

Older people, people with a learning disability, carers and adult social care users

Southampton City Council



The main users of adult social care include older people, people with a learning disability and carers.

This slide pack summarises information on the **Southampton Data Observatory** which embeds the local JSNA (Joint Strategic Needs Assessment) describing the needs of Southampton older people (65+ years), people who happen to have a learning disability, carers and adult social care users.

The slides summarise what we know about the **people in the city** and their **protective characteristics** in **Population need**. Key insights into the population groups more likely to need adult social care are included in **Who is more likely to need to adult social care**, followed by **headline profiling** of adult social care **long-term service users** by their **protected characteristics** for the **three main support reasons**.

The latter part of the slide deck illustrates the health needs for the city; life expectancy, mortality, leading causes of risk and disability affecting health and wellbeing as well links to the Health and Wellbeing Strategy



Population needs



Demography

[Demography](#)



Current population

Southampton had an estimated resident population of **264,957** in 2023, of which...

135,236 (51.0%) were **male** and **129,721** (49.0%) were **female**

Southampton had an estimated **65+** resident population of **38,472** in 2023, of which...

17,716 (46.0%) were **male** and **20,756** (54.0%) were **female**

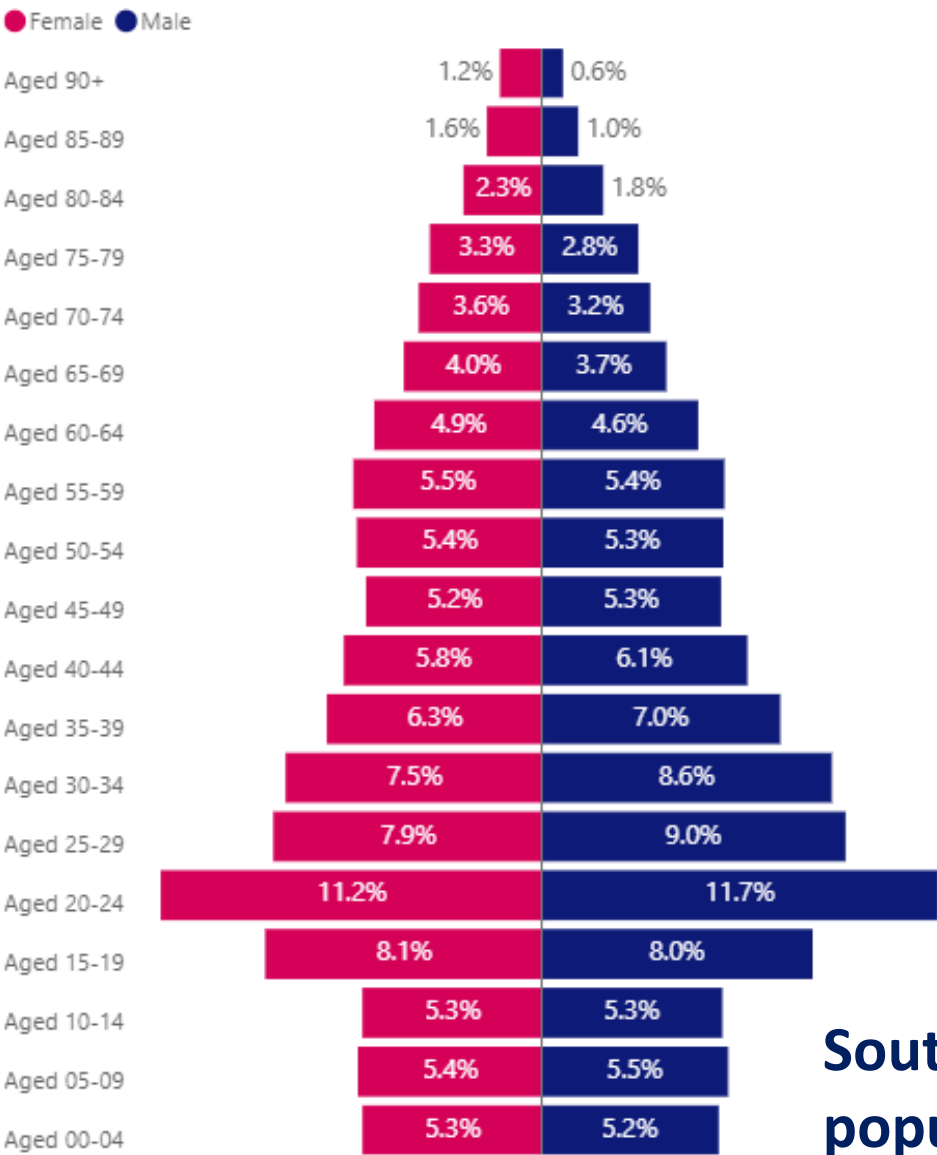
Also forecasted estimated **65+** resident population of **40,162** in 2025, of which...

18,580 (46.3%) were **male** and **21,582**(53.7%) were **female**

Data source: Hampshire County Council, Small Area Population Forecasts(SAPF) 2023 base



Percentage of population by sex for Southampton 2023



Population for Southampton 2023

Age group	Female	Male	Total
Aged 00-04	6,837	7,042	13,879
Aged 05-09	7,013	7,423	14,436
Aged 10-14	6,838	7,188	14,026
Aged 15-19	10,570	10,800	21,370
Aged 20-24	14,579	15,830	30,409
Aged 25-29	10,259	12,117	22,376
Aged 30-34	9,786	11,574	21,360
Aged 35-39	8,202	9,508	17,710
Aged 40-44	7,550	8,189	15,739
Aged 45-49	6,701	7,135	13,836
Aged 50-54	7,055	7,224	14,279
Aged 55-59	7,190	7,269	14,459
Aged 60-64	6,385	6,221	12,606
Aged 65-69	5,247	4,946	10,193
Aged 70-74	4,678	4,299	8,977
Aged 75-79	4,256	3,826	8,082
Aged 80-84	2,959	2,421	5,380
Aged 85-89	2,058	1,417	3,475
Aged 90+	1,558	807	2,365
Total	129,721	135,236	264,957

Southampton has a ‘young’ population, but.....



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

Data source: Hampshire County Council, Small Area Population Forecasts(SAPF) 2023 base

Population



Dashboard

Total percentage change between 2023 and 2030 Southampton

7.5% (19,967)

Aged 0-15 change between 2023 and 2030 Southampton

-2.2% (-999)

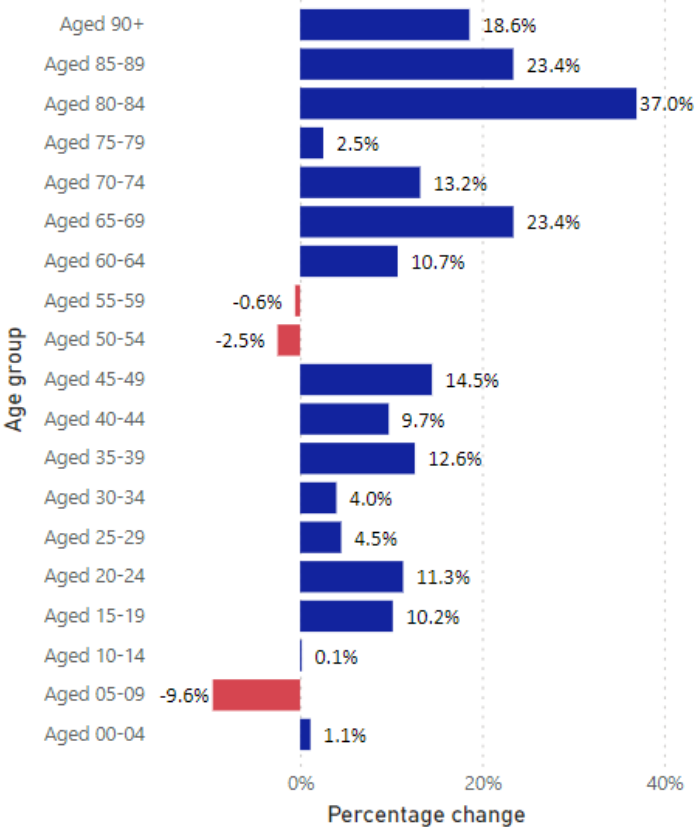
Aged 18+ change between 2023 and 2030 Southampton

9.4% (20,169)

Aged 65+ change between 2023 and 2030 Southampton

18.2% (7,021)

Percentage change in population between 2023 and 2030 Southampton



Change by age groups between 2023 and 2030 Southampton

Age group	Female	Male	Total
Aged 00-04	-2	159	157
Aged 05-09	-629	-757	-1,386
Aged 10-14	6	4	10
Aged 15-19	1,047	1,129	2,176
Aged 20-24	1,624	1,816	3,440
Aged 25-29	355	654	1,009
Aged 30-34	173	678	851
Aged 35-39	802	1,431	2,233
Aged 40-44	610	922	1,532
Aged 45-49	995	1,010	2,005
Aged 50-54	-216	-137	-353
Aged 55-59	-55	-25	-80
Aged 60-64	680	672	1,352
Aged 65-69	1,232	1,157	2,389
Aged 70-74	617	567	1,184
Aged 75-79	106	99	205
Aged 80-84	973	1,016	1,989
Aged 85-89	396	418	814
Aged 90+	184	256	440
Total	8,898	11,069	19,967

.... population forecasts show, our ageing population is forecasted to increase, this will provide a future challenge and likely increase demand for health and social care services

Forecasts show a drop in residents aged under 16 (-2.2%), whilst the biggest increase is for those aged 65+ (+18.2%) between 2023 and 2030. This is even greater for the 80+ age group, which is forecast to increase by +28.9%,



Southampton is a **diverse city** with nearly **160 languages** spoken in the city. Just over than **1 in 7** (15.4%) residents **do not** have **English** as their main language

68.1% of usual residents are **white British** (2021 Census), a **decrease of -7.9%** from the 2011 Census; the population of Southampton is **getting more culturally diverse**

2 in 5 people report to be **Christian**, **1 in 18** people are **Muslim** and **1 in 59** people are **Sikh** with **1 in 77** people describing themselves as **Hindu**

Just **over half** (52.7%) of our residents describe themselves as **British** and **just under half** (47.7%) of our residents over 16 **do not** live as a **couple**.

There are over **6,300 veterans** in our city, some included among the **1 in 6** people who are **disabled** under the Equality Act in the city.



2,765 pregnant mothers booking in a midwife aged 15 to 44 (2023/24)



2,541 live births (2023)



Life expectancy at **birth**: Males **77.9** years and Females **82.3** years.
At **65+** years: Males **17.6** and Females **20.5** (2021-23)



160 languages spoken in Southampton (2024)

15.4% (37,044) residents **do not** have English as their main language (2021 Census)



488 children looked after in care (2023/24)



17.7% (43,937) of residents identify as having a disability under the Equality Act (2021 Census)



0.5% (1,648) of registered patients are diagnosed with a learning disability (2023/24)



36.5% (74,519) of residents are married or in a registered civil partnership (2021 Census)



50.0% (124,510) of residents consider themselves to have a religion:

40.1% (99,910) Christian

5.6% (13,893) Muslim

1.7% (4,192) Sikh

43.4% (108,000) have no religion (2021 Census)



3.1% (6,361) people aged 16+ have previously served UK armed forces or reserves

51.7% (3,292) of veterans are aged **65+** (2021 Census)



7.7% (18,138) of residents are unpaid carers.

- **14.4% (5,699)** are aged between **50** and **64**
- **10.5% (3,582)** are aged **65+** (2021 Census)



0.8% (1,633) of residents have a gender identity different from that registered at birth (2021 Census)



4.9% (10,082) of residents are LGBTQ+ (2021 Census)



31.9% (79,439) residents consider themselves other than white British:

11.6% (28,787) other white

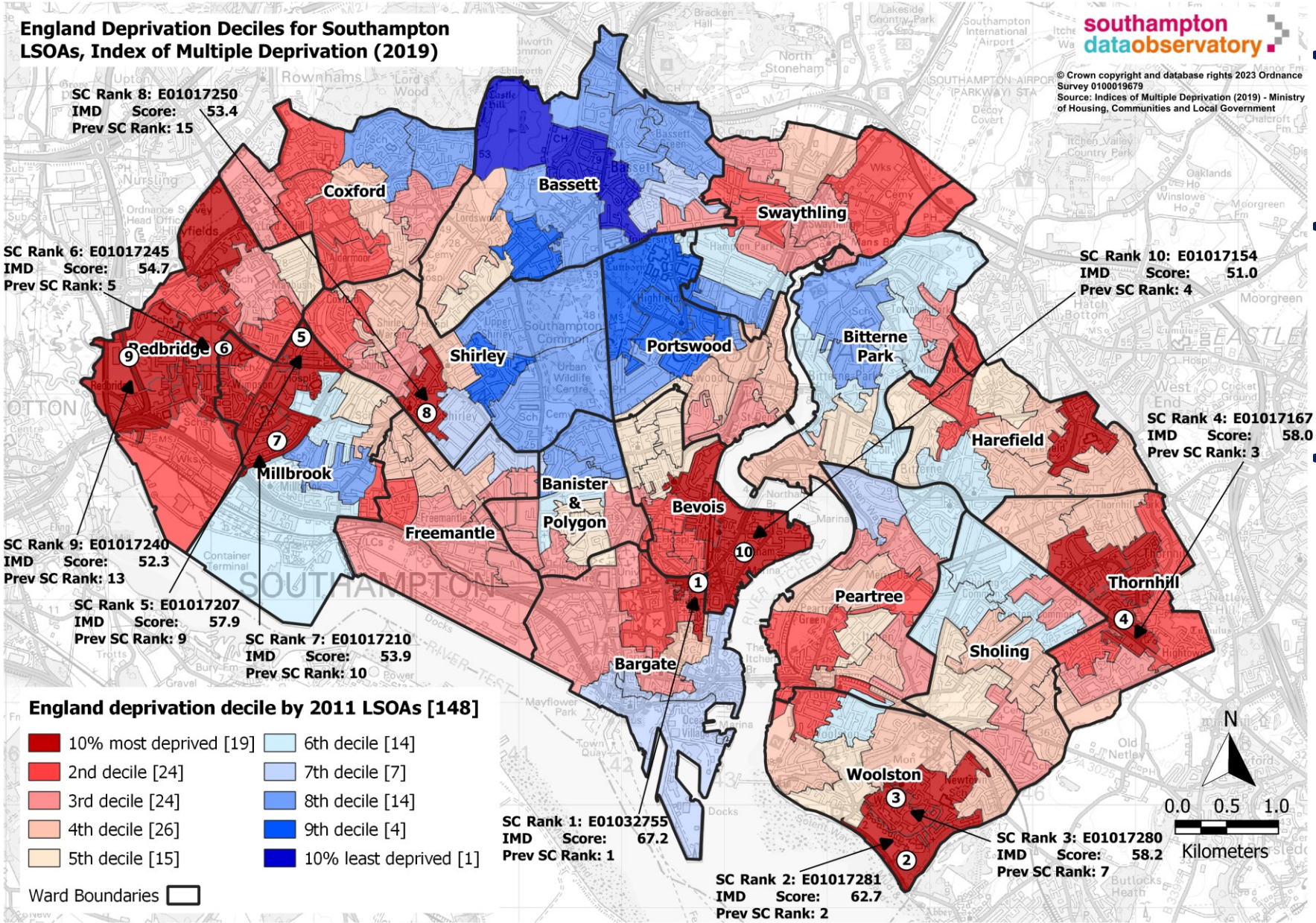
3.7% (9,169) Indian

2.7% (6,784) other Asian (2021 Census)



Deprivation

[Deprivation and poverty](#)



- Southampton is ranked **55th** (previously 54th) **most deprived** of 317 local authorities
- Around **12%** of Southampton's **population** live in neighbourhoods within the **10% most deprived nationally** (18% for the under 18 population)
- We can **combine values** for the **most and least 20% deprived** neighbourhoods to explore **inequalities**
- [Deprivation webpage](#)

Most 20% deprived

Least 20% deprived

10% most deprived [19]

2nd decile [24]

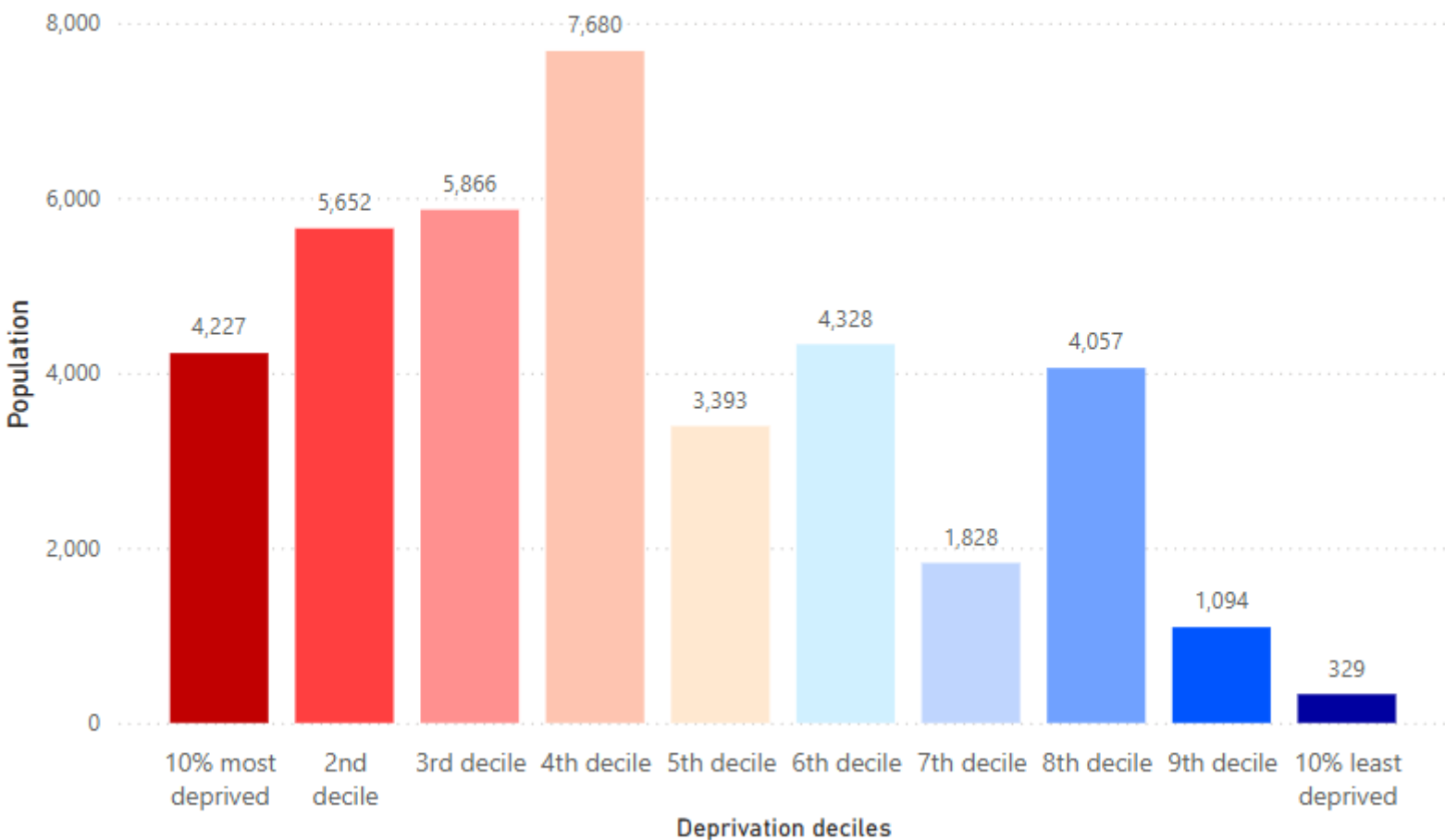
9th decile [4]

10% least deprived [1]

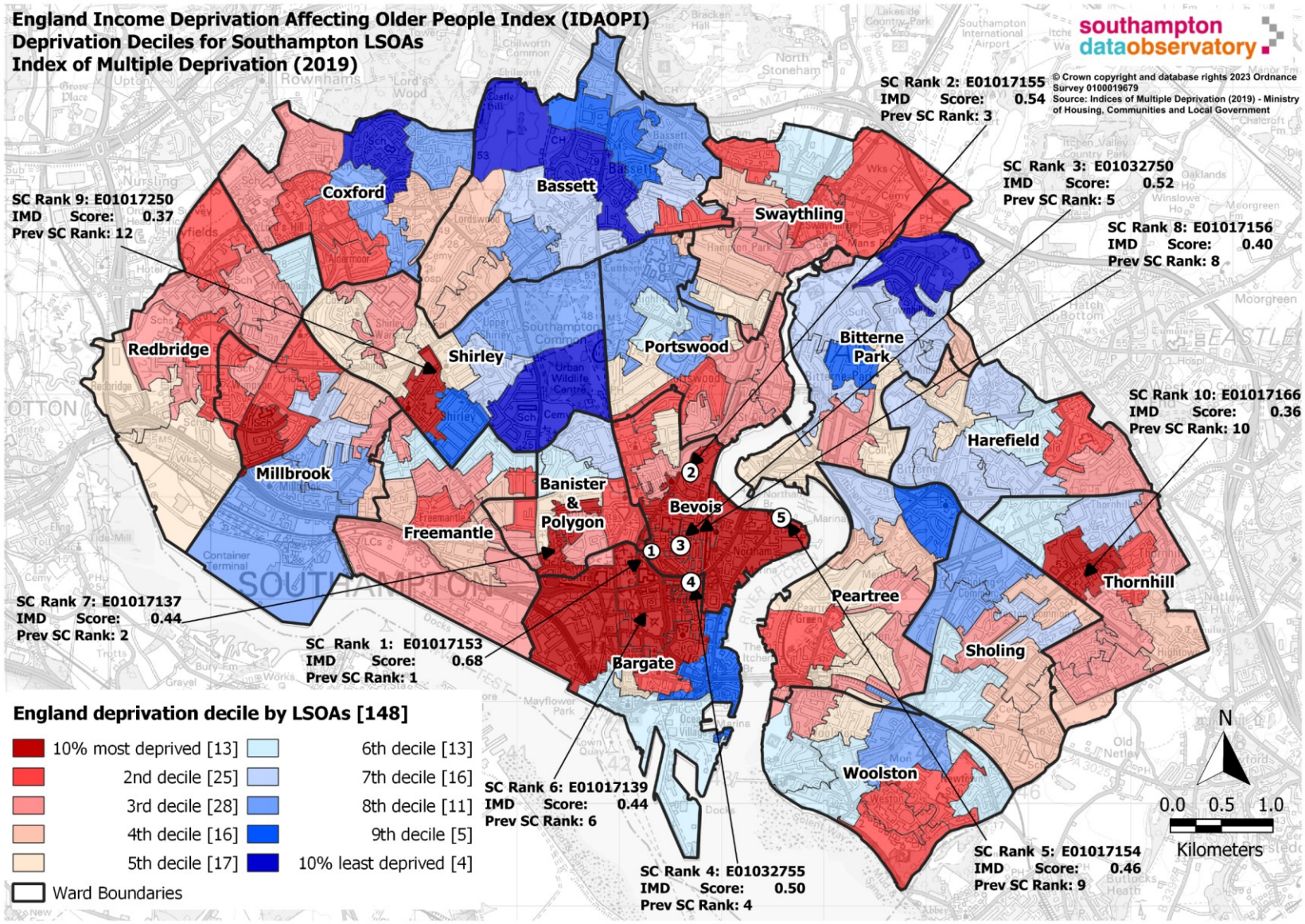


Population aged 65 and over by England deciles (IMD 2019): 2023

Sources: HCC SAFF 2023 -based, MHCLG IMD2019



- Looking at the England deciles for the overall domain from the **IMD 2019** using 2023 SAFF population:
- 4,227 (11.0%)** people aged **65 and over** live in the **10% most deprived** areas and **9,879 (25.7%)** people aged **65 and over** live in the **most deprived 20% area**
- The largest number are those living in the **4th decile 7,680 (20.0%)** people aged **65 and over**
- Only **329 (0.9%)** people live in the **least deprived** areas of Southampton



- Southampton is ranked 56th (previously 60th) **most deprived** of 317 local authorities for IDAOPi
- **7.8%** of Southampton's population aged 65 and over live in neighbourhoods within the **10% most income deprived for older people**
- Southampton has **13 LSOA** within the **10% most deprived in England** and **4 LSOA** in the **10% least deprived for IDAOPi**
- [Deprivation webpage](#)

Most 20% deprived

Least 20% deprived

10% most deprived [19]

2nd decile [24]

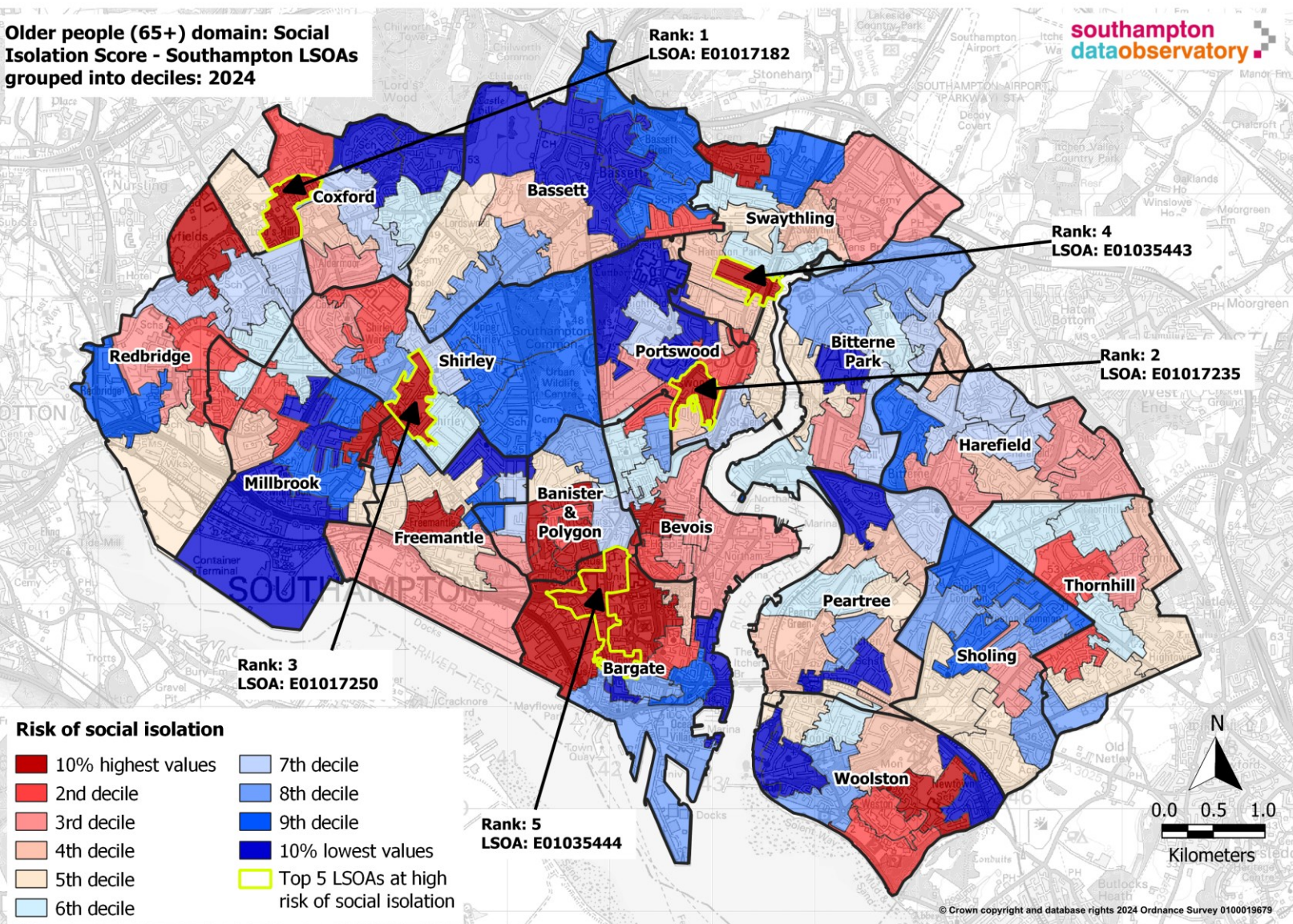
9th decile [4]

10% least deprived [1]



Older people (65+) likely to experience social isolation

Older people (65+) domain: Social Isolation Score - Southampton LSOAs grouped into deciles: 2024



Datasets for different life stages were drawn together at lower super output area level to assess differences between neighbourhoods in the city.

The indicators for older people used to calculate this life stage were:

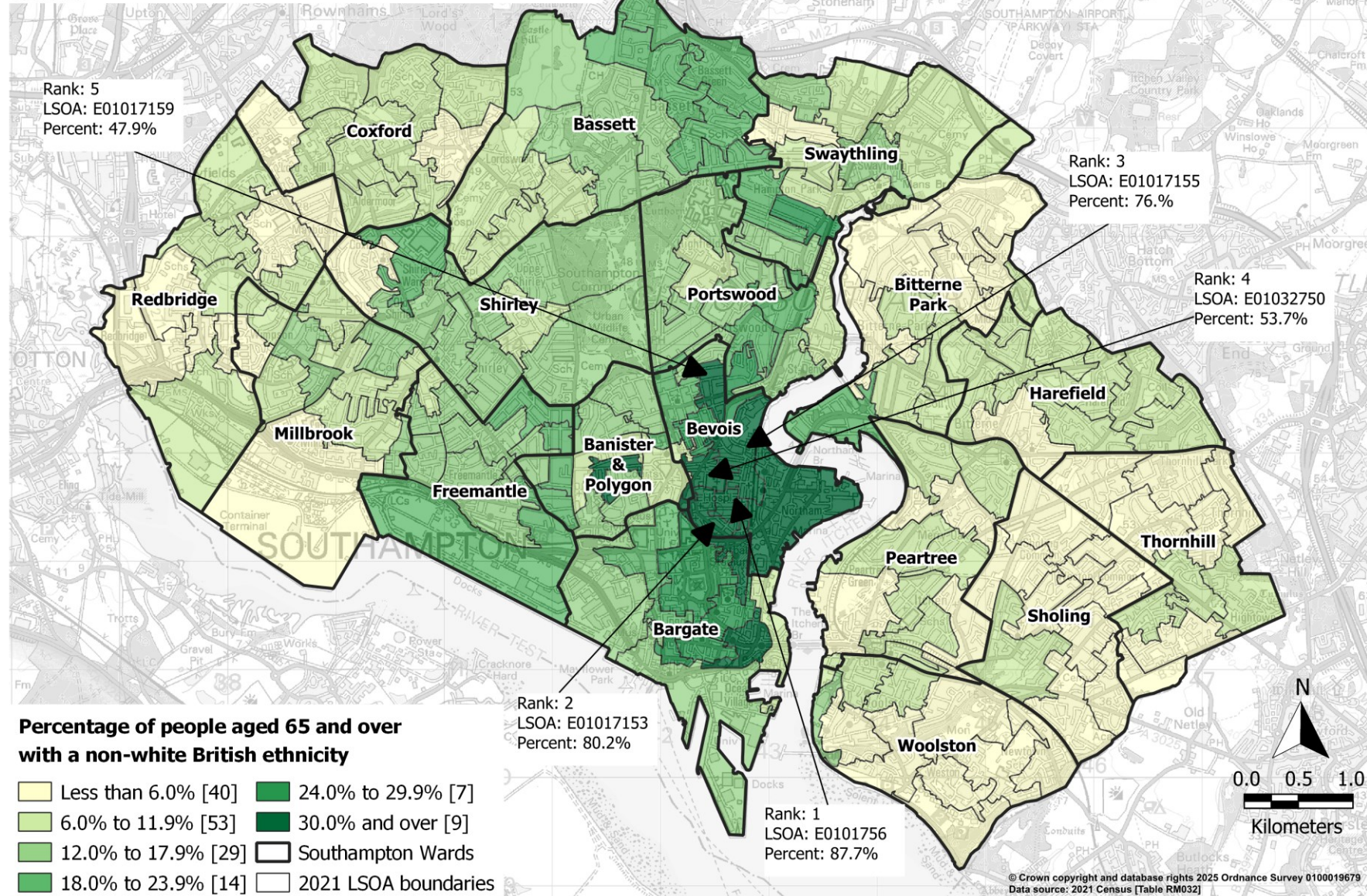
- No cars/vans in household
- English is not the main language
- Long term health problem or disability
- Provides unpaid care
- Single person household, separated or widowed
- Age-related macular degeneration or glaucoma
- Depression or bi-polar disorder Population aged 65 and over
- Income Deprivation Affecting Older People Index (IDAOPi)

Top 5 LSOA at high risk of social isolation in Southampton are marked in yellow on the map



Older people key population groups (Ethnicity)

Percent of people aged 65 and over with a non-white British ethnicity, by LSOA. Southampton 10.6%. 2021 Census.



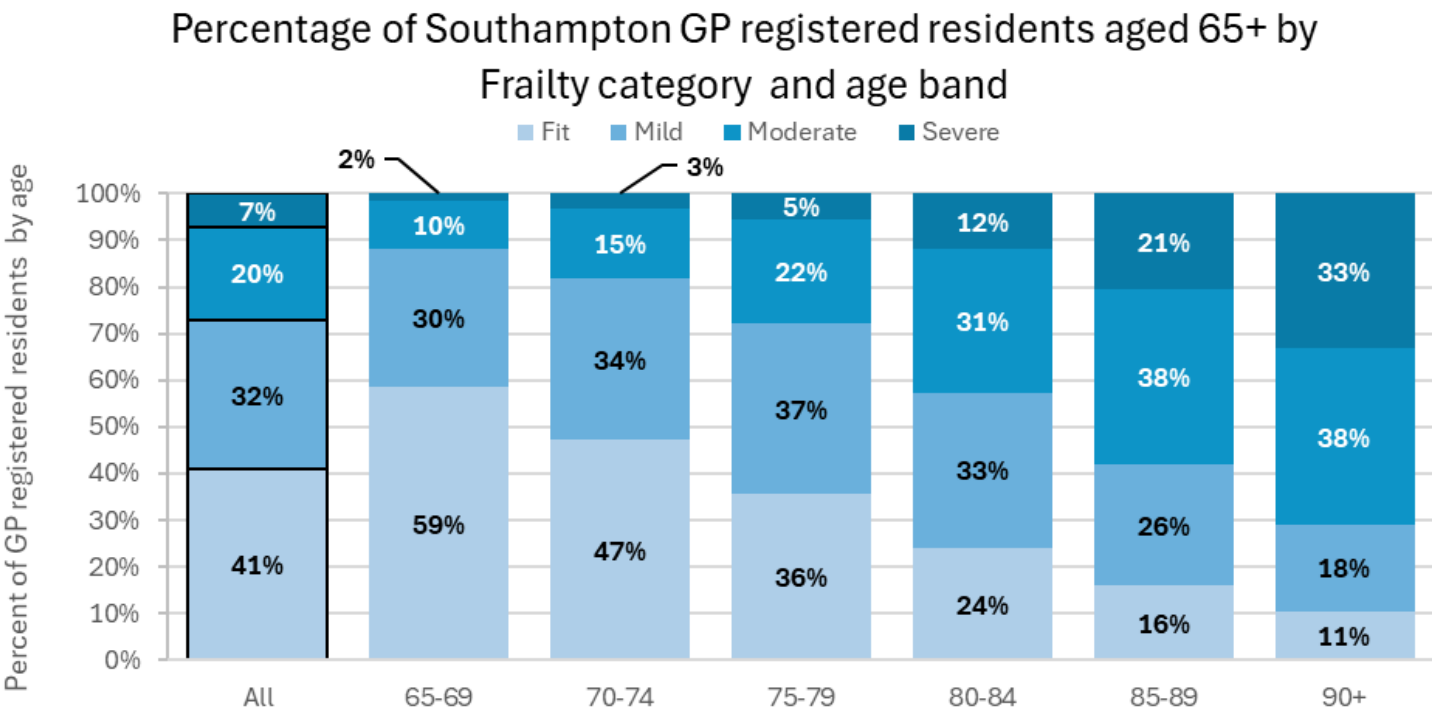
- In Southampton, **10.6% of people aged 65 and over** are non white British compared with **10.3% in England (2021 Census)**
- The **5 top LSOA** (neighbourhoods) are all within the **Bevois ward** ranging from E01017156 with **87.7%** of the population aged over 65 who are **non-white British to 47.9%** in E01017159
- The neighbourhood area with the **lowest percentage** is E01017274 which is in **Woolston ward** with just **2.0%** of residents aged over 65 with a **non-white British ethnicity**
- [Ethnicity webpage](#)



Who is more likely to need to adult social care



- Residents who are classed as **medically frail** are more likely to need **adult social care support**
- 37,100** Southampton residents aged 65+ are **GP registered**. They are categorised using eFI (electronic frailty index) into **frailty** categories of;
 - Fit** (41%)
 - Mild** (32%)
 - Moderate** (20%)
 - Severe** (7%)
- Just over **1 in 4** (27%) of aged 65+ are categorised as **moderate or severe frailty** (10,100 people), **1 in 14** (7%) have **severe frailty** (2,600 people)
- By age band, **6 out of 10** (59%) **85 to 89 year olds** and **7 out of 10** (71%) **90+ year olds** have **moderate or severe frailty**
- As our residents age; the percentage being frail and the frailty severity increases**



Source: PHM data tool

- We are looking to **include** this **data** in **future demand and forecasting modelling**

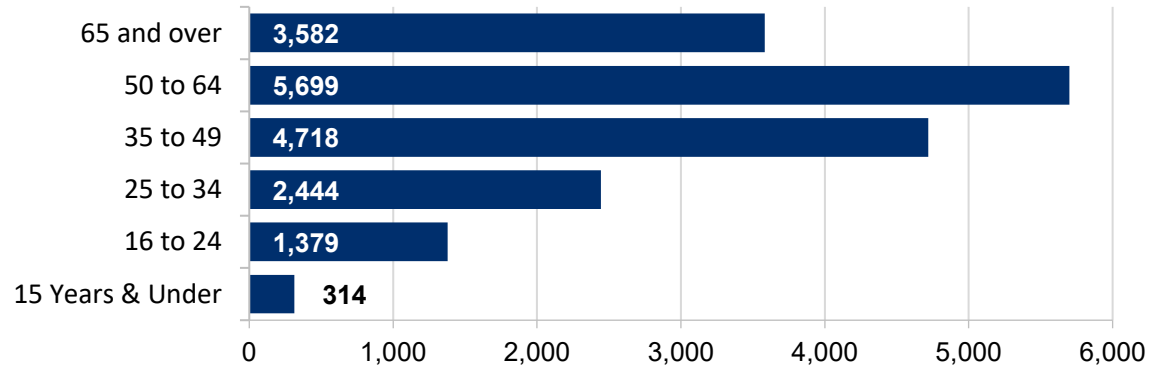


- **Veterans** are more likely to be **older people**; **51.7%** of veterans locally and **53.2%** of veterans in England **are aged 65 and over** and **more likely** to have a **disability**, needing **adult social care support**
- Census 2021 records of the **6,361 Southampton residents** who are **veterans**; nearly **9 out of 10 were male (86.8%** of people who previously served in the UK armed forces or in the reserves were **male** and **13.2%** were **females**. Slightly more males when compared to England (86.5% were males and 13.5% were females)
- **Veterans aged 65+** are **more likely** to live in the **northern edges of the city**; 62.7% of veterans in Bassett, 59.5% of veterans in Harefield and 58.5% in Coxford were aged 65 and over, compared to the lowest percentages of 37.4% in Bargate and 36.2% in Bevois in the central part of the city
- Over a third (36.0%) of **veterans** are **not in good health**, by electoral ward, **Coxford** and **Thornhill** have the highest percentages, where **4 out of 10** (40.3% of veterans in each ward) are not on **good health**
- In Southampton, **3 out of 10 (31.4%)** of veterans are **disabled** under the Equality Act. The three wards with the highest percentages of veterans who are disabled are Thornhill (37.0%), Redbridge (34.8%) and Coxford (34.8%)
- [Veterans webpage](#)



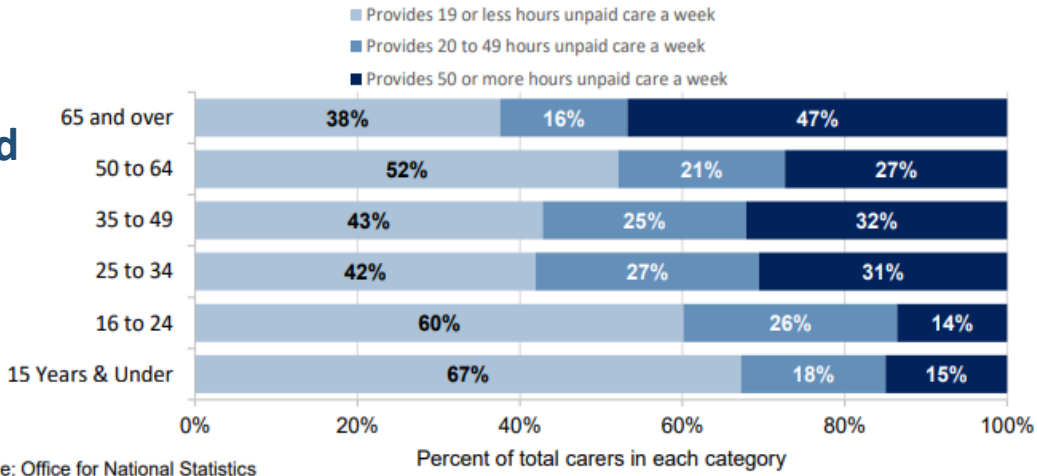
- **Adult social care support carers**
- 2021 Census data records **1 in 8 (12.6%)** of **over 50s** Southampton residents provide some level of **unpaid care**; around 9,300 people
- **Nearly half (46.8%)** of Southampton's **unpaid carers** who are **aged 65 and over** provide **more than 50 hours of care** a week (1,675 residents)
- **Older** aged groups provide **more unpaid care** and as the carers themselves age they are also **more likely** to have **poorer health**
- Southampton's **most deprived quintile** has the **highest** percent of unpaid carers (1 in 11 residents; 9.0%) and **significantly higher** when compared to the **least deprived quintile** (1 in 16; 6.4%). Over **70% of care** provided by people giving **20+ hours** comes from people living in the **two most deprived quintiles**

Count of unpaid carers by age group (ages 5+) in Southampton (2021)



Source: Office for National Statistics [Carers webpage](#)

Percentage of unpaid care by hours provided per week by age group (ages 5+) in Southampton (2021)



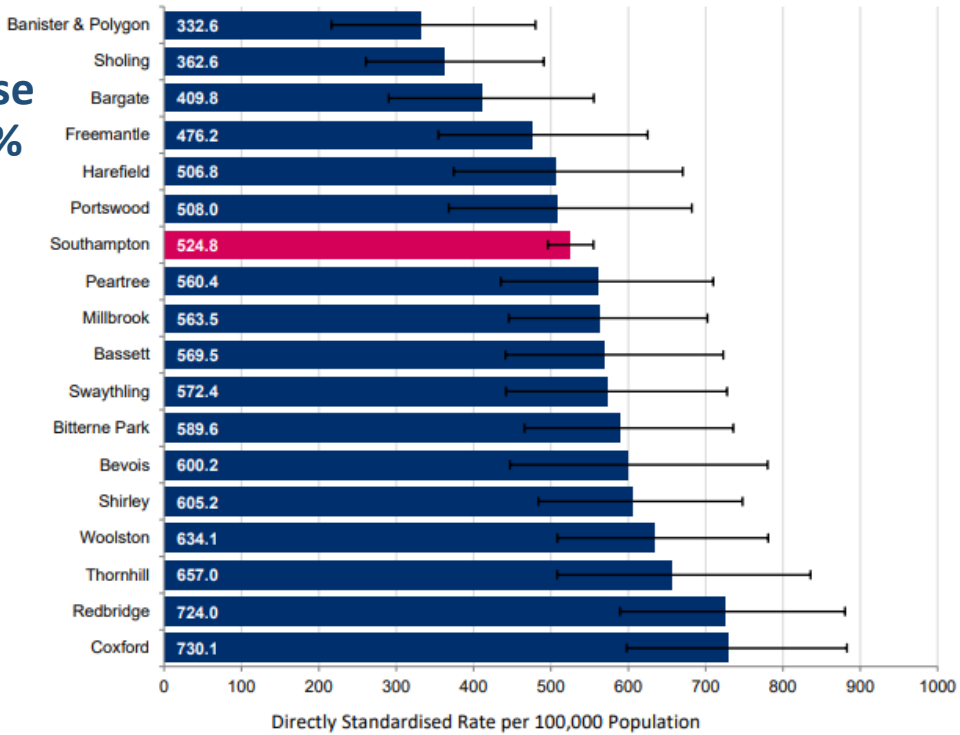
- At aged **65 and over**, **female** unpaid carers (57.3%) are **more likely** to be in **good health** than males (53.1%). **Male unpaid carers** between the aged of **16 and 64** (76.6%) are **more likely** to be in **good health** compared to **females** (73.5%).
- Whilst **9.0%** of **white British** provide the **most unpaid care**; **Asian Bangladeshis (8.9%)** and **Black Caribbeans (8.8%)** also give more than **Southampton average (7.7%)**. **Asian Bangladeshi (3.3%)** are the highest percentage by ethnic group providing **50+ hours** compared to **Southampton Average (2.4%)** and **white British (2.9%)**.



Population groups: People with a learning disability

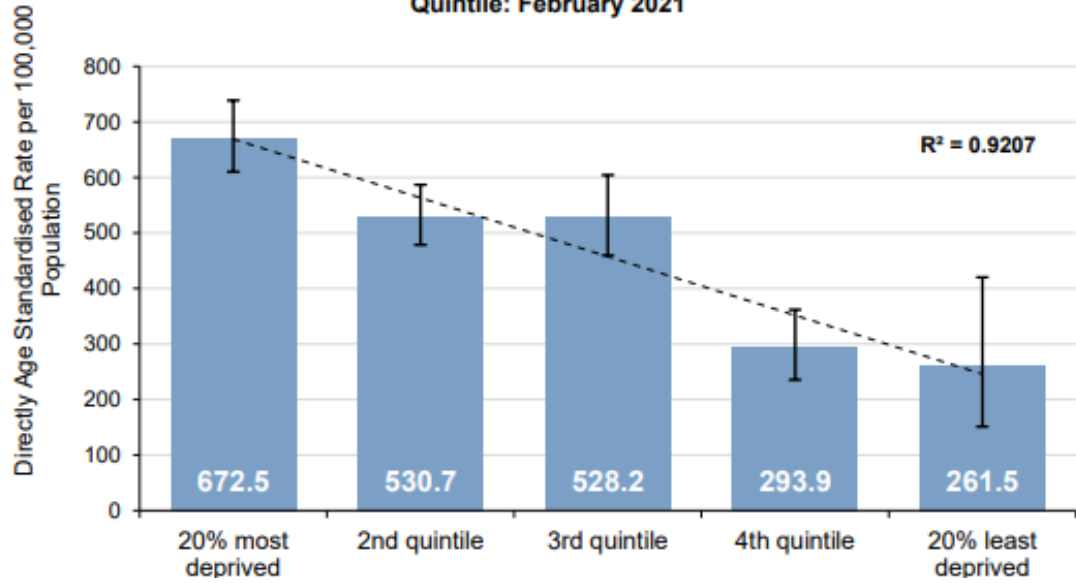
- The **2nd most common** adult social care **primary support reason** is **learning disability**
- Approximately **5 in 200** people have a learning disability - But only **1 in those 200** people who have a learning disability, have it **recorded by the GP. (0.5% (1,648)** of registered patients are diagnosed with a learning disability in 2023/24)
- In Southampton, **4,988 people** (aged 18 and over) are estimated to have a learning disability in 2025, forecast to increase to approximately **5,278** people by **2040** (Source: POPPI)
- Prevalence by ward ranges across the city (**730.1 per 100k pop** for **Coxford** nearly **2.2x** compared to **332.6 per 100k pop** in **Banister and Polygon**)

Learning disabilities, persons, all ages - Southampton wards: DSR per 100,000 population: February 2021



Source: SOLLIS

Learning disabilities (DSR per 100,000 population) by England Deprivation Quintile: February 2021



- Recorded GP prevalence in the **most deprived** areas of the city is **2.6 times higher** than in the **least deprived** (**672.5 per 100k population** vs. to **261.5 per 100k population**). A **very strong correlation** between **deprivation** and **prevalence** of people with a **learning disability** is shown by the trend line.

• [LD webpage](#)

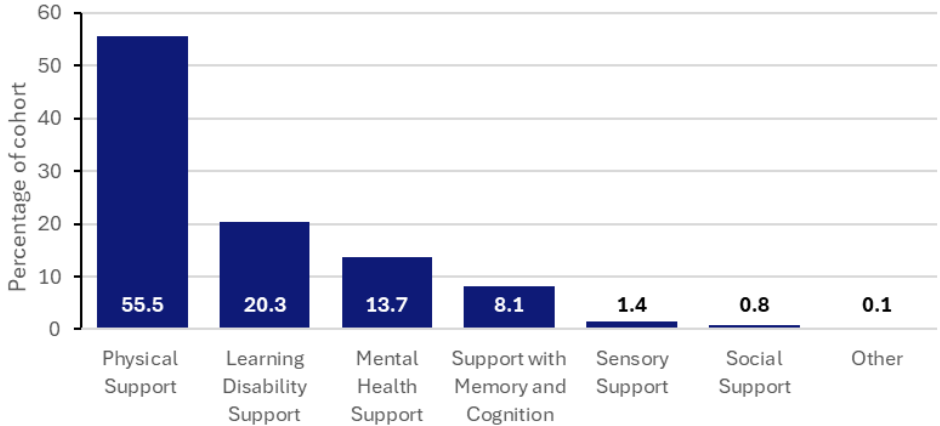


Who is using Adult Social Care?



Long term service users of adult social care

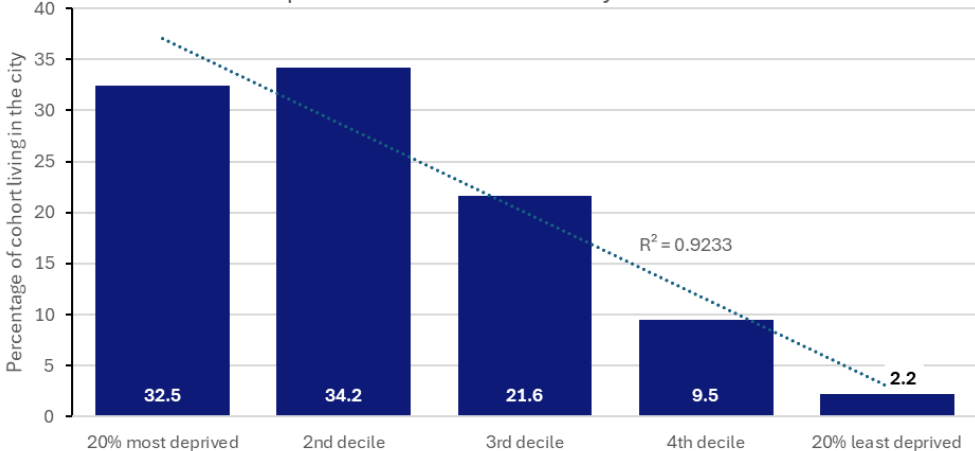
Adult Social Care cohort receiving a long-term service by type of support: February 2025



Source: Adult Social Care Southampton City Council (Extracted 26 February 2025)

- **1 in 3 (32.5%)** long term service users who live in the city, live in the **most deprived 20%** neighbourhoods in England, **higher** than for the city population, where **27.6% of residents** live in neighbourhoods classed as in the most deprived 20% in England

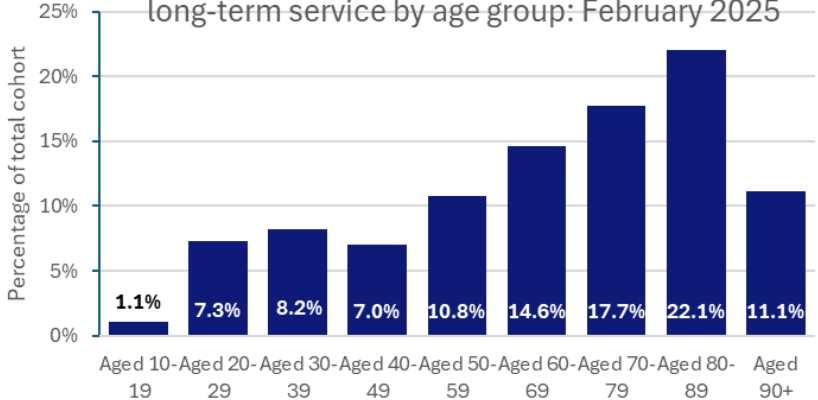
Adult Social Care cohort receiving a long-term service by England quintile IMD 2019: February 2025



Source: Adult Social Care Southampton City Council

- Of the **2,548** service users, over **half** (55.5%; 1,415) of the long-term service users (2,548) are receiving **physical care support**, **20.3% (517)** are receiving **learning disability support** and **13.7% (350)** are receiving **Mental Health Support**
- **309** long term service users (12.1% or **1 in 8**) are supported **outside the city**. **100** of these **out of city** service users have a **learning disability** as their **primary support reason**
- Over half; **53.6%** are **female**
- **Nearly 1 in 3 (33.1%)** of all service users are **80+** and **1 in 2 (50.9%)** are **70+**

Southampton Adult Social Care users receiving a long-term service by age group: February 2025



Source: Adult Social Care Southampton City Council

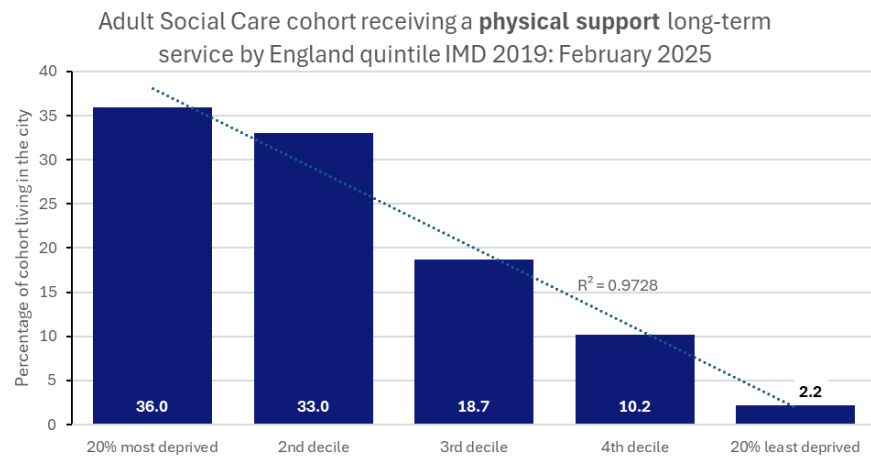
- **1 in 6 (16.8%)** service users are **non-white British**, compared to **1 in 3 (31.9%)** of the **city's residents**.
- The largest service user groups by **ethnicity** are **white British** (83.9%), **all other white groups** (5.2%) and **Asian** (4.6%), the percentages of these groups in the city is 68.1%, 12.6% and 10.6% respectively



Long-term service users of adult social care: Physical support

- Over **half** (55.5%; 1,415) of the long-term service users (2,548) are receiving **physical care support**. Of these; it can be split by **92.8%** (1,313) receiving **personal care support** and 7.2% receiving access and mobility support only
- **86 people** with primary support reason of physical support are supported **outside the city**. This is **6.1%** of service users with **physical support primary reason**, lower compared to 12.1% of all long-term service users support outside the city
- **1 in 7 (14.9%) physical support users are non-white British lower when comparing with 1 in 6 (16.8%) of all ASC long term service users are non-white British, and 1 in 3 (31.9%) of the city's residents.**

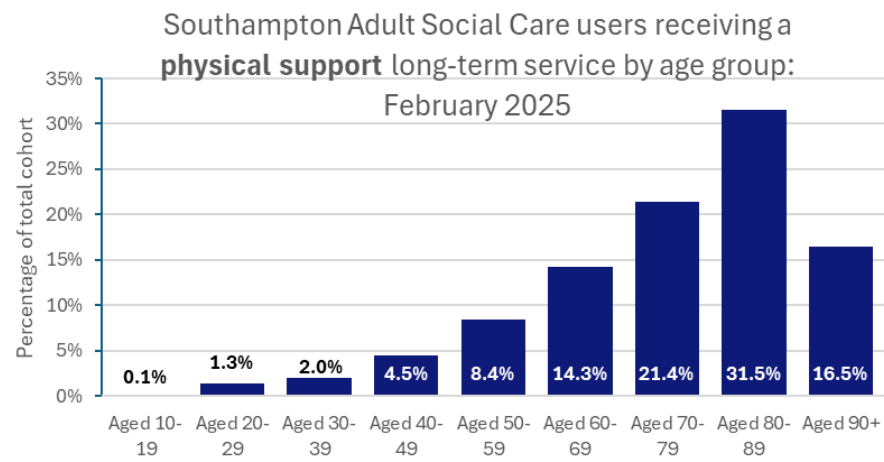
- The largest service user groups by **ethnicity** stated are **white British** (85.6%), **white other** (4.3%) and **Asian** (3.6%); the percentages of these groups in the **city age 65+** is 89.4% **white British** ,4.4% **white other** and 3.8% **Asian**



Source: Adult Social Care Southampton City Council

- Females make up **61.1%** long term service users receiving **physical support**, higher than across all long-term service users; where **53.6%** are female.
- For physical support users; **females are 6 out of 10 (63.1%) users age 65+ and 7 out of 10 (69.7%) users age 80+.** Compares higher with the city where **49.0% (all ages), 54.0% (65+) and 58.6% (80+)** are female)

Three physical support service users were not classified as male or female



Source: Adult Social Care Southampton City Council

- **Nearly half (48.0%) of physical support users are 80+, 7 in 10 (69.4%) are 70+ and 3 out of 4 (76.6%) are aged 65+**
- **Over 1 in 3 (36.0%) physical support long term service users who live in the city, live in the most deprived 20% neighbourhoods in England, higher than for the city population, where 27.6% of residents and 25.7% of 65+ residents live in neighbourhoods most deprived 20%.**

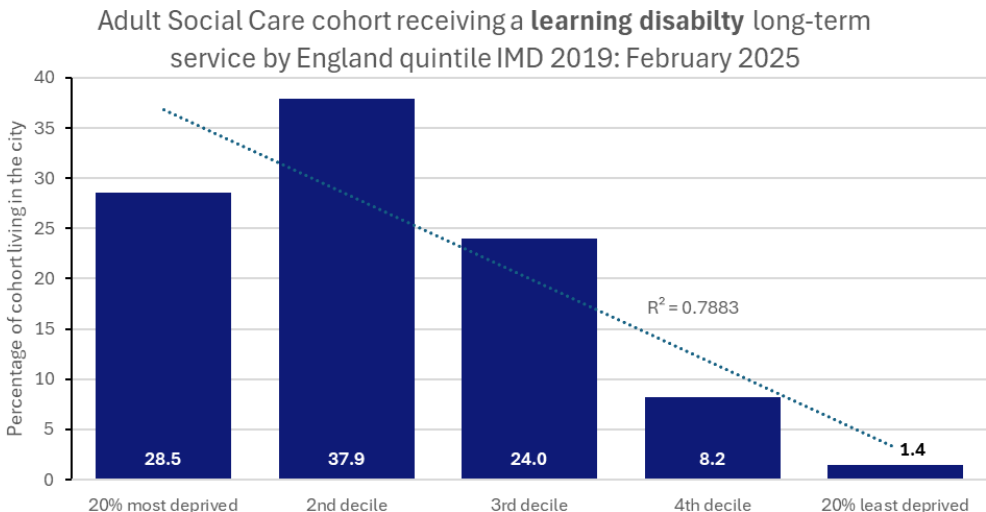


Long-term service users of adult social care: Learning disability

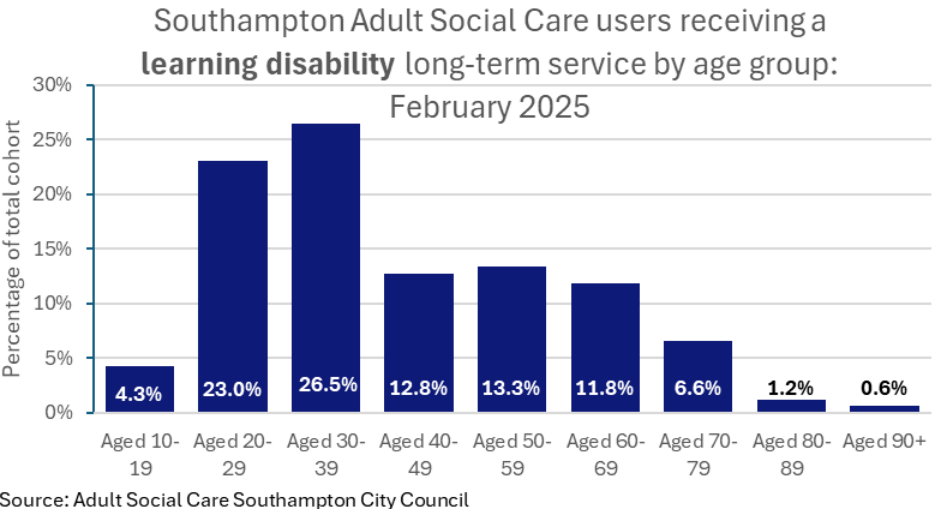
- 1 in 5 (20.3%; 517) of the long-term service users (2,548) are receiving **learning disability support** as their primary support reason.
- Of these **100 people (19.3%)** are supported **outside the city, higher** compared to 12.1% of all long-term service users support outside the city
- **1 in 7 (14.9%) learning disability service users are non-white British lower when comparing with 1 in 6 (16.8%) of all ASC long term service users are non-white British, and 1 in 3 (31.9%) of the city's residents.**
- The largest service user groups by **ethnicity** stated are **white British (85.1%), Asian (4.5%) and white Other (12.6%)**; the percentages of these groups in the city is 68.1%, 10.6% and 3.8% respectively

- Males make up **63.4%** long term service users receiving **learning disability support, far higher** than across all long-term service users; where **46.4%** are **male**. However, this is in keeping with **clinical diagnoses of learning disability in Southampton** where **60.8%** are **male**
- Looking at the 517 learning disability service users **by age group**; **49.5%** (256 service users) are aged **20 to 39** years, and of the 265 service users aged 20 to 39; 66.8% are males. (40.8% of clinical diagnoses with a learning disability are aged 20 to 39 years)

Two learning disability service users were not classified as male or female



Source: Adult Social Care Southampton City Council

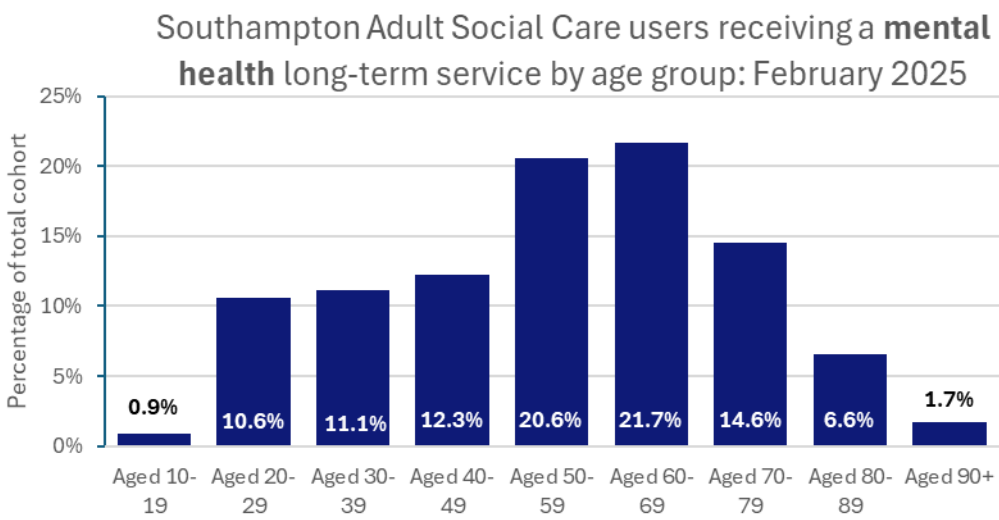
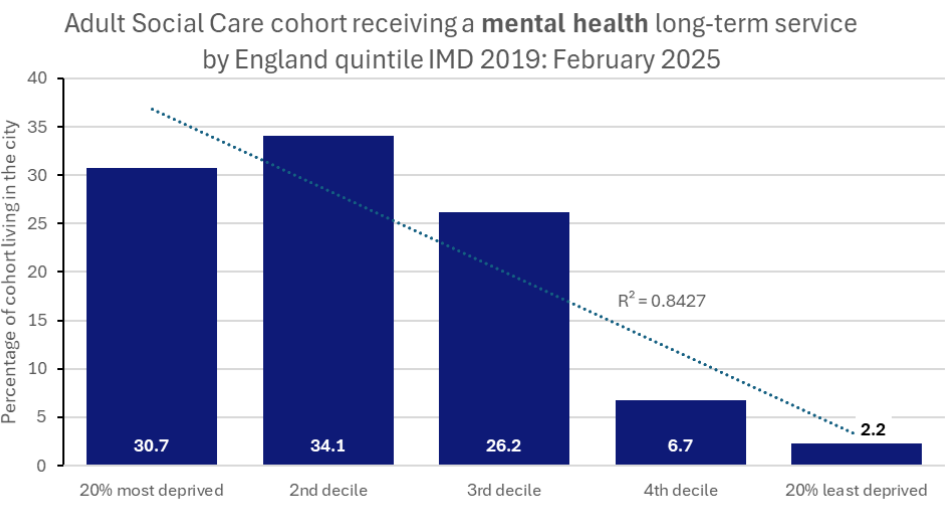


- **Just under 3 in 10 (28.5%) learning disability** long term service users who live in the city, live in the **most deprived 20% neighbourhoods in England, higher** than for the city population, where **27.6% of residents** live



Long term service users of adult social care: Mental health support

- 1 in 7 (13.7%; 350) of the long-term service users (2,548) are receiving **mental health support** as their primary support reason.
- Of these 350, nearly a quarter or 23.7% (**83 people**) are supported **outside the city, higher** compared to 12.1% of all long-term service users support outside the city
- 1 in 4 (22.8%) mental health service users are non-white British higher when comparing with 1 in 6 (16.8%) of all ASC long term service users are non-white British, and lower than 1 in 3 (31.9%) of the city's residents.**
- The largest service user groups by **ethnicity** stated are **white British (77.2%), Asian (6.9%) and White Other (4.9%)**; the percentages of these groups in the city is 68.1%, 10.6% and 3.8% respectively
- Males make up **51.6%** long term service users receiving **mental health support, higher** than across all long-term service users; where **46.4%** are **male**.
- Looking at the 350 service users **age** groups; **42.3%** (256 service users) are aged **50 to 69** years, and of the 265 service users aged 20 to 39; 66.8% are males. (45.7% of Southampton clinical diagnoses with a severe mental illness are aged 50 to 64 years)
One mental health service user were not classified as male or female



Source: Adult Social Care Southampton City Council

- 3 in 10 (30.7%) mental health** long term service users who live in the city, live in the **most deprived 20%** neighbourhoods in England, **higher** than for the city population, where **27.6%** of residents live

What Southampton Data Observatory topics relate to Adult Social care?

[Carers](#)

[Chronic condition projections](#)

[Dementia](#)

[Demography and population](#)

[Deprivation](#)

[Disability overview](#)

[Ethnicity and language](#)

[Healthy ageing](#)

[Health behaviours](#)

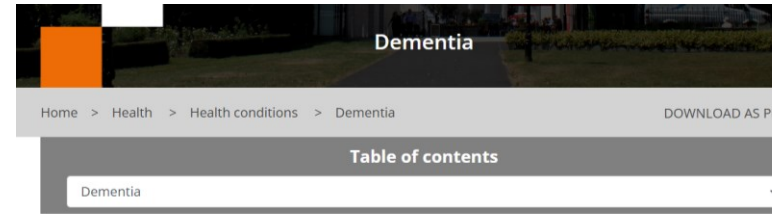
[Learning disabilities](#)

[Mental health](#)

[Social isolation](#)

[Veterans](#)

Topics will also inform CQC theme packs

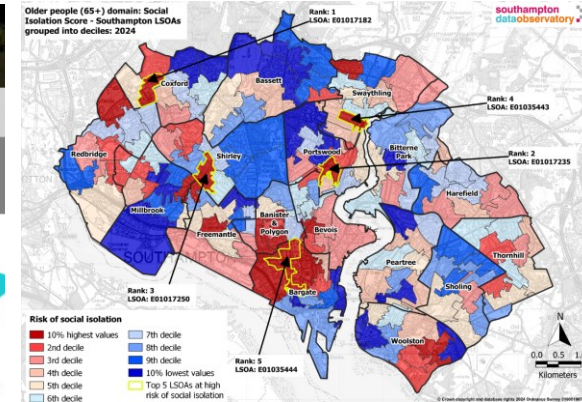


Dementia

Dementia is a general term for a loss of memory, language, problem-solving or other thinking ability that is severe enough to interfere with daily life. There are different diseases that can be categorised as dementia with a variety of causes. Dementia is progressive, symptoms may be mild to begin with but get worse over time, having a substantial impact on a person's life and the people around them. Dementia is also a life-limiting condition, it is the 6th biggest cause of death in England (GBD 2019). Alzheimer's is the most common form of dementia and accounts for more than half of England's dementia cases. It is estimated that more than 800,000 people are living with dementia in England.



southampton
dataobservatory



Population



Health



Community
Safety



Children and
Young People



Economy



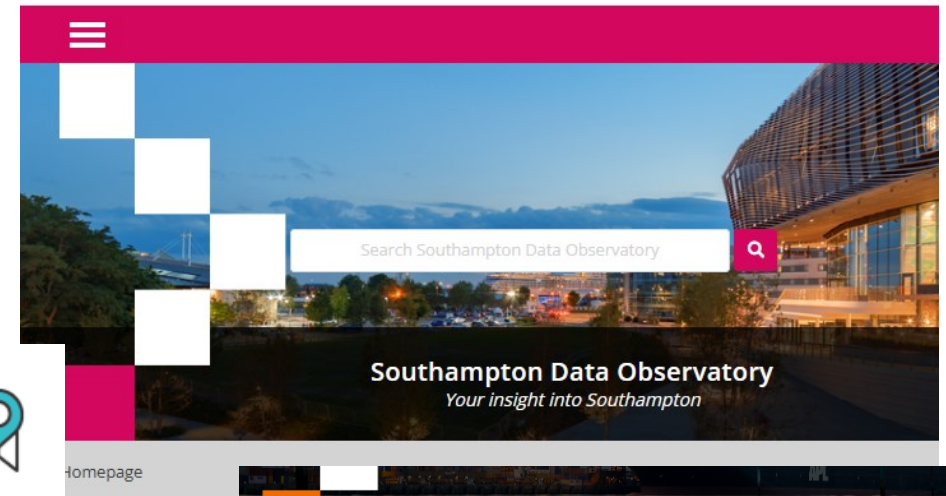
Place



Research



Data and
Resources



Deprivation and poverty in Southampton

Economic growth in Southampton was relatively healthy up until the pandemic, with Southampton achieving significant economic growth up until this point, in line with the affluent South. However, the city's characteristics relating to poverty and deprivation continue to present challenges more in common



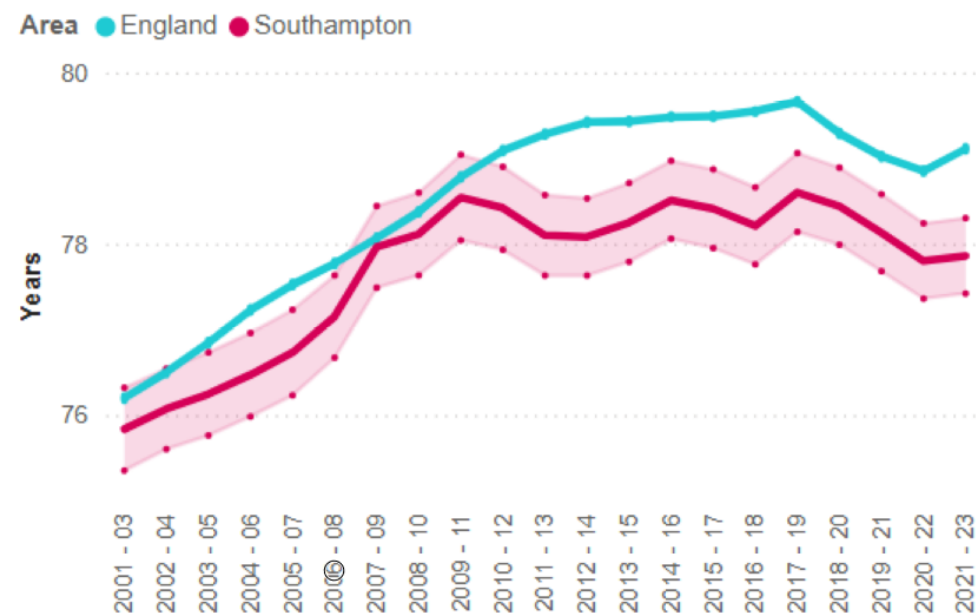


Life expectancy and mortality

[Life expectancy and mortality](#)



Life expectancy at birth (Males): Southampton and England
2001-03 to 2021-23 (pooled)



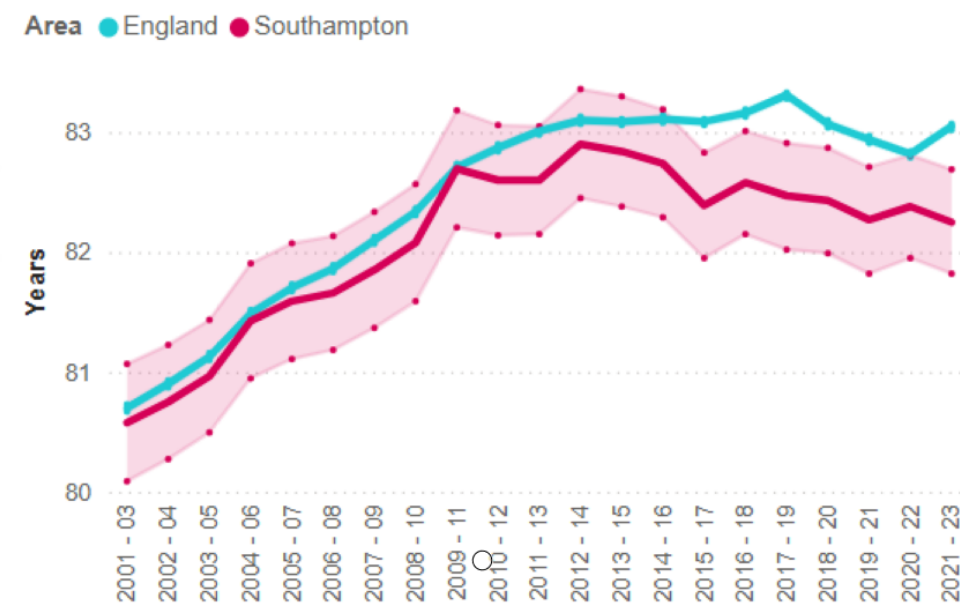
Source: Office for Health Improvement and Disparities (OHID)

Poor health and premature mortality are intertwined.

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

[Life expectancy webpage](#)

Life expectancy at birth (Females): Southampton and England
2001-03 to 2021-23 (pooled)



Source: Office for Health Improvement and Disparities (OHID)

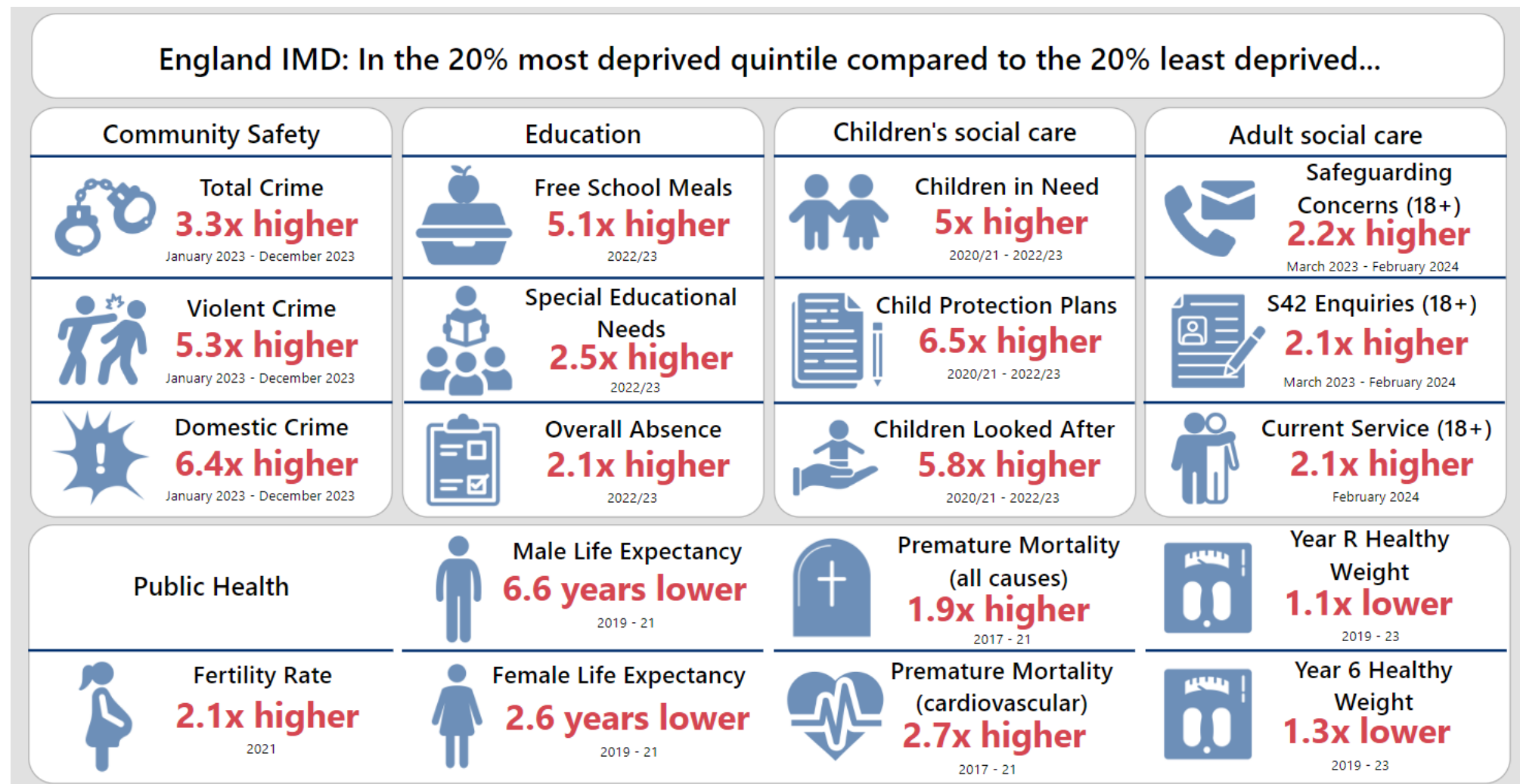
In **2021-2023**, **male life expectancy** was **77.9 years** in Southampton; **significantly lower than England (78.1 years)** and ranking **5th worst** among **comparators**. For **females** it was **82.3 years**; again, **significantly lower** than that for England of **83.1 years** and ranking **6th worst** among **comparators**.

Male and female life expectancies have followed national trends until for 2010-12 for males and 2014-16 for females; **Southampton's** rates have started to **decrease** whilst those for **England** have **plateaued**, until periods covering the pandemic saw overall decreases in life expectancy for England and Southampton

In Southampton, **men live 15 months less** and **women live 10 months less** compared to the England average (2021-23).

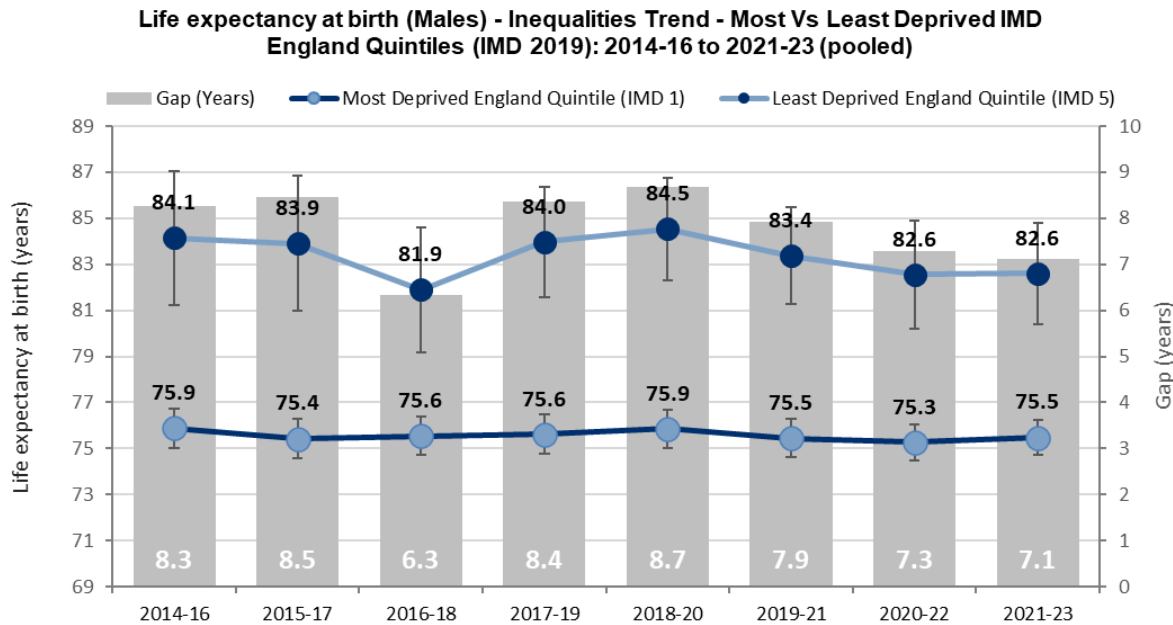


- It is important to monitor inequalities, as these result in differences in outcomes for different people or groups. These differences can have a huge impact as they result in people who are worse off experiencing poorer outcomes, particularly those relating to health, education and crime. One way we measure inequalities is to compare outcomes between those living in the 20% most deprived and those living in the 20% least deprived neighbourhoods. More information can be found on the [Southampton Data Observatory](#). If the wider determinants worsen e.g. poverty and deprivation, then this could be a driver for increased inequalities and poorer outcomes for residents.

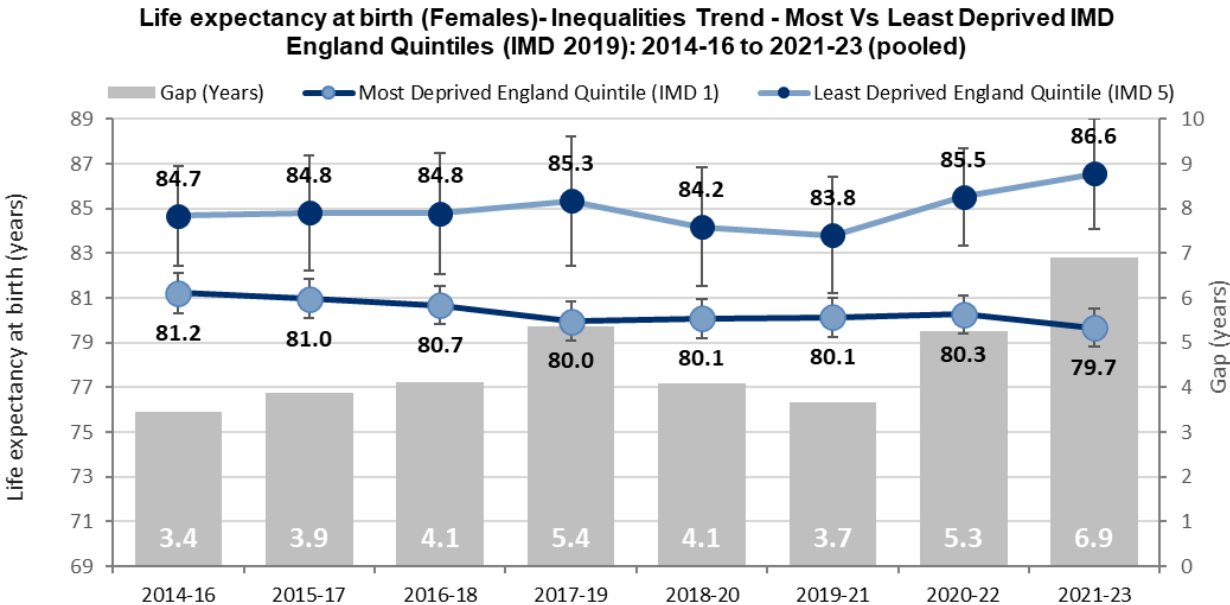




Life Expectancy at deprivation level



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



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

Life expectancy at birth for males in the **most deprived 20%** has remained **fairly constant**, decreasing by **4 months** between 2014-16 and 2021-23. In the **least deprived 20%** life expectancy has **decreased** for males by **1.5 years**.

For **females**, life expectancy has **increased** by **nearly two years** between 2014-16 and 2021-23. In the **least deprived 20%** life expectancy **decreased** by **1.5 years** for those in the **least deprived 20%** between 2014-16 and 2021-23.

Recent decrease for those in the least deprived between 2018-20 and 2019-21 will be impacted by COVID-19. **Older affluent** people, who aged into **frailty**, were **more likely** to have **poorer outcomes** such as **pandemic related deaths**. Another **antecedent** was **multiple long-term conditions**, **more prevalent** in the **most deprived 20%**, these may both be factors in the **recent decrease** in the **life expectancy gap**.



Gap in life expectancy

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

Males

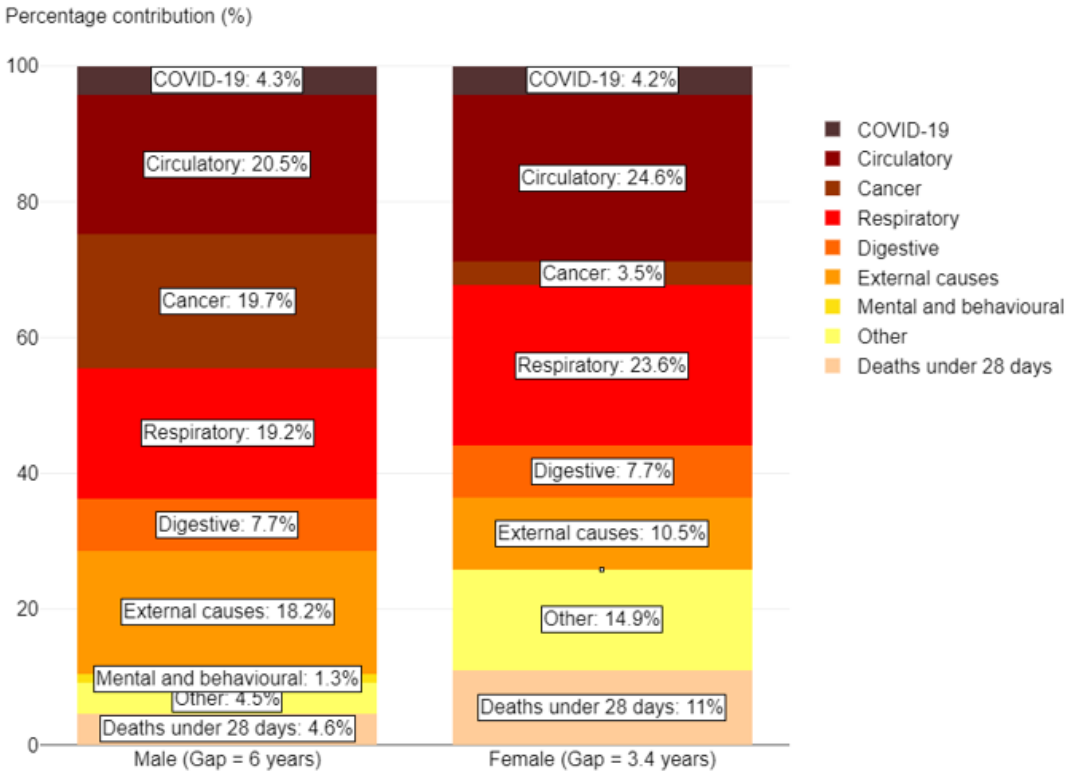
Circulatory (20.5%) cancer (19.7%) and respiratory (19.2%) deaths are the largest groups contributing to the **gap in male life expectancy the most deprived and least deprived quintiles of Southampton** . A deeper data dive shows the two largest causes are **chronic lower respiratory disease** followed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

Females

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

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

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



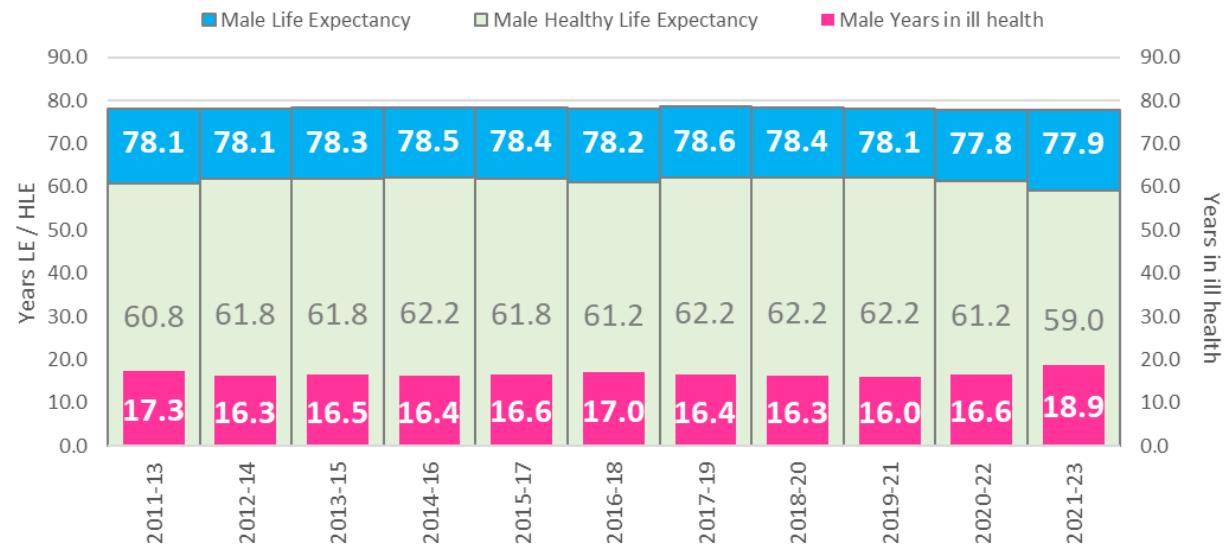
Source: Office for Health Improvement and Disparities based on ONS death registration data (provisional for 2021) and 2020 mid-year population estimates, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019.

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



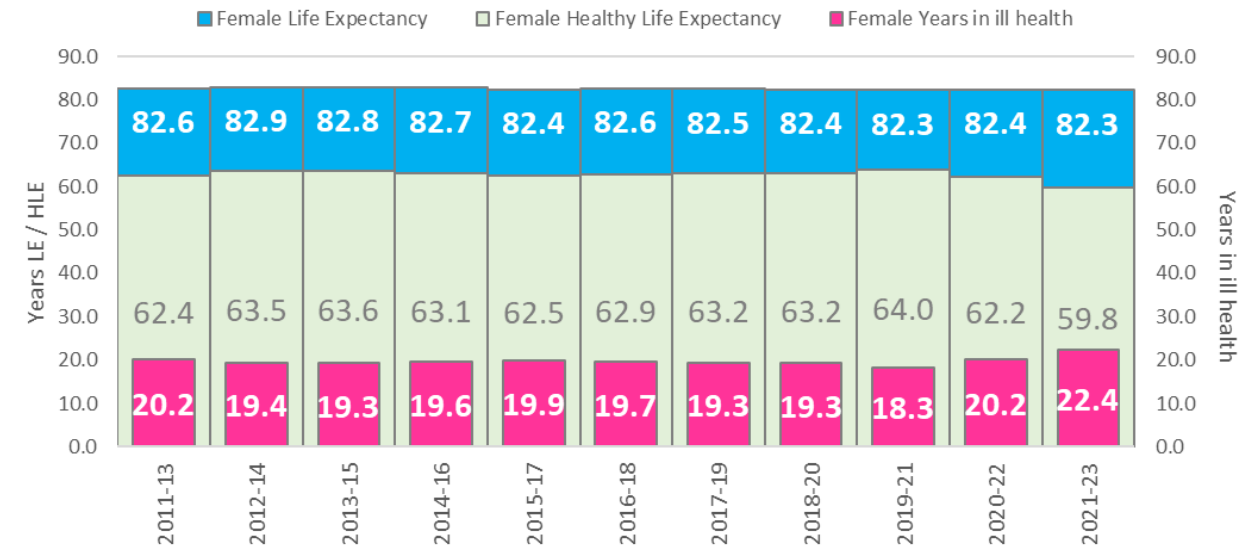
Data from the Annual Population Survey, calculates **healthy life expectancy**, which is a measure of how long people live in good health. **Life expectancy MINUS healthy life expectancy = Years in poor health** which is illustrated below

Life expectancy compared with healthy life expectancy for MALES in Southampton
2011-13 to 2021-23



Source: NHS England and ONS,

Life expectancy compared with healthy life expectancy for FEMALES in Southampton:
2011-13 to 2021-23



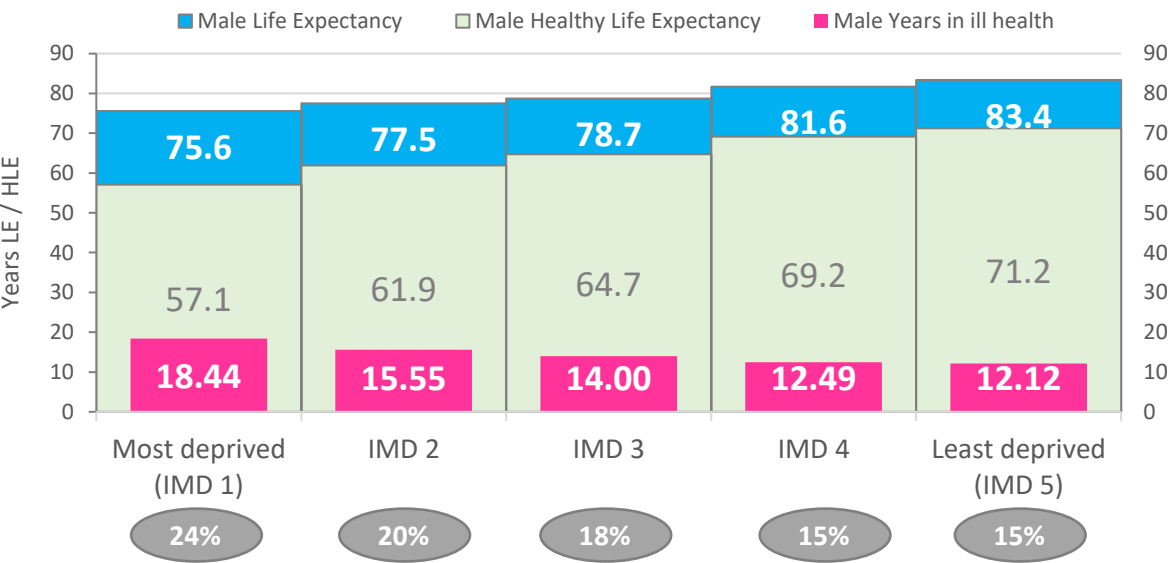
Source: NHS England and ONS,

Females in the city may **live longer** than **males** (82.3 years versus 77.9 years) in 2021-23 but they live in **poorer health** for **longer** 22.4 years versus 18.9 years).



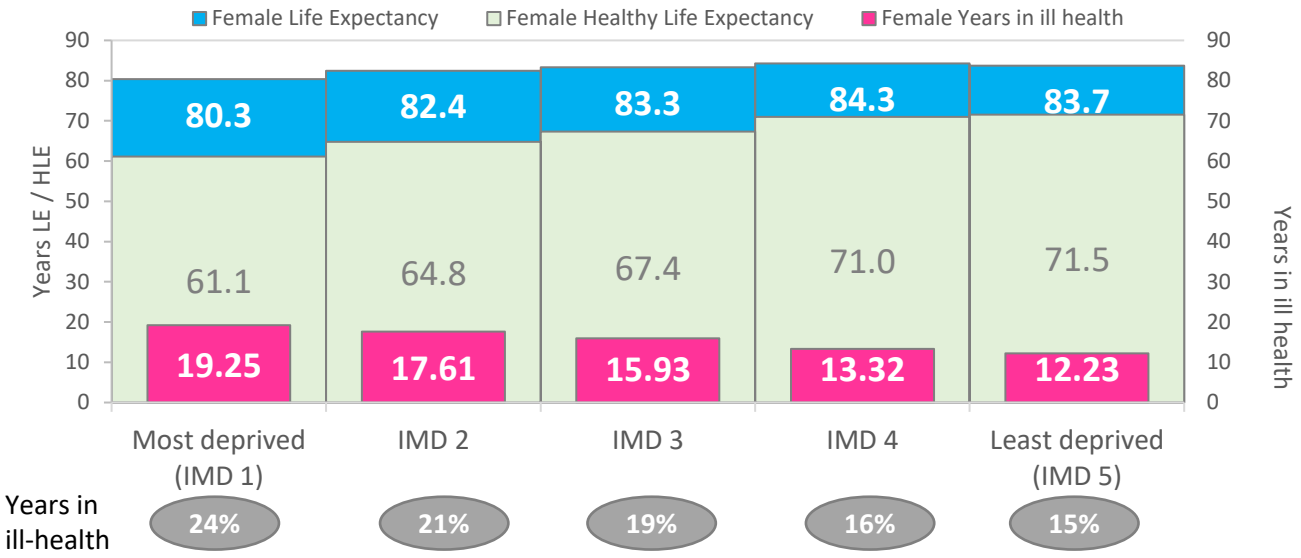
Life expectancy and healthy life expectancy

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



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

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



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

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

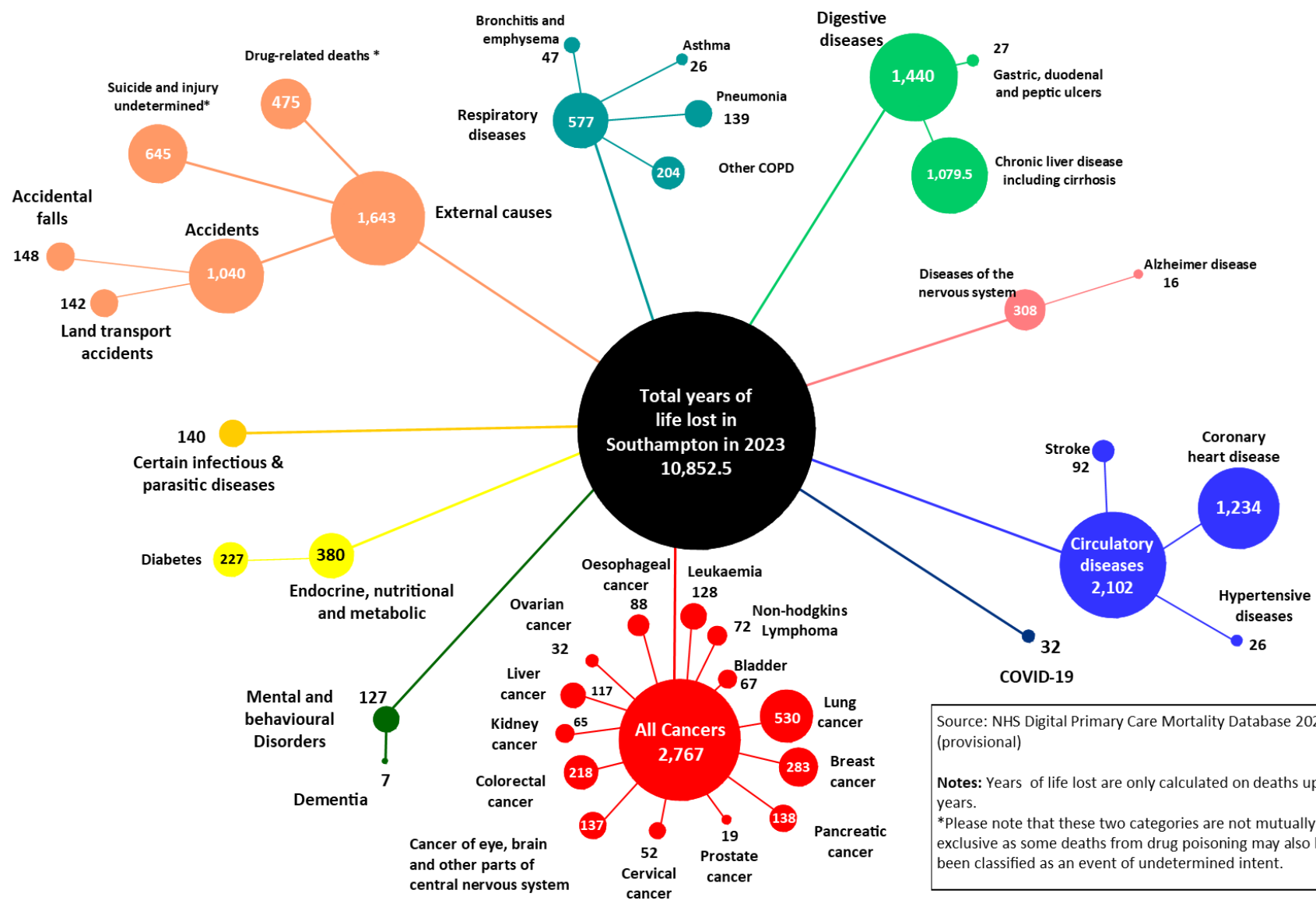
Looking at **life expectancy versus healthy life expectancy**, in the **most deprived 20% England quintiles** (used by Core20+5 analysis), **males** live on average for **18.4 years** in **ill health** however females live for **19.2** years in ill health. Both males and females in the **most deprived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



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

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

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



Source: NHS Digital Primary Care Mortality Database 2023 (provisional)

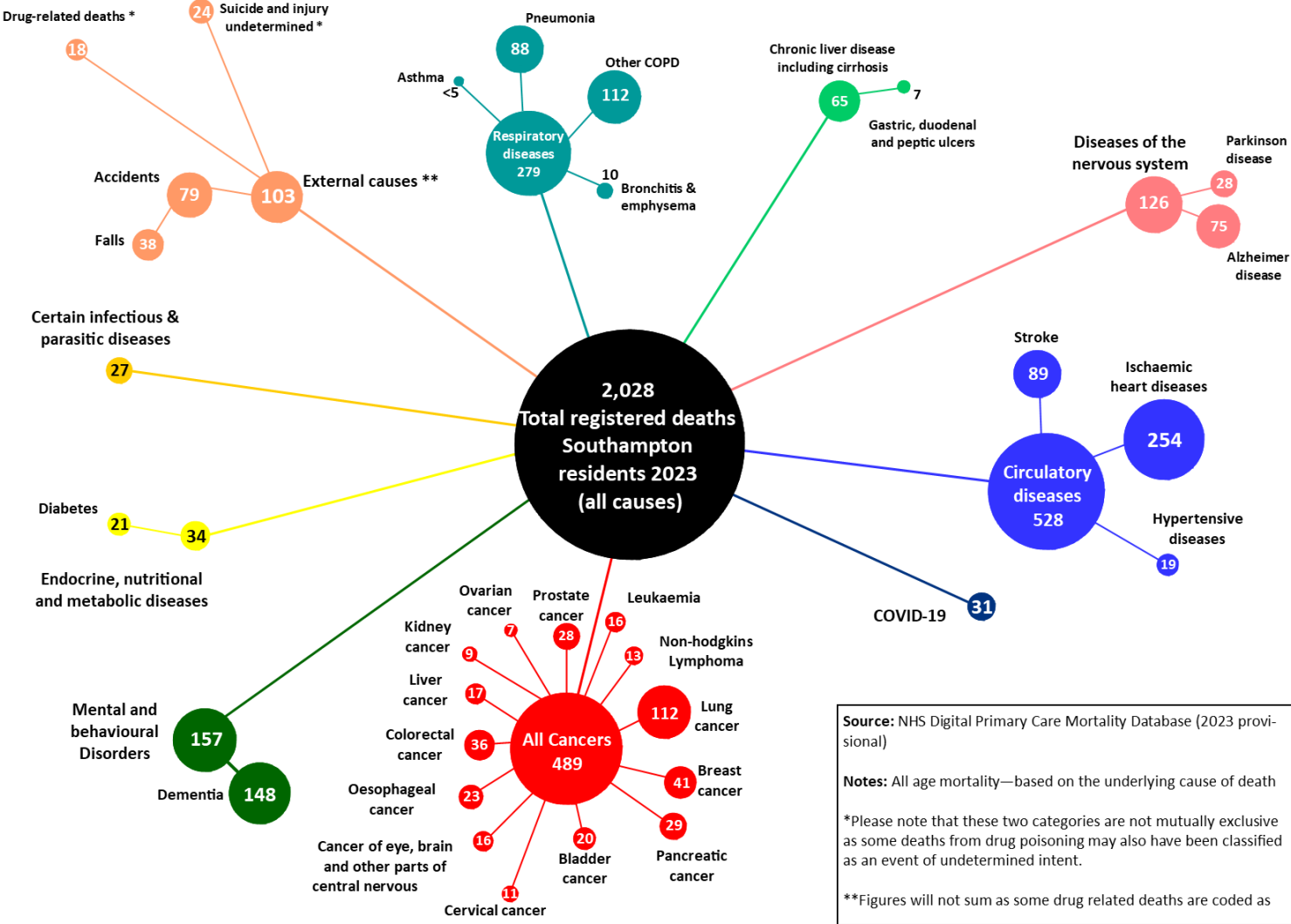
Notes: Years of life lost are only calculated on deaths up to 75 years.

*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.



Mortality – Underlying causes of deaths Southampton 2023

Some **causes of deaths** are **more common** than others. Analysis of the **trends, patterns** and **comparisons** for cause of death helps us understand **priorities** for **health** and **wellbeing**



Source: NHS Digital Primary Care Mortality Database (2023 provisional)

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

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

External causes account for **5.1% of deaths in 2023** but **15.1% of years of life lost**.

Suicide and injury undetermined are the accounting for **1.2% of deaths** and **5.9% of years of life lost**

Drug related deaths account for **0.9% of deaths in 2023** and **4.4% of years of life lost**

Liver disease (incl. cirrhosis) is the underlying cause for **3.2% of deaths** and **9.9% of years lost**

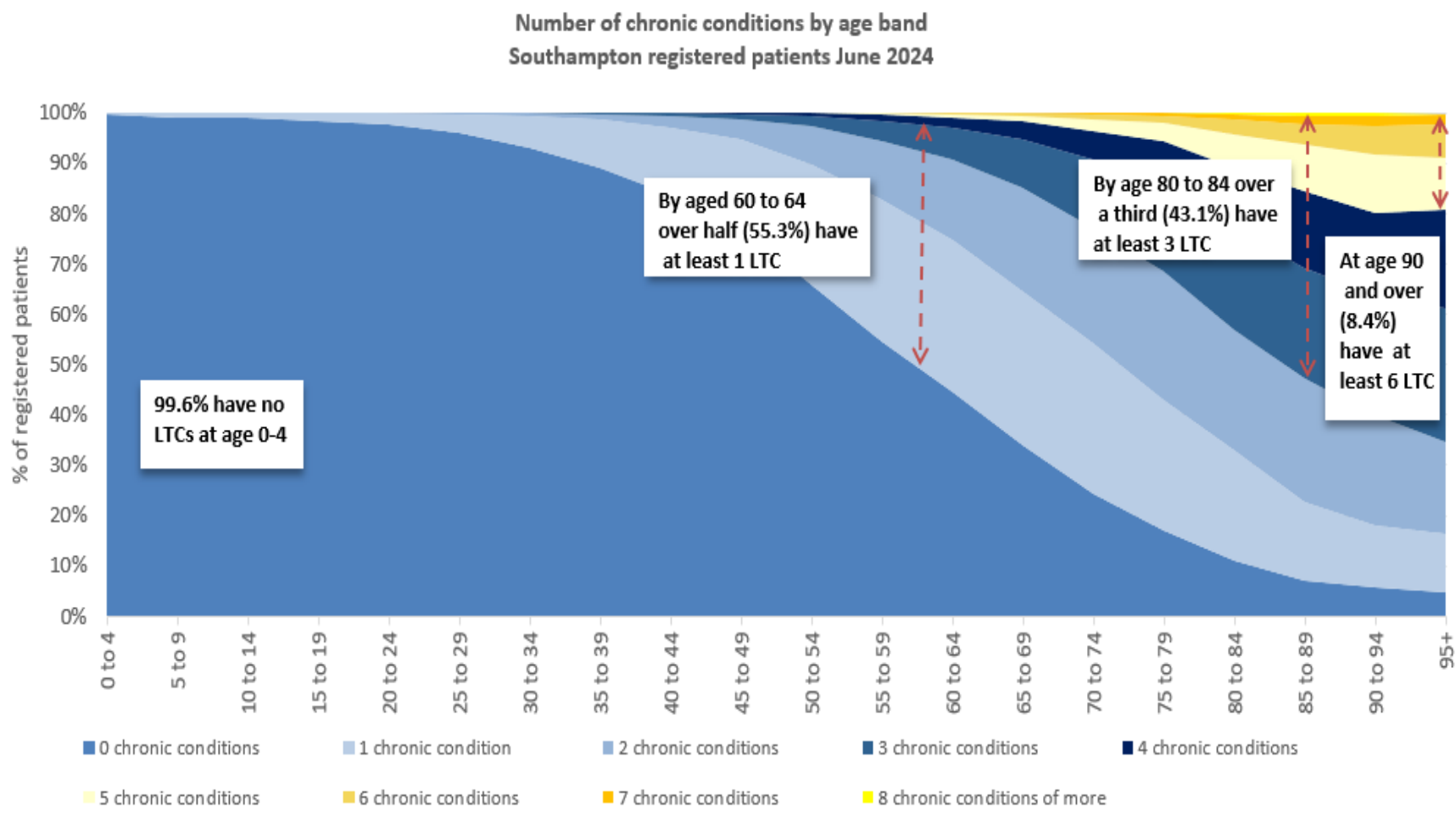


Health conditions

[Health conditions](#)



- An **ageing** population compounds the **prevalence of chronic/long-term conditions** as people tend to **develop more long-term or chronic conditions** as they **grow older**
- Age analysis shows multi-morbidity **increases with age**, by **60-64 over half** of residents have at least **one** chronic/long-term condition and by **80-84 over a third** will have at least **three** long term conditions
- Analysis of snap shots from **2024** GP patient data shows **more diagnoses of multiple chronic/long-term conditions earlier** in their **life course** than in **2024** but excludes low back pain



Source: Population Health Management Tool Healtheintent June 2024



Leading causes and risk factors of disability (mid pandemic)

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

Causes

Southampton

Portsmouth

Hampshire

Isle of Wight

England

Low back pain	1	1	1	1	1
Depressive disorders	2	2	2	2	2
Headache disorders	3	3	4	5	4
Anxiety disorders	4	5	6	7	5
Diabetes	5	4	3	3	3
Falls	6	6	5	6	6
Other musculoskeletal	7	7	9	9	8
Gynecological diseases	8	8	10	14	10
Age-related hearing loss	9	9	7	4	7
Asthma	10	10	12	10	12

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

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

Risks Factors

Southampton

Portsmouth

Hampshire

Isle of Wight

England

High body-mass index	1	1	1	1	1
High fasting plasma glucose	2	2	2	2	2
Smoking	3	3	3	3	3
High alcohol use	4	4	4	4	4
Drug use	5	5	8	7	5
Low bone mineral density	6	8	5	5	6
Kidney dysfunction	7	7	6	6	7
Occupational ergonomic	8	6	10	10	10
High processed meat	9	9	9	9	9
High blood pressure	10	10	7	8	8

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

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



Top ten conditions causing greatest disease burden

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

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

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

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

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

COPD is the condition with the **3rd** greatest burden and **Diabetes** being the **5th**

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

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

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



Top conditions causing greatest burden

Rank	Cause name	Percentage of total DALYs in selected area (%)
1	COVID-19	7.74%
2	Ischemic heart disease	5.18%
3	Low back pain	4.66%
4	Depressive disorders	3.86%
5	COPD	3.62%
6	Lung cancer	3.44%
7	Diabetes	2.82%
8	Headache disorders	2.77%
9	Falls	2.75%
10	Stroke	2.68%

Top 10 conditions causing greatest burden measured in disability-adjusted life years (DALYs) account for **39.5%** of total DALYs in Southampton

Source: Institute for Health Metrics and Evaluation GBD 2021© 2024 University of Washington

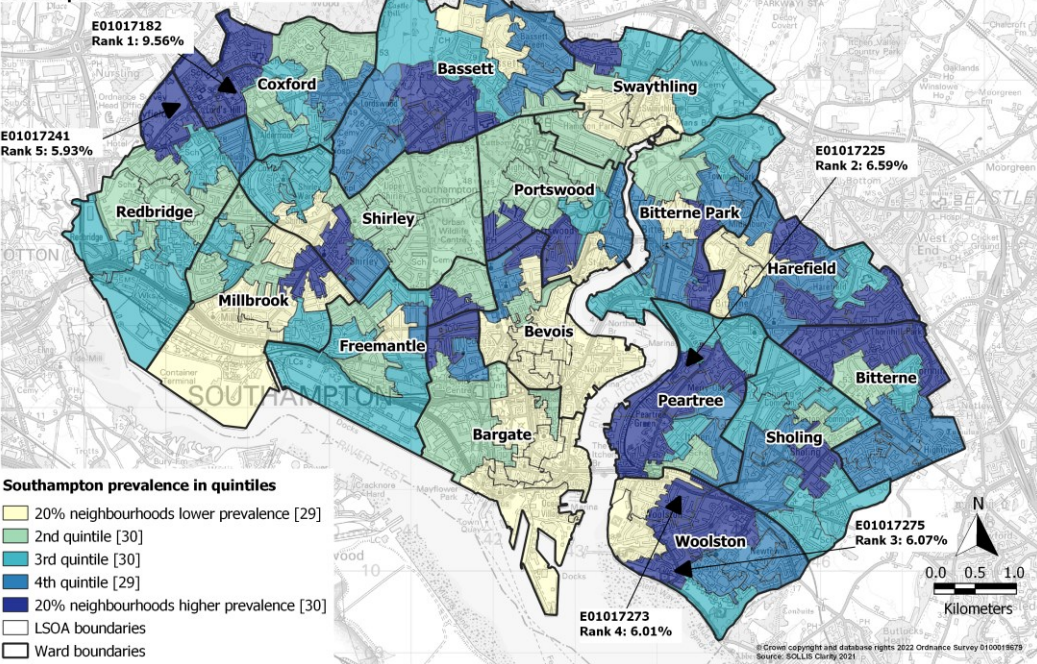
COVID-19 is the most common condition causing greatest burden with **Ischemic heart disease** placed **2nd**
COPD is the condition with the **5th** greatest burden and **Lung cancer** being the **6th**

Again, majority of causes have smoking as an upstream factor



Crude percentage of Southampton registered patients with frailty by LSOA, Solis February 2021.

Southampton overall: 2.56%



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

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

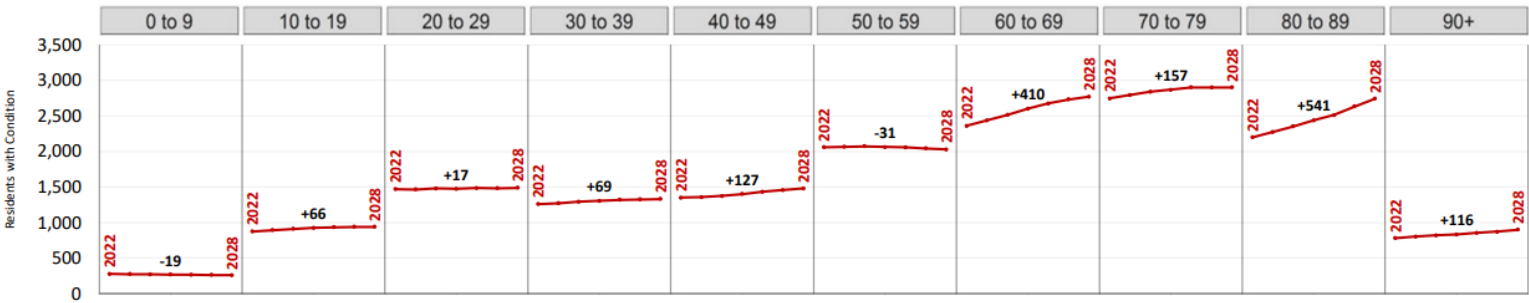
Additional logistic modelling using the **GP data** and **Health Survey for England data** estimated **5,600** residents need for help with 5 or more activities of daily living in 2022, which is expected to increase by **+14%** to 6,400 by 2028

Refreshed demand and forecasting work is currently being undertaken with Newton Europe

Note: The graphics shown are for frailty

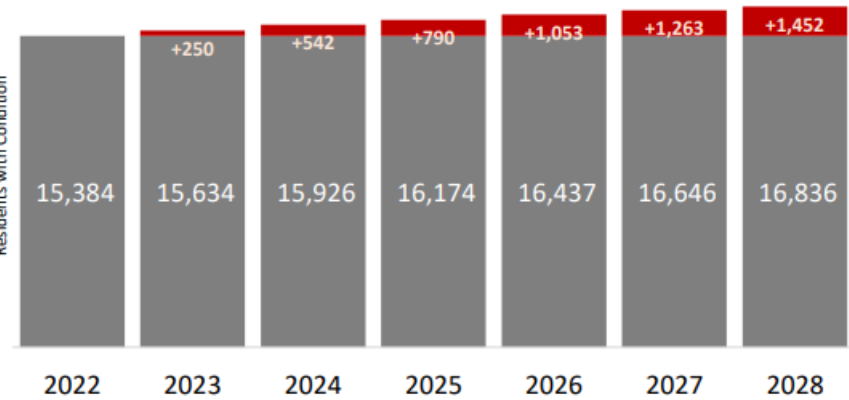
Forecasted Southampton Residents with Frailty by Age-Band (2022 vs 2028)

Source: Modelled data using Solis patient data and HCC SAPP Population Forecast



Forecasted Number of Southampton Residents with Frailty 2022 - 2028

Source: Modelled data using Solis patient data, OHID Fingertips and HCC SAPP





In the most deprived quintile compared to the least...



Anxiety

u75 prevalence
1.1x higher



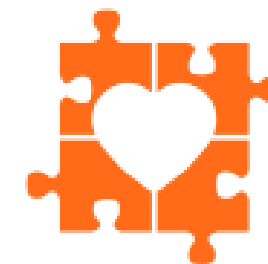
Arthritis

u75 prevalence
1.1x higher



COPD

u75 prevalence
3.8x higher



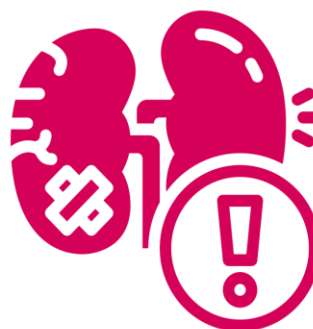
Coronary Artery Disease

u75 prevalence
1.3x higher



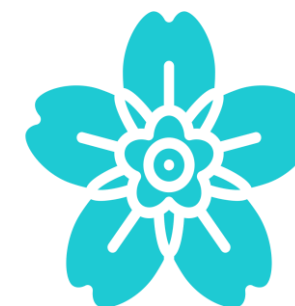
Asthma

All age prevalence
1.3x higher



Chronic Kidney Disease

u75 prevalence
1.9x higher



Dementia

u75 prevalence
1.3x higher



Inequalities – Long Term Conditions

In the most deprived quintile compared to the least...



Heart Failure

u75 prevalence
1.6x higher



Hypertension

u75 prevalence
1.2x higher



Severe Mental Illness

All age prevalence
1.7x higher



Depression

All age prevalence
1.5x higher



Epilepsy

All age prevalence
1.4x higher



Multiple Sclerosis

All age prevalence
1.5x higher



Ischaemic Stroke

u75 prevalence
1.5x higher



Diabetes

u75 prevalence
1.7x higher



Cancer

[Cancer](#)



- **Cancer** is the biggest cause of death in England and Southampton. In **2023**, nearly **1** in every **4** deaths in **Southampton** was from cancer (24.1%). Lung cancer alone caused **1** in every **20** deaths (112 people).
- The reduction in cancer mortality has been slower in Southampton than the rest of England, causing the gap between England and Southampton to grow. For the period **2020 – 2022**, cancer mortality in **Southampton** (**278.5** DSR per 100,000) was significantly higher than the **England** average (**251.7** DSR per 100,000).
- **Females** in Southampton's least deprived quintile live an average of **3.4 years** longer than those in the most deprived, **3.5%** of this gap is due to cancer. The gap for **males** is **6 years** and nearly **one fifth** of this gap is because of higher cancer mortality in the most deprived neighbourhoods of Southampton.
- While cancer treatment and early detection has been getting better, the number of cancer cases has been increasing. **Southampton's cancer registrations** (directly age standardised cancer registrations per 100,000 people) was **559.3** for the period **2020 - 2024**.



Data up to
2023

Cancer registrations: by Southampton IMD quintiles



SOUTHAMPTON
CITY COUNCIL

Year

2020 - 2024

Cancer

Lung

England IMD

Local Authority

Ward

Locality

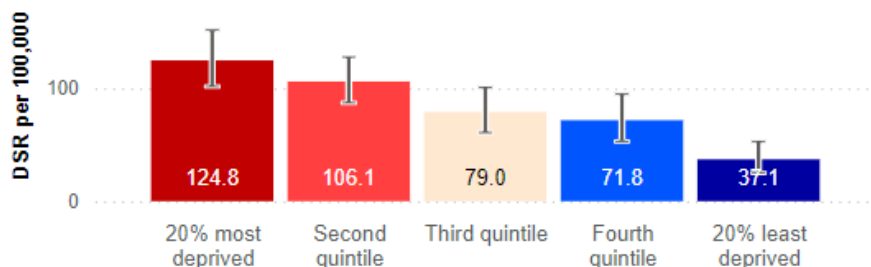
Sex

This report shows benchmarking and trends data for cancer mortality by deprivation.

Select different time periods, measures or areas above to filter

Cancer registrations (Lung) in Southampton between 2020 - 2024 by Southampton deprivation quintile (IMD 2019)

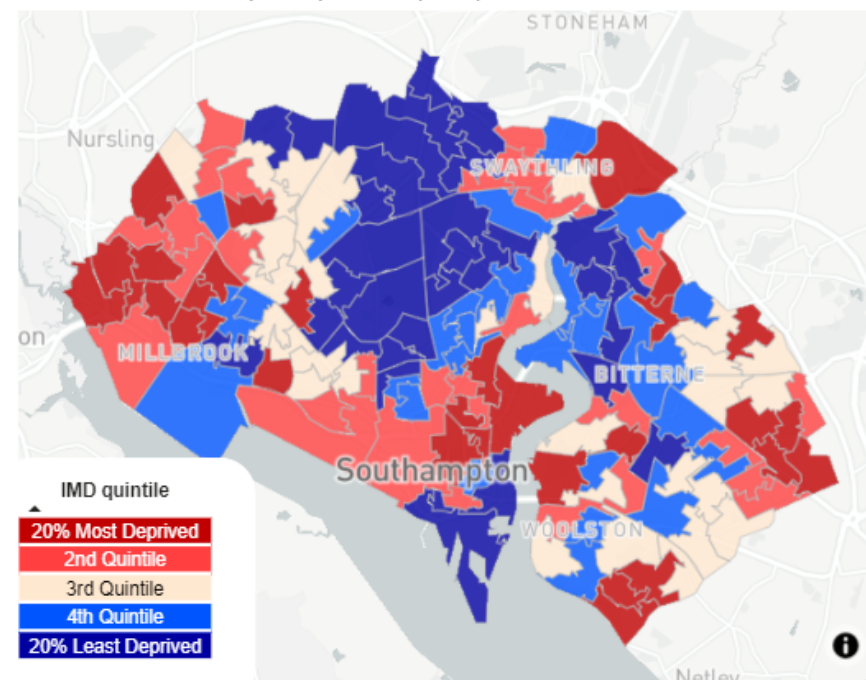
Source: NHS England



Registrations in the most deprived quintile (249.7 DSR per 100,000) were 236.6% higher than the least deprived (74.2) in 2020 - 2024.

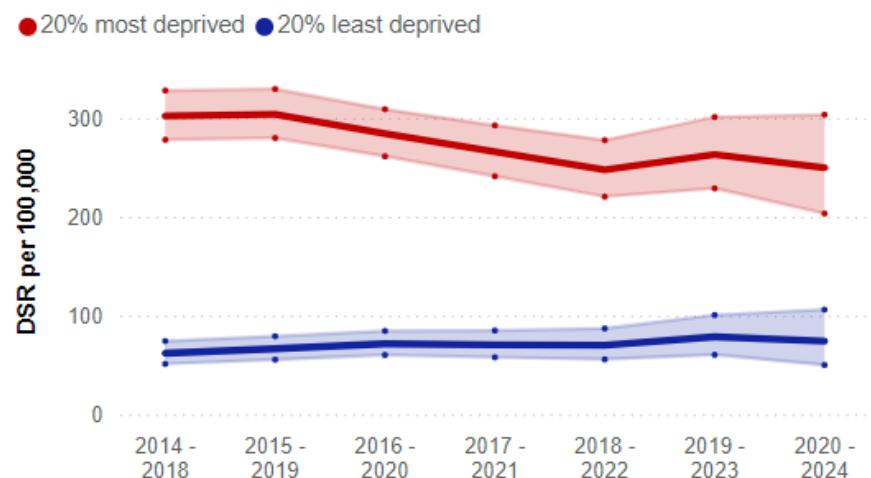
Southampton deprivation quintiles for Southampton LSOAs, Index of Multiple Deprivation (2019).

Source: Index of Multiple Deprivation (2019)



Cancer registrations (Lung) in Southampton by Southampton deprivation quintile (IMD 2019)

Source: NHS England



Screening

Registrations

Treatment

Admissions

Mortality

Metadata

southampton
dataobservatory



Diabetes

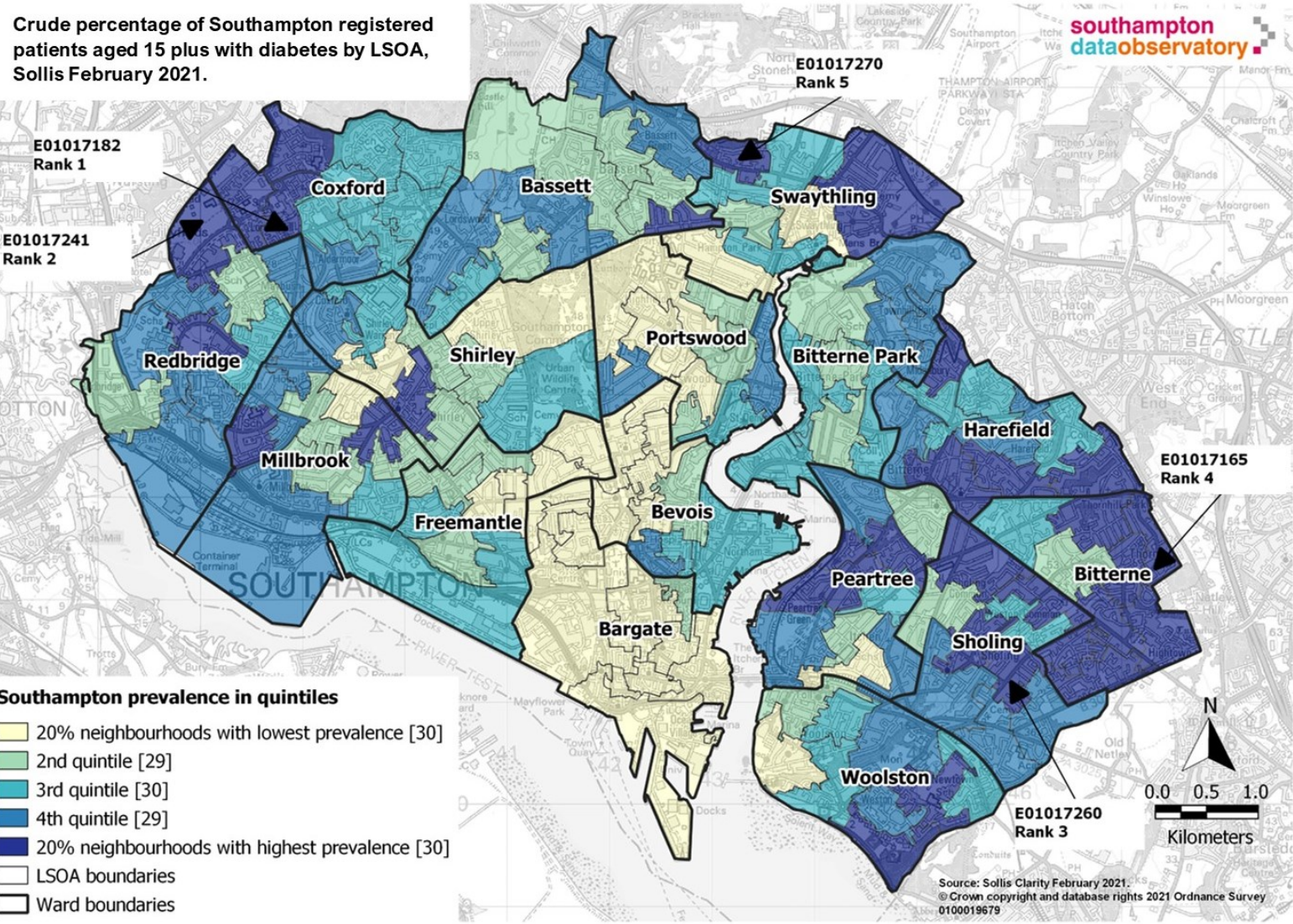
[Diabetes](#)



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



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

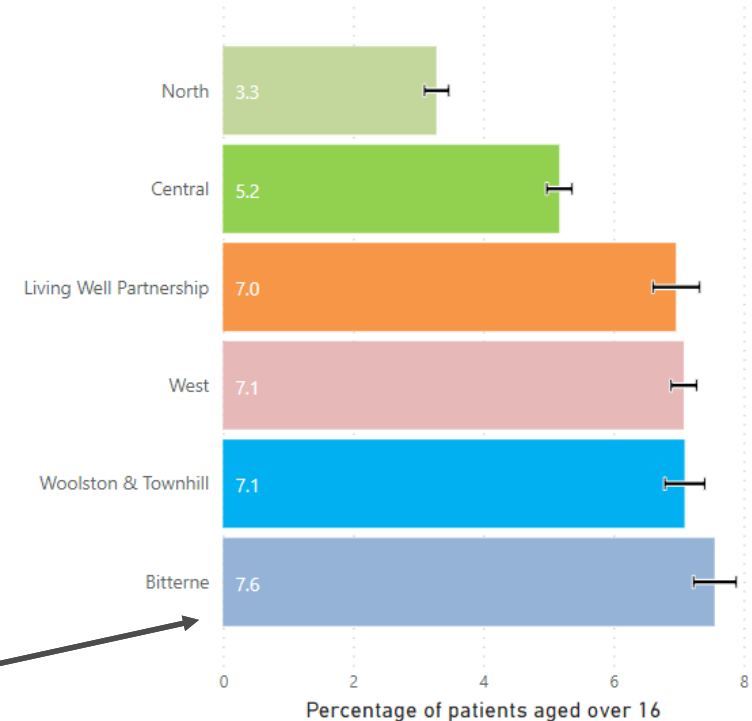


- LSOA E0107182 (in Coxford) has the highest prevalence.

- By PCN, Bitterne PCN has the highest prevalence (7.6%)

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

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





Respiratory

[Respiratory](#)



- **Chronic respiratory diseases** ranked **4th highest cause** of **Southampton deaths** in all ages with a rate of 62.1 per 100,000 in 2021. (Ranked 3rd in 1990). **Respiratory infections** and **tuberculosis** are ranked **3rd highest cause of death** for all ages in 2021 with a rate of 144.8 per 100,000 (GBD 2021). **Asthma** was ranked **10th highest** for **years of life lived with disability (YLD)** with a rate of 407.2 YLD per 100,000 for all ages, a decrease of 45.2% since 1990. **COPD was ranked 18th highest** for **years of life lived with disability (YLD)** with a rate of 198.0 YLD per 100,000 (GBD 2021).
- **Smoking** and second-hand smoke is one of the **biggest risks** for **respiratory diseases**. Around **1 in 6** people (14.2% - 2023) in **Southampton smoke**. **Higher** when **compared** with 11.6% in **England** and 10.1% in **Portsmouth**. **More males** smoke than females and people who smoke are **more likely** to be between the **ages of 25 and 54**
- **Respiratory deaths** contribute **19.2%** of the gap in **male life expectancy** between the **most** and **least** deprived quintiles (2020-2021). On closer inspection, the two largest causes are **chronic lower respiratory disease** followed by heart disease (OHID Segment tool)
- For **females**, respiratory diseases contribute **23.6%** of the gap in life expectancy between the **most** and **least** deprived quintiles, the **2nd highest group**. More detailed analysis shows the **single largest cause** of the gap in female life expectancy is **chronic lower respiratory diseases** followed by other and lung cancer (OHID Segment tool).



- **Rates of respiratory disease hospital admissions** are **higher** for residents in the **west** of the city, especially who live in **Redbridge** and **Coxford**. **Inequalities by deprivation** shows **admission rates for respiratory disease** are **2.9x higher** (and significantly so) for those in the **20% most deprived** (England quintiles/Core 20+5) compared to the least. **Under 75 years respiratory mortality rates** are **2.5x higher** for those in the **20% most deprived** (England quintiles/Core 20+5) with the highest rates in **Swaythling** and **Bargate**
- **Asthma prevalence** rates are **1.2x higher** for those in the **20% most deprived** (England quintiles/Core 20+5) with the highest rates also in the **west** around **Redbridge** and **Coxford**. Asthma is **more prevalent** in those aged **60 to 84 years**. **Asthma correlates** with **current** and **ex-smokers**. **Asthma under 18 admissions** rates are **higher** in the top **two most deprived quintiles**, in particular for **0–9 years**, rates **highest in the most deprived 20%**
- **COPD prevalence** is **higher** on the **wings** and **edges** of the city, **highest rates** are found in the **west** city neighbourhoods with in **Coxford** and **Redbridge** and also for those aged **75 to 89 years**.
- **COPD inequalities analysis** shows by England quintiles **COPD prevalence 2.4x higher**, **COPD admissions 1.5x higher** and **COPD mortality 2.3x higher** for those in the **most deprived 20%** compared to the **least**



Cardiovascular

Cardiovascular disease (CVD)



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



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



Health and Wellbeing Strategy

The strategy covers areas overlapping with Adult Social Care;

- Life expectancy at 65 (males and females)
- Healthy life expectancy
- Hospital admissions due to falls
- Excess winter deaths



Outcome

What are we going to do?



People in Southampton live active, safe and independent lives and manage their own health and wellbeing

- Encourage and promote healthier lifestyle choices and behaviour, with a focus on smoking, alcohol / substance misuse, healthy weigh, and physical activity including walking and cycling more.
- Encourage and promote healthy relationships and wellbeing of individuals of all ages, carers and families, particularly for those at risk of harm and the most vulnerable groups through increasing early help and support.
- Support people to be more independent in their own home and through access to their local community, making best use of digital tools including Telecare.
- Ensure that information and advice is coordinated and accessible.
- Prioritise and promote mental health and wellbeing as being equally important as physical health.
- Increase access to appropriate mental health services as early as possible and when they are needed.
- Make every contact count by ensuring all agencies are able to identify individual needs and respond /refer to services as appropriate.
- Promote access to immunisation and population screening programmes.



Inequalities in health outcomes are reduced

- Reduce the health inequalities gap between the most deprived and least deprived neighbourhoods in the city using the evidence of what works in the Marmot review of Health Inequalities.
- Take action to improve men's health to reduce the difference between male and female life expectancy through community based initiatives to deliver behaviour change.
- Reduce inequalities in early childhood development by ensuring good provision of maternity services, childcare, parenting and early years support.
- Work with schools to improve healthy lifestyle choices and mental wellbeing and reduce the harm caused by adolescent risk taking.
- Target access to advice and navigation to services to those who are most at risk and in need, to improve their health outcomes.
- Ensure that health inequalities are taken into account in policy development, commissioning and service delivery.
- Provide support to help people access and sustain quality jobs, targeting those who are long term unemployed or with families.



Southampton is a healthy place to live and work with strong, active communities

- Support development of community networks, making best use of digital technology, community assets and open spaces.
- Improve housing standards and reduce illness and avoidable deaths related to fuel poverty.
- Develop an understanding of, and response to, social isolation and loneliness in the city.
- Work with city planners to ensure health is reflected in policy making and delivery.
- Deliver a cleaner environment through a clean air zone with vehicle access restrictions to the city.
- Work with employers and employees to improve workplace wellbeing through healthier work places.



People in Southampton have improved health experiences as a result of high quality, integrated services

- Improve health outcomes for residents, at a lower cost, through integration and joint working across all health and council services.
- Prioritise investment in and embed a prevention and early intervention approach to health and wellbeing across the city.
- Deliver a common approach to planning care tailored to the needs of the individual or family.
- Deliver the right care, at the right time, in the right place by working as locally as possible and shifting the balance of care out of hospital to community providers.
- Maximise opportunities for prevention and early intervention through making every contact with services count.



How will we measure success?

The Public Health Outcomes Framework is a comprehensive list of desired outcomes and indicators that help measure how well public health and wellbeing is being improved and protected in an area. The Health and Wellbeing Board will focus on a selection of these indicators that a) require the most improvement and b) will best indicate progress towards the outcomes in this strategy.

Priority area	Measure		
Overarching	Life expectancy at birth	Life expectancy at 65 years	Healthy Life Expectancy at birth
	Under 75 years mortality rate from cardiovascular disease	Under 75 years mortality rate from respiratory disease	Mortality rate from causes considered preventable
Children & Young People/ Early years	Smoking status at time of delivery	Breastfeeding prevalence at 6-8 weeks after birth	Child excess weight in 4-5 and 10-11 year olds
	Population vaccination coverage – MMR for one dose (2 years old)	Looked after children rate	School readiness
	Children in low income families (under 16s)	Hospital admissions caused by unintentional and deliberate injuries (0-14 years)	Under 18 years conception rate
Adults	Smoking prevalence in adults	Suicide rate	Depression recorded prevalence
	Injuries due to falls in people aged 65 years and over	HIV late diagnosis	Under 75 years mortality rate for liver disease considered preventable
	TB incidence (3 year average)		
Healthy settings	Fraction of mortality attributable to particulate air pollution	Percentage of people aged 16-64 years in employment	Excess winter deaths index

The full Public Health Outcomes Framework can be found at www.phoutcomes.info

We have been monitoring Southampton against the measures set out in the Health and Wellbeing Strategy. These indicators are also available on constantly refreshed [Health and Wellbeing Strategy Dashboard \(PowerBi\)](#)



Key points – Overarching indicators: Life expectancy and mortality

- In Southampton, **men live 15 months less** and **women live 10 months less** compared to the England average (2021-23).
- Southampton **women** live for a **longer period** in **poorer health** (22.4 years) than Southampton men (18.9 years) in 2021-23 [Poorer health years = Life Expectancy – Healthy Life Expectancy].
- The **under-75 mortality rate** for **cardiovascular disease** (males) considered **preventable** remains **higher** than England and the gap is widening in recent years. However, the under-75 mortality rate for **causes** (males and females), **circulatory disease** (females) **respiratory disease** (males and females); **all considered preventable** are **significantly higher** and with an **increasing gap** in recent years **compared** to England
- Comparing the **most deprived 20%** of Southampton to the **least deprived 20%**, life expectancy at birth gap is **7.1 years** for **men** and **6.9 years** for **women** (2021-23 – provisional). During 2019 to 2021, both males and females in the **most deprived quintile** live a **quarter (24%)** of their **shorter** lives in ill health. **Males** and **females** in the **least deprived** quintile live a **seventh (15%)** of their lives in ill health

Priority area	Measure	Unit	Latest period	Southampton Sparkline	Southampton value	England value	ONS Comparator Ranking (1 out of 12 is worse, worst quarter in pink)	CIPFA Comparator Ranking (1 out of 16 is worse, worst quarter in pink)	Significance compared to England value
Overarching	Life expectancy at birth (Male)	Years	2021 - 23		77.9	79.1	5	12	Significantly lower
	Life expectancy at birth (Female)	Years	2021 - 23		82.3	83.1	6	13	Significantly lower
	Life expectancy at 65 years (Male)	Years	2021 - 23		17.6	18.7	4	9	Significantly lower
	Life expectancy at 65 years (Female)	Years	2021 - 23		20.5	21.1	6	13	Significantly lower
	Healthy Life Expectancy at birth (Male)	Years	2021 - 23		59.0	61.5	7	14	Lower
	Healthy Life Expectancy at birth (Female)	Years	2021 - 23		59.8	61.9	7	14	Lower
	Under 75 mortality rate from all cardiovascular diseases considered preventable Male	per 100,000	2021 - 23		50.5	44.5	5	12	Higher
	Under 75 mortality rate from all cardiovascular diseases considered preventable Female	per 100,000	2021 - 23		22.6	17.3	3	8	Higher
	Under 75 mortality rate from respiratory disease considered preventable Male	per 100,000	2021 - 23		28.5	19.9	4	8	Significantly higher
	Under 75 mortality rate from respiratory disease considered preventable Female	per 100,000	2021 - 23		24.6	16.2	2	8	Significantly higher
	Under 75 mortality rate from causes considered preventable Male	per 100,000	2021 - 23		274.9	216.3	4	10	Significantly higher
	Under 75 mortality rate from causes considered preventable Female	per 100,000	2021 - 23		141.1	113.9	5	12	Significantly higher



Key points – Children and Young people

- **Smoking at time of delivery** in Southampton (7.9%) is **higher** but not **significantly** than England (7.4%). **13 less women** smoking would have **matched** the **England** average. Recent years show the **Southampton** percentage **decreasing at a faster rate than nationally**. **Breastfeeding** prevalence at 6-8 weeks after birth is **increasing** and **higher** than the **national** average (55.1% vs. 52.7%).
- **Around 80 less** Southampton children at **excess weight** at **Reception year** and around **125 less** Southampton children at **excess weight** in **Year 6** would have the city with prevalence similar to England.
- **MMR vaccination** (for one dose, aged 2) coverage **increased** compared to last year, around **115 more children vaccinated** would meet the WHO recommendation of 95%, however Southampton still remains **higher** than **England**.
- **Children Looked After rate** is **significantly higher** than **England** but has dropped compared to last year.
- **School readiness at reception** is **lower** than England post pandemic having previously followed England: **9 more Southampton children** would need to reach a **good level of development** to meet the **England** average. For Year 1 Phonics, **76 more children achieving the expected level** would match the **England** average.
- **22.5% children** are in relative **low-income** families compared to **19.8% in England**, **consistently significantly higher** and the **gap has narrowed**, but both England and Southampton percentages have **increased** since 2014/15.
- Admissions caused by **unintentional and deliberate injuries** (under 15 years) is **higher** than England, both falling since 2010/11.
- Teenage conception **decreased overall** at a **faster rate than nationally**. Had there been one less conception, the rate in 2021 would have been the lowest over 24 years and 15 less conceptions would have given us the same rate as England.

Priority area	Measure	Unit	Time period	Southampton Sparkline	Southampton value	England value	ONS Comparator Ranking (1 out of 12 is worse, worst quarter shaded)	CIPFA Comparator Ranking (1 out of 16 is worse, worst quarter shaded)	Significance compared to England value
Children & Young People/Early years	Smoking status at time of delivery (Female)	%	2023/24		7.9	7.4	5	9	Higher
	Breastfeeding prevalence at 6-8 weeks after birth - current method	%	2023/24		55.1	52.7	5 of 7	8 of 12	Significantly higher
	Child excess weight in 4-5 year olds	%	2023/24		25.2	22.1	2	4	Significantly higher
	Child excess weight in 10-11 year olds	%	2023/24		40.4	35.8	4	8	Significantly higher
	Population vaccination coverage - MMR for one dose (2 years old)	%	2023/24		91.2	88.9	7	13	Significantly higher
	Children looked after	per 10,000	2024		97.0	70.0	9	4	Significantly higher
	School readiness: Good level of development at the end of reception	%	2022/23		66.9	67.2	9	15	Lower
	School readiness: Year 1 pupils achieving the expected level in the phonics screening check	%	2022/23		76.2	78.9	5	9	Significantly lower
	Children in relative low income families (under 16s)	%	2022/23		22.5	19.8	5	12	Significantly higher
	Hospital admissions caused by unintentional & deliberate injuries in children (aged 0-14 yrs)	per 10,000	2022/23		84.0	75.3	5	7	Higher
	Under 18s conception rate / 1,000 (Female)	per 1,000	2021		17.3	13.1	5	7	Significantly higher

Key points – Adults

- **Smoking prevalence** in adults is **decreasing** overall. In 2023, Southampton estimate (14.2%) was higher but statistically similar to England (11.6%). It needs noted the survey only asked around 600 people in the city.
- **Suicide rate** in 2021-23 was **11.6** per 100k, **higher to England** and despite an **overall decrease** since 2012-14, **2021-23** saw the **highest rate** in the last **5 pooled periods**.
- Local **depression new diagnosis prevalence** in 2023/24 (1.5%) is **the same** as **England** (1.5%). The Southampton prevalence **followed England** trends since recording in 2013/14
- Under 75 mortality from **preventable liver disease** rate for 2021-23 is **significantly higher** than **England**; **63% higher** and the **worst** among ONS and CIPFA **comparator** groups.
- **HIV late diagnosis** in people first diagnosed with HIV in the UK is now 43.1% and continues with a 6th consecutive 3 year pooled period **lower** than **national average** (43.5%).
- **TB incidence locally** (8.8 per 100k) is **higher but statistically similar** to England (7.6 per 100k) and **2nd lowest** in last 20 years.
- **Injuries due to falls** in those aged 65+ is **significantly higher than the England average** and ranked **1st worse** among ONS and CIPFA comparators for **persons, males and females**

Priority area	Measure	Unit	Time period	Southampton Sparkline	Southampton value	England value	ONS Comparator Ranking (1 out of 12 is worse, worst quarter shaded)	CIPFA Comparator Ranking (1 out of 16 is worse, worst quarter shaded)	Significance compared to England value
Adults	Smoking Prevalence in adults (18+) - current smokers (APS)	%	2023		14.2	11.6	2	7	Higher
	Suicide rate (age 10+ years)	per 100,000	2021 - 23		11.6	10.7	5	10	Higher
	Depression: new diagnosis (aged 18+)	%	2023/24		1.5	1.5	4	9	Similar
	Injuries due to falls in people aged 65+ (Persons)	per 100,000	2022/23		2994.6	1932.8	1	1	Significantly higher
	Injuries due to falls in people aged 65+ years (Male)	per 100,000	2022/23		2730.7	1616.0	1	1	Significantly higher
	Injuries due to falls in people aged 65+ years (Female)	per 100,000	2022/23		3187.2	2169.9	1	1	Significantly higher
	Under 75 mortality rate from liver disease considered preventable	per 100,000	2021 - 23		31.2	19.2	1	1	Significantly higher
	HIV late diagnosis in people first diagnosed with HIV in the UK	%	2021 - 23		43.1	43.5	8	6	Lower
	TB incidence (3 year average)	per 100,000	2020 - 22		8.8	7.6	2	7	Higher



Key points – Healthy settings

- 2022 saw fraction of **mortality attributable to particulate air pollution higher** than **England average** (6.1% versus 5.8%) and ranked **2nd worst** in our **ONS comparators** group.
- **Excess Winter Deaths** (now called Winter Mortality Index) was higher in Southampton than for England for persons, males and females in Winter 2021 to 2022. Previously COVID-19 was the leading cause of excess winter deaths in Winter 2020 to 2021 and for Southampton and England excess winter deaths higher than any year in the 20 year recorded period between Winter 2001 to 2002 and Winter 2020 to 2021. The previous year (Winter 2019 to 2020) saw a pandemic related drop with less deaths in the winter months than the summer months.
- Data for **people in employment** to the end of March 2024 saw Southampton **higher** than England and returning to pre-pandemic levels and the 4th highest yearly rate of the last 13 years

Priority area	Measure	Time period	Southampton Sparkline	Southampton value	England value	ONS Comparator Ranking (1 out of 12 is worse, worst quarter shaded)	CIPFA Comparator Ranking (1 out of 16 is worse, worst quarter shaded)	Significance compared to England value
Healthy settings	Fraction of mortality attributable to particulate air pollution (new method)	%	2022	6.1	5.8	2	5	Not comparable
	Percentage of people aged 16-64 in employment	%	2023/24	76.0	75.7	9	13	Higher
	Excess winter deaths index (Persons)	Ratio	Aug 2021 - Jul 2022	9.2	8.1	6	7	Higher
	Excess winter deaths index (Male)	Ratio	Aug 2021 - Jul 2022	9.2	8.0	6	7	Higher
	Excess winter deaths index (Female)	Ratio	Aug 2021 - Jul 2022	9.1	8.1	6	8	Higher



Other summary slides

2025 Pen profile of Southampton



Population
of **263,769**



Life expectancy years -
Males **77.9** and Females
82.3



102,290
households



Average
house price
£242,008



Southampton covers
49.8km²



Empty **132,000**
household bins
every week



31.9% of residents
consider themselves
other than white
British



35,325 higher
education
students



Ranked in the **3rd** for
Good Growth

18,918
garden waste
customers



Support
76
schools



£690 - average
gross weekly
wage (resident)



5,400 (4.0%)
residents
claiming work
benefits



University of
Southampton
ranked **20th**



7,400 business
enterprises



Recycle, compost and
reuse **26,405** tonnes
of waste per year



76.0% 16-64
yrs olds in
employment



11 Green Flag
awards for
parks



1,626
commercial
waste
customers

694
planning
applications



2025 Pen profile of Southampton

A Maintain **416** miles of roads



3,005,207 cruise passengers

Maintain over **100** play areas, **24** multi use games areas, **6** Skateparks and **7** tennis courts and **2** golf courses



200 green spaces covering over **950** hectares (**20%** of Southampton land) including parks, gardens, recreation grounds, natural habitats, ecology areas managed for wildlife (**75** sites), woodlands and greenways



Support **2,074** people in Over 60s properties



16,304 council houses

58% of the SCC workforce are local residents



3,461 people work for Southampton City Council



In SCC **55%** of senior roles are women

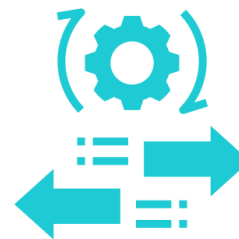
488 children looked after in our care



9% of SCC employees identify as having a disability



26% of the SCC workforce are part-time



7% of SCC colleagues had an internal move/development opportunity

3% of the SCC workforce are apprentices

