

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) include 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.

Name or Brief Description of Proposal	Health and Wellbeing Strategy 2026-2035
Brief Service Profile (including number of customers)	
<p>The Southampton Health and Wellbeing Board is a statutory forum where political, clinical, professional and community leaders from across the care and health system come together to improve the health and wellbeing of the local population and reduce health inequalities. Health and Wellbeing boards were established under the Health and Social Care Act 2012 with set statutory functions and a core membership. The Health and Wellbeing Board is a committee of Southampton City Council and creating a health and wellbeing strategy, based on the needs of the local population, is a statutory function of the board.</p> <p>The Health and Wellbeing Strategy 2026 incorporates the strategic ambition of the Health and Care Partnership no longer necessitating a separate Health and Care Strategy bringing a cohesive approach to the health and wellbeing system for Southampton. The strategy covers the entire resident population of Southampton. It also supports delivery of the 10-year City Plan, a shared ambition across partners, which sets out five missions: to make Southampton a more equal, healthier, safer, greener and growing city. <i>The Health and Wellbeing Strategy is Southampton’s commitment to delivering the Healthier Southampton mission.</i></p> <p>The strategy is structured around four overarching themes: Starting Well, Staying Well, Connecting Well, and Financially Well. Each theme has been carefully chosen to reflect the most pressing needs of our Southampton population and where action can make a positive difference. Starting and staying well represent a life course approach underpinned by social connectedness (connecting well) and financial wellbeing, which are recognised as being closely interconnected with one another and key building blocks of health.</p> <p>Our vision is for Southampton to be a place where <i>everyone can live healthy, active and independent lives, create positive social connections, and maximise financial wellbeing.</i> We</p>	

aim to foster a city where health and wellbeing is supported throughout life and when services are needed, they are integrated across sectors and are responsive to the needs of individuals.

Ten principles underpin the strategy and should be evidenced in delivery and are relevant to equality.

1. Collaborative

Partnership and integration across statutory, voluntary and community

organisations: This principle emphasises the importance of collaboration between Southampton City Council, the NHS, voluntary and community organisations to create a joined approach to health and wellbeing. By working together expertise and resources can be shared and our services can be well-coordinated and accessible to all.

2. Co-produced

We will learn from and work with communities, building upon their strengths and

lived experience: This principle emphasises the value of involving communities in the development, implementation and evaluation of our work. By co-producing work with our communities, the strategy aims to build upon their strengths and lived experiences to create more effective and relevant solutions.

3. Equitable

An inclusive approach that considers different types of health inequalities and with

an intensity and scale based on need: This principle focuses on addressing differences in health outcomes between different groups of people, by considering various factors such as socioeconomic status, ethnicity, gender, and disability. It advocates for a balanced approach that combines universal health interventions with targeted measures for those in greatest need in our city. It aims to ensure that everyone benefits from health initiatives while addressing the specific needs of disadvantaged groups.

4. Balanced

Mental health is valued the same as physical health and gets the same recognition

and support that physical health does (parity of esteem): This principle highlights the importance of treating mental health with the same level of importance as physical health. It acknowledges that mental and physical health are interconnected, and that promoting mental wellbeing is essential for overall health.

5. Preventative

Prevention and early intervention will be maximised: This principle advocates for proactive measures to prevent health issues before they arise and to intervene early when problems are identified. By focusing on prevention and early intervention, the strategy aims to preserve healthy life and improve long-term health outcomes.

6. Holistic

People receive high quality and safe, integrated, proactive and personalised care and support provided at the right time in the right place: This principle ensures that individuals receive care and support that is tailored to their specific needs, delivered in a timely and appropriate manner. It emphasises the importance of high-quality, safe, and integrated care and support that is proactive in addressing health concerns and built upon their strengths.

7. Sensitive

Social, cultural and trauma-informed considerations in delivering actions, service provision and support: This principle recognises the impact of social and cultural factors, as well as past trauma, on health and wellbeing. It advocates for services that are sensitive to these factors and that provide support in a way that is respectful and responsive to individual experiences.

8. Evidence-based

Using better evidence to make better decisions: This principle advocates for the use of robust evidence to inform decision-making processes and is at the heart of our Southampton [Health Determinants Research Collaboration](#). By relying on high-quality data, including qualitative data and case studies, the strategy aims to ensure that interventions are effective and that resources are allocated efficiently. Insight and learning from innovative approaches will be shared.

9. Digitally Capable

Digital tools, data, and technologies, including artificial intelligence, will be used responsibly **to improve health outcomes and enhance wellbeing,** whilst **addressing digital exclusion.** This principle supports the use of advanced technology and digitalisation, including artificial intelligence, but only when used responsibly, with the best interests of residents in mind, and simultaneously work to address digital exclusion and improve digital literacy.

10. Sustainable

Climate change and sustainability will be considered in all areas of focus: This principle highlights the importance of integrating climate change and sustainability considerations into all our health and wellbeing initiatives. It recognises that environmental factors play a crucial role in health and advocates for actions that promote environmental sustainability, green growth and climate resilience.

Within each priority theme is an area of focus which determine strategic ambition and the actions that will make a difference to people living in Southampton.

The areas of focus aligned to each theme are as follows:

Theme 1: Starting Well - Ensuring Every Child Has the Best Start in Life

Area of focus one: A Whole System Approach to Childhood Obesity

Theme 2: Staying Well - Ensuring People Are Supported to Live Healthy Lives and Maintain Health as They Age

Area of focus: Maintaining independence through integrated, proactive and personalised care and support

Theme 3: Connecting Well - Ensuring People Enjoy Social Connection in Safe and Healthy Spaces

Area of focus: Supporting communities to be physically and creatively active

Theme 4: Financially Well - Ensuring People Are Supported to Maximise Their Financial Wellbeing

Area of focus: Maximising opportunities for skills, training, and employment

Summary of Issues and Impact

This section gives an overview of the local issues in Southampton. For more insight into the population, health and economy of Southampton, please see the [Southampton Data Observatory](#).

Southampton has a population of 264,424 people and is due to increase 6.1% by 2025-2030. Despite having a large proportion of younger people due to being a university city, the older population is projected to grow proportionately more than any other age group in the next few years. The number of people aged over 65 is projected to increase by 18% by 2030, increasing to 26% in the number of people aged over 80. Life expectancy has increased, and birth rates have fallen over time, with people having fewer children and later in life, meaning that the older aged population has grown faster than the overall population. The relative proportion of the total population in Southampton of working age will therefore decrease, potentially impacting productivity and the skill pool of the local population. There may also be fewer people available for informal and community care.

Southampton is a diverse and deprived city. It is ranked 76th (where 1 is the most deprived) out of 317 local authorities in England in the [Index of Multiple Deprivation](#) (IMD 2025), having previously ranked 55th most deprived (IMD 2019).

Deprivation and inequalities between neighbourhoods in Southampton are significant and continue to be a driver for poor health outcomes. Life expectancy in Southampton varies drastically between the most and least deprived areas, with issues such as ill health (both physical and mental) also varying greatly across the city by neighbourhood. The biggest causes of death in Southampton are cardiovascular disease, respiratory disease, and cancer. Smoking is a leading cause for these and drives much of the inequality in mortality between people living in the most compared to the least deprived neighbourhoods.

Outcomes for children and young people in Southampton continue to be poorer than the national average, with outcomes significantly poorer (and starting earlier in life) for those residents living in the most compared to the least deprived areas of the city.

The non-medical factors that affect our health and wellbeing are often referred to as 'wider determinants', 'social determinants' or the 'building blocks' of health. These are a diverse

range of social, economic, commercial, and environmental factors that impact on the health and wellbeing of the population. Ultimately these create the conditions in which people in Southampton are born, grow, live and work. Examples include education, skills and employment, housing, the built environment and income. The Marmot Review (2010) emphasised the strong and continuous link between inequalities in wider determinants and disparities in health outcomes and the draft health and wellbeing strategy recognises the importance exemplified by the theme of financial wellbeing and the link with maximising skills, training and good employment, or ensuring those eligible for benefits receive them

Potential Positive Impacts

The Health and Wellbeing Strategy is inclusive of all people. It should have a positive impact on health and wellbeing if the ten principles are realised and evidenced in the delivery of the strategy, especially principles of being co-produced, equitable, balanced and sensitive to ensure actions are appropriate for all people, based and proportionate on their needs and sensitive to their circumstances.

The four themes and areas of focus have been carefully selected based on the needs of the Southampton population, prioritised through analysis of data, stakeholder involvement, Health and Care Partnership Board and Health and Wellbeing Board membership consultation, and resident surveys. Inevitably, having a limited number of areas of focus mean that some other areas that could have benefit to health and wellbeing have not been referenced. The focus of the strategy should not detract from the importance of other topics, business as usual approaches to health and care, or the links with other strategies that also have direct health impacts such as the [housing strategy](#).

Approved by Senior Managers	Debbie Chase, Director of Public Health, Southampton City Council
Date	7 th August 2025

Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	<p>In Southampton, the age range of children between 0-5 years make up 6.3% of the population, aged between 16-24 years 18.6% and aged 65 years and over 14.5%</p> <p>Southampton has a younger than average population but a rapidly growing older population.</p> <p>According to the ONS Health Index 2021, childhood obesity is</p>	<ul style="list-style-type: none"> ▪ Use of the Local Plan and National Policy Planning Framework (NPPF) to influence fast-food outlet density near schools*. ▪ Strengthen Physical Social Health Education (PSHE) content on healthy eating physical activity, and financial literacy.

* NHS 10-year health plan

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	<p>one of the biggest public health issues facing the UK and the number of children with healthy weight have decreased in England and same in Southampton.</p>	<ul style="list-style-type: none"> ▪ Expand age-appropriate physical activity and creative opportunities ▪ Improve walkability, cycling routes and safe public spaces ▪ Target frailty prevention and proactive care for older adults.
Disability	<p>17.7% (43,937) of residents identify as having a disability under the Equality Act (2021 Census); 0.5% (1,648) of registered patients are diagnosed with a learning disability (2023/24).</p> <p>Public Health England identifies that people with disabilities have worse health than the general population</p>	<ul style="list-style-type: none"> ▪ Co-produce actions with disabled people. ▪ Ensure green spaces, active travel routes and community venues meet accessibility standards. ▪ Embed accessible digital design and provide non-digital alternatives. ▪ Align with the Housing Strategy to improve accessible housing stock.
Gender Reassignment	<p>Trans and non-binary residents may experience discrimination, reduced feelings of safety, and barriers to accessing social and physical activity spaces.</p>	<ul style="list-style-type: none"> ▪ Ensure Connecting Well actions explicitly consider safety and inclusion.
Marriage and Civil Partnership	<p>36.5% (74,519) of residents are married or in a registered civil partnership (2021 Census).</p> <p>Consultation feedback highlighted concerns about work-life balance, caring responsibilities, and financial stress, which can affect couples and single-adult households differently.</p>	<ul style="list-style-type: none"> ▪ Ensure carers and single-adult households are considered in Connecting Well and Financially Well actions. ▪ Promote flexible employment support and wellbeing advice.
Pregnancy and Maternity	<p>Southampton has higher rates of smoking in pregnancy and lower breastfeeding initiation[†]. Early life factors strongly influence childhood obesity risk. Pregnant</p>	<ul style="list-style-type: none"> ▪ Strengthen early identification of excess weight gain in pregnancy. ▪ Expand breastfeeding support and culturally

[†] [Infant feeding survey 2023 - GOV.UK](https://www.gov.uk/government/statistics/infant-feeding-survey-2023)

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>people in deprived areas may experience poorer outcomes.</p>	<p>appropriate peer support in deprived areas.</p> <ul style="list-style-type: none"> ▪ Ensure Family Hubs provide accessible cook-and-eat and early years support.
<p>Race</p>	<p>Southampton is a diverse city with nearly 160 languages spoken (2024); 31.9% (79,439) residents consider themselves other than white British (2021 Census), comprising 12.6% other white, 10.6% Asian or Asian British, 3.0% Black, Black British, Caribbean or African, 3.3% mixed or multiple ethnicities, and 2.3% other ethnicity.</p> <p>Other ethnic groups may experience poorer physical activity levels. Cultural and linguistic factors may influence engagement.</p>	<ul style="list-style-type: none"> ▪ Provide accessible materials ▪ Work with community leaders and faith groups. ▪ Target physical activity and employment programmes for underrepresented groups.
<p>Religion or Belief</p>	<p>According to the 2021 Census for residents in Southampton 50% (124,510) consider themselves to have a religion:</p> <ul style="list-style-type: none"> ▪ 40.1% (99,910) Christian ▪ 5.6% (13,893) Muslim ▪ 1.7% (4,192) Sikh ▪ 43.4% (108,000) have no religion <p>Faith communities play a significant role in social connection. Some groups may face barriers to accessing physical activity or creative spaces due to cultural norms, or timing of activities.</p>	<ul style="list-style-type: none"> ▪ Engage faith groups as partners in Connecting Well and Starting Well. ▪ Provide safe, inclusive spaces for all faith groups.
<p>Sex</p>	<p>In Southampton, women live on average approximately 4.4 years longer than men, but women are more likely to experience loneliness, caring responsibilities, and financial insecurity while men have lower healthy life expectancy</p>	<ul style="list-style-type: none"> ▪ Target cardiovascular prevention at men in deprived areas ▪ Address women’s higher rates of social isolation through Connecting Well.

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	and higher rates of preventable disease.	<ul style="list-style-type: none"> ▪ Ensure employment support addresses gendered barriers such as childcare.
Sexual Orientation	<p>4.9% of residents identify as LGBTQ+ (2021 Census)[‡].</p> <p>Residents may experience higher rates of poor mental health, social isolation, and discrimination.</p>	<ul style="list-style-type: none"> ▪ Partner with LGBTQ+ organisations to co-design inclusive activities.
Community Safety	<p>Perception of safety in public spaces in Southampton is lower than the England average, particularly for women and at night. This can affect physical activity, social connection, and mental wellbeing. Disabled people, older adults, women, and other ethnic groups are disproportionately affected.</p>	<ul style="list-style-type: none"> ▪ Promote safe public spaces to help realise Connecting Well priority through working alongside the Safe City Partnership.
Poverty	<p>Southampton has high levels of deprivation. According to Index of Multiple Deprivation (IMD) 2025 indicates that Southampton is ranked 76 out of 296 local authorities in England. We are less deprived than we used to be in 2019 where we were 55 in IMD 2019 (where 1 is the highest).</p> <p>11.8% of households in Southampton are living in fuel poverty[§]. Poverty drives inequalities across all four themes.</p> <p>24.5%** of people aged 16-64 years in Southampton economic inactivity due to ill health.</p>	<ul style="list-style-type: none"> ▪ Under the financially well theme, our ambition is to support all residents to review the national benefits they are eligible for, particularly people facing multiple-disadvantage. Target employment, skills and financial wellbeing to support deprived neighbourhoods. ▪ Focus on supporting people to stay in employment after they develop health conditions, the strategy should also have a positive effect on reducing risk of

[‡] 8.3% of the respondents that completed the CENSUS 2021 did respond to this question.

[§] Department for Energy Security and Net Zero. Sub national fuel poverty 2025 release. [Annual fuel poverty statistics report: 2025 - GOV.UK](#)

** Annual Population Survey, ONS June 2024-25

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
		<p>people losing income and moving towards poverty.</p>
Health & Wellbeing	<p>The strategy is designed to improve health and wellbeing, but risks include inconsistent delivery across partners, digital exclusion, and limited capacity in community settings.</p>	<ul style="list-style-type: none"> ▪ Embed the ten principles in all delivery plans. ▪ Strengthen neighbourhood working and community navigation. ▪ Monitor outcomes through the Health and Care Partnership Board.
Care-Experienced	<p>Care-experienced young people may have poorer educational outcomes, higher Not in Education, Employment or Training (NEET) rates, and higher risk of poor mental health. They may face barriers to physical activity, creative opportunities, and employment.</p>	<ul style="list-style-type: none"> ▪ Prioritise care-experienced young people in employment and skills programmes. ▪ Ensure access to safe, supportive creative and physical activity spaces. ▪ Co-produce actions with care-experienced young people
Other Significant Impacts	<p>Digital exclusion may disproportionately affect older adults, low-income households, and disabled residents.</p> <p>Sustainability actions may have unequal impacts if not designed inclusively.</p> <p>Gambling-related harm disproportionately affects vulnerable groups.</p>	<ul style="list-style-type: none"> ▪ Provide non-digital access to all services and information. ▪ Ensure sustainability actions consider accessibility and affordability ▪ Embed gambling harm reduction pathways across health, employment, and financial wellbeing services.