

# Southampton Pharmaceutical Needs Assessment (PNA) - DRAFT Part 2: Appendices

**Last Updated February 2022**

Note: **Part 1** is the main PNA report and is in a separate document.

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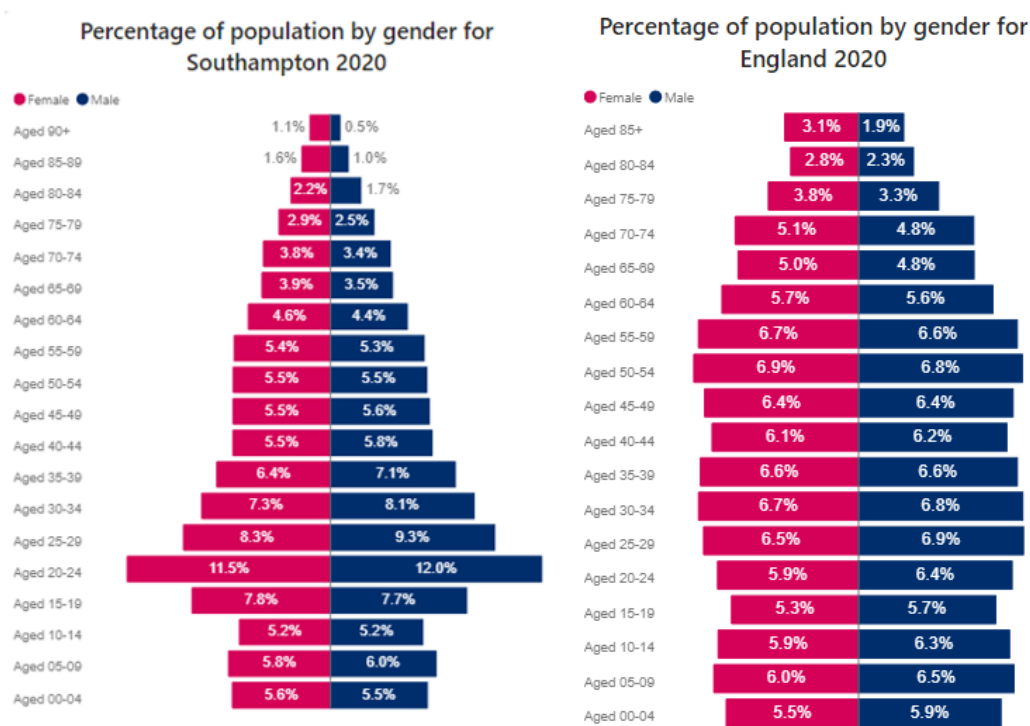
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## 11. Appendix A: Supporting Information

### 11.1 Population

In 2022, the resident population of Southampton is estimated to be 264,658<sup>40</sup> with 307,119 people registered with GP practices in January 2022.<sup>41</sup> The population pyramids in Figure 18, for 2020, show how the profile of Southampton’s population differs from the national average. This is because of the large number of students in the city; 19.5% of Southampton’s population is aged between 15 and 24 years, compared to just 11.7% nationally.<sup>42</sup>

Figure 18: Population by age and gender for England and Southampton 2020



Source: Small Area Population Forecast, Hampshire Country Council and Mid-Year Population Forecast, Office for National Statistics

<sup>40</sup> Hampshire County Council <https://www.hants.gov.uk/landplanningandenvironment/facts-figures/population/estimates-forecasts>

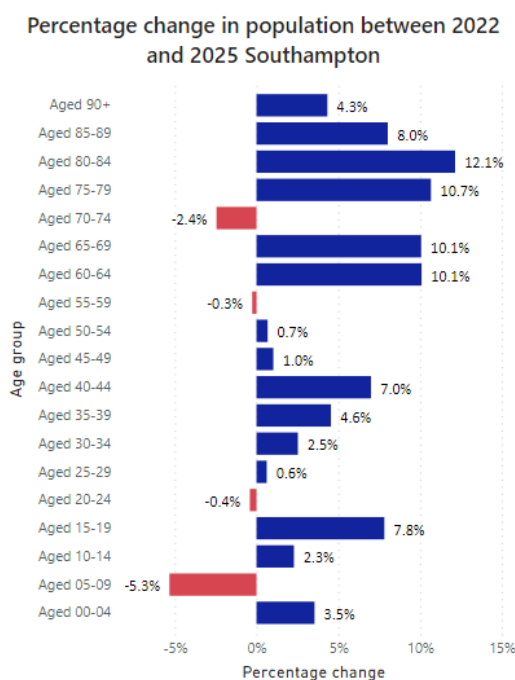
<sup>41</sup> NHS Digital <https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice>

<sup>42</sup> Southampton population dashboard. January 2022 <https://app.powerbi.com/view?r=eyJrIjoiaNzgxZjAzNTQtZDg5Ni00NTczLWE0Y2EtY2FjNTNiNjhlMzlk4liwidCl6ljNhm2lwNzlhLTY0YzAtNDcxYy05MmU1LTRIOTE5ZTMwN2NhOCIsImMiOj9>

There are many uncertainties around current and future population numbers. The Southampton JSNA currently uses data produced by Hampshire County Council (HCC)<sup>43</sup> which incorporates the results of the 2011 Census. HCC’s small area population forecasts (SAPF) are based on the planned completions of residential dwellings in Southampton, which predict an increase in dwellings of 3,594 (3.3%) between 2022 and 2025 – the lifetime of this PNA. The largest growth in dwellings is predicted to be in Bargate (1,588 dwellings; 14.3%) – over four times the city average, followed by Woolston (466 dwellings; 6.2%) and Redbridge (248 dwellings; 3.4%). The increase in dwellings across Southampton translates to a population increase of 8,198 (3.1%) between 2022 and 2025. Due to the planned residential development, the largest population growth is predicted to be in Bargate (3,301 people; 12.5%) followed by Woolston (1,158; 6.7%). Bitterne’s population is predicted to fall by approximately -27 (-0.2%) over the same period.

The older population is projected to grow proportionally more than any other group in Southampton over the next few years (Figure 19). The over 65s population is projected to increase between 2022 and 2025, from 38,025 in 2022 to 40,650 in 2025, an increase of 6.9%. The over 85s population is forecast to grow from 5,744 to 6,119, an increase of 6.5%.<sup>44</sup>

Figure 19: Population change by age, in Southampton, in between 2022 and 2025



Source: Hampshire County Council 2020-Based Southampton Small Area Population Forecasts

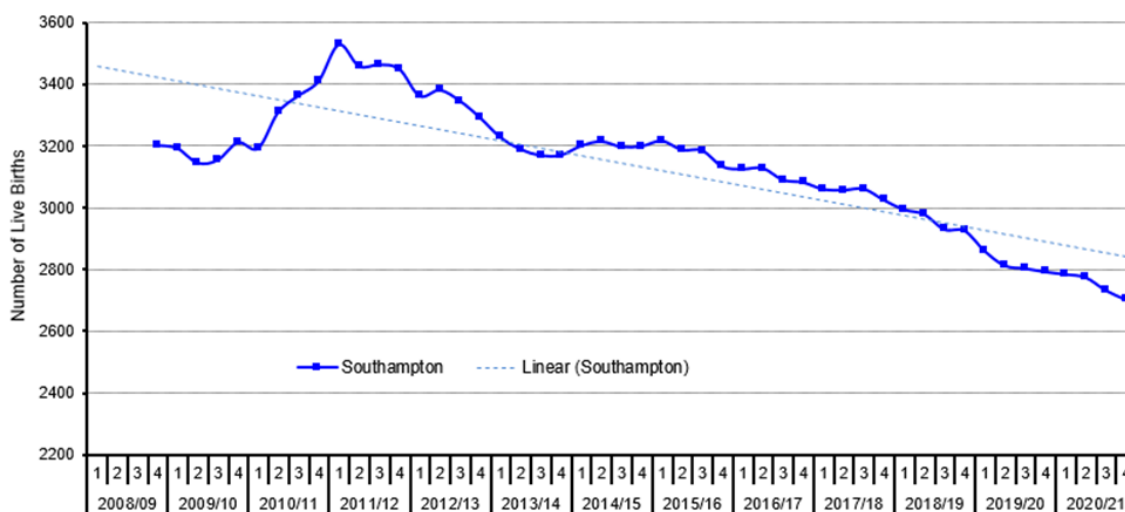
<sup>43</sup> Hampshire County Environment Department's 2020-based Southampton Small Area Population Forecasts

<sup>44</sup> Hampshire County Environment Department's 2020-based Southampton Small Area Population Forecasts

Life expectancy in Southampton is 78.3 years for males and 82.5 years for females compared to the England averages of 80.6 and 84.1 respectively (2018-20). In addition, although people are living longer, it is often with multiple long-term conditions and an extended period of poor health and/or disability.

According to the HCC forecasts, the number of 0 to 4 year olds will increase by 3.5% between 2022 and 2025, however, local monitoring of births at University Hospital Southampton (UHS) reveals that births have fallen by -15.6% between 2008/09 and 2020/21 (figure 20).

Figure 20: Number of live births in Southampton, annual rolling average 2008/09 to 2020/21

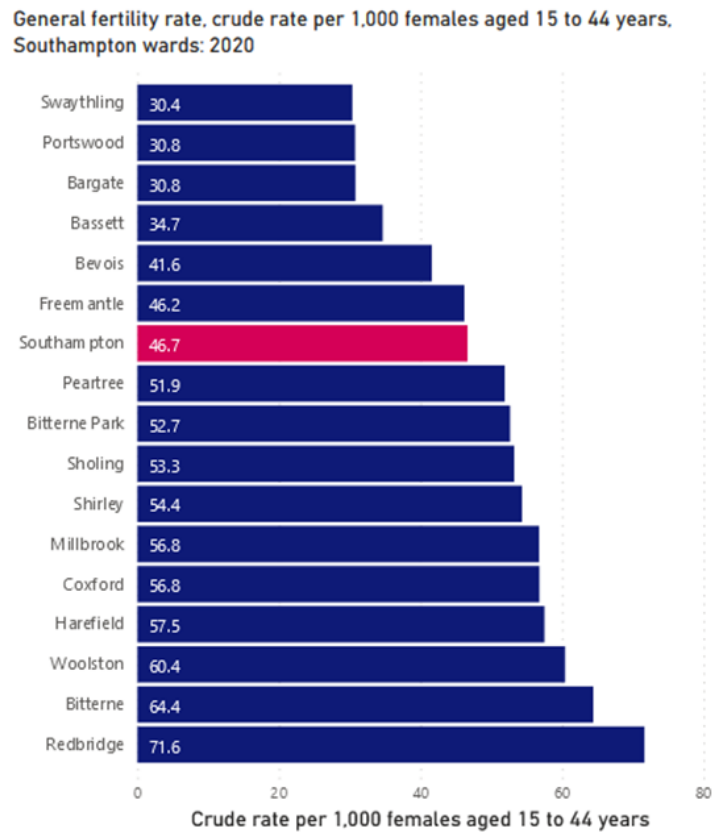


Source: HICCS Maternity, UHS

Between 2011 and 2019 general fertility rates in the city have decreased from 63.4 to 50.0 per 1,000 females aged 15-44. The 2019 figures compare with 56.9 per 1,000 females aged 15 to 44 across the South East and 57.7 per 1,000 in England.

In 2020, the general fertility rate for Southampton by electoral ward ranged from 71.6 births per 1,000 females aged 15 to 44 years in Redbridge to 30.4 in Swaythling (Figure 21).

Figure 21: General fertility rate in Southampton wards 2020



Source: Office for National Statistics

### 11.1.1 Ethnicity, Migration, Language and Religion

Data on long-term international migration up to the end of June 2020 shows that Southampton has more international incomers than leavers (6,790 compared to 3,869). There is also a high level of internal migration, with 15,531 people arriving and 19,067 leaving over the same period. More recently these movements have been impacted by the restrictions resulting from the COVID-19 pandemic. The latest figures include a mix of data from pre-COVID time (up to March 2020) and from during the pandemic (April to December 2020).

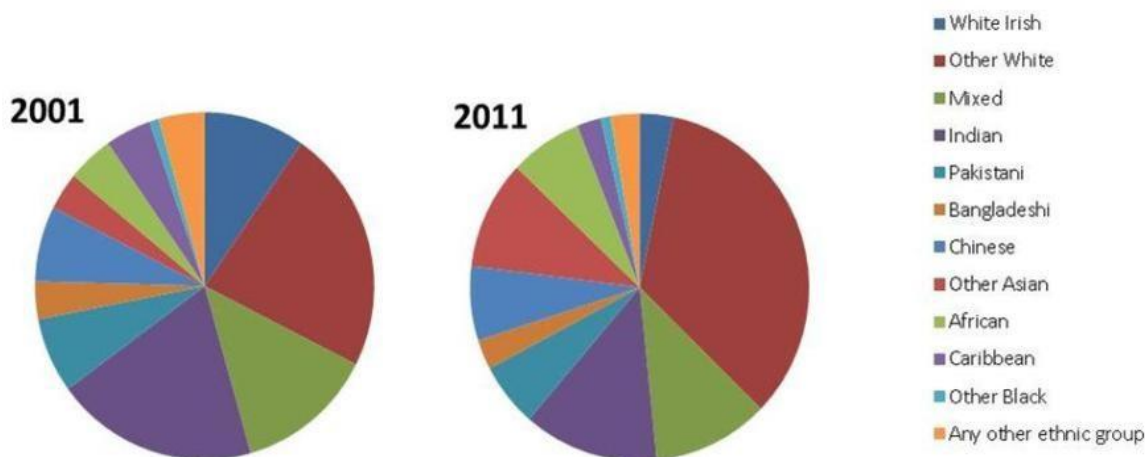
Based on results from the 2011 Census, Southampton has residents from over 55 different countries who between them speak 153 different languages.<sup>45</sup> In the 2011 Census 77.7% of residents recorded their ethnicity as White-British, which is a decrease of 11% from 2001. The pie charts in, Figure 22, show that the biggest change has been in the 'Other White'

<sup>45</sup> Schools, pupils and their characteristics, Department for Education 2020/21. <https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics> Accessed 22/11/2021



population (which includes migrants from Europe) as this increased over the 10 year period by more than 200% (from 5,519 to 17,461).

Figure 22: Ethnicity of resident population reported in the 2001 and 2011 census

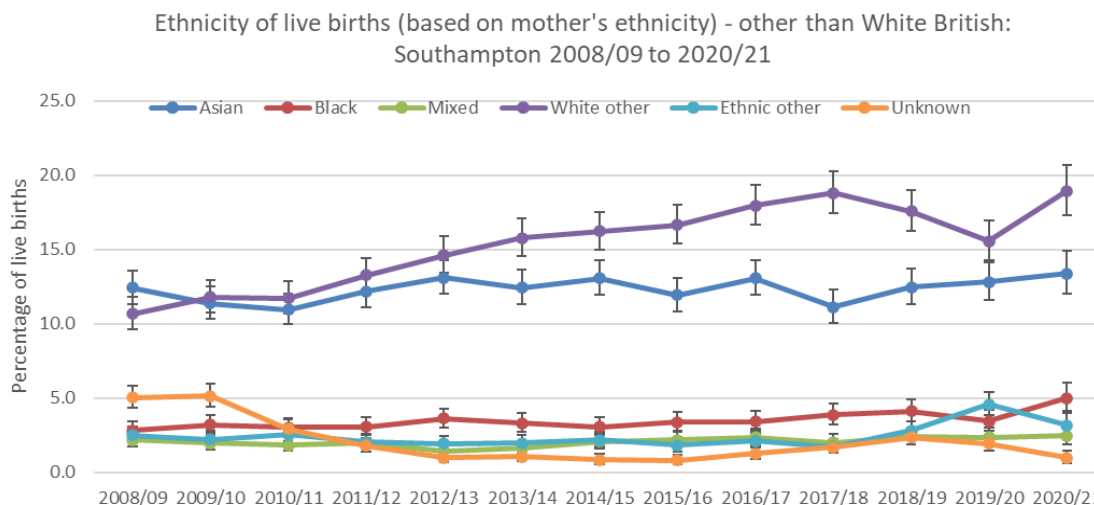


Source: Office for National Statistics 2011 Census

Within Southampton, there is a wide variation in diversity; in Bevois ward, over half of residents (55.4%) are from an ethnic group other than White British compared to 7.6% in Sholing. The school census in Southampton in 2020/2021 revealed that 39.4% of pupils were from an ethnic group other than White British. This has increased from 24.8% in 2015/16.

In 2020/21, just over 42.9% of live births in Southampton (where ethnicity was known) were non-White British or Irish. Trends in ethnicity of live births show the 'Other White' background has risen most significantly in recent years; from 10.7% (2008/09) to 18.9% (2020/21), see Figure 23. In 2011 17.6% of Southampton residents were born outside UK, compared to 13.8% for England.

Figure 23: Ethnicity of live births (based on mother’s ethnicity) - other than White British: Southampton 2008/09 to 2020/21



Source: UHS Midwifery database, Southampton CCG

Southampton has a higher proportion than nationally of households where no-one has English as their main language (7.7% compared to 4.4% nationally). There are 7,522 households in the city that fall into this category. The school census in 2020/21 found that 28% of school pupils had a first language other than English; a rise of 3.2% percentage points from 2015/16.<sup>46</sup> In the January 2021 school census, the top five languages spoken in Southampton schools (excluding English) are show in Figure 24 below.

Figure 24: Top 5 languages spoken in Southampton schools 2021 (excluding English)

| Top 5 languages | Number of pupils | % of total |
|-----------------|------------------|------------|
| Polish          | 2,677            | 8.4        |
| Panjabi*        | 578              | 1.8        |
| Urdu            | 487              | 1.5        |
| Romanian        | 445              | 1.4        |
| Pashto/Pakhto   | 406              | 1.3        |

Source: 2021 School Census. Children’s Data Team Southampton City Council. Modern spelling of Punjabi<sup>47</sup>

<sup>46</sup> Schools, pupils and their characteristics, Department for Education 2020/21. <https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics> Accessed 22/11/2021

<sup>47</sup> <https://www.sikhnet.com/news/its-panjab-not-punjab-opinion>

The following statistics in Figure 25 for self-reported religion of Southampton residents are taken from the 2011 Census.

Figure 25: Religion from 2011 Census, for Southampton

| Religion            | Number  | Percentage |
|---------------------|---------|------------|
| Christian           | 122,018 | 51.5       |
| No religion         | 79,379  | 33.5       |
| Religion not stated | 16,710  | 7.1        |
| Muslim              | 9,903   | 4.2        |
| Sikh                | 3,476   | 1.5        |
| Hindu               | 2,482   | 1          |
| Buddhist            | 1,331   | 0.6        |
| Other religions     | 1,329   | 0.6        |
| Jewish              | 254     | 0.1        |

Source: ONS 2011 Census

### 11.1.2 Southampton's Local Economy

Southampton is the UK's number one vehicle handling port, handling 900,000 vehicles per year. It is also Europe's leading turnaround cruise port, welcoming around 2 million passengers annually and is home to the UK fleets of the largest cruise line operators in the world. It is also home to the second largest container terminal in the UK and in 2018 handled more than 1.9 million TEUs.<sup>48</sup>

The Port of Southampton supports 45,600 jobs and contributes £2.5 billion to the nation's economy every year. As the UK's number one export port, Southampton handles exports worth £40 billion annually, including £36 billion destined for markets outside the EU.<sup>49</sup>

Major employers include Southampton City Council, the NHS, the University of Southampton and Southampton Solent University, Carnival, Old Mutual Wealth, DP World (container port) and Southampton based rail and bus companies. The city has 4 million

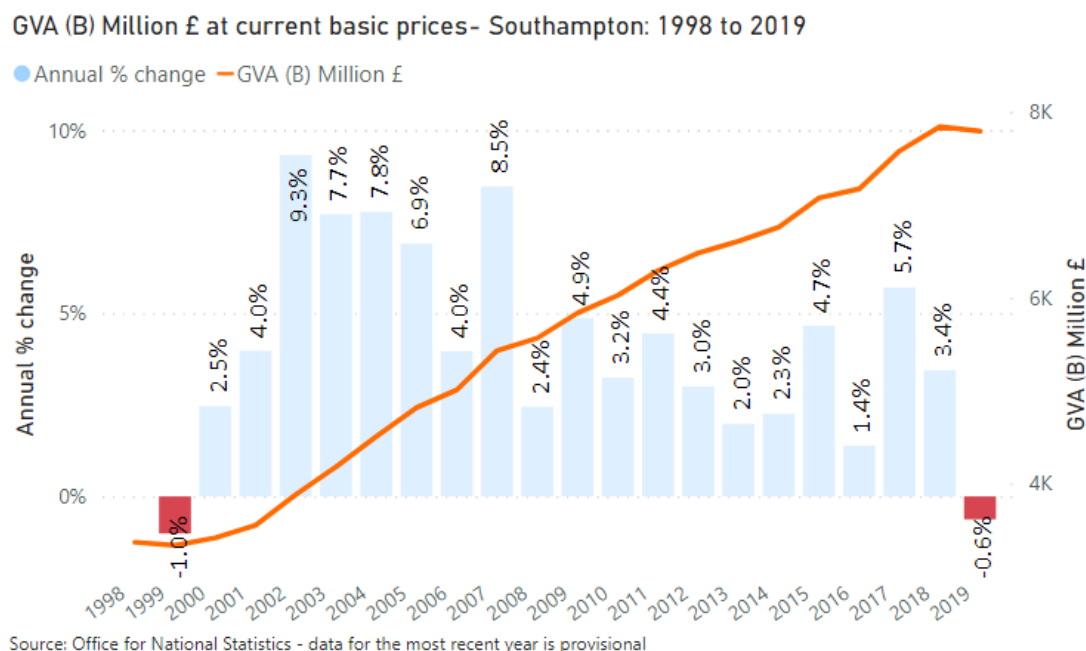
<sup>48</sup> The twenty-foot equivalent unit (abbreviated TEU or teu) is an inexact unit of cargo capacity, often used for container ships and container ports. It is based on the volume of a 20-foot-long (6.1 m) intermodal container, a standard-sized metal box which can be easily transferred between different modes of transportation, such as ships, trains, and trucks.

<sup>49</sup> Associated British Ports Website (2018) <https://www.abports.co.uk/locations/southampton/> (Accessed 02/12/2021)

visitors a year for retail and leisure activities and its night-time economy has grown in recent years. Although this has been affected by the coronavirus pandemic in 2020 and 2021.

Productivity and growth can be measured using Gross Value Added (GVA), which is a key economic indicator. It measures the performance of each individual producer or industry and their input to the economy. The most recent data (2019), estimates the Southampton economy to be worth 7.8 billion, which is a decline of -0.6% compared to the previous year. Despite this decline, economic growth up to this point was relatively healthy. Additionally, GVA(B) per head of population in Southampton (£30,865) was higher than the national average (£30,239) in 2019. GVA(B) per head is a useful way of comparing regions of different sizes and is an important indicator for benchmarking economic growth, see Figure 26, below, for details.<sup>50</sup>

Figure 26: GVA (b) million £ at current basic prices - Southampton 1998-2019



### 11.1.3 Major Regeneration Projects

Southampton has many regeneration projects recently completed or underway. Within the city centre, brownfield regeneration specialists; Inland Homes, will be developing 457 homes and a new park at Itchen Riverside. The Maritime Gateway scheme on the former Toys R Us site is due to provide the city with 600 new homes, 65,000 sq ft of grade A office space, 23,000 sq. ft of retail space, a large flexible space which could be used for hotel or

<sup>50</sup> Southampton economic assessment <https://data.southampton.gov.uk/economy/economic-assessment/> (Accessed 02/12/2021)

office space, 170 podium covered car parking spaces, all with electric charging points and 480 secure cycle spaces. Other developments in the city include the Bargate Quarter providing 519 mixed housing and commercial space. Centenary Quay is currently under construction and due to provide a total of 1,620 homes and mixed commercial space including a supermarket, smaller shops, bars, restaurants, and gym.<sup>51</sup>

Other sites include:

- Lower East Street providing 132 one and two bedroom flats and retail space
- Nelson Gate providing 344 residential properties, a 1,444 bed hotel, office and commercial space
- South Central commercial development at Test Lane, Nursling
- Solent University sports building
- Potter's Court providing 99 new affordable Extra Care Housing
- Eagle Lab, now open giving co-working and office space

Southampton's £90 million leisure and dining hub with a landmark 10 screen cinema over 20 restaurants and a high-quality public plaza for the city supported by the Government's Regional Growth Fund opened in December 2016. The Cultural Quarter, building on SeaCity Museum and O2 Guildhall, has brought significant investment, cultural and economic benefits.

The transformation of the city is not restricted to the city centre alone. In the wider city, the council has facilitated the following, creating around 3,000 jobs per year for local people:

- Lidl Regional Distribution Centre with an investment of around £50M
- 525 student residential units in Portswood (former B&Q site) and 350 at City Gateway
- Higher educational facilities at the Southampton Marine and Maritime Institute, and the Mountbatten and Life Sciences buildings at Southampton University
- Retail and commercial facilities at Weston Shopping Parade, Hinkler Place and Inchcape
- Redevelopment of the Ford site which closed in July 2013. The units under construction have already been let to a mixture of industrial and logistics companies, creating 600 jobs

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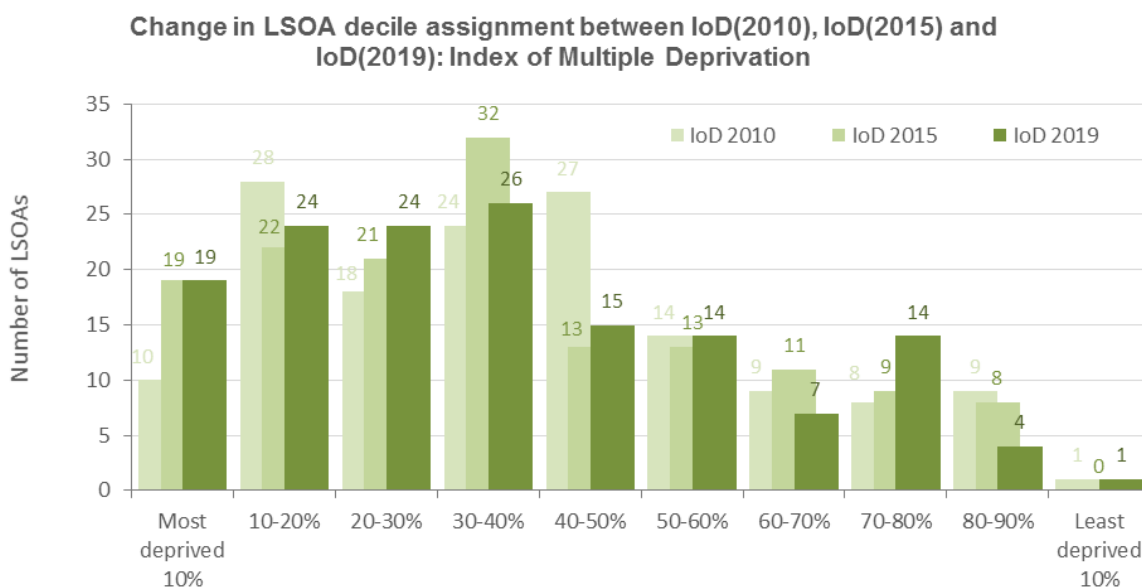
<sup>51</sup> Invest in Southampton <http://www.investinsouthampton.co.uk/developments/> Accessed 22.01.2022

### 11.1.4 Overall Deprivation

Whilst Southampton has achieved significant economic growth in the last few years, the city’s characteristics relating to poverty and deprivation present challenges more in common with urban areas outside of the South East.

The Index of Multiple Deprivation (IMD 2019) illustrates how Southampton continues to be a relatively deprived city (see Figure 27). Based on average deprivation rank of its neighbourhoods (Lower Super Output Areas - LSOAs), Southampton is now ranked 55th (where 1 is the most deprived) out of 317 local authorities: more deprived than comparator cities of Bristol (82nd), Leeds (92nd) and Sheffield (93rd). Southampton has 19 LSOAs within the 10% most deprived in England and one in the 10% least deprived.

Figure 27: Change in LSOA decile assignment between Index of Deprivation (IoD) 2010, 2015 and 2019 Index of Multiple Deprivation



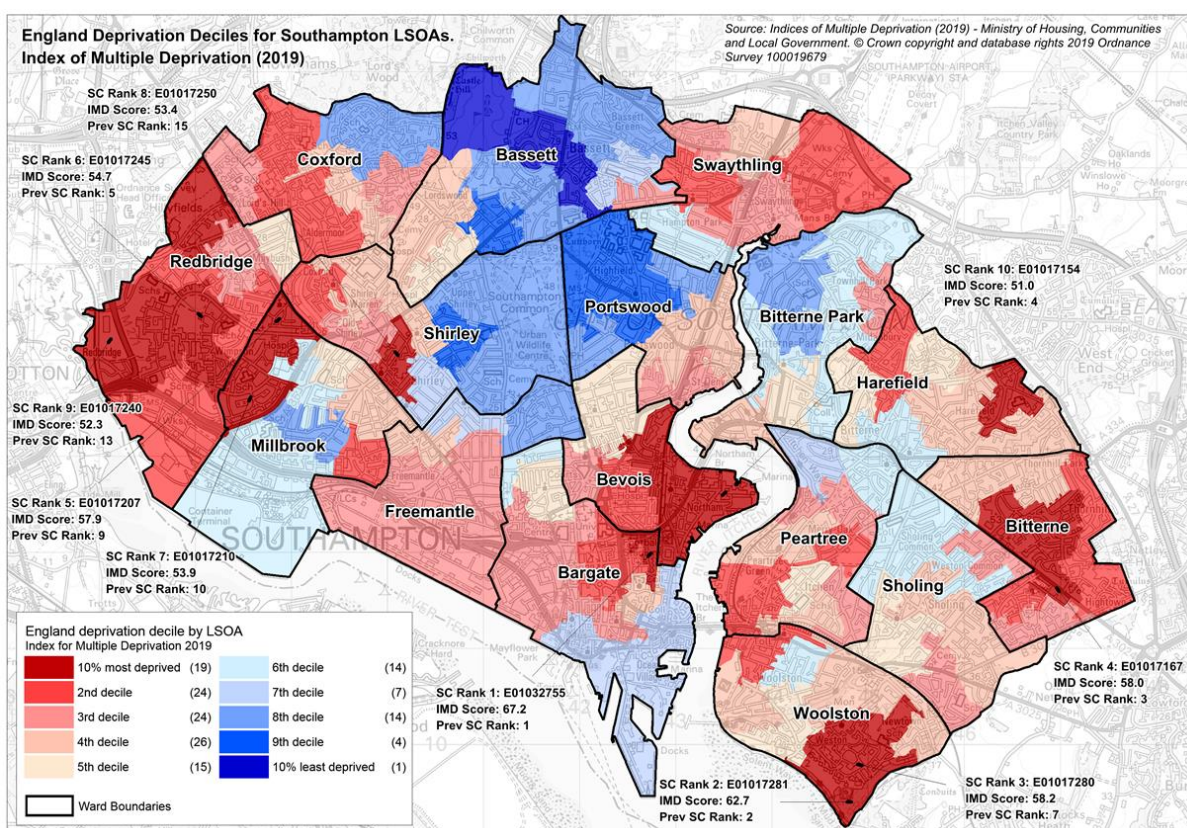
Source: DCLG. Note: IMD (2019) data is based on PHE rebased figures for 2011 LSOAs

The IMD 2019 is based on the concept that deprivation consists of more than just poverty. Poverty is not having enough money to get by on whereas deprivation refers to a general lack of resources and opportunities. The IMD brings together a range of indicators, which cover specific aspects of deprivation. These indicators are aggregated into seven domains, which are then weighted and combined to create the overall IMD. The majority of the data underpinning the IMD 2019 is from 2015/16, although some is more recent.

The seven domains are income, employment, education, skills and training, health, crime, barriers to housing and services and finally living environment. In addition, the IMD also has

two supplementary indices: Income Deprivation Affecting Children (IDACI) and Income Deprivation Affecting Older People Index (IDAOP). As noted at the beginning of this section, deprivation is a significant issue in Southampton and is a wider determinant of health outcomes. The following map (Figure 28) shows how the LSOAs in Southampton score on the IMD scale. Better health outcomes are expected in those areas shaded in blue (the darker the blue, the better the outcomes), and poorer health outcomes are expected in those areas shaded in red, with the worst outcomes expected in those areas shaded in the darkest red.

Figure 28: Overall deprivation by England deciles for Southampton 2019



### 11.1.5 Income Deprivation

At city level, Income Deprivation worsened by 2 places between 2015 and 2019 and, of the 148 LSOAs in Southampton, 27 moved into a more deprived decile, 100 have remained in the same decile and 21 have moved into a less deprived decile. Southampton has 13 LSOAs within the 10% most income deprived in England (16 in 2015) and 6 LSOAs in the 10% least deprived (7 in 2015). This suggests that the number of neighbourhoods experiencing the most extreme income deprivation has reduced since 2015. However, in 2019, 51 LSOAs were

in the most deprived 30% nationally, compared to 47 in 2015, suggesting a more uniform shift in relative income deprivation in Southampton.

#### 11.1.6 Children Affected by Deprivation

The Marmot Review (2010)<sup>52</sup> suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy.

In 2019/20, nearly 22.0% of children in Southampton were living in child poverty. This is defined as children, aged under 16, living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income. This is significantly worse than the England average of 19.1%.

#### 11.1.7 Older People Affected by Deprivation

Older people are one of the most vulnerable groups in society. At city level, Income Deprivation Affecting Older People Index (IDAOP) worsened by 4 places between 2015 and 2019. However, there have been variations at neighbourhood level in the city. Southampton has 13 LSOAs within the 10% most deprived in England (11 in 2015) and 4 LSOAs in the 10% least deprived (3 in 2015). This suggests that the number of neighbourhoods experiencing the most extreme income deprivation has increased since 2015. There was also an increase in the number of LSOAs in the most deprived 30% nationally (66 LSOAs in 2019 compared to 54 in 2015).

#### 11.1.8 Unemployment, Employment, Education, and Training

The impact of coronavirus on jobs in the city and across the country has already become apparent (Figure 29). As a pre-pandemic benchmark, 3.2% (5,555) of adults aged 16-64 in Southampton were estimated to be claiming out of work benefits as of February 2020, with this figure more than doubling between March 2020 and March 2021 throughout a series of lockdowns, both locally and nationally. A reduction has been observed since April 2021 with a gradual decrease in claimant count. As of December 2021, 4.9% of the working age population in Southampton were claiming out of work benefits.

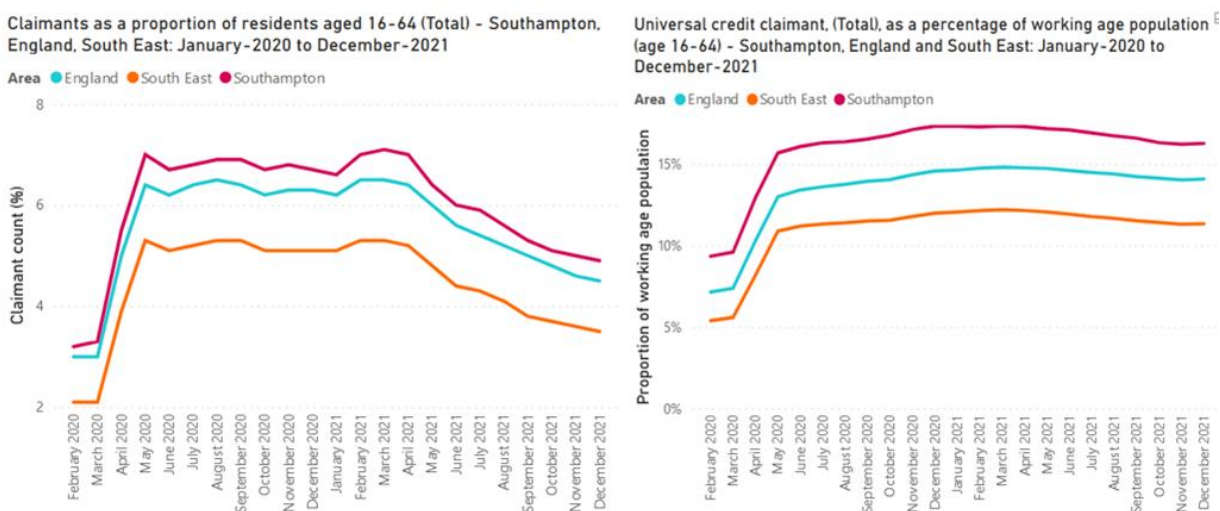
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<sup>52</sup> Marmot M "Fair Society Healthy Lives" (The Marmot Review) 2010,  
<http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>



Universal credit data is available as a total for everyone claiming or by those in work or out of work, a similar picture to the claimant count figure can be seen with those claiming universal credit. The total figure also includes those not looking for work. The number of people claiming in January 2020 was 9.1% of the working age population. In March 2021 this increased to 17.3% and has remained fairly steady. In December 2021 16.3% were claiming universal credit. More information can be found in the benefits dashboard on Southampton Data Observatory.<sup>53</sup>

Figure 29: JSA claimants and Universal Credit claimants for Southampton from February 2020 to December 2021



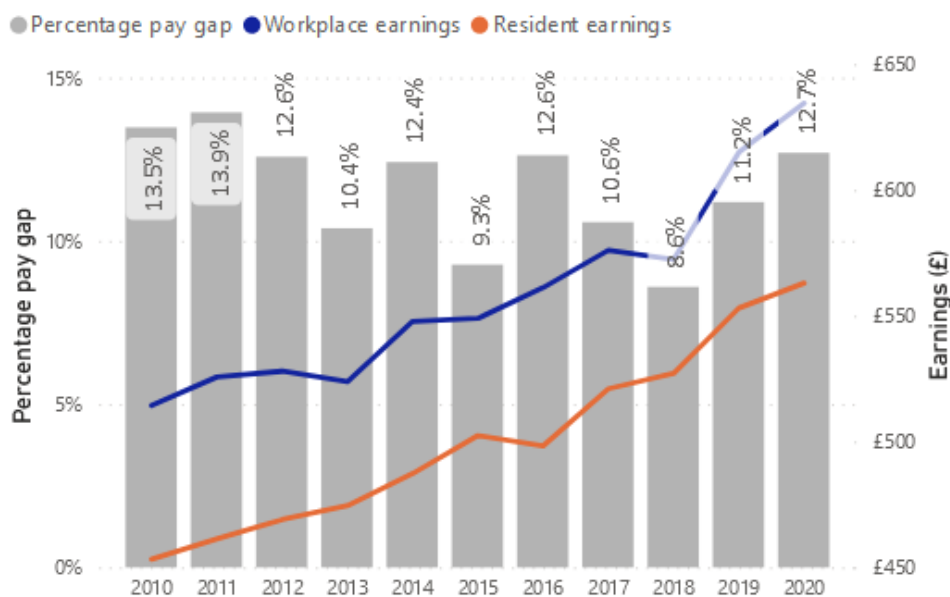
Source: Department of Work and Pensions via Nomis and Stat-Xplore

As can be seen from the figure below, there is a gap in the amount of pay between those workers who are residents of Southampton and those whose workplace is the city. The average weekly earnings for residents was £563 in 2020 whereas the average weekly workplace earnings were £635 and difference of £72 or 12.7%.

<sup>53</sup> Southampton Data Observatory Economic assessment resources section <https://data.southampton.gov.uk/economy/economic-assessment/> accessed 03/12/2021

Figure 30: Workplace and residents pay gap, for Southampton 2010 to 2020

Workplace to Resident pay gap, Weekly pay - gross, Full Time Workers - (Total) Southampton: 2010 to 2020



Source: Office for National Statistics – Annual Survey of Hours and Earnings (ASHE)

Levels of pay for jobs located in Southampton are now higher than the England average and the highest on offer amongst the city’s statistical neighbours. Southampton is home to large businesses requiring higher skilled workers, as well as hosting university workers and graduates. However, the relatively high levels of income available to workers in the city is not directly reflected in the economic wellbeing of Southampton residents. There continues to be an income inequality gap between those who are resident in the city and those working in the city, with weekly earnings for workers 12.7% higher than for residents. The average house price in Southampton (£229,777 in September 2021) is 7.1 times the average annual salary for residents (£32,445).

The way in which school pupils were examined changed in 2016 with the introduction of attainment 8 and progress 8. In 2017, new, reformed English and Maths GCSEs were first examined and a new grading of 9-1 was introduced, with 9 being the highest grade. In 2018, reformed English Baccalaureate GCSEs and a number of other key subjects were first examined using the 9-1 grading. In 2019 further reformed GCSE qualifications were introduced on the 9-1 grade scale. For the first time in 2020 all GCSEs had been converted to a scale of 9-1 with no unreformed GCSEs graded A\*-G remaining. Consequently, any trend comparisons made between 2016 and 2020 results for the key headline performance measures must be treated with caution.

Attainment 8 measures a pupil’s average grade across eight subjects including English and Maths. Due to the coronavirus pandemic, the summer exam series was cancelled in 2020.

Pupils scheduled to sit GCSE and A/AS level exams in 2020 were awarded either a centre assessment grade or their calculated grade using a model developed by Ofqual (whichever was the higher of the two). Due to the way in which grades were awarded in 2020, data on attainment is not comparable to previous years; however, we are still able to benchmark against statistical neighbours. Southampton has an attainment eight score of 46.2 (2020/21)<sup>54</sup>, which is lower than the national average of 50.9. In view of achieving Grade 5 or above in English and Mathematics GCSEs, Southampton has 41.8% pupil achieved, which is also lower than the national average of 51.9%.

In 2020, 30.7% of Southampton pupils entered the English Baccalaureate (EBacc) which was a decrease of 3.1% from the proportion of Southampton pupils entering the EBacc in 2019 (34.8%). The 2020 National average for pupils entering the EBacc was 39.8%.

15.3% of Southampton pupils achieved the EBacc at grade 5 or above in 2020, which was 2.2% above 2019 performance of 13.1%. In 2020, 21.3% of National pupils achieved the EBacc at grades 5 or above, a gap of 6.0% to the 2020 Southampton average (15.3%).

In 2020, the percentage of Southampton's young people aged 16-17 years not in education, employment, or training (NEET) was 4.4%, and this was higher than the rate for England (2.8%). The rates for Southampton and England have increased since 2016.<sup>55</sup>

### 11.1.9 Housing Composition

The 2011 Census revealed lots about the way people live in Southampton, including collecting information on household composition (Figure 30). As expected from having a large student population, Southampton had a higher proportion of single (never married) residents than nationally (33.3% compared with 25.8%). Southampton had 10,249 widowed residents and 17,184 who were single through separation or divorce. There were 11,283 households in Southampton consisting of older people living alone and 416 people in a registered same sex civil partnership.

In 2011, there were 6,918 lone parent families in Southampton with dependent children. Of these, 46.8% were not in employment (compared to 40.5% nationally) and the vast majority were female (over 91%).

<sup>54</sup> Department for Education - Key stage 4 performance 2021

<https://www.gov.uk/government/statistics/key-stage-4-performance-2021> Accessed 24.01.2022

<sup>55</sup> DfE – NEET and participation: Local authority figures - <https://www.gov.uk/government/publications/neet-and-participation-local-authority-figures> Accessed 03/12/2021

Figure 31: Marital status of Southampton Residents

| Marital status for Southampton residents   | Number | Percentage |
|--|--------|------------|
| Single (never married or never registered a same sex civil partnership)                | 88,491 | 45.3       |
| Married  | 72,324 | 37         |
| In a registered same-sex civil partnership   | 416    | 0.2        |
| Separated (but still legally married or still legally in a same-sex civil partnership) | 5,141  | 2.6        |
| Divorced or formerly in a same-sex civil partnership which is now legally dissolved    | 17,827 | 9.1        |
| Widowed or surviving partner from a same sex civil partnership                         | 11,335 | 5.8        |

Source: ONS 2011 Census

The 2011 Census data also showed Southampton has a higher proportion of families that are large (3+ children) than the national average.

#### 11.1.10 Housing Stock

In 2020, there were an estimated 108,556 homes in Southampton,<sup>56</sup> the details of which are shown in Figure 32. The proportion of housing stock in Southampton that was local authority owned, was over twice the national average.

<sup>56</sup> Department for Communities and Local Government Live tables on dwelling stock (including vacant)  
<https://www.gov.uk/government/statistical-data-sets/live-tables-on-dwelling-stock-including-vacants>

Figure 32: Housing stock in Southampton

| Tenure  | Number  | Percentage of total |          |
|---|---------|---------------------|----------|
|   |         | Southampton         | National |
| Local Authority (incl. owned by other LAs)  | 16,110  | 14.80%              | 6.40%    |
| Private Registered Provider providers of social housing (includes Housing Associations) | 7,947   | 7.30%               | 10.50%   |
| Other public sector   | 0       | 0.00%               | 0.10%    |
| Private sector  | 84,499  | 77.80%              | 83.00%   |
| Total (all housing)   | 108,556 | 100.00%             | 100.00%  |

The Southampton Housing Strategy 2016-2025: ‘New and better homes for all’ sets out the city’s priorities of maximising homes for the city, improving homes transforming neighbourhoods, and providing extra support for those who it. Since 2011, 2,600 new homes have been delivered including 1,475 new affordable and sustainable homes. Agreed planning permission has been given for an additional 4,133 dwellings. Estate regeneration projects including Hinkler Road, Laxton Close, Exford Avenue and Cumbrian Way have been undertaken. As have energy efficiency improvements using ‘Eco’ funding at International Way and 73 wheelchair liveable properties.

More people have been helped to stay in their homes for longer with over 5,600 adaptations to homes since 2011 and over the last 20 years Southampton City Council have brought back more than 2,000 empty homes into use. Licensing has been introduced for Houses in Multiple Occupancy (HMOs) to raise standards and mitigate the impacts of HMOs on the city.<sup>57</sup>

#### 11.1.11 Crime and Disorder

Data from the 2021 Strategic Assessment covering the period of April 2020 –March 2021 is impacted by the COVID-19 pandemic. Changes in police recorded crime over the last year should be interpreted in light of coronavirus restrictions and limited social contact. Important to emphasise that coronavirus has not only altered the volume of crime, but patterns too. Changes in recorded crime figures vary by crime type, with some crime types experiencing an increase during 2020/21.

<sup>57</sup> Southampton City Council Housing Strategy 2016-2025

[http://www.southampton.gov.uk/Images/Housingstrategy-06-16-27049\\_tcm63-386907.pdf](http://www.southampton.gov.uk/Images/Housingstrategy-06-16-27049_tcm63-386907.pdf)

In 2020/21, Southampton had an overall crime rate of 112 crimes per 1k population. Southampton accounted for 20.1% of total recorded crime across Hampshire Constabulary in 2020/21. Southampton has the highest total reported crime rate and highest crime severity amongst iQuanta comparators. Caution should be taken when making comparisons because of variations in reporting and recording between forces.<sup>58</sup>

Between 2019/20 and 2020/21 there was a -11.4% decline in total police recorded crime in Southampton. England (-14.4%) and Hampshire Constabulary (-12.9%) also experienced a decline in total police recorded crime during the same period.

Southampton experienced a -10.1% decline in the crime severity score of all crimes between 2019/20 and 2020/21, with Hampshire Constabulary (-9.5%) and England (-13.8%) also experiencing a decline. Despite the decline in the volume and severity of total recorded crime over the last year, Southampton is highest among statistical comparators and higher than the national average when considering the volume (rate) and severity of total recorded crime.

Between 2019/20 and 2020/21, there has been a decline in the number of offences for 19 of the 31 offence types. There have been notable declines in:

- Violent crime (-5.1%),
- Sexual offences (-13.5%); including rape (-12.9%),
- Residential burglary (-15.6%),
- Crimes involving a bladed implement (-8.0%),
- Alcohol affected crime (-13.3%)
- Anti-social behaviour (-10.7%)

Notable increases include:

- Domestic flagged crime (2.6%),
- Domestic violent crime (3.3%),
- Stalking and harassment (22.3%) (including malicious communications),
- Drug offences (33.0%),
- Drug affected crime (17.0%)
- Hate crime (19.4%)

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<sup>58</sup> Safe City Strategic Assessment 2020-2021 [https://data.southampton.gov.uk/images/safe-city-strategic-assessment-summary-slideset-2020-21\\_tcm71-450629.pdf](https://data.southampton.gov.uk/images/safe-city-strategic-assessment-summary-slideset-2020-21_tcm71-450629.pdf)

There is local evidence to suggest that the decline in anti-social behaviour and increase in stalking and harassment offences may be due to changes in the way crimes are being classified based on victim perception.

The role of COVID-19 also needs to be acknowledged, in terms of the impact it has had on the volume of offences, and in changing crime patterns.

At ward level, total crime continues to be significantly higher in Bevois and Bargate wards. The link between crime and deprivation remains strong. The overall crime rate is 3.1 times higher in most deprived neighbourhoods in the city, compared to the least deprived.

Bargate, Freemantle, Shirley, Bevois, Bitterne and Redbridge wards had a significantly higher total crime rate than the city average, with some of the most deprived neighbourhoods in the city located in Bevois, Bitterne and Redbridge wards. Bevois ward is significantly worse than the city average for all crime types.

Sholing and Bassett are better than the city average for all crime types, with these wards where some of the least deprived neighbourhoods in the city are located.

Overall crime decreased in 11/16 wards, the largest decrease of overall crime seen in Bargate (-37.7%); this illustrates the impact of COVID-19 restrictions, particularly suppression of night time economy.

For more information on crime in Southampton please see the Safe City Strategic Assessment: 2020/21 available on Southampton Data Observatory.<sup>59</sup>

## 11.2 General Health Needs of Southampton

### 11.2.1 Life Expectancy

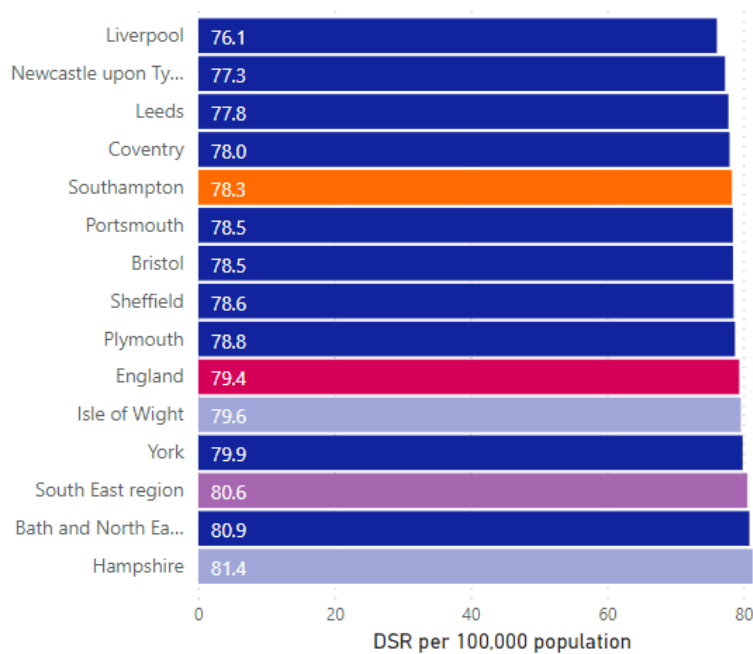
Life expectancy is the number of years a baby born today would expect to live where he or she to experience a particular area's age-specific mortality rates for that time period throughout his or her life. In 2018-20, male life expectancy was 78.3 years; significantly lower than England (79.4 years), and 5<sup>th</sup> lowest out of 12 in Southampton's Office for National Statistics (ONS) comparator group.

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<sup>59</sup> Southampton Data Observatory <https://data.southampton.gov.uk/community-safety/safe-city-assessment/>

Figure 33: Life expectancy at birth (Male)

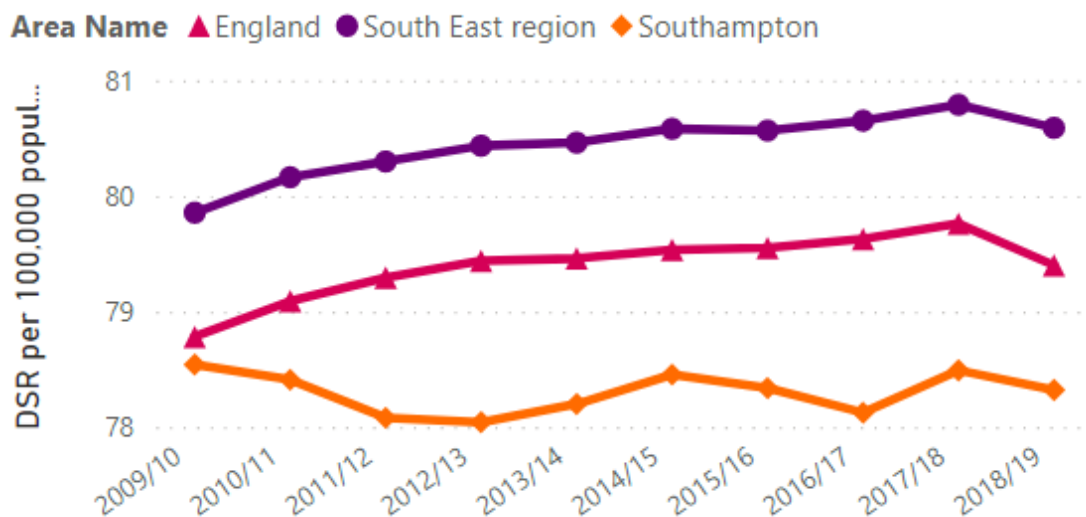
Life expectancy at birth (Male) Southampton and ONS Comparatrors Local Authorities 2018/19



Source: Office for National Statistics (ONS)

Figure 34: Life expectancy at birth (Male) Southampton and England trend: 2009/10 to 2018/19

Life expectancy at birth (Male) Southampton and England trend 2009/10 to 2018/19

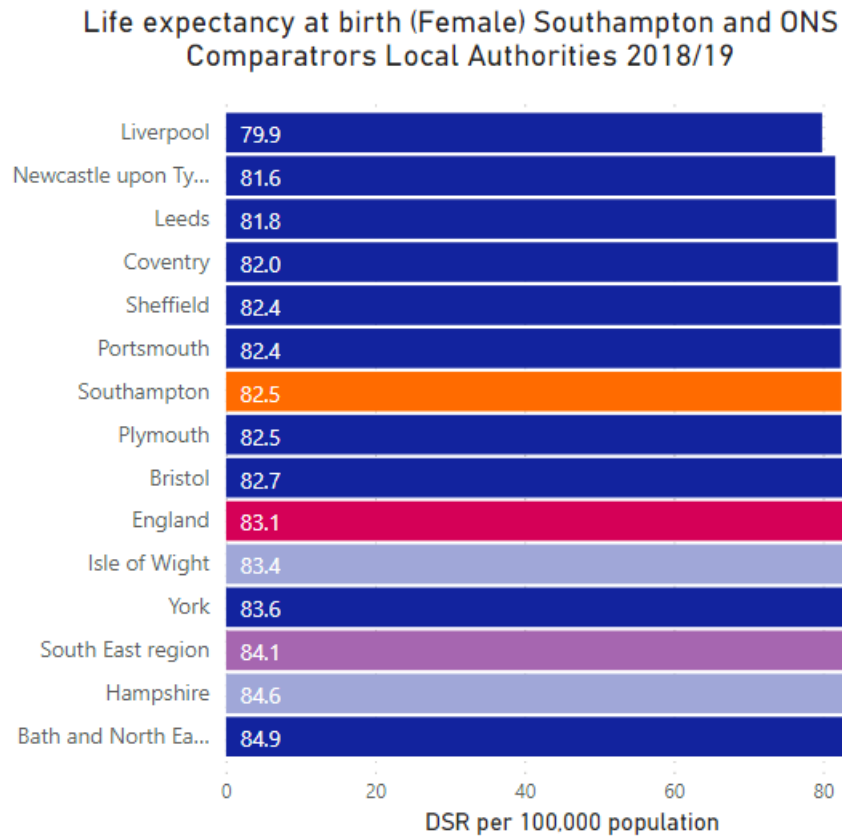


Source: Office for National Statistics (ONS)



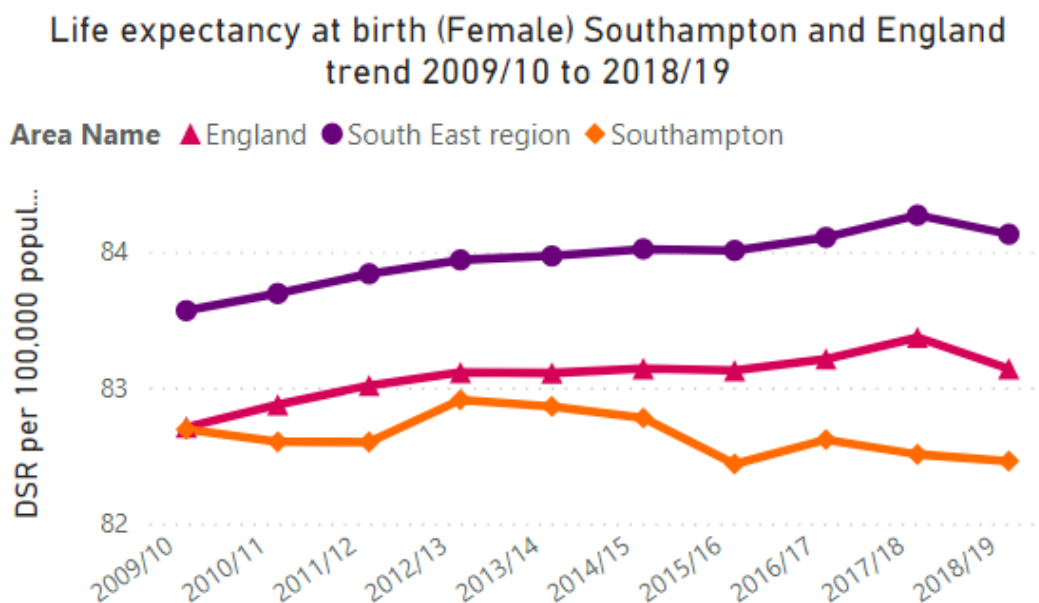
In 2018-20, female life expectancy at birth was improving (82.5 years); significantly lower than England (83.1 years) and the 7<sup>th</sup> lowest amongst Southampton’s 12 ONS comparators group (figure 35).

Figure 35: Life expectancy at birth (Female)



Source: Public Health England - Public Health Outcomes Framework (PHOF) <http://www.phoutcomes.info/>

Figure 36: Life expectancy at birth (Female) Southampton and England trend: 2009/10 to 2018/19



Source: Public Health England - Public Health Outcomes Framework (PHOF) <http://www.phoutcomes.info/>

Nationally, life expectancy at birth increased steadily for both males and females through the 2000s. In the last 10 years life expectancy for males in Southampton has remained significantly worse than the England average. Female life expectancy in the city has increased alongside the England average until 2015-17 and since then life expectancy for females has consistently been significantly worse.<sup>60</sup>

The life expectancy at birth gap between the most deprived 20% of Southampton to the least deprived 20%, is 8.7 years for men and 4.1 years for women (2018-20).

In 2017-19, the number of years of healthy life expectancy for males are significantly lower and for females are lower but not significantly in Southampton (60.7 years and 62.6 years respectively) compared to England (63.2 years and 63.5 years respectively).<sup>61</sup>

Disability-free life expectancy highlights inequality in the average number of years a person could expect to live free of an illness or health problem that limits their daily activities. The number of years of disability-free life expectancy at birth for both males and females in

<sup>60</sup> Office for Health Improvement & Disparities Fingertips <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000049/pat/30000/ati/402/are/E06000045/iid/90366/age/1/sex/1/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-do-1>

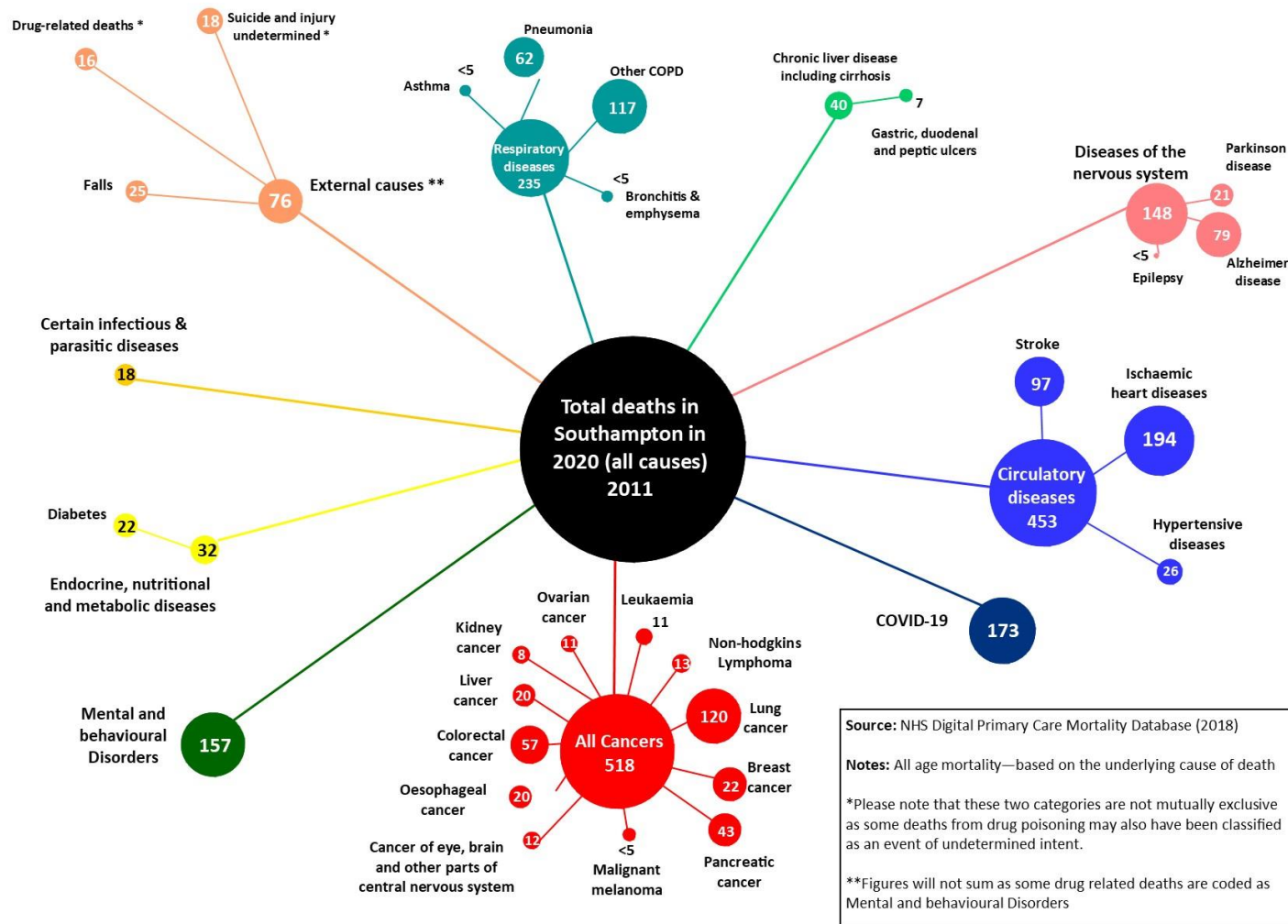
<sup>61</sup> [Public Health Outcomes Framework - Data - PHE](#)

2017-19 are lower, but not significantly in Southampton (61.4 years and 59.6 years respectively) compared to England (62.7 years and 61.2 years respectively). Many long-term health conditions increase markedly with age; consequently, the effect of the aging population on the prevalence of these diseases in Southampton is significant.

### 11.2.2 Mortality

In 2020 there were 2,000 deaths registered in Southampton's resident population and, of these deaths, the underlying causes responsible were cancer 25.8%, coronary heart disease 9.7%, stroke 4.8% and other circulatory diseases 8.1%. Just under 12% were respiratory deaths and 8.7% of deaths had an underlying cause of COVID-19. Around 38.3% of deaths occurred in a hospital setting, 22.6% in a nursing/care home and 29.9% in the individuals own home.

Figure 37: Deaths by cause in Southampton 2020



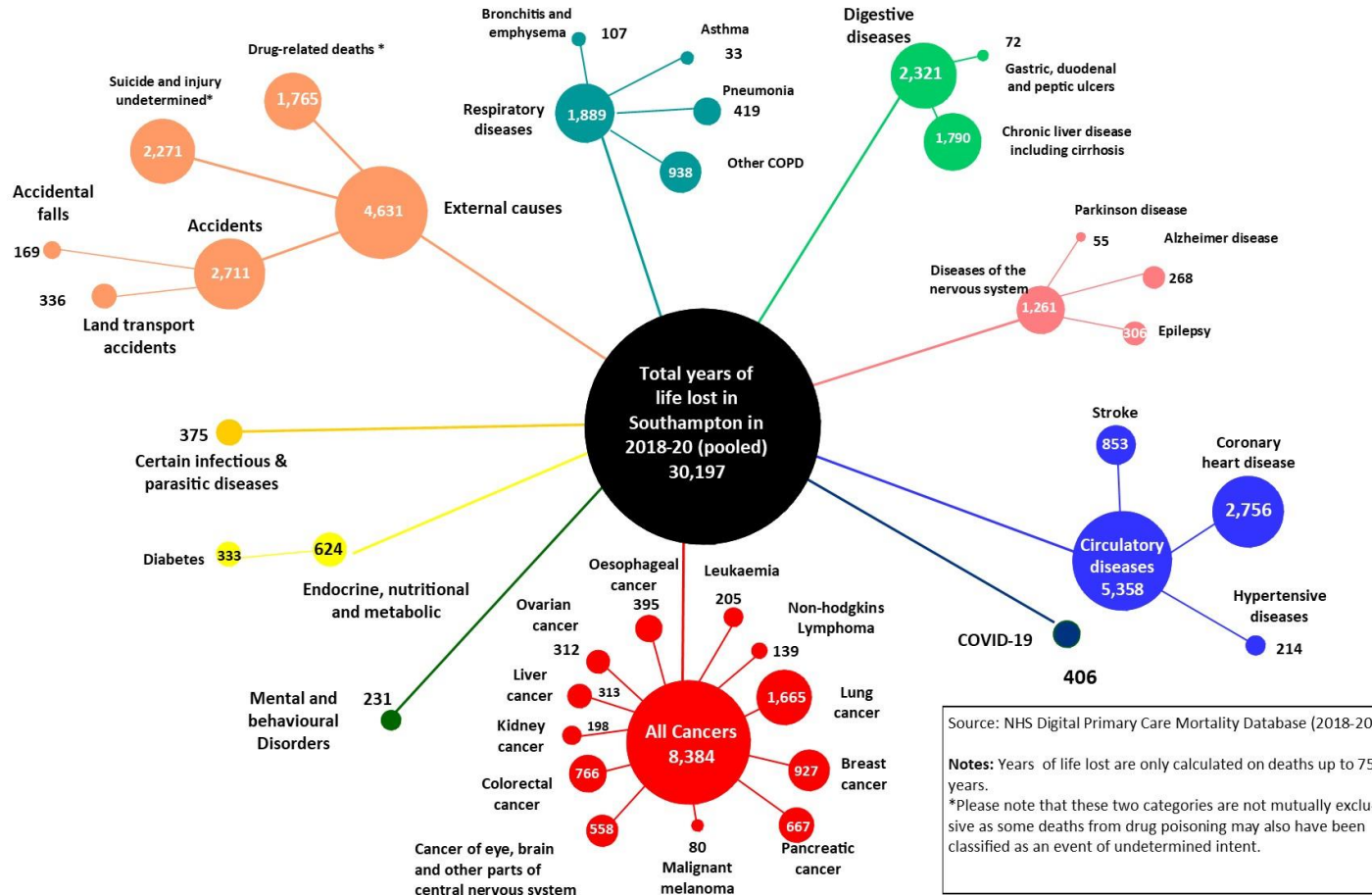
Source: NHS Digital Primary Care Mortality Database (2018)

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

Figure 38: Years of life lost in Southampton (YLL)



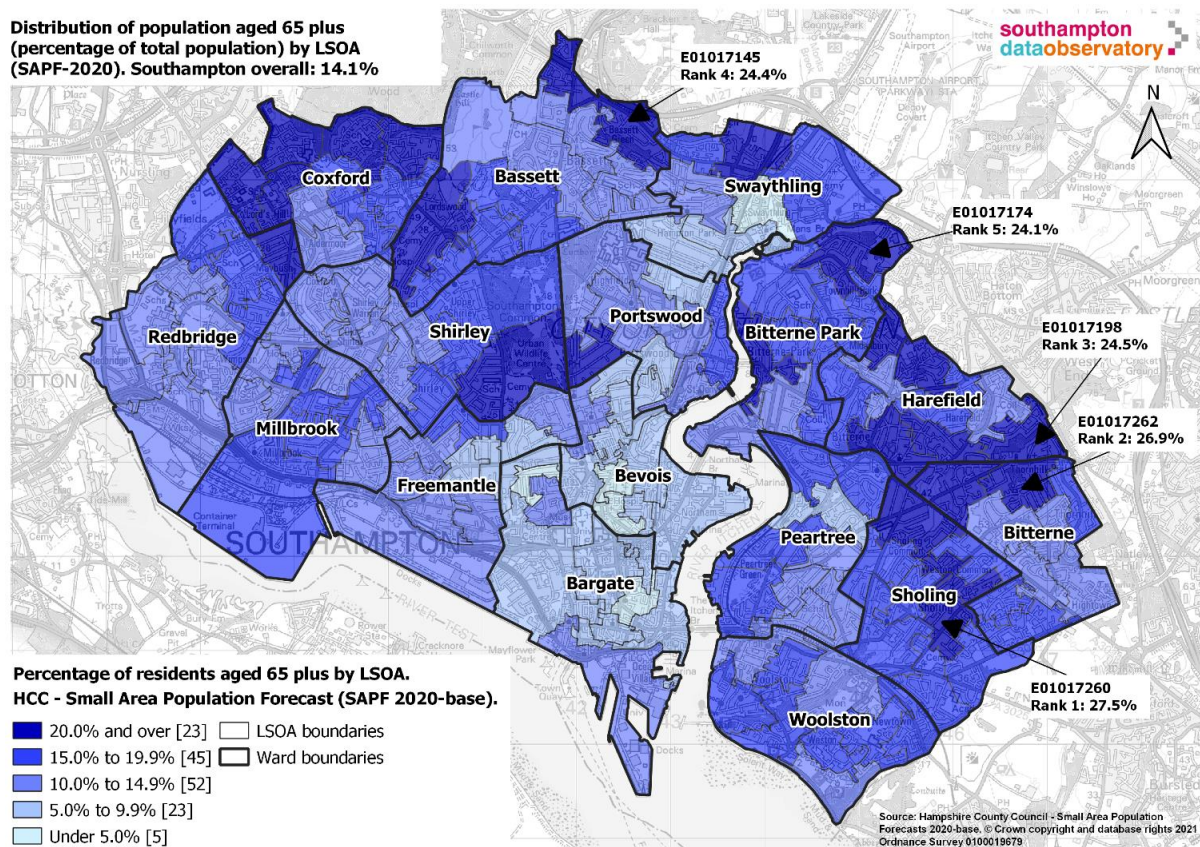
Source: NHS Digital Primary Care Mortality Database (2018-20)

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.

### 11.2.3 Ageing Population and Chronic Conditions

According to HCC SAPF estimates, there are 36,562 residents aged 65 years and over in Southampton. The map below (Figure 39) shows the distribution of these older people across the city. The proportions are lower in the central areas of the city where there is a large student population.

Figure 39: Distribution of population aged 65 plus in Southampton (2020)



The Productive Healthy Ageing Profile and the Palliative and End of Life Care Profile produced by Public Health England (PHE)<sup>56</sup> provides a useful snapshot of indicators at local authority level. It shows that older people in Southampton are having significantly worse than the England average outcomes for several key indicators:

- male and female life expectancy at aged 65 years
- percentage of deaths in usual place of residence among people aged 65 years and over

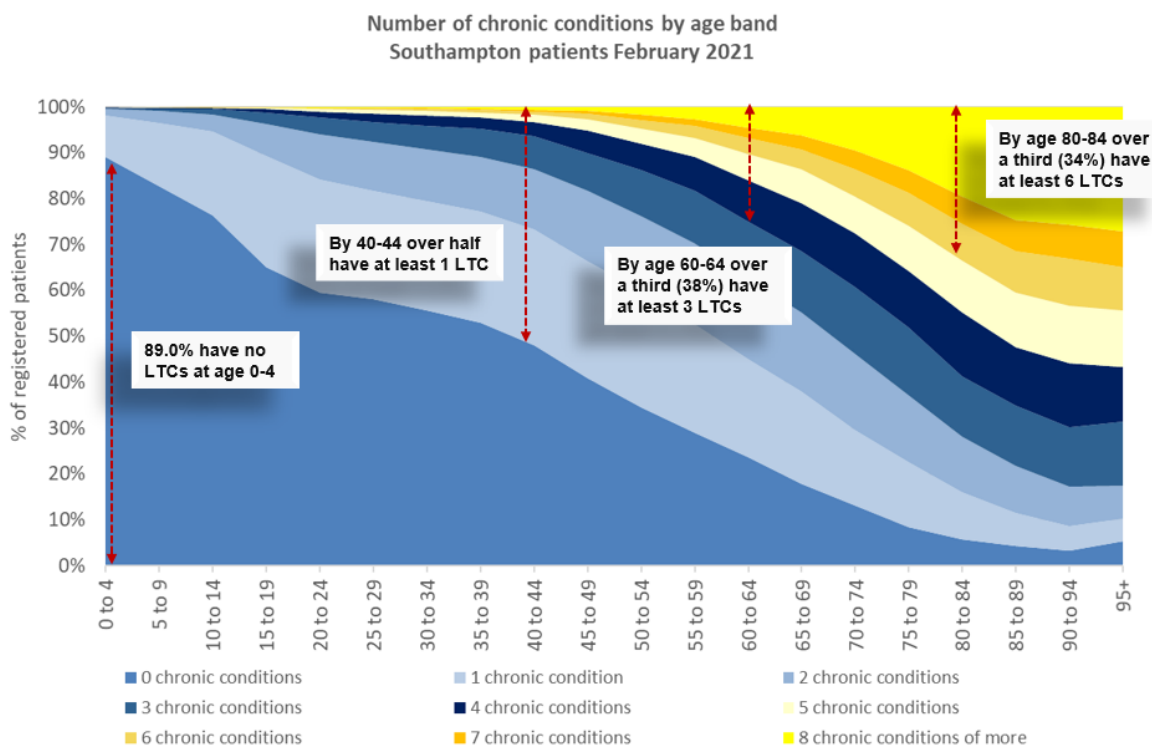
<sup>56</sup> Public Health England <https://fingertips.phe.org.uk/profile/healthy-ageing> and <https://fingertips.phe.org.uk/end-of-life>

- permanent admissions to residential and nursing care homes per 100,000 aged 65 years and over
- rate of deaths from cancer among people aged 65 years and over
- rate of deaths from respiratory disease among people aged 65 years and over
- rate of admission episodes for alcohol-related conditions (Narrow) – 65+ years
- rate of emergency admissions for dementia (aged 65+)
- and emergency hospital admissions due to falls aged 65 and over

Long-term conditions in later life tend to become more frequent and complex, requiring more reactive and proactive health and social care.

Figure 40 illustrates the growing importance of effectively managing long-term conditions (LTCs) as the population grows older. The number of LTCs increase with age, making care more complex and costly.

Figure 40: Number of Chronic Conditions by age band 2021



In Southampton’s 0 to 4 year olds, 89% are without chronic conditions. The main conditions for the remainder are asthma, cleft lip and palette and developmental disorders (language delay etc.). When aged 40-44 years, half of Southampton’s residents will have at least one

LTC and when aged around 60-64 years, over a third (38%) have at least three LTCs. As the population increases so does the multi-morbidities and at age 84-89 years approximately a third (34%) have at least six LTCs.

#### 11.2.4 Cancer

In 2020, there were 2,000 deaths in Southampton and 25.8% of these were caused by cancer. This is statistically similar to the percentage of cancer deaths nationally (24.2%). In March 2021 there were 6,886 people diagnosed and on GP disease registers (2.4%) living with cancer in Southampton - the prevalence nationally is 3.2%.

The crude cancer incidence rate in the NHS Southampton CCG was 441 new cases per 100,000 population in 2019/20, significantly lower than the national rate of 531 new cases. However, from 2014 to 2018 (pooled), Southampton had an indirectly standardised cancer incidence ratio of 108.6, significantly higher than England (100) and all ONS comparators.

Up-to-date cancer incidence data for Southampton is limited since the merging of Southampton CCG with Hampshire and Isle of Wight CCGs in April 2021. The latest incidence data for Southampton covers 2014 to 2018. The data shows when compared with England (100.0), Southampton's standardised incidence ratio are;

- Significantly higher for all cancers (108.6)
- Lower but not significantly for breast cancer (98.7)
- Similar for colorectal cancer, also known as, bowel cancer (100.0)
- Significantly higher for lung cancers (132.8)
- Significantly higher for prostate cancers (108.3)

Premature mortality measures the early deaths in people aged under 75 years. This is important because deaths of younger people are often preventable.

In 2017-19, the premature mortality rate from cancer for Southampton was 158 deaths per 100,000 population under 75 years – this was significantly higher than the rate for England (129 per 100,000 population under 75 years old).

In 2017-19, premature mortality for all cancer (excluding non-malignant melanoma) for persons, males and females, premature mortality from breast cancer and all age mortality from lung cancer are significantly higher than the England average.

Lung cancer is the second most common cancer (after skin cancer) in England and Wales, with an estimated 47,000 new cases being diagnosed every year. It is the most common



cause of cancer-related death in both men and women.<sup>57</sup> Lung cancer continues to be one of the most common cancers in Southampton.

In Southampton, in 2016-18, there were 106 lung cancer registrations per 100,000 population, significantly higher than the rate for England (78 registrations per 100,000 population). In 2015-19 there were 2,617 deaths from cancer amongst city residents and of these 358 were caused by lung cancer.

In 2017-19, Southampton had a significantly higher rate (260.6 per 100,000) of smoking-attributable deaths in persons aged 35+ years compared to England (202.2 per 100,000).

Bowel cancer is the most common cause of cancer death following lung cancer and breast cancer, around 1 in 20 people develop bowel cancer. More than 9 out of 10 cases of bowel cancer in the UK are diagnosed in people over the age of 50. 1 in 15 men and 1 in 18 women will be diagnosed with bowel cancer during their lifetime. In 2020 there were 57 deaths in the city from colorectal cancer.

Bowel Cancer Screening Programme is offered to people aged 60 to 74 every two years. This has been extended to include 56 to 59 year olds and people aged over 75 can request a screening.<sup>58</sup>

In Southampton, 22,253 GP registered patients (around 64.6%) had taken up bowel screening in 2020/21 and this varies between 52.0% and 76.1% across GP practice populations. Work is being undertaken to encourage those elements of the population to take up this screening offer to enable earlier diagnosis and treatment.

In 2020/21, 51.1% of females aged 50 to 70 years registered within the Southampton CCG eligible for breast cancer screening had been screened within the previous 3 years; this varies between 8.6% and 74.1% across GP practice populations. The coverage in Southampton was significantly lower than the national uptake percentage (61.3%).

Every year, 3,200 women are diagnosed with cervical cancer in the UK and just under 1,000 die. It is a disease that mainly affects sexually active women aged between 30 and 45 years old. 99.8% of cervical cancers are due to persistent HPV infection. The introduction in 2008

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<sup>57</sup> NHS Choices. [www.nhs.uk/conditions/cancer-of-the-lung/pages/introduction.aspx?url=pages/what-is-it.aspx](http://www.nhs.uk/conditions/cancer-of-the-lung/pages/introduction.aspx?url=pages/what-is-it.aspx)

<sup>58</sup> NHS Choices: Bowel Screening

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/962386/Population\\_screening\\_timeline\\_national\\_updated\\_2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/962386/Population_screening_timeline_national_updated_2021.pdf)

of a vaccine against human papilloma virus (HPV) for teenage girls promises to markedly reduce the incidence of this disease in the future.<sup>59</sup>

The uptake of this vaccine in the city has been good. In 2019/20, 88.4% of Year 8 girls received the first vaccination and 89.3% their second vaccination - completing this programme. The uptake across England has fallen dramatically due to the COVID-19 pandemic; 59.2% and 64.7% respectively. This decrease in coverage was not as drastic locally in Southampton. The national benchmark for the first dose and both doses is 90% uptake.

### 11.2.5 Coronary Heart Disease (CHD)

In 2020/21, there were 6,218 people on CHD registers in Southampton giving a crude prevalence rate of 2.2%, compared with 3.0% nationally. Prevalence varies between 0.2% and 3.2% across GP practice populations. The 2011 modelled estimate of CHD is higher at 9,822 giving a crude rate of 3.9%. More recent modelled estimates focus on the age group 55 to 79 year olds. In 2015 the estimated prevalence for this age group in Southampton was 8.1% equating to 4,175 adults aged 55 to 79 years with CHD in 2020.<sup>60</sup>

The data shows a significantly lower incidence rate for CHD for Southampton, however in terms of deaths, Southampton is significantly higher than the national average. In 2020/21, NHS Southampton CCG had a directly standardised rate of 336.0 per 100,000 population of all ages for CHD, statistically lower than the national average (367.6 per 100,000), it has also been statistically lower since 2003/04, however the premature mortality rate from coronary heart disease in 2017-19 for Southampton residents was significantly higher than the rate for England (47 deaths per 100,000 compared to 37 deaths per 100,000 respectively). Coronary heart disease was the main cause of death for 9.7% of Southampton deaths in 2020.

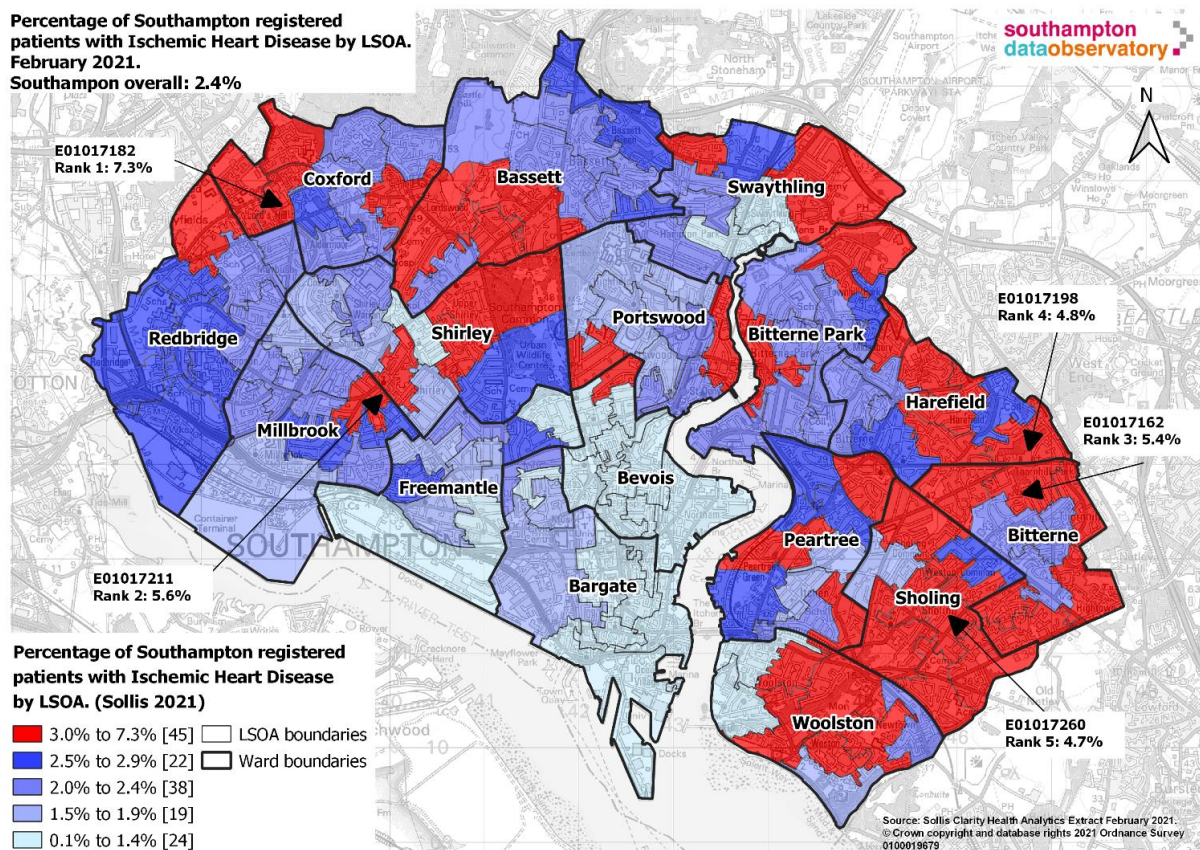
The following map (Figure 41) was produced using data from Sollis Clarity Health Analytics showing the highest and lowest recorded prevalence for Ischemic Heart Disease.

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<sup>59</sup> NHS Choices: Cervical Screening <http://www.nhs.uk/conditions/Cancer-of-the-cervix/Pages/Introduction.aspx>

<sup>60</sup> Estimates modelled from the Whitehall II study (PHE Fingertips) applied to Hampshire 2020-based Small Area Population Forecasts

Figure 41: Percentage of Southampton registered patients with Ischemic Heart Disease by LSOA, February 2021



### 11.2.6 Stroke

In 2020, stroke was the main cause for 4.8% of Southampton deaths. Stroke also causes a disproportionate amount of disability. Many strokes are preventable, with primary prevention offering the greatest potential for achieving benefits in value for money.

In 2020/21, all aged stroke admissions were significantly higher for NHS Southampton CCG compared to England (217.1 admissions per 100,000 population compared to 161.8 admissions per 100,000 respectively).

In 2020/21 GP Quality and Outcomes Framework (QOF) data showed 4,259 (1.5%) people being cared for with stroke or transient ischaemic attacks, compared with England 1.8%. Prevalence varies between 0.2% and 2.8% across GP practice populations. The most recent

modelled estimated for 55 to 79 year olds, 3.8% will have suffered a stroke around 1,960 people in 2020.<sup>61</sup>

### 11.2.7 Hypertension

Hypertension or high blood pressure contributes to cardiovascular disease (CVD), strokes, renal disease, vascular disease including aortic aneurysms, and yet shows few, if any symptoms until the disease is advanced. In March 2021, there were 31,530 people on hypertension registers in Southampton, giving a raw prevalence of 10.9%, lower than the national average of 13.9%. Prevalence varies between 1.4% and 14.5% across GP practice populations.

### 11.2.8 Atrial Fibrillation (AF)

AF is recognised as a key risk factor for stroke and is the most common form of cardiac arrhythmia which is more prevalent in older age. Early detection of AF with treatment reduces the likelihood and severity of stroke. In March 2021, GP QOF data showed 4,609 people registered with AF which equates to a raw prevalence rate of 1.6% against a national raw prevalence rate of 2.0%. Prevalence varies between 0.1% and 2.4% across GP practice populations.

Public Health England investigated this to be underestimate and in 2019 modelled the expected prevalence of AF in the NHS Southampton CCG to be 1.9% of registered patients, however this estimate is based on assuming Southampton's population structure and related attributes remain similar to that used in the model.

### 11.2.9 Persistent Asthma

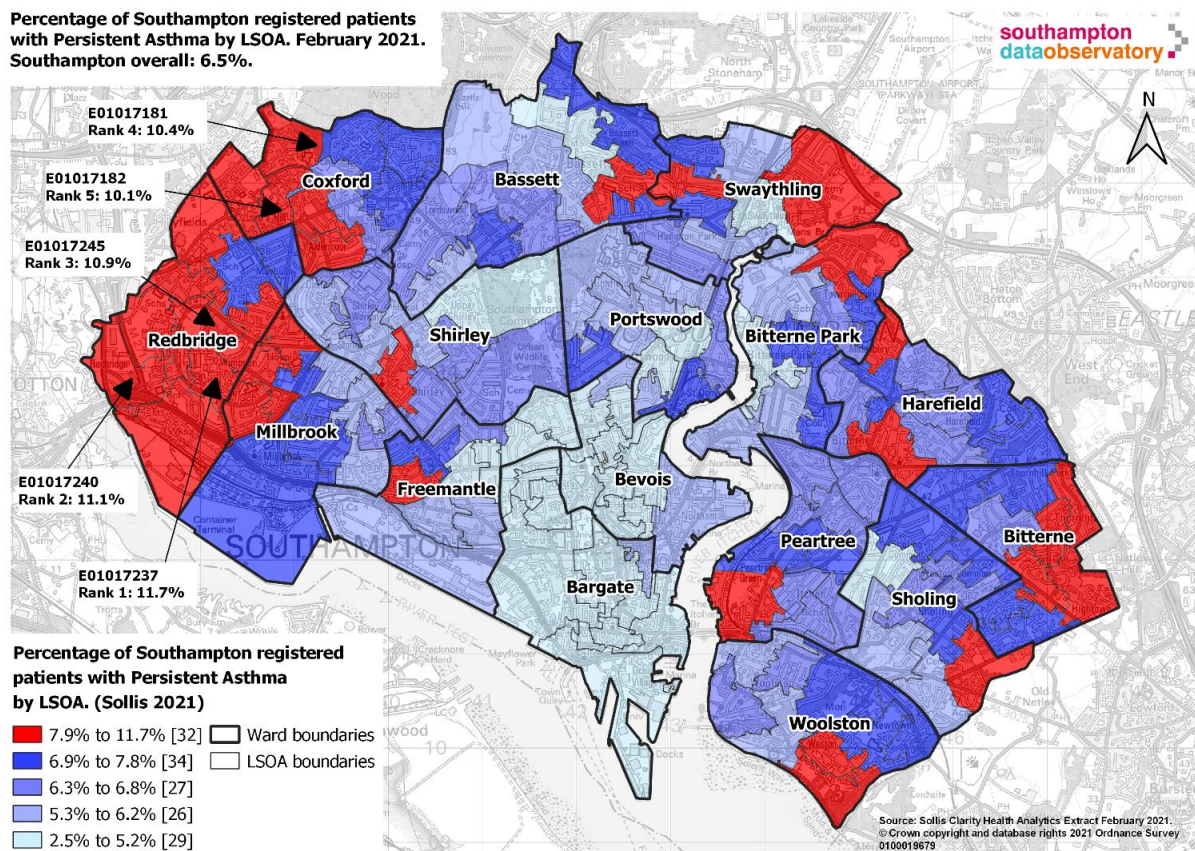
In March 2021, there were 16,440 people on GP asthma registers in Southampton giving a crude prevalence rate of 6.1% which is significantly lower than the national average of 6.5%. Prevalence varies between 2.4% and 10.0% across GP practice populations.

Figure 42 uses data from the Sollis Clarity Health Analytics showing the highest and lowest recorded prevalence of asthma among Southampton's GP registered patients, including the top 5 LSOAs. This data is recorded by GPs to the same definition as the QOF but allows sub-city analysis at LSOA level.

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<sup>61</sup> Estimates modelled from the Whitehall II study (PHE Fingertips) applied to Hampshire 2020-based Small Area Population Forecasts

Figure 42: Percentage of Southampton registered patients with Persistent Asthma by LSOA, February 2021

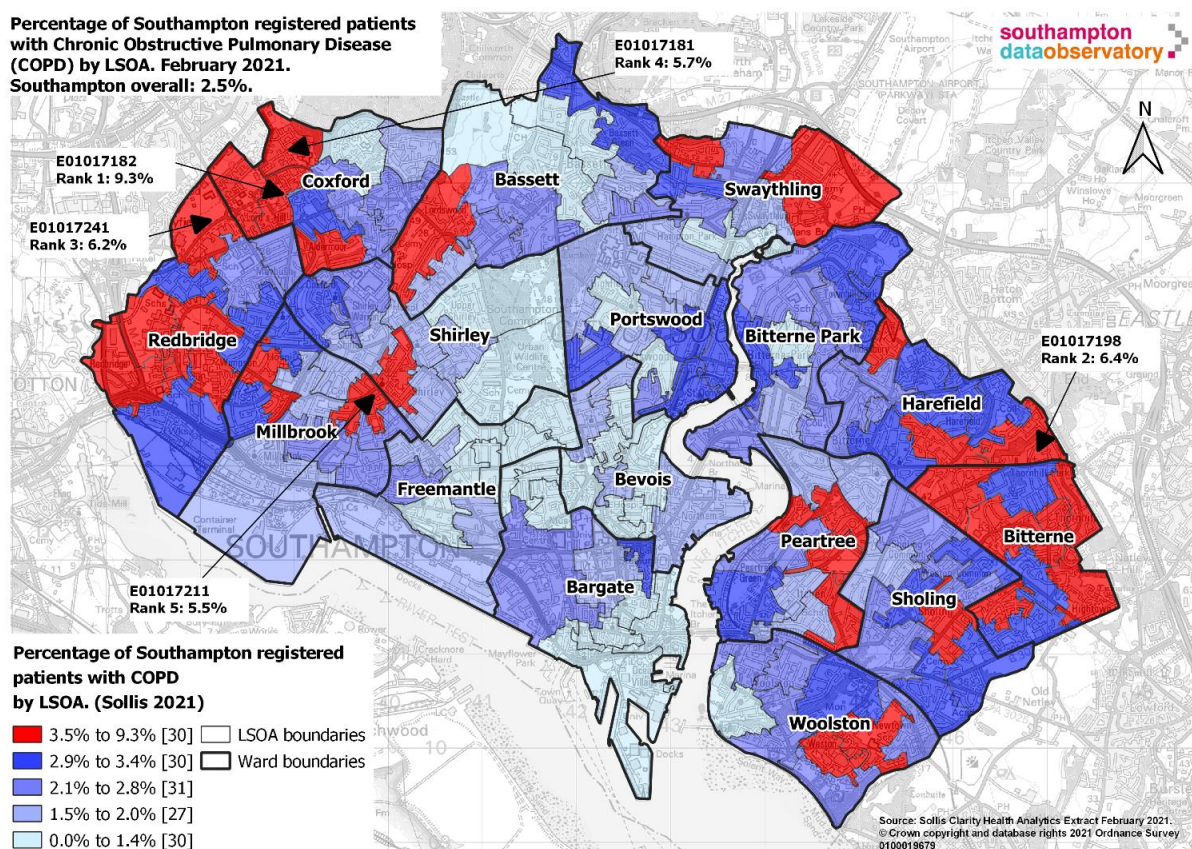


### 11.2.10 Chronic Obstructive Pulmonary Disease (COPD)

In March 2021, there were 6,146 registered patients recorded by GPs for the QOF on COPD registers in Southampton. This data allows comparisons with England and shows a crude prevalence rate of 2.1% which is significantly higher than the England rate (1.9%). Prevalence varies between 0.1% and 3.4% across GP practice populations.

The range of the recorded prevalence of COPD for Southampton GP registered patients can be seen in Figure 43, which was produced using data from the Sollis Clarity Health Analytics from February 2021 using the same definitions as QOF but allowing sub-city analysis.

Figure 43: Percentage of Southampton registered patients with COPD by LSOA, February 2021



### 11.2.11 Kidney disease

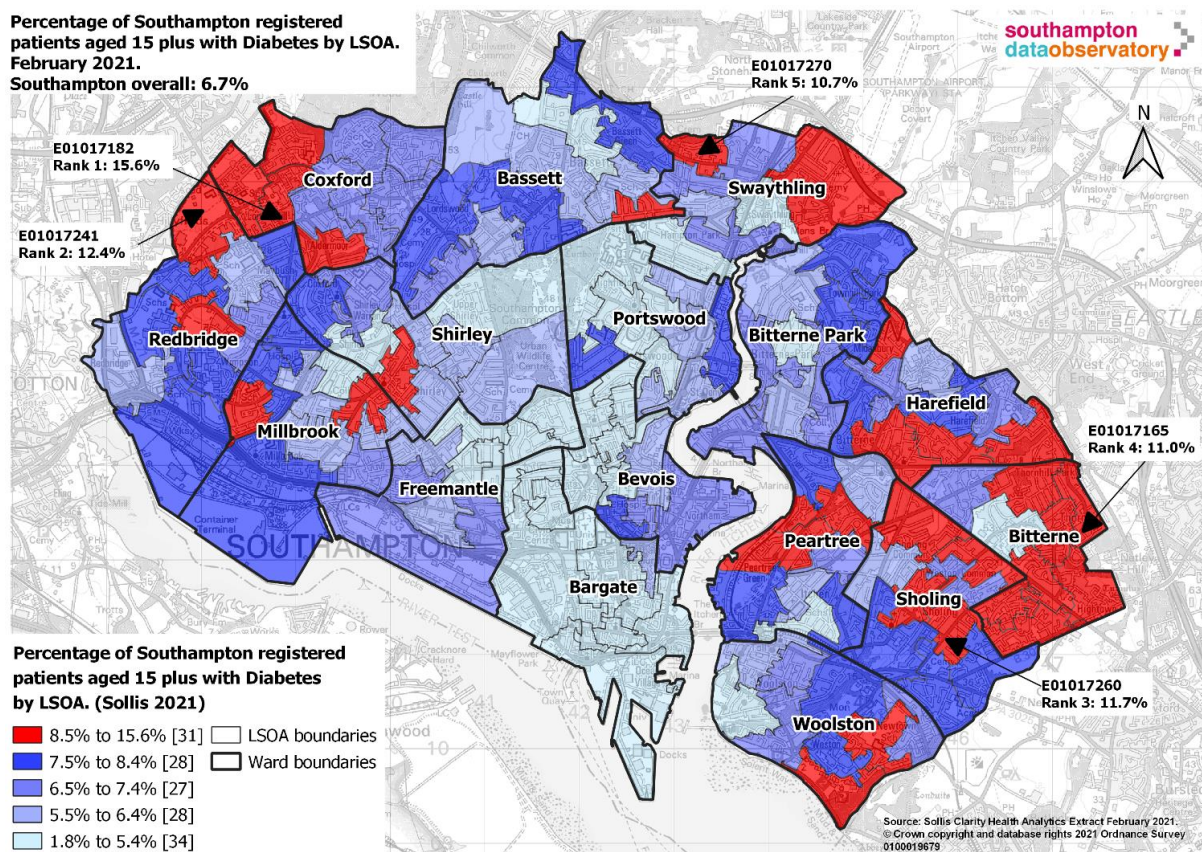
In March 2021, GP QOF data showed 5,499 people aged 18 years and over on GP disease registers with chronic kidney disease (CKD). Therefore, the prevalence of diagnosed CKD amongst people aged 18 years and over in Southampton is 2.3% (compared to 4.0% nationally). Although, this varies from 0.2% to 4.1% across Southampton GP practices. This variation between practices will include differences in underlying risk factors including practice population and thresholds for CKD testing. In general, CKD increases markedly with age, with the most common risk factors are cardiovascular disease, hypertension and diabetes. These often coexist with risk other factors such as obesity, coming from a lower socioeconomic group and from a minority ethnic group, particularly Black and Asian.

### 11.2.12 Diabetes

In March 2021, there were 14,489 people (aged 17 plus) on GP diabetes registers in Southampton which gives a crude prevalence rate of 6.1%, significantly lower than the England rate of 7.1%. Prevalence varies between 0.8% and 8.5% across GP practice populations. Much diabetes is undiagnosed and modelled estimates of the true underlying

prevalence put the total burden in the city at nearly 16,625 people (a crude rate of 7.3%) for 2017. Modelled estimates predict the prevalence of diabetes is set to increase. By 2035, Southampton’s diabetic population is estimated to be 18,166 an increase of 19.2% from 2020 (15,242), assuming no change in the underlying population of age, sex and ethnicity, levels of excess weight and physical inactivity.

Figure 44: Percentage of Southampton registered patients with Diabetes by LSOA, February 2021



Poor diabetic foot care can result in lower limb amputations in diabetic patients. In 2019/20 of the 14,445 Southampton diabetic GP registered patients aged 12 years and over, almost 1 in 5 (18.3% or 2,650) did not attend an annual foot check. This varies between GP populations ranging from 2.5% to 28.4%. However as described previously, there are potentially several thousand people in the city unaware of the importance of foot care with their undiagnosed diabetes increase their risk of ulceration, reduced sensation/circulation and potential lower limb amputation.

In terms of other long-term conditions for diabetic patients, the 2021 extract from the Sollis tool profiled diabetic patients’ most common co-morbidities, showing a proportion of Southampton diabetic patients will also depression (20%), hyperlipidemia (21%), asthma

(13%), chronic renal failure (13%), Ischemic Heart Disease (14%) and COPD (10%).

### 11.2.13 Sight loss

Diabetic retinopathy or diabetic eye disease is the leading cause of preventable sight loss in working age people in the UK and early detection through screening halves the risk of blindness.

In 2019/20, Southampton's rate of preventable sight loss due to diabetic eye disease in those aged 12 years and over was 5.1 per 100,000 population. This is higher but not significantly than the rate for England (2.9 per 100,000).

Age related macular degeneration (AMD) and glaucoma are the two other types of eye disease which can result in blindness or partial sight if not diagnosed and treated in time. In 2019/20, Southampton's rate of AMD is also higher but not significantly compared to England (112.2 per 100,000 aged 65+ compared to 105.4 per 100,000 aged 65+ respectively). Southampton's rate of preventable sight loss due to glaucoma is higher but not significantly to the rate for England (18.1 per 100,000 aged 40+ compared to 12.9 per 100,000 aged 40+ respectively).

Sight impaired (SI) and severe sight impairment (SSI) replace the terms partially sighted and blind for registration purposes. In 2019/20, there were 575 registered blind or partially sighted people in Southampton (over half, n=425, were aged over and 75 years and over).

In May 2021, 133 Southampton residents (0.05%) were registered for Disability Living Allowance with the main disabling condition recorded as 'blindness' (higher than the national average of 0.04%). Of these residents registered with 'blindness' as their main disabling condition, 26 people were aged under 16 years, 44 people were aged 16 to 64 years old, and 63 people were aged 65 year and over.<sup>62</sup>

Modelling from PANSI/POPPI predict there are 110 Southampton (in 2020) residents aged 18-64 and 1,018 residents aged 65 years and over predicted to have a serious visual impairment, by age, and this is projected to increase to 113 and 1,491 by 2040.<sup>63</sup>

<sup>62</sup> DLA Entitlement (Count) Department for Work and Pensions

<sup>63</sup> Projecting Older People Population Information System (POPPI) and Projecting Adult Needs and Service Information (PANSI), Oxford Brookes University



### 11.2.14 Hearing Loss and Deafness

Infants have their hearing checked within hours of birth through the newborn infant screening programme. In 2019/20, 98.3% of infants in Southampton were correctly screened within 5 weeks of birth.

Since 2010, the number of people registered deaf or hard of hearing has not been published. NHS England have produced a tool to estimate hearing loss by local authority and CCG.<sup>64</sup> The tool estimates in 2020, the number of adults with hearing loss of 25 dBHL (Decibels Hearing Level) was 34,440 (17,240, aged 18 to 70 and 17,200 aged over 70 years) are expected to increase to 42,900 by 2035. The 2020/21 GP patient survey estimates 4.7% of the GP registered population reporting deafness or severe hearing loss, which is around 5,500 people.<sup>65</sup>

In May 2021, 87 Southampton residents were registered for Disability Living Allowance with the main disabling condition recorded as 'deafness'. Of these residents registered with 'deafness' as their main disabling condition, 41 people were aged under 16 years, 27 people were aged 16 to 64 years old, and 16 people were aged 65 years and over.<sup>66</sup>

### 11.2.15 Levels of disability among children and young people

In May 2021, data on disability living allowance (DLA) claimants amongst the under 16 years old shows that 2,739 Southampton children receive DLA. Fifty-four per cent (1,487 children) of those receiving DLA had their main disabling condition classed as 'learning difficulties'. Four hundred and sixty-four (16.9%) shared the second most common main disabling condition; Behavioural Disorder. Hyperkinetic Syndrome, also known as ADHD, was the third most common diagnosed main disabling condition for 251 children (9.2% of DLA recipients aged under 16).<sup>67</sup>

Living in the city, 3,234 residents are known to Adult Social Care as visually/hearing impaired and/or with a physical disability:<sup>68</sup>

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<sup>64</sup> [NHS England » Hearing Loss Data Tool](#)

<sup>65</sup> Disease and risk factor prevalence, PHE Fingertips

<sup>66</sup> DLA Entitlement (Count) Department for Work and Pensions

<sup>67</sup> DLA Entitlement (Count) Department for Work and Pensions

<sup>68</sup> Most are aged 18+ and a few are under 18. 209 individuals are known to adult social care for two or all of the three groups listed. Living outside the city, 148 individuals known to SCC Adult Social Care as visually/hearing impaired and/or with a physical disability, live outside the city boundary in SCC funded permanent residential/nursing homes.

- 947 registered visually impaired
- 1,111 registered hearing impaired
- 1,385 people with general classes of physical disability

In May 2021, there were 1,277 Southampton residents aged 16 to 64 years receiving Disability Living Allowance (DLA). The most common disabling condition was learning difficulties (n=285, 22.3%). Around 150 adults (12.1%) aged 16 to 64 were classified as receiving DLA for the main disabling condition of psychosis, which was the second most common.<sup>69</sup>

Estimates and projections of the number of disabled people in the city have been produced using national prevalence rates applied to local population data; these suggest in 2020 there may be around 5,293 adults aged 18-64 with a moderate physical disability and a further 1,253 with a serious physical disability living in Southampton. By 2040 there are projected to be over 6,500 adults of working age with a moderate or serious physical disability in Southampton.<sup>70</sup>

In May 2021, 1,729 adults aged 65 years and over were receiving DLA. The most common main disabling condition was arthritis, accounting for 31.7% of those aged 65 years and over in receipt of DLA (n=548). Back pain was the second main disabling condition (7.5%, n=129) and disease of the Muscles, Bones or Joints (6.6%, n=114) was the third the main disabling. This shows physically disabling conditions are more prolific in older adults compared to working age adults receiving DLA.<sup>71</sup>

Modelling from POPPI estimate in 2020, there were 6,310 Southampton residents aged 65 and over unable to manage at least one mobility activity on their own, (This estimate is adjusted for the underlying age and gender distribution).

Activities include:

- going out of doors and walking down the road
- getting up and down stairs
- getting around the house on the level
- getting to the toilet

<sup>69</sup> DLA Entitlement (Count) Department for Work and Pensions <https://stat-xplore.dwp.gov.uk/>

<sup>70</sup> Projecting Adult Needs and Service Information (PANSI), Oxford Brookes University <https://www.pansi.org.uk/index.php?pageNo=396&areaID=8640&loc=8640>

<sup>71</sup> DLA Entitlement (Count) Department for Work and Pensions <https://stat-xplore.dwp.gov.uk/webapi/jsf/tableView/tableView.xhtml>

- getting in and out of bed

This is predicted to increase to 8,631 Southampton residents aged 65 and over by 2040.<sup>72</sup>

### 11.2.16 Human Immunodeficiency Virus (HIV)

In 2020, 405 Southampton residents (2.5 per 1,000 population aged 15 to 59) were accessing HIV care at NHS services - an increase of 45% (126 more residents) since 2011 accessing HIV care.

Late diagnosis of HIV is associated with a ten-fold increase in risk of death in the first year of diagnosis compared to those diagnosed early. In 2018-20, of those Southampton residents diagnosed with HIV, 44% had a late diagnosis, this is above the national goal of less than 25%.

## 11.3 Mental Health and Neurological Conditions

There is no good health without good mental health, and this is important across the life course.

### 11.3.1 Children and Young People

The Children and Young People's Mental Health and Wellbeing profile estimated prevalence rates and adjusted by age, gender, and socio-economic classification (The National Statistics Socio-economic classification (NS-SEC) of household reference person). The 2020-based local population estimates for the estimated prevalence for children and young people aged 5-16 years in Southampton of mental health disorders, was 3,266 (9.8%); for emotional disorders, 1,233 (3.7%); conduct disorders 2,000 (6.0%) and hyperkinetic disorders 533 (1.6%).

Self-harm and suicide among young people are extremely important issues. Many psychiatric problems, including borderline personality disorder, depression, bipolar disorder, schizophrenia, and drug and alcohol use disorders, are associated with self-harm. Self-harm increases the likelihood of a person eventually dying by suicide by between 50 and 100 times that of the rest of the population in a 12-month period.<sup>73</sup>

<sup>72</sup> Projecting Older People Population Information System (POPPI), Oxford Brookes University  
<https://www.poppi.org.uk/index.php?pageNo=342&areaID=8640&loc=8640>

<sup>73</sup> Self-harm in over 8s: long-term management <https://www.nice.org.uk/guidance/cg133>

The 2014 Adult Psychiatric Morbidity Survey (APMS 2014) found one in four 16 to 24 year old women (25.7%) reported having self-harmed at some point; more than twice the rate for men in this age group (9.7%). Estimates for Southampton for 2017 equate to 6,055 women and 2,410 men aged 16 to 24 years having self-harmed at some point.<sup>74</sup>

In 2019/20, Southampton had a significantly higher rate of emergency hospital admissions for self-harm for children and young people aged 10 to 24 years than England (684 per 100,000 population aged 10 to 24 years, compared to 439 per 100,000 population aged 10 to 24 years respectively).

### 11.3.2 Adults

Common mental health disorders (CMDs) or common mental health problems (CMHP) are mental health conditions that cause marked emotional distress and interfere with daily function – including different types of depression, anxiety and obsessive compulsive disorder. The Adult Psychiatric Morbidity Survey 2014 (APMS) categorises mixed anxiety and depressive disorder; generalised anxiety disorder; depressive episode; all phobias; obsessive compulsive disorder; and panic disorder as common mental health disorders. The APMS 2014 found one in five (20.7%) women are affected by common mental disorders and one in eight men (13.2%).

In 2020/21, in Southampton, the prevalence of people recorded with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses is (3,174 people 1.21% of people of all ages, and the same in England).

In 2020/21, 28,455 people registered with their GP as having depression (with a diagnosis since 2006). This gives a crude prevalence rate of 12.4% which is slightly higher than the figure for England (12.3%).

Not everyone who has a mental health problem is registered with a GP or has a diagnosis, so the true figure is likely to be significantly higher.

In 2021, the GP patient survey estimated Southampton had a prevalence of long-term mental health problems among the GP population of 12.2%, this was significantly higher than the national prevalence (11.0%).

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<sup>74</sup> Self-harm in over 8s: long-term management <https://www.nice.org.uk/guidance/cg133>

The Mental Health and Wellbeing JSNA profile shows Southampton has higher rates compared to England for related risk factors, including smoking at time of delivery; child poverty for those aged under 16 years old; excess weight for Year 6 children, looked after children; children in need due to abuse, neglect or family dysfunction, pupils with behavioural, emotional and social support needs; violent crime (including sexual violence), crime deprivation adult current smokers in adults. These topics are covered in other sections of this document.

Evidence shows work was generally good for both physical and mental health and wellbeing across society. In 2019/20, the gap in the employment rate for those in contact with secondary mental health services and the overall employment rate in Southampton was 72.0 percentage points, this is significantly worse than the gap nationally (67.2 percentage points). In 2019/20 the point gap in the employment rate between those with a long-term health condition and the overall employment rate was significantly lower in Southampton than the national gap (14.4 percentage points compared to 10.6 percentage points). For Southampton's residents with a learning disability the point gap in their employment rate and the overall employment was 71.9 points, lower than the national gap (70.6 percentage points).

In 2019/20, Southampton had a significantly higher rate of emergency hospital admissions for self-harm (all ages) than England (409.3 per 100,000 population compared to 192.6 per 100,000 population).

The APMS 2014 survey found a fifth of adults (20.6%) reported that they had thought of taking their own life at some point. Applying this prevalence to the Southampton adult population (aged 16 years and over), in 2020 an estimated 44,220 adults had had suicidal thoughts within their lifetime; this number is projected to increase to 47,400 adults in 2027.<sup>75</sup>

In 2018-20, Southampton's suicide and mortality from injury undetermined directly age standardised rate (DSR) aged 15 and over (9.8 per 100,000 population) lower but not significantly than England (10.4 per 100,000 population). The rate of suicide and mortality from injury undetermined for males is significantly higher than the rate for females, locally and nationally.

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<sup>75</sup> NHS Digital. NatCen Social research Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014 <http://content.digital.nhs.uk/catalogue/PUB21748> applied to HCC 2020-based Small Area Population Forecast

### 11.3.3 Older People

The number of people with neurological conditions is likely to grow sharply in the next two decades due to improved survival rates, improved general health care, better infection control, increased longevity and improved diagnostic techniques.

Dementia is one of the main causes of disability in later life ahead of cancer, CVD and stroke. In 2020, the recorded prevalence in dementia for Southampton GP registered patients aged 65 years and over was 3.99% (n=1,485), this was higher but not significantly than the national average of 3.97%. although the actual number of people living with dementia is likely to be higher.

The prevalence of dementia is closely associated with age and gender. With the ageing population, POPPI estimates the number of people aged 65 and over predicted to have dementia in Southampton to be 2,449 in 2020 and set to increase to around 2,864 in 2030 and 3,480 in 2040.

In 2019/20, the rate of emergency inpatient hospital admissions of people (aged 65+ years) with a mention of dementia was 5,507 per 100,000 population aged 65+. This was significantly higher than the rate for England (3,517 per 100,000 population aged 65+ years).

## 11.4 Health Behaviours

The 'Health behaviours' theme of Southampton's JSNA (embedded in the Southampton Data Observatory<sup>76</sup> is split into four distinct topics; 'smoking', 'healthy weight', 'sexual health' and 'alcohol & drugs'.

### 11.4.1 Smoking

Although smoking prevalence has decreased nationally, a wide disparity still exists across regions and Southampton compares less favourably both to the region, and the country as a whole. In 2020, the prevalence of smoking among GP registered patients in the city is 11.8%, lower by not significantly compared to the national average of 12.1%. In 2020/21, 10.7% of pregnant women in the city were recorded as smoking at the time of delivery. This is higher, but not significantly than the national average of 9.6%. In addition, in 2020 the

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<sup>76</sup> Southampton Data observatory <https://data.southampton.gov.uk/>

smoking rates are higher (but not significantly) among the city's routine and manual workers with rates of 22.2% in Southampton compared to 21.4% nationally.<sup>77</sup>

Men living in Southampton have significantly lower healthy life expectancy than the national average (60.7 years compared with 63.2 years), and smoking is one of the main causes for this. In 2017 to 2019, more people died from smoking attributable deaths in Southampton than the national average (260.6 per 100,000 population, compared to 202.2 per 100,000 in England). Deaths from lung cancer and chronic obstructive pulmonary disease are also higher than the national average, and more people are admitted to our hospitals with smoking related illnesses.

Smoking causes high healthcare need and demand, impacting on primary care (GP Practices, pharmacies and more) and also increasing the number of hospital admissions, especially in the winter months. In 2019/20, 1,901 per 100,000 admissions to hospital were directly attributable to smoking. The cost per capita of smoking attributable hospital admissions for Southampton in 2020 was estimated to be £3.31.<sup>78</sup>

#### 11.4.2 Excess Weight and Physical Activity

In 2019/20, 59.3% of Southampton's adults are estimated to be overweight or obese which is lower but not significantly from the national average of 62.8%. In 2019/20 physical activity amongst adults in Southampton were 62.4% which is lower, but not significantly, than the national levels (66.4%) and lower than most of the city's ONS peers.

In 2020/21, the Active Lives Survey found that 59.5% of Southampton residents do at least 150 minutes of activity per week (lower than the national percentage of 60.9%).

Active transport has benefits for health in terms of reducing the risk of chronic disease such as coronary heart disease or stroke and improving mental health and well-being. In 2019 the Department for Transport recorded cycling statistics for local authorities this data suggested that in 2019 2.9% of residents cycled five times a week compared to 3.0% in England and 17.3% of residents cycled at least once a month compared with 16.1% in England.

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<sup>77</sup> Fingertips Local Tobacco Control Profiles - <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132886/pat/6/par/E12000008/ati/402/are/E06000045/iid/93798/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

<sup>78</sup> ASH Ready Reckoner 2022. <https://ash.org.uk/ash-ready-reckoner/>

### 11.4.3 Sexually Transmitted Infections (STIs)

In 2020, a total of 2,291 STIs were diagnosed in Southampton residents, with the distribution varying considerably across the city (906 per 100,000 population significantly higher compared to the England average 562 per 100,000 population). The COVID-19 pandemic appears to have decreased the number of STI diagnoses locally and nationally, with the significantly higher rate in 2019 (Southampton - 1,225 per 100,000 population and England 830 per 100,000 population). The most commonly diagnosed STI was chlamydia, followed by gonorrhoea then genital warts.

### 11.4.4 Alcohol and Drug Use

The 2014 What about YOUth survey estimates that 63.3% of 15 year olds in Southampton have ever had an alcoholic drink and 5% of this age group report being regular drinkers. These figures are not significantly higher than the national average.

The ICE bus or 'In Case of Emergency' bus is an innovative initiative to reduce the burden of alcohol-related attendances at University Hospital Southampton Emergency Department during the peak hours (1000 to 0400 hours) of the night-time economy in Southampton city centre. It was implemented in 2009 and since then has offered an important service offering welfare support and acute medical care to vulnerable people during most Saturday nights in the city. Thirty percent of ICE bus clients between 2013/14 to 2015/16 were either in drink or intoxicated and 64% are aged 18 to 24 years olds.

Alcohol can be directly or indirectly implicated in hospital admissions. When someone is admitted due to a condition wholly attributable to alcohol, it is termed an alcohol-specific admission. The 2019/20 rate of hospital admissions for all ages and those aged under 18 years (2017/18-2019/20) for alcohol-specific conditions was significantly higher for Southampton's persons, males, and females than the rates for England.

Alcohol-related hospital admissions includes all the cases of alcohol-specific hospital admissions and those in which alcohol is known to play a part. The indicator uses two measures; broad and narrow. The broad measure covers main diagnosis or any secondary diagnosis was attributable to alcohol, and the narrow where the main diagnosis was attributable to alcohol or the secondary diagnosis was alcohol related. The broad measure assesses the burden on community and health services better than the narrow measure. In 2018/19, under the broad measure, the rate of admission episodes for alcohol-related conditions for Southampton's males and females (all ages) was significantly higher than the rate for England.



In 2018/19, using the narrow measure the rate of admission episodes for alcohol-related conditions (all ages) was significantly higher than the rates for England.

In 2018/19 Southampton also has higher rates than the national average for:

- Admission episodes for alcohol-related unintentional injuries conditions (Narrow), persons (higher but not significant)
- Admission episodes for mental and behavioural disorders due to use of alcohol condition (Narrow), persons (significantly higher)
- Admission episodes for intentional self-poisoning by and exposure to alcohol condition (Narrow), persons (significantly higher)
- Admission episodes for mental and behavioural disorders due to use of alcohol condition (Broad) persons (significantly higher)
- Admission episodes for alcoholic liver disease condition (Broad), persons (significantly higher)<sup>79</sup>

Data around alcohol and drugs can have a number of caveats that need understanding, some caution might be needed in reporting statistics. Some hospitals might be better than others at coding hospital admissions linked with alcohol, this need to be considered when comparing with other areas (benchmarking). Over time, some hospitals' coding systems and coding quality may change which might affect year-on-year trends.

More men in Southampton are dying because of alcohol than the national average; between 2017-19 there were 99 deaths specifically due to alcohol in Southampton; 70 in males and 29 in females.

In October 2021, Southampton had a significantly higher rate (44.4 per 100,000 working age population) of Personal Independence Payments (PIP) with alcohol misuse as the main disabling condition compared to the national average (28.3 per 100,000 working age population).

In 2019/20, there were 1,175 Southampton residents in treatment at specialist drug misuse services. In 2019, 36 clients who used opiates had successful completion of drug treatment (4.7%). This proportion percentage was lower but not significantly than England (5.6%). Whereas 33.5% (129) of clients using non-opiates successfully completed drug treatment, also not significantly lower than the national average (34.2%).

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<sup>79</sup> <https://fingertips.phe.org.uk/static-reports/local-alcohol-profiles/at-a-glance/E06000045.html?area-name=Southampton>

In 2020/21, 22.2% of Southampton adults with a need for substance use treatment successfully engaged in community-based structured treatment following release from prison. This was significantly lower than the proportion for England (38.1%).

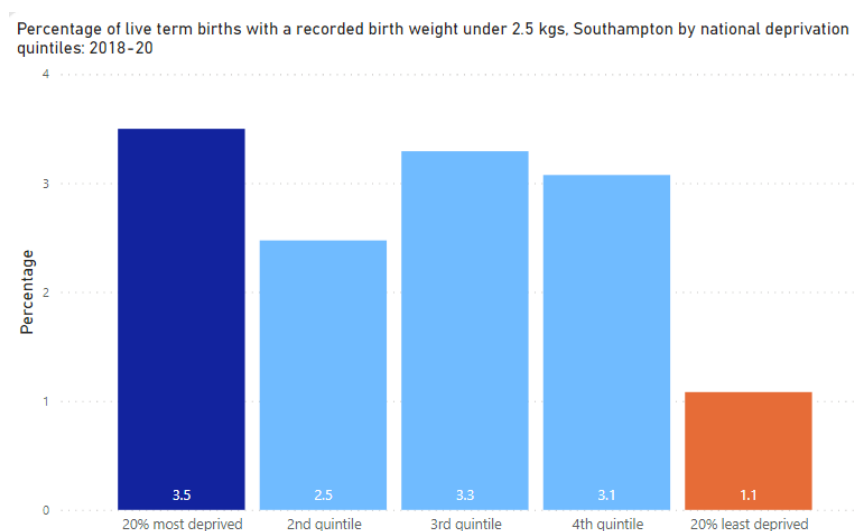
## 11.5 Maternal, child and young people's health

### 11.5.1 Low Birthweight

Low birth weight among infants is strongly linked to poorer outcomes for children as they get older. It is associated with infant mortality and is predictive of educational achievement, disability and diabetes, stroke and heart disease risk in adults. In 2019, the rate of low birthweight babies born at term (babies with a recorded birthweight of less than 2,500 grams and a gestational age of at least 37 complete weeks) in Southampton was 2.6% of all term births; similar to the England average of 2.9%. This has fluctuated but decreased overall since 2010.<sup>80</sup>

The decline in low birthweight has been more rapid in those parts of the city with the highest levels of economic deprivation. The highest percentage of low birthweight babies by deprivation quintile is seen in the most deprived quintile in the city.

Figure 45: Percentage of live term births with a recorded birth weight under 2.5kgs Southampton



<sup>80</sup> OHID Fingertips

<https://fingertips.phe.org.uk/search/low%20birth%20weight#page/4/gid/1/pat/6/par/E12000008/ati/202/are/E06000045/iid/20101/age/235/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

### 11.5.2 Smoking During Pregnancy

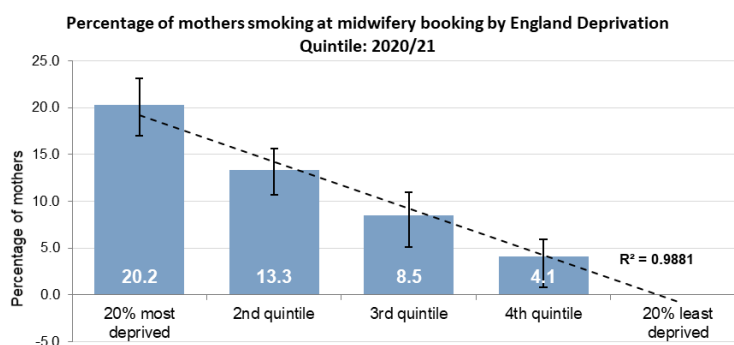
Smoking during pregnancy is strongly associated with a number of health problems for newborn children. There is evidence to suggest that the number of mothers smoking at midwifery booking has reduced significantly from 20.2% in the 2008/09 period to 14.6% in the 2020/21 period. There are differences between ethnic communities, with ‘White British’ mothers having smoking rates significantly higher than the city average.

Data shows that in the 2020/21 period, 7.6% of mothers who smoked at the time of midwifery booking had a premature baby. In addition, 12.4% of women who smoked at the time of midwifery booking had a low birthweight baby. Low birth weight often results in more intensive medical care, higher morbidity and delayed development in childhood. In 2020/21, 10.7% of women in Southampton are still smoking at the time of delivery, statistically similar to the national rate of 9.6%. Locally, this is the first time Southampton has been statistically similar to England, following a decreasing trend since 2010/11.

Research in 2010 showed nationally pregnant women from routine and manual occupations are much more likely to smoke and to have done so during pregnancy than those from professional and managerial occupations (20% compared to 4%).<sup>81</sup>

Figure 46 demonstrates the wide disparity across the city with significantly higher rates of smoking at midwifery booking in the most deprived areas of the city compared to the least deprived.

Figure 46: Percentage of mothers smoking at midwifery booking England deprivation quintiles 2020/21



Source: Ministry of Housing, Communities & Local Government, UHS Midwifery database: Southampton CCG

<sup>81</sup> McAndrew F, Thompson J, Fellows L et al (2012) Infant Feeding Survey 2010. A survey conducted on behalf of the Information Centre for Health and Social Care. Leeds: The Information Centre for Health and Social Care.

<https://digital.nhs.uk/data-and-information/publications/statistical/infant-feeding-survey/infant-feeding-survey-uk-2010>

### 11.5.3 Breastfeeding Initiation and Maintenance

There have been changes in monitoring this area through the new maternity services dataset. In 2018/19 data was collected on baby's first feed breastmilk for both Southampton and England, showing the 72.2% of local mothers were giving breastmilk as a baby's first feed, significantly higher than 67.4% nationally. Data collection in other recent years had not occurred.

Another indicator looks at breastfeeding after the neonatal period where women continue to breastfeed at 6-8 weeks and beyond. In Southampton a local target has been set to reach 50% of new mother's breastfeeding at 6-8 weeks, this target was met in 2018/19 and continues to improve. In 2020/21, 53.4% of women still breastfed at 6-8 weeks, significantly higher than the England average of 47.6% over the financial year.

### 11.5.4 Childhood Obesity

Obesity in childhood is closely linked to obesity in adulthood and with a wide range of poor long term physical and mental health outcomes related to poor diet and low levels of physical activity. According to the most recent published results from the National Child Measurement Programme (NCMP) from 2019/20, 14.2% of children in reception classes are overweight and 9.9% obese (including severe obesity). The prevalence of obesity has decreased slightly from the previous year (10.3% compared to 9.9%), but the long-term trend to 2019/20 was relatively stable.<sup>82</sup>

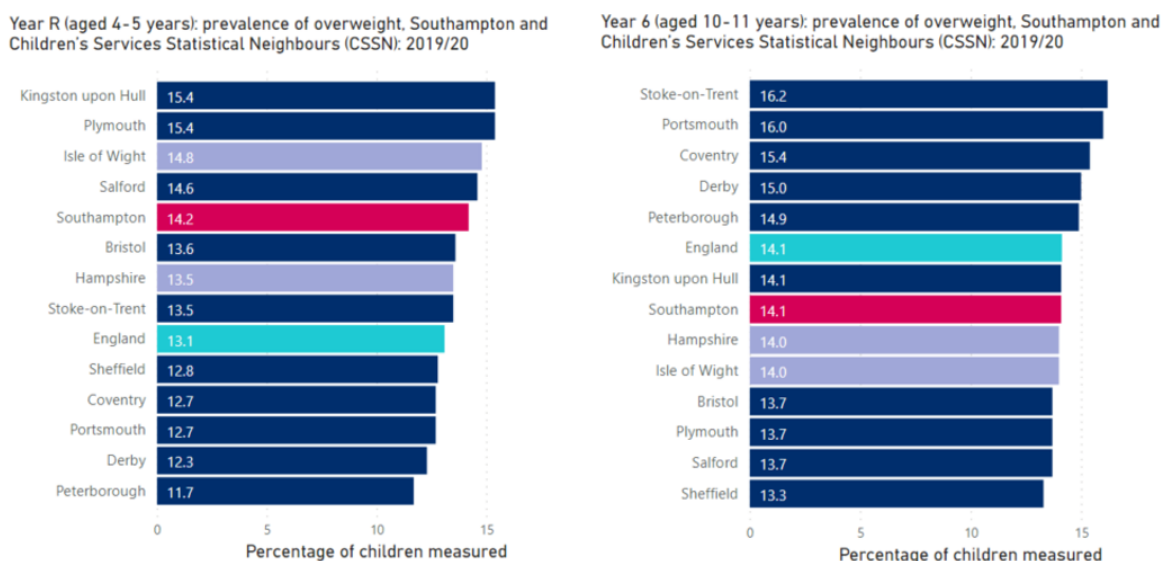
In Southampton, the prevalence of obesity (including severe obesity) for Year 6 children has increased from 22.5% in 2015/16 to 23.8% in 2019/20. Results from the 2019/20 NCMP show that 14.2% of Southampton children in Year 6 classes are overweight (including severe obesity). Figure 47 show the trend and benchmark the prevalence of obesity respectively for Year R and Year 6 children.

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<sup>82</sup> Please note:

The 2019/20 NCMP data collection stopped in March 2020 when schools were closed due to the Covid-19 pandemic. In a usual NCMP collection year, national participation rates are around 95% (over a million) of all eligible children, however in 2019/20 the number of children measured was around 75% of previous years. Despite the lower than usual number of measurements, analysis by NHS Digital indicates that figures at national and regional level are directly comparable to previous years, for all breakdowns.

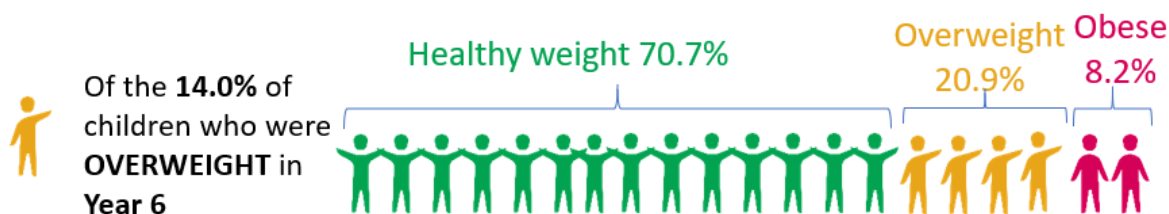
Figure 47: Year R and Year 6 prevalence of overweight



Recent local unpublished data shows between 2016/17 and 2019/20 levels of childhood obesity and excess weight for reception year children locally and nationally have remained at statistically similar levels. However, the latest data for 2020/21 shows a significantly higher increase for obesity and excess weight prevalence in reception year locally and nationally compared to the previous four years. In addition, looking at the data for 2020/21, the prevalence of obesity and excess weight for Southampton reception year children is significantly higher than national levels whereas for the previous two years it was similar.

Linked analysis looking at the changes in weight status from reception R to Year 6 of the same 6,000 Southampton children found of those children who were overweight in Year 6, the majority had been healthy weight in reception, whilst over a fifth had remained overweight and a further 8% had been obese.

Figure 48: Overweight in year 6



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

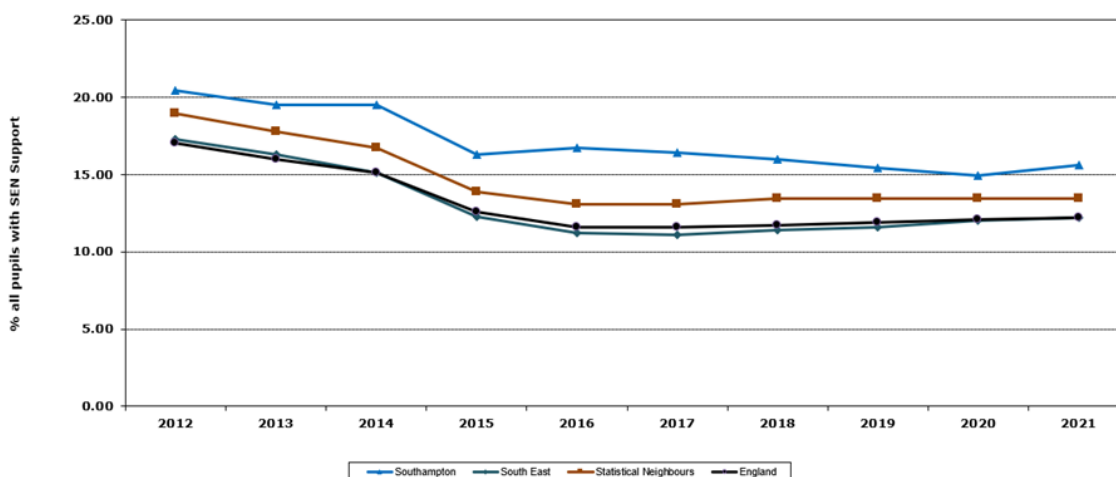
Figure 49: Obese in year 6



11.5.5 Children & Young People with Special Education Needs (SEN)

Latest data from the Department for Education (DfE) shows there to be over 6,000 children in the city with Special Educational Needs and Disability (SEND). In 2021, 18.4% of primary and 18.0% of secondary school pupils in Southampton have SEN; both highest among comparators and significantly higher than the national average of 14.6% and 13.5% respectively. SEN among primary school pupils has experienced a decline and levelled off this year, whereas SEN among secondary school pupils has increased over last two years; from the decline experienced since 2016. 1,512 with Statements or Education, Health or Care Plans (EHC). Southampton has a higher level of pupils requiring SEN support than all of its statistical neighbours and the national average.

Figure 50: Percentage of pupils with Special Educational Needs (SEN) Support 2012 to 2021: Southampton, England, and statistical neighbours



Source: LAIT tool Department for Education<sup>83</sup>

Schools census data from January 2021 illustrates the extent of SEND across primary and secondary cohorts (figure 51). This data is a 'snapshot', so the percentages are slightly

<sup>83</sup> Local Authority Interactive Tool Department for Education <https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>

different from the data presented previously. However, it shows that Southampton has higher levels than national and regional averages.

Figure 51: EHCP / SEN in Primary and Secondary School cohorts – January 2021

| Settings (State-funded schools) | Area        | Total Pupils | Statements or EHC plans |     | SEN support |      |
|---------------------------------|-------------|--------------|-------------------------|-----|-------------|------|
|                                 |             |              | Number                  | %   | Number      | %    |
| Primary                         | Southampton | 20,129       | 489                     | 2.4 | 3,221       | 16.0 |
|                                 | South East  | 729,242      | 16,318                  | 2.2 | 88,793      | 12.2 |
|                                 | England     | 4,660,264    | 95,601                  | 2.1 | 586,926     | 12.6 |
| Secondary                       | Southampton | 11,929       | 257                     | 2.2 | 1,885       | 15.8 |
|                                 | South East  | 552,577      | 10,964                  | 2.0 | 62,003      | 11.2 |
|                                 | England     | 3,493,507    | 68,370                  | 2.0 | 401,563     | 11.5 |
| Total state-funded schools      | Southampton | 34,485       | 1,512                   | 4.4 | 5,149       | 14.9 |
|                                 | South East  | 1,458,218    | 51,384                  | 3.5 | 152,423     | 10.5 |
|                                 | England     | 8,911,887    | 303,668                 | 3.4 | 1,002,442   | 11.2 |

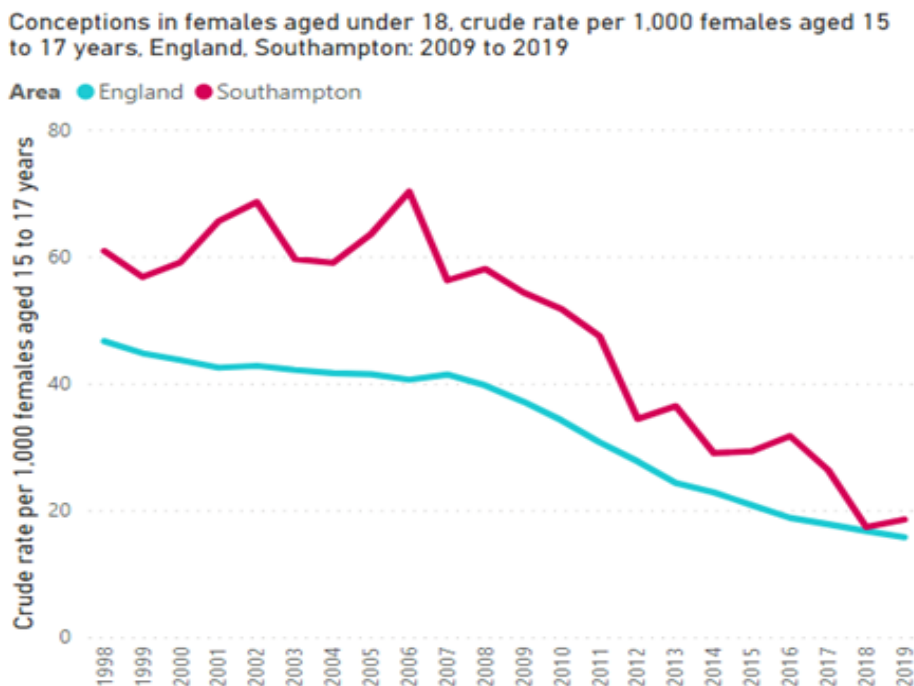
Source: Department for Education, SEN

In Southampton, 3.7% of primary and 4.0% of secondary school pupils have social, emotional or mental health needs (2020), both percentages significantly higher than the national average. Similar to SEN, the percentage of primary school pupils with social, emotional or mental health needs has experienced a decline over the last year, with an increase seen for secondary school pupils.

### 11.5.6 Teenage Pregnancy

In 2019 Southampton’s under 18 conception rate was 18.5 per 1,000 females aged 15-17 years old. Figure 52 below shows that the Southampton rate has been consistently higher than the national rate since the 1998. However, having fallen by approximately 70%, the rate in Southampton has been statistically similar to the national average since 2018.

Figure 52: conceptions in females aged under 18, crude rate per 1,000 females aged 15 to 17 years. Southampton and England 2009 to 2019



In the 2017-19 period there were 25 conceptions amongst girls aged under 16 giving a rate of 2.5 per 1,000 compared with 2.6 for England over the three year period 2017 to 2019.

### 11.5.7 Termination of pregnancy

In Southampton 1,066 abortions were carried out in 2020, this is a crude rate of 18.5 per 1,000 females. This rate is not significantly lower than the England average (18.9 per 1,000). In the city, 87.6% of NHS abortions are performed under 10 weeks gestation; this is also similar to the national average of 88.1%. Southampton also has a statistically similar rate of repeat abortions compared to England for all ages (31.0 % compared to the national average of 29.2%).



### 11.5.8 Use of Alcohol and Other Substances by Young People

Results from the 2014 What about YOUth survey indicate that 11.7% of Southampton 15 year olds currently smoke, 8.3% smoke regularly, 13.4% have ever tried cannabis and 21.4% have tried e-cigarettes. All of these figures are significantly higher than the national average. The same survey estimates that 63.3% of 15 year olds in Southampton have ever had an alcoholic drink and 5% of this age group report being regular drinkers. These figures are not significantly higher than the national average.

Modelling has found that key groups of vulnerable young people who typically demonstrate higher levels of risk-taking behaviour are under-represented in treatment services e.g. (young offenders, children looked after, young people with emotional and mental health issues, young people not attending school).

## 11.6 Protecting the Population

### 11.6.1 Environmental Exposures

Prior to the mid-1980s asbestos was widely used in the ship-building industry. Exposure to asbestos is the leading cause of a cancer called mesothelioma which can affect the tissues covering the lungs or the abdomen. The city's ship-building heritage means that, although mesothelioma is a relatively rare cancer, Southampton is included within ten geographical areas of Great Britain with the highest male mesothelioma death rates for the period 1981-2019 (402 deaths for Southampton male residents). These areas include other prime ship-building locations of the last 40 years, as shown in the table below. There were 55 female deaths from mesothelioma in the same period, and Southampton is rank 20.<sup>84</sup>

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<sup>84</sup> Health and Safety Executive, Mesothelioma Mortality in Great Britain by Geographical area, 1981–2019  
<https://www.hse.gov.uk/statistics/causdis/mesothelioma/mesoarea.pdf>

Figure 53: Mesothelioma mortality in Great Britain: number of deaths and Standardised Mortality Ratios SMRs for males by area, 1981-2019

| Rank within GB | Area                | Male deaths | Standardised Mortality Ratios (SMRs) | 95% Confidence Interval |       |
|----------------|---------------------|-------------|--------------------------------------|-------------------------|-------|
|                |                     |             |                                      | Lower                   | Upper |
| 1              | Barrow-in-Furness   | 289         | 414.9                                | 368.5                   | 465.6 |
| 2              | West Dunbartonshire | 289         | 367.3                                | 326.2                   | 412.2 |
| 3              | North Tyneside      | 547         | 288.3                                | 264.7                   | 313.5 |
| 4              | South Tyneside      | 414         | 278.1                                | 252.0                   | 306.2 |
| 5              | Portsmouth          | 443         | 271.4                                | 246.7                   | 297.8 |
| 6              | Plymouth            | 592         | 262.7                                | 242.0                   | 284.7 |
| 7              | Medway              | 466         | 238.6                                | 217.4                   | 261.3 |
| 8              | Hartlepool          | 185         | 224.2                                | 193.0                   | 258.9 |
| 9              | Southampton         | 402         | 223.0                                | 201.7                   | 245.9 |
| 10             | Gosport             | 154         | 217.7                                | 184.6                   | 254.9 |

Source: HSE [www.hse.gov.uk/statistics/tables/mesoarea.xlsx](http://www.hse.gov.uk/statistics/tables/mesoarea.xlsx)

ONS Mortality data shows over the period 2013-2020 there were an average of 12 deaths per year to Southampton residents from mesothelioma.

Poor air quality is a significant public health issue. Particulate matter (PM2.5) has a significant contributory role in human all-cause mortality and in particular in cardiopulmonary mortality. In 2019, Southampton’s level of PM2.5 was 8.8 µg/m<sup>3</sup> which was similar to the England average of 9.0 µg/m<sup>3</sup>. Although, evidence suggests that levels may have been lower during the COVID-19 pandemic.

In 2019, the estimated fraction of all cause adult mortality attributable to anthropogenic particulate air pollution (measured as fine particulate matter, PM2.5) for Southampton was 5.0% similar to the percentage for England (5.1%). The fraction of mortality attributable to particulate air pollution has fluctuated but decreased overall from 2010 to 2019.

### 11.6.2 Safeguarding for Children and Vulnerable Adults

In Southampton, the intention remains to ensure that every child and young person has the best opportunity to be kept safe from harm, abuse, and neglect.

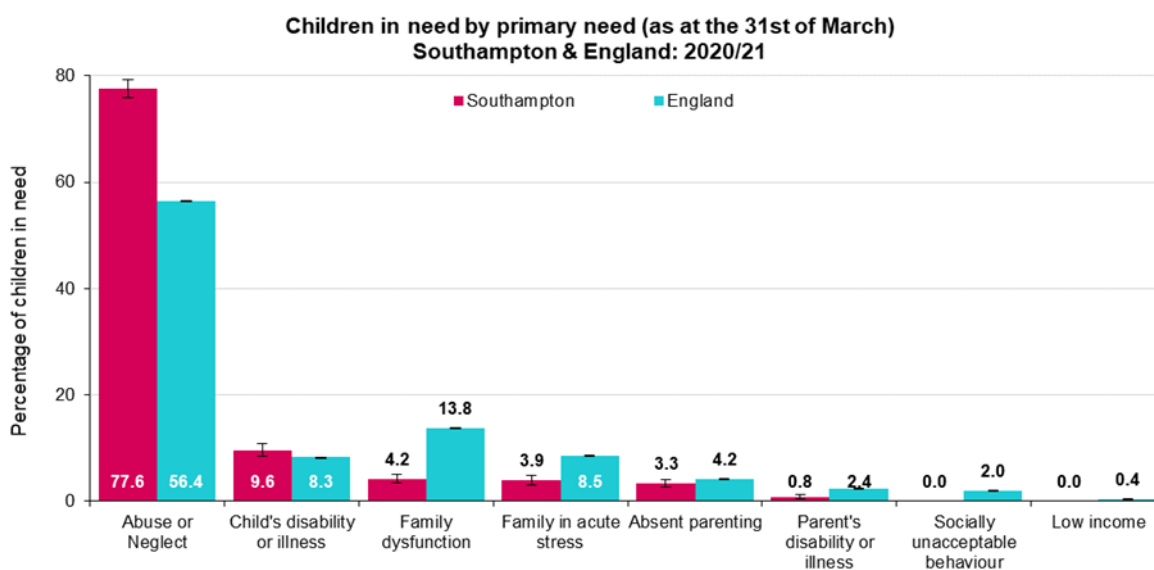
Children’s early experiences have a significant impact on their development, educational attainment, and future life chances. Children in contact with social services are more likely to experience poorer health and educational outcomes than their peers, as well as being

more likely to offend,<sup>85</sup> with looked after children five times more likely to offend than all children.<sup>86,87</sup>

Southampton has a looked after children (LAC) rate of 96 children per 10,000 aged under 18 years (2021), which is 3rd highest among community safety partnerships statistical comparators and significantly higher than the national average of 67. The Southampton LAC rate has seen an overall decline since 2016, although the rate has remained significantly higher than the national average since 2011.

As of March 2021, Southampton had 427 children in need (CIN) per 10,000 aged under 18 years, which is 3rd highest among statistical comparators and significantly higher than the national average. The chart below shows that 77.6% of Southampton’s 2,210 CIN have a primary need of abuse or neglect, which is significantly higher than the national average of 56.4% for this category.

Figure 54: Children in need by primary need



Source: Department for Education

Bullying has a strong effect on the mental health of those bullied and can often damage their outcomes in other areas of life and even lead to suicide amongst the worst affected and

<sup>85</sup> Young Minds – Childhood adversity, substance misuse and young people’s mental health (2016), Online Available at: <https://youngminds.org.uk/media/1547/ym-addaction-briefing.pdf>

<sup>86</sup> Criminal Justice System Statistics Quarterly (2018) – Online Available at: <https://www.gov.uk/government/statistics/criminal-justice-system-statistics-quarterly-december-2017>

<sup>87</sup> Education Policy Institute – vulnerable children and social care in England: a review of the evidence (2018) – Online Available at: [https://epi.org.uk/wp-content/uploads/2018/04/Vulnerable-children-and-social-care-in-England\\_EPI.pdf](https://epi.org.uk/wp-content/uploads/2018/04/Vulnerable-children-and-social-care-in-England_EPI.pdf)

most vulnerable. The What About YOUth? Survey 2014/15 found a higher, but not significantly percentage of 15 year olds in Southampton (56.7%) had been bullied in the past couple of months compared to the national percentage (55.0%).

Injuries are a source of harm for children and a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people.

Southampton has a similar rate to the national average for hospital admissions due to unintentional and deliberate injuries among the 0 to 14 age group, with the Southampton trend declining from a rate of 495 admissions per 10k aged 0 to 14 in 2018/19 to 410 admissions per 10k in 2019/20. This trend should continue to be monitored to see if the decline experienced over the last year is sustained. However, Southampton remains significantly worse than the national average for hospital admissions due to unintentional and deliberate injuries among the 15 to 24 age group in 2019/20.

Vulnerable adults include adults in contact with secondary mental health services and adults with a learning disability. Living in settled accommodation improves their safety and reducing their risk of social exclusion. Maintaining settled accommodation and providing social care in this environment promotes personalisation and quality of life, prevents the need to readmit people into hospital or more costly residential care and ensures a positive experience of social care.

In 2019/20, the percentage of adults in contact with secondary mental health services who live in stable and appropriate accommodation in Southampton was 17.0%, this is significantly lower than the England average of 58.0%. In 2019/20, the percentage of adults with a learning disability who live in stable and appropriate accommodation in Southampton was 82.0%, this is significantly better than the England average of 77.3%.

### 11.6.3 Health Protection from Communicable Diseases

- **Tuberculosis (TB):** Cases of TB in Southampton seen an overall decrease since the peak in 2011-13 (18.3 per 100,000 population). In 2018-20, the rate per 100,000 population of new TB notifications in Southampton was 9.8 statistically similar to the national average 8.0 per 100,000 population. This is lowest rate since pre 2001-03. In 2019, 85% of drug sensitive TB cases had completed a full course of treatment by 12 months, also similar to national percentage (82.0%). The highest percentage of

drug completion locally was in 2017 with a coverage of 93.3%. Since 2004, the number of cases completing treatment has ranged annually of between 12 and 41.<sup>88</sup>

- **Hepatitis C:** In 2017, Hepatitis C was detected in 35 residents with a rate of 14.7 per 100,00 population. This was lower but not significantly than the national rate of 18.4 per 100,000 population. Hepatitis C has a higher prevalence among those people who inject drugs. Eighty-five percent those people in drug use treatment in Southampton in 2017/18 received a Hepatitis C test, similar to the national average of 84.2%.
- **Healthcare Associated Infections (HCAI):** Between April 2018 and March 2021 there were 8 of Methicillin-resistant Staphylococcus aureus (MRSA) amongst the population registered with GPs in Southampton.<sup>89</sup> During April 2018 to March 2021 there were, 131 cases of Clostridium difficile (C. diff) infection amongst people registered with Southampton GPs.<sup>90</sup> Throughout 2010/11 to 2020/21 the local rate of cases, has been lower than the national average.

E.coli bacteraemia cases between 2012/13 and 2020/21 have range between 124 and 151 cases per year with an annual rate consistently lower than nationally.<sup>91</sup>

- **Vaccine Preventable Disease:** The routine surveillance and epidemiology of measles, mumps and rubella in the UK has been impacted in a number of ways during the COVID-19 pandemic, as follows:<sup>92</sup>
  - The reduction in international travel will have reduced the number of measles and rubella importations, providing fewer opportunities for new chains of transmission
  - Social distancing and lockdown measures are likely to have had a limited impact on measles transmission which is many times more infectious than SARS-CoV-2, However, there has been a significant impact on health-seeking behaviour, making it more likely that people with mild symptoms do not present to healthcare services.

<sup>88</sup> OHID Public Health Profile <https://fingertips.phe.org.uk/>

<sup>89</sup> Public Health England. MRSA bacteraemia: annual data [MRSA bacteraemia: annual data - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/mrsa-bacteraemia-annual-data)

<sup>90</sup> Public Health England. Clostridium difficile infection: annual data [Clostridioides difficile \(C. difficile\) infection: annual data - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data)

<sup>91</sup> Public Health England. Escherichia coli (E. coli): annual data <https://www.gov.uk/government/statistics/escherichia-coli-e-coli-bacteraemia-annual-data>

<sup>92</sup> UK Health Security Agency [Laboratory confirmed cases of measles, rubella and mumps, England: July to September 2021 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/104444/laboratory-confirmed-cases-of-measles-rubella-and-mumps-england-july-to-september-2021)

Usually, mumps is most commonly seen amongst University students and adolescents. This is not unusual as transmission is usually fuelled by close contact, for example in halls of residence, events and parties. Although most cases occur either in unvaccinated or incompletely vaccinated individuals, mumps in fully vaccinated individuals can occur, due to waning immunity.

Recent data is available at national level In England, there were no laboratory confirmed mumps infections between July and September 2021 compared with 2 in the previous quarter of 2021 and in the period between July and September 2021 there were no laboratory confirmed measles cases reported. The total number of laboratory confirmed measles cases in 2021 remains 2.

There has been no new laboratory confirmed cases of rubella reported in the UK since 2019. With such low numbers reported nationally, there will be an even smaller number locally.

Between 2012 and 2018 there were 3 cases of measles reported in the city. Data shows the two cases in 2016 were known to occur amongst unvaccinated individuals.

Mumps has been more prevalent, following a peak of 63 cases in the city in 2013, cases have seen an overall annual decline to 3 cases in 2018.

Pertussis cases in the city showed 24 cases recorded in 2015, falling to 7 cases in 2016 and 2 cases in 2017. There was a peak of 46 cases recorded in 2012 which started to with the introduction of pertussis vaccine for pregnant women, and the associated awareness increasing.

- **Pandemic Flu:** Each year the NHS prepares for the unpredictability of flu and which would see a clinical attack rate of 50% amongst the population. Of those affected 2.5% of the population may die as a result. Extrapolating these figures to Southampton's 2020 population would mean an estimated 130,060 people could become symptomatic and 6,500 people could die.

The flu vaccine is recommended for the very young, older people, pregnant women and those who are immunosuppressed or with certain underlying conditions. During the 2021/22 'flu season', at the peak of the Omicron COVID-19 variant, the flu

vaccine was also recommended for the main carer of an older or disabled person, close contacts of immunocompromised individuals and all children aged 2 to 15 years.<sup>93</sup>

- **COVID-19 pandemic:** A COVID-19 Impact Assessment was carried out in Autumn 2021 to ensure that we are doing as much as we can with the resources available to protect and improve the health and wellbeing of the residents of Southampton in COVID-19 recovery over the months and years to come. Community pharmacies are key in the distribution of lateral flow tests through the QR coded ordering and collection service allowing stock distribution control. Additionally, pharmacies have been supporting individuals in supervising how to carry out lateral flow tests in a clean environment on the premises. (see section 5.10 COVID-19 Services).
- **Port Health:** The port hosts the largest cruise passenger operation in the UK and is Europe's leading turnaround cruise port (1.72 million passengers in 2016-18). It is also the UK's number one vehicle handling port (900,000 vehicles in 2021)<sup>94</sup> and the UK's most productive container port. In quarter 1 of 2020 Southampton turned around 8.2 million tonnes of cargo.<sup>95</sup> Food and people now travel over far greater distances than ever before, creating the conditions necessary for widespread and rapidly occurring outbreaks of disease. Infectious diseases such as cholera persist and return, and recent decades have shown an unprecedented rate of emergence of new zoonoses within the UK.

It is anticipated that container volumes and shipping movements will continue to grow but accurate projections are somewhat difficult in the current economic climate. It is also anticipated that the number and details of intervention will also increase in line with the effects of climate change, food fraud and adulteration which have clear implications for food production, food security and food safety. Southampton city council continually assesses resource threats and requirements and delivery outcomes.

## 11.7 Specific Needs for Key Population Groups

The following patient groups, who may have particular needs, have been identified as living within the HWB's area:

<sup>93</sup> Annual Flu Programme [Annual flu programme - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/annual-flu-programme)

<sup>94</sup> ABP ports Southampton 2021 <https://www.abports.co.uk/locations/southampton/>

<sup>95</sup> Department for Transport 2020 <https://www.gov.uk/government/statistics/port-freight-annual-statistics-2020>

### 11.7.1 University Students

As mentioned earlier, approximately 40,000 students live in the city. There are a number of health aspects during this transition period for young people. The mostly commonly associated with students are:

- Mumps
- Chlamydia testing
- Meningitis
- Contraception, including EHC provision
- Mental health problems are more common among students than the general population

Southampton attracts over 7,600 international students each year. These students represent more than 135 countries studying at the University of Southampton and Solent University

In addition, students may need support managing pre-existing or long-term conditions such as diabetes, asthma, epilepsy, eczema and/or mental health problems, previously managed for the majority in a home environment.

### 11.7.2 Carers

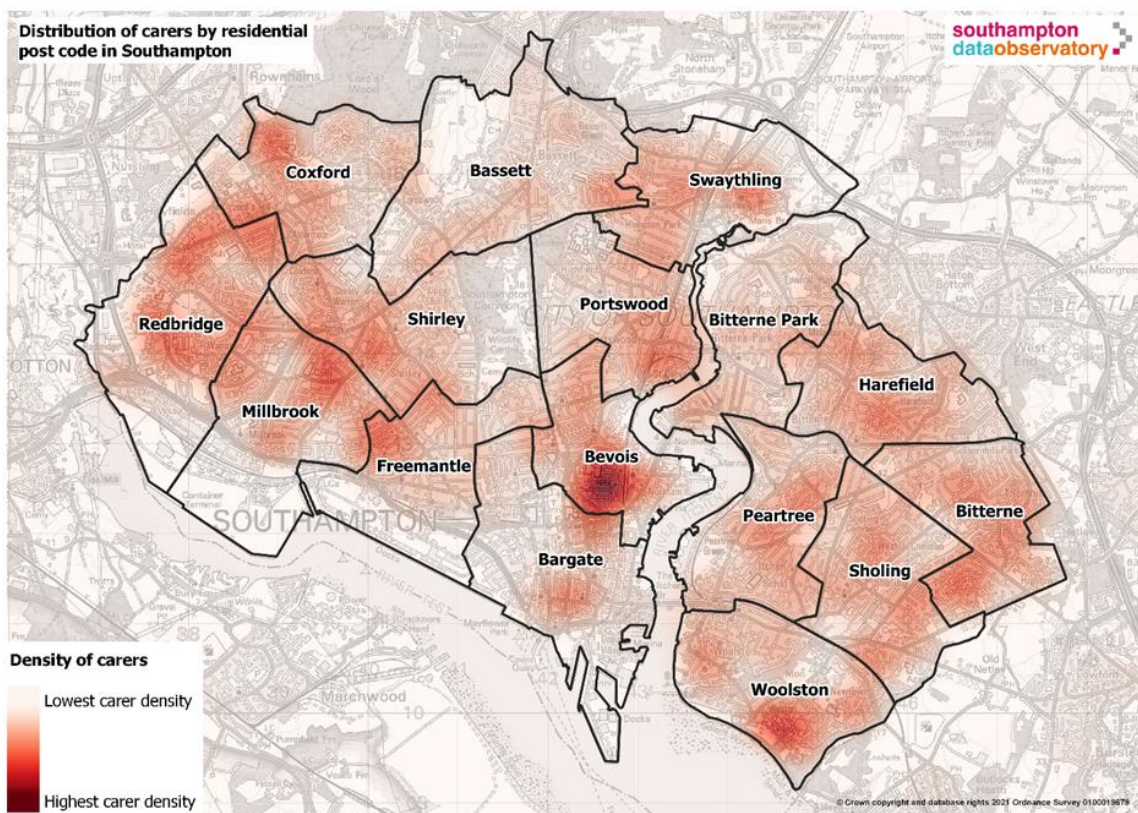
Carers are a critical, and often under-recognised and under-valued resource in caring for vulnerable people. The 2011 Census revealed that, in Southampton, 8.6% (or 1 in 12) of the population provided some form of unpaid care, ranging from 1 hour per week to over 50 hours per week. This represents 20,263 people in the city.

Of those who provide care in Southampton in 2011, most provide 1-19 hours per week. Almost a quarter of carers provide 50 hours of care or more each week. The number of people providing 50 hours or more of care has increased marginally, but significantly, in Southampton since 2001 from 1.9% of the population to 2%. This is equivalent to 4,802 people.

The 2021 Census data is not yet available, however local data from Carers in Southampton (n=2,539) on the distribution of carers known to them revealed hotspots of carers living centrally in Bevois, in Bitterne and Woolston in the east, and in a stretch from Freemantle to Redbridge across the western localities. These happen to be in some of the more deprived parts of Southampton. There are predominantly more females than males acting as carers and they most commonly aged between 45 and 65 years.



Figure 55: Distribution of carers by residential postcode in Southampton August 2021



In 2018/19, Southampton’s carers had lower levels of satisfaction with social services than the national average (37.1% compared to 38.6%). In 2018/19 22.2% of social care users and carers felt they had as much social contact as they would like, this is significantly worse than the national average (32.5%). Nearly 66% of carers in Southampton reported that caring had caused them feelings of stress compared to 60.6% nationally.

Many carers administer medicines for the person they care for as well as request/purchase equipment or aids for the home to support the care they provide.

### 11.7.3 Disability - People with a Learning Disability

In 2019/20, there were 1,402 Southampton registered patients aged 18 and over on the learning disabilities register (0.5% of registered patients – the same prevalence as England). However, there are an estimated 5,100 residents aged 15+ diagnosed and undiagnosed with a learning disability in the city.<sup>96</sup>

<sup>96</sup> Southampton Data Observatory <https://data.southampton.gov.uk/health/disease-disability/learning-disabilities/>

People with learning disabilities have differing and often complex health care needs leading to increased prescribing and risk of polypharmacy. A health needs assessment of people with learning disabilities found they had higher prevalence of depression, asthma, diabetes, and epilepsy. People with a learning disability may have a lifestyle that increases their risk of developing diabetes, e.g., poor diet and lack of physical activity. They may also be prescribed medicines that increase the risk of diabetes, e.g., antipsychotics. As a consequence, the treatment regimens of people with a learning disability can be complex, involving several different prescribers with medicines frequently used outside their product license.<sup>97</sup>

#### 11.7.4 Disability - Adults with Autistic Spectrum Conditions

A local estimate of the prevalence of autistic spectrum conditions (ASC adults aged 16 years and over in Southampton was produced using national prevalence estimates derived from the 2014 Adult Psychiatric Morbidity Survey. In 2020, it is estimated living in Southampton there are 1,200 males (1.1% of male population) and 210 females (0.2% of the female population) aged 16 years and over who would screen positive for autism spectrum conditions.<sup>98</sup>

#### 11.7.5 Lesbian, Gay, Bisexual, and Transgender Community

In 2017, research carried out by Public Health England estimated 2.5% of adults surveyed identified themselves as gay, lesbian bisexual or 'other'; in Southampton this would equate to 5,260 adults. The research found a larger proportion of men stating they were gay compared to women. The largest percentage among any age group is in the 25 to 34 age.<sup>99</sup>

Specific issues for this population group include being targets for hate crime, mental illness such as depression and anxiety, smoking and substance use.

Trans is an umbrella term to describe people whose gender is not the same as, or does not

<sup>97</sup> Royal Pharmaceutical Society, Learning disabilities; Medicines Optimisation.

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Policy/learning-disability-moarticle-160324.pdf>

<sup>98</sup> NHS Digital. NatCen Social research Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014 <http://content.digital.nhs.uk/catalogue/PUB21748> applied to the Hampshire County Council 2016-based Small Area Population Forecast

<sup>99</sup> Producing modelled estimates of the size of the LGB population of England [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/585349/PHE\\_Final\\_report\\_FINAL\\_DRAFT\\_14.12.2016NB230117v2.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585349/PHE_Final_report_FINAL_DRAFT_14.12.2016NB230117v2.pdf)

sit comfortably with, the sex they were assigned at birth. Being trans does not imply any specific sexual orientation. Some people consider being trans a very private matter and also subject to prejudice and harassment. ONS does not produce estimates of the number of trans for a range of reasons including infringement on people's human rights.

There is no reliable information regarding the size of the trans population in the UK. Recent estimates suggest that 0.6% to 1% of adults may experience some degree of gender variance (around 1,510 to 2,520 Southampton residents) and at some stage, about 0.2% (around 500 Southampton residents) may undergo transition. According to GIRES, 60% of those presenting with gender dysphoria actually underwent transition; of these 80% were assigned as boys at birth (now trans women) and 20% as girls (now trans men). Gender variant people present for treatment at any age; the median age is 42.<sup>100</sup>

GIRES estimate a prevalence of gender variance of 600 per 100,000 which would equate to 1,560 people in Southampton.

#### 11.7.6 Age

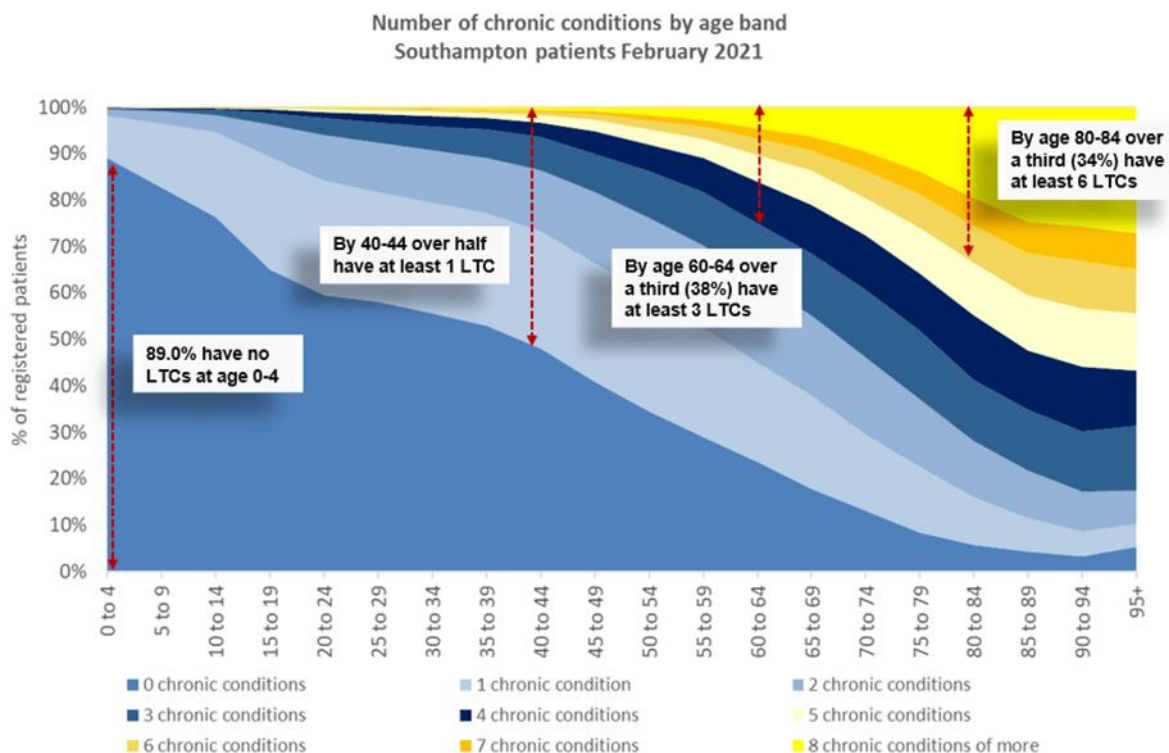
Mental health needs by age are explored in Appendix A Section 11.3 and the health needs of Southampton's children are highlighted in Section 11.5.

- Health issues tend to be greater amongst the very young and the very old
- The number of chronic conditions increases with age: data from GP practices in 2021 in Southampton was analysed showing that by age 40-44 over half have at least 1 long term condition (LTC), by age 60-64 over a third (38%) have at least 3 LTCs and by age 80-84 over a third (34%) have at least 6 LTCs.

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<sup>100</sup> GIRES. The Number of Gender Variant People in the UK - Update 2011. GIRES; 2011

Figure 56: Number of chronic conditions by age band Southampton patients February 2021



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

In 2020/21, a higher rate of older people (aged 65 year and over) in Southampton access long term support through adult social services than is the case nationally (6,935 per 100,000 compared with 5,280 per 100,000).<sup>101</sup>

### 11.7.7 Ethnicity, Migration, Language and Religion

Cultural difference can affect health and wellbeing:

- Ethnic differences in health are most marked in the areas of mental wellbeing, cancer, heart disease, HIV, TB and diabetes.
- An increase in the number of older people from ethnic minorities is likely to lead to a greater need for provision of culturally sensitive social care and palliative care.
- Ethnic minority populations and religious groups may face discrimination and harassment and may be possible targets for hate crime
- Migrants may have limited health literacy to spoken and written information that is not in their first language

<sup>101</sup> NHS Digital Adult Social Care Analytical Hub <https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-adult-social-care-survey/england-2019-20>

- Possible link with ‘honour-based violence’ which is a type of domestic violence motivated by the notion of honour and occurs in those communities where the honour concept is linked to the expected behaviours of families and individuals.
- Female genital mutilation is related to cultural, religious, and social factors within families

#### 11.7.8 Gender

- Male healthy life expectancy in Southampton is 60.7 years which is significantly lower than the national average of 63.2 years.
- Inequalities in health are also greater for men in the city; comparing the most deprived 20% of Southampton to the least deprived 20%, life expectancy at birth gap 8.7 years for men and 4.1 years for women (2018-20)
- In 2020/21, 51.3% of violent victims were female and 48.7% male and females continue to be more likely to be repeat victims of violent crimes than males<sup>102</sup>
- The most recent community safety survey also highlighted that over half of respondents that witnessed or were a victim of crime did not report the incident. This is particularly concerning for high harm and priority offence groups such as sexual assaults, serious violent crime, domestic abuse and Violence Against Women and Girls

#### 11.7.9 Port Workers and Visitors

Southampton is a port city with the potential for communicable diseases to be spread by the large scale movements of goods and people through the port. 1.9 million TEU (Twenty Equivalent Unit) container movements of cargo, over 79,000 shipping movements and 2 million cruise passengers coming to 5 cruise terminals annually require a range of diverse environmental health control functions from Southampton Port Health Services. As ferry port, Southampton serves around 3 million passengers to and from Isle of Wight.

#### 11.7.10 Veterans

In common with other areas of the country, routinely collected local data for veterans in Southampton are extremely limited.

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<sup>102</sup>Southampton City Council Safe City Assessment <https://data.southampton.gov.uk/community-safety/safe-city-assessment/>

Applying estimates of the national veteran population (4.7%) obtained from survey data from the Annual Population Survey 2017<sup>103</sup> to the HCC SAPF gives an estimated 10,750 veterans living in the city. Hampshire as a wider ceremonial county area including Portsmouth and Southampton is estimated to have 7.1% veterans within the 16+ population, if this prevalence was applied to Southampton equating to 15,220 veterans. Most veterans are estimated to be in the older age groups, with 29% aged 55 to 74 years old, and 31% aged 75 to 84 years.<sup>104,105</sup>

The Royal British Legion (RBL) found the ex-Service population is elderly and declining in size. Unsurprisingly, given the age profile of the ex-Service community, many of the most common difficulties experienced are those faced by many elderly people more generally: problems getting around, and feeling exhausted and socially isolated.

The RBL report suggests that between 2014 and 2030, the UK veteran population will reduce from 10% of the UK population to 6%. Although the overall number of veterans is projected to decline, the proportion of veterans aged 85 years and over is projected to increase. This is likely to reflect the last veterans of the National Service cohort moving through the age profile, as well as increasing longer life expectancy within the UK population as a whole. However, there are increased proportions in age groups 16 to 24 years and 25 to 34 years due to the majority of personnel leaving the Armed Forces each year being in the younger age groups.

There is also an unquantified impact of reductions in overall Service numbers which may lead to personnel leaving sooner than expected. The health needs of younger veterans are likely to differ significantly from those in older age groups for example within the ex-Service community 16 to 34 year olds, particularly veterans and those who live alone, report a number of issues around debt, employment and transition, and a significant proportion have caring responsibilities.<sup>106</sup>

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<sup>103</sup> The UK ex-Service community: A Household Survey 2014, Royal British Legion  
<http://www.britishlegion.org.uk/get-involved/campaign/public-policy-and-research/the-uk-ex-service-community-a-household-survey/> applied to Hampshire County Environment Department's 2016-based Southampton Small Area Population Forecasts

<sup>104</sup> [Annual population survey: UK armed forces veterans residing in Great Britain 2017 - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

<sup>105</sup> Fear N, Wood D, Wessely S for the Department of Health. Health and social outcomes and health services experiences of UK military veterans - a summary of the evidence. London: November 2009. Available at: [http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_di\\_gitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_113749.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_di_gitalassets/@dh/@en/@ps/documents/digitalasset/dh_113749.pdf)

<sup>106</sup> Location of armed forces pension and compensation recipients: 2021 Ministry of Defence [Location of armed forces pension and compensation recipients: 2021 - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

In March 2021, there were 777 people in receipt of an occupational pension under the Armed Forces Pension Scheme. The largest proportions of these veterans live in SO16 and SO19 which are the postcode districts covering the West and East/South localities in Southampton. These localities include some of the city's most deprived areas. These two postcode districts also contained the majority of the 390 people in receipt of a war disablement pension (54 and 62 respectively).

A study by the RBL in 2014.<sup>107</sup> includes self-reported health information from veterans and the wider ex-service community (including dependents) found the top ten difficulties to be for the following conditions:

- Getting around outside the home
- Feeling depressed
- Exhaustion/pain
- Getting around inside the home
- Loneliness
- Bereavement
- Poor bladder control
- House/garden maintenance
- Not enough money for day-to-day living
- Not enough money to buy/replace items need

Veterans aged 16-64 are more likely than the general population of the same age to report a long-term illness that limits their activities (24% vs 13%). This includes:

- Depression – 10% vs 6%
- Back problems – 14% vs 7%
- Problems with legs and feet – 15% vs 7%
- Problems with arms – 9% vs 5%
- Heart problems – 12% vs 7%
- Diabetes – 6% vs 3%
- Difficulty hearing – 6% vs 2%, and
- Difficulty seeing – 5% vs 1%

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<sup>107</sup> The UK ex-Service community: A Household Survey 2014, Royal British Legion  
<http://www.britishlegion.org.uk/get-involved/campaign/public-policy-and-research/the-uk-ex-service-community-ahousehold-survey/>

One in ten of the ex-Service community reports feeling depressed and this peaks at 14% of those aged 35-64 also one in six reports some relationship or isolation difficult. The most reported physical self-care difficulty is exhaustion and pain, reported by almost one in ten, followed by poor bladder control, reported by slightly fewer. Both problems are unsurprisingly, slightly more prevalent among those with a long-term illness or disability. Poor bladder control is more likely to be reported by those aged 75-94 (one in ten) but reports of exhaustion and pain peak at age 45 to 54 (13%).

Compared with the adult population of England and Wales, the ex-Service community is more likely to have some caring responsibility. The difference is greatest for those aged 16-34, so this difference is not explained by the older age profile of the ex-Service community. In total, 23% of those aged 16-64 have a caring responsibility, compared with 12% nationally.

#### 11.7.11 Travellers

In July 2021, there were 21 traveller caravans in Southampton's authorised site, Kanes Hill; the site has seen decreasing numbers since January 2018 when 36 caravans were recorded. Key barriers to health in these communities include lower health literacy and cultural distrust of systems.

#### 11.7.12 Homelessness

In 2019/20, Southampton's rate of households in temporary accommodation (1.8 per 1,000 households) was significantly lower than the national average (3.8 per 1,000 households). The city's rate of households owed a duty under the Homelessness Reduction Act (10.9 per 1,000 households) was also significantly lower than the national average (12.3 per 1,000 households), however the rate of households with dependent children owed a duty under the Homelessness Reduction Act (19.8 per 1,000 households) was significantly higher than the national average of (14.9 per 1,000 households).

The average life expectancy for women experiencing homelessness is 43 years old and for men it is 47 years old. Drug and alcohol abuse are particularly common causes of death among the homeless population, accounting for just over a third of all deaths, and people experiencing homelessness are nine times more likely to commit suicide than the general population.<sup>108</sup>

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<sup>108</sup> 'Homelessness Kills' report by Crisis available here: [crisis\\_homelessness\\_kills\\_es2012.pdf](https://www.crisis.org.uk/media/2021/02/crisis-homelessness-kills-es2012.pdf)



A study of homelessness service users between 2017/18 and 2019/20 was undertaken by SCC in March 2021. The study identified 619 rough sleepers, but it is recognised that the rough sleeping population is fluid in its composition, and there are a number of services assisting them out of rough sleeping.

The 619 known rough sleepers provided 1048 reasons for their rough sleeping, with Mental Health (26.7%) and Drug Addiction (23.9%) as the most represented reasons. Other reasons given were Prison (16.5%), Physical Disability (13.8%), Alcohol issues (13.5%), Domestic Violence (3.1%) and Learning Difficulties (2.6%).

The majority of known rough sleepers gave their nationality as 'British' (76%) with Polish being the second highest (12%) reported nationality. Over the course of the study, there was a decreasing trend for Polish rough sleepers (13% down to 8%) with an increasing trend in British homeless (77% increasing to 82%).

## 12. Appendix B – HIOW Pharmaceutical Needs Assessment Steering Group Terms of reference

The Pharmaceutical Needs Assessment (PNA) is a legal duty for Health and Wellbeing Boards (HWBs). Hampshire, Portsmouth, Southampton and Isle of Wight (HIOW) HWBs are each required to publish a revised PNA for their area by 1st October 2022. The PNAs are used by NHS England to make decisions on which NHS funded pharmaceutical services need to be provided in each local area. Failure to publish a robust PNA, which has been produced in line with requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 could lead to legal challenges, particularly as the local PNA is central to making decisions about new pharmacy openings.

The HIOW PNA Steering Group exists to guide the preparation of the PNA documents on behalf of the HIOW Directors of Public Health for presentation to the HWBs.

### 12.1 Purpose

The Steering Group will: -

- Oversee the development and publication of a separate PNA for Hampshire County Council (HCC), Isle of Wight Council (IOWC), Portsmouth City Council (PCC) and Southampton City Council (SCC)
- Agree a timetable for the development of the PNAs
- Guide the PNAs so as to meet the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and by the required timescale
- Advise on the statutory duties for consultation for the PNAs

## 12.2 Membership

The membership of the HIOW PNA steering group is as follows:-

- Hampshire County Council  
Catherine Walsh, Senior Public Health Intelligence Analyst
- Isle of Wight Council  
Simon Squibb, Public Health Practitioner (Analyst)
- Portsmouth City Council  
Matt Gummerson, Strategic Lead for Intelligence  
James Hawkins Specialist Public Health Intelligence Analyst
- Southampton City Council  
Becky Wilkinson, (Acting) Consultant in Public Health (Chair)  
Vicky Toomey, Senior Strategic Intelligence Analyst  
Philip Gilbert, Public Health Practitioner
- Community Pharmacy South Central  
Debby Crockford, Chief Officer
- NHS England (South East Region)  
Marian Basra, Senior Commissioning Manager (Pharmacy and Optometry)

An agreed deputy may be used where the named member of the group is unable to attend. Other staff members/stakeholders may be invited to attend meetings for the purpose of providing advice and/or clarification to the group.

Where there are discussions in the steering group specific to one Local Authority, only those members representing the Local Authority in question may take part.

## 12.3 Declarations of interest

Members must declare any pecuniary or personal interest in any business on the agenda for it to be formally recorded in the minutes of the meeting.

## 12.4 Meetings

All meetings will have an agenda and action notes.

There will be three scheduled meetings of the steering group (November 2021, February 2022 and July 2022) although this schedule may be adjusted if necessary, by agreement of the group.

## 12.5 Accountability and reporting

The PNA steering group will be accountable to the Directors of Public Health (DsPH) across HIOW.

### 13. Appendix C – Consultation report

To be added after consultation has been carried out.

## 14. Appendix D - Equality and Safety Impact Assessment

The Public Sector Equality Duty (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs. The Council’s Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with Section 17 of the Crime and Disorder Act and will enable the council to better understand the potential impact of proposals and consider mitigating action.

Figure 57: The Equality Duty

|  |  |
|--|--|
| <p><b>Name or Brief Description of Proposal</b></p>  | <p><b>Southampton Pharmaceutical Needs Assessment 2022</b></p> |
| <p><b>Brief Service Profile (including number of customers)</b></p>  |  |
| <p>A Pharmaceutical Needs Assessment (PNA) is a statement of current pharmaceutical services provided in the local area. It also assesses whether the pharmaceutical services provision is satisfactory for the local population and identifies any perceived gaps in provision.</p> <p>The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs. It is a statutory requirement for the Health and Wellbeing Board to publish a revised assessment within three years of its previous PNA. An exception to the deadline has been made because of the COVID-19 pandemic so the refreshed Southampton PNA must be published by 1<sup>st</sup> October 2022.</p> |  |
| <p><b>Summary of Impact and Issues</b></p>   |  |
| <p>The PNA reflects the current and future needs for pharmaceutical services. This affects the residents of Southampton, people who work and study in the city and partner NHS organisations including NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group, Southampton University Hospitals NHS Foundation Trust, GP practices and the existing community pharmacy network. This PNA refreshes the previous assessment published on 1st April 2018.</p> <p>Access to high quality pharmaceutical services is particularly relevant for those in ill health who are taking medicines, typically people suffering from long term conditions and older adults. But there is no specific population group that is</p>                 |  |

|   |  |
|---|--|
| <p>impacted as everyone may need access to pharmaceutical services in the city. The PNA, therefore, makes reference to a range of groups.</p> <p>The impacts of the COVID-19 pandemic may have changed the way people use pharmaceutical services and this is considered in the PNA. For instance, we know that inequalities have increased as a result of the pandemic and that some specific population groups (e.g. people experiencing homelessness and vulnerable migrants) may have increased reliance on pharmacies for their health and care needs. Additionally, pharmacies (like other health and care providers) are increasingly offering remote consultations. These can give many benefits to patients but also come with a quality risk.</p> |  |
| <p><b>Potential Positive Impacts</b></p> <p>The PNA has been developed to ensure a good range of pharmaceutical services may be accessed by the local population of Southampton. Many services have been identified, including locally commissioned services, and their role in promoting health and wellbeing of the people of Southampton is described.</p>   |  |
| <p><b>Responsible Service Manager</b></p>   | <p>Becky Wilkinson<br/>Consultant in Public Health</p> |
| <p><b>Date</b></p>  | <p>February 2022</p>                                   |
| <p><b>Approved by Senior Manager</b></p>  | <p>Debbie Chase<br/>Director of Public Health</p>      |
| <p><b>Date</b></p>  | <p>February 2022</p>                                   |

**Potential Impact:**

*Figure 58: Potential impact*

| Impact Assessment | Details of Impact   | Possible Solutions & Mitigating Actions |
|-------------------|---|---|
| Age               | <p>This PNA identified good provision of services for all ages. Medicine use increases with age. The majority of older adults will be taking at least one regular prescription medicine.</p> <p>The PNA has considered services that would support older adults such as prescription collection and home delivery of medicines. Distance selling pharmacies, including those registered outside of Southampton, also provide additional choice, and increase accessibility to older adults, some of whom may have limited</p> | N/A                                     |

| Impact Assessment                     | Details of Impact   | Possible Solutions & Mitigating Actions |
|---------------------------------------|---|---|
|                                       | mobility. Age-Adjustments to the dispensing process which may support older people include easy open containers and large print labels.   |   |
| <b>Disability</b>                     | <p>The PNA has considered services that would support people with a disability such as home delivery of medicines.</p> <p>Distance selling pharmacies provide additional choice and increase accessibility to individuals with disabilities who may have limited mobility.</p>  | N/A                                     |
| <b>Gender Reassignment</b>            | No specific impact has been identified from this PNA.   | N/A                                     |
| <b>Marriage and Civil Partnership</b> | No specific impact has been identified from this PNA.   | N/A                                     |
| <b>Pregnancy and Maternity</b>        | <p>No specific impact has been identified from this PNA.</p> <p>Community pharmacies can provide an important source of advice for minor ailments, such as constipation, which can commonly occur in pregnancy.</p> <p>For women planning pregnancy, access to a community pharmacy for advice can also be important.</p> | N/A                                     |
| <b>Race</b>                           | <p>No specific impact on a particular group has been identified from this PNA.</p> <p>Information has been collected and summarised in the PNA on languages spoken by pharmacy staff.</p>   | N/A                                     |
| <b>Religion or Belief</b>             | No specific impact has been identified from this PNA.   | N/A                                     |



| Impact Assessment                | Details of Impact   | Possible Solutions & Mitigating Actions |
|----------------------------------|---|---|
|                                  | <p>The General Pharmaceutical Council has published guidance<sup>109</sup> to clarify that while a pharmacist may be unwilling to provide a particular service due to religious reasons or personal values and beliefs, they should take steps to make sure the person asking for care is at the centre of their decision-making, so that they are able to access the service they need in a timely manner.</p>   |   |
| <b>Sex</b>                       | No specific impact for either men or women has been identified from this PNA.   | N/A                                     |
| <b>Sexual Orientation</b>        | No specific impact has been identified from this PNA.   | N/A                                     |
| <b>Community Safety</b>          | No specific impact has been identified from this PNA.   | N/A                                     |
| <b>Poverty</b>                   | Areas of deprivation have been described and considered in this PNA but no specific impact has been identified.   | N/A                                     |
| <b>Health &amp; Wellbeing</b>    | The PNA has looked at the health and wellbeing of Southampton's population and at how the needs of different groups may vary. In relation to this, the PNA has assessed access to, and availability of, pharmaceutical services in the city.  |   |
| <b>Other Significant Impacts</b> | <p>Community pharmacists tend to be the most accessible health care professionals for the general public. Pharmacies can be particularly effective in providing services to more underserved groups as they offer a walk-in service and do not require an appointment.</p> <p>COVID-19 has had a disproportionate impact on many who already face disadvantage, discrimination and unequal health outcomes. Some specific population groups (such as people experiencing homelessness and vulnerable migrants) have become even more reliant on</p> |   |

<sup>109</sup> [https://www.pharmacyregulation.org/sites/default/files/in\\_practice\\_guidance\\_on\\_religion\\_personal\\_values\\_and\\_beliefs.pdf](https://www.pharmacyregulation.org/sites/default/files/in_practice_guidance_on_religion_personal_values_and_beliefs.pdf)

| Impact Assessment | Details of Impact  | Possible Solutions & Mitigating Actions |
|-------------------|--|---|
|                   | <p>pharmacies for their health and care needs as a result of the pandemic.</p> <p>Public Health England has published guidance<sup>110</sup> on the unique role that pharmacy teams, located in the heart of communities, can play in helping to address health inequalities.</p> <p>There is also further guidance<sup>111</sup> available how pharmacies can be inclusive and on the role that pharmacies can plan in ensuring equitable access<sup>112</sup> to vaccinations.</p> |   |

<sup>110</sup> Pharmacy teams – seizing opportunities for addressing health inequalities <https://psnc.org.uk/wp-content/uploads/2021/09/Pharmacy-teams-seizing-opportunities-for-addressing-health-inequalities.pdf>

<sup>111</sup> Joint National Plan for Inclusive Pharmacy Practice in England <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Inclusive%20Pharmacy%202021/Joint%20National%20Plan%20for%20Inclusive%20Pharmacy%20Practice%20-%2010%20March.pdf>

<sup>112</sup> Delivering an open access vaccination clinic <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/12/C1463-community-pharmacy-toolkit-delivering-an-open-access-vaccination-clinic.pdf>