Public Document Pack

Health and Wellbeing Board

Wednesday, 2nd March, 2022 at 5.30 pm

Committee Rooms 1 & 2

In light of the current Covid Omicrom variant surge, this meeting will be held as a hybrid meeting. To be lawfully constituted it will still be held in the Civic Centre and open to the public but only core members of the Committee along with key supporting officers will be in the room in order to keep everyone as safe as possible. Other officers, elected members and the public are encouraged to join the meeting via Microsoft Teams and contribute and/or make formal deputations that way.

This meeting is open to the public

Members

Councillor P Baillie

Councillor Fielker

Councillor Stead

Councillor Streets

Councillor White

Debbie Chase – Director Of Public Health

Guy Van Dichele - Executive Director Wellbeing (Health and Adults)

Robert Henderson – Executive Director Wellbeing (Children and Learning)

Rob Kurn – Healthwatch

Dr Shahed Ahmad - Medical Director, Hampshire Thames Valley, NHS England South East Region

Dr Sarah Young - NHS Southampton Clinical Commissioning Group,

Contacts

Pat Wood
Democratic Support Officer
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BACKGROUND AND RELEVANT INFORMATION

Purpose of the Board

The purpose of the Southampton Health and Wellbeing Board is:

- To bring together Southampton City Council and key NHS commissioners to improve the health and wellbeing of citizens, thereby helping them live their lives to the full, and to reduce health inequalities;
- To ensure that all activity across partner organisations supports positive health outcomes for local people and keeps them safe.
- To hold partner organisations to account for the oversight of related commissioning strategies and plans.
- To have oversight of the environmental factors that impact on health, and to influence the City Council, its partners and Regulators to support a healthy environment for people who live and work in Southampton

Smoking policy – The Council operates a no-smoking policy in all civic buildings.

Mobile Telephones:- Please switch your mobile telephones to silent whilst in the meeting

Fire Procedure – In the event of a fire or other emergency, a continuous alarm will sound and you will be advised, by officers of the Council, of what action to take

Access – Access is available for disabled people. Please contact the Democratic Support Officer who will help to make any necessary arrangements.

Southampton: Corporate Plan 2020-2025 sets out the four key outcomes:

- Communities, culture & homes – Celebrating the diversity of cultures within Southampton; enhancing our cultural and historical offer and using these to help transform our communities.
- Green City – Providing a sustainable, clean, healthy and safe environment for everyone. Nurturing green spaces and embracing our waterfront.
- Place shaping – Delivering a city for future generations. Using data, insight and vision to meet the current and future needs of the city.
- Wellbeing – Start well, live well, age well, die well; working with other

Responsibilities

The Board is responsible for developing mechanisms to undertake the duties of the Health and Wellbeing Board, in particular

- Promoting joint commissioning and integrated delivery of services;
- Acting as the lead commissioning vehicle for designated service areas;
- Ensuring an up to date JSNA and other appropriate assessments are in place
- Ensuring the development of a Health and Wellbeing Strategy for Southampton and monitoring its delivery.
- Oversight and assessment of the effectiveness of local public involvement in health, public health and care services
- Ensuring the system for partnership working is working effectively between health and care services and systems, and the work of other partnerships which contribute to health and wellbeing outcomes for local people.
    - Testing the local framework for commissioning for: Health care; Social care; Public health services; and Ensuring safety in improving health and wellbeing outcomes

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.

Dates of Meetings: Municipal Year 2021/2022

1 September 2021
15 December 2021
2 March 2022

partners and other services to make sure that customers get the right help at the right time

CONDUCT OF MEETING

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

PROCEDURE / 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.

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

QUORUM
The minimum number of appointed Members required to be in attendance to hold the meeting is 3 who will include at least one Elected Member, a member from Health and Healthwatch.

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.

AGENDA

1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

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

2 STATEMENT FROM THE CHAIR

3 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.

4 HEALTH AND WELLBEING BOARD MEMBERSHIP AND WORKING PRINCIPLES

Report of the Cabinet Member for Health and Adult Social Care proposing updates to membership and new working principles for the Health and Wellbeing Board.

5 PHARMACEUTICAL NEEDS ASSESSMENT DRAFT REPORT

Report of the Cabinet Member for Health and Adult Social Care seeking approval for the Pharmaceutical Needs Assessment Draft Report to go out to consultation.

6 PROPOSAL TO ADOPT A NEW PHYSICAL ACTIVITY STRATEGY FOR SOUTHAMPTON

Report of the Cabinet Member for Health and Adult Social Care outlining a proposal to adopt the HIOW 'We Can Be Active' Strategy as the new Physical Activity Strategy for Southampton.

7 THE LOCAL AUTHORITY DECLARATION ON HEALTHY WEIGHT

Report of the Cabinet Member for Health and Adult Social Care detailing actions taken for Southampton City Council to sign-up to the Local Authority Declaration on Healthy Weight.

8 CHILDREN AND YOUNG PEOPLE STRATEGY

Report of the Executive Director for Children and Learning outlining the key developments undertaken over the last two years to improve outcomes for Children and Young People in Southampton and priorities for improving outcomes moving forward and inviting partners to consider how they can work together to deliver these priorities as a whole system.

Tuesday, 22 February 2022 Service Director – Legal and Business Operations

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DECISION-MAKER:	**Health and Wellbeing Board**
SUBJECT:	**Health and Wellbeing Board Membership and Working Principles**
DATE OF DECISION:	**02 March 2022**
REPORT OF:	**Cabinet Member for Health and Adult Social Care**

CONTACT DETAILS				
Executive Director	**Title**	**Executive Director, Wellbeing (Health & Adults)**		
	Name:	**Guy Van Dichele**	Tel:	
	E-mail	**Guy.VanDichele@southampton.gov.uk**		
Author:	**Title**	**Director of Public Health**		
	Name:	**Debbie Chase**	Tel:	
	E-mail	**Debbie.Chase@southampton.gov.uk**		

STATEMENT OF CONFIDENTIALITY		
Not applicable		
BRIEF SUMMARY		
Following informal discussion at a meeting on 18 January 2022 about its membership, role and responsibilities, the Southampton Health and Wellbeing Board (HWB) proposed that a set of working principles should be developed for adoption by the Board. This briefing provides recommendations on membership and future working practices for discussion and approval.		
RECOMMENDATIONS:		
	(i)	To agree changes to the membership of the Board as proposed in paragraphs 9 and 10 and to submit the changes to a meeting of Council for approval
	(ii)	To agree changes to working practices as set out in the report for adoption by the Board that aim to enhance its effectiveness, efficiency and influence across the local health and wellbeing landscape.
REASONS FOR REPORT RECOMMENDATIONS		
1.	At the request of the HWB, this paper makes recommendations to strengthen the work and influence of the Board into the future. The recommendations also update the membership and reduce the risk of meetings not being quorate.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	The alternative option is to make no changes to the Board's membership or approach. The Board agreed that developing a set of working principles could benefit its effectiveness, efficiency and influence.	
DETAIL (Including consultation carried out)		

3.	Health and Wellbeing Boards (HWBs) were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population. HWB have limited formal powers; these being to deliver a joint strategic needs assessment and a health and wellbeing strategy. They are constituted as a partnership forum rather than an executive decision-making body. Southampton's HWB is accountable to Cabinet.
	HWB membership
4.	The Board's current voting membership is: • Elected member lead for health and social care (Chair) – Cllr Ivan White • Clinical Director for Southampton (representative of Hampshire, Southampton and Isle of Wight Clinical Commissioning Group) – Dr Sarah Young (Deputy Chair) • Opposition member lead for health and social care – Cllr Lorna Fielker • Three additional Councillors appointed by Council under the rule of proportionality – Cllr Peter Baillie, Cllr Terry Streets, Cllr Robert Stead • Executive Director Wellbeing (Children and learning) – Rob Henderson • Executive Director Wellbeing (Adults and health) – Guy Van Dichele • Director of Public Health – Dr Debbie Chase • Healthwatch representative – Rob Kurn
5.	The Board previously also included a voting representative from NHS England (Dr Shahed Ahmed), but this membership responsibility has recently been discharged to CCGs, so the Board has reduced in number by one, and there is now only one representative from a health organisation (Dr Young). In addition, the Chief Medical Officer at University Hospital Southampton and the SCC Clinical Director for Quality and Integration receive Board papers and regularly join as invited guests
6.	At its meeting of 18 January 2022, the Board reviewed its membership and discussed whether or not to expand it to include representatives from additional health and wellbeing organisations. Members noted that it was important to ensure the right expertise was available to the Board when needed. However, it was recognised that retaining a smaller Board may enable it to remain more agile. When considering the addition of members to represent organisations from the wider health and wellbeing sector it was also felt that it may not be the most efficient use of representatives' limited time to join every meeting of the Board.
7.	Members instead proposed that individual expertise and representation be sought on a per case basis. Individuals could be invited to contribute to and attend HWB meetings according to need.
8.	However, the Board's current small membership may put its meetings at risk of not being quorate. The quorum required is for at least one Councillor, one member of Healthwatch and one representative from health to be present. It may be sensible to invite Healthwatch to either appoint an additional member or to nominate a deputy who could attend if needed. The number of members from health could also be increased to include representatives who could add

	value, vision and skills in areas of crucial importance to the HWB, for example in children and young people and in mental health. The contributions of the Chief Medical Officer at University Hospital Southampton and the SCC Clinical Director for Quality and Integration could also be formalised by inviting them to join as full Board members. Amendments to the HWB terms of reference must be approved by Council.
9.	It is therefore proposed that: • For agenda items requiring additional expertise, the Chair, in discussion with the relevant Executive Directors, invite contributions from and attendance of additional individuals on a per case basis • The HWB terms of reference are amended: o to remove the seat previously allocated to NHS England; and o to include additional members with a focus on strategic system working ▪ a local mental health clinician ▪ a local community paediatrician; and o to include deputy HSIOW CCG and Healthwatch representatives; and o to formalise as full voting members the inclusion of the Chief Medical Officer at University Hospital Southampton and the SCC Clinical Director for Quality and Integration.
10.	The Southampton Health and Wellbeing Board voting membership will therefore comprise: • Elected member lead for health and social care (Chair) • Clinical Director for Southampton (representative of Hampshire, Southampton and Isle of Wight Clinical Commissioning Group), or nominated deputy • Opposition member lead for health and social care • Three additional Councillors appointed by Council under the rule of proportionality • Executive Director Wellbeing (Children and learning) • Executive Director Wellbeing (Adults and health) • Director of Public Health • Healthwatch representative, or nominated deputy • Local mental health clinician • Local community paediatrician • Chief Medical Officer at University Hospital Southampton NHS Foundation Trust • SCC Clinical Director for Quality and Integration The quorum will comprise at least one Councillor, one member of Healthwatch and one representative from health (to include HSIOW CCG, a mental health clinician, a community paediatrician, and University Hospital Southampton).
	Working practices
11.	Health and Wellbeing Boards across England are structured and operate in a variety of different ways according to local circumstances. Whilst every Board is different, it may be helpful to review a selection of working practices from across the country to inform decisions about how Southampton HWB might enhance its own approach.

12.	A number of sources of information about the role and operation of HWBs have been consulted including: • Health and Wellbeing Boards: Engaging effectively with providers 2016 • The power of place - health and wellbeing boards in 2017 • Effective Health and Wellbeing Boards: Findings from 10 Case Studies 2016 • Research and shared learning | Local Government Association
13.	The following working practices are suggestions for adoption for discussion by HWB members. The Board could decide to adopt all of them, some of them or make suggestions for additional/amended practices. Working practices can be divided into three broad categories: setting the agenda, working together as a team and influencing action.
14.	***Setting the agenda*** i. Greater use of forward planning e.g. agreeing a programme of work for the year with short-term and longer-term objectives ii. Closely linking agenda items with the HWB strategy so that the strategy drives the work of the Board iii. Focus on topics where the Board can add value through its influence and partnership working iv. All members encouraged at the end of each meeting to suggest items for the next agenda v. Include a Chair's report on each agenda that provides context about the contribution of the Board/Chair to local health and wellbeing between meetings vi. Plan regular informal development sessions to support members' understanding of the challenges the city's residents and health organisations face, and horizon-scan for future areas in which the HWB could have influence vii. Invite service users and target populations to attend HWB meetings viii. Vary the location of meetings to include community sites to stimulate discussion and encourage engagement
15.	***Working together as a team*** i. Members have a shared understanding of the unique purpose of the HWB as an anchor of place ii. Members take collective and individual responsibility for Board decisions iii. Members support each other's contributions but provide challenge where necessary and seek opportunities where health and wellbeing can be improved iv. The HWB adopts an inclusive and co-production approach v. The HWB is action-orientated vi. Members are empowered to lead individual workstreams and provide regular reports to the Board
16.	***Influencing action*** i. The HWB marshals its collective influence to deliver place-focused system leadership ii. Members use their influence with other Council committees, departments, external organisations, partners and groups to progress HWB priorities and decisions

	iii. The HWB recognises and harnesses the influence that the involvement of elected politicians can bring
	Next steps

17.	• The Board is asked to
	  ○ agree amendments to its membership as specified in paragraphs 9 & 10; and
	  ○ agree a set of working practices
	• A final paper detailing the agreement to be brought to the next HWB meeting in August 2022

RESOURCE IMPLICATIONS	
Capital/Revenue	
	Expenses and training costs associated with new members
Property/Other	
	None
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
	Health and Social Care Act 2012
Other Legal Implications:	
	Approval needed by Council for changes to HWB membership
RISK MANAGEMENT IMPLICATIONS	
	None
POLICY FRAMEWORK IMPLICATIONS	
	None

KEY DECISION?	**No**
WARDS/COMMUNITIES AFFECTED:	All
SUPPORTING DOCUMENTATION	
Appendices	
None	

Documents In Members' Rooms

	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)**
	None	

DECISION-MAKER:	**Health and Wellbeing Board**
SUBJECT:	**Pharmaceutical Needs Assessment Draft Report for consultation**
DATE OF DECISION:	**2nd March 2022**
REPORT OF:	**COUNCILLOR WHITE** **CABINET MEMBER FOR HEALTH AND ADULT SOCIAL CARE**

CONTACT DETAILS				
Executive Director	**Title**	Executive Director Wellbeing (Health and Adults)		
	Name:	Guy Van Dichele	Tel:	07703 498223
	E-mail	Guy.VanDichele@Southampton.gov.uk		
Author:	**Title**	Public Health Consultant		
	Name:	Becky Wilkinson	Tel:	07774 336072
	E-mail	Becky.Wilkinson@southampton.gov.uk		

STATEMENT OF CONFIDENTIALITY
NOT APPLICABLE
BRIEF SUMMARY
The Health and Wellbeing Board (HWB) has a statutory responsibility to publish a statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA). This briefing summarises the draft PNA report that will form the basis of a 60-day statutory consultation. The main finding in the PNA draft report is that, in Southampton, the number, distribution and choice of pharmaceutical services meet the current and future needs of the population. Therefore, there is no identified need for improvements or better access to pharmaceutical services in the city. The HWB is asked to approve the PNA draft report for consultation.

RECOMMENDATIONS:		
	(i)	To approve the PNA draft report for consultation

REASONS FOR REPORT RECOMMENDATIONS	
1.	The PNA draft report has been prepared using national guidelines, following a process agreed by the HWB and with guidance from the PNA steering Group. Conducting the PNA has involved a thorough assessment of current pharmaceutical services and the need for these services, both now and in the future. Leading to the conclusion that there is no identified need for improvements or better access to pharmaceutical services in the city. As due process has been followed in order to draft the PNA and reach this conclusion, it is recommended that the HWB now approves the draft report for consultation.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
	NOT APPLICABLE
DETAIL (Including consultation carried out)	
	Summary of PNA report The PNA draft report is split into two parts – Part A is the main report and Part B contains the Appendices. The main report defines the different types of pharmacies and pharmaceutical services alongside the current provision of these in Southampton, which has 40 community pharmacies. It then comprehensively considers temporal access to pharmaceutical services by looking at opening hours and geographical access by looking at the distribution of pharmacies and their catchments areas via various means of transport. Assessment of the needs for pharmaceutical services in Southampton is underpinned by a wealth of demographic, economic and health data which is contained as a supporting Appendix in Part 2 as well as being summarised in the main report. All the information collated for the PNA informs a 'gap analysis' which covers the current situation and the future, based on anticipated levels of development and associated population growth. The conclusion of the PNA is that, in Southampton, the number, distribution and choice of pharmaceutical services meet both the current needs of the population and future needs within the lifetime of this PNA. Therefore, there is no identified need for improvements or better access to pharmaceutical services in the city. This conclusion is based on the following observations: • There is a good geographical spread of community pharmacies across the city • Almost all of Southampton's population is within a 1.6km straight line distance of a community pharmacy. There are two exceptions to this but, more detailed analysis has led to the conclusion that neither indicates a gap in pharmaceutical provision • There are 16 community pharmacies per 100,000 population in Southampton, which is very similar to the average for neighbouring areas and is broadly in line with the national average • Over 99% of the Southampton population are within a 20-minute walk of a community pharmacy • With four 100-hour pharmacies in Southampton, supplementary hours in other pharmacies and provision in neighbouring HWB areas, there are sufficient access times to meet the needs of the city's residents • All pharmacies provide the full range of essential pharmaceutical services

	• There is good provision of advanced services across the city • There are a range of enhanced and locally commissioned services delivered in the city • A large proportion of community pharmacies provide a delivery service to residents, including housebound patients • Housing development during the lifetime of this PNA are focused within Bargate ward in the city centre. Further analysis shows that there is already a high concentration of pharmacies in the area where most new development is planned and two of these pharmacies have 100-hour contracts. Therefore, there is no evidence of need for additional pharmacies. Smaller residential development planned for other areas of the city can also be managed by existing providers. • Since the COVID pandemic there has been a marked increase in the use of distance selling pharmacies • In Southampton, fewer items are dispensed per pharmacy than in neighbouring areas or nationally suggesting that demand is being met <u>Next steps</u> Once the PNA draft report has been approved by the HWB, the next step is a statutory 60-day consultation with a specified range of organisations. The consultation is planned for April-May 2022. In order to gain views of all stakeholders and users of pharmaceutical services in the city, this will be a public consultation. Following this, consultation responses will be considered, a consultation report will be written (and included as an appendix to the PNA) and the PNA main report will be amended if appropriate. It should be noted that if, as a result of the consultation, a need for improvements or better access to pharmaceutical services is identified, then there will need to be a second period of consultation, although this does not have to be for 60 days. The final version of the PNA will then be taken to the HWB in August to gain approval to publish in advance of the statutory deadline of 1st October 2022.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
	None
<u>Property/Other</u>	
	None
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report</u>:	
	There is a legal duty to undertake this work as part of the NHS (Pharmaceutical & LPS) Regulations 2013, which result from the amended Health Act 2009.
<u>Other Legal Implications</u>:	
	None

RISK MANAGEMENT IMPLICATIONS	
	If the draft PNA report is not adopted by the HWB at its March meeting then the timetable for production of the final PNA is at risk. Failure to publish the final PNA by 1st October 2022 (in a form that complies with the minimum requirements set out in the 2013 regulations) presents a theoretical risk of judicial review.
POLICY FRAMEWORK IMPLICATIONS	
	None

KEY DECISION?	**N/A**
WARDS/COMMUNITIES AFFECTED:	All
SUPPORTING DOCUMENTATION	
Appendices	
1.	Draft PNA Part 1 – Main Report
2.	Draft PNA Part 2 – Appendices

Documents In Members' Rooms

1.	
2.	

Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	**Yes (included in Part 2 of the draft PNA report)**
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.		
2.		

Southampton Pharmaceutical Needs Assessment (PNA) - DRAFT Part 1: Main report

Last Updated February 2022

Contents

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Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT

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Part 2 is a separate document containing:

Appendix A: Supporting Information
Appendix B: Steering Group Terms of Reference
Appendix C: Consultation Report
Appendix D: Equality and Safety Impact Assessment

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1. Executive summary

The statutory Pharmaceutical Needs Assessment (PNA) is a statement of current pharmaceutical services provided in the local area. The PNA is used to assess whether the pharmaceutical services provision is satisfactory for the local population and to identify any gaps in the provision.

This document describes the process undertaken to produce the PNA and details the specific Southampton context which should be borne in mind when considering the provision of pharmaceutical services.

The PNA defines the different types of pharmacies and pharmaceutical services alongside the current provision of these in Southampton, which has 40 community pharmacies.

The PNA then comprehensively considers temporal access to pharmaceutical services by looking at opening hours and geographical accessibility by looking at the distribution of pharmacies and their catchments areas via various means of transport.

Assessment of the needs for pharmaceutical services in Southampton is underpinned by a wealth of demographic, economic and health data which is contained as a supporting Appendix in Part 2 but summarised in this main document. The supporting information also includes a detailed consideration of inequalities and specific population groups.

All the information collated in the PNA informs a 'gap analysis' which covers the current situation and the future, based on anticipated levels of development and associated population growth.

The conclusion of this assessment is that, in Southampton, the number, distribution and choice of pharmaceutical services meet the needs of the population and future needs within the lifetime of this PNA. Therefore, there is no identified need for improvements or better access to pharmaceutical services in the city.

This conclusion is based on the following observations:

- There is a good geographical spread of community pharmacies across the city (Section 7)
- Almost all of Southampton's population is within a 1.6km straight line distance of a community pharmacy (Section 7.1). There are two exceptions to this but, for the following reasons, neither is considered to indicate a gap in pharmaceutical provision (Section 9.1):

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  - The first is a small area in the west which is part of the industrial dock area and has no residential development; people who work in this area are considered to be sufficiently covered by pharmaceutical provision in Totton
  - The second is four residential streets in the Bassett area which are not within 1.6km of a pharmacy. Further analysis of this area shows that it is well served by main roads for those with access to a car, and by two bus routes for those that use public transport. Additionally, there are four pharmacies just over a 1.6km distance away from this area. Consequently, this area is not considered to have a gap in pharmaceutical provision

- There are 16 community pharmacies per 100,000 population in Southampton, which is very similar to the average for neighbouring areas and is broadly in line with the national average (Section 7.7)
- Over 99% of the Southampton population are within a 20-minute walk of a community pharmacy (Section 7.5)
- With four 100-hour pharmacies in Southampton, supplementary hours in other pharmacies and provision in neighbouring Health and Wellbeing Board areas, there are sufficient access times to meet the needs of the city's residents (Section 6)
- All pharmacies provide the full range of essential pharmaceutical services (Section 5.6)
- There is good provision of advanced services across the city (Section 5.7)
- There are a range of enhanced and locally commissioned services delivered in the city (Sections 5.8 and 5.9)
- A large proportion of community pharmacies provide a delivery service to residents, including housebound patients (Section 5.9.7)
- Housing development during the lifetime of this PNA are focused within Bargate ward in the city centre. Further analysis (Section 9.2) shows that there is already a high concentration of pharmacies in the area where most new development is planned and two of these pharmacies have 100-hour contracts. Therefore, there is no evidence of need for additional pharmacies. Smaller residential development planned for other areas of the city can also be managed by existing providers.
- Since the COVID pandemic there has been a marked increase in the use of distance selling pharmacies (Section 5.2)
- In Southampton, fewer items are dispensed per pharmacy than in neighbouring areas or nationally suggesting that demand is being met (Section 7.7)

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2. Introduction

2.1 Definition and purpose of the PNA

Production of a Pharmaceutical Needs Assessment (PNA) is a statutory requirement for each local Health and Wellbeing Board (HWB) every three years or more frequently.[1] Although the 2013 regulations require the next pharmaceutical needs assessment to be published by 1 April 2022, this will be amended to 1st October 2022 as a result of the ongoing response to the Covid-19 pandemic[2].

The PNA is how the pharmaceutical services in a HWB area are assessed to determine whether they are adequately meeting the needs of the population or whether there are any gaps in provision. If gaps are found, or are likely to occur in the future, then the PNA should recommend how they can be filled.

NHS England is responsible for using PNAs as the basis for determining 'market-entry' to the local pharmaceutical list; hence this document will be used when applications are received to enter or amend the pharmaceutical list within the Southampton HWB area.

PNAs are also a key tool to inform the commissioning of essential, enhanced and advanced pharmaceutical services from community pharmacies by NHS England and of complementary local services commissioned by the Public Health department of the local authority and by other local commissioners such as the Clinical Commissioning Group (CCG).

2.2 Historical and Legal Background

The Health Act 2009[3] sets out the minimum standards for PNAs and the use of PNAs as the basis for determining market entry to NHS pharmaceutical services provision. The Regulations came into force in May 2010 and required Primary Care Trusts (PCTs) to develop and publish their first PNA under these Regulations by 1 February 2011.

[1] Department of Health, Pharmaceutical Needs Assessment, Information pack for local Health Authority Health and Wellbeing Boards, May 2013. Pharmaceutical Needs Assessment Information Pack (publishing.service.gov.uk)

[2] Department of Health and Social Care Pharmaceutical Needs Assessment, Information pack for local Health Authority Health and Wellbeing Boards, October 2021 Pharmaceutical needs assessments: Information pack for local authority health and (publishing.service.gov.uk)

[3] National Health Service Act 2009 available at http://www.legislation.gov.uk/ukpga/2009/21/contents

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The Health and Social Care Act 2012[4] brought about major reforms to the NHS. From April 2013, PCTs were abolished, and their duties transferred to other organisations. Responsibility for developing, updating and publishing a local PNA was transferred to HWBs. In addition, this Act also transferred the responsibility of using the PNA as the basis for determining market entry to a pharmaceutical list and dispensing doctor list from the PCT to NHS England.

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013[5] set out the legislative basis for developing and updating PNAs. The National Health Service (Pharmaceutical and Local Pharmaceutical Services (Amendment and Transitional Provision) Regulations 2014[6] have been published to amend these regulations following a report published by the Joint Committee on statutory instruments. More recently, The NHS (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2016 were published.

The first PNA to be produced by the Southampton HWB was published on 1 April 2015 to comply with these regulations. An updated report was published by the HWB on 1 April 2018.[7]

2.3 Structure of the PNA

This PNA document firstly describes the process undertaken and details the specific Southampton context which should be borne in mind when considering the provision of pharmaceutical services.

The PNA then defines the different types of pharmacies and pharmaceutical services alongside the current provision of these in Southampton. There is then a comprehensive consideration of access to pharmaceutical services both in terms of temporal access (i.e. opening hours) and geographical access (including drive-times, walk-times, cycle times and public transport).

Assessment of the needs for pharmaceutical services in Southampton is underpinned by a wealth of demographic, economic and health data which is contained in a supporting

[4] Health and Social Care Act 2012 available at http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted
[5] The NHS (Pharmaceutical Services and Local Pharmaceutical Regulations) 2013 available at http://www.legislation.gov.uk/uksi/2013/349/contents/made
[6] The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations available at http://www.legislation.gov.uk/uksi/2014/417/contents/made
[7] Southampton PNAs are available at Pharmaceutical Needs Assessment (southampton.gov.uk)

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Appendix in a separate document (Part 2) but summarised in this main document. The supporting information also includes a detailed consideration of inequalities and specific population groups.

All the information collated in the PNA informs a 'gap analysis' which covers the current situation and the future based on anticipated levels of development and associated population growth. This is used to draw a conclusion on whether the number, distribution and choice of pharmaceutical services In Southampton meet the current and future needs of the population.

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3. Process for producing the Pharmaceutical Needs Assessment

The PNA has been undertaken in line with the requirements of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 following the latest guidance[8] and under the direction of the PNA steering group.

The Southampton PNA 2022 has been in development since September 2021. The document has been written with assistance from partners in neighbouring Local Authorities which is gratefully acknowledged. The process has had many steps; the key stages are outlined below.

Stage 1: Formation of a steering group

A steering group formed to oversee the development of the Southampton PNA (see Appendix B in Part 2 for the Steering Group Terms of Reference). The group had representation from key stakeholders, including Community Pharmacy South Central and NHS England.

The group oversaw the development of the PNA and ensured that the PNA conformed to the relevant regulation and statutory requirements on behalf of the HWB.

Stage 2: Collation of information and data

The Joint Strategic Needs Assessment for Southampton has been extensively used to give an overview of major health and wellbeing needs of the local population. This information is included as Appendix A in Part 2 of the PNA.

Every existing community pharmacy in Southampton (n=40) was invited to complete a detailed questionnaire about their services to inform the development of the PNA. This survey was open from 13 December 2021 until 17 January 2022. Response was initially low because the timing of the survey coincided with pressures on pharmacies due to the accelerated COVID-19 booster roll-out, lateral flow test distribution and seasonal winter pressures. In acknowledgement of this the deadline for the survey was extended. The survey resulted in 24 responses (a response rate of 60%).

[8] Department of Health and Social Care Pharmaceutical Needs Assessment, Information pack for local Health Authority Health and Wellbeing Boards, October 2021 Pharmaceutical needs assessments: Information pack for local authority health and (publishing.service.gov.uk)

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Data held by NHS England was also used to inform the Southampton picture of local pharmaceutical provision, including data on delivery of advanced services. National and locally held statistics have been examined to determine levels of activity in delivering current services.

Expertise and advice have also been sought, and is gratefully acknowledged, from NHS Hampshire, Southampton and Isle of Wight CCG, NHS England, Community Pharmacy South Central and from Southampton City Council's Public Health, Planning, Economic Development, Research & Insight, Housing and Communications departments.

Stage 3: Analysis

The information collated was used to carry out a gap analysis to identify any current or future gaps of pharmaceutical provision within the city. The Steering Group agreed that living within 1.6km (straight-line distance) from a pharmacy would be the key criterion for the gap analysis; this distance is used in the NHS Pharmaceutical Services Regulations 2013 when applications are determined under the "market entry" process [9]. Other factors, such as opening hours and services provided, also informed the gap analysis.

Following the analysis, a draft consultation document was completed in line with national guidance and approved by the steering group and Director of Public Health.

Stage 4: Draft PNA

The draft PNA will be shared with the Health and Wellbeing Board (HWB) in March 2022 prior to consultation.

Stage 5: Consultation

A consultation in line with the statutory requirements will be held during April and May 2022.

Stage 6: Review of consultation responses

The steering group will consider the comments received in response to the consultation and necessary amendments will be made to the PNA. A report will be prepared on the

[9] The NHS (Pharmaceutical Services and Local Pharmaceutical Regulations) 2013 available at http://www.legislation.gov.uk/uksi/2013/349/contents/made

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information gathered in the consultation and will be included as Appendix C in Part 2 of the PNA.

Stage 7: Publication

The final document will be presented to the HWB In August 2022 for approval before the planned publication of the PNA by 1 October 2022.

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4. Southampton Context

Southampton is on the south coast of England and is the largest city in Hampshire. It is a diverse city with a population of 264,658 people comprising 107,695 households, 64,232 children and young people aged (0-19 years), 53,000 residents who are not White British and approximately 40,000 students. Between 2022 and 2025, the lifetime of this PNA, the population of Southampton is predicted to rise by 3.1%, with the over 65s and under 15s populations projected to increase by approximately 6.9% and 0.1% respectively.

This ageing of the population will have an increasing impact on the demand for health and social care services in Southampton. Lifestyle factors also have a substantial impact on the health of the city's population, with smoking prevalence, childhood obesity (in Year 6) and alcohol-related hospital admissions, in particular, being significantly higher than the national average. This is all influenced and compounded by wider determinants of health such as poor living circumstances and deprivation, which are lowering life chances. Inequalities in health and wellbeing outcomes are clearly evident in the city and there is no evidence that this inequality gap is narrowing.

Much of the data used to inform the PNA is from the Joint Strategic Needs Assessment of the Southampton Data Observatory[10] and is included as Appendix A in Part 2. Some of the data in this PNA is presented at a sub-city geography of electoral wards and the following ward map (Figure 1) is included to set this into context. However, the PNA has largely been conducted at a city-wide level because wards and localities are not a relevant geography when considering pharmaceutical services in a compact urban area such as Southampton.

[10] Southampton Data Observatory https://data.southampton.gov.uk/

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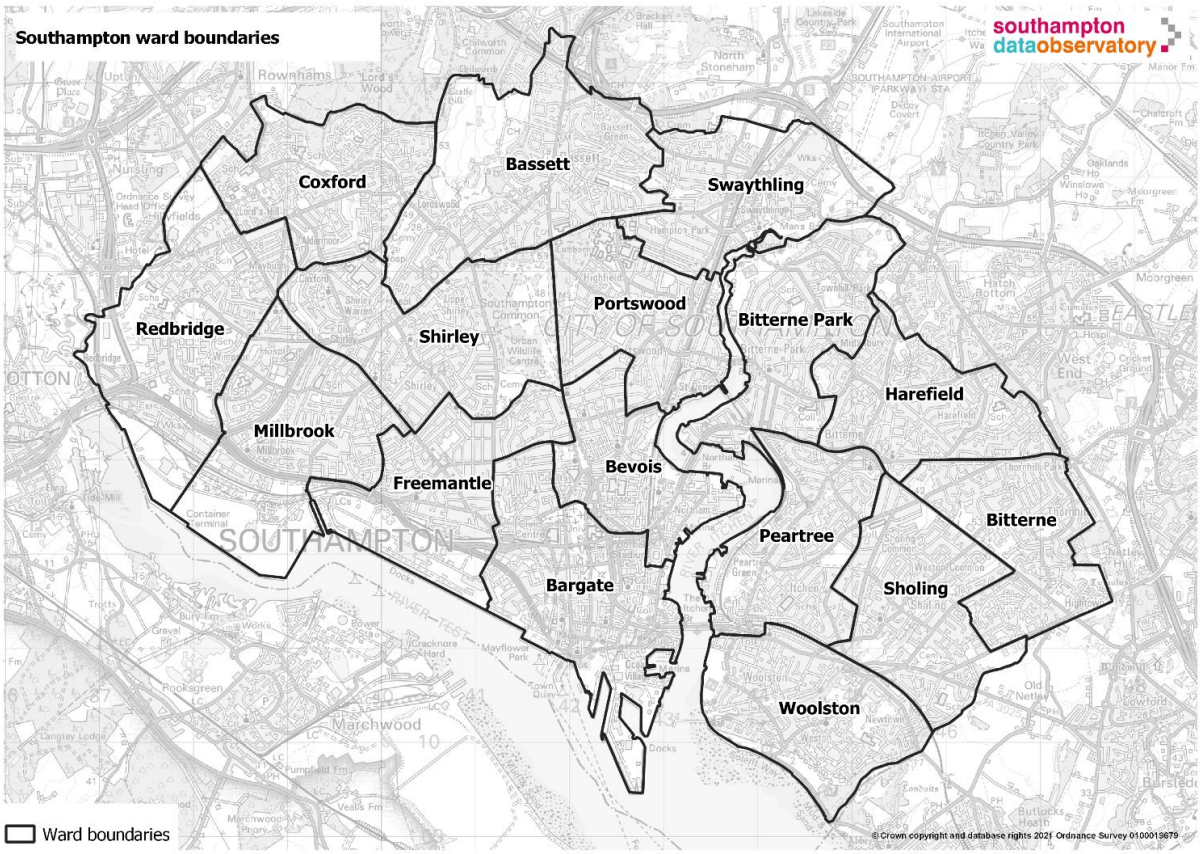
Figure 1: Southampton ward boundaries



Other NHS services can affect the need for pharmaceutical services, including hospital and community services as follows. There are four hospital sites in Southampton:

Southampton General Hospital (SGH); part of University Hospital Southampton NHS Foundation Trust, provides a range of services including emergency and critical care is provided in the hospital's special intensive care units, operating theatres, acute medicine unit and emergency department (A&E), as well as the dedicated eye casualty.[11]

Princess Anne Hospital (PAH); part of University Hospital Southampton NHS Foundation Trust, provides services including maternity care, for about 5,000 women each year from around Southampton. It is also a regional centre for foetal and maternal medicine, providing specialist care for women with medical problems during pregnancy, and for those whose baby needs extra care before or around birth. Other services include genetics and breast screening.[12]

[11] University Hospital Southampton, NHS Foundation Trust https://www.uhs.nhs.uk/for-visitors/southampton-general-hospital

[12] University Hospital Southampton, NHS Foundation Trust https://www.uhs.nhs.uk/for-visitors/princess-anne-hospital

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Southampton Children's Hospital (SCH); part of University Hospital Southampton NHS Foundation Trust, is a major centre for specialist paediatric services in the south of England.[13]

The Royal South Hants Hospital (RSH); provides a wide range of outpatient, day and inpatient surgical operations, diagnostic procedures, and sexual health services. Some services are provided by Solent NHS Trust, Practice Plus Group and others by University Hospital Southampton NHS Foundation Trust.[14] The Southampton urgent treatment centre is also based at Royal South Hants and is run by Practice Plus Group.[15] A minor injuries unit (MIU) which offers treatment, advice and information on a range of minor injuries.

Patients attending these on either an inpatient or outpatient basis, may require prescriptions to be dispensed. There are three hospital pharmacies providing services; an inpatient pharmacy serving patients at SGH, PAH and SCH, a pharmacy for outpatients located at SGH and the third pharmacy is located at RSH. These pharmacies are operated by UHS Pharmacy Ltd.[16]

NHS Hampshire, Southampton and Isle of Wight CCG had 40 member GP practices within the Southampton City boundary as of October 2021. The GP out of hours service is provided by UHS Pharmaceutical Service. There are 31 NHS dental practices providing NHS dental services and 15 opticians in the Southampton HWB area.[17]

[13] University Hospital Southampton, NHS Foundation Trust https://www.uhs.nhs.uk/for-visitors/southampton-childrens-hospital
[14] University Hospital Southampton, NHS Foundation Trust https://www.uhs.nhs.uk/for-visitors/royal-south-hants
[15] Practice Plus Group https://www.southamptonutc.nhs.uk/
[16] University Hospital Southampton, NHS Foundation Trust https://www.uhs.nhs.uk/departments/medicines-and-therapies/pharmacy
[17] NHS England South East Region Team; personal communication on 2 October 2017

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5. Current Pharmaceutical Services

The Community Pharmacy Contractual Framework (CPCF) for 2019/20 to 2023/24 (published in July 2019) is NHS England's latest statement of what is expected of pharmacists providing NHS services. Pharmacy contractors can provide three main types of service that fall within the definition of NHS pharmaceutical services, namely essential, advanced and enhanced services, and these can be complemented by services commissioned locally by CCGs and Public Health Teams.

Defined below are the different types of pharmacies and pharmaceutical services and details of the current provision of these in Southampton.

5.1 Community pharmacies

Southampton has 40 community pharmacies providing NHS services; since the previous PNA, the following three community pharmacies have closed:

- Lloyds Pharmacy Bitterne (closed 24 November 2018)
- Boots Pharmacy West End Road Bitterne (closed 4 May 2019)
- Lloyds Pharmacy Portsmouth Road (closed 12 November 2020)

Note: on 14/02/2022 NHS England granted an application by Arun Sharma Chemists Limited for a 'No Significant Change Relocation' from 93 Gordon Avenue, Portswood, Southampton, SO14 6WB to 108 Portswood Road, Portswood, Southampton, SO17 2FW. For the purposes of this draft PNA report, this pharmacy is considered at its original address.

Pharmacies can be divided into those providing a minimum of 40 hours of NHS pharmaceutical services each week and those providing 100 hours per week. In Southampton, there are 36 pharmacies providing '40 core hours' of service and 4 pharmacies providing '100 core hours' of service. The majority of 40-hour pharmacies choose to open for longer and these additional hours are referred to as 'supplementary hours'.

5.2 Distance selling pharmacies

Distance selling pharmacies provide services solely to customers who do not attend the premises, for example internet services only. Southampton has no distance-selling pharmacies. However, Southampton residents may choose to have their prescriptions dispensed from any pharmacy across the country including distance selling pharmacies. This trend increased, in line with other internet shopping trends, during the COVID-19 pandemic.

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The Pharmaceutical Journal estimates that in England the number of items dispensed by Distance Selling Pharmacies increased by 45% between 2019 and 2020. In Southampton we have seen an increase in prescriptions dispensed by Distance Selling Pharmacies from 0.65% in 2016/17 to 4.88% in 2020/21.

5.3 Dispensing doctor

Dispensing doctors are General Practitioners (GPs) who mainly provide services to patients in rural areas, where there are not any community pharmacies or where access to pharmaceutical services is difficult for reasons of distance. Southampton is a totally urban area and therefore none of the GP practices in Southampton are on the dispensing doctor list.

5.4 Local Pharmaceutical Services Scheme

Local Pharmaceutical Services pharmacies (LPS) provide a service tailored to specific local requirements. A typical example would be for very rural areas where a pharmacy would not be financially viable without this type of arrangement. Southampton, being an urban area, has no LPS.

5.5 Dispensing Appliance Contractor

A Dispensing Appliance Contractor (DAC) specialises in dispensing appliances (e.g., stoma care products) rather than medicines. Southampton does not have a DAC. The previous PNA identified one DAC (GE Bridge and Co at 226 Burgess Road) which has since changed ownership to Charles S Bullen Stoma Care Ltd and relocated to Unit 4, Clayland's Road, Bishop Waltham which is outside the Southampton area.

5.6 Essential Services

Essential services are those which each community pharmacy must provide. All community and distance selling (internet) pharmacies with NHS contracts provide the full range of essential services which are as follows:

5.6.1 Dispensing Medicines and Repeat Dispensing

In 2020/21 there were 3,798,144 items prescribed by Southampton GPs dispensed across the country (3,301 sites). 98.4% of these prescription items are dispensed through 100 sites. Further analysis of these 100 sites shows that:

- 88.6% of these prescriptions are dispensed within Southampton community pharmacies;
- 4.0% are dispensed in the surrounding area of Hampshire such as Totton, Hedge End, Hamble, West End and Bursledon;
- 1.6% are personally administered items, which are bought in and used by the GP practice e.g. vaccinations;
- 0.7% dispensed by specialist appliance suppliers;
- 4.9% dispensed by distance selling pharmacies

At least two thirds of all prescriptions generated in primary care are for patients needing repeat supplies of regular medicines, and since 2005 repeat dispensing has been an Essential Service within the CPCF.

Although not an essential service, the Electronic Prescription Service (EPS) allows prescribers to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff. All GP practices and pharmacies in Southampton are enabled to dispense in accordance with the EPS and all actively participate in the programme.

Between May and October 2021, 98.9% of all prescribed items in Southampton were electronically prescribed (compared with 90.8% nationally and 92.9% for NHS Hampshire, Southampton and Isle of Wight CCG). Over the same period, 8.9% of these electronically prescribed items were repeat dispensing in Southampton (compared with 14.9% nationally and 14.3% for NHS Hampshire, Southampton and Isle of Wight CCG).

Pharmacies dispense appliances as well as medicines. Results from the contractor questionnaire showed:

- 70.8% (17 out of 24) community pharmacies dispensed stoma appliances
- 79.2% (19 out of 24) community pharmacies dispensed incontinence appliances
- 100% (24 out of 24) community pharmacies dispensed dressings

Eleven out of 24 community pharmacies who responded dispensed ‘other’, 5 of these pharmacies detailed ‘trusses’, these are most commonly used to support people with hernias.

5.6.2 Disposal of Unwanted Medicines:

All pharmacies are obliged to accept back unwanted medicines from patients.

5.6.3 Public Health Promotion of Healthy Lifestyles:

Each financial year, pharmacies are required to participate in up to six health campaigns at the request of NHS England. This generally involves the display and distribution of leaflets provided by NHS England.

5.6.4 Signposting Customers to Appropriate Services:

Pharmacies are expected to support people who ask for assistance by directing them to the most appropriate source of help.

5.6.5 Support for Self-care:

Pharmacies are expected to provide advice and support to enable people to derive maximum benefit from caring for themselves or their families.

5.6.6 Clinical Governance:

Clinical governance is a framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care. Pharmacies are responsible for applying clinical governance principles to the delivery of services e.g., use of standard operating procedures; recording, reporting and learning from adverse incidents; participation in continuing professional development and clinical audit.

5.6.7 Discharge Medicines Service (DMS):

The DMS became a new Essential service within the CPCF on 15th February 2021. NHS Trusts are able to refer patients to the DMS at their community pharmacy if the patient would benefit from extra guidance around new prescribed medicines. The service has been identified by NHS England's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

Note that in Southampton the DMS has superseded the Transfer of Care around Medicines service that was previously provided by pharmacies.

5.6.8 Healthy Living Pharmacy (HLP) Level 1 status:

Most pharmacies in England previously met the HLP requirements following local initiatives with commissioners or the Pharmacy Quality Scheme. However, the laying of new NHS

regulations in October 2020, made HLP requirements a new Terms of Service requirement for all pharmacies from 1 January 2021.

5.7 Advanced services

Pharmacies may choose whether they wish to provide these additional, advanced services as long as they meet the requirements set out in the Secretary of State Directions. The pharmacies receive remuneration from the NHS for providing advanced services.

5.7.1 New Medicine Service (NMS)

The NMS provides support for people, with long-term conditions and who have newly been prescribed a medicine. The aim of the services is to help improve medicines adherence; it initially focused on a small number of conditions, but this list was increased in September 2021.

5.7.2 NHS Flu Vaccination Service

Every year, from September to March, the NHS runs a seasonal influenza vaccination programme to protect those who are most at risk of serious illness or death should they develop influenza. Community pharmacies have been providing flu vaccinations under a nationally commissioned service since September 2015 to support the national vaccination programme.

For the period September 2020 to March 2021, NHS England data show 34 of the 40 (84%) pharmacies in Southampton were accredited to deliver flu vaccinations. A total of 8,616 vaccinations were given during this time period.

5.7.3 Community Pharmacist Consultation Service (CPCS)

This service was launched across England in October 2019. The CPCS manages a referral from NHS 111 to a community pharmacy where a patient has contacted NHS 111 for low acuity conditions/minor illness or for urgent medicine supply. The service enables appropriate access to medicines or appliances out-of-hours via community pharmacy, relieving pressure on urgent and emergency care services by shifting demand from GP out-of-hours providers to community pharmacy.

Between April 2020 to March 2021, 38 of the 40 pharmacies in Southampton carried out these consultations, resulting in 1,556 consultations.

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5.7.4 Hepatitis C Antibody Testing Service

The Community Pharmacy Hepatitis C Antibody Testing Service was added to the CPCF in 2020, commencing on 1 September. It is focused on provision of point of care testing for Hepatitis C antibodies for people who inject drugs.

As of January 2022, one Southampton pharmacy was providing this service as a pilot funded through the University of Southampton. This pilot is ending prior to the implementation of the national service commissioned by NHS England.

5.7.5 Stoma Appliance Customisation

Stoma customisation services aim to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. This service is usually provided by DACs. For April 2020 to March 2021, NHS England data show seven pharmacies were accredited to provide this service in the city.

5.7.6 Appliance Use Reviews

Appliance Use Reviews can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home, however, this service is generally provided through DACs.

5.7.7 Hypertension Case-Finding Service

The Hypertension Case-Finding Service was commissioned as an Advanced service from 1 October 2021. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement. The second stage is offering 24-hour ambulatory blood pressure monitoring, where clinically indicated. The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

The service received a soft launch and uptake has been relatively slow due to pressures related to the COVID pandemic. It is anticipated that more local pharmacies will sign up to provide this advanced service over the lifetime of this PNA.

5.7.8 Smoking Cessation Advanced Service

In early 2022, the Smoking Cessation Advanced Service will be introduced for patients who started their stop-smoking journey in hospital. This service will allow NHS trusts to refer

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patients to a pharmacy of their choice so they can continue receiving treatment, advice and support with their attempt to quit smoking when they are discharged. Work is still underway to finalise the service specification and other details. It is expected that this service will continue to develop over the lifetime of this PNA.

5.8 Enhanced Services

5.8.1 Bank Holiday Opening

A Bank Holiday service is provided for Christmas Day, Boxing Day, New Year's Day and Easter Sunday, which is coordinated by NHS England.

5.8.2 Pharmacy Urgent Repeat Medicines Service

There is one enhanced service which is locally commissioned in Hampshire - the Wessex Pharmacy Urgent Repeat Medicines (PURM) Service. This service allows participating pharmacies to make emergency supplies (which are usually private transactions) at NHS expense. Normal prescription charges apply unless the patient is exempt in accordance with the NHS Charges for Drugs and Appliances Regulations. The pharmacist will only make a supply where they deem that the patient has immediate need for the medicine and that it is impractical to obtain a prescription without undue delay. This service is currently under review as it has been largely superseded by the CPCS, with some exceptions, such as walk-in provision. The number of pharmacies offering this service continues to decrease as a result.

In 2021/22, 11 community pharmacies were accredited to provide the PURM Service in Southampton.

5.9 Locally Commissioned and other non-NHS Services

Locally commissioned services can be contracted via a number of different routes and by different commissioners, including local authorities and CCGs. Some other relevant non-NHS services are also described below as, although they are not defined as pharmaceutical services, they do add context to the overall provision in Southampton.

5.9.1 Minor Ailment Service

Minor ailments are defined as common, self-limiting, or uncomplicated conditions which can be managed without medical intervention. The management of patients with minor self-limiting conditions, impacts significantly upon GP workload. The situation is most acute

where patients do not pay prescription charges and may not have the resources to seek alternatives to a prescription from their GP.

It is estimated that one in five GP consultations are for minor ailments and reducing the time spent managing these conditions would enable GPs to focus on more complex cases. The aim of the Minor Ailment Service, which is commissioned by Hampshire, Southampton and Isle of Wight CCG, is to improve access and choice for people with minor ailments.

The service is available in all areas of Southampton and now covers 26 conditions. The number of pharmacies offering the service varies from month to month due to changes within the pharmacy teams.

5.9.2 Palliative Care Drugs Service

Drugs used for palliative care reasons can be required at short notice and are not items which are routinely stocked at all community pharmacies. The Palliative Care Drugs Service is commissioned by Hampshire, Southampton and Isle of Wight CCG and aids accessibility to these drugs for individuals who are being cared for in community settings. In 2021/22, seven community pharmacies in Southampton were accredited to provide this service.

5.9.3 Pharmacy Needle and Syringe Programme

Needle Exchange services for injecting drug users are a crucial component in providing a comprehensive harm reduction programme. The aims of this service is to:

- reduce the spread of blood borne pathogens (HIV, Hepatitis B & C)
- provide information and advice to reduce the harms associated with injecting drug use
- encourage use of other drug services and facilitate referrals to other agencies where appropriate

In 2021/22 six pharmacies, geographically spread across the city, were contracted by Southampton City Council Public Health Team to provide sterile injecting equipment to people who inject drugs to reduce harm. This service is currently undergoing a review to inform new contracts due to commence in April 2022.

5.9.4 Emergency Hormonal Contraception (EHC) Service

The Southampton City Council Public Health Team commissions the EHC services which aims to reduce unwanted pregnancies and terminations by providing EHC, to support women

aged under 25 who have had unprotected sex and help contribute to a reduction in the number of unplanned pregnancies.

This is through a Patient Group Direction (PGD) which provides a legal framework to allow pharmacists to supply specified medicines to a pre-defined group of patients, without them having to see a prescriber. Clients excluded from the PGD criteria should be referred to another local service provider that will be able to assist them as soon as possible. In 2021/22 there were 31 pharmacies in Southampton contracted to provide free EHC to women aged under 25.

5.9.5 Supervised Consumption

Opiate Substitute Therapy (OST) medication (methadone and buprenorphine oral formulations) is used for maintenance therapy in the management of opioid dependence, as part of a programme of treatment and support. To reduce risk and support compliance, administration of these medications can be supervised in community pharmacies, which also provides routine and structure for the individual, and encourages engagement with other healthcare provision delivered by the pharmacies.

Southampton City Council's Public Health Team currently contracts 13 pharmacies, geographically spread across the city, to provide interventions to supervise the consumption of OST medication for a proportion of people being prescribed OST as part of their engagement in community-based Substance Use Disorder Services. The supervised consumption service is currently undergoing a review to inform new contracts due to commence in April 2022.

5.9.6 Stop Smoking Service

A smoking cessation service for clients who need support to give up smoking using one-to-one interventions is offered by 11 pharmacies In Southampton (although as at January 2022 services at three of these are currently paused). The service includes an initial assessment to ascertain how ready the client is to make a change and how they would be best supported.

NHS Digital data shows that in 2020/21 there were 277 people who set a smoking quit date through pharmacies and, of these, 92 (33%) had successfully quit at 4 weeks (self-reported). This compared with 724 across all settings of which in Southampton 283 (39%) were successful quitters.

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5.9.7 Delivery Services

Many pharmacies provide a delivery service; sometimes this is provided free and sometimes they make a charge for it. As these are private services, there is no NHS data available to ascertain the level of provision in Southampton. However, results from the contractor questionnaire showed:

- (70.8%) 17 out of 24 community pharmacies who responded collected prescriptions from GP practices
- (62.5%) 15 out of 24 community pharmacies who responded deliver dispensed medicines - free of charge
- (39.1%) 9 out of 23 community pharmacies who responded deliver dispensed medicines – for a charge
- (34.8%) 8 out of 23 community pharmacies who responded deliver dispensed medicines to selected patient groups (for example those receiving end of life care, in a care home, housebound)
- (30.4%) 7 out of 23 community pharmacies who responded deliver dispensed medicines to selected geographical areas (for example within a five-mile radius or within postcode sector)

5.9.8 Access Languages

The pharmacy workforce in Southampton embraces a range of nationalities and cultural backgrounds. The contractor survey showed that, at that time, there were 20 different languages spoken amongst Southampton pharmacy staff. It is not unusual for residents who are from other countries and cultures to seek out services from a pharmacy that speaks their native language.

These were the languages identified across the 24 pharmacies that responded to the contractor survey:

Arabic	Gujarati	Mandarin	Russian
Bengali	Hindi	Nigerian	Spanish
English	Hungarian	Polish	Swahili
Farsi	Lithuanian	Panjabi	Telugu
Filipino	Malay	Romanian	Urdu

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5.10 COVID-19 services

Since the onset of the COVID-19 pandemic, pharmacies have taken a leading role in providing COVID-19 related services to the public. These services are described separately because of the uncertainty in how long into the lifetime of the PNA they will be relevant for.

5.10.1 COVID-19 Vaccination Service

One pharmacy in Southampton has provided the COVID-19 vaccination service. Between April 2020 and March 2021, NHS England data shows 9,949 vaccinations were administered.

5.10.2 COVID-19 Lateral Flow Device Distribution Service

At the end of March 2021, a new Advanced service – the NHS community pharmacy COVID-19 Lateral Flow Device (LFD) distribution service (or 'Pharmacy Collect' as it is described in communications to the public) – was added to the CPCF.

This service, which pharmacy contractors can choose to provide as long as they meet the necessary requirements, aims to improve access to COVID-19 testing by making LFD test kits readily available at community pharmacies for asymptomatic people.

Between 29th March 2021 and 18th October 2021 47,166 LFD packs were given out across 38 pharmacies in the city.

5.10.3 COVID-19 Supervised Testing

This locally commissioned service offers supervised testing for COVID-19 of eligible, asymptomatic patients, using an LFT device. It is offered in 8 pharmacies in Southampton and between 22nd March to 27th Sept 2021 850 tests conducted were conducted with 6 people testing positive for COVID-19.

6. Temporal Access to Pharmaceutical Services

6.1 Opening Hours

A PNA should identify the necessary services that are required at specified times and the following consideration of opening hours helps set the context for this assessment.

The opening hours used in this section are based on the total opening hours (both 'core' and 'supplementary' hours) as held by NHS England for October 2021. This is based on the 40 community pharmacies in the city as at 15th October 2021. The removal of three contractor from the pharmaceutical list since the previous PNA did not change these opening hours as the number of 100 pharmacies remined the same. Details of individual pharmacy opening times can be found on the NHS website.[18]

Many pharmacies that provide a minimum of '40 core hours' of NHS pharmaceutical service also extend these hours of service, opening into the evening and/or opening on Saturday afternoon and Sunday. This gives a broad range of opening hours for the pharmacies located across the city.

6.2 100-hour Core Hour of Service Pharmacies

There are four '100-hour pharmacies' in the city which opened using the 'necessary or expedient' test under the 2005 exemptions to the market entry system. These pharmacies provide 100 core hours per week of pharmaceutical services. They give Southampton residents greater access to pharmaceutical services by extending opening hours both in the morning and late into the evening plus extended weekend coverage.

These pharmacies meet an identified need for pharmaceutical services for both 'out of hours' dispensing services and for the general population who wish to seek professional help for health and lifestyle advice, treating minor ailments and conditions that may be managed by self-care.

Through the following consideration of opening hours, no need for improvements or better temporal access to pharmaceutical services in the city has been identified.

[18] NHS website - available at http://www.nhs.uk/Pages/HomePage.aspx

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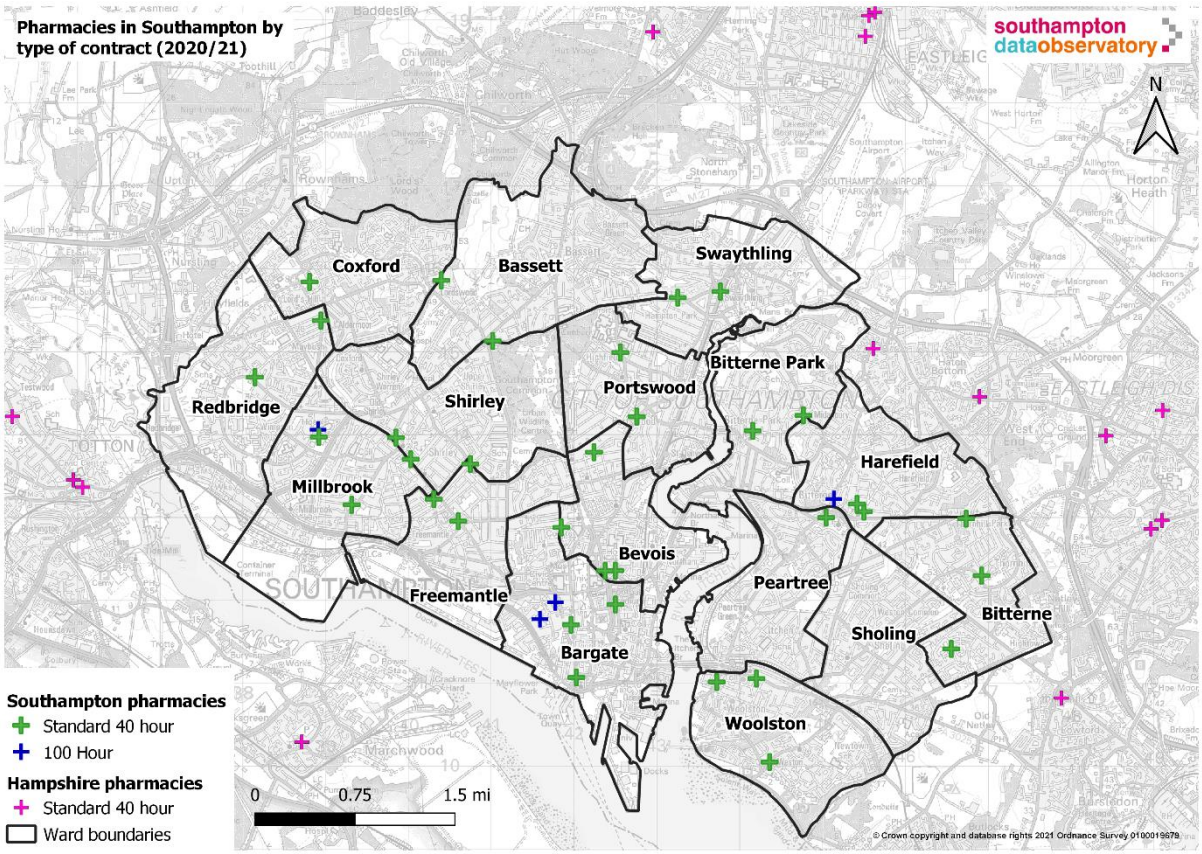
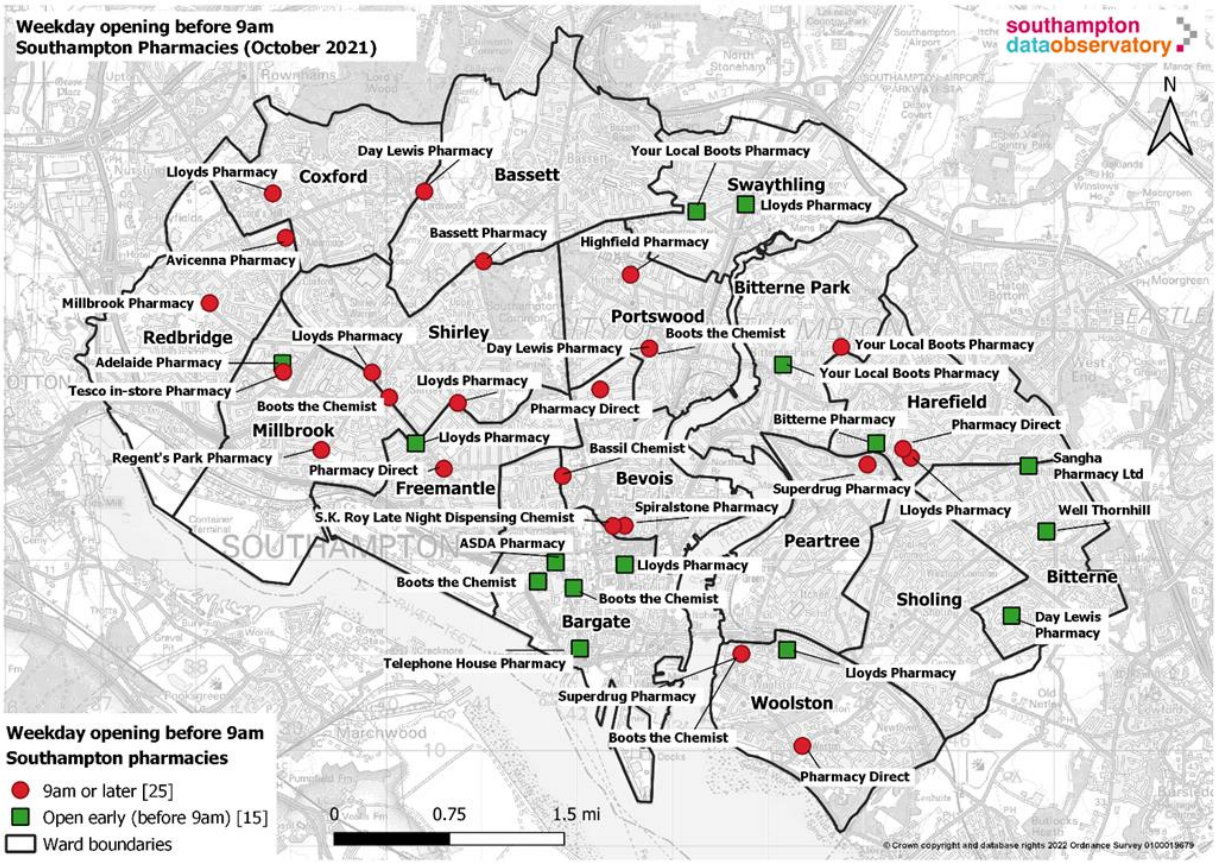
Figure 2: Pharmacies in Southampton by type of contract as of October 2021



6.3 Opening Hours Mornings

For early morning access 16 pharmacies open before 9am on weekdays. There is fair geographical spread across the city of pharmacies with early opening, although pharmacies in the north west of the city tend to open after 9am.

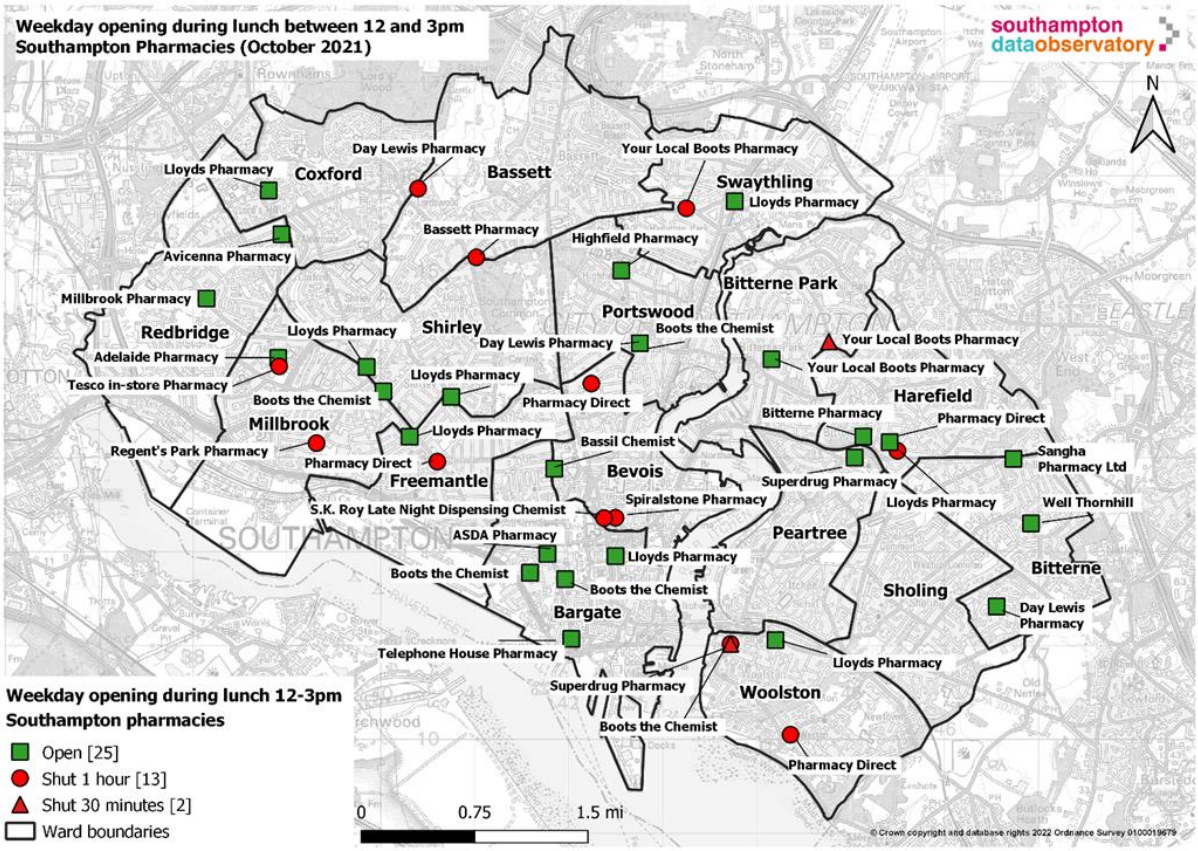
Figure 3: Map of weekday morning opening times for community pharmacies in Southampton as of October 2021



6.4 Opening Hours Lunchtime

There is access to NHS pharmaceutical services throughout the lunch period (12pm to 3pm) in twenty-five local pharmacies. Eleven pharmacies are closed for one hour during lunch. The remaining four pharmacies are closed for 30 minutes.

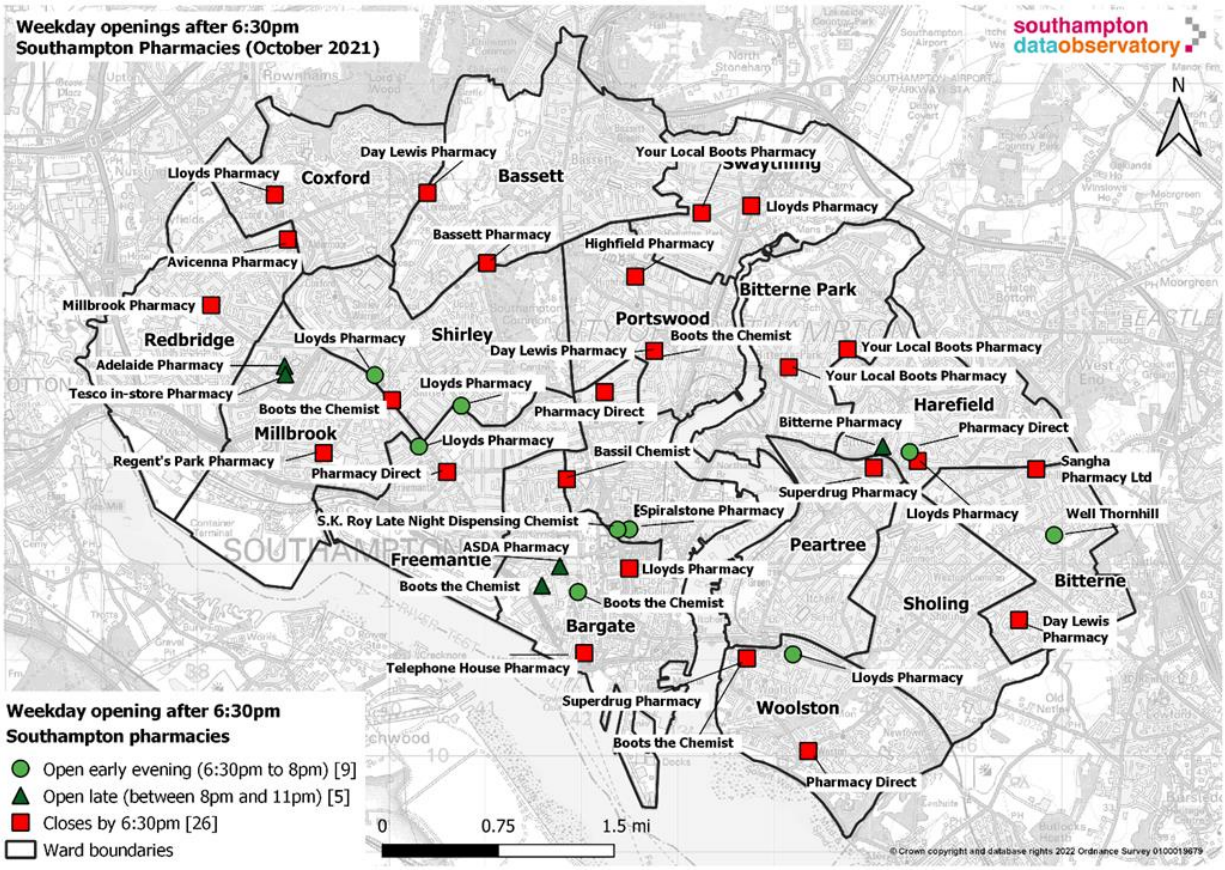
Figure 4: Map of weekday lunchtime opening times for community pharmacies in Southampton as of October 2021



6.5 Opening Hours Evenings

Five pharmacies are open late in the evening between 8pm and 11pm. Another nine pharmacies are open between 6.30pm and 8pm. The remaining twenty-six are closed by 6.30pm.

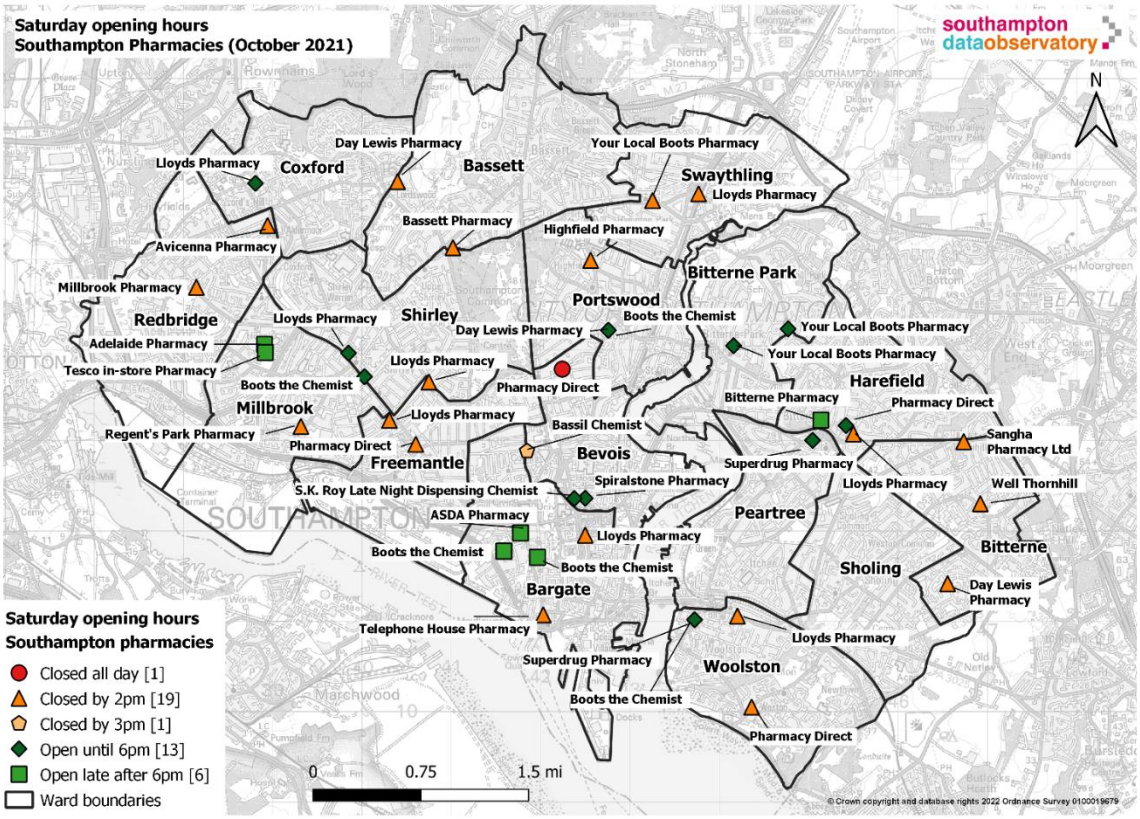
Figure 5: Map of weekday evening opening times for community pharmacies in Southampton as of October 2021



6.6 Saturday Opening

Thirty-nine community pharmacies are open for at least a part of the day on a Saturday with only one pharmacy closed all day. Nineteen pharmacies close at 2pm or before, one closes at 3pm, thirteen are open until 6.30pm and six are open after 6.30pm.

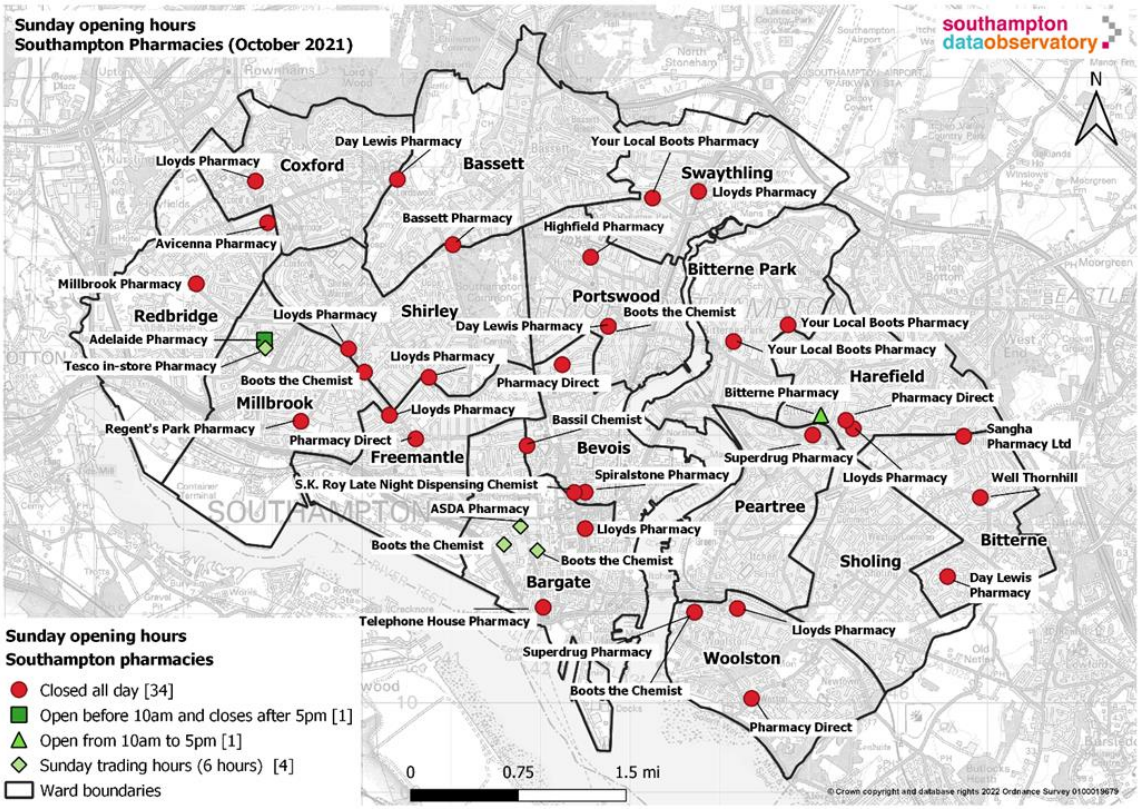
Figure 6: Map of Saturday opening times for community pharmacies in Southampton as of October 2021



6.7 Sunday Opening

Six pharmacies are open regularly on a Sunday. For four of these pharmacies the Sunday trading laws limit opening times to six hours only with typical closing times being 4pm, 4.30pm or 5pm. One pharmacy is open for 7 hours (10am to 5pm) and another pharmacy is open for 10 hours between 9am and 7pm.

Figure 7: Map of Sunday opening times for community pharmacies in Southampton, as of October 2021



6.8 Bank Holiday

Community pharmacies are not required to open on bank holidays. For major bank holidays, such as Christmas Day and Easter Sunday, voluntary opening by a small number of pharmacies has ensured sufficient pharmaceutical services for the city to enable urgent prescriptions to be dispensed and self-care remedies to be purchased. Bank Holiday opening is arranged through commissioning of an Enhanced Service that the pharmacies were invited to apply for.

Details of opening times for these holidays are published on the NHS UK website[19] and are usually available on the NHS England website.[20] There is also a GP out of hours service provided by UHS Pharmaceutical service.

Additionally, there is a GP out of hours service provided at the Royal South Hants hospital by the Practice Plus Group Urgent Treatment Centre, which is open Monday to Friday 7:30am to 10pm and on weekends and bank holidays from 8am to 10pm.[21]

[19]NHS Find a pharmacy https://www.nhs.uk/service-search/find-a-pharmacy/results/Southampton?latitude=50.9048925726334&longitude=-1.4043126425974952
[20] NHS England Pharmacy opening times https://www.england.nhs.uk/south-east/info-professional/pharm-info/pharmacy-opening-hours/
[21] Practice Group Urgent Treatment centre https://www.southamptonutc.nhs.uk/

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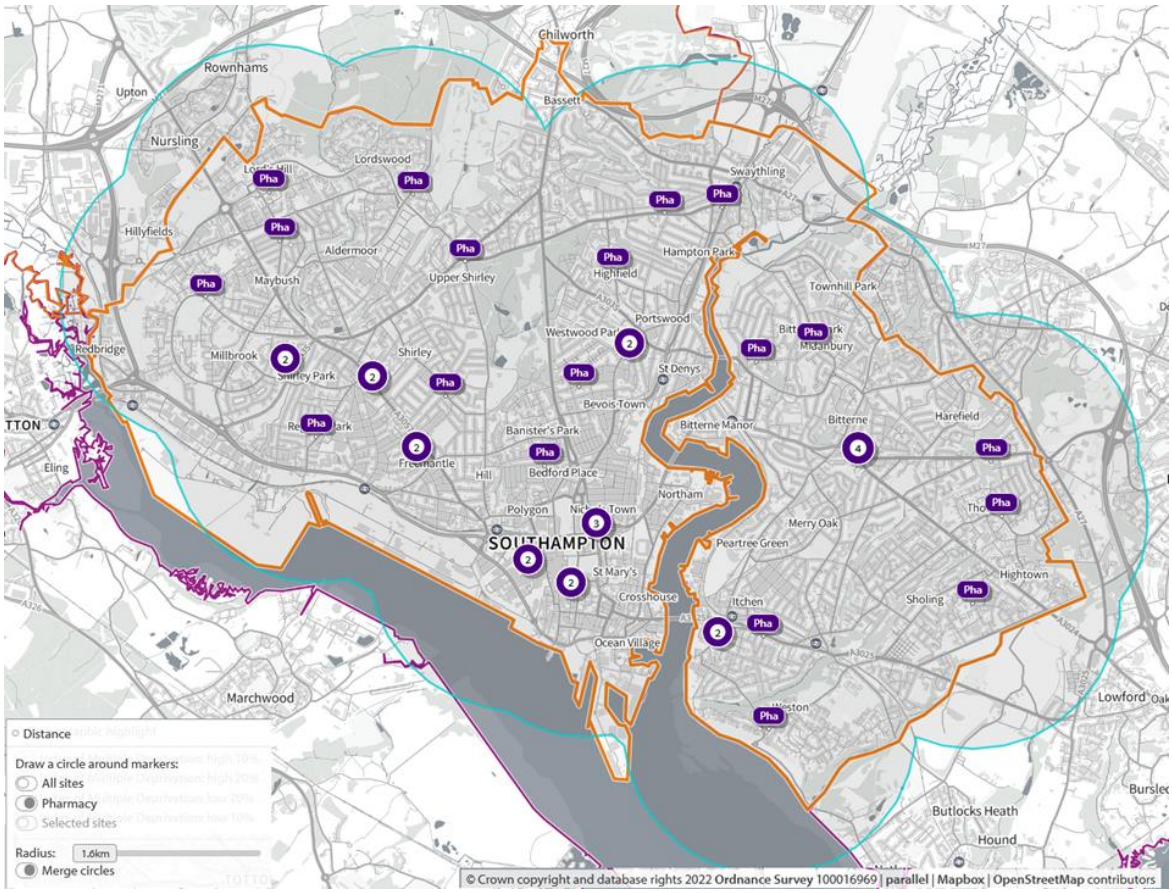
7. Geographical Access to Pharmaceutical Services

7.1 Pharmacies with Buffer Zone of 1.6km

Figure 8 shows all pharmacy locations in Southampton with a buffer zone of 1.6km (approximately 1 mile) Euclidean distance (straight line). This demonstrates that the majority of Southampton's population are within 1.6km of a pharmacy. There is a small area in the west, which is part of the industrial dock area and has no residential development, that is outside the merged buffer zone. However, people who work in this area are sufficiently covered by pharmaceutical provision in Totton.

Another area outside the 1.6km buffer zone is on the northern edge of the city (part of Bassett, due south of Chilworth). This is also slightly further than 1.6km from the nearest pharmacy in Hampshire (ASDA in Chandler's Ford) as shown in Figure 9. This is a very small area in one of the least deprived areas of the city which has good access to pharmacies by car; this area is given special consideration in the gap analysis in Section 9.

Figure 8: Map showing distance zone of 1.6km from a pharmacy inside Southampton



Source: SHAPE place, Public Health England

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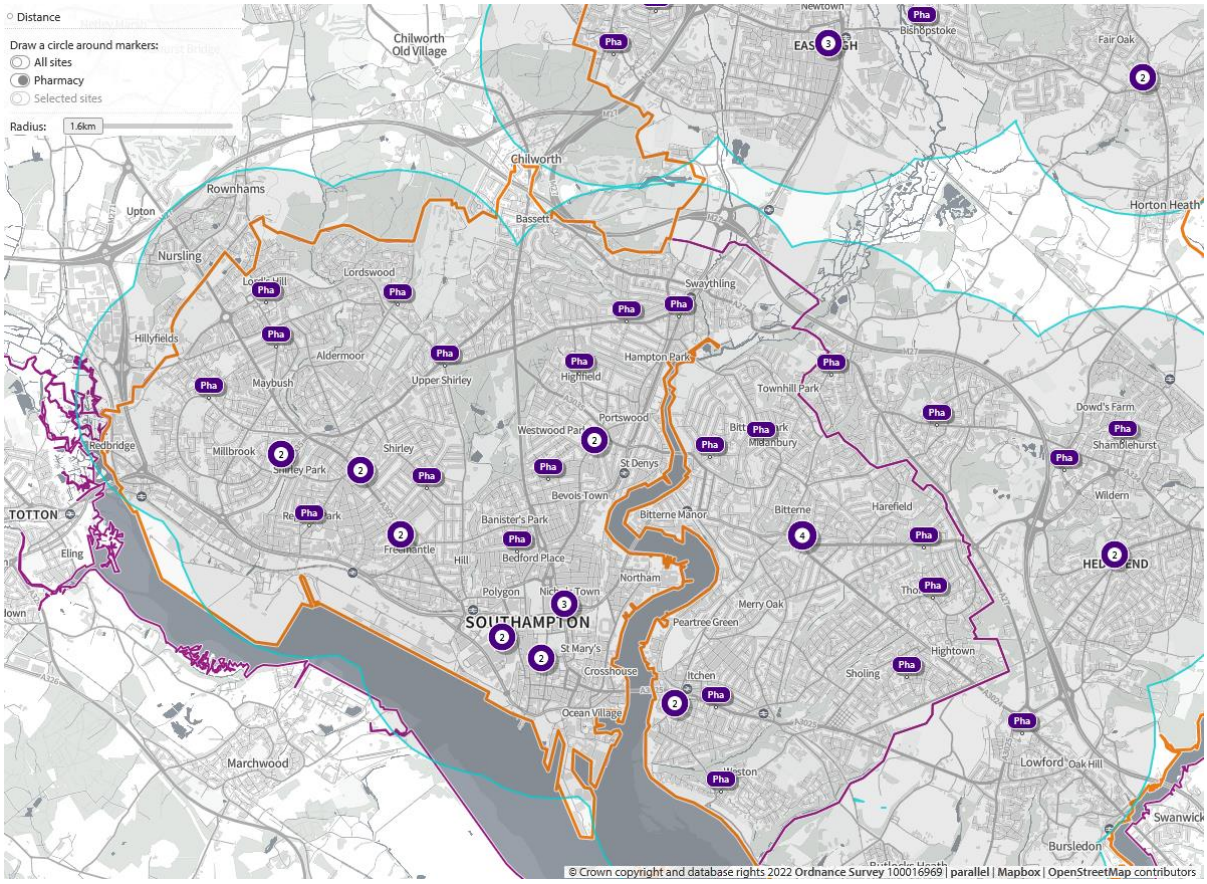
Figure 9: Distance 1.6km from a pharmacy including those in Hampshire that are close to the Southampton boundary



Source: SHAPE place, Public Health England

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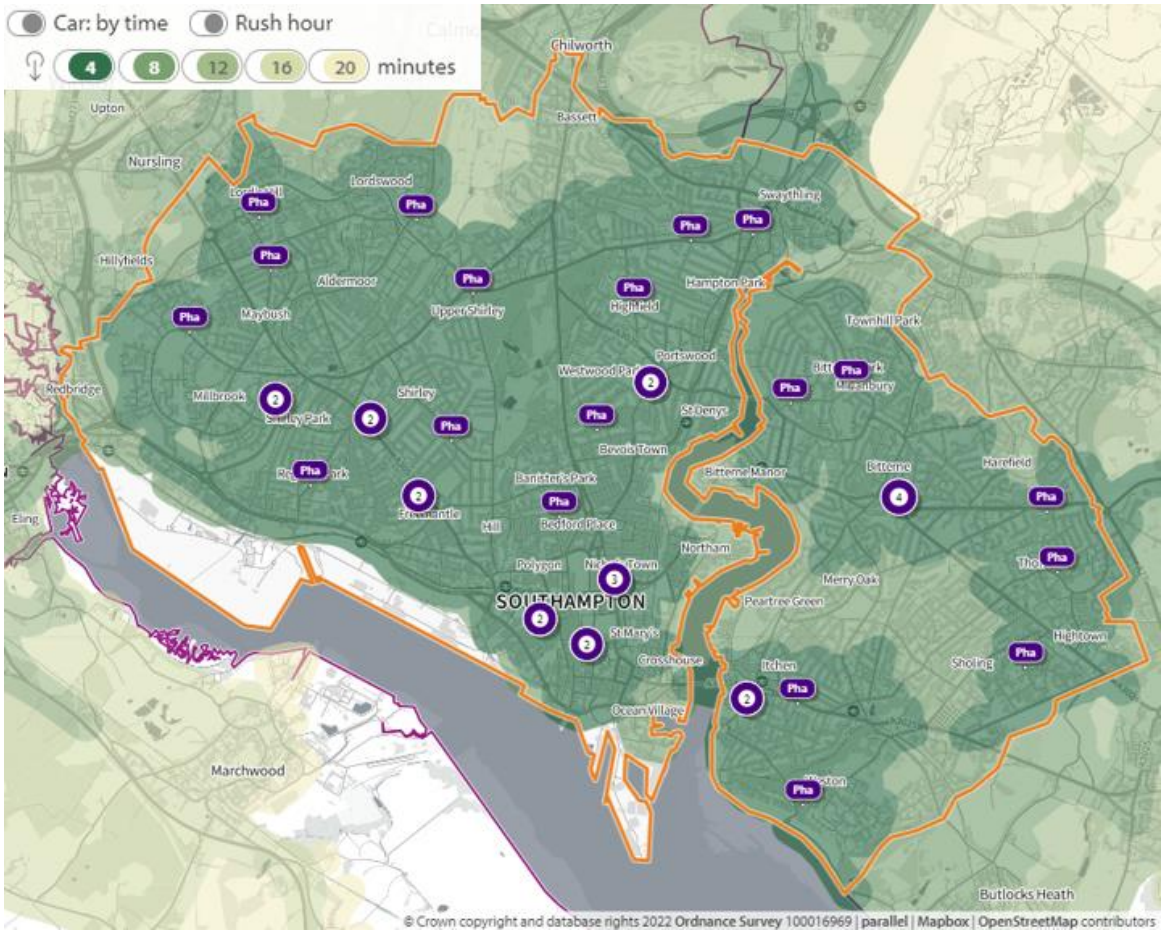
7.2 Driving

During 'rush hour' (normal speed limits but taking into account junctions, crossings and traffic lights with the additional congestion data and road density analysis), a pharmacy in Southampton should still be accessible within a four-minute drive for most parts of the city, with only a few small areas with low residential density being an eight-minute drive or more from a pharmacy (figure 10).

Figure 10: Map of drive times in rush hour from pharmacies (excluding distance selling) in Southampton and outside of the local authority boundary



Source: SHAPE place, Public Health England

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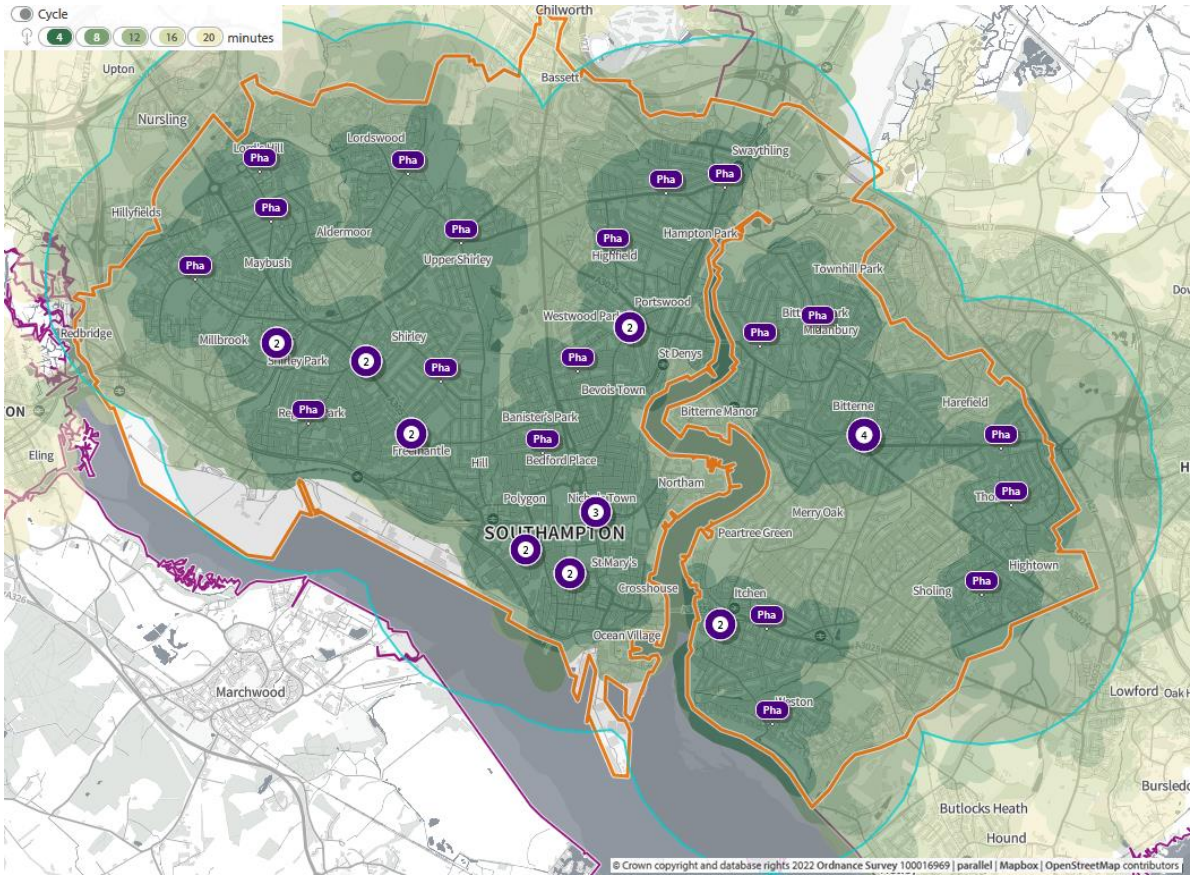
7.3 Cycling

Seventy-nine percent of the Southampton population are within a four-minute cycle ride of a pharmacy; and 100% of the population are within an eight-minute cycle ride, this assumes a cycle speed of 15km per hour (kph) or 9.3 miles per hour (mph).

Figure 11: Cycling time to pharmacies (4 to 20 minutes)



Source: SHAPE place, Public Health England

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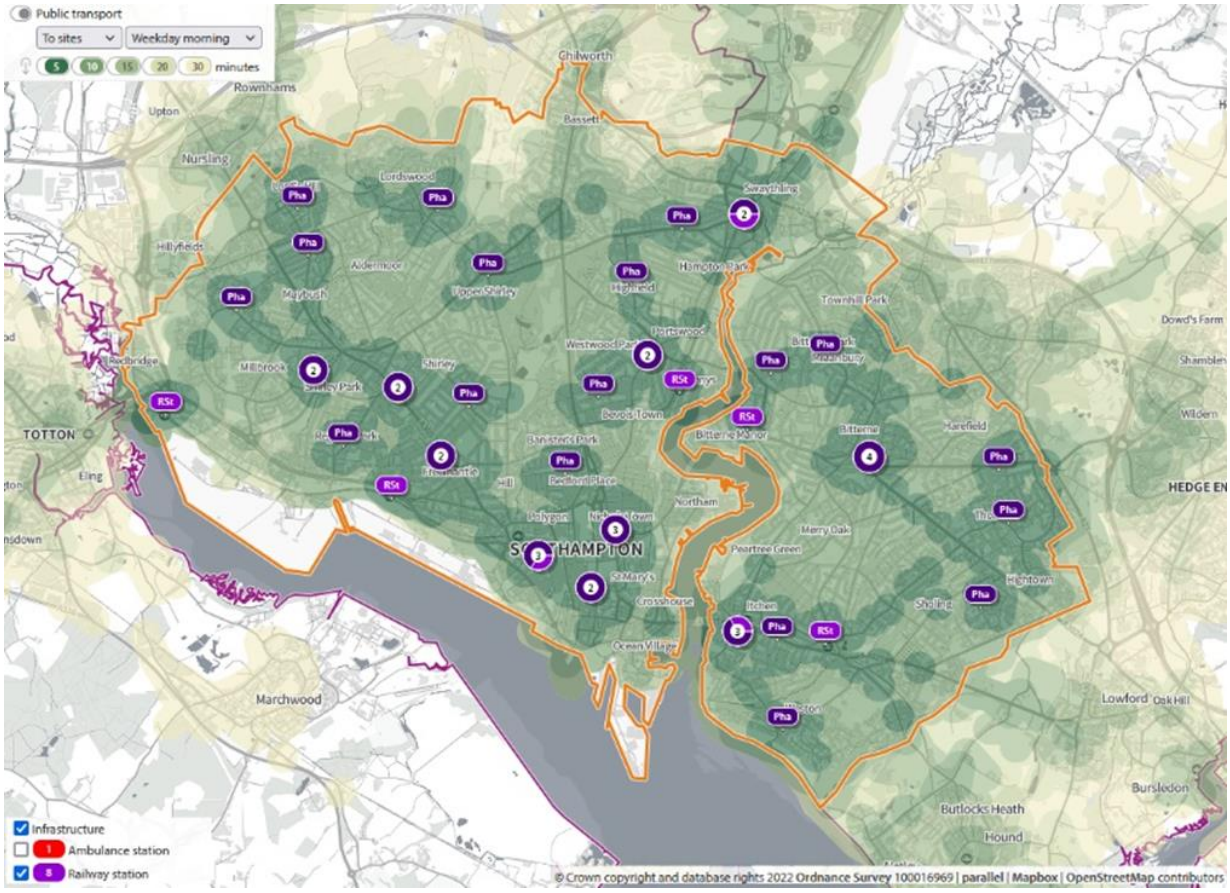
7.4 Public Transport

Residential areas of Southampton are well covered by bus stops and bus routes, therefore, access to pharmacies in Southampton are well served by public transport. In addition, Southampton is well served with 24 hour taxi services at prices not too dissimilar to bus and rail prices.[22] Figure 12 below shows the number of pharmacies and trains stations in Southampton and travel times to those sites.

Figure 12: Using public transport to visit sites including pharmacies and train stations



Source: SHAPE place, Public Health England

[22] Taxi fares https://www.bettertaxi.com/taxi-fare-calculator/southampton/
Bus prices – first bus https://www.firstbus.co.uk/southampton/tickets/ticket-prices
Bluestar https://www.bluestarbus.co.uk/day-tickets

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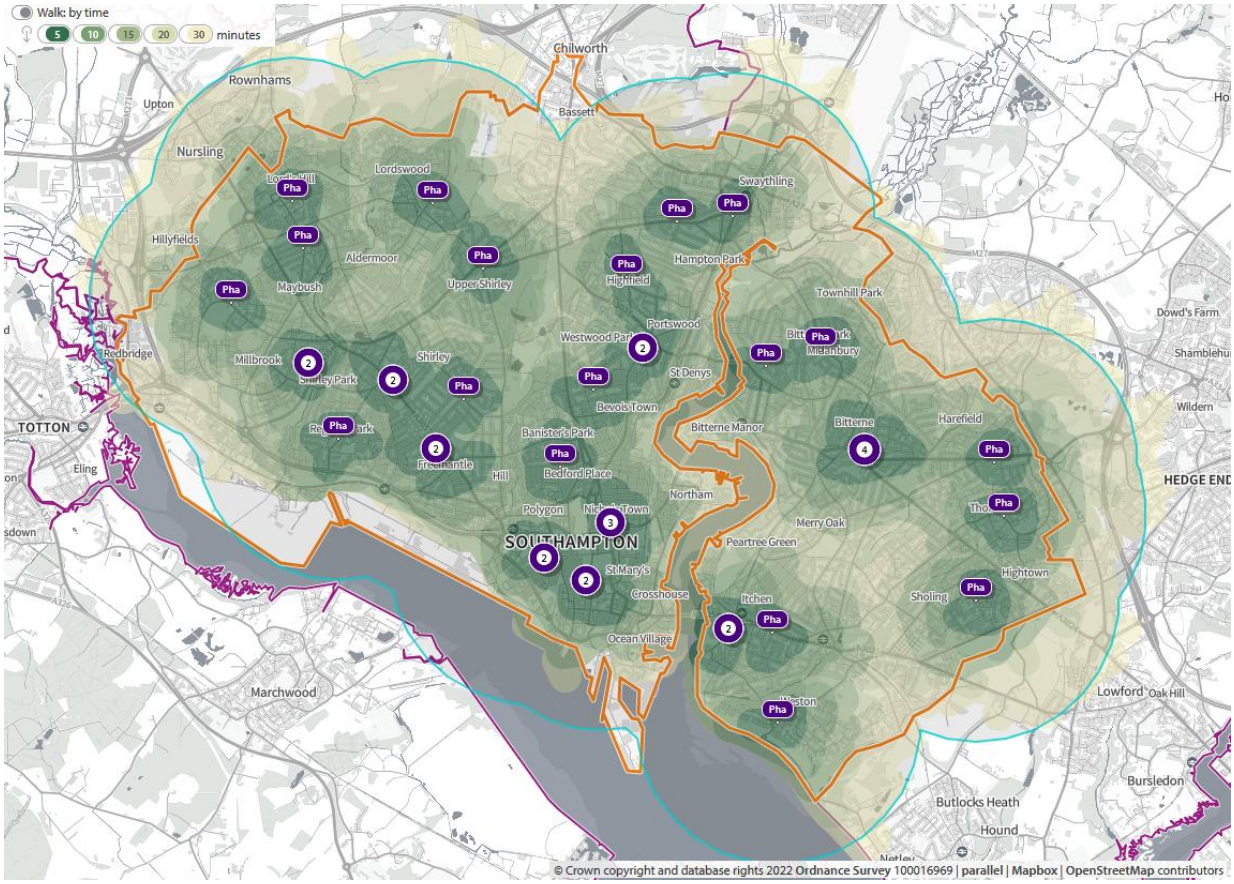
7.5 Walking

Over 99% of the population can reach a pharmacy in Southampton within a 20-minute walk (assuming the average walking speed is 3.1 mph). Nearly 50% of the Southampton population is within a five-minute walk of a pharmacy. The entire Southampton population is within a 30-minute walk of a pharmacy (figure 13).

Figure 13: Map of walking times (5-30 minutes) from pharmacies in Southampton (excluding distance selling) and outside of the local authority boundary

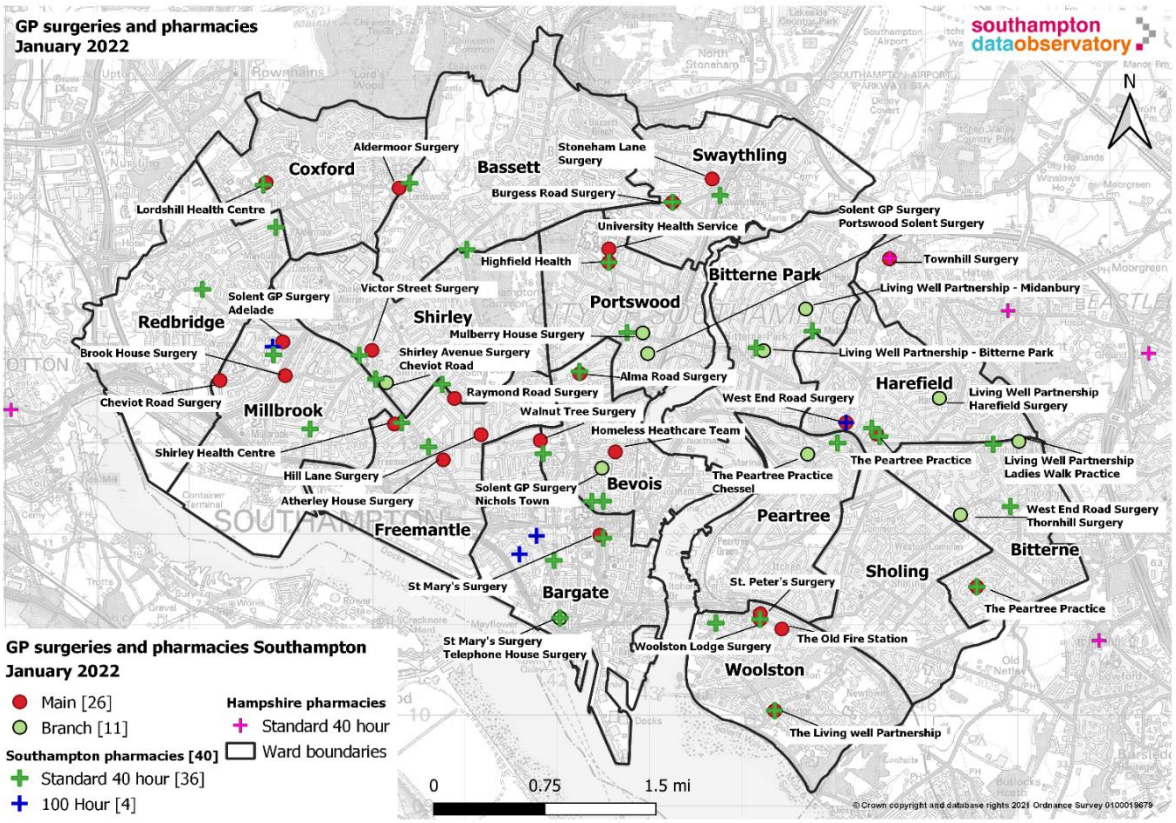


Source: SHAPE place, Public Health England

7.6 Proximity to GP Practices

Figure 14 shows that Southampton's all GP surgeries are in relatively close proximity to a pharmacy.

Figure 14: Map of GP surgeries proximity to pharmacies in Southampton (October 2021)



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7.7 Density of Pharmacies

Based on the number of community pharmacies on the pharmaceutical list at 31st March 2021, Figure 15 shows that Southampton had 15.8 pharmacies per 100,000 population which is similar to 16.6 per 100,000 for the Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS) region and lower than the England average (18.9 per 100,000 population).

The average numbers of prescription item dispensed each year per pharmacy was slightly lower than the HIPS and England averages. The data illustrates that there are less pharmacies in the city per population compared to the HIPS area and nationally. However, less items are dispensed per month locally per pharmacy, despite the availability of less pharmacies per 100,000 population.

Figure 15: Pharmacy density

2020-21	Number of community pharmacies	Prescription items dispensed	Population mid-year estimate 2020	Pharmacies per 100,000 population	Average number of dispensed items	
					per pharmacy	per pharmacy per month
England	10,715	945,569,340	56,550,138	18.9	88,247	7,354
Hampshire, Portsmouth, Isle of Wight, and Southampton	332	29,689,245	1,999,066	16.6	89,425	7,452
Southampton	40	3,487,020	252,872	15.8	87,176	7,265

Source: PNA- pharmacy dispensary data (2020-21) and ONS mid-year population estimate 2020

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8. Population and health

To assess the need for pharmaceutical services in Southampton it is necessary to understand the city's population and their socio-economic characteristics and health needs. Appendix A, in Part 2 of the PNA, uses data from the Joint Strategic Needs Assessment (JSNA) on the Southampton Data Observatory[23] to provide a very comprehensive picture of Southampton's population which is briefly summarised below.

8.1 Demography and socio-economic factors

8.1.1 Population

In 2022, the resident population of Southampton is estimated to be to be 264,658 [24] with 307,119 people registered with GP practices in January 2022.[25] Southampton has a much younger profile than the national average, largely because of the number of students in the city. However, the older population is projected to grow proportionally more than any other group over the next few years; for instance, the over 65 population is set to increase by 6.9% between 2022 and 2025, and over 85 by 6.5%.

8.1.2 Future dwellings and population changes

In order to assess whether the location, number and choice of pharmaceutical services meet current and future needs in Southampton we need to first consider the anticipated growth in dwellings and population in the city within the lifetime of this PNA.

The Strategic Housing Land Availability Assessment (SHLAA)[26] for Southampton indicates likely housing developments. The housing requirement for the city is 16,300 dwellings in the period 2006 – 2026. A total of 5,179 dwellings were constructed up to March/April 2012. The outstanding number of dwellings required 2012 - 2026 is therefore 11,121 dwellings, an average of 795 dwellings per year covering the lifetime of the PNA.

These housing requirements are taken into account by the Hampshire County Council population forecasts which predict an increase in dwellings of 3,594 (3.3%) between 2022

[23] Southampton Data Observatory https://data.southampton.gov.uk/
[24] Hampshire County Council https://www.hants.gov.uk/landplanningandenvironment/facts-figures/population/estimates-forecasts
[25] NHS Digital https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice
[26] Strategic Housing Land Availability Assessment, Southampton City Council, accessed via http://www.southampton.gov.uk/planning/planning-policy/research-evidence-base/shlaa.aspx

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and 2025. The increase in dwellings across Southampton translates to a population increase of 8,198 (3.1%).

The largest growth in dwellings over the 2022-25 period is predicted to be in Bargate (1,588 dwellings; 14.3%) – over four times the city average, followed by Woolston (466 dwellings; 6.2%) and Redbridge (248 dwellings; 3.4%). Therefore, it follows that the largest growth in population is predicted to be in Bargate (3,301 people; 12.5%) followed by Woolston (1,158; 6.7%). Bitterne is predicted to see a small fall in population (-27;-0.2%) over the same period.

8.1.3 Ethnicity

In the 2011 Census 22.3% of residents recorded their ethnicity as a group other than White British and there is wide variation in diversity within the city; in Bevois ward, over half of residents (55.4%) are from a non-White British ethnic group compared to 7.6% in Sholing. The school census in Southampton in 2020/2021 revealed that 39.4% of pupils were from an ethnic group other than White British.

8.1.4 Deprivation

Southampton is relatively deprived, ranking 55th (where 1 is the most deprived) out of 317 local authorities, and significant inequalities exist within the city. There is a strong association between deprivation and poor outcomes, such a health and crime; for instance, the overall crime rate is 3.1 times higher in most deprived neighbourhoods of the city, compared to the least deprived.

8.2 General health needs of the city

Life expectancy in Southampton is 78.3 years for males and 82.5 years for females compared to the England averages of 80.6 and 84.1 respectively (2018-20). Of the 2,000 deaths of Southampton residents in 2020, cancer was the most common (518 deaths), followed by circulatory diseases (453 deaths) and respiratory diseases (235 deaths). People with circulatory and respiratory disease will more likely be prescribed medication by GPs to help manage their conditions.

Mental health is also an important issue in relation to needs for pharmaceutical services. In 2021, the GP patient survey estimated Southampton had a prevalence of long-term mental health problems among the GP population of 12.2%, this was significantly higher than the national prevalence (11.0%).

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Health behaviours are also relevant to needs for pharmaceutical services. Appendix A includes information on smoking, excess weight, sexually transmitted infections and alcohol and drug use. For instance, in 2017-19, more people died from smoking attributable deaths in Southampton than the national average (260.6 per 100,000 population, compared to 202.2 per 100,000 in England) and more people are admitted to hospitals with smoking related illnesses.

Pharmaceutical services are needed for long term conditions as well as acute injuries, ailments and infections. This has been particularly evident during the COVID-19 pandemic. For more information on COVID-19 please see section 11.6.3 in Appendix A and the COVID-19 Impact Assessment on the Southampton Data Observatory.[27]

8.3 Specific Needs for Key Population Groups

The following groups have been identified as living in the city and their specific needs are summarised below and described in full in Appendix A.

8.3.1 University Students

The most common health issues associated with students are:

- Mumps
- Chlamydia testing
- Meningitis
- Contraception, including EHC provision
- Mental health and wellbeing

8.3.2 Carers

The 2011 Census revealed that, in Southampton, 8.6% (or 1 in 12) of the population provided some form of unpaid care, ranging from 1 hour per week to over 50 hours per week. This represents 20,263 people in the city.

Local data from Carers in Southampton (n=2,539) on the distribution of carers known to them revealed hotspots of carers in the city.

[27] COVID-19 updates - https://data.southampton.gov.uk/health/disease-disability/covid-19/covid-19-updates/ resources section. COVID-19 Impact Assessment

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8.3.3 Disability - People with a Learning Disability

There are an estimated 5,100 residents aged 15+ with a learning disability in the city.[28] People with learning disabilities have differing and often complex health care needs leading to increased prescribing and risk of polypharmacy. People with learning disabilities have a higher prevalence of [29]:

- Depression
- Asthma
- Diabetes
- Epilepsy

8.3.4 Disability - Adults with Autistic Spectrum Conditions

In 2020, it is estimated that in Southampton there are 1,200 males (1.1% of male population) and 210 females (0.2% of the female population) aged 16 years and over who would screen positive for autism spectrum conditions.[30]

8.3.5 Lesbian, Gay, Bisexual, and Transgender Community

In 2017, research carried out by Public Health England estimated 2.5% of adults surveyed identified themselves as gay, lesbian bisexual or 'other'; in Southampton this would equate to 5,260 adults. The research found a larger proportion of men stating they were gay compared to women. The largest percentage among any age group is in the 25 to 34 age.[31]

There is no reliable information regarding the size of the trans population in the UK. Recent estimates suggest that 0.6% to 1% of adults may experience some degree of gender variance (around 1,510 to 2,520 Southampton residents) and at some stage, about 0.2% (around 500 Southampton residents) may undergo transition.

[28] Southampton Data Observatory https://data.southampton.gov.uk/health/disease-disability/learning-disabilites/

[29] Royal Pharmaceutical Society, Learning disabilities; Medicines Optimisation. https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Policy/learning-disability-moarticle-160324.pdf

[30] NHS Digital. NatCen Social research Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014 http://content.digital.nhs.uk/catalogue/PUB21748 applied to the Hampshire County Council 2016-based Small Area Population Forecast

[31] Producing modelled estimates of the size of the LGB population of England https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585349/PHE_Final_report_FINAL_DRAFT_14.12.2016NB230117v2.pdf

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Specific issues for this population group include being targets for hate crime and mental illness, such as depression and anxiety. The prevalence of smoking, alcohol and drug use is also higher in the LGBT community.

8.3.6 Age

Mental health needs by age are explored in Appendix A Section 11.3 and the health needs of Southampton's children are highlighted in Section 11.5.

- Health issues tend to be greater amongst the very young and the very old
- The number of chronic conditions increases with age: data from GP practices in 2021 in Southampton was analysed showing that by age 40-44 over half have at least 1 long term condition (LTC), by age 60-64 over a third (38%) have at least 3 LTCs and by age 80-84 over a third (34%) have at least 6 LTCs
- A higher rate of older people in Southampton access long-term support through adult social services than is the case nationally[32]

8.3.7 Ethnicity, Migration, Language and Religion

Cultural difference can affect health and wellbeing in many ways including:

- Ethnic differences in health are most marked in the areas of mental wellbeing, cancer, heart disease, HIV, TB and diabetes.
- Migrants may have limited health literacy to spoken and written information that is not in their first language

8.3.8 Gender

Male healthy life expectancy in Southampton is 60.7 years which is significantly lower than the national average of 63.2 years. Inequalities in health are also greater for men in the city: life expectancy at birth is 8.7 years lower for men in the most deprived 20% of the city compared to the least deprived 20% (the equivalent difference is 4.1 years for women). (2018-20)

[32] NHS Digital Adult Social Care Analytical Hub https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-adult-social-care-survey/england-2019-20

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8.3.9 Port Workers and Visitors

Southampton is a port city and, therefore, there is potential for communicable diseases related to the large-scale movements of goods and people through the port.

8.3.10 Veterans

There are an estimated 10,750 veterans living in the city. Most veterans are estimated to be in the older age groups, with 29% aged 55-74 years old, and 31% aged 75-84 years. [33,34] The common health and wellbeing difficulties experienced by veterans include (More information is provided in Appendix A section 11.7.11):

- Socially isolation
- Depression
- Problems with legs and feet
- Heart problems
- Diabetes
- Difficulty hearing
- Difficulty seeing

8.3.11 Travellers

In July 2021, there were 21 traveller caravans in Southampton's authorised site (Kanes Hill). The site has seen a decreasing trend since January 2018 where 36 caravans were recorded. Key barriers to health in these communities include lower health literacy and cultural distrust of systems.

8.3.12 Homelessness

In 2019/20, Southampton's rate of households in temporary accommodation (1.8 per 1,000 households) was significantly lower than the national average (3.8 per 1,000 households). The city's rate of households owed a duty under the Homelessness Reduction Act (10.9 per 1,000 households) was also significantly lower than the national average (12.3 per 1,000

[33] Annual population survey: UK armed forces veterans residing in Great Britain 2017 - GOV.UK (www.gov.uk)

[34] Fear N, Wood D, Wessely S for the Department of Health. Health and social outcomes and health services experiences of UK military veterans - a summary of the evidence. London: November 2009. Available at: http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113749.pdf

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households), however the rate of households with dependent children owed a duty under the Homelessness Reduction Act (19.8 per 1,000 households) was significantly higher than the national average of (14.9 per 1,000 households).

The average life expectancy for women experiencing homelessness is 43 years and for men is 47 years. Deaths relative to drug and alcohol use are prevalent amongst this population, accounting for just over a third of all deaths, and people experiencing homelessness are nine time more likely to commit suicide than the general population.[35]

[35] '*Homelessness Kills*' report by Crisis available here: crisis_homelessness_kills_es2012.pdf

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9. Gap Analysis

The information collected and analysed for this PNA has been used to carry out a 'gap analysis' to establish whether the pharmaceutical services in Southampton meet current and future needs. The Steering Group agreed that living within 1.6km (straight-line distance) from a pharmacy would be the key criterion for the gap analysis; this distance is used in the NHS Pharmaceutical Services Regulations 2013 when applications are determined under the "market entry" process [36]. Other factors, such as opening hours and services provided, also informed the gap analysis.

9.1 Do existing pharmaceutical services meet current needs?

In terms of current needs, the PNA has ascertained the following:

- There is a good geographical spread of community pharmacies across the city (Section 7)
- Almost all of Southampton's population is within a 1.6km straight line distance of a community pharmacy (Section 7.1). There are two exceptions to this but, for the following reasons, neither is considered to indicate a gap in pharmaceutical provision:
    - The first is a small area in the west which is part of the industrial dock area and has no residential development; people who work in this area are considered to be sufficiently covered by pharmaceutical provision in Totton
    - The second is four residential streets have been identified with no pharmacy provision within a 1.6km radius. These are all gathered in an area of the Bassett Ward at the north of the city, which abuts the M27 and the A27 and is centred on the SO16 7HT postcode. Although there are no pharmacies within a 1.6km radius of these four streets, the area is well served by main roads for those with access to a car, and by two bus routes for those that use public transport.[37] These bus routes connect Bassett to the city centre and Portswood, with one route additionally providing access to the large ASDA, Bournemouth Road in Chandler's Ford, Eastleigh which has its own pharmacy. Additionally, there are four pharmacies just over a 1.6km distance away from this area, at least two of which note on their websites that they

[36] The NHS (Pharmaceutical Services and Local Pharmaceutical Regulations) 2013 available at http://www.legislation.gov.uk/uksi/2013/349/contents/made

[37] Bus map: Southampton Public Transport Map (myjourneysouthampton.com)

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provide delivery options to the Bassett area.[38,39] There are two pharmacies further away (one in Portswood, one in Bitterne Village) that offer deliveries within a 5-mile radius,[40] an area which includes the streets in question

- There are 16 community pharmacies per 100,000 population in Southampton, which is very similar to the average for neighbouring areas and is broadly in line with the national average (Section 7.7)
- Over 99% of the Southampton population are within a 20 minute walk of a community pharmacy (Section 7.5)
- With four 100-hour pharmacies in Southampton, supplementary hours in other pharmacies and provision in neighbouring HWB areas, there are sufficient access times to meet the needs of the city's residents (Section 6)
- All pharmacies provide the full range of essential pharmaceutical services (Section 5.6)
- There is good provision of advanced services across the city (Section 5.7)
- There are a range of enhanced and locally commissioned services delivered in the city (Sections 5.8 and 5.9)
- A large proportion of community pharmacies provide a delivery service to residents, including housebound patients (Section 5.9.7)
- Since the COVID pandemic there has been a marked increase in the use of distance selling pharmacies (Section 5.2)
- In Southampton, fewer items are dispensed per pharmacy than in neighbouring areas or nationally suggesting that demand is being met (Section 7.7)

Therefore, it is considered that the number, distribution and choice of pharmaceutical services meet the current needs of the population.

9.2 Do existing pharmaceutical services meet future needs?

Assessment forecast population growth in the city identified Bargate ward as the area with significant new development within the lifetime of the PNA. In particular, there are 4 Lower Super Output Areas (LSOAs) in Bargate ward which are forecast to have a 17.2% increase in population between 2022-25; these are shown in Figure 16.

[38] Boot's delivery service https://www.boots.com/prescription-support/prescription-delivery-service
[39] LloydsDirect https://www.lloydsdirect.co.uk/delivery-and-collection
[40] Sangha Pharmacy (Thornhill Park Road), and Day Lewis (Portswood Road)

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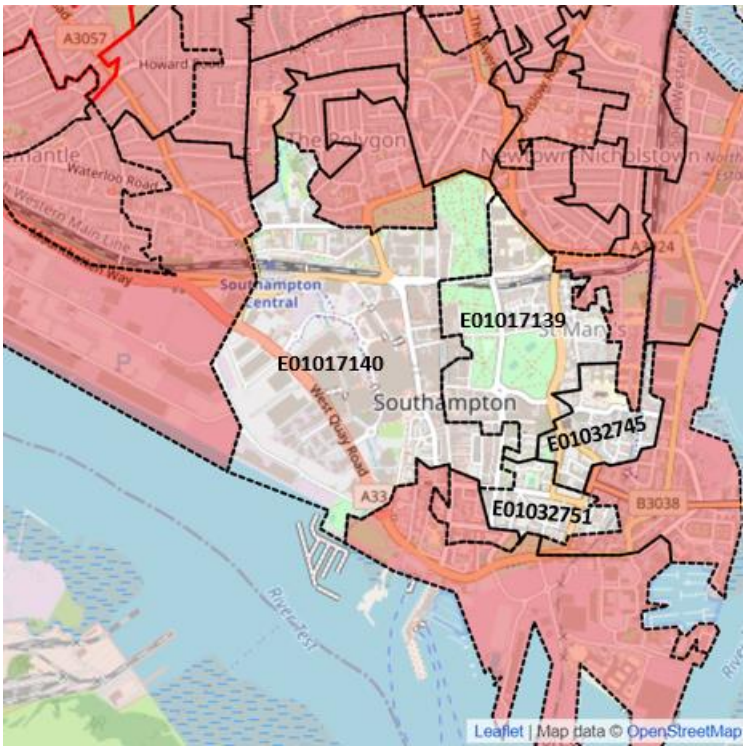
Figure 166: LSOA in central Southampton



Source: OpenStreetMap

This area of Bargate ward is served by four pharmacies; three are located within LSOA E010140 (two of which are part of the 100 hour service; ASDA Pharmacy and Boot's the Chemist in West Quay shopping centre and the third is Boot's the Chemist Above Bar). A fourth pharmacy is Lloyd's Pharmacy in St Mary's Street, which is in LSOA E01017139.

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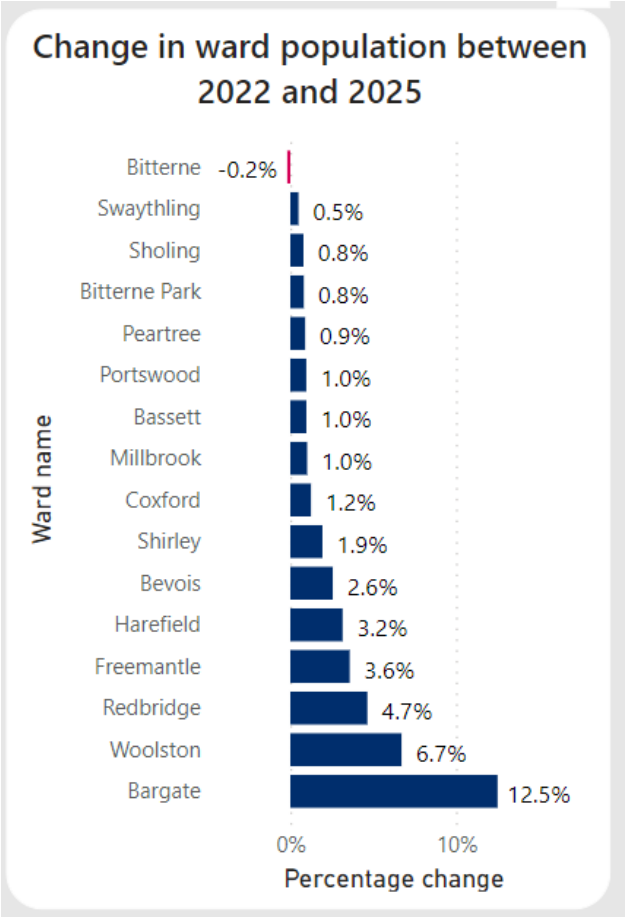
Figure 177: Forecast population change for Southampton wards 2022-25



Source: Hampshire County Council's 2020-based Small Area Population Forecasts

Population growth across the rest of the city is not forecast to be significant within the lifetime of the PNA as the chart in Figure 17 shows. Therefore, it is anticipated that the future demand for pharmaceutical services from residential development in Southampton can be met by existing providers.

10. Conclusion

The conclusion of this PNA is that the number, distribution and choice of pharmaceutical services meet the needs of the population and will meet future needs within the lifetime of this PNA. Therefore, there is no identified need for improvements or better access to pharmaceutical services in the city.

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Southampton Pharmaceutical Needs Assessment (PNA) - DRAFT Part 2: Appendices

Last Updated February 2022

Note: **Part 1** is the main PNA report and is in a separate document.

Contents

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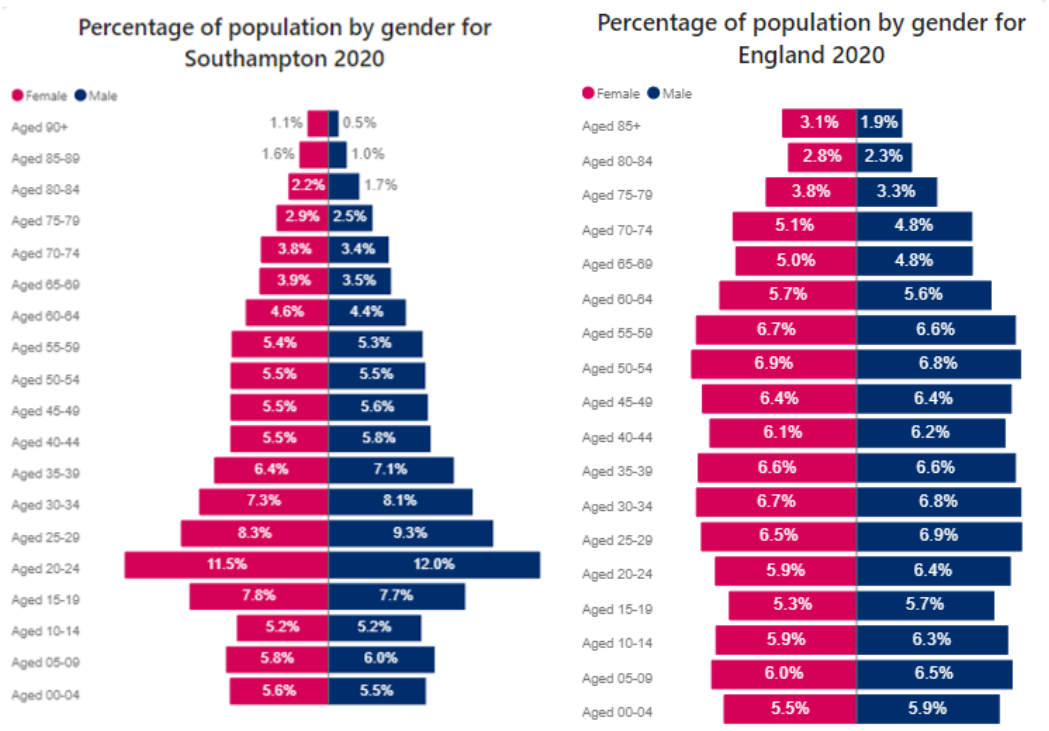
11. Appendix A: Supporting Information

11.1 Population

In 2022, the resident population of Southampton is estimated to be to be 264,658[40] with 307,119 people registered with GP practices in January 2022.[41] The population pyramids in Figure 18, for 2020, show how the profile of Southampton's population differs from the national average. This is because of the large number of students in the city; 19.5% of Southampton's population is aged between 15 and 24 years, compared to just 11.7% nationally.[42]

Figure 18: Population by age and gender for England and Southampton 2020



Source: Small Area Population Forecast, Hampshire Country Council and Mid-Year Population Forecast, Office for National Statistics

[40] Hampshire County Council https://www.hants.gov.uk/landplanningandenvironment/facts-figures/population/estimates-forecasts

[41] NHS Digital https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice

[42] Southampton population dashboard. January 2022 https://app.powerbi.com/view?r=eyJrIjoiNzgxZjAzNTQtZDg5Ni00NTczLWE0Y2EtY2FjNTNiNjhlMzk4IiwidCI6IjNhM2IwNzlhLTY0YzAtNDcxYy05MmU1LTRlOTE5ZTMwN2NhOCIsImMiOjh9

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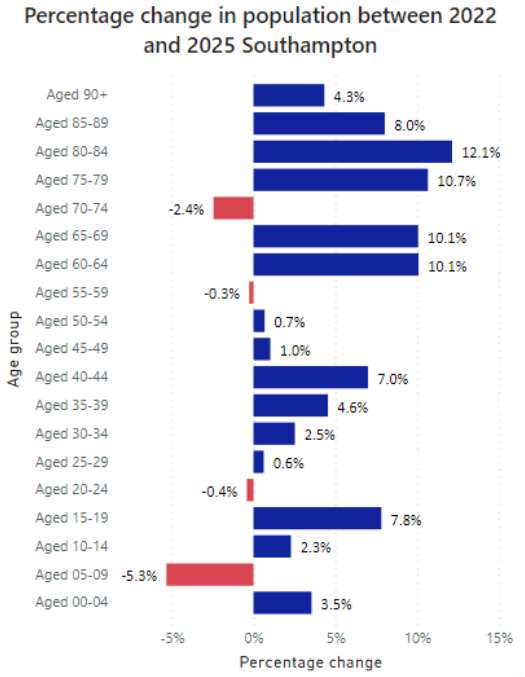
There are many uncertainties around current and future population numbers. The Southampton JSNA currently uses data produced by Hampshire County Council (HCC)[43] which incorporates the results of the 2011 Census. HCC's small area population forecasts (SAPF) are based on the planned completions of residential dwellings in Southampton, which predict an increase in dwellings of 3,594 (3.3%) between 2022 and 2025 – the lifetime of this PNA. The largest growth in dwellings is predicted to be in Bargate (1,588 dwellings; 14.3%) – over four times the city average, followed by Woolston (466 dwellings; 6.2%) and Redbridge (248 dwellings; 3.4%). The increase in dwellings across Southampton translates to a population increase of 8,198 (3.1%) between 2022 and 2025. Due to the planned residential development, the largest population growth is predicted to be in Bargate (3,301 people; 12.5%) followed by Woolston (1,158; 6.7%). Bitterne's population is predicted to fall by approximately -27 (-0.2%) over the same period.

The older population is projected to grow proportionally more than any other group in Southampton over the next few years (Figure 19). The over 65s population is projected to increase between 2022 and 2025, from 38,025 in 2022 to 40,650 in 2025, an increase of 6.9%. The over 85s population is forecast to grow from 5,744 to 6,119, an increase of 6.5%.[44]

Figure 19: Population change by age, in Southampton, in between 2022 and 2025



Source: Hampshire County Council 2020-Based Southampton Small Area Population Forecasts

[43] Hampshire County Environment Department's 2020-based Southampton Small Area Population Forecasts
[44] Hampshire County Environment Department's 2020-based Southampton Small Area Population Forecasts

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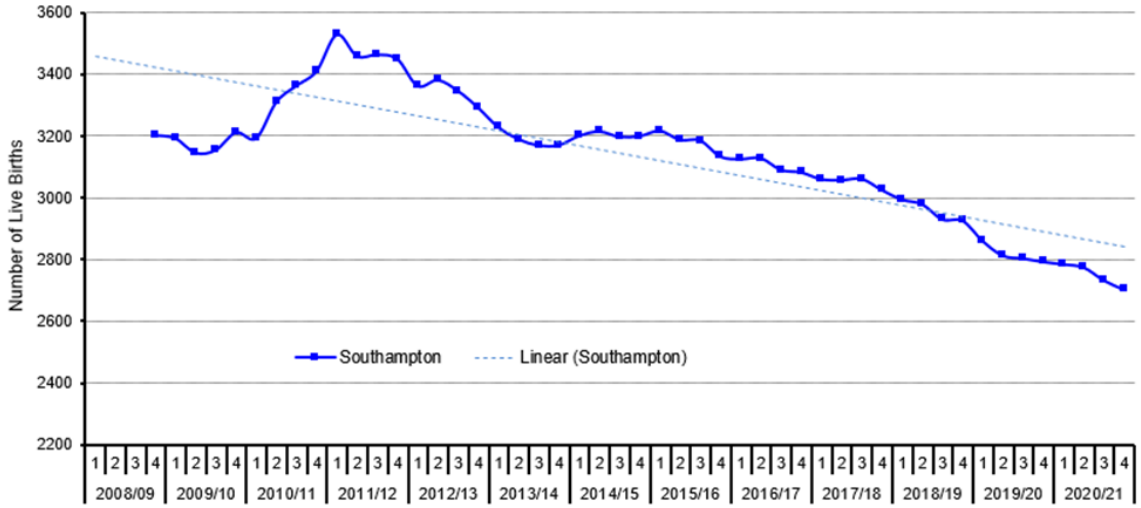
Life expectancy in Southampton is 78.3 years for males and 82.5 years for females compared to the England averages of 80.6 and 84.1 respectively (2018-20). In addition, although people are living longer, it is often with multiple long-term conditions and an extended period of poor health and/or disability.

According to the HCC forecasts, the number of 0 to 4 year olds will increase by 3.5% between 2022 and 2025, however, local monitoring of births at University Hospital Southampton (UHS) reveals that births have fallen by -15.6% between 2008/09 and 2020/21 (figure 20).

Figure 20: Number of live births in Southampton, annual rolling average 2008/09 to 2020/21



Source: HICCS Maternity, UHS

Between 2011 and 2019 general fertility rates in the city have decreased from 63.4 to 50.0 per 1,000 females aged 15-44. The 2019 figures compare with 56.9 per 1,000 females aged 15 to 44 across the South East and 57.7 per 1,000 in England.

In 2020, the general fertility rate for Southampton by electoral ward ranged from 71.6 births per 1,000 females aged 15 to 44 years in Redbridge to 30.4 in Swaythling (Figure 21).

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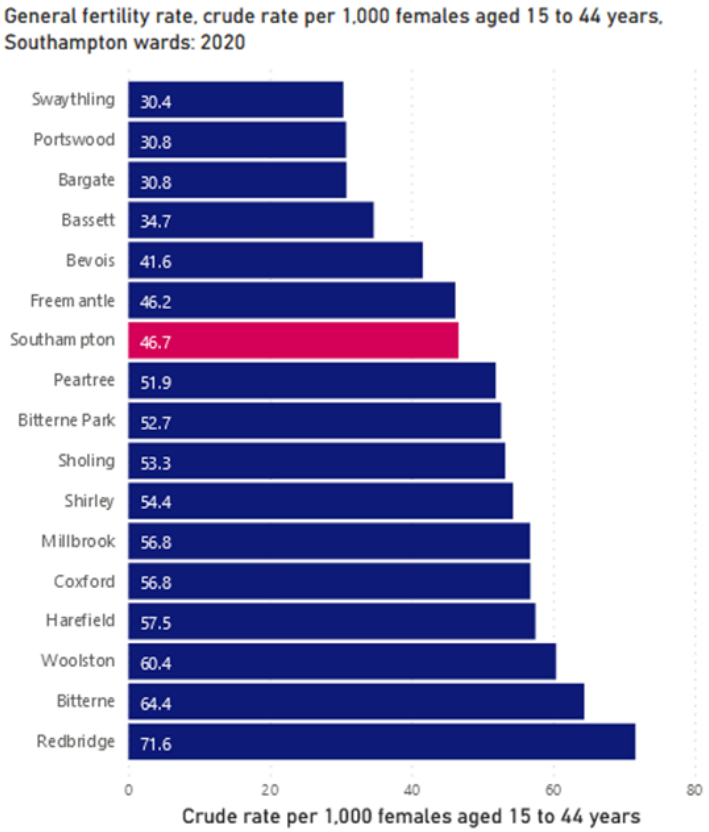
Figure 21: General fertility rate in Southampton wards 2020



Source: Office for National Statistics

11.1.1 Ethnicity, Migration, Language and Religion

Data on long-term international migration up to the end of June 2020 shows that Southampton has more international incomers than leavers (6,790 compared to 3,869). There is also a high level of internal migration, with 15,531 people arriving and 19,067 leaving over the same period. More recently these movements have been impacted by the restrictions resulting from the COVID-19 pandemic. The latest figures include a mix of data from pre-COVID time (up to March 2020) and from during the pandemic (April to December 2020).

Based on results from the 2011 Census, Southampton has residents from over 55 different countries who between them speak 153 different languages.[45] In the 2011 Census 77.7% of residents recorded their ethnicity as White-British, which is a decrease of 11% from 2001. The pie charts in, Figure 22, show that the biggest change has been in the 'Other White'

[45] Schools, pupils and their characteristics, Department for Education 2020/21. https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics Accessed 22/11/2021

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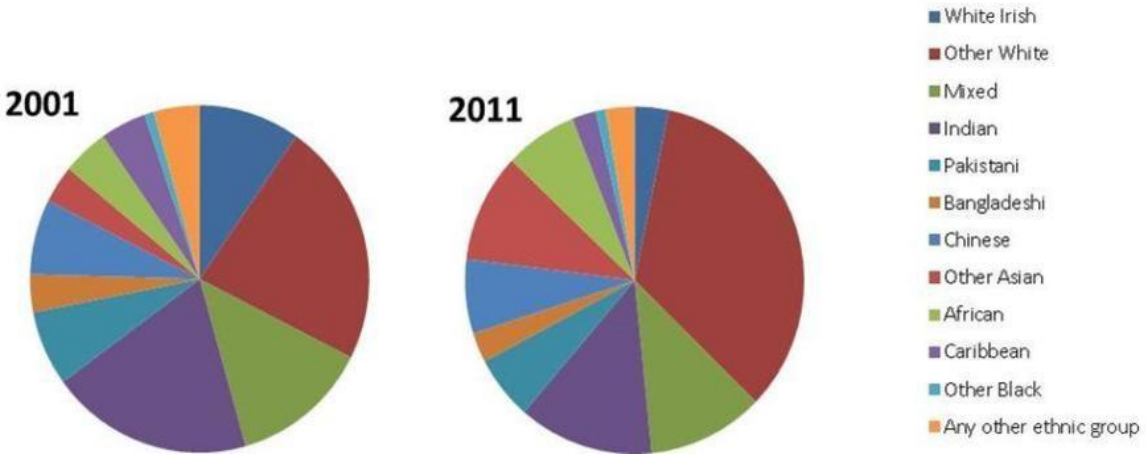
population (which includes migrants from Europe) as this increased over the 10 year period by more than 200% (from 5,519 to 17,461).

Figure 22: Ethnicity of resident population reported in the 2001 and 2011 census



Source: Office for National Statistics 2011 Census

Within Southampton, there is a wide variation in diversity; in Bevois ward, over half of residents (55.4%) are from an ethnic group other than White British compared to 7.6% in Sholing. The school census in Southampton in 2020/2021 revealed that 39.4% of pupils were from an ethnic group other than White British. This has increased from 24.8% in 2015/16.

In 2020/21, just over 42.9% of live births in Southampton (where ethnicity was known) were non-White British or Irish. Trends in ethnicity of live births show the 'Other White' background has risen most significantly in recent years; from 10.7% (2008/09) to 18.9% (2020/21), see Figure 23. In 2011 17.6% of Southampton residents were born outside UK, compared to 13.8% for England.

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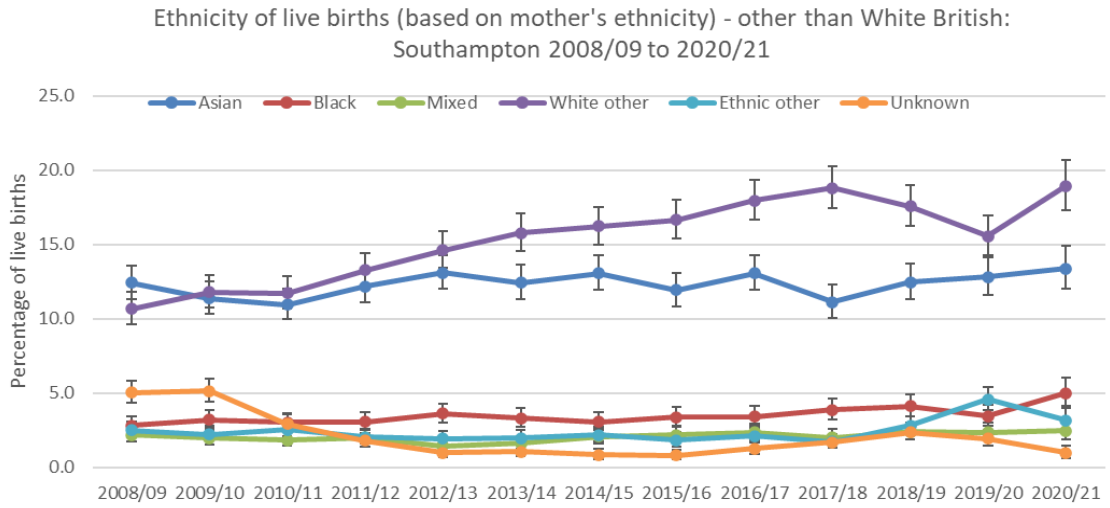
Figure 23: Ethnicity of live births (based on mother's ethnicity) - other than White British: Southampton 2008/09 to 2020/21



Source: UHS Midwifery database, Southampton CCG

Southampton has a higher proportion than nationally of households where no-one has English as their main language (7.7% compared to 4.4% nationally). There are 7,522 households in the city that fall into this category. The school census in 2020/21 found that 28% of school pupils had a first language other than English; a rise of 3.2% percentage points from 2015/16.[46] In the January 2021 school census, the top five languages spoken in Southampton schools (excluding English) are show in Figure 24 below.

Figure 24: Top 5 languages spoken in Southampton schools 2021 (excluding English)

Top 5 languages	Number of pupils	% of total
Polish	2,677	8.4
Panjabi*	578	1.8
Urdu	487	1.5
Romanian	445	1.4
Pashto/Pakhto	406	1.3

Source: 2021 School Census. Children's Data Team Southampton City Council. Modern spelling of Punjabi[47]

[46] Schools, pupils and their characteristics, Department for Education 2020/21. https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics Accessed 22/11/2021

[47] https://www.sikhnet.com/news/its-panjab-not-punjab-opinion

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The following statistics in Figure 25 for self-reported religion of Southampton residents are taken from the 2011 Census.

Figure 25: Religion from 2011 Census, for Southampton

Religion	Number	Percentage
Christian	122,018	51.5
No religion	79,379	33.5
Religion not stated	16,710	7.1
Muslim	9,903	4.2
Sikh	3,476	1.5
Hindu	2,482	1
Buddhist	1,331	0.6
Other religions	1,329	0.6
Jewish	254	0.1

Source: ONS 2011 Census

11.1.2 Southampton's Local Economy

Southampton is the UK's number one vehicle handling port, handling 900,000 vehicles per year. It is also Europe's leading turnaround cruise port, welcoming around 2 million passengers annually and is home to the UK fleets of the largest cruise line operators in the world. It is also home to the second largest container terminal in the UK and in 2018 handled more than 1.9 million TEUs.[48]

The Port of Southampton supports 45,600 jobs and contributes £2.5 billion to the nation's economy every year. As the UK's number one export port, Southampton handles exports worth £40 billion annually, including £36 billion destined for markets outside the EU.[49]

Major employers include Southampton City Council, the NHS, the University of Southampton and Southampton Solent University, Carnival, Old Mutual Wealth, DP World (container port) and Southampton based rail and bus companies. The city has 4 million

[48] The twenty-foot equivalent unit (abbreviated TEU or teu) is an inexact unit of cargo capacity, often used for container ships and container ports. It is based on the volume of a 20-foot-long (6.1 m) intermodal container, a standard-sized metal box which can be easily transferred between different modes of transportation, such as ships, trains, and trucks.

[49] Associated British Ports Website (2018) https://www.abports.co.uk/locations/southampton/ (Accessed 02/12/2021)

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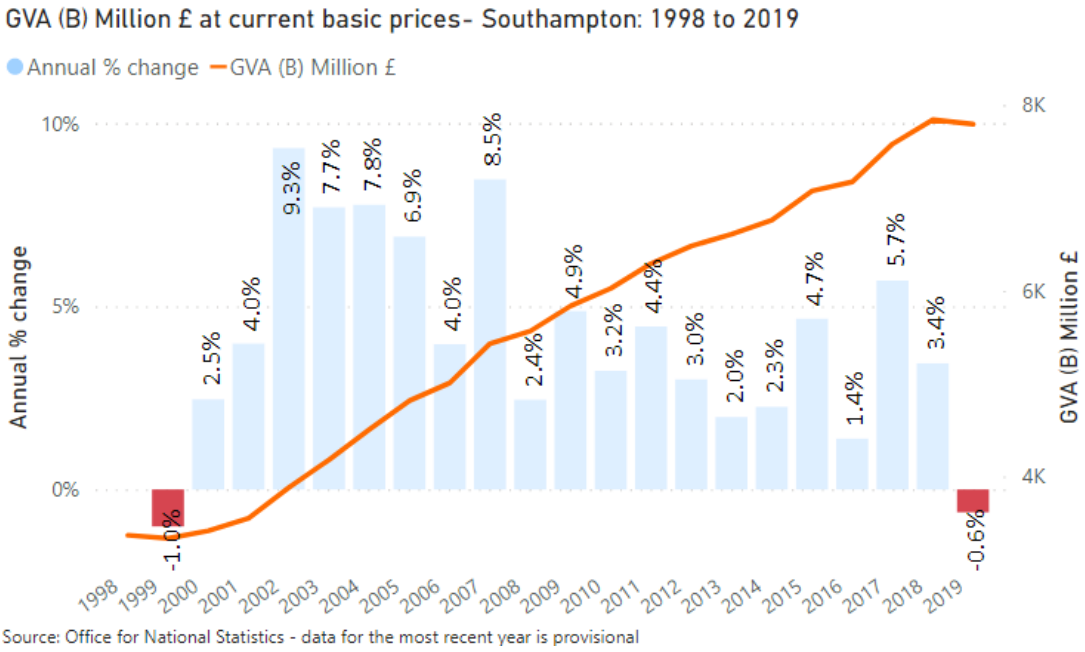
visitors a year for retail and leisure activities and its night-time economy has grown in recent years. Although this has been affected by the coronavirus pandemic in 2020 and 2021.

Productivity and growth can be measured using Gross Value Added (GVA), which is a key economic indicator. It measures the performance of each individual producer or industry and their input to the economy. The most recent data (2019), estimates the Southampton economy to be worth 7.8 billion, which is a decline of -0.6% compared to the previous year. Despite this decline, economic growth up to this point was relatively healthy. Additionally, GVA(B) per head of population in Southampton (£30,865) was higher than the national average (£30,239) in 2019. GVA(B) per head is a useful way of comparing regions of different sizes and is an important indicator for benchmarking economic growth, see Figure 26, below, for details.[50]

Figure 26: GVA (b) million £ at current basic prices - Southampton 1998-2019



Source: Office for National Statistics - data for the most recent year is provisional

11.1.3 Major Regeneration Projects

Southampton has many regeneration projects recently completed or underway. Within the city centre, brownfield regeneration specialists; Inland Homes, will be developing 457 homes and a new park at Itchen Riverside. The Maritime Gateway scheme on the former Toys R Us site is due to provide the city with 600 new homes, 65,000 sq ft of grade A office space, 23,000 sq. ft of retail space, a large flexible space which could be used for hotel or

[50] Southampton economic assessment https://data.southampton.gov.uk/economy/economic-assessment/ (Accessed 02/12/2021)

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office space, 170 podium covered car parking spaces, all with electric charging points and 480 secure cycle spaces. Other developments in the city include the Bargate Quarter providing 519 mixed housing and commercial space. Centenary Quay is currently under construction and due to provide a total of 1,620 homes and mixed commercial space including a supermarket, smaller shops, bars, restaurants, and gym.[51]

Other sites include:

- Lower East Street providing 132 one and two bedroom flats and retail space
- Nelson Gate providing 344 residential properties, a 1,444 bed hotel, office and commercial space
- South Central commercial development at Test Lane, Nursling
- Solent University sports building
- Potter's Court providing 99 new affordable Extra Care Housing
- Eagle Lab, now open giving co-working and office space

Southampton's £90 million leisure and dining hub with a landmark 10 screen cinema over 20 restaurants and a high-quality public plaza for the city supported by the Government's Regional Growth Fund opened in December 2016. The Cultural Quarter, building on SeaCity Museum and O2 Guildhall, has brought significant investment, cultural and economic benefits.

The transformation of the city is not restricted to the city centre alone. In the wider city, the council has facilitated the following, creating around 3,000 jobs per year for local people:

- Lidl Regional Distribution Centre with an investment of around £50M
- 525 student residential units in Portswood (former B&Q site) and 350 at City Gateway
- Higher educational facilities at the Southampton Marine and Maritime Institute, and the Mountbatten and Life Sciences buildings at Southampton University
- Retail and commercial facilities at Weston Shopping Parade, Hinkler Place and Inchcape
- Redevelopment of the Ford site which closed in July 2013. The units under construction have already been let to a mixture of industrial and logistics companies, creating 600 jobs

[51] Invest in Southampton http://www.investinsouthampton.co.uk/developments/ Accessed 22.01.2022

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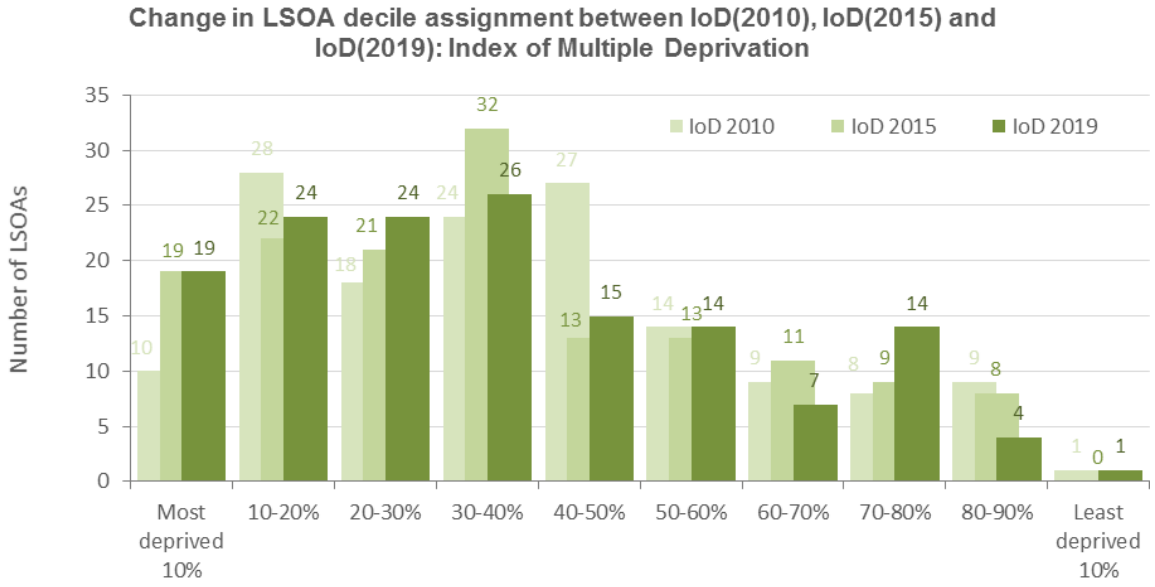
11.1.4 Overall Deprivation

Whilst Southampton has achieved significant economic growth in the last few years, the city's characteristics relating to poverty and deprivation present challenges more in common with urban areas outside of the South East.

The Index of Multiple Deprivation (IMD 2019) illustrates how Southampton continues to be a relatively deprived city (see Figure 27). Based on average deprivation rank of its neighbourhoods (Lower Super Output Areas - LSOAs), Southampton is now ranked 55th (where 1 is the most deprived) out of 317 local authorities: more deprived than comparator cities of Bristol (82nd), Leeds (92nd) and Sheffield (93rd). Southampton has 19 LSOAs within the 10% most deprived in England and one in the 10% least deprived.

Figure 27: Change in LSOA decile assignment between Index of Deprivation (IoD) 2010, 2015 and 2019 Index of Multiple Deprivation



Source: DCLG. Note: IMD (2019) data is based on PHE rebased figures for 2011 LSOAs

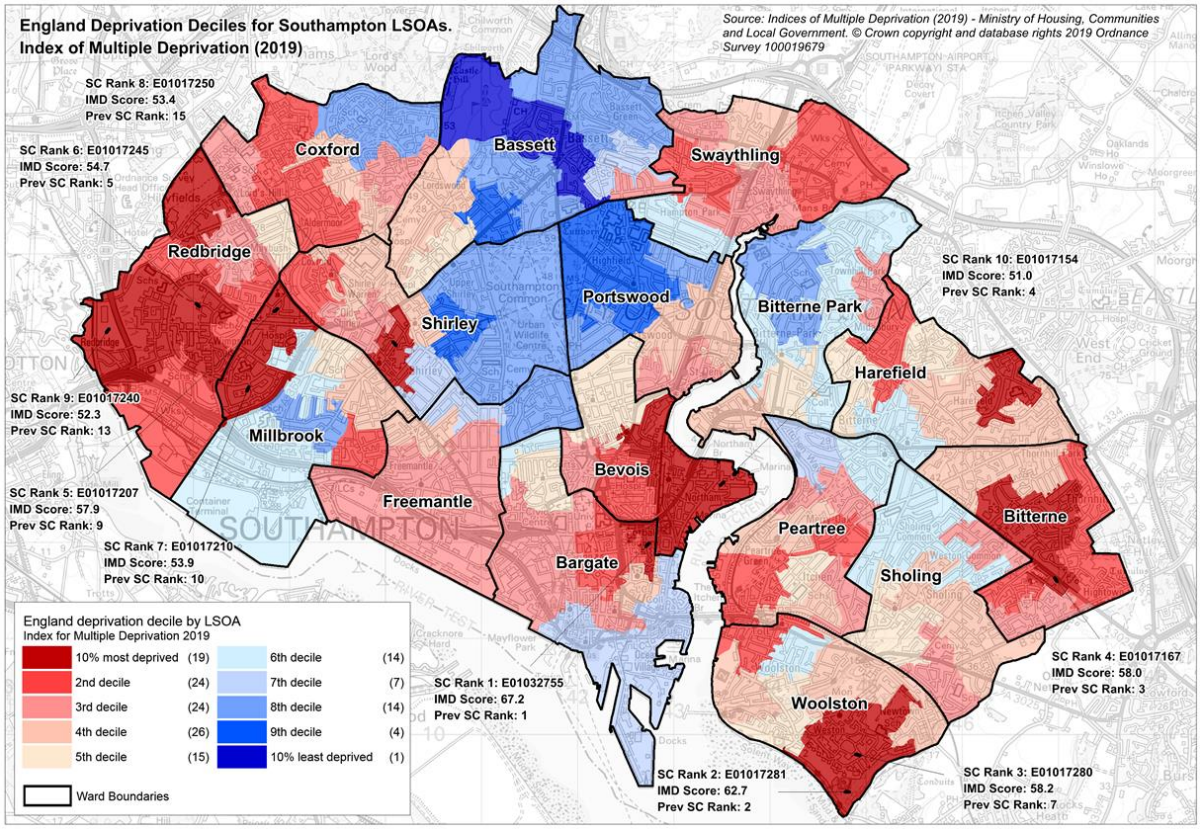
The IMD 2019 is based on the concept that deprivation consists of more than just poverty. Poverty is not having enough money to get by on whereas deprivation refers to a general lack of resources and opportunities. The IMD brings together a range of indicators, which cover specific aspects of deprivation. These indicators are aggregated into seven domains, which are then weighted and combined to create the overall IMD. The majority of the data underpinning the IMD 2019 is from 2015/16, although some is more recent.

The seven domains are income, employment, education, skills and training, health, crime, barriers to housing and services and finally living environment. In addition, the IMD also has

two supplementary indices: Income Deprivation Affecting Children (IDACI) and Income Deprivation Affecting Older People Index (IDAOPI).

As noted at the beginning of this section, deprivation is a significant issue in Southampton and is a wider determinant of health outcomes. The following map (Figure 28) shows how the LSOAs in Southampton score on the IMD scale. Better health outcomes are expected in those areas shaded in blue (the darker the blue, the better the outcomes), and poorer health outcomes are expected in those areas shaded in red, with the worst outcomes expected in those areas shaded in the darkest red.

Figure 28: Overall deprivation by England deciles for Southampton 2019



11.1.5 Income Deprivation

At city level, Income Deprivation worsened by 2 places between 2015 and 2019 and, of the 148 LSOAs in Southampton, 27 moved into a more deprived decile, 100 have remained in the same decile and 21 have moved into a less deprived decile. Southampton has 13 LSOAs within the 10% most income deprived in England (16 in 2015) and 6 LSOAs in the 10% least deprived (7 in 2015). This suggests that the number of neighbourhoods experiencing the most extreme income deprivation has reduced since 2015. However, in 2019, 51 LSOAs were

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in the most deprived 30% nationally, compared to 47 in 2015, suggesting a more uniform shift in relative income deprivation in Southampton.

11.1.6 Children Affected by Deprivation

The Marmot Review (2010)[52] suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy.

In 2019/20, nearly 22.0% of children in Southampton were living in child poverty. This is defined as children, aged under 16, living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income. This is significantly worse than the England average of 19.1%.

11.1.7 Older People Affected by Deprivation

Older people are one of the most vulnerable groups in society. At city level, Income Deprivation Affecting Older People Index (IDAOPI) worsened by 4 places between 2015 and 2019. However, there have been variations at neighbourhood level in the city. Southampton has 13 LSOAs within the 10% most deprived in England (11 in 2015) and 4 LSOAs in the 10% least deprived (3 in 2015). This suggests that the number of neighbourhoods experiencing the most extreme income deprivation has increased since 2015. There was also an increase in the number of LSOAs in the most deprived 30% nationally (66 LSOAs in 2019 compared to 54 in 2015).

11.1.8 Unemployment, Employment, Education, and Training

The impact of coronavirus on jobs in the city and across the country has already become apparent (Figure 29). As a pre-pandemic benchmark, 3.2% (5,555) of adults aged 16-64 in Southampton were estimated to be claiming out of work benefits as of February 2020, with this figure more than doubling between March 2020 and March 2021 throughout a series of lockdowns, both locally and nationally. A reduction has been observed since April 2021 with a gradual decrease in claimant count. As of December 2021, 4.9% of the working age population in Southampton were claiming out of work benefits.

[52] Marmot M "Fair Society Healthy Lives" (The Marmot Review) 2010, http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

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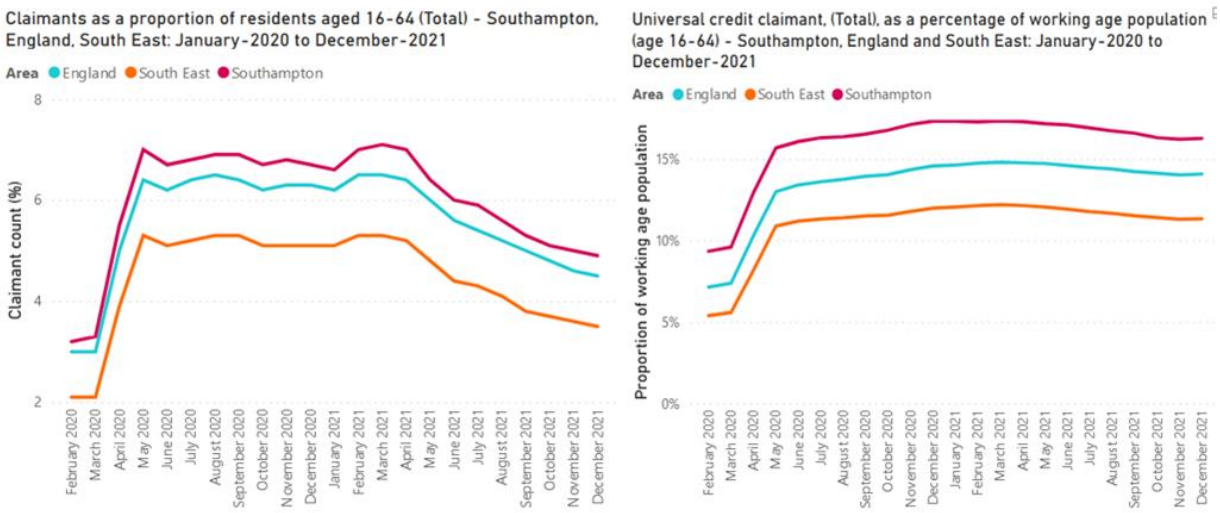
Universal credit data is available as a total for everyone claiming or by those in work or out of work, a similar picture to the claimant count figure can be seen with those claiming universal credit. The total figure also includes those not looking for work. The number of people claiming in January 2020 was 9.1% of the working age population. In March 2021 this increased to 17.3% and has remained fairly steady. In December 2021 16.3% were claiming universal credit. More information can be found in the benefits dashboard on Southampton Data Observatory.[53]

Figure 29: JSA claimants and Universal Credit claimants for Southampton from February 2020 to December 2021



Source: Department of Work and Pensions via Nomis and Stat-Xplore

As can be seen from the figure below, there is a gap in the amount of pay between those workers who are residents of Southampton and those whose workplace is the city. The average weekly earnings for residents was £563 in 2020 whereas the average weekly workplace earnings were £635 and difference of £72 or 12.7%.

[53] Southampton Data Observatory Economic assessment resources section https://data.southampton.gov.uk/economy/economic-assessment/ accessed 03/12/2021

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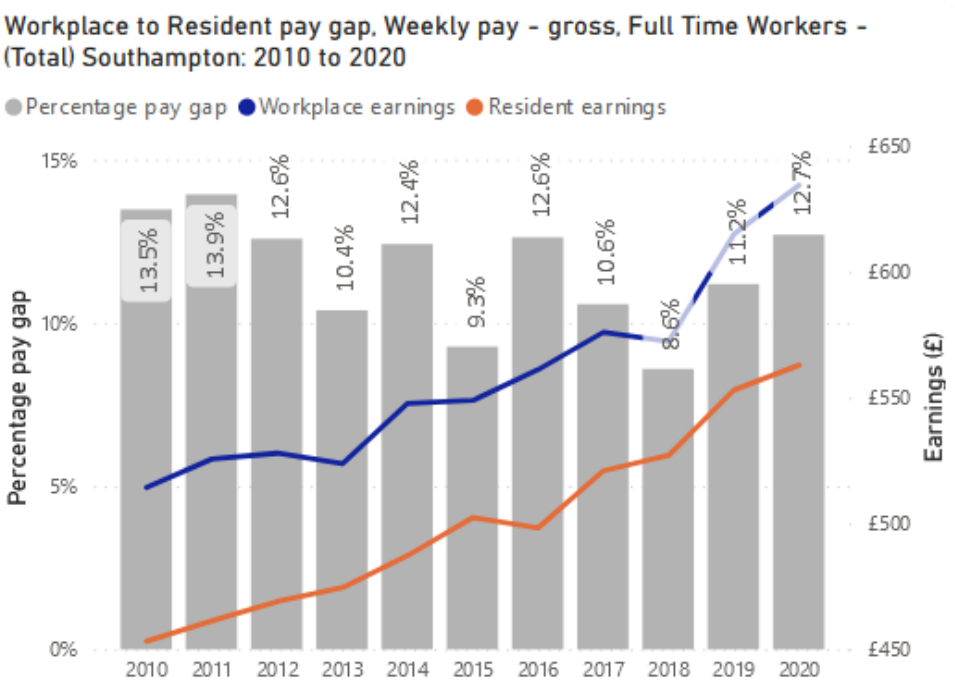
Figure 30: Workplace and residents pay gap, for Southampton 2010 to 2020



Source: Office for National Statistics – Annual Survey of Hours and Earnings (ASHE)

Levels of pay for jobs located in Southampton are now higher than the England average and the highest on offer amongst the city's statistical neighbours. Southampton is home to large businesses requiring higher skilled workers, as well as hosting university workers and graduates. However, the relatively high levels of income available to workers in the city is not directly reflected in the economic wellbeing of Southampton residents. There continues to be an income inequality gap between those who are resident in the city and those working in the city, with weekly earnings for workers 12.7% higher than for residents. The average house price in Southampton (£229,777 in September 2021) is 7.1 times the average annual salary for residents (£32,445).

The way in which school pupils were examined changed in 2016 with the introduction of attainment 8 and progress 8. In 2017, new, reformed English and Maths GCSEs were first examined and a new grading of 9-1 was introduced, with 9 being the highest grade. In 2018, reformed English Baccalaureate GCSEs and a number of other key subjects were first examined using the 9-1 grading. In 2019 further reformed GCSE qualifications were introduced on the 9-1 grade scale. For the first time in 2020 all GCSEs had been converted to a scale of 9-1 with no unreformed GCSEs graded A*-G remaining. Consequently, any trend comparisons made between 2016 and 2020 results for the key headline performance measures must be treated with caution.

Attainment 8 measures a pupil's average grade across eight subjects including English and Maths. Due to the coronavirus pandemic, the summer exam series was cancelled in 2020.

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Pupils scheduled to sit GCSE and A/AS level exams in 2020 were awarded either a centre assessment grade or their calculated grade using a model developed by Ofqual (whichever was the higher of the two). Due to the way in which grades were awarded in 2020, data on attainment is not comparable to previous years; however, we are still able to benchmark against statistical neighbours. Southampton has an attainment eight score of 46.2 (2020/21)[54], which is lower than the national average of 50.9. In view of achieving Grade 5 or above in English and Mathematics GCSEs, Southampton has 41.8% pupil achieved, which is also lower than the national average of 51.9%.

In 2020, 30.7% of Southampton pupils entered the English Baccalaureate (EBacc) which was a decrease of 3.1% from the proportion of Southampton pupils entering the EBacc in 2019 (34.8%). The 2020 National average for pupils entering the EBacc was 39.8%.

15.3% of Southampton pupils achieved the EBacc at grade 5 or above in 2020, which was 2.2% above 2019 performance of 13.1%. In 2020, 21.3% of National pupils achieved the EBacc at grades 5 or above, a gap of 6.0% to the 2020 Southampton average (15.3%).

In 2020, the percentage of Southampton's young people aged 16-17 years not in education, employment, or training (NEET) was 4.4%, and this was higher than the rate for England (2.8%). The rates for Southampton and England have increased since 2016. [55]

11.1.9 Housing Composition

The 2011 Census revealed lots about the way people live in Southampton, including collecting information on household composition (Figure 30). As expected from having a large student population, Southampton had a higher proportion of single (never married) residents than nationally (33.3% compared with 25.8%). Southampton had 10,249 widowed residents and 17,184 who were single through separation or divorce. There were 11,283 households in Southampton consisting of older people living alone and 416 people in a registered same sex civil partnership.

In 2011, there were 6,918 lone parent families in Southampton with dependent children. Of these, 46.8% were not in employment (compared to 40.5% nationally) and the vast majority were female (over 91%).

[54] Department for Education - Key stage 4 performance 2021 https://www.gov.uk/government/statistics/key-stage-4-performance-2021 Accessed 24.01.2022

[55] DfE – NEET and participation: Local authority figures - https://www.gov.uk/government/publications/neet-and-participation-local-authority-figures Accessed 03/12/2021

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Figure 31: Marital status of Southampton Residents

Marital status for Southampton residents	Number	Percentage
Single (never married or never registered a same sex civil partnership)	88,491	45.3
Married	72,324	37
In a registered same-sex civil partnership	416	0.2
Separated (but still legally married or still legally in a same-sex civil partnership)	5,141	2.6
Divorced or formerly in a same-sex civil partnership which is now legally dissolved	17,827	9.1
Widowed or surviving partner from a same sex civil partnership	11,335	5.8

Source: ONS 2011 Census

The 2011 Census data also showed Southampton has a higher proportion of families that are large (3+ children) than the national average.

11.1.10 Housing Stock

In 2020, there were an estimated 108,556 homes in Southampton,[56] the details of which are shown in Figure 32. The proportion of housing stock in Southampton that was local authority owned, was over twice the national average.

[56] Department for Communities and Local Government Live tables on dwelling stock (including vacant) https://www.gov.uk/government/statistical-data-sets/live-tables-on-dwelling-stock-including-vacants

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Figure 32: Housing stock in Southampton

Tenure	Number	Percentage of total	
		Southampton	National
Local Authority (incl. owned by other LAs)	16,110	14.80%	6.40%
Private Registered Provider providers of social housing (includes Housing Associations)	7,947	7.30%	10.50%
Other public sector	0	0.00%	0.10%
Private sector	84,499	77.80%	83.00%
Total (all housing)	108,556	100.00%	100.00%

The Southampton Housing Strategy 2016-2025: 'New and better homes for all' sets out the city's priorities of maximising homes for the city, improving homes transforming neighbourhoods, and providing extra support for those who it. Since 2011, 2,600 new homes have been delivered including 1,475 new affordable and sustainable homes. Agreed planning permission has been given for an additional 4,133 dwellings. Estate regeneration projects including Hinkler Road, Laxton Close, Exford Avenue and Cumbrian Way have been undertaken. As have energy efficiency improvements using 'Eco' funding at International Way and 73 wheelchair liveable properties.

More people have been helped to stay in their homes for longer with over 5,600 adaptions to homes since 2011 and over the last 20 years Southampton City Council have brought back more than 2,000 empty homes into use. Licensing has been introduced for Houses in Multiple Occupancy (HMOs) to raise standards and mitigate the impacts of HMOs on the city.[57]

11.1.11 Crime and Disorder

Data from the 2021 Strategic Assessment covering the period of April 2020 –March 2021 is impacted by the COVID-19 pandemic. Changes in police recorded crime over the last year should be interpreted in light of coronavirus restrictions and limited social contact. Important to emphasise that coronavirus has not only altered the volume of crime, but patterns too. Changes in recorded crime figures vary by crime type, with some crime types experiencing an increase during 2020/21.

[57] Southampton City Council Housing Strategy 2016-2025
http://www.southampton.gov.uk/Images/Housingstrategy-06-16-27049_tcm63-386907.pdf

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In 2020/21, Southampton had an overall crime rate of 112 crimes per 1k population. Southampton accounted for 20.1% of total recorded crime across Hampshire Constabulary in 2020/21. Southampton has the highest total reported crime rate and highest crime severity amongst iQuanta comparators. Caution should be taken when making comparisons because of variations in reporting and recording between forces.[58]

Between 2019/20 and 2020/21 there was a -11.4% decline in total police recorded crime in Southampton. England (-14.4%) and Hampshire Constabulary (-12.9%) also experienced a decline in total police recorded crime during the same period.

Southampton experienced a -10.1% decline in the crime severity score of all crimes between 2019/20 and 2020/21, with Hampshire Constabulary (-9.5%) and England (-13.8%) also experiencing a decline. Despite the decline in the volume and severity of total recorded crime over the last year, Southampton is highest among statistical comparators and higher than the national average when considering the volume (rate) and severity of total recorded crime.

Between 2019/20 and 2020/21, there has been a decline in the number of offences for 19 of the 31 offence types. There have been notable declines in:

- Violent crime (-5.1%),
- Sexual offences (-13.5%); including rape (-12.9%),
- Residential burglary (-15.6%),
- Crimes involving a bladed implement (-8.0%),
- Alcohol affected crime (-13.3%)
- Anti-social behaviour (-10.7%)

Notable increases include:

- Domestic flagged crime (2.6%),
- Domestic violent crime (3.3%),
- Stalking and harassment (22.3%) (including malicious communications),
- Drug offences (33.0%),
- Drug affected crime (17.0%)
- Hate crime (19.4%)

[58] Safe City Strategic Assessment 2020-2021 https://data.southampton.gov.uk/images/safe-city-strategic-assessment-summary-slideset-2020-21_tcm71-450629.pdf

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There is local evidence to suggest that the decline in anti-social behaviour and increase in stalking and harassment offences may be due to changes in the way crimes are being classified based on victim perception.

The role of COVID-19 also needs to be acknowledged, in terms of the impact it has had on the volume of offences, and in changing crime patterns.

At ward level, total crime continues to be significantly higher in Bevois and Bargate wards. The link between crime and deprivation remains strong. The overall crime rate is 3.1 times higher in most deprived neighbourhoods in the city, compared to the least deprived.

Bargate, Freemantle, Shirley, Bevois, Bitterne and Redbridge wards had a significantly higher total crime rate than the city average, with some of the most deprived neighbourhoods in the city located in Bevois, Bitterne and Redbridge wards. Bevois ward is significantly worse than the city average for all crime types.

Sholing and Bassett are better than the city average for all crime types, with these wards where some of the least deprived neighbourhoods in the city are located.

Overall crime decreased in 11/16 wards, the largest decrease of overall crime seen in Bargate (-37.7%); this illustrates the impact of COVD-19 restrictions, particularly suppression of night time economy.

For more information on crime in Southampton please see the Safe City Strategic Assessment: 2020/21 available on Southampton Data Observatory.[59]

11.2 General Health Needs of Southampton

11.2.1 Life Expectancy

Life expectancy is the number of years a baby born today would expect to live where he or she to experience a particular area's age-specific mortality rates for that time period throughout his or her life. In 2018-20, male life expectancy was 78.3 years; significantly lower than England (79.4 years), and 5th lowest out of 12 in Southampton's Office for National Statistics (ONS) comparator group.

[59] Southampton Data Observatory https://data.southampton.gov.uk/community-safety/safe-city-assessment/

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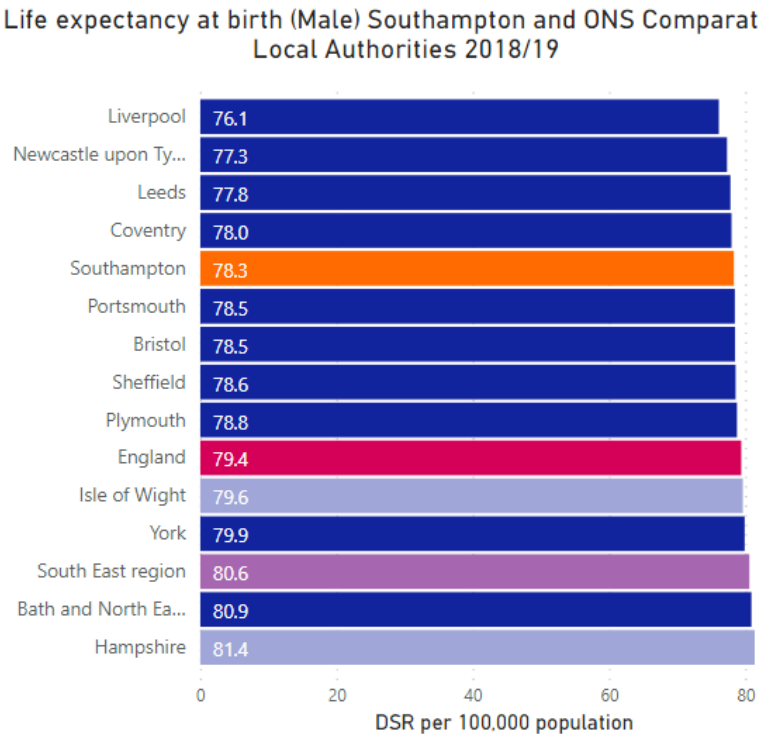
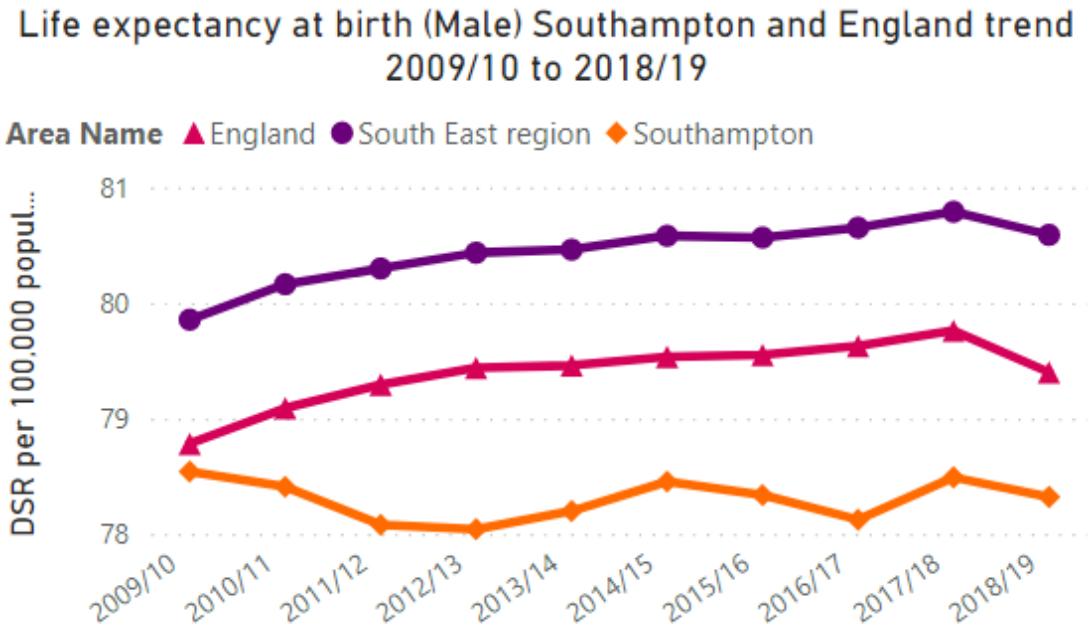
Figure 33: Life expectancy at birth (Male)



Source: Office for National Statistics (ONS)

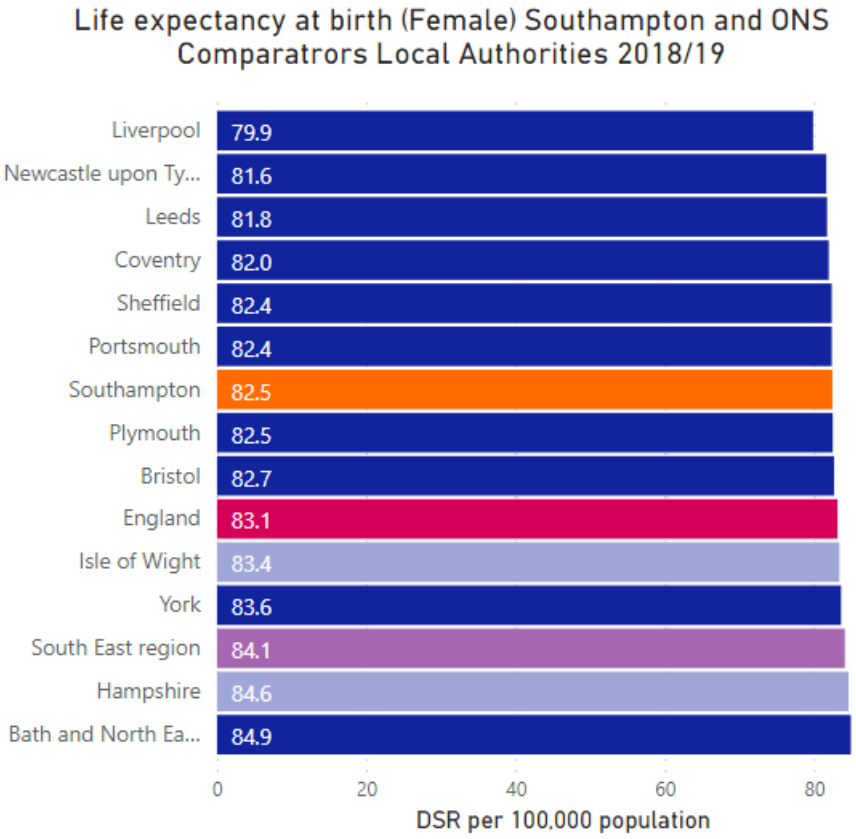
Figure 34: Life expectancy at birth (Male) Southampton and England trend: 2009/10 to 2018/19



Source: Office for National Statistics (ONS)

In 2018-20, female life expectancy at birth was improving (82.5 years); significantly lower than England (83.1 years) and the 7th lowest amongst Southampton's 12 ONS comparators group (figure 35).

Figure 35: Life expectancy at birth (Female)



Source: Public Health England - Public Health Outcomes Framework (PHOF) http://www.phoutcomes.info/

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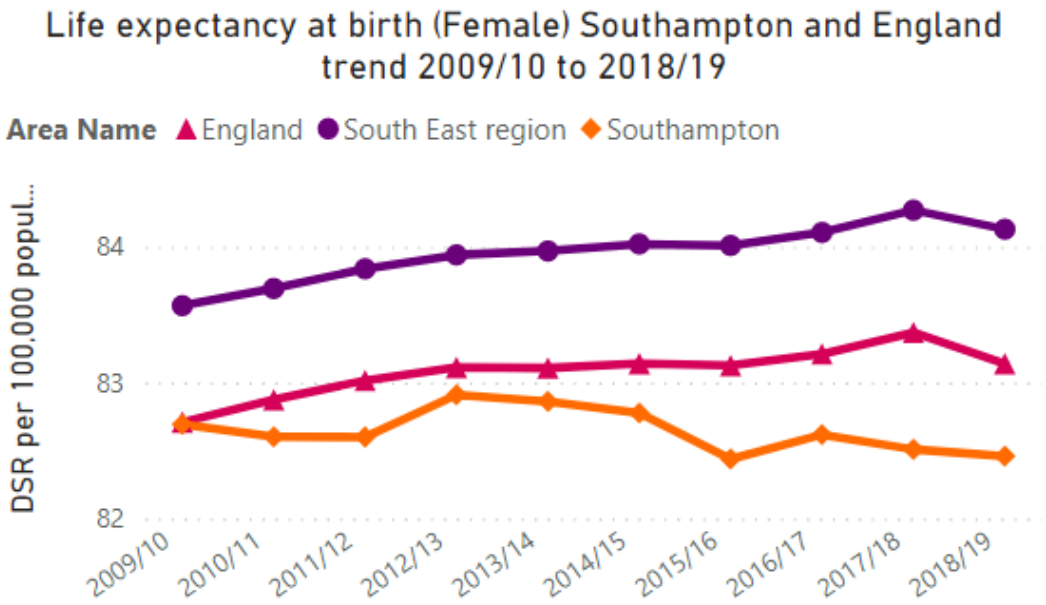
Figure 36: Life expectancy at birth (Female) Southampton and England trend: 2009/10 to 2018/19



Source: Public Health England - Public Health Outcomes Framework (PHOF) http://www.phoutcomes.info/

Nationally, life expectancy at birth increased steadily for both males and females through the 2000s. In the last 10 years life expectancy for males in Southampton has remained significantly worse than the England average. Female life expectancy in the city has increased alongside the England average until 2015-17 and since then life expectancy for females has consistently been significantly worse.[60]

The life expectancy at birth gap between the most deprived 20% of Southampton to the least deprived 20%, is 8.7 years for men and 4.1 years for women (2018-20).

In 2017-19, the number of years of healthy life expectancy for males are significantly lower and for females are lower but not significantly in Southampton (60.7 years and 62.6 years respectively) compared to England (63.2 years and 63.5 years respectively).[61]

Disability-free life expectancy highlights inequality in the average number of years a person could expect to live free of an illness or health problem that limits their daily activities. The number of years of disability-free life expectancy at birth for both males and females in

[60] Office for Health Improvement & Disparities Fingertips https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000049/pat/30000/ati/402/are/E06000045/iid/90366/age/1/sex/1/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-do-1

[61] Public Health Outcomes Framework - Data - PHE

2017-19 are lower, but not significantly in Southampton (61.4 years and 59.6 years respectively) compared to England (62.7 years and 61.2 years respectively). Many long-term health conditions increase markedly with age; consequently, the effect of the aging population on the prevalence of these diseases in Southampton is significant.

11.2.2 Mortality

In 2020 there were 2,000 deaths registered in Southampton's resident population and, of these deaths, the underlying causes responsible were cancer 25.8%, coronary heart disease 9.7%, stroke 4.8% and other circulatory diseases 8.1%. Just under 12% were respiratory deaths and 8.7% of deaths had an underlying cause of COVID-19. Around 38.3% of deaths occurred in a hospital setting, 22.6% in a nursing/care home and 29.9% in the individuals own home.

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Figure 37: Deaths by cause in Southampton 2020

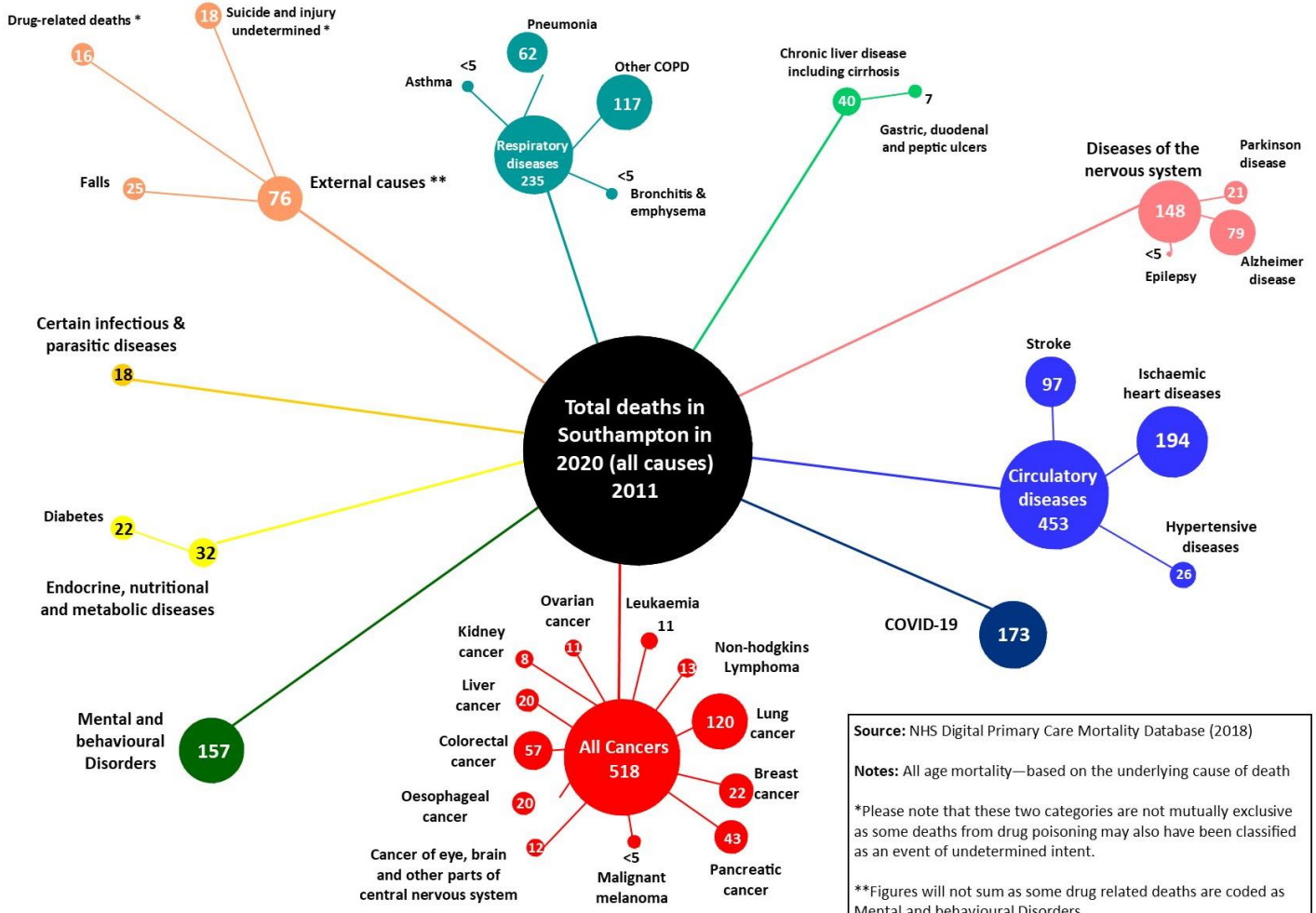

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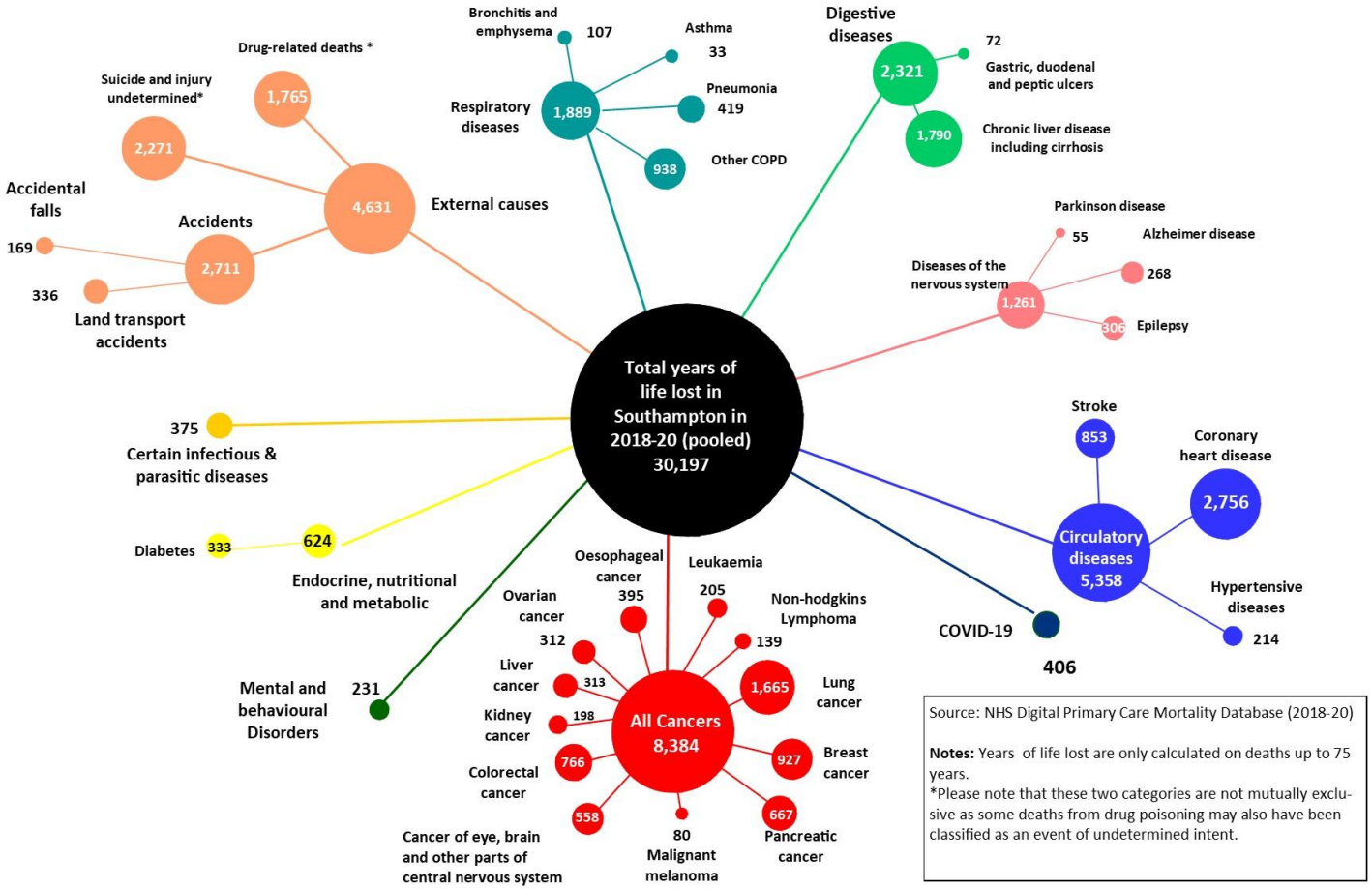
Figure 38: Years of life lost in Southampton (YLL)



Source: NHS Digital Primary Care Mortality Database (2018-20)

Notes: Years of life lost are only calculated on deaths up to 75 years.
*Please note that these two categories are not mutually exclusive as some deaths from drug poisoning may also have been classified as an event of undetermined intent.

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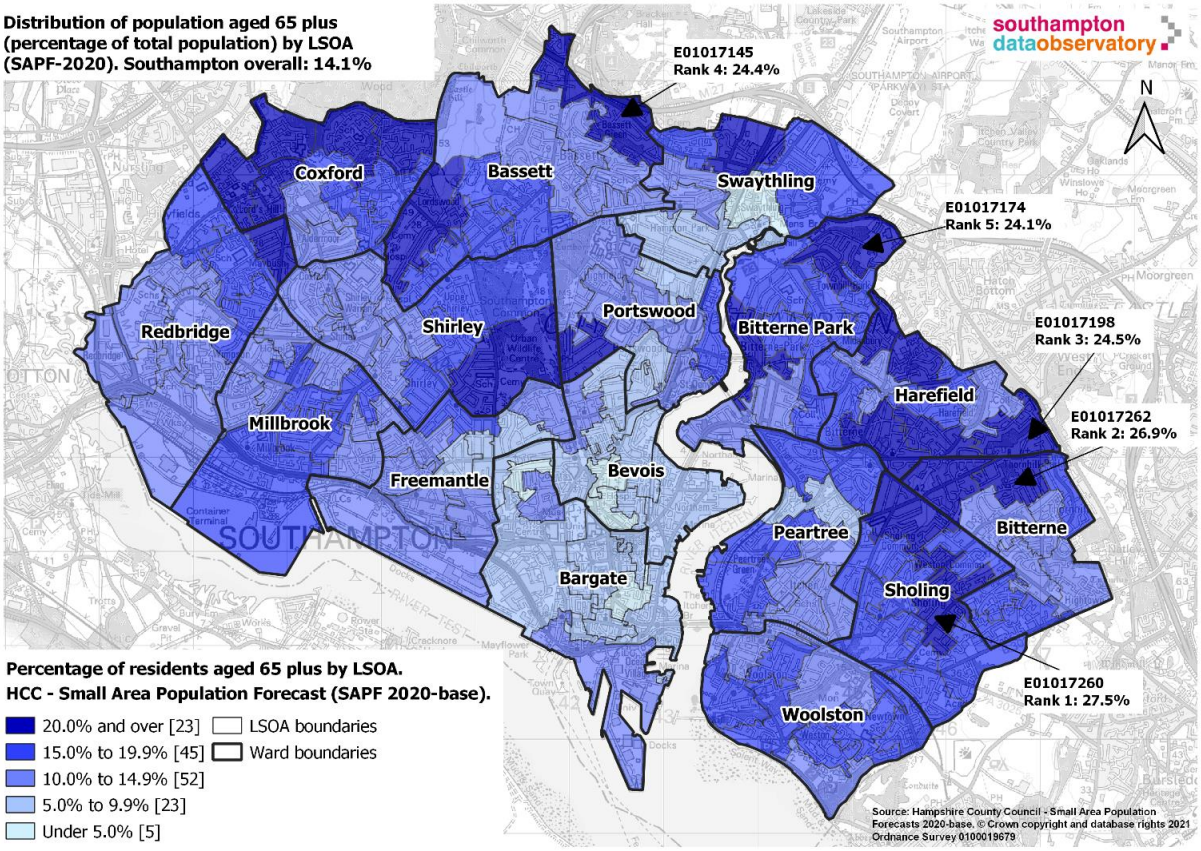
11.2.3 Ageing Population and Chronic Conditions

According to HCC SAPF estimates, there are 36,562 residents aged 65 years and over in Southampton. The map below (Figure 39) shows the distribution of these older people across the city. The proportions are lower in the central areas of the city where there is a large student population.

Figure 39: Distribution of population aged 65 plus in Southampton (2020)



The Productive Healthy Ageing Profile and the Palliative and End of Life Care Profile produced by Public Health England (PHE)[56] provides a useful snapshot of indicators at local authority level. It shows that older people in Southampton are having significantly worse than the England average outcomes for several key indicators:

- male and female life expectancy at aged 65 years
- percentage of deaths in usual place of residence among people aged 65 years and over

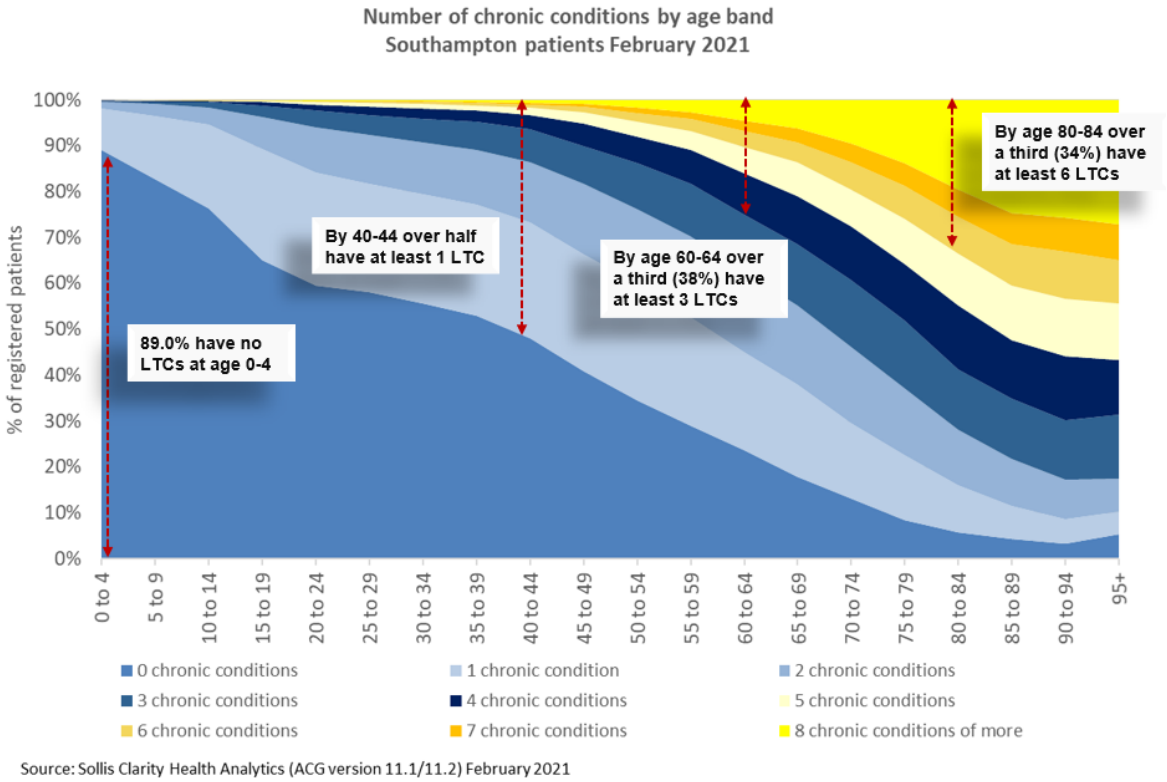
[56] Public Health England https://fingertips.phe.org.uk/profile/healthy-ageing and https://fingertips.phe.org.uk/end-of-life

- permanent admissions to residential and nursing care homes per 100,000 aged 65 years and over
- rate of deaths from cancer among people aged 65 years and over
- rate of deaths from respiratory disease among people aged 65 years and over
- rate of admission episodes for alcohol-related conditions (Narrow) – 65+ years
- rate of emergency admissions for dementia (aged 65+)
- and emergency hospital admissions due to falls aged 65 and over

Long-term conditions in later life tend to become more frequent and complex, requiring more reactive and proactive health and social care.

Figure 40 illustrates the growing importance of effectively managing long-term conditions (LTCs) as the population grows older. The number of LTCs increase with age, making care more complex and costly.

Figure 40: Number of Chronic Conditions by age band 2021



Source: Sollis Clarity Health Analytics (ACG version 11.1/11.2) February 2021

In Southampton's 0 to 4 year olds, 89% are without chronic conditions. The main conditions for the remainder are asthma, cleft lip and palette and developmental disorders (language delay etc.). When aged 40-44 years, half of Southampton's residents will have at least one

LTC and when aged around 60-64 years, over a third (38%) have at least three LTCs. As the population increases so does the multi-morbidities and at age 84-89 years approximately a third (34%) have at least six LTCs.

11.2.4 Cancer

In 2020, there were 2,000 deaths in Southampton and 25.8% of these were caused by cancer. This is statistically similar to the percentage of cancer deaths nationally (24.2%). In March 2021 there were 6,886 people diagnosed and on GP disease registers (2.4%) living with cancer in Southampton - the prevalence nationally is 3.2%.

The crude cancer incidence rate in the NHS Southampton CCG was 441 new cases per 100,000 population in 2019/20, significantly lower than the national rate of 531 new cases. However, from 2014 to 2018 (pooled), Southampton had an indirectly standardised cancer incidence ratio of 108.6, significantly higher than England (100) and all ONS comparators.

Up-to-date cancer incidence data for Southampton is limited since the merging of Southampton CCG with Hampshire and Isle of Wight CCGs in April 2021. The latest incidence data for Southampton covers 2014 to 2018. The data shows when compared with England (100.0), Southampton's standardised incidence ratio are;

- Significantly higher for all cancers (108.6)
- Lower but not significantly for breast cancer (98.7)
- Similar for colorectal cancer, also known as, bowel cancer (100.0)
- Significantly higher for lung cancers (132.8)
- Significantly higher for prostate cancers (108.3)

Premature mortality measures the early deaths in people aged under 75 years. This is important because deaths of younger people are often preventable.

In 2017-19, the premature mortality rate from cancer for Southampton was 158 deaths per 100,000 population under 75 years – this was significantly higher than the rate for England (129 per 100,000 population under 75 years old).

In 2017-19, premature mortality for all cancer (excluding non-malignant melanoma) for persons, males and females, premature mortality from breast cancer and all age mortality from lung cancer are significantly higher than the England average.

Lung cancer is the second most common cancer (after skin cancer) in England and Wales, with an estimated 47,000 new cases being diagnosed every year. It is the most common

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cause of cancer-related death in both men and women.[57] Lung cancer continues to be one of the most common cancers in Southampton.

In Southampton, in 2016-18, there were 106 lung cancer registrations per 100,000 population, significantly higher than the rate for England (78 registrations per 100,000 population). In 2015-19 there were 2,617 deaths from cancer amongst city residents and of these 358 were caused by lung cancer.

In 2017-19, Southampton had a significantly higher rate (260.6 per 100,000) of smoking-attributable deaths in persons aged 35+ years compared to England (202.2 per 100,000).

Bowel cancer is the most common cause of cancer death following lung cancer and breast cancer, around 1 in 20 people develop bowel cancer. More than 9 out of 10 cases of bowel cancer in the UK are diagnosed in people over the age of 50. 1 in 15 men and 1 in 18 women will be diagnosed with bowel cancer during their lifetime. In 2020 there were 57 deaths in the city from colorectal cancer.

Bowel Cancer Screening Programme is offered to people aged 60 to 74 every two years. This has been extended to include 56 to 59 year olds and people aged over 75 can request a screening.[58]

In Southampton, 22,253 GP registered patients (around 64.6%) had taken up bowel screening in 2020/21 and this varies between 52.0% and 76.1% across GP practice populations. Work is being undertaken to encourage those elements of the population to take up this screening offer to enable earlier diagnosis and treatment.

In 2020/21, 51.1% of females aged 50 to 70 years registered within the Southampton CCG eligible for breast cancer screening had been screened within the previous 3 years; this varies between 8.6% and 74.1% across GP practice populations. The coverage in Southampton was significantly lower than the national uptake percentage (61.3%).

Every year, 3,200 women are diagnosed with cervical cancer in the UK and just under 1,000 die. It is a disease that mainly affects sexually active women aged between 30 and 45 years old. 99.8% of cervical cancers are due to persistent HPV infection. The introduction in 2008

[57] NHS Choices. www.nhs.uk/conditions/cancer-of-the-lung/pages/introduction.aspx?url=pages/what-is-it.aspx
[58] NHS Choices: Bowel Screening https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/962386/Population_screening_timeline_national_updated_2021.pdf

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of a vaccine against human papilloma virus (HPV) for teenage girls promises to markedly reduce the incidence of this disease in the future.[59]

The uptake of this vaccine in the city has been good. In 2019/20, 88.4% of Year 8 girls received the first vaccination and 89.3% their second vaccination - completing this programme. The uptake across England has fallen dramatically due to the COVID-19 pandemic; 59.2% and 64.7% respectively. This decrease in coverage was not as drastic locally in Southampton. The national benchmark for the first dose and both doses is 90% uptake.

11.2.5 Coronary Heart Disease (CHD)

In 2020/21, there were 6,218 people on CHD registers in Southampton giving a crude prevalence rate of 2.2%, compared with 3.0% nationally. Prevalence varies between 0.2% and 3.2% across GP practice populations. The 2011 modelled estimate of CHD is higher at 9,822 giving a crude rate of 3.9%. More recent modelled estimates focus on the age group 55 to 79 year olds. In 2015 the estimated prevalence for this age group in Southampton was 8.1% equating to 4,175 adults aged 55 to 79 years with CHD in 2020.[60]

The data shows a significantly lower incidence rate for CHD for Southampton, however in terms of deaths, Southampton is significantly higher than the national average. In 2020/21, NHS Southampton CCG had a directly standardised rate of 336.0 per 100,000 population of all ages for CHD, statistically lower than the national average (367.6 per 100,000), it has also been statistically lower since 2003/04, however the premature mortality rate from coronary heart disease in 2017-19 for Southampton residents was significantly higher than the rate for England (47 deaths per 100,000 compared to 37 deaths per 100,000 respectively). Coronary heart disease was the main cause of death for 9.7% of Southampton deaths in 2020.

The following map (Figure 41) was produced using data from Sollis Clarity Health Analytics showing the highest and lowest recorded prevalence for Ischemic Heart Disease.

[59] NHS Choices: Cervical Screening http://www.nhs.uk/conditions/Cancer-of-the-cervix/Pages/Introduction.aspx
[60] Estimates modelled from the Whitehall II study (PHE Fingertips) applied to Hampshire 2020-based Small Area Population Forecasts

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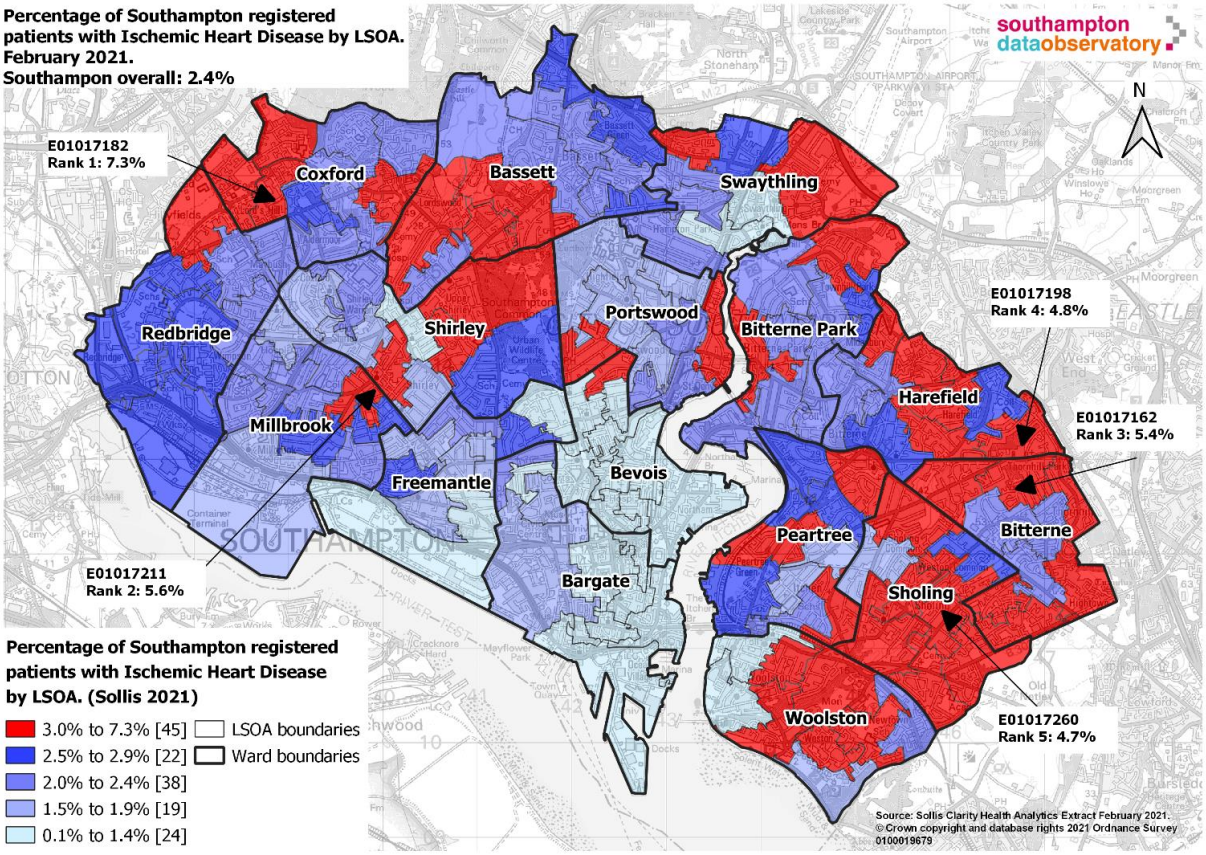
Figure 41: Percentage of Southampton registered patients with Ischemic Heart Disease by LSOA, February 2021



11.2.6 Stroke

In 2020, stroke was the main cause for 4.8% of Southampton deaths. Stroke also causes a disproportionate amount of disability. Many strokes are preventable, with primary prevention offering the greatest potential for achieving benefits in value for money.

In 2020/21, all aged stroke admissions were significantly higher for NHS Southampton CCG compared to England (217.1 admissions per 100,000 population compared to 161.8 admissions per 100,000 respectively).

In 2020/21 GP Quality and Outcomes Framework (QOF) data showed 4,259 (1.5%) people being cared for with stroke or transient ischaemic attacks, compared with England 1.8%. Prevalence varies between 0.2% and 2.8% across GP practice populations. The most recent

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modelled estimated for 55 to 79 year olds, 3.8% will have suffered a stroke around 1,960 people in 2020.[61]

11.2.7 Hypertension

Hypertension or high blood pressure contributes to cardiovascular disease (CVD), strokes, renal disease, vascular disease including aortic aneurysms, and yet shows few, if any symptoms until the disease is advanced. In March 2021, there were 31,530 people on hypertension registers in Southampton, giving a raw prevalence of 10.9%, lower than the national average of 13.9%. Prevalence varies between 1.4% and 14.5% across GP practice populations.

11.2.8 Atrial Fibrillation (AF)

AF is recognised as a key risk factor for stroke and is the most common form of cardiac arrhythmia which is more prevalent in older age. Early detection of AF with treatment reduces the likelihood and severity of stroke. In March 2021, GP QOF data showed 4,609 people registered with AF which equates to a raw prevalence rate of 1.6% against a national raw prevalence rate of 2.0%. Prevalence varies between 0.1% and 2.4% across GP practice populations.

Public Health England investigated this to be underestimate and in 2019 modelled the expected prevalence of AF in the NHS Southampton CCG to be 1.9% of registered patients, however this estimate is based on assuming Southampton's population structure and related attributes remain similar to that used in the model.

11.2.9 Persistent Asthma

In March 2021, there were 16,440 people on GP asthma registers in Southampton giving a crude prevalence rate of 6.1% which is significantly lower than the national average of 6.5%. Prevalence varies between 2.4% and 10.0% across GP practice populations.

Figure 42 uses data from the Sollis Clarity Health Analytics showing the highest and lowest recorded prevalence of asthma among Southampton's GP registered patients, including the top 5 LSOAs. This data is recorded by GPs to the same definition as the QOF but allows sub-city analysis at LSOA level.

[61] Estimates modelled from the Whitehall II study (PHE Fingertips) applied to Hampshire 2020-based Small Area Population Forecasts

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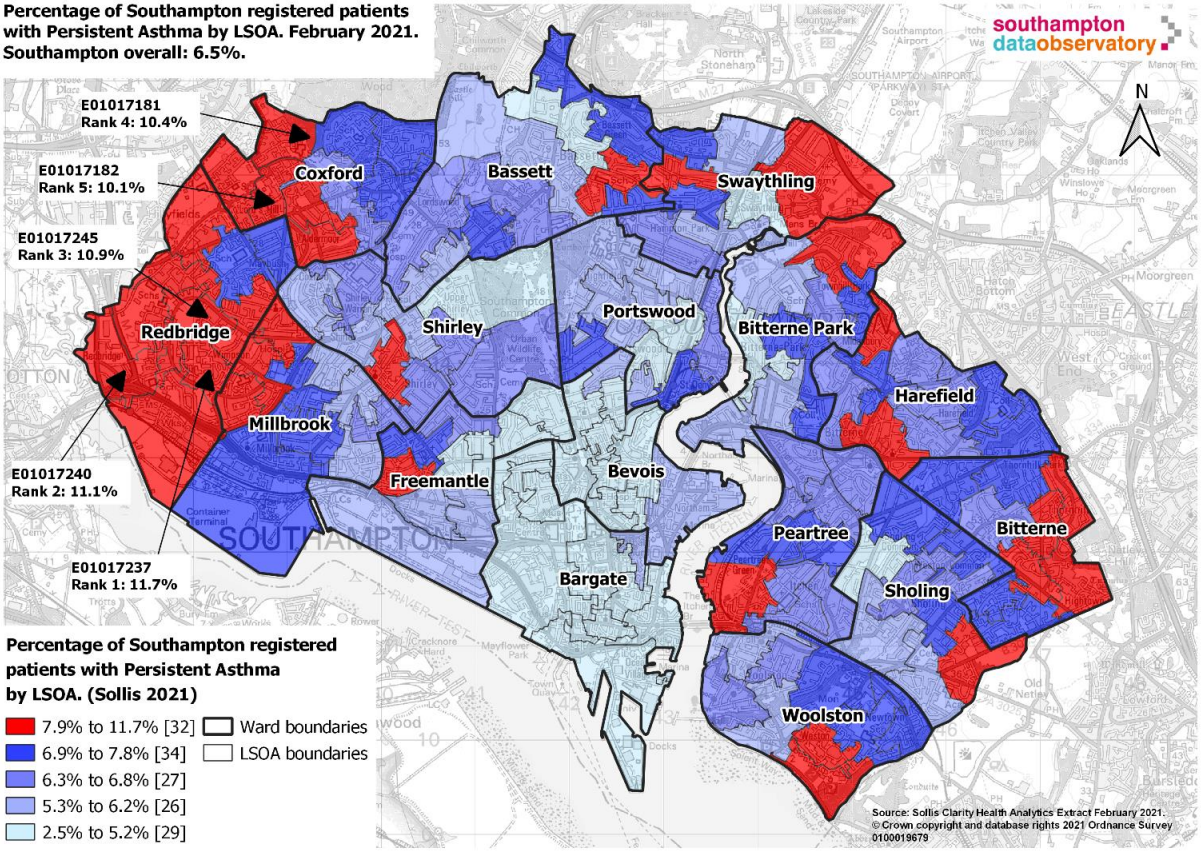
Figure 42: Percentage of Southampton registered patients with Persistent Asthma by LSOA, February 2021



11.2.10 Chronic Obstructive Pulmonary Disease (COPD)

In March 2021, there were 6,146 registered patients recorded by GPs for the QOF on COPD registers in Southampton. This data allows comparisons with England and shows a crude prevalence rate of 2.1% which is significantly higher than the England rate (1.9%). Prevalence varies between 0.1% and 3.4% across GP practice populations.

The range of the recorded prevalence of COPD for Southampton GP registered patients can be seen in Figure 43, which was produced using data from the Sollis Clarity Health Analytics from February 2021 using the same definitions as QOF but allowing sub-city analysis.

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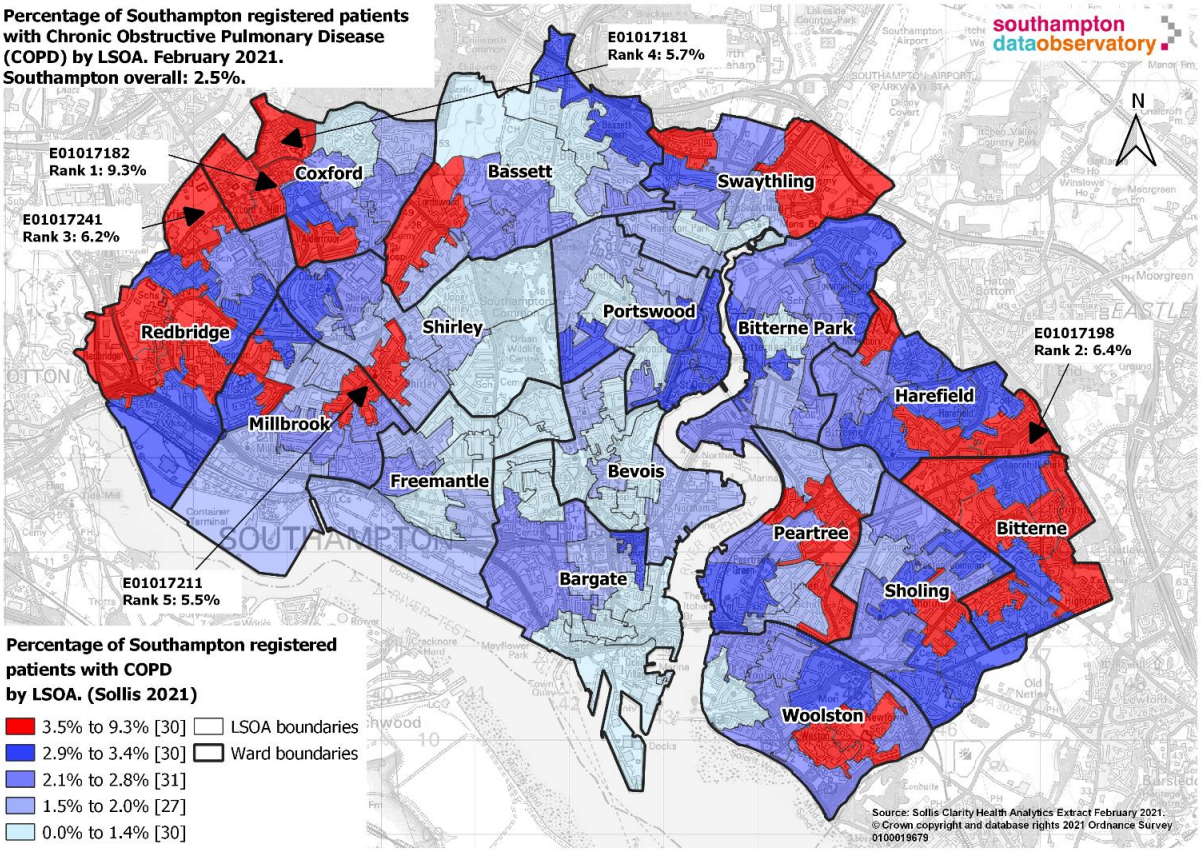
Figure 43: Percentage of Southampton registered patients with COPD by LSOA, February 2021



11.2.11 Kidney disease

In March 2021, GP QOF data showed 5,499 people aged 18 years and over on GP disease registers with chronic kidney disease (CKD). Therefore, the prevalence of diagnosed CKD amongst people aged 18 years and over in Southampton is 2.3% (compared to 4.0% nationally). Although, this varies from 0.2% to 4.1% across Southampton GP practices. This variation between practices will include differences in underlying risk factors including practice population and thresholds for CKD testing. In general, CKD increases markedly with age, with the most common risk factors are cardiovascular disease, hypertension and diabetes. These often coexist with risk other factors such as obesity, coming from a lower socioeconomic group and from a minority ethnic group, particularly Black and Asian.

11.2.12 Diabetes

In March 2021, there were 14,489 people (aged 17 plus) on GP diabetes registers in Southampton which gives a crude prevalence rate of 6.1%, significantly lower than the England rate of 7.1%. Prevalence varies between 0.8% and 8.5% across GP practice populations. Much diabetes is undiagnosed and modelled estimates of the true underlying

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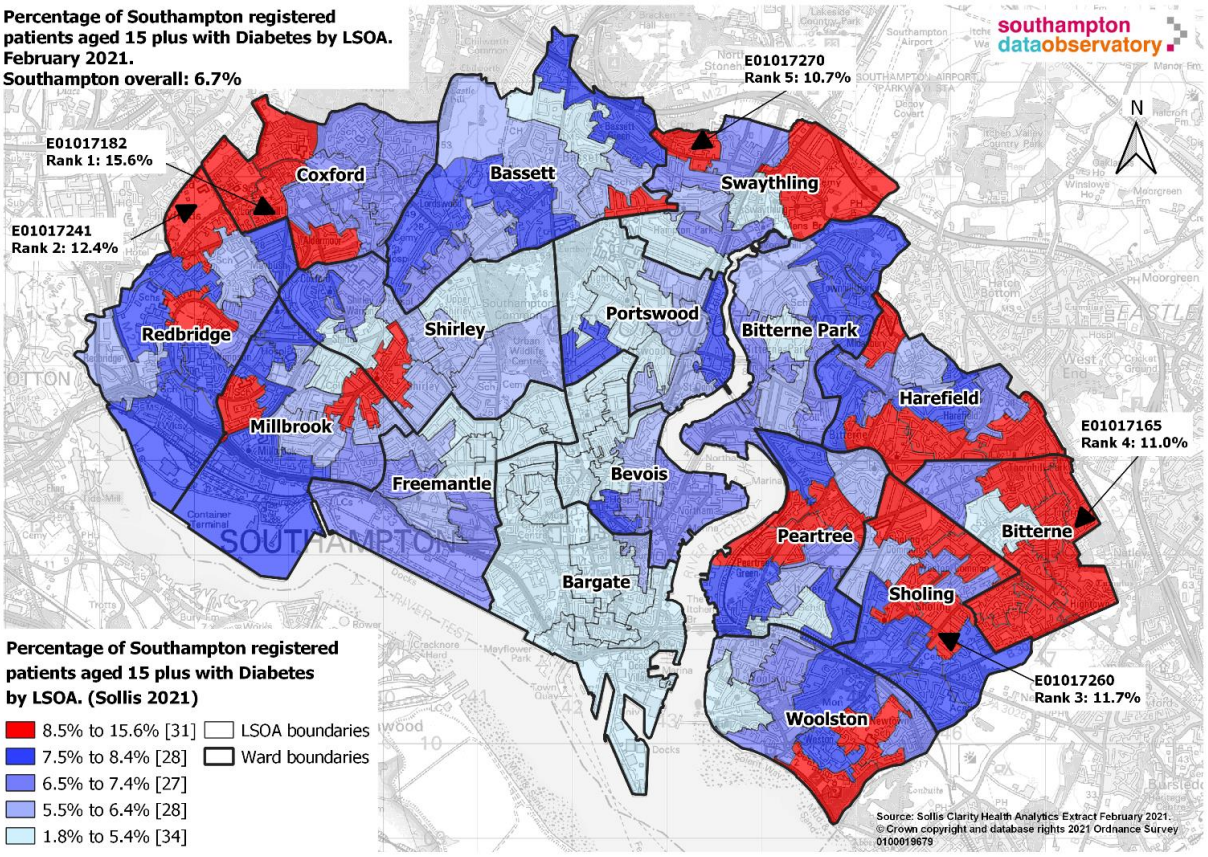
prevalence put the total burden in the city at nearly 16,625 people (a crude rate of 7.3%) for 2017. Modelled estimates predict the prevalence of diabetes is set to increase. By 2035, Southampton's diabetic population is estimated to be 18,166 an increase of 19.2% from 2020 (15,242), assuming no change in the underlying population of age, sex and ethnicity, levels of excess weight and physical inactivity.

Figure 44: Percentage of Southampton registered patients with Diabetes by LSOA, February 2021



Poor diabetic foot care can result in lower limb amputations in diabetic patients. In 2019/20 of the 14,445 Southampton diabetic GP registered patients aged 12 years and over, almost 1 in 5 (18.3% or 2,650) did not attend an annual foot check. This varies between GP populations ranging from 2.5% to 28.4%. However as described previously, there are potentially several thousand people in the city unaware of the importance of foot care with their undiagnosed diabetes increase their risk of ulceration, reduced sensation/circulation and potential lower limb amputation.

In terms of other long-term conditions for diabetic patients, the 2021 extract from the Sollis tool profiled diabetic patients' most common co-morbidities, showing a proportion of Southampton diabetic patients will also depression (20%), hyperlipidemia (21%), asthma

(13%), chronic renal failure (13%), Ischemic Heart Disease (14%) and COPD (10%).

11.2.13 Sight loss

Diabetic retinopathy or diabetic eye disease is the leading cause of preventable sight loss in working age people in the UK and early detection through screening halves the risk of blindness.

In 2019/20, Southampton's rate of preventable sight loss due to diabetic eye disease in those aged 12 years and over was 5.1 per 100,000 population. This is higher but not significantly than the rate for England (2.9 per 100,000).

Age related macular degeneration (AMD) and glaucoma are the two other types of eye disease which can result in blindness or partial sight if not diagnosed and treated in time. In 2019/20, Southampton's rate of AMD is also higher but not significantly compared to England (112.2 per 100,000 aged 65+ compared to 105.4 per 100,000 aged 65+ respectively). Southampton's rate of preventable sight loss due to glaucoma is higher but not significantly to the rate for England (18.1 per 1000,000 aged 40+ compared to 12.9 per 100,000 aged 40+ respectively).

Sight impaired (SI) and severe sight impairment (SSI) replace the terms partially sighted and blind for registration purposes. In 2019/20, there were 575 registered blind or partially sighted people in Southampton (over half, n=425, were aged over and 75 years and over).

In May 2021, 133 Southampton residents (0.05%) were registered for Disability Living Allowance with the main disabling condition recorded as 'blindness' (higher than the national average of 0.04%). Of these residents registered with 'blindness' as their main disabling condition, 26 people were aged under 16 years, 44 people were aged 16 to 64 years old, and 63 people were aged 65 year and over. [62]

Modelling from PANSI/POPPI predict there are 110 Southampton (in 2020) residents aged 18-64 and 1,018 residents aged 65 years and over predicted to have a serious visual impairment, by age, and this is projected to increase to 113 and 1,491 by 2040.[63]

[62] DLA Entitlement (Count) Department for Work and Pensions

[63] Projecting Older People Population Information System (POPPI) and Projecting Adult Needs and Service Information (PANSI), Oxford Brookes University

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11.2.14 Hearing Loss and Deafness

Infants have their hearing checked within hours of birth through the newborn infant screening programme. In 2019/20, 98.3% of infants in Southampton were correctly screened within 5 weeks of birth.

Since 2010, the number of people registered deaf or hard of hearing has not been published. NHS England have produced a tool to estimate hearing loss by local authority and CCG.[64] The tool estimates in 2020, the number of adults with hearing loss of 25 dBHL (Decibels Hearing Level) was 34,440 (17,240, aged 18 to 70 and 17,200 aged over 70 years) are expected to increase to 42,900 by 2035. The 2020/21 GP patient survey estimates 4.7% of the GP registered population reporting deafness or severe hearing loss, which is around 5,500 people.[65]

In May 2021, 87 Southampton residents were registered for Disability Living Allowance with the main disabling condition recorded as 'deafness'. Of these residents registered with 'deafness' as their main disabling condition, 41 people were aged under 16 years, 27 people were aged 16 to 64 years old, and 16 people were aged 65 years and over.[66]

11.2.15 Levels of disability among children and young people

In May 2021, data on disability living allowance (DLA) claimants amongst the under 16 years old shows that 2,739 Southampton children receive DLA. Fifty-four per cent (1,487 children) of those receiving DLA had their main disabling condition classed as 'learning difficulties'. Four hundred and sixty-four (16.9%) shared the second most common main disabling condition; Behavioural Disorder. Hyperkinetic Syndrome, also known as ADHD, was the third most common diagnosed main disabling condition for 251 children (9.2% of DLA recipients aged under 16).[67]

Living in the city, 3,234 residents are known to Adult Social Care as visually/hearing impaired and/or with a physical disability:[68]

[64] NHS England » Hearing Loss Data Tool
[65] Disease and risk factor prevalence, PHE Fingertips
[66] DLA Entitlement (Count) Department for Work and Pensions
[67] DLA Entitlement (Count) Department for Work and Pensions
[68] Most are aged 18+ and a few are under 18. 209 individuals are known to adult social care for two or all of the three groups listed. Living outside the city, 148 individuals known to SCC Adult Social Care as visually/hearing impaired and/or with a physical disability, live outside the city boundary in SCC funded permanent residential/nursing homes.

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- 947 registered visually impaired
- 1,111 registered hearing impaired
- 1,385 people with general classes of physical disability

In May 2021, there were 1,277 Southampton residents aged 16 to 64 years receiving Disability Living Allowance (DLA). The most common disabling condition was learning difficulties (n=285, 22.3%). Around 150 adults (12.1%) aged 16 to 64 were classified as receiving DLA for the main disabling condition of psychosis, which was the second most common.[69]

Estimates and projections of the number of disabled people in the city have been produced using national prevalence rates applied to local population data; these suggest in 2020 there may be around 5,293 adults aged 18-64 with a moderate physical disability and a further 1,253 with a serious physical disability living in Southampton. By 2040 there are projected to be over 6,500 adults of working age with a moderate or serious physical disability in Southampton.[70]

In May 2021, 1,729 adults aged 65 years and over were receiving DLA. The most common main disabling condition was arthritis, accounting for 31.7% of those aged 65 years and over in receipt of DLA (n=548). Back pain was the second main disabling condition (7.5%, n=129) and disease of the Muscles, Bones or Joints (6.6%, n=114) was the third the main disabling. This shows physically disabling conditions are more prolific in older adults compared to working age adults receiving DLA. [71]

Modelling from POPPI estimate in 2020, there were 6,310 Southampton residents aged 65 and over unable to manage at least one mobility activity on their own, (This estimate is adjusted for the underlying age and gender distribution).

Activities include:

- going out of doors and walking down the road
- getting up and down stairs
- getting around the house on the level
- getting to the toilet

[69] DLA Entitlement (Count) Department for Work and Pensions https://stat-xplore.dwp.gov.uk/

[70] Projecting Adult Needs and Service Information (PANSI), Oxford Brookes University https://www.pansi.org.uk/index.php?pageNo=396&areaID=8640&loc=8640

[71] DLA Entitlement (Count) Department for Work and Pensions https://stat-xplore.dwp.gov.uk/webapi/jsf/tableView/tableView.xhtml

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- getting in and out of bed

This is predicted to increase to 8,631 Southampton residents aged 65 and over by 2040.[72]

11.2.16 Human Immunodeficiency Virus (HIV)

In 2020, 405 Southampton residents (2.5 per 1,000 population aged 15 to 59) were accessing HIV care at NHS services - an increase of 45% (126 more residents) since 2011 accessing HIV care.

Late diagnosis of HIV is associated with a ten-fold increase in risk of death in the first year of diagnosis compared to those diagnosed early. In 2018-20, of those Southampton residents diagnosed with HIV, 44% had a late diagnosis, this is above the national goal of less than 25%.

11.3 Mental Health and Neurological Conditions

There is no good health without good mental health, and this is important across the life course.

11.3.1 Children and Young People

The Children and Young People's Mental Health and Wellbeing profile estimated prevalence rates and adjusted by age, gender, and socio-economic classification (The National Statistics Socio-economic classification (NS-SEC) of household reference person). The 2020-based local population estimates for the estimated prevalence for children and young people aged 5-16 years in Southampton of mental health disorders, was 3,266 (9.8%); for emotional disorders, 1,233 (3.7%); conduct disorders 2,000 (6.0%) and hyperkinetic disorders 533 (1.6%).

Self-harm and suicide among young people are extremely important issues. Many psychiatric problems, including borderline personality disorder, depression, bipolar disorder, schizophrenia, and drug and alcohol use disorders, are associated with self-harm. Self-harm increases the likelihood of a person eventually dying by suicide by between 50 and 100 times that of the rest of the population in a 12-month period.[73]

[72] Projecting Older People Population Information System (POPPI), Oxford Brookes University https://www.poppi.org.uk/index.php?pageNo=342&areaID=8640&loc=8640

[73] Self-harm in over 8s: long-term management https://www.nice.org.uk/guidance/cg133

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The 2014 Adult Psychiatric Morbidity Survey (APMS 2014) found one in four 16 to 24 year old women (25.7%) reported having self-harmed at some point; more than twice the rate for men in this age group (9.7%). Estimates for Southampton for 2017 equate to 6,055 women and 2,410 men aged 16 to 24 years having self-harmed at some point.[74]

In 2019/20, Southampton had a significantly higher rate of emergency hospital admissions for self-harm for children and young people aged 10 to 24 years than England (684 per 100,000 population aged 10 to 24 years, compared to 439 per 100,000 population aged 10 to 24 years respectively).

11.3.2 Adults

Common mental health disorders (CMDs) or common mental health problems (CMHP) are mental health conditions that cause marked emotional distress and interfere with daily function – including different types of depression, anxiety and obsessive compulsive disorder. The Adult Psychiatric Morbidity Survey 2014 (APMS) categorises mixed anxiety and depressive disorder; generalised anxiety disorder; depressive episode; all phobias; obsessive compulsive disorder; and panic disorder as common mental health disorders. The AMPS 2014 found one in five (20.7%) women are affected by common mental disorders and one in eight men (13.2%).

In 2020/21, in Southampton, the prevalence of people recorded with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses is (3,174 people 1.21% of people of all ages, and the same in England).

In 2020/21, 28,455 people registered with their GP as having depression (with a diagnosis since 2006). This gives a crude prevalence rate of 12.4% which slightly higher than the figure for England (12.3%).

Not everyone who has a mental health problem is registered with a GP or has a diagnosis, so the true figure is likely to be significantly higher.

In 2021, the GP patient survey estimated Southampton had a prevalence of long-term mental health problems among the GP population of 12.2%, this was significantly higher than the national prevalence (11.0%).

[74] Self-harm in over 8s: long-term management https://www.nice.org.uk/guidance/cg133

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The Mental Health and Wellbeing JSNA profile shows Southampton has higher rates compared to England for related risk factors, including smoking at time of delivery; child poverty for those aged under 16 years old; excess weight for Year 6 children, looked after children; children in need due to abuse, neglect or family dysfunction, pupils with behavioural, emotional and social support needs; violent crime (including sexual violence), crime deprivation adult current smokers in adults. These topics are covered in other sections of this document.

Evidence shows work was generally good for both physical and mental health and wellbeing across society. In 2019/20, the gap in the employment rate for those in contact with secondary mental health services and the overall employment rate in Southampton was 72.0 percentage points, this is significantly worse than the gap nationally (67.2 percentage points). In 2019/20 the point gap in the employment rate between those with a long-term health condition and the overall employment rate was significantly lower in Southampton than the national gap (14.4 percentage points compared to 10.6 percentage points). For Southampton's residents with a learning disability the point gap in their employment rate and the overall employment was 71.9 points, lower than the national gap (70.6 percentage points).

In 2019/20, Southampton had a significantly higher rate of emergency hospital admissions for self-harm (all ages) than England (409.3 per 100,000 population compared to 192.6 per 100,000 population).

The APMS 2014 survey found a fifth of adults (20.6%) reported that they had thought of taking their own life at some point. Applying this prevalence to the Southampton adult population (aged 16 years and over), in 2020 an estimated 44,220 adults had had suicidal thoughts within their lifetime; this number is projected to increase to 47,400 adults in 2027.[75]

In 2018-20, Southampton's suicide and mortality from injury undetermined directly age standardised rate (DSR) aged 15 and over (9.8 per 100,000 population) lower but not significantly than England (10.4 per 100,000 population). The rate of suicide and mortality from injury undetermined for males is significantly higher than the rate for females, locally and nationally.

[75] NHS Digital. NatCen Social research Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014 http://content.digital.nhs.uk/catalogue/PUB21748 applied to HCC 2020-based Small Area Population Forecast

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11.3.3 Older People

The number of people with neurological conditions is likely to grow sharply in the next two decades due to improved survival rates, improved general health care, better infection control, increased longevity and improved diagnostic techniques.

Dementia is one of the main causes of disability in later life ahead of cancer, CVD and stroke. In 2020, the recorded prevalence in dementia for Southampton GP registered patients aged 65 years and over was 3.99% (n=1,485), this was higher but not significantly than the national average of 3.97%. although the actual number of people living with dementia is likely to be higher.

The prevalence of dementia is closely associated with age and gender. With the ageing population, POPPI estimates the number of people aged 65 and over predicted to have dementia In Southampton to be 2,449 in 2020 and set to increase to around 2,864 in 2030 and 3,480 in 2040.

In 2019/20, the rate of emergency inpatient hospital admissions of people (aged 65+ years) with a mention of dementia was 5,507 per 100,000 population aged 65+. This was significantly higher than the rate for England (3,517 per 100,000 population aged 65+ years).

11.4 Health Behaviours

The 'Health behaviours' theme of Southampton's JSNA (embedded in the Southampton Data Observatory[76] is split into four distinct topics; 'smoking', 'healthy weight', 'sexual health' and 'alcohol & drugs'.

11.4.1 Smoking

Although smoking prevalence has decreased nationally, a wide disparity still exists across regions and Southampton compares less favourably both to the region, and the country as a whole. In 2020, the prevalence of smoking among GP registered patients in the city is 11.8%, lower by not significantly compared to the national average of 12.1%. In 2020/21, 10.7% of pregnant women in the city were recorded as smoking at the time of delivery. This is higher, but not significantly than the national average of 9.6%. In addition, in 2020 the

[76] Southampton Data observatory https://data.southampton.gov.uk/

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smoking rates are higher (but not significantly) among the city's routine and manual workers with rates of 22.2% in Southampton compared to 21.4% nationally.[77]

Men living in Southampton have significantly lower healthy life expectancy than the national average (60.7 years compared with 63.2 years), and smoking is one of the main causes for this. In 2017 to 2019, more people died from smoking attributable deaths in Southampton than the national average (260.6 per 100,000 population, compared to 202.2 per 100,000 in England). Deaths from lung cancer and chronic obstructive pulmonary disease are also higher than the national average, and more people are admitted to our hospitals with smoking related illnesses.

Smoking causes high healthcare need and demand, impacting on primary care (GP Practices, pharmacies and more) and also increasing the number of hospital admissions, especially in the winter months. In 2019/20, 1,901 per 100,000 admissions to hospital were directly attributable to smoking. The cost per capita of smoking attributable hospital admissions for Southampton in 2020 was estimated to be £3.31.[78]

11.4.2 Excess Weight and Physical Activity

In 2019/20, 59.3% of Southampton's adults are estimated to be overweight or obese which is lower but not significantly from the national average of 62.8%. In 2019/20 physical activity amongst adults in Southampton were 62.4% which is lower, but not significantly, than the national levels (66.4%) and lower than most of the city's ONS peers.

In 2020/21, the Active Lives Survey found that 59.5% of Southampton residents do at least 150 minutes of activity per week (lower than the national percentage of 60.9%).

Active transport has benefits for health in terms of reducing the risk of chronic disease such as coronary heart disease or stroke and improving mental health and well-being. In 2019 the Department for Transport recorded cycling statistics for local authorities this data suggested that in 2019 2.9% of residents cycled five times a week compared to 3.0% in England and 17.3% of residents cycled at least once a month compared with 16.1% in England.

[77] Fingertips Local Tobacco Control Profiles - https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132886/pat/6/par/E12000008/ati/402/are/E06000045/iid/93798/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[78] ASH Ready Reckoner 2022. https://ash.org.uk/ash-ready-reckoner/

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11.4.3 Sexually Transmitted Infections (STIs)

In 2020, a total of 2,291 STIs were diagnosed in Southampton residents, with the distribution varying considerably across the city (906 per 100,000 population significantly higher compared to the England average 562 per 100,000 population). The COVID-19 pandemic appears to have decreased the number of STI diagnoses locally and nationally, with the significantly higher rate in 2019 (Southampton - 1,225 per 100,000 population and England 830 per 100,000 population). The most commonly diagnosed STI was chlamydia, followed by gonorrhoea then genital warts.

11.4.4 Alcohol and Drug Use

The 2014 What about YOUth 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.

The ICE bus or 'In Case of Emergency' bus is an innovative initiative to reduce the burden of alcohol-related attendances at University Hospital Southampton Emergency Department during the peak hours (1000 to 0400 hours) of the night-time economy in Southampton city centre. It was implemented in 2009 and since then has offered an important service offering welfare support and acute medical care to vulnerable people during most Saturday nights in the city. Thirty percent of ICE bus clients between 2013/14 to 2015/16 were either in drink or intoxicated and 64% are aged 18 to 24 years olds.

Alcohol can be directly or indirectly implicated in hospital admissions. When someone is admitted due to a condition wholly attributable to alcohol, it is termed an alcohol-specific admission. The 2019/20 rate of hospital admissions for all ages and those aged under 18 years (2017/18-2019/20) for alcohol-specific conditions was significantly higher for Southampton's persons, males, and females than the rates for England.

Alcohol-related hospital admissions includes all the cases of alcohol-specific hospital admissions and those in which alcohol is known to play a part. The indicator uses two measures; broad and narrow. The broad measure covers main diagnosis or any secondary diagnosis was attributable to alcohol, and the narrow where the main diagnosis was attributable to alcohol or the secondary diagnosis was alcohol related. The broad measure assesses the burden on community and health services better than the narrow measure. In 2018/19, under the broad measure, the rate of admission episodes for alcohol-related conditions for Southampton's males and females (all ages) was significantly higher than the rate for England.

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In 2018/19, using the narrow measure the rate of admission episodes for alcohol-related conditions (all ages) was significantly higher than the rates for England.

In 2018/19 Southampton also has higher rates than the national average for:

- Admission episodes for alcohol-related unintentional injuries conditions (Narrow), persons (higher but not significant)
- Admission episodes for mental and behavioural disorders due to use of alcohol condition (Narrow), persons (significantly higher)
- Admission episodes for intentional self-poisoning by and exposure to alcohol condition (Narrow), persons (significantly higher)
- Admission episodes for mental and behavioural disorders due to use of alcohol condition (Broad) persons (significantly higher)
- Admission episodes for alcoholic liver disease condition (Broad), persons (significantly higher)[79]

Data around alcohol and drugs can have a number of caveats that need understanding, some caution might be needed in reporting statistics. Some hospitals might be better than others at coding hospital admissions linked with alcohol, this need to be considered when comparing with other areas (benchmarking). Over time, some hospitals' coding systems and coding quality may change which might affect year-on-year trends.

More men in Southampton are dying because of alcohol than the national average; between 2017-19 there were 99 deaths specifically due to alcohol in Southampton; 70 in males and 29 in females.

In October 2021, Southampton had a significantly higher rate (44.4 per 100,000 working age population) of Personal Independence Payments (PIP) with alcohol misuse as the main disabling condition compared to the national average (28.3 per 100,000 working age population).

In 2019/20, there were 1,175 Southampton residents in treatment at specialist drug misuse services. In 2019, 36 clients who used opiates had successful completion of drug treatment (4.7%). This proportion percentage was lower but not significantly than England (5.6%). Whereas 33.5% (129) of clients using non-opiates successfully completed drug treatment, also not significantly lower than the national average (34.2%).

[79] https://fingertips.phe.org.uk/static-reports/local-alcohol-profiles/at-a-glance/E06000045.html?area-name=Southampton

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In 2020/21, 22.2% of Southampton adults with a need for substance use treatment successfully engaged in community-based structured treatment following release from prison. This was significantly lower than the proportion for England (38.1%).

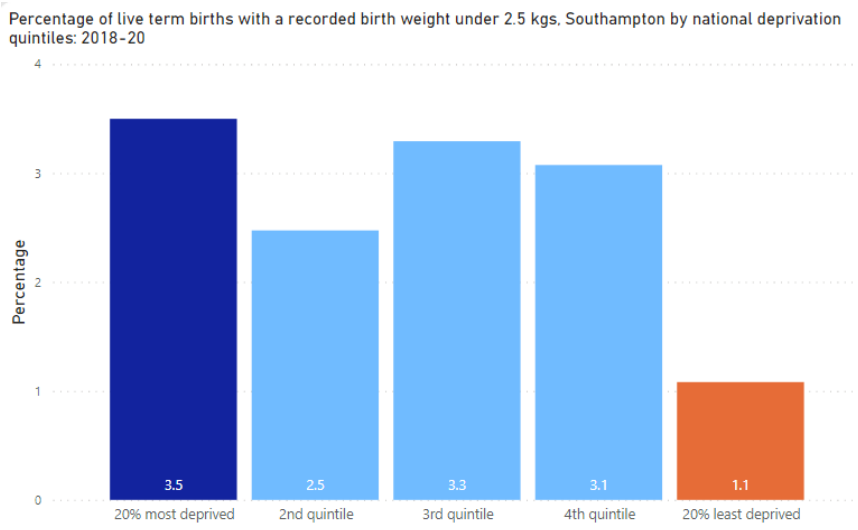
11.5 Maternal, child and young people's health

11.5.1 Low Birthweight

Low birth weight among infants is strongly linked to poorer outcomes for children as they get older. It is associated with infant mortality and is predictive of educational achievement, disability and diabetes, stroke and heart disease risk in adults. In 2019, the rate of low birthweight babies born at term (babies with a recorded birthweight of less than 2,500 grams and a gestational age of at least 37 complete weeks) in Southampton was 2.6% of all term births; similar to the England average of 2.9%. This has fluctuated but decreased overall since 2010.[80]

The decline in low birthweight has been more rapid in those parts of the city with the highest levels of economic deprivation. The highest percentage of low birthweight babies by deprivation quintile is seen in the most deprived quintile in the city.

Figure 45: Percentage of live term births with a recorded birth weight under 2.5kgs Southampton



[80] OHID Fingertips https://fingertips.phe.org.uk/search/low%20birth%20weight#page/4/gid/1/pat/6/par/E12000008/ati/202/are/E06000045/iid/20101/age/235/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

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11.5.2 Smoking During Pregnancy

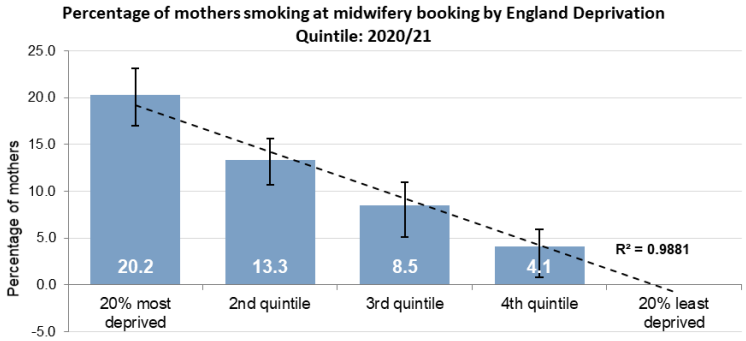
Smoking during pregnancy is strongly associated with a number of health problems for newborn children. There is evidence to suggest that the number of mothers smoking at midwifery booking has reduced significantly from 20.2% in the 2008/09 period to 14.6% in the 2020/21 period. There are differences between ethnic communities, with 'White British' mothers having smoking rates significantly higher than the city average.

Data shows that in the 2020/21 period, 7.6% of mothers who smoked at the time of midwifery booking had a premature baby. In addition, 12.4% of women who smoked at the time of midwifery booking had a low birthweight baby. Low birth weight often results in more intensive medical care, higher morbidity and delayed development in childhood. In 2020/21, 10.7% of women in Southampton are still smoking at the time of delivery, statistically similar to the national rate of 9.6%. Locally, this is the first time Southampton has been statistically similar to England, following a decreasing trend since 2010/11.

Research in 2010 showed nationally pregnant women from routine and manual occupations are much more likely to smoke and to have done so during pregnancy than those from professional and managerial occupations (20% compared to 4%).[81]

Figure 46 demonstrates the wide disparity across the city with significantly higher rates of smoking at midwifery booking in the most deprived areas of the city compared to the least deprived.

Figure 46: Percentage of mothers smoking at midwifery booking England deprivation quintiles 2020/21



Source: Ministry of Housing, Communities & Local Government, UHS Midwifery database: Southampton CCG

[81] McAndrew F, Thompson J, Fellows L et al (2012) Infant Feeding Survey 2010. A survey conducted on behalf of the Information Centre for Health and Social Care. Leeds: The Information Centre for Health and Social Care. https://digital.nhs.uk/data-and-information/publications/statistical/infant-feeding-survey/infant-feeding-survey-uk-2010

11.5.3 Breastfeeding Initiation and Maintenance

There have been changes in monitoring this area through the new maternity services dataset. In 2018/19 data was collected on baby's first feed breastmilk for both Southampton and England, showing the 72.2% of local mothers were giving breastmilk as a baby's first feed, significantly higher than 67.4% nationally. Data collection in other recent years had not occurred.

Another indicator looks at breastfeeding after the neonatal period where women continue to breastfeed at 6-8 weeks and beyond. In Southampton a local target has been set to reach 50% of new mother's breastfeeding at 6-8 weeks, this target was met in 2018/19 and continues to improve. In 2020/21, 53.4% of women still breastfed at 6-8 weeks, significantly higher than the England average of 47.6% over the financial year.

11.5.4 Childhood Obesity

Obesity in childhood is closely linked to obesity in adulthood and with a wide range of poor long term physical and mental health outcomes related to poor diet and low levels of physical activity. According to the most recent published results from the National Child Measurement Programme (NCMP) from 2019/20, 14.2% of children in reception classes are overweight and 9.9% obese (including severe obesity). The prevalence of obesity has decreased slightly from the previous year (10.3% compared to 9.9%), but the long-term trend to 2019/20 was relatively stable.[82]

In Southampton, the prevalence of obesity (including severe obesity) for Year 6 children has increased from 22.5% in 2015/16 to 23.8% in 2019/20. Results from the 2019/20 NCMP show that 14.2% of Southampton children in Year 6 classes are overweight (including severe obesity). Figure 47 show the trend and benchmark the prevalence of obesity respectively for Year R and Year 6 children.

[82] Please note:
The 2019/20 NCMP data collection stopped in March 2020 when schools were closed due to the Covid-19 pandemic. In a usual NCMP collection year, national participation rates are around 95% (over a million) of all eligible children, however in 2019/20 the number of children measured was around 75% of previous years. Despite the lower than usual number of measurements, analysis by NHS Digital indicates that figures at national and regional level are directly comparable to previous years, for all breakdowns.

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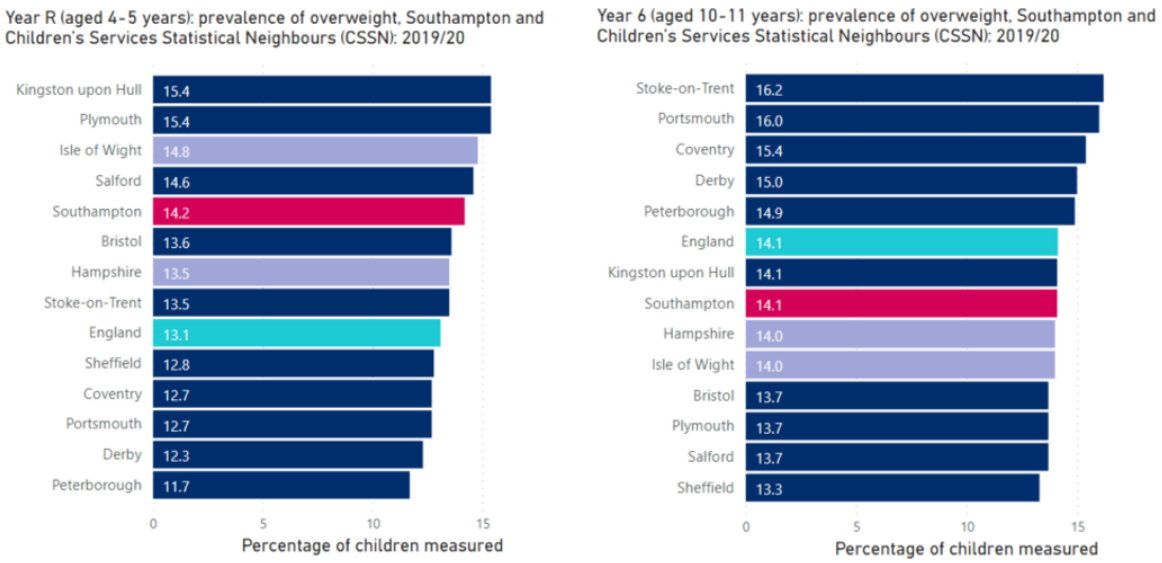
Figure 47: Year Rand Year 6 prevalence of overweight



Recent local unpublished data shows between 2016/17 and 2019/20 levels of childhood obesity and excess weight for reception year children locally and nationally have remained at statistically similar levels. However, the latest data for 2020/21 shows and significantly higher increase for obesity and excess weight prevalence in reception year locally and nationally compared to the previous four years. In addition, looking at the data for 2020/21, the prevalence of obesity and excess weight for Southampton reception year children is significantly higher than national levels whereas for the previous two years it was similar.

Linked analysis looking at the changes in weight status from reception R to Year 6 of the same 6,000 Southampton children found of those children who were overweight in Year 6, the majority had been healthy weight in reception, whilst over a fifth had remained overweight and a further 8% had been obese.

Figure 48: Overweight in year 6

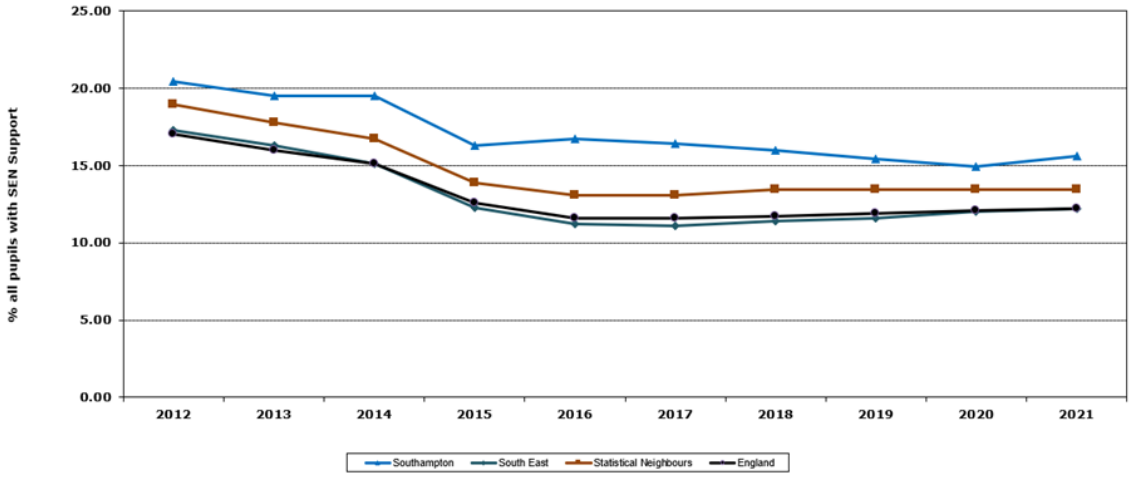
Additionally, over two-thirds (67%) of obese children had not been obese in reception, in fact the biggest proportion was for those who had been healthy weight (41%).

Figure 49: Obese in year 6

11.5.5 Children & Young People with Special Education Needs (SEN)

Latest data from the Department for Education (DfE) shows there to be over 6,000 children in the city with Special Educational Needs and Disability (SEND). In 2021, 18.4% of primary and 18.0% of secondary school pupils in Southampton have SEN; both highest among comparators and significantly higher than the national average of 14.6% and 13.5% respectively SEN among primary school pupils has experienced a decline and levelled off this year, whereas SEN among secondary school pupils has increased over last two years; from the decline experienced since 2016. 1,512 with Statements or Education, Health or Care Plans (EHC). Southampton has a higher level of pupils requiring SEN support than all of its statistical neighbours and the national average.

Figure 50: Percentage of pupils with Special Educational Needs (SEN) Support 2012 to 2021: Southampton, England, and statistical neighbours



Source: LAIT tool Department for Education[83]

Schools census data from January 2021 illustrates the extent of SEND across primary and secondary cohorts (figure 51). This data is a 'snapshot', so the percentages are slightly

[83] Local Authority Interactive Tool Department for Education
https://www.gov.uk/government/publications/local-authority-interactive-tool-lait

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different from the data presented previously. However, it shows that Southampton has higher levels than national and regional averages.

Figure 51: EHCP / SEN in Primary and Secondary School cohorts – January 2021

Settings (State-funded schools)	Area	Total Pupils	Statements or EHC plans		SEN support	
			Number	%	Number	%
Primary	Southampton	20,129	489	2.4	3,221	16.0
	South East	729,242	16,318	2.2	88,793	12.2
	England	4,660,264	95,601	2.1	586,926	12.6
Secondary	Southampton	11,929	257	2.2	1,885	15.8
	South East	552,577	10,964	2.0	62,003	11.2
	England	3,493,507	68,370	2.0	401,563	11.5
Total state-funded schools	Southampton	34,485	1,512	4.4	5,149	14.9
	South East	1,458,218	51,384	3.5	152,423	10.5
	England	8,911,887	303,668	3.4	1,002,442	11.2

Source: Department for Education, SEN

In Southampton, 3.7% of primary and 4.0% of secondary school pupils have social, emotional or mental health needs (2020), both percentages significantly higher than the national average. Similar to SEN, the percentage of primary school pupils with social, emotional or mental health needs has experienced a decline over the last year, with an increase seen for secondary school pupils.

11.5.6 Teenage Pregnancy

In 2019 Southampton's under 18 conception rate was 18.5 per 1,000 females aged 15-17 years old. Figure 52 below shows that the Southampton rate has been consistently higher than the national rate since the 1998. However, having fallen by approximately 70%, the rate in Southampton has been statistically similar to the national average since 2018.

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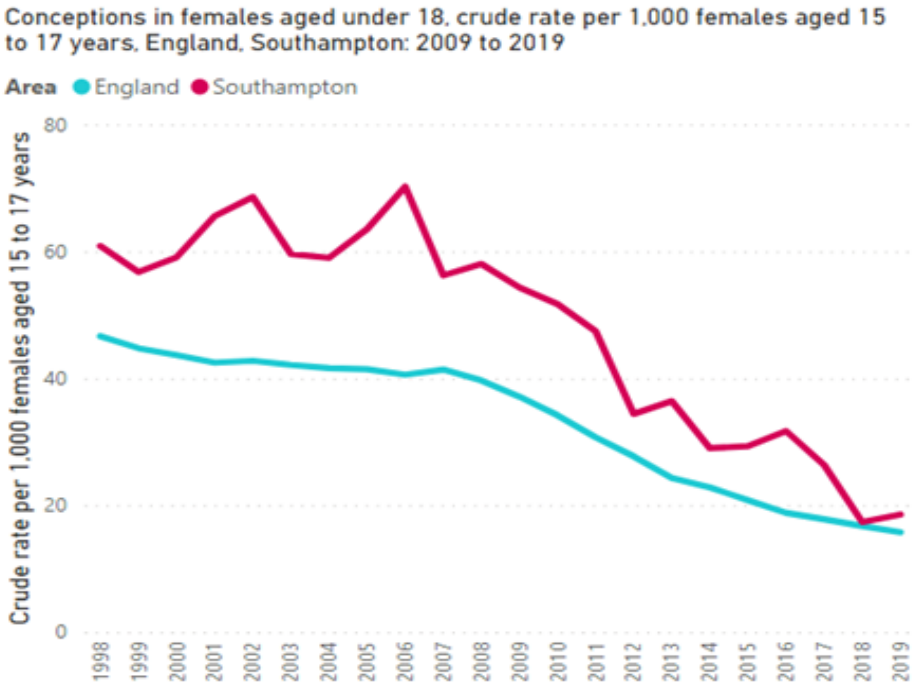
Figure 52: conceptions in females aged under 18, crude rate per 1,000 females aged 15 to 17 years. Southampton and England 2009 to 2019



In the 2017-19 period there were 25 conceptions amongst girls aged under 16 giving a rate of 2.5 per 1,000 compared with 2.6 for England over the three year period 2017 to 2019.

11.5.7 Termination of pregnancy

In Southampton 1,066 abortions were carried out in 2020, this is a crude rate of 18.5 per 1,000 females. This rate is not significantly lower than the England average (18.9 per 1,000). In the city, 87.6% of NHS abortions are performed under 10 weeks gestation; this is also similar to the national average of 88.1%. Southampton also has a statistically similar rate of repeat abortions compared to England for all ages (31.0 % compared to the national average of 29.2%).

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11.5.8 Use of Alcohol and Other Substances by Young People

Results from the 2014 What about YOUth survey indicate that 11.7% of Southampton 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.

Modelling has found that key groups of vulnerable young people who typically demonstrate higher levels of risk-taking behaviour are under-represented in treatment services e.g. (young offenders, children looked after, young people with emotional and mental health issues, young people not attending school).

11.6 Protecting the Population

11.6.1 Environmental Exposures

Prior to the mid-1980s asbestos was widely used in the ship-building industry. Exposure to asbestos is the leading cause of a cancer called mesothelioma which can affect the tissues covering the lungs or the abdomen. The city's ship-building heritage means that, although mesothelioma is a relatively rare cancer, Southampton is included within ten geographical areas of Great Britain with the highest male mesothelioma death rates for the period 1981-2019 (402 deaths for Southampton male residents). These areas include other prime ship-building locations of the last 40 years, as shown in the table below. There were 55 female deaths from mesothelioma in the same period, and Southampton is rank 20.[84]

[84] Health and Safety Executive, Mesothelioma Mortality in Great Britain by Geographical area, 1981–2019 https://www.hse.gov.uk/statistics/causdis/mesothelioma/mesoarea.pdf

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Figure 53: Mesothelioma mortality in Great Britain: number of deaths and Standardised Mortality Ratios SMRs for males by area, 1981-2019

Rank within GB	Area	Male deaths	Standardised Mortality Ratios (SMRs)	95% Confidence Interval	
				Lower	Upper
1	Barrow-in-Furness	289	414.9	368.5	465.6
2	West Dunbartonshire	289	367.3	326.2	412.2
3	North Tyneside	547	288.3	264.7	313.5
4	South Tyneside	414	278.1	252.0	306.2
5	Portsmouth	443	271.4	246.7	297.8
6	Plymouth	592	262.7	242.0	284.7
7	Medway	466	238.6	217.4	261.3
8	Hartlepool	185	224.2	193.0	258.9
9	Southampton	402	223.0	201.7	245.9
10	Gosport	154	217.7	184.6	254.9

Source: HSE www.hse.gov.uk/statistics/tables/mesoarea.xlsx

ONS Mortality data shows over the period 2013-2020 there were an average of 12 deaths per year to Southampton residents from mesothelioma.

Poor air quality is a significant public health issue. Particulate matter (PM2.5) has a significant contributory role in human all-cause mortality and in particular in cardiopulmonary mortality. In 2019, Southampton's level of PM2.5 was 8.8 µg/m3 which was similar to the England average of 9.0 µg/m3. Although, evidence suggests that levels may have been lower during the COIVD-19 pandemic.

In 2019, the estimated fraction of all cause adult mortality attributable to anthropogenic particulate air pollution (measured as fine particulate matter, PM2.5) for Southampton was 5.0% similar to the percentage for England (5.1%). The fraction of mortality attributable to particulate air pollution has fluctuated but decreased overall from 2010 to 2019.

11.6.2 Safeguarding for Children and Vulnerable Adults

In Southampton, the intention remains to ensure that every child and young person has the best opportunity to be kept safe from harm, abuse, and neglect.

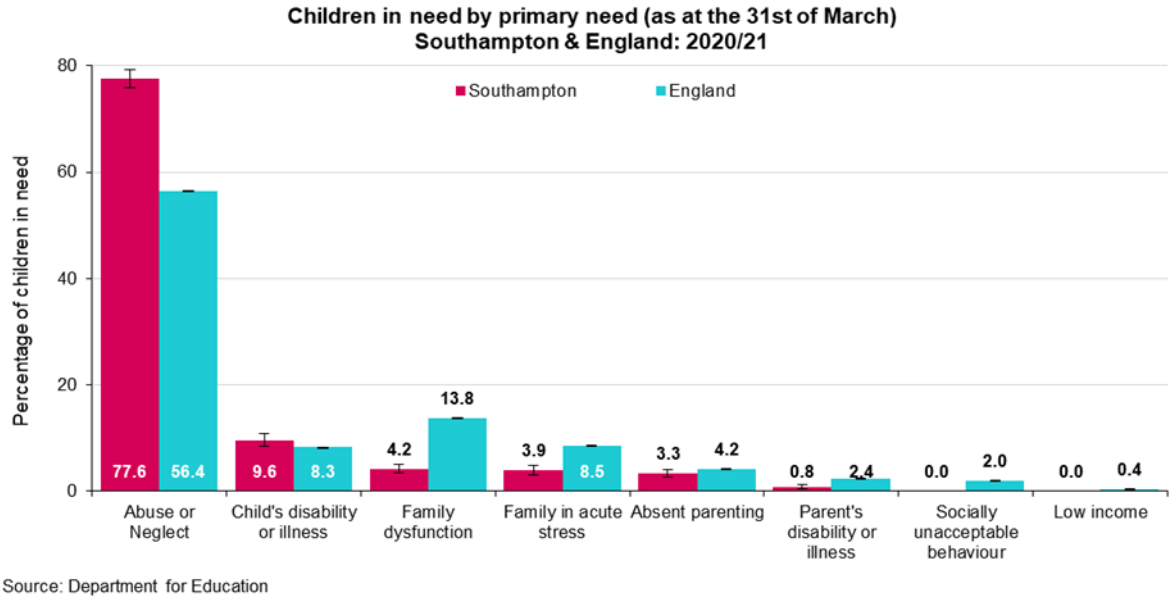
Children's early experiences have a significant impact on their development, educational attainment, and future life chances. Children in contact with social services are more likely to experience poorer health and educational outcomes than their peers, as well as being

more likely to offend,[85] with looked after children five times more likely to offend than all children.[86,87]

Southampton has a looked after children (LAC) rate of 96 children per 10,000 aged under 18 years (2021), which is 3rd highest among community safety partnerships statistical comparators and significantly higher than the national average of 67. The Southampton LAC rate has seen an overall decline since 2016, although the rate has remained significantly higher than the national average since 2011.

As of March 2021, Southampton had 427 children in need (CIN) per 10,000 aged under 18 years, which is 3rd highest among statistical comparators and significantly higher than the national average. The chart below shows that 77.6% of Southampton's 2,210 CIN have a primary need of abuse or neglect, which is significantly higher than the national average of 56.4% for this category.

Figure 54: Children in need by primary need



Source: Department for Education

Bullying has a strong effect on the mental health of those bullied and can often damage their outcomes in other areas of life and even lead to suicide amongst the worst affected and

[85] Young Minds – Childhood adversity, substance misuse and young people's mental health (2016), Online Available at: https://youngminds.org.uk/media/1547/ym-addaction-briefing.pdf
[86] Criminal Justice System Statistics Quarterly (2018) – Online Available at: https://www.gov.uk/government/statistics/criminal-justice-system-statistics-quarterly-december-2017
[87] Education Policy Institute – vulnerable children and social care in England: a review of the evidence (2018) – Online Available at: https://epi.org.uk/wp-content/uploads/2018/04/Vulnerable-children-and-social-care-in-England_EPI.pdf

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most vulnerable. The What About YOUth? Survey 2014/15 found a higher, but not significantly percentage of 15 year olds in Southampton (56.7%) had been bullied in the past couple of months compared to the national percentage (55.0%).

Injuries are a source of harm for children and a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people.

Southampton has a similar rate to the national average for hospital admissions due to unintentional and deliberate injuries among the 0 to 14 age group, with the Southampton trend declining from a rate of 495 admissions per 10k aged 0 to 14 in 2018/19 to 410 admissions per 10k in 2019/20. This trend should continue to be monitored to see if the decline experienced over the last year is sustained. However, Southampton remains significantly worse than the national average for hospital admissions due to unintentional and deliberate injuries among the 15 to 24 age group in 2019/20.

Vulnerable adults include adults in contact with secondary mental health services and adults with a learning disability. Living in settled accommodation improves their safety and reducing their risk of social exclusion. Maintaining settled accommodation and providing social care in this environment promotes personalisation and quality of life, prevents the need to readmit people into hospital or more costly residential care and ensures a positive experience of social care.

In 2019/20, the percentage of adults in contact with secondary mental health services who live in stable and appropriate accommodation in Southampton was 17.0%, this is significantly lower than the England average of 58.0%. In 2019/20, the percentage of adults with a learning disability who live in stable and appropriate accommodation in Southampton was 82.0%, this is significantly better than the England average of 77.3%.

11.6.3 Health Protection from Communicable Diseases

- **Tuberculosis (TB):** Cases of TB in Southampton seen an overall decrease since the peak in 2011-13 (18.3 per 100,000 population). In 2018-20, the rate per 100,000 population of new TB notifications in Southampton was 9.8 statistically similar to the national average 8.0 per 100,000 population. This is lowest rate since pre 2001-03. In 2019, 85% of drug sensitive TB cases had completed a full course of treatment by 12 months, also similar to national percentage (82.0%). The highest percentage of

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drug completion locally was in 2017 with a coverage of 93.3%. Since 2004, the number of cases completing treatment has ranged annually of between 12 and 41.[88]

- **Hepatitis C:** In 2017, Hepatitis C was detected in 35 residents with a rate of 14.7 per 100,00 population. This was lower but not significantly than the national rate of 18.4 per 100,000 population. Hepatitis C has a higher prevalence among those people wo inject drugs. Eighty-five percent those people in drug use treatment in Southampton in 2017/18 received a Hepatitis C test, similar to the national average of 84.2%.

- **Healthcare Associated Infections (HCAI):** Between April 2018 and March 2021 there were 8 of Methicillin-resistant Staphylococcus aureus (MRSA) amongst the population registered with GPs in Southampton.[89] During April 2018 to March 2021 there were, 131 cases of Clostridium difficile (C. diff) infection amongst people registered with Southampton GPs.[90] Throughout 2010/11 to 2020/21 the local rate of cases, has been lower than the national average.

  E.coli bacteraemia cases between 2012/13 and 2020/21 have range between 124 and 151 cases per year with an annual rate consistently lower than nationally.[91]

- **Vaccine Preventable Disease:** The routine surveillance and epidemiology of measles, mumps and rubella in the UK has been impacted in a number of ways during the COVID-19 pandemic, as follows:[92]

    - The reduction in international travel will have reduced the number of measles and rubella importations, providing fewer opportunities for new chains of transmission
    - Social distancing and lockdown measures are likely to have had a limited impact on measles transmission which is many times more infectious than SARS-CoV-2, However, there has been a significant impact on health-seeking behaviour, making it more likely that people with mild symptoms do not present to healthcare services.

[88] OHID Public Health Profile https://fingertips.phe.org.uk/
[89] Public Health England. MRSA bacteraemia: annual data MRSA bacteraemia: annual data - GOV.UK (www.gov.uk)
[90] Public Health England. Clostridium difficile infection: annual data Clostridioides difficile (C. difficile) infection: annual data - GOV.UK (www.gov.uk)
[91] Public Health England. Escherichia coli (E. coli): annual data https://www.gov.uk/government/statistics/escherichia-coli-e-coli-bacteraemia-annual-data
[92] UK Health Security Agency Laboratory confirmed cases of measles, rubella and mumps, England: July to September 2021 (publishing.service.gov.uk)

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Usually, mumps is most commonly seen amongst University students and adolescents. This is not unusual as transmission is usually fuelled by close contact, for example in halls of residence, events and parties. Although most cases occur either in unvaccinated or incompletely vaccinated individuals, mumps in fully vaccinated individuals can occur, due to waning immunity.

Recent data is available at national level In England, there were no laboratory confirmed mumps infections between July and September 2021 compared with 2 in the previous quarter of 2021 and in the period between July and September 2021 there were no laboratory confirmed measles cases reported. The total number of laboratory confirmed measles cases in 2021 remains 2.

There has been no new laboratory confirmed cases of rubella reported in the UK since 2019. With such low numbers reported nationally, there will be an even smaller number locally.

Between 2012 and 2018 there were 3 cases of measles reported in the city. Data shows the two cases in 2016 were known to occur amongst unvaccinated individuals.

Mumps has been more prevalent, following a peak of 63 cases in the city in 2013, cases have seen an overall annual decline to 3 cases in 2018.

Pertussis cases in the city showed 24 cases recorded in 2015, falling to 7 cases in 2016 and 2 cases in 2017. There was a peak of 46 cases recorded in 2012 which started to with the introduction of pertussis vaccine for pregnant women, and the associated awareness increasing.

- **Pandemic Flu:** Each year the NHS prepares for the unpredictability of flu and which would see a clinical attack rate of 50% amongst the population. Of those affected 2.5% of the population may die as a result. Extrapolating these figures to Southampton's 2020 population would mean an estimated 130,060 people could become symptomatic and 6,500 people could die.

  The flu vaccine is recommended for the very young, older people, pregnant women and those who are immunosuppressed of with certain underlying conditions. During the 2021/22 'flu season', at the peak of the Omicron COVID-19 variant, the flu

vaccine was also recommended for the main carer of an older or disabled person, close contacts of immunocompromised individuals and all children aged 2 to 15 years.[93]

- **COVID-19 pandemic:** A COVID-19 Impact Assessment was carried out in Autumn 2021 to ensure that we are doing as much as we can with the resources available to protect and improve the health and wellbeing of the residents of Southampton in COVID-19 recovery over the months and years to come. Community pharmacies are key in the distribution of lateral flow tests through the QR coded ordering and collection service allowing stock distribution control. Additionally, pharmacies have been supporting individuals in supervising how to carry out lateral flow tests in a clean environment on the premises. (see section 5.10 COVID-19 Services).

- **Port Health:** The port hosts the largest cruise passenger operation in the UK and is Europe's leading turnaround cruise port (1.72 million passengers in 2016-18). It is also the UK's number one vehicle handling port (900,000 vehicles in 2021)[94] and the UK's most productive container port. In quarter 1 of 2020 Southampton turned around 8.2 million tonnes of cargo.[95] Food and people now travel over far greater distances than ever before, creating the conditions necessary for widespread and rapidly occurring outbreaks of disease. Infectious diseases such as cholera persist and return, and recent decades have shown an unprecedented rate of emergence of new zoonoses within the UK.

  It is anticipated that container volumes and shipping movements will continue to grow but accurate projections are somewhat difficult in the current economic climate. It is also anticipated that the number and details of intervention will also increase in line with the effects of climate change, food fraud and adulteration which have clear implications for food production, food security and food safety. Southampton city council continually assesses resource threats and requirements and delivery outcomes.

11.7 Specific Needs for Key Population Groups

The following patient groups, who may have particular needs, have been identified as living within the HWB's area:

[93] Annual Flu Programme Annual flu programme - GOV.UK (www.gov.uk)
[94] ABP ports Southampton 2021 https://www.abports.co.uk/locations/southampton/
[95] Department for Transport 2020 https://www.gov.uk/government/statistics/port-freight-annual-statistics-2020

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11.7.1 University Students

As mentioned earlier, approximately 40,000 students live in the city. There are a number of health aspects during this transition period for young people. The mostly commonly associated with students are:

- Mumps
- Chlamydia testing
- Meningitis
- Contraception, including EHC provision
- Mental health problems are more common among students than the general population

Southampton attracts over 7,600 international students each year. These students represent more than 135 countries studying at the University of Southampton and Solent University

In addition, students may need support managing pre-existing or long-term conditions such as diabetes, asthma, epilepsy, eczema and/or mental health problems, previously managed for the majority in a home environment.

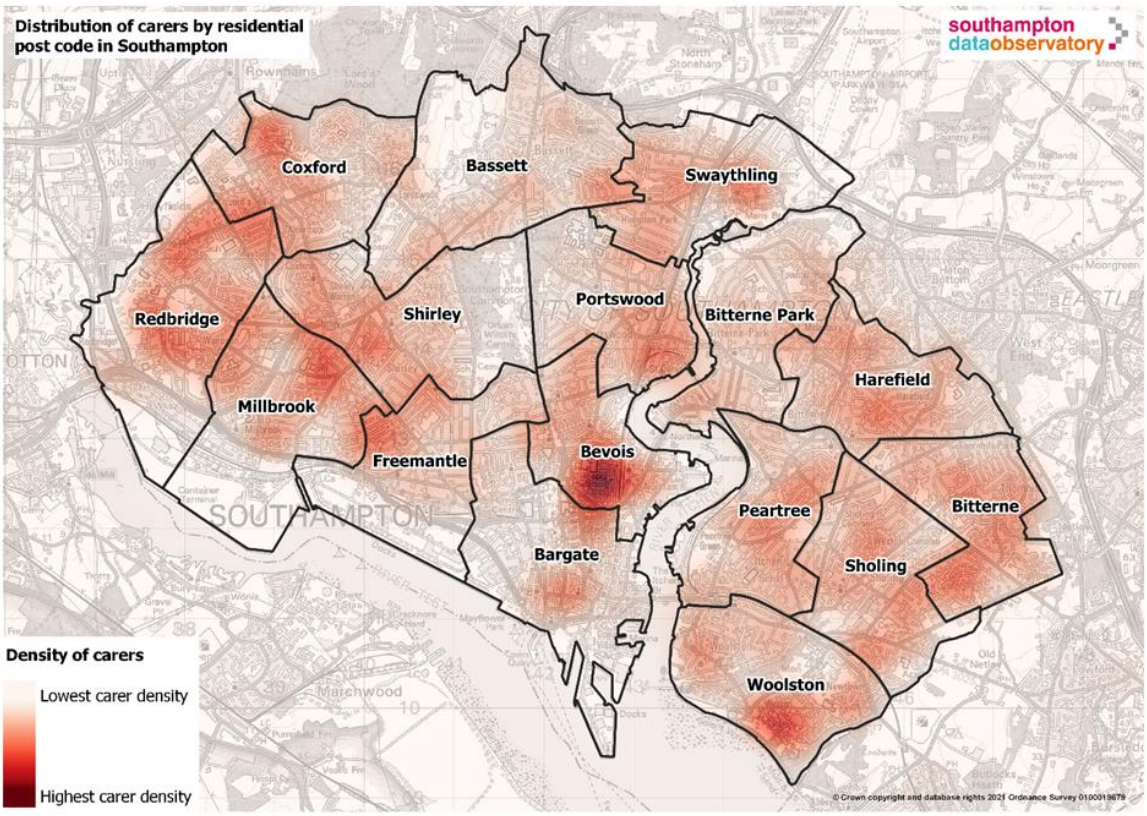
11.7.2 Carers

Carers are a critical, and often under-recognised and under-valued resource in caring for vulnerable people. The 2011 Census revealed that, in Southampton, 8.6% (or 1 in 12) of the population provided some form of unpaid care, ranging from 1 hour per week to over 50 hours per week. This represents 20,263 people in the city.

Of those who provide care in Southampton in 2011, most provide 1-19 hours per week. Almost a quarter of carers provide 50 hours of care or more each week. The number of people providing 50 hours or more of care has increased marginally, but significantly, in Southampton since 2001 from 1.9% of the population to 2%. This is equivalent to 4,802 people.

The 2021 Census data is not yet available, however local data from Carers in Southampton (n=2,539) on the distribution of carers known to them revealed hotspots of carers living centrally in Bevois, in Bitterne and Woolston in the east, and in a stretch from Freemantle to Redbridge across the western localities. These happen to be in some of the more deprived parts of Southampton. There are predominantly more females than males acting as carers and they most commonly aged between 45 and 65 years.

Figure 55: Distribution of carers by residential postcode in Southampton August 2021



In 2018/19, Southampton's carers had lower levels of satisfaction with social services than the national average (37.1% compared to 38.6%). In 2018/19 22.2% of social care users and carers felt they had as much social contact as they would like, this is significantly worse than the national average (32.5%). Nearly 66% of carers in Southampton reported that caring had caused them feelings of stress compared to 60.6% nationally.

Many carers administer medicines for the person they care for as well as request/purchase equipment or aids for the home to support the care they provide.

11.7.3 Disability - People with a Learning Disability

In 2019/20, there were 1,402 Southampton registered patients aged 18 and over on the learning disabilities register (0.5% of registered patients – the same prevalence as England). However, there are an estimated 5,100 residents aged 15+ diagnosed and undiagnosed with a learning disability in the city.[96]

[96] Southampton Data Observatory https://data.southampton.gov.uk/health/disease-disability/learning-disabilites/

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People with learning disabilities have differing and often complex health care needs leading to increased prescribing and risk of polypharmacy. A health needs assessment of people with learning disabilities found they had higher prevalence of depression, asthma, diabetes, and epilepsy. People with a learning disability may have a lifestyle that increases their risk of developing diabetes, e.g., poor diet and lack of physical activity. They may also be prescribed medicines that increase the risk of diabetes, e.g., antipsychotics. As a consequence, the treatment regimens of people with a learning disability can be complex, involving several different prescribers with medicines frequently used outside their product license.[97]

11.7.4 Disability - Adults with Autistic Spectrum Conditions

A local estimate of the prevalence of autistic spectrum conditions (ASC adults aged 16 years and over in Southampton was produced using national prevalence estimates derived from the 2014 Adult Psychiatric Morbidity Survey. In 2020, it is estimated living in Southampton there are 1,200 males (1.1% of male population) and 210 females (0.2% of the female population) aged 16 years and over who would screen positive for autism spectrum conditions.[98]

11.7.5 Lesbian, Gay, Bisexual, and Transgender Community

In 2017, research carried out by Public Health England estimated 2.5% of adults surveyed identified themselves as gay, lesbian bisexual or 'other'; in Southampton this would equate to 5,260 adults. The research found a larger proportion of men stating they were gay compared to women. The largest percentage among any age group is in the 25 to 34 age.[99]

Specific issues for this population group include being targets for hate crime, mental illness such as depression and anxiety, smoking and substance use.

Trans is an umbrella term to describe people whose gender is not the same as, or does not

[97] Royal Pharmaceutical Society, Learning disabilities; Medicines Optimisation. https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Policy/learning-disability-moarticle-160324.pdf

[98] NHS Digital. NatCen Social research Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014 http://content.digital.nhs.uk/catalogue/PUB21748 applied to the Hampshire County Council 2016-based Small Area Population Forecast

[99] Producing modelled estimates of the size of the LGB population of England https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585349/PHE_Final_report_FINAL_DRAFT_14.12.2016NB230117v2.pdf

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sit comfortably with, the sex they were assigned at birth. Being trans does not imply any specific sexual orientation. Some people consider being trans a very private matter and also subject to prejudice and harassment. ONS does not produce estimates of the number of trans for a range of reasons including infringement on people's human rights.

There is no reliable information regarding the size of the trans population in the UK. Recent estimates suggest that 0.6% to 1% of adults may experience some degree of gender variance (around 1,510 to 2,520 Southampton residents) and at some stage, about 0.2% (around 500 Southampton residents) may undergo transition. According to GIRES, 60% of those presenting with gender dysphoria actually underwent transition; of these 80% were assigned as boys at birth (now trans women) and 20% as girls (now trans men). Gender variant people present for treatment at any age; the median age is 42.[100]

GIRES estimate a prevalence of gender variance of 600 per 100,000 which would equate to 1,560 people in Southampton.

11.7.6 Age

Mental health needs by age are explored in Appendix A Section 11.3 and the health needs of Southampton's children are highlighted in Section 11.5.

- Health issues tend to be greater amongst the very young and the very old
- The number of chronic conditions increases with age: data from GP practices in 2021 in Southampton was analysed showing that by age 40-44 over half have at least 1 long term condition (LTC), by age 60-64 over a third (38%) have at least 3 LTCs and by age 80-84 over a third (34%) have at least 6 LTCs.

[100] GIRES. The Number of Gender Variant People in the UK - Update 2011. GIRES; 2011

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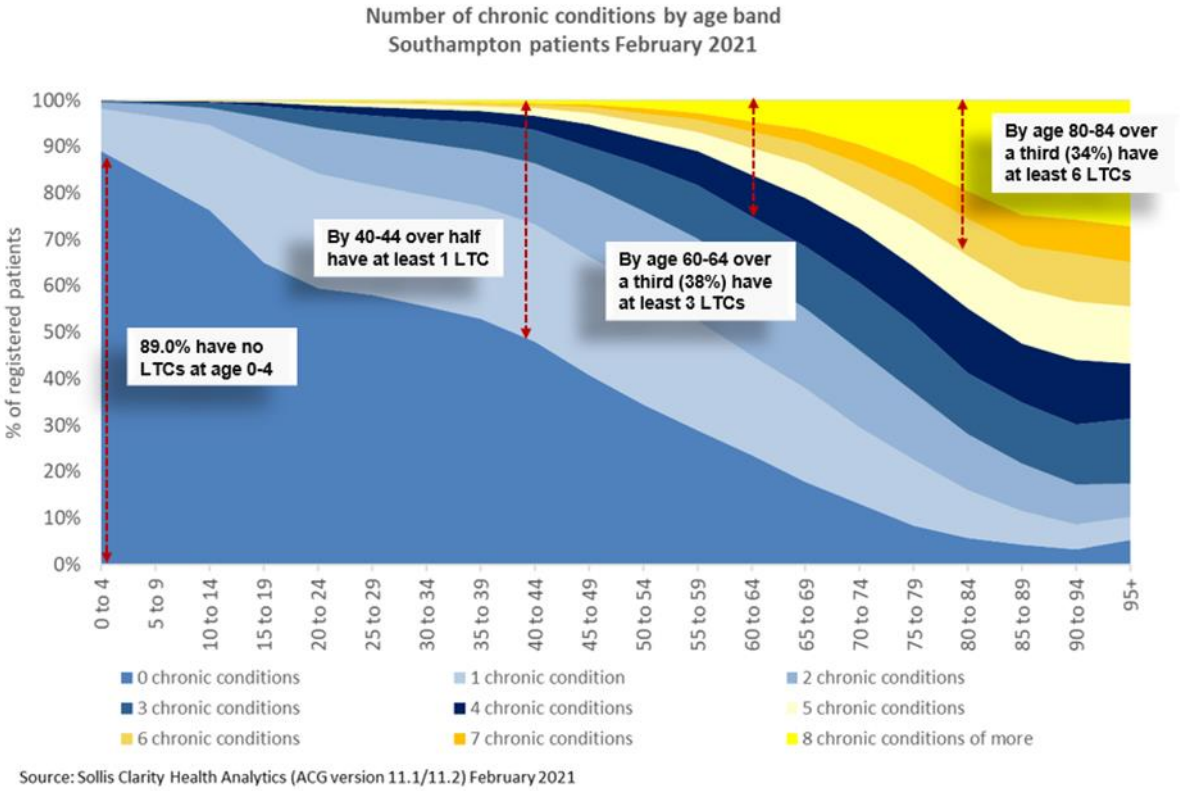
Figure 56: Number of chronic conditions by age band Southampton patients February 2021



In 2020/21, a higher rate of older people (aged 65 year and over) in Southampton access long term support through adult social services than is the case nationally (6,935 per 100,000 compared with 5,280 per 100,000).[101]

11.7.7 Ethnicity, Migration, Language and Religion

Cultural difference can affect health and wellbeing:

- Ethnic differences in health are most marked in the areas of mental wellbeing, cancer, heart disease, HIV, TB and diabetes.
- An increase in the number of older people from ethnic minorities is likely to lead to a greater need for provision of culturally sensitive social care and palliative care.
- Ethnic minority populations and religious groups may face discrimination and harassment and may be possible targets for hate crime
- Migrants may have limited health literacy to spoken and written information that is not in their first language

[101] NHS Digital Adult Social Care Analytical Hub https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-adult-social-care-survey/england-2019-20

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- Possible link with 'honour-based violence' which is a type of domestic violence motivated by the notion of honour and occurs in those communities where the honour concept is linked to the expected behaviours of families and individuals.
- Female genital mutilation is related to cultural, religious, and social factors within families

11.7.8 Gender

- Male healthy life expectancy in Southampton is 60.7 years which is significantly lower than the national average of 63.2 years.
- Inequalities in health are also greater for men in the city; comparing the most deprived 20% of Southampton to the least deprived 20%, life expectancy at birth gap 8.7 years for men and 4.1 years for women (2018-20)
- In 2020/21, 51.3% of violent victims were female and 48.7% male and females continue to be more likely to be repeat victims of violent crimes than males[102]
- The most recent community safety survey also highlighted that over half of respondents that witnessed or were a victim of crime did not report the incident. This is particularly concerning for high harm and priority offence groups such as sexual assaults, serious violent crime, domestic abuse and Violence Against Women and Girls

11.7.9 Port Workers and Visitors

Southampton is a port city with the potential for communicable diseases to be spread by the large scale movements of goods and people through the port. 1.9 million TEU (Twenty Equivalent Unit) container movements of cargo, over 79,000 shipping movements and 2 million cruise passengers coming to 5 cruise terminals annually require a range of diverse environmental health control functions from Southampton Port Health Services. As ferry port, Southampton serves around 3 million passengers to and from Isle of Wight.

11.7.10 Veterans

In common with other areas of the country, routinely collected local data for veterans in Southampton are extremely limited.

[102]Southampton City Council Safe City Assessment https://data.southampton.gov.uk/community-safety/safe-city-assessment/

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Applying estimates of the national veteran population (4.7%) obtained from survey data from the Annual Population Survey 2017[103] to the HCC SAPF gives an estimated 10,750 veterans living in the city. Hampshire as a wider ceremonial county area including Portsmouth and Southampton is estimated to have 7.1% veterans within the 16+ population, if this prevalence was applied to Southampton equating to 15,220 veterans. Most veterans are estimated to be in the older age groups, with 29% aged 55 to 74 years old, and 31% aged 75 to 84 years. [104,105]

The Royal British Legion (RBL) found the ex-Service population is elderly and declining in size. Unsurprisingly, given the age profile of the ex-Service community, many of the most common difficulties experienced are those faced by many elderly people more generally: problems getting around, and feeling exhausted and socially isolated.

The RBL report suggests that between 2014 and 2030, the UK veteran population will reduce from 10% of the UK population to 6%. Although the overall number of veterans is projected to decline, the proportion of veterans aged 85 years and over is projected to increase. This is likely to reflect the last veterans of the National Service cohort moving through the age profile, as well as increasing longer life expectancy within the UK population as a whole. However, there are increased proportions in age groups 16 to 24 years and 25 to 34 years due to the majority of personnel leaving the Armed Forces each year being in the younger age groups.

There is also an unquantified impact of reductions in overall Service numbers which may lead to personnel leaving sooner than expected. The health needs of younger veterans are likely to differ significantly from those in older age groups for example within the ex-Service community 16 to 34 year olds, particularly veterans and those who live alone, report a number of issues around debt, employment and transition, and a significant proportion have caring responsibilities.[106]

[103] The UK ex-Service community: A Household Survey 2014, Royal British Legion http://www.britishlegion.org.uk/get-involved/campaign/public-policy-and-research/the-uk-ex-service-community-ahousehold-survey/ applied to Hampshire County Environment Department's 2016-based Southampton Small Area Population Forecasts

[104] Annual population survey: UK armed forces veterans residing in Great Britain 2017 - GOV.UK (www.gov.uk)

[105] Fear N, Wood D, Wessely S for the Department of Health. Health and social outcomes and health services experiences of UK military veterans - a summary of the evidence. London: November 2009. Available at: http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113749.pdf

[106] Location of armed forces pension and compensation recipients: 2021 Ministry of Defence Location of armed forces pension and compensation recipients: 2021 - GOV.UK (www.gov.uk)

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In March 2021, there were 777 people in receipt of an occupational pension under the Armed Forces Pension Scheme. The largest proportions of these veterans live in SO16 and SO19 which are the postcode districts covering the West and East/South localities in Southampton. These localities include some of the city's most deprived areas. These two postcode districts also contained the majority of the 390 people in receipt of a war disablement pension (54 and 62 respectively).

A study by the RBL in 2014.[107] includes self-reported health information from veterans and the wider ex-service community (including dependents) found the top ten difficulties to be for the following conditions:

- Getting around outside the home
- Feeling depressed
- Exhaustion/pain
- Getting around inside the home
- Loneliness
- Bereavement
- Poor bladder control
- House/garden maintenance
- Not enough money for day-to-day living
- Not enough money to buy/replace items need

Veterans aged 16-64 are more likely than the general population of the same age to report a long-term illness that limits their activities (24% vs 13%). This includes:

- Depression – 10% vs 6%
- Back problems – 14% vs 7%
- Problems with legs and feet – 15% vs 7%
- Problems with arms – 9% vs 5%
- Heart problems – 12% vs 7%
- Diabetes – 6% vs 3%
- Difficulty hearing – 6% vs 2%, and
- Difficulty seeing – 5% vs 1%

[107] The UK ex-Service community: A Household Survey 2014, Royal British Legion http://www.britishlegion.org.uk/get-involved/campaign/public-policy-and-research/the-uk-ex-service-community-ahousehold-survey/

One in ten of the ex-Service community reports feeling depressed and this peaks at 14% of those aged 35-64 also one in six reports some relationship or isolation difficult. The most reported physical self-care difficulty is exhaustion and pain, reported by almost one in ten, followed by poor bladder control, reported by slightly fewer. Both problems are unsurprisingly, slightly more prevalent among those with a long-term illness or disability. Poor bladder control is more likely to be reported by those aged 75-94 (one in ten) but reports of exhaustion and pain peak at age 45 to 54 (13%).

Compared with the adult population of England and Wales, the ex-Service community is more likely to have some caring responsibility. The difference is greatest for those aged 16-34, so this difference is not explained by the older age profile of the ex-Service community. In total, 23% of those aged 16-64 have a caring responsibility, compared with 12% nationally.

11.7.11 Travellers

In July 2021, there were 21 traveller caravans in Southampton's authorised site, Kanes Hill; the site has seen decreasing numbers since January 2018 when 36 caravans were recorded. Key barriers to health in these communities include lower health literacy and cultural distrust of systems.

11.7.12 Homelessness

In 2019/20, Southampton's rate of households in temporary accommodation (1.8 per 1,000 households) was significantly lower than the national average (3.8 per 1,000 households). The city's rate of households owed a duty under the Homelessness Reduction Act (10.9 per 1,000 households) was also significantly lower than the national average (12.3 per 1,000 households), however the rate of households with dependent children owed a duty under the Homelessness Reduction Act (19.8 per 1,000 households) was significantly higher than the national average of (14.9 per 1,000 households).

The average life expectancy for women experiencing homelessness is 43 years old and for men it is 47 years old. Drug and alcohol abuse are particularly common causes of death among the homeless population, accounting for just over a third of all deaths, and people experiencing homelessness are nine times more likely to commit suicide than the general population.[108]

[108] '*Homelessness Kills*' report by Crisis available here: crisis_homelessness_kills_es2012.pdf

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A study of homelessness service users between 2017/18 and 2019/20 was undertaken by SCC in March 2021. The study identified 619 rough sleepers, but it is recognised that the rough sleeping population is fluid in its composition, and there are a number of services assisting them out of rough sleeping.

The 619 known rough sleepers provided 1048 reasons for their rough sleeping, with Mental Health (26.7%) and Drug Addiction (23.9%) as the most represented reasons. Other reasons given were Prison (16.5%), Physical Disability (13.8%), Alcohol issues (13.5%), Domestic Violence (3.1%) and Learning Difficulties (2.6%).

The majority of known rough sleepers gave their nationality as 'British' (76%) with Polish being the second highest (12%) reported nationality. Over the course of the study, there was a decreasing trend for Polish rough sleepers (13% down to 8%) with an increasing trend in British homeless (77% increasing to 82%).

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12. Appendix B – HIOW Pharmaceutical Needs Assessment Steering Group Terms of reference

The Pharmaceutical Needs Assessment (PNA) is a legal duty for Health and Wellbeing Boards (HWBs). Hampshire, Portsmouth, Southampton and Isle of Wight (HIOW) HWBs are each required to publish a revised PNA for their area by 1st October 2022. The PNAs are used by NHS England to make decisions on which NHS funded pharmaceutical services need to be provided in each local area. Failure to publish a robust PNA, which has been produced in line with requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 could lead to legal challenges, particularly as the local PNA is central to making decisions about new pharmacy openings.

The HIOW PNA Steering Group exists to guide the preparation of the PNA documents on behalf of the HIOW Directors of Public Health for presentation to the HWBs.

12.1 Purpose

The Steering Group will: -

- Oversee the development and publication of a separate PNA for Hampshire County Council (HCC), Isle of Wight Council (IOWC), Portsmouth City Council (PCC) and Southampton City Council (SCC)
- Agree a timetable for the development of the PNAs
- Guide the PNAs so as to meet the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and by the required timescale
- Advise on the statutory duties for consultation for the PNAs

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12.2 Membership

The membership of the HIOW PNA steering group is as follows:-

- Hampshire County Council
  Catherine Walsh, Senior Public Health Intelligence Analyst

- Isle of Wight Council
  Simon Squibb, Public Health Practitioner (Analyst)

- Portsmouth City Council
  Matt Gummerson, Strategic Lead for Intelligence
  James Hawkins Specialist Public Health Intelligence Analyst

- Southampton City Council
  Becky Wilkinson, (Acting) Consultant in Public Health (Chair)
  Vicky Toomey, Senior Strategic Intelligence Analyst
  Philip Gilbert, Public Health Practitioner

- Community Pharmacy South Central
  Debby Crockford, Chief Officer

- NHS England (South East Region)
  Marian Basra, Senior Commissioning Manager (Pharmacy and Optometry)

An agreed deputy may be used where the named member of the group is unable to attend. Other staff members/stakeholders may be invited to attend meetings for the purpose of providing advice and/or clarification to the group.

Where there are discussions in the steering group specific to one Local Authority, only those members representing the Local Authority in question may take part.

12.3 Declarations of interest

Members must declare any pecuniary or personal interest in any business on the agenda for it to be formally recorded in the minutes of the meeting.

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12.4 Meetings

All meetings will have an agenda and action notes.
There will be three scheduled meetings of the steering group (November 2021, February 2022 and July 2022) although this schedule may be adjusted if necessary, by agreement of the group.

12.5 Accountability and reporting

The PNA steering group will be accountable to the Directors of Public Health (DsPH) across HIOW.

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13. Appendix C – Consultation report

To be added after consultation has been carried out.

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14. Appendix D - Equality and Safety Impact Assessment

The Public Sector Equality Duty (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people's needs. The Council's Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with Section 17 of the Crime and Disorder Act and will enable the council to better understand the potential impact of proposals and consider mitigating action.

Figure 57: The Equality Duty

Name or Brief Description of Proposal	**Southampton Pharmaceutical Needs Assessment 2022**
Brief Service Profile (including number of customers)	
A Pharmaceutical Needs Assessment (PNA) is a statement of current pharmaceutical services provided in the local area. It also assesses whether the pharmaceutical services provision is satisfactory for the local population and identifies any perceived gaps in provision. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs. It is a statutory requirement for the Health and Wellbeing Board to publish a revised assessment within three years of its previous PNA. An exception to the deadline has been made because of the COVID-19 pandemic so the refreshed Southampton PNA must be published by 1st October 2022.	
Summary of Impact and Issues	
The PNA reflects the current and future needs for pharmaceutical services. This affects the residents of Southampton, people who work and study in the city and partner NHS organisations including NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group, Southampton University Hospitals NHS Foundation Trust, GP practices and the existing community pharmacy network. This PNA refreshes the previous assessment published on 1st April 2018. Access to high quality pharmaceutical services is particularly relevant for those in ill health who are taking medicines, typically people suffering from long term conditions and older adults. But there is no specific population group that is	

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impacted as everyone may need access to pharmaceutical services in the city. The PNA, therefore, makes reference to a range of groups. The impacts of the COVID-19 pandemic may have changed the way people use pharmaceutical services and this is considered in the PNA. For instance, we know that inequalities have increased as a result of the pandemic and that some specific population groups (e.g. people experiencing homelessness and vulnerable migrants) may have increased reliance on pharmacies for their health and care needs. Additionally, pharmacies (like other health and care providers) are increasingly offering remote consultations. These can give many benefits to patients but also come with a quality risk.	
Potential Positive Impacts	
The PNA has been developed to ensure a good range of pharmaceutical services may be accessed by the local population of Southampton. Many services have been identified, including locally commissioned services, and their role in promoting health and wellbeing of the people of Southampton is described.	
Responsible Service Manager	Becky Wilkinson Consultant in Public Health
Date	February 2022
Approved by Senior Manager	Debbie Chase Director of Public Health
Date	February 2022

Potential Impact:

Figure 58: Potential impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	This PNA identified good provision of services for all ages. Medicine use increases with age. The majority of older adults will be taking at least one regular prescription medicine. The PNA has considered services that would support older adults such as prescription collection and home delivery of medicines. Distance selling pharmacies, including those registered outside of Southampton, also provide additional choice, and increase accessibility to older adults, some of whom may have limited	N/A

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Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	mobility. Age-Adjustments to the dispensing process which may support older people include easy open containers and large print labels.	
Disability	The PNA has considered services that would support people with a disability such as home delivery of medicines. Distance selling pharmacies provide additional choice and increase accessibility to individuals with disabilities who may have limited mobility.	N/A
Gender Reassignment	No specific impact has been identified from this PNA.	N/A
Marriage and Civil Partnership	No specific impact has been identified from this PNA.	N/A
Pregnancy and Maternity	No specific impact has been identified from this PNA. Community pharmacies can provide an important source of advice for minor ailments, such as constipation, which can commonly occur in pregnancy. For women planning pregnancy, access to a community pharmacy for advice can also be important.	N/A
Race	No specific impact on a particular group has been identified from this PNA. Information has been collected and summarised in the PNA on languages spoken by pharmacy staff.	N/A
Religion or Belief	No specific impact has been identified from this PNA.	N/A

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Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	The General Pharmaceutical Council has published guidance[109] to clarify that while a pharmacist may be unwilling to provide a particular service due to religious reasons or personal values and beliefs, they should take steps to make sure the person asking for care is at the centre of their decision-making, so that they are able to access the service they need in a timely manner.	
Sex	No specific impact for either men or women has been identified from this PNA.	N/A
Sexual Orientation	No specific impact has been identified from this PNA.	N/A
Community Safety	No specific impact has been identified from this PNA.	N/A
Poverty	Areas of deprivation have been described and considered in this PNA but no specific impact has been identified.	N/A
Health & Wellbeing	The PNA has looked at the health and wellbeing of Southampton's population and at how the needs of different groups may vary. In relation to this, the PNA has assessed access to, and availability of, pharmaceutical services in the city.	
Other Significant Impacts	Community pharmacists tend to be the most accessible health care professionals for the general public. Pharmacies can be particularly effective in providing services to more underserved groups as they offer a walk-in service and do not require an appointment. COVID-19 has had a disproportionate impact on many who already face disadvantage, discrimination and unequal health outcomes. Some specific population groups (such as people experiencing homelessness and vulnerable migrants) have become even more reliant on	

[109] https://www.pharmacyregulation.org/sites/default/files/in_practice-_guidance_on_religion_personal_values_and_beliefs.pdf

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Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT

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Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	pharmacies for their health and care needs as a result of the pandemic. Public Health England has published guidance[110] on the unique role that pharmacy teams, located in the heart of communities, can play in helping to address health inequalities. There is also further guidance[111] available how pharmacies can be inclusive and on the role that pharmacies can plan in ensuring equitable access[112] to vaccinations.	

[110] Pharmacy teams – seizing opportunities for addressing health inequalities https://psnc.org.uk/wp-content/uploads/2021/09/Pharmacy-teams-seizing-opportunities-for-addresssing-health-inequalities.pdf
[111] Joint National Plan for Inclusive Pharmacy Practice in England https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Inclusive%20Pharmacy%202021/Joint%20National%20Plan%20for%20Inclusive%20Pharmacy%20Practice%20-%2010%20March.pdf
[112] Delivering an open access vaccination clinic https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/12/C1463-community-pharmacy-toolkit-delivering-an-open-access-vaccination-clinic.pdf

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DECISION-MAKER:	**Health and Wellbeing Board**
SUBJECT:	**PROPOSAL TO ADOPT THE HAMPSHIRE AND ISLE OF WIGHT 'WE CAN BE ACTIVE' STRATEGY AS THE NEW PHYSICAL ACTIVITY STRATEGY FOR SOUTHAMPTON**
DATE OF DECISION:	**2 March 2022**
REPORT OF:	**COUNCILLOR White** **CABINET MEMBER FOR Health and Adult Social Care**

CONTACT DETAILS				
Executive Director	**Title**	Executive Director Wellbeing (Health and Adults)		
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Author:	**Title**	Public Health Consultant		
	Name:	Becky Wilkinson	Tel:	07774 336072
	E-mail	Becky.Wilkinson@southampton.gov.uk		

STATEMENT OF CONFIDENTIALITY
None
BRIEF SUMMARY
This report seeks approval to proceed with the adoption for Southampton of the new joint Hampshire and Isle of Wight 'We Can Be Active' physical activity strategy under the Health and Wellbeing Strategy and Board. This will replace the city's current (2017) SCC Physical Activity and Sport Strategy which is due to end in 2022/23. Adopting this strategy will regalvanise local ambitions around physical activity following the impact of the pandemic and prioritise 'moving more' over traditional sport/exercise. It will create an opportunity to work collaboratively across HIOW, and as an Integrated Care System (ICS), to deliver joint goals and a consistent approach for physical activity.
RECOMMENDATIONS:

	(i)	• To proceed with the preferred option to adopt the 'We Can Be Active' strategy as the new physical activity strategy for Southampton and develop from it a local action plan. • To co-produce a local Southampton Action Plan with both the internal SCC Physical Activity Steering Group and external Southampton Physical Activity Alliance

REASONS FOR REPORT RECOMMENDATIONS	
1.	In Southampton, 28.0% of adults do less than 30 minutes of activity per week (2019/20)1. This currently positions Southampton as one of the most inactive

[1] OHID Fingertips Public Health Data - Physical Activity Profile, South East Region Physical Activity - Data - OHID (phe.org.uk)

	areas in the South East (above only Slough), with significantly higher levels of inactivity than the national average of 22.9%. In Southampton, 61.2% of children are not achieving the recommended 60 minutes of activity per day (2020/21), this is significantly worse than the national average of 55.4%.
2.	The 'We Can be Active' strategy has a joint mission to inspire and support active lifestyles so everyone can move more in a way that suits them, recognising that there is not equality and that certain groups are much less likely to be active. It consists of 5 broad goals summarising what people need to be active: a. **Positive early experiences** for our children and young people; for example, by embedding physical activity across all aspects of school life b. **Opportunities that meet our needs** and interests, are accessible and easy to find; for example, by increasing the number of informal neighbourhood activities c. **Places and travel routes** where we all feel safe and are encouraged to be active; for example, by transforming local outdoor spaces to make them accessible d. **Support to help get started** or keep moving when we feel we can't do things alone; for example, by promoting campaigns which challenge perceptions around activity e. **Bold leaders** working together to create happier healthier communities; for examples, by involving people from all walks of life to lead change
3.	The strategy, led by the local Active Partnership, Energise Me, was developed over a 1-year period, involved collating insight and evidence, engagement with the public and stakeholder organisations and a co-design phase across the Integrated Care System (ICS), including Southampton (see appendix). Around 30 organisations in Southampton were involved in the engagement process including SCC departments, CCG, NHS Trusts, Universities, and the VCSE sector.
4.	The strategy is high level with the intention that detailed local action plans will sit alongside. We propose developing a Southampton action plan, from the 'We Can Be Active' strategy, through engagement events with both the members of the SCC Steering Group and the Southampton Physical Activity Alliance Group. Process measures and key performance indicators would be developed within this to monitor outcomes and report on success.
5.	This approach has been supported at Cllr White's CMB and Guy Van Dichele's DMT. This strategy has been adopted by the Health and Wellbeing Boards of Hampshire, Portsmouth, and the IOW, and supported by the local ICS Prevention Board.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
6.	The alternative option would be to produce a new strategy specific for only Southampton. This is not recommended due to duplication of effort, lack of clear benefits and lost opportunity for a joint HIOW approach. Energise Me has already undertaken extensive engagement in the city including with SCC, our partners, stakeholders and the public. Over the 1-year development time for a new strategy (as advised by the Policy team), significant capacity and resource would be needed from the Public Health team and other SCC teams if a new Southampton-specific strategy were to be developed.
DETAIL	

7.	The current SCC Physical Activity and Sports Strategy was developed in 2017 as a cross-council strategy sitting under the Health and Wellbeing Strategy. It consists of 3 themes: Active Places, Active Communities, and Active Everyday, and its aim was to make physical activity a normal part of life for all, and to actively support excluded, inactive groups to increase participation in physical activity and sport. It is delivered by the SCC Steering Group which includes lead officers from Planning, Leisure, Sustainable Cities, Education, and Stronger Communities and is chaired by Public Health. A Southampton Physical Activity Alliance group made up of external voluntary and community sector groups also supports the delivery of this strategy.
8.	Commitments within the 2017 SCC Physical Activity and Sports Strategy link with the Green City, City of Culture, Child Friendly City and other strategic priorities including around cycling, clean air, transport, and childhood obesity.
9.	Progress on the delivery of the 2017 strategy can be found in a previous update briefing for DMT on 28th April 2021 – see appendix.
10.	A comparison with the current 2017 strategy showed that adoption of the 'We Can Be Active' strategy would not result in a significant change in priorities. Importantly though, 'We Can Be Active' was developed since the onset of COVID-19 so, therefore, would also enable our plans for physical activity to reflect the impacts of pandemic.
11.	Energise Me is the local Active Partnership who are funded by Sport England to support residents to be physically active for health and wellbeing. Through adopting the 'We Can Be Active' Strategy, Southampton can benefit from Energise Me's continued support in its implementation. This approach would also mean opportunity to work collaboratively across HIOW, and as an ICS, to deliver joint goals and a consistent approach for physical activity.
RESOURCE IMPLICATIONS	
Capital/Revenue	
12.	There are no resource implications inherent in adopting the 'We Can Be Active' strategy as the Southampton strategy under the Health and Wellbeing Strategy and Board. The local action plan will be written within current funding levels and areas for development or additional funding will be flagged. Energise Me are funded centrally by Sport England and do not require SCC funding for their strategy support.
Property/Other	
13.	There are no property or other implications
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
14.	This paper is within the remit of the Health and Wellbeing Board to approve.
Other Legal Implications:	
15.	Whilst the strategy went through various engagement events with the public and stakeholders, it did not have a formal 12-week consultation period on the draft version and therefore there is a small element of risk that the consultation was inadequate. However, the strategy has been accepted by other HIOW H&W boards and is a finalised joint strategy (and as physical activity is unlikely to be a contentious area), therefore acceptance of risk may be reasonable.

	Officers are satisfied that this risk can be mitigated through co-production of the action plan.
RISK MANAGEMENT IMPLICATIONS	
16.	Although it is not a statutory requirement to have a physical activity strategy, Southampton has had a strategy in place since 2017 due to the risks to residents' health through inactivity, in addition to the impact on environmental and economic objectives for the city. An ESIA for adopting the new strategy has been completed (see appendix).
17.	In 2021, the Health and Wellbeing Boards of Hampshire, Portsmouth and the IOW adopted the 'We Can Be Active' Physical Activity Strategy. This strategy has also been supported by the ICS Prevention Group. Continuing with a Southampton specific strategy would miss the opportunity for a joined-up approach across the ICS, creating duplication, inconsistency across the area and discourage collaborative working and joint funding.
POLICY FRAMEWORK IMPLICATIONS	
18.	The Policy team has reviewed the 'We Can Be Active Strategy' against other SCC Strategies to ensure alignment. Their conclusion was that there was no conflict between the 'We Can Be Active' Strategy and existing SCC strategies.

KEY DECISION?	**No**
WARDS/COMMUNITIES AFFECTED:	All
SUPPORTING DOCUMENTATION	
Appendices	
1.	None

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.	**Yes**
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: N/A**	

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.	Southampton City Council Physical Activity Strategy, 2017-2022, available from Southampton Physical Activity and Sports Strategy	Not exempt or confidential

2.	We Can Be Active' Strategy 2021, available from We-Can-Be-Active-Strategy.pdf (energiseme.org)	Not exempt or confidential
3.	Physical Activity and Sports Strategy Update, April 2021  DMT Physical activity strategy upd	Not exempt or confidential
4.	'We Can Be Active' Insight Pack, available from We-Can-Be-Active-Insight.pdf (energiseme.org)	Not exempt or confidential
5.	'We Can Be Active' Strategy Development Process  WCBA Strategy Development Proces	Not exempt or confidential
6.	Equality & Safety Impact Assessment (ESIA) for adoption of We Can Be Active Physical Activity Strategy.  ESIA - We Can Be Active Physical Activi	Not exempt or confidential

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DECISION-MAKER:	**Health and Wellbeing Board**
SUBJECT:	**The Local Authority Declaration on Healthy Weight**
DATE OF DECISION:	**2 March 2022**
REPORT OF:	Director of Public Health

CONTACT DETAILS				
Executive Director	**Title**	Executive Director Wellbeing Adults & Health (DASS)		
	Name:	**Guy Van Dichele**	Tel:	
	E-mail			
Author:	**Title**	**Senior Public Health Practitioner**		
	Name:	**Ravita Taheem**	Tel:	
	E-mail			

STATEMENT OF CONFIDENTIALITY

BRIEF SUMMARY

In 2020 the SCC Scrutiny Inquiry into tackling childhood obesity in Southampton included a recommendation to sign-up to the Local Authority Declaration on Healthy weight (also called the Healthy Weight Declaration -HWD). The ambition was also included as part of the SCC Corporate Plan 2021-2025. This briefing paper outlines the steps taken to be the first authority in South-East England to sign-up to the declaration.

A rapid baseline audit was completed against the 16 commitments of the HWD. It was clear that SCC is already addressing a number of the commitments which aim to create a healthy weight environment. The action plan in this document outlines plans to fill some of the gaps identified by the audit.

The Cabinet Member and the Health and Wellbeing Board are asked to consider the recommendations proposed in the SCC Healthy Weight Declaration action plan.

RECOMMENDATIONS:		
	(i)	Review and approve plans for Southampton City Council to sign up to the Healthy Weight Declaration
	(ii)	Identify opportunities for leaders to promote the HWD as part of the wider system

REASONS FOR REPORT RECOMMENDATIONS	
1.	To fulfil the recommendations agreed as part of the Scrutiny Inquiry into tackling childhood obesity in Southampton.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	None

DETAIL (Including consultation carried out)	
3.	The 2020/21 the National Child Measurement Programme data showed the highest annual increase in childhood obesity levels since measurements began in 2006/7. In England 14.4% year R and 25.5% year 6 children were obese (with 27.7% year R and 40.9% year 6 children being either overweight or obese). Children living in the most deprived areas were more than twice as likely to be obese, than those living in the least deprived areas. However, in 2020/21 measured levels of excess weight in year R children were 33% for Southampton and 28% for England. The latest figures for England and Southampton are significantly higher than the previous four years and also the latest figure for Southampton is significantly higher than that for England in 2020/21. Year 6 figures for Southampton mirror levels in England, but data checks are currently being undertaken.[i] It is clear that COVID-19 has had a disproportionate impact on many who already face disadvantage. The impact of the virus has been particularly detrimental on people from Black, Asian and minority ethnic communities and on older people, men, those with a learning disability and others with protected characteristics. In addition, people living in areas of high deprivation and poverty have experienced some of the highest COVID-19 death rates. The same communities that are also at a much greater risk of experiencing higher levels of overweight and obesity. COVID-19 has brought the importance and urgency of addressing overweight and obesity to the fore with the publication of the National Obesity Strategy in July 2020 and, in March 2021, the allocation of a ring-fenced grant for local authorities to expand their weight management services. It is therefore important to bolster this with local action on providing healthier places and reducing health inequalities as part of the wider prevention agenda. All recommendations from the Scrutiny Inquiry into tackling childhood obesity were accepted including the recommendation to commit to the HWD. The Cabinet Member for Children and Learning is providing strategic oversight for the recommendations of the Scrutiny Inquiry. This paper outlines some of the actions already undertaken by SCC to meet the requirements of the HWD and the action plan proposed for signing-up to the HWD (more details are provided in Appendix A).
4.	The HWD was developed and launched in 2015 in consultation with local authorities in the North West and public health academics & specialists. The HWD is a council-wide commitment to promote healthy weight and improve the health and well-being of the local population. It is also recognised as an approach to the Whole systems work developed by PHE (now Office for Health Improvement and Disparities-OHID). It consists of 16 commitments, to promote healthy weight in a local area. Rather than providing an assessed list of standards, it sets out key areas for ongoing improvement and development.

	Twenty-five councils across England have signed-up with at least ten other councils working towards signing-up. Southampton will be the first council in South-East England to sign-up. Other cities who have adopted the Healthy Weight Declaration are Bristol, Leeds, Liverpool and York. There is no single cause of overweight and obesity. It is influenced by a multitude of factors, including (but not limited to) access to healthy food; proximity to fast food outlets; advertising and marketing of unhealthy, calorie dense food and drink; and opportunities for physical activity. Therefore, all local government departments have a role to play. Having strong support across portfolios and wards is also important so that healthy weight is considered in all policies and practice. To meet the requirements of the HWD, five domains were considered 1. Commitment from system leaders 2. Evidence of initiatives to address commercial determinants 3. Health promoting environments/infrastructure 4. Organisational change 5. Evaluation and monitoring
5.	Sign-up to the HWD requires a pledge to work toward the 16 commitments. A baseline audit was completed with representatives from various council departments (oversight group), which showed a number of actions are already being taken (see Appendix A). Food Active also encourage local authorities to include additional commitments relating to local priorities, which were included after discussions with the oversight group. The HWD is a set of pledges to work towards and there is no expectation to meet all commitments before officially signing-up. The aim is to ensure HWD is championed by SCC leaders to encourage a system-wide commitment and engagement from other leaders in the city.
RESOURCE IMPLICATIONS	
Capital/Revenue	
6.	No additional funding is being requested at this stage and any proposals that require additional expenditure will need the funding source to be identified before any costs are incurred.
Property/Other	
7.	N/A
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
8.	The Health and Social Care Act 2012 requires local authorities to collect data on Reception Year and Year 6 children's height and weight from all state maintained schools within their area as part of the National Child Measurement

	Programme. Public Health England (PHE) provide operational guidance to local authorities and schools on how to undertake the exercise. The Act also requires local authorities to improve the health of their local population.
Other Legal Implications:	
9.	N/A
RISK MANAGEMENT IMPLICATIONS	
10.	N/A
POLICY FRAMEWORK IMPLICATIONS	
11.	The proposals contained within this report and the Appendix support the delivery of the Southampton City Council corporate plan 2021-2025 to improving health and learning for our children and adults across the city which specifically includes reducing childhood obesity and signing up to the Local Authority Declaration on Healthy Weight.

KEY DECISION?	**Yes**
WARDS/COMMUNITIES AFFECTED:	City-wide
SUPPORTING DOCUMENTATION	
Appendices	
A	Action plan for the Local Authority Declaration on Healthy Weight

Documents In Members' Rooms

1.	
2.	
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:** Childhood obesity-final report	

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.	Final report from the Scrutiny Inquiry into tackling childhood obesity in Southampton	Childhood obesity-final report
2.		

Appendix A- Healthy Weight Declaration-16 commitments and action plan

Healthy Weight Declaration-16 commitments		Current activity	Action Plan
Strategic/system leadership			
1.	Implement the Local Authority Healthy Weight Declaration (HWD) as part of a long-term, 'systems-wide approach' to obesity;	Developing a local Whole Systems Approach (WSA) to prevent childhood obesity. SCC partnership group brought together to complete HWD baseline audit to sign-up	-Implement a WSA. Workshops will be conducted with council and external partners to develop a local map of the causes of obesity and identify new opportunities to intervene -Prioritise interventions identified as part of the WSA
2.	Advocate plans that promote a preventative approach to encouraging a healthier weight with local partners, identified as part of a 'place-based system' (e.g. Integrated Care System);	DPH frequently raises the issue of health weight with partner organisations across the local system.	-Council leadership to promote the HWD at relevant networks and forums -As our WSA to obesity is implemented we will engage with reciprocal knowledge exchange with regional neighbours.
3.	Support action at national level to help local authorities promote healthy weight and reduce health inequalities in our communities (this includes preventing weight stigma and weight bias);	Key strategic priority embedded in SCC strategies including Economic Green Growth, Health and Wellbeing Strategy 2017-2025 and the Better Care strategy	Share learning at national forums including through presenting at conferences and writing and publishing papers about our approach
4.	Invest in the health literacy of local citizens to make informed healthier choices; ensuring clear and comprehensive healthy eating and physical activity messages are consistent with government guidelines;	SCC led comms campaign, includes primary research to understand attitudes and behaviours on dietary choices, including shopping and eating behaviours. Insights will inform a local healthy weight campaign	Insights to be shared with partners. Findings will inform future PH healthy weight campaigns
5.	Local authorities who have completed adoption of the HWD are encouraged to review and strengthen the initial action plans they have developed by consulting Public Health England's (now Office for Health Improvement and Disparities), Whole Systems	Plans for a WSA currently being developed, implementation began in January 2022	Through implementation of the WSA, new opportunities for interventions will be identified to strengthen the initial HWD plan.

	Approach to Obesity, including its tools, techniques and materials;		
Commercial determinants			
6.	Engage with the local food and drink sector (retailers, manufacturers, caterers, out of home settings) where appropriate to consider responsible retailing such as, offering and promoting healthier food and drink options, and reformulating and reducing the portion sizes of high fat, sugar and salt (HFSS) products;	Healthy food standards are included in two local award schemes for early years (HEYA) and schools (HH5). No healthy catering award in place currently Green spaces team have processes in place to request providers to have a healthier food and drink offer through local park concessions (which provides healthier food and drinks in cafes and kiosks in local parks and green spaces)	Build on collaborations with the commercial sector (e.g. opportunities to promote those businesses that are already offering healthy choices) Engage with commercial sector to use city events to promote healthy choices (e.g. City of Culture events) Dependent on long term funding commitment-develop plans for healthy catering awards for restaurants and takeaways with Environmental Health and Public Health
7.	Consider how commercial partnerships with the food and drink industry may impact on the messages communicated around healthy weight to our local communities. Such funding may be offered to support research, discretionary services (such as sport and recreation and tourism events) and town centre promotions;	Engagement with Go Southampton	Events team to embed within local contracts questions to encourage providers to consider the promotion of healthy weight environments for staff and service users
8.	Protect our children from inappropriate marketing by the food and drink industry such as advertising and marketing in close proximity to schools; 'give-aways and promotions within schools; at events on local authority-controlled sites;	Joint Spatial Planning for Health post being recruited to inform and influence the local Southampton City Vision	Joint Spatial Planning for Health post recruited in March. The role will inform how the new Southampton City Vision promotes a healthy weight environment
Health Promoting Infrastructures/Environments			
9.	Consider supplementary guidance for hot food takeaways, specifically in areas around schools, parks and where access to healthier alternatives are limited;	Supplementary guidance for hot food takeaways routinely considered as part of local plans for tackling childhood obesity	Joint Spatial Planning for Health post recruited in January. The role will inform how the new Southampton City Vision promotes a healthy weight environment including parameters and guidance for hot food takeaways.
10.	Review how strategies, plans and infrastructures for regeneration and town planning positively impact on physical activity, active travel, the food environment and food security (consider an agreed process for	Through the Local capability fund, the Future Transport Zone and Transforming Cities Fund, investment is being made for improved infrastructure for active travel and behaviour change. Work includes developing the public realm e.g. for bike-share	-Future work will draw on the sustainable travel action plan to include a bike share scheme and improved cycle infrastructure as well as opportunities to support walking for leisure as part of the My Journey and modal shift initiative. The current sustainable

	local plan development between public health and planning authorities);	schemes, Active Travel Zones and the School Streets Programme as well as the My Journey campaign) The green grid will be supported by protected policy and an action plan for managing and improving the network	travel action plan will be reviewed to consider green infrastructure and the local city vision. -The output will include a map of the green grid and public consultation to seek views on opportunities for improvement, this may include renovation of infrastructure e.g. resurfacing foot paths, benches and way marking to make space useable for more people
11.	Where Climate Emergency Declarations are in place, consider how the HWD can support carbon reduction plans and strategies, address land use policy, transport policy, circular economy waste policies, food procurement, air quality etc;	Through the Local capability fund, the Future Transport Zone and Transforming Cities Fund, investment is being made for improved infrastructure for active travel and behaviour change. Our Greener City Plan 2030	-Develop a Food Strategy and work towards the Sustainable Food Place award -Identify synergies with carbon reduction/net zero and other emission reduction activities to support healthy and active opportunities for people
Organisational Change/Cultural Shift			
12.	Review contracts and provision at public events, in all public buildings, facilities and 'via' providers to make healthier foods and drinks more available, convenient and affordable and limit access to high-calorie, low-nutrient foods and drinks (this should be applied to public institutions & scrutiny given to any new contracts for food & drink provision, where possible);	Green spaces team have processes in place to request providers to have a healthier food and drink offer through local park concessions (which provides healthier food and drinks in cafes and kiosks in local parks and green spaces)	-Events team to embed within local contracts questions to encourage providers to consider the promotion of healthy weight environments for staff and service users -Procurement team to embed within the local Social Value and green City Procurement Policy and Framework, questions to encourage providers to consider promotion of healthy weight environment for staff and service users and adoption of government buying standards for food and catering services where relevant and proportionate to do so in line with our policy and framework
13.	Increase public access to fresh drinking water on local authority-controlled sites; (keeping single use plastics to a minimum) and encouraging re-useable bottle refills;	Our Greener City Plan 2030 includes plans to reduce single use plastics	-Work with BID to roll out the Refill scheme and modern fountain/refill stations with local businesses in the city and gather support to include these stations at all sports fields. -Ongoing work will involve seeking opportunities to promote the scheme in district centres and promoting similar principles in schools through schemes like Eco - Schools to reduce consumption of bottled drinks.

14.	Develop an organisational approach to enable and promote active travel for staff, patients & visitors, whilst providing staff with opportunities to be physically active where possible (e.g. promoting stair use, standing desks, cycle to work/school schemes);	Officer in place leading on staff focussed health and wellbeing campaigns and messages for staff active travel. Routinely promote campaigns which encourage active travel e.g. Cycle September.	-Currently SCC is in transition period due to the impact of COVID-19. To understand the new normal, a staff travel survey should be undertaken to understand how people are now moving (before, during and after work) and how they can be supported. Staff Intranet pages and comms will help raise awareness/promote good practice
15.	Promote the health and well-being of local authority staff by creating a culture and ethos that promotes understanding of healthy weight, supporting staff to eat well and move more;	- Staff HWB strategy is in place -HR representation for staff wellbeing is currently being reviewed. -Intranet site promoting staff wellbeing. - Staff bulletins routinely promote staff wellbeing -Staff wellbeing champions in place A Council Active Travel plan is in place and active travel is routinely promoted to staff through campaigns and offers.	-Staff HWB strategy is in place and will be reviewed depending on capacity -Ensure staff HWB strategy enables staff to make healthy lifestyle choices in relation to healthy weight (particularly physical activity, healthy eating and emotional health and wellbeing) -Going forward work will be undertaken to ensure staff are aware of active travel opportunities (including health and sustainability) e.g. through staff induction processes.
Monitoring and Evaluation			
16.	Monitor the progress of our action plan against the commitments, report on and publish the results annually.		-SCC group in place to oversee the adoption of the HWD. -An annual audit of progress will be undertaken by the oversight group. This group will also oversee the next step, which is to implement a Whole Systems Approach to obesity, key external partners will be invited to participate in-year.
Local commitments			
17.	Promote safer inclusive streets and places to promote physical activity and wellbeing		-Work to improve perceptions of safety in streets and spaces to promote physical activity and mental health and wellbeing e.g. play streets. -Facilitate the use of section 106 funding to improve local green infrastructure if use of facilities by local communities can be demonstrated. Examples include supporting walking schemes.
18.	Promote volunteering in environment improvement activities to support physical activity and community cohesion		Plans are being developed to increase community engagement and voluntary participation in environmental improvement projects from litter picking to land management schemes

[i] National Child Measurement Programme, England 2020/21 School Year. November 2021. Available from National Child Measurement Programme, England 2020/21 School Year - NHS Digital. [Accessed 22 December 2021].

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DECISION-MAKER:	**HEALTH AND WELLBEING BOARD**
SUBJECT:	**CHILDREN AND YOUNG PEOPLE'S STRATEGY**
DATE OF DECISION:	**2 MARCH 2022**
REPORT OF:	**CABINET MEMBER FOR HEALTH AND ADULT SOCIAL CARE**

CONTACT DETAILS				
Executive Director	**Title**	**Director of Children's Services**		
	Name:	**Robert Henderson**	**Tel:**	
	E-mail	**Robert.henderson@southampton.gov.uk**		
Author:	**Title**	**Deputy Director, Integrated Commissioning Unit**		
	Name:	**Donna Chapman**	**Tel:**	**07879898227**
	E-mail	**d.chapman1@nhs.net**		

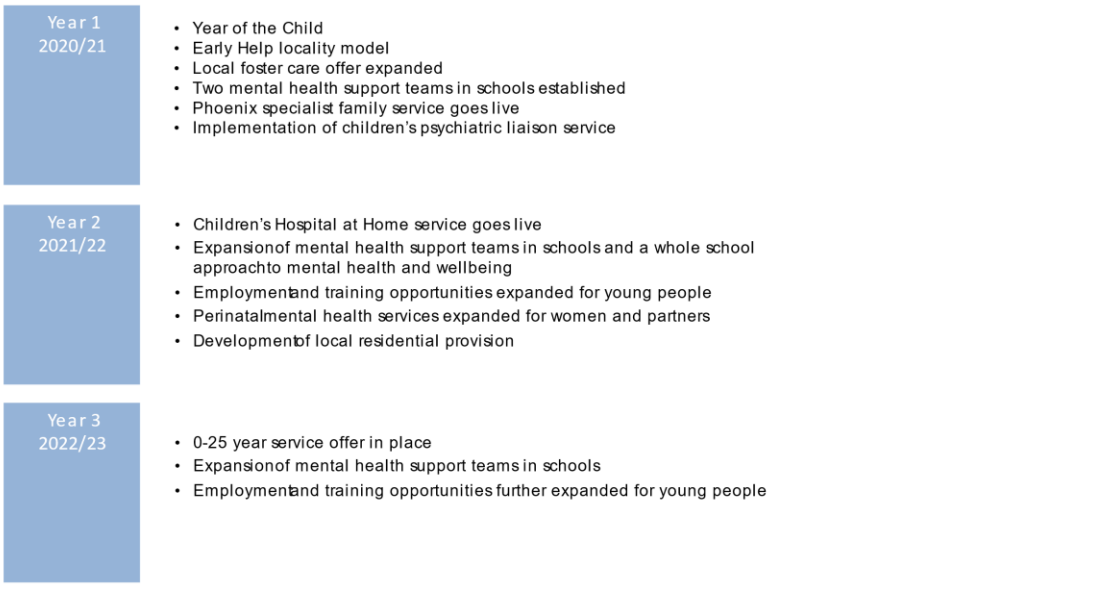
STATEMENT OF CONFIDENTIALITY
None
BRIEF SUMMARY
This report sets out the key developments undertaken over the last two years to improve outcomes for Children and Young People in Southampton and priorities for improving outcomes moving forward. It invites partners to consider how they can work together to deliver these priorities as a whole system.
RECOMMENDATIONS:

	(i)	To note progress to date against the Southampton Health and Care Strategy Start Well priorities and the Destination 22 Programme.
	(ii)	To note the priorities and key deliverables as set out in the new Children and Young People's Strategy 2022 – 2027.
	(iii)	For the Health and Wellbeing Board to hold the Council and its partners to account and support the system change required for delivering the Children and Young People's Strategy – and particularly to consider how partners can take a more collaborative approach and contribute towards a whole system effort to address the challenges identified at Paragraph 11 and as set out in more detail in Paragraph 14.

REASONS FOR REPORT RECOMMENDATIONS	
1.	Southampton City Health and Wellbeing Board has identified the health and wellbeing of children and young people as one of its key priorities and has requested an update on plans and priorities.

2.	Children and young people aged 0-24 make up 36.4% (94,605) of Southampton's population. Improving outcomes for children, young people and their families, and particularly with a focus on the early years, will not only benefit a significant part of the city's population but will also have a beneficial impact for the future of Southampton, as "a City of opportunity where everyone thrives" – supporting each of the 3 key priorities: Economic growth with social responsibility; Skills and employment and Healthier and safer communities. It is known that the health and wellbeing in the first years of a person's life, particularly from conception until 5 years of age, has a significant impact into adolescence and adulthood. Giving every child the best start in life is endorsed as the most important recommendation for reducing health inequalities in the Marmot Review as it can break the links between early disadvantage and poor outcomes later in life.
3.	There is a strong case for improving the health and wellbeing of children and young people in Southampton, who, as an age group, are relatively more disadvantaged than the rest of the population. About 1 in 5 children are in low income families and will experience poor housing, family debt and financial anxiety, and food insecurity. 18% of children live in the most deprived areas of the city, compared to 12% for the overall population. By the age of 3 there are already disparities in cognitive, developmental, social and wellbeing levels between those children living in more deprived areas and others, and this gap continues to widen throughout childhood. Early prevention and intervention are about building protective factors and reducing harm at the earliest stage, so children and young people have the best opportunities to thrive. "*The period from pregnancy to age 3 is when children are the most susceptible to environmental influences. Investing in this period is one of the most effective ways to help eliminate extreme poverty and inequality, boost shared prosperity and create the human capital needed for economies to diversity and grow"* (UNICEF, World Bank and World Health Organisation, Nurturing Care Framework).
4.	In summary the key challenges for the city in relation to improving outcomes for children and young people are: - A high rate of Looked After Children: As of the end of July 2021 there was a total of 511 Looked After Children – a rate of 95 per 10,000 compared to 65 for England as a whole. - High rates of Neglect & Domestic Abuse: Southampton ranked highest among comparators for the rate of cruelty to children offences with 215 cruelty to children offences recorded in 2019/20, which is a 14.4% increase compared to the previous year. 52.2% of Southampton High Risk Domestic Abuse (HRDA) referrals have children and young people in the household (Apr '18 to March '20). - Mental Health: in Southampton it is estimated that 11.7% of 11-19-year olds have a mental health condition, which is becoming more prevalent. Over 1 in 100 15-19-year olds have had a hospital admission for self-harm, nearly twice that of England. Mental health has worsened during the pandemic and there has been a significant peak in Children and Young People seeking mental health support. - Obesity: The proportion of obese children in Southampton increases significantly between reception and year 6. By year 6, 37.6% of children

	in Southampton are overweight with nearly a quarter obese. This is significantly worse than England but reflects a growing national trend. In terms of physical health, due to the partial closure of schools, early years settings, clubs and activities it is likely that there will be a rise in childhood obesity, particularly amongst more economically deprived children.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
5.	Not Applicable
DETAIL (Including consultation carried out)	
	Progress to date – Key Developments
6.	**Destination 22**: In 2020/21 Children's Services embarked on an ambitious internal transformation programme: Destination 2022. The overall aim for the programme is to improve the outcomes, opportunities and the life chances of children, young people, and families in Southampton against the following workstreams: • Early Help • Young People • Accommodation and Residential Homes • Special Educational Needs and Disabilities (SEND) • Safeguarding • Recruitment and Retention • Outcomes, Infrastructure and Innovation
7.	Destination 2022 will deliver a number of improvements (to go live from this Spring onwards) to the way that children's services are delivered locally, including: - Additional investment of over £2M, which is being used to recruit additional social workers and other essential workers across the service. In addition, >£400k has been invested in a Workforce Academy, which is driving forward the service's systemic practice model which is focussed on trauma informed practice. - Changes to the "front door" which will integrate the Multiagency Safeguarding Hub (MASH) and Early Help Hub into a single Children's Resource Service, taking all referrals into children's services; and a reconfiguration of social work into localities - A remodelled Early Help service, based in localities, with social care embedded to better respond to need and intervene earlier with more streamlined referral pathways and a stronger focus on evidence based, time limited interventions for families. The service will also be looking to improve engagement and co-ordination with community-based organisations who can support families - A new multidisciplinary Young People's service, based in localities, with the development of a Young Person's Hub to increase the timeliness of decision making and work with young people and their families restoratively. The service seeks to reduce duplication and remove

	service specific referral criteria/ thresholds, reduce duplication and connect with a wider youth offer. Key aims include reducing the numbers of first time entrants into the Youth Justice System and reducing the number of 16 and 17 year olds presenting as homeless as well as enhancing education, employment, and training options for young people. - Reducing the number of young people who are placed in residential provision out of the city by scoping and implementing an inhouse children's home model of short and long term provision - A redesign of services for children with special educational needs and disabilities (SEND) which will see the Jigsaw integrated health and social care service remodelled to provide support into localities, enhancement of the short break offer (particularly for children with neurodiversity), and a strengthened Early Help Offer - Implementation of a Family Safeguarding Model building on an emerging evidence base that shows a range of benefits for organisations that are working with families affected by domestic abuse, parental mental health and/or parental substance and alcohol misuse.
8.	**A Child Friendly City –** alongside Destination 22, work has continued to make Southampton a Child Friendly City, working towards the goal of accreditation with UNICEF by 2024/25.
9.	**Start Well** – alongside the Destination 22 programme, the Southampton Health and Care Strategy sets out a number of key ambitions for whole system work to improve outcomes for children and their families with a roadmap for the first 3 years (2020 – 2023), some elements of which have already been described above (year of the child, early help, local residential provision): 
10.	Below is a summary of developments which have been progressed over the last two years against the Start Well road map: • Improving MH and Wellbeing: • **Mental Health Support Teams in Schools –** the first wave of teams went live in Spring 2021 and a further two teams went live

	January 2022, covering 90% of the whole city's school and college populations. The teams deliver cognitive behavioural therapy (CBT) based interventions to children with low level anxiety and low mood and work with schools to assist in their development of whole school approaches to emotional wellbeing. • **Children's Acute Psychiatric Liaison –** New service went live in July 2021 to work with A&E and the wards to support young people presenting to hospital with emotional and mental health problems. • **Youth Workers in A&E –** this pilot with No Limits has proven a successful resource in supporting young people with a range of difficulties including housing, substance misuse, advice and information, diverting them into services available in the community. • **NHS 111 -** Implementation of crisis support for all ages through the NHS 111 Mental Health Offer with Child and Adolescent Mental Health Service (CAMHS) and Adult Mental Health nurses available 24/7 for immediate assessment and support. Pathways into No Limits for support from the voluntary sector have also been developed. • **Interagency Early Intervention** – there are plans to expand the Building Resilience and Strengths Service from April 22, which is a joint children's health and social care team focussing on those children and young people with the most complex needs, to work in the new Early Help and Young People's locality teams (described above) supporting frontline staff with advice, assessment and joint case working. In addition the service will be expanding its community crisis offer (into weekends and evenings) and therapeutic offer for vulnerable young people including looked after children. • **Phoenix Service** – this service was implemented in September 2020 and funding has been agreed for its continuation. The service supports women who have had multiple infants taken into care with the aim to break the cycle – the service is currently working with 21 women and will be extended to work with a further 24 in 2022/23. A new trauma informed therapeutic support pathway is also being commissioned from Yellow Door to work with women in the Phoenix Service. • **Children's hospital at home** – this service is due to start in March 22 and will support families to manage minor child illnesses in the community through combination of telephone support and home visiting, reducing pressure on A&E.
	What Key Challenges Remain
11.	Whilst much has been achieved in the last 2 years, a number of outcomes have remained challenging to improve, in particular: - **Tackling the impact of child poverty and deprivation with a focus on the early years** - As highlighted in Paragraph 3, the impact of deprivation is already evident by the age of three between those children living in more deprived areas and others. There is therefore a

	strong need to focus on those living in the most deprived parts of the city to promote their health and wellbeing, nutrition, safety and security and opportunities for early learning. Those that live in the most deprived quintile of Southampton have poorer outcomes across several areas, including child poverty, breastfeeding, maternal smoking, obesity, educational attainment, disability and proportion of looked after children. - **Improving preparation for adulthood for vulnerable young people** – as evidenced by feedback from local parents/young people about the transition process, rates of young people not in employment, education or training (NEET) and the numbers of care leavers not in suitable accommodation. Currently 54% of Southampton care leavers aged 17/18 year olds are reported to be in suitable accommodation compared to 86% amongst our statistical neighbours and 10.7% of Southampton 16/17 year olds are not in education, employment of training (NEET), which is the 4th highest NEET rate in England (6.8%) and the highest in the South East (7.8%). - **Improving children and young people's emotional and mental wellbeing** – as evidenced by increasing referrals to specialist CAMHS (84% higher this year to date compared to the same period pre-Covid levels), high numbers of young people presenting in emotional distress to hospital A&E departments (82% increase in presentations to the psychiatric liaison/self harm pathway over the last 5 months compared to the same period last year) and feedback from local children and young people. Additionally there are gaps in support for infant mental health. Some of the most influential years for children's developing emotional wellbeing is in infancy and in the under 5s. - **Reducing childhood obesity** – As evidenced by a particularly large rise in obesity in children in year R last year. In 2020/21 a third of year R were overweight or obese (compared to 28% for England). The level of overweight and obese year 6 children also increased in 2020/21 and is similar to England average with 40% overweight or obese, and a quarter obese.
	The new CYP Strategy – SOUTHAMPTON CHILDREN AND YOUNG PEOPLE'S STRATEGY 2022-2027
12.	In April 2022, the Council will be publishing a new Children and Young People's Strategy, building on the plans already in progress. The strategy will encompass health and care, education and the wider determinants of health and wellbeing and will set out 4 priorities: **Good start in life**: • Children and young people will have the best start in life, with a particular focus on providing evidence-based prevention and early intervention services and programmes as part of Southampton's Integrated Early Help & Prevention offer, which support parents and carers to develop positive nurturing relationships with their child and promote the conditions that enable them to thrive. This will include promoting breastfeeding as the first choice of infant feeding, promoting physical activity and healthy eating and speech, language and communication.

	• Vulnerable families are identified early and supported, with a particular focus on those impacted by poverty and deprivation. • All children are supported to reach their full potential and achieve their aspirations **Live safely**: • Services will work together to improve lives and outcomes for all children, young people, and their families • All children and families get the help they need at the earliest opportunity, within their own communities • All children and young people, live safely within their homes and families • Organisations supporting all children and families will work to a common practice framework • All children and young people will be at the heart of our response • Young people at risk of harm in the community will receive effective help and protection. **Be happy and healthy**: • Improving lives of all children • Children and young people have positive social, emotional, and mental health • Ensure education settings are inclusive and promote the wellbeing of pupils and staff • Children and young people adopt healthy attitudes and habits and enjoy physical activity and healthy eating in everyday life for benefits to their physical and mental health • Children and young people have a positive, informed approach to risk taking • Children and young people are able to participate and have a voice • We will ensure that the transition for YP with specific needs from children to adult health and social care services is seamless and that they do not go without services because they reach a specific age. **Learn and achieve:** • Focus on improving educational progress and attainment • All children and young people experience suitable, high-quality education that meets their individual needs and enables them to achieve their aspirations • All young people are provided with suitable and high-quality post-16 education, employment, and training • Work in partnership with education providers to raise standards for all children and young people • • Provide sufficiency of high quality early years and school places.

13.	Underpinning these four priorities, the Strategy will continue to reinforce the following principles which have been core to delivery of Start Well and the Destination 22 programme: • **Early intervention, prevention and inclusion:** investing in prevention, working with schools and communities to identify needs and deliver services as early as possible, to meet needs at the right time, in the right place and in the right way. • **Relationship based work:** building relationships and making change together with: All children, young people, families and carers; One another (colleagues); Schools and colleges; Partners (health, police, voluntary and cultural sectors) and local communities • **Locality working:** bringing our services closer to the communities they serve by changing how and where we work. • **A skilled and stable workforce:** building and developing confident, multi-skilled teams and future leaders through a strong learning and development offer and "high support, high challenge" culture, enabling more consistent relationships with children, families, schools and partners.
	Tackling the key challenges: A Whole System Effort
14.	To deliver the Children and Young People's Strategy and particularly to address the key challenges highlighted in Paragraph 11 will require a whole system effort which will require services, whether they are working with adults or children, in health, education, social care or the community, to work collaboratively. Health and Wellbeing Board partners are particularly asked to consider and promote whole system action in the following four areas: **1. Tackling the impact of child poverty** - At a preventative level, what further action could the city take to promote the three prime areas of early child development: personal, social and emotional development; communication and language; and physical development, with a particular focus on those areas of the city impacted by poverty and deprivation? 2. **Improving the preparation for adulthood**, particularly for young people with neurodiversity and for care leavers, who struggle to engage with education, employment and training and can often find themselves in unsuitable accommodation - How might adult and children's services work together more effectively to support young people prepare for adulthood? - How can partners contribute to increasing employment and training opportunities for vulnerable young people across the city? **3. Improving children and young people's emotional and mental wellbeing** - The I Thrive model for whole system action to improve mental health is being rolled out across the city. I Thrive is a trauma-informed, needs led and evidence based approach, which recognises that "mental health" is "everyone's business" and identifies how organisations can contribute to a continuum of support.

	- What more can partners do to promote the mental health and emotional wellbeing of children and young people, particularly in the early years? **4. Reducing childhood obesity** - How can partners better support whole families to achieve/maintain a healthy weight through activity and eating well and to have the knowledge and skills to enable healthy habits in their babies and young children?
15.	The HWBB is also asked to note that there are potentially a number of opportunities to secure additional investment from national funding streams which have recently been announced (as part of the 3-year spending review) to deliver the Best Start for Life vision published last year. These include: - Start for life - £10million available nationally to develop and publish a Start for Life offer with a further £50million available to improve breastfeeding support. Both these areas would support further development of Southampton's integrated 0-19 early help service offer and link with a range of initiatives within the city aimed at improving health and well-being. - Parent programmes - £50million available nationally for developing and delivering parenting programmes which is a key area we are developing as part of the Destination 22 programme. - Infant and perinatal mental health - £100million available nationally. - Family hubs - £70million available nationally for the development of family hubs. This would enable us to build on integrated working between SCC and NHS Solent as well as increasing co-ordination and engagement with private and voluntary sector providers in the city. This may also support the child friendly city vision. Further guidance is awaited regarding the bidding process; however Southampton will have a strong case owing to its local needs assessment and its having strong strategies in place. HWBB partners are asked whether they can support the bidding process both in terms of contributions and bid writing/coordination capacity.
RESOURCE IMPLICATIONS	
Capital/Revenue	
16.	Detailed resource implications are considered as part of the development of business cases for individual services/projects.
Property/Other	
17.	Whilst not specifically a focus of this report, partners may wish to consider opportunities where collective use of estate can support whole system effort to address the key areas identified above. This could include co-location of teams or co-location of clinics/services.
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	

18.	Children's Act 1989 and Children & Young Peoples Plan (England) Regulations 2005
Other Legal Implications:	
19.	The delivery of the Council's statutory children's services functions is subject to a range of pervasive legislation including but not limited to the Equalities Act 2010, the Human Rights Act 1998, the Crime & Disorder Act 1998 and the Data Protection Act 2018. The Plan and implementation activities are wholly in compliance with the powers and duties set out in these Acts.
RISK MANAGEMENT IMPLICATIONS	
20.	Not applicable
POLICY FRAMEWORK IMPLICATIONS	
21.	The Southampton Health and Care Strategy 2020/2025 Start Well programme and the Children and Young People's Strategy – 2022 – 2026 contribute to achieving the Council's overall priorities of: Economic growth with social responsibility; Skills and employment and Healthier and safer communities as set out in its Southampton City Strategy 2021-2025. They particularly contribute to: Southampton City Council's Health and Wellbeing Strategy 2017 – 2025.

KEY DECISION?	**No – Discussion paper**
WARDS/COMMUNITIES AFFECTED:	All
SUPPORTING DOCUMENTATION	
Appendices	
1.	None

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 – ESIAs are carried out at an individual project level**
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: None		
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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