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HEALTH OVERVIEW AND SCRUTINY PANEL

Thursday, 7th December, 2017
at 5.30 pm

PLEASE NOTE TIME OF MEETING

Council Chamber - Civic Centre

This meeting is open to the public

Members

Councillor Bogle (Chair)
Councillor White (Vice-Chair)
Councillor P Baillie
Councillor Houghton
Councillor Mintoff
Councillor Noon
Councillor Savage

Contacts

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PUBLIC INFORMATION

ROLE OF HEALTH OVERVIEW SCRUTINY PANEL (TERMS OF REFERENCE)

The Health Overview and Scrutiny Panel's responsibilities and terms of reference are set out within Part 3 of the Council's Constitution: Responsibility for Functions

The general role and terms of reference for the Overview and Scrutiny Management Committee, together with those for all Scrutiny Panels, are set out in Part 2 (Article 6) of the Council's Constitution, and their particular roles are set out in Part 4 (Overview and Scrutiny Procedure Rules of the Constitution.

MOBILE TELEPHONES: - Please switch your mobile telephones to silent whilst in the meeting.

USE OF SOCIAL MEDIA: - The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair's opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council's Standing Orders the person can be ordered to stop their activity, or to leave the meeting. By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and or/training purposes. The meeting may be recorded by the press or members of the public.
Any person or organisation filming, recording or broadcasting any meeting of the Council is responsible for any claims or other liability resulting from them doing so.
Details of the Council's Guidance on the recording of meetings is available on the Council's website.

PUBLIC REPRESENTATIONS
At the discretion of the Chair, members of the public may address the meeting on any report included on the agenda in which they have a relevant interest. Any member of the public wishing to address the meeting should advise the Democratic Support Officer (DSO) whose contact details are on the front sheet of the agenda.

SMOKING POLICY – the Council operates a no-smoking policy in all civic buildings.

The Southampton City Council Strategy (2016-2020) is a key document and sets out the four key outcomes that make up our vision.

- Southampton has strong and sustainable economic growth
- Children and young people get a good start in life
- People in Southampton live safe, healthy, independent lives
- Southampton is an attractive modern City, where people are proud to live and work

CONDUCT OF MEETING

BUSINESS TO BE DISCUSSED
Only those items listed on the attached agenda may be considered at this meeting.

RULES OF PROCEDURE
The meeting is governed by the Council Procedure Rules as set out in Part 4 of the Constitution.

QUORUM
The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

DISCLOSURE OF INTERESTS

Members are required to disclose, in accordance with the Members' Code of Conduct, ***both*** the existence ***and*** nature of any "Disclosable Pecuniary Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

DISCLOSABLE PECUNIARY INTERESTS

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

(i) Any employment, office, trade, profession or vocation carried on for profit or gain.

(ii) Sponsorship

Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

(iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.

(iv) Any beneficial interest in land which is within the area of Southampton.

(v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.

(vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.

(vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:

(a) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or

(b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

OTHER INTERESTS

A Member must regard himself or herself as having an, 'Other Interest' in any membership of, or occupation of a position of general control or management in:

- Any body to which they have been appointed or nominated by Southampton City Council
- Any public authority or body exercising functions of a public nature
- Any body directed to charitable purposes
- Any body whose principal purpose includes the influence of public opinion or policy

PRINCIPLES OF DECISION MAKING

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the “rationality” or “taking leave of your senses” principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, ‘live now, pay later’ and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

DATES OF MEETINGS: MUNICIPAL YEAR 2017/2018

2017	2018
29 June	22 February
24 August	26 April
26 October	
7 December	

AGENDA

1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

2 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Democratic Support Officer.

3 DECLARATIONS OF SCRUTINY INTEREST

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

4 DECLARATION OF PARTY POLITICAL WHIP

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

5 STATEMENT FROM THE CHAIR

6 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

(Pages 1 - 4)

To approve and sign as a correct record the minutes of the meeting held on 26October 2017 and to deal with any matters arising, attached.

7 UPDATE ON CHILD HEALTH IN SOUTHAMPTON

(Pages 5 - 20)

Report of the Director of Public Health outlining progress against the Children and Young People's Strategy to date.

Wednesday, 29 November 2017 SERVICE DIRECTOR, LEGAL AND GOVERNANCE

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SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL

MINUTES OF THE MEETING HELD ON 26 OCTOBER 2017

Present: Councillors Bogle (Chair), White (Vice-Chair), P Baillie, Houghton, Mintoff, Noon and Savage

13. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

RESOLVED: that the minutes for the Panel meeting on 24 August 2017 be approved and signed as a correct record.

14. **UPDATE ON PROGRESS - SOUTHERN HEALTH NHS FOUNDATION TRUST**

The Panel considered the report of the Interim Chief Executive, Southern Health NHS Foundation Trust

Julie Dawes (Interim Chief Executive), Tom Westbury (Head of Communications: Business Partnering) of the Southern Health Trust, John Richards (Chief Executor Officer NHS Southampton City CCG), Stephanie Ramsey (Director of Quality and Integration) and Rob Kurn (Healthwatch Southampton Manager) were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of matters including:

- the progress made by the Trust against the recommendations made by the CQC;
- the recent appointment of a new Chair, Chief Executive and Non-Executive Members;
- the Crisis Lounge pilot in Southampton – Members were briefed on the role of the service, the referral process and availability to residents within Southampton;
- the broad range of support for women with post-natal depression within the region;
- the lessons learnt from the intense period of scrutiny following the publication of the Mazars report and the subsequent CQC inspections. The Panel noted that the Trust had acted to engage both its workforce and its clients in developing an open processes that sought to address issues as, or before, they occurred; and
- that workforce planning had been identified as a risk for the Trust as it reflected the high levels of staff turnover.

In addition the representatives of NHS Southampton City CCG and Healthwatch Southampton addressed the Panel confirming that the Trust's view of itself was realistic and reflected the current situation.

RESOLVED that the Panel noted the ongoing improvements of the Southern Health Trust and that the Panel would continue to review the Trust's progress.

15. **HEALTH AND WELLBEING STRATEGY UPDATE**

The Panel considered the report of the Cabinet Member for Health and Community Safety updating the Panel on progress made to date delivering against targets within the Health and Wellbeing Strategy.

Councillor Shields (Cabinet Member for Health and Community Safety) Jason Horsley (Joint Director of Public Health for Southampton and Portsmouth) and Felicity Ridgeway (Service Lead - Policy, Partnerships and Strategic Planning) were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of matters including:

- the need to develop proxy indicators to identify progress made in between the publication of national statistics;
- the benefits of prioritising a smaller group of strategic measures within the dataset to drive improved outcomes. The Panel were keen to see a strong emphasis on outcomes for children and young people and bridging inequalities within the population;
- the need to understand the factors, for each indicator, that are contributing to the performance in Southampton;
- the difficulty identifying an appropriate indicator to measure the impact of air quality on health outcomes in Southampton; and
- Panel Members suggested that officers should, when presenting this information to the Panel in the future, consider providing information by ward and how it can be made more visual through the use of infographics.

RESOLVED that the report be noted.

16. **ADULT SOCIAL CARE PERFORMANCE**

The Panel considered the report of Service Director - Adults, Housing and Communities outlining current performance in Adult Social Care and proposals to introduce a new operating model.

Paul Juan (Service Director, Adults, Housing and Communities) and Sharon Stewart (Service Lead: Prioritisation, Safeguarding and Initial Response) and Rob Kurn (Healthwatch Southampton) were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of issues including:

- the clarity of the information being provided and noted that the use of infographics would be helpful to provide context to the performance targets set out within the appendix;
- that whilst prevention activity is reducing demand pressures exceed the budget envelope;
- the driver for the new Target Operating Model was the need to focus on good practice. This, if performance mirrors the experience of other local authorities that have introduced this approach, will result in better outcomes and will reduce expenditure;

- the need for a change in culture within Adult Social Care to make the new approach work;
- the potential benefits and of personal budgets and direct payments, including the safeguards associated with the use of direct payments; and
- the implications that the contents of a letter received from the Secretary of State could have on the Council's finances. The letter outlined performance targets related to delayed transfers of care from hospital that the Council would be required to meet. Failure to do so could result in funding identified for the Council being withheld.

RESOLVED that the Panel noted the report.

17. **MONITORING SCRUTINY RECOMMENDATIONS TO THE EXECUTIVE**

The Panel noted the report of the Service Director, Legal and Governance, detailing the actions of the Executive and monitoring progress of the recommendations of the Panel.

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DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		UPDATE ON CHILD HEALTH IN SOUTHAMPTON		
DATE OF DECISION:		7 DECEMBER 2017		
REPORT OF:		DIRECTOR OF PUBLIC HEALTH		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Debbie Chase – Service Lead: Public Health** **Donna Chapman - Associate Director System Redesign**	**Tel:**	**023 8083 2028**
	E-mail:	**Debbie.Chase@Southampton.gov.uk** **d.chapman1@nhs.net**		
Director	**Name:**	**Jason Horsley**	**Tel:**	**023 8083 2028**
	E-mail:	**Jason.Horsley@southampton.gov.uk**		

STATEMENT OF CONFIDENTIALITY

Not applicable

BRIEF SUMMARY

Our child health profile shows that the health of children in Southampton is generally worse than the England average. This is broadly in line with the city's deprivation levels; highlighting the impact of poverty upon children's life chances. It is widely recognised that giving children the best start in life improves life chances and reduces health inequalities and we know that almost a quarter of Southampton's population are under 20 years of age. Therefore, the city and council strategies and plans prioritise giving children and young people a good start in life.

This briefing describes these strategies and plans and highlights some key issues and activities to protect and improve child health. The issues described are: Having active children with a healthy weight, improving mental health and reducing risky behaviours.

Lastly, proposals to improve child health through the integrated service for 0-19 year olds are highlighted. As agreed by Council in December 2016, work has been underway throughout 2017/18 to develop a new model of integrated prevention and early help provision for children 0-19 and their families under a single management structure. This will bring together the Health Visiting and School Nursing Services delivered by Solent NHS Trust with Children's Centres and Early Help Services (Families Matter) delivered by the Council. With the integrated management team now in place, the new integrated service model will be formally launched in April 2018 and the authors welcome the opportunity to present the service in further depth at a later date.

RECOMMENDATIONS:

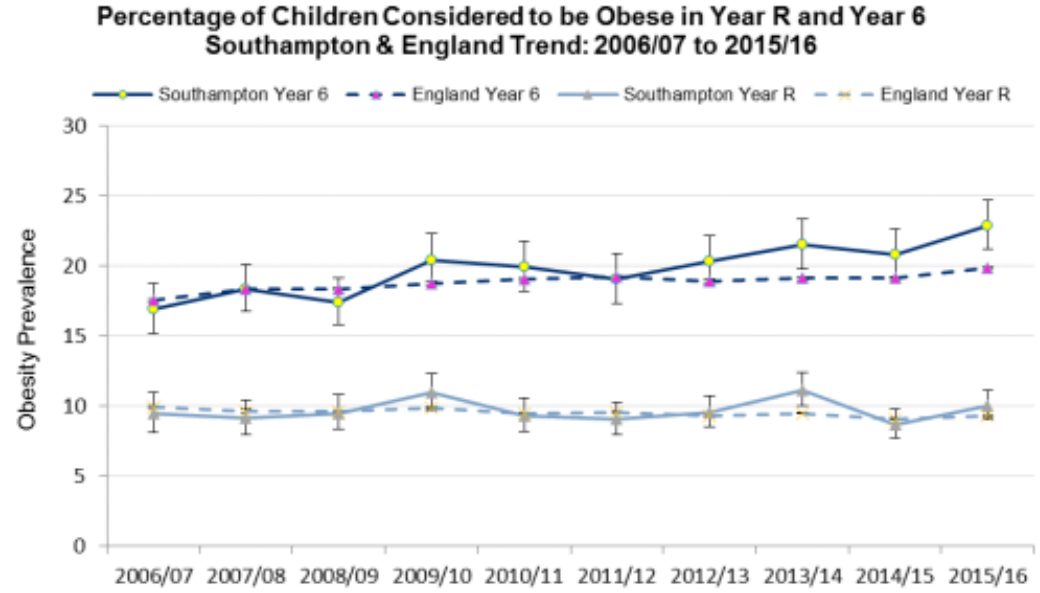
	(i)	That the Panel notes the progress against the Children and Young People's Strategy to date.

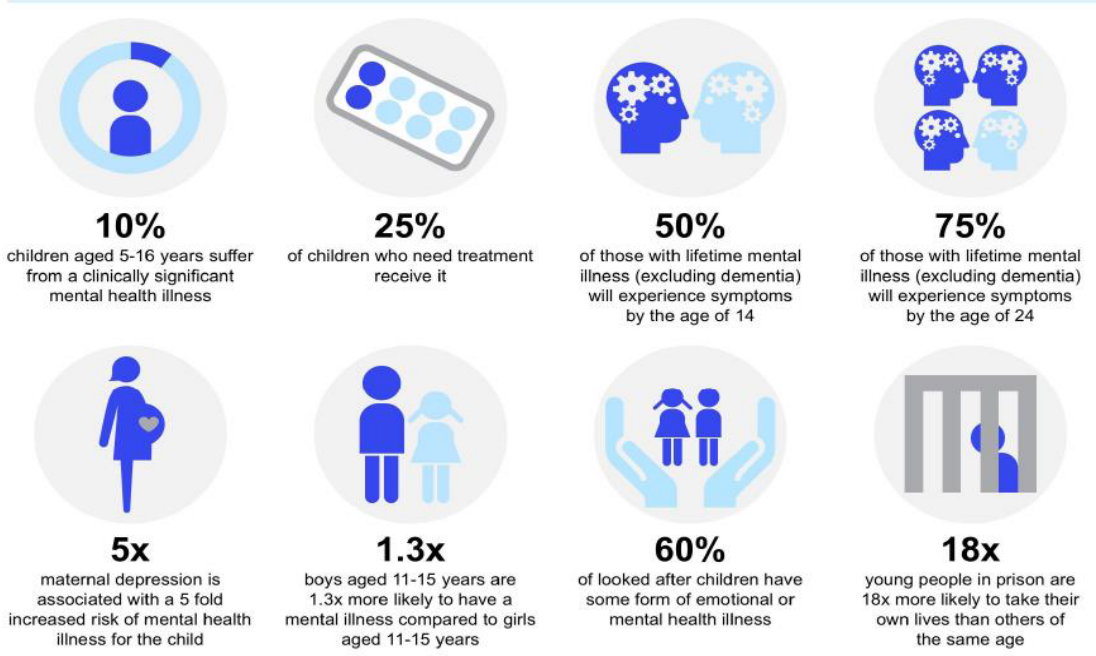
REASONS FOR REPORT RECOMMENDATIONS

1.	For information.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	None.
DETAIL (Including consultation carried out)	
	Background
3.	Providing a caring, supportive and healthy childhood not only provides children with the best start, it also sets them up with important life skills and reduces their risks of poor health during childhood, into adulthood and older age. With almost a quarter of our Southampton population under the age of 20, it is especially important that giving children a good start in life continues to be a city priority.
4.	An annual summary of child health is published by Public Health England. The latest Child Health Profile for Southampton was published in March 2017, which is included at Appendix 1.
5.	The Child Health Profile for Southampton shows that the health and wellbeing of children in Southampton is generally worse than the England average, particularly in the following areas: • 23.4% of children aged under 16 years living in poverty compared to an England average of 20.1% • 22.5% children in Year 6 (aged 10-11) are classified as obese compared to an England average of 19.8% • 78.0 per 100,000 children under 18 are admitted to hospital with alcohol specific conditions in Southampton, compared to the England rate of 36.6 per 100,00 (however, local recording practices should be taken into account, which may contribute to the high local rate of admission) • Teenage conceptions in Southampton are seen at a higher rate than the England average at approximately 29.2 per 1,000, compared to 20.8 per 1,000 nationally, although this still represents a significant improvement locally. Southampton has seen a 58% reduction in teenage pregnancy rates since 2006.
6.	Approximately 54,800 children and young people (aged 0-18) live in Southampton and this number is expected to rise by 5.5% by 2023. This will increase demand upon both universal services, such as schools, GPs and dentists, as well as targeted services and specialist services, such as parenting support, speech and language therapy or specialist social care services. 33.7% of school age children (4-16) are from Black and Minority Ethnic communities.
	Southampton's strategic approach
7.	The Southampton Health and Wellbeing Strategy (HWBS) 2017-2025 sets out a vision for the city, of a culture and environment that promotes and supports health and wellbeing for all. It recognises the importance of supporting health at the earliest stage in life and thus the accompanying Health and Wellbeing Strategy scorecard includes a number of indicators relating to childhood. These indicators were considered by the Health Overview and Scrutiny Panel in October 2017.

8.	The Southampton Public Health Annual Report 2015 focused on the first 1,000 days of life, highlighting the importance of children's health in achieving a healthy society. The report's recommendations have informed the HWBS, children and young people's strategy and proposals for the integrated service for 0-19 year olds.
9.	The Southampton Children and Young People's Strategy 2017-2020 was adopted by Full Council in January 2017 in agreement with Southampton Clinical Commissioning Group and other partners. The strategy focuses on outcomes across four thematic areas, in addition to a cross cutting theme of reducing the effects of child poverty to ensure Southampton children and young people are: • Safe and secure • Aspiring and achieving • Happy and healthy • Participating and engaging
10.	Under the heading 'happy and healthy', the children and young people's strategy focuses on getting children and young people active and healthy, improving mental health and wellbeing, and reducing risky behaviours. These priorities were identified using evidence from the previous iterations of the local Children's Health Profiles and Southampton's Joint Strategic Needs Assessment (JSNA).
	Activity and healthy weight
11.	Compared to the England average, a similar percentage of children in Southampton have excess weight in Reception year (Year R), but in Year 6 the percentage is above the England average (36.7%). The causes of excess weight and obesity are complex; social circumstances, family background, educational background, food skills and no opportunities to be active, can all contribute. These factors vary but at their core is the balance between what people eat and how much physical activity they do.
12.	Obese children are more likely to be ill, be absent from school due to illness, experience health-related limitations and require more medical care than normal weight children. Nationally Type 2 diabetes, previously considered an adult disease, has increased dramatically in overweight children as young as five. Linked analysis shows that over 40% of obese children in Year 6 were previously a health weight in Year R.
13.	A longitudinal analysis of the ten years of data available locally shows that over 70% of children classified as overweight in Year 6 were previously of a healthy weight at 4-5 years of age. This proportion increased significantly (at the 95% confidence level) from 66.5% in 2012/13 to 77.4% in 2014/15, although the latest data for 2015/16 shows a reduction to 69.1%.
14.	Approximately 40% of children classified as obese in Year 6 were recorded as of healthy weight in Year R over the latest three school years examined, 2013/14 to 2015/16 (pooled). This suggests that although obesity in Year R is a significant risk factor for obesity in Year 6, interventions focused solely on children who were classified as obese in Year R only have the potential to reduce the level of obesity in Year 6 by around a third at most.

	 Sources: NCMP validated dataset supplied by NOO, Southampton CHIS & NHS Digital NCMP national data tables (http://www.content.digital.nhs.uk/catalogue/PUB22269)
15.	A number of initiatives and projects are underway across the city to help address the issue of childhood obesity: • Metamorphsis (Transport) street closures to encourage active travel among families (aligns with Clean Air Strategy). From this we are working on how to simplify processes so communities can close streets for street play. • National Child Measurement programme data has been mapped across our city to inform decisions on transport and planning. • Work with planning to limit concentration of hot food takeaways near secondary schools. • Healthy Early Years Award pilot rolled out and available to all early years settings. • Re-development of Healthy Schools (in the progress). • Review of Workplace wellbeing award to support young people at work. • Development of a local children and young people's weight management pathway. • Healthy weight website developed to help engage local businesses to place a pledge to help tackle obesity. • Development of a strong stakeholder network to share good practice and encourage opportunities for joint working.
16.	A Children and Young Peoples Healthy Weight plan is being developed for Southampton. It sets our vision for preventing and managing childhood obesity. We know that childhood obesity is an issue both locally and nationally and Southampton City Council and its partners are committed to tackling the issue. The aim of this plan is to shift the focus from treatment only to incorporate prevention and create a "healthy weight" environment where healthy choices become the easier choices for children and parents/carers to make; as well as ensuring early intervention targets those in greatest need.

	Mental health
17.	Based on national prevalence rates by gender, and local population estimates, about 5,500 (10.6%) children and young people have clinically diagnosable mental health conditions in Southampton. The estimated need for children with moderately severe problems requiring attention from professionals trained in mental health (Tier 2) is 3,590 children. Intervening as early as possible can help to prevent those early indicators of problems occurring or escalating.  **10%** children aged 5-16 years suffer from a clinically significant mental health illness **25%** of children who need treatment receive it **50%** of those with lifetime mental illness (excluding dementia) will experience symptoms by the age of 14 **75%** of those with lifetime mental illness (excluding dementia) will experience symptoms by the age of 24 **5x** maternal depression is associated with a 5 fold increased risk of mental health illness for the child **1.3x** boys aged 11-15 years are 1.3x more likely to have a mental illness compared to girls aged 11-15 years **60%** of looked after children have some form of emotional or mental health illness **18x** young people in prison are 18x more likely to take their own lives than others of the same age Note: Figures above based on national estimates.
18.	We are continuing to deliver the Child and Adolescent Mental Health Services (CAMHS) Transformation Plan to improve mental health and wellbeing of children and young people in Southampton. The plan has an increased focus on prevention and early intervention and peer support, ensuring better access to timely support for all children and young people, including those who are most vulnerable, and better access to crisis support when needed. In addition to this, there has been a re-design of the pathway for children and young people with Autism and ADHD. Furthermore, through collaboration with schools and colleges, the counselling provision for young people is being recommissioned to ensure a more equitable and increased offer.
19.	The development programme for CAMHS Transformation is wide ranging, covering work with schools and the Youth Forum Champions on prevention and early intervention through to work with NHSE specialist commissioners around inpatient beds.
20.	There is a commitment in the Hampshire and Isle of Wight Sustainability and Transformation Plan (HIOW STP) for the wider transformation of mental health services for children and young people (including access to tier four beds for young people) to be aligned to the Mental Health Alliance and the STP delivery plan. The transformation programme will be underpinned by integrated approaches to commissioning mental health services on an Alliance wide basis.

	Risky behaviours
21.	Teenage pregnancy has long been regarded as a proxy indicator of low aspirations, and social and education disengagement, and has a strong link to child poverty and social deprivation, especially among white British communities. Evidence shows that teenagers with a history of poverty and who have experienced abuse or neglect in childhood have a 66% increased risk of teenage pregnancy. Having a parent/carer who completed their education decreases the risk of teenage pregnancy by about 25%.
22.	Southampton's 2014 under 18 conception rate was 29.0 per 1,000 females aged 15-17 years old. This equates to approximately 2.9% of the under 18 female population conceiving in 2014 (102 young women). Southampton's rate has been consistently higher than the national rate since the 1998-2000 baseline, and although the rate in Southampton has fallen by over 50% since 1998, it still remains significantly higher than the national average. However, there has been significant improvement and Southampton has seen a 62% reduction in teenage pregnancy rates since 2006.
23.	Southampton is refreshing its sexual health improvement plan and teenage pregnancy action plan which aims to put in place effective outreach, information and access that: • Supports more young people to be protected from sexually transmitted infections (STIs) such as Chlamydia and unplanned pregnancies by improving access to STI testing, a range of effective methods of contraception and promoting condom use (and access). • Improves protection for young people in relation to sexual exploitation and abuse by increasing awareness among young people, parents and carers, and professionals working with children and young people about what to look for, and how to seek or offer help. • Works with schools and colleges to raise the standard and consistency of education about sex and relationships education, and improve access to services for those concerned about their reproductive and sexual health.
24.	Nationally, the rate of young people aged under 18 being admitted to hospital because they have a condition wholly related to alcohol is decreasing, and this is also the case in Southampton. The admission rate in the latest period is higher than the England average. Results from the 2014 What about YOUth survey indicate that 11.7% of Southampton's 15 year olds currently smoke, 8.3% smoke regularly, 13.4% have ever tried cannabis and 21.4% have tried e-cigarettes. All of these figures are significantly higher than the national average. The same survey estimates that 63.3% of 15 year olds in Southampton have ever had an alcoholic drink and 5% of this age group report being regular drinkers. These figures are not significantly higher than the national average.
25.	Southampton has the highest rate of alcohol specific hospital admissions in the South East Region at 76.9 per 100,000 population (aged under 18) which is significantly higher than the England average of 37.4 per 100,000 population (2013/14 to 2015/16 pooled data). However, comparisons with other areas should be treated with caution as local recording practices have

	an influence on the rates.
26.	The Southampton Alcohol Strategy 2017-2020 was created in collaboration with the Health and Wellbeing Board and Safe City Strategy and seeks to reduce the harm caused by alcohol consumption in Southampton by 2020. It recognises that alcohol plays an important role in many people's social lives and can contribute positively to the economy and culture of the city. The strategy commits to working with schools, colleges and universities in Southampton to ensure health related alcohol harm messages are available to young people in the city.
	Integrated 0-19 Prevention and Early Help Offer
27.	Since public health commissioning responsibilities transferred from the NHS to the local authorities in 2013, with the additional transfer of Health Visiting responsibility in October 2015, there has been considerable further development of the already established joint work between the city council and health services. The purpose of this is to lay the foundations for better integration of prevention and early help services for children and families in the city. Delivery of the 0-19 prevention and early help plan is monitored by the 0-19 prevention and early help group, supported with the 0-19 prevention and early help outcome framework included at Appendix 2.
28.	The focus of collaboration has been on closer working between 0-4 Health Visiting services, Family Nurse Partnership, 5-19 Public Health Nursing services and family support provided by Solent NHS Trust and the services provided to children and families through the Council's Children's Centres and Early Help services (Families Matter). In December 2016 Cabinet approved a decision to formally merge these services into a single integrated service under a shared management structure. The new service is being established through a long term partnership between Southampton City Council and Solent NHS Trust that will report to a joint governance board overseeing its performance and impact. Recent months have seen solid progress in appointments to an integrated management team for the new service incorporating both Solent and SCC managers. The new integrated service will operate City-wide whilst focussing its day to day operational delivery through three localities linked to the City's six better care clusters and fourteen Children's Centre areas.
29.	The following services are included in the integrated service: • Public Health Nursing Service for 0-5 years (Health Visiting and Family Nurse Partnership) • Public Health Nursing Service for 5-19 year olds (School Nursing/Healthy Ambition) • Children's Centres • Families Matter Early Help Teams • Early Childhood Workers With strong links to the following: • Oral Health promotion • Breast feeding support • Healthy Early Years

30.	Work is well underway to develop the service offer and model and the integrated 0-19 prevention and early help service will be launched in April 2018. It supports achievement of the following health outcomes for children and families, with a particular focus on reducing the following poor health outcomes and health related inequalities: • Fewer mothers smoking at time of delivery • Improved breastfeeding rates at birth and 6-8 weeks • Increased proportion of children who are a healthy weight in Years R and 6 under the National Child Measurement Programme • Fewer hospital admissions for self-harm for young people aged 10-24 years • Reduction in under 18 conception rate.
31.	Specific aims of this service include: • To provide prevention through a progressive universalism approach, delivering targeted interventions, to those most in need and delivering full population coverage of the Healthy Child Programme (HCP) universal assessments. • To build community and family capacity so that families are better able to help themselves. • To support parents, promoting good parenting skills. • To improve early years' outcomes through targeting perinatal mental health, secure attachment, nutrition and exercise, language and communication and school readiness. • To improve social, emotional and mental wellbeing through strengthening the resilience of children, young people, families and communities building upon community assets and universal services. • To provide targeted or additional prevention, early intervention and care plans in accordance with need. • To provide effective information and advice to support self-help and other resources that promote physical, social, emotional and mental health and wellbeing in children, young people.
RESOURCE IMPLICATIONS	
Capital/Revenue	
32.	None
Property/Other	
33.	None
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
34.	N/A
Other Legal Implications:	
35.	None
RISK MANAGEMENT IMPLICATIONS	
36.	None

POLICY FRAMEWORK IMPLICATIONS	
37.	None

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
SUPPORTING DOCUMENTATION	
Appendices	
1.	Child health profile
2.	0-19 data set

Documents In Members' Rooms

1.	None	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.		**No**
Privacy Impact Assessment		
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.		**No**
Other Background Documents **Other Background documents available for inspection at:**		
Title of Background Paper(s)	**Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)**	
1.	None	

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Public Health England

Child Health Profile

March 2017

Southampton

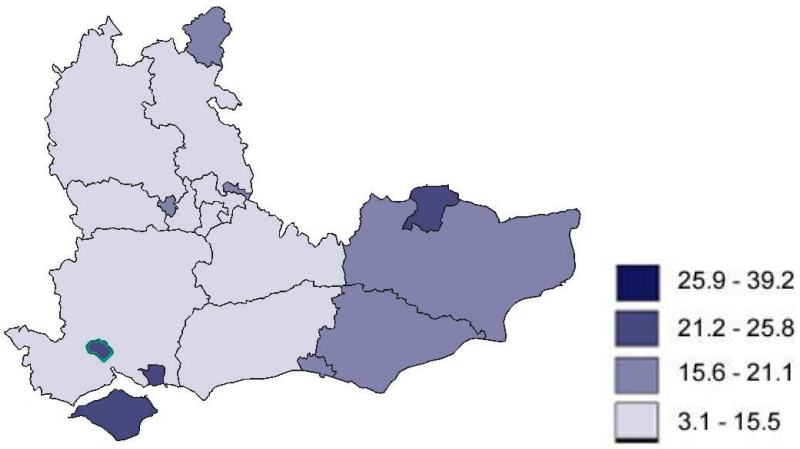
This profile provides a snapshot of child health in this area. It is designed to help local government and health services improve the health and wellbeing of children and tackle health inequalities.

The child population in this area

		Local	Region	England
Live births (2015)		3,305	102,703	664,399
Children aged 0 to 4 years (2015)		16,400 6.6%	546,400 6.1%	3,434,700 6.3%
Children aged 0 to 19 years (2015)		58,600 23.5%	2,132,500 23.8%	13,005,700 23.7%
Children aged 0 to 19 years in 2025 (projected)		65,500 24.7%	2,304,700 23.8%	14,002,600 23.8%
School children from minority ethnic groups (2016)		8,797 33.7%	240,900 22.5%	2,032,064 30.0%
Children living in poverty aged under 16 years (2014)		23.4%	14.7%	20.1%
Life expectancy at birth (2013-2015)	Boys	78.3	80.5	79.5
	Girls	82.9	84.0	83.1

Children living in poverty

Map of the South East, with Southampton outlined, showing the relative levels of children living in poverty.



Key findings

Children and young people under the age of 20 years make up 23.5% of the population of Southampton. 33.7% of school children are from a minority ethnic group.

The health and wellbeing of children in Southampton is generally worse than the England average. Infant and child mortality rates are similar to the England average.

The level of child poverty is worse than the England average with 23.4% of children aged under 16 years living in poverty. The rate of family homelessness is better than the England average.

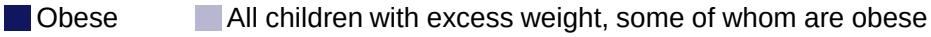
9.8% of children aged 4-5 years and 22.5% of children aged 10-11 years are classified as obese.

Local areas should aim to have at least 95% of children immunised in order to give protection both to the individual child and the overall population. For children aged 2, the MMR immunisation rate is 94.9% and the diphtheria, tetanus, polio, pertussis and Hib immunisation rate is 97.1%.

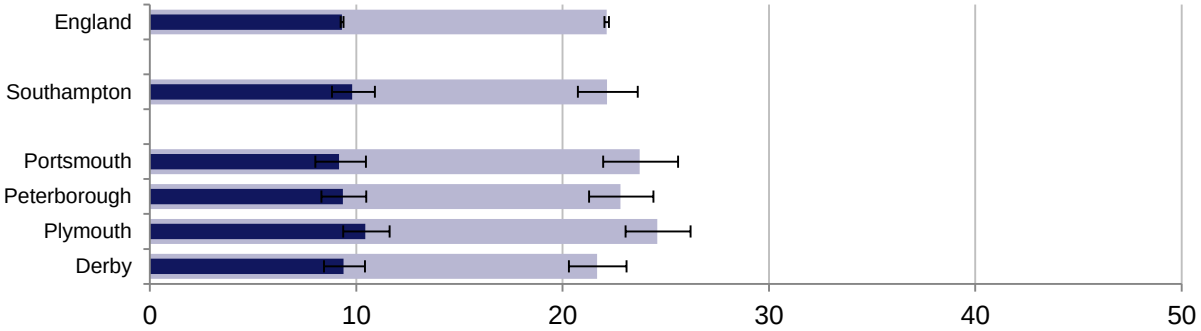
In 2014/15, 33.7% of five year olds had one or more decayed, filled or missing teeth. This was higher than the England average. The recent hospital admission rate for dental caries in children aged under 5 years is lower than the England average.

Childhood obesity

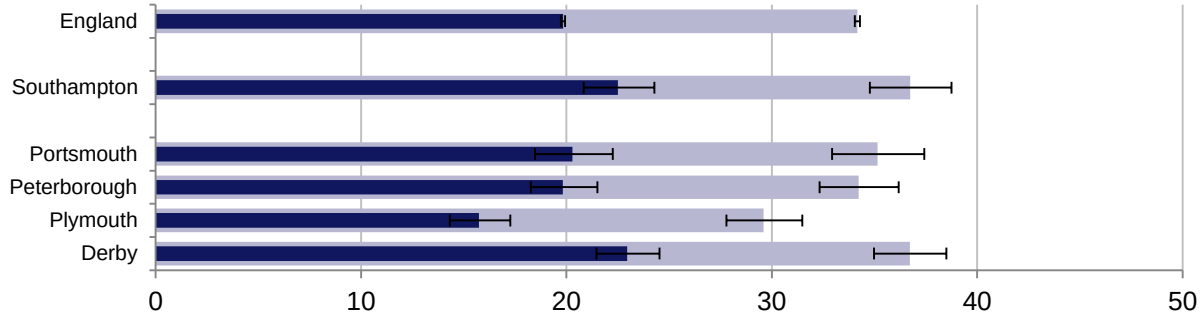
These charts show the percentage of children who have excess weight (obese or overweight) in Reception (aged 4-5 years) and Year 6 (aged 10-11 years). They compare Southampton with its statistical neighbours, and the England and regional averages. Compared with the England average, this area has a similar percentage of children in Reception (22.2%) and a worse percentage in Year 6 (36.7%) who have excess weight.



Children aged 4-5 years who have excess weight, 2015/16 (percentage)



Children aged 10-11 years who have excess weight, 2015/16 (percentage)



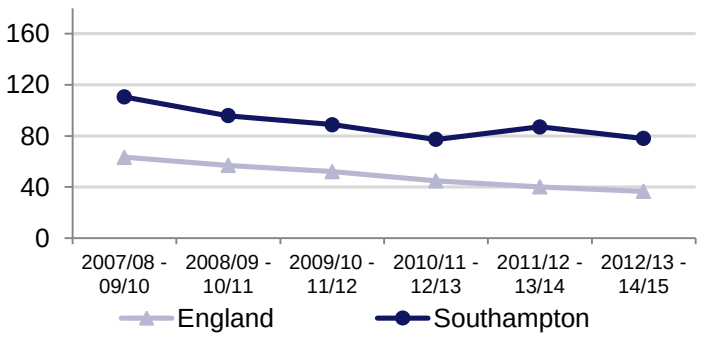
Note: This analysis uses the 85th and 95th centiles of the British 1990 growth reference (UK90) for BMI to classify children as overweight and obese.

I indicates 95% confidence interval.

Young people and alcohol

Nationally, the rate of young people aged under 18 being admitted to hospital because they have a condition wholly related to alcohol is decreasing, and this is also the case in Southampton. The admission rate in the latest period is higher than the England average.

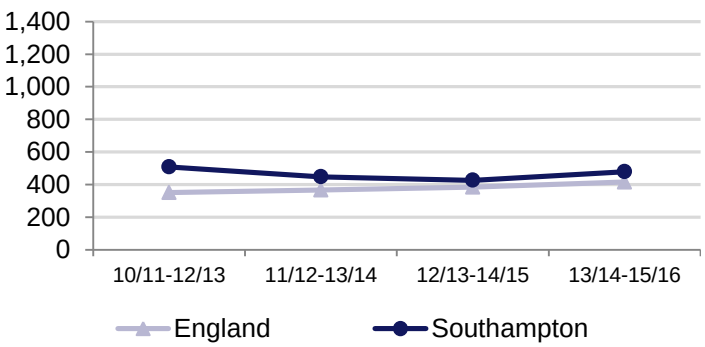
Young people aged under 18 admitted to hospital with alcohol specific conditions (rate per 100,000 population aged 0-17 years)



Young people's mental health

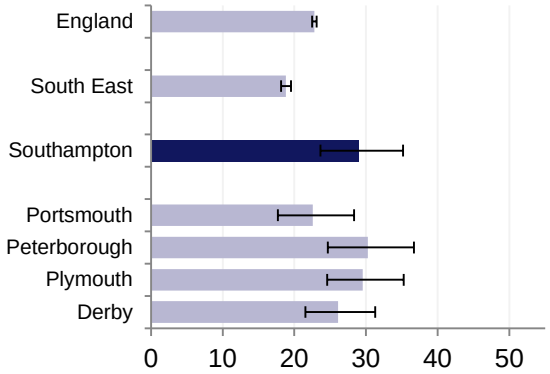
Nationally, the rate of young people aged under 18 being admitted to hospital as a result of self-harm is increasing. There is no significant trend in Southampton. The admission rate in the latest period is higher than the England average. Information about admissions in 2015/16 is on page 4. Nationally, levels of self-harm are higher among young women than young men.

Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10-24 years)



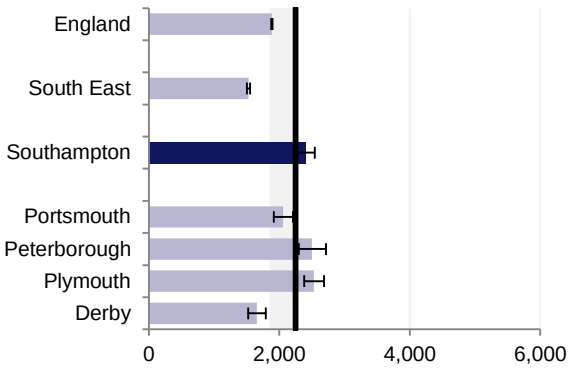
These charts compare Southampton with its statistical neighbours, and the England and regional averages.

Teenage conceptions in girls aged under 18 years, 2014 (rate per 1,000 female population aged 15-17 years)



In 2014, approximately 29 girls aged under 18 conceived for every 1,000 women aged 15-17 years in this area. This is higher than the regional average (approximately 19 per 1,000). The area has a higher teenage conception rate compared with the England average (approximately 23 per 1,000).

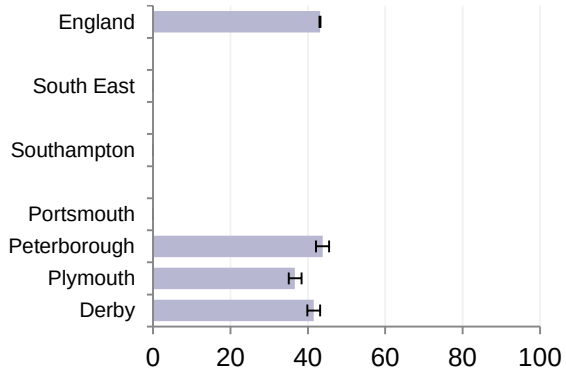
Chlamydia detection, 2015 (rate per 100,000 young people aged 15-24 years)



Chlamydia screening is recommended for all sexually active 15-24 year olds. Increasing detection rates indicates better targeting of screening activity; it is not a measure of prevalence. Areas should work towards a detection rate of at least 2,300 per 100,000 population. In 2015, the detection rate in this area was 2,402 which is better than the minimum recommended rate.

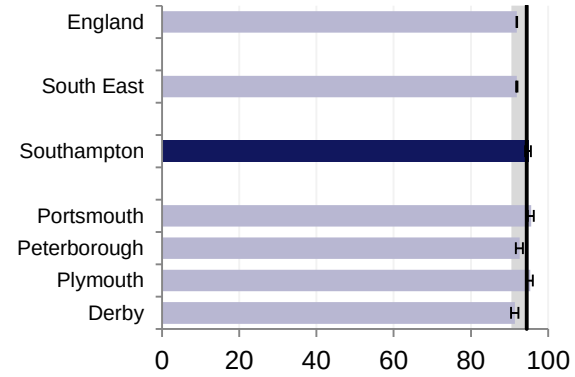
The shaded area from 1,900 shows the range of values approaching the minimum recommended rate of 2,300 (the black line).

Breastfeeding at 6 to 8 weeks, 2015/16 (percentage of infants due 6 to 8 week checks)



In this area 79.7% of babies received a six to eight week review by a health visitor before they turned eight weeks. No breastfeeding at six to eight weeks data is available.

Measles, mumps and rubella (MMR) vaccination coverage by age 2 years, 2015/16 (percentage of eligible children)



Less than 95% (the minimum recommended coverage level) of children have received their first dose of immunisation by the age of two in this area (94.9%). By the age of five, only 91.4% of children have received their second dose of MMR immunisation. In the South East, there were 2 laboratory confirmed cases of measles in young people aged 19 and under in 2015.

The shaded area from 90% shows the range of values approaching the minimum recommended coverage of 95% (the black line).

Note: Where data is not available or figures have been suppressed, no bar will appear in the chart for that area.

Southampton Child Health Profile — March 2017

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average.

↔ No significant change
↑↓ Increasing / decreasing and getting better
↑↓ Increasing / decreasing and getting worse
▪ Trend cannot be calculated

● Not significantly different from the England average
● Significantly better than England average
● Significantly worse than England average

England average | Regional average | 25th percentile | 75th percentile

	Indicator		Local no. per year*	Local value	Eng. ave.	Eng. worst	Eng. best
Premature mortality	1 Infant mortality	↔	***10***	3.1	3.9	7.9	2.0
	2 Child mortality rate (1-17 years)	▪	***7***	14.5	11.9	20.7	5.3
Health protection	3 MMR vaccination for one dose (2 years)	↑	2,950	94.9	91.9	69.3	97.7
	4 Dtap / IPV / Hib vaccination (2 years)	↔	3,021	97.1	95.2	73.0	99.2
	5 Children in care immunisations	↓	330	76.7	87.2	26.7	100.0
Wider determinants of ill health	6 Children achieving a good level of development at the end of reception	▪	2,229	69.8	69.3	59.7	78.7
	7 GCSEs achieved (5 A*-C inc. English and maths)	▪	1,123	53.0	57.8	44.8	74.6
	8 GCSEs achieved (5 A*-C inc. English and maths) for children in care	▪	-	-	13.8	6.4	34.6
	9 16-18 year olds not in education, employment or training	↓	320	4.7	4.2	7.9	1.5
	10 First time entrants to the youth justice system	↓	91	491.4	368.6	821.9	126.6
	11 Children in low income families (under 16 years)	↓	10,040	23.4	20.1	39.2	7.0
	12 Family homelessness	↔	137	1.4	1.9	10.0	0.1
	13 Children in care	↑	590	120	60	164	21
	14 Children killed and seriously injured (KSI) on England's roads	▪	***14***	31.3	17.0	49.3	1.4
Health improvement	15 Low birth weight of term babies	↔	77	2.5	2.8	4.8	1.3
	16 Obese children (4-5 years)	↔	309	9.8	9.3	14.7	5.1
	17 Obese children (10-11 years)	↑	508	22.5	19.8	28.5	11.0
	18 Children with one or more decayed, missing or filled teeth	▪	-	33.7	24.8	56.1	14.1
	19 Hospital admissions for dental caries (0-4 years)	▪	***19***	114.4	241.4	1,143.2	9.2
	20 Under 18 conceptions	↓	102	29.0	22.8	42.4	8.4
	21 Teenage mothers	↓	31	1.0	0.9	2.2	0.2
	22 Persons under 18 admitted to hospital for alcohol-specific conditions	↓	***37***	78.0	36.6	92.9	10.9
	23 Hospital admissions due to substance misuse (15-24 years)	▪	***46***	95.7	95.4	345.3	34.1
Prevention of ill health	24 Smoking status at time of delivery	↔	474	14.3	10.6	26.0	1.8
	25 Breastfeeding initiation	↔	2,437	73.2	74.3	47.2	92.9
	26 Breastfeeding prevalence at 6-8 weeks after birth	▪	-	-	43.2	18.0	76.5
	27 A&E attendances (0-4 years)	↑	9,881	600.8	587.9	1,836.1	335.0
	28 Hospital admissions caused by injuries in children (0-14 years)	↓	468	111.2	104.2	207.4	53.5
	29 Hospital admissions caused by injuries in young people (15-24 years)	↓	816	163.3	134.1	280.2	72.0
	30 Hospital admissions for asthma (under 19 years)	↔	130	247.6	202.4	591.6	84.3
	31 Hospital admissions for mental health conditions	↓	54	109.9	85.9	179.8	33.8
	32 Hospital admissions as a result of self-harm (10-24 years)	↔	361	558.8	430.5	1,444.7	102.5

● ≥95% ● <90% ● 90% to 95%

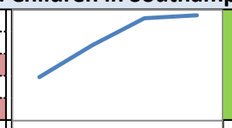
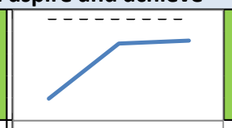
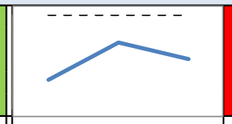
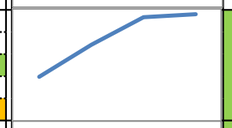
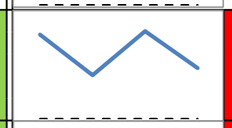
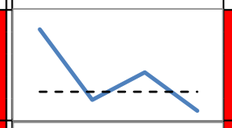
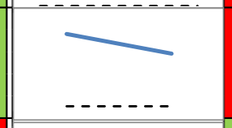
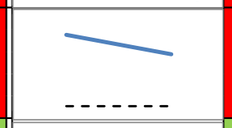
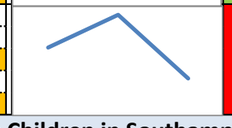
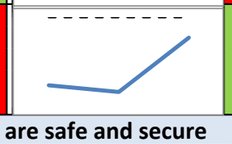
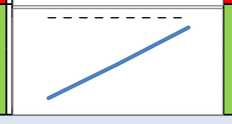
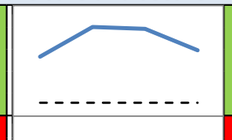
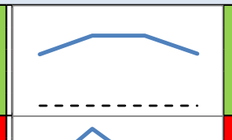
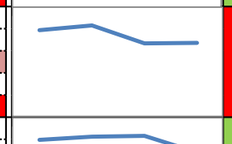
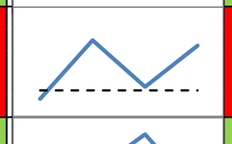
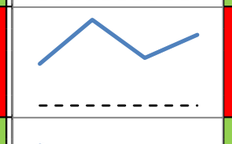
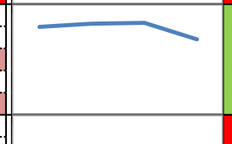
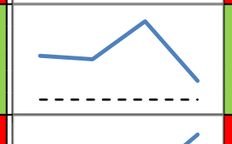
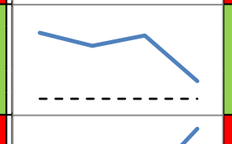
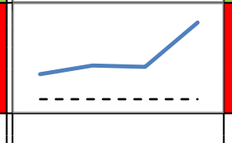
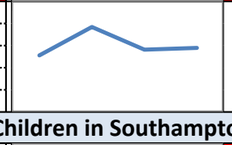
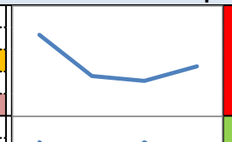
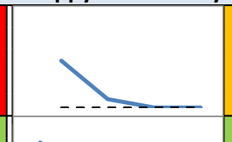
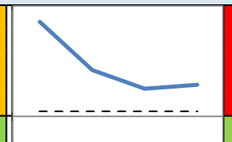
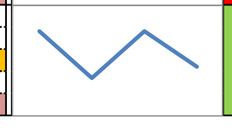
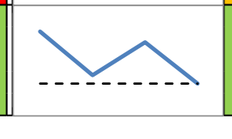
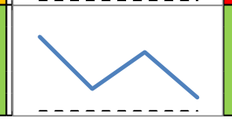
*Numbers in italics are calculated by dividing the total number for the three year period by three to give an average figure

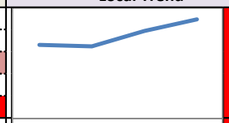
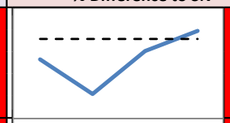
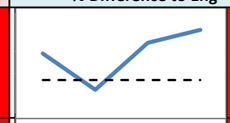
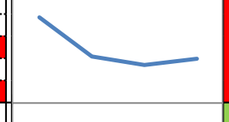
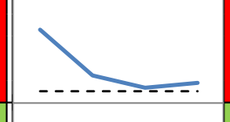
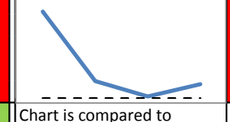
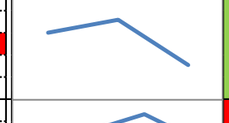
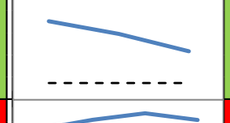
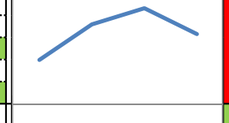
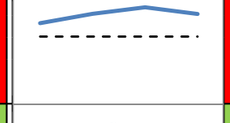
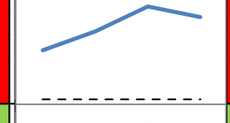
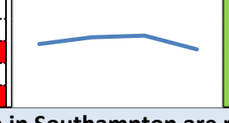
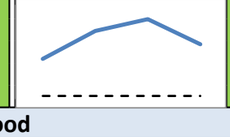
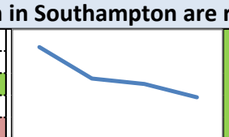
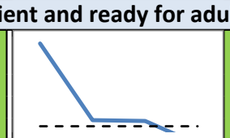
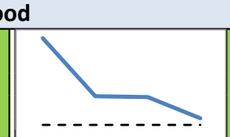
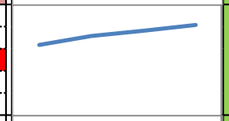
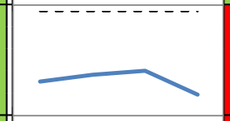
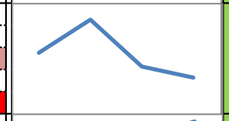
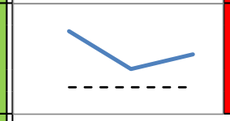
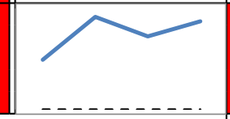
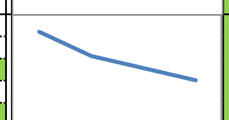
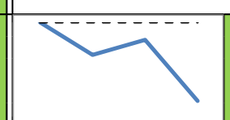
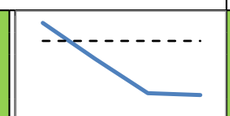
Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box

Notes and definitions

1 Mortality rate per 1,000 live births (aged under 1 year), 2013-2015
2 Directly standardised rate per 100,000 children aged 1-17 years, 2013-2015
3 % children immunised against measles, mumps and rubella (first dose by age 2 years), 2015/16
4 % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2015/16
5 % children in care with up-to-date immunisations, 2016
6 % children achieving a good level of development within Early Years Foundation Stage Profile, 2015/16
7 % pupils achieving 5 or more GCSEs or equivalent including maths and English, 2015/16
8 % children looked after achieving 5 or more GCSEs or equivalent including maths and English, 2015
9 % not in education, employment or training as a proportion of total 16-18 year olds known to local authority, 2015
10 Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2015
11 % of children aged under 16 years living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2014
12 Statutory homeless households with dependent children or pregnant women per 1,000 households, 2015/16
13 Rate of children looked after at 31 March per 10,000 population aged under 18 years, 2016
14 Crude rate of children aged 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population, 2013-2015
15 Percentage of live-born babies, born at term, weighing less than 2,500 grams, 2015
16 % school children in Reception year classified as obese, 2015/16
17 % school children in Year 6 classified as obese, 2015/16
18 % children aged 5 years with one or more decayed, missing or filled teeth, 2014/15
19 Crude rate per 100,000 (aged 0-4 years) for hospital admissions for dental caries, 2013/14-2015/16
20 Under 18 conception rate per 1,000 females aged 15-17 years, 2014
21 % of delivery episodes where the mother is aged less than 18 years, 2015/16
22 Persons admitted to hospital due to alcohol-specific conditions – under 18 year olds, crude rate per 100,000 population, 2012/13-2014/15
23 Directly standardised rate per 100,000 (aged 15-24 years) for hospital admissions for substance misuse, 2013/14-2015/16
24 % of mothers smoking at time of delivery, 2015/16
25 % of mothers initiating breastfeeding, 2014/15
26 % of mothers breastfeeding at 6-8 weeks, 2015/16
27 Crude rate per 1,000 (aged 0-4 years) of A&E attendances, 2015/16
28 Crude rate per 10,000 (aged 0-14 years) for emergency hospital admissions following injury, 2015/16
29 Crude rate per 10,000 (aged 15-24 years) for emergency hospital admissions following injury, 2015/16
30 Crude rate per 100,000 (aged 0-18 years) for emergency hospital admissions for asthma, 2015/16
31 Crude rate per 100,000 (aged 0-17 years) for hospital admissions for mental health, 2015/16
32 Directly standardised rate per 100,000 (aged 10-24 years) for hospital admissions for self-harm, 2015/16

Southampton Prevention and Early Help Outcome Framework for CYP 0-19 years: November 2017 Update

No	Indicator	Area	Yr 1	Yr 2	Yr 3	Yr 4	Trend Charts: Local Trend	Trend Charts: % Difference to SN	Trend Charts: % Difference to Eng	Polarity	Year 4	Comments
Outcome 1: Children in Southampton aspire and achieve												
1a	% of 2 year olds benefitting from funded early education	Southampton		52%	65%	66%				A upward trend shows an improvement	2017	
		Statistical Neighbours		63%	69%	69%						
		% Difference - City & SN		-17%	-5%	-5%						
		England		58%	68.0%	71.0%						
		% Difference - City and England		-10%	-4%	-7%						
1b	% of 2 year olds at or above the expected level of development in all areas of development	Southampton				84.8					2016	Approx. only 50% of children have ASQ score recorded
		Statistical Neighbours										
		% Difference - City & SN										
		England										
		% Difference - City and England										
1c	% Children achieving a good level of development at the end of reception	Southampton	61.8	66.1	69.8	70.2				A upward trend shows an improvement	2016	Soton ranked 3 best out of SNs
		Statistical Neighbours	59.5	64.8	67.1	68.6						
		% Difference - City & SN	4%	2%	4%	2%						
		England	60.4	66.3	69.3	70.7						
		% Difference - City and England	2%	0%	1%	-1%						
1d	KS 2 - % achieving expected standard in reading, writing and maths	Southampton			54	61				A upward trend shows an improvement	2017	Soton ranked 4th best
		Statistical Neighbours			50.3	57.9						
		% Difference - City & SN			7%	5%						
		England			53	61						
		% Difference - City and England			2%	0%						
1e	Average Attainment 8 Score per Pupil (KS 4)	Southampton		45.7	47.5	44				A upward trend shows an improvement	2017	Soton ranked 4th worse
		Statistical Neighbours		46.4	48.3	44.2						
		% Difference - City & SN		-2%	-2%	0%						
		England		47.4	48.5	44.2						
		% Difference - City and England		-4%	-2%	0%						
Outcome 2: Children in Southampton are safe and secure												
2a	Looked After Children Rate	Southampton	104	120	120	108				A downward trend shows an improvement	2017	Soton 2nd worse out of comparators. Was worse for previous 3 years
		Statistical Neighbours	76.2	75	75.7	76.3						
		% Difference - City & SN	36%	60%	59%	42%						
		England	60	60	60	62						
		% Difference - City and England	73%	100%	100%	74%						
2b	Under 18 conceptions rate	Southampton	34.3	36.2	29	29.2				A downward trend shows an improvement	2015	Ranked 2nd worse out of statistical neighbours
		Statistical Neighbours	35.5	30.2	28.6	24.8						
		% Difference - City & SN	-3%	20%	1%	18%						
		England	27.7	24.3	22.8	20.8						
		% Difference - City and England	24%	49%	27%	40%						
2c	Hospital admissions for unintended injuries (0-14 years) rate	Southampton	130	134.8	136	111.2				A downward trend shows an improvement	2015/16	
		Statistical Neighbours	112.0	117.4	105.7	104.1						
		% Difference - City & SN	16%	15%	29%	7%						
		England	103.9	112.2	109.6	104.2						
		% Difference - City and England	25%	20%	24%	7%						
2d	Hospital admissions for unintended injuries (15-24 years) rate	Southampton	141.2	148.9	140.4	163.3				A downward trend shows an improvement	2015/16	
		Statistical Neighbours	128.5	131.4	124.5	125.3						
		% Difference - City & SN	10%	13%	13%	30%						
		England	131.5	137.7	132.6	134.1						
		% Difference - City and England	7%	8%	6%	22%						
2e	Reduction in children missing/exploited/trafficked -	Southampton	221	335	244	251				Sum of no. of missing episodes, no. suspected or identified as being trafficked and no. where CSE is a factor in referral	Q1 17/18	Reported Quarterly. Data may include double counting across definitions and same young person more than once
		Statistical Neighbours								A downward trend shows an improvement		
		% Difference - City & SN										
		England										
		% Difference - City and England										
Outcome 3: Children in Southampton are happy and healthy												
3a	% Excess Weight at Year R	Southampton	24.5	22.8	22.6	23.2				A downward trend shows an improvement	2016/17	
		Statistical Neighbours	22.8	22.5	22.6	23.2						
		% Difference - City & SN	7%	1%	0%	0%						
		England	22.5	21.9	22.1	22.6						
		% Difference - City and England	9%	4%	2%	3%						
3b	% Excess Weight at Year 6	Southampton	37.2	34.3	37.2	35				A downward trend shows an improvement	2016/17	
		Statistical Neighbours	33.5	33.7	34.2	35						
		% Difference - City & SN	11%	2%	9%	0%						
		England	33.5	33.2	34.2	34.3						
		% Difference - City and England	11%	3%	9%	2%						

No	Indicator	Area	Yr 1	Yr 2	Yr 3	Yr 4	Trend Charts: Local Trend	Trend Charts: % Difference to SN	Trend Charts: % Difference to Eng	Polarity	Year 4	Comments
3c	Hospital admissions as a result of self-harm (10-24 years) rate	Southampton	400.9	391.8	487	558.8				A downward trend shows an improvement	2015/16	
		Statistical Neighbours	438.9	511.2	513.3	540.3						
		% Difference - City & SN	-9%	-23%	-5%	3%						
		England	346.3	415.8	398.8	430.5						
		% Difference - City and England	16%	-6%	22%	30%						
3d	Mental Health Inpatient Hospital Admissions (10-17 years) rate	Southampton	238	116.9	90.6	109.9				A downward trend shows an improvement	2016	Soton ranked 3rd highest
		Statistical Neighbours	78.7	77	81.3	86.2						
		% Difference - City & SN	202%	52%	11%	27%						
		England	87.6	87.2	87.4	85.9						
		% Difference - City and England	172%	34%	4%	28%						
3e	Children with a General Anaesthetic tooth extractions (0-17 years) rate	Southampton		12.4	12.6	11.9			Chart is compared to Portsmouth only	A downward trend shows an improvement	2016/17	Solent NHS Trust and NHS England
		Portsmouth		8.9	9.6	9.9						
		% Difference - City & SN		39%	31%	20%						
		England										
		% Difference - City and England										
3e	% MMR Vaccination for one dose (2 years)	Southampton	94.1	95.2	95.7	94.9				A upward trend shows an improvement	2015/16	
		Statistical Neighbours	93.0	93.4	93.4	93.1						
		% Difference - City & SN	1%	2%	2%	2%						
		England	92.3	92.7	92.3	91.9						
		% Difference - City and England	2%	3%	4%	3%						
3g	Reduction in under 18 alcohol admissions rate	Southampton	85.2	95.6	98.2	76.9				A downward trend shows an improvement	2013/14-15/16	Ranked worse out of comparators
		Statistical Neighbours	53.6	47	44.2	42.2						
		% Difference - City & SN	59%	103%	122%	82%						
		England	48	42.8	39	37.4						
		% Difference - City and England	78%	123%	152%	106%						
Outcome 4: Children in Southampton are resilient and ready for adulthood												
4a	First time entrants to the youth justice system rate	Southampton	826.6	527.2	475.3	348.6				A downward trend shows an improvement	2016	Soton ranked 4th best
		Statistical Neighbours	488.4	501.7	455.2	409.5						
		% Difference - City & SN	69%	5%	4%	-15%						
		England	442	409.4	371.6	326.9						
		% Difference - City and England	87%	29%	28%	7%						
4b	% Families Turned Around	Southampton	12.3	14	15	16.1			Chart shows performance compared to Target instead of statistical neighbours	A upward trend shows an improvement	17/18 Q1 - reported quarterly	
		Target	29.9	29.9	29.9	53.3						
		% Difference - City & SN	-59%	-53%	-50%	-70%						
4c	% Mothers Smoking at time of delivery	Southampton	15.2	16.4	14.7	14.3				A downward trend shows an improvement	2015/16	Note: there are data quality issues with Statistical Neighbours data
		Statistical Neighbours		13.5	13.7	12.7						
		% Difference - City & SN		21%	7%	13%						
		England	12.7	12	11.4	10.6						
		% Difference - City and England	20%	37%	29%	35%						
4b	% Breastfeeding at 6-8 weeks **Target:** 50% by 2015/16	Southampton	45.9	44.5	48.9	50.3		Not possible to report due to not all areas (including Southampton) achieving 95% validation		A upward trend shows an improvement	2016/17	91% of mothers had a feeding status recorded in 16/17 compared to 61% in 2013/14
		Statistical Neighbours										
		% Difference - City & SN										
		England										
		% Difference - City and England										
4e	% Low Birth Weight (<2500g) of term babies	Southampton	2.9	2.7	2.6	2.5				A downward trend shows an improvement	2015	3rd best rate
		Statistical Neighbours	2.9	2.9	2.7	3.0						
		% Difference - City & SN	0%	-7%	-4%	-17%						
		England	2.8	2.8	2.9	2.8						
		% Difference - City and England	4%	-4%	-10%	-11%						
4f	Increase in CYP participating in youth schemes/forums and volunteering (placeholder)	Southampton										
		Statistical Neighbours										
		% Difference - City & SN										
		England										
		% Difference - City and England										

SN = Statistical Neighbours

KEY:
Difference compared to comparator (Statistical Neighbours or England)

Better
0-2% Worse
2-20% Worse
>20% Worse

↑ Improvement compared to previous year
↓ Worse compared to previous year
← No change compared to previous year

Dashed Line within chart is comparators rate