

Southampton

Southampton's Joint Strategic Needs Assessment for Health and Well-being 2008 to 2011



Well-being n. – good health, happiness and prosperity.
Oxford Dictionary

Figure 1 Southampton City depicting priority neighbourhoods



- | | |
|--|---|
| <p>1. Bevois and Bargate
(includes West Itchen Community Trust Area)</p> <p>2. Portswood and St Denys</p> <p>3. Thornhill
(Thornhill Plus You)</p> <p>4. Outer Shirley
(Single Regeneration Budget 6)</p> <p>5. Weston
(Action plan area, includes Weston Shore Single Regeneration Budget 6)</p> | <p>6. Lordshill</p> <p>7. Flower Roads, Hampton Park and Mansbridge</p> <p>8. Freemantle and Polygon</p> <p>9. Townhill Park</p> <p>10. Harefield</p> <p>11. Shirley Estate</p> |
|--|---|

This map is reproduced from Ordnance Survey material with the permission of Ordnance Survey on behalf of the Controller of Her Majesty's Stationary Office © Crown copyright. Unauthorised reproduction infringes Crown copyright and may lead to prosecution or civil proceedings. Southampton City Council LA100019679 2007.

Southampton

Contents

Page numbers

Acknowledgements

Preface by Chair of Southampton City Primary Care Trust (SCPCT)
and the Leader of Southampton City Council (SCC)

Executive summary

Abbreviation guide

Chapter 1 - Background and context to the Joint Strategic
Needs Assessment (JSNA)

Chapter 2 - The key identified gaps and issues for health and
well-being in Southampton in 2008:

- A Achieving better health and well-being for all and tackling
health inequalities
- B Delivering world class health and care outcomes for people in
the City
- C Providing children and young people with a healthy start to life
- D Providing the best health, care and support services for adults
and older people
- E Addressing the social, economic and environmental impacts on
health and well-being

Chapter 3 - Delivery, accountability and partnership

- JSNA Data compendium index
- Demographics of the population
- Social and environmental context
- Lifestyle and risk factors
- Burden of ill health and disability
- Mortality
- Social Services

The compendium is web-based to enable live updates to ensure up to
date information is available to commissioners and strategists.

Appendix 1 - SEPHO Profiling data – health in Southampton (2008)

Acknowledgments

Our thanks go to the following for their involvement and help with this joint strategic needs assessment:

The Southampton people who responded at various meetings, wrote in and gave feedback on-line – your views confirmed, supported, challenged and reshaped our priorities- we thank you all.

Steering group

Dr Andrew Mortimore, Clive Webster, Dr John Beer, Sue Allan, Jane Brentor, Chris Hawker, Amy Hobson, Dr David Paynton, Joy Wilmot-Palmer.

Editors

Kevin Brooks, Strategic Coordination Manager, Southampton City Council
Tim Davis, Policy Co-ordination and Performance Manager, Southampton City Council
Dave Shields, Strategic Services Manger Health and Well-being, Southampton City Council
Dr Graham Watkinson, Consultant in Public Health, Southampton City Primary Care Trust

Joint City Council and Primary Care Trust Project Group

Neil Adams, Paul Fuller, Vicky Heath, Vanella Mead, Glenn Turner, Rebecca Wilkinson, Emma Wynn-Mackenzie.

Southampton City Council Team

Pete Brunskill, Dave Bulow, Suki Sitaram, Matthew Waters, Rosie Wood, John Wyllie and other various contributors from the Communities Health and Care Directorate.

Consultants in Public Health

Dr Robert Coates
Dr Jeyanthi John.

Public Health Team

Debbie Chase, Parvin Damani, Jennifer Davies, Nicola Duffield, Sarah Hedges, Marie Johnson, Dan King, Pam Manger, Matthew Smith.

Health Promotion Team

Sarah Denny, Helen Dougan, Alan Elgar, Sylvia Hendy, David Hill, Wendy Hislop, Lynn Hoggarth, Leah Homer, Anne-Marie Jack, Pawan Lall, Sunitha Rajeev, Sophia Watson.

Graphics

Dan Laming
Sandra Barnett
Website for this JSNA
www.southamptonhealth.nhs.uk/jsna

Preface

Welcome to Southampton's first Joint Strategic Needs Assessment (JSNA) for Health and Well-being. This is the product of joint work between Southampton City Council (SCC), Southampton City Primary Care Trust (SCPCT) and the people of Southampton. It will be an important milestone in shaping some of the National Health Service and wider social, environmental and economic factors that determine people's health and well-being.

As a major city in central southern England, Southampton is at the heart of the region's economic prosperity with an international seaport and major European container port, as well as being the UK's premier cruise liner home port.

Our vision is to improve the health and well-being of Southampton's diverse population and to reduce health inequalities by commissioning a range of high quality services across the lifespan. We will do this together, and assure that our response to local needs represent good value for money.

Our ambition is set out in the 2026 Southampton Partnership vision, is for 'Southampton to be known as a City that is good to grow up in and good to grow old in, where people are proud to live and economic success is harnessed to social justice'.

This is the start of what will become an ongoing process involving Southampton City Council, Southampton City PCT and Southampton people. The JSNA will ensure we monitor needs across the City and identify how they can best be met with the resources we have.

The findings of this JSNA will become a tool for strategic planners, service managers and health and well-being providers to secure better health outcomes for our population.

We thank those people of Southampton and our stakeholders who fed back their views and ideas during our consultation period. Your participation is and continues to be important to us, especially as the JSNA is a dynamic process and not a one off event.



Pauline Quan Arrow
Chairman of Southampton
City Primary Care Trust



Councillor Alec Samuels
Leader of Southampton City
Council

July 2008

Executive summary

This Joint Strategic Needs Assessment (JSNA) identifies the 'big picture' in terms of the health, care and well-being needs of the local population and the inequalities that exist. In doing so it focuses on improvements in outcomes which could be made in the years to 2011.

The JSNA seeks to promote equalities and human rights for the Southampton population and across the full range of services that improve health and well-being. Also, we are concerned to ensure that patient safety, quality of care, respect and dignity as well as sustainability are principles and values that underpin this assessment.

This JSNA summarises a vast amount of information, and is intended as a reference tool for service managers and commissioners. An extensive data compendium provides very detailed information and can be accessed from the JSNA website. Further background information can also be found in the consultative documents, 'Changing Southampton' (2007) and 'Health Matters' (2007), which supported the development of this JSNA.

Chapter One provides the background and context of this JSNA, concluding with the key overarching messages that you told us.

Chapter Two identifies the gaps and issues for health and well-being needs in Southampton. It sets out the key issues which should be addressed by agencies, professionals and others involved in providing and/or commissioning services.

Chapter Three sets out an action plan for the delivery and the accountability in responding to this assessment. The plan will help accelerate the process to improve health and well-being across the City.

Dr Andrew Mortimore
Public Health Director
June 2008

Clive Webster
Director for Children's
Services and Learning

Dr John Beer
Director for Communities
Health and Care

Web link to the JSNA Data Compendium and Changing Southampton and Health Matters .
www.southamptonhealth.nhs.uk/jsna

Abbreviation guide

ASB	Anti-Social Behaviour
CAMHS	Child and Adolescent Mental Health Service
CIP	Southampton City Council Corporate Improvement Plan
COPD	Chronic Obstructive Pulmonary Disease
CVD	Cardio Vascular Disease
CYPP	Children and Young People's Plan
DAT	Drug Action Team
ED	Emergency Department (Formally A&E)
EPP	Expert Patients' Programme
EU	European Union
FE	Further Education
GP	General Practitioner
HCAI	Health Care Associated Infection
HIV	Human Immunodeficiency Virus
HWBG	Health and Well-being Plan
IDeA	Improvement and Development Agency for local government
IMD	Index of Multiple Deprivation
IPF	Institute of Public Finance
JAR	Joint Area Review
JSNA	Joint Strategic Needs Assessment
LAA	Local Area Agreement
LSP	Local Strategic Partnership
MARAC	Multi Agency Risk Assessment Conferences
MOOTS	Moving Out of the Shadows
MUR	Medication Use Review
NEET	Not in Education, Employment and Training
NHS	National Health Service
NVQ	National Vocational Qualification
PALS	Patient Advice and Liaison Service
PCT	Primary Care Trust
POVA	Prevention of Violence Towards Adults
PPO	Prolific and Priority Offenders
PSHE	Personal, Social and Health Education
S-LINK	Southampton Local Involvement Network
SE	South East
SEPHO	South East Public Health Observatory
SCC	Southampton City Council
SCPCT	Southampton City Primary Care Trust
SHA	Strategic Health Authority
SRE	Sex and Relationship Education
STEP	Southampton Teenage Parents in Education and Parenting
STI	Sexually Transmitted Infections
SUHT	Southampton University Hospitals NHS Trust
SWAP	Southampton Warmth for All Partnership
UK	United Kingdom

Chapter 1 Southampton

Background and context to this joint strategic needs assessment

Introduction

This is Southampton's first Joint Strategic Needs Assessment (JSNA) for health care and well-being between Southampton City Primary Care Trust (SCPCT) and Southampton City Council (SCC). Producing a JSNA became a statutory responsibility through the Local Government and Public Involvement in Health Act (2007). Crucially the JSNA adds another resource to well established partnership arrangements between our two organisations.

So what is a JSNA?

Joint - the JSNA is about organisations working together and with the people of Southampton, to improve health and well-being in the City.

Strategic - the JSNA will inform strategic commissioning (i.e. the best use of SCC and PCT resources to improve health and well-being outcomes

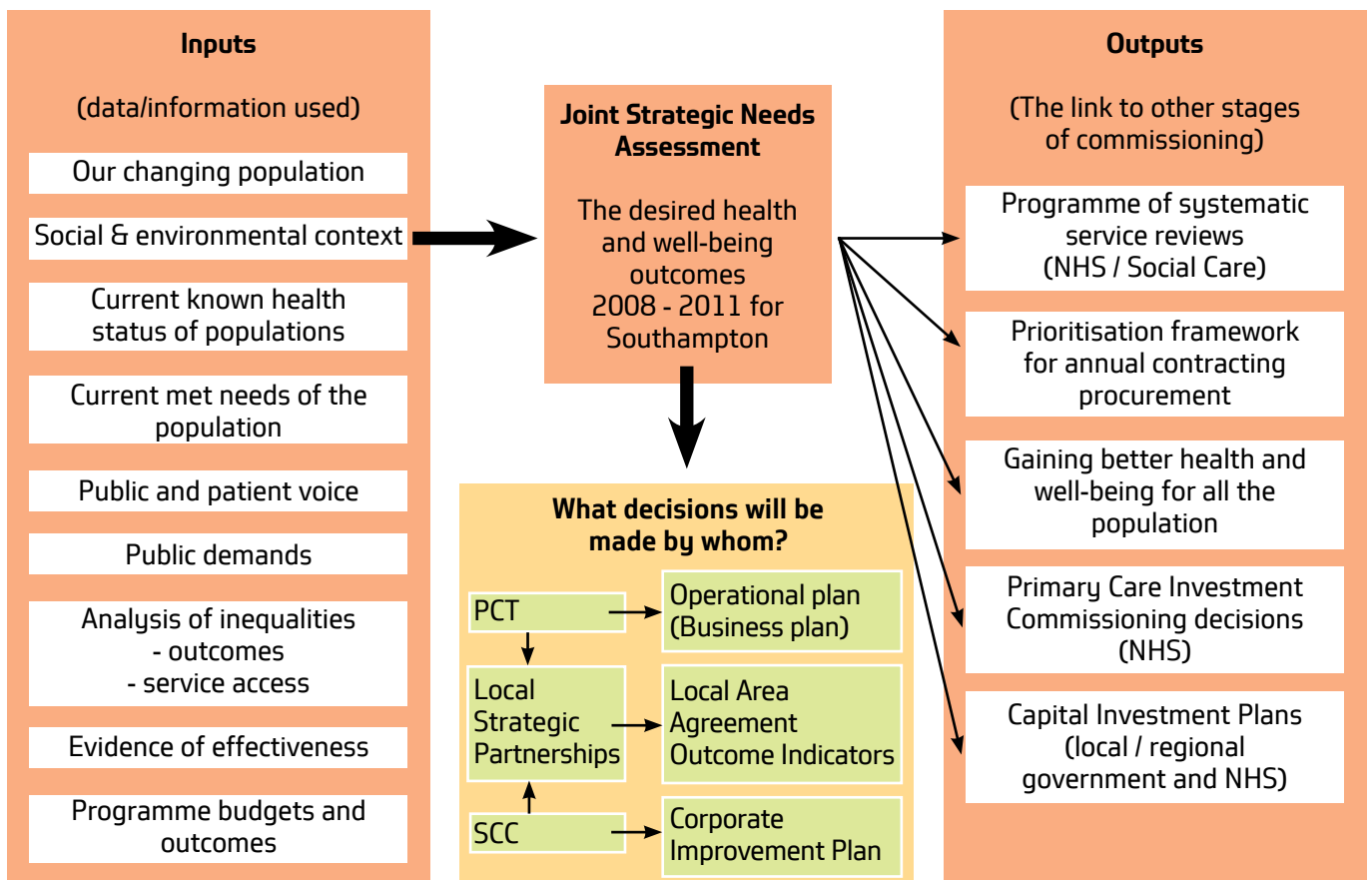
for people in the City) and move service design and delivery towards models that promote independence, choice and control for the people who use them.

Needs assessment - the needs assessment process identifies the health and care needs of the people of Southampton (see figure 1.2).

The JSNA will inform planning options for future resources, decommissioning of services that are no longer required or which need to be changed and investing in new models of care, as well as proposals for pooling resources where this makes good sense – either on grounds of efficiency or of securing better outcomes locally.

Southampton City Council and the Primary Care Trust have been examining their commissioning processes which can best be summarised in the figure (1.2) which depicts the information inputs and commissioning outcomes at a strategic level.

Figure 1.2 Joint Strategic Needs Assessment and the Commissioning Cycle



Adapted from: George Leahy, Renu Bindra Department of Health 9 May 2007 presentation

Southampton's JSNA will also be important in shaping some of the wider social, environmental and economic factors that determine people's health. It will influence the City's long term strategies, the Local Area Agreement (LAA), and our work with the Third Sector (Voluntary Agencies) and the private sector, who themselves have highlighted needs and/or have a role to play that is beyond the reach of statutory services.

The assessment has been based on:

- A. an extensive local survey and consultation – what Southampton's people told us
- B. key data on Southampton's health and well-being - detailed in the JSNA Data Compendium
- C. the South East Regional Health and Well-being Strategy (2008) and Lord Darzi's review (May 2008)

A. An extensive local survey and consultation – what Southampton's people told us

This JSNA takes into account what Southampton's people and organisations have said they want from their local services. Our consultation lasted from November 2007 to March 2008. The key priorities identified are based on both data and information on inequalities between the differing and overlapping communities across Southampton, direct comments and feedback received, and our adult lifestyle survey. This will be further enhanced by a health related belief survey of children and young people due to take place later in 2008.

Developing this JSNA has been a collaboration between the Primary Care Trust and City Council. This work builds on our previous work in promoting health, well-being and the City-wide Health and Lifestyle Survey reported in 2007. This has involved a small project group, an operational data group and a steering group. This report follows the publication of the stakeholder consultative document Changing Southampton in November 2007. The key issues from Changing Southampton were highlighted in the 'Health Matters' magazine which was a public magazine, distributed widely across the City.

Both the stakeholder consultative document Changing Southampton and Health Matters were available on the Primary Care Trust and City Council websites between November 2007 and March 2008, along with an opportunity for people to feedback electronically or by post or through a range of direct consultation meetings.

JSNA Consultation web address:
www.southamptonhealth.nhs.uk/jsna

A list of the organisations and individuals who responded to the consultation is available as part of the internet-based JSNA - Supporting Evidence & Data Compendium at www.southamptonhealth.nhs.uk/publichealth/jsna/documents/supporting

A1. Lifestyle overview

Our lifestyle survey showed us that:

- adults in Southampton are more likely to smoke more and drink more alcohol and take less exercise than the average for England
- our levels of obesity are similar to England as a whole but higher than for the South East
- fewer people consume a healthy diet, including fruit and vegetables, than in the rest of the South East
- we have the highest teenage pregnancy rate in the South East region.

Oral health in Southampton lags behind similar cities in England; many of our children have appalling oral health. In 2006, 42% of children had experience of dental decay by the age of five years (a rise from 37% in 2002).

A2. Towards a healthier Southampton - What people told us?

There were many and extensive points made throughout the consultation period, which are acknowledged throughout this work: key public concerns focused on a range of local factors:

- more funding on the prevention of ill health and early intervention which is accessible and understandable
- better information – improving sign posting and access to GPs
- improving health and well-being for marginalised groups and carers
- respite care for carers
- better choice around end of life care where the dying person feels is most appropriate – often at home
- recognition of the difficulties faced by carers in terms of restricted life opportunities, worklessness (lack of paid employment) and lack of access to benefits
- better education to break the cycle of health inequalities by improving health literacy skills
- improved parenting skills to help family lifestyle choices
- improved resources and support for those living with sensory disabilities, e.g. loss of hearing and sight
- build on the personalised care that many GPs already provide.

B. Key data on Southampton's health and well-being

B1. Our position in England

In developing this JSNA we have compared Southampton with 15 statistical neighbours (similar areas, also known as a Local Authority 'Family Group') as well as Hampshire and England as a whole. Family groups were calculated using a wide range of socio-economic indicators. Comprehensive details can be found in the JSNA Compendium (<http://www.southamptonhealth.nhs.uk/publichealth/jsna>) and our family group consisted of the following cities: Blackpool, Brighton and Hove, Bristol, Calderdale, Coventry, Derby, Gateshead, Newcastle upon Tyne, North Tyneside, Plymouth, Portsmouth, Salford, Sheffield and Sunderland.

During the consultation period the Index of Multiple Deprivation (2004) was updated by the University of Oxford (2007) and this revised version was used to recalculate our relative deprivation ranking. Southampton has slipped from 96th to the 91st most deprived Local Authority area out of the 354 Local Authorities in England in this ranking.

This IMD data can further be broken down into Super Output Areas (SOA) [areas with around 1,500 people]. Table 1 below shows which Priority Neighbourhoods have the most deprivation from the seven domains which make up the IMD. These domains are income, employment, health, education, housing/access, crime and the environment.

Some Priority Neighbourhoods feature more than once in Table 1 where more than one SOA is involved.

Table 1. Ranking of the worst 5 SOA in Southampton out of 32482 in England

	Domains							
	Overall IMD Score	Income	Employment	Health	Education	Housing / Access	Crime	Environment
Woolston	1226 (1)	951 (1)	1462 (1)	1104 (2)				
Bevois	1418 (2)	2086 (2)	2410 (3)	1436(3)				
Bitterne	1715 (3)	1640 (3)	2011 (2)					
Millbrook	2087 (4)	2359 (4)			922 (5)		912 (3)	
Bitterne	2316 (5)		3249 (4)					
Redbridge		2820 (5)						
Redbridge			3317 (5)					2066 (4)
Bevois				728 (1)				
Bevois				1624(4)				
Bargate				1823(5)				
Woolston					605 (1)			
Millbrook					619 (2)			
Redbridge					689 (3)			
Woolston					854 (4)		1133 (4)	
Bassett						1653 (1)		
Bargate						1955 (2)		
Bassatt						2189 (3)		
Sholing						2512 (4)		
Bassett						3117 (5)		
Bargate							400 (1)	
Portswood							828 (2)	
Bitterne							1149 (5)	
Freemantle								1655 (1)
Peartree								1753 (2)
Portswood								1787 (3)
Bassett								2272 (5)

NB: Numbers in brackets represent ranking in Southampton only. ■ Also within the 10% most deprived SOAs in England.

Source: Index of Deprivation 2007, Office of the Deputy Prime Minister

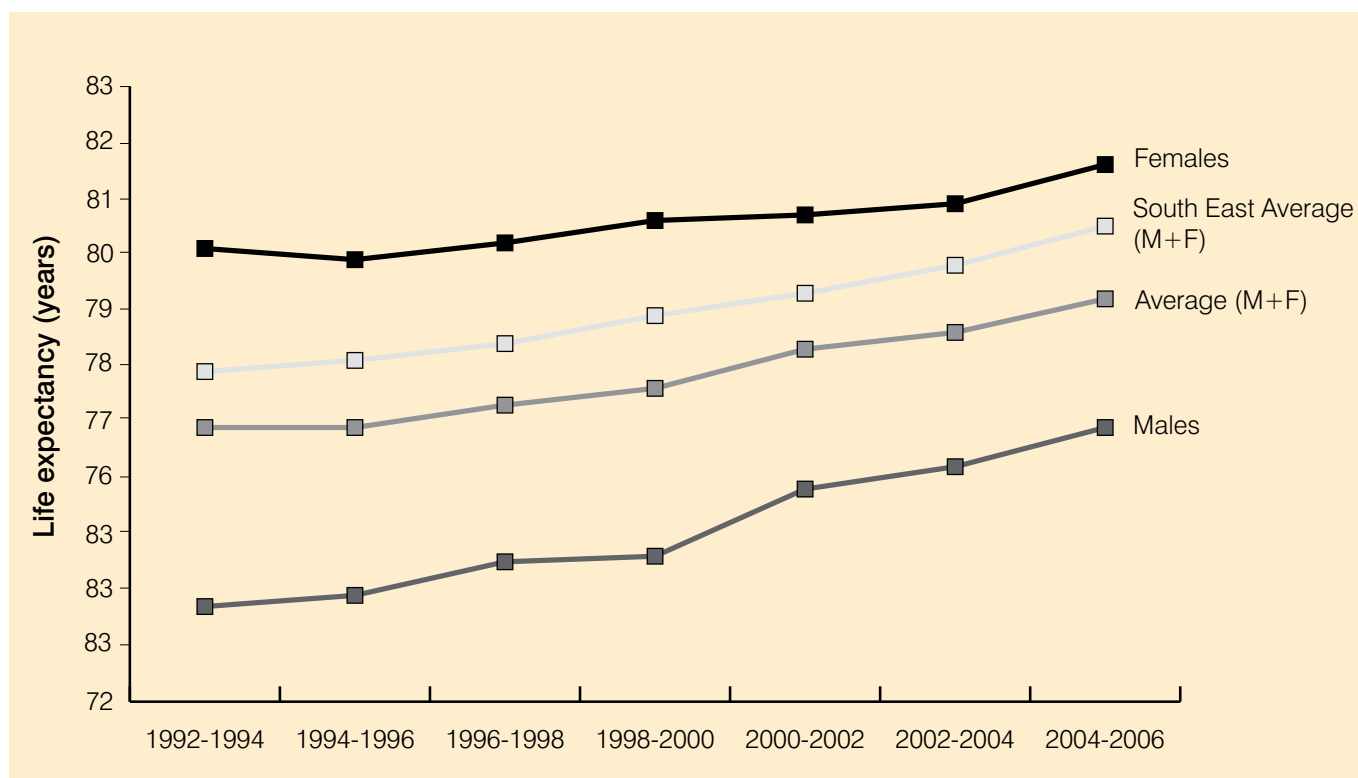
Each area is ranked from the 32,482 SOA that make up England, figures in brackets rank priority deprivation for the City as a by IMD domains.

B2. Life expectancy and key causes of death in the City

The health of Southampton people continues to improve, but there are still many who are missing out.

The life expectancy for females in Southampton is slightly higher than the average for England and in the top four comparator cities, which are a little lower than the South East. For males in Southampton life expectancy is slightly lower than the average for England but in the top four of the comparator cities which are almost two years lower than the South East as in Figure 1.3 below.

Figure 1.3 Life expectancy at birth: Southampton 1992 - 2006



In Southampton we have a higher mortality rate for circulatory and respiratory diseases than England and much higher rate than the South East (SE) overall. For coronary heart disease the picture is worse still, with almost a third more deaths than the England average and almost twice as many as Hampshire. Cancer deaths are slightly higher than the England average, higher than the SE but much higher than Hampshire. Deaths from all causes are slightly higher than England but generally lower than our matched comparator cities.

C. South East Regional Health and Well-being Strategy (2008) and Lord Darzi's review (May 2008)

Southampton's JSNA has been developed alongside the Health and Well-being Strategy for South East England which has six strategic themes:

1. to reduce health inequalities and raise life expectancy
2. to promote health and well-being and continuously

improve the **quality of life** of all its people and work to address the impact of **climate change**

3. to reduce violence and create safer communities to promote **social cohesion** and well-being in relationships, families and communities
4. to improve **workplace health** and **social inclusion in employment**
5. to promote physical and mental well-being in **children and young people**
6. to improve the healthy life expectancy of **older people** and their dignity in care.

Likewise the NHS and Strategic Health Authority's review of the NHS currently being carried out by Lord Darzi (2008) sets out a ten year vision for healthcare across the South Central NHS. This ongoing review focuses on improving healthcare in three general areas:

1. improving the quality and safety of services
2. improving access to these services
3. improving health and well-being.

Commissioning and our local capacity

For the purpose of this document commissioning is defined as:

- understanding and shaping the supply and demand factors within local health, social care and housing economies to meet the present and future needs of service users and improve outcomes
- co-ordinating the strategies and implementation plans of partner agencies to ensure these needs are met
- reviewing and evaluating the services provided at regular intervals to ensure services are adapted and re-focused to meet ever changing population needs.

Through this JSNA we seek to directly influence the following annual health, social care and community support budgets:

■ Southampton City PCT	£370 million
■ SCC Adult Social Care	£76 million
■ SCC Safeguarding Children's Services	£35 million
■ SCC Young People & Community Support	£8 million
■ SCC Environmental Health Services	£3 million
Total	£492 million

Or, to put it another way, around £1.5 billion over the next 3 years

However, the JSNA will also seek to influence the budgets of a number of other areas of local public expenditure both within the Council and beyond.

We need to influence the use of these resources to ensure that population needs, highlighted through this report, are met through joined-up financial commissioning. Pooled and aligned budgets will help with this and this approach has already started in the City. Under the NHS World Class Commissioning framework some further analysis of needs and knowledge management associated with actuarial skills will also be required.

Fit for the future

The greatest health problems affecting peoples' lives in the City are:

- cancer
- mental health
- vascular diseases (including heart disease, stroke and diabetes)
- respiratory diseases (including asthma and obstructive airways disease)

- infectious diseases (including hospital acquired infections such as MRSA, sexually transmitted infections and meningitis)
- accidents and falls.

Many of the identified gaps and issues in this assessment focus on early intervention and prevention in ways that offer better value for money than 'treating the symptoms', hence offering ways for the City Council and Southampton City PCT to 'invest for health and well-being' now and in the future.

There is a need to enable more people to quit smoking, maintain, and where appropriate, enhance levels of physical activity, minimise the potential for alcohol induced harm and enjoy a good balanced diet to protect health and well-being.

The outcome of this JSNA must be to influence the use of the budgets shown above and maximise the potential for the public to be 'fully engaged' with their health and well-being at every opportunity. For example, there is an identified need to provide better information about healthy lifestyle choices to enable people to get the most out of health and social care professionals to achieve the maximum health gain. There is also an identified need to promote good health and well-being across a variety of settings where people live, work and relax. Our aim must be to enable people in all of these settings to engage in maintaining or improving their health and well-being.

Learning from what we know already

Firstly we can learn from a number of positive developments across the City. Our work in focusing on health inequalities has, for example, benefited from:

- measurable improvements in outcomes for children from the City's early adoption and investment in 'Sure Start' programmes, now based in every Priority Neighbourhood through Children's Centres. Birth weights and breast feeding rates, for example, have generally improved giving a large number of children a better start in life, as has the impact of parenting skills programmes
- the successful smoking cessation 'Quitters' programme is delivering on the Local Area Agreement 'stretch target' to reduce smoking rates faster in Priority Neighbourhoods
- a participatory budgeting pilot project has been funded by the PCT to enable Thornhill people to deliver new health improvement initiatives
- a community based health and well-being programme focused in Thornhill but being expanded across eastern and southern parts of the City, alongside the City-wide 'Health Trainers' programme has engaged local people in important life style changes. This work includes the UK's first pilot to assess the role of 'participatory budgeting' in health improvement in Thornhill

- focused work on supporting people from minority communities to manage mental health problems has helped to reduce the stigma attached to the issue and improved individuals' capacities to manage without hospital based care. Good planning and support for the range of new communities coming to the City has probably helped to reduce the strain on local services from the substantial demographic changes the City has experienced
- pilot work on dental health in five schools across the City has demonstrated that focused efforts can help improve dental health – though the degree of improvement is small compared with the overall challenge.

City wide programmes are also having impacts.

These include:

- work to tackle alcohol misuse has focused on licensees and the public through the 'Best Bar None' initiative, working with student groups and tackling under age sales of alcohol (though not impacting on access to alcohol for younger people by other means)
- effective local monitoring of the national implementation of 'smoke free' England has helped ensure successful adoption of the new legislation
- the City is addressing the challenges of an ageing population and the exclusion of today's senior citizens through the Later Years Partnership, led by the City Council. The core of the Partnership is a range of statutory and voluntary organisations, working together to address key issues and secure change across the whole system. The Partnership involves and works with the Southampton Seniors' Council which is developing to represent the interests of older people in the City
- stepping up our work in supporting people misusing drugs and other substances has helped to enable a significant number of people manage their lives through challenging periods
- the recent introduction of the 'Active Southampton' promotion builds on a substantial portfolio of work encouraging physical exercise and activity including support for cycling and walking across the City
- the re-organisation of sexual health services across the City is now resulting in better response times for users and helping to reduce the stigma attached to tackling these problems. Attitudes to sexual activity continue to influence the potential for increasing sexual health problems in the wider community which means this area will continue to need more focused attention.

These examples demonstrate how public interventions have helped people in the City to manage and maintain their health and well-being at a small scale. The City Council, together with the PCT, has also

sponsored its own lifestyle survey to help identify health related behaviours for future trends and needs as part of the development of our local Health and Well-being Strategy.

However, there are also examples of issues which have proved resistant to change. A key example is the continuing high rate of teenage pregnancy in the City. While many of the teenagers who do become parents are determined to provide a positive and supportive family life for their children, we know that too many are not successful in securing good outcomes for their children. Our efforts to help have failed so far to reduce the scale of the problem in the City. Although we will have helped some young mothers manage to avoid worse outcomes, other cities have been able to tackle the issue more successfully. Dealing with problems such as these demonstrates how any failure to properly co-ordinate consistent action across a whole system can lead to poorer outcomes in health and well-being for a significant group. Our proposals for the future management of improvements in health and well-being must learn from this.

Both the Audit Commission in the Council's Comprehensive Performance Assessment (2007), and a Peer Review carried out by IDeA (2008) recognised that Southampton had made considerable strides in responding to health and well-being issues in the City – and there are many areas in which the City is identified as an exemplar. This however, only serves to suggest the City is better placed than many to rise to the challenges set out in Chapter 2, but that not enough is being done to tackle the underlying causes and drivers of many of the health improvement challenges for the future. In particular the IDeA review suggested the City's public services needed to develop a more collective and truly integrated approach to improving health and well-being as one of the key foundations for achieving the Southampton Partnership's 2026 vision for the City.

Southampton faces challenges driven by a number of national, local and individual factors and our local response has to acknowledge the different impacts of these factors.

There will continue to be economic and social factors which, if not checked at a national and regional level, will result in poorer health. These include:

- high levels of economically inactive people, leading to family poverty – associated with poorer health and well-being outcomes for all
- a legacy which lacked investment in education and skills for those who fell through the system, linked to economic factors, leads to low aspirations and poorer outcomes being maintained for key groups through generations

- low levels of post - 16 progression into Further Education (FE) colleges, training and employment which remain to this day (improving in Southampton, but still a significant priority)
- the promotion of poor quality food and eating habits, together with sedentary lifestyles and activities, meaning that we fail to maintain our physical health
- stress arising from a range of social and economic factors, and impacting differentially on different groups, leading to failures to maintain our mental health and well-being.

However, these national challenges require linked national and local responses working alongside each other to ensure that, together, we make the maximum impact. Clearly the City Council and PCT, with all partners in the City, have core responsibilities to ensure the future sustainability of the economic, environmental and social well-being of all in the City. This must be secured through maintaining a range of initiatives to ensure the future sustainability of the City's economic and social infrastructure.

Priorities for the future

The next chapter details the high-level outcomes required for action. These are based on the review of the information available and what you told us.

Recommendations are underpinned by supporting evidence presented in the accompanying internet-based data compendium. These recommendations will now inform and direct the future commissioning and service development for health and social care by both organisations and strategic partnerships. For example: the Local Area Agreement (LAA), the Children and Young People's Plan (CYPP), the Southampton City Council Corporate Improvement Plan (CIP), Southampton City PCT's Operational Plan, the Health and Well-being Plan (HWBP), and the Safe City Partnership Plan.

Chapter 2 sets out the detailed background, but in summary – and in no particular order – the following sets out proposed key priorities:

- bring health and well-being in Southampton closer to the regional average, and reduce the significant inequalities in health for those living in Priority Neighbourhoods
- focus on delivering quality outcomes for people that are among the best in the world, the details of which are highlighted in the PCT's Operational Plan (2008/9)
- delivering health care as safely as it possibly can be, giving people the confidence they need in the health and social care they receive and ensuring that people are treated with dignity
- offer care that is personalised to the needs and

wants of each individual, especially the most vulnerable and those in greatest need, providing access to services at the time and place of their choice

- offer people more control over their care and support needs, enabling them greater independence to make real life choices
- reduce crime, including violent crime and domestic violence, criminal damage and anti-social behaviour
- reduce the harm caused by alcohol and drugs to people's health and well-being
- improve employability for those excluded from employment, so they are less likely to suffer from poor health outcomes because of living in poverty
- improve outcomes for children and young people in relation to their health, safety, enjoyment, achievement, community contribution and economic well-being for long, happy and healthy lives
- provide a platform to increase the aspirations, skills and education levels of learners among children, young people, the adult population, business communities and families
- work with partners and communities to better support families most at risk from exclusion, disadvantage, discrimination and hate crime.

These overarching priorities for improvement will require a range of partnerships to engage to ensure they are met. It is important to note that key agencies are already involved in the delivery of a range of activities to maintain and improve health and well-being. It is not the remit of the JSNA to go into further detail other than to signpost those interested to the key partnerships and plans.

These proposals are also, set against other possible major influences, for example, climate change, or more accurately 'climate chaos', which is thought likely to emerge as a significant public health and well-being challenge for the 21st century.

The next chapter describes the identified gaps and issues we need to address to improve the health and well-being outcomes of the whole population. These are based on the review of the best information currently available, including what we have been told by the public. These areas for action will inform and direct the future commissioning and service development for health and social care by both organisations.

References:

Fear of Crime Survey (2004) Southampton City Council
www.southampton.gov.uk/thecouncil/thecity/research/marketresearchresults/fearofcrime.asp

Health and Lifestyle Survey (2007) Southampton City Council and Southampton City Primary Care Trust 2006 King D, Wilkinson R. Local Health Comparisons 2006. Southampton City PCT 2006. Available at www.southamptonhealth.nhs.uk/publichealth/lhc/lhc2006

Housing Needs and Markets Survey (2006) www.southampton.gov.uk/thecouncil/thecity/research/marketresearchresults/housingneeds2006.asp

Housing Strategy for Learning Disability www.southampton.gov.uk/thecouncil/thecouncil/strategy/city-plans-initiatives/h-strategylearningdisability.asp

King D, Lovegrove P. (2007) Childhood Obesity Southampton City PCT 2001/02 to 2005/06 www.southamptonhealth.nhs.uk/publichealth/briefings

NHS South Central (2008) Our NHS Our Future; Towards a healthier future – a ten year vision for healthcare across NHS South Central

Obesity Strategy for Southampton 2003 to 2008 www.southamptonhealth.nhs.uk/publichealth/plans/obesity

Oral Health Needs Assessment and Oral Health Improvement Strategy Draft documents October 2007. Southampton City PCT

Professor Lord Darzi, (2007) NHS Next Stage Review Interim Report. London: Department of Health, 2007. www.nhs.uk/ournhs

Sexual Health and HIV strategy for Southampton City (2004) and a Teenage Pregnancy Strategy (revised 2007)

Sharing the Caring (2006) A joint- commissioning strategy for older people and adults with long-term disabilities 2006 – 2009 Southampton City Council and Southampton City Primary Care Trust

Southampton Alcohol Harm Reduction Strategy –report of the Southampton Drug Action Team Alcohol Sub-Group (2004) and Tackling Alcohol Partnership Action Plan 2005-2008

Southampton City Councils Comprehensive Performance Assessment (2007) www.audit-commission.gov.uk/reports/CPA-CORP-ASSESS-REPORT.asp?CategoryID=&ProdID=DOBA1ED7-2ECA-468A-A697-1FDCA4A0F1BB&fromREPORTSANDDATA=CPA-CORP-ASSESS-REPORT

Southampton City Council (2008) IDeA Peer Review of Southampton City Council's Healthy Communities Programme Draft Report

Southampton City Primary Care Trust (2008) Diverse needs...diverse solutions Operational Business Plan 2008/09.

Southampton Partnership 2026 Vision www.southampton-partnership.com/vision/
The South East England Health Strategy (2008) A strategy for improving health and well-being for the South East region, Government Office of the South East, Guildford.

Southampton 20 year vision www.southampton-partnership.com/images/City%20of%20Southampton%20Strategy_tcm23-196231.pdf

The House of Commons, (2006) Local Government and Public Involvement in Health Bill [Bill 16]. London: The Stationery Office 12 December 2006. Available at www.publications.parliament.uk/pa/cm200607/cmbills/016/en/2007016en.pdf

health



well-being

Chapter 2 Southampton

The key identified gaps and issues for health and well-being in Southampton in 2008

Introduction

Improving the health and well-being of everyone.

The important messages from our consultation with local people and service partners are set out in the previous chapter. This chapter sets out the key issues for agencies, professionals and others involved in providing and/or commissioning services.

Health across the United Kingdom has improved dramatically over the past 60 years and there is definitely a positive feel to life in modern Southampton. People value their health and well-being, and many have never been healthier. However, the needs assessment also tells us many other stories where things are not as good as they should be. This includes outcomes for Southampton's people which have not improved as quickly as they have in other places and where the health and well-being gains of the last few decades have not benefited all of the City's people or communities equally.

In this respect the JSNA reflects the shared ambition of the PCT, Southampton City Council and their partners, as well as Southampton citizens themselves: the future will offer better outcomes than the past. To help us realise this ambition, this JSNA attempts to highlight the key areas where information is telling us that:

- progress against health and well-being outcomes has either declined or not improved as quickly as for similar cities
- outcomes for people from different parts of the City, from differing ethnic communities, differing age groups, for men and women, and people with learning difficulties and/or disabilities vary greatly, particularly where this inequality 'gap' is widening
- children and young people with disabilities and complex needs require better health and well-being outcomes
- local patterns and trends in lifestyle, diet, activity levels, smoking, crime, alcohol and/or drug/substance misuse, sexual and oral health are indicating problems for our community's future health that will undermine continued improvements in outcomes.

Themes of work

The following five themes have been identified for the next three years. The themes aim to improve health and the delivery of health and care related programmes across the City:

A. Achieving better health and well-being for all and tackling health inequalities

1. improve the health and well-being of people living in the City, particularly in the 11 Priority Neighbourhoods, thereby helping people improve their lifestyle and feel more positive about their lives
2. bring health and well-being performance in Southampton closer to the regional average, and reduce the significant inequalities in health for those living in Priority Neighbourhoods, including socially excluded groups such as BME, asylum seekers, refugees, economic migrants, lone parents and ex-offenders.

B. Delivering world class health and care outcomes for people in the City

3. focus on delivering quality outcomes for people that are among the best in the world
4. deliver care as safely as possible, giving people confidence in the health and social care they receive and ensure that people are treated with dignity.

C. Providing children and young people with a healthy start to life

5. improve outcomes for children and young people in relation to their health, safety, enjoyment, achievement, contribution to community life and economic well-being to ensure long, happy and healthy lives
6. work with partners and communities to better support those families most at risk from exclusion.

D. Providing the best health, care and support services for adults and older people

7. offer care that is personalised to the needs and wants of each individual, especially the most vulnerable and those in greatest need, providing

access to services at the time and place of the persons choice

- offer people more control over their care and support needs, enabling them to have greater independence to make real life choices.

E. Addressing the social, economic and environmental impacts on health and well-being

- reduce the harm caused by alcohol and drug misuse to people's health and well-being and to the quality of life of others through improved health and reduced violence, criminal and anti-social behaviour
- remove barriers to employment for people suffering poor outcomes through living in poverty
- provide a platform to increase the aspirations, skills and education levels of learners within the adult population, business communities and families.

This chapter is divided into the above five themes of work to improve health and well-being. The themes outline the gaps and issues identified by the needs assessment and consultation, as well as key headlines. Appropriate links to web-based sites where you can find out more information are also provided.

Strategic development needs

There is a need to adapt commissioning processes to allow service provision to be more sensitive to overall population health and well-being needs. There is also a requirement to use targeted investment as an approach to address inequality in access to services and healthier lifestyle chances.

There is a need to invest in, develop and reconfigure services in line with current activity and population need. This will include the PCT and SCC proactively reviewing our programme budgeting investment for 2009/10 so they are more clearly outcome-focused and to ensure we can identify areas for increased investment and for efficiency targeting.

There is a need to ensure that all strategic development focuses on models of service delivery which maximise independence, choice and control for the people using them.

A. Achieving better health and well-being for all and tackling health inequalities

A1. Improving life expectancy in the City

- key findings from our consultation:

People who live in Priority Neighbourhoods live, on average, three years less than people who live in the

rest of the City.

We must continue our drive to reduce morbidity and mortality from the major causes of death in the City, namely Cancers and Cardiovascular Diseases.

We must reduce the burden of long term conditions, particularly those that drastically reduce the quality of an individual's life.

To find out more see

www.southamptonhealth.nhs.uk/publichealth and/or the Data Compendium

www.southamptonhealth.nhs.uk/publichealth/jsna

To further improve life expectancy there is a need to:

- reduce the three year life expectancy gap between the Priority Neighbourhoods and the rest of the City
- tackle Cancer and Cardio Vascular Diseases (CVD) which have been identified as the two major contributors to poorer life expectancy experienced in Southampton
- focus and develop a preventative vascular disease programme to identify people who are at high risk of disease, yet currently have no symptoms in primary care
- direct future investment and service development towards the primary and secondary prevention of cancer and CVD (including diabetes and stroke) in the local population as a priority
- introduce better screening and risk management of long term conditions to better support ill people and their carers
- improve air quality and reduce exposure to outdoor pollution, mainly caused by traffic, which is associated with bringing forward deaths and hospital admissions. People with pre-existing respiratory conditions such as Chronic Obstructive Pulmonary Disease (COPD) and Asthma are particularly at risk; these conditions are prevalent in some parts of the City such as the Priority Neighbourhood areas on major roads
- reduce road traffic injuries; Southampton has managed to reduce the overall Killed and Seriously Injured numbers by 24%, this compares with a national reduction of 33% and needs to work towards a 40% reduction by 2010
- reduce the violence and harm to health and well-being caused by alcohol misuse
- improve the literacy and numeracy levels of the working age population through work with children, young people and adult learners, so that people are better able to take control of their own health and well-being and enjoy better health literacy
- make better use of community facilities (e.g. pharmacies, libraries) who regularly have contact with the wider public as well as patients when considering un-met health and well-being needs including information on staying well.

A2. Improving the equity of health and well-being across all communities:

- key findings from our consultation:

'Mental health and well-being are fundamental to enjoying a good quality of life, enabling people to experience life as meaningful and to be creative and active citizens. Mental health is an essential component of social cohesion, productivity and peace and stability in the living environment, contributing to social capital and economic development in societies' (WHO 2005).

Half of all women and a quarter of men will be affected by depression at some time in their life and 15% experience a disabling depression.

20% of households within the city are income deprived against the national average of 14%. The overall Index Multiple Deprivation (IMD) 2007 has identified that the City's position nationally has worsened from 96th to 91st out of the 354 Local Authorities in England. The IMD has also identified that 40% of Southampton's population live in 11 Priority Neighbourhoods (over 50% for children and young people).

In the Priority Neighbourhoods:

- life expectancy is lower by 3.4 years for men and 2.7 years for women
- overall mortality rate is 28% higher
- premature (under 75) deaths are 58% higher
- death rate from circulatory disease in people under 75 is 56% higher
- severe mental illness is more common
- teenage pregnancy rates are higher
- low birth weight babies are 32% more common
- smoking in pregnancy is over twice as common
- breast feeding is less common – 21% v 39% for other neighbourhoods.

To find out more see our local health comparisons and the data compendium

www.southamptonhealth.nhs.uk/publichealth/lhc and/or the Data Compendium

www.southamptonhealth.nhs.uk/publichealth/jsna.

To improve the equity of health and well-being there is a need to:

- improve access to accurate and up-to-date information about changes in the City's population and needs across all services, and improve our effectiveness in the use of this information to meet the needs of people living in Southampton
- improve our effectiveness in preventing ill health and invest in successful early interventions which are easy to access and understand and based on evidence of effectiveness
- increase interventions to reduce Cardio-Vascular

Diseases (CVD) tobacco control, cholesterol, blood pressure and weight control and alcohol harm reduction strategies

- manage acute myocardial infarctions (heart attack) and atrial fibrillation to ensure equity of service delivery
- tackle the poor health of homeless people in the City at point of first contact, reviewing health needs as accommodation issues are resolved
- enable Southampton to be a beacon for innovative approaches to health in primary, secondary and tertiary health and care settings with staff promoting health and well-being with every appropriate interaction
- improve our understanding of the needs of different Minority and Ethnic communities within our population, including Gypsies and Travellers, asylum seekers and refugees and new economic migrants, especially around maternity services and children's health
- develop maternal health services that adapt to changing population needs
- provide better support for women's mental health during pregnancy and the post-partum period
- take action to understand and reduce our very high teenage conception rates
- tackle health inequalities in Black and Minority Ethnic communities. The local needs assessment identified six key priorities to improve the health of those Black and Minority Ethnic communities within Southampton, they are:
 - improve data collection relating to the ethnicity and other equality strands and language ability of those in primary care
 - primary prevention of cardiovascular disease - focusing on physical activity, particularly for the most vulnerable Black and Minority Ethnic communities, e.g. those from South Asian communities
 - secondary prevention of cardiovascular disease and the complications of diabetes
 - improve access to mental health services to address differences in the diagnosis and treatment of people from different Black and Minority Ethnic communities
 - improve the accessibility to all health and well-being services, particularly for those experiencing communication barriers to services
 - improve engagement and participation of all communities in improving their health and the health care they receive.

A3. Disease management

- key findings from our consultation:

Pro-active disease management of long term conditions can make a real difference to people with a single condition or a range of problems that threaten their health and well-being.

We must continue to tackle Health Care Acquired Infections (HCAIs) which are a significant public, professional and political concern.

We must grip the re-emergence of tuberculosis (TB) as a cause of morbidity and ensure more vigilant monitoring.

To find out more see

www.southamptonhealth.nhs.uk/ourservices
and/ or

www.southamptonhealth.nhs.uk/publichealth/jsna

To proactively manage diseases there is a need to:

- introduce new or improved treatments for old and for new conditions, for example, prescribing to prevent cardiovascular disease following best practice
- expand effective case management of long term conditions to reduce the need for hospital admission and improve overall health
- continue to improve the investment in, and use of, assistive technology to improve disease management, e.g. tele-health, telecare and remote monitoring
- continue the implementation of measures Southampton University Hospitals Trust (SUHT) have put in place to closely monitor and control health care acquired infections
- focus on tackling tuberculosis, which has shown itself to be a re-emerging and growing risk to public health and well-being
- ensure early identification and treatment of people with TB and identification of those migrants from high risk TB countries notified by Port Health, and prevention of unnecessary transmission by better targeted screening of all at risk populations across primary care
- maintain our close relationship with the Health Protection Agency and monitoring of notifiable infections/diseases
- increase arrangements in place to ensure GPs, school nurses, midwives, health visitors and Walk-in Centre staff are 'Tuberculosis aware' and understand how to refer patients into the specialist Tuberculosis Centre at the Royal South Hants Hospital.

A4. Longer term health and well-being conditions

- key findings from our consultation:

Around 26,000 people in Southampton are living with long term health conditions, such as asthma, diabetes and hypertension; these conditions require on-going treatment and monitoring. Around half of those with a long term condition (LTC) report that this condition limits their daily activities or work. We must better support around 2,000 people who require case management to co-ordinate their complex treatment and care needs. As the proportion of older people in the population increases, the management of long term conditions will make an increasing contribution to the overall burden of disease. Treatment of these conditions is costly both to the NHS and to society, however they and their complications are often preventable

To find out more see

www.southamptonhealth.nhs.uk/index.asp?pgid=20946

To better support people with LTC there is a need to:

- invest in the prevention of both longer term conditions and complications
- design services to take account of the increase of most long term conditions as people get older
- ensure that different health and social care groups are better co-ordinated or integrated for the planning and delivery of care for people with LTC and can share information as appropriate to gain the best health and well-being outcomes for the person using the service
- enable better data sharing across health and social care IT systems to maximise efficiency and outcomes (with appropriate data security)
- improve the health of those out of work – so that everyone with the potential to work has the support they need to do so
- manage the most common long term conditions predominantly in primary care, for example Chronic Obstructive Pulmonary Disease (COPD)
- invest in a primary /community COPD team to work with GPs, the Quitters Service and community pharmacists to screen smokers over 35 years of age for COPD and make appropriate care plans or referrals
- provide more effective case management for people with complex needs and those at the end of their life – this is a need now and one which will increase
- develop individual care plans to enable different agencies to anticipate/co-ordinate people's needs more effectively

- invest in more Medication Use Reviews (MUR) to increase the benefits of good prescribing by GPs and community pharmacies, for people with long term conditions and complex medications
- provide more person-centred care closer to home by expanding high quality clinical service across primary care based on the needs of localities
- establish one-stop clinics across the City for people with diabetes for review with the multi-professional team to minimise the number of appointments and maximise patient satisfaction
- review the care pathways for some long term diseases to maximise people's treatment options, compliance and health, for example asthma, and allergic conditions
- realise some of the benefits of investing in patient capacity, such as the Expert Patient Programme (EPP). Monitoring data published by the Department of Health in February 2005 which reported the improvements in health state and use of health state and use of health services among people attending EPP courses. These include:
 - decrease in GP consultations of 7%
 - decrease in A&E attendances of 16%
 - outpatients appointments decreased by 10%
 - decrease in hospital admissions of 13%
 - increase in visits to pharmacy of 18%
 - 33% of participants felt better prepared for consultations with care professionals after the course.

Lifestyle choices of far too many Southampton people contribute to poor health and well-being. Positive lifestyles should form part of the care package for everyone with a long term condition.

A5. Focusing strategic priorities for people in their later years in the City:

- key findings from our consultation:

One positive consequence of wider improvements in health and well-being achieved over recent decades has been that more people are living longer. One of the key issues of an ageing population is the impact that it will have on health and care services in the future. We must understand older peoples' needs better and meet them through mainstream services and budgets. We must shift the balance of care towards support and independence.

To find out more see the Later Years Partnership web site www.southamptonlateryears.org/home/contact

To ensure older people maintain and improve their health, there is a need to:

- tackle those issues that affect health and well-being now, but which will impact on demand for services and result in loss of independence in

future

- improve the dignity afforded to older people across health and care services
- support active ageing
- promote healthy lifestyles, create opportunities, tackle inequalities and improve access to information
- address the accommodation conditions for older people especially those struggling to keep their own homes in a good state of repair
- redirect supported housing resources to older people in the community who could benefit significantly from low levels of investment
- join up resources for older people in the community enabling one service to become the eyes and ears for another and therefore maximise the impact of current resource
- develop the Government's Surestart to Later Life initiative for tackling social exclusion, focus on tackling poverty, and improve engagement
- increasing the impact of new highly effective treatments to restore and protect vision in older people diagnosed with Age Related Macular Degeneration (AMD) – the commonest cause of blindness
- focus on reducing falls by older and more frail people in the City by:
 - having a review of foot-care services in the City
 - identifying hot spots where falls occur and implementing action to reduce risks, for example mending of pavements
 - build on bone health initiatives in primary care to prevent osteoporosis
 - reduce the number of older people suffering a fractured neck of femur
 - improve our understanding of the likely impact of existing and changing policy on older people.

A6. Community empowerment and service user involvement

- key findings from our consultation:

SCPCT and the City Council have a number of community, seniors, carer, parent and service user involvement groups. The direction of Government policy is to intensify the relationship between the 'stronger community voice' and the way public services are designed and delivered. Therefore public services for people of all ages are working to become more responsive to the expressed needs of service users. This can lead to both better services and better outcomes.

To find out more see Southampton City Council web links www.southampton.gov.uk/ and Patient Advice and Liaison Service <http://www.southamptonhealth.nhs.uk/pals>

There is a need to:

- continue the support for community, service user and carers' involvement groups, including the Patients' Advice and Liaison Service (PALS) and the Southampton Local Involvement Network (S-LINK). This will ensure Southampton people are influencing, and are enabled, to scrutinize service provision
- improve the engagement of seniors, and in particular ensure their voices are heard in consultation, promoting dignity in line with the 'Dignity Challenge', and tackling ageism
- improve engagement of BME seniors, particularly Gypsies and Travellers, asylum seekers, refugees and new economic migrants
- promote and expand greater user control over health and social care decisions that affect them, their families and communities ranging from individual budgets (In Control and Supporting People) through to collective models of self-directed care (SECC pilot) community-led commissioning (e.g. participatory budgeting)
- ensure processes for dialogue with children and young people through Healthy Schools, Tellus (surveys), the City Youth Parliament, School Councils and other channels of communication.

A7. Monitoring of population health trends

- key findings from our consultation:

Health outcome monitoring is crucial to our understanding of health patterns across the City. We must have more reliable data on our population numbers to plan and meet health and well-being demands.

To find out more see Southampton City PCT health comparisons:

www.southamptonhealth.nhs.uk/publichealth/lhc/hantslhc2007/4lif
and/or the Data Compendium
www.southamptonhealth.nhs.uk/publichealth/jsna

To better monitor population health trends there is a need to:

- better understand our population demography by having up to date measures rather than relying on a ten year census
- continue to invest and develop ways of monitoring, predicting and understanding local communities' health and well-being outcomes. This technical resource has informed this JSNA, and can continue to give agencies early warning in relation to trends and developments in lifestyle choices that will have significant implications for local communities
- develop capacity in relation to the use and timeliness of this information so as to better inform the commissioning and provision of services

- enable judgements to be made about the most significant areas of concern, and to measure our progress based on the most timely and accurate information about health trends, lifestyles and attitudes.
- use this information to encourage people to make healthier lifestyle choices
- sustain a healthy future by taking action on climate change:
 - mapping of the Council and SCPCT's carbon-foot print – i.e. heating and lighting of buildings, and the use of business transport, etc
 - carry out a sustainability review of health and care services
 - address key areas for SCPCT and City Council in adapting to climate change to include ensuring that the health and social care infrastructure (GP practices, hospitals, nursing, residential and care homes and day care facilities) are resilient to the effects of heat, gales and floods
 - ensure that health and social care professionals remain alert to the possibility of future UK malaria outbreaks and reduce the chances of endemic malaria transmission
- continue to develop our avian and pandemic flu planning in light of the latest evidence and information.

B. Delivering world class health and care outcomes for the people in the City

B1. Preventing and improving the outcomes of cancer

- key findings from our consultation:

A number of factors influence a person's risk of developing cancer and the outcome of the disease. Some of these factors, such as age, genetic make-up and sex, are fixed, but others are lifestyle factors which can be modified, e.g. quitting smoking, eating a balanced diet, reducing exposure to UV rays and increasing physical activity.

Deprivation is strongly linked with lung cancer due to the higher prevalence of smoking, while breast cancer is linked with more affluent groups. There are inequalities in survival rates in most deprived groups for cancers of the lung, colon and breast.

We need to ensure there is a good uptake of screening programmes for cancer in Southampton which currently is a challenge. We must enable more people to understand how lifestyle choices affect their health.

To find out more see Southampton City PCT:
www.southamptonhealth.nhs.uk/publichealth/screening

To prevent cancer and improve health outcomes of those living with cancer there is a need to:

- increase the number of women participating in breast and cervical screening programmes in the City
- improve our understanding of the barriers to cancer screening programmes and why some people choose not to be screened
- restore the breast screening round length to 36 months, and plan for the age extension from 27 to 73 years
- closely monitor the uptake of the recently introduced bowel cancer screening programme for men and women aged 60 to 69, which should improve survival rates
- improve targeting of prevention services in respect of male-specific cancers
- continue to improve access to radiotherapy waiting times
- promote sun awareness more proactively as 18% of the City in our lifestyle survey never use sun screening products or cover up to protect their skin. Skin cancer is a largely preventable disease with excess exposure to ultraviolet radiation as a major contributing factor
- improve public information and health promotion about lifestyle choices that can reduce vulnerability to cancer, appropriate self observation and what to do if cancer is suspected.

B2. Sexual health

- key findings from our consultation:

Lifestyle data and data on sexual transmitted infections indicate high levels of sexual activity among young people and the adult population, with risk taking and poor observance of sexual health. There is also evidence of risky sexual health behaviour as a consequence of alcohol misuse.

To find out more see Southampton City PCT:
www.southamptonhealth.nhs.uk/publichealth/soton/survey

To improve the populations' sexual health there is a need to:

- work with parenting programmes to support parents and carers to speak to their children about relationships, the benefits of delaying sex, sexual health and parenthood
- continue to use media and publicity campaigns that promote messages about the benefits of delaying sex and the combined use of contraception and condoms known as the 'Double Dutch' approach
- introduce better prevention to reduce unplanned

pregnancies and Sexually Transmitted Infections (STIs) through working more closely with schools and colleges in the strong and consistent delivery of Sex and Relationships Education (SRE) and Personal, Social and Health Education (PSHE) in schools, and age appropriate information for young people in college

- continue to provide free, confidential, friendly advice, information, contraception and sexual health services in primary care, health and community settings
- assess sexual health needs to inform the work necessary to achieve 48-hour access targets and in particular where community sexual health services can be best provided for clients
- target resources on young people most at risk of poor sexual health, in particular young people in care, care leavers, those 'Not in Education Employment and Training' (NEET), young people with disabilities and/or learning difficulties, young people from some Black and Minority Ethnic communities, young people from Priority Neighbourhood areas and young people in temporary accommodation
- increase the percentage of people aged 15 to 24 participating in Chlamydia screening; the national target is 17% for 2008/9.
- utilise community pharmacists to provide sexual health advice, signposting, supply of Emergency Hormone Contraception and Chlamydia screening kits
- enhance peoples' choice (e.g. diversity of access, choice of opening times, choice of providers etc) which should be a focus for future planning
- target a programme aimed at increasing the uptake of HIV testing, which should be developed across primary care and non-traditional settings through alternative providers including the voluntary sector
- agree specific local targets, based upon needs assessment, focussing on HIV prevention and sexual health promotion at key groups, with agreed and measurable indicators of success.

B3. Dental and oral health

- key findings from our consultation:

Dental health outcomes in Southampton, particularly in children, are poor. The number of under 5's with decaying, missing or filled teeth is very high. Whilst there are few figures for the adult population, there are inequalities in dental health between Priority Neighbourhoods and the rest of the City.

To find out more see SCPCT website:
www.southamptonhealth.nhs.uk/publichealth/fluoridation

To improve dental and oral health there is a need to:

- continue with oral health promotion programmes targeting those who are at increased risk of dental disease, such as people living in areas of social and material deprivation
- review the cost-effectiveness and feasibility of water fluoridation to improve the oral health of the local population being led by the Strategic Health Authority
- build upon other targeted programmes to reduce the number of under 5's with decayed, missing and filled teeth such as dietary education programmes targeted at expectant mothers
- develop high-quality therapeutic services which provide the full range of dental care including primary care, secondary care, specialist care and urgent care both in and out of hours. This includes redesigning existing patient care pathways to facilitate appropriate care for all patients.

B4. Obesity, diet and physical exercise

- key findings from our consultation:

Attitudes to diet, alcohol, tobacco, drugs, sexual health and physical activity mean that many of the City's people are significantly increasing their risk of poorer health and shorter lifespan. Unchanged, many of these activities will prevent today's residents from sustaining the health gains enjoyed in recent decades. Around 4% of the adult population in Southampton have diagnosed diabetes – the real figure is likely to be higher. We estimate around 10,000 adults will have this condition by 2010 unless they take measures to prevent it. 22% of children in reception classes are overweight and 9% obese; this increases to almost 32% overweight by year 6 with 16% obese.

Changes in diets and activity levels can be made by everyone. However it is clear that both diet and exercise are deteriorating. For example, we have children with type 2 diabetes, something that would have been very rare ten years ago. Tackling obesity will require a whole systems approach, including redesigning the built environment to promote walking, together with production and promotion of healthy diets and shifts in cultural and societal values around physical activity.

Such a programme would complement the action to improve air quality, reduce road traffic injuries, reduce inequalities and reduce impact of climate change.

The Lifestyle survey can be accessed at:
www.southamptonhealth.nhs.uk/index.asp?pgid=15064

To find out more see Southampton City PCT:
www.southamptonhealth.nhs.uk/publichealth/lhc/hantslhc2007/4lif
and Southampton City Council Leisure Services:

www.southampton.gov.uk/leisure/events/home.asp#0

To reduce levels of obesity, to ensure better diet and increase in population activity there is a need to:

- promote the uptake, accessibility and consumption of affordable, high quality, fresh food
- consider the workplace in terms of the catering provided, whether through outlets that staff and local people can use or internal access to refreshments such as in tuck shops, vending machines for healthier options
- for those with a weight problem, we also need to consider how employers, particularly the City Council and SCPCT can promote healthier workplaces and encourage activity throughout the working day
- increase the ability of more people being able to cook – involvement in food preparation is an important determinant of the quality of a person's or their families' diet
- raise public and professional awareness of the health consequences of obesity, poor diet and lack of physical exercise for both children and adults
- develop initiatives that improve the diet and eating of seniors, and ensure that good eating and drinking takes place in care and hospital settings
- develop and provide effective weight management and treatment services and support services in the community for adults and children
- develop and support targeted prevention strategies and actions aimed at vulnerable groups in local communities
- involve community pharmacists in opportunistic lifestyle advice including signposting to weight management services
- working with pre-schools, schools, colleges and childcare settings to increase opportunities for children and young people to experience a healthy diet and good levels of physical exercise as part of their daily lives
- engage with employers to promote employment practices that recognise the value of a healthy active workforce - the public sector should lead the way
- ensure that more people take control and improve their health through active, healthy lifestyles, promoting Active Southampton
- ensure the future of Active Options, and other programmes (such as the senior health mentor programme) under the "Active Southampton" initiative to enable exercise referral to continue and expand to meet need
- work with the University of Southampton's Biomedical Research Unit on nutrition and obesity to improve the health of our population

B5. Better outcomes for vulnerable people with Supported Housing needs

- key findings from our consultation:

The significant links between housing quality and health and well-being outcomes become more important still amongst people who are already vulnerable to poor outcomes. We need to ensure that people are able to live in appropriate and good quality housing with supportive community settings.

The Supporting People Programme commissions and funds 'housing related support' in the City. The programme is a partnership with the wider Council, SCPCT and the Probation Service. Approximately 6,000 people in Southampton are receiving services from Supporting People at any one time; 4,000 of these are older people being helped to live in sheltered housing. Other groups supported include homeless people, teenage parents, people with learning disabilities living in the community, women fleeing domestic violence and people with alcohol and drug misuse problems. The programme helps to underpin many of the objectives within the needs assessment process.

To find out more visit the Southampton City Council Supporting People web site
www.southampton.gov.uk/health/carepros/sp/strategy.asp#0
and
www.southampton.gov.uk/health/default.asp#0

To achieve better outcomes for those people with supported housing needs there is a need to:

- provide better support for young people and teenage parents with supported housing, enabling resettlement and linking young people in with educational, training and employment opportunities
- provide support to older people in the community, but outside of sheltered housing. Needs mapping has shown considerable levels of need for Supporting People style of services
- provide more flexible and timely support and community based options for people with mental health problems, linking in with other existing services for this group
- better understand the long-term needs and options for formerly homeless people with health and other problems as a result of alcohol use over many years
- continue to underpin moves to provide people with learning disabilities the opportunity to be as independent as possible
- provide better resettlement and outreach support for women and children who have been forced to flee domestic violence

B6. End of life care

- key findings from our consultation:

End of life care is about living and planning. Not all people will be able to plan for their death, but for a number of people planned care will enable them to experience a peaceful and dignified death. For others the opportunity to decide where they wish to die is often not planned or is considered too late when it becomes difficult to move the person, for example, back to their home or support them with dignity there.

To find out more see the Data Compendium
www.southamptonhealth.nhs.uk/publichealth/jsna

To better support people with end of life care there is a need to:

- assess the population need for end of life care services more robustly
- map current provision, including its quality to ensure that the Gold Standard Framework and Liverpool Care Pathway are incorporated
- compare current provision with population need
- identify where service improvements are needed
- be prepared to respond to the national End of Life Care Strategy when published
- use the learning from a joint PCT and City Council review by sharing the data with local partners and any gap analysis and plans for development with the SHA.

C. Providing a healthy start to life

C1 Focusing strategic priorities for children and young people in the City

The Children and Young People's Plan sets out the vision for the City's children and young people, together with the priorities which will improve outcomes for all children. It will help to narrow the gap between the achievements and well-being of all children and those for the most vulnerable.

"We want children and young people to be proud of Southampton, and for Southampton to be proud of them. Their contribution to the quality of life in the City should be valued and celebrated. Their views should be respected and listened to and they should be more involved in the decision making of all organisations. They should enjoy access to a wide range of affordable and enjoyable leisure and cultural experiences and all children, from the most challenged to the most gifted, should be supported to achieve their potential."
(Southampton Children and Young People's Plan 2006-9).

Local agencies including City Council services, the PCT, schools, pre-schools, colleges, youth offending, police, faith organisations and many organisations within the voluntary sector are working to secure the well-being of all children, young people and learners, supporting them to achieve high aspirations, lead safe, happy and healthy lives, and contribute to the success of Southampton and beyond through achieving economic well-being for themselves and their children as they become adults.

To find out more see the Southampton City Council's Children and Young People's Plan:
www.southampton.gov.uk/childrenandlearning/cslpro/csldocs/cypp.asp

To provide a healthy start to life of more people there is a need to:

- increase the number of pregnant women accessing ante-natal care before the end of the twelfth completed week of pregnancy (12 weeks and 6 days)
- provide better choice for women for place of birth, including home, stand alone birthing centre, co-located birth centre or labour ward
- normalise birth and reduce intervention rates and caesarean births
- develop pathways for low risk, vulnerable groups and women with complex pregnancies
- increase capacity for provision of care for women with complex pregnancies
- continue to support and increase the provision of home births across the City
- expand Day Unit services to support women who do not need to be admitted to hospital
- reduce the proportion of low birth weight babies, and increase the proportion of babies still breastfeeding at six to eight weeks
- work with all pre-schools, schools, parents/carers and others services to improve the diet and activity levels of children and young people and reduce obesity
- improve outcomes for children and young people with disabilities and complex needs
- promote healthier relationships and healthy lifestyles
- improve prevention and early intervention for families in difficulty
- ensure the physical environment in local areas helps to promote walking, cycling and safe local recreation and play
- reduce teenage pregnancies
- improve oral health and reduce inequalities, particularly for younger children
- improve the timeliness of access to specialist Children's and Adolescent Mental Health Services (CAMHS), speech and language therapy, and substance abuse services

- work closely with DEFRA to reduce air pollution and its effect on the prevalence of asthma, including the monitoring of particulates PM10 and PM 2.5 in Air Quality Action Plans
- promote more physical activity and healthier diets in everyday life to improve overall health
- address recreational "binge-drinking" and associated anti-social behaviour
- reduce the damage caused by alcohol, smoking and other substance misuse to children and young people
- encourage volunteering and positive community involvement
- improve access to appropriate housing and accommodation for young people, in particular those from vulnerable groups, for example care leavers.

Specific targets to address most of these issues are set out in the 2006-9 Children and Young People's Plan. Where they are not covered they will be addressed through the 2008 review of the Southampton Children and Young People's Plan, and the 2008-11 Southampton Local Area Agreement.

Safeguarding local Children and Young People from abuse and neglect

To provide effective support to families at risk, a whole family approach is needed involving family assessments, improvements in policies and systems in both Children's Services and services to adults across all agencies and reflecting this in the commissioning of services which provide interventions at earlier stages. The aim is to improve outcomes for families at risk through the City wide delivery of a co-ordinated 'think family' approach that improves both service delivery and systems of support. This work will be delivered as part of the Government's Family Pathfinder programme and will link closely to the Family Nurse Pathfinder programme. Local partners will initially target families at risk where alcohol or drugs misuse and /or problem debt has previously been an issue.

There is a need to:

- implement effective joint agency safeguarding procedures
- improve support and advice to schools and other agencies regarding safeguarding arrangements
- promote the Anti Bullying Strategy, and reduce the incidences of bullying
- reduce the vulnerability of children in need, children who are privately fostered, and those who are in care to poor outcomes
- improve access for children in care to independent visitors
- support vulnerable children and young people by means of timely assessment and intervention.

Ensuring that children and young people attend school, achieve well at school and enjoy growing up in Southampton

There is a need to:

- raise aspirations, self-esteem and confidence levels
- raise standards in schools and improve levels of attendance
- work with pre-schools, schools, colleges and other service providers to ensure access to enjoyable play and other recreational opportunities.

Maximising the positive contribution that children and young people make to community life

There is a need to:

- increase the numbers of young people engaging in community activities, volunteering and decision making
- reduce the number of children and young people who come in contact with the youth justice system for the first time
- support children and young people receiving or leaving custodial sentences.

Maximise the number of children and young people who achieve economic well-being

There is a need to:

- increase post -16 progression rates into further education, training and employment, particularly for those with learning difficulties and /or disabilities
- improve access to appropriate housing and accommodation for young people, in particular those from vulnerable groups, such as care leavers.

Specific targets to address most of these issues are set out in the 2006-9 Children and Young People's Plan. Where they are not covered they will be addressed through the 2008 review of the Southampton Children and Young People's Plan, and the 2008-11 Southampton Local Area Agreement.

C2. Teenage pregnancy

- key findings from our consultation:

Teenage pregnancy and conception rates (girls under 18 years) have remained virtually unchanged in the last 10 years despite participation in the national programme to reduce it by 50% compared to 1998. There is an urgent need to address Southampton's track record in relation to reducing teenage pregnancy

in partnership between different agencies. In order to reduce teenage pregnancy, there must be a better understanding of why services have failed previously compared with other parts of the country. There must be clear focus in addressing the wider underlying causes of teenage pregnancy such as raising aspirations, educational attainment levels, school attendance and progression into college or higher education post 16, thus by this reducing poverty for the most vulnerable. It also highlights the need for policies and programmes that change the culture of risk taking behaviour that leads to unplanned pregnancies and teenage parenthood.

To find out more see Southampton City PCT:
www.southamptonhealth.nhs.uk/ourservices/csh/clinics
and /or the Children and Young People's Plan
www.southampton.gov.uk/childrenandlearning/cslpro/csldocs/cypp.asp

To better address teenage pregnancy there is a need to:

- reduce the incidence of unplanned and unwanted conceptions, by ensuring that disadvantaged young people are afforded better life chances through work with schools, colleges, children and young people
- provide free, confidential, friendly advice, information, contraception and sexual health services in primary care, health and community settings
- work with young people, particularly those in care and those leaving care who may be more vulnerable
- media and publicity campaigns that promote messages about the benefits of delaying sex and the combined use of contraception and condoms known as the 'Double Dutch' approach
- work with parenting programmes to support parents and carers to speak to their children about relationships, the benefits of delaying sex, sexual health and parenthood
- continue to work with Southampton Teenage Parents in Education and Parenting (STEP) to share information and skills to strengthen joint working and deliver better outcomes for those that have become teenage parents
- provide new support and accommodation services, including more focus on resettlement with the key aim of reducing second pregnancies
- enable more young people to access sexual health services for advice and treatment.

D. Providing the best health, care and support services for adults and older people

D1. Unscheduled care to ensure the best use of the Emergency Department facilities

key findings from our consultation:

The demand for unscheduled care services is increasing in Southampton City. This is producing pressures across the health and social care system. As a result, the Emergency Department (ED) at Southampton University Hospital NHS Trust is finding it challenging to consistently admit, transfer or discharge 98% of patients within four hours. Improvement will require changes across the whole care system and society.

To find out more see Southampton City PCT www.southamptonhealth.nhs.uk/ourservices/walkincentre

To ensure health care facilities are more appropriately used there is a need to:

- reduce avoidable attendances to the ED by decreasing excessive alcohol consumption and alcohol related violence
- reduce the number of ED attendances that could be seen more appropriately in another part of the system e.g. by improving public education and developing a single point of contact for out of hours services
- increase the number of people who are able to see their GP within 48 hours
- prevent admissions from long term conditions through the development of evidence based disease management programmes and care pathways
- identify and provide better integrated care and support for people who are at high risk of admission or re-admission to hospital
- ensure there is the right mix of services with adequate capacity across the care system to meet need
- promote better use of Community Pharmacies and self-care
- ensure adequate communication and joint working between all partners to improve the delivery and development of services.

D2. Ensuring the best adult social care

- key findings from our consultation:

Adult social care is at the start of a process of transformation, with new service models being designed that focus on empowering people to

'take control' of the funding that is used to meet their needs, enabling quality social care and support services to be delivered that better realise the outcomes that service users, carers and the community want.

To find out more see Southampton City Council web site www.southampton.gov.uk/thecouncil/thecouncil/decision-making/deldecbyofficers/ascandhealth/default.asp

To provide the best health and social care support for adults and older people, there is a need to:

- improve the focus of promoting independence to enable people to optimise their choices for health and well-being through all health and social care interactions
- improve advice and support to people who fund their own care services, or do not meet our criteria, to facilitate access to a range of support services, provide advocacy and monitor outcomes
- improve information and education for those most at risk of falls
- improve information and advice about health and social care services and support for self-help groups
- improve access to support for people with common mental health problems
- provide a greater focus on rehabilitation services
- ensure that the capacity of the intermediate care services is responsive to the population need
- improve support and enablement services for older people with mental health problems
- provide flexible community support using the option of individual budgets rather than a buildings-based contract for people with Acquired Brain Injury
- improve transition arrangements for young people moving into adult social care services
- improve the number of Care Housing places to increase the options for people who need intensive levels of support in the community.

D3. Adult mental health

- key findings from our consultation:

Common mental health problems, e.g. stress, anxiety and depression, now account for 1 in 3 of the general population and frequently underpin most serious health conditions and the commonest cause of sickness absence (DH 2004).

Mental Health problems are complex, endemic and associated with both social and biological/genetic predisposing factors, and difficult/traumatic events in people's lives.

Factors such as low self-esteem, social exclusion or stress can also put people at risk of developing mental health problems. The cost of Mental Health care in England is expected to rise by 82% by 2026. (Kings Fund, 2008).

To find out more see data compendium social services chapter at www.southamptonhealth.nhs.uk/publichealth/jsna

To improve mental health support there is a need to:

- improve support in primary care for people with mental health problems
- improve early access to mental health services for those most at risk, such as:
 - people misusing drugs and other substances
 - single homeless people.

We need to take action to understand and address the risk factors associated with the following groups who are at increased risk of poorer mental health outcomes:

- people with disabilities and/or learning difficulties
- some Black and Minority Ethnic communities
- new communities, including from EU accession states
- Gypsies and Travellers
- asylum seekers and refugees
- lesbian and gay communities
- offenders/ex-offenders leaving prison
- those identified as being at risk of suicide
- unemployed people
- people with known mental health problems who do not make use of mental health services.

D4. Mental health for older people

- key findings from our consultation:

Southampton has the highest rate of older people receiving mental health services of all of our comparator cities, at almost twice that of the England average. By 2012 it has been estimated that 2722 older people (65+) in the City will have dementia, an increase of 357 older people from 2005 figures, and nearly 2800 older people will have depression, an increase of 385 people. This will have a significant impact on resources for health and care services.

Mental well-being is an increasingly important issue as people age. The reductions in social contact through retirement, children leaving home, the death of a partner, or the loss of mobility, are the key determinants of general mental well-being. Isolation and inactivity affect well-being and cause low levels of depression.

To find out more see data compendium social services chapter at www.southamptonhealth.nhs.uk/publichealth/jsna and www.southamptonhealth.nhs.uk/publichealth/lhc/hantslhc2007/4lif

There is a need to:

- support mental well-being by enabling seniors to remain active, engaged, and free from isolation by:-
 - maintaining or improving levels of mental well-being amongst seniors requires investment in accessible transport and the planning and development of 'lifetime neighbourhoods'
 - support seniors' groups in the City
 - invest in developing inter-generational interaction
 - adopt positive approaches to mental well-being as explored in the Moving Out Of The Shadows (MOOTS Report 2005) and the national inquiry into mental health within the ageing population.
- improve prevention and early intervention for older people-accessing mental health services, particularly in relation to:
 - dementia - for the anticipated increase in dementia by 61% by 2026 (Kings Fund, 2008)
 - model this upward demand and plan appropriate dementia services to ensure workforce and services are developed
 - depression
 - anxiety.

D5. Severe disabilities, learning difficulties and complex health needs

- key findings from our consultation:

There are increasing numbers of people surviving infancy and childhood with a range of complex health needs, disabilities and learning difficulties. Ensuring that services can meet the additional needs of people with multiple conditions is often complex, involves a range of agencies and services and can also be very costly. As more people survive into adulthood with these complex needs agencies will need to work more effectively to ensure their additional needs are appropriately provided for.

There is currently a gap in our understanding about how best to serve the needs of people with learning disabilities who are also living with health conditions that would be responsive to a change in lifestyle.

To find out more visit Southampton City PCT website: www.southamptonhealth.nhs.uk/ourservices/child-and-family-services/home-page

To better support people with learning disabilities, there is a need to:

- improve our understanding of the reasons for inequalities in health and social care outcomes for people with learning disabilities, so that people with learning disabilities have better outcomes
- improve transition services for young people moving into adult services to ensure they have adequate and appropriate support
- improve effective early access to Mental Health assessment and treatment for those who need it
- reduce the risk of abuse and mental illness to children with disabilities and complex needs and their siblings
- improve primary care awareness and training and to set up primary care learning disability registers that would enable more accurate understanding and better planning of resources to meet these needs
- address significant health inequalities within and between GP practice populations
- improve secondary care awareness and training and develop care pathways for people with learning disabilities so that services better meet their needs
- find out more about the needs of people with learning disabilities who also have complex health needs, and those requiring intrusive health interventions
- improving the physical health of those with learning disabilities.

D6. Ensuring good, flexible support for carers

- key findings from our consultation:

There are large numbers of carers in Southampton ranging from young children to very old people. Carers are extremely important within families and communities as they often enable those cared for to live independently for longer. Carers often meet the daily basic but essential living needs of those they care for in a secure, loving and dignified environment. They often feel unsupported by agencies and employers. A range of options to ensure good support for carers should be explored.

To find out more log on to www.southampton.gov.uk/health/carers/fact-sheet/default.asp#0

To better support careers there is a need to:

- improve our communication with the wide range of carers across the City from all communities in Southampton and have comprehensive information about carers' support needs

- learn from carers through a variety of means what services are appropriate and how they can be improved and use this knowledge to inform service commissioning
- provide accessible and comprehensive information to carers about services that are available
- offer good quality assessments to all eligible carers
- ensure the effective use of the carers' grant for the benefit of carers' health and well-being
- enable carers to maintain their identity and remain in control of their own lives
- ensure appropriate support and respite is available for carers in emergency situations
- consider review of long-term residential placements to ensure this is the most appropriate package of care for the individuals involved
- perform a review of the needs of carers – particularly older carers and child carers.

E. Addressing the social, economic and environmental impacts on health and well-being

E1. Fuel poverty, housing and health

- key findings from our consultation:

Someone living in Fuel Poverty is defined as having the need to spend more than 10% of their income on heating their home. It is caused by a combination of poor energy efficiency (insulation and heating), low incomes and fuel prices. An additional factor relates to under-occupation, usually occurring where a couple or single elderly person still lives in a larger family home, which is now too large for their needs, and cannot be made affordable for them to heat adequately.

Our 2006 Lifestyle Survey data indicated that 19% of adults reported that their homes were too cold. Fuel costs have risen significantly since then, almost certainly forcing more people into fuel poverty.

There are significant links between housing, and health and well-being. At present, Southampton City Council is estimated to have 25 % of public sector households failing to meet the Decent Homes Standard, down from 30 % in 2006. **We cannot quantify this for the private or rented sector.** A range of options to address fuel poverty, housing and health should be explored.

To find out more: Fuel Poverty in England: the Government's plan for action (Nov 2004) www.defra.gov.uk/environment/energy/fuelpov/pdf/fuelpov_actionplan.pdf

To improve the health and well-being consequences of inadequate housing and fuel poverty, there is a need to:

- work with agencies to help address insulation and other solutions to help meet the needs of the 19% of adults who reported that their houses were too cold in the 2006 Lifestyle survey, and continue to monitor progress
- continue to work with vulnerable adults to promote the take-up of “warm front” grants to those eligible for them
- encourage more households with a person over 70 years to take up the Government’s free loft and cavity wall insulation benefit
- enable more people to better understand their utility bills and take advice on better/cheaper ways to pay
- work with households on low incomes to increase levels of employment and/or benefit take-up to ensure that access to adequate heating is maximised. The Southampton Warmth for All Partnership (SWAP) aims to:
 - specifically reduce health and well-being inequalities associated with fuel poverty and improve the quality of life of people living in fuel poverty
 - target older people who live in rented and owner occupied accommodation with no central heating
 - target vulnerable families with young children
 - reduce fuel poverty in line with LAA target
- enable more people to live in appropriate and good quality housing with access to supportive community settings
- improve the aids and adaptations programme and process for adults and children occupying unsuitable homes
- develop a programme to remove hazards from private sector homes in the City.

E2. The impact of crime and the fear of crime

- key findings from our consultation:

Crime and the fear of crime have a negative impact on people’s health and well-being. Crime impacts in a number of ways:

- directly: eg through violence, injury, rape and other offences against the person
- indirectly: through the psychological and physical consequences of injury, victimisation and isolation because of fear and lack of physical activity as people don’t feel safe to go outside or let their children play outside
- as a determinant of illness, along with poverty and other inequalities, which increases the burden of ill-

health and well-being on those communities least able to cope

- by reducing the effectiveness of our health care systems through violence against staff, damage to patients and property, and revenue lost in replacement, liability/risk, repair and security
- by preventable health burdens, such as alcohol-related crime, and drug dependency.

Although violent crime, criminal damage and anti-social behaviour continue to be an issue in the City, crime rates continue to reduce in all other major crime types with a 5% reduction in 2007/08. The places in the City identified by the IMD 2007 ‘crime domain’, as highest in terms of recorded cases of crime, are in Bargate, Bassett, Portswood, Millbrook, Woolston, Bevois, and Swaythling wards.

To find out more see Southampton City Council: Safe City Partnership Plan at www.southampton.gov.uk/people/keepingyousafe/safe-community/safe-city.asp

To reduce the impact of crime and fear of crime, there is a need to:

- reduce alcohol related harm with Action Plans for reducing:
 - alcohol related crime, with a focus on night time economy violence and sexual violence
 - alcohol related health problems.
- reduce violent crime with Action Plans for reducing:
 - serious violent crimes with an emphasis on the carriage of weapons
 - offending and repeat offending (domestic violence and sexual offences).
- reduce serious acquisitive crime and re-offending by Prolific and other Priority Offenders (PPO) with Action Plans for reducing:
 - serious acquisitive crimes (Vehicle, Burglary, Robbery)
 - offending by Prolific and other Priority Offenders (PPO).
- improve children and young people’s safety, with Action Plans for:
 - young offenders’ access to education, employment, training and suitable accommodation
 - first time entrants into the youth justice system
 - reducing repeat offending (recidivism)
 - reducing substance misuse by young people
 - young people’s participation in positive activities
 - improving school attendance.
- tackle Anti-Social Behaviour (ASB) with Action Plans for reducing
 - criminal damage

- arson incidents
- perception of Anti-Social Behaviour, through a variety of ways to reduce nuisance in neighbourhoods affecting residents and local businesses.
- tackle drug related harm by:
 - improving the treatment availability, quality and throughput of people to quit drugs and or manage harm.
- foster stronger communities by:
 - reducing incidence of hate crimes and improving community cohesion
 - fostering safer neighbourhoods and resident engagement in improving community safety within communities
 - preparedness for civil emergencies.

E2.1. Domestic violence and hate crime

- key findings from our consultation:

There was a 26% increase in Domestic Violence crimes reported during the strategic year October 2006 – September 2007. Southampton has focused a lot of work in this area. Examples include the work of the Police Public Protection Unit, the development of the Independent Domestic Violence Advocacy Service and the Multi Agency Risk Assessment Conferences (MARACs). This is resulting in an increase in reporting as well as significant improvements in the safety of victims and reduced rates of repeat victimisation. The number of Hate Crimes has also increased through measures to encourage reporting. There is a dedicated Hate Crime and Harassment reporting line in place and specific Hate Crime MARACs.

To find out more see Southampton City Council: Safe City Partnership Plan
www.southampton.gov.uk/people/keepingyousafe/safe-community/safe-city.asp
 and/ or the Domestic Violence Forum
www.southampton.gov.uk/people/keepingyousafe/kys-individual/dv/sdvf.asp#0
 and/or the Prevention of Violence towards Adults (POVA)
www.southampton.gov.uk/people/lateryears/elderabuse.asp

There is a need to:

- address a range of options to change/explore the lifestyle and culture choices people apply to alcohol
- increase safety, reduce risk and provide an advocacy service to the highest risk victims, in addition to continue providing outreach support and advice to those experiencing domestic abuse
- increase public awareness, understanding and preventive measures (including training) around Domestic Violence and related issues across all

- services, targeted at all communities, including children, survivors, perpetrators and professionals
- provide inclusive and effective services to all people in need of protection from Domestic Violence, honour based violence, female genital mutilation and forced marriage, whatever their background, age, faith/belief, orientation or ethnicity
- provide for the increased numbers of supported places for refugees including resettlement work
- work with children and young people, providing accessible support, help and advice to children and young people who have been exposed to domestic violence, increasing safety and helping them to learn the skills to develop healthy future relationships
- tackle elder abuse and prevent violence against vulnerable adults
- improve the protection of older people from deliberate targeted abuse
- continue to tackle hate crimes in the City
- improve the protection of older people from deliberate targeted abuse, within a wider initiative to tackle ageism.

E2.2. Bullying and fear of crime (Young People)

- key findings from our consultation:

Bullying has serious short and long term consequences for the mental health, confidence, happiness and wider well-being of those suffering it. Surveys confirm that fear of bullying and other crime is a major concern to children and young people in Southampton. Fear of crime is also a significant concern for adults, though children and young people are more likely to suffer an assault or robbery than adults. The Joint Areas Review (JAR) in 2007 indicated that more work should be done to embed the Anti-Bullying Strategy developed within the City.

To find out more see the Southampton City Council: CYPP
www.southampton.gov.uk/childrenandlearning/cslpro/csldocs/cypp.asp#0
 The Fear of Crime Survey (young people):
www.southampton.gov.uk/Images/Youth_Fear_of_Crime_Survey_tcm46-164039.pdf
 The Childcare Sufficiency Audit:
www.southamptoncis.org/EYDCP/partnership-plans-and-papers.asp

To reduce bullying and the fear of crime for young people, there is a need to:

- continue the work with schools at all Key Stages to implement the Southampton Anti-Bullying Strategy across schools and colleges
- continue to invest in emotional literacy in pre-schools, schools and other childcare settings, and

to address all forms of bullying as part of the Anti-Bullying Strategy

- ensure that fear of crime surveys also seek the views of young people as this provides up to date information about young people's perspective on fear of crime and as victims of crimes.

E3. Tackling alcohol harm

- key findings from our consultation:

Alcohol related harm is a significant problem in Southampton. Both lifestyle and health data indicate that too many adults and children in the City use alcohol at harmful levels and in ways that put both their health and the health of others at risk. Research by the North West Public Health Observatory shows that the City performs significantly worse in the following areas:

- alcohol – specific mortality – males
- alcohol – specific hospital admissions - under 18
- alcohol – specific hospital admissions – males
- alcohol related recorded crimes
- alcohol related violent crimes
- alcohol related sexual offences
- claimants of incapacity benefit – working age
- binge drinking.

There were at least 946 people admitted with liver diseases in 2007, with over 90% of these due to alcohol related liver disease; of these admissions 49 people died. The liver service at Southampton University Hospitals Trust (SUHT) are increasingly seeing young people with end stage cirrhosis; the youngest death was a 26 year old man with end stage alcohol related liver disease.

To tackle alcohol harm and prevent damage to health and well-being, there is a need to:

- address a range of options to change and explore the lifestyle and culture choices people apply to alcohol
- reducing the needless health damage and expense related to ill health caused by excessive alcohol consumption over time through more effective prevention approaches/services and information
- addressing some of the cultural issues around binge drinking
- working more coherently across agencies to address some of the significant crime, disorder and anti social behaviour issues relating to alcohol misuse by people of all ages
- working with people who have been irreparably damaged by alcohol to meet their social care and support needs

- reducing the links between excessive alcohol consumption and the health consequences of sexually risky behaviour
- developing better understanding of young people's use of alcohol to help address work between the PCT, the City Council, schools and colleges to reduce the negative effects of alcohol on short and long term health and communities
- continue to carry out a programme of test purchasing of alcohol to control underage sales
- meeting the Government targets in cracking down on alcohol-related crime and disorder
- positive promotion of access to, and participation in, healthy activities by people during their leisure and recreation time.

E4 Smoking

- key findings from our consultation:

The Lifestyle survey and our local data indicates that high numbers of adults and young people regularly smoke in Southampton. Smoking levels in the City are very high (32%), the highest in the South East of England, which averages 21%. More people living in the City's Priority Neighbourhoods smoke than in other areas. Smoking is a huge contributor to health inequalities and contributes to cardiovascular and respiratory diseases as well as many cancers.

To find out more and see the lifestyle survey report visit www.southamptonhealth.nhs.uk/index.asp?pgid=15064 or smoking cessation www.southamptonquitters.nhs.uk or www.smokefreesouthampton.nhs.uk

To reduce the harm to health from smoking, there is a need to:

- increase the availability of smoking cessation support, especially as 70% of smokers in our survey wish to quit
- enable a stronger and more explicit link between tobacco control and the World Class Commissioning (WCC) agenda to improve health
- support the award winning City Quitters work in enabling more people to quit smoking across the City, along with GP practices, which are focusing on our Priority Neighbourhoods
- engage and commission community pharmacies to offer smoking cessation support
- ensure enforcement agencies work closely over tobacco control in relation to Trading Standards test purchasing and action against the organised criminal sale of tobacco to communities throughout Southampton
- ensure the enforcement of new laws relating to tobacco control in public places
- ensure that through the wider promotion of

healthy lifestyle choices among young people, and effective enforcement, action should continue to reduce the numbers of young people joining the “smoking” population.

E5. Drug and substance misuse

- key findings from our consultation:

Lifestyle survey data indicates that high numbers of adults misuse drugs and other substances in Southampton. There has been an increase in drug related deaths in the past five years. Drug and substance misuse significantly increases risk of vulnerability to poor outcomes in other areas of life. There are approximately 1,772 problematic drug users; many more use drugs recreationally, particularly cannabis, increasingly the skunk variant, and powder cocaine. Traces of powder cocaine have been found in many pubs and clubs in the City. Shortages of cannabis have led to an increase in the market for powder cocaine. For adults, substance misuse is a growing cause of early death with a significant loss of life years.

To find out more see the Safe City Partnership Plan at www.southampton.gov.uk/people/keepingyousafe/safe-community/drugactionteam/aboutdat.asp

To reduce the harm from drugs and substance misuse and promote health and well-being, there is a need to:

- continue to engage effectively with those seeking treatment to help manage the harm caused
- improve the retention rates of those in treatment which has been challenging to service providers
- address the supply of appropriate tier 4 (specialist detoxification treatment) facilities near to the City to ensure the availability of appropriate provision for those that need it
- work together with local agencies to help address the detrimental effects of parents’ problem drug and alcohol use upon their children
- ensure the effective engagement and identification of those young people most at risk of drug and substance misuse, for example among young offenders, truants and those excluded from school
- continue to carry out test purchasing of solvents to control underage sales
- further inform and address the implications of a 2006 Lifestyle survey which revealed the use of illicit drugs in the past 12 months in Southampton is significantly higher amongst younger respondents (a quarter of 16-24 year olds have used drugs in the past 12 months)
- reduce the use of Class A drugs and the frequent use of any illicit drug among all young people under the age of 25, especially by the most vulnerable young people

- better understand the implications of adult drug use on children’s attitudes and behaviours towards drugs and substances
- decrease numbers of drug related deaths in the City from the peak of 20 in 2006/7
- target men in the 30-50 age group with harm prevention messages (such as the Cardio Pulmonary Resuscitation (CPR) training that has been funded locally for drug users)
- communicate with GPs, particularly over prescribing issues which continue to be important
- involve more community pharmacists in harm reduction services
- liaise with mental health services over shared clients and regularly reviewing shared-care arrangements
- educate, particularly opiate users, with regard to risk management e.g. combination of alcohol and drugs, using multiple drugs at one time
- liaise with prison services, particularly at release
- make efforts to access new communities in the City and provide translated information about access to services
- monitor methadone related deaths in view of an apparent increase (which is in contrast to national trend)
- ensure training is available to support service providers.

E6. Prisoners and ex-offenders

- key findings from our consultation:

Offenders and ex-offenders generally have poorer physical and mental health than the wider population. Around 90% of all prisoners have a diagnosable mental health problem (including personality disorder), substance misuse problems or both. The rate of suicide in prisons is higher than in the community.

The City has no prison within its boundary but has close links with Winchester Prison where people from Southampton are often detained. We know that offenders are in need of a more targeted approach by health and social care on discharge to support their future needs.

The Government has made it a priority to ensure that all prisons have strategies or systems in place to identify those prisoners with mental health needs who are due for release and to link them to local services which are operated consistently and effectively.

To improve the health and well-being of ex-offenders there is a need to:

- ensure ex-offenders are appropriately registered with a GP who will ensure their physical and mental health needs are addressed

- enable ex-offenders to be signposted into services
- better co-ordinate services to ensure that a safety net of provision is available to all ex-offenders, especially those newly released.

E7. Economic well-being

Health and social care needs of people in the City are closely linked to its economic well-being; these have been defined in the Index of Multiple Deprivation (IMD,2007).

The index uses seven domains which are given different weightings (given in brackets) and then combined – income and employment are given the greatest weighting.

- Income (22.5%)
- Employment (22.5%)
- Health and Disability (13.5%)
- Education, Skills and Training (13.5%)
- Barriers to Housing and Services (9.3%)
- Living Environment (9.3%)
- Crime (9.3%)

Full details of the rankings of the above domains can be found in the data compendium from the link below www.southamptonhealth.nhs.uk/publichealth/jsna

- key findings from our consultation:

Overall most deprived areas in Southampton

- Overall the most deprived areas are in Woolston (Weston), Bevois (Northam), Bitterne (Thornhill), Millbrook and Redbridge
- One area in Thornhill (in Bitterne ward) has 64% of children living in income deprivation.

Income domain

- The most income deprived areas in Southampton are in Woolston (Weston), Bitterne, Bevois, Millbrook, Redbridge and Harefield.
- Southampton has the two worst areas in the South East for income deprivation affecting older people, both in Bevois ward.

Employment

- Most unemployment in Southampton is in Woolston, Bitterne and Bevois.

To find out more see the Data compendium: www.southamptonhealth.nhs.uk/publichealth/jsna

To improve the economic well-being of the population, especially those most vulnerable, there is a need to:

- encourage economic development to reduce the

levels of deprivation and its associated health and social care consequences

- consider if our current responses to deprivation and other need indices that focus resources on small numbers of individuals, rather than City wide needs, is meeting the needs of those who could benefit most.
- consider the further development of benefit take up/welfare rights campaigns and other anti poverty initiatives.

E8. Environmental health, consumer protection, health at work and transport

To protect the health, safety and welfare of individuals and the community who live and work in the City, regulatory services need to:

- provide imported food and feedstuffs control by Port Health inspections, sampling and interventions that protect consumers from hazards imported from the rest of the world
- ensure that ships visiting the Port of Southampton are free from health risks and hazards by the issuing of Ships Sanitation Certificates under International Health Regulations
- continue to carry out food hygiene and safety interventions including sampling information and advice to retail and wholesale food outlets which aim to control food poisoning and infectious disease
- enforce the Health & Safety at Work Act in approximately 5,000 premises to ensure safe working practices and to investigate notifiable accidents in these premises. This is to be carried out in partnership with the Health and Safety Executive and focused on businesses that present statistically the highest risk of accidents and ill health
- implement and monitor the Air Quality Action Plan and integrate this plan with the Local Transport Plan as the main source of pollution is from road traffic
- continue to control polluting processes by statutory authorisation and respond to industrial and commercial pollution incidents
- continue to maintain the Contaminated Land database including reviewing sites across the City to ensure that harm from previous industrial and commercial activity does not affect the community
- continue to provide a service to respond to statutory nuisance including noise, drainage and hazardous environmental contamination which aims to protect the public from anti-social activity and public health hazards
- enforce tobacco control legislation including smoke free public venues and the sale of tobacco products to underage young people; provide consumer advice, education and enforcement which is particularly aimed at protecting vulnerable consumers from harm.

Health at work and worklessness

There is a need to:

- review PCT and SCC policies related to work experience and recruitment practices to maximise opportunities to enter work for disabled people and others who are currently excluded from work
- work with Local Neighbourhood Renewal partners to tackle issues related to disability and worklessness, inter-generational poverty and to raise aspirations related to entering the world of work, particularly in the Priority Neighbourhood areas
- ensure that SCC and SCPCT adopt healthy workplace policies to enhance and promote the health and well-being of their workforce and of those with whom they contract.

Transport

It is recognised in the City's Local transport plan 2006-2011, that transport has a key role to play in the improvement of the health of the city's population.

There is a need to:

- further develop transport facilities to improve access to health services
- further contribute to the prevention of disease and promote health through the Active Travel Plan
- to work to reduce the City Councils and NHS Carbon footprint
- make sustainable development an integral part of strategic planning and business processes, to develop the City Council and NHS to lead the transition to a healthy, sustainable, low-carbon future.

References

Act On CO2

Government calculator measuring home energy, appliances and transport.
Provides action plans to cut CO2 emissions

Allan, K. Allan, S. Davis, T. Ramsey, S. Sitaram, S, Tong, R. and Webster, C. (2003). Children and Young People's Plan Southampton City Council and Southampton City PCT

Comprehensive Performance Assessment (CPA):
www.southampton.gov.uk/thecouncil/thecouncil/councilperformance/CPA.asp

Dame Carol Black's Review of the Health of Britain's working age population Working for a Healthier Tomorrow (2008) The Stationery Office
www.workingforhealth.gov.uk/documents/working-for-a-healthier-tomorrow-tagged.pdf

Department of Health (2006) Cardiovascular Disease and Air Pollution

A report by the Committee on the Medical Effects of Air Pollutants (COMEAP). Accessed 14 May 2008
www.advisorybodies.doh.gov.uk/comeap/statementsreports/CardioDisease.pdf

Department of Health (2007) Maternity Matters Choice access and continuity of care in a safe service

Department of Health: www.dh.gov.uk/SelfCare

Department of Health, (2004) Stopping Tuberculosis in England: An Action Plan from the Chief Medical Officer. London

Faculty of Public Health (2008) Sustaining a Healthy Future; Taking action on climate change
www.fph.org.uk/resources/AtoZlr_sustaining_a_healthy_future.pdf

Fear of Crime Survey (2004) Southampton City Council

www.southampton.gov.uk/thecouncil/thecity/research/marketresearchresults/fearofcrime.asp

Flooding – Health Protection Agency Advice. Accessed 27 March 2008
www.hpa.org.uk/flooding/default.htm?lang=_e

Health and Lifestyle Survey (2007) Southampton City Council and Southampton City Primary Care Trust 2006 D King, R Wilkinson. Local Health Comparisons 2006. Southampton City PCT 2006.

Available at
www.southamptonhealth.nhs.uk/publichealth/lhc/lhc2006

Health Protection Agency 2008 Health Effects of Climate Change in the UK Health Protection Agency DH Publications
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080702

Housing Needs and Markets Survey (2006)
www.southampton.gov.uk/thecouncil/thecity/research/marketresearchresults/housingneeds2006.asp

Housing Strategy for Learning Disability
www.southampton.gov.uk/thecouncil/thecouncil/strategy/city-plans-initiatives/h-strategylearningdisability.asp

Invest to save and gain, 2006-07 Long Term Conditions Strategy (2006): Towards consistent best practice for people with Long Term Conditions, 2006 – 2010 Southampton City Primary Care Trust

D King, P Lovegrove. (2007) Childhood Obesity Southampton City PCT 2001/02 to 2005/06
www.southamptonhealth.nhs.uk/publichealth/briefings

- Kings Fund (2008) The Cost of Mental Health Care in England
www.kingsfund.org.uk/payingtheprice
- HM Government (2005) Securing the future: Delivering UK sustainable development strategy.
www.sustainable-development.gov.uk/publications/pdf/strategy/SecFut_complete.pdf
- McManus, J. (2006) Better health, lower crime a briefing for the NHS and partner agencies Nacro Crime and Social Policy Section, London
 NACRO: www.crimereduction.homeoffice.gov.uk/partnerships36.htm
- MOOTS Report Moving Out of The Shadows (2005)
 H Bowers, M Eastman, J Harris and A Macadam
 Help and Care Development Ltd
 ISBN 0-9549553-0-7
- National Council for Palliative Care (2007) End of Life Care - A Commissioning Perspective
enquiries@ncpc.org.uk
- NICE, (2006) Tuberculosis: clinical diagnosis and management of tuberculosis, and measures for its prevention and control. London:
www.nice.org.uk/CG033
- Obesity Strategy for Southampton 2003 to 2008
www.southamptonhealth.nhs.uk/publichealth/plans/obesity
- Oral Health Needs Assessment and Oral Health Improvement Strategy Draft documents October 2007. Southampton City PCT
- Safer Child Birth (2007) Minimum Standards for the Organisation and Delivery of Care in Labour. Royal College of Obstetricians and Gynaecologists, Royal College of Midwives, Royal College of Anaesthetists, Royal College of Paediatrics and Child Health.
 RCOG Press Royal College of Obstetricians and Gynaecologists
- Sexual Health and HIV strategy for Southampton City
 Sexual Health and HIV strategy for Southampton City (2004) and a Teenage Pregnancy Strategy (revised 2007)
- Sharing the Caring (2006) A joint- commissioning strategy for older people and adults with long-term disabilities 2006 – 2009 Southampton City Council and Southampton City Primary Care Trust
- Southampton Alcohol Harm Reduction Strategy –report of the Southampton Drug Action Team Alcohol Sub-Group (2004) and Tackling Alcohol Partnership Action Plan 2005-2008
- Southampton City Later Years Health and Well being Strategy: Health needs assessment & updated strategy, September 2004
- Southampton Health profile (2007) SEPHO
www.communityhealthprofiles.info/profiles/hp2007/hi_res/00MS-HP2007.pdf
- Southampton's Local Area Agreement 2007-2010, Southampton City Council
 Southampton Partnership (June 2006). Southampton Partnership. Available at
www.southamptonpartnership.com/strategies/
- Southampton Strategy Against Domestic Violence (2007)
- Southampton Warmth for All Partnership (SWAP) Progress Report March 2007.
- Southampton 20 year vision
http://www.southampton-partnership.com/images/City%20of%20Southampton%20Strategy_tcm23-196231.pdf
- Supporting People (2005) Strategy 2005-2008. Southampton City Council
www.southampton.gov.uk/thecouncil/thecouncil/strategy/city-plans-initiatives/people-strategy Page not active
- Southampton NEET Action Plan 2007-2010
 Southampton City Council
- The Parent and Family Support Strategy:
www.southamptoncis.org/images/Parenting%20and%20Family%20Support%20Strategy_tcm21-146227.pdf
- The Pitt Review (2008) Learning Lessons from the 2007 Floods, Cabinet Office
www.cabinetoffice.gov.uk/upload/assets/www.cabinetoffice.gov.uk/flooding_review/flood_report_recovery_p4.pdf
- The Southampton Children and Young People's Plan 2006-09. CYPP Southampton City Council
www.southampton.gov.uk/childrenandlearning/cslpro/csldocs/cypp.asp#0
- WHO (2005) Mental Health Action Plan for Europe
www.euro.who.int/document/mnh/edoc06.pdf
- UNICEF, (2007) An overview of child well-being in rich countries: A comprehensive assessment of the lives and well-being of children and adolescents in the economically advanced nations. UNICEF Innocenti Research Centre Report Card 7.

Chapter 3 Southampton

Delivery, accountability and partnerships

The work on developing the JSNA has strengthened joint working between the City Council and the PCT in terms of its overall approach to commissioning, and the involvement of the Children's Trust in this has been particularly rewarding.

The extent of the consultation on the JSNA has also reinforced the Council's and the local NHS' patient and public empowerment agenda and has helped in the preparation for Southampton's Local Involvement Network.

The JSNA also demonstrates the need to move towards models of joint commissioning and service delivery which truly promote independence, choice and control.

Table 3.1 overleaf identifies the key delivery partnerships best placed to lead and co-ordinate City wide action to improve performance in relation to each of the key issues identified for Southampton. It also identifies other partnerships, agencies and organisations which can help to contribute to better outcomes in these areas.

The table will help to inform the Council's and PCT's joint commissioning priorities and other approaches to some of the health and well-being issues facing the City.

Next Steps

In 2008, the next steps will be for the Delivery Partnerships (the multi-agency groups who commission health, social care and other service) to develop and take forward action plans that will deliver improved healthcare outcomes, against the needs identified by the JSNA. The impact on strategic planning and service delivery is expected to take effect from April 2009.

Table 3.1 Joint Strategic Needs Assessment: accountability actions

JSNA Theme	Key issues identified by the JSNA (National Performance Indicator reference)	Lead LAA Delivery Partnership (key supporting partnerships)	Joint Commissioning Priority?		Local Area Agreement (PI ref.)	Community Strategy (Objectives)	National/Regional Programmes
			Yes	Agency lead			
A. achieving health and well-being for all and tackling health inequalities	1. Improving Life Expectancy in the City (NIs 120, 137)	Health and Well-being Partnership	Underpinning value for all joint commissioning priorities		No new designated LAA targets	A place which promotes health and well-being and continuously improves the quality of life for all its people.	NHS Darzi Review: key strategic theme. South East Regional Health and Well-being Strategy.
		Children and Young People's Trust Partnership (Southampton Communities and Renewal Partnership)					
	(Later Years Partnership)						
2. Improving the Equity of Health and Well-being across all Communities (NIs 34, 140)					A culturally diverse city free from discrimination which welcomes new communities, provides opportunities for everyone to contribute to the life of the city and its region.	NHS Darzi Review: key strategic theme.	
3. Disease Management (NI 119)	Health and Well-being Partnership	Health and Well-being Partnership		SCPCT	No new designated LAA target	A place which promotes health and well-being and continuously improves the quality of life for all its people.	National Service Frameworks (NSF's) Choosing Health.
		Health and Well-being Partnership	✓		No new designated LAA target		
4. Long Term Health and Well-being Conditions (NI 124)							

JSNA Theme	Key issues identified by the JSNA (National Performance Indicator reference)	Lead LAA Delivery Partnership (key supporting partnerships)	Joint Commissioning Priority?		Local Area Agreement (PI ref.)	Community Strategy (Objectives)	National/ Regional Programmes
			Yes	Agency lead			
	5. Focusing strategic priorities for people in their later years in the City. (NIs 138, 139)	Health and Well-being Partnership (Later Years Partnership)	√		No new designated LAA target Stretch targets in place for tackling poverty in old age and adverse health effects	A culturally diverse city free from discrimination which welcomes new communities, provides opportunities for everyone to contribute to the life of the City.	Better Governance for Older People (DWP and Cabinet Office).
	6. Community empowerment and Service User Involvement (NIs 3, 4)	Health and Well-being Partnership (Southampton's LINK)	Underpinning value for all joint commissioning priorities		No new designated LAA target	A place with partnership and shared leadership at its core where local people are informed, involved and listened to.	Local Government & Public Involvement in Health Act 2007 DH Joint Commissioning Framework
	7. Monitoring Health Trends	Health and Well-being Partnership	Underpinning activity for joint commissioning				

JSNA Theme	Key issues identified by the JSNA (National Performance Indicator reference)	Lead LAA Delivery Partnership (key supporting partnerships)	Joint Commissioning Priority?		Local Area Agreement (PI ref.)	Community Strategy (Objectives)	National/ Regional Programmes
			Yes	Agency lead			
B. Delivering world class health and care outcomes for the people of the City.	1. Preventing and improving the outcomes for Cancer (NI 122, 123)	Health and Well-being Partnership	√		NI 123 – smoking prevalence	A place which promotes health and well-being and continuously improves the quality of life for all its people.	DH National Cancer Plan/ National Service Framework (NSF).
	2. Sexual Health (NI 112 and 113)	Health and Well-being Partnership Children and Young People's Trust Partnership	√		No new designated LAA target		DH National Strategy for Sexual Health and Teenage Pregnancy.
	3. Dental and Oral Health (NI 53)	Health and Well-being Partnership Children and Young People's Partnership	√		Stretch target in place for reducing child dental health inequalities	Choosing Better Oral Health Delivering Better Oral Health.	
	4. Obesity, Diet and Physical Exercise (NIs 8, 55, 56, 121, 175)	Health and Well-being Partnership (Active Southampton)		SCPT	NI 8 - adult participation in sport NI 175 – active transport	DH National Service Frameworks (NSFs) for Stroke, Cancer and Heart Disease.	
	5. Better outcomes for vulnerable people with Supported Housing needs (NIs 130,141, 142)	Health and Well-being Partnership (Supporting People Inclusive Forum)	√		NI 141 – vulnerable people achieving independent living	Independence and Opportunity – a strategy for Supporting People (DCLG).	

JSNA Theme	Key issues identified by the JSNA (National Performance Indicator reference)	Lead LAA Delivery Partnership (key supporting partnerships)	Joint Commissioning Priority?		Local Area Agreement (PI ref.)	Community Strategy (Objectives)	National/ Regional Programmes
			Yes	Agency lead			
	6. End of Life Care (NI 129, 130)	Health and Well-being Partnership	√	SCPCT	No new designated LAA target		End of Life Care Strategy (under development).
C. providing children and young people with a healthy start to life	1. Southampton Children & Young People's Plan – 2006-9 (2008 refresh) (NIs 60-112)	Children and Young People's Trust Partnership	Refer to Children's Plan Strategic Priorities		<p>NI 56 – childhood obesity</p> <p>NI 172 – PSE standards</p> <p>NI 110 – positive activities for young people</p> <p>NI 163 Placement stability for children in care</p> <p>NI 115 – substance misuse by young people</p> <p>NI 160 Carrying out timely Core Assessments for vulnerable children</p> <p>Stretch target in place for reducing child dental health inequalities</p>	<p>A place which promotes health and well-being and continuously improves the quality of life for all its people.</p> <p>Every Child Matters – Be Healthy Programme.</p>	

JSNA Theme	Key issues identified by the JSNA (National Performance Indicator reference)	Lead LAA Delivery Partnership (key supporting partnerships)	Joint Commissioning Priority?		Local Area Agreement (PI ref.)	Community Strategy (Objectives)	National/ Regional Programmes
			Yes	Agency lead			
	2. Teenage Pregnancy (NI 112)	Children and Young People's Trust Partnership	✓		NI 112 - teenage pregnancy		DH National Strategy for Sexual Health and Teenage Pregnancy.
D. Providing the best health, care and support services for adults and older people.	1. Timely Access to Emergency Department (NI 134)	Health and Well-being Partnership		SCPCT	NI 134 emergency bed wards	A place which promotes health and well-being and continuously improves the quality of life for all its people.	
	2. Ensuring the best Adult Social Care (NIs 128, 130)	Health and Well-being Partnership	✓		NI 125 – independence for older people NI 130 – self directed support		DH Our Health, Our Care, Our Say.
	3. Adult Mental Health Services (NIs 130, 140, 149, 150)	Health and Well-being Partnership	✓		NI 140 – drug users receiving treatment NI 151 – overall employment rate NI 152 – people on out of work benefits		NHS Darzi Review: link to strategic themes. DH National Service Framework (NSF) for Mental Health.
	4. Older People's Mental Health Services (NIs 130, 139)	Health and Well-being Partnership	✓		no new designated LAA target		

JSNA Theme	Key Issues identified by the JSNA (National Performance Indicator reference)	Lead LAA Delivery Partnership (key supporting partnerships)	Joint Commissioning Priority?		Local Area Agreement (PI ref.)	Community Strategy (Objectives)	National/ Regional Programmes
			Yes	Agency lead			
E. Addressing the social, economic and environmental impacts on health and well-being	5. Learning Disabilities Services (NIs 130, 145, 146)	Health and Well-being Partnership Children and Young Peoples Trust Partnership	√		NI 151 – overall employment rate NI 152 – people on out of work benefits		DH Valuing People Strategy for Learning Disabilities.
	6. Ensuring good, flexible support for Carers (NI 130, 135)	Health and Well-being Partnership		Underpinning value for all joint commissioning priorities	NI 135 – carers with a needs assessment		
	1. Fuel Poverty, Housing and Health (NIs 154, 155, 186)	Health and Well-being Partnership (Later Years Partnership)		SCC	NI 154 – new homes NI 155 – affordable homes NI 186 – CO2 emissions Stretch targets in place for tackling poverty in old age and adverse health effects	Southampton Warmth for All Partnership (SWAP)	NHS Darzi Review: link to strategic themes.

JSNA Theme	Key issues identified by the JSNA (National Performance Indicator reference)	Lead LAA Delivery Partnership (key supporting partnerships)	Joint Commissioning Priority?		Local Area Agreement (PI ref.)	Community Strategy (Objectives)	National/ Regional Programmes
			Yes	Agency lead			
	2. Impact of Crime and the Fear of Crime (NIs 15-30)	Health and Well-being Partnership	✓	SCC	NI 15 – serious violent crime NI 20 – assault with injury NI 21 – concerns with anti-social behaviour NI 32 – repeat incidences of domestic violence		
	Domestic Violence and Hate Crime (NIs 26, 34, 35)	Safe City Partnership Children and Young People's Trust Partnership		SCC			
	2.2 Bullying and the fear of crime (Young People)	Safe City Partnership Children's and Young People's Plan		SCC			
	3. Tackling Alcohol Harm (NI 41)	Safe City Partnership Children and Young People's Trust Partnership.	✓		NI 139 – alcohol-related admission rates		
	4. Smoking (NI 123)	Health and Well-being Partnership	✓		NI 123 – smoking prevalence stretch target in place for reducing smoking rates at a faster rate in priority neighbourhoods		NHS Darzi Review: link to strategic themes.

JSNA Theme	Key issues identified by the JSNA (National Performance Indicator reference)	Lead LAA Delivery Partnership (key supporting partnerships)	Joint Commissioning Priority?		Local Area Agreement (PI ref.)	Community Strategy (Objectives)	National/ Regional Programmes
			Yes	Agency lead			
	5. Drug and Substance Misuse (NIs 38, 39, 40, 115)	Safe City Partnership	√		NI 38 – drug-related offending NI 115 substance misuse by young people NI 140 – drug users receiving treatment		National Drugs Strategy.
	6. Prison and Ex-Offenders	Safe City Partnership		NOMS?	NI 30 – re-offending rate		
	7. Promotion of economic well-being to support better health and care outcomes (NIs 79, 112, 152, 153, 173)	Enterprise and Employment Board	Under-pinning value for all joint commissioning priorities		NI 151 – overall employment rate NI 165 – skills levels NI 79 Achievement of L2 qualification by age 19 NI112 Teenage Pregnancy	Increase economic activity and reduce unemployment within key demographic groups and within the Priority Neighbourhoods through increasing business support and employment advice.	NHS Darzi Review: link to strategic themes.
	8. Environmental Health and Health at Work and Transport	Health and Well-being Partnership		SCC			

Southampton

JSNA Data Compendium Index

One of the main benefits of developing this JSNA for public agencies has been the opportunity to bring together key information about the health and well-being of Southampton people in one place. This resource will only continue to help service managers and commissioners in improving local health and well-being if it is kept up to date as new information becomes available. To ensure that this happens the data compendium against which this data compendium has identified local needs will be continually updated as an on-line resource by the PCT Public Health Department. An up to date index of the information contained in this compendium will be maintained at:

www.southamptonhealth.nhs.uk/jsna

This index is an accurate description of the content of the data compendium at the time that the JSNA is published. For ease of reference, the information it contains will be divided into six sections:

1. Demographics of the population
2. Social and Environmental Context
3. Lifestyle and Risk Factors
4. Burden of Ill Health and Disability
5. Mortality
6. Social Services

The Data Compendium can be found from the following link and will be updated and amended regularly.
www.southamptonhealth.nhs.uk/publichealth/jsna

Section 1: Demographics of the population

Locality Resident Population: 2006
Locality Population Forecasts - Total: 2006-2013
Locality Population Forecasts - By Gender: 2006-2013
Forecast Number of Births (zero year olds) - Total: 2006 to 2013
Forecast Number of Births (zero year olds) - By Gender: 2006 to 2013
Ethnicity - Localities: 2001

Section 2: The Social and Environmental Context

Children living in families dependent on workless benefits April 2006
Index of Multiple Deprivation 2007: Overall Rural/Urban

Housing tenure
Overcrowding
Older people with no central heating
Older people living alone
No access to a car or van
Job seekers allowance claimants
Model-based estimates of household income for wards
Annual Survey of Earnings
Labour Market Profile

Section 3: Lifestyle and Risk Factors

Synthetic Estimates of Lifestyle
Smoking Prevalence
Binge Drinking
Physical Activity
Breastfeeding at initial feed
Mortality attributable to Smoking
Smoking quitters
Alcohol related hospital stays
Under 18 Conceptions
Under 16 Conceptions
Children in Year R Overweight - 2006/07
Children in Year R Overweight - Trend
Children in Year 6 Over weight - 2006/07
Children in Year R Obese - 2006/07
Children in Year R Obese - Trend
Children in Year 6 Obese - 2006/07
Predicted prevalence of hypertension

Section 4: Burden of Ill Health and Disability

QOF Data - Cancer Prevalence
QOF Data - CHD Prevalence
QOF Data - Stroke and TIA Prevalence
QOF Data - Severe Mental Illness
QOF Data - Diabetes
QOF Data - Asthma
QOF Data - COPD
Predicted prevalence of diabetes
Predicted prevalence of CHD
Predicted prevalence of COPD
HIV diagnoses
Older people - Dementia Projections
Limiting Long Term Illness
Incidence of all cancer
Incidence of lung cancer
Incidence of breast cancer
Incidence of tuberculosis
Children's tooth decay
Hospital admissions data
Road Injuries and deaths

Section 5: Mortality

Major causes of death 2006

Life expectancy 2004-06 - Males

Life expectancy 2004-06 - Females

All cause, all age mortality rate 2004-06 (pooled)

Mortality from circulatory disease, under 75s 2004-06 (pooled)

Mortality from coronary heart disease, under 75s (pooled)

Mortality from cancer, under 75s 2004-06 (pooled)

Mortality from bronchitis, emphysema and other COPD, all ages 2004-06 (pooled)

Mortality from stroke, all ages 2004-06 (pooled)

Mortality from causes considered amenable to healthcare, 2004-06 (pooled)

Section 6: Social Services

Number of older people receiving services

Number of older people with physical disability, frailty and sensory impairment receiving services

Number of older people with learning disability receiving services

Number of older people with mental health problems receiving services

Number of older people receiving community services

Number of older people with physical disability, frailty and sensory impairment receiving community services

Number of older people with learning disability receiving community services

Number of older people with mental health problems receiving community services

Number of adults aged under 65 receiving services

Number of adults aged under 65 with physical and sensory disabilities receiving services

Number of adults aged under 65 with learning disabilities receiving services

Number of adults aged under 65 with mental health problems receiving services

Number of adults aged under 65 with substance misuse problems receiving services

Number of adults aged under 65 receiving community services

Number of adults aged under 65 with physical and sensory disabilities receiving community services

Number of adults aged under 65 with learning disabilities receiving community services

Number of adults aged under 65 with mental health problems receiving community services

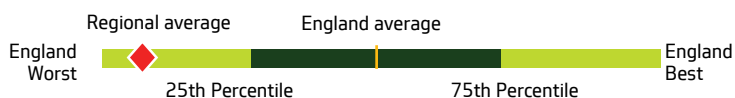
Number of adults aged under 65 with substance misuse problems receiving community services

Appendix 1: SEPHO Profiling Data Health in Southampton (2008)

The chart below shows how people's health in this local authority compares to the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which is shown as a bar. A green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- No significance can be calculated

*PSA target Measure 2005-2008



Domain	Indicator	Local no per year	Local value	Eng avg	Eng worst	England Range Eng Best	Eng best
Our communities	1 Deprivation	55711	24.6	19.9	89.1		0.0
	2 Children in poverty*	10755	28.4	22.4	66.5		6.0
	3 Statutory homelessness	475	4.9	4.4	14.4		0.0
	4 GCSE achievement (5 A*-C)*	1176	50.7	60.1	35.8		82.7
	5 Violent crime	8515	38.4	19.3	38.0		4.5
	6 Carbon emissions*	1305	6.0	7.6	20.6		4.6
Children's and young people health	7 Smoking in pregnancy	546	18.1	16.1	38.8		4.4
	8 Breast feeding initiation*	2150	72.5	69.2	33.2		90.9
	9 Physically active children*	20219	83.2	85.7	63.3		99.2
	10 Obese children*	167	9.5	9.9	16.1		4.9
	11 Children's tooth decay (at age 5)	n/a	1.8	1.5	3.2		0.4
	12 Teenage pregnancy (under 18)*	216	58.0	41.1	83.1		12.5
Adult's health and lifestyle	13 Adults who smoke*	n/a	27.3	24.1	40.9		13.7
	14 Binge drinking adults	n/a	21.9	18.0	28.9		9.7
	15 Healthy eating adults	n/a	29.4	26.3	14.2		45.8
	16 Physically active adults	n/a	10.4	11.6	7.5		17.2
	17 Obese adults	n/a	26.0	23.6	31.2		11.9
Disease and poor health	18 Under -15's 'not in good health'	537	14.7	11.6	20.8		6.4
	19 Incapacity benefits for mental illness*	4500	28.9	27.5	68.6		8.4
	20 Hospital stays due to alcohol	606	275.3	260.3	741.1		87.6
	21 Drug misuse	1409	9.1	9.9	34.9		1.3
	22 People diagnosed with diabetes	7575	3.4	3.7	5.9		2.1
	23 Sexually transmitted infections						
	24 New cases of tuberculosis	35	15.0	15.0	102.0		0.0
	25 Hip fracture in over 65's	190	442.7	479.8	699.8		219
Life expectancy and causes of death	26 Life expectancy - male	n/a	76.8	77.3	73.0		83.1
	27 Life expectancy - female	n/a	81.7	81.6	78.3		87.2
	28 Infant deaths	11	4.0	5.0	10.3		0.0
	29 Deaths from smoking	365	256.5	225.4	355.0		139.4
	30 Early deaths: heart disease & stroke*	193	99.2	84.2	142.4		39.7
	31 Early deaths: cancer*	245	127.9	117.1	167.8		76.7
	32 Road injuries and deaths	99	43.6	56.3	194.6		20.8

Note (numbers in bold refer to the above indicators)

1 % of people in this area living in 20% most deprived areas of England 2005 2 % of children living in families receiving means-tested benefits 2005. 3 Crude rate per 1,000 households 2005-2006. 4 % at key stage 4 2006-2007. 5 Recorded violence against the person crimes (crude rate per 1,000 population) 2006-2007. 6 Total end user CO2 emissions per capita (tonnes CO2 per resident) 2005 7 % of mother smoking in pregnancy where status is known 2006-2007. 8 % of mothers initiating breast feeding where status known 2006-2007. 9 % 5-16 year olds who spend at least 2hrs/wk on high quality PE and school sport 2006-2007. 10 % school children in reception year 2006-2007. 11 Average (mean) number of teeth per child which were actively decayed, filled or had been extracted (age 5) 2005-2006. 12 Under 18 conception rate per 1,000 families (crude rate) 2004-2006 (provisional). 13 % modelled estimate from Health Survey for England. 2003-2005. 14 % modelled estimate from Health Survey for England. 2003-2005. 15 % modelled estimate from Health Survey for England. 2003-2005. 16 % aged 16+ 2005/06. 17 % modelled estimate from Health Survey for England. 2003-2005. 18 % who self assessed general health as 'not good' (directly age standardised) 2001. 19 Crude rate per 1,000 working age population 2006. 20 Directly age and sex standardised rate per 100,000 pop 2006-2007 21 Crude rate per 1000 population aged 15-64. No significance calculated for lower tier authorities. 2004-2005. 22 % people on GP registers with a recorded diagnosis of diabetes 2005-2006 23 Indicator blank as data not yet available for local authorities. 24 Per 100,000 population (3-year average crude rate) 2004-2006. 25 Directly age-standardised rate for emergency admission 2006/07 26 At birth, years 2004-2006. 27 At birth, years 2004-2006 28 Rate/1,000 live births 2004-06 29 Per 100,000 population age 35+, directly age standardised rate. 2004-2006 30 Directly age standardised rate/100,000 pop. under 75 2004-2006 31 Directly age-standardised rate/100,000 pop. under 75 2004-2006 32 Per 100,000 population (3-year average crude rate) 2004-2006.

For more information from your regional PHO, visit www.apho.org.uk You may use this profile for non-commercial purposes provided the source is acknowledged. 'Source: APHO and Department of Health. © Crown copyright 2008'.

CD with the Data Compendium information June 2008



What this Joint Strategic Needs Assessment deals with



This is supported by a comprehensive Data Compendium which benchmarks Southampton with comparable English cities.

www.southamptonhealth.nhs.uk/jsna