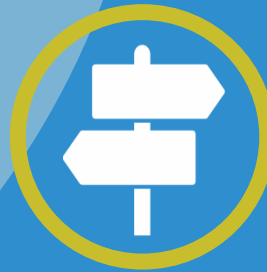


# Transforming health and care for the people of Southampton

Our 5 year strategic plan  
2019–2023



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

# Southampton's Current & Future Health and Care Challenges

## Population Growth

By 2024, it is estimated Southampton could have:



**12,300 more residents**  
(5% increase)



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



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



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

## Long Term Conditions Forecasting

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



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



**640 more people with COPD**  
(10% increase)



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



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

## Adult Social Care Forecasting

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



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

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

# Southampton's Current & Future Health and Care Challenges

## Adult Mental Health



**7.5%** of adults have a long term mental health condition

(5.2% national)



**43%** more suicides than the England average



**88%** more self harm admissions than the England average

## Cancer



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

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



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

## Children & Young People

### Obesity



**22%** of children in Year 6 are obese

(20% national)

### Mental Health



**18%** more mental health admissions than the England average

### Teenage Pregnancy



**70%** more teenage pregnancies than the England average

### Wider Determinants of Health



**99%** more looked after children than the England average

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



# Southampton's Current & Future Health and Care Challenges

## Risky Behaviours

### Smoking



**17% of adults smoke**  
(15% national)

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



### Alcohol



**80% more alcohol admissions** than the England average

### Obesity & Exercise



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

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



## Health Inequalities & Deprivation

### Life Expectancy Gaps

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



Women die **3.4 years earlier**



Men die **6.5 years earlier**

### Deprivation & Poverty



Southampton is now ranked the **54<sup>th</sup> most deprived local authority** (previously 72<sup>nd</sup> out of 326)



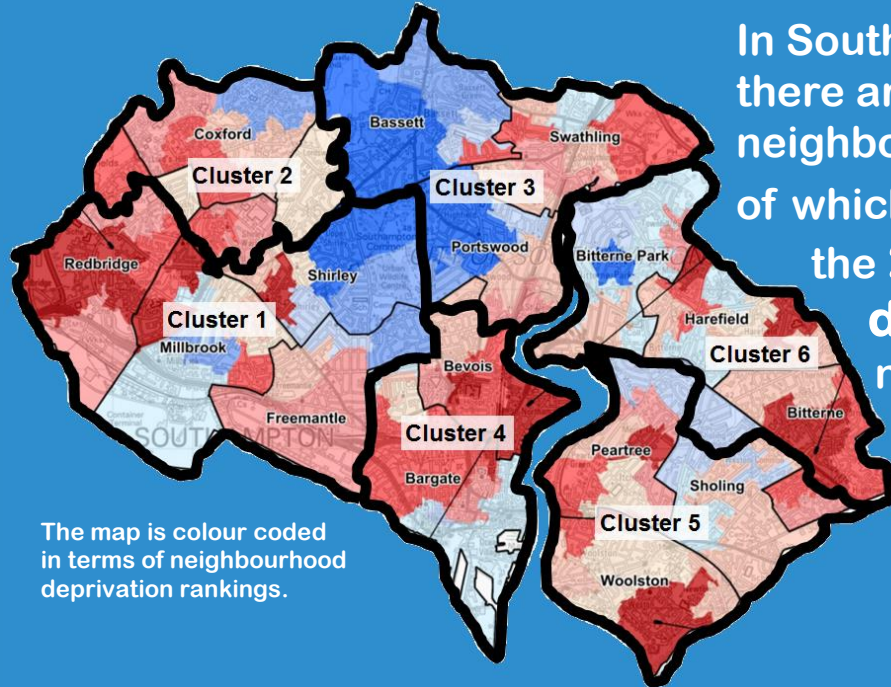
**20% of children live in poverty**  
(17% national)



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

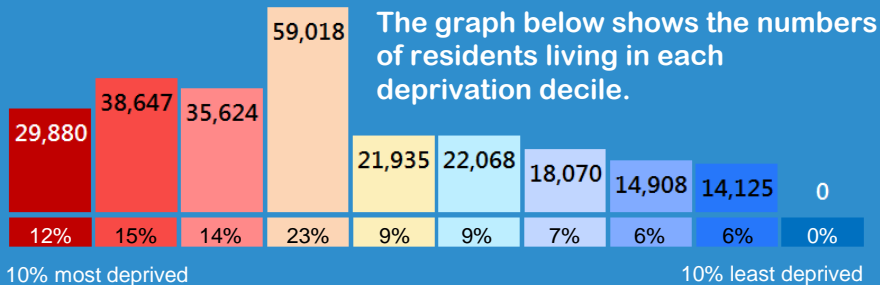
# Southampton's Current & Future Health and Care Challenges

## Deprivation across the City



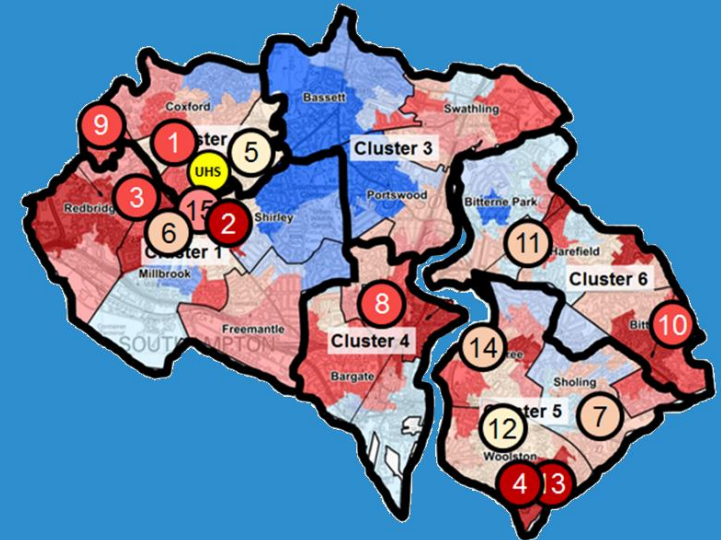
The map is colour coded in terms of neighbourhood deprivation rankings.

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



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

## Urgent Care Usage across the City









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

(per 1,000 population)

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

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

 <h3>HEALTHY LIVES</h3> <p>Support people to live longer, healthier lives and take responsibility for their own wellbeing</p> <ul style="list-style-type: none"> <li>• <b>Behaviour change and prevention:</b> Encourage people to make healthier lifestyle choices and drive reductions in demand caused by smoking, alcohol, substance misuse and obesity.</li> <li>• <b>Long term conditions:</b> Support people to develop the knowledge, skills and confidence to manage their conditions.</li> <li>• <b>Ageing well:</b> Support individuals to age well by preventing the start of frailty and slowing its progression.</li> </ul>	 <h3>MENTAL WELLBEING</h3> <p>Improve mental wellbeing and provide support at the right time to avoid people getting into crisis</p> <ul style="list-style-type: none"> <li>• <b>Crisis care:</b> Improve pathways to ensure people presenting in mental health crisis have access to timely, appropriate care.</li> <li>• <b>Serious Mental Illness (SMI):</b> Improve community mental health care for adults who have SMI.</li> <li>• <b>Dementia:</b> Improve dementia diagnosis, care and support.</li> </ul>	 <h3>CANCER</h3> <p>Increase faster, earlier cancer diagnosis and improve outcomes for people affected by cancer</p> <ul style="list-style-type: none"> <li>• <b>Cancer prevention &amp; earlier diagnosis:</b> Increase screening, improve pathway efficiencies and improve training in primary care to ensure earlier detection of cancer.</li> <li>• <b>Access to optimal treatment:</b> Ensure patients have the most efficient pathways and experience of cancer care.</li> <li>• <b>Research &amp; innovation:</b> Implementation of personalised medicine.</li> </ul>	 <h3>CHILDREN &amp; YOUNG PEOPLE</h3> <p>Ensure that every child and young person get a good start in life</p> <ul style="list-style-type: none"> <li>• <b>Prevention &amp; early help:</b> Strengthen multiagency teams, including links with adult services, to help children and their families to become more resilient and able to support themselves.</li> <li>• <b>Healthy &amp; happy childhoods:</b> Ensure children and young people live healthy, happy lives with good levels of physical and mental wellbeing.</li> <li>• <b>Children in need:</b> Support children in need, looked after children, care leavers, foster carers, adopters and children with SEND.</li> <li>• <b>Maternity, newborn &amp; early years:</b> Reduce inequalities in early childhood by ensuring good provision of maternity services, childcare, parenting and early years support.</li> </ul>	 <h3>CLINICAL PATHWAYS</h3> <p>Ensure that people get the right care, at the right time, in the right place</p> <ul style="list-style-type: none"> <li>• <b>Planned care:</b> Eliminate waste and duplication across all stages of treatment and ensure faster access to diagnostics and interventions.</li> <li>• <b>Urgent care:</b> Develop NHS 111 to be the gateway to the urgent care system and ensure our population knows what services are available, so A&amp;E is no longer the default choice.</li> <li>• <b>Emergency care:</b> In a life threatening emergency, people will be rapidly transported to hospital and will receive the highest quality of care from expert consultants.</li> </ul>	 <h3>BETTER CARE SOUTHAMPTON</h3> <p>Improve integrated, person centred, joined up care and support across health and social care</p> <ul style="list-style-type: none"> <li>• <b>Person-centred local coordinated care:</b> Build on our clusters and develop more integrated health, social care and housing teams.</li> <li>• <b>Strengths based approaches:</b> Work with individuals, their carers and wider communities in a more inclusive way to promote independence, focussing on strengths as opposed to a deficit model.</li> <li>• <b>Responsive discharge &amp; reablement:</b> Promote independence and a home first approach.</li> </ul>
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### HEALTH INEQUALITIES

Reduce unfair and avoidable differences in people's health across the city

- **Needs-based services:** Ensure services and resources are planned and targeted in proportion to need, and that health inequalities are taken into account for all commissioning decisions.
- **Fair & equitable access:** Ensure that health and care services are provided in locations and ways which are likely to reduce inequalities in access (i.e. link to public transport routes; avoid discrimination by language)
- **Wider determinants of health:** Improve the availability of good quality housing, work, education and learning opportunities.
- **Co-production:** Maintain a culture that is collaborative and seeks to co-produce service improvements with our communities.

<p><b>By 2024:</b></p> <ul style="list-style-type: none"> <li>• Increase <b>smoking cessation</b>.</li> <li>• Reduce <b>alcohol admissions</b>.</li> <li>• Increase successful completions of people in <b>alcohol treatment</b>.</li> <li>• Reduce <b>obesity</b> prevalence.</li> <li>• Reduce emergency admissions related to <b>long term conditions</b>.</li> <li>• Reduce emergency admissions for <b>injuries due to falls</b>.</li> </ul>	<p><b>By 2024:</b></p> <ul style="list-style-type: none"> <li>• Reduce mental health <b>A&amp;E attendances</b>.</li> <li>• Reduce mental health <b>admissions</b>.</li> <li>• Reduce <b>suicide</b>.</li> <li>• Increase <b>IAPT usage</b> for people with common mental health conditions.</li> <li>• Increase annual <b>physical health checks</b> for people with SMI.</li> <li>• Increase the <b>dementia</b> diagnosis rate.</li> </ul>	<p><b>By 2024:</b></p> <ul style="list-style-type: none"> <li>• Diagnose more cancers earlier at <b>stage 1 or 2</b>.</li> <li>• Increase the number of cancer patients <b>surviving</b> one year after diagnosis.</li> <li>• Increase <b>breast cancer screening</b> in women aged 50-70.</li> <li>• Increase <b>bowel cancer screening</b> in people aged 60-69.</li> </ul>	<p><b>By 2024:</b></p> <ul style="list-style-type: none"> <li>• Reduce <b>A&amp;E attendances</b>.</li> <li>• Reduce <b>childhood obesity</b>.</li> <li>• Reduce <b>mental health</b> admissions.</li> <li>• Reduce <b>self-harm</b> admissions.</li> <li>• Reduce the number of <b>looked after children</b>.</li> <li>• Increase the number of <b>care leavers</b> in contact and in suitable accommodation.</li> <li>• Reduce <b>stillbirths</b>.</li> <li>• Reduce <b>teenage pregnancy</b>.</li> </ul>	<p><b>By 2024:</b></p> <ul style="list-style-type: none"> <li>• Increase the number of patients waiting 18 weeks or less from <b>referral to treatment</b> for planned care.</li> <li>• Increase the number of patients <b>seen within 4 hours</b> of arriving at A&amp;E.</li> <li>• Reduce <b>ambulance conveyances</b> to hospital.</li> </ul>	<p><b>By 2024:</b></p> <ul style="list-style-type: none"> <li>• Reduce <b>delayed transfers of care</b>.</li> <li>• Reduce <b>non-elective admissions</b>.</li> <li>• Reduce <b>permanent admissions into residential care</b>.</li> <li>• Increase the number of <b>people over 65 still at home 91 days after discharge</b> from hospital.</li> <li>• Reduce the number of <b>social care clients</b>.</li> <li>• Reduce average waiting times from referral to <b>home care</b> start date.</li> <li>• Increase physical health checks for people with <b>learning disabilities</b>.</li> </ul>
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# Timescales

