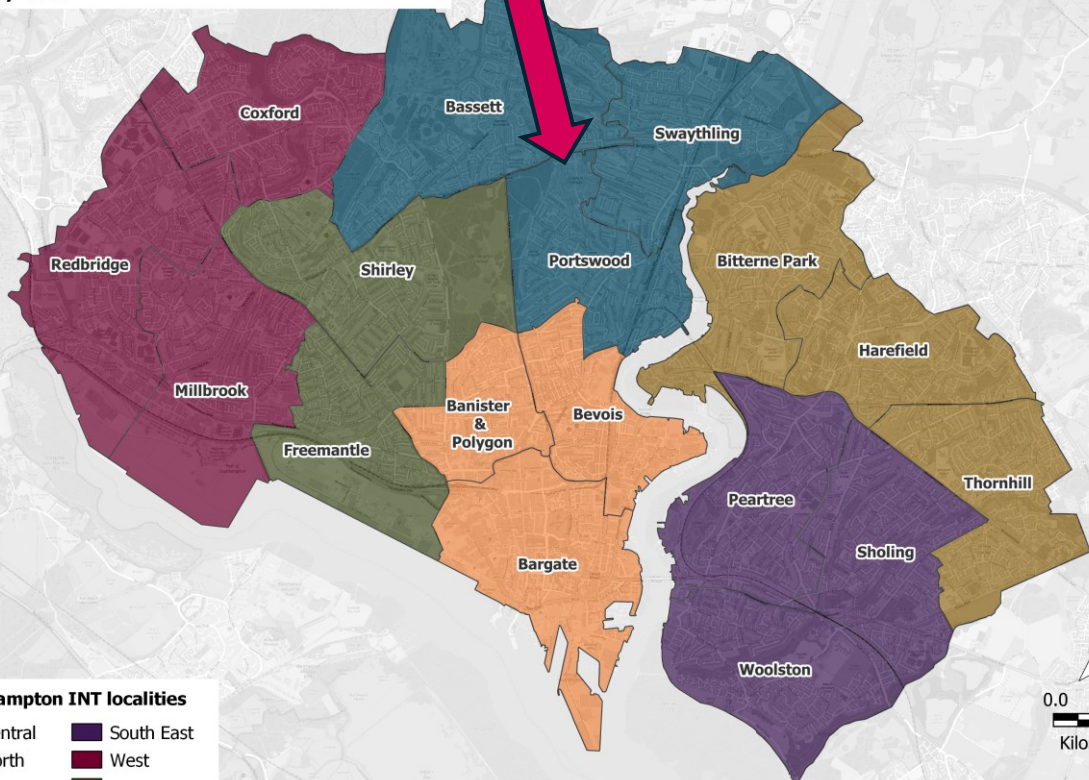
Inequality within the locality

Health & care summary

Generally good outcomes but specific wards poor for  
respiratory / CVD & MH

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localities  
February 2026

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# West Central Locality

Medium  
Need

Pop: 29,404



Good health and education



Inequality within the locality

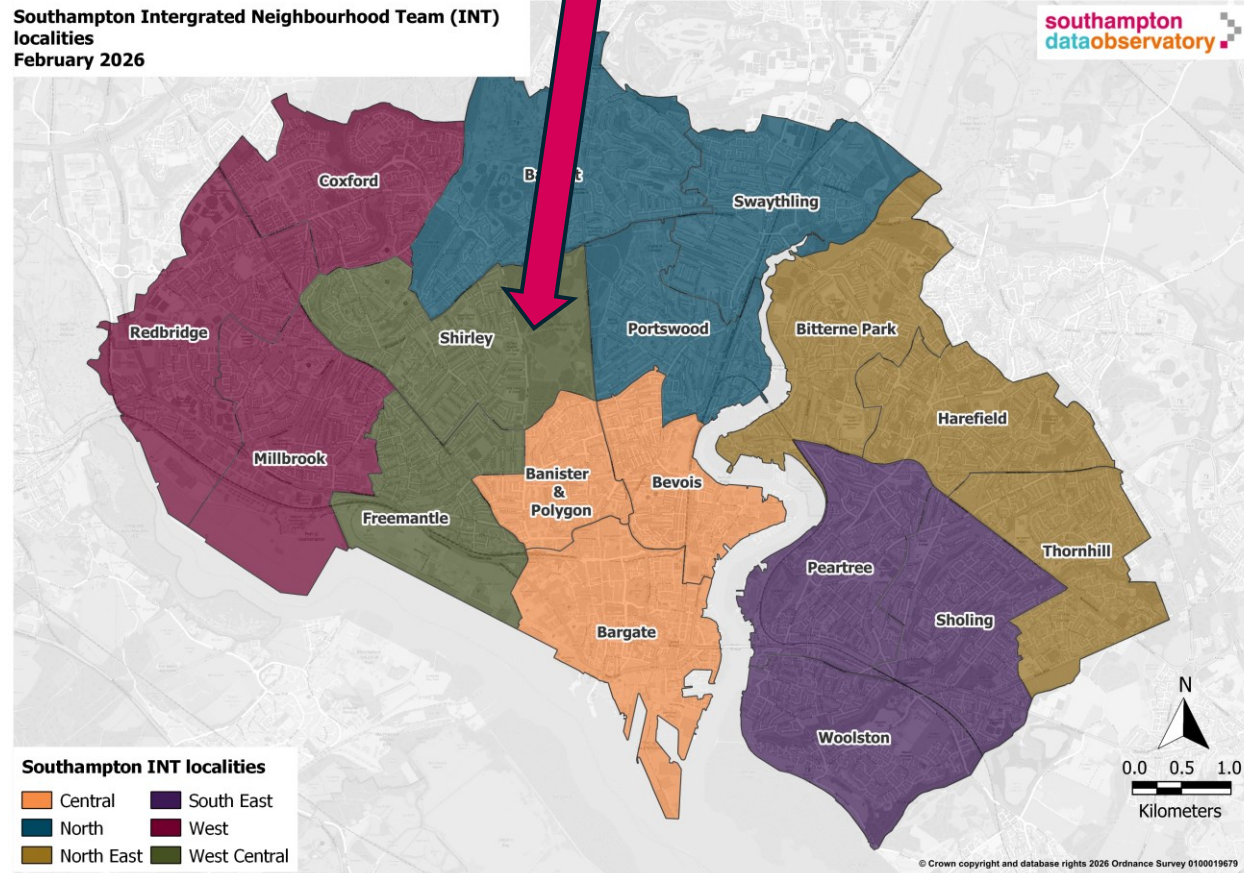


Green space and active travel

## Health & care summary

Mostly good outcomes, high ASC need in Shirley,  
high drug admissions in Freemantle

Southampton Intergrated Neighbourhood Team (INT)  
localities  
February 2026



## Detailed health & care need matrix for Southampton's INT localities

Neighbourhood	Population (All age)	Deprivation % of residents in IMD1 (England's 20% most deprived)	Determinant pressure	Health & care summary	Level of need	Neighbourhood health focus
<b>West</b>	<b>42,069</b>	<b>Very high</b> (~47% of residents)	Deep multigenerational deprivation, low qualifications, high social renting	High children's & adult social care demand, poor self-reported health, high injury & drug admissions	<b>Very High</b>	Whole family, early years, poverty informed neighbourhood health working at scale
<b>North East</b>	<b>42,705</b>	<b>High</b> (~34% of residents) Concentrated in Thornhill	Severe inequality within neighbourhood, lone parent families, unemployment & low skills	Highest need mainly in Thornhill (CSC, life expectancy, disability, ASC, crime), stark ward gaps	<b>Very High</b>	Focus on CSC / early years, ward level neighbourhood health (Core20 style), especially Thornhill
<b>Central</b>	<b>53,459</b>	<b>High</b> (~29% of residents)	Housing insecurity, lower health literacy / spoken English, high private renting, student population, unemployment	Extreme variation, best & worst life expectancy, highest drug admissions, mental health & significantly higher crime	<b>High</b>	Community safety action, substance use, mental health, housing stability, health literacy
<b>South East</b>	<b>43,913</b>	<b>Moderate</b> (~18% of residents)	Older population, mobility & isolation, lower qualifications	Poor life expectancy & mortality, very high falls, frailty & ASC demand	<b>High</b>	Healthy ageing, falls prevention, integrated health-social care neighbourhoods
<b>North</b>	<b>47,874</b>	<b>Low overall</b> (~6% of residents) pockets of high deprivation	Inequality masked by overall advantage, student & private rent mix	Generally good outcomes but specific wards poor for respiratory / CVD & MH	<b>Medium</b>	Targeted prevention in vulnerable wards, equity focused outreach
<b>West Central</b>	<b>29,404</b>	<b>Low overall</b> (~6% of residents) pockets of high deprivation	Micro inequality, substance use & crime localised	Mostly good outcomes, ASC need in Shirley, high drug admissions in Freemantle	<b>Medium</b>	Opportunity for early intervention & prevention to stop escalation of localised need