

Draft Southampton Health and Wellbeing Strategy 2026-2035

A place where everyone can live healthy, active and independent lives, create positive social connections, and maximise financial wellbeing.

Foreword by Cllr Finn

To be written

Foreword by Dr Debbie Chase

To be written

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Introduction

What is this document about?

This document describes the strategy to improve the health and wellbeing of people living in Southampton during the period 2026 to 2035. It describes the vision, principles by which we will work, and four priority themes. For each priority theme there is an area of focus, statements of ambition, actions and the things we can measure to know we are making a difference.

The Health and Wellbeing Strategy 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. The Health and Wellbeing Strategy is Southampton's commitment to delivering the Healthier Southampton mission.

What is the Southampton Health and Wellbeing Board?

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 Care Act 2022 describes how the Health and Wellbeing Boards work as part of the Integrated Care System. 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.

How has the board developed the Southampton Health and Wellbeing Strategy?

The strategy sets out our priority themes, agreed areas of focus and joint action for the Health and Wellbeing Board and partners to address the health and wellbeing needs of the Southampton population. These areas of focus were collectively identified using different sources of insight and evidence. This started with examining the evidence about local health and wellbeing included in the statutory Southampton Joint Strategic Needs Assessment (JSNA). The JSNA forms part of the [Southampton Data Observatory](#) which is continuously updated and includes an assessment of need across a broad range of health and wellbeing topic areas. Several workshops were held with key partners to understand their views on the most important aspects of health and wellbeing for people living in the city. These included workshops with the voluntary and community sector, senior managers of the NHS and local authority (including public health), and Health and Wellbeing Board members. Feedback was also received as part of an informal peer review carried out by the Local Government Association. Areas of focus were ultimately approved by members of both the Health and Wellbeing and the Health and Care Partnership Boards.

A lifecourse approach underpinned by key building blocks of health

The strategy is structured around four overarching themes: Starting Well, Staying Well, Connecting Well, and Financially Well¹. 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 lifecourse 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.

Insert – infographic showing starting well arrow down to staying well with side arrows to connecting well and financially well.

¹ Financial wellbeing can be defined as feeling secure and in control of your finances, now and in the future [What is financial wellbeing? | Money and Pensions Service](#)

Our Vision

Our vision is for *Southampton to be a place where **everyone** can live **healthy, active and independent** lives, create **positive social connections**, and maximise **financial wellbeing***. We 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.

What enables good health and wellbeing

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 environment² and income.

Individually and combined, these factors contribute substantially to health and wellbeing. They also dictate the circumstances in which people live their lives that can influence factors like stress, smoking, alcohol and drug use, physical activity and healthy eating. Together, they drive the inequality in how many years people live and whether those years are spent in good health.

INSERT diagram like Dahlgren and Whitehead or similar graphic representing factors that affect health

The role of the Health and Wellbeing Board within the Hampshire and Isle of Wight Integrated Care System

The Southampton Health and Wellbeing Board works with the Hampshire and Isle of Wight [Integrated Care Partnership \(ICP\)](#) and the Integrated Care Board (ICB) to ensure an integrated approach to deliver holistic care and prevention activities and incorporating action on the building blocks (*wider determinants*) of health in Southampton place. Although there are likely to be changes in the future administration of health geographies as part of the NHS '[Fit for the future - the 10 year health plan for England](#)', devolution, and local government reorganisation, in preparing the Southampton Health and Wellbeing Strategy, the board took account of the current [Integrated Care Strategy](#) whilst recognising that Southampton is a defined geographical area within the wider ICP footprint and with its own population characteristics and a separate [Joint Strategic Needs Assessment \(JSNA\)](#). Southampton has a high population density, is more culturally diverse, and has populations living in more areas of deprivation compared to most geographical areas of the ICP. Southampton Health and Wellbeing Board does not commission health services or have a budget but has a key role in informing the allocation of local resources. The Health and Wellbeing Board is responsible for promoting greater integration and partnerships between the NHS, local government (including public health), and the voluntary sector, which involves working collaboratively as a system. This is additionally achieved through

² The built environment refers to the human-made surroundings like buildings, open spaces and roads. It can impact access to physical activity and exposure to pollution.

the Southampton Health and Care Partnership Board which reports to the Health and Wellbeing Board and provides strategic oversight of performance and delivery of health and care outcomes.

Core Principles to be evidenced in everything we do

Nine core principles underpin our strategy and should be evidenced in everything we do (table 1).

Table 1 Core principles of the strategy to be evidenced in everything we do

1. Collaborative	Partnership and integration across statutory, voluntary and community organisations
2. Co-produced	We will learn from and work with communities, building upon their strengths and lived experience
3. Equitable	An inclusive approach that considers different types of health inequalities and with an intensity and scale based on need³
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)
5. Preventative	Prevention and early intervention will be maximised
6. Holistic	High quality and safe, integrated, proactive and personalised care and support provided at the right time in the right place
7. Sensitive	Social, cultural and trauma-informed considerations in delivering actions, service provision and support
8. Evidence-based	Using better evidence to make better decisions
9. Sustainable	Climate change and sustainability will be considered in all areas of focus

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 Proportionate universalism

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. 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.

Key areas of focus

1. Starting Well

Ensuring Every Child Has the Best Start in Life

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

We recognise that the foundations of good health begin before a child is born and during early childhood. Our priority under this theme is to adopt a whole system approach to childhood obesity. A whole system approach moves us away from a focus on simply supporting individuals to make changes in the way they move and eat. Whilst still important, this will not be sufficiently powerful, preventative or sustainable at a population level, nor addresses the commercial determinants of healthy weight such as the way unhealthy food is marketed. It is about understanding the complex environment that people live in and the wide variety of factors that influence population healthy weight and for everyone in every organisation doing their very best to lead, collaborate and advocate for change. A whole system approach has already been adopted with Southampton City Council having signed the Local Authority Declaration on Healthy Weight in 2022. Developed by Food Active⁴, the Healthy Weight Declaration is a strategic, system-wide commitment made across all council departments to reduce unhealthy weight in local communities, protect the health and wellbeing of staff and citizens and to make an economic impact on health and social care and the local economy. In developing an approach in Southampton, four system drivers were identified that contribute to the rate of childhood obesity and these have informed four intentions:

1. **Time and resource poor families.**

Intent: A city where families have sufficient time and resource to live well

2. **Mixed signals.**

Intent: A city where messages people get from their surroundings are supportive of a healthy life

3. **Public spaces perceived as unsafe, unpleasant and off limits.**

Intent: Public spaces feel safe, enjoyable and welcome residents and visitors⁵

4. **Local policies with competing priorities** that do not support a healthy weight environment.

Intent: All local policies and decisions support a health promoting environment

⁴ [Food Active | Local Authority Declaration on Healthy Weight](#)

⁵ There is a separate Safe City Partnership which works to ensure public spaces are safe

These powerful system drivers influence how individuals, families, and communities access, afford and engage with healthier food choices.

This area of focus is also closely interconnected to our strategic themes of connecting well and financially well, maximising opportunities for children to be physically active and to help overcome some barriers of cost in access to healthy food choices.

Why is this area of focus important

Childhood obesity is one of the biggest public health issues facing the UK⁶. The proportion of children with healthy weight living in the UK has decreased significantly over the last few decades and the same is true in Southampton. Childhood obesity is more commonly experienced by children living in more deprived areas. There are many early life factors that can drive the risk of children developing overweight and obesity including the mother's weight at the time of conception, exposure to smoking during pregnancy, birth weight, and rapid infant growth. Overweight children have increased chances of developing other health conditions during childhood and children tend to maintain their unhealthy weight status as they grow into adulthood. Adult obesity is a major risk factor for poor health including heart disease, stroke, high blood pressure, diabetes, some cancers, and dying early. It can also affect employment prospects and earning potential.⁷ The Government in the [NHS 10 year health plan](#) recognises the importance of addressing the negative trends in childhood obesity to 'raise the healthiest generation of children ever'. They have highlighted changes to be made in restricting marketing of junk food to children, banning sale of high-caffeine energy drinks to children under 16, and using the National Planning Policy Framework to give local councils stronger powers to block new fast-food outlets.

What do the indicators tell us about the areas of focus

Fewer children in Southampton have a healthy weight compared to the England average. The situation has worsened over time.

- 74% of children attending school year R (aged 4-5) have a healthy weight and is lower than the England average
- 25% of children attending school year R (aged 4-5) are overweight or obese and is higher than the England average
- 58% of children attending school year 6 (aged 10-11) have a healthy weight and is lower than the England average
- 40% of children attending school year 6 (aged 10-11) are overweight or obese and is higher than the England average
- Fewer children living in the most deprived neighbourhoods have a healthy weight compared to children living in the least deprived neighbourhoods

⁶ [Healthy weight – RCPCH – State of Child Health](#)

⁷ [Obesity and work - challenging stigma and discrimination; Institute of Employment Studies](#)

- Most children measured as overweight or obese in year 6 had a healthy weight when first measured in year R

More data about childhood obesity in Southampton can be found on the [Southampton data observatory](#).

These trends in children's healthy weight are concerning for the current and future health of the population, exemplify health inequalities by deprivation, and require a whole system approach to begin to address the four system drivers and reverse the trajectory.

What are our ambitions?

- Adopt a whole system approach to address the key drivers of childhood obesity with all parts of the system leading, collaborating and advocating for change
- Increase the proportion of children of all ages who are healthy weight
- Reduce the inequality in unhealthy weight experienced by children living in more deprived areas of the city
- Increase the proportion of children who maintain healthy weight as they grow between school year R and school year 6
- Increase the number of schools and early years settings recognised as being healthy
- Create a healthy, affordable, and sustainable food environment in the city

What actions will we take to address this area of focus to make a positive difference to the residents of Southampton?

- Communicate and facilitate action on the drivers of childhood obesity and agree on refining and embedding the four intentions for system change within respective system partner plans
- Deliver the Infant Feeding Action Plan
- Work with health professionals to improve recognition of excess weight gain in early life to help identify those who may need early additional support
- Support all Southampton schools and early years settings to secure a healthy setting award such as the [Healthy Early Years Awards \(HEYA\)](#) and [Healthy High 5 Awards \(HH5\)](#)
- Raise the standards for local school dinners and make sure they meet the national nutritional standards

- Support the development and growth of the Southampton Food Partnership
- Deliver [Family Hub](#) ‘cook and eat’ sessions across the city
- Expand other initiatives that promote healthy eating
- Ensure all spaces open to the public feel safe, accessible, suitably promoted and welcoming, and ensure staff have the capacity to deliver these standards
- Explore the use of the National Planning Policy Framework and the Local Plan to control provision of new fast-food outlets

How will we measure progress?

We will track the following Public Health Outcomes and key performance measures

- Percentage of children aged 4-5 with healthy weight
- Percentage of children aged 4-5 with overweight and obesity
- Percentage of children aged 4-5 with obesity
- Percentage of children aged 10-11 with healthy weight
- Percentage of children aged 10-11 with overweight and obesity
- Percentage of children aged 10-11 with obesity
- Percentage of people with obesity in early pregnancy
- Percentage of people who smoke in early pregnancy
- Percentage of people who smoke at the time of delivery
- Percentage of babies with first feed as breastmilk
- Percentage of babies breastfed at 6-8 weeks
- Percentage of babies born with low birth weight at term
- Percentage of children receiving a 12-month review
- Percentage of children receiving a 2 to 2.5 year review

Other relevant plans, strategies and partnerships

City strategy

Corporate strategy

[Southampton Children and Young People’s Strategy](#)

[Southampton’s Children and Young People’s Strategic Plan for Education](#)

[We Can Be Active Strategy](#)

[Mental Health and Wellbeing Strategy](#)

Infant Feeding Action Plan

Physical Activity Alliance

Southampton Food Partnership

Early Years Prevention and Early Intervention Partnership

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

Maximising the opportunities for healthy ageing is vital to help people live longer lives and spend those years in better health. More people are living longer but with multiple long-term health conditions as they grow older. A preventative approach needs to start much earlier and address the building blocks (*wider determinants*) of health as well as health risks such as stress, smoking, alcohol and drug use, physical inactivity and unhealthy eating. This is important to help prevent some of the most common long-term health conditions that include cardiovascular and respiratory disease, diabetes, dementia, cancer and certain musculoskeletal conditions. Becoming frail with age is not inevitable, but when it does occur, it should be recognised early and an evidence-based approach used to slow down or reverse progression. Approaches should be proportionate to the needs of the individual and address the physical, cognitive, psychological and social impacts. Maintaining independence can be achieved through integrated, proactive, and personalised care, which is the area of focus for this priority theme. A person-centred approach considers the full impact of living with frailty or multiple long-term conditions. This may include changes in everyday life, emotions and finances⁸. Ensuring people are supported to live healthy lives and maintain health as they age should apply equally to everyone, proportionate to need, and include people living with mental health conditions.

This area of focus is also closely interconnected to our strategic themes of connecting well and financially well. Physical activity can help improve your sleep, mood and help you to feel more positive. Activity that strengthens muscles, can help reduce age-related muscle loss and prevent falls. It also offers opportunity for social connectedness that can reduce loneliness. Financial wellbeing in older age is extremely important to help maintain access to good quality food and warmth during the winter, as well as for social connections, being active and maintaining purpose.

Why is this area of focus important

In Southampton, 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.

⁸ [The impact of living with multiple long-term conditions \(multimorbidity\) on everyday life – a qualitative evidence synthesis | BMC Public Health | Full Text](#)

The number of people living with multiple long-term conditions has increased over time and people living in deprivation are more likely to experience more health conditions and from an earlier age but also live shorter lives. Differences in life expectancy between people living in the most and least deprived neighbourhoods is largely driven by cardiovascular disease, respiratory disease, and cancer. Common risk factors for these such as smoking drive much of the inequality and contribute towards unhealthy ageing. These in turn are driven by the broader building blocks of health described in an earlier section. Whilst mortality from cardiovascular disease has reduced over many decades, the pandemic reversed some of this trend. In addition, the incidence of degenerative cardiovascular diseases, such as heart failure and heart valve diseases, have increased over time, even when accounting for the ageing population⁹.

What do the indicators tell us about the areas of focus

More older people living in Southampton have a fall leading to a hospital admission, or die early from preventable cardiovascular and respiratory disease compared to the England average.

- 59% of people over 65 in Southampton are classified as frail (32% mildly, 20% moderately, and 7 % severely)¹⁰ and is similar to the HIOW ICB average
- The rate of falls in people over 65 in Southampton leading to a hospital admission is higher than the England average
- The rate of hip fractures in people over 65 in Southampton is similar to the England average but higher in those over 80
- Age-standardised deaths from accidental falls have increased over time in Southampton and England
- The rate of falls in people over 65 leading to a hospital admission, hip fracture, and deaths due to accidental falls are all more common in people living in the most deprived neighbourhoods when compared to the least deprived neighbourhoods
- The rate of dying early from preventable cardiovascular disease in Southampton is higher than the England average
- The rate of dying early from preventable cardiovascular disease in adults with severe mental illness (SMI) is over three times higher than in adults without severe mental illness

⁹ [Trends in cardiovascular disease incidence among 22 million people in the UK over 20 years: population based study | The BMJ](#)

¹⁰ Based on the Electronic Frailty Index (EFI). The EFI is automatically applied to a patient electronic health record and is based on a proportion of 36 possible health related deficits taken from the medical record and categorised into either fit, or having mild, moderate or severe frailty. [NHS England » Electronic Frailty Index](#)

- The rate of dying early from preventable respiratory disease in Southampton is higher than the England average
- The rate of dying early from preventable respiratory disease in adults with severe mental illness (SMI) is over five times higher than in adults without severe mental illness
- People living in the most deprived neighbourhoods are more likely to die early from preventable cardiovascular and respiratory disease compared to people living in the least deprived neighbourhoods

Additional information and data about [healthy ageing](#) and [adult social care](#) can be found on the Southampton Data Observatory.

What are our ambitions?

- Protect independence with integrated, proactive and personalised care so that people can live in the place they call home, with the people and things they love, in communities where people look out for each other, doing the things that matter to them¹¹
- Increase the number of eligible people living in Southampton who attend an NHS Health Check focusing on increasing attendance from those people living in the most deprived neighbourhoods whilst maintaining a universal offer
- Increase support available for people who find it hard to be physically active to access opportunities throughout their lives
- Decrease percentage of adults experiencing loneliness
- Work towards Smokefree 2030, ensuring that our smoking rate is less than 5% by 2030, including for people living in the most deprived neighbourhoods, people with severe mental illness and people with multiple long-term conditions
- Reduce alcohol and drug harm for people of all ages, including in middle and later life
- Increase the number of people identified with mild and moderate frailty and implement measures to slow progression
- Decrease the number of people developing multiple long-term conditions and increase the age of onset of sentinel (first) conditions
- Decrease the number of people experiencing a preventable hospital admission
- Decrease the number of older adults hospitalised after a fall

¹¹ [Living good lives in the place we call home - #Social Care Future](#) vision

- Increase the proportion of people who can live independently in their communities
- Decrease the proportion of people who live in care homes (residential or nursing)
- Decrease the number of people dying early from preventable cardiovascular disease
- Decrease the number of people dying early from preventable respiratory disease

What actions will we take to address this area of focus to make a positive difference to the residents of Southampton

- Develop and expand models of integrated neighbourhood working that can support integrated, proactive and personalised care including as part of the development of Neighbourhood Health Centres within the [NHS 10-year Health Plan](#)
- Ensure collaboration and coordination across different community prevention initiatives and improve community navigation for residents accessing support
- Deliver the Southampton City Council Tobacco, Alcohol and Drugs (TAD) strategy
- Use population health data analytics to understand need and target proactive interventions to those who need them most, especially in those with frailty and high risk of hospital admission
- Identify people at risk of falling early and offer evidence-based interventions to reduce risk including a falls prevention exercise programme and consider a home hazard assessment in people who have fallen in the last year who have a gait or balance impairment
- Work collaboratively to improve cardiovascular and respiratory health throughout the pathway of prevention, detection and treatment including engagement with any future service frameworks developed as part of the [NHS 10-year Health Plan](#)
- Deliver the Mental Health and Wellbeing Strategy

How will we measure progress?

We will track the following Public Health Outcomes and key performance measures as part of this strategy, noting that a broader set of relevant indicators are monitored by the Health and Care Partnership Board, and other relevant indicators are included in other areas of focus in the strategy.

- Emergency hospital admissions due to falls in people aged 65 and over
- Deaths from cardiovascular disease in people aged under 75
- Deaths from cardiovascular disease in people aged under 75 with Severe Mental Illness
- Deaths from respiratory disease in people aged under 75
- Deaths from respiratory disease in people aged under 75 with Severe Mental Illness

Other relevant plans, strategies and partnerships

[Adults Social Care Strategy](#)

[TAD strategy](#)

City strategy

Corporate strategy

Prevention and Early Intervention plan

Mental Health and Wellbeing Strategy

Health and Care Partnership

3. Connecting Well

Ensuring People Enjoy Social Connection in Safe and Healthy Spaces

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

The benefits of being physically active and less sedentary are widely acknowledged with a strong evidence base. These include improving mental wellbeing and social connectedness, prolonging independence, improving cognitive function, and decreasing childhood obesity, in addition to the prevention of chronic diseases such as Type 2 diabetes, cardiovascular disease, and some types of cancer¹². To gain these benefits we need to inspire and support active lives so that we can all be active in a way that suits us.

Being creatively active is also valuable for long-term physical and mental health and wellbeing with evidence for benefit in prevention of ill health, management of long-term conditions, and treatment and recovery across the life course. Creative activity has many definitions and will mean different things to different people. One definition is any action that involves expressing oneself, generating new ideas, or solving problems in an imaginative and original way. It encompasses a wide range of pursuits, from visual arts like painting and sculpting to performing arts like music and dance, as well as activities like writing, storytelling, and even cooking. Creative health refers to the use of arts, culture, and creativity to improve people's physical and mental wellbeing and this can help build social connectedness and social cohesion, reduce social isolation, and improve the conditions in which people live, grow, work and age¹³. Access

¹² [Health matters: physical activity - prevention and management of long-term conditions - GOV.UK](#)

¹³ [Introduction-to-Creative-Health-Extract](#)

to creative activities and spaces to connect can support better mental health and wellbeing in young people.

Why is this area of focus important

Physical activity and creative activity are closely interrelated and key for lifelong health and wellbeing. In children and adolescents, physical activity promotes bone health, encourages healthy growth and development of muscle, and improves motor and cognitive development. It helps increase confidence and social skills, concentration and learning, mood, and sleep. In adults, physical activity contributes to prevention and management of long-term conditions, enhances mental health, and can improve overall wellbeing. Conversely, physical inactivity contributes to the rise in prevalence of long-term conditions. As the population increases and has a higher proportion of older people, healthy ageing becomes vital to improve the years people live in good health and to reduce the impact on health and care services. One in four adults in the UK have two or more long term conditions and with people living in the most deprived neighbourhoods at greater risk of having multiple conditions, and from younger ages¹⁴. Physical activity can help to reduce the risk of getting a long-term condition and can help reduce the negative impact of health conditions when they do occur. Preserving muscle strength as people age is also a key component of reducing the risk of frailty and falls.

In preventing people from developing long-term conditions, and supporting better mental and physical health, physical activity is also key for people beginning and maintaining employment and in turn, supporting financial wellbeing.

Creative activity complements physical activity in overall benefits for health and wellbeing, especially improved mental health and social connectedness. This is key with a high prevalence of social isolation in adults living in the city and poor mental health in young people, where access to creativity can make a positive difference.

What do the indicators tell us about the areas of focus

The number of adults, children, and young people considered physically active in Southampton is similar to the England average but too many people, especially children and young people, are still inactive; the prevalence of loneliness is high, increased over time, and worse than the England average

- 67% of adults in Southampton meet the [Chief Medical Officer \(CMO\) recommendations](#) of at least 150 minutes of moderate intensity physical activity per week and is similar to the England average
- Fewer people living in the most deprived neighbourhoods in Southampton are considered active compared to people living in the least deprived neighbourhoods

¹⁴ [Understanding the health care needs of people with multiple health conditions | The Health Foundation](#)

- 22% of adults in Southampton are considered inactive with less than 30 minutes of physical activity per week and is similar to the England average
- More people living in the most deprived neighbourhoods in Southampton are considered inactive compared to people living in the least deprived neighbourhoods
- 47% of children and young people (aged 5 to 18 years) meet the CMO recommendations of an average of 60 minutes of physical activity per day across the week and is similar to the England average
- Fewer children and young people (aged 5 to 18 years) from Asian and Black ethnic groups meet the CMO recommendations of an average of 60 minutes of physical activity per day across the week compared to White British, White Other and Mixed ethnic groups
- 46% of adults aged over 18 years and receiving social care have as much social contact as they would like and is similar to the England average
- 36% of adults aged over 65 years and receiving social care have as much social contact as they would like and is similar to the England average
- 28% of adult carers have as much social contact as they would like and is similar to the England average
- 11% of the Southampton adult population reporting feeling lonely 'often' or 'always' and is higher than the England average
- In Southampton social isolation is much higher in people who are unemployed, living in the most deprived neighbourhoods, disabled, a younger or much older adult, or come from a minority ethnic background
- 93% of people living in Southampton engage in some form of creative arts and is higher than the England average¹⁵
- 26% of people living in Southampton visited a library in the previous year and is lower than the England average
- 77% of people living in Southampton feel safe during the day in their local area and 65% felt safe in the city centre; people are more likely to feel unsafe at night
- 65% of men and 56% of women feel safe in parks during the day dropping to 25% for men and 8% for women at night

¹⁵ Data comes from the [Department for Culture, Media and Sport Annual Participation survey](#) and most recently included approximately 500 residents from Southampton

Further information and an interactive dashboard can be found on the Southampton Data Observatory under [physical activity](#)

What are our ambitions?

- Decrease the proportion of children and young people living in Southampton who are doing less than 60 minutes of physical activity per day on a regular basis
- Decrease the proportion of adults living in Southampton who are physically inactive on a regular basis
- Inspire and support residents to move in a way that suits them and to prioritise groups who are least likely to be active
- Work together to remove the barriers for accessing physical and creative activity especially for people experiencing inequalities
- Increase the proportion of people living in Southampton who participate in creative activity
- Increase the proportion of people in Southampton who feel socially connected
- Increase physical activity participation by underrepresented groups, including disabled people, minority ethnic groups, and low-income households through provision of tailored programmes
- Integrate physical activity into all aspects of school life, promoting health and wellbeing through arts, culture, and outdoor activities
- Transform local spaces and travel routes to make them safe, accessible, and appealing for physical activity
- Support people to change how they move around the city by widening their healthy and clean travel choices
- Develop support mechanisms to help individuals start and maintain physical activity, especially those who feel they cannot do it alone
- Foster bold leadership and collaboration among individuals and organisations to create happier and healthier communities
- Measure the impact of initiatives and continuously improve strategies based on feedback and data

What actions will we take to address this area of focus to make a positive difference to the residents of Southampton

- Deliver the 'We Can Be Active' (WCBA) strategy

- Deliver the Southampton Together Cultural strategy
- Improve both the safety of public places and the perception of safety
- Encourage employer organisations to take responsibility for enabling employees to be active
- Draw on the five steps to wellbeing (Connect, Be Active, Take Notice, Keep Learning and Give) to help people connect with physical and creative activities
- Work with children and young people to develop engaging and enjoyable physical and creative activities
- Enable schools and supporting organisations to take up campaigns, programmes, and initiatives that promote active travel to/from school and the development of key life skills, confidence and habits
- Introduce and embed physical activity opportunities into existing non-activity groups that include physically inactive groups e.g. carers groups, SEND groups, mental health support groups, older adult social groups
- Collaborate with early years settings and schools to embed physical activity across all aspects of school life
- Partner with communities to create a wider range of opportunities to be physically active that cater to different interests and abilities
- Support any future national initiatives to get people walking and running such as those developed as part of the [NHS 10-year Health Plan](#)
- Identify and create access to underutilised spaces for physical activity and work with communities to make these places safe, accessible, and appealing for all ages
- Support the promotion and adoption of Active Travel Zones and the Southampton Cycle Network in Southampton
- Promote inclusive campaigns that challenge perceptions around physical activity
- Use surveys, focus groups, and interviews to monitor activity levels and satisfaction
- Measure success through an increase in partnerships, accessibility, and positive health outcomes
- Promote and embed physical activity training to staff and volunteers working in health and social care

How will we measure progress?

- Percentage of physically inactive children and young people
- Percentage of physically inactive adults
- Social isolation: percentage of adult social care users who have as much social contact as they would like (18+ yrs)
- Social isolation: percentage of adult social care users who have as much social contact as they would like (65+ yrs)
- Social isolation: percentage of adult carers who have as much social contact as they would like (18+ yrs)
- Loneliness: percentage of adults who feel lonely often and always

Other relevant plans, strategies and partnerships

We can be active strategy

Southampton together cultural strategy

Southampton Festival & Events Strategy

Southampton mental health and wellbeing strategy

Safe City Strategy

Clean Air Strategy

Cycling Strategy

Green City Plan

[Local Transport Plan](#)

4. Financially Well

Ensuring People Are Supported to Maximise Their Financial Wellbeing

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

This area of focus is about maximising opportunities for skills, training and employment.

[Financial wellbeing can be defined](#) as feeling secure and in control of your finances, now and in the future. A life course approach is essential in addressing financial wellbeing - starting with financial literacy (how to manage money) and career awareness in schools, continuing through support for educational attainment (including opportunities for higher education), apprenticeships, and quality employment opportunities which would then support individuals in managing the financial demands of daily living and securing long-term stability. Alongside this is the importance of a whole life approach to developing and protecting good mental health and resilience.

The important relationship between good work and health is at the heart of the [Get Britain Working White Paper](#) and further highlighted within the [NHS 10-year Health Plan](#). Good employment is closely linked to better health through psychological and financial wellbeing,

providing income, purpose and stability¹⁶. Helping people to maximise their potential for employment, or self-employment, is an important building block of health, can create other opportunities and improve life chances. Supporting people who have additional needs such as neurodiversity, disabled people (including people with learning disabilities), long-term physical and mental health conditions, as well as people from ethnic minority backgrounds to enter the workforce and stay in employment is key to reducing health inequalities. Support to access eligible benefits for people unable to work is important for maximising financial wellbeing.

It is also important to help people stay in work when they experience ill health, through good access to healthcare services, timely treatment, and where required, suitable workplace adaptations. There are more people of working-age who are economically inactive due to ill-health and disability than ever before and the rate of increase in this group exceeds the increase in the growth of the overall working-age population. Work-limiting health conditions have particularly increased amongst younger people (aged 16 to 34), and are often due to mental health reasons, and amongst older people (aged 50 to 64), often due to musculoskeletal reasons. The impact of increasing economic inactivity seen in people with multiple long-term conditions and people affected by mental health or musculoskeletal conditions can be addressed through prevention, early identification and intervention, work support, job retention and rapid rehabilitation. People with health challenges can also be encouraged to stay in employment through flexible working arrangement and workplace adaptations. Targeted initiatives and skills development pathways can be used to support younger people who have never worked in employment and those who have recently become economically inactive.

Financial wellbeing is closely linked with all other priority themes in the strategy, supporting a good start in life, healthy ageing, and social connectedness.

Why is this area of focus important

Financial wellbeing is a key building block for health and there is evidence for direct and indirect effects on physical and mental health outcomes, as well as an opposite effect with health affecting financial wellbeing. Physical health affects financial wellbeing through direct and indirect costs associated with experiencing poor health. There are also impacts on labour market outcomes and access to financial services and support, which may arise from periods of poor health. Lack of financial wellbeing affects physical health through increased stress, both acute or chronic, especially where this is associated with debt, unemployment, insecure employment, low or insecure income, or insecure housing. Lack of financial wellbeing also limits opportunities for health-supporting activities like healthy eating and physical activity whilst often making it harder to have the opportunity to stop smoking or reduce alcohol-related harm, which have a spiralling financial impact.

Gambling-related harm is also increasingly impacting financial wellbeing for people living in Southampton through rising sickness absence, reduced productivity, and employment instability. Embedding gambling harm reduction programmes is necessary due to its broader consequences on improving individual capability, family wellbeing, and financial resilience.

¹⁶ [Action for healthier working lives | The Health Foundation](#)

What do the indicators tell us about the areas of focus

- 7% of young people aged 16 to 17 years are Not in Education, Employment or Training (NEET) and is higher than the England average
- Average school educational attainment at end of key stage 4 (GCSE) is lower than the England average
- 0.66 jobs exist for every person of working age (16 to 64) living in Southampton and is lower than the England average
- 79% of the working age population are economically active being in work or actively looking and is similar to the England average
- 21% of the working age population in Southampton are economically inactive and is similar to the England average
- 4% of the working age population in Southampton cannot work due to long-term sickness or disability
- There is a 10% difference in the rate of employment of people of working age with a physical or mental health long-term condition and 73% difference for people in long-term support for a learning disability compared to the general employment rate and both are similar to the England average
- 5% of people in contact with the secondary care mental services are in paid employment and this is lower than the England average
- 4% of the working age population in Southampton are unemployed but actively seeking work and available to start and is similar to the England average
- 7% of the working age population living in the most deprived neighbourhoods are unemployed compared to 2% of the working age population living in the least deprived neighbourhoods
- People *working* in the city earn on average £26 per week more than people *living* in the city
- 12% of Southampton residents live with fuel poverty¹⁷ and is similar to the England average

Further information and an interactive dashboard can be found on the Southampton Data Observatory under [Economic assessment](#)

¹⁷ Based on the low income, low efficiency methodology but does not capture the broader impact of high fuel costs on the population

What are our ambitions?

- Support all residents who want to work into employment
- Support all residents to receive the national benefits they are eligible for, particularly people facing multiple-disadvantage
- Increase the number of young people in Education Employment or Training
- Employers across sectors invest in employing people with additional needs such as those with learning disabilities, disabled people, long-term mental health conditions and/or who are neurodiverse
- Employers across sectors invest in supporting people who have life changes, develop long term conditions or become disabled, to remain in employment through better flexibility, job adjustments and timely support
- More children and young people living in Southampton are supported as they grow and develop to be ready for training and employment
- Employers supported to adapt to the new generation of young people entering the workplace
- Work experience for young people is made available across more sectors and more organisations and evolves to meet the needs of a new generation of young people
- Increase the range of flexible working opportunities across sectors innovating flexible options in roles not traditionally able to do so
- Support the growth of Small and Medium sized enterprises in the city
- Creating employment opportunities by supporting Green Growth initiatives
- Reduce gambling-related harm in Southampton by improving financial wellbeing, education, training and employment outcomes for vulnerable people through coordinated prevention, early intervention, and support systems.

What actions will we take to address this area of focus to make a positive difference to the residents of Southampton

- Maintain support for Career Enterprise Hubs that bring together schools, colleges, employers and apprenticeship providers
- Create an employer network of anchor institutions

- Employers, colleges, training providers and other local stakeholders brought together as part of the Solent Local Skills Improvement Plan (LSIP) to ensure the skills ecosystem can improve the life chances of all communities in Southampton
- Expand the network of cornerstone employers to support careers education locally, helping to build a diverse future talent pipeline and help fill skills gaps and backing social mobility by working with local career hubs
- To use the Supported Employment Quality Framework (SEQF) to improve the quality and consistency of supported employment services for individuals with disabilities or long-term health conditions
- To use Individual Placement and Support (IPS) to help individuals with mental health conditions, and alcohol and drug problems, to find and retain competitive employment
- Work with regional partners across the Solent for joined up strategic commitment to improving opportunities for education and training and supporting people back into employment
- Support the delivery of the Get Solent Working Plan in Southampton
- Explore integrating employment support into emerging models of integrated neighbourhood working or Neighbourhood Health Centres
- Work with local employers to recognise gambling harm as a workplace wellbeing issue for staff and volunteers
- Promote employer toolkits and awareness campaigns on gambling-related harm and its signs
- Ensure there are good pathways between financial advice, debt support and gambling treatment and support services

How will we measure progress?

- 16 to 17 year olds not in education, employment or training (NEET)
- The percentage of the population with a physical or mental long term health condition in employment (aged 16 to 64)
- The percentage of the population who are in receipt of long term support for a learning disability that are in paid employment (aged 16 to 64)
- The percentage of the population who are in contact with the secondary care mental health services and on the Care Plan Approach, that are in paid employment (aged 18 to 69)
- Percentage of working age population in employment
- Percentage of working age population economically inactive due to long-term sickness or disability

- The percentage of households that experience fuel poverty

Other relevant plans, strategies and partnerships

City plan

Growth and prosperity plan

[Solent Growth and Prosperity Strategy](#)

[Local Skills Improvement Plan | Hampshire Future Skills](#)

Prevention and Early Intervention plan

Delivering the strategy

The strategy represents an ambition to make a positive difference for people living in Southampton by creating *a place where **everyone** can live **healthy, active, and independent** lives, create **positive social connections**, and maximise **financial wellbeing***. The four areas of focus described in the strategy, one under each theme of starting well, staying well, connecting well and financially well, will help channel the collaborative energy and commitment required to deliver change. The Health and Wellbeing Board members cannot do this alone. To deliver the ambitions and actions within the strategy, four other delivery structures will lead on refining an action plan for each of the areas of focus, and report progress to the Health and Wellbeing Board. These four delivery structures will also interact with one another in recognition of the interconnectedness of the four areas of focus, aligning leadership, resource and opportunity. Local delivery structures will include the Healthy Child Board, The Health and Care Partnership Board, a new forum to deliver connecting well, and the Renaissance Board.

Working together we can make positive change a reality.

Appendix – indicators

Overarching indicators

Indicator code	Indicator	Southampton	England
93553	Deprivation score (IMD 2019) (higher value = higher deprivation)	26.9	21.7
A01a	Healthy life expectancy at birth - male (2021-23) years	59.0	61.5
A01a	Healthy life expectancy at birth – female (2021-23) years	59.8	61.9

Area of focus 1 – whole system approach to childhood obesity

Indicator code	Indicator	Southampton	England
90317	Reception prevalence of healthy weight (4-5 yrs) 2023/24	73.8%	76.8%

C09a	Reception prevalence of overweight and obesity (4-5 yrs) 2023/24	25.2%	22.1%
90319	Reception prevalence of obesity (4-5 yrs) 2023/24	11.9%	9.6%
90321	Year 6 prevalence of healthy weight (10-11 yrs) 2023/24	57.7%	62.5%
C09b	Year 6 prevalence of overweight and obesity (10-11 yrs) 2023/24	40.4%	35.8%
90323	Year 6 prevalence of obesity (10-11 yrs) 2023/24	26.8%	22.1%
C03a	Obesity in early pregnancy (2023/24)	26.0%	26.2%
C03c	Smoking in early pregnancy (2023/24)	14.3%	13.6%
C06	Smoking status at time of delivery (2023/24)	7.9%	6.8%
C95a	Baby's first feed breastmilk (2023/24)	69.9%	71.9%
C05b	Breastfeeding prevalence at 6 to 8 weeks (2023/24)	55.1%	52.7%
CO4	Low birth weight of term babies (2022)	2.8%	2.9%
93471	Percentage of children receiving a 12-month review (2023/24)	59.1%	86.5%
93472	Percentage of children receiving a 2 to 2.5 year review (2023/24)	60.9%	78.4%

Area of focus 2 – protect independence through integrated, proactive, and personalized care.

Indicator code	Indicator	Southampton	England
C29	Emergency hospital admissions due to falls in people aged 65 and over 2023/24 per 100,000 population	2,876	1,984
E04a	Under 75 mortality rate from cardiovascular disease (1 year range) 2023	101.4	77.4
E07a	Under 75 mortality rate from respiratory disease (1 year range) 2023	48.0	33.7
E04b	Under 75 mortality rate from cardiovascular disease considered preventable (3 year range) 2021-23	36.5	30.5
E07b	Under 75 mortality rate from respiratory disease considered preventable (3 year range) 2021-23	26.5	18.0

Area of focus 3 – supporting communities to be physically and creatively active

Indicator code	Indicator	Southampton	England
C10	Percentage of physically active children and young people (2023/24)	47.4%	47.8%

C17a	Percentage of physically active adults (2022/23)	66.9%	67.1%
C17b	Percentage of physically inactive adults (2022/23)	21.7%	22.6%
B18a	Social isolation: percentage of adult social care users who have as much social contact as they would like (18+ yrs) 2023/24	46.2%	45.6%
B18a	Social isolation: percentage of adult social care users who have as much social contact as they would like (65+ yrs) 2023/24	35.7%	41.5%
B18b	Social isolation: percentage of adult carers who have as much social contact as they would like (18+ yrs) 2023/24	28.1%	30.0%
B19	Loneliness: percentage of adults who feel lonely often and always (2021/22 – 22/23)	11.2%	6.8%

Area of focus 4 – maximising opportunities for skills, training and employment

Indicator code	Indicator	Southampton	England
B02a	Percentage of children achieving a good level of development at the end of reception (2023/24)	66.6%	67.7%
B03	Pupil absence 2022/23	8.1%	7.4%
28	Average Attainment 8 score (2022/23)	43.1	46.2
93381	Average Attainment 8 score children in care (2022/23)	20.0	19.4
B05	16 to 17 year olds not in education, employment or training (NEET) 2023/24	6.6%	5.4%
B08a	The percentage of the population with a physical or mental long term health condition in employment (aged 16 to 64) 2022/23	66.5%	65.3%
B08b	The percentage of the population who are in receipt of long term support for a learning disability that are in paid employment (aged 16 to 64) 2022/23	4.1%	4.8%
B08c	The percentage of the population who are in contact with the secondary mental health services that are in paid employment 2021/22	5.0%	6.0%
B08d	Percentage of people in employment 2023/24	76.0%	75.7%
B17	The percentage of households who experience fuel poverty based on the low income low energy efficiency methodology	11.8%	13.1%