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CABINET APPENDICES

Monday, 5th September, 2011
at 5.00 pm

APPENDICES ATTACHED TO THE LISTED REPORTS

(QUORUM – 3)

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Agendas and papers are now available via the Council's Website

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THURSDAY, 25 AUGUST 2011 HEAD OF LEGAL AND DEMOCRATIC SERVICES

Focus for Improvement

1. % of young people who fall in academic years 12, 13 and 14 who are not in Education, Employment or Training
2. Number of young people in academic years 12, 13 and 14 who are NEET (3 month average DFE adjusted figures)
3. % change in the method of travel into the City along the main road corridors
4. Achivement of at least 78 points across the Early Years Foundation Stage
5. % of total absence from school
6. Number of affordable homes delivered (gross)
7. % of adults participating in sport and active recreation (via Sport England's Active People Survey)
8. % of potholes (notified for urgent repair) made safe within 24 hours
9. % of household waste arising which have been sent by the authority for reuse recycling compositing or anaerobic digestion
10. Number of collections missed per 100,000 collections of household waste per quarter
11. First time entrants to the Youth Justic System aged 10-17
12. Social Care clients receiving Self Directed Support
13. Increase the timeliness of Initial Child Protection work for vulnerable children
14. % of Children and Young People in Care with a permanence plan in place

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Reporting on the Council Plan KKPi's for Quarter 1

Appendix 2

Measure Description	Comments	Current Quarter Status	Year End Target	1st Qtr Actual	2nd Qtr Actual	3rd Qtr Actual	4th Qtr Actual
Children's Services & Learning							
Education, Prevention and Inclusion							
Percentage of total absence from school	Reported performance relates to the 2009/10 academic year. Performance for 2010/11 won't be available until January 2012.	Slight Variance	6.3	6.98			
Safeguarding - Children							
Percentage of Children and Young People in Care with a permanence plan in place	This is a new indicator and work is ongoing to establish procedures and recording. We hope to be able to report on this for the first time in Quarter Two.	N/A	80				
Environment & Transport							
Waste and Fleet Management							
Percentage of household waste arising which have been sent by the authority for reuse recycling composting or anaerobic digestion (Former NI192)	Performance lower due to reductions in the quantity of dry recyclables collected.	Slight Variance	29.09	29.96			

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Description	Current Quarter Comments	Quarter 1 Actual	Quarter 2 Actual	Quarter 3 Actual	Quarter 4 Actual
Children's Services & Learning					
Commissioning, Education & Inclusion					
Higher numbers of young people achieving well at Key Stage 2 and 4 (GSCE)	KS2 was a 5% gain on combined (Eng and Maths) – broadly in line with national average. Numbers gaining 5 GCSE higher grades including English & maths increased for the 10th consecutive year, but remain below national.	Slightly Slipped	N/A	N/A	N/A
More children and young people attending school 100% of the time	Attendance has continued to improve but is still below national targets. Primary overall absence within Southampton (5.76%) outperformed the Statistical Neighbour average (6.00%) by 0.24% however, a challenge remains to achieve National (5.60%) as a gap of 0.16% remains. Secondary school overall absence within Southampton (7.69%) achieved below the Statistical Neighbour average (7.34%) by 0.35%. A challenge also remains to achieve National (6.71%) as a gap of 0.98% remains	Slightly Slipped	N/A	N/A	N/A
More interventions to improve children's dental health/more children with healthy teeth for longer	Children's surveys show decayed, missing and filled teeth (dmft) below national average. Provision of dental services across the City very good but uptake low.	Significantly Slipped	N/A	N/A	N/A
More support towards increasingly effective school leadership	We are moving into Phase 2 of the Leadership Effectiveness Strategy. We have secured leadership across the city, and then moved towards developing systemic leadership through a programme of professional development and partnership working. Now, we have developed National and Local System Leaders (Heads) to work on a commissioned or brokered basis within schools, commensurate with our revised School Improvement Strategy.	Slightly Slipped	N/A	N/A	N/A
Safeguarding - Children					
Better targeted support for families with children or young people with disabilities	Major joint review with Health of disability services. New emphasis on provision of short breaks for disabled children, and improved eligibility criteria agreed.	Slightly Slipped	N/A	N/A	N/A
Ensure caseloads are low enough to keep vulnerable children safe	Generally this has improved consistently, but recent challenges due to staff vacancies has resulted in new pressures on teams.	Slightly Slipped	N/A	N/A	N/A
Ensured that all children and young people in the local authority's care, live in the right placement, attend school regularly, make good progress at school, and leave care equipped to do well in adult life	Children Looked After still perform less well educationally, and in terms of employment than the general population, but their life experience is often a handicap. Placement stability is satisfactory	Slightly Slipped	N/A	N/A	N/A
Increased the percentage of children assessed whose needs for support are assessed in a timely way	Continuation of the improvements seen over the last year has been affected by a combination of high levels of staff vacancies and the effects of industrial action. Once resolved performance should return to previous levels of sustained improvement.	Slightly Slipped	N/A	N/A	N/A

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APPENDIX 1

GENERAL FUND 2011/12 - OVERALL SUMMARY

June 2011	Working Budget £000's	Forecast Outturn £000's	Forecast Variance £000's
Portfolios (Net Controllable Spend)			
Adult Social Care & Health	66,062	66,944	882 A
Childrens Services & Learning	39,112	39,603	491 A
Environment & Transport	25,286	25,706	421 A
Housing	9,534	9,472	63 F
Leader's Portfolio	7,470	7,470	0
Leisure & Culture	6,989	7,210	221 A
Resources	43,189	43,189	0
Baseline for Portfolios	**197,642**	**199,594**	**1,952 A**
Net Draw From Risk Fund	512	0	512 F
Sub-total (Net Controllable Spend) for Portfolios	**198,154**	**199,594**	**1,440 A**
Non-Controllable Portfolio Costs	23,031	23,031	0
Portfolio Total	**221,185**	**222,625**	**1,440 A**
Approved Carry Forwards	0	0	0
Levies & Contributions			
Southern Seas Fisheries Levy	49	46	3 F
Flood Defence Levy	45	43	1 F
Coroners Service	500	504	4 A
	593	**593**	**0**
Capital Asset Management			
Capital Financing Charges	12,827	12,177	650 F
Capital Asset Management Account	(24,041)	(24,041)	0
	(11,215)	**(11,865)**	**650 F**
Other Expenditure & Income			
Direct Revenue Financing of Capital	145	145	0
Net Housing Benefit Payments	(882)	(882)	0
Revenue Development Fund	1,448	1,448	0
Non-Specific Govt. Grants	(19,056)	(19,056)	0
Corporate Savings	(1,833)	(490)	1,343 A
Exceptional Items	0	(2,802)	2,802 F
Contribution to Capital DRF Funding	0	1,045	1,045 A
Council Tax Freeze Grant	(2,066)	(2,066)	0
Open Space and HRA	536	536	0
Risk Fund	1,825	1,825	0
Contingencies	101	101	0
Surplus/Deficit on Trading Areas	(125)	(125)	0
	(19,907)	**(20,321)**	**414 F**
NET GF SPENDING	**190,656**	**191,032**	**376 A**
Draw from Balances:			
To fund the Capital Programme	(145)	(145)	0
Draw from Balances (General)	978	602	376 A
Draw from Strategic Reserve (Pensions/Reds)	(804)	(804)	0
	29	**(347)**	**376 A**
BUDGET REQUIREMENT	**190,685**	**190,685**	**0**

APPENDIX 2

ADULT SOCIAL CARE AND HEALTH PORTFOLIO

KEY ISSUES – MONTH 3

The Portfolio is currently forecast to over spend by **£555,200** at year-end, which represents a percentage over spend against budget of **0.8%**. This forecast is constructed from the bottom up through discussions with individual budget holders and is then adjusted to take into account the wider Portfolio view and corporate items as shown below:

	£000's	**%**
Baseline Portfolio Forecast	882.2 A	1.3
Remedial Portfolio Action	0.0	
Risk Fund Items	327.0 F	
Portfolio Forecast	**555.2 A**	**0.8**
Potential Carry Forward Requests	0.0	

The CORPORATE issues for the Portfolio are:

ASCH 1 – Adult Disability Care Services (forecast adverse variance £721,800)

There is a projected over spend of £504,100 on Domiciliary Care; £133,000 on Residential Care and £123,200 on Nursing.

Forecast Range not applicable.

Domiciliary Care is forecast to over spend by £504,100. This represents a reduction in the level of activity carried forward from 2010/11 outturn which showed an over spend of £779,100. In addition, a further £114,000 was removed from the budget as the final year of a council approved savings proposal in respect of reablement services provided by City Care First Support. Due to a high number of staff vacancies in the City Care First Support Team it is unlikely that this saving will be achieved.

Residential Care is forecast to over spend by £133,000. However, this has been a reduction of 30 clients compared to the level of activity at outturn 2010/11, 22 of which have already been achieved with a further reduction of eight assumed. A further reduction of six clients will be needed to bring the forecast level of client costs within the available budget. All client packages are being reviewed and the forecast position will be updated as further information is available.

Nursing is forecast to over spend by £123,200. As a result of a safeguarding issue at the Bupa Care Home, Oak Lodge, it has been necessary to place nine clients in alternative placements that would have used beds paid for under the block contract with BUPA. The contract dictates that the beds, even if void, must be paid for. As yet no resolution has been reached regarding resolving the safeguarding issue and there is a clear indication from BUPA that no financial compensation will be paid by them.

Negotiations are still being held and the forecast assumes that the beds will be utilised again from October 2011. It may be necessary to revise this position if an agreement cannot be reached.

The forecast over spends in Domiciliary, Nursing and Residential Care have been offset by a small net forecast under spend on Day Care and Direct Payments.

It should be noted that the overall forecast over spend of £721,800 is a significant reduction in the level of activity at outturn 2010/11 (£1.7M). Along with assumed reductions in levels of activity the forecasts above include the assumption that action plan savings can be achieved, Residential £150,000 and Nursing £120,000. Achievement against these assumptions will be monitored and the forecasts updated as necessary.

Significant Health funding has been received in 2011/12 to promote Social Care Services which aim to prolong the period before acute care needs develop. A number of the initiatives to be met from this funding will have an additional impact on Domiciliary Care. However, this should demonstrate corresponding reductions in both Residential and Nursing Care.

The following table demonstrates the effect of these forecast changes on the equivalent number of units:

	2011/12 Net Budget £000's	2011/12 Unit Prices	2011/12 Budgeted Units	2011/12 Forecast £000's	2011/12 Forecast Units	Difference (units)	Variance to Budget £000's
Day Care	87.2	£57 Per Day	1,530	107.6	1,888	358	20.4
Direct Payments	2,518.7	£9.47 Per Hour	265,966	2,459.8	259,747	(6,219)	(58.9)
Domiciliary	4,007.5	£12.85 Per Hour	311,868	4,511.6	351,097	39,229	504.1
Nursing	2,099.1	£64.82 Per Day	32,384	2,222.3	34,284	1,900	123.2
Residential	5,211.6	£49.15 Per Day	106,035	5,344.6	108,741	2,706	133.0
Total	**13,924.1**			**14,645.9**			**721.8**

It should be noted that provision has been made within the Risk Fund to meet the costs of 18 Dementia clients under review which are receiving services which are currently health funded. The provision is phased over three years with £320,000 available in 2011/12. To date three clients have transferred to SCC funding at an estimated annual cost of £67,000. The costs to SCC of the remaining 15 clients have not yet been quantified as they have not yet transferred to SCC. It is anticipated that the full Risk Fund provision of £320,000 will be required in 2011/12.

ASCH 2 – Learning Disability (forecast adverse variance £501,800)

Additional forecast spend on Transition Clients (£245,700); Loss of Independent Living funding (£60,000) and new clients/changes in client costs (£196,100).

Forecast Range £600,000 adverse to £500,000 adverse.

There is additional forecast spend of £245,700 to meet the costs of transition clients. This is due to additional clients and changes in the cost of other packages. Provision to meet the impact of this has been included within the Risk Fund of £200,000.

In addition, the Independent Living Fund (ILF) closed for new applications in 2010/11 and a provision of £140,000 to meet the impact of this has been included within the Risk Fund. To date the impact for clients that would have made a potentially successful claim is £60,000. Based on activity to date, it is assumed within this report that a claim will be made against the provision in the Risk Fund to meet both the transition and ILF costs (£260,000). Should additional activity be identified a further claim may be made against the remaining provision of £80,000.

There is an increase in activity of three clients over and above that assumed when setting the 2011/12 budgets and the cost of this increased activity is £95,000. There has also been an increase in cost for two client cases where there has been a need to move the clients (£101,100).

It should be noted that £500,000 of action plan savings have been assumed in setting the current forecast position which are fully anticipated to be achievable and £298,000 of savings have been identified to date.

ASCH 3 – Provider Services – City Care (forecast favourable variance £214,700)

There are significant staff savings forecast within City Care First Support (£271,400) offset by reduced unit income (£70,000).

Forecast Range £300,000 favourable to £400,000 favourable.

There are currently a number of staff vacancies within the City Care First Support staffing teams. There have been significant difficulties in recruiting carers and extensive recruitment drives are now being undertaken. There are currently 22 FTE vacancies which are expected to be recruited to throughout the remainder of the financial year.

Due to a reduction in the number of self funding clients since the last monitored position in May, there has been a reduction in unit income of £70,000. However, the forecast position is still £69,000 move than the budgeted figure of £786,000.

The OTHER KEY issues for the Portfolio are:

ASCH 4 – Adult Disability Commissioning (forecast adverse variance £65,100)

There is a partial non achievement of Corporate Savings Proposal for SCA Day Care Contract (£73,600) offset by small savings on other contracts (£8,500).

Forecast Range £70,000 adverse to £50,000 adverse.

The SCA Day Care contract is expected to achieve a saving of £400,000 in 2011/12. Due to the required notice period on staff contracts the new reduced contract only came into effect on 1 June 2011 and therefore two months of the saving cannot be achieved which equates to £73,600.

These pressures have been offset in part by small net savings on other voluntary contracts £8,500.

ASCH 5 – Mental Health (forecast adverse variance £78,900)

New clients with no recourse to public funds (£42,600) and changes to client package costs (£36,300).

Forecast Range £80,000 adverse to £60,000 adverse.

There have been three new clients that have no recourse to public funds (£42,600) with further changes to cost of packages (£36,300).

Provision of £450,000 has been made within the Risk Fund to meet the costs of 48 clients under review who are receiving aftercare services which are currently health funded. The client care needs have now all been reviewed and at the current time eighteen clients are likely to transfer to Social Care. The cost to SCC has not yet been quantified as the clients have not yet transferred to SCC but it is anticipated that the costs will exceed the current Risk Fund provision.

It should also be noted that action plan savings of £187,000 have been included in arriving at the forecast position and detailed actions to achieve these savings are currently been developed.

Summary of Risk Fund Items

Service Activity	**£000's**
Adult Disability Care Services – Provision for Dementia Clients	67.0
Learning Disability – Provision for Transition Clients and for removal of new ILF funding	260.0
Risk Fund Items	**327.0**

APPENDIX 3

CHILDREN'S SERVICES & LEARNING PORTFOLIO

KEY ISSUES – MONTH 3

The Portfolio is currently forecast to over spend by **£490,900** at year-end. This represents a percentage over spend against budget of **1.3%**. This forecast is constructed from the bottom up through discussions with individual budget holders and is then adjusted to take into account the wider Portfolio view and corporate items as shown below:

	£000's	**%**
Baseline Portfolio Forecast	490.9 A	1.3
Remedial Portfolio Action	0.0	
Risk Fund Items	0.0	
Portfolio Forecast	**490.9 A**	**1.3**
Potential Carry Forward Requests	0.0	

A range of remedial action has been implemented which is already reflected in the above forecast to partly offset over spends due to rising numbers of children in care. A recruitment freeze is in place across the Directorate and in addition managers have been asked to cease all non essential expenditure.

A report was presented to the Cabinet Member for Children's Services & Learning on 6 June 2011 outlining the pressures in the Safeguarding Division. This highlighted anticipated pressures of £1.4M for 2011/12, partially offset by cost reductions and additional funding proposals of £0.8M, leaving a net pressure of £0.6M for 2011/12. The monitoring position is still in line with this position despite additional legal and staffing pressures.

The CORPORATE issues for the Portfolio are:

CSL 1 – Commissioning & Workforce Development (forecast favourable variance £415,900)

This favourable variance reflects the early achievement of 2011/12 salary savings.

Forecast range £400,000 favourable to £550,000 favourable.

A favourable variance of £400,000 has resulted due to early implementation of 2011/12 staff savings planned in order to help offset predicted overspends in Safeguarding. In addition the Head of Standards post is now vacant and a forecast saving of four months (£38,300) has been reflected, along with a vacant operations manager post and temporary employee savings of (£64,000) within the contracts team.

This is offset by an adverse forecast of £100,000 within school transport as a result of an increasing of demand for children requiring transport as part of their statutory requirement.

CSL 2 – Tier 4 Safeguarding Specialist Services (forecast adverse variance £695,000)

The numbers of children in care has increased by seven during this financial year. The placement cost of a looked after child under 16 ranges from an internal placement costing an average of £16,000 per year to an external independent placement costing up to £300,000.

Forecast range £1.5M adverse to £300,000 adverse.

The detailed breakdown of costs is shown below:

Service Area	Forecast Variance as at Month 2	Forecast Variance as at Month 3	Increase / (Decrease)
Civil Secure Accommodation	134.7 F	134.7 F	0.0
Foster Care Services	99.0 A	59.5 A	(39.5)
Independent Fostering Agencies	677.2 A	716.6 A	39.4
Independent Sector Residential Social Care Placements	260.1 F	114.2 F	145.9
Contact Scheme	221.0 A	206.1 A	(14.9)
Our House Residential Unit	23.2 A	28.5 F	(51.7)
Adoption Services	27.5 F	25.8 F	1.7
Other Tier 4 Services	6.1 F	16.0 A	22.1
Total	**592.0 A**	**695.0 A**	**103.0**

Civil Secure Accommodation (forecast favourable variance £134,700)

To date, there are proposals for one short term placement, with no further placements identified. Therefore, a forecast saving is anticipated.

Foster Care Services (forecast adverse variance £59,500)

Despite an increase of ten children in our internal foster care, costs are only forecast to increase by £59,500 instead of the original figure of £155,100. This is primarily due to a reduction in the average cost of a new placement, (arising for example, from a decrease in the average age of a child in foster care, together with an increase in the numbers of children looked after per carer). Each placement costs an average of £16,000. It is current council policy to invest in and use local foster care as far as possible when it is the most appropriate placement for the child.

Independent Fostering Agency (IFA) Placements (forecast adverse variance £716,600)

Expenditure on IFA placements is forecast to over spend by £716,600 by the end of 2011/12 due to an increase in the numbers of children in care, as demonstrated in the table below. Independent placements cost an average of £43,400 for a standard placement (representing foster care cost plus agency charge), approximately £27,000 more than the average for a SCC foster care placement, and approximately £2,000 less than the average cost reported in 2010/11.

Southampton's CSL Directorate is leading a partnership of Local Authorities (including Oxfordshire, Hampshire, Surrey and Portsmouth) to secure much more competitive IFA pricing. This should come into effect during 2012/13, however, in the interim, discussions have been held with existing IFA providers that have reduced the placement costs.

Details of changes in the demand for IFA placements are identified in the table below:

IFA Social Care Placements Annual Cost Band £	Below 1,000	1,000 to 9,999	10,000 to 59,999	60,000 to 99,999	Over 100,000
Budgeted Placements – Set Nov 10	0	0	35	1	0
Current Placements	0	0	51	3	0
Year End Placement Number	0	0	43	3	0

Independent Sector Residential Social Care Placements (forecast favourable variance £114,200)

Expenditure on independent sector residential social care placements is forecast to under spend by £114,200 partially due to the impact of opening 'Our House' in July and the corresponding fall in the average cost per placement. Currently, three children have been identified as suitable to transfer from external residential placements to 'Our House'.

The current budget allows for six placements costing over £220,000 per annum. However, there have been 14 placements so far this year, eight of which are anticipated to last for the whole of 2011/12. Two new placements are also proposed to start within the next few weeks. Seven of these placements are forecast to cost over £100,000, with the most expensive placement costing £188,000.

Contact Scheme (forecast adverse variance £206,100)

The adverse variance on the Contact Scheme (supervised parental contact with their children who have been taken into care), is due to additional court ordered contact. This demand is a direct consequence of lowering the age of children entering care, leading to an increased need for supervised parental contact. A management review of the Contact Scheme is currently taking place, with a view to making the service operate in the most efficient manner possible.

CSL 3 – Safeguarding Management (forecast adverse variance £428,400)

This over spend is predominantly due to an anticipated increase in legal costs, arising from the increasing numbers of children in care.

Forecast Range £600,000 adverse to £50,000 adverse

The over spend of £370,100 for legal fees relates to court fees and the additional costs of external solicitors for the increased numbers of court proceedings being initiated on behalf of children looked after. The forecast assumes that expenditure levels will remain at 2010/11 levels, and allows for a court fine of £100,000. However, further work is required to substantiate the accuracy of this forecast position.

CSL 4 – Tier 3 Social Work Teams (forecast adverse variance £275,800)

This adverse variance reflects the additional cost of agency social work staff, together with the possible impact of changes to staff terms and conditions.

Forecast Range £750,000 adverse to £100,000 adverse.

Current market conditions nationally are such that the supply of social workers is insufficient to meet demand and there is significant competition between authorities to recruit and retain high calibre social work staff. This means a continuing need for

temporary staff, acquired from independent agencies, with the associated market agency fees. As a result of this pressure, a discounted rate has been negotiated with a supplier of agency social care staff for 2011/12. The council has acted to try and retain qualified social work staff by proposing a market supplement of £1,400 per annum for a range of social workers within Children's Services & Learning on a temporary six month basis. This will cost an additional £108,000 for 2011/12 and £100,700 will be met from the remaining Contingency with the rest managed within the bottom line of the Portfolio.

The additional costs to meet current needs for temporary staff are shown in the table below:

Temporary staff costs	**Current FTE**	**Forecast Over Spend £000's**
Agency Team Managers	0.00	0.0
Agency Senior Practitioners	3.00	48.4
Agency Social Workers	15.60	157.8
Temporary Social Services Assistants	3.40	28.8
Temporary Information Officers	2.00	22.7
TOTAL	**24.00**	**257.7**

There are no OTHER KEY issues for the Portfolio at this stage.

APPENDIX 4

ENVIRONMENT & TRANSPORT PORTFOLIO

KEY ISSUES – MONTH 3

The Portfolio is currently forecast to over spend by **£235,500** at year-end, which represents a percentage over spend against budget of **0.9%**. The forecast is constructed from the bottom up through discussions with individual budget holders and is then adjusted to take into account the wider Portfolio view and corporate items as shown below:

	£000's	**%**
Baseline Portfolio Forecast	420.5 A	1.7
Remedial Portfolio Action	0.0	
Risk Fund Items	185.0 F	
Portfolio Forecast	**235.5 A**	**0.9**
Potential Carry Forward Requests	0.0	

The CORPORATE issues for the Portfolio are:

E&T 1 – Off Street Car Parking (forecast adverse variance £248,500)

Parking pressures have been identified relating to reduced income of £166,500 and increased rates costs of £82,000.

Forecast Range £400,000 adverse to £100,000 adverse

There is an adverse forecast variance for off street car parking, due to a number of factors. The most significant factor being that income is forecast to fall short of the level anticipated during the budget setting process by £166,500. This may be attributed to the continuing economic downturn and the impact on commuters of a rise in fuel prices. In addition, the financial effect of parking officers taking strike action in June and early July has been monitored and is reflected in the income forecast.

All marketing and commercial opportunities are being explored, as part of a three year strategy to maximise income. A reduced £5 per day parking charge at the Marlands car park was introduced on 1 January 2011 and this is forecast to increase the volume of business.

There is no forecast variation for employee deductions resulting from the strike action, as these are managed corporately. However, there is a further variation due to the rates demands for off street car parks having increased significantly and being £82,000 adverse compared to the estimate.

E&T 2 – Travel & Transportation - Bus Shelters (forecast adverse variance £185,000)

There is a forecast variance for this service in relation to a new bus shelters contract, which will need to be met from the Risk Fund.

Forecast Range £200,000 adverse to £150,000 adverse

There is an income estimate of £350,000 for increased sponsorship income from a new bus shelters contract. A 20 year contract has now been agreed with an implementation date of 1 May 2011. This passes over the maintenance liability to the contractor and should generate an average income contribution to the Council of around £180,000 per annum in a full year. As this will not be fully effective in the current financial year and the sum is lower than the original estimate, there is a forecast draw on the Risk Fund of £185,000.

E&T 3 – Waste Disposal (forecast favourable variance £336,600)

A reduction in the amount of waste has reduced disposal costs and, together with other cost savings and increased income, has generated a total favourable variance of over £336,000.

Forecast Range £200,000 favourable to £500,000 favourable

The general collected household and garden waste tonnage is lower than anticipated, resulting in a forecast saving of £100,000 over the course of the year. This variance is subject to adjustment, following a more detailed assessment of the effect of the periodic strike action that has been in progress since late May. In addition, tonnage is still reducing, due to the successful implementation of Trade Waste controls, resulting in a forecast favourable variance of £35,000. There are also savings of £37,000 on HWRC management costs arising from Southampton being charged a lower percentage of the overall County-wide cost.

The Council is currently processing less Civic Amenity, Dry Recyclable and Household waste through the waste disposal contract than was estimated. This is anticipated to save £25,000 on haulage charges for waste going to landfill over the course of the year. Additionally, there is £40,000 extra income from the sale of ferrous metal, which is volatile in price and hard to predict; £56,000 in unbudgeted LATS income and an additional £30,000 income from the profit share at the Energy Recovery Facility (Marchwood incinerator).

There are no OTHER KEY issues for the Portfolio at this stage.

Summary of Risk Fund Items

Service Activity	**£000's**
Bus Shelter Contract	185.0
Risk Fund Items	**185.0**

APPENDIX 5

HOUSING GENERAL FUND PORTFOLIO

KEY ISSUES – MONTH 3

The Portfolio is currently forecast to under spend by **£62,600** at year end, which represents a percentage variance against budget of **0.7%**. This forecast is constructed from the bottom up through discussions with individual budget holders and is then adjusted to take into account the wider Portfolio view and corporate items as shown below:

	£000's	**%**
Baseline Portfolio Forecast	62.6 F	0.7
Remedial Portfolio Action	0.0	
Risk Fund Items	0.0	
Portfolio Forecast	**62.6 F**	**0.7**
Potential Carry Forward Requests	0.0	

There are no CORPORATE issues for the Portfolio at this stage.

There are no OTHER KEY issues for the Portfolio at this stage.

APPENDIX 6

LEADER'S PORTFOLIO

KEY ISSUES – MONTH 3

The Portfolio is currently forecast to **break-even** at year end, which represents a percentage variance against budget of **0.0%**. This forecast is constructed from the bottom up through discussions with individual budget holders and is then adjusted to take into account the wider Portfolio view and corporate items as shown below:

	£000's	**%**
Baseline Portfolio Forecast	0.0	0.0
Remedial Portfolio Action	0.0	
Risk Fund Items	0.0	
Portfolio Forecast	**0.0**	**0.0**
Potential Carry Forward Requests	0.0	

There are no CORPORATE issues for the Portfolio at this stage.

There are no OTHER KEY issues for the Portfolio at this stage.

APPENDIX 7

LEISURE & CULTURE PORTFOLIO

KEY ISSUES – MONTH 3

The Portfolio is currently forecast to over spend by **£220,900** at year-end, which represents a percentage over spend against budget of **3.2%**. This forecast is constructed from the bottom up through discussions with individual budget holders and is then adjusted to take into account the wider Portfolio view and corporate items as shown below:

	£000's	**%**
Baseline Portfolio Forecast	220.9 A	3.2
Remedial Portfolio Action	0.0	
Risk Fund Items	0.0	
Portfolio Forecast	**220.9 A**	**3.2**
Potential Carry Forward Requests	0.0	

There are no CORPORATE issues for the Portfolio at this stage.

The OTHER KEY issues for the Portfolio are:

LC 1 – Arts and Heritage (forecast adverse variance £87,500)

There is an adverse variance on collections of £40,000 due to settlement of a long term dispute, £18,000 on Archaeology due to income pressures and £29,500 due to a shortfall in Art Gallery Shop income.

Forecast Range not applicable.

A long term legal dispute concerning the loss of items that were loaned to Southampton City Council in the 1970's has just been concluded. The result is that the Council has agreed to pay £40,000 in compensation for the lost Egyptian items. There is an £18,000 income pressure due to shortfalls in developer income from the Archaeology unit. There is also an income shortfall of £140,600 in the Art Gallery shop but the effect of this has been mitigated by making savings on expenditure budgets including repairs and maintenance resulting in a net effect on the bottom line of £29,500.

LC 2 – Sport and Recreation (forecast adverse variance £113,300)

There is an adverse variance of £79,200 due to a change to the payment profile on the MyTime Active contract for the management of the Golf Course.

Forecast Range not applicable.

There has been a difference in the interpretation of the payment schedule on the contract with MyTime Active for the management of the Golf Course.

In order to resolve the issue without going to formal arbitration an agreement has been reached which is deemed acceptable to both MyTime Active and Southampton City Council. Under the agreement the Council receives £79,200 less income in 2011/12 but the total value of the contract over the full 12 year period is increased by £73,000. This was assessed as an acceptable settlement for the Council as it still gave a positive cash flow of £10,100 when a 6.5% discount was applied over the 12 year period of the contract. There is an adverse variance of £15,900 at Oakland's swimming pool due to staffing issues and a shortfall of vending machine income.

APPENDIX 8

RESOURCES PORTFOLIO

KEY ISSUES – MONTH 3

The Portfolio is currently forecast to **break-even** at year end, which represents a percentage variance against budget of **0.0%**. This forecast is constructed from the bottom up through discussions with individual budget holders and is then adjusted to take into account the wider Portfolio view and corporate items as shown below:

	£000's	**%**
Baseline Portfolio Forecast	0.0	0.0
Remedial Portfolio Action	0.0	
Risk Fund Items	0.0	
Portfolio Forecast	**0.0**	**0.0**
Potential Carry Forward Requests	0.0	

There are no CORPORATE issues for the Portfolio at this stage.

There are no OTHER KEY issues for the Portfolio at this stage.

APPENDIX 9

SUMMARY OF EFFICIENCIES, ADDITIONAL INCOME AND SERVICE REDUCTIONS

Portfolio	2011/12 Efficiencies	Income	Service Reductions	Total	ACHIEVEMENT Implemented and Saving Achieved	Not Yet Fully Implemented and Achieved But Broadly on Track	Saving Not on Track to be Achieved
	£000's	£000's	£000's	£000's	%	%	%
Adult Social Care & Health	(1,879)	(145)	(1,187)	(3,211)	26.8%	65.1%	8.1%
Children's Services & Learning	(380)	(175)	(2,154)	(2,709)	100.0%	0.0%	0.0%
Environment & Transport	(799)	(170)	(682)	(1,651)	61.8%	38.2%	0.0%
Housing	(298)	(45)	(703)	(1,046)	41.2%	24.2%	34.6%
Leader's Portfolio	(518)	0	(320)	(838)	85.7%	14.3%	0.0%
Leisure & Culture	(624)	(30)	(63)	(717)	13.9%	38.5%	47.6%
Resources	(1,010)	(150)	(578)	(1,738)	89.1%	10.9%	0.0%
Total	**(5,508)**	**(715)**	**(5,687)**	**(11,910)**	**62.0%**	**29.9%**	**8.1%**
Achievement	**(5,140)**	**(670)**	**(5,500)**	**(11,310)**			
Shortfall				**(600)**			
				-5%			

APPENDIX 10

FINANCIAL HEALTH INDICATORS – MONTH 3

Prudential Indicators Relating to Borrowing

	Maximum	Forecast	Status
Maximum Level of External Debt £M	£563M	£373M	Green
As % of Authorised Limit	100%	66%	Green

	Target	Actual YTD	Status
Average % Rate New Borrowing	5.0%	3.48%	Green
Average % Rate Existing Long Term Borrowing	5.0%	3.30%	Green
Average Short Term Investment Rate	0.60%	1.40%	Green

Minimum Level of General Fund Balances

		Status
Minimum General Fund Balance	£4.5M	
Forecast Year End General Fund balance	£9.4M	Green

Income Collection

Outstanding Debt:	2010/11	Actual YTD	Status
More Than 12 Months Old	28%	41%	Red
Less Than 12 Months But More Than 6 Months Old	8%	6%	Green
Less Than 6 Months But More Than 60 Days Old	10%	11%	Amber
Less Than 60 Days Old	54%	42%	Amber

Creditor Payments

		Status
Target Payment Days	30	
Actual Current Average Payment Days	19	Green
Target % of undisputed invoices paid within 30 days	95.0%	
Actual % of undisputed invoices paid within 30 days	90.01%	Amber

Tax Collection rate

	Target Collection Rate	Month 3 Collection Rate Last Year	Month 3 Collection Rate This Year	Status
Council Tax	96.20%	28.41%	28.53%	Green
National Non Domestic Rates	99.20%	34.60%	34.82%	Green

APPENDIX 11

QUARTERLY TREASURY MANAGEMENT REPORT – MONTH 3

1. Background

Treasury Management (TM) is a complex subject but in summary the core elements of the strategy for 2011/12 are:

- To make use of short term variable rate debt to take advantage of the continuing current market conditions of low interest rates.
- To constantly review longer term forecasts and to lock in to longer term rates through a variety of instruments as appropriate during the year, in order to provide a balanced portfolio against interest rate risk.
- To secure the best short term rates for borrowing and investments consistent with maintaining flexibility and liquidity within the portfolio.
- To invest surplus funds prudently, the Council's priorities being:
  - Security of invested capital
  - Liquidity of invested capital
  - An optimum yield which is commensurate with security and liquidity.
- To approve borrowing limits that provide for debt restructuring opportunities and to pursue debt restructuring where appropriate and within the Council's risk boundaries.

In essence TM can always be seen in the context of the classic 'risk and reward' scenario and following this strategy will contribute to the Council's wider TM objective which is to minimise net borrowing cost short term without exposing the Council to undue risk either now or in the longer in the term.

The main activities undertaken during 2011/12 to date are summarised below:

- Investment returns during 2011/12 will continue to remain low as a result of low interest rates, with interest received estimated to be £1.2M in current year. However, the average rate achieved to date (1.40%) exceeds the performance indicator of the average 7 day LIBID rate (0.60%) mainly due to the rolling programme of yearly deals which was restarted in October 2010 following advice from our Treasury Advisors.
- In order to continue to balance the impact of ongoing lower interest rates on investment income we have continued to use short term debt which is currently available at lower rates than long term debt due to the depressed market. As a result the average rate for repayment of debt, (the Consolidated Loans & Investment Account Rate – CLIA), at 3.18% is lower than that budgeted for but slightly higher than last year (2.99%) which is in line with reported strategy. The predictions based on all of the economic data are that this will continue for the remainder of the year but it should be noted that the forecast for longer term debt is a steady increase in the longer term and so new long term borrowing will be taken out above this rate, leading to an anticipated increase in the CRI (reaching 4.17% by 2013/14).

2. Economic Background

- Inflationary pressures continued to build as oil and other food commodities resumed their surge. Oil returned to record levels as tensions in the Middle East spilt over and OPEC (Organisation of Petroleum Exporting Countries) failed to agree supply levels at its June meeting. Consumer Price Inflation 4.2% in June which was down from 4.5% in May but still above the target of 2.0%. The Bank of England's May Inflation Report downgraded the UK's economic growth forecast whilst raising the potential inflation near term shocks.
- The focus of the Bank of England's Monetary Policy Committee was concentrated on the lacklustre outlook for economic growth. Although the economy grew by 0.5% in Q1 2011, over a six-month period to March, growth was flat. For households and the consumer there was little cheer as increases in wage growth were more than outstripped by inflation, mortgage approvals slumped in April to their lowest level since the data series began in 1993 and house prices remained in the doldrums. The concerns about growth were further triggered by a fall in the Purchasing Managers' Index (PMI) showed that manufacturing activity fell to a 20 month low. Official interest rates were maintained at 0.5%and the International Monetary Fund stated that monetary policy was "appropriate" in latest survey of the UK economy.
- In Europe, rates were also maintained by the European Central Bank (ECB) at 1.25% but ECB President, Jean-Claude Trichet, re-emphasised the ECB's vigilance towards inflationary pressures signalling a further tightening at its July meeting.
- Greece's funding woes became acute and the country's sovereign rating slid further down the non-investment scale. The second tranche of the IMF/EU bailout was conditional on passing, (and delivering), on the badly needed austerity plans and the sale of state assets. Portugal was downgraded to junk status by Moody's and the threat of contagion cast a shadow over the Eurozone and its financial institutions. Moody's also announced a review of over 14 UK institutions in June which the agency expected to take around three months to complete.
- UK Government gilts were the beneficiary of the poor growth outlook and the turmoil in Europe. This was manifested in 5-year gilt yields falling to 1.84% and 10-year yields falling to 3.13% on 24th June, their lowest levels in 2011.

3. Outlook for Quarter 2

The economic interest rate outlook provided by the Council's treasury advisor, Arlingclose Ltd, as at July 2011 is detailed below. The Council will reappraise its strategy from time to time and, if needs be, realign it with evolving market conditions and expectations for future interest rates.

	Sep-11	Dec-11	Mar-12	Jun-12	Sep-12	Dec-12	Mar-13	Jun-13	Sep-13	Dec-13	Mar-14	Jun-14	Sep-14
Official Bank Rate													
Upside risk	0.25	0.25	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50
Central case	0.50	0.75	1.00	1.25	1.50	1.75	2.00	2.25	2.50	2.75	3.00	3.00	3.00
Downside risk		-0.25	-0.25	-0.25	-0.50	-0.50	-0.50	-0.50	-0.50	-0.50	-0.50	-0.50	-0.50

- The higher inflation projection and the weaker outlook for growth increases the dilemma for the Bank of England.

- Given the precarious outlook for growth, rates will rise if there is firm evidence the economy has survived the fiscal consolidation or there is sustained inflationary pressure over the coming months.
- The war of nerves between the ECB, EU ministers, IMF and Greece will create volatility in the near term for the bond markets.
- CPI has remained persistently high, currently at 4.2% and despite the reduction in petrol prices, double digit gas and electricity price hikes could push inflation close to 5% in 2011. CPI is forecast to remain above the Bank of England's 2% inflation target throughout 2012.
- Retail sales are contracting and consumer spending has not shown any growth over the year due to a fall in disposable income, weak house price growth and a lack of consumer confidence. Unemployment is close to 2.5M and will increase as the public sector shrinks but private sector employment grows at only a modest pace.
- S&P has revised its outlook on the long-term rating for the US to negative amidst fears that the government will not agree a medium- and long-term strategy to tackle their fiscal challenges.

4. Debt Management

Activity within the debt portfolio up to Quarter is summarised below:

	Balance on 01/04/2011	Debt maturing or Repaid	New Borrowing	Balance on 30/06/2011	Increase/ (Decrease) in borrowing
	£000's	£000's	£000's	£000's	£000's
Short Term Borrowing	35,324	77,020	(61,240)	51,104	15,780
Long Term Borrowing	189,358	(45)	55,000	244,313	54,955
Total Borrowing	**224,682**	**76,975**	**(6,240)**	**295,417**	**70,735**

Public Works Loan Board (PWLB) Borrowing: Despite the issue of Circular 147 in October 2010, where new borrowing rates for fixed loans increased by approximately 0.87% across all maturities, the PWLB remains the preferred source of borrowing for the Council as it offers flexibility and control.

Whilst there are an increasing series of claims that a competitive, comparable equivalent to PWLB is readily available, the Council will adopt a cautious and considered approach to funding from the capital markets. The Council's treasury advisor, Arlingclose, is actively consulting with investors, investment banks, lawyers and credit rating agencies to establish the attraction of different sources of borrowing, including bond schemes, loan products and their related risk/reward trade off.

The Council use of internal resources (£64M) in lieu of borrowing has been the most cost effective means of funding past capital expenditure to date. This has lowered overall treasury risk by reducing both external debt and temporary investments. However, this position will not be sustainable over the medium term and the Council expects it will need to borrow £75M for capital purposes by 2013/14.

The Council is due to fund £15M of its capital expenditure from borrowing this year and to refinance £70M of existing loans, totalling £85M. New loans amounting to £55M have been raised to the end of June using PWLB10 year EIP, on the advice of our advisors to take advantage of the 10 year yield curve which is significantly below the 25 – 50 year rate. The Council's variable rate loans were borrowed prior to 20 October 2010 (the date of change to the lending arrangements of the PWLB post CSR) and are maintained on their initial terms and are not subject to the additional increased margin.

Variable rate borrowing is expected to remain attractive for some time as the Bank of England maintains the base rate at historically low levels and the Council is expected to borrow an addition £29M by the end of the year (assumed rate 1.7%). This strategic exposure to variable interest rates will be regularly reviewed and if appropriate reduced; by switching into fixed rate loans.

5. Investment Activity

The Guidance on Local Government Investments in England gives priority to security and liquidity and the Council's aim is to achieve a yield commensurate with these principles. The table below summarises activity during the year:

Capital Expenditure	Balance on 01/04/2011	Investments Repaid	New Investments	Balance on 30/06/2011	Increase/ (Decrease) in investment for Year
	£000's	£000's	£000's	£000's	£000's
Short Term Investments	29,300	(13,300)	44,800	60,800	31,500
Money Market Funds	40,575	(107,030)	151,350	84,895	44,320
EIB Bonds	6,000	0	0	6,000	0
Long Term Investments	36	0	0	36	0
Total Investments	**75,911**	**(120,330)**	**196,150**	**151,731**	**75,820**

Security of capital has remained the Council's main investment objective. This has been maintained by following the Council's counterparty policy as set out in its TM Strategy Statement for 2011/12. This has restricted new investments to the following institutions:

- Other Local Authorities;
- AAA-rated Stable Net Asset Value Money Market Funds;
- Deposits with UK Banks and Building Societies
- Debt Management Office.

Counterparty credit quality is assessed and monitored with reference to: Credit Ratings. The council's minimum long-term counterparty rating is A+ (or equivalent) across rating agencies Fitch, S&P and Moody's. A break down of investments as at 30 June 2011 by current credit rating and maturity profile can be seen below:

Credit Rating	Less than 1 Month	1 - 3 Months	3 - 6 Months	6 - 9 Months	9 - 12 Months	Over 12 Months	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's
A-							0
A+	9,800		5,000	9,000	6,000		29,800
AA-	3,000	5,000	12,000	10,000			30,000
AA+							0
AAA	84,895			1,000		6,036	91,931
	97,695	**5,000**	**17,000**	**20,000**	**6,000**	**6,036**	

Counterparty Update

- The Council added Sweden and one Swedish bank, Svenska Handelsbanken, meeting the minimum criteria to the approved counterparty list for 2011/12.

- Following the growing problems facing peripheral Europe, the Council brought down the maturity limit for new investments with non-UK banks from two years to a maximum of one year on 23 May 2011. Similarly, following the growing problems facing Greece and the Eurozone, the Council decided to restrict new investments with approved UK institutions (except for Santander UK plc and Clydesdale) to one year from 23 June 2011.

New deposits with Santander UK plc remain restricted to six months, and new deposits with Clydesdale Bank are now restricted to one week.

Credit Issues

During Quarter 1 Moody's placed the ratings of a number of UK institutions on review for possible downgrade. This is to align their ratings with evolving systemic support post credit crisis. The review is likely to take three months and will assess the extent of available systemic support and the ability of the regulators to deal with a failure. It will also look at the political impact of further taxpayer support for the banking system and the UK government's ability to take on additional liabilities.

This review could lead to downgrades of counterparties on the Council's lending list. The Council will keep the situation under review, and discuss any implications with it's advisors. The outcome of the review could lead to a review of the Council's minimum credit criteria, as set out in its TM Strategy Statement.

The maturity profile of the Council's short term investments, together with the long and short term credit ratings of the institutions with which funds have been deposited is shown below. The authority does not expect any losses from non-performance by any of its counterparties in relation to its investments.

The Council's investment income for the year is estimated to be £0.8M against a budget of £0.6M. The UK Bank Rate has been maintained at 0.5% since March 2009 and short-term money market rates have remained at very low levels. New deposits for periods up to one year have been made at a weighted average rate of 0.76%. Last October we reintroduced a rolling programme of yearly deals to support our core balances, to date we have £21M invested at an average rate of 1.55%.

6. Reform of the Council Housing Subsidy System

In its publication Implementing self-financing for council housing issued in February 2011, the Department for Communities and Local Government (CLG) set out the rationale, methodology and financial parameters for the initiative. Subject to the Localism Bill receiving Royal Assent and a commencement order being passed, the proposed transfer date is Wednesday 28 March 2012.

CLG and CIPFA are both expected to issue further information on the housing reform transaction in July of Quarter 2. Any new information will be incorporated into the 30 year business plan and the treasury implications addressed in conjunction with the Council's advisors.

The self-financing model provides an indicative sustainable level of opening housing debt. As the Council's debt level generated by the model is higher than the Subsidy Capital Financing Requirement (SCFR), the Council will be required to pay the CLG the difference between the two, which is approximately £63M. This will require the Council to fund this amount in the medium term through internal resources and/or external borrowing. The Council has the option of borrowing from the PWLB or the market.

The treasury management implications of housing reform and an appropriate strategy to manage the process are being actively reviewed with the Council's Treasury Advisor including the issues surrounding any early prefunding of the significant settlement payment (primarily the powers to borrow and the cost of carry).

7. Compliance with Prudential Indicators

All indicators in Quarter 1 complied with the Prudential Indicators approved. Details of the performance against key indicators are shown below:

7.1. Capital Financing Requirement

The Capital Financing Requirement (CFR) measures the Council's underlying need to borrow for a capital purpose. In order to ensure that over the medium term net borrowing will only be for a capital purpose, the Council ensures that net external borrowing does not, except in the short term, exceed the CFR in the preceding year, plus the estimates of any additional capital financing requirement for the current and next two financial years. It differs from actual borrowing due to decisions taken to use internal balances and cash rather than borrow. The following table shows the actual position as at 31 March 2010 and the estimated position for the current and next two years based on the capital programme being submitted to council on the 16 February:

Capital Financing Requirement	**2010/11 Actual £M**	**2011/12 Estimate £M**	**2011/12 Forecast £M**	**2012/13 Estimate £M**	**2013/14 Estimate £M**
Balance B/F	**310**	**360**	**360**	**369**	**371**
Capital expenditure financed from borrowing	59	11	19	11	8
Revenue provision for debt Redemption.	(6)	(8)	(7)	(7)	(7)
Movement in Other Long Term Liabilities	(3)	(3)	(3)	(2)	(4)
Cumulative Maximum External Borrowing	**360**	**360**	**369**	**371**	**368**

The above limits are set to allow maximum flexibility within TM, for example a full debt restructure, actual borrowing is significantly below this as detailed below:

	Balance on 01/04/2011 £M	**Balance on 30/06/2011 £M**	**2011/12 Estimate £M**	**2012/13 Estimate £M**	**2013/14 Estimate £M**
Borrowing	224,677	295,417	277,302	279,863	266,858
Other Long Term Liabilities	71,722	71,722	71,657	73,886	78,153
Total Borrowing	**296,399**	**367,139**	**348,959**	**353,749**	**345,011**

7.2. Balances and Reserves

Estimates of the Council's level of overall Balances and Reserves for 2010/11 to 2012/13 are as follows:

	2010/11 Actual £M	2011/12 Estimate £M	2012/13 Estimate £M	2013/14 Estimate £M
Balances and Reserves	56	46	36	20

7.3. Authorised Limit and Operational Boundary for External Debt

- The Local Government Act 2003 requires the Council to set an Affordable Borrowing Limit, irrespective of their indebted status. This is a statutory limit which should not be breached.
- The Council's Affordable Borrowing Limit was set at £486M for 2011/12.
- The Operational Boundary is based on the same estimates as the Authorised Limit but reflects the most likely, prudent but not worst case scenario without the additional headroom included within the Authorised Limit.
- The Operational Boundary for 2011/12 was set at £471M.
- The Chief Financial Officer (CFO) confirms that there were no breaches to the Authorised Limit and the Operational Boundary and during the period to the end of June 2011 borrowing at its peak was £295M.

7.4. Upper Limits for Fixed Interest Rate Exposure and Variable Interest Rate Exposure

- These indicators allow the Council to manage the extent to which it is exposed to changes in interest rates.
- The upper limit for variable rate exposure allows for the use of variable rate debt to offset exposure to changes in short-term rates on our portfolio of investments.

	Limits for 2011/12 %
Upper Limit for Fixed Rate Exposure	100
Compliance with Limits:	Yes
Upper Limit for Variable Rate Exposure	50
Compliance with Limits:	Yes

7.5. Maturity Structure of Fixed Rate Borrowing

This indicator is to limit large concentrations of fixed rate debt needing to be replaced at times of uncertainty over interest rates.

	Lower Limit %	Upper Limit %	Actual Fixed Debt as at 30/06/11 £000's	Average Fixed Rate as at 30/06/11 %	% Fixed Rate as at 30/06/11 %	Compliance with set Limits?
Under 12 months	0	45	59,384	1.87	23.55	Yes
12 months and within 24 months	0	45	5,000	4.08	1.98	Yes
24 months and within 5 years	0	50	10,000	2.78	3.97	Yes
5 years and within 10 years	0	50	112,733	3.23	44.71	Yes
10 years and within 20 years	0	50	0	0.00	0.00	Yes
20 years and within 30 years	0	75	10,000	4.68	3.97	Yes
30 years and within 40 years	0	75	30,000	4.62	11.90	Yes
40 years and within 50 years	0	75	25,000	0.04	9.92	Yes
50 years and above	0	100	0	0.00	0.00	Yes
			252,117	**3.45**	**100.00**	

7.6. Total principal sums invested for periods longer than 364 days

This indicator allows the Council to manage the risk inherent in investments longer than 364 days.

Upper Limit for total principal sums invested over 364 days	2010/11 Actual £M	2011/12 Approved £M	2012/13 Estimate £M	2013/14 Estimate £M	2014/15 Estimate £M
	50	**50**	**50**	**50**	**50**

7.7. Ratio of Financing Costs to Net Revenue Stream

This is an indicator of affordability and highlights the revenue implications of existing and proposed capital expenditure by identifying the proportion of the revenue budget required to meet borrowing costs. The definition of financing costs is set out at paragraph 87 of the Prudential Code. The ratio is based on costs net of investment income.

Ratio of Financing Costs to Net Revenue Stream	2010/11 Actual %	2011/12 Approved %	2011/12 Estimate %	2012/13 Estimate %	2013/14 Estimate %
General Fund	4.89	7.09	5.01	8.43	9.09
HRA	4..46	5.75	5.77	7.50	8.69
Total	**6.01**	**7.49**	**6.61**	**8.25**	**8.47**

8. Summary

In compliance with the requirements of the CIPFA Code of Practice this report provides members with a summary report of the treasury management activity up to the 30 June 2011. As indicated in this report none of the Prudential Indicators have been breached and a prudent approach has been taking in relation to investment activity with priority being given to security and liquidity over yield.

APPENDIX 12

HOUSING REVENUE ACCOUNT

KEY ISSUES – MONTH 3

The Housing Revenue Account (HRA) is currently forecast to under spend by **£34,800** at year-end.

There are no CORPORATE issues for the HRA at this stage.

There are no OTHER KEY issues for the HRA at this stage.

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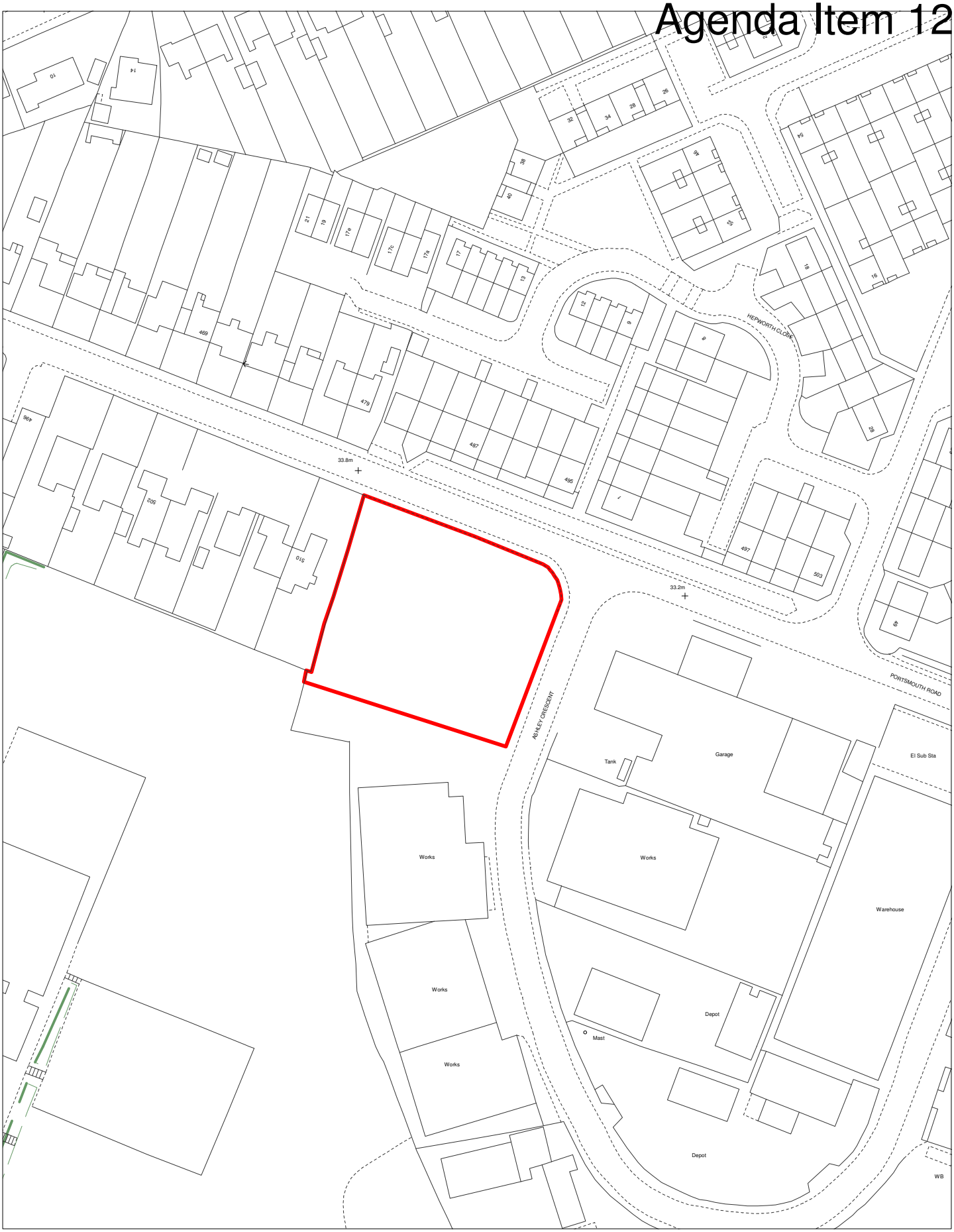

SOUTHAMPTON CITY COUNCIL

PROPERTY SERVICES
SOUTHAMPTON CITY COUNCIL
ONE GUILDHALL SQUARE
SOUTHAMPTON, SO14 7FP.

SCALE	DATE
1: 1250	26.07.2011

PLAN NO	
V3182	512 Portsmouth Road

N W E S

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Our Priority Projects

To contribute to the realisation of the Vision, we (Southampton Connect) have agreed 10 priority projects which we will seek to accelerate progress through citywide collective action and focus. Collectively, these 'added value' projects aim to improve performance against 12 key city performance indicators - both across the city as a whole and within our priority neighbourhoods who experience significant levels of under-performance due to high levels of deprivation and disadvantage when compared with the city average. Our priority projects are:

- Promoting Southampton as the Connected City
- Gateway to a World of Business Opportunities
- Gateway to Employment and Volunteering Opportunities
- Connecting Leaders of a Learning City
- Gateway to a World of Learning Opportunities
- Gateway to a Healthier and Safer Southampton
- Gateway to a Better Future
- Connecting the City to Reduce Re-Offending
- Connecting towards a Greener City
- Gateway to a fairer Southampton

Further details on projects can be found in the centre of this leaflet

Southampton Connect will regularly monitor progress on these priority projects to ensure they are delivered on time; and that that new projects can be identified and adopted if needed.

Working Together

Our programme of Priority Projects cannot be delivered by the participants of Southampton Connect alone, but crucially it requires a truly genuine citywide collaborative effort to bring about the improvements to city life we all desire. We are keen to ensure that any potential partner from the community, private, public and voluntary sectors who wishes to contribute to the projects has the opportunity to do so. Please visit our website (details below) to find out more about our priority projects and how you can get involved.

For further information, visit:

Southampton Connect
(www.southampton-connect.com)

Southampton Needs Assessment
(insert web address)

Future Southampton
(insert web address)

DRAFT

Southampton Connect

Southampton City Plan 2011 – 2014

Southampton - a connected city for growth and creativity; gateway to a world of opportunities

Besides the Vision statement above, this box will contain a montage of city and community photographs that pictorially portray the Vision

A collaborative approach by leaders of key public, private and voluntary organisations, Southampton Connect represents a new way of working together to improve Southampton.

Southampton Connect

Introduction

Southampton Connect are pleased to introduce our first ever City Plan outlining key challenges facing our city and our programme of priority projects. As we launch our Plan, we all know that we are facing a significant economic squeeze in trying to reduce the national deficit, coupled with the longer term effects of the recession on the city. Across the nation this means significant reductions in public sector spending delivered alongside major public sector reforms; coupled with an urgent drive to promote and increase private sector job growth. Southampton's recovery needs all of us – community, private, public and voluntary sectors – working collaboratively together to keep this great city moving forward. With this in mind, we (Southampton Connect) have agreed two overarching city priorities which underpin our work:

- **sustained economic development**
- **low cost, efficient, customer centred services**

We acknowledge that this will not be easy to achieve, especially at a time when all organisations are tightening their belts as the financial squeeze bites hard - this will be the ultimate test of the strength and commitment of our citywide collaborative working arrangements. However, Southampton is also a fantastic city with plenty of unique opportunities. Acknowledging this, we have articulated a new, forward looking Vision for the city to drive our efforts:

Southampton - a connected city for growth and creativity; gateway to a world of opportunities.

This statement sets out our collaborative aspirations for Southampton and what we will work together to achieve. It is our intention that all our respective strategies, plans, initiatives and projects will contribute to the realisation of our Vision for Southampton. It is the golden thread that will guide all our actions and by which we will judge our collaborative performance.

TURNING OUR VISION INTO REALITY: OUR PRIORITY PROJECTS

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Each of our 10 priority projects will be led by a key partner organisation who will ensure delivery through a city wide collaborative approach

Southampton a connected city for growth and

Promoting Southampton as a Connected City

Led by: Business Solent

- This project aims to build on the progress of Marketing Southampton in co-ordinating marketing activity to raise the profile of the city as a good place to work, study, live, invest and enjoy. Our key milestones include:

By 31st March 2012:
- Undertaken a review of Marketing Southampton and implemented the findings
- Created a Marketing and Communications Action Plan for the City

By 31st March 2013:
- Raised the profile of the Southampton Brand to be recognisable and linked with Southampton
- Developed a more coherent view of the City shared and communicated by key partners across the City

By 31st March 2014:
- Maintain and build upon successful initiatives

Gateway to a world of business opportunities

Led by: Hampshire Chamber of Commerce

- This project aims to engage entrepreneurs and new business start-ups at the earliest opportunity to offer an advice group that will provide expertise and experience at the crucial start-up time. It will also provide the mechanisms for ongoing support to enable business to grow and sustain. Our key milestones include:

By 31st March 2012:
- Reviewed current business start-ups provision and support in the city
- Established a new city business start-up group

By 31st March 2013:
- Set up mentoring for new Business Start-ups
- Identified and set up a cost-effective range of support services through Hampshire Chamber of Commerce and other agencies

By 31st March 2014:
- Raised the profile of Business Start-ups and celebrate the success stories
- Continued to harness opportunities for business growth and sustainability
- Fully reviewed progress & revised programmes where necessary

Gateway to employment and volunteering opportunities

Led by: Southampton Solent University

- This project aims to maintain and enhance the employability and personal confidence of young people and those over 50 by better packaging and coordination of opportunities for work experience, volunteering and internships. Our key milestones include:

By 31st March 2012:
- Agreed, scoped and started 3 pilots
- Established supporting partnerships to support the projects

By 31st March 2013:
- Secured external funding to support the project
- Rolled out pilot projects or launched successors

By 31st March 2014:
- Maintain and build upon successful initiatives
- Communicate and promote success

Connecting leaders of a learning City*

Led by: Southampton City Council

- This project aims to bring together the leaders of learning institutions to establish Southampton as a great 'learners city' exploring new ways to collaborate or work more closely together. Our key milestones include:

By 31st March 2012:
- Established a clear leadership group for learning across the city
- Established what a joined up strategy would look like

By 31st March 2013:
- To Be Confirmed

By 31st March 2014:
- To Be Confirmed

Gateway to a world of learning opportunities

Led by: Southampton City College

- This project aims to raise the aspirations of children and young people aged 9-19 in the city by the key learning establishments across the city working together to implement a range of initiatives and projects. Our key milestones include:

By 31st March 2012:
- Established Junior University
- Targeted 255 young people most in danger of missing out on English and Maths

By 31st March 2013:
- Second Junior University cohort recruited
- Achieved reduction in NEETs figures

By 31st March 2014:
- To Be Confirmed

KEY CITY PERFORMANCE INDICATORS

Southampton Connect aims to add value where it can make a difference and not to create any unnecessary bureaucracy or duplication. This approach also applies to performance monitoring where it has agreed that it will only monitor 12 key city performance indicators listed below. Progress on the indicators will be reported to the Southampton Conference and made available on our website.

- Increase VAT registration rates/longevity for new business start-ups
- Increase overall number of private sector jobs created
- Increase overall number of business in the city with staff travel plans
- Percentage reduction in CO2 emissions per person in the local authority area against the emissions in the baseline year
- Increase key stage four results including English and Maths

creativity, gateway y to a world of opportunities

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Gateway to a healthier and safer Southampton*

Led by: NHS Southampton City (Public Health)

•This project aims to promote healthier lifestyles and encourage ways of improving home and community safety through a range of joined up and community based measures and initiatives. Our key milestones include:

By 31st March 2012:
- •Stakeholder engagement, project ownership and design
- •Launch event held
- •Branding and key themes developed

By 31st March 2013:
- •*Health Matters* information portals developed
- •Healthy conversations approach rolled out
- •Branded and other opportunities for healthier and safer living expanded and marketed

By 31st March 2014:
- •Greater "engagement" in health & more individual, family and community capacity for making sustainable lifestyle changes
- •Increased uptake of healthier living "offer
- •Improved key health outcome measures in high-needs communities

Gateway to a better future

Led by: Jobcentre Plus

•This project aims to assess and mitigate the impact of welfare benefit changes through a coordinated city-wide response, particularly in relation to vulnerable residents and the local economy. Our key milestones include:

By 31st March 2012:
- •Established a city wide group to develop a strategic approach to benefit reforms
- •Developed a child poverty action including extending Work Focused Services pilot to all core offer Children's Centres.

By 31st March 2013:
- •Ensured Universal Credit, Disability Living Allowance and Personal Independence Payments are fully understood
- • Agreed an anti-poverty approach to provide information and advice to vulnerable people in crisis, in getting to work and managing on a reduced income

By 31st March 2014:
- •All Incapacity Benefits claimants to have been migrated to Employment Support Allowance
- •Developed support to improve financial confidence & capability of residents - with focus on social housing tenants

Connecting the City to reduce re-offending

Led By: Hampshire Probation Trust

•This project aims to take a whole system support approach to changing behaviour to reduce re-offending. It will integrate 4 strands: employment; accommodation; health and family. Our key milestones include:

By 31st March 2012:
- •Created a strong collaboration between custody & community.
- •An integrated multi-agency approach to assessment & engagement
- •Development of a social enterprise

By 31st March 2013:
- •Improved employment, quality of accommodation, health outcomes and family relationships.
- •Established co-located/virtual multi-agency team(s) to encourage increased customer focus and continuous improvement

By 31st March 2014:
- •Sustained performance
- •Reduction in crime & antisocial behaviour
- •Community regeneration & Economic benefits.

Connecting towards a greener City*

Led by: Southampton City Council

•The project aims to deliver low carbon ways of working across public and private sector organisations in the city, with a focus on Sustainable Transport, Low Carbon Energy, and Green Procurement. Our key milestones include:

By 31st March 2012:
- •City partners working together to deliver a Sustainable Travel City initiative
- •New access to education 16-19 bus season ticket established

By 31st March 2013:
- •To Be Confirmed

By 31st March 2014:
- •To Be Confirmed

Gateway to a fairer Southampton

Led by: Southampton City Council

- *All the projects focus on improvements for the whole of the city of Southampton, however each will also have an element dedicated to improving performance and wellbeing in some of our most deprived communities, thereby reducing the gap between these communities and the city average. This project will support the other projects to target interventions appropriately.*

***Priority Project currently being scoped as at September 2011**

- Increasing the number of local young people securing jobs, apprenticeships or progressing to further and higher education
- Increasing the number of people progressing into paid work or study as a result of work experience/ volunteering
- Reducing all offending and reoffending rates
- Reducing the number of people claiming Incapacity Benefit for mental health reasons
- Reducing the number of working age people claiming benefits
- Reducing the number of NEETs (not in education, employment, or training)
- Reducing the gap between our priority neighbourhoods and the city average for:
  - Educational attainment rates
  - Numbers of Job Seekers Allowance claimants
  - Crime levels
  - Life expectancy
  - Teenage pregnancy rates

For more information or to get involved visit: www.southampton-connect.com

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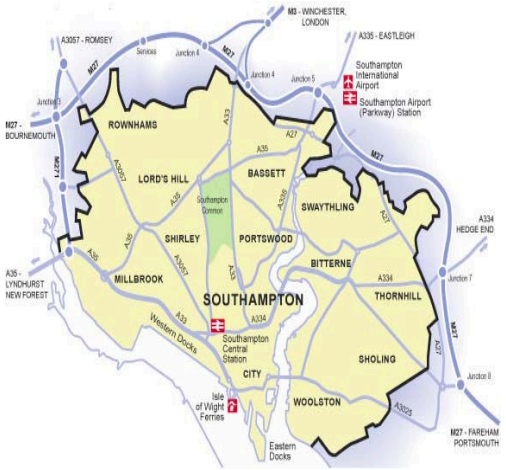
Southampton Connect

A New Way of Working Together

Comprising leaders of key public, private and voluntary organisations, Southampton Connect represents a new way of working together to improve Southampton and replaces the previous Southampton Partnership. Southampton Connect was launched in April 2011 out of a desire amongst city partners to strengthen our collaborative working arrangements to address the key challenges facing the city. It will be about focusing on what really matters, and then finding innovative and collaborative solutions to address them. The priority areas of focus for collaborative working have been turned into a series of action-orientated priority projects that will form the basis of the work programme for Southampton Connect over the next few years.



Although Southampton Connect is made up of a core group of leaders who will drive the projects forward, we will seek support and input from various partners across the city, and local communities. We want to encourage wide participation from a range of people to create an environment where all interested parties can come together for the good of the city and work to make a real difference.

A full list of Southampton Connect participants can be found online at www.southampton-connect.com/who/participants.

Where we are now?

Southampton Connect has developed a Southampton profile which provides an analysis of the needs and gaps in the City. The profile demonstrates that if we are to improve the quality of life for the people of Southampton, then we must have shared aims and objectives so that we can work together collaboratively, efficiently and effectively. The key findings from our analysis have been used to identify 4 City Challenges as follows:

Economic Development

The Index of Multiple Deprivation (2010) places Southampton as the 81st most deprived local authority area out of 326 across England. Low personal aspirations, below regional average wage rates, poor educational attainment levels, poor health and other factors lead to a number of our communities experiencing significant multiple deprivation and disadvantage when measured against citywide and regional averages.

We must therefore seek to deliver higher levels of economic wellbeing within these neighbourhoods as a route out of poverty.

Educational Attainment & Skills

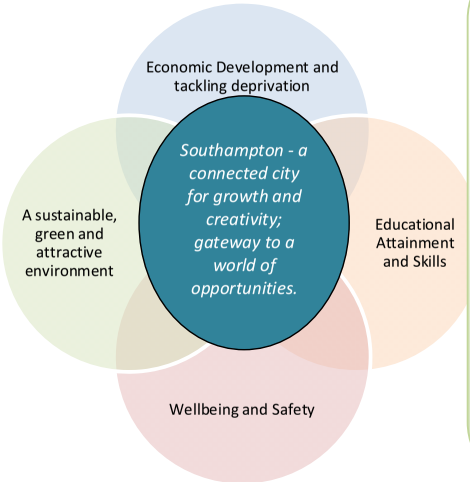
It is essential that we continue to focus on improving the skills levels and educational attainment rates of our city residents and, by doing so, reduce the gap between the city and our surrounding neighbouring areas. This is significant given that unemployment rates are higher amongst those with no or few qualifications. Special attention is also needed to ensure that people with disabilities and mental ill-health, people living in poverty, and other vulnerable and excluded groups are not left behind. We also need to increase the number of young people in education, employment or training.

We must therefore seek to continually raise aspirations, educational attainment and skills levels of all our citizens.

Wellbeing

In Southampton life expectancy is increasing; heart and stroke death rates are falling; cancer survival is improving and breast feeding rates are improving. However, smoking rates are high; people are not physically active enough; alcohol and drug misuse is causing increasing harm (and costs); sexual infections are increasingly common, teenage pregnancy is above national average. People on lower incomes living in the most deprived areas in the city have shorter lives than those in the more affluent areas. Crime rates nationally have declined over the last few years including within Southampton; however our overall position relative to other cities is poorer than it should be.

We must therefore seek to improve health, wellbeing and safety outcomes across the city.



A Sustainable, Green & Attractive Environment

Southampton has ambitions to become the country's leading low carbon city and to thrive in a new low carbon economy - a city adapted to a changed future which is greener, healthier and safer. Through the fourth City challenge of "A sustainable and Green Environment" and working with partners, the aim is to be an epicentre of green business; a location of choice for environmental technology and service firms and new and cleaner investment, a magnet for innovation and talent, a frontrunner in the emerging low carbon economy using the city's knowledge base, existing assets and low carbon infrastructure as a catalyst for development, inward investment, business growth, energy security and new jobs."

We must focus on reducing our carbon footprint.

Where do we want to be? Southampton of the Future [Future Southampton logo]

Alongside delivery of our Priority Projects Programme (detailed overleaf) to improve outcomes for our citizens, we will also continue to work closely together on how Southampton should develop physically in order to enhance its image and reputation regionally, nationally and globally.

Looking ahead, a new and dynamic City Centre Master Plan has been prepared illustrating what the city centre could look like in the future through a radical transformation focusing on the following six themes:

A great place for business
- A prestigious new business district around the redevelopment of the Central Station

A great place to live
- Strong and distinctive neighbourhoods outside the city centre with new homes and communities supported by local services

A great place to visit
- A re-established historic Medieval street pattern in areas within the Town Walls & an established reputation for the Cultural Quarter

A greener centre
- An extensive network of green spaces and tree lined boulevards connecting the city centre

Attractive and distinctive
- Distinctive new buildings with high quality, innovative design & exciting waterfront schemes, at the Royal Pier Waterfront and on the Itchen Riverfront

Easy to get around
- A more cohesive, better connected, walkable, people friendly city centre with a buzz about it

Overall, our aim is to strengthen Southampton's unique waterfront city reputation and profile by proactively seeking out major growth opportunities to provide new jobs, new businesses and new homes. In addition, we will continue to broaden the city's cultural, entertainment and retail experience for all our residents and visitors.

FINAL TEXT COMPLETE WITH KEY TARGETS / STATISTICS TO BE CONFIRMED ONCE CITY CENTRE MASTER PLAN LAUNCHED IN SEPTEMBER

JSNA Executive Summary

Background and context

The purpose of this document is to help professionals, services and communities themselves to improve the health and wellbeing of Southampton's population through clearly identifying local needs. " Gaining Healthier Lives in a Healthier City" is Southampton's second Joint Strategic Needs Assessment (JSNA) and will cover needs for 2011-14. The JSNA sets out to identify the 'big picture' for health and wellbeing. The JSNA defines a needs assessment as '*a systematic method for reviewing the health and wellbeing needs of a population, leading to agreed commissioning priorities that will improve health and wellbeing outcomes and reduce inequalities.* Department of Health JSNA Guidance p.7 (2007). The picture of health and wellbeing in the city set out in this JSNA has been informed by a wide range of data sets (available through the JSNA data compendium web site: www.southamptonhealth.nhs.uk/aboutus/publichealth/hi/public-health-data/jsna/data/ and through stakeholder and public engagement.

This document summarises the key themes and issues that have emerged from a five month consultation and engagement process with the public, voluntary sector, health and social care stakeholders and elected representatives. www.southamptonhealth.nhs.uk/aboutus/publichealth/hi/public-health-data/jsna/consultform/ and the Health Matters magazine http://www.southamptonhealth.nhs.uk/aboutus/publichealth/hi/public-health-data/jsna/health-matters-2010/ published in July 2010. Feed back has been received on what are seen as the main priorities for attention and investment which have been matched against the data to inform conclusions from this analysis.

Maintaining a needs assessment is a dynamic iterative process rather than a product and builds on the first JSNA, published in 2008. The local data compendium lies at the heart of that process. The data will be used to inform future commissioning decisions and spending priorities. The data compendium will be regularly updated with current data during the lifetime of this second JSNA as new data sets and analysis become available. This assessment also integrates the six key recommendations from Sir Michael Marmot's report Fair Society (2010), www.marmotreview.org/ probably the most important evidence based commentary on health for a generation.

This version of the JSNA will inform developments during a time of substantial change for the NHS and the city council. The Primary Care Trust will cease to exist after March 2013, and the new GP led Clinical Commissioning Group (CCG) will then take over responsibility for commissioning most of the health services required for local people. The public health function will transfer to the local authority at the same time that Public Health England is established. This JSNA will help to inform commissioning decisions during the tightest public spending environment in a generation.

This summary illustrates that improving health and wellbeing in a city such as Southampton will not simply be about delivering more health and social care services. It recognises that enabling people to live healthier lives is as much about helping people maximise their own individual potential and, helping them to create a safe and pleasant environment to live in, as it is about improving the quality and accessibility of services. Ultimately each individual has a personal responsibility to make mature and sensible decisions for their own health and to help their children to make good decisions about diet, exercise, drugs, alcohol and sexual health.

Many people are shocked by the scale of health inequalities that exist in Southampton in 2011. We have a highly valued NHS and the overall health of the population in the city has improved greatly over the past 50 years. Yet in the wealthiest part of Southampton, in Bassett, a man can expect to live to 80.6 and women 84.0 years, while a few kilometres away in Bitterne, one of the cities poorer wards, male life expectancy is 75.3 and female 79.9 years. These differences in life expectancy of 5.3 and 4.1 years respectively for men and women are significant enough not to be a coincidence. Dramatic health inequalities are still a dominant feature of health in Southampton (adapted from Marmot 2010).

Health inequalities are not inevitable and can be significantly reduced. They stem from avoidable inequalities in society: of income, education, employment and neighbourhood circumstances. Often inequalities present before birth set the scene for poorer health and other outcomes accumulating through the course of our residents lives.

Within this JSNA an initial attempt has been made to describe some of the health assets which include factors or resources which enhance the ability of individuals, communities and populations to maintain and sustain health and well-being. These assets can operate as protective and promoting factors to buffer against life's stresses. Indeed, asset based community development (ABCD) presents an evidence-based framework to help practitioners recognise that as well as having needs and problems, communities also have social, cultural and material assets. These are what help them overcome the challenges they face. The asset approach does not replace investment in improving services or tackling the structural causes of health inequality. While it may help reduce demands on services in the long term and bring about more effective services, it is not a no-cost or a money-saving option.

Other major developments in train that affect future services are the recommendations from the Munro Review of Child Protection (2011) and the changes in autonomy of schools and their funding.

The government has indicated that the JSNA is to remain a key tool for informing commissioning decisions. The Health and Social Care Bill proposes placing a duty on the City Council and CCG to work jointly to produce future versions of the JSNA. This would then inform the production of a Joint Health and Wellbeing Strategy. This will be the overarching framework from which

the commissioning plans for the NHS, social care, public health and other services would be developed.

A GP led Clinical Commissioning Group is being established for the city which will shape services and drive improvements locally, within a national framework and with support and guidance from the NHS Commissioning Board. This will create an integrated system between consortia and the Board, which supports the delivery of national accountabilities as well as local priorities. Local consortia will also work closely with the Health and Wellbeing Board to ensure commissioning is joined up between the NHS, public health and social care.

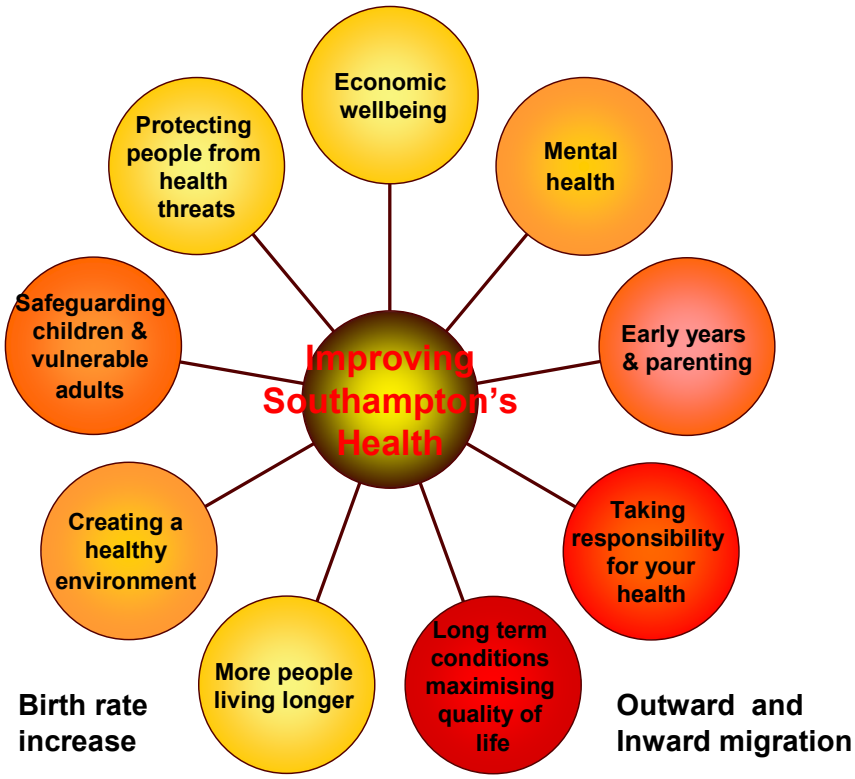
A key challenge from central government will be to ensure a developing focus on prevention at a time when public sector budgets are being cut back and statutory service provision is under pressure. Some of the needs identified through the JSNA process provide the basis for identifying where some of the most cost-effective preventative actions might be taken.

Our commissioning framework aims to:

1. Put people at the centre of commissioning
2. Understand the needs of populations and individuals
3. Share and use information more effectively
4. Assure high quality providers for all services
5. Recognise the interdependence of work, health and well-being
6. Develop incentives for commissioning for health and well-being
7. Make it happen through capable leadership and local accountability

Following extensive public and stakeholder consultation nine key themes for a healthier population have been identified. These are underpinned by a good understanding of Southampton's changing population – each theme also dovetails to the Marmot 2010 main policy recommendations in a 'Fair Society, Healthy Lives' to ensure consistency with national requirements of local services.

Figure 1 JSNA 9 Key themes



Main policy recommendations from *Fair Society, Health Lives*: (Marmot 2010)

A. Giving every child the best start in life (highest priority recommendation) – what happens during early years (starting in the womb) has lifelong effects on many aspects of health and well-being from obesity, heart disease and mental health, to educational achievement and economic status. Later interventions, although important, are considerably less effective where good early foundations are lacking. That is why this review proposes a rebalancing of public spending towards the early years, more parenting support programmes, a well-trained early years work force and high quality early years care.
B. Enabling all children, young people and adults to maximize their capabilities and have control over their lives – educational achievement brings with it a whole range of achievements including better employment, income and physical and mental health. Evidence suggests it is families rather than schools that have the most influence on educational attainment therefore building closer links between schools, the family, and the local community are important to reducing educational inequalities.
C. Creating fair employment and good work for all – being in employment is protective of health; conversely unemployment contributes to poor health. Jobs need to offer a decent living wage, opportunities for in-work development, good management practices, the flexibility to enable people to balance work and family life, and protection from adverse working conditions that can damage health.
D. Ensuring a healthy standard of living for all – having insufficient money to lead a healthy life is a highly significant cause of health inequalities. Standards for a minimum income for healthy living (MIHL) need to be developed and implemented – the calculation includes the level of income needed for adequate nutrition, physical activity, housing, individual and community interactions, transport, medical care and hygiene.
E. Creating and developing sustainable places and communities – many policies which would help mitigate climate change would also help reduce health inequalities – for instance more walking, cycling and green spaces. The Marmot review proposes common policies to reduce the scale and impact of climate change and health inequalities. Good quality neighbourhoods can make a significant difference to quality of life and health – this relates both to the physical environment and to the social environment. Social support, within and between communities is critical to physical and mental well-being.
F. Strengthening the role and impact of ill-health prevention - many of the

key health behaviours important for the development of chronic disease follow the social gradient: smoking, obesity, lack of physical activity, unhealthy nutrition and drug misuse. The review argues for more funding to prevent ill health (currently it is only four percent of the NHS budget) and action to treat drug misuse as a medical problem. The NHS alone cannot tackle the social causes of ill health; action must come from families, schools, employers and government.

Theme 1 – Improve Economic Wellbeing

"Whilst many parts of the city are enjoying economic success, for a number of families, vulnerable adults and older people on fixed incomes, making ends meet is a daily struggle". (Consultation response)
Wages in Southampton are falling behind England and the South East average

Marmot recommendations C - *Create fair employment and good work for all* and D - *Ensure healthy standard of living for all* (Marmot 2010)

The benefits of reducing health inequalities are economic as well as social. The cost of health inequalities can be measured in human terms, years of life lost and years of active life lost; and in economic terms, by the cost to the economy of additional illness. (Sir Michael Marmot 2010)

Low average wages and high average house prices are key drivers behind the need to improve economic wellbeing as a means of reducing health inequalities and contributing to improved health. The first city priority, "to achieve sustained economic growth", and the economic development challenges, provide a focus to deliver higher levels of economic wellbeing.

People on lower incomes living in the most deprived areas in the city have shorter lives than those in the more affluent areas, with premature deaths (under age 75) 62.5% higher and increasing, the life expectancy of men being lower by 3.5 years and widening, and for women by 1.4 years and narrowing.

Deprivation is a significant issue in Southampton with the City being ranked as the 4th most deprived local authority in the South East and 81st out of the 326 local authorities in England according to the Index of Multiple Deprivation (IMD) 2010 In April 2010 12.6% of the working age population were claiming 'out-of-work' benefits compared to 9.5% across the South East region. In 2009 the estimated average weekly earnings for a full-time employee in Southampton were £441.60 or £95 a week less compared with a South East average of £536.60. Nearly 28% of Southampton's children are classified as living in poverty.

The landmark Marmot review "Fair Society, Healthy Lives" published in 2010, provided evidence showing the clear link between economic wellbeing and health, with inequality in illness accounting nationally for productivity losses of £31-33 billion per year, lost taxes and higher welfare payments in the region of £20-32 billion per year and additional NHS healthcare costs in excess of £5.5 billion per year.

The city has been successful in attracting major businesses into the city over the past 10 years. Having established businesses and new key players in the city economy is important for maintaining a reputation which will continue to attract other companies to supply a continuing flow of new employment opportunities. The data suggests that local people are losing out to people living outside the city when it comes to getting the better paid jobs. Traditionally the city has relied heavily on the public sector, with the local authority, NHS and universities providing employment for approximately 36,400 people (ONS 2009). The 2010 public spending review is yet to impact fully upon the city.

For Southampton to remain competitive it is essential to focus on improving the skills and educational attainments of city residents, and reduce the gap between those achieved in the city and in neighbouring areas, as unemployment rates are highest amongst those with no or few qualifications. Special attention needs to be paid to ensure that people with disabilities and mental ill-health, young people, and other vulnerable and excluded groups are not trapped in a cycle of low-paid, poor quality work and unemployment.

Addressing these needs contributes to the following city challenges:

- Encourage higher levels of employment and economic activity
- Tackling deprivation in specific areas of the city
- Health at work

Theme 2 Improve mental health

"Mental health affects everything we do, our drive, our motivation, our self-esteem and this rubs off on those around us".(Consultation response)
There are high levels of both severe and common mental health problems in Southampton

Marmot recommendations;
C - *Create fair employment and good work for all,* E - *Create and develop healthy sustainable places and communities* and F - *Strengthen the role and impact of ill health prevention* (Marmot 2010)

Mental health is everyone's business, yet when we are well we rarely think about it. Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training and our work to achieve individual and collective potential. Good mental health is the foundation for wellbeing and effective functioning both for individuals and their communities. Mental wellbeing is about our ability to cope with life's problems and make the most of life's opportunities; it is about feeling good and functioning well, as individuals and collectively.

Mental ill health takes the largest portion of NHS funding in the city. Poor mental health is a big issue in terms of funding for the local NHS and social care and in terms of the misery it causes individuals, families and communities.

We know that at least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time. Self harming in young people is not uncommon (10-13% in the UK) of 15-16 year olds have self harmed. Almost half of all adults will experience at least one episode of depression during their lifetime and one in ten new mothers experience postnatal depression. About one in 100 people has a severe mental health problem, with around 60% of adults living in hostels having a personality disorder.

In 2009/10 there were 2,561 people in Southampton recorded on GP Registers as suffering from severe mental illness. City GPs also recorded 1,257 patients on dementia registers and 23,388 on depression registers. The number of 18-64 year olds in the city with a common mental health disorder is projected to rise to 30,223 in 2030. Depression is the most common mental health problem of later life. At any given time 10-15% of over 65s will be depressed (NSF for Older People, 2001). There is considerable unmet need. One in 4 older living in the community have symptoms that are severe enough to warrant intervention, but only one third of older people with depression ever discuss this with their GP. Only half are diagnosed and treated with anti-depressants.

In the period 2007/08 to 2009/10 the number of people in Southampton on dementia registers increased by over 17% but this change reflects improved recording, changing demographics as well as increased prevalence.

Over the period 2007 to 2009 there were 78 deaths from suicide (or undetermined injury) involving Southampton residents. In comparison with similar cities Southampton has a relatively low suicide rate of approximately 8.2 per 100,000 population. However, this is higher than England and each case represents a tragic and potentially avoidable death.

A review of recent evidence suggests that building the following actions into day to day lives is important for wellbeing, for example:

- connecting with the people around us, with family, colleagues and neighbours. Building these connections will support and enrich our lives
- becoming or remaining active - exercising makes people feel good. Most importantly, discover a physical activity to enjoy and that suits individual level of mobility and fitness.
- taking notice – be curious and be aware of the world how it feels. Reflecting on experiences will help appreciate what matters in life
- learning new things help us feel more confident as well as being enjoyable
- give time – seeing ourselves linked to the wider community can be incredibly rewarding and creates connections with the people around.

(New Economics Foundation 5 Ways to Wellbeing [2008]).

The new Mental Health Strategy *No Health Without Mental Health* (2011) is a cross government strategy for people of all ages, with the ambitious aim to

mainstream mental health in England. Locally a multi-agency approach will be addressing the key objectives identified in the Strategy

There are some positive developments in the city – e.g. Steps to Wellbeing Service which is improving access to psychological therapies (IAPT) addressing mild to moderate depression and anxiety continues to develop.

Addressing these needs requires

- choice of psychological therapies available for those who need them
- reduce stigma and discrimination which can result in people with mental health problems not seeking help and unable to engage in ordinary life
- provision of better support for women's mental health during pregnancy and the post-partum period
- societal effort to reduce social isolation thereby reducing risk of depression particularly in older people
- better integration of physical and mental health

Theme 3 Improve early years experience/ better parenting and family support

"Adults should practice what they preach and eat a balanced diet and more fruit so they stay healthy!" … "*Giving children love, affection and time is key."* (Consultation responses)
High levels of inequality prevent many children and young people gaining the best start in life

Marmot recommendations A - Give ***every child the best start in life*** **and F -** Strengthen ***the role and impact of ill health prevention*** **(Marmot 2010)**

The collective ambition of local agencies working with children, young people and families for the long term wellbeing of every child and young person in the City is set out in the 2009-12 CYPP. Underpinning these priorities is a commitment to address the following needs based priorities;

Raising attainment and transforming the way we organise schools; creating buildings which support the aspirations of children, young people and the wider community.

Historically, the results of children attending Southampton schools have been lower than the results achieved nationally at every stage of measured education. Results for Southampton school children have started to close significantly at the end of Foundation Stage (age 5) and are at or above the national average at Key Stage 1 (age 7). Whilst the gap is closing at Key Stage 2 (age 11) and Key Stage 4 / GCSE (Age 16) there is still some way to go before the results of children attending Southampton schools reach national averages in these latter stages.

Reducing the numbers of young people who are not in education, employment and training (NEET) and improve the numbers of young people

who have the right qualifications and skills for a successful adult life. Since levels of 16-18 year NEET started to be measured and became a local authority responsibility, levels in Southampton have been above both national levels and those in comparator authorities. As is the case for GCSE performance, there remain gaps in the performance of children and young people on both Level 2 and Level 3 qualifications at age 19. The City does perform relatively strongly in relation to closing the gap in the percentage of young people from low income households progressing to Higher Education.

Reducing the gaps in outcomes for children and young people from priority neighbourhoods and from socially excluded backgrounds when compared to city averages. There has been significant progress in closing the gap in attainment between young people from priority neighbourhood areas and the City Average in the last three years. The City also performs generally well in relation to the relative educational performance of children and young people with Special Educational Needs, and for children and young people from minority ethnic communities.

Increasing the numbers of young people who take part in positive activities rather than getting involved with crime or anti-social behaviour. There have been significant developments in the scope for children and young people to get more involved in positive activities as a consequence of extended school provision, though results from the Tellus4 survey in 2009 did not indicate strong performance. There have been significant gains in relation to virtually all areas of Youth Offending, and levels of first time entrants to the Criminal Justice System have fallen particularly sharply.

Reducing teenage pregnancy has long been seen as a proxy measure of low aspirations among young people. Southampton has historically been a relatively poor performer in relation to teenage pregnancy rates. In recent years, targeted action with young people in schools and the community does seem to have resulted in a sustained reduction in teenage pregnancy rates for the City. 2009 figures published in February 2011 show a rate of 49.2 per 1,000, and 3rd out of 11 similar cities, compared to 65.6 per 1,000 in 2001, when Southampton was 10th out of 11 similar cities.

Improving the oral health among children and young people.
By the age of 12 years Southampton children experience significantly higher rates of dental decay (37%) compared to South Central (28.9%) and England (33.4%). This not only reflects data from when children are young (dental health age 5 has historically indicated problems in Southampton), but is significant as this is our first assessment of the population in relation to the oral health adult teeth

Each of the priorities in the CYPP is based upon ongoing needs assessment, set out in the JSNA data compendium.

Theme 4 Taking responsibility for health

"There's not enough P.E in school. Some schools also have embarrassing P.E uniforms so girls start to get into the habit of hating P.E at an early age 'cos of the way they feel when they're in the uniform." (Consultation response)
Lifestyle choices such as smoking, alcohol, diet and low levels of physical activity are responsible for much ill health in Southampton

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Marmot recommendations B - *Enable all children, young people and adults to maximise their capabilities and have control over their lives* and E - *Create and develop healthy sustainable places and communities* (Marmot 2010)

Taking responsibility for health and lifestyle are important from cradle to grave; even pre-pregnancy diet, alcohol, smoking and drug consumption and levels of physical activity can have an impact on a child yet to be conceived. Much of the modifiable disease prevalence within Southampton reflects the poor lifestyle choices that many in the City population make.

In Southampton 23.4% of children in reception classes are overweight and a further 10.7% obese; this increases to almost 33.4% overweight by year 6 with 20.2% obese. The standard for obesity in 1990 was 5%. Only 41% of children in the city participate in more than 3 hours of sport a week. Unless parents, our schools and wider society supports these children to have a healthy weight, this will further impact on diseases such as diabetes, cancers and coronary heart disease in later life. Diabetes is increasing by 6% per annum in the city and much of type II diabetes is preventable or the onset can be delayed, but is affecting more children. At any time there are now between 20 and 40 patients in the general Hospital weighing over 30stones. Balancing dietary intake of food against the physical expenditure of energy requires rebalancing to improve health potential of all those who are overweight.

Excessive alcohol consumption is impacting negatively on the city population; there are 41.4 alcohol-attributable deaths per 100,000 amongst males in Southampton compared to a national average of 36.1. In addition to this there are 129.4 alcohol-specific hospital admissions for under 18s per 100,000 in Southampton compared to a national average of 72.3. This misuse costs Southampton around £12 million per annum and puts strain on emergency department resources as well as the abuse and violence suffered by staff. Younger adults are being diagnosed with alcohol induced liver damage increasing hospital demand, some requiring organ transplants.

Southampton is estimated to have smoking prevalence of 22.57% in adults aged 18 years and over, which is significantly higher than the national average of 20.99% (2009-10). However, data from GP records of adults aged 16 years and over shows a rate of 21.35%. Smoking costs the NHS locally £49.8 million and reduces disability free years due to sickness and disease. Each day there is a death due to a smoking related disease, whilst many more young people start the habit.

In common with the rest of the region, drug misuse prevalence is apparently highest among the 25-35 year age group. However, the use of so-called “recreational” drugs is reported to be growing within the under 18 year old age range and also the 18-25 age range, with an increasing number of individuals presenting at the open access services for assistance with stimulant and “legal high” usage.

There are some really positive developments happening in Southampton and continued investment will be required to maintain these improvements. For

example, breast feeding initiation has increased to 75% (from 69% in 2008/9). Cardiovascular disease checks are now carried out by all GP practices for 40 – 75 year olds offering support for lifestyle changes.

Addressing these needs requires:

- increasing physical inactivity across the lifespan, particularly in childhood to create a healthy active blueprint for life
- reduce alcohol consumption – the most robust evidence is to increase taxation on each unit of alcohol
- stopping the inflow of young people recruited as smokers
- assisting every smoker to stop their dependence on tobacco and protecting families and communities from tobacco related harm
- re-focus drug treatment services on the need to plan for recovery and re-integration, thus improving the rate of planned exits from treatment

The NHS and City Council cannot maintain a health and social care safety net without Southampton's people playing their part in making sustainable lifestyle changes and reducing the burden of need.

Theme 5 Living with long-term conditions -maximising the quality of life

"Preventing and reducing the burden of long term conditions, particularly those that drastically reduce the quality of an individual's life, have to be a priority, together with better support for carers." (Consultation response)
More people are living with long term conditions in Southampton whose quality of life could be improved

Marmot recommendations B - *Enable all children, young people and adults to maximise their capabilities and have control over their lives* and D - *Ensure healthy standard of living for all* (Marmot 2010)

Preventing the onset of disease and disability through adopting healthy lifestyles was a need expressed throughout our consultation. One positive consequence of wider improvements in health and well-being achieved over recent decades has been that more people are living longer. Living longer poses challenges for health and wellbeing services. In Southampton disability free life expectancy is lower than the national average at 60.9 years for men and 63.4 years for women compared with 61.7 years and 64.2 years respectively. 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.

According to the Department of Health (2010) long term conditions represent 69% of health and care spend, 77% of inpatient bed days, 55% of GP appointments and 68% of outpatient and emergency department appointments. This care transcends organisational boundaries of social care, primary, community and hospital care. Increasing numbers of people have more than one long term condition yet face an increasingly fragmented specialised response.

Around 86,000 people in Southampton are estimated to be living with long term health conditions, such as asthma, diabetes, heart disease, hypertension, dementia, epilepsy and severe mental illness; these conditions are not curable, but treatable and require on-going treatment and monitoring. A further 2,395 people require regular case management to co-ordinate their complex treatment and care needs. Approximately half of those with a long term condition (LTC) report that this condition limits their daily activities or work and many of those who responded to our public consultation stated that long-term stress was an issue detrimental to their wellbeing.

There are an estimated 1,900 children and young people (4.3%) living in Southampton with moderate or severe disabilities. Males make up two-thirds of this group and females a third. The majority of these children live in priority neighbourhoods, with deprivation an additional burden to these children and their family. Their disabilities are generally chronic, limiting and include learning disabilities, physical disability, autistic and sensory disorders.

Proactive disease or case management of long-term conditions can make a real difference to people with a single condition or a range of problems that threaten their health and wellbeing. Some of these patients will be case managed by their GP practice whilst others are case managed by the Complex Care Teams (Joint Health and Social Care teams including Community Matrons). Those who had self-care plans reported that they felt more in control.

End of life care is about enabling people to live their life to the end with dignity and having their choices recognised. Not all people will be able to plan for their death, but for a number of people, particularly with a long-term condition, planned care will enable them to experience a peaceful and dignified death.

In summary these needs were to:

- stay independent, socially engaged and physically active
- be in control and manage my illness
- have better support for carers
- be offered improved care at the end of life and treated with dignity
- ensure that palliative care is extended to people with other diseases besides cancer to ensure equity of access depending on need(e.g. heart failure, COPD)
- have timely bereavement counselling available in all GP practices
- improved integration between health and social care could provide better co-ordination.

Theme 6 More people living longer

"Older people can do fun things too… to stay healthy – if they can't afford 'wi fit' at home, they could come to our youth club – maybe?" (Consultation response)
The ageing profile of Southampton is likely to increase the number of people living with disabilities, as people tend to pick up disabilities through injury or degenerative conditions as they get older

Marmot recommendations D- *Ensure healthy standard of living for all* and E - *Create and develop healthy sustainable places and communities* (Marmot 2010)

Average life expectancy across the city is below the average for England. In 2007/2009 the average life of men was 78.4 years against the England average of 78.25, and for women it was 82.4 years against an England average of 82.31 years.

The fastest growing sector of the population is that aged 65 years and over, with the over 65's set to increase by 14% between 2010 and 2017 whilst the number of people over 85 years is forecast to grow from 5,183 to 6,034.

The ageing population is placing an increasing demand on both health and social care services. For example with joint replacements due to disease and or injury, the number of hip replacements performed increased by 31.9% over 5 years from 2004/05 to 2008/09, while in the same period the number of knee replacements performed increased by 16.3%. Many of those having suffered a fall and fractured hip never get fully back the independence that they previously enjoyed. The chances of having cancers generally increase with age. Within hospital care medical and surgical cancer therapies increase between 4-5% with new patients each year.

Between 2003/04 and 2007/08 the number of people aged 65 and over receiving social care services rose from 181.8 per 1,000 to 194.7 per 1,000, an increase of 7.1% over 5 years. This contrasts with the England average, which fell from 159.1 per 1,000 in 2003/04 to 149.6 per 1,000 in 2007/08, and meant the number of older people receiving social care services was 30% above the average for England by 2007/08. These figures correlate with the lower number of years of disability-free life experienced by people in the economically most deprived neighbourhoods. The number of older people with dementia receiving services grew by 14% between 2004/05 to 2008/09. Whilst new drugs are being developed, the demands for dementia support and care are expected to increase in line with the growth on the population aged over 85.

Long term conditions in later life tend to become more complex and may become multiple, requiring more reactive and proactive and health and social care and carer input as discussed earlier. Within these tight economic constraints, primary, acute and social care services will be under pressure to meet expressed demand, but meeting needs effectively will require smart commissioning to ensure the most vulnerable, including the frail elderly, have a voice.

Age-related macular degeneration (AMD) is the leading cause of sight loss in the western world but only half of adults have heard of it. This was borne out by a poll of more than 4,000 people on behalf of the College of Optometrists. Results indicated a lack of awareness of the condition, with people also unaware that diet and smoking is linked to eye disease.

The key need to be addressed for the current adult population is to

- encourage people to achieve the healthiest possible lives so they can enjoy the highest possible quality of life in old age. Consequently they would then create a lower demand for services when they are older.
- enable those who have reached older age and who require assistance to have choice to access to the appropriate type of good quality accommodation, so they can live independent lives in a community setting for as long as possible.
- use the personalisation of social services to provide an opportunity for those in need and eligible for services to select the style of support that suits their life and expectations, and this will have a significant impact on the existing provision of care, particularly that supplied by the local authority.
- increase the opportunities offered by telemedicine and Telecare to maintain older peoples independence at home
- provide access to good quality information and advice for those people in need of support who are not eligible for local authority funded services
- to further integrated discharge and re-ablement teams across health and social care to support those older people who have undergone treatment in hospital
- expand the 24/7 palliative care provision for those who wish to remain at home.

In summary there needs to remain good public health population wide intelligence and analytical function to enable the future health and wellbeing board to perform its oversight of health and social care commissioning.

Theme 7 – Creating a healthier environment

"Lack of green, safe areas and access to low cost sport….overcrowding and poor housing conditions, (Consultation response)
Ensure the physical environment in local areas helps to promote walking, cycling and safe local recreation and play.

Marmot recommendations E - *Create and develop healthy sustainable places and communities* (Marmot 2010)

The environment in which people live has a major influence on health outcomes. Southampton is the 21st most densely populated area in England and Wales, with 47.4 people per hectare (2009), there are strong links between density of population and deprivation. A good home environment provides security, affordable warmth and adequate ventilation. A good work environment minimises risk of the development of long-term illnesses and injuries. A healthy external environment contributes to reduction of crime and improved public safety, lower levels of pollution, access to public transport, access to places for safe play, exercise and recreation. Over time, the development of a more sustainable environment at home, work and externally should contribute to better physical and mental health in the city.

Southampton's position as a major port for the import of goods into the country means a continuing need for a high quality Port Health service. This provides protection not only to residents of the city, but the UK as a whole and Europe.

Southampton City Council has a leading role to play in addressing the issues set out above. The decent homes programme has brought about substantial improvements to the 18,000 council homes in the city. However, there are major health issues created by poor housing conditions in the privately owned, and private rented sectors. Fuel poverty created by poor insulation and rising energy prices is a major health and wellbeing issue for many residents in the city.

Effective transport planning provides opportunities for access to public transport and provides safe spaces for walking and cycling. The forthcoming review of the Local Transport Plan needs to maximise their potential to improve exercise and activity levels and improve air quality. It also needs to secure adequate public transport at the right times to reduce social isolation, which will then contribute to improved mental health.

Future development plans need to incorporate guidance produced by the National Institute for Health and Clinical Excellence on promoting and creating built environments that encourages and supports physical activity, and planners will need to work with developers to ensure that new developments minimise the opportunity for, and fear of, crime and anti-social behaviour. The maintenance and improvement of existing parks and open spaces and maximising the opportunity for the development of new areas will provide opportunities for people to exercise and socialise.

The council has responsibility for 6,000 places of work and 1,800 food premises in the city. Ensuring compliance with health and safety and pollution legislation reduces the risk of injury and illness and levels of sickness, worklessness and long-term absence from work.

Once the Public Health service is transferred to local government in 2013 it will provide further opportunities for the council to improve its focus on health issues and outcomes.

Theme 8 - Improving safeguarding for children and vulnerable adults

"Good parenting and a stable safe home life…with support from family and an engaged community". "Reducing Social isolation" (Consultation responses)
High numbers of vulnerable families living under pressure means that more children and adults are at risk of harm, and safeguarding needs are high in the city

Marmot recommendations A - *Give every child the best start in life* and B - *Enable all children, young people and adults to maximise their capabilities and have control over their lives* (Marmot 2010)

The 2004 Children Act was created to improve arrangements for effective joint working between public bodies and other service providers in regulating official intervention in family life to meet the interests of vulnerable children. The Act also made changes to laws that pertain to children who are particularly dependent on the actions of public bodies for their wellbeing, notably in relation to children in care, children subject to child protection plans and the handling of crimes against children. It was a central part of the national response the Victoria Climbie Inquiry. A range of outcomes related to vulnerable children are set out in the Every Child Matters framework. These are covered in the JSNA data compendium, but they identify vulnerability relating to factors such as child poverty, child protection, neglect, abuse or exposure to crime, drugs or alcohol.

The Association of Directors of Adult Social Services published its national framework for safeguarding standards in 2005 and these have been developed and implemented in Southampton. A safeguarding adult's policy has been published jointly by Southampton City Council, Portsmouth City Council and Hampshire County Council, and a summary has been made available in leaflet form and as a web document.
www.southampton.gov.uk/living/adult-care/safeguarding-adults-from-abuse/

The Council and its statutory partners have put in place and delivered a major programme of safeguarding awareness training relating to people working with children, young people and vulnerable adults. Safeguarding training is now integrated into induction for the workforce. All relevant employees and volunteers working closely with children, young people and vulnerable adults should be subject to Criminal Records Bureau (CRB) checks. They should also know how to act upon and respond to concerns relating to a child's wellbeing.

In relation to children and young people a number of statutory services exist to ensure that those most vulnerable to abuse, neglect or harm are protected, that those in the care of local authorities and their partners are well provided for, and are supported in entering adult life in their turn well placed to achieve economic wellbeing and to become effective parents. For vulnerable adults the key policy drivers are to;

- ensure that safeguarding practices are fully aligned to the coalition government's Vision for Social Care,
- take actions to increase awareness of safeguarding issues with people who fund their own care and
- increase the number of staff within the independent sector who has accessed training on safeguarding awareness.
- ensure there are adequate resources to investigate safeguarding referrals from people with learning disabilities.
- ensure that teenage and young adults are properly supported when they transfer from children to adult care.

In 10 out of 15 performance measures for children in care, outcomes are improving in 2010-11. Performance in relation to the timeliness of reviews in Child Protection cases also remains strong. Despite this, the number of

children and young people needing specialist social care support has risen sharply since September 2008. For example;

- The number of children subject to Child Protection Plans has more than doubled from 106 (a rate of 24.9/10,000) to 252 (58.1/10,000) in December 2010.
- The number of children in local authority care has risen from 283 (a rate of 65.2 per10, 000) to 382 (88.0 per10, 000) in December 2010.

Theme 9 Protecting people from threats to health

"Preventing diseases is important, vaccinations, school health – make sure sexual health is included" (Consultation response)
Vaccination coverage continues to miss some vulnerable children; sexually transmitted disease including HIV continues to increase in the city year on year

Marmot recommendations A - *Give every child the best start in life* and F - *Strengthen the role and impact of ill health prevention* (Marmot 2010)

Throughout a lifespan there may be many threats to health; this high level assessment will focus on some of the key threats and their mitigation. After clean safe water, immunisation is the most effective public health intervention in the world for saving lives and promoting good health. Immunisations protect the individual, family and the community from the effect of illness, morbidity and mortality, being very cost effective and safe.

The UK national childhood immunisation programme is delivered mainly through primary health care services. The uptake of vaccines in Southampton is relatively high when compared with national data, just below 95% coverage, although there is considerable variation across the city. This reflects a national picture where differences in uptake are associated with a range of social, economic, maternal and infant related factors.

Sexually transmitted infections (STI's) continue to increase in the city with the 16 to 24 age group having over half the burden of disease. Sexual Health Services are treating 50% more people with ano-genital herpes now than in 2005 and 64% increase in Chlamydia treatment over the same period. Uptake rates for Chlamydia screening remain low in the city so the true burden of disease may be even higher. Ano-genital herpes is the most common ulcerative STI in the UK. It is incurable but can be managed with antiretroviral drugs to prevent further outbreaks and transmission to others. Genital herpes can cause severe systemic disease in the immuno-supressed and is associated with a greater risk of acquiring HIV. It may also cause severe problems in neonates if transmitted from mother to child during birth.

Blood borne viruses - Human Immunodeficiency Virus (HIV) continues to be one of the most important communicable diseases in the UK. It is an infection associated with serious morbidity, high cost of treatment and care, significant mortality and high number of potential life years lost. HIV can lead to the development of AIDS but if detected early can be managed with antiretroviral therapies reducing the incidence of AIDS and preventing early death. From

2004 to 2009 the city has seen an increase of 60% in people diagnosed with HIV and accessing services, 1.57 per 1,000, higher than the South Central Strategic Health Authority average of 1.13 per 1,000 (Office of National Statistics mid 2008 estimates). This does not take into account undiagnosed prevalence, thus the actual rate may be higher. This is very worrying as currently there remains no cure for HIV and drug costs alone to mediate the symptoms cost the city around £1.9million a year.

Hepatitis B and C remain serious public health issues with potentially grave complications, shortening life expectancy. Much of the burden of this disease is undiagnosed. Hepatitis B and C are potentially preventable, as is much of the associated morbidity with timely identification and treatment.

Health Care Acquired Infections (HCAIs) remain a continuous threat and emphasis needs to be placed on the health economy wide efforts to tackle HCAI's. These are infections that are acquired (by patients or staff) following admission to hospital or as a result of healthcare interventions in other healthcare facilities.

Tuberculosis is a growing problem nationally and an issue locally predominantly, but not exclusively, through migration. The typical TB sufferer in the city becomes unwell within the first ten years of arrival. This latent TB requires vigilance to ensure the public know how to access treatment and screening services and requires vigilance on the part of GP practices and occupational health services to be TB aware.

Protection from environmental hazards can be exemplified by that of U/V radiation (sunlight) whereby excessive exposure may give rise to skin cancers. Since 2003 there has been an increase of 100% in malignant melanomas, thankfully the number of people involved is small but prevention is better than cure.

A changing population underpins the above key themes needs

"Southampton as a rich vibrant city has to continue to respond to the changing population and their needs, including the impact on birth rate and migration" (Consultation response)
The city enjoys a diversity of people which enriches our population, but the pace of population change challenges service delivery

Marmot recommendation D- ***Ensure healthy standard of living for all*** **(Marmot 2010)**

In 2010 the total population of Southampton is estimated to be 237,470[1] with 264,573 people registered with GP practices. The profile of the City's population differs from the national average because of large number of students; over 17% of Southampton's population is aged between 18 and 24 years compared to just 9.5% nationally.

[1] Hampshire County Council 2010-based Small Area Population Forecasts (Alternative version) – provisional as at February 2011.

Southampton is a diverse City; in 2007 it was estimated[2] that 17.3% of residents were of an ethnic group other than White British compared to 16.4% nationally. This is a higher proportion than in most of the Cities considered 'most similar'[3] to Southampton. The annual school census in the City in 2010 revealed that 26.4% of pupils were from an ethnic group other than White British. In 2009/10 32% of live births in Southampton (where ethnicity was known) were non-White British or Irish. Looking at trends in ethnicity of live births, it is the other White background which has risen most significantly in recent years; rising from 8% on 2006/07 to 12% in 2009/10.

Those children under 5 years proportionately use the NHS more than other children. Growth in this group has particularly impacted on maternity and paediatric care and health visitor services. A quarter of all paediatric non-elective admissions are for those children under 4 years of age. Typically a GP sees each pre-school child six times a year and school aged children two or three times.

The number of pupils whose first language is not English has risen from 8.4% in 2007 to 12.7% in 2010 with 54 languages other than English spoken in city schools. In 2007 there were 427 pupils whose first language was Polish by 2010 this had risen to 902.

There are many uncertainties around current and future population numbers. There will be a national Census this year (2011) which, if good coverage is achieved, will provide some clarity. However, the results are unlikely to be available until 2012/13 at the earliest. In the meantime, the latest data produced by Hampshire County Council (HCC)[1] provides the best available forecast of the population. These forecasts are based on the planned completions of residential dwellings in the City; they predict an increase in dwellings of 6.4% between 2010 and 2017. Bargate, Woolston and Bevois are the wards set to see the biggest increases in dwellings.

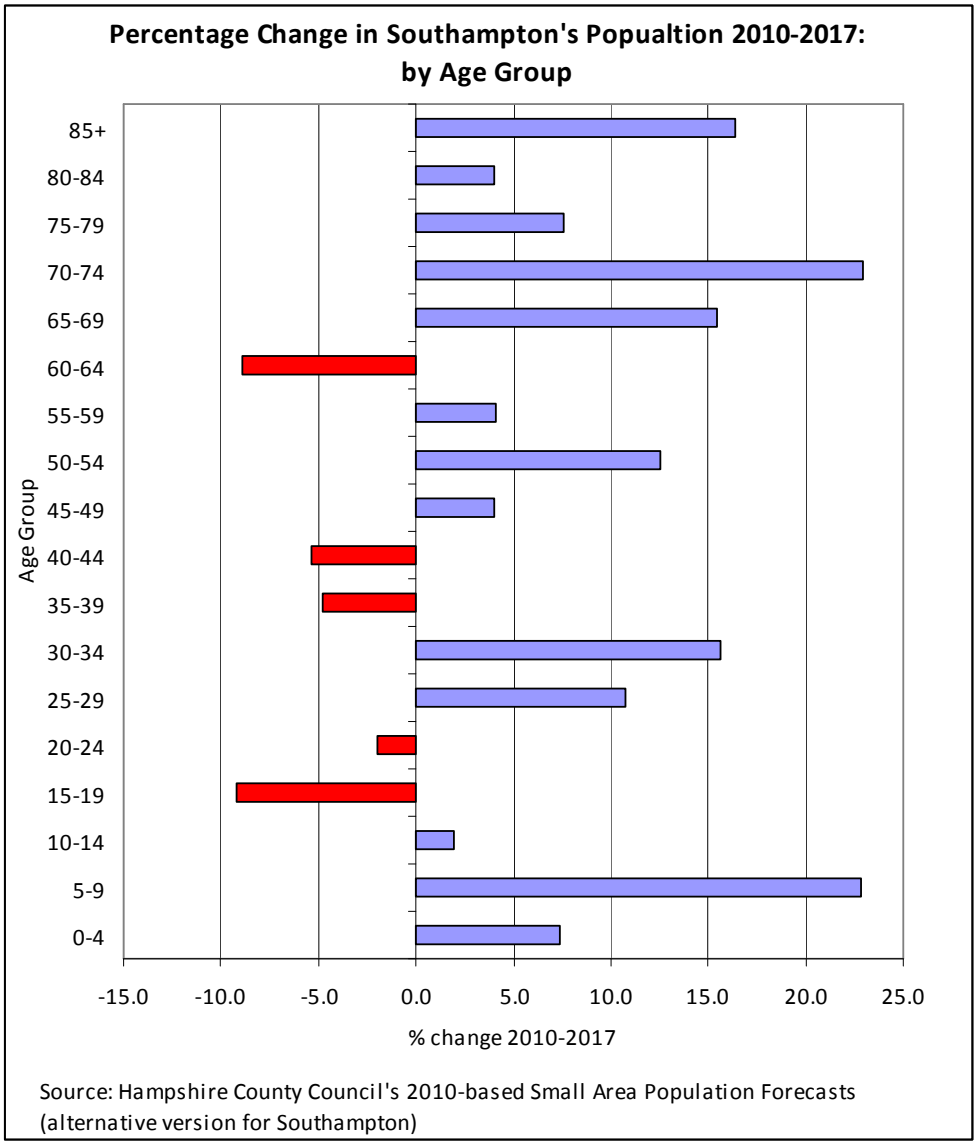
The increase in dwellings across the City translates to a population increase of 11,176 (4.7%) over the same period. It is the older population that will grow proportionally more over the next few years as discussed earlier. Importantly the proportion of the population of working age is steadily declining and this may impact on the informal and community care available to the changing population structure.

According to the HCC forecasts the number of births will increase by 8.5% over the forecast period. However, local monitoring of births at SUHT reveals that since 2004 there has been an average year-on-year increase of about 5% suggesting that despite improvements in the HCC methodology and the use of local fertility assumptions they may still be underestimating the very significant increases in fertility in the City. Between 2003 and 2010 general fertility rates in the City have increased from 48.4 to 56.3 per 1000 females aged 15-44. In 2010 Bitterne ward had the highest fertility rates in at 91.0 per 1000.

[2] ONS experimental statistics
[3] ONS 2001 Classification of Areas

A population forecast for the Southampton showing age group changes until 2017 is below. People in age groups 5 to 9 years and 70 to 74 years show the largest increase over 20%, whilst 15 to 19 year and 60 to 64 years show the largest decrease around 8%.

Southampton population changes by age group 2010 to 2017

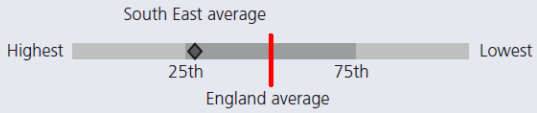


The disease prevention profile that follows is illustrative of the way data can be presented in the JSNA

Health Summary for Southampton

The chart below shows how performance on prevention in this PCT compares to the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which is shown as a bar. The average result for England is shown by a red line, which is always at the centre of the chart. A red circle indicates that this area is significantly worse than England for that indicator. A green circle shows a significantly better performance, but it may still indicate scope for improvement.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- No significance can be calculated



Domain	Indicator	Local Number	Local Value	England* Median	England* Worst	England Range	England* Best
Pregnancy	A1 Antenatal booking before 12 weeks	2843	72.0	82.3	45.8		100.0
	A2 Smoking in pregnancy	553	n/a	14.9	31.4		4.4
	A3 Screening for infectious disease - Hep B	6186	91.7	*96.5*	*68.7*	No England values available	*100.0*
Infants	B1 Newborn bloodspot screening - PKU	3243	100.0	*99.9*	*97.4*	No England values available	*100.0*
	B2 Breastfeeding initiation	2512	n/a	72.0	39.9		93.0
	B3 Breastfeeding at 6-8 weeks	1233	37.1	41.6	14.7		80.6
	B4 Newborn hearing screening	3054	89.4	94.7	64.2		98.3
Children	C1 Immunisation - MMR	2923	91.0	89.2	73.0		96.7
	C2 Immunisation - PCV	2878	89.6	89.3	63.9		97.4
	C3 Child obesity aged 4-5 years	200	9.3	9.5	14.7		5.9
	C4 Childhood injury	715	166.6	119.9	215.3		68.5
Young people	D1 Immunisation - HPV	924	81.0	78.6	0.3		97.9
	D2 Chlamydia screening	7468	15.6	23.0	8.3		40.8
	D3 48-hour access to GUM clinic	8425	89.4	89.3	69.1		99.6
	D4 Alcohol-specific hospital stays	157	122.5	62.4	168.6		19.8
Adults	E1 Breast cancer screening	10374	71.9	77.5	50.9		84.8
	E2 Cervical cancer screening	44780	75.6	79.3	66.4		85.4
	E3 Bowel cancer screening					Data not available until 2011	
	E4 Diabetic retinopathy screening	8441	91.9	91.4	70.8		98.5
	E5 Successful smoking quitters	1814	923.6	899.6	405.7		1933.9
	E6 Smoking quit rate	1814	50.9	49.1	31.1		69.8
	E7 Smoking status recorded	45919	93.8	95.3	93.3		97.4
	E8 Hepatitis B immunisation in prisoners	n/a	n/a	*36.8*	*3.3*	No England values available	*54.1*
	E9 Hypertension	n/a	11.4	10.7	13.8		8.3
Older people	F1 Warm Front Grants	926	3.9	4.9	0.4		15.6
	F2 Hip fractures	198	466.1	482.2	660.9		327.8
	F3 Immunisation - Flu	22816	73.6	72.4	64.9		78.2

* Where England values are unavailable South East data ranges are presented in purple italics

Notes (numbers in BOLD refer to the above indicators)

A1 % of women who have seen a midwife, or a maternity healthcare professional, by 12 weeks and 6 days of pregnancy 2009/10 **A2** % of mothers smoking at time of delivery 2009/10 **A3** % of pregnant women receiving a hepatitis B test 2008/09 **B1** % screening coverage for phenylketonuria (PKU) in newborns 2008/09 **B2** % of mothers initiating breastfeeding 2009/10 **B3** % of mothers breastfeeding at 6–8 weeks 2009/10 **B4** % hearing screen complete by 4/5 weeks after birth 2009/10 **C1** % of children immunised against measles, mumps and rubella (MMR) by their 2nd birthday 2009/10 **C2** % of children immunised with the pneumococcal conjugate vaccine (PCV) by their 2nd birthday 2009/10 **C3** Prevalence (%) of obesity among children in Reception (aged 4–5 years) 2008/09 **C4** Emergency hospital admissions caused by unintentional or deliberate injuries to under 18s per 10,000 population 2009/10 **D1** % children (school Year 8 girls) receiving human papillomavirus (HPV) vaccinations 2008/09 **D2** % 15–24 year old population tested for chlamydia 2009/10 **D3** % first GUM attendances seen within 2 working days 2009/10 **D4** Persons aged under 18 years admitted to hospital with alcohol-specific conditions, crude rate per 100,000 2006/07 to 2008/09 **E1** % women aged 53–64 years screened for breast cancer in last 3 years 2008/09 **E2** % women aged 25–64 years with less than 5 years since last adequate cervical smear test 2009/10 **E3** No data available until 2011 **E4** % of patients with diabetes who have a record of retinal screening in the previous 15 months 2009/10 **E5** Successful quitters at 4 week follow up as % of those setting a quit date 2009/10 **E6** Successful smoking quitters per 100,000 population aged 16 years and over 2009/10 **E7** % patients with any or any combination of the following conditions: coronary heart disease, stroke or transient ischaemic attack, hypertension, diabetes, chronic obstructive pulmonary disease, chronic kidney disease, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the previous 15 months 2009/10 **E8** % uptake of hepatitis B vaccinations in prisons, within 31 days of reception 2009/10 **E9** Percentage point difference between modelled estimates of the prevalence of hypertension and reported prevalence by GPs 2009/10 **F1** Warm Front Grant qualifying referrals rate per 1000 population 2009/10 **F2** Emergency hospital admissions for hip fracture, directly age-standardised rate per 100,000 persons aged 65 years and over 2009/10 **F3** % persons aged 65 and over immunised against influenza 2009/10.

A guidance document is available alongside this profile to provide additional information for each indicator

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