Priority		Action	Update
People in Southampton live active, safe and independent lives and manage their own health and wellbeing	1.1	Encourage and promote healthier lifestyle choices and behaviour, with a focus on smoking, alcohol / substance misuse, physical activity, and a healthy weight.	<ul> <li>Behaviour change service now in place, working with provider to implement requirements. Provision is intended to reach a wide range of people through increased collaboration with the voluntary sector.</li> <li>Remodelling of substance misuse service completed.</li> <li>Pilot scheme launched at UHS to identify and signpost people with alcohol issues as part of CCG Qipp programme.</li> <li>New drugs and alcohol strategies implemented and the new national tobacco control plan will be developed into a new local plan next year.</li> </ul>
	1.2	Encourage and promote healthy relationships and wellbeing of individuals of all ages, carers and families, particularly for those at risk of harm and the most vulnerable groups through increasing early help and support.	<ul> <li>Increased focus on Prevention and Early Intervention programme rolled out, and Housing related support, Advice, information and Guidance, Behaviour Change implemented. Community Development project progressing.</li> <li>Grants review completed, small grants investment increased, with bids encouraged focusing on early intervention and prevention ambitions.</li> <li>Continued sexual health drop-ins, STAR project provision and work with PSHE leads to ensure and support comprehensive SRE.</li> </ul>
	1.3	Support people to be more independent in their own home and through access to their local community making best use of digital tools including Telecare.	<ul> <li>Care Technology programme in place aimed at increasing uptake and promoting independence.</li> <li>Work plan in place focused on in-house services and training of council staff.</li> <li>New service model being designed ready for implementation in 2018/19. This will increase the availability of care technology.</li> <li>Project worker recruited to enable more focus on this area.</li> </ul>
	1.4	Ensure that information and advice is coordinated and accessible	<ul> <li>Advice services recently procured as an integrated model and will go live no later than the 1<sup>st</sup> of April 2018.</li> <li>Procurement exercise was built around simplification of access and improving coordination of the offering through an integrated model.</li> </ul>
	1.5	Prioritise and promote mental health and wellbeing as being equally important as physical health.	<ul> <li>Work is underway to ensure that mental health needs are considered in all physical health care pathways, including primary care promoting IAPT services (Increasing Access to Psychological Therapies) for those with Long Term Conditions.</li> <li>Mental Health Matters action plan refreshed.</li> <li>Audit underway to identify training needs in relation to mental health.</li> </ul>
	1.6	Increase access to appropriate mental health services as early as possible and when they are needed.	<ul> <li>CAMHS – the development of the early intervention and prevention team will increase access to meet the national target of 35% of children and young people with a diagnosable mental health condition receiving treatment.</li> <li>Procurement for counselling service for young people to commence shortly.</li> <li>City wide navigation services will include dedicated mental health support.</li> <li>Beginning co-production of a peer support service to embed peer support training, support and jobs both paid and voluntary across the mental health system (all ages).</li> </ul>
	1.7	Make every contact count by ensuring all agencies are able to identify individual needs and respond /refer to services as appropriate.	<ul> <li>Included in behaviour change service: brief intervention knowledge and skills training is available for staff and volunteers to support and embed the concept of MECC and support staff to have 'healthy conversations'</li> <li>Included in standard clause in a number of recent tenders as part of focus on social Value Act clause.</li> </ul>
	1.8	Promote access to immunisation and population screening programmes.	<ul> <li>Public Health attend a Screening and Immunisation Partnership across Wessex seeking assurance from NHS England on Screening and immunisation uptake.</li> </ul>
Inequalities in health outcomes are reduced.	2.1	Reduce the health inequality gap between the most deprived and least deprived neighbourhoods in the city through a community based approach that is proportionate to level of need.	<ul> <li>The procurement for an increased Community Navigation service for the City is underway with a new provider to commence in April 2018.</li> <li>The new behaviour change service was commissioned from April 2017. It is a partnership between NHS and voluntary services, with Southampton SCA as the lead provider.</li> </ul>
	2.1	Take action to improve men's health to reduce the difference between male and female life expectancy through community based initiative to deliver behaviour change.	<ul> <li>The behaviour change service has a specific remit to ensure they reach people who might benefit most, including men who might not usually seek out health promotion services.</li> </ul>
	2.3	Reduce inequalities in early child development by ensuring good provision of maternity services, childcare, parenting and early years support.	<ul> <li>Commissioners have been working with local maternity services to develop the "Needing Extra Support Team" (NEST) community midwifery model that the service has evolved from the caseloading model. This increases the time available for community midwives to work with women facing a challenging or complex pregnancy due to socio-economic, health conditions, mental health, domestic abuse or other forms of challenge and supports the handover of women and infants to Health Visiting and Children's Centre staff who will form part of the integrated 0-19 Prevention and Early Help service.</li> <li>Work is ongoing to support pregnant women to stop smoking.</li> </ul>
	2.4	Work with schools to improve healthy life style choice and mental wellbeing and reduce adolescent risk taking	<ul> <li>Re-established CAMHS schools forums.</li> <li>Investment into early intervention and prevention teams to support YP that do not meet the criteria for Tier 3 CAMHS.</li> <li>Collaborated with Hampshire County Council to commission students at Solent University to produce a short film for local young people about illegal tobacco.</li> <li>Agreement has been reached with Solent NHS Trust over proposals to pilot a new healthy schools programme, and pilot arrangements to test this approach alongside the new integrated 0-19 Prevention and Early Help service.</li> <li>Commissioners are also working with Personal, Social, Health and Economic (PSHE) education teaching leads in Southampton schools to develop a city-wide programme of study to support a consistent approach to the teaching of PSHE and Sex and Relationships Education (SRE) based on a curriculum informed by evidence of the challenges and issues faced in Southampton Schools.</li> <li>Students at Solent University were commissioned to produce a short film for local young people about illegal tobacco.</li> </ul>
	2.5	Target access to advice and navigation to services for those who are most at risk and in need to improve their health outcomes.	<ul> <li>Advice services have been recently procured as an integrated model and will go live in the new format no later than the 1<sup>st</sup> of April 2018.</li> <li>Community Navigation procurement process is also underway to promote access across the city and build on the success of the two pilot areas. It is equally expected that this new service will go live April 2018.</li> </ul>
	2.6	Ensure that health inequalities are taken	Addressing health inequalities is a key element of the Better Care Plan 2017-19 and this

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		into account in policy development, commissioning and service delivery.	<ul> <li>outlines a range of initiatives and services changes that are being implemented.</li> <li>Impact on inequalities is reflected in key strategic documents such as the Local Delivery Plan and CCG operational plan. Equality impact assessments are undertaken for new policy, planning or commissioning decisions and this includes a section on impact on health inequalities.</li> </ul>
	2.7	Provide support to help people access and sustain quality jobs, targeting those who are long term unemployed or with families.	<ul> <li>The Solent Jobs Programme works with local residents who are long term unemployed due to a health condition, with the aim of supporting them back to employment. To date nearly 300 people have started on the programme in the Southampton area and of these 26% have moved either in to temporary or permanent employment.</li> </ul>
Southampton is a healthy place to live and work with strong, active communities	3.1	Support development of community networks, making best use of digital technology, community assets and open spaces.	<ul> <li>Completed engagement on community development model and developing options for future procurement of service.</li> <li>Option appraisal of Southampton Information Directory (SID) undertaken to support community networks undertaken and resource identified to review and update the adults element.</li> </ul>
	3.2	Improve housing standards and reduce illness and avoidable deaths related to fuel poverty.	<ul> <li>The council's programme of retrofitting its own housing stock with energy efficiency measures to reduce fuel poverty is continuing. Following the ECO project's completion, Millbrook, Redbridge and Canberra Towers will be next in line.</li> <li>Work to secure grants in partnership with The Environment Centre to fund private sector housing improvements are also ongoing.</li> </ul>
	3.3	Develop an understanding of, and response to, social isolation and loneliness in the city.	<ul> <li>A detailed implementation plan to reduce loneliness has been agreed and is being taken forward by the relevant service leads in the council.</li> </ul>
	3.4	Work with city planners to ensure health is reflected in policy making and delivery.	<ul> <li>The Physical Activity Plan is currently being developed by public health, planning, transport, strategy and other partners. So far this includes consideration to including the principles of a healthy weight environment in the Local Plan.</li> <li>The Healthy Weight Plan for children and young people (in development) includes work with city planners.</li> </ul>
	3.5	Deliver a cleaner environment through a clean air zone with vehicle access restrictions to the city.	<ul> <li>A feasibility study is being undertaken to determine how CAZ penalty charging scheme could be delivered in Southampton. An Outline Business Case is due to be completed at the end of Q2 2017/18 which will identify a preferred option. A full business case is due by the end of 2017/18. A programme of stakeholder engagement is planned from Q3 2017/18.</li> </ul>
	3.6	Work with employers to improve workplace wellbeing through healthier work places.	<ul> <li>Our programme of supporting employers is progressing. There is a national issue with the property rights to the precise charter we – and other authorities – have been using. We are reviewing our options accordingly.</li> </ul>
People in Southampton have improved health experiences as a result of high quality, integrated services	4.1	Improve health outcomes for residents, at a lower cost, through integration and joint working across all health and Council services.	<ul> <li>Better Care Plan for 2017-19 agreed and sets out a number of priorities for this year and next for further integrating care and support within a person centred model.</li> </ul>
	4.2	Prioritise investment in and embed a prevention and early intervention approach to health and wellbeing across the city.	<ul> <li>Increased focus on Prevention and Early Intervention programme rolled out and Housing related support, Advice, information and Guidance, Behaviour Change implemented. Community development work area progressing.</li> <li>Grants review completed and small grants investment increased, bids encouraged focusing on early intervention and prevention ambitions.</li> </ul>
	4.3	Deliver a common approach to planning care tailored to the needs of the individual or family.	<ul> <li>This is part of the case management work within Better Care cluster development and 0-19 integrated work</li> </ul>
	4.4	Deliver the right care, at the right time, in the right place by working as locally as possible and shifting the balance of care out of hospital to community providers.	<ul> <li>A key priority within the Better Care Plan mentioned above.</li> <li>A range of schemes are in place to further shift the balance of care out of hospital and other "bed based" settings into the community and people's homes. Also includes significant investment from the improved Better Care Fund targeted at supporting people to remain independent for as long as possible, preventing hospital and care home admission and speeding up hospital discharge.</li> <li>Key schemes include development of Extra Care House, promoting the use of Care</li> </ul>
	4.5	Maximising opportunities for prevention and early intervention through making every contact with services count.	Technology and discharge to assess.  Included in behaviour change tender.  Included in standard clause in a number of recent tenders as part of focus on social Value Act clause.