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Disability Smoking Mental health Obesity Long term conditions Alcohol

Health in Southampton 2010

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Report from the Public Health Director for Southampton

NHS
Southampton City

Contents

INTRODUCTION BY THE PUBLIC HEALTH DIRECTOR FOR SOUTHAMPTON

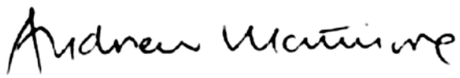
In this year's report, we set out the context and aims of the wide ranging changes to the public health system in England. There are opportunities to work more closely with people to ensure they get the chance to enjoy better health in the years ahead.

We have updated and broadened the scope of our Joint Strategic Needs Assessment (JSNA) in 2010. We have asked local people, a wide range of community groups and organisations what they think about the findings and the needs of our City. Later in the year the City Council and NHS Southampton will publish these findings and the new JSNA, and a web-based version will improve access to the most up-to-date information. In my report I highlight some of the key issues from the JSNA which we will need to work harder to address if we are to see more people enjoying better health.

It is good that many of the recommendations made in my previous reports have been acted on and this year we have summarised the progress being made. However, this review shows that there are areas such as alcohol misuse and tackling inequalities where further concerted action is needed.

A wide range of data on Southampton's health is available on our website, but within this year's report we are presenting some comparisons of health in our 16 electoral wards. I hope this will encourage debate about why there are so many differences, and help ensure our plans for the future go "with the grain" of what most matters to local communities.

For many indicators of health Southampton fares worse than the national average and there are significant health inequalities within the City. Over the past ten years early deaths from cancer and from heart disease and stroke have fallen in Southampton but they remain above the national average. The latest Index of Deprivation ranked Southampton as 81st out of 326 local authorities in England (where 1 equals the most deprived) and over 35,500 residents are estimated to be living in income deprivation. Further information about the overall health of Southampton is available in the Pocket Profile at the back of this report.



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WHITE PAPER PERSPECTIVE

The Government published its White Paper on Public Health in England on 30th November 2010. The White Paper Health Lives, Healthy People sets out to ensure prevention and public health enjoys true parity with treatment services to improve healthy life. It proposes a new public health system with the following characteristics:

- A strategic focus on the outcomes that matter most at all stages of life
- A focus on what works in order to make the biggest difference
- Harnessing efforts across society, including the private, voluntary and community sectors, to tackle the issues
- Putting local government in a leadership role
- The Director of Public Health (DPH) will be the strategic leader for public health and health inequalities locally

The Government's approach to health and wellbeing is based on the following actions:

- Strengthening self esteem, confidence and personal responsibility
- Positively promoting healthier behaviours and lifestyles
- Adapting the environment to make healthy choices easier
- Where central action is justified the government will aim to use the least intrusive approach necessary to achieve the desired objective.

The DPH will be the principal adviser on all health matters to the local authority and elected members. The DPH will be responsible for:

- Providing the strategic lead to promote health and wellbeing within local government.
- Advising and supporting GP consortia on population healthcare with high quality public health input into NHS services.
- Developing an approach to improving health and wellbeing locally, including promoting equality and tackling health inequalities.
- Working with Public Health England, the local resilience forum (LRF), health protection units to provide health protection as directed by the Secretary of State.

The DPH will be accountable to the Sectary of State and professionally accountable to the Chief Medical Officer.

Making public health a local government responsibility is a substantial opportunity and a challenge. Integrating public health into existing activities provides exciting opportunities to make a real difference to the quality of people's lives. The duty to join up different elements of the system provides real scope to improve outcomes and identify opportunities for efficiencies.

KEY PRIORITIES FROM THE JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) REFRESH CONSULTATION

The JSNA is the way in which local authorities and Primary Care Trusts (PCTs) describe the health and well-being needs of local populations. Currently there is a requirement to deliver joint efficiencies and prioritisation of health within tightening financial constraints. The purpose of the JSNA consultation is to set out the main health and well-being issues facing the City's populations. Commissioners of health and social care have the task of prioritising need. In order to assist this process this year's report draws out the key issues from the JSNA consultation that are of particular significance to Southampton.

The six issues highlighted in this report are:-

- Mental health
- Smoking
- Obesity
- Alcohol
- Disability
- Long term conditions

This report presents information on the burden placed by each of these issues on Southampton's population. The relative significance in Southampton compared to other places is considered; in particular we benchmark against the local authorities considered 'most similar' to Southampton in terms of their demographic and socio-economic characteristics . Finally we include recommendations of what could be done in the City to improve the situation.

These recommendations are made to support the delivery of the Quality, Innovation, Prevention and Productivity (QIPP) programmes being undertaken by the PCT. There are four QIPP programmes - urgent care, planned care, maternity/child health and mental health/learning disabilities/continuing health care plus a supporting corporate one - to generate £17 million of resources in 2011/12 to help pay for the increasing health costs of our population (e.g. elderly care, long term conditions, new drugs and technologies).

For further information please visit the JSNA pages of our website **www.southamptonhealth.nhs.uk/jsna** the full JSNA consultation document is available here and you can access all the supporting data by following the links to the 'Data Compendium'. We anticipate the refreshed JSNA will be published early Summer 2011.

MENTAL HEALTH

Nationally almost one in five of the adult population experience mental ill health at any one time. The Government's White Paper on Public Health[2] stated that 'experts estimate that tackling poor mental health could reduce our overall disease burden by nearly a quarter'. Estimates of the burden of poor mental health range from 9% to 23% of the total health burden in the UK and it had an estimated cost to society of £77.4 billion in 2003 .

In February 2011 the Government launched the new mental health strategy 'No Health without Mental Health[4] which has identified six key objectives:

1. More people of all ages will have good mental health and better wellbeing and fewer people will develop mental health problems.
2. More people with mental health problems will recover and have a good quality of life – greater ability to manage their lives, and improved life chances.
3. More people with mental health problems will have good physical health and fewer people with mental health problems will die prematurely.
4. More people will have a positive experience of care and support and should be offered access to timely and evidence based interventions that give people the greatest choice and control over their own lives.
5. Fewer people will suffer avoidable harm whilst more people will have confidence that the services they use are of the highest quality.
6. Fewer people will experience stigma and discrimination; public understanding of mental health will improve and negative behaviours to people with mental health problems will decrease.

In 2009/10 there were 2,561 people in Southampton recorded on GP registers as suffering from severe mental illness. City GPs also recorded 1,257 patients on dementia registers and 23,388 on depression registers. In the period 2007/08 to 2009/10 the number of people in Southampton on dementia registers increased by over 17% but this change will reflect improved recording and changing demographics as well as increased prevalence.

Over the period 2006-08 there were 52 deaths from suicide (or undetermined injury) to Southampton residents which resulted in a standardised rate of years of life lost of 24 per 100,000 aged under 75.

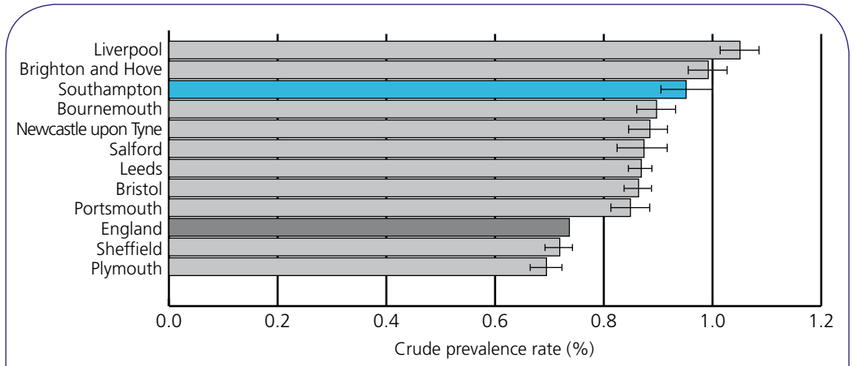
Mental health costs the local healthcare economy in Southampton around £56.9 million annually[5] and in 2009/10 £1.2 million was spent on prescribing costs for anti-depressants alone[6]. The Faculty of Public Health (FPH)[7] in an evidence based review, suggests that safe green spaces may be as effective as prescription drugs for treating mild to moderate forms of depression and anxiety. Living and working close to green spaces and being able to enjoy them safely can reduce crime and increase productivity in the workplace. Depression is the most common mental health problem of later life. At any given time 10 – 15% of over 65s will be depressed[8]. There is considerable unmet need[9]. One in four older people living in the community have symptoms that are severe enough to warrant intervention. Only one third of older people with depression ever discuss this with their GP. Only half are diagnosed and treated with anti-depressants.

Projections of mental ill health have been made by the Institute of Public Care (IPC) for the Care Services Efficiency Delivery Programme (CSED)[10]. These apply current national prevalence rates to the Office for National Statistics population projections for Southampton. Therefore, the results are crude showing what would happen given the projected demographic changes but with prevalence rates staying the same. The number of 18-64 year olds in the City with a common mental disorder is projected to rise from 26,562 in 2010 to 30,223 in 2030. For adults over 65 the projections for depression are to rise from 2,704 in 2010 to 3,594 in 2030 with dementia in this age group increasing from 2,490 to 3,678 over the same period.

Compared to other similar authorities, Southampton has high crude rates of mental illness as shown in Figure 1. Crude rates of depression and dementia are also higher than the England average.

MENTAL HEALTH

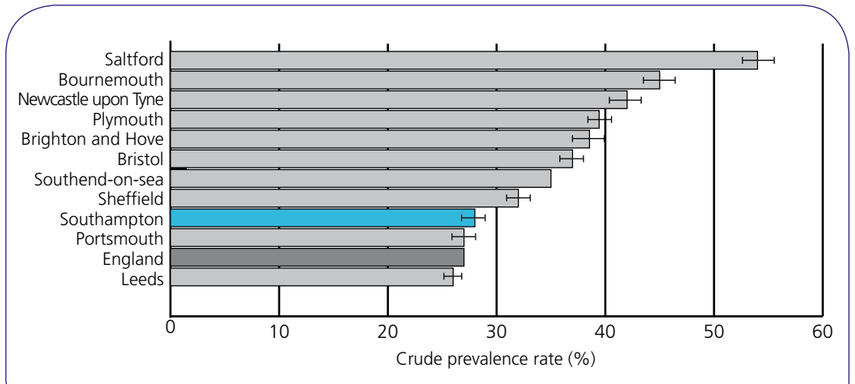
Figure 1 - Crude mental illness prevalence rate: 2008/09 - Southampton and its ONS Peers



Sources: Quality and Outcomes Framework as at end of June 2009 accessed via NHS inforamtion Centre Copyright © 2009, The Health and Social Care Information Centre, Prescribing Support Unit. All right reserved.
Notes: These are crude rates and therefore do not take any account of the underlying age/sex distribution of the population

The Association of Public Health Observatories (APHO) publishes annual health profiles for local authorities[11] and in the 2010 profile Southampton was highlighted as having higher rates of incapacity benefits for mental illness compared to the national average. Figure 2 shows that, although this is the case, Southampton actually has lower rates than many of its similar authorities.

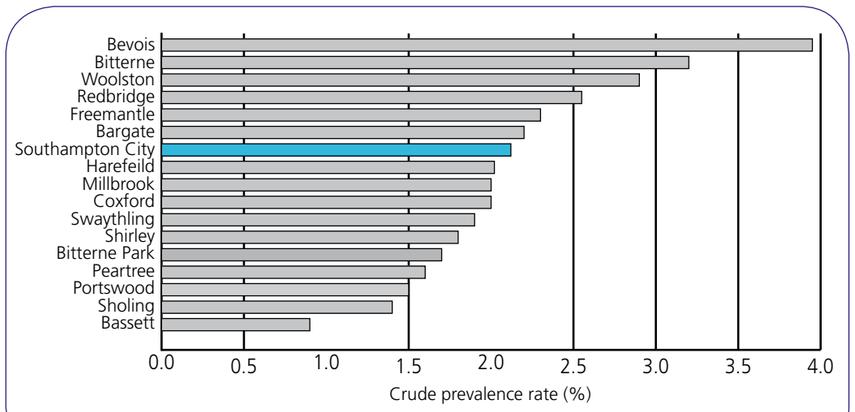
Figure 2 - Claimants of incapacity benefit/severe disablement allowance with mental health or behavioural disorders 2008 - Southampton and its ONS Peers



Sources: Dept of Work and Pensions via APHO Health Profiles

In May 2010 there were 4,005 people in Southampton claiming incapacity benefit because of poor mental health. Figure 3 shows how across the City rates of incapacity benefit claimants on the grounds of mental health vary considerably; Bevois, Bitterne, Woolston and Redbridge have the highest rates.

Figure 3 - Adults claiming incapacity benefit on the grounds of mental health per 1000 population aged 16+: May 2010



Sources: Dept of Work and Pensions. Hampshire County Council's 2009-based Small Area Population Forecasts

Recommendations

- A review of recent evidence suggests that building the following actions into our day to day lives is important for wellbeing[12]:
  - Connect with the people around us, with family, friends, colleagues and neighbours. Building these connections will support and enrich our lives
  - Be active – go for a walk or run. Exercising makes us feel good. Most importantly, discover a physical activity to enjoy and that suits individual level of mobility and fitness
  - Take notice – be curious and be aware of the world and how it feels. Reflecting on experiences helps people appreciate what matters in life
  - Keep learning – try something new. Learning new things help us feel more confident as well as being enjoyable
  - Give – seeing ourselves linked to the wider community can be incredibly rewarding and creates connections with the people around.
- Green spaces can have a positive effect on our mental and physical health and can improve community cohesion and enhance our living environment. To harness these benefits a concerted and coordinated effort is needed from policymakers, town-planners, public health practitioners, health professionals, the voluntary sector, community groups, local media and the public themselves. This collaborative effort needs to identify available green spaces, make them safe and accessible for everyone, make use of them for community and group activities, and prescribe their use to promote health and wellbeing and help treat a number of conditions, particularly mild to moderate depression. The FPH report[7] calls for GPs to use more alternatives to medication for mental illness, including advice to spend time and exercise in green spaces.
- In the coming months work will be undertaken to take forward the findings from the JSNA and the vision for mental health as published in the Government's strategy[4].

SMOKING

Despite a decline in smoking rates it remains the single biggest preventable cause of early deaths and illness. In particular, smoking increases the risk of lung and other cancers, circulatory diseases and respiratory illness. In 2006-08 smoking is estimated to have accounted for an average of 118 deaths per year amongst Southampton residents. Results of a national survey estimate that 22.6% of adults in the City are current smokers[13] making it a very significant factor in population health and healthcare both now and in the future.

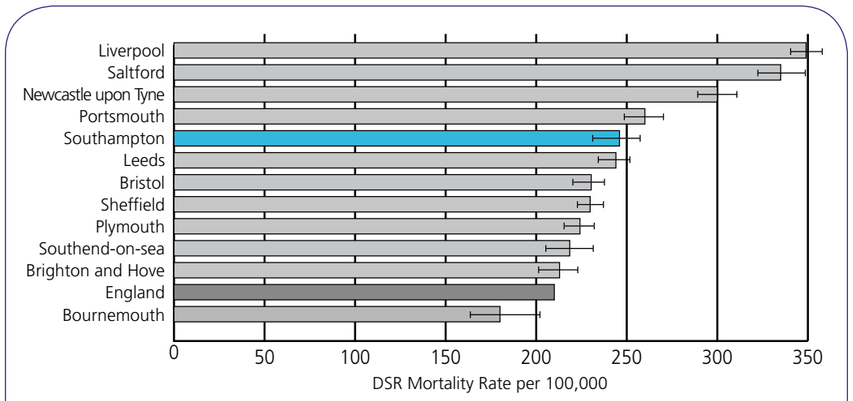
A recent local survey[14] amongst Southampton residents confirmed this level of smoking prevalence; 22% of respondents reported smoking with prevalence significantly higher amongst unemployed and permanently sick residents compared to those in work.

The decline in smoking prevalence has been greater in higher income groups than lower income groups which has contributed substantially to the widening of health inequalities. In Southampton smoking prevalence amongst routine and manual workers is estimated to be 34.2%.

The NHS spends over £2.7 billion a year on treating smoking-related illness but less than £150 million on smoking cessation[2]. Smoking is estimated to cost Southampton's healthcare economy around £12 million annually[6].

The London Health Observatory (LHO) has produced Local Tobacco Control profiles[15] which present a variety of smoking indicators. On these profiles Southampton is shown to have significantly higher rates of smoking attributable deaths and hospital admissions than the national average. Lung cancer registrations and smoking in pregnancy are also found to be high in the City. Figure 4 shows how smoking attributable mortality in the City compares to similar authorities.

Figure 4: Directly age-standardised rate of smoking attributable deaths per 100,000 population aged 35 years and over – Southampton and its ONS Peers



Sources: Local Tobacco Control Profiles for England, Association of Public Health Observatories (APHO)

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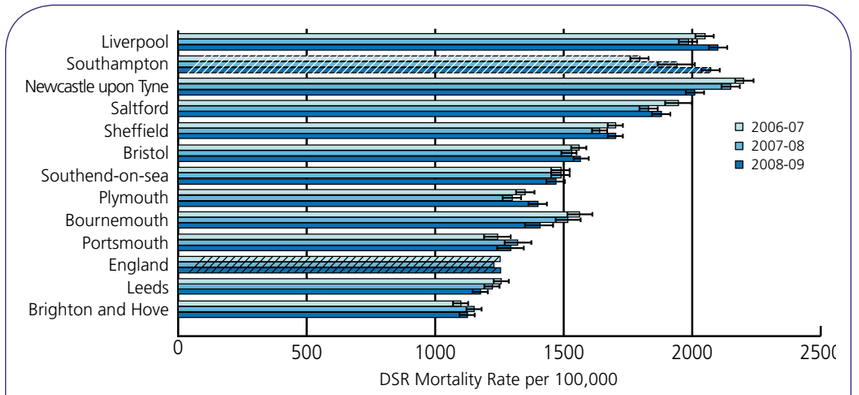
Figure 5 shows how hospital admission rates related to smoking have risen in Southampton over recent years making it one of the highest amongst its group of similar authorities.

Figure 5: Directly age standardised rate of smoking attributable hospital admissions per 100,000 population aged 35 years and over 2006-07 to 2008-09



Sources: Local Tobacco Control Profiles for England, Association of Public Health Observatories (APHO)

Recommendations

- Helping smokers to stop: continue to commission a range of smoking cessation services across the City to help smokers give up. Smoking cessation support is currently provided through the Southampton Quitters service, local GP practices and community pharmacies. It is estimated that nine deaths could be postponed in the first year alone through 10% of smokers setting a quit date with the smoking cessation services in the City.
- Tobacco control across the City: the national plan Healthy Lives, Healthy People: a tobacco control plan for England was launched on 9 March 2011. It is proposed that this will inform the review and further development of local multi-agency activity across the City focussing on:
  - Stopping the inflow of young people recruited as smokers
  - Motivating and assisting every smoker to stop their dependence on tobacco
  - Protecting families and communities from tobacco related harm.
- Support for secondary care patients: develop a comprehensive smoking cessation referral process for adult smokers who are being referred to hospital for elective/planned care. Every year approximately 4,500 smokers across the City are referred for planned, inpatient treatment. The benefits of stopping smoking prior to hospital treatment include: reducing pulmonary complications, decreased wound-related complications and increased rate of bone healing and reduced length of stay.

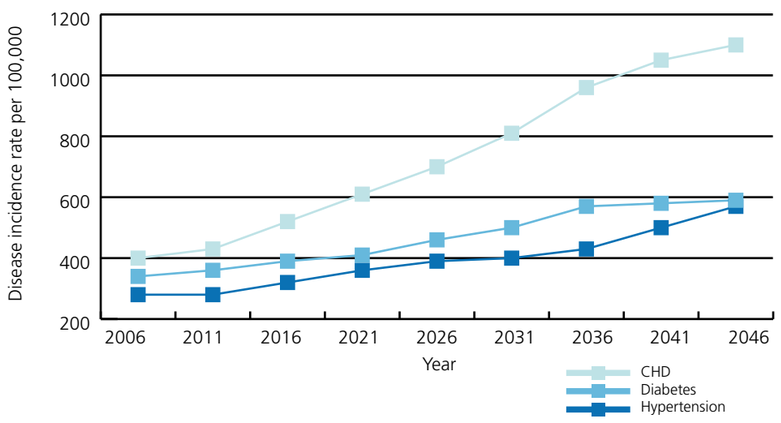
OBESITY

In 2009 the majority of adults (66% of men and 57% of women) in England were estimated to be either overweight or obese, with 24% classified as obese[23]. Analysis of trends and future projections suggest that obesity prevalence will continue to rise and by 2020, 30% of men and 28% of women will be obese[3]. In Southampton the modelled estimate of obesity amongst adults is 22.3% which is not significantly different from the national average. In 2008/09 there were 18,868 adults on GP's obesity registers in the City.

Obesity contributes to the onset of many diseases and premature mortality. Being overweight or obese shortens life expectancy. In obese adults, aged over 40, obesity shortens life expectancy by 6-7 years. The three most common obesity linked health problems are heart disease, type II diabetes and hypertension; these are among the most common health problems in Southampton[16]. The estimated cost to Southampton's healthcare economy of Body Mass Index (BMI) related disease is £19.3 million annually and it is predicted that this will rise to £28.9 million by 2015[6].

The National Heart Forum has produced predictions of obesity based on analysis of the Health Survey for England data[17]. Using different scenarios they have predicted rises in obesity related conditions; the chart in Figure 6 shows the likely increase in disease incidence if the predicted rise in obesity occurs.

Figure 6 - Projected disease incidence rates for males aged 40-60 years



Sources: National Heart Forum 'Obesity trends for Adults: Analysis from the Health Survey for England 1993-2007' February 2010

The Public Health White Paper reports clear evidence that once childhood obesity is established it continues on into adulthood. Data on heights and weights of children in Year R and Year 6 are collected annually in Southampton as part of the National Child Measurement Program (NCMP) and comprehensive analysis of this data has been done locally[18]. The 2009/10 data from the NCMP shows that the percentage of children considered obese in the City is not significantly different from the national average:

Percentage of children with BMI classification of overweight or obese in 2009/10

	Year R		Year 6	
	England	Southampton	England	Southampton
Overweight	13.3	12.7	14.6	13.2
Obese	9.8	10.8	18.7	20.5

Source: National Child Measurement Programme 2009/10

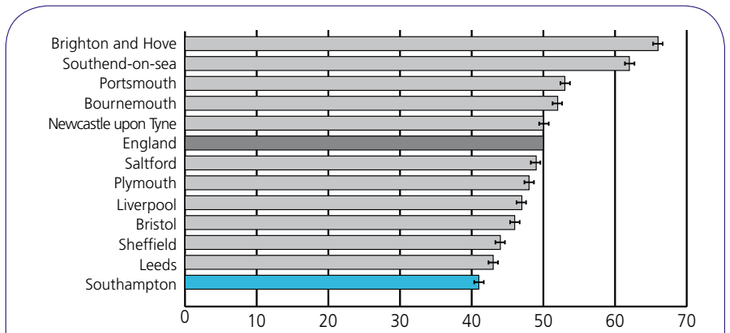
In Southampton, child heights and weights have been recorded for four years for Year 6 children and for over ten years for Year R children. Therefore, it is possible to link Year R and Year 6 records for individual children to assess changes in BMI status longitudinally over time. 64% of children found to be overweight in Year R, between 1999/00 and 2001/02, were still overweight by Year 6. Whilst 20.2% of children who were not overweight in Year R became overweight or obese by Year 6.

It should also be noted that that Southampton has a significant proportion of underweight children, which is an important consideration that should not be overlooked.

The main contributors to whether we become overweight or obese is related to what we choose to eat and our levels of physically activity.

In the APHO Health Profiles[11] Southampton scores poorly on the measure of children's physical activity; in 2008/09 only 41.2% of year 1-13 children were spending at least three hours per week on high quality PE and school sport compared to 49.6% nationally. Figure 7 shows how Southampton compares poorly on this measure not only to England but to its similar authorities.

Figure 7 - Percentage of children participating in 3+ hours of high quality PE and schools sport a week



Sources: 2008/09 TNS School Sport Survey
Notes: Accessed via the Health Profiles 2010 www.apho.org.uk

Nationally only three in 10 adults eat the recommended five portions of fruit and vegetables a day and only three or four in 10 adults say they do the recommended levels of physical activity a week[2]. We have used data from MOSAIC social segmentation to estimate the proportions of adults eating healthily and taking exercise within Southampton; the maps in Figure 8 and Figure 9 show the results for small geographical units called Lower Super Output Areas (LSOA).

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OBESITY

Figure 8 - Estimated* percentage of adult population eating 5+ portions of fruit or vegetables a day: LSOA's in Southampton

***Estimated using Experian's MOSAIC data on diet by Southampton segment**

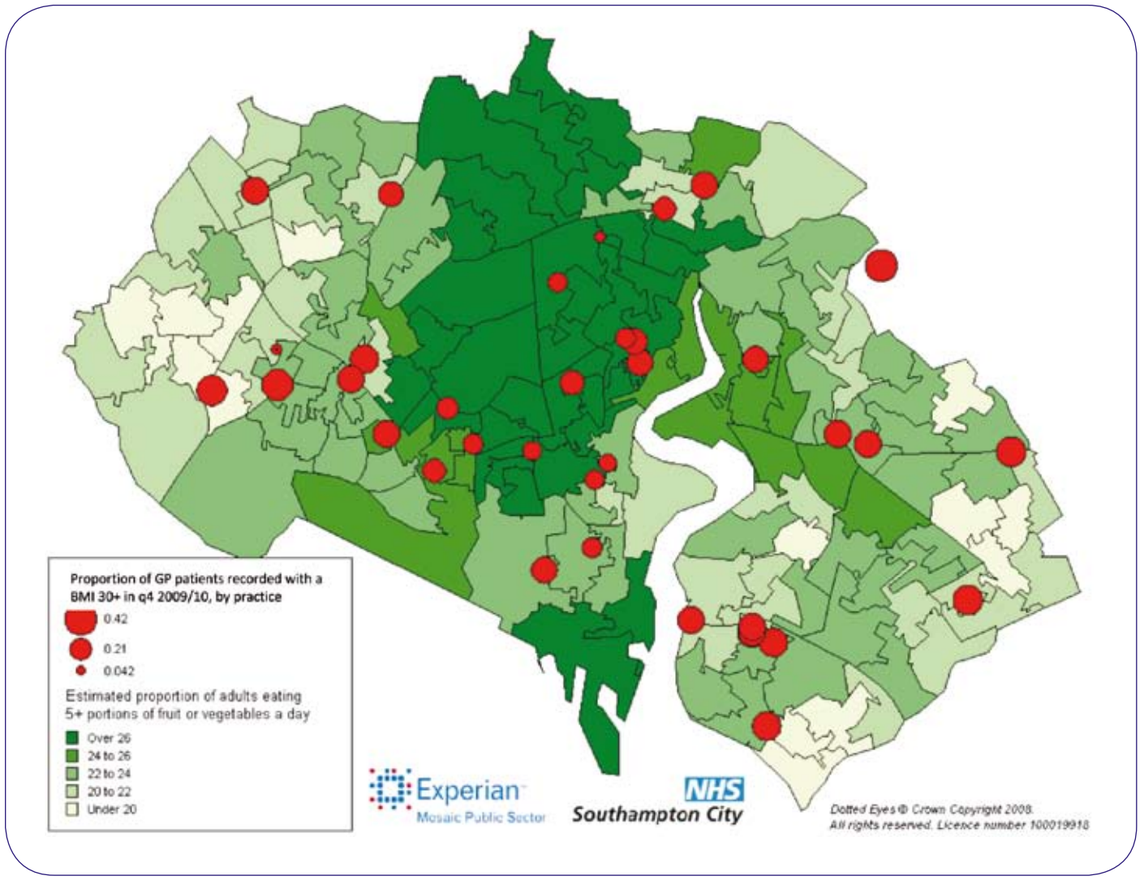
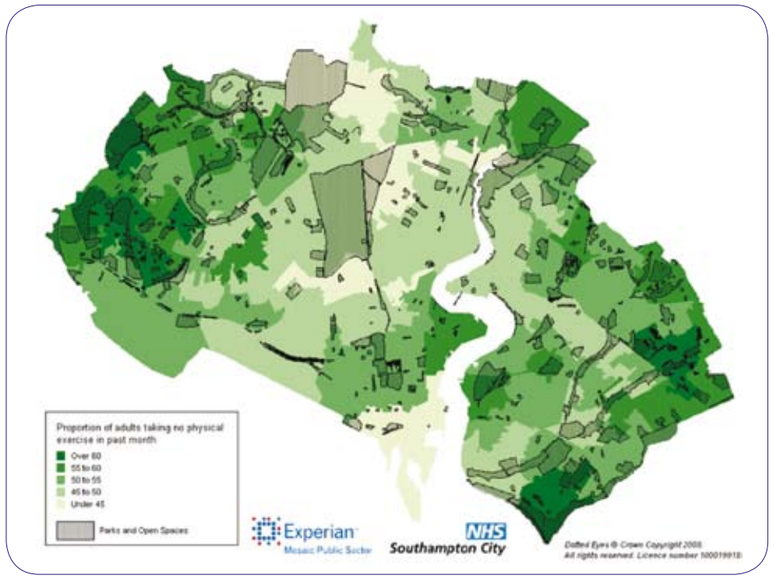


Figure 8 shows that adults from the North and Central parts of Southampton are more likely to eat healthily. This map also shows the proportion of patients with a BMI over 30 at each GP practice in the City; the practices with the highest proportions of obese patients are generally those outside of the North and Central area.

Figure 9 - Estimated* percentage of adult population eating taking no physical exercise in past month and parks/open spaces: LSOA's in Southampton

***Estimated using Experian's MOSAIC data on physical activity by Southampton segment**



As might be expected, Figure 9 shows a mirror image of Figure 8 with adults not taking any physical exercise in the past month most likely to live outside of the North and Central area. This map also shows the location of parks and green spaces in the City; these are generally widespread which means they could have a potential use in getting people from all neighbourhoods more active.

A recent survey of Southampton residents[14] found that 24% of respondents had taken no moderate exercise in the past seven days whilst 47% had taken no vigorous exercise over the same period. Unsurprisingly it is the older residents who are less likely to take exercise (69% of over 65's had taken no vigorous exercise in the past seven days and nearly half had not even taken any moderate exercise).

Recommendations

- Ensure actions locally reflect recommendations in the Government's new public health obesity report to be published in Spring 2011
- Work with our partners to ensure we reduce the obesogenic nature of the environment for the people of Southampton
- Continue to increase the number of children and adults who regularly use green spaces for being physically active including cycling and walking as part of active travel or for recreational purposes
- Support children and families to be more physically active through increased participation in sport and physical activity in schools
- Ensure that children are prevented from becoming overweight or obese at an early age, by focussing on providing support for pregnant obese women and children under the age of 5 as part of early years provision
- Develop weight management services, as part of the local weight management care pathways that help support those who are obese and with related health conditions, to help them achieve improved long term health outcomes
- Work with employers to ensure employees are encouraged and enabled to be more physically active and eat well.

ALCOHOL

Alcohol has been identified as a causal factor in more than 60 medical conditions, including several cancers, hypertensive disease, cirrhosis and depression. The wider impacts of alcohol, such as violence, crime, parenting problems and road accidents, have been described as 'passive drinking' to help raise awareness of the harms alcohol can cause[23].

Across the UK alcohol consumption has doubled over the last 50 years; taking it from one of the lowest per capita in Europe to near average. In recent years we have been drinking less as a society but alcohol-related deaths and hospital admissions are still rising as a result of harmful drinking over a number of decades[3].

The Public Health White Paper[2] reported that nationally the majority of the population drink within the Government's lower risk limits but that regular heavy drinking by some members of society is leading to a rapid rise in liver disease, making it now the fifth biggest cause of death in England. Additionally, drunkenness is associated with almost half of assaults and more than a quarter of domestic violence incidents. It is becoming clear that the national sensible drinking strategy is not working. The liver death rate in the UK is 11.4 per 100,000 people, more than double that of the other countries with similar drinking cultures, such as Australia, Holland, New Zealand, Norway and Sweden.

Professor Sir Ian Gilmore, past President of the Royal College of Physicians recently stated that "Alcohol is not an ordinary commodity like soap powder…it is a drug, it happens to be legal, but it is a drug and there are more than 1.5 million people addicted to alcohol".[19]

Writing in the Lancet, Sheron and Gilmore[20] reported that 'UK drinks producers and retailers are reliant on people risking their health to provide profits: figures from the Department of Health show that three-quarters of the alcohol sold in the UK is consumed by hazardous and harmful drinkers'. They also report on the evidence base for alcohol policy stating that 'effective alcohol policies have three components: price, place of sale (availability) and promotions'.

The 2009 Health Survey for England[23] (HSE) found that younger age groups and those with higher incomes were most likely to have drunk more than twice the recommended limits on at least one day in the last week.

Alcohol abuse costs the NHS as a whole £2.7 billion whilst it is estimated that the hospital admissions and primary care treatments that result from alcohol abuse in Southampton costs the local healthcare economy £12 million per annum[6].

Over the 2006-08 period a total of 71 Southampton residents aged under 75 lost their lives to chronic liver disease or cirrhosis; this equates to 25.6 standardised years of life lost per 100,000.

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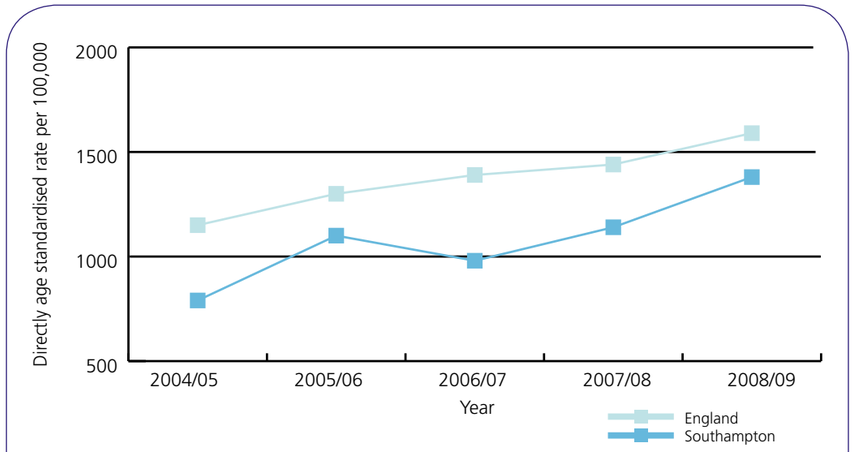
There is a rising trend in alcohol-related hospital admissions both locally and nationally as Figure 10 shows:

Figure 10 - Weighted alcohol related admissions per 100,000 population: 2004-05 to 2008-09

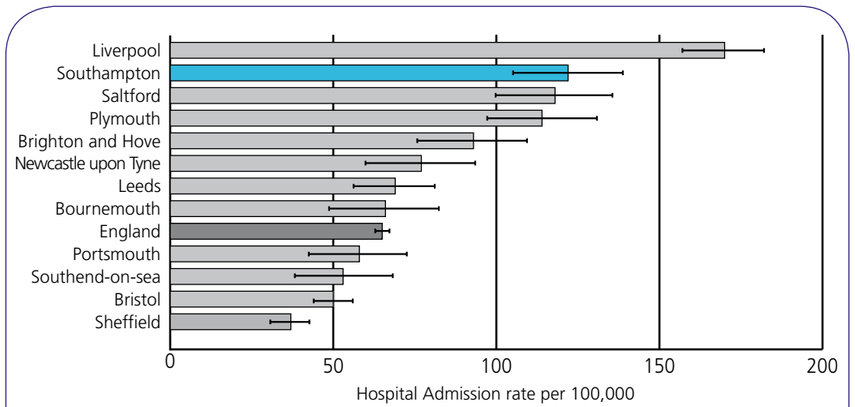


Sources: North West Public Health Observatory Local Alcohol Profiles for England (http://www.nwph.net/alcohol/lape)

The North West Public Health Observatory (NWPHO) has produced local alcohol profiles[21]; the profile for Southampton clearly shows that alcohol is a significant issue in the City. Southampton measures significantly worse than the England average for seven of the 23 indicators of alcohol-harm.

Southampton has high rates of alcohol specific hospital admissions, particularly for under 18 year olds as Figure 11 shows.

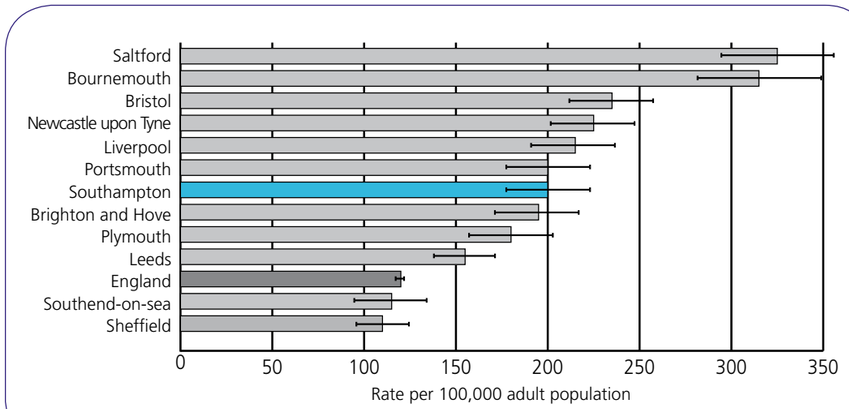
Figure 11 - Alcohol specific hospital admission rates for under 18s 2006/07-2008/09: Southampton and its ONS Peers



Sources: North West Public Health Observatory Local Alcohol Profiles for England
Notes: Alcohol-specific conditions are those that are wholly related to alcohol. This measure does not include attendance at A&E

The rate of people claiming benefits on the grounds of alcoholism is significantly higher in Southampton than the national average but as Figure 12 shows the City rates are comparable with many of its similar authorities.

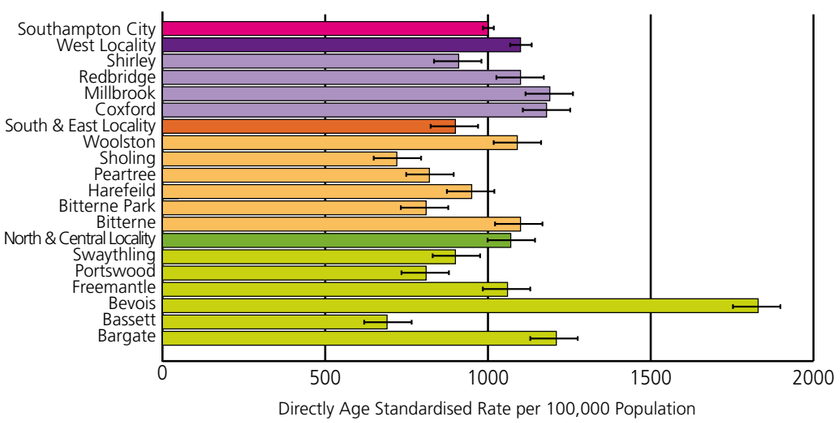
Figure 12 - Claimants of incapacity benefit and severe disablement allowance for medical reason of alcoholism 2009: Southampton and its ONS Peers



Sources: North West Public Health Observatory Local Alcohol Profiles for England

There is much variation within the City; Figure 13 presents alcohol related admission rates by ward showing that Bevois has very high rates and Bargate, Redbridge, Millbrook and Coxford are also significantly higher than the City average.

Figure 13 - Weighted alcohol related admissions per 100,000 population - 2004/05 to 2008/09 (pooled): Southampton wards and localities



Sources: SUS Hospital Admissions Data & ONS Mid Year Population Estimates pro-rated using Hampshire County Council Small Area Population

Recommendations

Our recommendations are focused around raising awareness, shifting the emphasis to prevention strategies and enabling provision of better tailored treatment packages:

- Raise awareness amongst health and social care practitioners of the health risks associated with alcohol. Ensure we are "talking to patients about alcohol" in a way that supports health promotion messages
- Progress joint work between NHS Southampton City, the City Council, schools and colleges to reduce the negative impacts of alcohol on short and long term health. In particular utilising the results of local surveys that provide a better understanding of young people's use of alcohol
- Progress and strengthen links within the Safe City Partnership to support work on reducing alcohol related harm and related crime within Southampton
- Expand screening and brief intervention programmes for people at risk of alcohol related problems.

Health in Southampton 2010

DISABILITY

The number of people living with a disability is very difficult to quantify; defining disability is subjective and it is measured in a variety of different ways. Consequently it is very difficult to get an accurate picture of disability in Southampton and the JSNA consultation document presented a variety of data sources to give the best indication possible of the significance of this issue to the City.

Information from the Family Resources Survey[22] gives national statistics on the prevalence of disability:

- There are over ten million people with a limiting long term illness, impairment or disability in the UK
- In the UK, the most commonly-reported impairments are those that affect mobility, lifting or carrying
- The prevalence of disability rises with age. Around one in 20 children are disabled, compared to around one in seven working age adults and almost one in two people over state-pension age.

Indeed functional disability is known to rise with age; 20% of men and women aged 55-64 years report difficulty in at least one of six activities of daily living. These rates rise to 58% of men and 65% of women aged 85+[3].

A recent local survey[14] found that 23% of adult respondents reported some sort of health problem or disability which limits their day-to-day activities; this proportion rises to 72% amongst the over 65s.

Using national prevalence estimates applied to our local population we might expect around 20,500 Southampton residents to have a moderate disability and a further 8,750 with a serious disability.

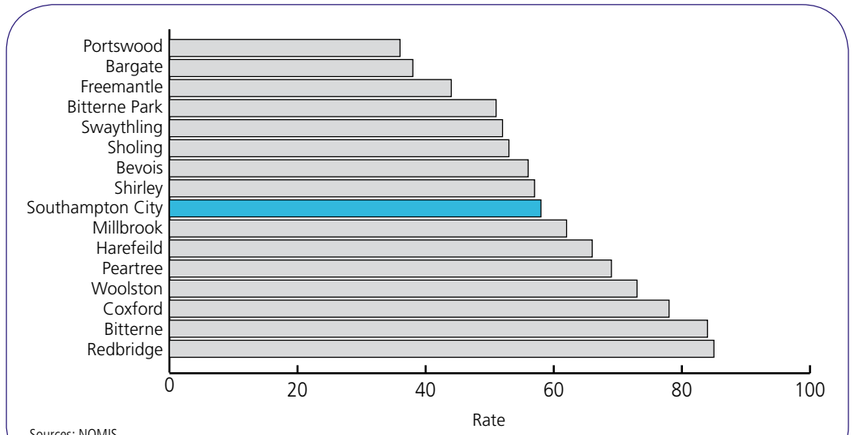
There are an estimated 1,900 children and young people living in Southampton with moderate or severe disabilities; the most common being moderate learning disabilities (33% of all recorded).

There are increasing numbers of people surviving infancy and childhood with a range of complex health needs, disabilities and learning difficulties. People with complex needs are also living into older age and require comprehensive health and social care support arrangements to meet their individual needs.

In May 2010 there were 11,640 claimants of Disability Living Allowance in Southampton; of these 1,160 were under 16 years, 3,720 were over 60 years and 7,575 had been claiming for more than five years.

Figure 14 shows how rates of disability allowance claimants vary across the City; wards with the highest rates are Redbridge, Bitterne, Coxford and Woolston.

Figure 14 - Number of disability living allowance benefit claimants per 1,000 persons aged 18 or over Southampton wards and localities; August 2009



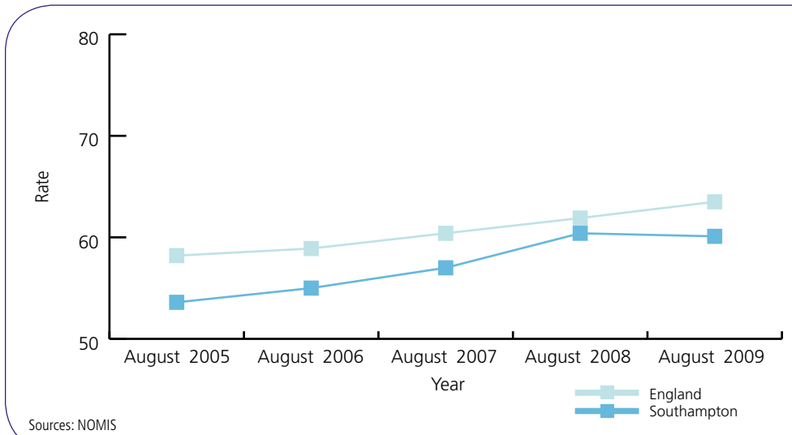
Sources: NOMIS
Notes: Population Data ONS LSOA Mid Year Estimate for 2008

In 2010 there were 290 people registered deaf in the City and 1,025 registered as hard of hearing. The number of people registered blind in Southampton was 606 in 2008 with a further 691 registered as partially sighted. When expressed as rates per capita these levels tend to be slightly above the national rates and Southampton's similar authorities. However, using Medical Research Council methodology based on prevalence by age group of an average hearing loss (in the better ear) of 35 decibels or greater, we estimate that 19,270 people would benefit from a hearing aid in our GP registered population.

Crude claimant rates for disability living allowance in the City are lower than the national average but as Figure 15 shows there has been a convergence towards the national rate over the last few years.

DISABILITY

Figure 15 - Number of disability living allowance benefit claimants per 1,000 persons aged 18 or over trend data; August 2005 to August 2009



Sources: NOMIS

The number of working age Southampton residents with a moderate or severe disability is estimated to be 14,043 and this is projected to rise to 16,082 by 2030 based on demographic changes alone[10]. Equivalent projections for the number of older people (65+) in the City with a moderate or severe hearing impairment show an increase of 39% from 14,092 to 19,609 over the 2010 to 2030 period.

Recommendations

- Better collection of data regarding disability in primary and community care to ensure commissioners can better understand and quantify people's needs and plan services to meet these
- Ensure that eye health is a public health priority and the importance of regular eye tests are promoted to reduce sight impairment
- Improve the quality, effectiveness and efficiency of services to mitigate hearing loss
- As increasing numbers of people live into older age with complex needs, there is a need for the whole health and social care system to plan to more effectively use resources for patient centred planning.

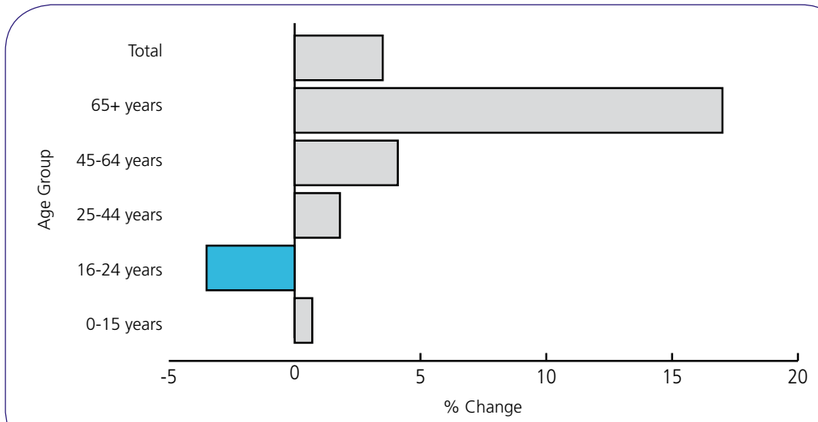
LONG TERM CONDITIONS

Around 86,000 people in Southampton are estimated to be living with long term health conditions such as asthma, diabetes, heart disease, hypertension, epilepsy and severe mental illness. The Public Health White Paper[2] reports that musculoskeletal conditions, circulatory disease and mental health disorders account for more than 70% of the burden on longstanding ill health in the UK.

The 2009 Health Survey for England (HSE) reported that nationally the prevalence of longstanding illness is 41% for men and 43% for women[23].

Many long term health conditions increase markedly with age; consequently the effect of the ageing population on the prevalence of these diseases in Southampton is significant. Figure 16 shows the forecast population change in the City between 2009 and 2016, with the over 65's increasing by almost 17%.

Figure 16 - Forecast change in total resident population between 2009 and 2016, NHS Southampton City



Sources: Hampshire County Environment Department's 2009-based Small Area Population Forecasts

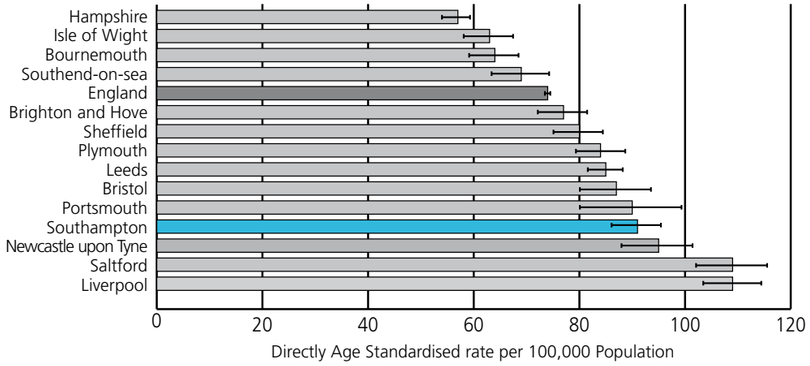
Circulatory diseases are a major health burden both nationally and locally. Coronary heart disease led to around 100 deaths a year to Southampton residents aged under 75 in the 2006-08 period. Coronary heart disease is a major cause of premature mortality. The measure of 'years of life lost' attempts to estimate the length of time a person would have lived if they had not died prematurely. Cancers account for the largest standardised rate of years of life lost (155.1) and coronary heart disease alone has a rate of 59.9 which is significantly higher than the national average.

High blood pressure is a major risk factor for circulatory disease and affects 30% of the adult population in England; this equates to over 60,000 registered patients in Southampton. It is estimated that 46% of this high blood pressure is undiagnosed and with only 27,757 people on GP's hypertension registers in the City this percentage may be even higher locally.

It is estimated that 28% of circulatory diseases are preventable through diet. Seven out of ten people in the UK consume more salt in their diet than is recommended.

Mortality from circulatory diseases is significantly higher in Southampton than the national average (see Figure 17).

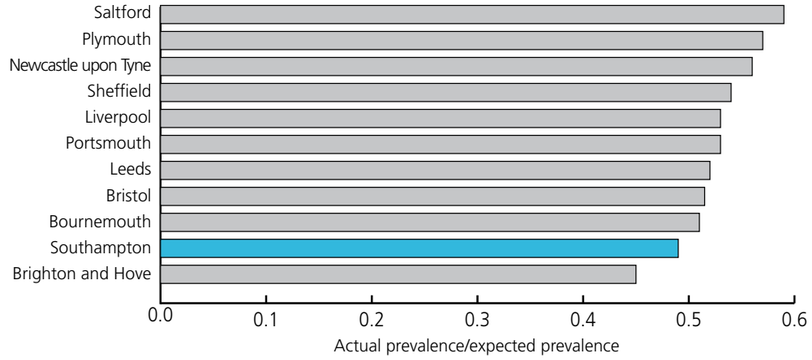
Figure 17 - Mortality from all circulatory diseases (under 75's): 2006-08 (pooled) Southampton and ONS comparator local authorities



Sources: ONS Annual Death Extract & ONS Mid Year Population Estimates pro-rated using Hampshire County Council Small Area

Hypertension is the most important modifiable risk factor for cardiovascular, cerebrovascular and renal disease, and one of the most preventable and treatable causes of premature deaths worldwide[23]. Figure 18 shows the relationship between the number of patients recorded on GP registers with hypertension and the expected number calculated through modelling[24]. A ratio of one would indicate that the number of patients recorded on registers matched the number expected whilst a lower ratio indicates less people on the registers than would be expected. For hypertension and Coronary Heart Disease (CHD) Southampton has a much lower ratio than its comparator authorities suggesting that there may be higher levels of undiagnosed disease in the City than elsewhere but clearly the accuracy of the modelling is a consideration when interpreting these results.

Figure 18 - Ratio between the actual and expected prevalence of hypertension



Sources: Quality and Outcomes Framework as at end of June 2009 accessed via NHS information Centre Copyright © 2009, The Health and Social Care Information Centre, Prescribing Support Unit. All rights reserved. Eastern Region Public Health Observatory
Notes: The Eastern Region Public Health Observatory (ERPHO) has produced these practice level prevalence estimates through modelling. More details can be found at www.apho.org/resource/view.aspx?RID=48308

The HSE[23] found that survey defined hypertension prevalence was generally higher than doctor diagnosed prevalence (32% for men compared with 23%).

Vascular disease and CHD are estimated to cost £9.1 million annually to Southampton's healthcare economy[6].

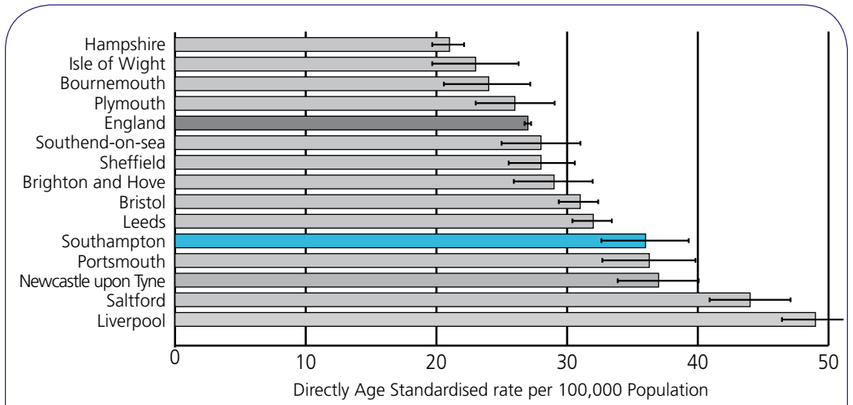
According to GP register data the prevalence of diabetes in Southampton is less than 4%. However, modelling estimates the true prevalence in the City to be around 6%. In December 2010 an audit of GP registers showed 10,650 people aged over 12 years were diagnosed with diabetes, an increase of around 7% during the year.

Health in Southampton 2010

LONG TERM CONDITIONS

Chronic Obstructive Pulmonary Disorder (COPD) is another long term condition that is more significant in Southampton than nationally (see Figure 19).

Figure 19 - Mortality from COPD (all ages): 2006-08 (pooled) Southampton and ONS comparator local authorities

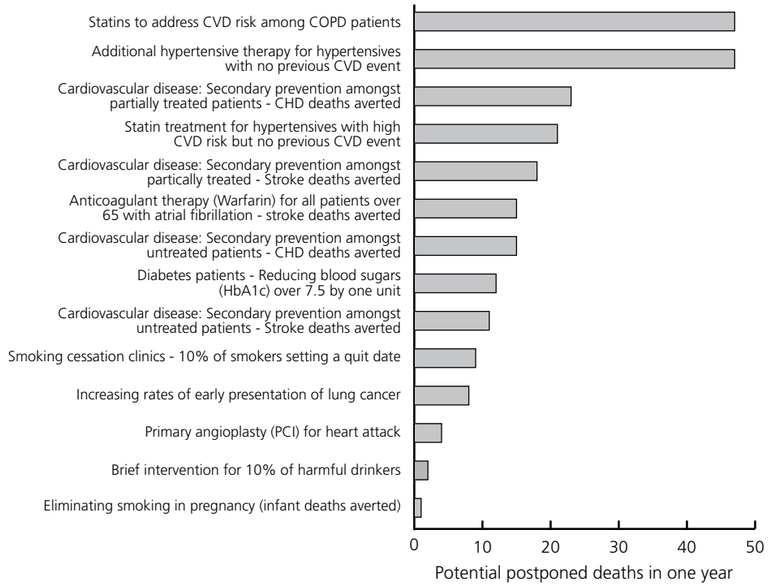


Sources: Compendium of Clinical and Health Indicators / Clinical and Health Outcomes Knowledge Base (www.nchod.nhs.uk)

A widening inequalities gap is opening up regarding people suffering with COPD, with higher morbidity and mortality in Southampton's priority neighbourhoods. In 2002/04 the direct standardised death rate for COPD in non-priority and priority neighbourhoods was 16 and 20 deaths per 100,000 respectively. By 2006/08 in non-priority neighbourhoods deaths had decreased to seven per 100,000 but increased to 26 deaths per 100,000 in priority neighbourhoods.

The Health Inequalities Interventions Model[25] calculates the potential deaths that could be postponed through the use of preventative interventions in relation to long term conditions. The results of this modelling for Southampton are summarised in Figure 20, for instance, using statins to address cardiovascular risk amongst COPD patients could postpone 47 deaths in one year.

Figure 20 - Potential postponed deaths in one year (based on 2006-08 data) from preventative interventions: Southampton



Sources: Health Inequalities Intervention Model version 6 (Oct 2010) produced by APHO and Dept of Health
Note: Model assumes maximum possible benefit of interventions based on research evidence and should be scaled down appropriately

Personal care plans were introduced in 2006 with the intention of making those with long term conditions more informed about their treatment and supported to live as independently as possible for as long as they can. In the HSE 2009 15% of men and 17% of women with a long standing illness reported having a personal care plan. Of these 67% of men and 70% of women said it had improved the health and social care services they had received.

Recommendations

- Services should be designed to take into account the fact that most long term conditions increase as people get older and the population is ageing
- Ensure that everyone with a long term condition has their own personalised care plan
- Improve stroke prevention through implementing public awareness and cardiovasculer disease checks in primary care
- Invest in other prevention services such as Southampton Quitters, NHS health checks, alcohol screening and intervention service, probation health trainers and weight management programmes.

CONCLUSIONS

The PCT and SCC will be an 'early implementer' in setting up a 'Health and Wellbeing (H&WB) Board'. The details of the H&WB boards were published in the Health and Social Care Bill (2010).

The bill confirms that local authorities will have a duty to establish the boards, which are intended to lead on improving the strategic coordination of commissioning across the NHS, social care, and related children's and public health services.

It states that each board must include the following:

- at least one local authority councillor
- the director of adult social services for the local authority
- the director of children's services for the local authority
- the director of public health for the local authority
- a representative of the local healthwatch organisation for the area of the local authority
- a representative of each relevant commissioning consortium
- and such other persons, or representatives of such other persons, as the local authority thinks appropriate.

A representative of the NHS Commissioning Board must also sit on the board when local authorities are drawing up joint strategic needs assessments and related strategies.

This H&WB will provide strategic leadership for health improvement across the City as NHS Southampton City prepares to hand over responsibility to GPs and the city council.

As public health in Southampton evolves into its new structure there will be no loss of momentum in working to improve the health and wellbeing of the City's whole population. The recommendations from this report will be taken forward through the new vehicles of delivery and with steering from the H&WB Board.

Health in Southampton 2010

APPENDIX 1:

Audit of recommendations from Public Health Annual Reports 2003-2009

Since the appointment of a Public Health Director for Southampton in 2002 there has been a requirement to produce an annual report on the most important health problems in the City. From the first report in 2003 through to last year's report recommendations have been made to improve the health of Southampton. Each chapter of each report has included a number of recommendations these vary from specific targets to whole policy areas of work. This chapter reviews those recommendations to see what has been achieved and what has not.

The table below gives an at-a-glance rating of achievement for each area work that has had recommendations specified against it. This is not to suggest that (for example) Southampton no longer has a problem with the number of people suffering from cancer or coronary heart disease, it means that all of the recommendations specified in the cancer chapter were achieved and that many of the coronary heart disease recommendations were achieved.

Using a red, amber and green traffic light scale, the most important areas are those shown as red, this means that very few if any of the recommendations have been achieved. It is these areas of concern that are discussed below.

Choosing Health	
Alcohol	
Obesity	
Tobacco control	
Sexual health and HIV	

Life Stages	
Children and dental health	
Maternity	
Later years	
Workplace health	

Wider determinants	
Inequalities	
Minority ethnic groups	
Mental health	
Housing	
Sustainability	
Women's health	
Men's health	
Poverty, disadvantage and exclusion	

Clinical	
CHD	
Cancer	
Long term conditions	
Communicable diseases	

A more detailed audit of actions taken in response to recommendations is available on our website **www.southamptonhealth.nhs.uk/aboutus/publichealth**

Areas for concern:

Alcohol

Every week in Southampton, over 15,000 men and 6,000 women are estimated to be drinking at levels that could harm their health. Death rates from liver disease are higher than those nationally, regionally and countywide, and there are four alcohol related suicides a year. In addition, up to 6,800 children are affected by their parents' alcohol problems. One in three domestic violence incidents are alcohol related as are around half of all violent crimes in the City. This costs the local health services around £6.8m a year. Over weekend evenings, 70% of accident and emergency attendees have alcohol related problems.

A broad range of actions are needed to tackle alcohol misuse, involving cooperation of government, agencies and local communities. The following recommendations were made in 2004.

Alcohol

2004		Progress
1	All agencies will promote corporate social responsibility regarding alcohol and its consumption.	
2	Generic training will be provided for front line workers, with additional training for healthcare workers.	This work is ongoing, a brief interventions pilot has begun with probation health trainers, it is yet to begin with mainstream services.
3	Social and healthcare agencies will work together to develop care pathways to provide appropriate treatment.	Work has begun in developing the care pathway. Funding is still committed.
4	Schools, higher education and youth services will provide education, awareness raising and primary prevention services.	
5	Local alcohol industry will work with the police and local authorities to ensure an effective and enforceable licensing policy.	Tackling Alcohol Partnership is facilitating this.
6	The local alcohol industry will work with local agencies to reduce anti-social behaviour and address problematic alcohol use.	Being progressed through Safe City Partnership.

The establishment of the Tackling Alcohol Partnership to address points five and six has been very successful. Schemes such as Best Bar None, an award that bars compete for to show that they are responsible establishments, the timely sharing of data between the NHS and the police to identify problem areas and major publicity campaigns around Christmas have been welcomed by the Director of Public Health.

However the development of care pathways has still not occurred and the training for brief interventions by front line staff has been very slow to start despite the allocation of funding since 2006.

Health in Southampton 2010

APPENDIX 2: WARD PROFILES

Inequalities

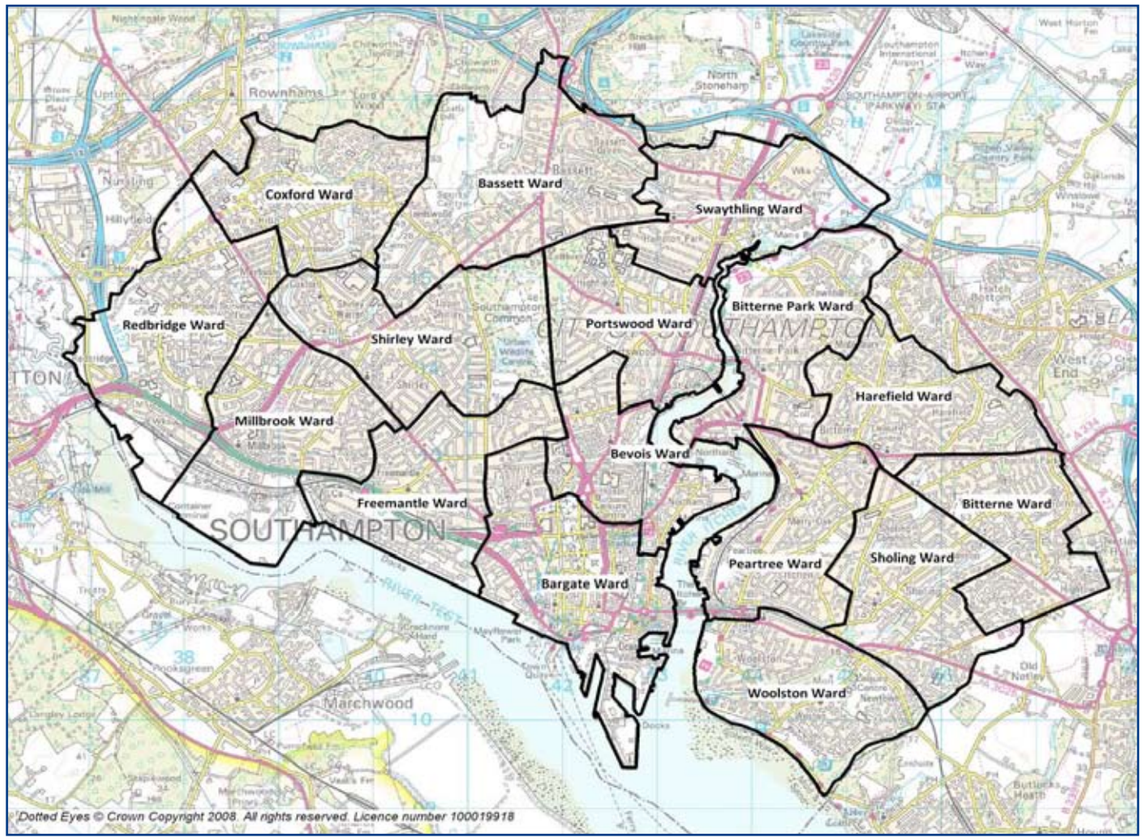
Health inequalities have been a major focus for the Public Health Team for many years. A number of policy documents including the Acheson report and more recently the Darzi recommendations and the Marmot review have brought inequalities to the fore. Southampton suffers with severe health inequalities when we look at health in our priority neighbourhoods (our most deprived areas) compared to the rest of the city.

2003		Progress
1	To improve life expectancy in Southampton men to better than that of England and Wales as a whole. Women to maintain their advantage over the national figure.	2005/07 data shows men still have a slightly reduced life (77.1) expectancy than the national average (77.7) and women are showing better than the national average (82.0 for Southampton compared to 81.81).
2	To reduce deaths aged under 75 from all causes in priority neighbourhoods to only 20% above the rest of the City.	All cause mortality rate in priority neighbourhoods was 57.9% higher than the rest of the City and increasing in 2002/04 and 2005/07 shows that this gap has increased to 60.2%.
3	To reduce the gap in rates of low birth weights between priority and non-priority areas of the City.	In 2003-05 rates of low birth weight were 33% higher in priority areas by 2006-08 this gap had reduced to 18% but it should be noted that there is much variation in the rates so the overall trend in the gap from a 1995-97 baseline is only slightly downwards.

Despite the recommendations above made in 2003 and significant investment over the years there has been little improvement in narrowing the gap for men's life expectancy and premature mortality. This is a theme that was revisited in the 2009 Annual Report with the following recommendations.

2009		Progress
1	NHS Southampton City and partners review joint strategic and commissioning plans against the best evidence proposed in the Marmot Review to support implementation of best practice across the City.	'Better Health and Tackling Inequalities' integrated as priority themes in the current revision process of the City Council plan.
2	Southampton's Healthy Living Delivery Group (part of the delivery system of Southampton's Health and Wellbeing Strategic Plan) review current action plans to focus implementation on evidence based interventions to reduce health inequalities.	Delivery of current plans underpinned by focus on priority neighbourhoods and reducing health inequalities e.g. smoking cessation delivery.
3	NHS Southampton City works with partner agencies to pilot the national Health Inequalities Support Team model, focusing on tackling cardiovascular disease as a local priority for reducing inequalities in health.	Local application of national model will form part of Public Health Transition Plan following on from Public Health White Paper consultation.
4	Ensure that tackling health inequalities continues to underpin the NHS Southampton City commissioning framework.	Tackling health inequalities underpins the QIPP work streams.
5	Opportunities to maximise health in early years and to target primary and secondary disease prevention in priority neighbourhoods.	Health Trainers have increased the proportion of clients from priority neighbourhoods to 70% (from 48%). Quitters reached their challenging target within priority neighbourhoods.

Southampton Ward Boundaries



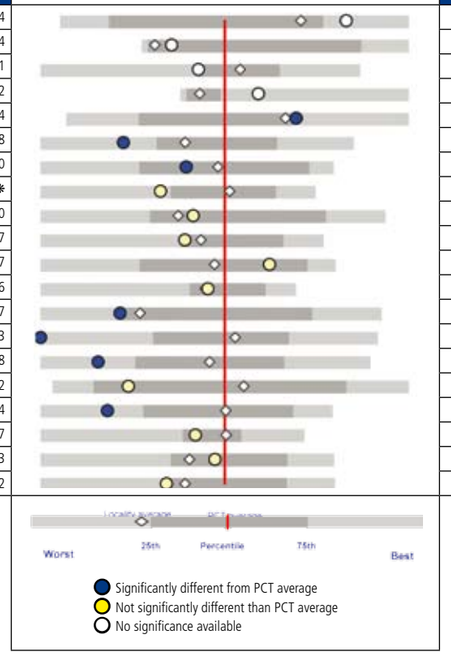
APPENDIX 2: WARD PROFILES

Ward profiles have been produced as spine charts in order to summarise a great deal of information into a relatively succinct format. Spine charts have been used for the health profiles produced by the Public Health Observatories for a number of years.

How to interpret the ward profiles:

- The red line down the centre of the chart represents the Southampton City average value for each indicator. The data has been normalised which means that values to the left of the red line are 'worse' than the City average and those to the right are 'better'.
- The circles on the chart are the ward values. Circles coloured blue indicate that the ward value is statistically significantly different from the City average, yellow circles indicate that any difference is not significant and white circles indicate that significance could not be calculated.
- The white diamonds on the spine chart give the locality average.
- The light grey bar for each indicator shows the range of values for the ward in the City (i.e. it stretches from the value for the 'worst' ward to the value for the 'best' ward).
- The darker grey shading shows the range of values for the middle 50% of wards.

		Indicator	Ward no.	Ward Value	Locality Average	PCT Average	PCT Worst	Ward Spine Chart	PCT Best
Demography	1	% Resident Population aged 0-4 years	1103	8.11	7.51	6.51	4.34		8.93
	2	% Resident Population aged 18-24 years	1637	12.03	10.57	16.64	9.44		32.62
	3	% Resident Population aged over 65 years	1938	14.24	15.60	15.10	9.11		19.51
	4	Forecast % change in popualtion 2010-16	946	6.95	0.90	3.48	-1.12		22.50
	5	General Fertility Rate	237	74.65	72.89	62.97	37.04		93.07
Econ omic	6	Working Age Claimant Rate	1780	20.11	16.77	14.63	24.58		7.66
	7	Child Poverty	990	31.20	27.82	27.10	46.70		15.50
Healthy Start	8	Under 18 Conception Rate	***	***	54.50	55.82	***		***
	9	% Breastfeeding	471	71.36	70.05	74.15	57.90		88.31
	10	% Smoking in Pregnancy	156	23.64	22.26	20.23	35.97		11.76
Life style	11	% of Year 6 Children who are Obese	77	16.14	17.85	17.53	23.27		14.07
	12	Alcohol-related hospital admissions (DSR)	767	1080.21	1091.80	1002.34	1851.96		673.19
Misc	13	Disability Living Allowance	815	73.42	70.38	57.54	85.47		33.74
	14	Hospital admissions for fractured femur (DSR)	113	884.03	592.51	608.14	884.03		378.57
Mortality	15	Life expectancy for males	324	74.47	76.96	77.30	73.18		80.55
	16	Life expectancy for females	364	80.72	82.08	81.86	79.82		84.03
	17	All age all cause mortality (DSR)	667	713.82	594.80	595.90	781.04		487.27
	18	Circulatory Disease under 75s mortality (DSR)	55	96.60	86.05	86.55	149.47		59.36
	19	Cancer u75s mortality (DSR)	74	128.68	136.10	125.83	179.23		94.05
	20	COPD all age mortality (DSR)	40	42.49	39.71	33.77	61.32		17.27



Data Sources and Notes:

1-4 2010 Hampshire County Council's Small Area Popualtion Forecasts (2009-based).

5. General Fertility Rate 2008 (number of live births per 1000 women aged 15-44). Office for National Statistics Vital Statistics Crown Copyright and Hampshire County Council 2008-based Small Area Population Forecasts.

6. % of people of working age who are claiming benefits, May 2010. Dept. for Work and Pensions.

7. Child Poverty 2007: HM Revenue & Customs. Number of children living in families in receipt of CTC whose reported income is less than 60 per cent of the median income or in receipt of IS or (Income-Based) JSA, divided by the total number of children in the area (determined by Child Benefit data). All dependent children under the age of 20

8. Under 18 conception rate per 1000 females aged 15-17, 2005-07 pooled. Office for National Statistics and Teenage Pregnancy Unit. Ward values and rates have been suppressed in accordance with ONS policy but relative position can be seen from the chart.

9. Percentage of mothers breastfeeding at initial feed 2007/08-2009/10 SUHT, HICCS

10. Percentage of pregnent women smoking at time of midwifery booking 2007/08 - 2009/10 SUHT, HICCS

11. Percentage of Year 6 children considered obese 2005/60 to 2008/09 pooled. Southampton Child Health Information System.

12. Alcohol-related hospital admissions directly standardised rates per 100,000 for 2004/05 to 2008/09 (pooled): SUS Hospital Admissions Data & ONS Mid Year Population Estimates pro-rated using Hampshire County Council Small Area Population Forecasts

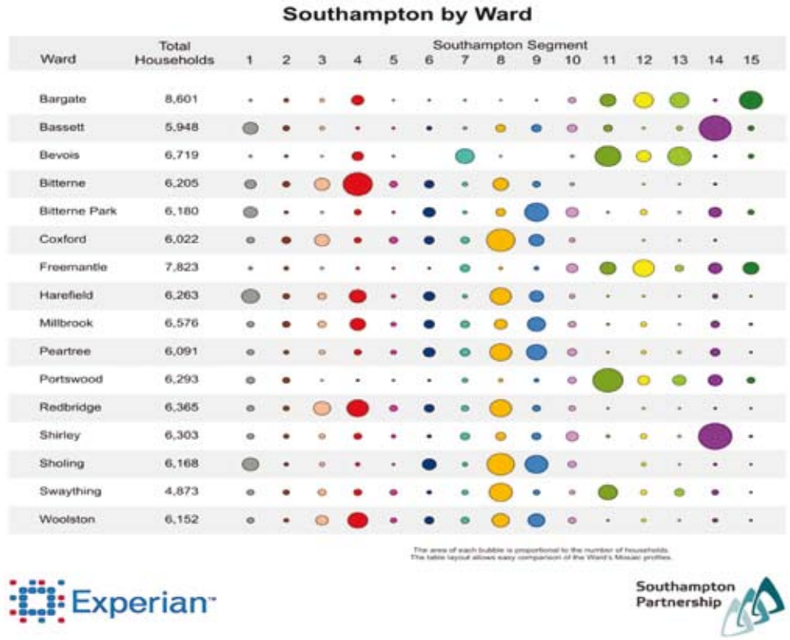
13. Disability Living Allowance August 2009 per 1000 population aged 18+ : NOMIS This data includes all levels of DLA with any disabling condition ,ONS Lower Layer Super Output Areas, Mid 2008

14. Hospital admissions for fractured Proximal Femur Admissions - 2004/05 to 2008/09 (pooled) directly standardised rate per 100,000. SUS Hospital Activity Data & ONS Mid Year Population Estimates pro-rated using Hampshire County Council Small Area Population Forecasts, Primary Diagnosis S7200-S7209, S7210-S7219, S7220-S7229

15 & 16. Life expectancy 2004-08: ONS Annual Death Extract & ONS Mid Year Population Estimates pro-rated using Hampshire County Council Small Area Population Forecasts

17, 18, 19, 20 Directly standardised mortality rates per 100,000 for 2005-09 pooled: ONS Annual Death Extract & ONS Mid Year Population Estimates pro-rated using Hampshire County Council Small Area Population Forecasts

All households in Southampton (102,582 households) have been classified into one of 15 MOSAIC segments according to their social, economic and cultural behaviours. The 15 groups are specific to Southampton because local data has been included in the classification process. Clearly the groups are generalisations; individual households in the City will only 'approximate' to these groups rather than match exactly. The value of the MOSAIC groups is in understanding the characteristics of the City's population in terms their lifestyles and methods of communication that they are most likely to respond to (social marketing). Thus this can provide some valuable insights about the population.



1 Financially secure older couples living in owner occupied properties
2 Elderly singles with low mobility, reliant on public services for support
3 Low income older couples approaching retirement, living in low rise council housing
4 Childless, young, high rise council tenants with issues of social isolation
5 Vulnerable young families or lone parents living on council housing estates
6 Middle-aged owner occupiers making some use of public services
7 Diverse private renters in older terraced properties
8 Middle-aged lower income couples & families in right-to-buy homes
9 Comfortably-off, families who lead active yet busy lifestyles
10 Young couples, new to the area, in privately rented purpose-built flats
11 Students living in shared houses or flats near to the city centre
12 Transient young singles with weak support networks, living in a mixture of housing
13 Students living with like-minded people in halls of residence
14 Affluent professionals living in large detached properties out of the city centre
15 Well qualified, young professionals living in purpose-built prestigious locations

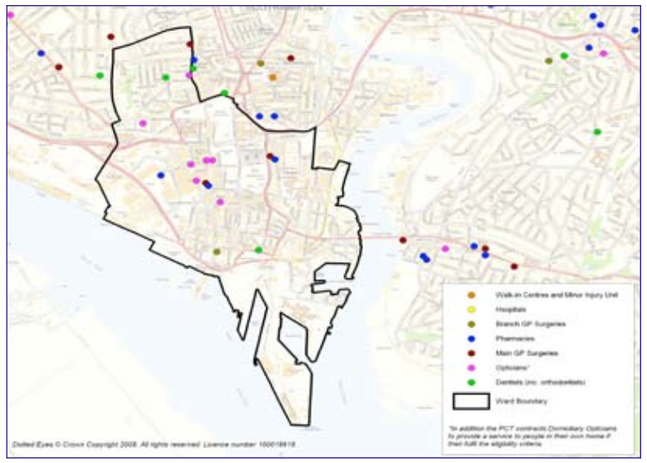
Caveats around use of Mosaic Data:

These descriptions are therefore what sociologists would describe as 'ideal types', pure examples to which individual cases approximate only with various degrees of exactness. They focus on the statistical bias of a type of neighbourhood, on the demographic categories which are more numerous there than elsewhere in the area and which give the neighbourhood its distinctive character. In addition, because the boundaries of postcodes and census output areas do not exactly match boundaries in housing type, it is inevitable that addresses close to the boundary of many output areas may in certain cases not appear to have been allocated to the most suitable category. There are cases too where the same types of neighbourhood will contain people of similar character and behaviour but living in very different types of accommodation according to where in the area they may live.

Experian who produced this data using the Mosaic tool have taken account of a wealth of information from both census and non census sources - such as the electoral register, shareholder and directors' lists, and local levels of council tax. This information is supplemented with information from market research surveys which can be cross tabulated by Mosaic, including the ONS Annual Expenditure and Family Survey, University of Essex's British Household Panel Survey, Research Now's online panel, YouGov's specialist financial survey, GfK NOP's Financial Research Survey, BMRB's Target Group Index Survey, Experian Hitwise's online competitor intelligence, the National Readership Survey and the British Crime Survey.

Bargate

		Indicator	Ward no.	Ward Value	Locality Average	PCT Average	PCT Worst	Ward Spine Chart	PCT Best
Demography	1	% Resident Population aged 0-4 years	813	4.83	5.37	6.51	4.34		8.93
	2	% Resident Population aged 18-24 years	5314	31.55	26.48	16.64	9.44		32.62
	3	% Resident Population aged over 65 years	2412	14.32	13.75	15.10	9.11		19.51
	4	Forecast % change in popualtion 2010-16	3789	22.50	7.64	3.48	-1.12		22.50
	5	General Fertility Rate	190	41.72	50.30	62.97	37.04		93.07
Econ omic	6	Working Age Claimant Rate	1435	11.45	11.75	14.63	24.58		7.66
	7	Child Poverty	655	46.70	29.49	27.10	46.70		15.50
Healthy Start	8	Under 18 Conception Rate	***	***	60.16	55.82	***		***
	9	% Breastfeeding	432	83.08	82.88	74.15	57.90		88.31
	10	% Smoking in Pregnancy	84	16.15	15.11	20.23	35.97		11.76
Life style	11	% of Year 6 Children who are Obese	47	23.27	18.50	17.53	23.27		14.07
	12	Alcohol-related hospital admissions (DSR)	805	1218.62	1054.70	1002.34	1851.96		673.19
Misc	13	Disability Living Allowance	645	38.39	43.16	57.54	85.47		33.74
	14	Hospital admissions for fractured femur (DSR)	62	479.94	570.80	608.14	884.03		378.57
Mortality	15	Life expectancy for males	264	77.65	77.79	77.30	73.18		80.55
	16	Life expectancy for females	330	80.31	82.11	81.86	79.82		84.03
	17	All age all cause mortality (DSR)	601	632.97	586.70	595.90	781.04		487.27
	18	Circulatory Disease under 75s mortality (DSR)	57	101.81	89.88	86.55	149.47		59.36
	19	Cancer u75s mortality (DSR)	62	107.48	113.88	125.83	179.23		94.05
	20	COPD all age mortality (DSR)	34	36.92	28.60	33.77	61.32		17.27



Bargate has a population of around 16,800 making it the largest ward in Southampton. Bargate's demography reflects the large number of students and young adults living in the ward. With much residential development here it is forecast to see more population growth than any other City ward.

This large student population gives Bargate ward a rather skewed profile which can affect the calculation of other indicators. The large denominator population may well have resulted in the low rates of benefit claimants when actually child poverty in Bargate ward is the highest in the City – with 46.7% of children living in poverty.

Teenage conception rates have been high in this ward for a number of years. However, overall breastfeeding rates are high and smoking in pregnancy is relatively low.

Alcohol is an issue in Bargate ward with alcohol related hospital admission rates higher here than the City average.

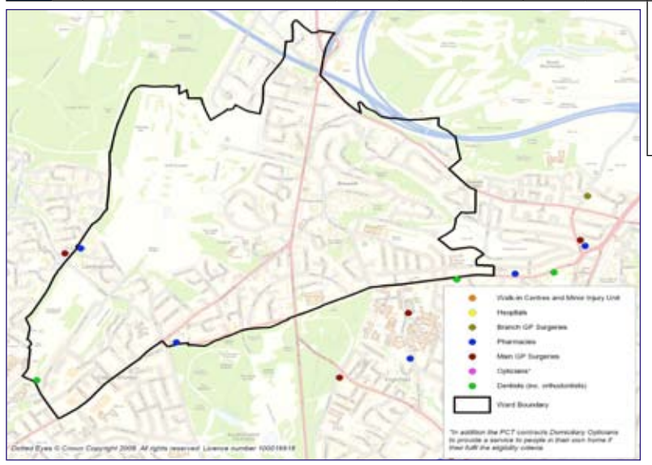
According to its MOSAIC profile, Bargate is dominated by a young adult population which ranges from transient young singles to students and well qualified young professionals.

Health in Southampton 2009

Southampton North & Central Locality

Bassett

		Indicator	Ward no.	Ward Value	Locality Average	PCT Average	PCT Worst	Ward Spine Chart	PCT Best
Demography	1	% Resident Population aged 0-4 years	685	4.73	7.51	6.51	4.34		8.93
	2	% Resident Population aged 18-24 years	3042	21.88	10.57	16.64	9.44		32.62
	3	% Resident Population aged over 65 years	2471	17.77	15.60	15.10	9.11		19.51
	4	Forecast % change in popualtion 2010-16	312	2.24	0.90	3.48	-1.12		22.50
	5	General Fertility Rate	153	48.93	72.89	62.97	37.04		93.07
Econ omic	6	Working Age Claimant Rate	740	7.66	16.77	14.63	24.58		7.66
	7	Child Poverty	330	16.60	27.82	27.10	46.70		15.50
Healthy Start	8	Under 18 Conception Rate	***	***	54.50	55.82	***		***
	9	% Breastfeeding	350	85.78	70.05	74.15	57.90		88.31
	10	% Smoking in Pregnancy	48	11.76	22.26	20.23	35.97		11.76
Life style	11	% of Year 6 Children who are Obese	41	14.54	17.85	17.53	23.27		14.07
	12	Alcohol-related hospital admissions (DSR)	559	673.19	1091.80	1002.34	1851.96		673.19
Misc	13	Disability Living Allowance	415	33.74	70.38	57.54	85.47		33.74
	14	Hospital admissions for fractured femur (DSR)	109	635.94	592.51	608.14	884.03		378.57
Mortality	15	Life expectancy for males	289	80.55	76.96	77.30	73.18		80.55
	16	Life expectancy for females	308	84.03	82.08	81.86	79.82		84.03
	17	All age all cause mortality (DSR)	601	487.27	594.80	595.90	781.04		487.27
	18	Circulatory Disease under 75s mortality (DSR)	40	59.36	86.05	86.55	149.47		59.36
	19	Cancer u75s mortality (DSR)	61	94.05	136.10	125.83	179.23		94.05
	20	COPD all age mortality (DSR)	23	17.89	39.71	33.77	61.32		17.27



In 2010 Bassett had an estimated 13,900 residents. This ward has a large population of 18-24 year olds and also a greater proportion of older residents than the City average. The large number of students living in this ward skews the population profile and will affect the calculation of some indicators.

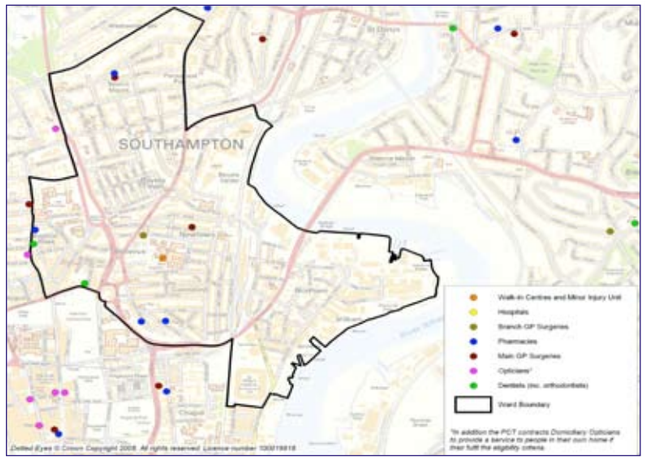
Generally this ward has high life expectancy and low mortality compared to the City average. Nevertheless issues such as smoking, physical activity and healthy eating remain significant to Bassett residents.

The MOSAIC profile of Bassett ward reflects the older owner occupiers and the affluent professional families living in the area.

Southampton North & Central Locality

Bevois

		Indicator	Ward no.	Ward Value	Locality Average	PCT Average	PCT Worst	Ward Spine Chart	PCT Best
Demography	1	% Resident Population aged 0-4 years	1108	7.48	7.51	6.51	4.34		8.93
	2	% Resident Population aged 18-24 years	4226	28.51	10.57	16.64	9.44		32.62
	3	% Resident Population aged over 65 years	1350	9.11	15.60	15.10	9.11		19.51
	4	Forecast % change in popualtion 2010-16	1729	11.67	0.90	3.48	-1.12		22.50
	5	General Fertility Rate	288	73.17	72.89	62.97	37.04		93.07
Econ omic	6	Working Age Claimant Rate	1985	18.31	16.77	14.63	24.58		7.66
	7	Child Poverty	1075	40.20	27.82	27.10	46.70		15.50
Healthy Start	8	Under 18 Conception Rate	***	***	54.50	55.82	***		***
	9	% Breastfeeding	663	81.95	70.05	74.15	57.90		88.31
	10	% Smoking in Pregnancy	104	12.86	22.26	20.23	35.97		11.76
Life style	11	% of Year 6 Children who are Obese	106	22.22	17.85	17.53	23.27		14.07
	12	Alcohol-related hospital admissions (DSR)	1024	1851.96	1091.80	1002.34	1851.96		673.19
Misc	13	Disability Living Allowance	790	56.03	70.38	57.54	85.47		33.74
	14	Hospital admissions for fractured femur (DSR)	36	378.57	592.51	608.14	884.03		378.57
Mortality	15	Life expectancy for males	249	73.18	76.96	77.30	73.18		80.55
	16	Life expectancy for females	199	79.82	82.08	81.86	79.82		84.03
	17	All age all cause mortality (DSR)	441	781.04	594.80	595.90	781.04		487.27
	18	Circulatory Disease under 75s mortality (DSR)	57	149.47	86.05	86.55	149.47		59.36
	19	Cancer u75s mortality (DSR)	55	146.88	136.10	125.83	179.23		94.05
	20	COPD all age mortality (DSR)	13	26.05	39.71	33.77	61.32		17.27



Bevois ward's population was about 14,800 in 2010; it is dominated by young adults, particularly students, and it also has higher than average numbers of young children. The area is forecast to see an increase in population over the next few years through residential development and fertility rates are also high in this area.

Bevois experiences significant levels of deprivation – with over 40% of children living in poverty.

Lifestyle issues are important for Bevois residents with higher than average levels of child obesity and alcohol related hospital admission rates.

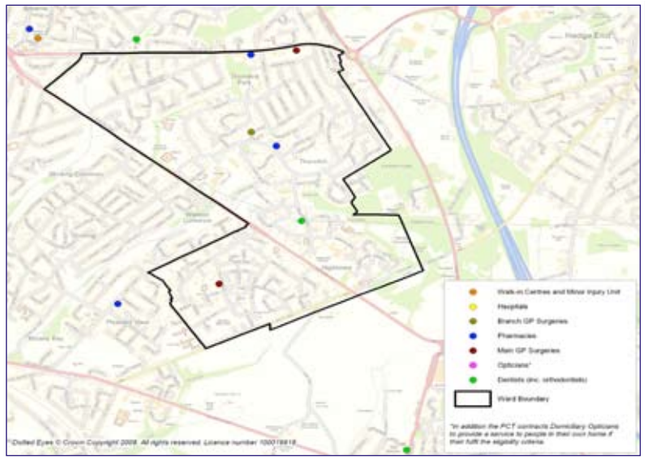
Mortality rates are higher here than for any other City ward; premature mortality from circulatory disease has a rate of 146.9 per 100,000 compared to 86.6 across Southampton as a whole.

The MOSAIC profile for Bevois ward shows how students dominate the area but also highlights the presence of significant numbers of 'diverse private renters' who are likely to have children and be on low incomes.

Southampton South & East Locality

Bitterne

		Indicator	Ward no.	Ward Value	Locality Average	PCT Average	PCT Worst	Ward Spine Chart	PCT Best
Demography	1	% Resident Population aged 0-4 years	1207	8.93	5.37	6.51	4.34		8.93
	2	% Resident Population aged 18-24 years	1409	10.43	26.48	16.64	9.44		32.62
	3	% Resident Population aged over 65 years	2117	15.66	13.75	15.10	9.11		19.51
	4	Forecast % change in popualtion 2010-16	Under 5	-0.47	7.64	3.48	-1.12		22.50
	5	General Fertility Rate	262	93.07	50.30	62.97	37.04		93.07
Econ omic	6	Working Age Claimant Rate	2025	24.58	11.75	14.63	24.58		7.66
	7	Child Poverty	1345	39.00	29.49	27.10	46.70		15.50
Healthy Start	8	Under 18 Conception Rate	***	***	60.16	55.82	***		***
	9	% Breastfeeding	425	57.90	82.88	74.15	57.90		88.31
	10	% Smoking in Pregnancy	264	35.97	15.11	20.23	35.97		11.76
Life style	11	% of Year 6 Children who are Obese	90	17.75	18.50	17.53	23.27		14.07
	12	Alcohol-related hospital admissions (DSR)	773	1107.00	1054.70	1002.34	1851.96		673.19
Misc	13	Disability Living Allowance	950	84.82	43.16	57.54	85.47		33.74
	14	Hospital admissions for fractured femur (DSR)	91	761.73	570.80	608.14	884.03		378.57
Mortality	15	Life expectancy for males	342	75.29	77.79	77.30	73.18		80.55
	16	Life expectancy for females	326	79.92	82.11	81.86	79.82		84.03
	17	All age all cause mortality (DSR)	677	741.70	586.70	595.90	781.04		487.27
	18	Circulatory Disease under 75s mortality (DSR)	62	100.94	89.88	86.55	149.47		59.36
	19	Cancer u75s mortality (DSR)	109	179.23	113.88	125.83	179.23		94.05
	20	COPD all age mortality (DSR)	63	61.32	28.60	33.77	61.32		17.27



In 2010 there were about 13,500 residents in Bitterne ward. This area has a higher proportion of young children than anywhere else in Southampton with fertility rates also higher here than in any other ward.

In May 2010 there were 2,025 people of working age in Bitterne ward claiming benefit resulting in a higher rate than anywhere else in the City.

Nearly 40% of children are estimated to be living in poverty in this ward and breastfeeding rates are very low here, whilst smoking in pregnancy is very high.

Alcohol is an issue in Bitterne ward and life expectancy here is lower than the City average. Mortality rates from COPD and cancer are particularly high.

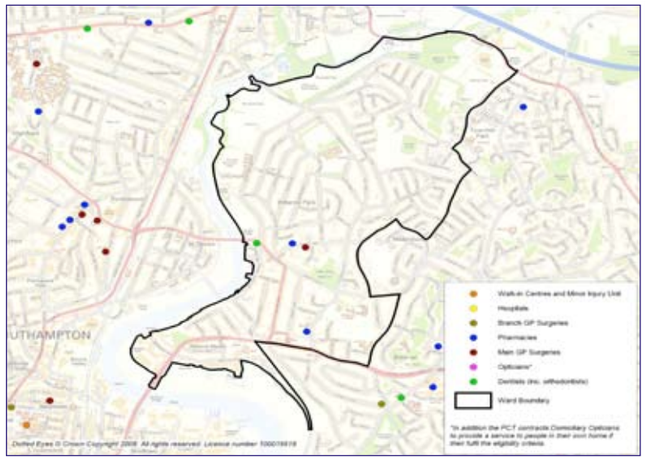
The MOSAIC profile shows that Bitterne has high number of residents living in social housing, with much deprivation and issues of social exclusion.

APPENDIX 2: WARD PROFILES

Southampton South & East Locality

Bitterne Park

		Indicator	Ward no.	Ward Value	Locality Average	PCT Average	PCT Worst	Ward Spine Chart	PCT Best
Demography	1	% Resident Population aged 0-4 years	858	6.08	7.02	6.51	4.34		8.93
	2	% Resident Population aged 18-24 years	1402	9.93	10.31	16.64	9.44		32.62
	3	% Resident Population aged over 65 years	2216	15.70	16.21	15.10	9.11		19.51
	4	Forecast % change in popualtion 2010-16	107	0.76	0.81	3.48	-1.12		22.50
	5	General Fertility Rate	158	52.32	72.58	62.97	37.04		93.07
Econ omic	6	Working Age Claimant Rate	1105	11.80	16.67	14.63	24.58		7.66
	7	Child Poverty	420	15.50	25.06	27.10	46.70		15.50
Healthy Start	8	Under 18 Conception Rate	***	***	53.97	55.82	***		***
	9	% Breastfeeding	377	76.47	69.22	74.15	57.90		88.31
	10	% Smoking in Pregnancy	79	16.02	23.39	20.23	35.97		11.76
Life style	11	% of Year 6 Children who are Obese	66	14.07	16.61	17.53	23.27		14.07
	12	Alcohol-related hospital admissions (DSR)	603	806.58	912.53	1002.34	1851.96		673.19
Misc	13	Disability Living Allowance	575	50.44	65.98	57.54	85.47		33.74
	14	Hospital admissions for fractured femur (DSR)	94	675.13	653.38	608.14	884.03		378.57
Mortality	15	Life expectancy for males	267	79.00	77.02	77.30	73.18		80.55
	16	Life expectancy for females	274	83.29	81.51	81.86	79.82		84.03
	17	All age all cause mortality (DSR)	522	511.15	607.78	595.90	781.04		487.27
	18	Circulatory Disease under 75s mortality (DSR)	41	62.14	85.20	86.55	149.47		59.36
	19	Cancer u75s mortality (DSR)	71	109.42	128.93	125.83	179.23		94.05
	20	COPD all age mortality (DSR)	25	21.57	34.50	33.77	61.32		17.27



In 2010 the population of Bitterne Park ward was estimated to be 14,100. Bitterne Park has proportions of young children and old people that broadly match the City average but there are not significant numbers of students living here. Fertility rates are lower than average.

There is less evidence of deprivation in Bitterne Park and mortality rates here are lower than the City average.

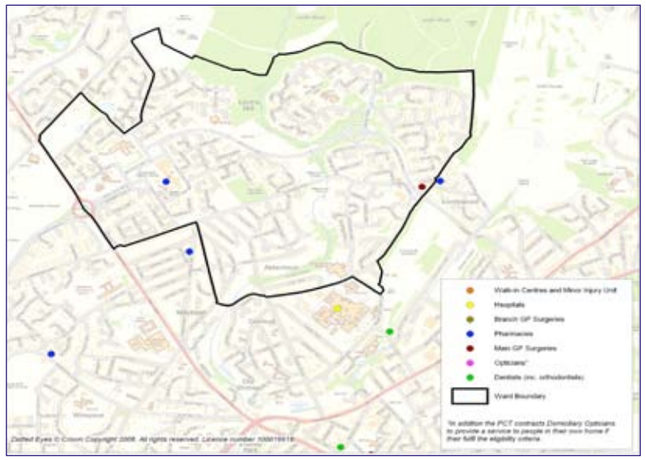
Health issues of significance to residents of Bitterne Park are the same as those across much of England – smoking, physical activity and healthy eating to mention but a few.

The MOSAIC profile of Bitterne Park reveals many young couples and families living on relatively good incomes.

Southampton City West Locality

Coxford

		Indicator	Ward no.	Ward Value	Locality Average	PCT Average	PCT Worst	Ward Spine Chart	PCT Best
Demography	1	% Resident Population aged 0-4 years	907	6.59	7.51	6.51	4.34		8.93
	2	% Resident Population aged 18-24 years	1373	9.98	10.57	16.64	9.44		32.62
	3	% Resident Population aged over 65 years	2183	15.87	15.60	15.10	9.11		19.51
	4	Forecast % change in popualtion 2010-16	Under 5	-1.12	0.90	3.48	-1.12		22.50
	5	General Fertility Rate	201	71.71	72.89	62.97	37.04		93.07
Econ omic	6	Working Age Claimant Rate	1425	16.21	16.77	14.63	24.58		7.66
	7	Child Poverty	795	25.50	27.82	27.10	46.70		15.50
Healthy Start	8	Under 18 Conception Rate	***	***	54.50	55.82	***		***
	9	% Breastfeeding	385	67.54	70.05	74.15	57.90		88.31
	10	% Smoking in Pregnancy	114	20.00	22.26	20.23	35.97		11.76
Life style	11	% of Year 6 Children who are Obese	93	17.16	17.85	17.53	23.27		14.07
	12	Alcohol-related hospital admissions (DSR)	880	1164.66	1091.80	1002.34	1851.96		673.19
Misc	13	Disability Living Allowance	890	78.76	70.38	57.54	85.47		33.74
	14	Hospital admissions for fractured femur (DSR)	61	517.03	592.51	608.14	884.03		378.57
Mortality	15	Life expectancy for males	279	78.09	76.96	77.30	73.18		80.55
	16	Life expectancy for females	274	82.55	82.08	81.86	79.82		84.03
	17	All age all cause mortality (DSR)	551	581.09	594.80	595.90	781.04		487.27
	18	Circulatory Disease under 75s mortality (DSR)	55	80.89	86.05	86.55	149.47		59.36
	19	Cancer u75s mortality (DSR)	98	142.12	136.10	125.83	179.23		94.05
	20	COPD all age mortality (DSR)	47	53.28	39.71	33.77	61.32		17.27



Coxford's population is around 13,800 and its profile is similar to the City average although with a far lower proportion in the student age range. The area is actually forecast to see a population decline over the next few years which is the result of falling average household size meaning the existing dwelling stock accommodates fewer people.

Coxford ward has higher than average proportions of working age residents claiming benefits. Additionally there were 890 people claiming disability living allowance in Coxford in August 2009 giving a high rate compared to the City average.

Breastfeeding rates are low in this ward whilst alcohol-related hospital admissions are high.

Mortality rates are similar to the City average but mortality from COPD is significantly higher in Coxford suggesting this may be a particular issue in the ward.

Coxford residents are predominantly families and older people on low incomes according to its MOSAIC profile.

APPENDIX 2: WARD PROFILES

Southampton North & Central Locality

Freemantle

		Indicator	Ward no.	Ward Value	Locality Average	PCT Average	PCT Worst	Ward Spine Chart	PCT Best
Demography	1	% Resident Population aged 0-4 years	882	5.87	7.02	6.51	4.34		8.93
	2	% Resident Population aged 18-24 years	2330	15.50	10.31	16.64	9.44		32.62
	3	% Resident Population aged over 65 years	2201	14.64	16.21	15.10	9.11		19.51
	4	Forecast % change in popualtion 2010-16	398	2.65	0.81	3.48	-1.12		22.50
	5	General Fertility Rate	204	58.79	72.58	62.97	37.04		93.07
Econ omic	6	Working Age Claimant Rate	1325	12.32	16.67	14.63	24.58		7.66
	7	Child Poverty	375	19.50	25.06	27.10	46.70		15.50
Healthy Start	8	Under 18 Conception Rate	***	***	53.97	55.82	***		***
	9	% Breastfeeding	525	84.68	69.22	74.15	57.90		88.31
	10	% Smoking in Pregnancy	101	16.29	23.39	20.23	35.97		11.76
Life style	11	% of Year 6 Children who are Obese	54	16.93	16.61	17.53	23.27		14.07
	12	Alcohol-related hospital admissions (DSR)	743	1039.67	912.53	1002.34	1851.96		673.19
Misc	13	Disability Living Allowance	580	44.27	65.98	57.54	85.47		33.74
	14	Hospital admissions for fractured femur (DSR)	65	521.42	653.38	608.14	884.03		378.57
Mortality	15	Life expectancy for males	270	77.78	77.02	77.30	73.18		80.55
	16	Life expectancy for females	293	82.59	81.51	81.86	79.82		84.03
	17	All age all cause mortality (DSR)	589	587.25	607.78	595.90	781.04		487.27
	18	Circulatory Disease under 75s mortality (DSR)	48	82.77	85.20	86.55	149.47		59.36
	19	Cancer u75s mortality (DSR)	63	107.64	128.93	125.83	179.23		94.05
	20	COPD all age mortality (DSR)	32	30.07	34.50	33.77	61.32		17.27

Freemantle's population was just over 15,000 in 2010 and its demographic structure is very similar to the City average.

Child poverty and the number of people claiming benefits in this ward is lower than the average for Southampton.

Teenage conception rates are higher than the City average but not significantly so and rates of breastfeeding and smoking in pregnancy are comparatively good here.

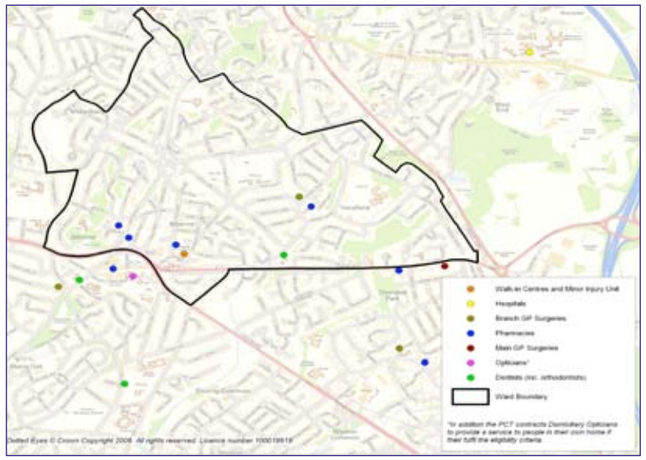
Although mortality rates are generally lower here than across the City as a whole, key health issues such as obesity, diet and smoking remain significant in this ward.

The MOSAIC profile for Freemantle reveals a ward with many young people – ranging from students to professionals.

Southampton South & East Locality

Harefield

		Indicator	Ward no.	Ward Value	Locality Average	PCT Average	PCT Worst	Ward Spine Chart	PCT Best
Demography	1	% Resident Population aged 0-4 years	931	6.80	5.37	6.51	4.34		8.93
	2	% Resident Population aged 18-24 years	1293	9.44	26.48	16.64	9.44		32.62
	3	% Resident Population aged over 65 years	2671	19.51	13.75	15.10	9.11		19.51
	4	Forecast % change in popualtion 2010-16	Under 5	-1.01	7.64	3.48	-1.12		22.50
	5	General Fertility Rate	201	78.89	50.30	62.97	37.04		93.07
Econ omic	6	Working Age Claimant Rate	1425	16.82	11.75	14.63	24.58		7.66
	7	Child Poverty	790	25.80	29.49	27.10	46.70		15.50
Healthy Start	8	Under 18 Conception Rate	***	***	60.16	55.82	***		***
	9	% Breastfeeding	396	66.67	82.88	74.15	57.90		88.31
	10	% Smoking in Pregnancy	145	24.41	15.11	20.23	35.97		11.76
Life style	11	% of Year 6 Children who are Obese	103	20.44	18.50	17.53	23.27		14.07
	12	Alcohol-related hospital admissions (DSR)	754	953.13	1054.70	1002.34	1851.96		673.19
Misc	13	Disability Living Allowance	755	65.65	43.16	57.54	85.47		33.74
	14	Hospital admissions for fractured femur (DSR)	99	548.31	570.80	608.14	884.03		378.57
Mortality	15	Life expectancy for males	356	77.35	77.79	77.30	73.18		80.55
	16	Life expectancy for females	405	81.43	82.11	81.86	79.82		84.03
	17	All age all cause mortality (DSR)	713	579.27	586.70	595.90	781.04		487.27
	18	Circulatory Disease under 75s mortality (DSR)	61	84.34	89.88	86.55	149.47		59.36
	19	Cancer u75s mortality (DSR)	90	125.90	113.88	125.83	179.23		94.05
	20	COPD all age mortality (DSR)	37	27.55	28.60	33.77	61.32		17.27



In 2010 Harefield had an estimated 13,700 residents. This ward has an older population profile than the Southampton average – with 19.5% of its residents being over 65 years it has the oldest population of any of the City's wards. The area is actually forecast to see a population decline over the next few years which is likely to be the result of falling average household size. Fertility rates are high in this ward.

Rates of claiming benefits amongst the working age population are significantly higher in Harefield than the City average. In 2009 there were 755 people claiming Disability Living Allowance in this ward giving a claimant rate significantly higher than the Southampton average.

Breastfeeding rates are poor in Harefield ward and smoking in pregnancy rates are high although not significantly different from the City average.

Life expectancy and mortality rates in this ward are very similar to the City average.

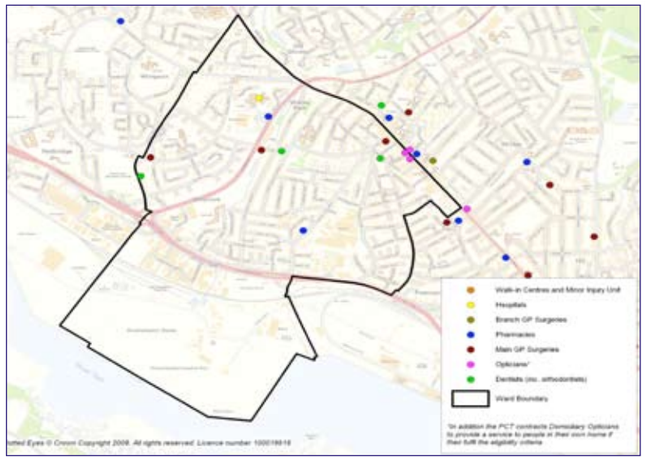
The MOSAIC profile for Harefield shows that the ward is characterised by middle aged and older couples and families with moderate incomes. However, there are also significant numbers of younger people on lower incomes and experiencing issues of social isolation.

APPENDIX 2: WARD PROFILES

Southampton City West Locality

Millbrook

		Indicator	Ward no.	Ward Value	Locality Average	PCT Average	PCT Worst	Ward Spine Chart	PCT Best
Demography	1	% Resident Population aged 0-4 years	1259	8.05	5.37	6.51	4.34		8.93
	2	% Resident Population aged 18-24 years	1625	10.39	26.48	16.64	9.44		32.62
	3	% Resident Population aged over 65 years	2186	13.98	13.75	15.10	9.11		19.51
	4	Forecast % change in popualtion 2010-16	40	0.26	7.64	3.48	-1.12		22.50
	5	General Fertility Rate	250	71.80	50.30	62.97	37.04		93.07
Econ omic	6	Working Age Claimant Rate	1670	16.69	11.75	14.63	24.58		7.66
	7	Child Poverty	995	28.20	29.49	27.10	46.70		15.50
Healthy Start	8	Under 18 Conception Rate	***	***	60.16	55.82	***		***
	9	% Breastfeeding	534	73.35	82.88	74.15	57.90		88.31
	10	% Smoking in Pregnancy	175	24.04	15.11	20.23	35.97		11.76
Life style	11	% of Year 6 Children who are Obese	115	17.94	18.50	17.53	23.27		14.07
	12	Alcohol-related hospital admissions (DSR)	907	1174.50	1054.70	1002.34	1851.96		673.19
Misc	13	Disability Living Allowance	780	61.42	43.16	57.54	85.47		33.74
	14	Hospital admissions for fractured femur (DSR)	100	614.87	570.80	608.14	884.03		378.57
Mortality	15	Life expectancy for males	311	77.08	77.79	77.30	73.18		80.55
	16	Life expectancy for females	316	83.30	82.11	81.86	79.82		84.03
	17	All age all cause mortality (DSR)	630	597.54	586.70	595.90	781.04		487.27
	18	Circulatory Disease under 75s mortality (DSR)	56	88.55	89.88	86.55	149.47		59.36
	19	Cancer u75s mortality (DSR)	77	126.12	113.88	125.83	179.23		94.05
	20	COPD all age mortality (DSR)	37	32.62	28.60	33.77	61.32		17.27



In 2010 Millbrook had a population of about 15,600. This ward has relatively high proportions of young children compared to the City as a whole. Fertility rates are slightly higher than the City average here although not significantly so.

The proportion of people of working age who are claiming benefits is high in Millbrook ward.

Alcohol is a significant issue in this area with rates of alcohol-related hospital admissions higher than the Southampton average.

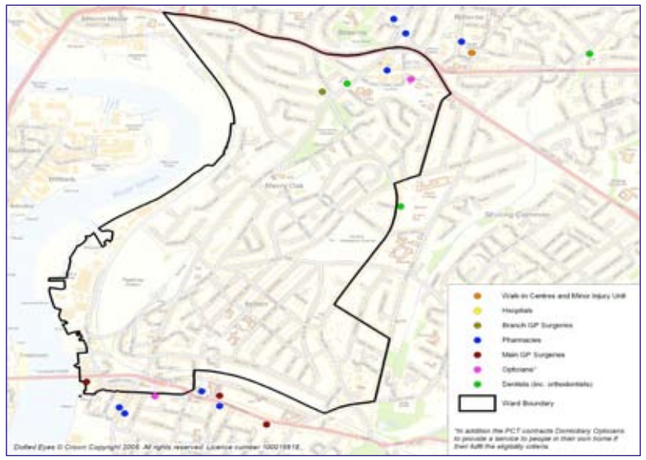
Mortality rates in Millbrook are generally similar to the City average.

The MOSAIC profile for Millbrook reveals an area of contrasts with some families on good incomes in owner occupied properties but also some very elderly and deprived residents and also some younger low income couples and families.

Southampton South & East Locality

Peartree

		Indicator	Ward no.	Ward Value	Locality Average	PCT Average	PCT Worst	Ward Spine Chart	PCT Best
Demography	1	% Resident Population aged 0-4 years	850	6.32	5.37	6.51	4.34		8.93
	2	% Resident Population aged 18-24 years	1328	9.87	26.48	16.64	9.44		32.62
	3	% Resident Population aged over 65 years	2029	15.09	13.75	15.10	9.11		19.51
	4	Forecast % change in popualtion 2010-16	Under 5	-0.29	7.64	3.48	-1.12		22.50
	5	General Fertility Rate	192	68.50	50.30	62.97	37.04		93.07
Econ omic	6	Working Age Claimant Rate	1385	15.72	11.75	14.63	24.58		7.66
	7	Child Poverty	595	19.10	29.49	27.10	46.70		15.50
Healthy Start	8	Under 18 Conception Rate	***	***	60.16	55.82	***		***
	9	% Breastfeeding	428	73.79	82.88	74.15	57.90		88.31
	10	% Smoking in Pregnancy	109	18.79	15.11	20.23	35.97		11.76
Life style	11	% of Year 6 Children who are Obese	71	15.81	18.50	17.53	23.27		14.07
	12	Alcohol-related hospital admissions (DSR)	606	832.62	1054.70	1002.34	1851.96		673.19
Misc	13	Disability Living Allowance	770	69.37	43.16	57.54	85.47		33.74
	14	Hospital admissions for fractured femur (DSR)	59	481.95	570.80	608.14	884.03		378.57
Mortality	15	Life expectancy for males	242	78.63	77.79	77.30	73.18		80.55
	16	Life expectancy for females	280	81.78	82.11	81.86	79.82		84.03
	17	All age all cause mortality (DSR)	493	555.60	586.70	595.90	781.04		487.27
	18	Circulatory Disease under 75s mortality (DSR)	54	83.88	89.88	86.55	149.47		59.36
	19	Cancer u75s mortality (DSR)	66	103.12	113.88	125.83	179.23		94.05
	20	COPD all age mortality (DSR)	25	26.96	28.60	33.77	61.32		17.27



Peartree ward has fewer young adults and students than the City average. Its total population is estimated to be about 13,450 and it is not set to see any rise in population over the next few years. Fertility rates are slightly higher here than the City average but not significantly so.

Benefit claimant rates are high here although child poverty is lower than average. In 2009 there were 770 Peartree residents claiming Disability Living Allowance giving rates significantly higher than the Southampton average.

Mortality rates and life expectancy are generally better than the Southampton average.

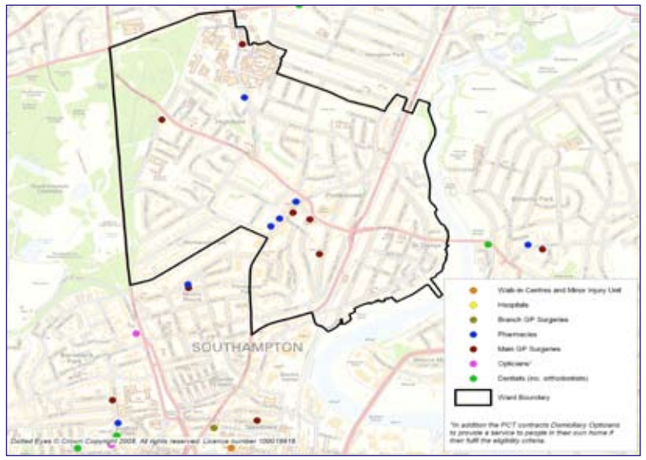
Peartree's MOSAIC profile shows that the population of this ward is broadly classified as middle-aged families on moderate to good incomes.

APPENDIX 2: WARD PROFILES

Southampton North & Central Locality

Portswood

		Indicator	Ward no.	Ward Value	Locality Average	PCT Average	PCT Worst	Ward Spine Chart	PCT Best
Demography	1	% Resident Population aged 0-4 years	640	4.34	7.51	6.51	4.34		8.93
	2	% Resident Population aged 18-24 years	4217	28.61	10.57	16.64	9.44		32.62
	3	% Resident Population aged over 65 years	2116	14.35	15.60	15.10	9.11		19.51
	4	Forecast % change in popualtion 2010-16	383	2.60	0.90	3.48	-1.12		22.50
	5	General Fertility Rate	145	37.04	72.89	62.97	37.04		93.07
Econ omic	6	Working Age Claimant Rate	910	8.36	16.77	14.63	24.58		7.66
	7	Child Poverty	305	18.10	27.82	27.10	46.70		15.50
Healthy Start	8	Under 18 Conception Rate	***	***	54.50	55.82	***		***
	9	% Breastfeeding	393	88.31	70.05	74.15	57.90		88.31
	10	% Smoking in Pregnancy	56	12.58	22.26	20.23	35.97		11.76
Life style	11	% of Year 6 Children who are Obese	41	14.70	17.85	17.53	23.27		14.07
	12	Alcohol-related hospital admissions (DSR)	581	814.70	1091.80	1002.34	1851.96		673.19
Misc	13	Disability Living Allowance	480	35.56	70.38	57.54	85.47		33.74
	14	Hospital admissions for fractured femur (DSR)	108	637.73	592.51	608.14	884.03		378.57
Mortality	15	Life expectancy for males	256	79.17	76.96	77.30	73.18		80.55
	16	Life expectancy for females	332	83.66	82.08	81.86	79.82		84.03
	17	All age all cause mortality (DSR)	567	520.75	594.80	595.90	781.04		487.27
	18	Circulatory Disease under 75s mortality (DSR)	41	83.74	86.05	86.55	149.47		59.36
	19	Cancer u75s mortality (DSR)	59	117.17	136.10	125.83	179.23		94.05
	20	COPD all age mortality (DSR)	21	24.45	39.71	33.77	61.32		17.27



Portswood has a population of around 14,700 and it is a ward dominated by the presence of a large number of students. It has a lower proportion of young children than any ward and over 28% of residents are aged 18-24 years which is significantly higher than the City average.

The presence of such a large number of students in the denominator population affects the calculation of other indicators and this should be borne in mind in interpreting the spine chart.

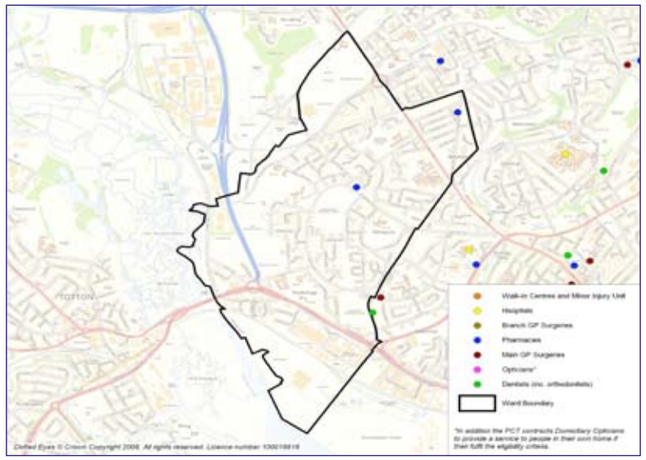
Fertility rates are very low in this ward – again this is an effect of the fact that a large number of the women of child-bearing age are students.

The MOSAIC profile for Portswood ward is dominated by the student segments and also by other young people tending to be single and living in a mixture of housing.

Southampton City West Locality

Redbridge

		Indicator	Ward no.	Ward Value	Locality Average	PCT Average	PCT Worst	Ward Spine Chart	PCT Best
Demography	1	% Resident Population aged 0-4 years	1128	7.80	7.51	6.51	4.34		8.93
	2	% Resident Population aged 18-24 years	1501	10.39	10.57	16.64	9.44		32.62
	3	% Resident Population aged over 65 years	2290	15.84	15.60	15.10	9.11		19.51
	4	Forecast % change in popualtion 2010-16	444	3.07	0.90	3.48	-1.12		22.50
	5	General Fertility Rate	230	74.29	72.89	62.97	37.04		93.07
Econ omic	6	Working Age Claimant Rate	1910	21.33	16.77	14.63	24.58		7.66
	7	Child Poverty	1285	36.20	27.82	27.10	46.70		15.50
Healthy Start	8	Under 18 Conception Rate	***	***	54.50	55.82	***		***
	9	% Breastfeeding	377	59.65	70.05	74.15	57.90		88.31
	10	% Smoking in Pregnancy	185	29.27	22.26	20.23	35.97		11.76
Life style	11	% of Year 6 Children who are Obese	129	20.19	17.85	17.53	23.27		14.07
	12	Alcohol-related hospital admissions (DSR)	833	1108.76	1091.80	1002.34	1851.96		673.19
Misc	13	Disability Living Allowance	1000	85.47	70.38	57.54	85.47		33.74
	14	Hospital admissions for fractured femur (DSR)	97	715.83	592.51	608.14	884.03		378.57
Mortality	15	Life expectancy for males	375	74.94	76.96	77.30	73.18		80.55
	16	Life expectancy for females	346	79.88	82.08	81.86	79.82		84.03
	17	All age all cause mortality (DSR)	677	677.93	594.80	595.90	781.04		487.27
	18	Circulatory Disease under 75s mortality (DSR)	71	105.95	86.05	86.55	149.47		59.36
	19	Cancer u75s mortality (DSR)	90	136.82	136.10	125.83	179.23		94.05
	20	COPD all age mortality (DSR)	58	57.31	39.71	33.77	61.32		17.27



Redbridge has a population of around 14,450 and has higher than average proportions of young children and also significantly higher fertility rates.

Benefit claimant rates are high in this ward; 21.3% of the working age population are claiming benefits and over 85 people per 1000 are claiming disability living allowance. Over 36% of children in Redbridge are estimated to be living in poverty.

Breastfeeding rates are very poor in this ward and smoking in pregnancy is high.

Alcohol-related hospital admission rates are high in Redbridge and life expectancy for both males and females is significantly lower here than the City average.

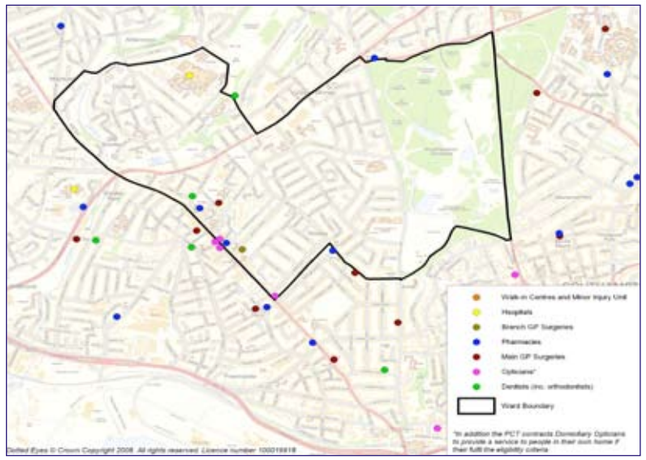
The MOSAIC data shows that Redbridge ward has residents on lower incomes of all ages – young singles, young families, middle-aged and older couples.

APPENDIX 2: WARD PROFILES

Southampton City West Locality

Shirley

		Indicator	Ward no.	Ward Value	Locality Average	PCT Average	PCT Worst	Ward Spine Chart	PCT Best
Demography	1	% Resident Population aged 0-4 years	1069	7.51	7.02	6.51	4.34		8.93
	2	% Resident Population aged 18-24 years	1641	11.53	10.31	16.64	9.44		32.62
	3	% Resident Population aged over 65 years	2404	16.89	16.21	15.10	9.11		19.51
	4	Forecast % change in popualtion 2010-16	191	1.34	0.81	3.48	-1.12		22.50
	5	General Fertility Rate	218	73.85	72.58	62.97	37.04		93.07
Economic	6	Working Age Claimant Rate	1160	12.88	16.67	14.63	24.58		7.66
	7	Child Poverty	615	19.80	25.06	27.10	46.70		15.50
Healthy Start	8	Under 18 Conception Rate	***	***	53.97	55.82	***		***
	9	% Breastfeeding	498	78.92	69.22	74.15	57.90		88.31
	10	% Smoking in Pregnancy	96	15.21	23.39	20.23	35.97		11.76
Life style	11	% of Year 6 Children who are Obese	88	15.74	16.61	17.53	23.27		14.07
	12	Alcohol-related hospital admissions (DSR)	697	921.78	912.53	1002.34	1851.96		673.19
Misc	13	Disability Living Allowance	645	56.58	65.98	57.54	85.47		33.74
	14	Hospital admissions for fractured femur (DSR)	74	511.99	653.38	608.14	884.03		378.57
Mortality	15	Life expectancy for males	290	78.01	77.02	77.30	73.18		80.55
	16	Life expectancy for females	315	82.81	81.51	81.86	79.82		84.03
	17	All age all cause mortality (DSR)	567	526.96	607.78	595.90	781.04		487.27
	18	Circulatory Disease under 75s mortality (DSR)	46	68.49	85.20	86.55	149.47		59.36
	19	Cancer u75s mortality (DSR)	94	141.54	128.93	125.83	179.23		94.05
	20	COPD all age mortality (DSR)	21	17.27	34.50	33.77	61.32		17.27



In 2010 Shirley ward was estimated to have a population of over 14,200. This ward has higher proportions of young children and older people than the City average. Fertility rates in this ward are higher than the Southampton average but not significantly so.

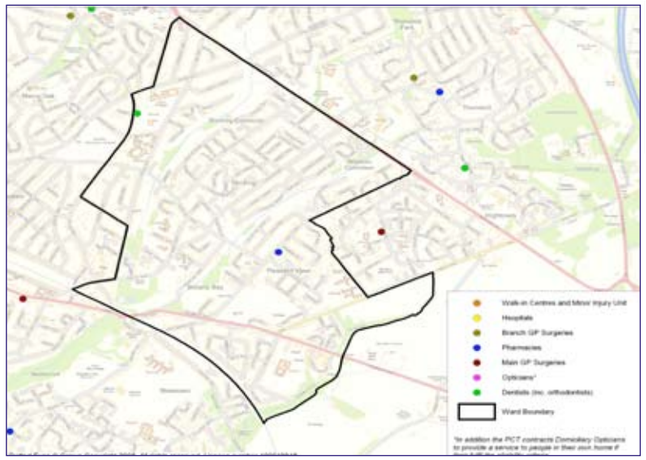
Residents in Shirley generally score 'better' on the indicators in this health profile than the Southampton average. However, this may mask particular issues at small geographies within the ward. Issues such as diet, physical activity, smoking and alcohol remain very significant to the residents of Shirley ward.

According to its MOSAIC profile, Shirley ward is dominated by families on higher incomes. However, there are also significant numbers of younger couples living in privately rented accommodation and families with young children who are on low incomes.

Southampton South & East Locality

Sholing

		Indicator	Ward no.	Ward Value	Locality Average	PCT Average	PCT Worst	Ward Spine Chart	PCT Best
Demography	1	% Resident Population aged 0-4 years	812	5.96	7.51	6.51	4.34		8.93
	2	% Resident Population aged 18-24 years	1383	10.15	10.57	16.64	9.44		32.62
	3	% Resident Population aged over 65 years	2321	17.03	15.60	15.10	9.11		19.51
	4	Forecast % change in popualtion 2010-16	Under 5	-1.07	0.90	3.48	-1.12		22.50
	5	General Fertility Rate	191	69.76	72.89	62.97	37.04		93.07
Economic	6	Working Age Claimant Rate	1055	11.85	16.77	14.63	24.58		7.66
	7	Child Poverty	465	16.20	27.82	27.10	46.70		15.50
Healthy Start	8	Under 18 Conception Rate	***	***	54.50	55.82	***		***
	9	% Breastfeeding	392	73.27	70.05	74.15	57.90		88.31
	10	% Smoking in Pregnancy	88	16.45	22.26	20.23	35.97		11.76
Life style	11	% of Year 6 Children who are Obese	66	14.97	17.85	17.53	23.27		14.07
	12	Alcohol-related hospital admissions (DSR)	571	735.79	1091.80	1002.34	1851.96		673.19
Misc	13	Disability Living Allowance	615	53.02	70.38	57.54	85.47		33.74
	14	Hospital admissions for fractured femur (DSR)	81	605.21	592.51	608.14	884.03		378.57
Mortality	15	Life expectancy for males	309	77.41	76.96	77.30	73.18		80.55
	16	Life expectancy for females	289	82.35	82.08	81.86	79.82		84.03
	17	All age all cause mortality (DSR)	586	579.19	594.80	595.90	781.04		487.27
	18	Circulatory Disease under 75s mortality (DSR)	62	88.28	86.05	86.55	149.47		59.36
	19	Cancer u75s mortality (DSR)	89	129.92	136.10	125.83	179.23		94.05
	20	COPD all age mortality (DSR)	31	28.52	39.71	33.77	61.32		17.27



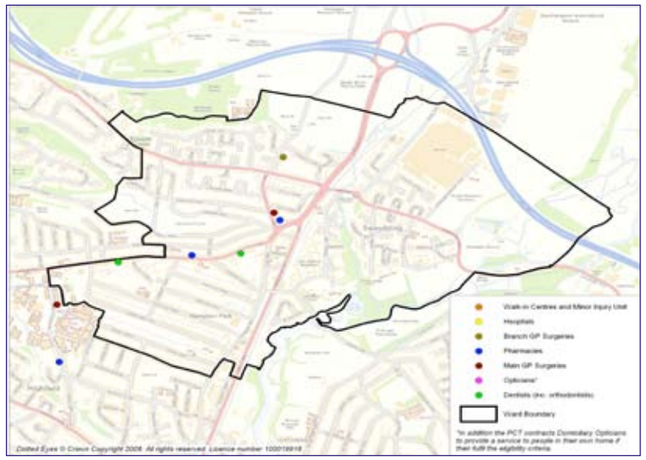
Sholing ward has about 13,600 residents with an older population profile than the Southampton average. The proportion of Sholing's residents claiming benefits is significantly lower than the City average.

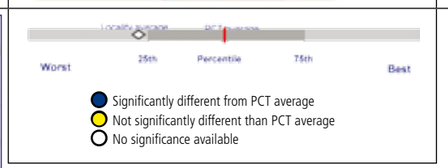
Generally Sholing performs better than average for most of the indicators on the health profile. However, residents in Sholing will still have significant health issues and lifestyle factors such as smoking, obesity and alcohol remain important here.

The MOSAIC profile for Sholing reveals a mix of families on good incomes alongside families and older people living on far more moderate incomes.

Swaythling

		Indicator	Ward no.	Ward Value	Locality Average	PCT Average	PCT Worst	Ward Spine Chart	PCT Best
Demography	1	% Resident Population aged 0-4 years	664	4.99	5.37	6.51	4.34		8.93
	2	% Resident Population aged 18-24 years	4345	32.62	26.48	16.64	9.44		32.62
	3	% Resident Population aged over 65 years	1640	12.31	13.75	15.10	9.11		19.51
	4	Forecast % change in popualtion 2010-16	160	1.20	7.64	3.48	-1.12		22.50
	5	General Fertility Rate	159	43.66	50.30	62.97	37.04		93.07
Econ omic	6	Working Age Claimant Rate	1185	12.08	11.75	14.63	24.58		7.66
	7	Child Poverty	725	34.90	29.49	27.10	46.70		15.50
Healthy Start	8	Under 18 Conception Rate	***	***	60.16	55.82	***		***
	9	% Breastfeeding	319	73.50	82.88	74.15	57.90		88.31
	10	% Smoking in Pregnancy	96	22.12	15.11	20.23	35.97		11.76
Life style	11	% of Year 6 Children who are Obese	70	18.32	18.50	17.53	23.27		14.07
	12	Alcohol-related hospital admissions (DSR)	520	886.05	1054.70	1002.34	1851.96		673.19
Misc	13	Disability Living Allowance	625	51.65	43.16	57.54	85.47		33.74
	14	Hospital admissions for fractured femur (DSR)	79	726.31	570.80	608.14	884.03		378.57
Mortality	15	Life expectancy for males	213	78.11	77.79	77.30	73.18		80.55
	16	Life expectancy for females	221	82.31	82.11	81.86	79.82		84.03
	17	All age all cause mortality (DSR)	422	582.16	586.70	595.90	781.04		487.27
	18	Circulatory Disease under 75s mortality (DSR)	41	83.02	89.88	86.55	149.47		59.36
	19	Cancer u75s mortality (DSR)	58	124.53	113.88	125.83	179.23		94.05
	20	COPD all age mortality (DSR)	32	42.58	28.60	33.77	61.32		17.27





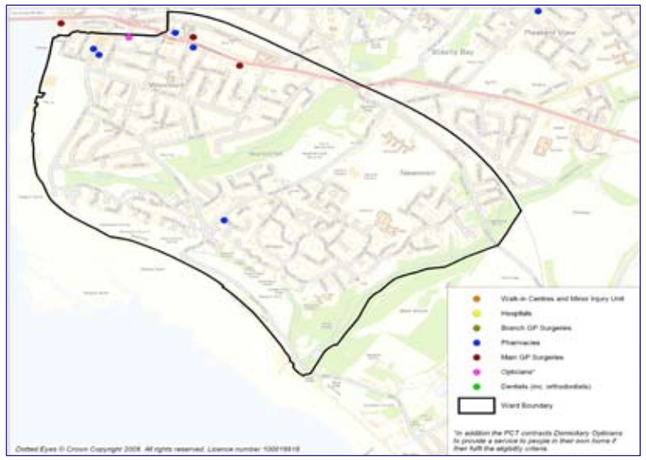
Swaythling ward has 13,300 residents and a higher proportion of 18-24 year olds than any other ward in Southampton reflecting the large number of students who reside in this area. As previously mentioned, a large student population skews the population profile of an area as such a large, relatively healthy denominator population can distort indicator values. For instance, the fertility rate in Swaythling ward is much lower than average because a large number of the women of child-bearing age are students.

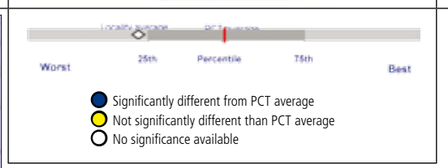
Child poverty in this ward is an issue with nearly 35% of children estimated to be living in poverty.

The MOSAIC profile for Swaythling reveals that the largest population group is actually middle aged families on moderate income although students are also a significant group.

Woolston

		Indicator	Ward no.	Ward Value	Locality Average	PCT Average	PCT Worst	Ward Spine Chart	PCT Best
Demography	1	% Resident Population aged 0-4 years	1103	8.11	7.51	6.51	4.34		8.93
	2	% Resident Population aged 18-24 years	1637	12.03	10.57	16.64	9.44		32.62
	3	% Resident Population aged over 65 years	1938	14.24	15.60	15.10	9.11		19.51
	4	Forecast % change in popualtion 2010-16	946	6.95	0.90	3.48	-1.12		22.50
	5	General Fertility Rate	237	74.65	72.89	62.97	37.04		93.07
Econ omic	6	Working Age Claimant Rate	1780	20.11	16.77	14.63	24.58		7.66
	7	Child Poverty	990	31.20	27.82	27.10	46.70		15.50
Healthy Start	8	Under 18 Conception Rate	***	***	54.50	55.82	***		***
	9	% Breastfeeding	471	71.36	70.05	74.15	57.90		88.31
	10	% Smoking in Pregnancy	156	23.64	22.26	20.23	35.97		11.76
Life style	11	% of Year 6 Children who are Obese	77	16.14	17.85	17.53	23.27		14.07
	12	Alcohol-related hospital admissions (DSR)	767	1080.21	1091.80	1002.34	1851.96		673.19
Misc	13	Disability Living Allowance	815	73.42	70.38	57.54	85.47		33.74
	14	Hospital admissions for fractured femur (DSR)	113	884.03	592.51	608.14	884.03		378.57
Mortality	15	Life expectancy for males	324	74.47	76.96	77.30	73.18		80.55
	16	Life expectancy for females	364	80.72	82.08	81.86	79.82		84.03
	17	All age all cause mortality (DSR)	667	713.82	594.80	595.90	781.04		487.27
	18	Circulatory Disease under 75s mortality (DSR)	55	96.60	86.05	86.55	149.47		59.36
	19	Cancer u75s mortality (DSR)	74	128.68	136.10	125.83	179.23		94.05
	20	COPD all age mortality (DSR)	40	42.49	39.71	33.77	61.32		17.27





In 2010 Woolston ward was estimated to have a population of around 13,600. This area has a higher proportion of young children than the City average and also relatively high fertility rates. This ward is anticipated to see population growth of around 7% between 2010 and 2016 based on planned residential development.

Benefit claimant rates are high in Woolston and over 31% of children are estimated to be living in poverty.

Woolston ward has a higher rate of hospital admission for hip fracture than any other Southampton ward.

Life expectancy for males is significantly lower in Woolston than the city average.

According to its MOSAIC profile, Woolston has large numbers of young singles on low incomes as well as poorer older couples and families. However, there are also significant numbers of families on good incomes living in owner occupied accommodation.

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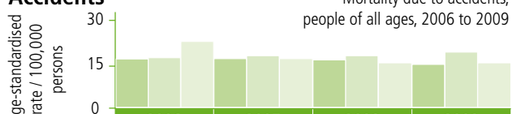
NHS Southampton City

The health of the people of Southampton City 2011

A pocket profile

Accidents

Mortality due to accidents, people of all ages, 2006 to 2009



	2006	2007	2008	2009
England	16.0	15.6	16.0	15.3
ONS Group	16.3	15.8	16.9	18.2
Southampton	20.0	15.6	15.6	15.8
Number of deaths per year				
Southampton	60	49	49	48

Source: Compendium of Clinical & Health Indicators Health & Social Care Information Centre. © Crown copyright. ONS Group for Southampton is 'Regional Centres'

Life expectancy*

Life Expectancy at Birth (years) 2007-2009	Males	Females
Southampton	78.4	82.4
South East	79.4	83.3
England	78.2	82.3

*Life expectancy at birth is an estimate of the number of years a new-born baby would be expected to live if they experienced that area's 2007-09 mortality rates throughout their life.
Source: Office for National Statistics, 2010 © Crown Copyright.

Major causes of death

Southampton Residents 2009 (No. of deaths=1,693)

Source: Compendium of Clinical & Health Indicators Health & Social Care Information Centre. © Crown copyright.

Jobs and unemployment

Claimant count (as % of working age resident population)

	Southampton	South East	England
Aug 2010	3.0	2.4	3.5
May 2010	3.1	2.4	3.5
Feb 2010	3.6	2.8	3.9
Nov 2009	3.7	2.7	3.8
Aug 2009	3.9	2.8	3.8

Jobs Density (no. of filled jobs per working age resident)

	Southampton	South East	England
2008	0.75	0.82	0.79

Source: National Statistics (from Nomis website: www.nomisweb.co.uk) © Crown copyright material is reproduced with the permission of the Controller of HMSO.

Index of deprivation 2010

Ranking of the worst five Super Output Areas (SOAs) out of 146 SOAs in Southampton for overall score and each domain

Also within the 10% most deprived SOAs in England

Source: Index of Deprivation 2010, Department for communities and local Government

	Bitterne	Bevois	Woolston	Millbrook	Bitterne	Redbridge	Woolston	Bevois	Bargate	Bargate	Millbrook	Redbridge	Woolston	Bassett	Bassett	Bargate	Sholing	Bassett	Bargate	Portswood	Peartree	Freemantle	Peartree	Bevois
	E01017167	E01017154	E01017281	E01017207	E01017163	E01017240	E01017280	E01017161	E01017140	E01017137	E01017210	E01017237	E01017274	E01017145	E01017148	E01017142	E01017257	E01017146	E01017139	E01017227	E01017218	E01017189	E01017225	E01017160
Overall IMD Score	1	2	3	4	5																			
Income	2	3	1	4	5																			
Employment	2	3	1			4	5																	
Health		3	1					2	4	5														
Education	1				5						2	3	4											
Housing / Access														1	2	3	4	5						
Crime	1			4															5					
Environment							4													1	2	3	4	5

Educational attainment

	2006	2007	2008	2009
Southampton LEA schools				
KS2 English	75	77	73	74
KS2 Mathematics	71	76	74	74
5+ GCSEs A*-C	36.2	38.8	42.3	43.1
All England LEA schools				
KS2 English	79	80	81	80
KS2 Mathematics	76	77	79	79
5+ GCSEs A*-C	45.8	46.8	47.6	49.8

Notes: KS2 = % of children gaining at least level 4 at Key Stage 2
GCSEs = % of 15 yr olds gaining 5+ GCSE/GNVQ grades A*-C inc English and Maths
Source: Dept. for Education & Skills www.dfes.gov.uk © Crown Copyright.

This Pocket Profile summarises the most recent comparative indicators of the health of residents of Southampton.

We have compared Southampton to the ONS group of 19 'most similar' authorities which includes Portsmouth, Bristol and Exeter. Other comparisons have been made with the South East Region and with the England average.

We hope you find this profile useful and welcome your comments.

Dan King and Sarah Hedges
Public Health Information Specialists

Andrew Mortimore
Director of Public Health

Resident population 2010

Age band	Male	Female	Persons	%
0-4	7,968	7,541	15,509	6.6
5-14	11,886	11,199	23,085	9.9
15-24	24,671	23,127	47,798	20.4
25-49	41,088	37,655	78,743	33.6
50-64	17,902	17,323	35,225	15.0
65-74	8,172	8,542	16,714	7.1
75-84	5,110	6,847	11,957	5.1
85+	1,686	3,640	5,326	2.3
Total	118,483	115,874	234,357	100

Population resident in NHS Southampton City

Source: Hampshire County Environment Department's 2010 Based Small Area Population Forecasts (Figures may not sum due to rounding)

Registered population 2010

Age band	Male	Female	Persons	%
0-4	7,953	7,569	15,522	5.9
5-14	12,960	12,356	25,316	9.6
15-24	24,286	24,490	48,776	18.6
25-49	54,593	45,014	99,607	37.9
50-64	20,623	18,991	39,614	15.1
65-74	8,429	8,657	17,086	6.5
75-84	4,973	6,723	11,696	4.5
85+	1,619	3,367	4,986	1.9
Total	135,436	127,167	262,603	100

Population registered with Southampton City GPs

Source: Patient & Practitioner Services Authority (Figures may not sum due to rounding)

Births General Fertility Rate and Number of Births

	2006	2007	2008	2009
Live births per 1,000 women aged 15-44				
Southampton	51.1	54.5	56.3	54.1
South East	59.2	60.8	62.5	62.6
England	60.3	62.1	63.9	63.8
Number of live births				
Southampton	2907	3078	3279	3230

Source: ONS, Mid year estimates and Vital Statistics VS1. © Crown Copyright.

Teenage conceptions

	2006	2007	2008	2009
No. of conceptions to girls aged under 18				
Southampton	227	185	198	188
Rate of under 18 conceptions per 1000 girls aged 15-17				
Southampton	60.7	49	51.4	49.2
South East	32.9	32.9	32.9	30.1
England	40.4	41.7	40.4	38.2

Source: Teenage Pregnancy Unit & ONS © Crown Copyright.

Infant mortality*

	2005-07	2006-08	2007-09
Number of deaths (in 3 year period)			
Southampton	41	44	43
South East	1170	1220	1214
England	9397	9503	9421
Mortality per 1,000 live births			
Southampton	4.7	4.7	4.5
South East	4.0	4.0	3.9
England	4.9	4.8	4.7

*includes deaths of infants aged less than 1 year

Source: ONS, Vital Statistics VS1. © Crown Copyright.

Circulatory disease

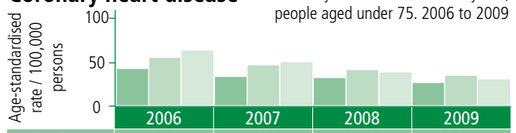
All circulatory diseases mortality rate, people aged under 75, 2006 to 2009

	2006	2007	2008	2009
England	79.00	74.40	71.02	66.10
ONS Group	88.63	83.45	82.04	75.65
Southampton	92.77	92.64	82.59	67.04
Number of deaths per year				
Southampton	180	180	164	133

Source: Compendium of Clinical & Health Indicators Health & Social Care Information Centre © Crown Copyright. ONS Group for Southampton is 'Regional Centres'

Coronary heart disease

Coronary heart disease mortality rate, people aged under 75. 2006 to 2009

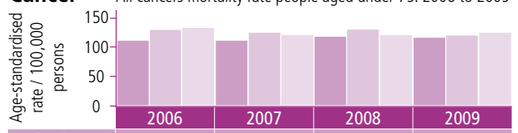


	2006	2007	2008	2009
England	44.89	42.00	40.08	36.42
ONS Group	52.19	48.63	46.72	41.80
Southampton	58.97	49.93	45.12	37.41
Number of deaths per year				
Southampton	113	98	90	74

Source: Compendium of Clinical & Health Indicators Health & Social Care Information Centre. © Crown Copyright. ONS Group for Southampton is 'Regional Centres'

Cancer

All cancers mortality rate people aged under 75. 2006 to 2009

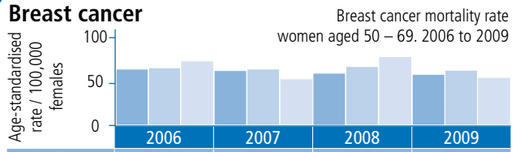


	2006	2007	2008	2009
England	115.54	114.07	112.27	109.97
ONS Group	130.65	125.56	127.45	122.85
Southampton	134.44	121.56	117.56	125.29
Number of deaths per year				
Southampton	257	233	230	247

Source: Compendium of Clinical & Health Indicators Health & Social Care Information Centre. © Crown Copyright. ONS Group for Southampton is 'Regional Centres'

Breast cancer

Breast cancer mortality rate women aged 50 – 69. 2006 to 2009

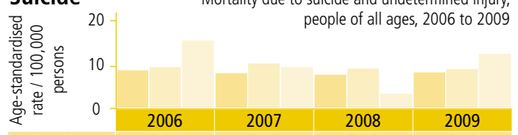


	2006	2007	2008	2009
England	59.76	57.08	55.75	55.31
ONS Group	61.36	61.16	60.19	53.02
Southampton	50.79	75.02	52.38	53.72
Number of deaths per year				
Southampton	10	15	11	11

Source: Compendium of Clinical & Health Indicators Health & Social Care Information Centre. © Crown Copyright. ONS Group for Southampton is 'Regional Centres'

Suicide

Mortality due to suicide and undetermined injury, people of all ages, 2006 to 2009



	2006	2007	2008	2009
England	7.84	7.47	7.98	8.09
ONS Group	9.90	8.78	8.69	8.67
Southampton	9.10	3.35	12.02	7.70
Number of deaths per year				
Southampton	20	7	27	18

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