Analysis of Inequalities in Southampton February 2019

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Southampton City Council

southampton dataobservatory

Contents

What are health inequalities and how do we measure them?

What are health inequalities

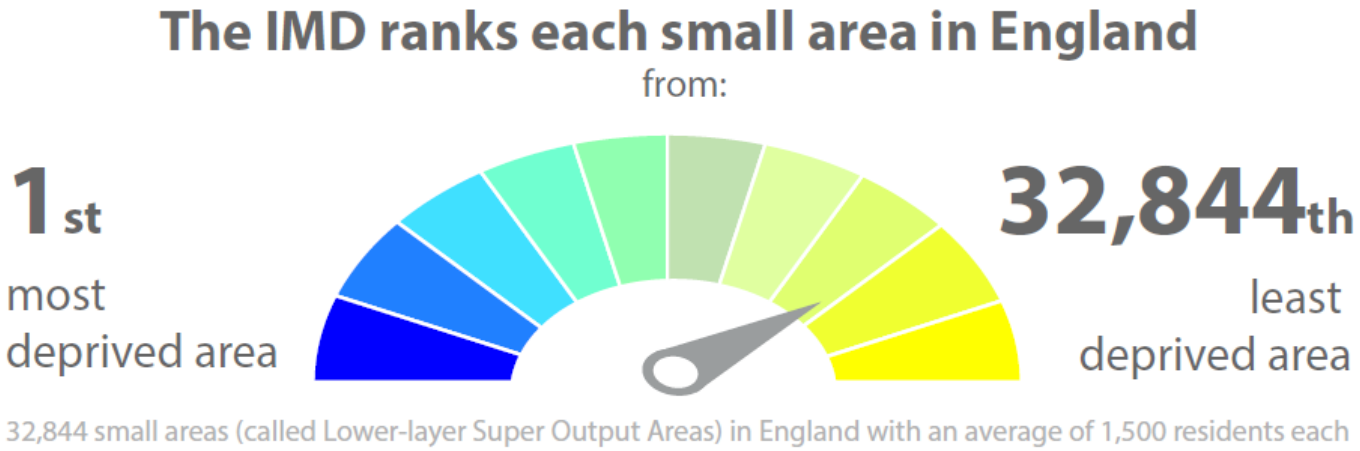
"Health inequalities are differences between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worst off experiencing poorer health and shorter lives."

NICE

https://www.nice.org.uk/advice/lgb4/chapter/introduction

Index of Multiple Deprivation (2015)

- The IMD measures deprivation at neighbourhood level known as a Lower Super Output Areas (LSOAs)
- LSOAs contain approx. 1,500 people - 148 LSOAs in Southampton.
- The IMD ranks each of the 32,844 LSOAs in England by their level of deprivation and splits them into 10 or 5 equal groups known as deciles or quintiles.

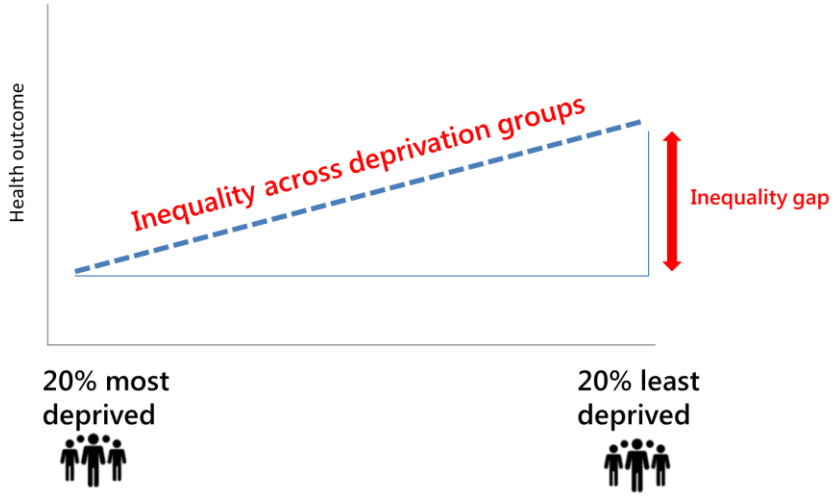


How we measure inequalities

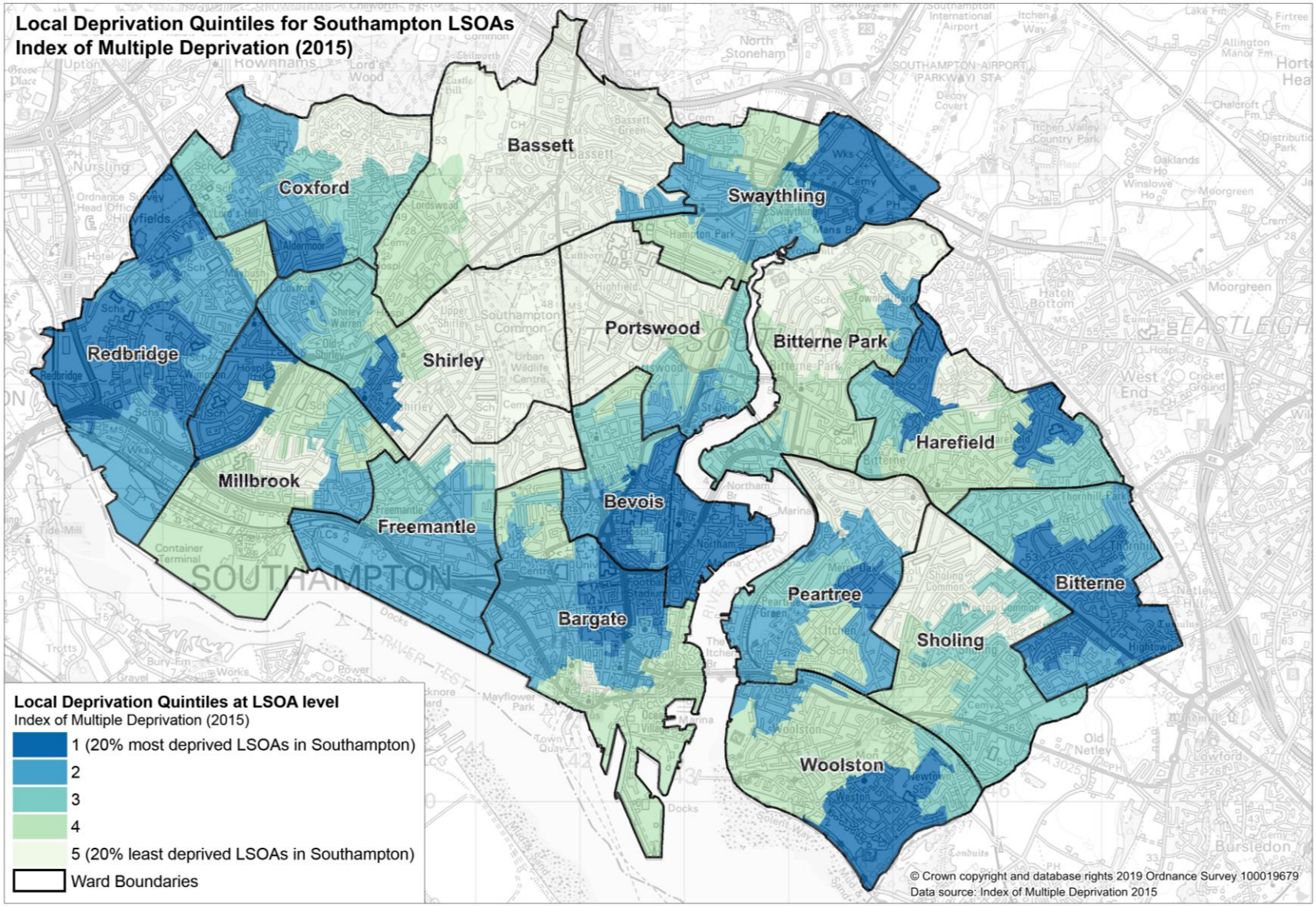
- Inequalities are measured by comparing outcomes between those living in the 20% most deprived neighbourhoods in the city, with those living in the 20% least deprived neighbourhoods. The difference between the two groups is known as the inequality gap and is expressed as a factor difference.
- The map on the following page, illustrates where these groups of neighbourhoods are located in Southampton.
- In an ideal world (and with all other things being equal) outcomes would be the same between groups; however we know that there are significant inequalities within the city.

In an ideal world...

In Southampton...



IMD (2015)


Local Deprivation Quintiles for Southampton LSOAs
Index of Multiple Deprivation (2015)
Bassett
Coxford
Swaythling
Redbridge
Shirley
Portswood
Bitterne Park
Harefield
Millbrook
Bevois
Freemantle
Bargate
Peartree
Bitterne
Sholing
Woolston
SOUTHAMPTON
Local Deprivation Quintiles at LSOA level
Index of Multiple Deprivation (2015)
1 (20% most deprived LSOAs in Southampton)
2
3
4
5 (20% least deprived LSOAs in Southampton)
Ward Boundaries
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Data source: Index of Multiple Deprivation 2015

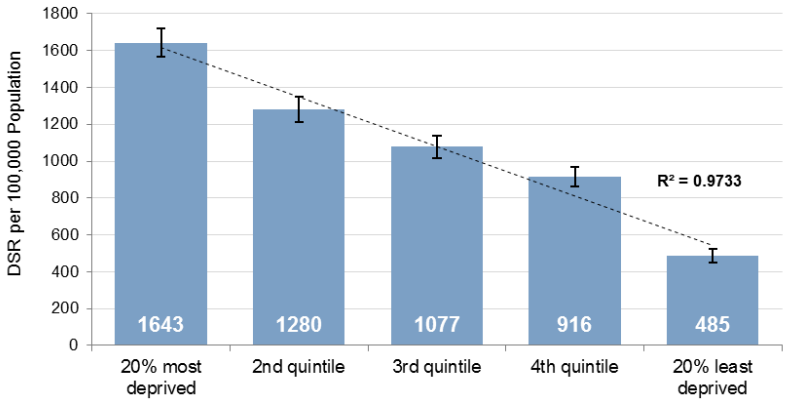
How we measure inequalities

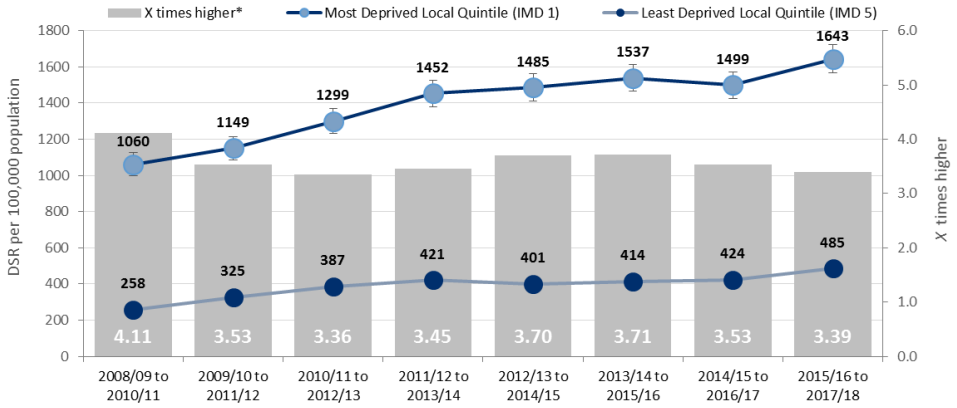
Within this slide set there are two charts – the **quintile chart** on the **left** shows the direction and strength of the relationship between an indicator and deprivation, with a high R^2 value indicating a very strong relationship. The inequality gap can also be seen on these charts; however, the inequality gap illustrated on quintile charts show a snapshot in time, therefore for these indicators we do not know if the inequality gap is narrowing or widening.

The **inequality trend** chart on the **right** shows the inequality gap over time, which is important in understanding if we are making progress to narrow inequalities in the city. Not all indicators will have an inequality trend chart, but these charts have been produced where possible.

It should be noted that the inequality gap (factor difference) between the most and least deprived neighbourhoods are calculated based on unrounded figures – for the purposes of presentation, figures in this slide set are rounded to the nearest whole number or one decimal place.

Some indicators have also been mapped by small geography at neighbourhood level (LSOA), with two maps produced for each indicator. The first map shows the significant difference to the city average and the second map shows the count; which could be the number of people with a particular condition or the number of admissions.





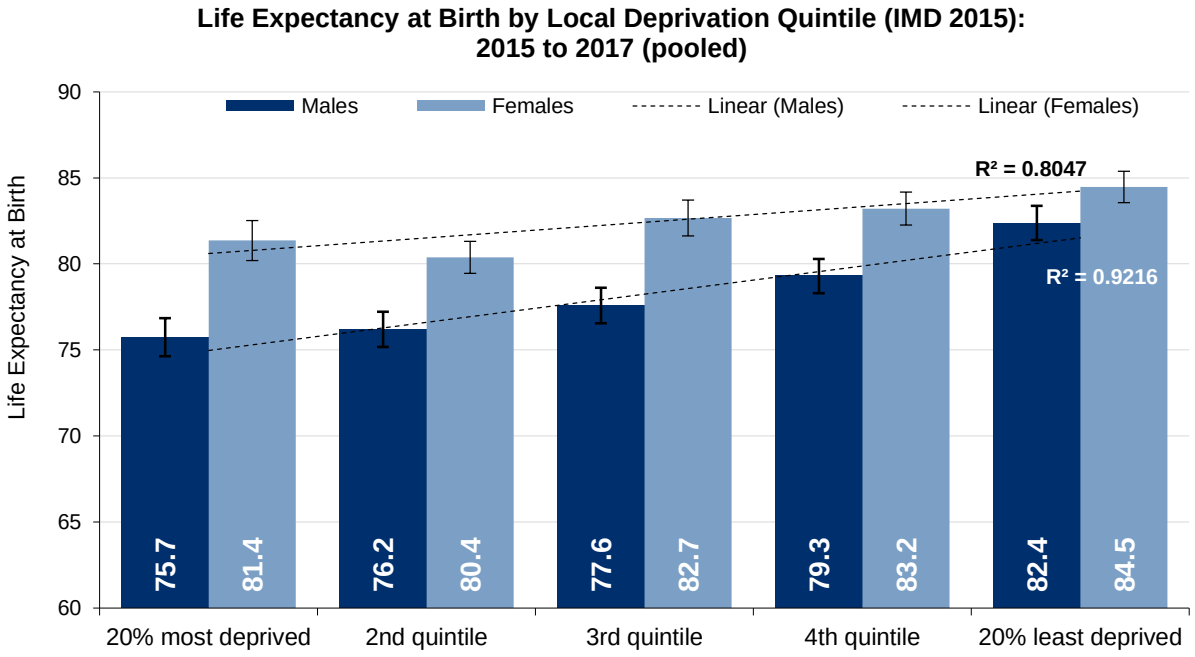
Life expectancy and mortality

Summary

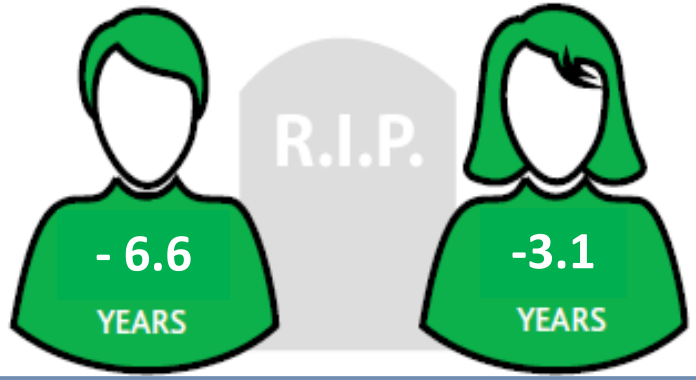
Key	
	Significantly worse between 20% most deprived and 20% least deprived
	Worse, but not significantly between 20% most deprived and 20% least deprived
	Significantly better between 20% most deprived and 20% least deprived
	Better, but not significantly between 20% most deprived and 20% least deprived

	Most deprived vs Least deprived				
Measure	Current gap (2015-17 - unless specified)	Gap during 2014-16	Gap during 2013-15	Gap during 2012-14	Gap during 2011-13
Life expectancy and mortality					
Life expectancy for males	6.64 years lower	6.47 years lower	6.94 years lower	6.68 years lower	6.69 years lower
Life expectancy for females	3.11 years lower	3.43 years lower	3.39 years lower	3.25 years lower	3.44 years lower
All age mortality (persons)	1.39x higher	1.42x higher	1.38x higher	1.35x higher	1.34x higher
All age mortality (males)	1.56x higher	1.59x higher	1.52x higher	1.44x higher	1.42x higher
All age mortality (females)	1.21x higher	1.24x higher	1.23x higher	1.23x higher	1.24x higher
Premature mortality (persons)	1.99x higher	2.11x higher	2.06x higher	1.96x higher	1.97x higher
Premature mortality (males)	2.37x higher	2.37x higher	2.24x higher	2.04x higher	2.05x higher
Premature mortality (females)	1.58x higher	1.81x higher	1.85x higher	1.84x higher	1.86x higher
Mortality from circulatory disease (persons)	1.27x higher	1.26x higher	1.94x higher	1.94x higher	1.22x higher
Mortality from circulatory disease (males)	1.20x higher	1.33x higher	2.15x higher	2.29x higher	1.31x higher
Mortality from circulatory disease (females)	1.32x higher	1.19x higher	1.07x higher	1.09x higher	1.11x higher
Premature mortality from circulatory disease (persons)	1.89x higher	2.02x higher	2.85x higher	3.09x higher	2.10 x higher
Premature mortality from circulatory disease (males)	1.93x higher	1.93x higher	2.96x higher	3.17x higher	2.12x higher
Premature mortality from circulatory disease (females)	1.90x higher	2.39x higher	2.71x higher	3.00 x higher	2.11x higher
Mortality from cancer (persons)	1.40x higher	1.45x higher	1.38x higher	1.39x higher	1.45x higher
Mortality from cancer (males)	1.76x higher	1.71x higher	1.50x higher	1.34x higher	1.47x higher
Mortality from cancer (females)	1.11x higher	1.2x higher	1.24x higher	1.39x higher	1.42x higher
Mortality from colorectal cancer (persons)	1.47x higher	1.22x higher	1.12x higher	1.22x higher	1.52x higher
Mortality from lung cancer (persons)	4.05x higher	4.06x higher	2.56x higher	2.20x higher	2.27x higher
Mortality from breast cancer (females)	0.63x lower	0.64x lower	0.48x lower	0.86x lower	0.99x lower
Premature mortality from cancer (persons)	1.54x higher	1.73x higher	1.54x higher	1.54x higher	1.66x higher
Premature mortality from cancer (males)	2.02x higher	2.27x higher	1.84x higher	1.69x higher	1.68x higher
Premature mortality from cancer (females)	1.18x higher	1.32x higher	1.28x higher	1.40x higher	1.62x higher
All age mortality from COPD (persons)	2.85x higher	2.56x higher	1.97x higher	2.07x higher	2.12x higher
All age mortality from COPD (males)	3.13x higher	2.92x higher	1.81x higher	2.00x higher	1.93x higher
All age mortality from COPD (females)	2.53x higher	2.32x higher	2.27x higher	2.35x higher	2.55x higher

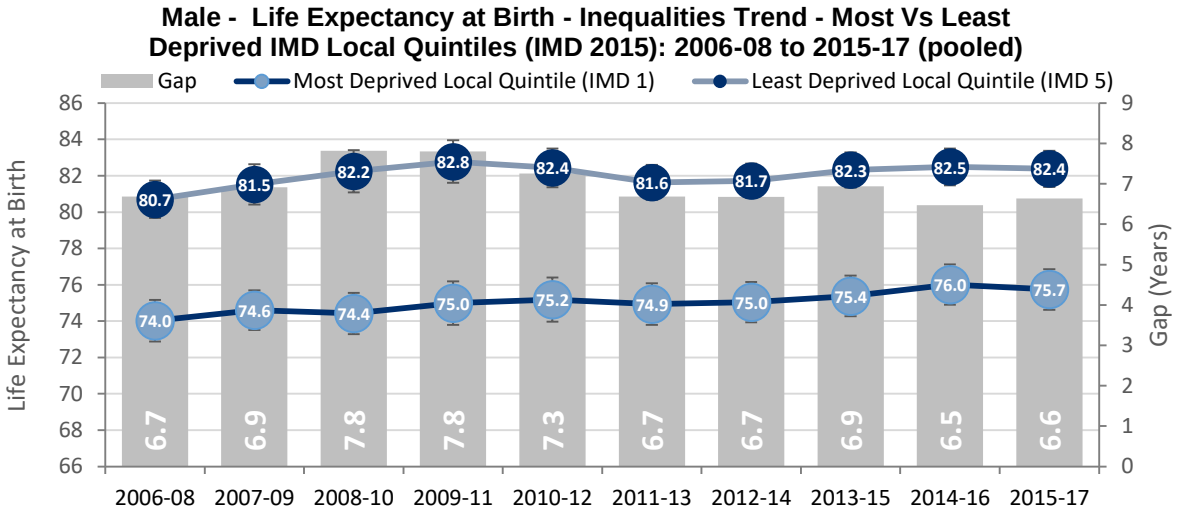
Life Expectancy



Sources: NHS Digital Primary Care Mortality Database, ONS Mid-Year Population Estimates & IMD (2015)

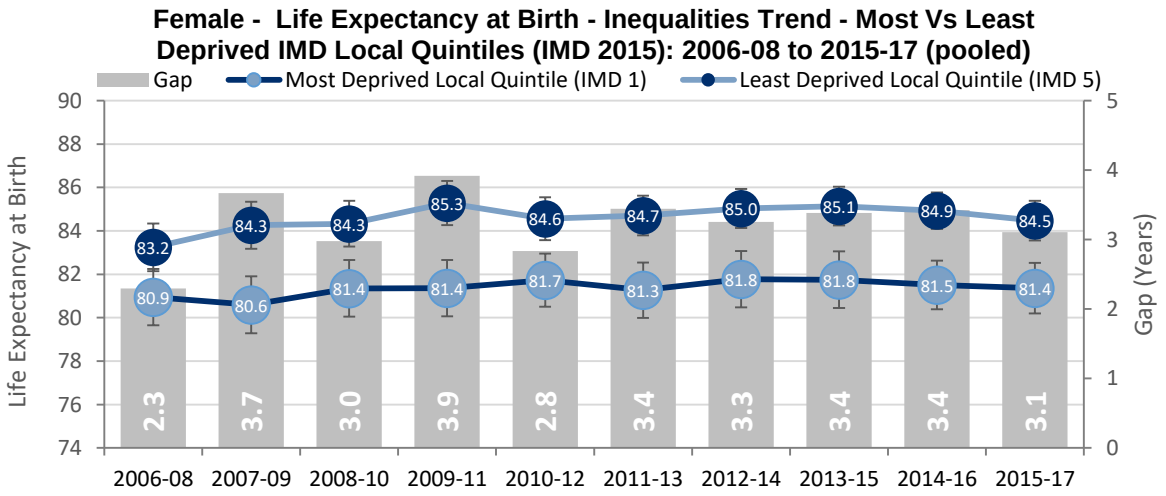


Life Expectancy



Sources: NHS Digital Primary Care Mortality Database, ONS Mid-Year Population Estimates & IMD (2015)

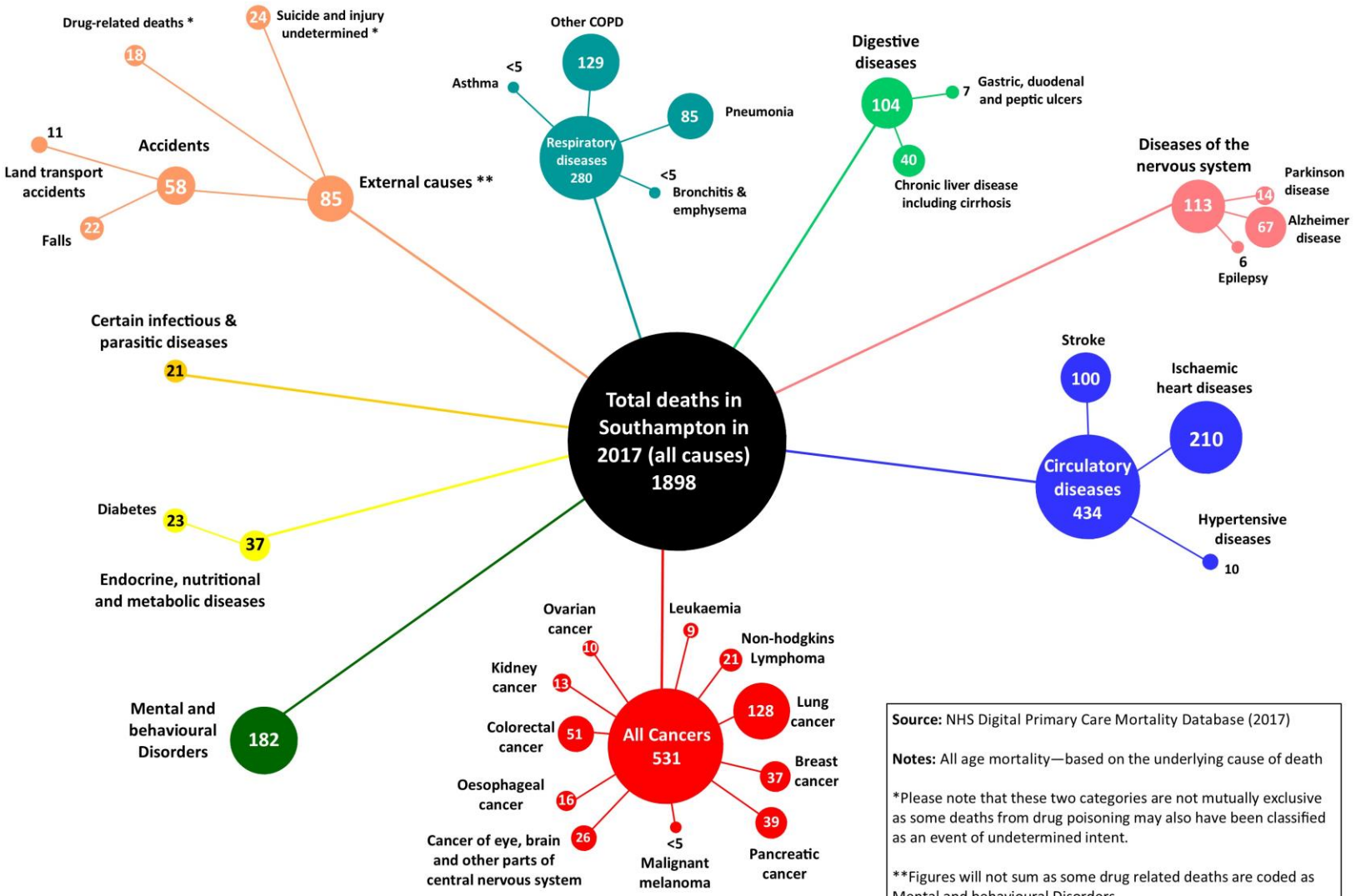
No evidence of gap narrowing



Sources: NHS Digital Primary Care Mortality Database, ONS Mid-Year Population Estimates & IMD (2015)

No evidence of gap narrowing

Main causes of death (2017)



Source: NHS Digital Primary Care Mortality Database (2017)

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

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

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

Mortality

In the most deprived quintile compared to the least…

All Causes

All age mortality **1.39x higher**

Premature (u75) mortality **1.99x higher**

Circulatory Disease

All age mortality **1.27x higher**

Premature (u75) mortality **1.89x higher**

Cancer

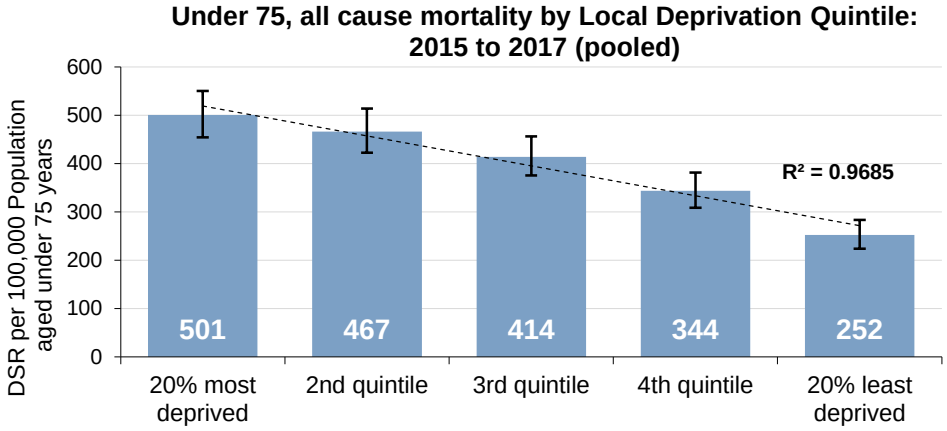
All age mortality **1.40x higher**

Premature (u75) mortality **1.54x higher**

COPD

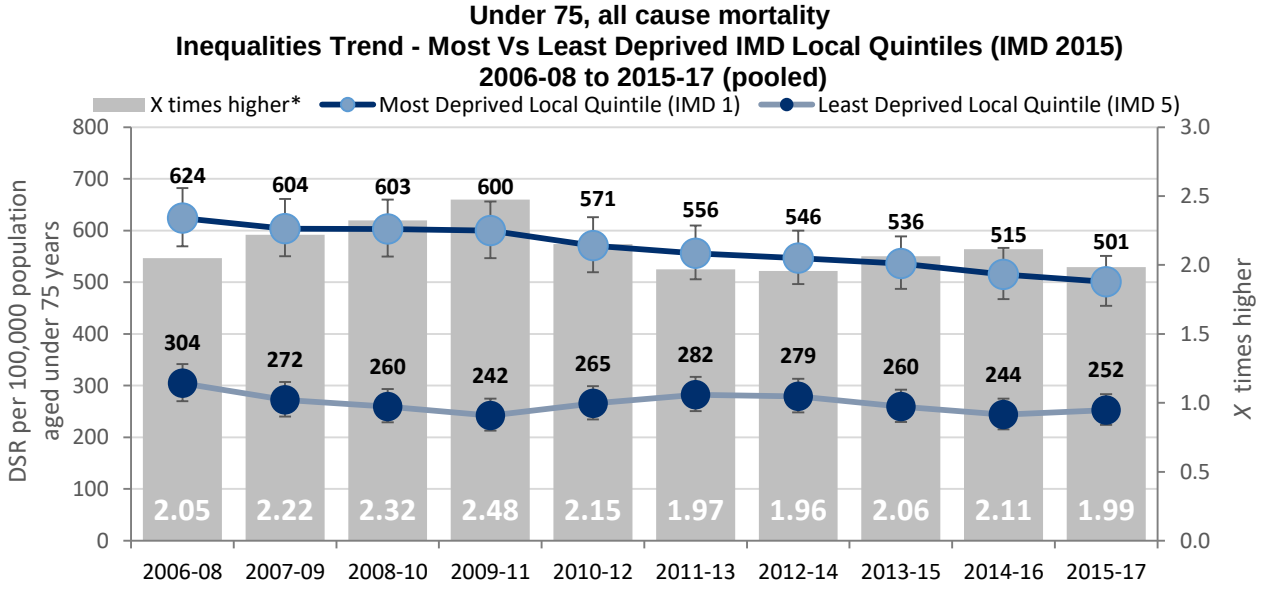
All age mortality **2.85x higher**

Premature mortality – All cause



Sources: NHS Digital Primary Care Mortality Database, ONS Mid-Year Population

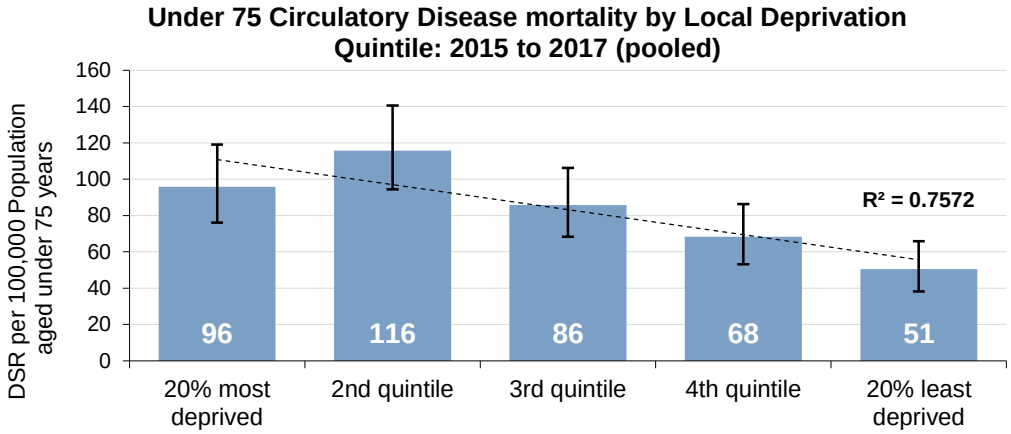
1.99 times higher in the 20% most deprived vs. 20% least deprived



Sources: NHS Digital Primary Care Mortality Database, ONS Mid-Year Population Estimates & IMD (2015)

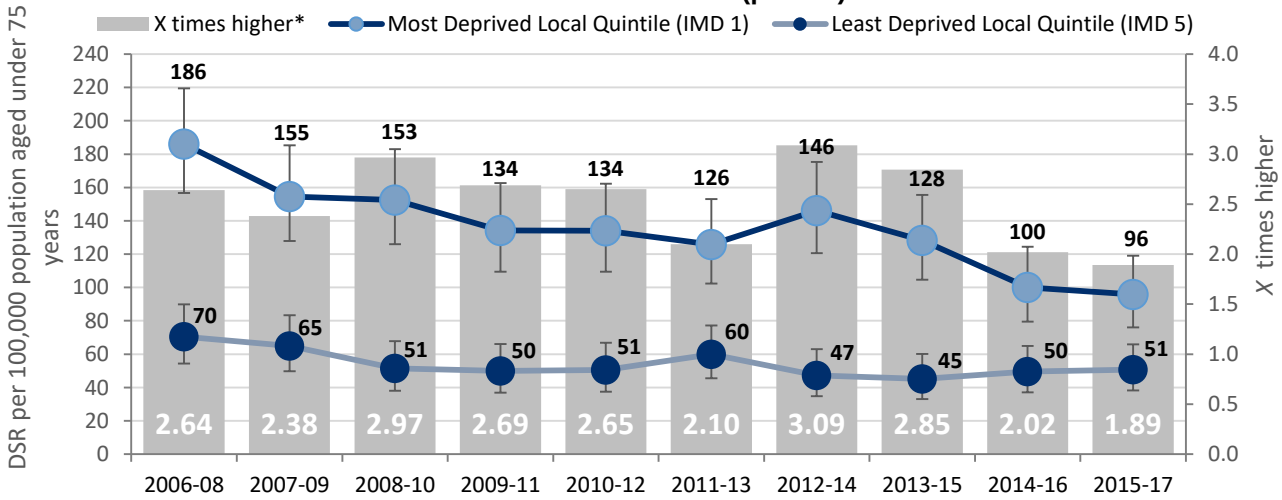
No evidence of gap narrowing

Premature mortality – Circulatory disease



1.89 times higher

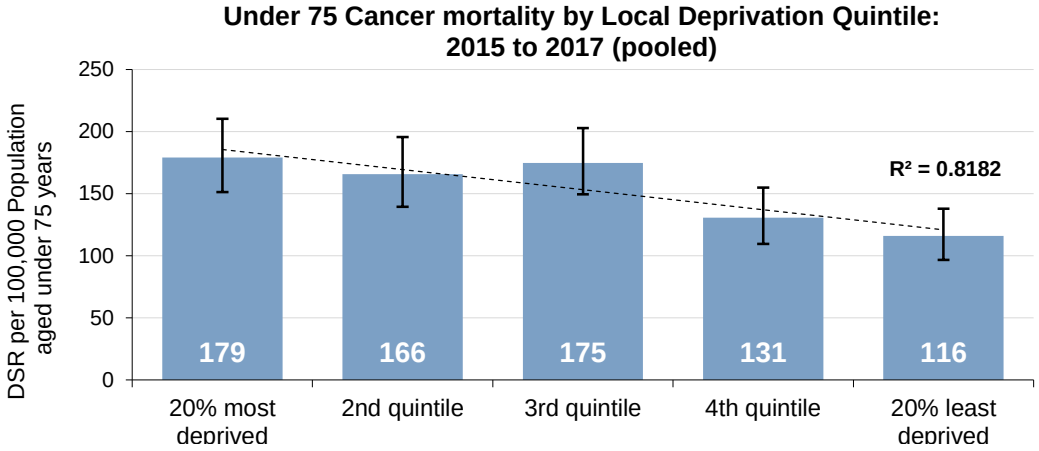
Sources: NHS Digital Primary Care Mortality Database, ONS Mid-Year Population Estimates & IMD (2015)



Gap has **narrowed** in recent years

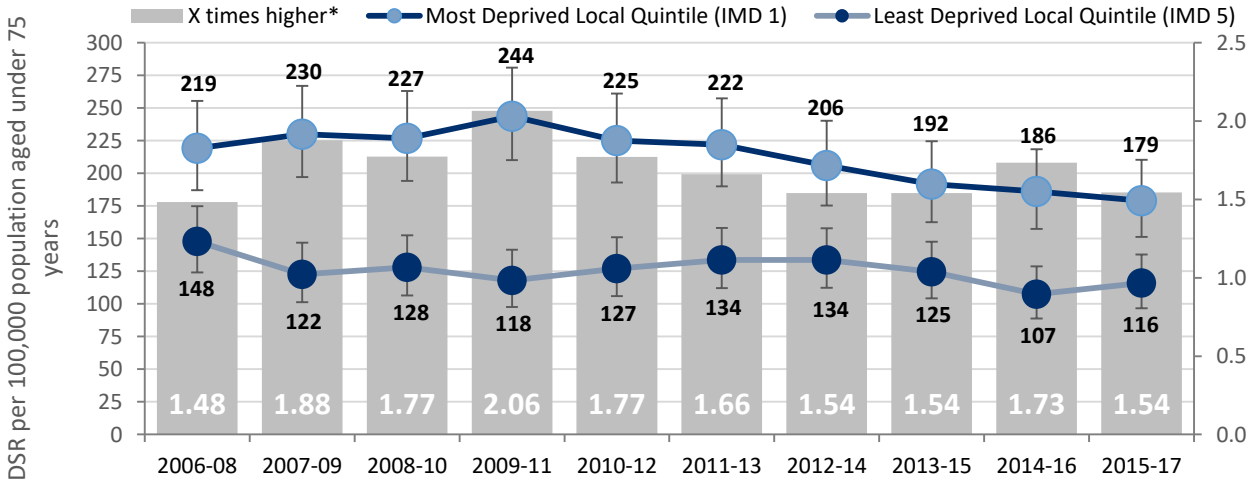
Sources: NHS Digital Primary Care Mortality Database, ONS Mid-Year Population Estimates & IMD (2015)

Premature mortality – Cancer



Sources: NHS Digital Primary Care Mortality Database, ONS Mid-Year Population Estimates & IMD (2015)

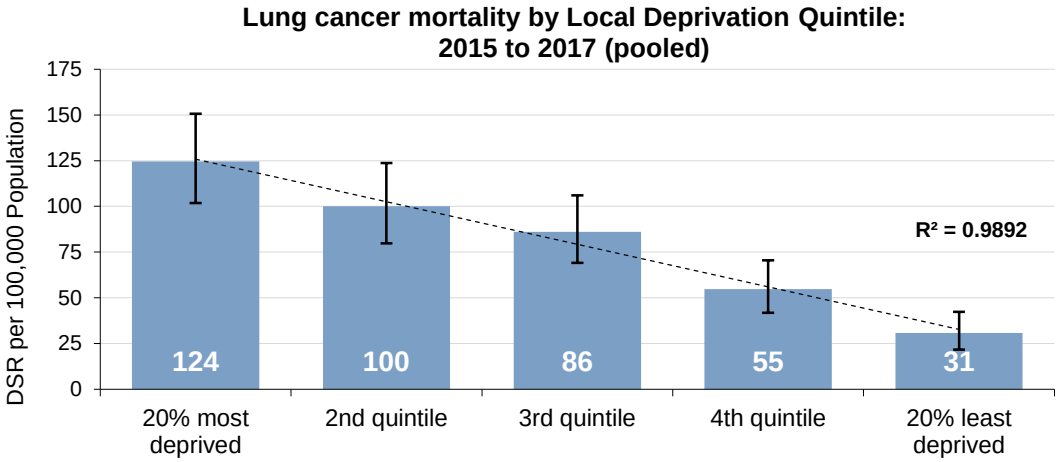
1.54 times higher



Sources: NHS Digital Primary Care Mortality Database, ONS Mid-Year Population Estimates & IMD (2015)

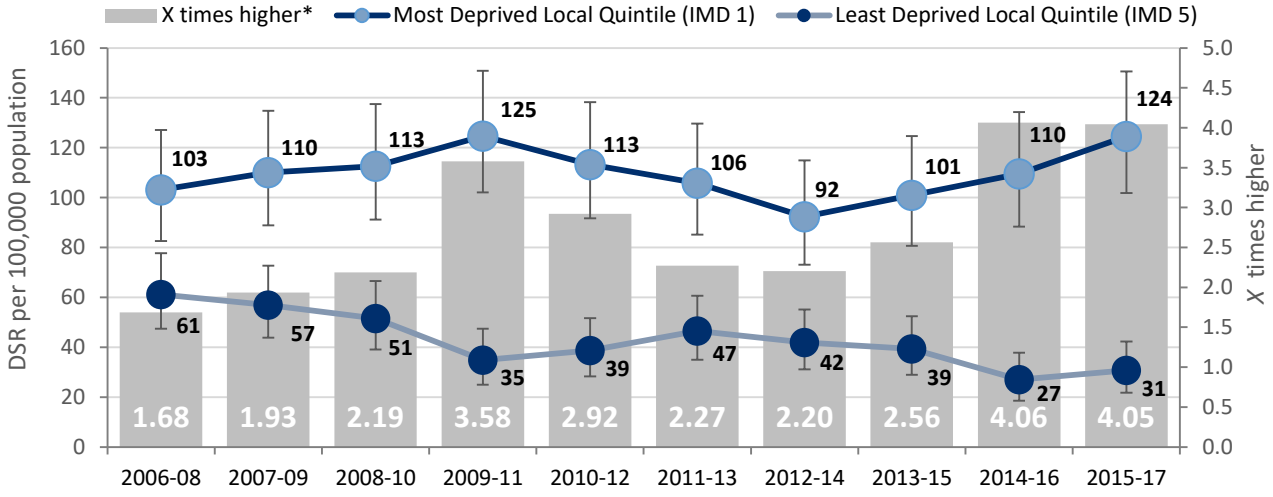
Gap has **fluctuated**

Mortality – Lung cancer (all ages)



Sources: NHS Digital Primary Care Mortality Database, ONS Mid-Year Population Estimates & IMD (2015)

4.05 times higher



Sources: NHS Digital Primary Care Mortality Database, ONS Mid-Year Population Estimates & IMD (2015)

Gap has **increased** in recent years

Physical ill health & wellbeing

Some of the indicators covering prevalence of physical and mental health conditions in the following sections will not be available by IMD inequality trend due to the data source not being comparable over time.

Summary

Key	
	Significantly worse between 20% most deprived and 20% least deprived
	Worse, but not significantly between 20% most deprived and 20% least deprived
	Significantly better between 20% most deprived and 20% least deprived
	Better, but not significantly between 20% most deprived and 20% least deprived

	Most deprived vs Least deprived				
Measure	Current gap (2015-17 - unless specified)	Gap during 2014-16	Gap during 2013-15	Gap during 2012-14	Gap during 2011-13
Physical ill health and wellbeing					
Prevalence of COPD (2017)	2.88x higher	N/A	N/A	N/A	N/A
Emergency admissions for COPD (persons aged 35+ years)	3.46x higher	3.22x higher	3.47x higher	3.45x higher	3.30x higher
Prevalence of Asthma (2017)	1.46x higher	N/A	N/A	N/A	N/A
Emergency admissions for asthma (persons)	1.92x higher	1.95x higher	2.11x higher	2.00x higher	1.90x higher
Prevalence of Diabetes (2017)	1.64 x higher	N/A	N/A	N/A	N/A
Prevalence of Hypertension (2017)	1.20x higher	N/A	N/A	N/A	N/A
Prevalence of Ischemic Heart Disease (2017)	1.51x higher	N/A	N/A	N/A	N/A
Prevalence of Multiple Long Term Conditions - all ages (2017)	1.42x higher	N/A	N/A	N/A	N/A
Prevalence of Multiple Long Term Conditions - <65 years (2017)	1.74x higher	N/A	N/A	N/A	N/A
Prevalence of Multiple Long Term Conditions - >65 years (2017)	1.22x higher	N/A	N/A	N/A	N/A
Self reported bad or very bad health (2011)	2.14x higher	N/A	N/A	N/A	N/A
Time period for cancer incidence	Gap during 2014-16	Gap during 2013-15	Gap during 2012-14	Gap during 2011-13	Gap during 2010-12
Cancer incidence (all cancers) (persons)	1.25x higher	1.23x higher	1.14x higher	1.14x higher	1.22x higher
Cancer incidence (all cancers) (males)	1.33x higher	1.32x higher	1.19x higher	1.18x higher	1.26x higher
Cancer incidence (all cancers) (females)	1.16x higher	1.13x higher	1.09x higher	1.10x higher	1.20 x higher
Colorectal cancer incidence (persons)	1.33x higher	1.23x higher	1.24x higher	1.21x higher	1.31x higher
Lung cancer incidence (persons)	2.91x higher	2.92x higher	2.44x higher	2.47x higher	2.59x higher
Breast cancer incidence (females)	0.83x lower	0.90x lower	0.78x lower	0.81x lower	0.96x lower
Cervical cancer incidence (females)	1.70x higher	1.39x higher	1.27x higher	0.92x lower	1.01x higher

Physical ill health & wellbeing

southampton dataobservatory

In the most deprived quintile compared to the least…

COPD: Prevalence

2.88x higher

Emergency admissions

3.46x higher

Asthma: Prevalence

1.46x higher

Emergency admissions

1.92x higher

Ischaemic Heart Disease prevalence

1.51x higher

Hypertension prevalence

1.20x higher

Diabetes prevalence

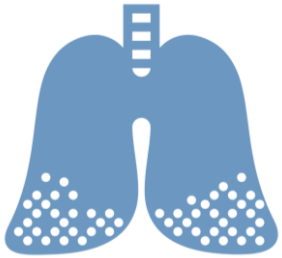
1.64x higher

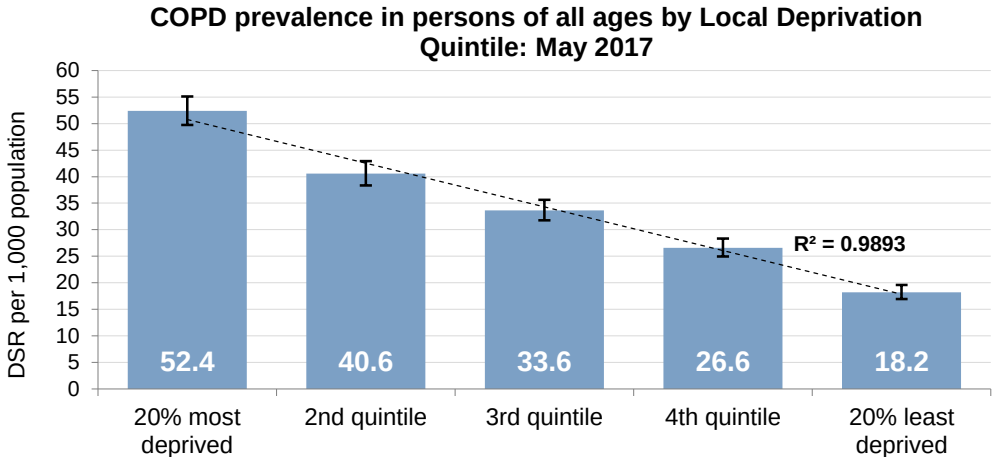
3 or more chronic conditions prevalence

1.42x higher

COPD

Prevalence

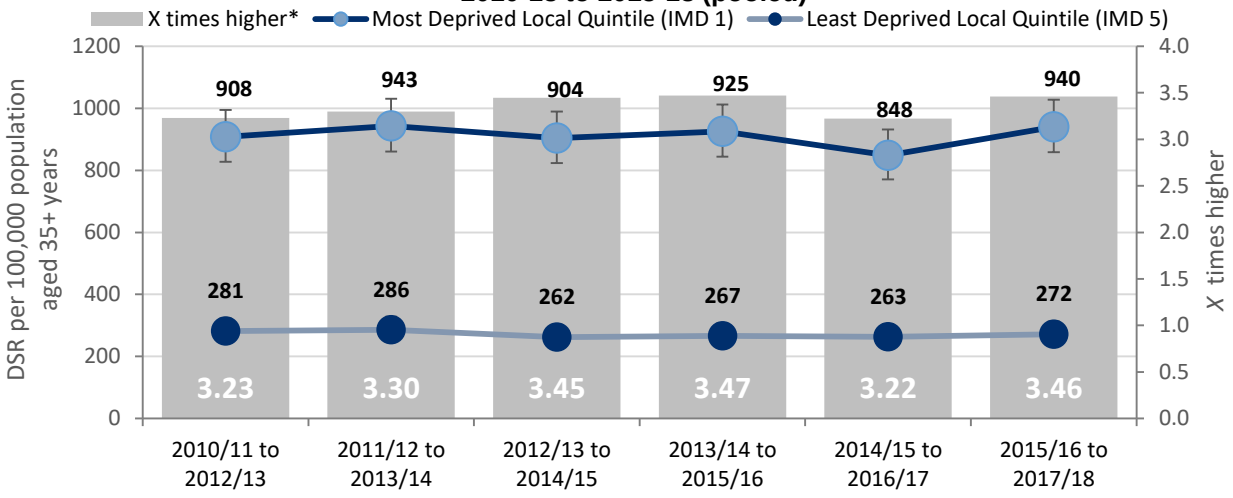




Source: Adjusted Clinical Groups Database

2.88 times higher

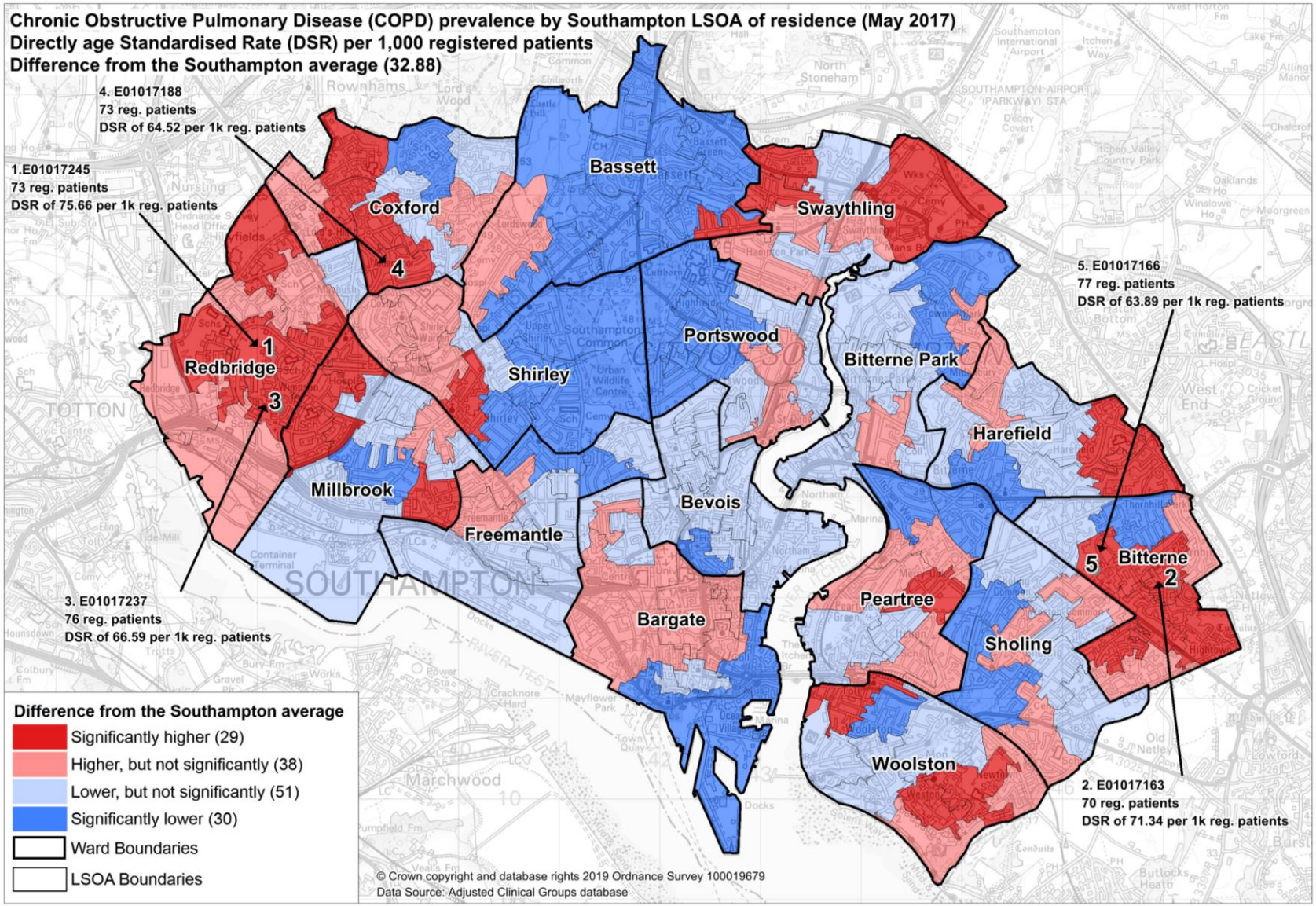
Emergency admissions



Sources: Hospital Episode Statistics, ONS Mid-Year Population Estimates & IMD (2015)

No evidence of gap narrowing

COPD


Chronic Obstructive Pulmonary Disease (COPD) prevalence by Southampton LSOA of residence (May 2017)
Directly age Standardised Rate (DSR) per 1,000 registered patients
Difference from the Southampton average (32.88)
4. E01017188
73 reg. patients
DSR of 64.52 per 1k reg. patients
1.E01017245
73 reg. patients
DSR of 75.66 per 1k reg. patients
5. E01017166
77 reg. patients
DSR of 63.89 per 1k reg. patients
3. E01017237
76 reg. patients
DSR of 66.59 per 1k reg. patients
2. E01017163
70 reg. patients
DSR of 71.34 per 1k reg. patients
Bassett
Coxford
Swaythling
Portswood
Shirley
Redbridge
Millbrook
Freemantle
Bevois
Bitterne Park
Harefield
Bitterne
Peartree
Sholing
Bargate
Woolston
Difference from the Southampton average
Significantly higher (29)
Higher, but not significantly (38)
Lower, but not significantly (51)
Significantly lower (30)
Ward Boundaries
LSOA Boundaries
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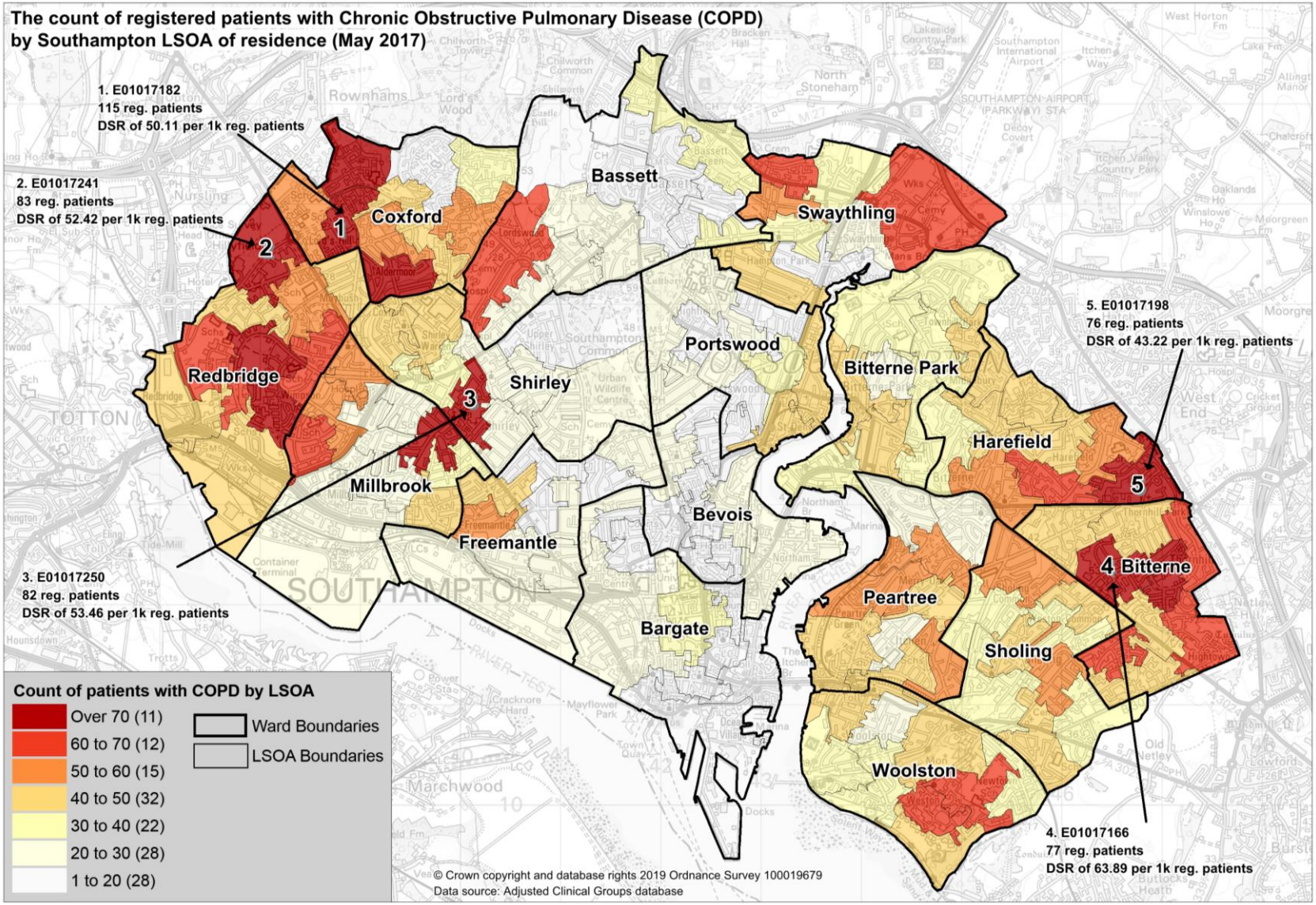
Data Source: Adjusted Clinical Groups database

COPD


The count of registered patients with Chronic Obstructive Pulmonary Disease (COPD) by Southampton LSOA of residence (May 2017)
1. E01017182
115 reg. patients
DSR of 50.11 per 1k reg. patients
2. E01017241
83 reg. patients
DSR of 52.42 per 1k reg. patients
3. E01017250
82 reg. patients
DSR of 53.46 per 1k reg. patients
4. E01017166
77 reg. patients
DSR of 63.89 per 1k reg. patients
5. E01017198
76 reg. patients
DSR of 43.22 per 1k reg. patients
Bassett
Coxford
Swaythling
Redbridge
Shirley
Portswood
Bitterne Park
Harefield
Millbrook
Freemantle
Bevois
Bitterne
Peartree
Bargate
Sholing
Woolston
Count of patients with COPD by LSOA
Over 70 (11)
60 to 70 (12)
50 to 60 (15)
40 to 50 (32)
30 to 40 (22)
20 to 30 (28)
1 to 20 (28)
Ward Boundaries
LSOA Boundaries
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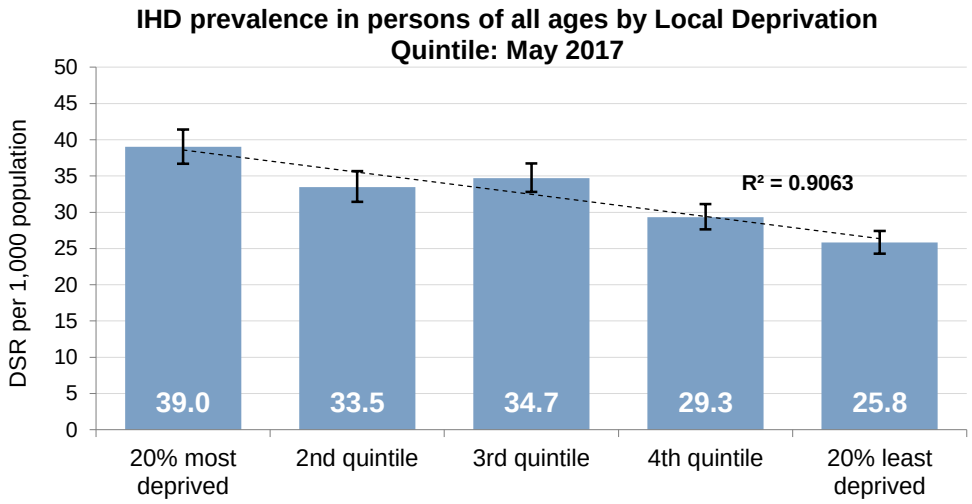
Data source: Adjusted Clinical Groups database

Circulatory disease

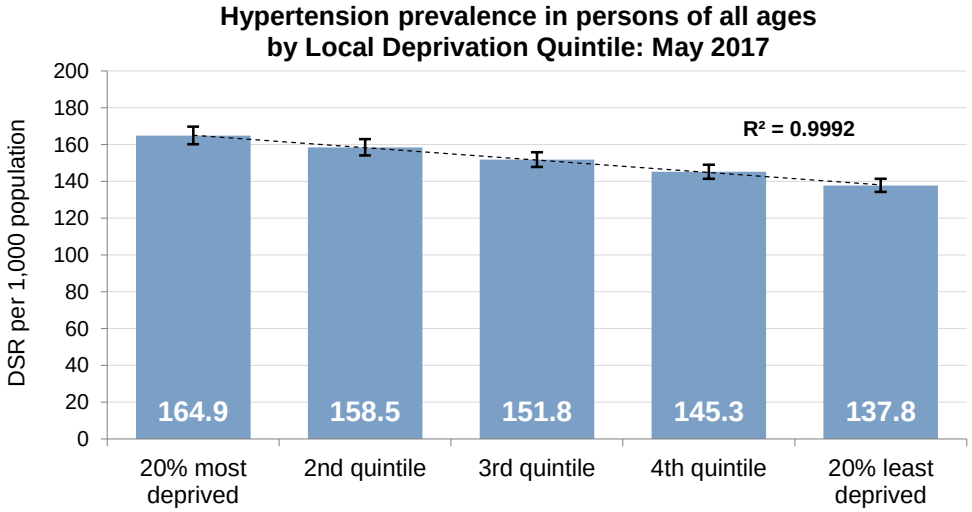
Ischaemic Heart Disease



Source: Adjusted Clinical Groups Database

1.51 times higher

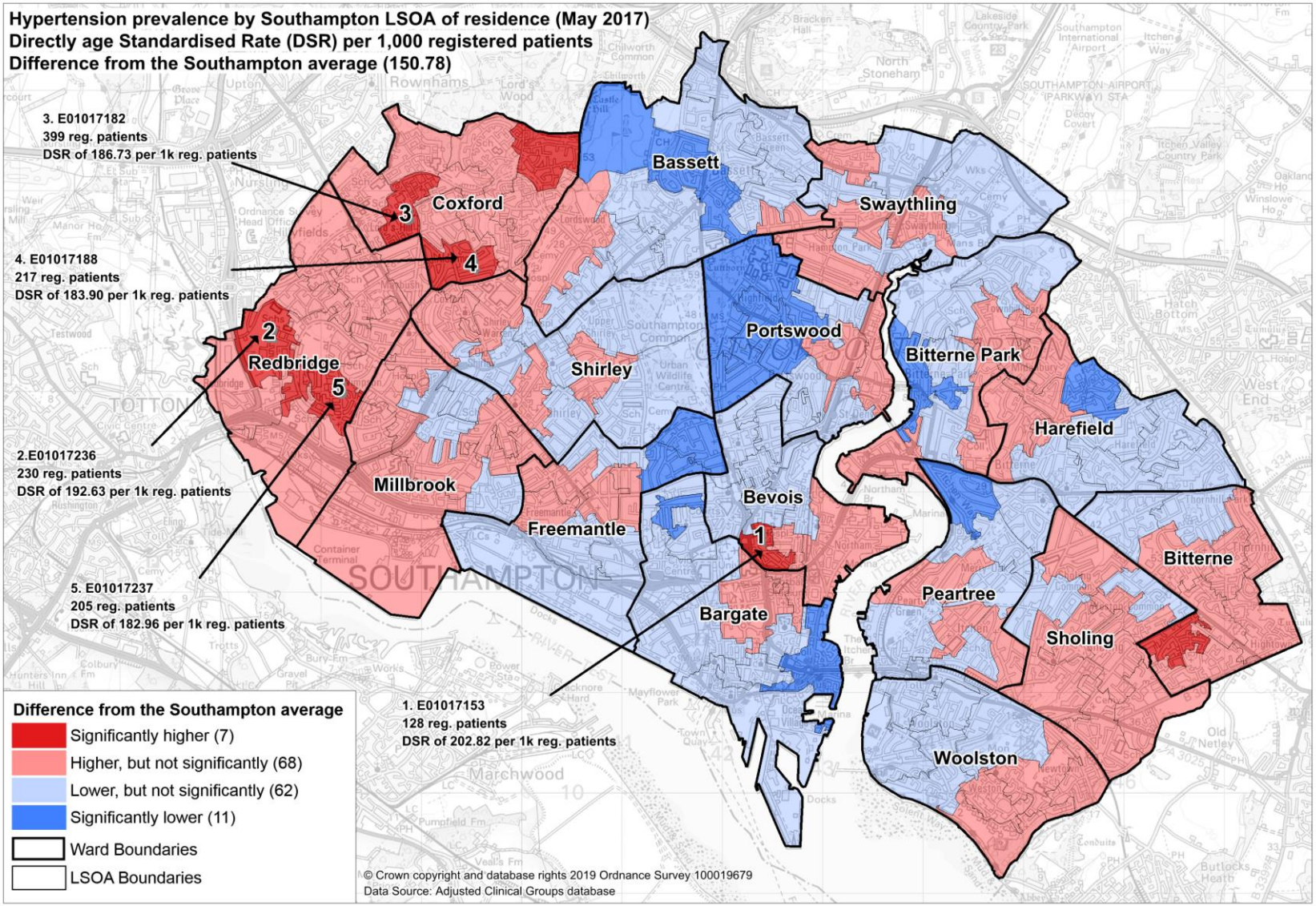
Hypertension



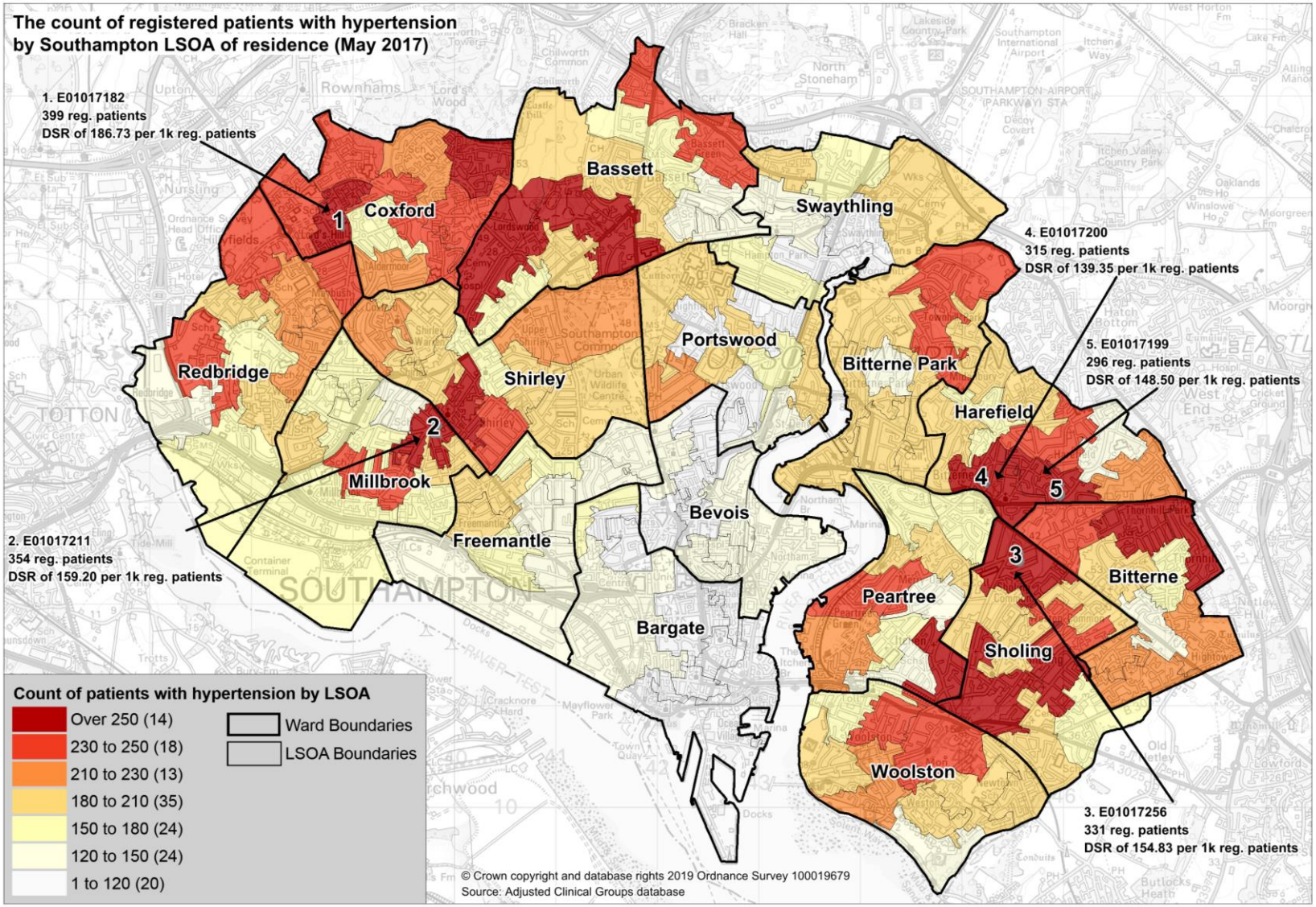
Source: Adjusted Clinical Groups Database

1.20 times higher

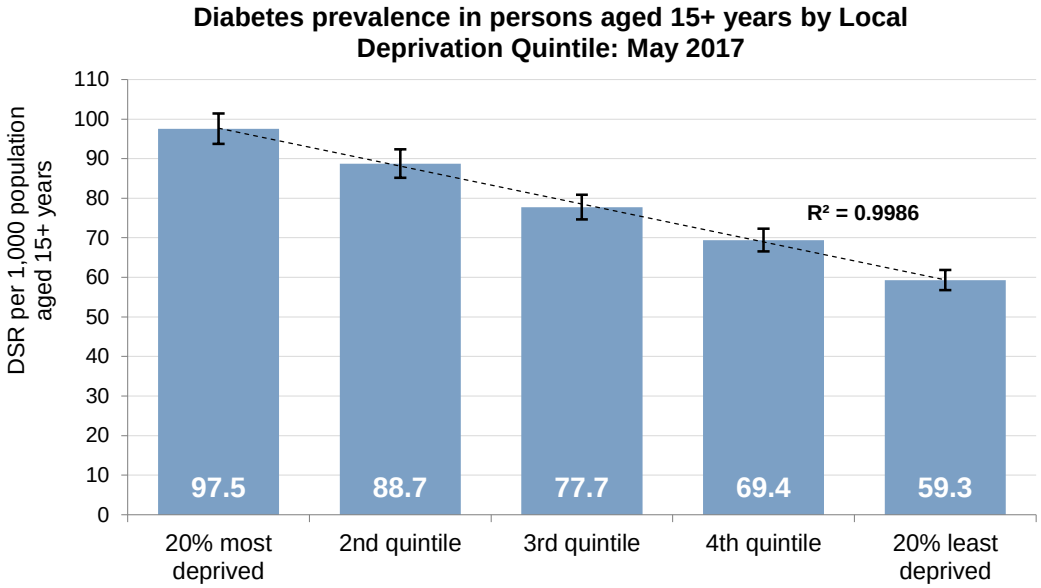
Hypertension



Hypertension



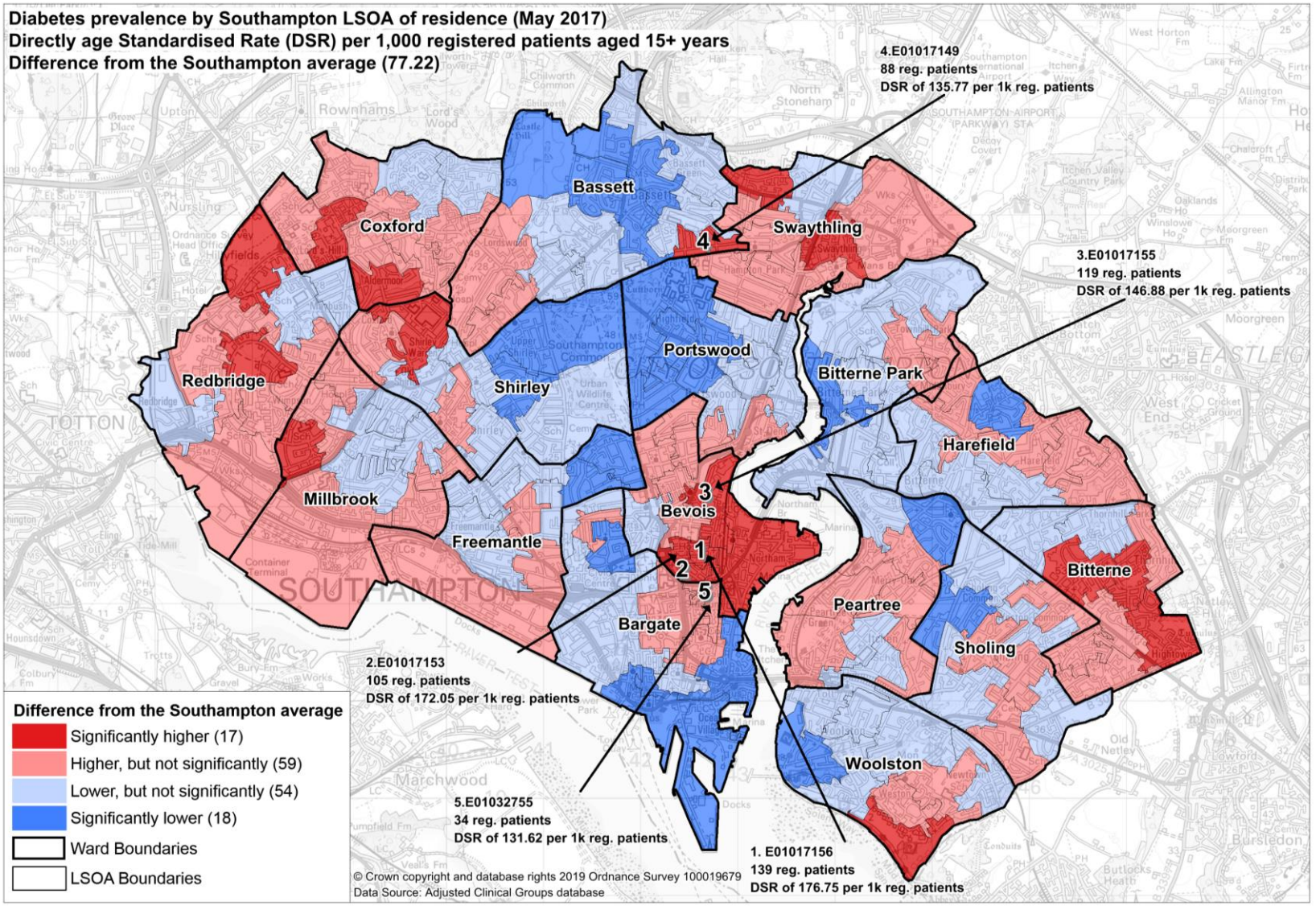
Diabetes



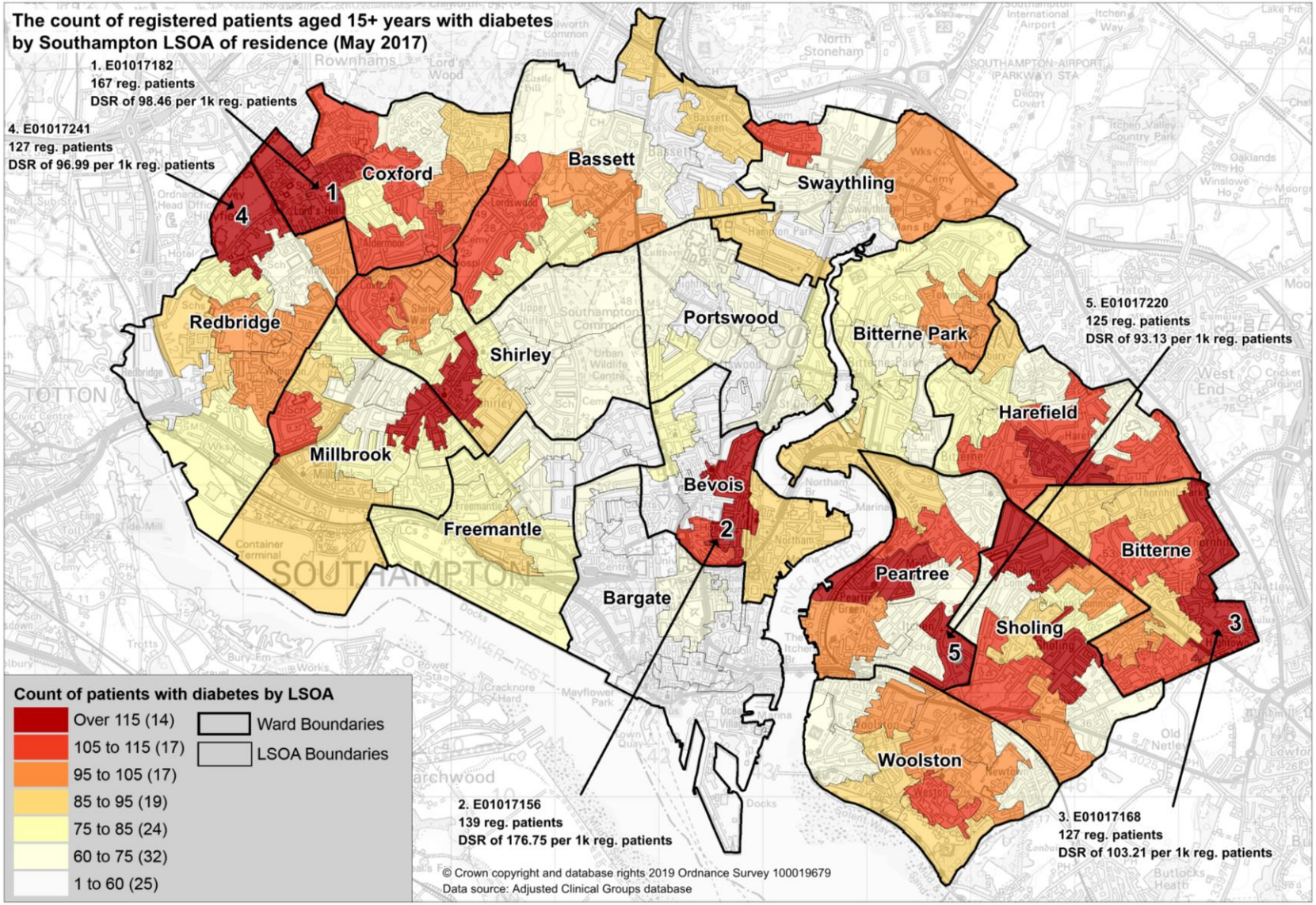
Source: Adjusted Clinical Groups Database

1.64 times higher

Diabetes


Diabetes prevalence by Southampton LSOA of residence (May 2017)
Directly age Standardised Rate (DSR) per 1,000 registered patients aged 15+ years
Difference from the Southampton average (77.22)
4.E01017149
88 reg. patients
DSR of 135.77 per 1k reg. patients
3.E01017155
119 reg. patients
DSR of 146.88 per 1k reg. patients
2.E01017153
105 reg. patients
DSR of 172.05 per 1k reg. patients
5.E01032755
34 reg. patients
DSR of 131.62 per 1k reg. patients
1. E01017156
139 reg. patients
DSR of 176.75 per 1k reg. patients
Bassett
Coxford
Swaythling
Portswood
Redbridge
Shirley
Bitterne Park
Harefield
Millbrook
Bevois
Freemantle
Bitterne
Peartree
Bargate
Sholing
Woolston
1
2
3
4
5
Difference from the Southampton average
Significantly higher (17)
Higher, but not significantly (59)
Lower, but not significantly (54)
Significantly lower (18)
Ward Boundaries
LSOA Boundaries
© Crown copyright and database rights 2019 Ordnance Survey 100019679
Data Source: Adjusted Clinical Groups database

Diabetes


The count of registered patients aged 15+ years with diabetes by Southampton LSOA of residence (May 2017)
1. E01017182
167 reg. patients
DSR of 98.46 per 1k reg. patients
4. E01017241
127 reg. patients
DSR of 96.99 per 1k reg. patients
5. E01017220
125 reg. patients
DSR of 93.13 per 1k reg. patients
2. E01017156
139 reg. patients
DSR of 176.75 per 1k reg. patients
3. E01017168
127 reg. patients
DSR of 103.21 per 1k reg. patients
Coxford
Bassett
Swaythling
Redbridge
Shirley
Portswood
Bitterne Park
Harefield
Millbrook
Bevois
Freemantle
Bargate
Peartree
Bitterne
Sholing
Woolston
Count of patients with diabetes by LSOA
Over 115 (14)
105 to 115 (17)
95 to 105 (17)
85 to 95 (19)
75 to 85 (24)
60 to 75 (32)
1 to 60 (25)
Ward Boundaries
LSOA Boundaries
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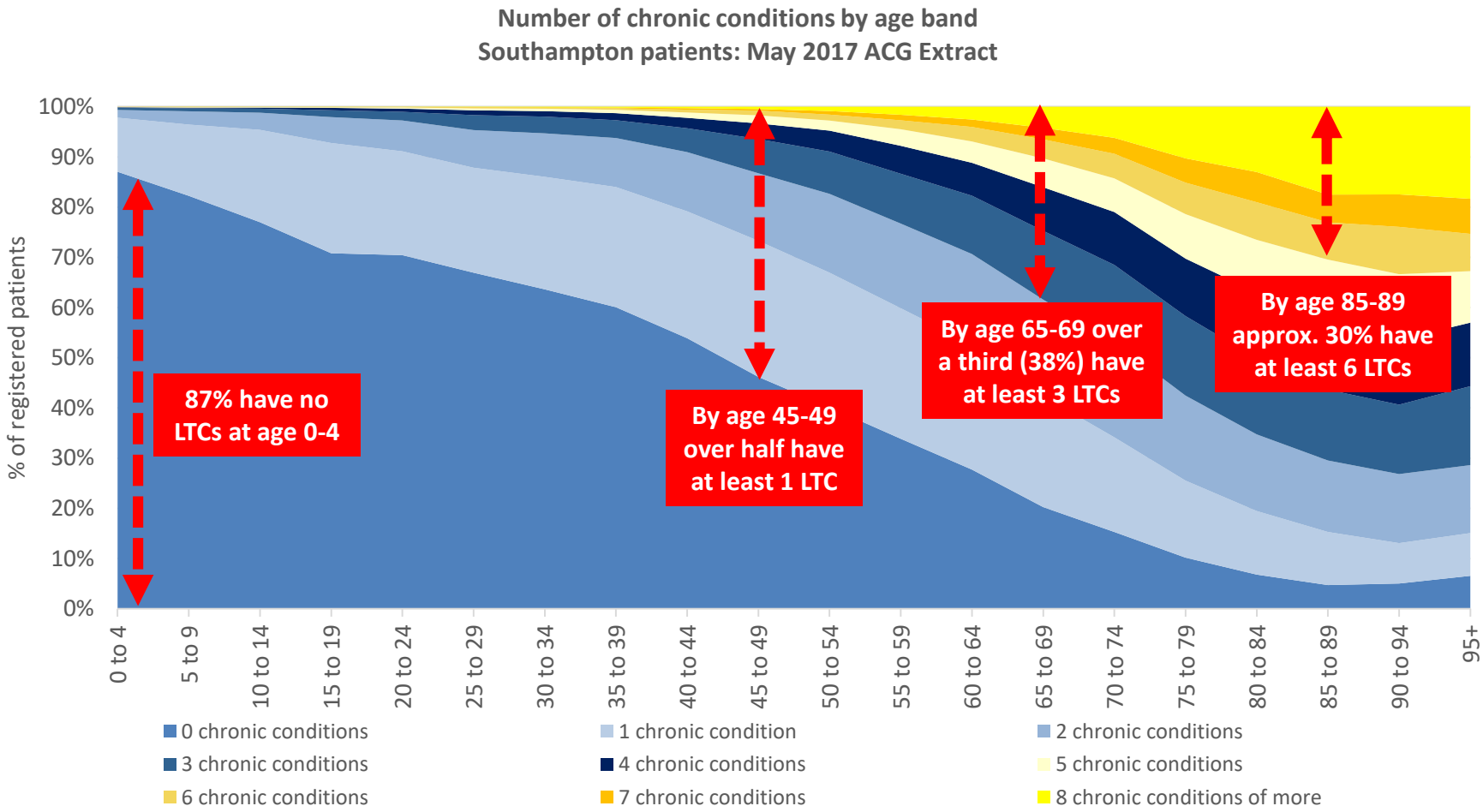
Data source: Adjusted Clinical Groups database

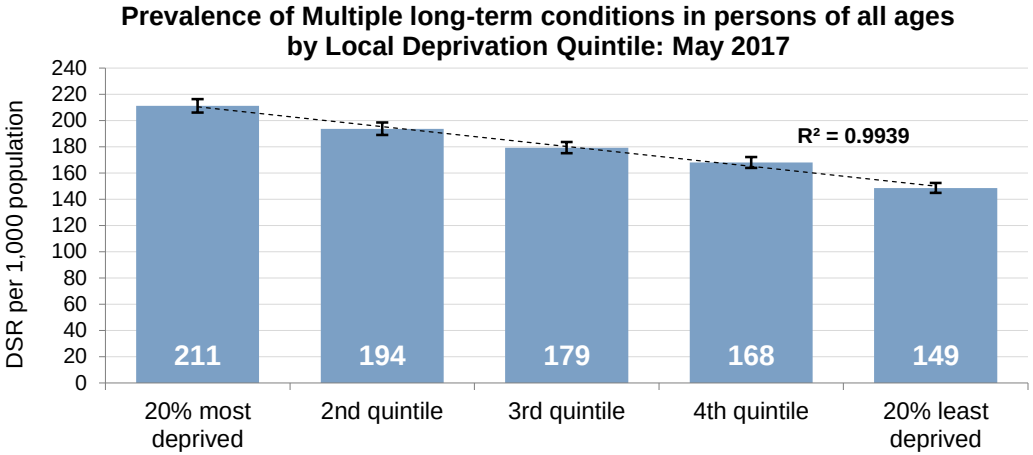
Multiple long-term conditions



Source: Adjusted Clinical Groups (ACG) May 2017

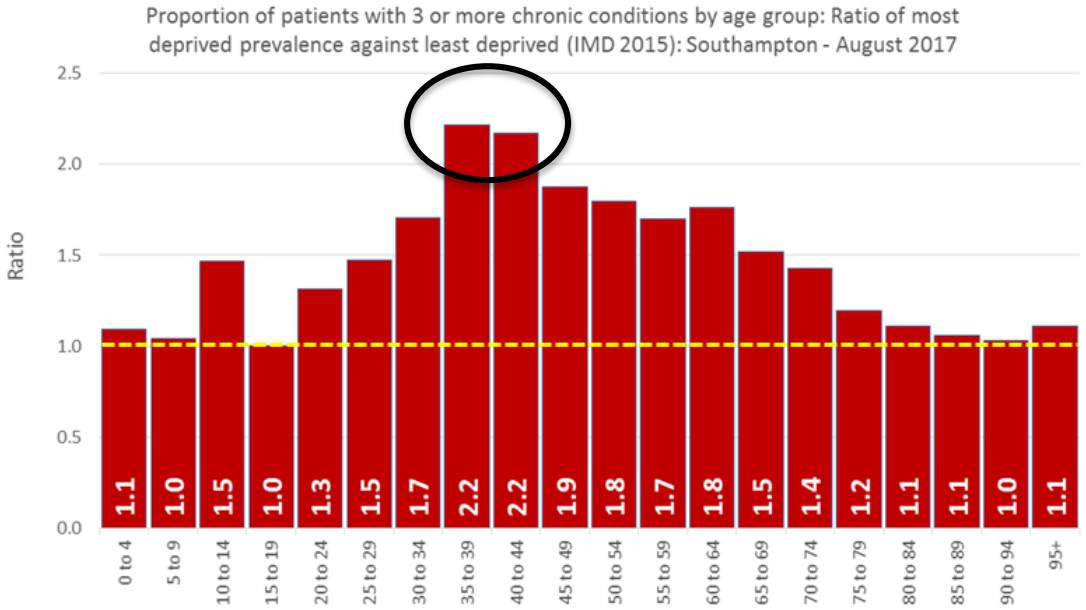
Multiple long-term conditions (3 or more)

southampton dataobservatory



Source: Adjusted Clinical Groups Database

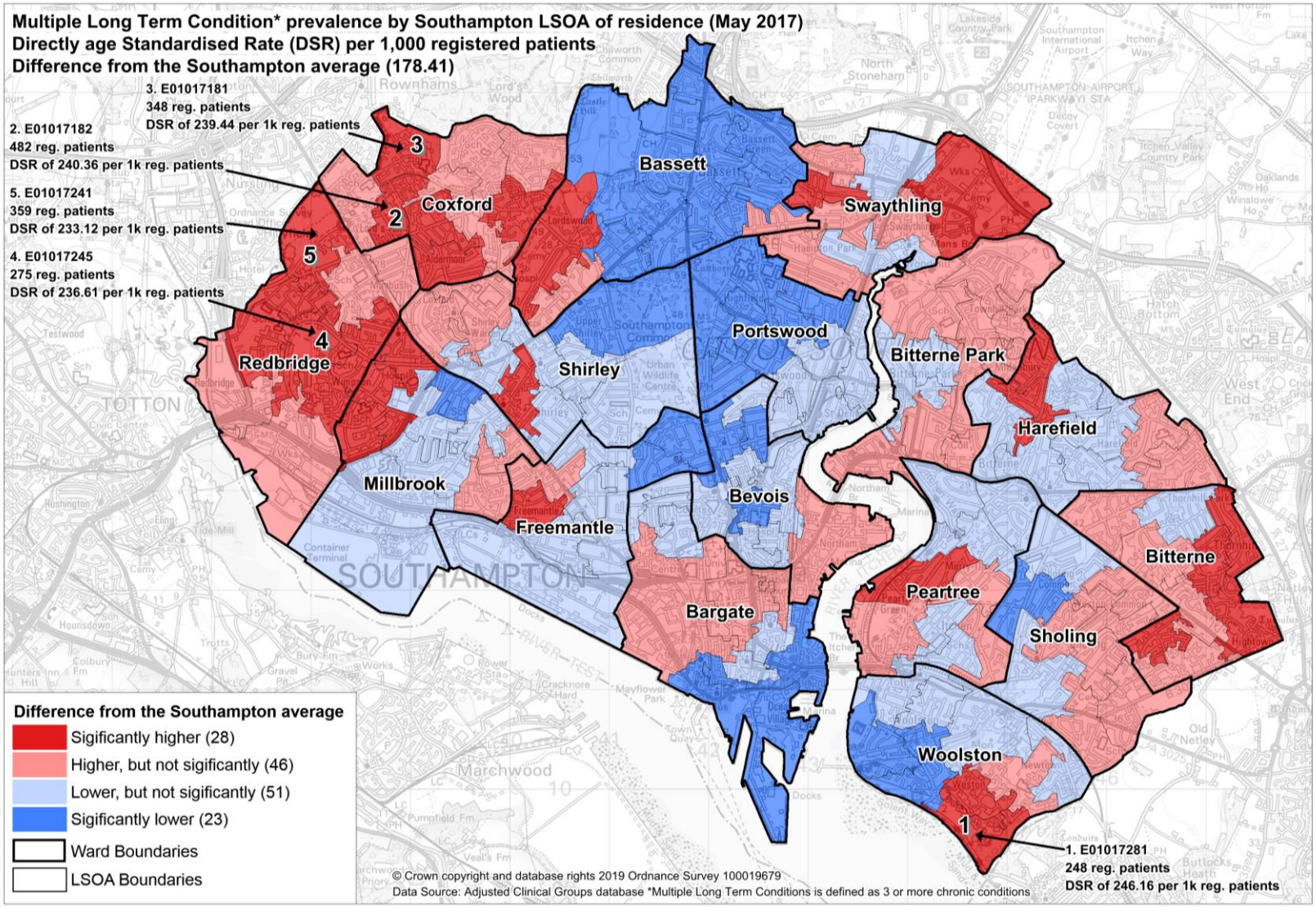
1.42 times higher



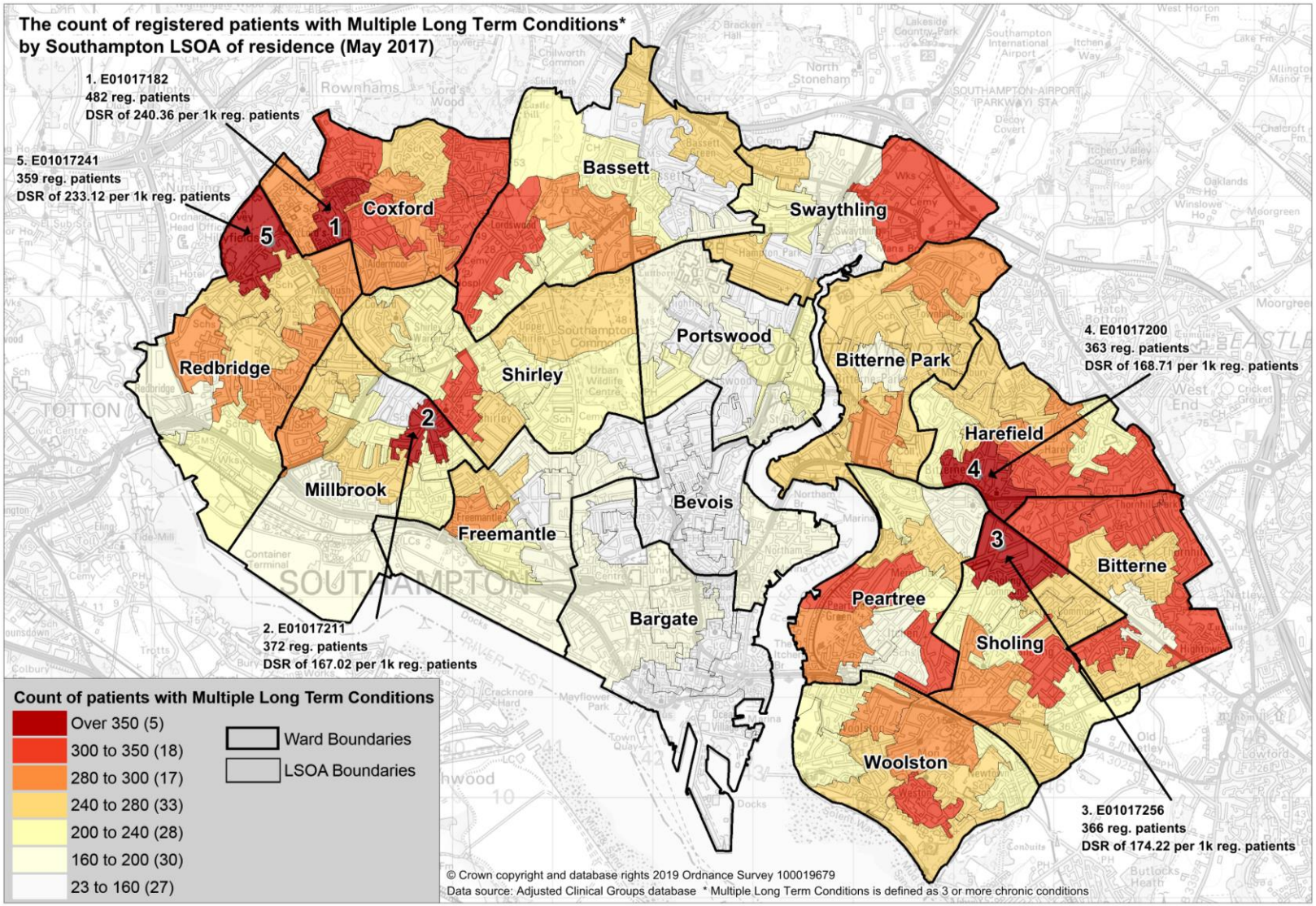
People living in the 20% most deprived neighbourhoods start developing multiple long-term conditions (3 or more chronic conditions) at an earlier age compared to those living in the 20% least deprived neighbourhoods.

Differences appear at an early age and gradually narrow (relatively) as the population ages. Differences begin to appear in the early 20's and peak between the mid-30's and mid-40's, where prevalence is more than double (2.2x) in the most deprived areas.

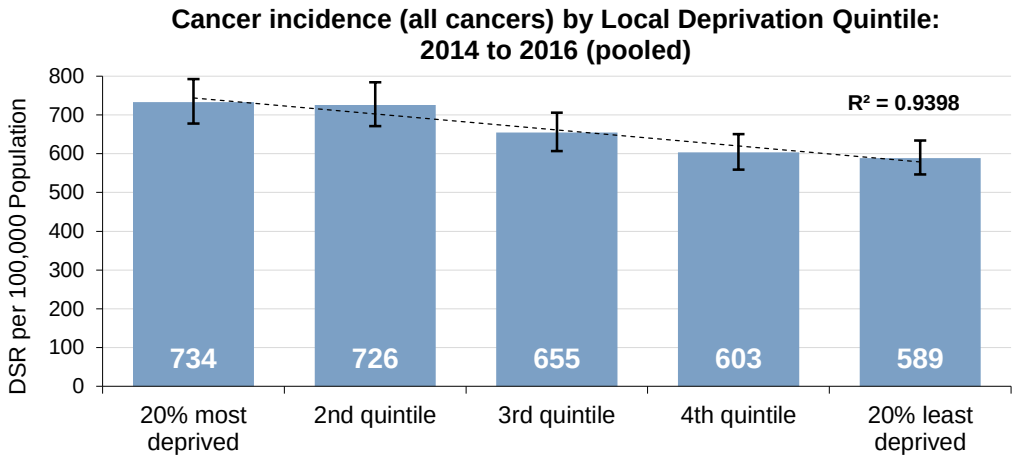
Multiple long-term conditions (3 or more)



Multiple long-term conditions (3 or more)

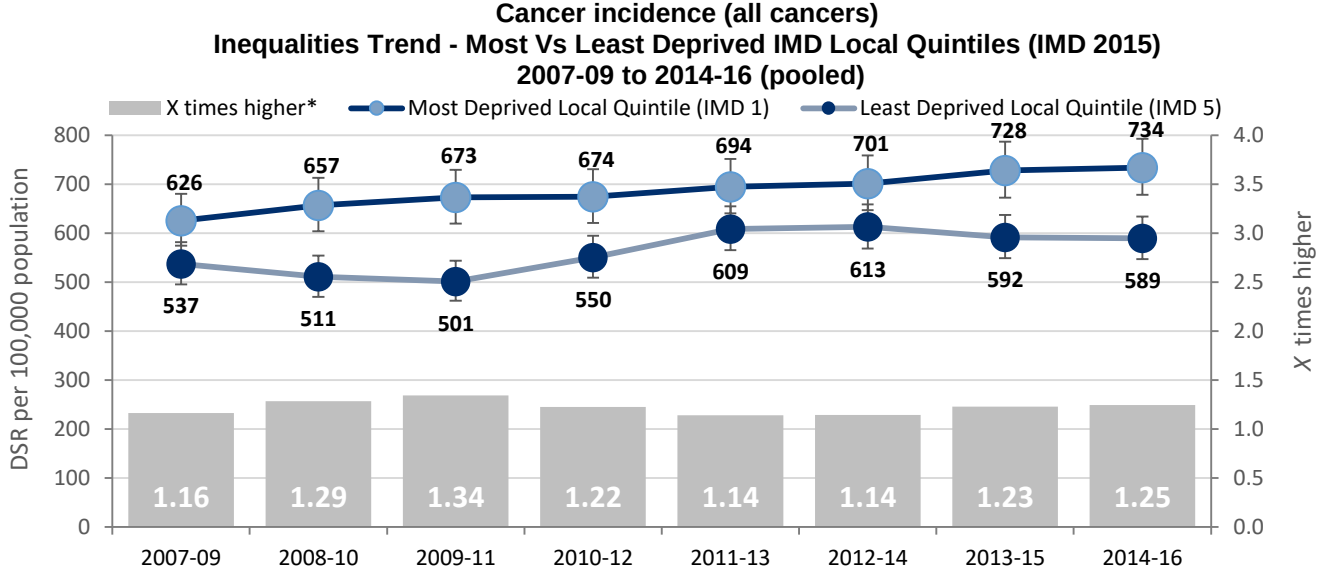


Cancer incidence



1.25 times higher

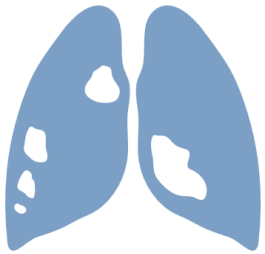
Sources: Public Health England - Office for Data Release, ONS Mid-Year Population Estimates & IMD (2015)

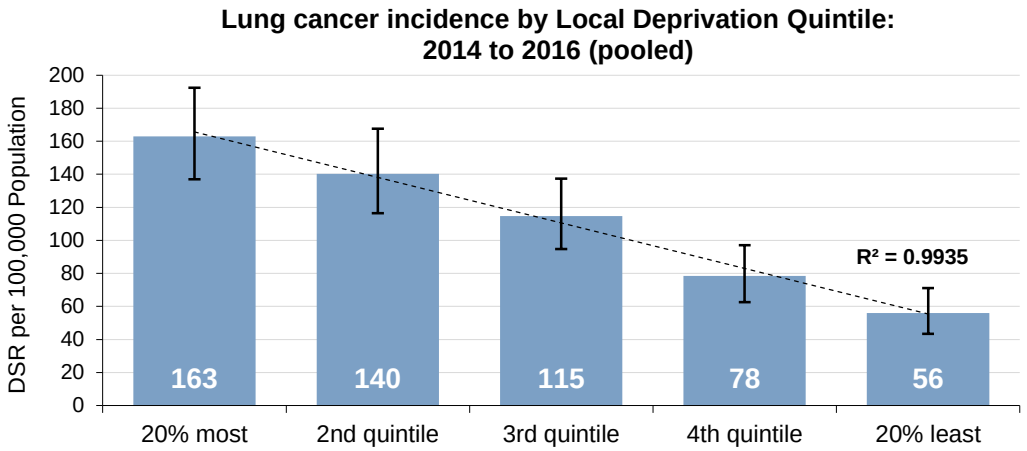


No evidence of gap narrowing

Sources: Public Health England - Office for Data Release, ONS Mid-Year Population Estimates & IMD (2015)

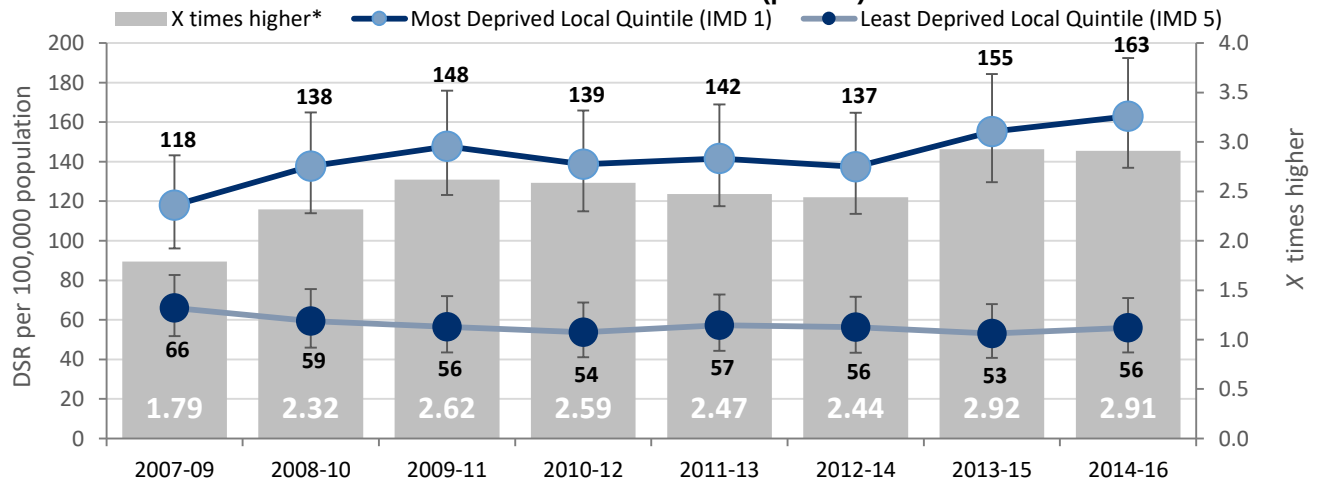
Lung cancer incidence





Sources: Public Health England - Office for Data Release, ONS Mid-Year Population Estimates & IMD (2015)

2.91 times higher



Sources: Public Health England - Office for Data Release, ONS Mid-Year Population Estimates & IMD (2015)

Gap has **increased**

Mental health & wellbeing

Summary

Key	
	Significantly worse between 20% most deprived and 20% least deprived
	Worse, but not significantly between 20% most deprived and 20% least deprived

	Most deprived vs Least deprived				
Measure	Current gap (2015-17 - unless specified)	Gap during 2014-16	Gap during 2013-15	Gap during 2012-14	Gap during 2011-13
Mental health and wellbeing					
Prevalence of Depression (2017)	**1.78x higher**	**N/A**	**N/A**	**N/A**	**N/A**
Prevalence of Schizophrenia (2017)	**2.77x higher**	**N/A**	**N/A**	**N/A**	**N/A**
Prevalence of Bipolar disorder (2017)	**1.70x higher**	**N/A**	**N/A**	**N/A**	**N/A**
Emergency admissions for self-harm (persons)	**3.49x higher**	**3.27x higher**	**3.28x higher**	**3.23x higher**	**3.04x higher**

Mental health & wellbeing

In the most deprived quintile compared to the least…

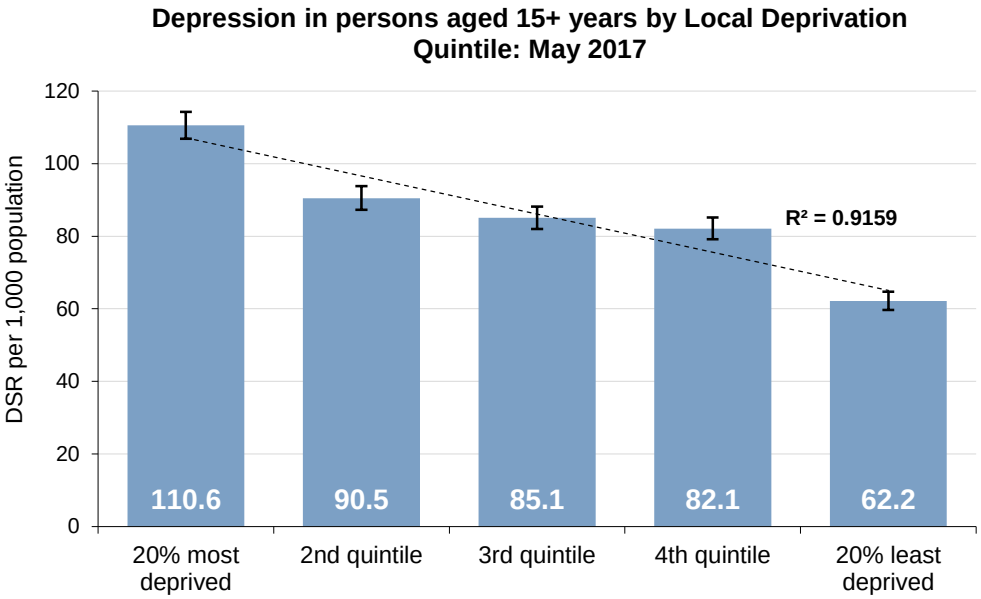
Depression Prevalence
1.78x higher

Schizophrenia Prevalence
2.77x higher

Bipolar Disorder Prevalence
1.70x higher

Emergency admissions for intentional self-harm
3.49x higher

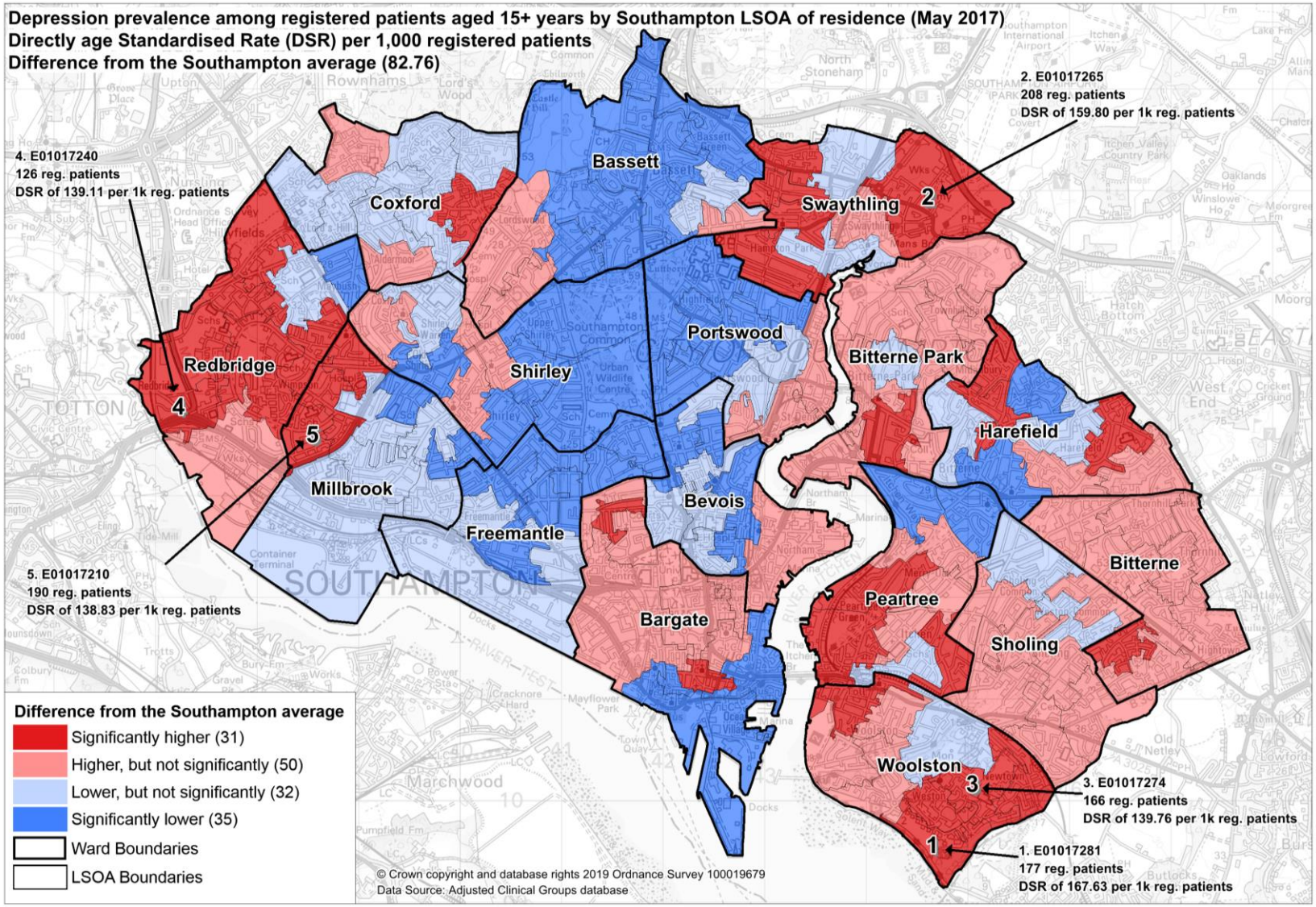
Depression



Source: Adjusted Clinical Groups database

1.78 times higher

Depression


Depression prevalence among registered patients aged 15+ years by Southampton LSOA of residence (May 2017)
Directly age Standardised Rate (DSR) per 1,000 registered patients
Difference from the Southampton average (82.76)
4. E01017240
126 reg. patients
DSR of 139.11 per 1k reg. patients
2. E01017265
208 reg. patients
DSR of 159.80 per 1k reg. patients
5. E01017210
190 reg. patients
DSR of 138.83 per 1k reg. patients
3. E01017274
166 reg. patients
DSR of 139.76 per 1k reg. patients
1. E01017281
177 reg. patients
DSR of 167.63 per 1k reg. patients
Bassett
Coxford
Swaythling
Portswood
Redbridge
Shirley
Bitterne Park
Harefield
Millbrook
Bevois
Freemantle
Bitterne
Peartree
Bargate
Sholing
Woolston
Difference from the Southampton average
Significantly higher (31)
Higher, but not significantly (50)
Lower, but not significantly (32)
Significantly lower (35)
Ward Boundaries
LSOA Boundaries
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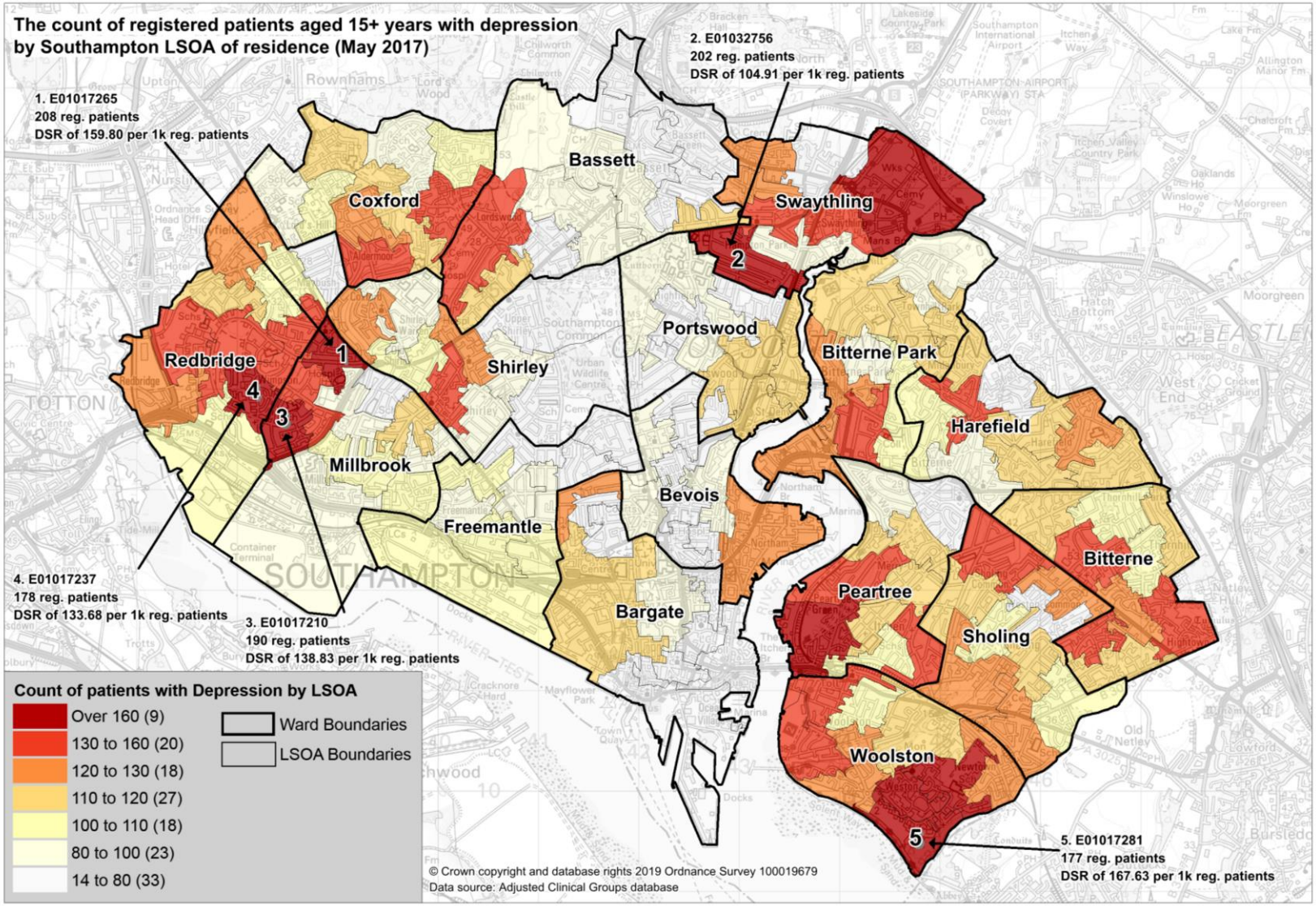
Data Source: Adjusted Clinical Groups database

Depression


The count of registered patients aged 15+ years with depression by Southampton LSOA of residence (May 2017)
1. E01017265
208 reg. patients
DSR of 159.80 per 1k reg. patients
2. E01032756
202 reg. patients
DSR of 104.91 per 1k reg. patients
3. E01017210
190 reg. patients
DSR of 138.83 per 1k reg. patients
4. E01017237
178 reg. patients
DSR of 133.68 per 1k reg. patients
5. E01017281
177 reg. patients
DSR of 167.63 per 1k reg. patients
Bassett
Coxford
Swaythling
Portswood
Bitterne Park
Redbridge
Shirley
Harefield
Millbrook
Bevois
Freemantle
Bitterne
Peartree
Bargate
Sholing
Woolston
Count of patients with Depression by LSOA
Over 160 (9)
130 to 160 (20)
120 to 130 (18)
110 to 120 (27)
100 to 110 (18)
80 to 100 (23)
14 to 80 (33)
Ward Boundaries
LSOA Boundaries
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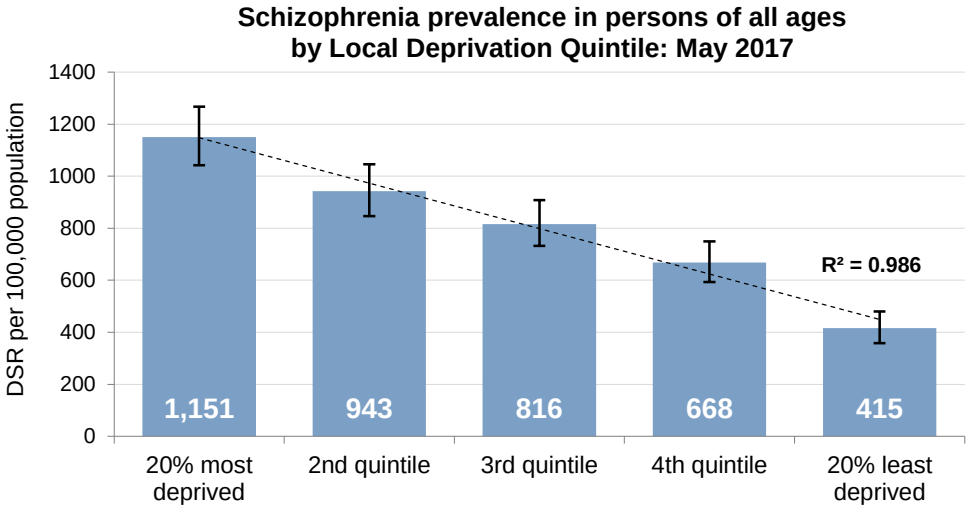
Data source: Adjusted Clinical Groups database

Severe mental illnesses

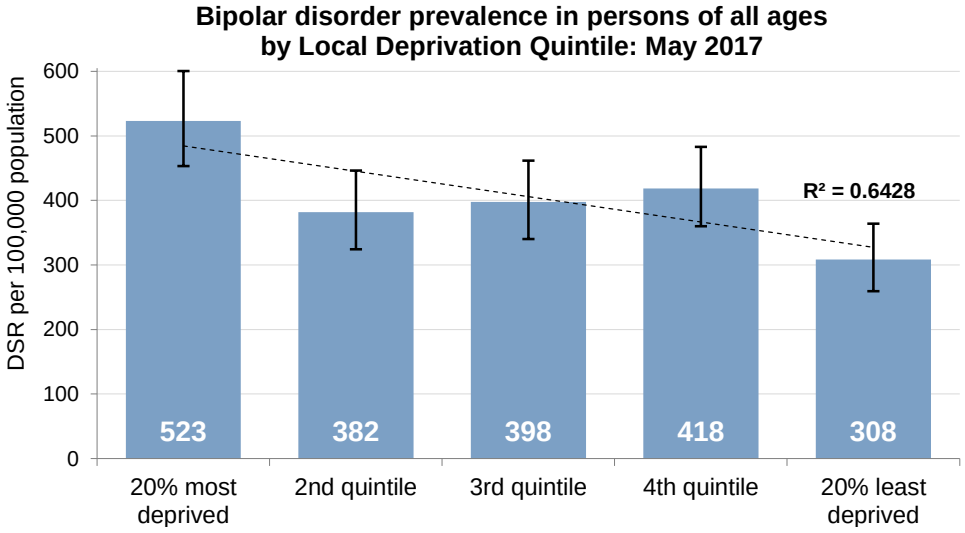
Schizophrenia



Source: Adjusted Clinical Groups Database

2.77 times higher

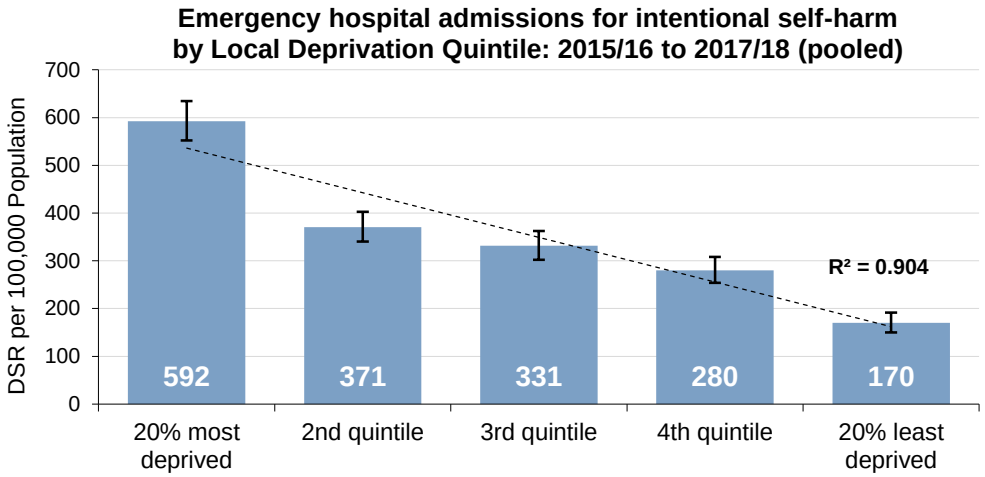
Bipolar disorder



Source: Adjusted Clinical Groups Database

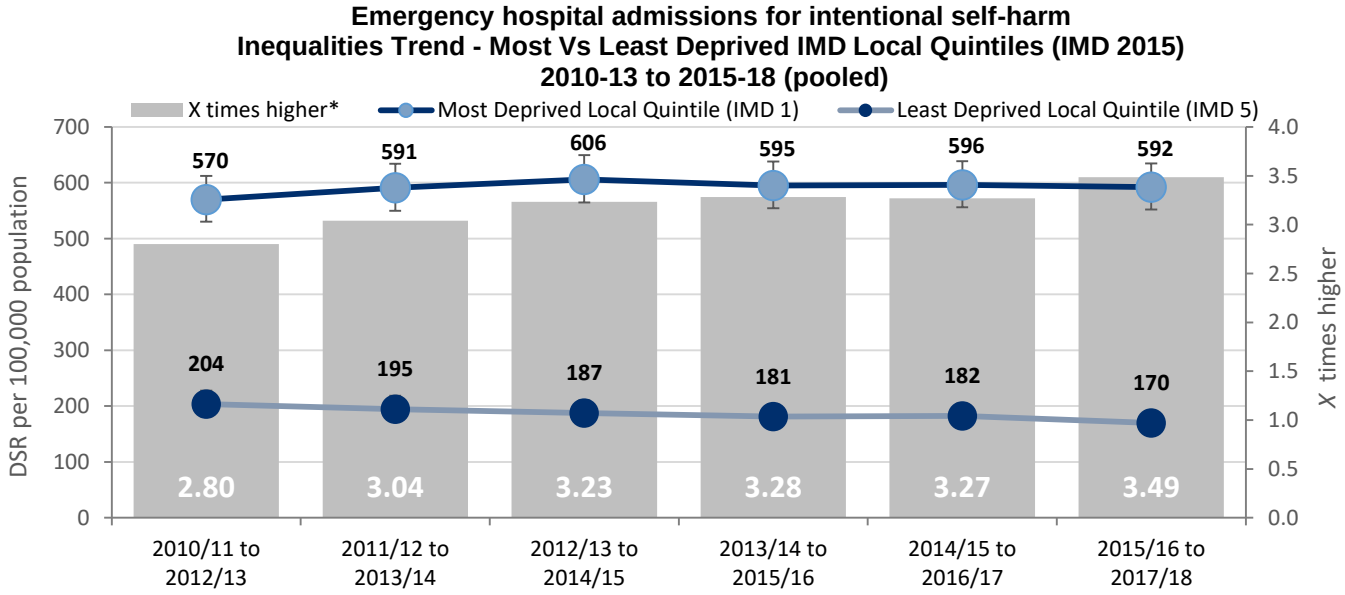
1.70 times higher

Intentional self-harm



3.49 times higher

Source: Hospital Episode Statistics and ONS mid-year population estimates



Gap has **increased**

Sources: Hospital Episode Statistics, ONS Mid-Year Population Estimates & IMD (2015)

Healthy Behaviours

Summary

Key	
	Significantly worse between 20% most deprived and 20% least deprived
	Worse, but not significantly between 20% most deprived and 20% least deprived

	Most deprived vs Least deprived				
Measure	Current gap (2015-17 - unless specified)	Gap during 2014-16	Gap during 2013-15	Gap during 2012-14	Gap during 2011-13
Healthy behaviours					
Percentage of current smokers among registered patients (2017)	**1.93x higher**	**N/A**	**N/A**	**N/A**	**N/A**
Inactivity (2018)	**2.63x higher**	**N/A**	**N/A**	**N/A**	**N/A**
Alcohol-specific hospital admissions (persons)	**3.39x higher**	**3.53x higher**	**3.71x higher**	**3.70x higher**	**3.45x higher**
Admissions due to drug related mental health and behavioural disorders (persons)	**4.78x higher**	**4.43x higher**	**4.25x higher**	**4.55x higher**	**5.06x higher**
Admissions due to poisoning by illicit drugs (persons)	**4.11x higher**	**3.69x higher**	**3.47x higher**	**N/A**	**N/A**

Healthy Behaviours

In the most deprived quintile compared to the least…

Smoking prevalence

1.93x higher

Inactivity

2.63x higher

Alcohol-specific hospital admissions

3.39x higher

Admissions due to poisoning by illicit drugs

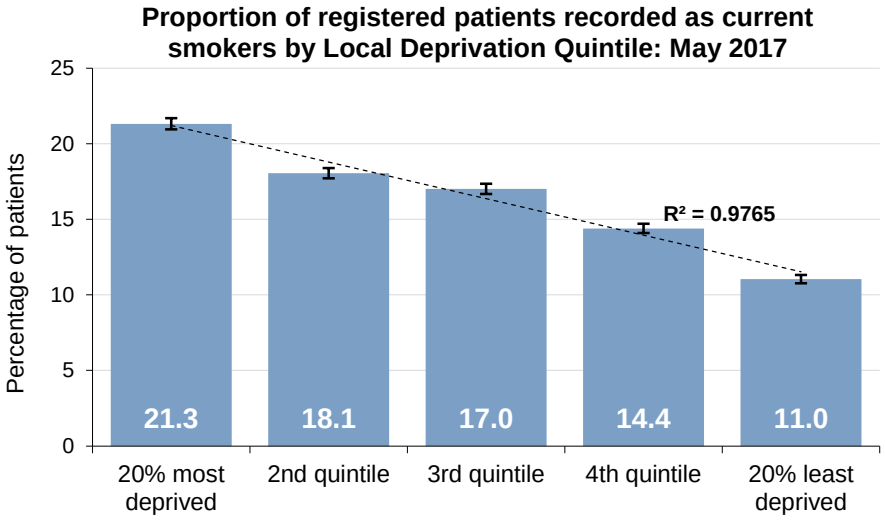
4.11x higher

Admissions due to drug related mental health and behavioural disorders

4.78x higher

Smoking and Inactivity

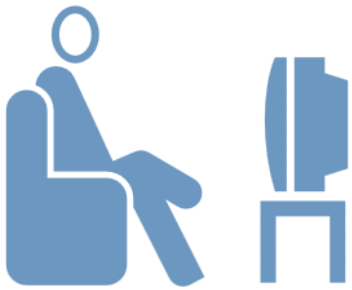
Smoking

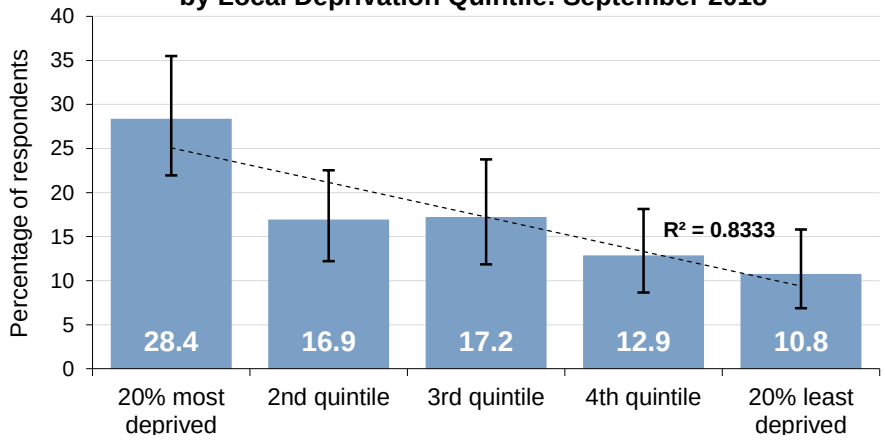


Source: Adjusted clinical groups database

1.93 times higher

Inactivity

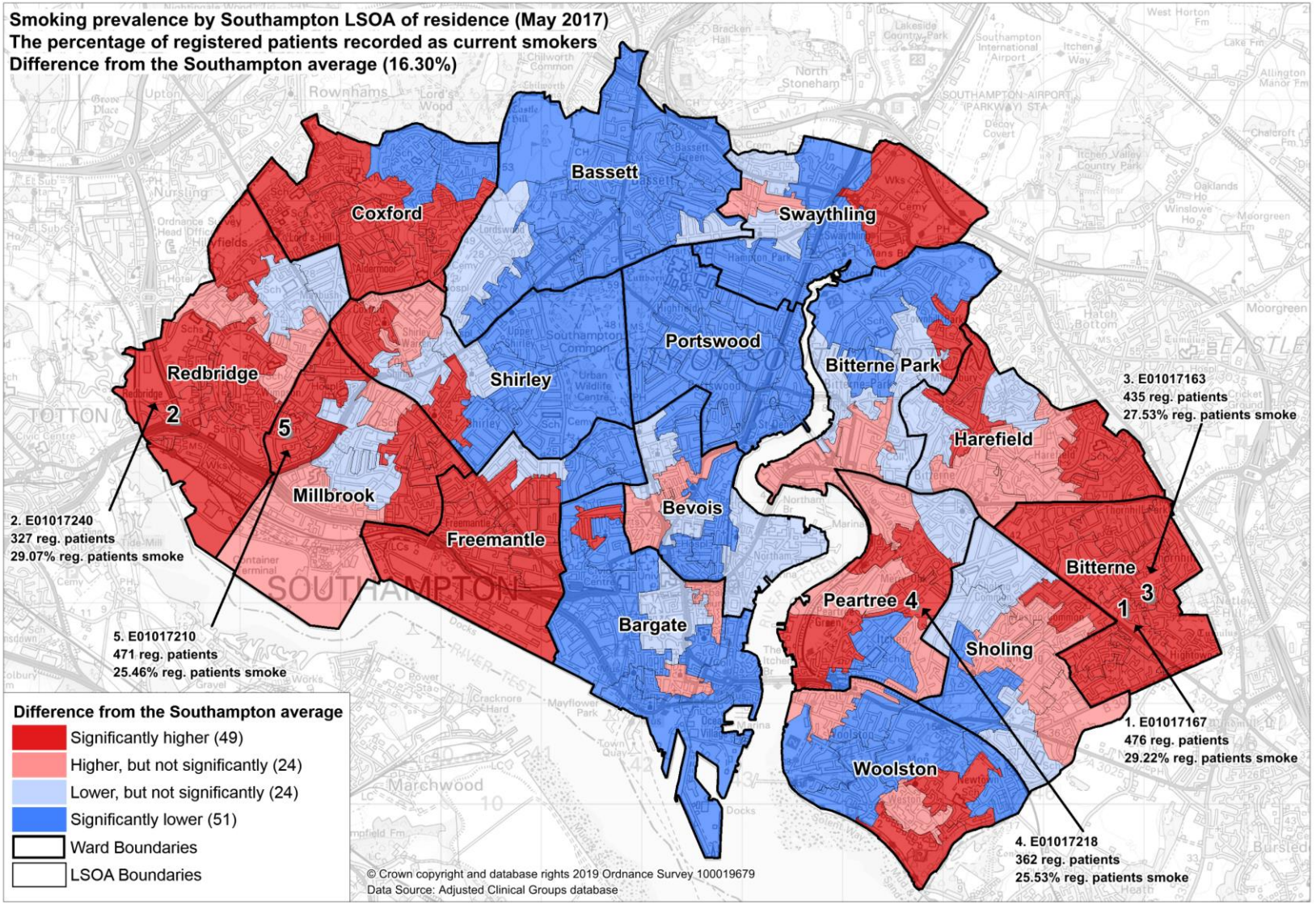




Source: Southampton City Council - City survey

2.63 times higher

Smoking


Smoking prevalence by Southampton LSOA of residence (May 2017)
The percentage of registered patients recorded as current smokers
Difference from the Southampton average (16.30%)
Bassett
Coxford
Swaythling
Portswood
Redbridge
Shirley
Bitterne Park
Harefield
Millbrook
Bevois
Freemantle
Bitterne
Peartree
Bargate
Sholing
Woolston
2
5
4
3
1
2. E01017240
327 reg. patients
29.07% reg. patients smoke
5. E01017210
471 reg. patients
25.46% reg. patients smoke
3. E01017163
435 reg. patients
27.53% reg. patients smoke
1. E01017167
476 reg. patients
29.22% reg. patients smoke
4. E01017218
362 reg. patients
25.53% reg. patients smoke
Difference from the Southampton average
Significantly higher (49)
Higher, but not significantly (24)
Lower, but not significantly (24)
Significantly lower (51)
Ward Boundaries
LSOA Boundaries
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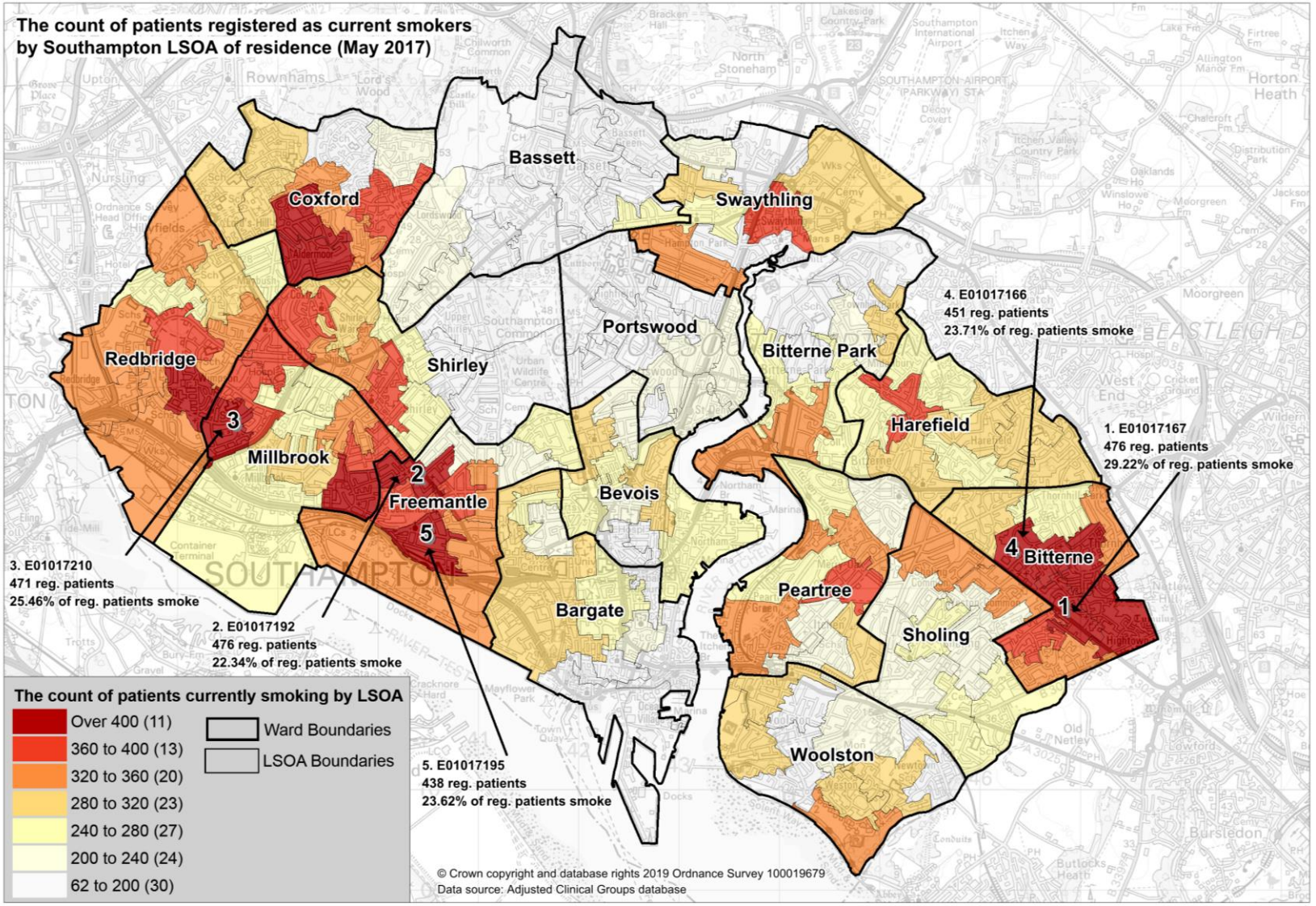
Data Source: Adjusted Clinical Groups database

Smoking


The count of patients registered as current smokers by Southampton LSOA of residence (May 2017)
Bassett
Coxford
Swaythling
Portswood
Shirley
Redbridge
Millbrook
Freemantle
Bevois
Bitterne Park
Harefield
Bitterne
Peartree
Bargate
Sholing
Woolston
1
2
3
4
5
1. E01017167
476 reg. patients
29.22% of reg. patients smoke
2. E01017192
476 reg. patients
22.34% of reg. patients smoke
3. E01017210
471 reg. patients
25.46% of reg. patients smoke
4. E01017166
451 reg. patients
23.71% of reg. patients smoke
5. E01017195
438 reg. patients
23.62% of reg. patients smoke
The count of patients currently smoking by LSOA
Over 400 (11)
360 to 400 (13)
320 to 360 (20)
280 to 320 (23)
240 to 280 (27)
200 to 240 (24)
62 to 200 (30)
Ward Boundaries
LSOA Boundaries
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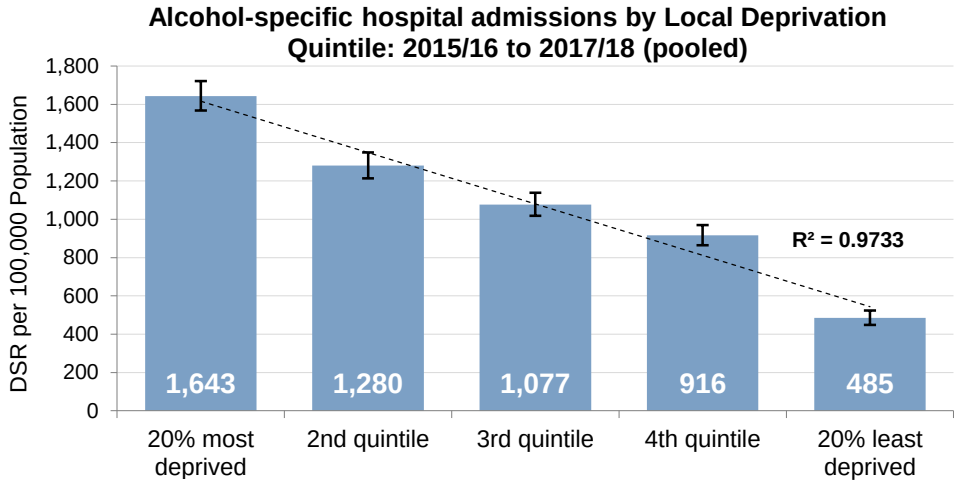
Data source: Adjusted Clinical Groups database

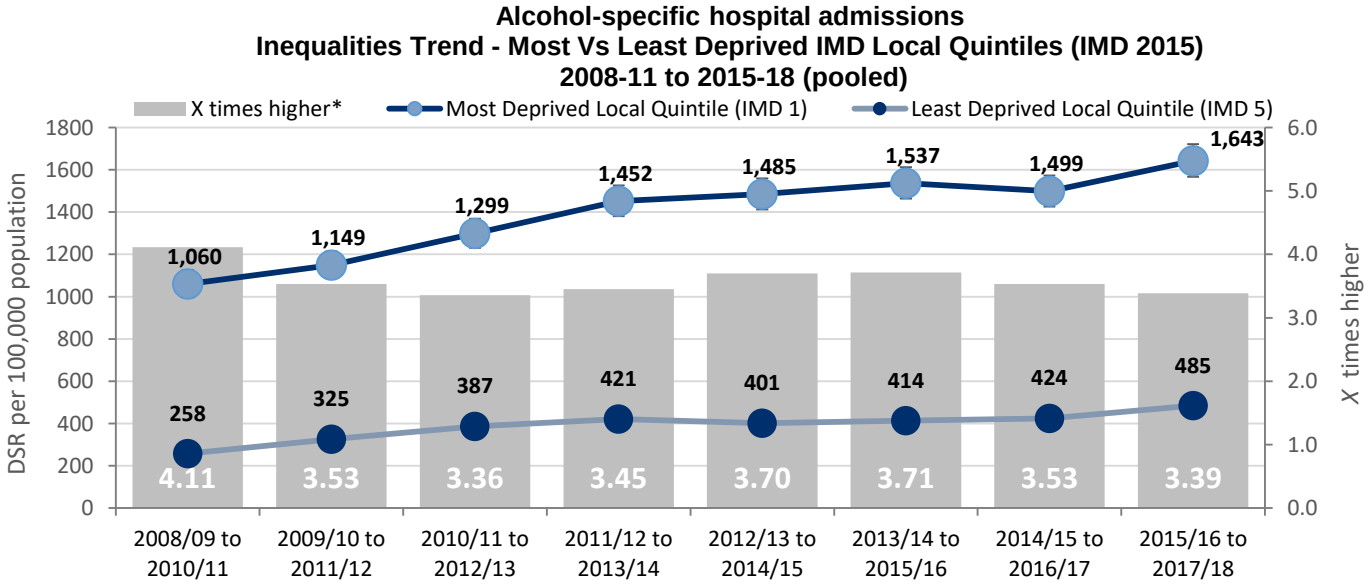
Alcohol-specific hospital admissions

southampton dataobservatory



3.39 times higher

Source: Hospital Episode Statistics and ONS mid-year population estimates

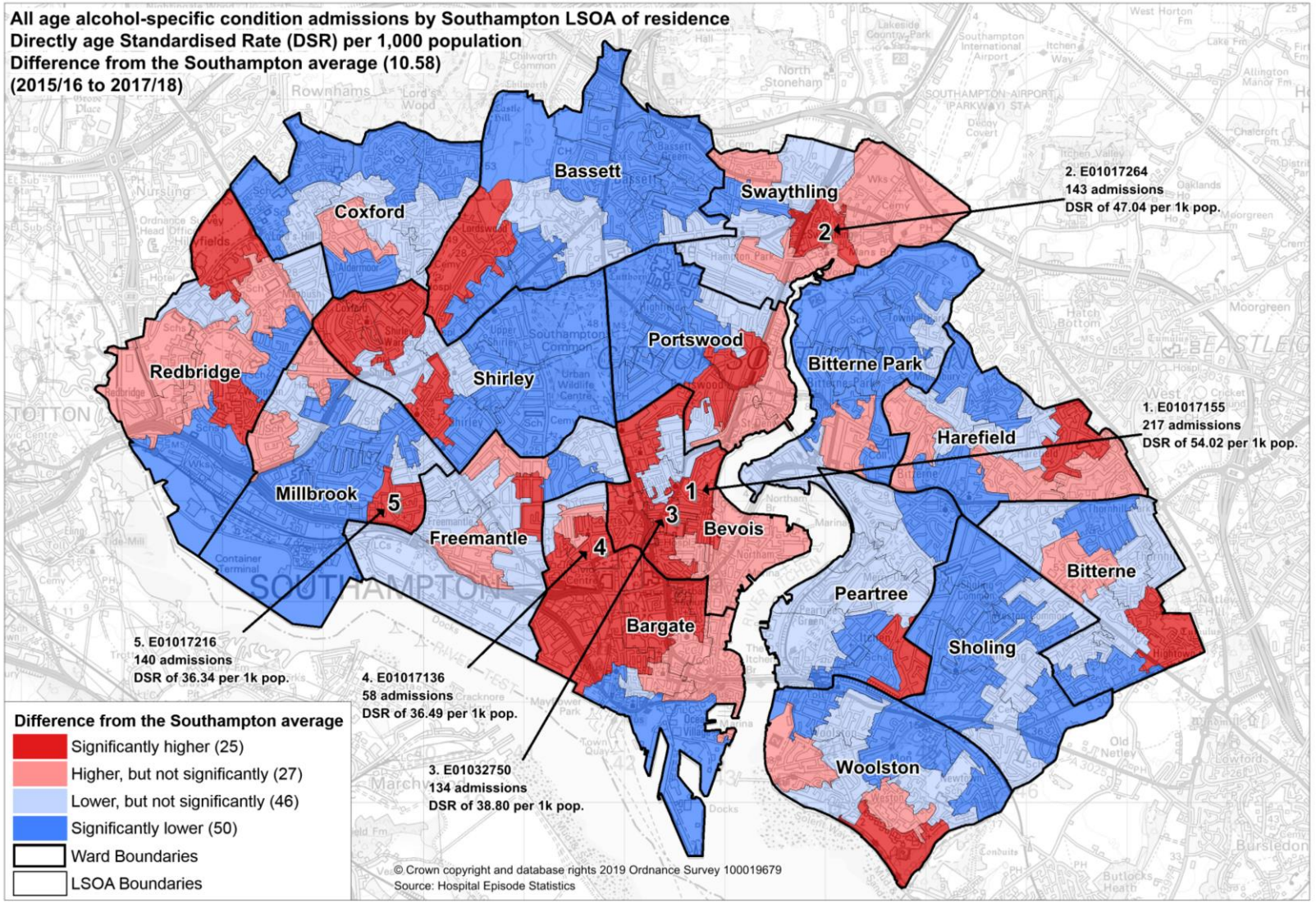


Gap has **narrowed** in recent years

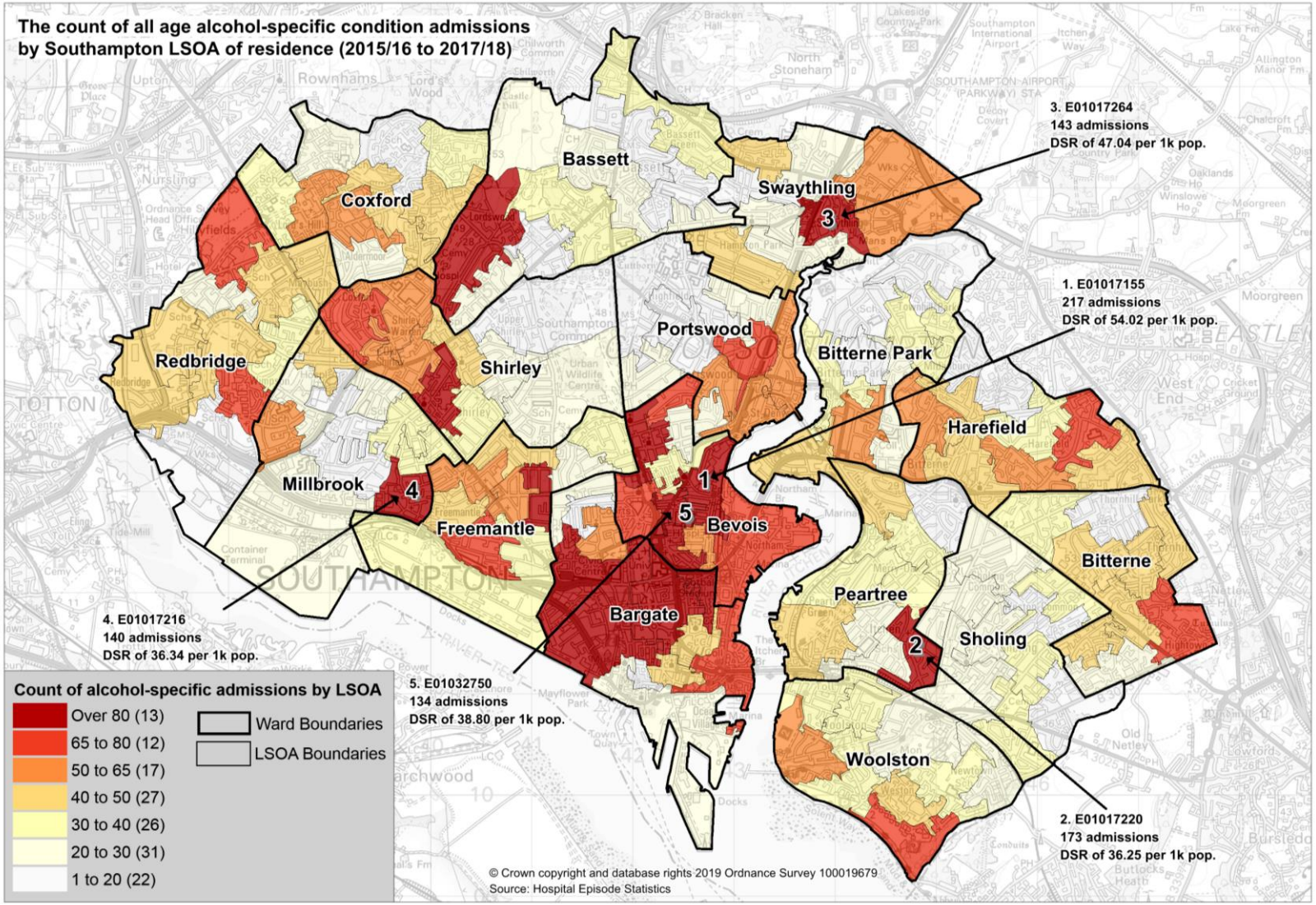
(but due to an increase in admission rates in the 20% least deprived areas)

Sources: Hospital Episode Statistics, ONS Mid-Year Population Estimates & IMD (2015)

Alcohol-specific hospital admissions



Alcohol-specific hospital admissions



Healthy start & children

Summary

Key	
	Significantly worse between 20% most deprived and 20% least deprived
	Worse, but not significantly between 20% most deprived and 20% least deprived

	Most deprived vs Least deprived				
Measure	Current gap (2015-17 - unless specified)	Gap during 2014-16	Gap during 2013-15	Gap during 2012-14	Gap during 2011-13
Children and young people					
Breastfeeding at initial check	**1.38x lower**	**1.35x lower**	**1.37x lower**	**1.33x lower**	**1.31x lower**
Mothers smoking at booking	**4.32x higher**	**3.49x higher**	**3.33x higher**	**3.28x higher**	**3.39x higher**
Teenage maternities	**3.05x higher**	**3.27x higher**	**2.99x higher**	**3.05x higher**	**3.14x higher**
Low birth weight of full term babies	**1.63x higher**	**1.35x higher**	**1.40x higher**	**1.57x higher**	**1.31x higher**
Child obesity (Year R)	**1.72x higher**	**1.52x higher**	**1.73x higher**	**1.43x higher**	**1.49x higher**
Child obesity (Year 6)	**1.76x higher**	**1.58x higher**	**1.54x higher**	**1.43x higher**	**1.52x higher**
Child excess weight (Year R)	**1.31x higher**	**1.20x higher**	**1.39x higher**	**1.29x higher**	**1.37x higher**
Child excess weight (Year 6)	**1.33x higher**	**1.33x higher**	**1.29x higher**	**1.31x higher**	**1.32x higher**

Healthy start & children

In the most deprived quintile compared to the least…

Breastfeeding at initial check

1.38x lower

Mothers smoking at booking

4.32x higher

Teenage maternities

3.05x higher

Low birth weight of full term babies

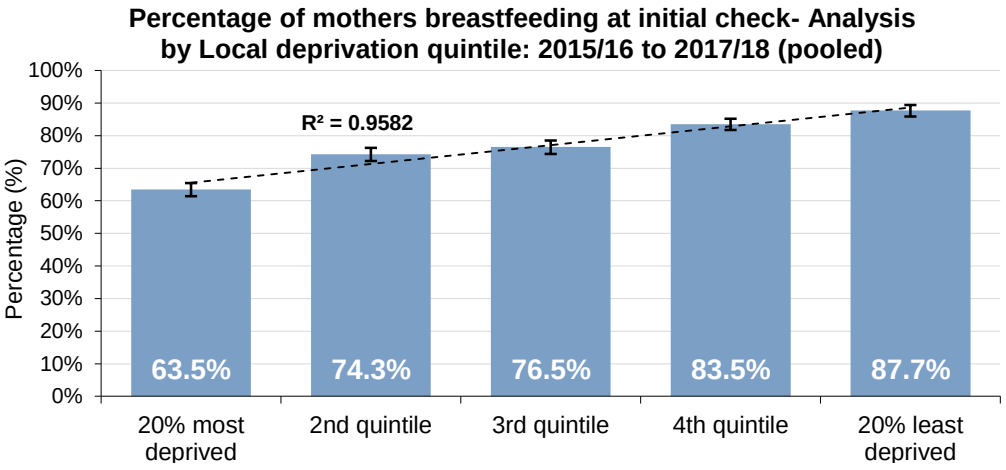
1.63x higher

Prevalence of obesity

1.72x higher for Year R children

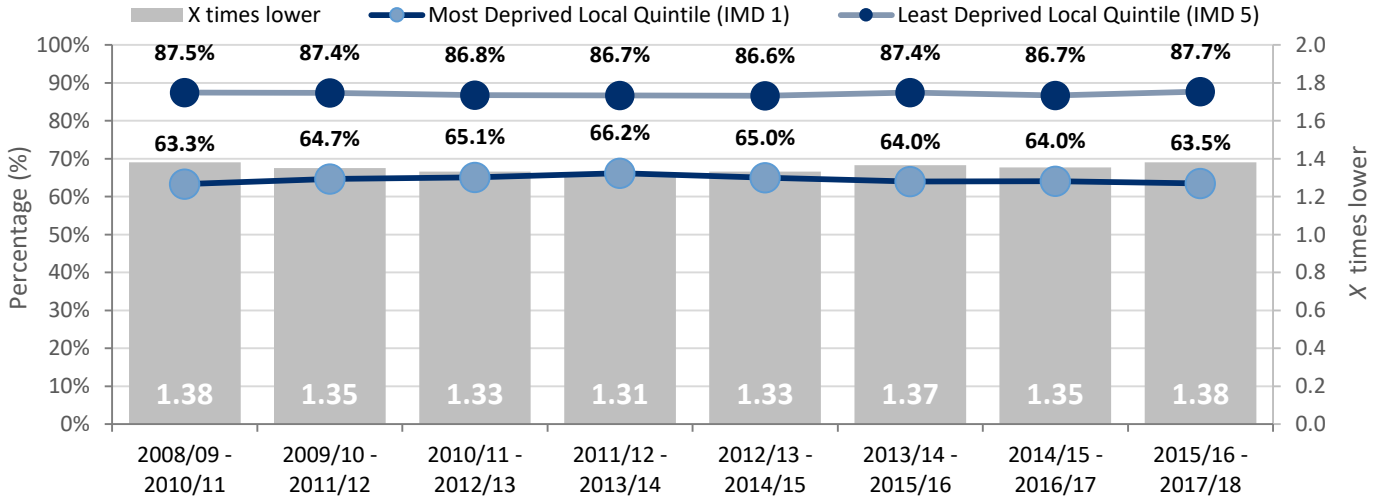
1.76x higher for Year 6 children

Breastfeeding



Source: UHS midwifery database: Southampton CCG

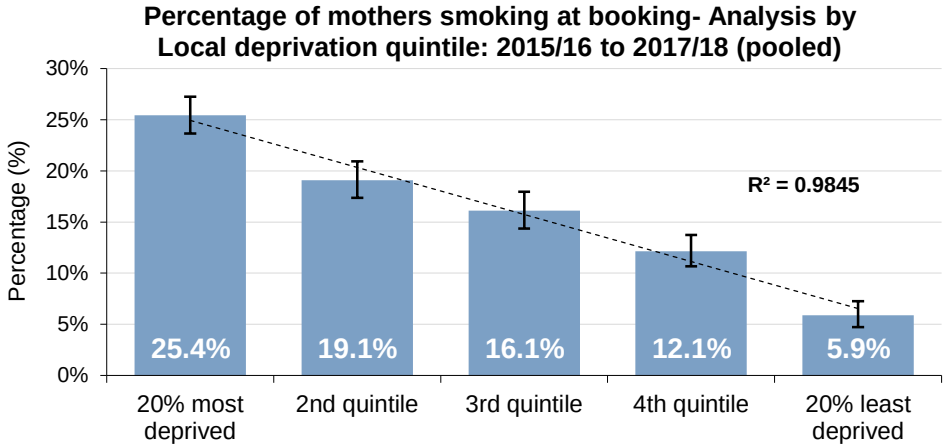
1.38 times lower



Source: UHS midwifery database: Southampton CCG

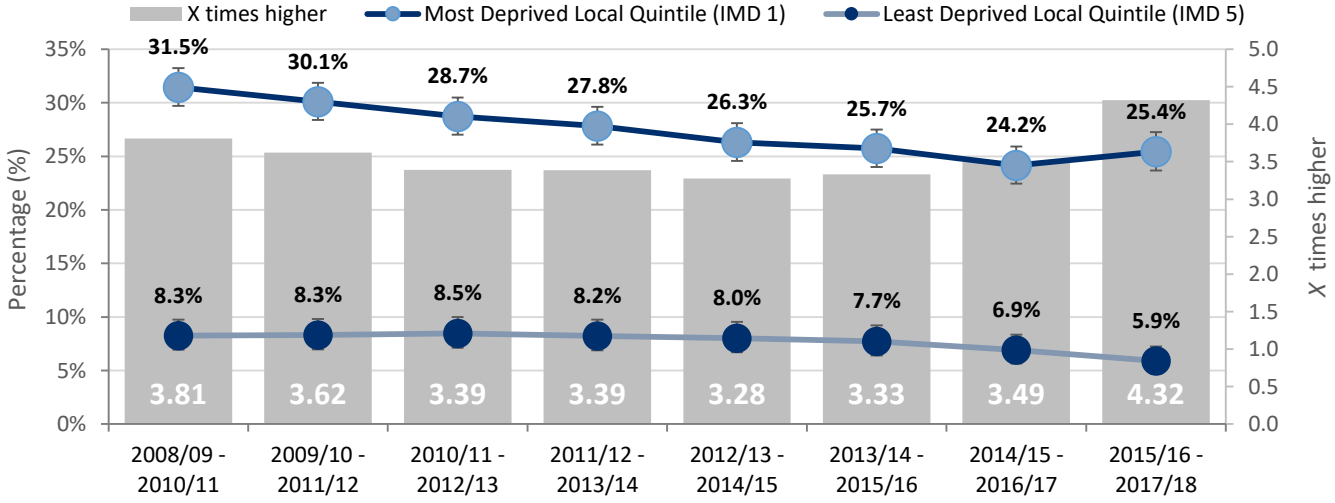
No evidence of gap narrowing

Smoking at booking



Source: UHS midwifery database: Southampton CCG

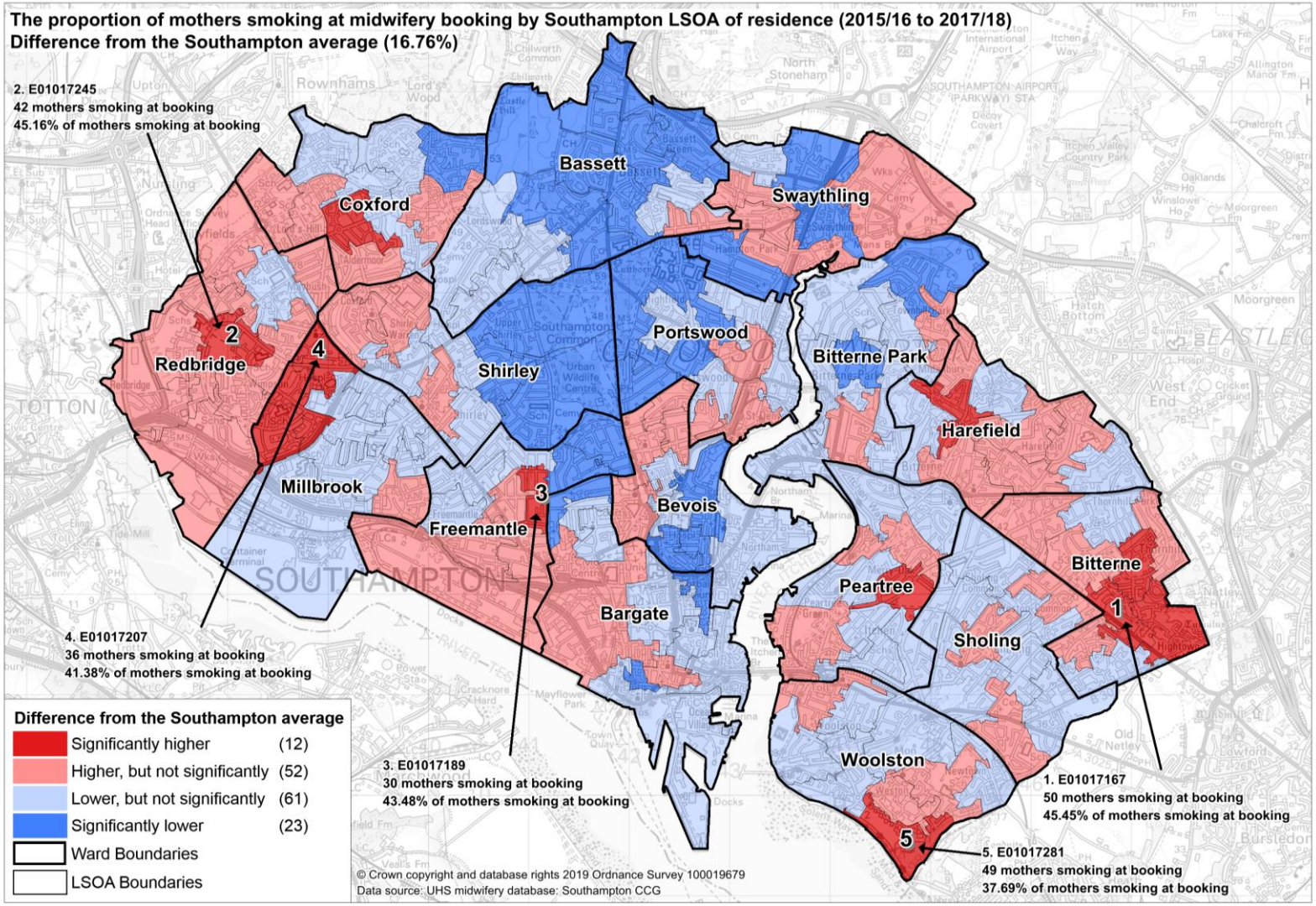
4.32 times higher



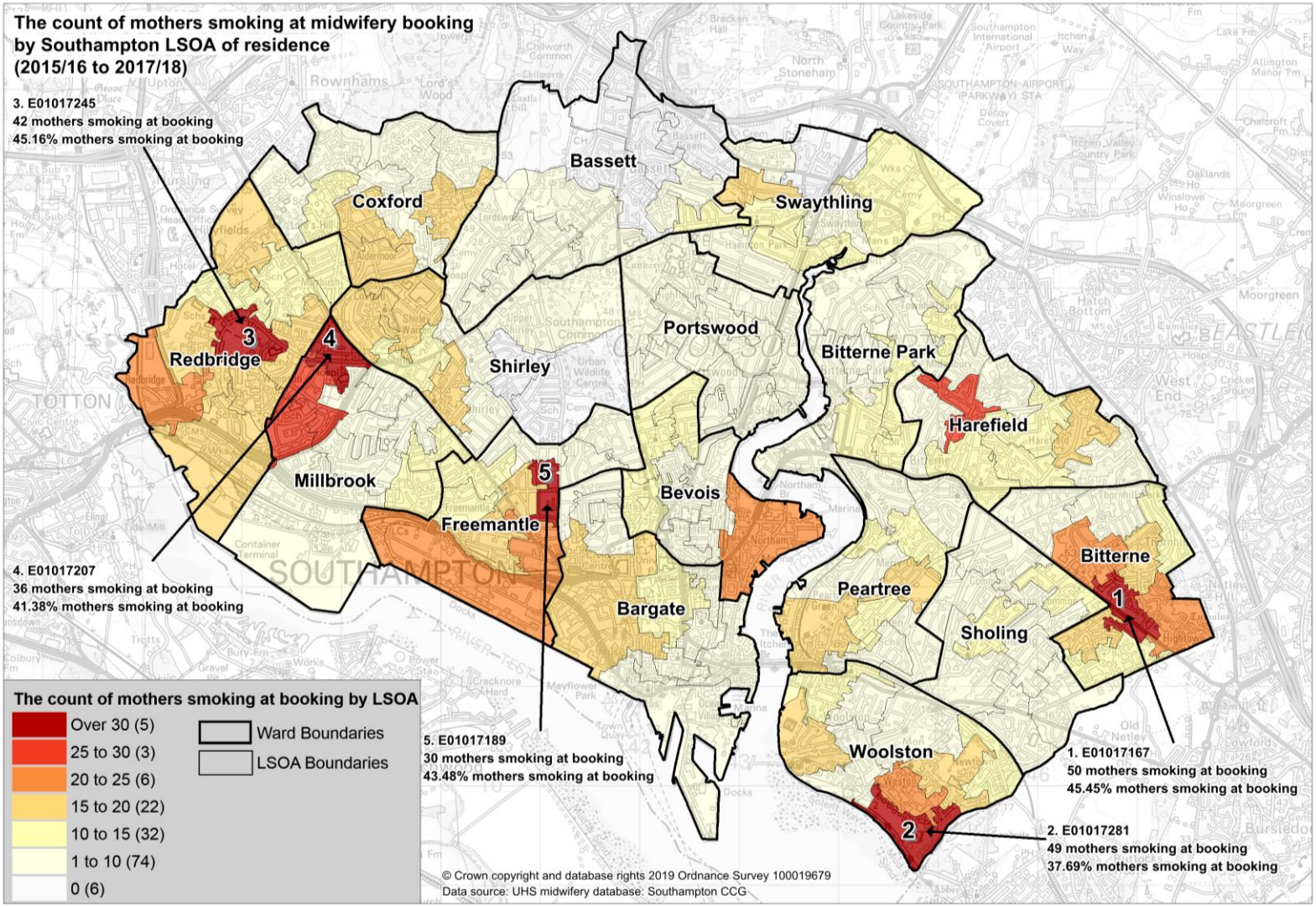
Source: UHS midwifery database: Southampton CCG

No evidence of gap narrowing

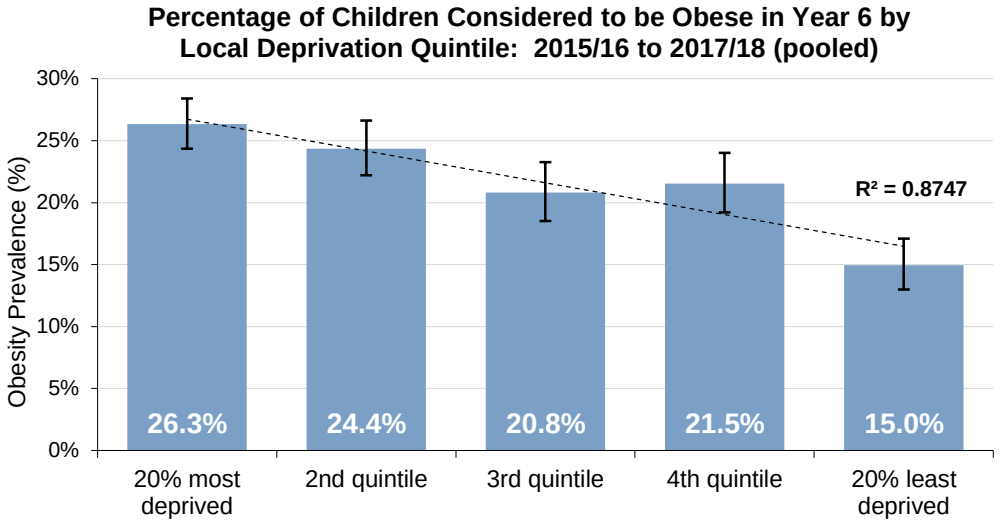
Smoking at booking



Smoking at booking

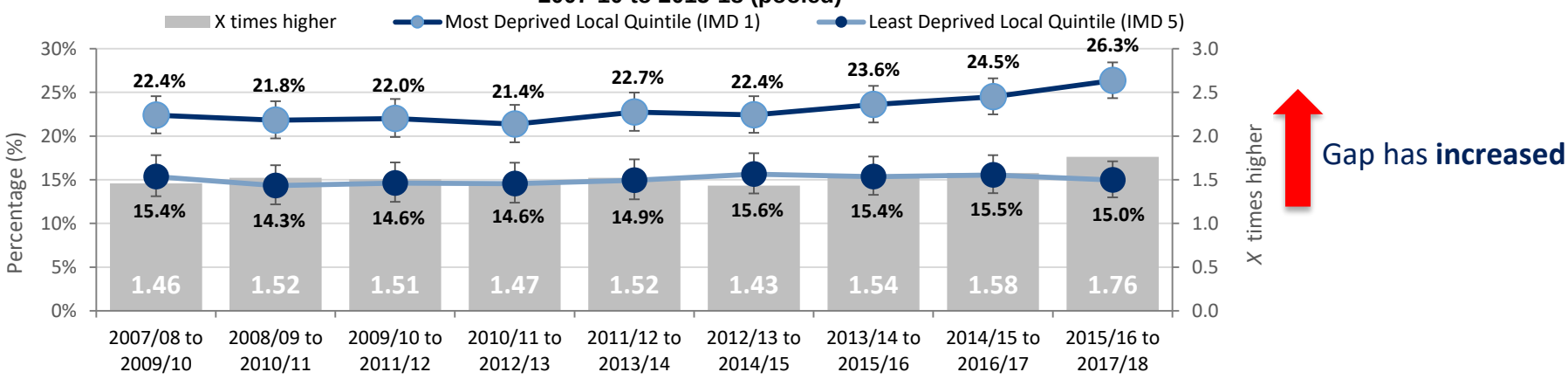


Child obesity (Year 6)



1.76 times higher

Source: National Child Measurement Programme Pupil Enhanced Data Set, NHS Digital - Lifestyle Statistics



Gap has **increased**

Sources: SEPHO (2007/08 to 2012/13 data) and the National Child Measurement Programme Pupil Enhanced Data Set, NHS Digital - Lifestyle Statistics (data for 2013/14 onwards)

Wider determinants

Summary

Key	
	Significantly worse between 20% most deprived and 20% least deprived
	Worse, but not significantly between 20% most deprived and 20% least deprived

	Most deprived vs Least deprived				
Measure	Current gap (2015-17 - unless specified)	Gap during 2014-16	Gap during 2013-15	Gap during 2012-14	Gap during 2011-13
Wider determinants					
Looked After Children (2018)	**3.95x higher**	**N/A**	**N/A**	**N/A**	**N/A**
Average progress 8 score (2018)	**Not comparable**	**N/A**	**N/A**	**N/A**	**N/A**
Proportion of children aged under 16 years in low income families (2015)	**4.84x higher**	**N/A**	**N/A**	**N/A**	**N/A**
Claimant count - nomis experimental stats (2019)	**5.06x higher**	**N/A**	**N/A**	**N/A**	**N/A**
Fuel poverty (2016)	**Similar**	**N/A**	**N/A**	**N/A**	**N/A**
Police recorded crime (2017/18)	**3.02x higher**	**N/A**	**N/A**	**N/A**	**N/A**
IDVA referrals (Oct. 2016 - Aug. 2018)	**5.58x higher**	**N/A**	**N/A**	**N/A**	**N/A**
Police recorded drug offences (2017/18)	**4.69x higher**	**N/A**	**N/A**	**N/A**	**N/A**
Police recorded violent crimes and sexual offences (2017/18)	**3.82x higher**	**N/A**	**N/A**	**N/A**	**N/A**
Police recorded vehicle crime (2017/18)	**1.57x higher**	**N/A**	**N/A**	**N/A**	**N/A**
Police recorded robbery (2017/18)	**4.10x higher**	**N/A**	**N/A**	**N/A**	**N/A**
Police recorded burglary (2017/18)	**1.24x higher**	**N/A**	**N/A**	**N/A**	**N/A**
Police recorded theft (2017/18)	**1.70x higher**	**N/A**	**N/A**	**N/A**	**N/A**
Police recorded theft from the person (2017/18)	**2.13x higher**	**N/A**	**N/A**	**N/A**	**N/A**
Police recorded shoplifting (2017/18)	**2.37x higher**	**N/A**	**N/A**	**N/A**	**N/A**
Police recorded bike theft (2017/18)	**1.50x higher**	**N/A**	**N/A**	**N/A**	**N/A**
Police recorded anti-social behaviour (2017/18)	**3.65x higher**	**N/A**	**N/A**	**N/A**	**N/A**

Wider determinants

In the most deprived quintile compared to the least…

Looked after children

3.95x higher

Lower progress 8 attainment score

-0.47 in the most deprived

0.17 in the least deprived

Child poverty

4.84x higher

Claimant count

5.06x higher

Recorded crime rates

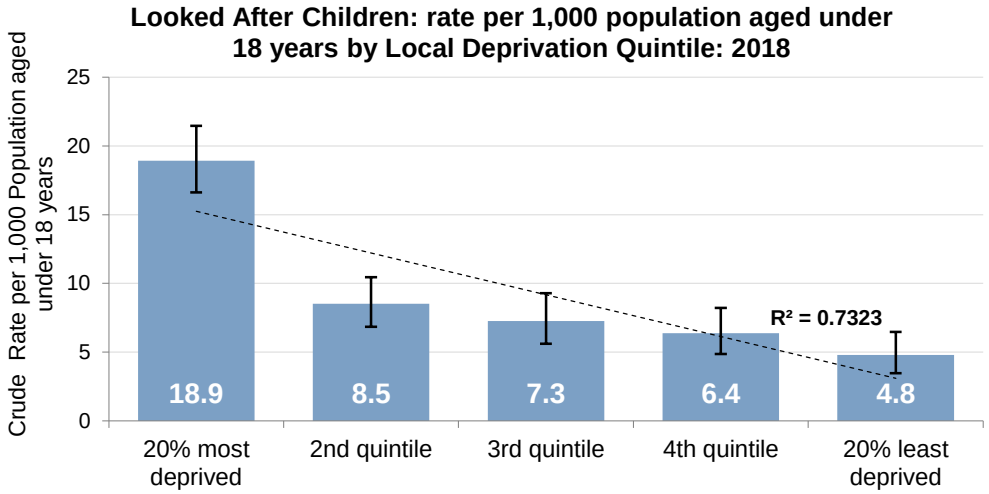
3.02x higher

New IDVA (domestic violence) referrals

5.58x higher

Children

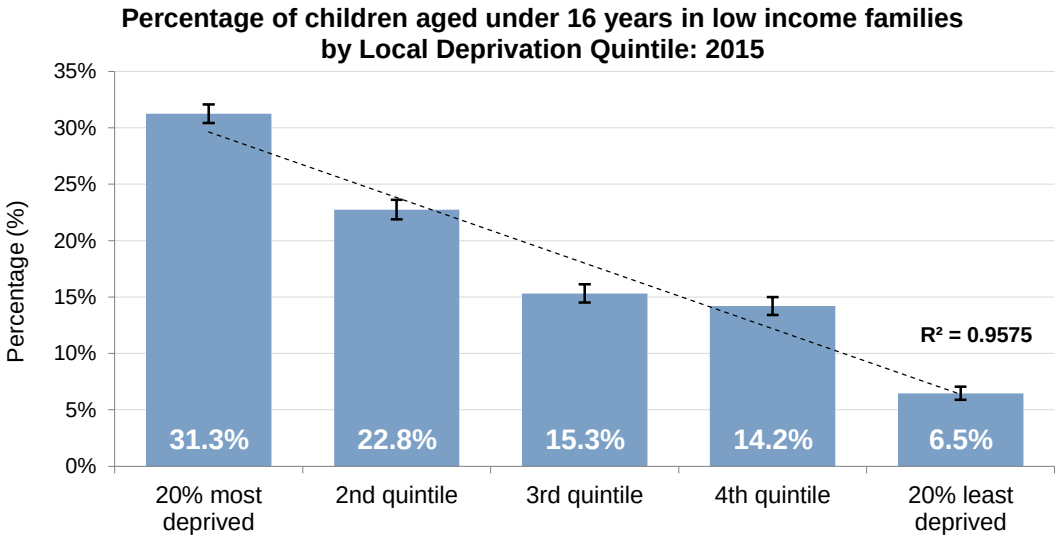
Looked after children



3.95 times higher

Source: Southampton City Council- Children's Data Team

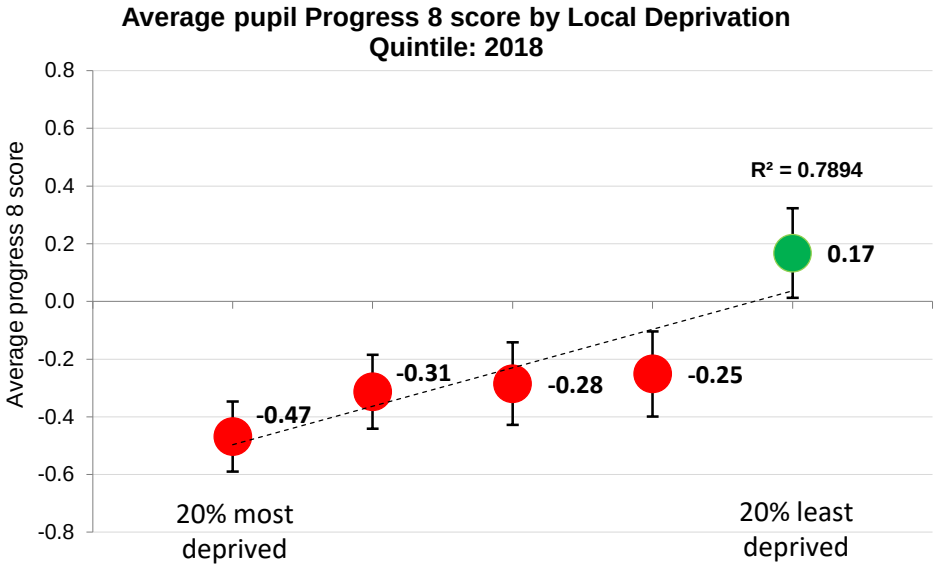
Child poverty



4.84 times higher

Source: HM Revenue and Customs (Personal Tax Credits: Related Statistics - Child Poverty Statistics)

Education

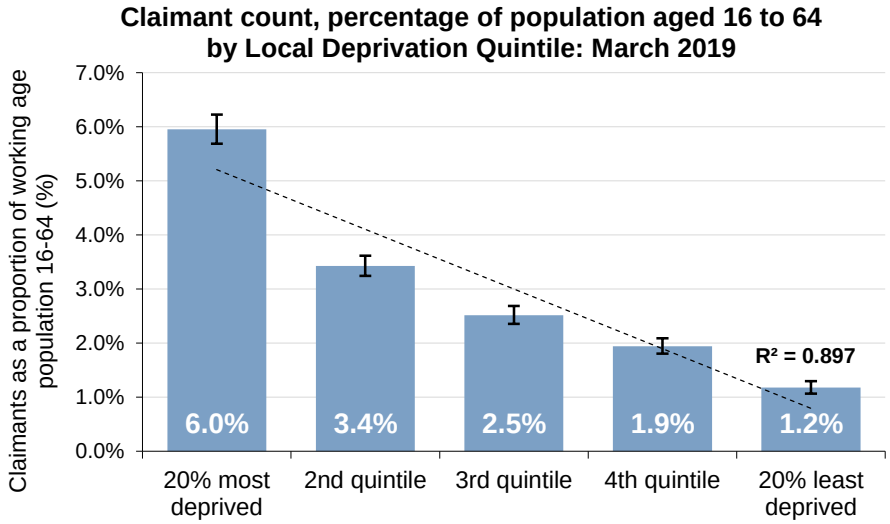


Source: Southampton City Council- Children's Data Team

- Educational attainment is a key determinant for future health and wellbeing, as those with higher attainment and qualifications can earn more money, which in turn can influence the quality of life of an individual and their family
- Progress 8 is a measure of educational attainment, the measure compares pupils results to the actual achievements of other pupils with a similar starting point nationally
- The Southampton average pupil Progress 8 score is **-0.24**
- Pupils in the most deprived quintile have the lowest attainment – **however only pupils living in the 20% least deprived areas have a positive Progress 8 score**

Unemployment and Crime

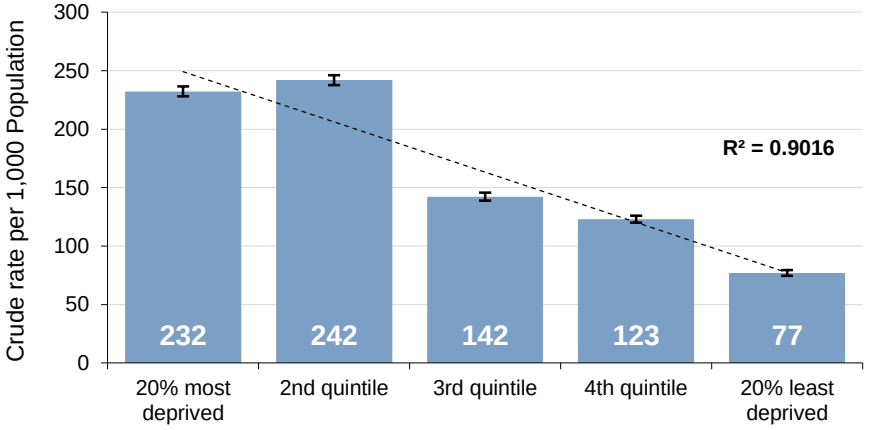
Unemployment



Sources: DWP via Nomis

5.06 times higher

Crime



Sources: Crime and Policing Open Data, The Home Office from data.police.uk, HCC Mid-2017 Population Estimates for Lower Layer Super Output Areas by IMD 2015

3.02 times higher

Summary

Southampton has significant inequalities across a number of outcomes

- Life expectancy & mortality
- Physical health
- Mental health
- Healthy behaviours
- Healthy start in life
- Wider determinants

What can be done?

Relative contribution of the determinants of health

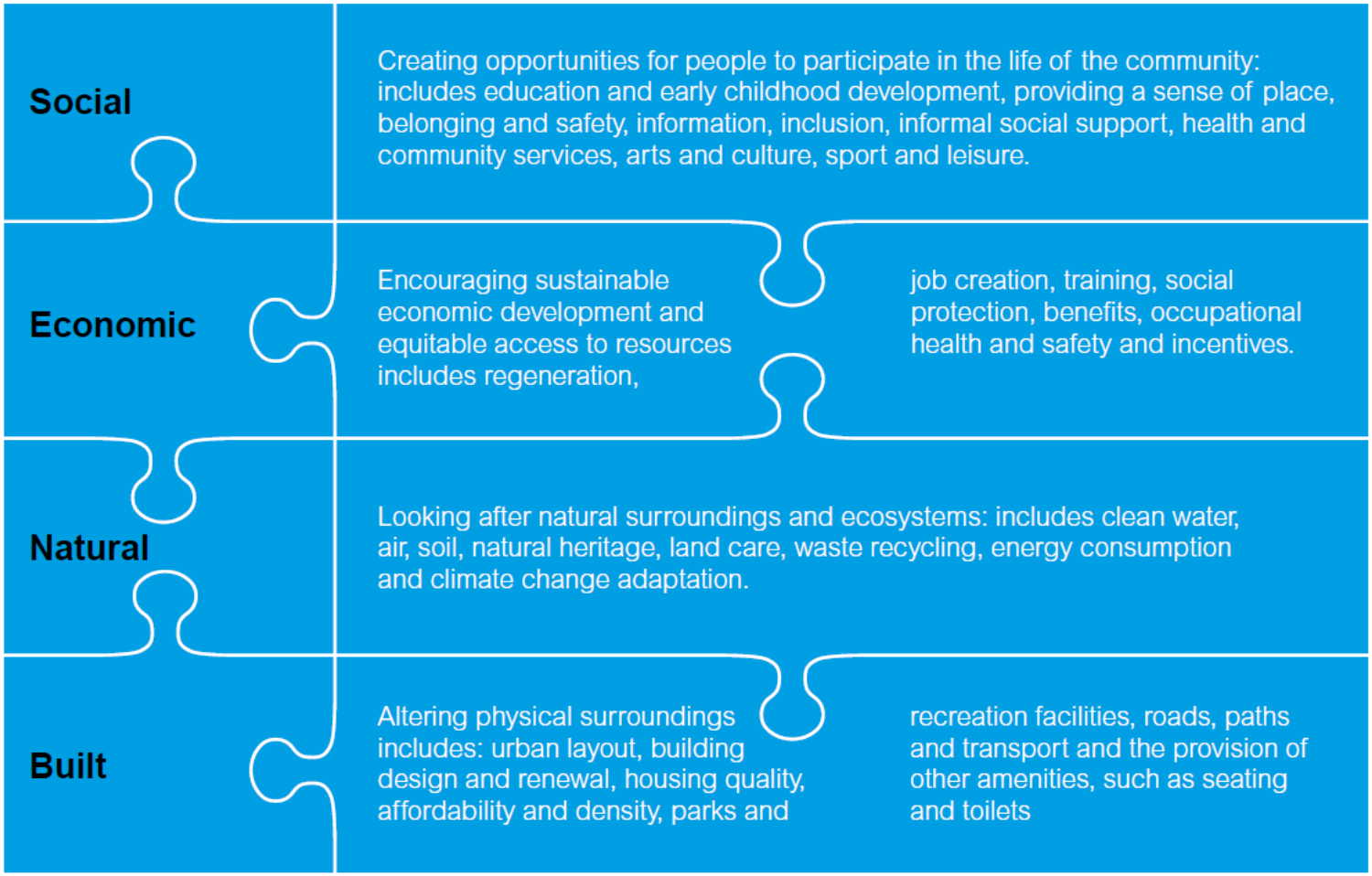
southampton dataobservatory

Health Behaviours 30%	Socio-economic Factors 40%	Clinical Care 20%	Built environment 10%
Smoking 10%	Education 10%	Access to Care 10%	Environmental Quality 5%
Diet/Exercise 10%	Employment 10%	Quality of care 10%	Built Environment 5%
Alcohol use 5%	Income 10%		
Poor sexual health 5%	Family/Social Support 5%		
	Community Safety 5%		

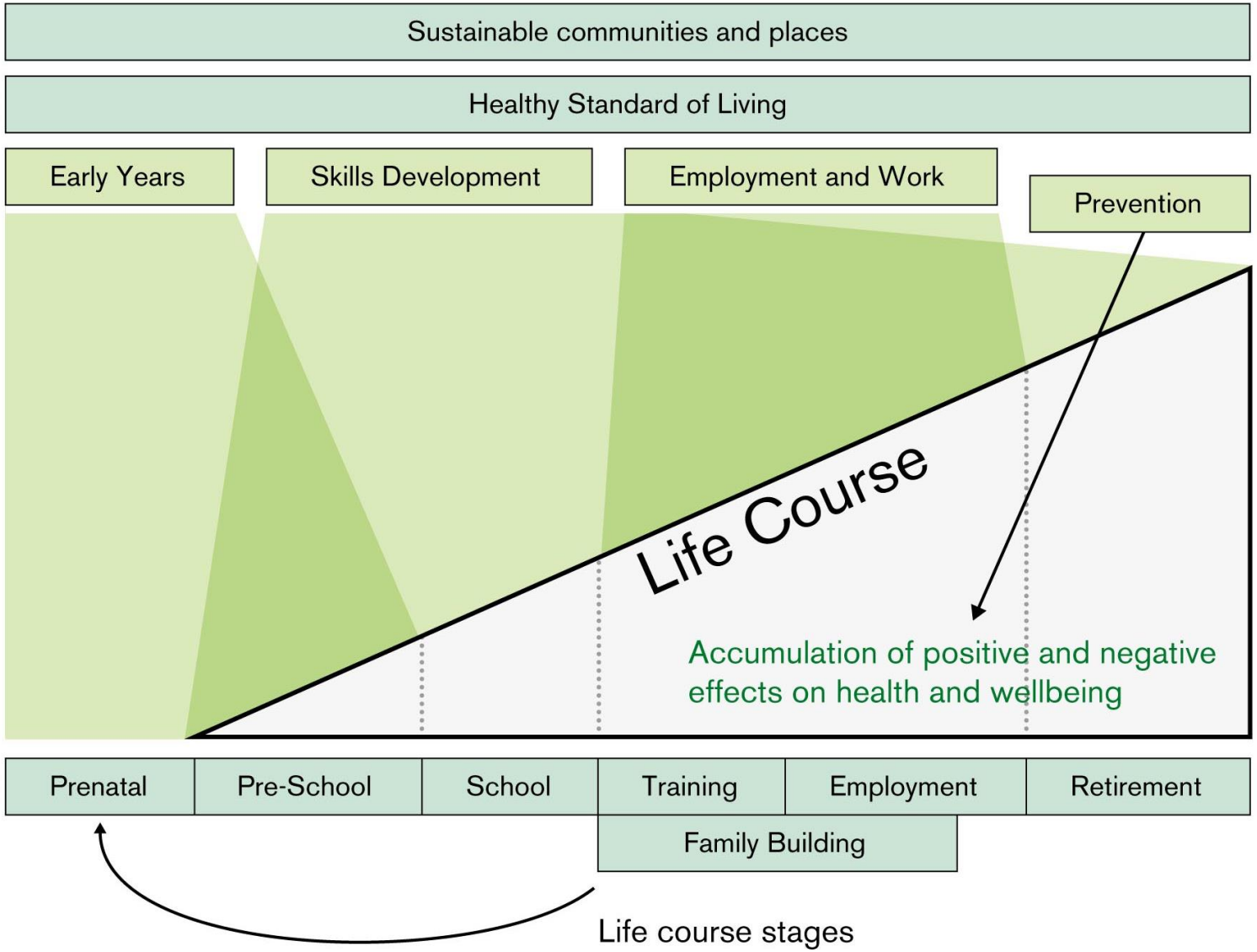
Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute. Used in US to rank counties by health status

southampton dataobservatory

The causes of the causes: if the causes are social, economic and environmental then the solutions need to be too



A life-course approach

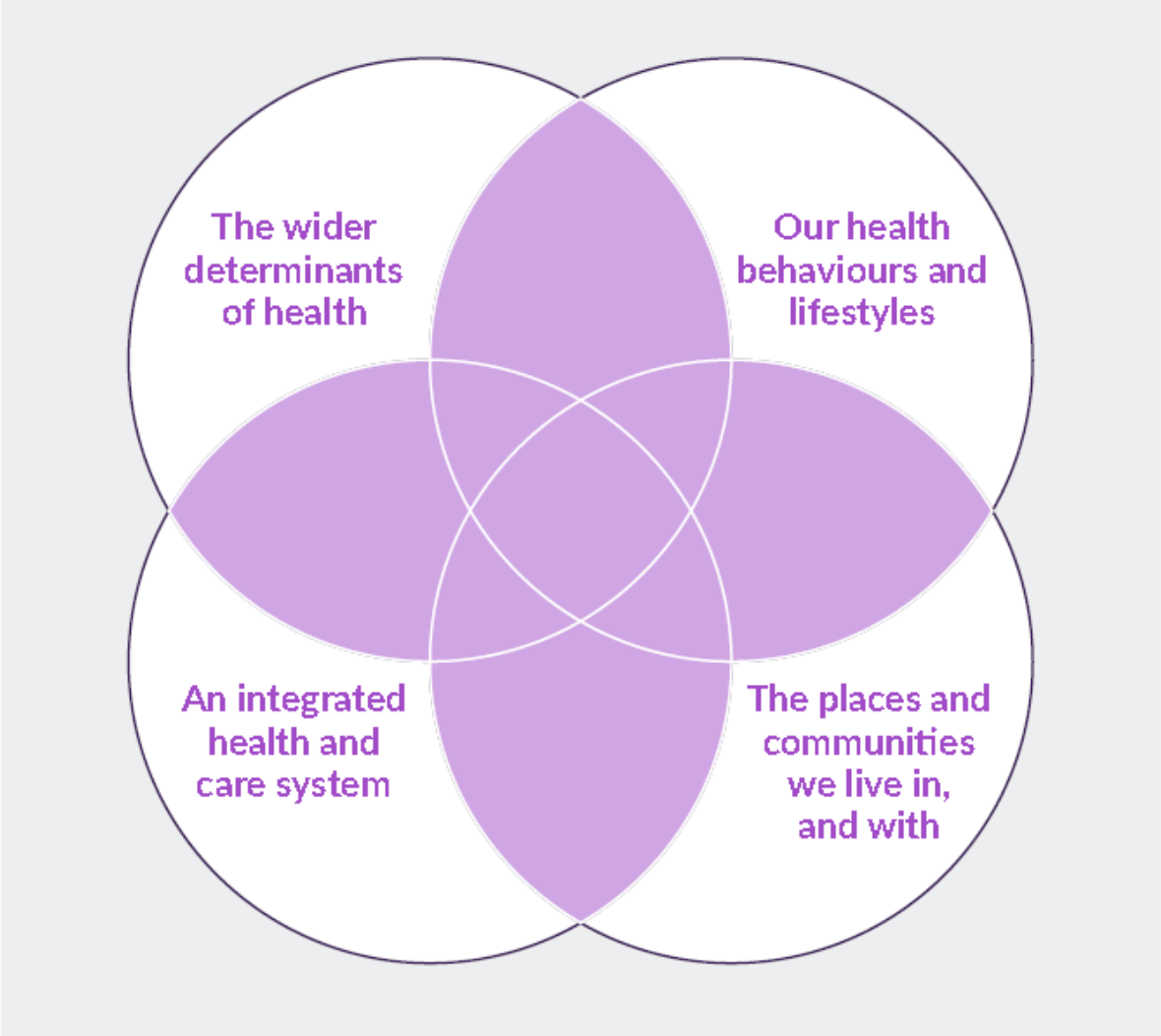


Direct impacts of actions on health outcomes

Area	Scale of problem in relation to public health	Strengths of evidence of actions	Impact on health	Speed of impact on health	Contribution to reducing inequalities
Best start in life	Highest	Highest	Highest	Longest	Highest
Healthy schools and pupils	Highest	Highest	Highest	Longer	Highest
Jobs and work	Highest	Highest	Highest	Quicker	Highest
Active and safe travel	High	High	High	Longer	Lower
Warmer and safer homes	Highest	Highest	High	Longer	High
Access to green spaces and leisure services	High	Highest	High	Longer	Highest
Strong communities, wellbeing and resilience	Highest	High	Highest	Longer	High
Public protection	High	High	High	Quicker	High
Health and spatial planning	Highest	High	Highest	Longest	Highest

9 http://www.kingsfund.org.uk/publications/improving-publics-health

A healthier future



Kings Fund November 2018: A vision for population health: Towards a Healthier Future
https://www.kingsfund.org.uk/sites/default/files/2018-11/A%20vision%20for%20population%20health%20online%20version.pdf

Giving every child the best start in life

Headline Messages from Effectiveness Evidence	Examples of local Action and gaps/risks (Feb 2019)
Promotion of good maternal/parental and child health **Good Parenting Interventions** **Language and physical health outcomes** **Improving the home to school transition:** **Building Children and Young People's Resilience in Schools** - **Promoting healthy behaviours through a "whole school" approach**	0-19 prevention and early help plan and partnership supporting city wide agency working to give children best start in life. 0-19 integrated service includes delivery of healthy child programme, childrens centre provision, family nurse partnership, troubled families programme, oral health promotion and healthy schools programme. Healthy Early years programme. Breastfeeding support programme in place. Parenting programmes offered through childrens centres. Close working with NHS England to maintain and increase immunisation uptake with focus on reducing inequity. Maternity service has public health lead midwives to support attachment, smoking cessation, weight management, tackle substance misuse and prevent domestic abuse. Child Friendly Southampton approach. Gaps/risks: need stronger alignment of adult services e.g. substance misuse service to support families, need to support PSHE offer, need better alignment of sexual health agenda, need to take Adverse Childhood Experiences approach and build from proposed community infrastructure. Promotion of 2 year free education offer and registration with childrens centres. Early years providers offer to all pre-school children in City. Targeted support for transition from early years to school. Transition arrangements between schools & onto post 16 education varies and decided by educational settings in partnership with parents/carers, most have some degree of enhanced support such as year 6 to 7 programmes. Continued expansion of new healthy schools programme 'healthy high 5' in primary and secondary schools Continued funding of health and wellbeing drop in in schools and colleges across City. Restorative practice programme in schools to tackle behavior issues. School attendance team working closely with schools to reduce absence and exclusion rates. Inclusive learning charter being developed with schools and early years providers. Sexual health improvement plan (includes teenage pregnancy plan). Active PSHE network across City and annual UoS health and wellbeing day for teachers in training. Implementation of CAMHS transformation plan. This includes proposals on mental health support in schools. Emotional Wellbeing team already supporting secondary school aged children. CAMHS Forums in place for secondary schools and for primary schools. Children's counselling service in place, working in partnership with schools. Transition pathway and guide recently launched for young people preparing for adulthood. LSCB campaign to raise awareness and train frontline workers on identification of adverse childhood experiences, online safety and child sexual exploitation Gaps/risk: Need for consistent offer across all early years, school and college settings especially in relation to mental health. Minimal link with Universities on H&WB at present.

Skills development

Headline Messages from Effectiveness Evidence	Examples of local Action and gaps/risks (Feb 2019)
Reduce the number of young people not in employment, education or training (NEET)	IAG (Including Employment Support) for young people who are currently NEET and/or Care Leavers. This 2 year project uses an intensive engagement and case management approach joining up relevant services/provision in an individualised 'Personal Development Programme' to provide holistic, wrap around support. 'Work ready' participants will have access to extended work experience placements including a weekly bursary, as a routeway to Traineeships or Apprenticeships. The council fund 1.5 posts to contact and track all 16 and 17 year olds to identify those who are NEET and to offer support. City Council has allocated funding to Youth Options to provide engagement activities and individual support to those identified. Gaps/risks: Those 18-24 who fall out of education or employment and don't access support from services. More focused support is also being developed for Looked After Children and care leavers as these groups are particularly vulnerable to unemployment and not progressing to further education. Supported Internships programme for young people with SEND. During 18/19, 10 young people with SEND were enrolled. A Supported Internship Forum is being established with representation from college and special schools to further promote and develop the programme. Lifeskills programme in place to support people with LD in developing practical skills. STEP programme. 19+ Adult Learning programme includes delivery of healthy eating, first aid, financial management, language development and functional skills targeted at priority families and offered through schools and children's centres –approx. 1200 enrolments per year
Adult Learning Services	The service receives funding from the Education & Skills Funding Agency & commissions delivery from a range of internal and external sub-contractors to the value of approx. £330,000. It provides learning opportunities to just under 3,000 adults and a further 1,200 children (via the family learning courses within the programme) every year. It aims to fill gaps in provision and is almost 100% a targeted service reaching out to those with the greatest need such as learners with low skills/qualification levels, unemployed, learners with disabilities and/or learning difficulties and learners from BAME groups. Majority of provision is offered free and just over 25% of learning opportunities lead to qualifications, whilst the courses themselves range from 2hr engagement workshops to 60 hour courses that last for 3 terms. The Adult Learning curriculum is cross-cutting and addresses many of the City's priorities from health and well-being, to employment, to social inclusion.

Employment and work

Headline Messages from Effectiveness Evidence	Examples of local Action and gaps/risks (Feb 2019)
Workplace Interventions to improve health and wellbeing **Working with Employers to promote good quality work:** **Living Wage** **Increasing Employment opportunities and retention for people with long term conditions, disability and older people:**	Well and working: Report on workplace health produced by Public Health, used to secure match funding from Economic Development and Southampton Connect to develop an offer for workplaces to support them to improve the health of their workforce. Post recently in place to support SMEs. Risk/gaps: Work is required with legal team and those in contracts to help ensure partners working with the council have good practices to promote good work. Also a recommendation from Southampton Connect. Training and capacity development available on MECC, brief interventions (behavior change programmes for weight management and smoking cessation), motivational interviewing and healthy conversations available to managers/ employers in Southampton. Support to people with a Secondary Mental Health Diagnosis. An Integrated Mental Health Employment Service delivers individual placement support (IPS) within Southampton's Community Mental Health Teams. This service is commissioned through Southampton City Clinical Commissioning Group and provided by Southampton City Councils Employment and Skills Team, and Southern Health NHS Foundation Trust. Life Skills team to expand the range and accessibility of provision for young people and adults with a learning disability during the daytime. The TEEM project supports tenants to secure paid employment and vocational training. TEEM also supports tenants that want to learn more about becoming self-employed and starting a business, and also organises specialist training sessions. Well@Work testing ways to help people with disabilities and health conditions to remain in work. Well@Work provides support to people with a mental health or musculoskeletal condition who are at risk of losing their jobs. It is testing different referral routes to find the most effective way for people to access support and to test referral pathways through GPs, community mental health teams and musculoskeletal teams. Employers are also being engaged through Southampton City Council's Wellbeing@Work service, with the offer of support for employees and businesses with their health and wellbeing activities. Employment Support to individuals whose profound, complex needs are likely to create acute difficulties for voluntary participation in the Work and Health Programme. Focus on people who are programme 'outliers', including those with an enduring mental health condition, care leavers (19-24yrs), adults and young people who are homeless or at risk of becoming so, people with a history of alcohol/substance misuse, women or men experiencing domestic violence/sexual abuse, and workless people with similarly entrenched barriers to work. 19+ Adult Learning programme includes delivery of employability courses, functional skills, business skills & qualification courses to targeted priority groups Risk: Securing External Investment. External Grants and Commissions – Provision of the above services are based on securing grants and commissions which fund 100% of the services provided. Gaps: Unfunded client groups: people with a custodial sentence, autism, acute mental health issues, people receiving a service from CAMHs, people living in the private rented sector and substance misusers.

Healthy environment

Headline Messages from Effectiveness Evidence	Examples of local Action and gaps/risks (Feb 2019)
Fuel Poverty	Fuel poverty action plan (2017-2025) sits under the housing strategy. Aims to reduce fuel poverty and increase energy efficiency of all tenures in City. Active Southampton Warmth for All partnership ensuring identification of fuel poverty at earliest stage, opportunities for healthy conversations, links to benefits, tariff switching and measures to improve energy efficiency of homes. Industry funding secured to support activities in City. Local energy company 'Citizen' set up. Non profit. All proceeds to be used to tackle fuel poverty. Seeking opportunities to reduce tariff for people on pre-payment meters Gaps/risks: Sustainable approach to agenda (highly dependent on bids), need to scale up Citizen through marketing opportunities
Improving Access to Green Spaces	12 parks improvement projects either recently finished or in progress on the Capital programme. 11 Play Area improvement projects either recently finished or in progress on the Capital programme. 2 Parks with Green Flag Status – 7 others being managed towards Green Flag Status. New green spaces from development and adopted by SCC in past five years include Park Centrale, Green Lane Copse and Weston Parade sites still to be adopted include Test Lane, Ordnance Survey Site and Meridian site. There are 27 allotment sites and 1600 plots, all sites have waiting lists.We also offer a range of free activities, walks and talks, based around the Hawthorns Wildlife Centre and Central Parks. Risks/gaps: There will be future gaps in the ability to undertake improvements as S106 agreements are no longer used and Capital is therefore reducing in the Parks/Play service. With reduced funding over the past 10 years maintenance of green spaces has greatly reduced and Green Flags Awards have reduced from 7 down to 2.
Air Quality (including promotion of active/safe travel	Southampton Air Quality Strategy (2017-2025) in place. Lots of activities being taken forward including electric hook up points, sustainable distribution centre, closure of roads around schools and taxi licensing scheme. Clean Air Network of businesses across City. Southampton cycling strategy with approx.. £10m funding to improve infrastructure being taken forward until 2027. Ministerial direction to consider Clean Air Zone requirements taken forward. Green City Charter proposed by Cabinet. Active Travel Zones programme.

Ill health prevention

Headline Messages from Effectiveness Evidence	Examples of local Action and gaps/risks (Feb 2019)
Prioritise prevention and early intervention: **Early detection and chronic disease management** **Proportionate focus on specific populations and vulnerable group** **Promotion of self care** **Promotion of uptake of Screening programmes**	Alcohol strategy until 2020. Key activities identification in settings, PSHE, recommissioning of specialist service. Priority alcohol and older people. Physical activity and sports plan developed, need to track implementation. Smoking priorities: 1. Smoking cessation plan – priority in mental health, 2. Preventing CYP starting smoking and 3. Smoke free homes. Healthy weight plan (CYP). Tier 2 voucher scheme. Review of aspirations on healthy weight (wider determinants). CCG – long term conditions, pathways. NHS healthchecks. Review complete. Alignment with cardiovascular disease prevention approach. Improved access to annual health checks for people with a learning disability. National Diabetes Prevention Programme. Sexual Health Improvement Plan. Better Care Plan. Community navigation pilot work. Extended to all areas of the city, targeted at the most vulnerable populations, including older people and people living with mental health conditions. Launch of the Southampton Living Well Service in April 2018 (delivered by SCIA working in partnership with Age UK). This service is transforming traditional day care services for older people by providing a broader range of activities within local communities and expanding the offer across a wider continuum of need.Promotion and extension of a telecare service across the city to support people to be more independent in their own home and have access to their local community. Priority given to improve uptake of screening in Cancer Care Plan. SCC and CCG work with NHSE to increase screening uptake in eastern European populations. Promotion of Jo's Trust pledge for employers. Risks: Behaviour change contract ending early, ensuring behaviour change is built into care pathways, reduced specialist service provision – need for culture shift and recognition of MECC and self-service opportunities, need for more collaboration to tackle inequalities. No governance route for sexual health improvement plan delivery.

Resilient communities, tackling loneliness and developing social capital

Headline Messages from Effectiveness Evidence	Examples of local Action and gaps/risks (Feb 2019)
Community Resilience **Development of Social Support/Networks** **Promotion of Befriending and Health Volunteering Programmes**	Development and procurement of new service which promotes – Community Development infrastructure support which aims to promote greater spread and depth of community assets, Community navigation (a foundation for a future social prescribing approach in the city) which aims to connect local people with community assets and in so doing help them to build their networks. Southampton Living Well Service (see above) City Clusters, health and social care leadership groups, exploring ways in which social prescribing can work within their areas. Outputs from this work will be linked with the community navigation development. Timebank. Further opportunities will present themselves through the NHS long term plan – primary care. These opportunities will be linked with social prescribing and navigation. In addition the Council is seeking to promote volunteering in the city with sustained investment through a grants programme and developing a volunteering policy for staff employed by the Council. Youth health champions scheme in conjunction with Lifelab. Development of Youth and Play offer. Risks: There is a risk that the current local solutions groups will not sustain their current form until the new provider of the Community Solutions group is in place, the new service may take some time to reach out to existing networks if they are not known to the provider and there is a risk that connections between community/primary health care services and the new Community Solutions Service are slow to form which will impact upon the roll out of the navigation services for the city. Gaps: Social prescribing approaches being explored and developed within the city, however not implemented at this stage and should therefore a gap in provision until the new service has been in a position to support development of the plans.

strategic.analysis@southampton.gov.uk

https://data.southampton.gov.uk/