Public Document Pack

Health Overview and Scrutiny Panel

Thursday, 1st November, 2018
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Conference Room 3 - Civic Centre

This meeting is open to the public

Members

Councillor Bogle (Chair)
Councillor White (Vice-Chair)
Councillor Bell
Councillor Houghton
Councillor Noon
Councillor Payne
Councillor Savage

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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.

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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 2018/2019

2018	2019
28 June	28 February
30 August	25 April
1 November	
6 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 30 August 2018 and to deal with any matters arising, attached.

7 SEXUAL HEALTH SERVICES
(Pages 5 - 24)

Report of the Director of Public Health requesting that the Panel consider and challenge outcomes relating to sexual health in Southampton.

8 TRANSFORMING HEALTH AND CARE FOR THE PEOPLE OF SOUTHAMPTON
(Pages 25 - 38)

Report of the Chief Executive Officer, NHS Southampton Clinical Commissioning Group, requesting that the Panel consider, and provide feedback on, the current high level draft Southampton Health and Care strategy.

Wednesday, 24 October 2018 Director of Legal and Governance

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SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 30 AUGUST 2018

Present: Councillors Bogle (Chair), Bell, Houghton, Leggett, Noon, Savage and White

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

RESOLVED: that the minutes for the Panel meeting on 26 June 21018 be approved and signed as a correct record.

7. **CONNECTED SOUTHAMPTON - TRANSPORT STRATEGY 2040**

The Panel considered the report of the Chair of the Health Overview and Scrutiny Panel requesting that the Panel consider the draft Local Transport Plan, Connected Southampton - Transport Strategy 2040.

The Cabinet Member for Transport and Public Realm was in attendance and addressed the meeting.

RESOLVED that the Cabinet Member for Transport and Public Realm consider the following issues when finalising the Transport Strategy:

(i) **Active Travel Zones** – The Panel noted that there was a need to engage with the poorer communities in Southampton in order to encourage support for Active Travel Zones from neighbourhoods across the City;
(ii) **Access by public transport to health services** – The Panel re-iterated the importance of good public transport links to health services, especially Southampton General Hospital, and encouraged initiatives that would make access by bus to the hospital easier that would result in more regular and reliable services from all parts of Southampton.
(iii) **Vision for the public realm** – The Panel requested that the evidence form the Netherlands and other countries be used to, consider the opportunities to be more ambitious with regards to reducing the impact of the private car on the public realm in Southampton.
(iv) **Home to school transport** – The Panel supported the prioritising of modal shift activity on encouraging children to walk and cycle to school.
(v) **University of Southampton** – The Panel encouraged the Cabinet Member for Transport and Public Realm to use the City Council influence to encourage an alignment of the University of Southampton's campus re-development proposals with the aspirations in the draft Local Transport Plan. In particular the Panel wished to see the encouragement of and the promotion of cycling.
(vi) **Risks associated with inactivity** – As part of the wider campaign to promote active travel options the Panel would welcome the inclusion of messages that outline the risks to health and wellbeing associated with inactivity.
(vii) **Mobility** – The Panel considered that Local Transport Plan needed to be more explicit with regards to how people with limited mobility will be able to access key services and facilities within Southampton in the future.

(viii) **Road safety** – The Panel noted that the number of children killed or seriously injured on roads is higher in Southampton than many comparable areas. The Panel requested that the Local Transport Plan needed to give consideration to the reasons behind this and what actions can be taken to improve this outcome.

(ix) **Measures of success** – That the Panel considered that including a measure for reducing an inequality in health outcomes in Southampton be used as a success measure within the Local Transport Plan.

8. **ADULT SOCIAL CARE PERFORMANCE**

The Panel considered the report of the Service Lead, Adult Social Care Improvement outlining current performance in Adult Social Care and providing an update on implementation of a new operating model.

The Cabinet Member for Adult Care was in attendance and addressed the meeting.

The Panel noted the improvements in the quality of the dataset provided whilst recognising that opportunities exist to improve the qualitative information available.

The Panel questioned the rise in the average cost of care packages. The rise was attributed to the increased use of connected care and the new strengths based service model by those who have less complex needs. The Panel were informed that this therefore resulted in those requiring care packages having the more complex, and subsequently, more expensive requirements.

The Cabinet Member re-confirmed that it was a priority of the Executive to increase the take up of Direct Payments and to improve outcomes by prioritising the use of new technologies and connected care initiatives.

The Panel were also informed about wellbeing clinics. It was explained that the clinics were designed so that people could obtain information, advice and short term support within in the heart of their communities instead of going through a time consuming, local authority assessment process for services. The first clinic was launched on the 11 September 2018 as a pilot with a view to supporting people to remain independent for as long as possible.

RESOLVED: that the Panel:

(i) requested that within the Adult Social Care dataset a consideration is given to including a measure that identifies the number / percentage of adults with learning disabilities that are undertaking voluntary work;

(ii) suggested that, in order to reflect how the service 'feels' to users, a consideration is given to presenting qualitative information in addition to the Adult Social Care dataset; and

(iii) requested that the following information is circulated to the Panel:
- Adult social care staff turnover rates; and
- Data on the number / % of homecare visits lasting 15 minutes or less.

9. **HORIZON SCANNING**

The Panel considered issues raised by the Chief Officer of NHS Southampton Clinical Commissioning Group on NHS developments in Southampton.

The Chief Officer of NHS Southampton Clinical Commissioning Group (CCG) was in attendance and addressed the Panel. The Panel were advised on a number of issues including:

- that the NHS Southampton Clinical Commissioning Group 5 Year Plan was coming to an end. A new plan, utilising data to identify priorities, was in development and a draft plan would be presented to the HOSP at the November meeting;
- that the autumn statement was expected to provide greater clarity on NHS funding within Southampton; and
- that an application had been received by the CCG from the Living Well Partnership to merge existing GP surgery contracts in Hedge End, including a branch surgery in Botley, with their Southampton contract. This raised some potentially complex issues and may be an appropriate item for a future agenda of the Panel.

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DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		SEXUAL HEALTH SERVICES		
DATE OF DECISION:		1 NOVEMBER 2018		
REPORT OF:		DIRECTOR OF PUBLIC HEALTH		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Debbie Chase, Public Health Service Lead** **Tim Davis, Senior Commissioner**	**Tel:**	**Ext 3694** **Ext 4970**
	E-mail:	**Debbie.Chase@southampton.gov.uk**		
Director	**Name:**	**Jason Horsley**	**Tel:**	**Ext 3818**
	E-mail:	**Jason.Horsley@southampton.gov.uk**		

STATEMENT OF CONFIDENTIALITY

None

BRIEF SUMMARY

This briefing provides the Panel with an overview of reproductive and sexual health outcomes and services, and a draft 5 year plan for sexual health improvement in Southampton.

The City's residents have relatively poor sexual health outcomes and a high teenage pregnancy rate. Improvements have been achieved in reducing teenage pregnancy and increasing access to sexual health services through home testing despite a growing population, rising demand and reductions in overall spend on sexual health since 2013. Nonetheless, sexually transmitted infection (STI) rates are high and a relatively high proportion of people with HIV are not identified until late in their diagnosis; resulting in poorer prognoses. Beyond sexual health services, Southampton also has high levels of reported intimate partner violence and sexual assault compared to both England and areas with similar levels of deprivation.

Services for sexual health are commissioned by the Local Authority, Southampton City CCG and NHS England. Commissioners work closely to ensure a clear and consistent care pathway for service users. Funding for Local Authority sexual health services has been subject to year on year reductions as a consequence of the annual public health grant savings.

Partners across the City are working with commissioners and SCC's public health team to refresh Southampton's sexual health improvement plan. This will set the framework for supporting future joint working toward better outcomes within the context of the continuing financial saving requirements. The draft plan (and embedded link to our sexual health compendium of outcomes) is included as an appendix to this report.

RECOMMENDATIONS - That the Panel consider and challenge;

	(i)	Current reproductive and sexual health outcomes for communities in Southampton, and inequalities in those outcomes for specific groups.

	(ii)	The position of sexual health and services in Southampton, and the progress made to date in relation to ensuring value for money and good access through digital innovation to offset the impact of service reductions.
	(iii)	The developing sexual health improvement plan which will be agreed at a final stakeholder workshop in November 2018.

REASONS FOR REPORT RECOMMENDATIONS	
1.	To facilitate effective scrutiny of sexual health and service provision in the City and inform the development of the City's draft Reproductive and Sexual Health Improvement Plan.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	None
DETAIL (Including consultation carried out)	
3.	Key sexual health indicators are: - Southampton ranks 29 out of 326 local authorities for acute STI (excluding Chlamydia) rates (where 1 is highest) (2017). - HIV prevalence in Southampton is above the England average (2.32) and continues to increase, with the rate now standing at 2.43 per 1,000 residents aged 15 – 59 (2017). - Performance on late diagnosis levels for HIV in Southampton (49.2%) is poorer than nationally (41.1%) and we are ranked 5th worse out of our ONS comparators (2015-17). - Under 18 conception rates have halved in Southampton since 1998 (31.7/1,000), but the city still has a significantly higher rate than England (18.8/1,000) and is ranked worse out of its ONS comparators (2016). - Levels of sexual offences in Southampton (3.4/1000) are more than 50% higher than the national rate (1.9/1000) (2016/17).
4.	Sexually transmitted infections (STIs), unplanned pregnancies and sexual violence and exploitation can have a significant impact on the physical, mental and emotional health and wellbeing of individuals, families and communities. Poor control of reproductive health also has wider socio-economic consequences and implications such as making it harder to make work pay, adding to levels of benefit dependency, child poverty and deprivation, and levels of avoidable demand for children's social care services, acute and community health services, crime and anti-social behaviour and contributing to overcrowded housing and demand for social housing. There are also clear links between deprivation and rates of teenage pregnancy and STIs.
5.	There are inequalities in the reproductive and sexual health profiles of specific communities; this leads to some groups experiencing disproportionately worse reproductive and sexual health in relation to specific outcomes. For example, men who have sex with men (MSM), and some black and ethnic minority (BME) groups are at a higher risk of STIs, including Human Immune deficiency Virus (HIV).

6.	Southampton has a large young population (under 25s) compared to similar cities. Young people and young adults are at higher risk of acquiring STIs compared to adults in other age groups due to higher levels of sexual activity, the number of partners they are exposed to, and variability in condom use when changing partners. Individuals in the 16 – 24 age group are more likely to have had two or more sexual partners in the last year, and more likely to have had at least two sexual partners with whom no condom was used in the past year compared to older groups. Young people are at significantly increased risk of both unplanned pregnancy and sexually transmitted infections.
7.	In 2013, responsibility for a number of Public Health improvement functions shifted to the local authority and commissioning responsibilities of different elements of sexual and reproductive health services were divided between local authorities, CCGs and NHS England. Local Authorities have responsibility for open access sexual health services, Long Acting Reversible Contraception (LARC), STI detection and treatment, sexual health promotion and HIV prevention. Alongside this local authorities commission services such as school nursing (public health nursing). CCGs have commissioning responsibility for terminations of pregnancy, vasectomies, LARC for non-contraceptive purposes, sterilisation and STI testing in acute health settings. NHS England have responsibility for HIV treatment, and also commission HIV pre-exposure prophylactic treatment, and sexual health services for victims of sexual assault.
8.	A key national document for delivery of sexual health is the framework for Sexual Health Improvement in England (DH 2013). This document highlighted the need for a continued focus on sexual health across the life course and identified four areas for improvement, which continue to remain a priority: 1. Reducing sexually transmitted infections (STIs) 2. Reducing HIV transmission rates and avoidable deaths 3. Reducing unwanted pregnancy 4. Reducing teenage pregnancies This framework has shaped the way we work strategically in the City to deliver sexual health. A Southampton sexual health improvement plan was developed in 2014 to support partners across the City in achieving these outcomes.
9.	Appendix 1 shows the current draft sexual health improvement plan. This plan has been developed with local stakeholders both in recognition of the increasing sexual health need and reductions in resources. Our intention is to maintain an affordable open-access sexual health service that meets the universal, targeted and specialist needs of sexually active residents across the life-course, which encourages prevention and self-management and a service which follows a 'right care, right place, right time' approach. For those individuals at highest risk of sexual ill-health and vulnerability to exploitation, the plan will help to ensure that these people receive the interventions they require based on their need, and that they are prioritised for face to face interventions and outreach.

10.	The refreshed sexual health improvement plan will refocus commissioned services around the delivery of the following Council priority areas: **Southampton is a city with strong and sustainable economic growth:** Through better control of their sexual and reproductive health, adults particularly women, can increase participation in the labour market, can have reduced absence rates and provide greater financial security for their families. **Children and young people in Southampton get a good start in life**. Support for planned parenthood and reduced unplanned pregnancies will help to reduce social and financial instability, child poverty and reduce demand on statutory health and children's services. **People in Southampton live safe, healthy, independent lives**. Improving sexual and reproductive health through prevention and early intervention will enable those at greatest risk to live healthier and independent lives. Adverse childhood experiences in relation to sexual assault and abuse have been shown to increase a range of damaging behaviours in adult life. **Southampton is a modern, attractive city where people are proud to live and work** – Sexual health services which provide the right support, in the right place at the right time and pro-actively supports vulnerable communities, can support the City's image of a confident, bustling City with a dynamic social and night life in which its citizens are empowered to live the lives they want. Good sexual health services and effective access to birth control will help ensure that Southampton is a city that people are proud to live in.
11.	The vision of the proposed sexual health improvement plan is that Southampton is a city which promotes reproductive and sexual health for everyone, and where discrimination, coercion, violence and exploitation is not tolerated. With the following strategic aims: 1. Promote a culture supporting good sexual and reproductive health for all which prioritises prevention and reduces stigma, prejudice and discrimination. 2. Ensure access to services that improve sexual health is good for everyone, with no individuals or groups left behind. Services should offer early detection, effective support/treatment and reduction in onward transmission of sexually transmitted infections, including HIV. 3. Women and men are supported in avoiding unplanned pregnancies, including unplanned teenage pregnancies through good access to family planning advice and a full range of contraceptive options. 4. Safeguard and promote the welfare of those most at risk of poor outcomes including vulnerable adults, children and young people, protecting them from exploitation and abuse through fostering effective partnership between all relevant services and agencies. 5. Offer sexual health services that are value for money, proportionate to level of need, provide the 'right care in the right place' and focus on prevention.

RESOURCE IMPLICATIONS	
Capital/Revenue	
12.	Local Authority budgets for Sexual Health services have been affected by national reductions in local authority Public Health grant funding. Since a high point of funding in 2014-15 funding for the integrated sexual health service has reduced from £2,957k to £2,524k in 2018-19, a reduction of 14.6%. The current contract for the Integrated Sexual Health service has an inbuilt option for seeking annual reductions of 2% efficiency on the GUM, STI treatment and contraception services. Changes in spend are set out below in Table 1. Table 1 – SCC spend on reproductive and sexual health services 2014-15 compared to 2018-19:

Area of Spend	2014-15 £(000)	2018-19 £(000)
Psychosexual Health	27.7	14
Out of Area GUM Spend	53	60
Integrated Sexual Health service	2,531	2179
HIV Enhanced Screening	14.8	14.8
Chlamydia Screening in Primary Care	35	0
Emergency Hormonal Contraception in Pharmacy	128	80
LARC in Primary Care, including device costs	195	190
Total planned spend	2956.8	2523.8

13.	The current contract for the Integrated Sexual Health service has an inbuilt option for seeking annual reductions of 2% efficiency on the GUM, STI treatment and contraception services. The first year of the new integrated sexual health service (1 April 2017) resulted in significantly greater levels of sexual health service activity than were forecast in the annual activity plan. Maintaining those levels and patterns of activity are not sustainable, so Commissioners are working with the service to support a transformation plan that will ensure the sustainability of the integrated open access service that provides the core of sexual health services in the City.
Property/Other	
14.	None.
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
15.	Southampton City Council commissions reproductive and sexual health services under its Public Health Improvement mandates under the Health and Social Care Act 2012.
Other Legal Implications:	
16.	None.

RISK MANAGEMENT IMPLICATIONS	
17.	Direct risk management implications of the services commissioned by the Local Authority are limited because these services are commissioned through specialist third party providers as opposed to direct provision. However, there are financial risks relating to the sustainability of existing models of open access sexual health service delivery resulting from phased reductions in Public Health Grant. Management of this will require Commissioners to work closely with Sexual Health services on an ongoing programme of service transformation. The draft 2018-23 Sexual Health Improvement Plan (Appendix 1) includes a risk management grid to identify key risks associated with the delivery of the plan.
POLICY FRAMEWORK IMPLICATIONS	
18.	Current investment and priorities for sexual health services and their improvement are consistent with the Health and Wellbeing Strategy and the Council's Policy Framework.

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All

SUPPORTING DOCUMENTATION

Appendices

1.	Draft Southampton Sexual Health Improvement Plan – 2018-2023

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**

Data Protection Impact Assessment

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) 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.	Not applicable	

Sexual and Reproductive Health Improvement Plan for Southampton 2018-2023-DRAFT

SOUTHAMPTON CITY COUNCIL NOV 2018

Vision

Southampton is a city which promotes reproductive and sexual health for everyone, and where discrimination, coercion, violence and exploitation is actively opposed.

Strategic aims

1. Promote a culture supporting good sexual and reproductive health for all which prioritises prevention and reduces stigma, prejudice and discrimination.
2. Ensure access to services that improve sexual health is good for everyone, with no individuals or groups left behind. Services should offer early detection, effective support/treatment and reduction in onward transmission of sexually transmitted infections, including HIV.
3. Women and men are supported in avoiding unplanned pregnancies, including unplanned teenage pregnancies through good access to family planning advice and a full range of contraceptive options.
4. Safeguard and promote the welfare of those most at risk of poor outcomes including vulnerable adults, children and young people, protecting them from exploitation and abuse through fostering effective partnership between all relevant services and agencies.
5. Offer sexual health services that are value for money, proportionate to level of need, provide the 'right care in the right place' and focus on prevention.

Introduction

Southampton has a relatively young demographic compared with the England average and high levels of deprivation compared to England and South East England. The City's residents have relatively poor sexual health outcomes, subject to relatively high levels of sexually transmitted infections (STIs), unplanned pregnancy, high levels of violence, particularly sexual violence and the City maintains an improving, but high teenage pregnancy rate. Consequently, improving reproductive and sexual health is an objective of Southampton's Health and Wellbeing Strategy[i] with prevention, self-management and supporting those individuals at greatest risk of poor outcomes as key approaches to achieve change. Supporting women and families in effective control of reproductive health is a key factor for reducing inequalities in economic wellbeing, reducing housing overcrowding, benefit dependency and improving access to employment.

Central government funding for public health improvement functions in local government has been reduced year on year since 2014-15 through the phased reduction of the Public Health Grant. This has led to caution in future planning of what can be delivered by either the integrated sexual health service or the additional services the local authority commissions from community providers and primary care to support good reproductive and sexual health in local people. We remain ambitious for our residents, and mindful of the need to remain prudent in relation to what services are affordable within a reducing financial envelope.

This Sexual and Reproductive Health Improvement Plan builds on the previous strategic improvement plan for sexual health and teenage pregnancy in Southampton (2014-17). It has been developed with local stakeholders and provides priorities for the next five years which will inform future commissioning and transformation plans, and informs the relationships that we will

encourage to improve public education and build awareness about the social and economic benefits to individuals and communities from good control of reproductive and sexual health.

The governance of the Sexual and Reproductive Health Improvement Plan will be achieved through two main mechanisms. Firstly the implementation of this plan will be overseen by a local implementation group and secondly this group led by Public Health and the Clinical Commissioning Group will report to the Health and Wellbeing Board. This Sexual and Reproductive Health Improvement Plan reflects a collaborative approach to achieving the city's vision of a population that is more effective in being able to take responsibility for good reproductive and sexual health, whilst ensuring timely, effective, support/interventions targeted to those who need more direct help and support to prevent poor sexual and reproductive health outcomes and/or protect the most vulnerable from exploitation, abuse, assault or other risks to sexual health.

Importance of reproductive and sexual health

Sexually transmitted infections (STIs), unplanned pregnancies and sexual violence and exploitation are important public health issues which can have a significant impact on the physical, mental and emotional health and wellbeing of individuals, families and communities. Poor control of reproductive health also has wider socio-economic consequences and implications such as making it harder to make work pay, adding to levels of benefit dependency, child poverty and deprivation, and levels of wholly avoidable demand for children's social care services, acute and community health services, crime and anti-social behaviour and contributing to overcrowded housing and demand for social housing. There are also clear links between deprivation and rates of teenage pregnancy and STIs. Southampton is one of the most deprived areas in the South East and also has correspondingly high levels of both new levels of STIs and teenage conceptions.

Furthermore, there are inequalities in the reproductive and sexual health profiles of specific communities; this leads to some groups experiencing disproportionately worse reproductive and sexual health in relation to specific outcomes. For example, Men who have Sex with Men (MSM), and some black and ethnic minority (BME) groups are at a higher risk of STIs, including Human Immunodeficiency Virus (HIV).

Due in part to its thriving Higher Education sector, Southampton has a disproportionately large young population (under 25s). While recognising that all people may be sexually active from teenage years throughout their lives, young people and young adults are at higher risk of acquiring STIs compared to adults in other age groups. Individuals in the 16 – 24 age group are more likely to have had two or more sexual partners in the last year, and more likely to have had at least two sexual partners with whom no condom was used in the past year compared to older groups. Young people are at significantly increased risk of both unplanned pregnancy and sexually transmitted infections.

Southampton also has high levels of reported intimate partner violence and sexual assault compared to both England and areas with similar levels of deprivation. Risk factors for both domestic abuse and sexual assault are complex, with deprivation, alcohol and other substance misuse, age, gender, gender identity and sexual orientation all contributing to the variation. Women are at a significantly increased risk of sexual assault, exploitation and sexual violence compared to men. Information on sexual violence experienced by transgender communities is hard to compare due to the small size of this community, but is understood to be high compared to other groups.

Local Data[ii] [iii]

- Southampton ranks 29 out of 326 local authorities for acute STI (excluding Chlamydia) rates (where 1 is highest) (2017). Chlamydia is excluded as is it is screened differently compared to other STIs.
- Chlamydia is the most commonly diagnosed STI, followed by anogenital warts and anogenital herpes. Gonorrhoea and syphilis are less commonly diagnosed STIs but are important because they disproportionately affect Men who have Sex with Men (MSM). (2017)
- In 2016-17, whilst the official published chlamydia diagnosis rate in Southampton did achieve 2,300 per 100,000 (2,308), the true local rate was felt to be closer to 1,400 due to reporting problems in the testing laboratory.
- HIV prevalence in Southampton is above the England average (2.32) and continues to increase, with the rate now standing at 2.43 per 1,000 residents aged 15 – 59 (2017). This remains just within the recognised “high” rate (between rates of 2.0 and 5.0 per 1,000), but significantly below the “very high” threshold level of 5.0 per 1,000. Enhanced screening of at risk populations for HIV remains challenging as much of the patient population served by the City’s acute hospital live in areas of lower HIV prevalence (2016).
- Levels of STI testing are high as are screening levels for HIV (though late diagnosis levels are still comparatively high)
- Performance on late diagnosis levels for HIV in Southampton (49.2%) is poorer than nationally (41.1%) and we are ranked 5th worse out of our ONS comparators (2014-16)
- Under 18 conception rates have halved in Southampton since 1998 (31.7/1,000), but the city still has a significantly higher rate than England (18.8/1,000) and is ranked worse out of its ONS comparators (2016)
- Levels of reported sexual offences in Southampton (3.4/1000) are more than 50% higher than the national rate (1.9/1000). (2016/17)

National context

In 2013, responsibility for a number of Public Health improvement functions shifted to the local authority and commissioning responsibilities of different elements of sexual and reproductive health services were divided between local authorities, Clinical Commissioning Groups (CCGs) and NHS England. The resulting challenges in the system have since become clearer. The substantial national cuts to Public Health funding in local authorities, together with the structural fragmentation of commissioning responsibility between health agencies and local authorities has resulted in a reduction in spending on services at a time of increasing demand. National plans to reduce the burden on sexual health services include commissioning of PrEP (pre-exposure prophylaxis) to prevent HIV transmission, which is being funded by NHS England and the extension of the HPV vaccination programme to include protection against additional strains of HPV, together with the extension of the programme to adolescent boys will reduce cancer risk and will also reduce the incidence of genital warts in men and women. However nationally the rates of STIs (particularly syphilis and gonorrhoea) are increasing rapidly, and changes in how people use social media and technology are facilitating some groups e.g. younger MSM in engaging more in high risk behaviour such as ChemSex (mixing drug use with unprotected sex with multiple partners).

In addition to the reduction in capacity of specialist services, the pressures and reduced capacity in primary care have had implications on that workforce including a diminution of clinical expertise and capacity in GP practices for Long Acting Reversible Contraception (LARC) fitting which undermines women's ease of access to effective birth control and further increases pressure on specialist sexual health services.

Due to capacity issues, specialist services tend to move away from prevention to focus on treatment. These factors have wide ranging implications and risk an increase in health inequalities especially for more vulnerable groups including those with poor mental health, the homeless and drug and alcohol users.

The framework for Sexual Health Improvement in England (DH 2013) set out the need for a continued focus on sexual health across the life course and identified four areas for improvement, which continue to remain a priority:

1. Reducing sexually transmitted infections (STIs)
2. Reducing HIV transmission rates and avoidable deaths
3. Reducing unwanted pregnancy
4. Reducing teenage pregnancies

A number of expert bodies have called for a multi-sectoral strategy to provide clinical and managerial leadership, direct local actions and commissioning decisions, support patient flows across administrative boundaries and garner a consistent approach across all commissioning organisations. In view of the various challenges outlined, Public Health England endorses an asset based approach and taking on a stewarding role to build on these assets to best effect and engage with groups that are otherwise more difficult to connect with[iv].

Local intent

Our intention is to maintain an affordable open-access sexual health service that meets the universal, targeted and specialist needs of sexually active residents across the life-course, which encourages prevention and self-management and a service which follows a 'right care, right place, right time' approach.

For those individuals at highest risk of sexual ill-health, unplanned pregnancy and vulnerability to exploitation, the plan will help to ensure that these people receive the interventions they require based on their need, and that they are prioritised for face to face interventions and outreach.

The Local Authority will work with its CCG commissioning partners and established sexual health services within the City to evolve a model which maintains free open access to reproductive and sexual health services in ways that continue to meet community needs, whilst remaining financially viable across the digital, community, pharmacy, GP and specialist services. The specialist service will provide leadership of this network of health services, and maintain links with professionals in other services working with communities who benefit most from effective contraception, sexual health and genito-urinary medicine (GUM) services to ensure the most vulnerable are supported. The Sexual and Reproductive Health Plan for 2018-23 has adopted a stronger focus on prevention, building resilience and aspirations (especially among young people) as well as more focused identification of individuals at risk, as reflected in the framework in figure 1, in recognition of the need to prevent avoidable future demand to keep this service affordable.

This plan will support Southampton City Council in achieving its four wider key strategic outcomes as outlined below:

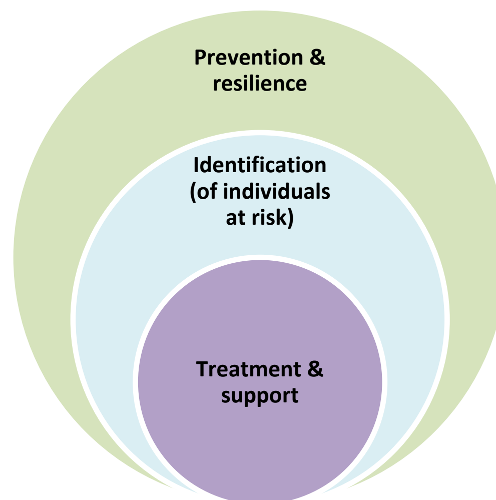
Southampton is a city with strong and sustainable economic growth. Through better control of their sexual and reproductive health, adults, particularly women, can increase their participation in the labour market, can have reduced absence rates and provide greater financial security for themselves and their families.

Children and young people in Southampton get a good start in life. Support for family planning and reduced unplanned pregnancies will help to reduce social and financial instability, child poverty and reduce demand on statutory health and children's services.

Pe**ople in Southampton live safe, healthy, independent lives.** Improving sexual and reproductive health through prevention and early intervention will enable those at greatest risk to live healthier and independent lives. Adverse childhood experiences in relation to sexual assault and abuse have been shown to increase the likelihood of a range of damaging high risk behaviours in adult life: smoking, substance misuse, alcohol dependency, self-harm, unplanned pregnancy and others.

Southampton is a modern, attractive city where people are proud to live and work – Sexual health services which provide the right support, in the right place at the right time and pro-actively supports vulnerable communities, can support the City's image of a confident, modern, bustling City with a dynamic social and night time economy, and in which its Citizens are empowered to live the lives they want. Good sexual health services and effective access to birth control will help ensure that Southampton is a city that people are proud to live in.

Figure 1. A Framework for the Delivery of the Sexual and Reproductive Health Improvement Plan



Success measures

A newly developed local data compendium of sexual health indicators will track change: http://www.publichealth.southampton.gov.uk/healthintelligence/jsna/takingres_sexualhealth.aspx?tab=tcm:62-353499 . Success measures are aligned to the strategic aims. The ambition being to reach the England average for all success measures by 2023. An action plan to deliver on these aims is shown below.

Success measures

Action Plan

Action	Lead organisation	Milestones	RAG rating
Promote a culture of supporting good sexual health for all which prioritises prevention, reducing stigma, prejudice and discrimination			
Deliver campaigns, with clear and consistent messages targeted to at risk groups (including campaigns on HIV testing, condom use, zero tolerance of sexual violence, discrimination, stigma etc).	Public Health (PH) ICU and Sexual Health Services (SHS)	Minimum of two campaigns planned and delivered annually	
Work with local MECC providers/trainers to ensure they are aware of local sexual health services and how to access them. Promote MECC training to the wider workforce (e.g. those working in schools, colleges, social housing, those supporting Looked After Children (LAC)).	CCG SHS	Train local MECC providers Increase in take- up of MECC training among wider workforce	
Promote awareness of sexual & reproductive health improvement among staff (including NHS staff e.g. midwives, FNP, Public Health School Nurses, Minor Injuries Unit, Emergency Department), social housing, community leaders and others by providing online information and training on prevention including condom use and LARC.	SHS PH	Training provided annually by SHS Training or online training made available and completed by health professionals	
Promote use of condoms amongst all groups who are sexually active, and who have above rates of turnover in sexual partners (e.g. young people in schools (including pupils referral unit), colleges and those not engaged with school/mainstream schools/education), MSM, Commercial Sex Workers, and people who are returning to active "dating" in between long term relationships	SHS Public Health School Nursing ? No Limits	Routine promotion of condom use to sexually active people who are changing partners through one-to-one input or community events	
Support the delivery of sex and relationship education to children and young people via schools and through supporting the Youth Health Champions (YHC) programme of peer mentors delivered by LifeLab, as well as to young people not engaged with school/mainstream schools/education. Ensure that Southampton schools are supporting in advance of Relationships and Sex Education becoming statutory in schools through the development of effective resources, support and signposting to services, information, advice and support.	SHS Public Health School Nurses & No Limits	Annual training delivered to teachers leading on PSHE and SRE in schools, based on national curriculum and local needs. Annual training delivered to new YHC cohorts Target training to individuals supporting children and young people no in school/mainstream education	
Develop a strong sexual health improvement network and implementation group with representatives from a range of organisations including health (primary and secondary care), LA, third sectors and community organisations to improve cohesion, data sharing (including information on outbreaks), make effective use of resources and support the delivery of the	PH CCG	Network set-up to oversee implementation of the Sexual and Reproductive Health Plan. Network meets 3 times a year	

Action	Lead organisation	Milestones	RAG rating
Sexual & Reproductive Health Improvement Plan. This will include and support Health Professional Champions (e.g. GPs, midwives, Public Health school Nurses, FNP, pharmacy or cluster champions) to raise awareness of sexual and reproductive health among their professional groups.		Annual RAG rating of progress of the Sexual & Reproductive Health Improvement Plan produced	
Ensure access to services that improve sexual health is good for everyone, with no individuals or groups left behind. Services should offer early detection, effective support/treatment and reduction in onward transmission of sexually transmitted infections, including HIV.			
Explore feasibility of opportunistic testing and/or treatment of STIs (and other BBV) in the community pharmacy setting, together with improved access to condoms for these groups to protect themselves and their partners from further infection.	PH	Funding resource secured Report parameters defined Feasibility report completed	
Increase the use and targeting of self-test kits (accessible through the online service) by at risk individuals through supporting service professionals in partner agencies working with these groups to help clients use self-test kits, improve perceptions of testing and increase identification.	SHS	Annual training provided to partners/community organisations on use of self-test kits Online training for self-test kits scoped Evaluation completed including provider and user feedback	
Promote and increase testing and identification in primary care through piloting promoting and training in selected Practices.	PH CCG	Practices Selected Training delivered on annual basis Impact/evaluation report produced Testing at these practices increased	
Carryout insight work with communities who are reluctant to engage with sexual health improvement services , which services and service users have identified as priority groups (e.g. younger gay and MSM men, BME (Sub- Saharan), 40+ starting new relationships"2nd time arounders"), street based commercial sex workers to help inform engagement and targeted messages, especially around risk, and effective condom use.	PH	Funding resource secured Insight work parameters defined Insight report completed and findings shared	
Increase engagement with higher risk groups through developing and supporting a group of peer champions from within those communities to engage with them in a meaningful and targeted way to help communities to recognise risk, improve early detection and improve support, communication and tackle stigma in relation to discussing sexual health in at risk communities where it exists.	SHS	Peer champions identified, provided support and training Peer champions supported to use their experience and insights to sensitively raise awareness among their community and peers	
Explore how existing technology can be optimised used to develop anonymous partner notification following positive STI test.	SHS PH	Options appraisal produced and presented to implementation group	

Action	Lead organisation	Milestones	RAG rating
Develop and disseminate clear patient pathways which support patients and services navigate the patient journey within and between different sexual and reproductive health services to ensure those at risk can access support in a timely way (including current technology advances).	PH CCG SHS	Condition specific pathways prioritised Two pathways produced annually	
Women and men are supported in avoiding unplanned pregnancies, including unplanned teenage pregnancies through good access to family planning advice and a full range of contraceptive options.			
Carry out a mini review of LARC in primary care Practices, looking at uptake among target groups and use findings to inform work to increase LARC uptake among these groups (e.g. through training and capacity development of key GP practices, health professionals or specialist services).	PH	Funding resource secured Review parameters defined Review completed and findings shared	
Provide training and support to selected priority primary care Practices to increase coverage of LARC to support a shift from specialist service.	SHS CCG	Practices Selected Training delivered on annual basis Provision of LARC at these practices increased	
Work with selected pharmacies to promote sexual health improvement and prevention through training, support through a champions network and applications for joint funding for targeted projects	LPC SHS	Pharmacy champions identified and supported through the Sexual and Reproductive Health Network Pharmacy based priorities identified Funding resource secured to pilot targeted projects to support the delivery of the plan.	
Support the delivery of the PAUSE programme for families at risk of repeated removal of children from their care.	PH CCG	Support the commissioning of PAUSE Oversee implementation Updates on progress provided as part of Sexual and Reproductive Network meetings	
Reduce repeat terminations through targeted promotion of LARC within the termination of pregnancy patient pathway	SHS/ CCG/ SCC	Work with Termination of Pregnancy service to improve pre-termination counselling around contraceptive options and access to these as part of service pathway.	
Work with men's health charities, the Sexual Health service, family planning charities and across primary care to deliver campaigns to promote and increase uptake of vasectomies	CCG	Review current and future service provision	

Action	Lead organisation	Milestones	RAG rating
Safeguard and promote the welfare of those most at risk of poor outcomes including vulnerable adults, children and young people, protecting them from exploitation and abuse through fostering effective partnership between all relevant services and agencies			
Develop capacity of the wider workforce to promote sexual health improvement, prevention and increased resilience especially in staff groups working with at-risk groups (including pharmacy staff to support those accessing EHC, those supporting looked after children and NEETS).	SHS LPC	Annual training provided to partners/community organisations working with target vulnerable groups	
Through the Sexual and Reproductive Health Improvement Network create stronger links between charities and specialist services supporting vulnerable groups to improve joint working, and make effective use of resources to improve resilience and support those at risk.	PH SHS CCG	Representatives from these organisations supported to participate in the Sexual and Reproductive Network meetings	
Continue to improve referral mechanisms with specialist services supporting vulnerable groups (including child exploitation, FGM, Mental Health, commercial sex workers trafficking, coercive relationships and domestic abuse). Use networks and local data to reach those at greatest risk from poor outcome to making better use of sexual health services.	PH SHS CCG	Referral pathways and mechanisms reviewed and updated	
Offer sexual health services that are proportionate to level of need, providing 'right care in the right place' and focusing on prevention			
Use insights work and participation in academic research programmes to inform how to reach at-risk groups through social media. Explore how sexual health messages can be tailored according to the risk group.	PH	Use insight work with target groups to trial campaign messages and information Monitor and improve messages to increase engagement Participation in academic research studies to identify and implement best practice.	
Continue to develop and align digital service pathways for low risk asymptomatic patients for prevention and self-management to minimise exposure to STIs and/or unplanned pregnancy.	PH SHS	Use insight work with target groups to trial campaign messages and information as part of service transformation.	
Continue to work with service users to ensure that digital services continue to improve access to appropriate reproductive and sexual health services (e.g. condom use and home STI tests for lower risk).	SHS Service Users	Use insight work with target groups to trial campaign messages and information as part of service transformation	

Action	Lead organisation	Milestones	RAG rating
Improve links between the Integrated Sexual Health service and other parts of the reproductive and sexual health service in primary care and community settings to optimise patient pathways.	SHS, GPs, Pharmacies, CVS partners	Participation levels in clinical and sexual health conferences run by lead service Local take-up of training Participation in wider networks	

RAG Rating key

Deliverable and plans in place	Deliverable within existing resources	Additional resources or funding required

Risks and contingencies

Due to the challenges outlined above there are key risks to the delivery of the Sexual and Reproductive Health Improvement Plan 2018-23 which are highlighted in the table below together with potential contingencies to mitigate against these risks.

Risks	Potential Contingencies
Reproductive health	
Women 25+ sold EHC by pharmacies where vulnerabilities e.g. domestic abuse and sexual exploitation is not picked up. Rising obesity decreases effectiveness of EHC. Inequalities in the LARC offer in primary care affect whether women receive advice on full range of effective contraceptive options.	Training/capacity development in key pharmacies to spot signs of abuse/exploitation Need to maintain awareness of this among women when selling EHC through the commissioned EHC service. Cost of EHC over the counter is reducing, so access less likely to be impacted. Improve pathways into "shared care" arrangements in primary care and GP engagement.
STIs	
Perceptions that HIV has gone away and that STIs are treatable by medical advances being so good. Lack of knowledge among and difficulties reaching some groups (e.g. young MSM, BME (Sub- Saharan), older people starting new relationships). Online testing assumes health literacy and nor language barriers. Improved single point of access and improved partner notification will increase demand. GPs do not routinely test patients for asymptomatic STIs, increasing the chance of late HIV diagnosis. Reductions in Chlamydia Screening coverage increases incidence of Pelvic Inflammatory Disease and affects fertility in women.	Address through supporting SRE in schools and targeted public health education programmes at national level to mythbust. Peer champion development (pilot). Effective support for Relationships and Sex Education (RSE) in schools and colleges. Peer champion development and partnership working with specialist charities. Single Point of Access (SPA) won't necessarily increase demand as effective triage should reduce avoidable demand and wasteful (e.g. premature) testing. Improving partner notification does increase demand, but desirably so as their chances of positivity are higher than the wider population (as are their chances of onward transmission if not notified). Pilot testing in selected target practices. Smart targeting of Chlamydia Screening in services working with at risk groups to encourage regular testing.
Structural Factors	
Public Health funding cuts Shift from prevention to treatment Increase in silo working	No mitigation except through national lobbying for suitable and sustainable future funding of Public Health improvement functions such as sexual health. Peer champion development to promote pro-active prevention and early intervention, and reactivation of patients and communities around safe sex. SRH implementation groups will bring a network of key partners together to reduce the risk of silo working.

References

[i] Health and Wellbeing Strategy 2017-2025. Southampton City Council. https://www.southampton.gov.uk/images/health-and-wellbeing-strategy_tcm63-391952.pdf
[ii] Public Health England Fingertips tool. Sexual and Reproductive Health Profiles. https://fingertips.phe.org.uk/profile/sexualhealth/data#page/0
[iii] Southampton Local authority HIV, sexual and reproductive health epidemiology report (LASER): 2016. Public Health England.
[iv] https://publichealthmatters.blog.gov.uk/2018/03/27/supporting-sexual-health-commissioning/

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DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		TRANSFORMING HEALTH AND CARE FOR THE PEOPLE OF SOUTHAMPTON: 5 YEAR STRATEGIC PLAN (2019-2023)		
DATE OF DECISION:		1 NOVEMBER 2018		
REPORT OF:		CHIEF EXECUTIVE OFFICER, NHS SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP		
		CONTACT DETAILS		
AUTHOR:	**Name:**	**Clare Young**	**Tel:**	**023 8072 5604**
	E-mail:	**clare.young4@nhs.net**		
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	E-mail:	**john.richards1@nhs.net**		

STATEMENT OF CONFIDENTIALITY
NOT APPLICABLE

BRIEF SUMMARY

The Southampton City Health and Care System have carried out in-depth analysis into the city's current and future health and care challenges, including; population growth, health inequalities, disease prevalence, adult social care forecasting and urgent care hospital usage.

In response to these challenges and as part of ever closer working between health and care partners in the city, the Southampton System Chiefs group have agreed the need for a five year health and care strategy. This shared strategy continues to reinforce the strong and inclusive partnerships between commissioners, providers, communities and citizens built painstakingly over a number of years, with a city identity as a 'place based system of care'.

The strategy is currently in development. However an initial, high level draft is being shared with the Health Overview and Scrutiny Panel, attached as Appendix 1, for early review and feedback.

RECOMMENDATIONS:

	(i)	That the Panel consider, and provide feedback on, the current high level draft Southampton Health and Care strategy, attached as Appendix 1.

REASONS FOR REPORT RECOMMENDATIONS

1.	To ensure the Health Overview and Scrutiny Panel has oversight of the current draft of the five year strategic plan and has the opportunity to comment.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2.	None
DETAIL (Including consultation carried out)	
3.	At the request of the Panel, attached as Appendix 1, the current high level draft is shared for early review and feedback.
RESOURCE IMPLICATIONS	
Capital/Revenue	
4.	Not Applicable
Property/Other	
5.	A 5 year estates strategy will be developed in tandem with the health and care strategy.
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
6.	Not Applicable
Other Legal Implications:	
7.	Not Applicable
RISK MANAGEMENT IMPLICATIONS	
8.	Not Applicable
POLICY FRAMEWORK IMPLICATIONS	
9.	Not Applicable

KEY DECISION?	**No**
WARDS/COMMUNITIES AFFECTED:	**All**
SUPPORTING DOCUMENTATION	
Appendices	
1.	Transforming health and care for the people of Southampton: Our 5 year strategic plan, 2019–2023

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
Data Protection Impact Assessment	

<table>
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<tr><td colspan="4">Other Background Documents
Other Background documents available for inspection at:</td></tr>
<tr><td colspan="2">Title of Background Paper(s)</td><td colspan="2">Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)</td></tr>
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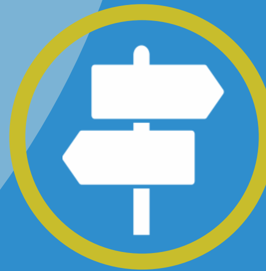
Transforming health and care for the people of Southampton

Our 5 year strategic plan 2019–2023



Work in Progress

Summary of the city's current and future health and care challenges

Southampton's Current & Future Health and Care Challenges

Population Growth

By 2024, it is estimated Southampton could have:

12,300 more residents
(5% increase)

2,730 more children & young people
(6% increase)

4,530 more residents aged 18-64
(3% increase)

5,030 more residents aged 65+
(15% increase)

Long Term Conditions Forecasting

In Five Year's time (by 2023), Southampton could have:

1,100 more people with Diabetes
(9% increase)

640 more people with COPD
(10% increase)

2,800 more people with Hypertension
(10% increase)

1,500 more people with 5 or more chronic conditions
(10% increase)

Adult Social Care Forecasting

In Five Year's time (by 2023), Southampton could have:

600 more people Needing help with 5 or more activities of daily living
(12% increase)

(e.g. bathing, using the stairs, using the toilet etc.)

Southampton's Current & Future Health and Care Challenges

Adult Mental Health

7.5% of adults have a long term mental health condition (5.2% national)

43% more suicides than the England average

88% more self harm admissions than the England average

Cancer

68% of women aged 50-70 screened for breast cancer in the last 3 years (73% national)

54% of people aged 60-69 screened for bowel cancer in the last 2.5 years (57% national)

47% of cancers diagnosed at Stage I or II (51% national)

Children & Young People

Obesity

22% of children in Year 6 are obese (20% national)

Mental Health

18% more mental health admissions than the England average

Teenage Pregnancy

70% more teenage pregnancies than the England average

Wider Determinants of Health

99% more looked after children than the England average

78% more 16-17yr olds not in education, employment or training than the England average

Southampton's Current & Future Health and Care Challenges

Risky Behaviours

Smoking

17% of adults smoke
(15% national)

14% of women smoke during pregnancy
(11% national)

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Alcohol

80% more alcohol admissions than the England average

Obesity & Exercise

63% of adults are obese or overweight
(61% national)

25% of adults are physically inactive
(22% national)

Health Inequalities & Deprivation

Life Expectancy Gaps

People living in the most deprived areas of Southampton die earlier than those living in the least deprived areas

Women die **3.4 years** earlier

Men die **6.5 years** earlier

Deprivation & Poverty

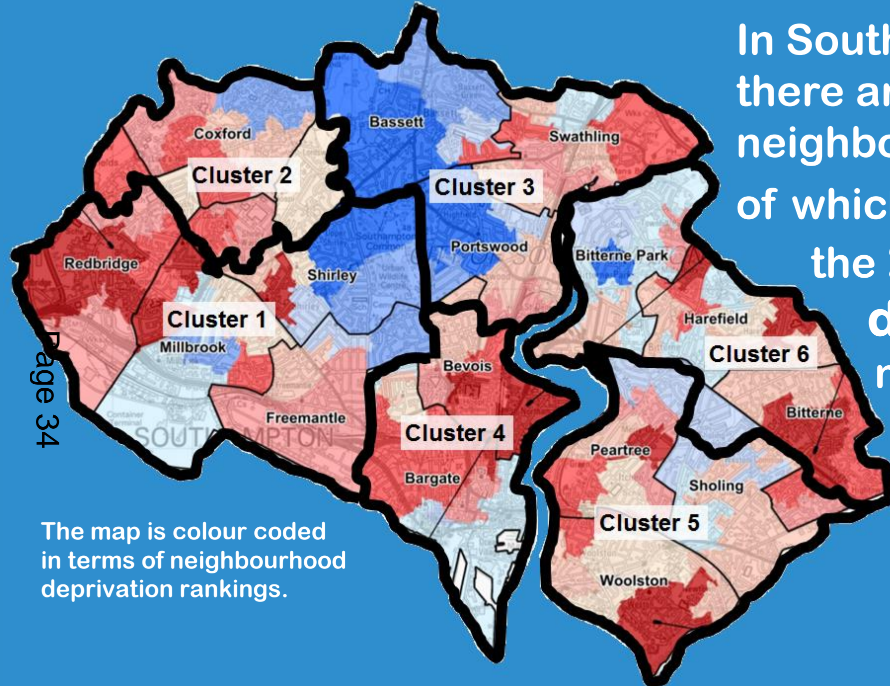
Southampton is now ranked the 54th most deprived local authority (previously 72nd out of 326)

20% of children live in poverty
(17% national)

27% of residents live in the most deprived small geographical areas in England

Southampton's Current & Future Health and Care Challenges

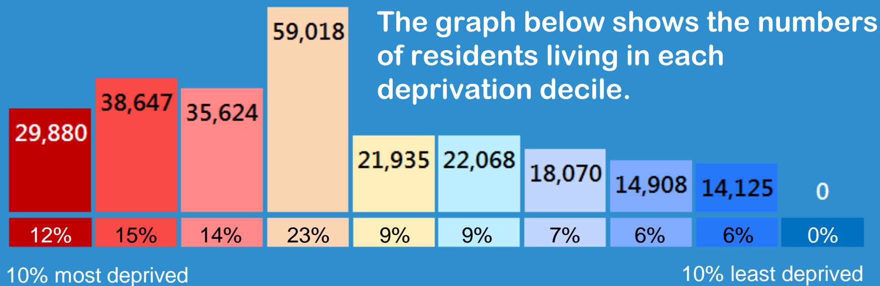
Deprivation across the City



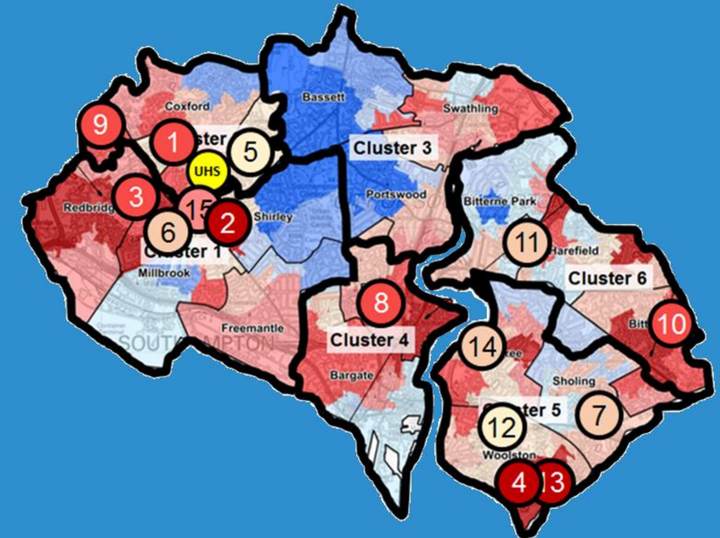
The map is colour coded in terms of neighbourhood deprivation rankings.

In Southampton, there are 148 neighbourhoods, of which **41** are in the **20% most deprived** neighbourhoods nationally.

The graph below shows the numbers of residents living in each deprivation decile.



Urgent Care Usage across the City



The map above shows the 15 areas of Southampton with the **highest rates of emergency admissions**

(per 1,000 population)

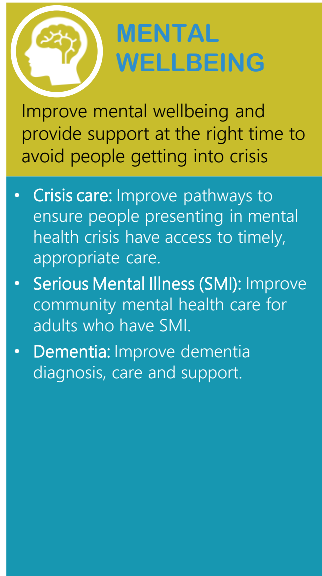
Our 5 year strategic plan on a page 2019–2023

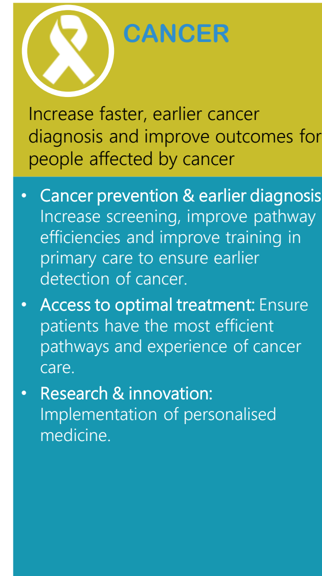
Transforming health and care for the people of Southampton

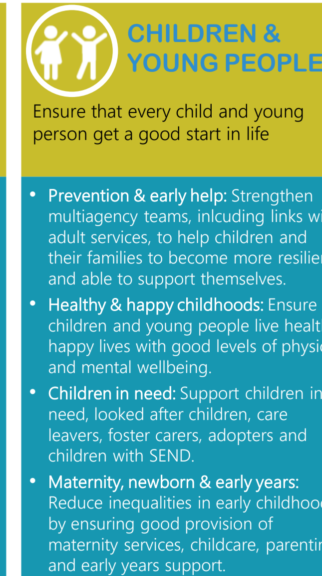
Our 5 year strategic plan on a page: 2019–2023

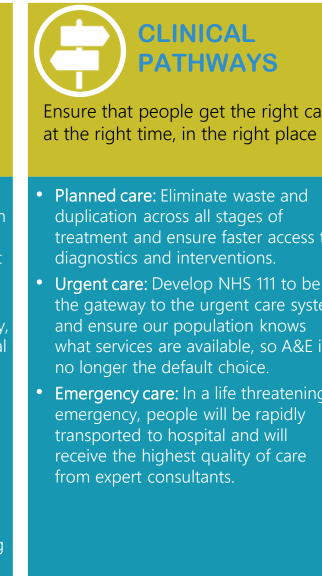
Work in Progress

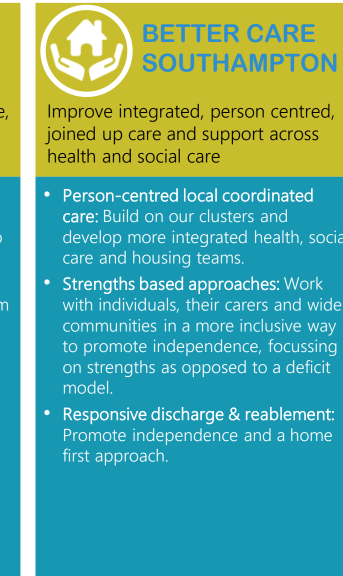
Our Shared Vision: Currently under development – will be forward looking and emphasise Southampton as a place and a one-city approach.











By 2024: (Healthy Lives)

- Increase **smoking cessation.**
- Reduce **alcohol admissions.**
- Increase successful completions of people in **alcohol treatment.**
- Reduce **obesity** prevalence.
- Reduce emergency admissions related to **long term conditions**.
- Reduce emergency admissions for **injuries due to falls.**

By 2024: (Mental Wellbeing)

- Reduce mental health **A&E attendances** .
- Reduce mental health **admissions**.
- Reduce **suicide**.
- Increase **IAPT usage** for people with common mental health conditions.
- Increase annual **physical health checks** for people with SMI.
- Increase the **dementia** diagnosis rate.

By 2024: (Cancer)

- Diagnose more cancers earlier at **stage 1 or 2**.
- Increase the number of cancer patients **surviving** one year after diagnosis.
- Increase **breast cancer screening** in women aged 50-70.
- Increase **bowel cancer screening** in people aged 60-69.

By 2024: (Children & Young People)

- Reduce **A&E attendances.**
- Reduce childhood **obesity.**
- Reduce **mental health** admissions.
- Reduce **self-harm** admissions.
- Reduce the number of **looked after children.**
- Increase the number of **care leavers** in contact and in suitable accommodation.
- Reduce **stillbirths.**
- Reduce **teenage pregnancy.**

By 2024: (Clinical Pathways)

- Increase the number of patients waiting 18 weeks or less from **referral to treatment** for planned care.
- Increase the number of patients **seen within 4 hours** of arriving at A&E.
- Reduce **ambulance conveyances** to hospital.

By 2024: (Better Care Southampton)

- Reduce **delayed transfers of care.**
- Reduce **non-elective admissions.**
- Reduce **permanent admissions into residential care.**
- Increase the number of **people over 65 still at home 91 days after discharge** from hospital.
- Reduce the number of **social care clients.**
- Reduce average waiting times from referral to **home care** start date.
- Increase physical health checks for people with **learning disabilities**.

Enablers:
Digital Innovation & Technology, Workforce, Estates, Primary Care Sustainability, Provider Market, System Architecture, Sustainable Finances

Timescales

High Level Timescales to Produce the Strategy

Work in Progress