

Working together to improve the health and  
well-being of people in Southampton

2008 Annual Report of the Director of Public  
Health for Southampton



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## Health in Southampton 2004 to 2007

In previous public health reports we reported on the following topics:

### 2004

- Sexual health
- Obesity
- Alcohol
- Environmental tobacco smoke
- Later years

### 2005

- Best start in life
- Dental health
- Health and housing in Southampton
- Independence and well-being for older people
- Poverty, disadvantage and exclusion

### 2006

- Women's health
- Mental health of children and adults
- Health of people in minority ethnic groups
- Health and sustainability
- Communicable disease

### 2007

- "Changing Southampton" Joint Strategic Needs Assessment consultation document
- Changing people - our population
- Changing needs - being and staying healthy
- Staying safe - supporting health and care needs
- Unscheduled healthcare - difficult choices
- New opportunities, new diseases, new trends and treatments - will resources meet new expectations?

These reports are available on the Southampton City PCT website  
[www.southamptonhealth.nhs.uk/publichealth/phar/](http://www.southamptonhealth.nhs.uk/publichealth/phar/)



## The Report of the Director of Public Health for Southampton 2008

My annual report for 2008 has been written during the 60<sup>th</sup> anniversary year for the NHS, which has seen an acceleration in the implementation of measures designed to deliver better health for our community. A new NHS constitution<sup>1</sup> has been proposed that stresses the fact that our NHS belongs to the people. It is there to improve our health, supporting us to keep mentally and physically well, get better when we are ill and, when we cannot recover, stay as well as we can. The proposed constitution sets out how we all can play our part.

Southampton City Council, Southampton Primary Care Trust (PCT) and members of the public in Southampton have certainly made a huge effort to identify the health and social care needs of our community this year and we have just published our first Joint Strategic Needs Assessment (JSNA)<sup>2</sup>. Therefore this is my first Annual Public Health Report to be informed by a JSNA which has given local people and partners a say in the strategic development of health care in Southampton. The JSNA was developed alongside the South East England Health Strategy<sup>3</sup> and Lord Darzi's review<sup>4</sup>.

The South East England Health Strategy seeks to enable our region to become one of the healthiest regions in Europe. The aim is to promote physical, emotional and mental health and well-being, to improve healthy life expectancy and to reduce inequalities. My report shows how we are trying to achieve these aims here in Southampton.

Lord Darzi's review of the NHS focused on improving quality, safety and access to health services as well improving health and well-being for all. In order to deliver these improved services in our area, South Central Strategic Health Authority have produced an ambitious ten year vision<sup>5</sup>. The vision recognises the need to improve services for children and young people in several respects and also the need to improve the quality of care for adults and older people including end of life care. The Strategic Health Authority will be supporting Southampton City PCT to become a world class commissioner of high quality services which will deliver the necessary improvements.

The JSNA was developed alongside the Darzi review and the regional health strategy which will be informing our strategic commissioning plan and key delivery partnership work plans for the coming year. The challenge will be for all the health partners to focus on delivering key priorities which have emerged from the strategic analysis in order to achieve the health improvements in Southampton we now know are within our grasp.

I hope my annual report will be of help to all those engaged in taking up the challenge.

**Dr Andrew Mortimore**  
**Director of Public Health**  
December 2008



# Contents

# Page

Acknowledgements	2
Health in Southampton 2004 to 2007	3
The Report of the Director of Public Health for Southampton 2008	4
Key findings from the Joint Strategic Needs Assessment	6
Providing a healthy start to life - the human right of every child	10
Adults and older people	16
Maternity services	22
End of life	33
Data section	36
References	39
The health of the people of Southampton City 2008 - A Pocket Profile	43





## Key findings from the Joint Strategic Needs Assessment

Southampton's Joint Strategic Needs Assessment was developed as a collaboration between the PCT and the City Council and incorporated the outcome of a four month consultation period with local people, communities and organisations.

### The JSNA recognised it was important to:

- reduce health inequalities and social exclusion by improving employability and raising aspirations
- provide quality, health and social care in a more personalised way
- reduce violent crime
- reduce the harm caused by alcohol and drugs.

### Achieving better health and well-being for all and tackling health inequalities

Life expectancy at birth in Southampton is increasing. The latest data for Southampton are 76.8 years for males and 81.7 years for females. Both these figures are similar and not statistically different than those for England as a whole.

However, in the City's more deprived priority neighbourhoods:

- life expectancy is lower by 3.4 years for men and 2.7 years for women
- overall mortality rate is 28% higher
- premature (under 75) deaths are 58% higher.

Reducing health inequalities requires action by the NHS and action on the social determinants

of health by its partners<sup>6</sup>. It also requires the full engagement of patients and communities. The JSNA identified a number of issues that need to be addressed in Southampton including the need to:

- direct future investment and service development towards the primary and secondary prevention of cancer and coronary vascular disease (including diabetes and stroke)
- ensure health and social care needs of people with long term conditions are better met through enhanced coordination and integration
- continue the support for community, service user and carer involvement groups, including the Patient Advice and Liaison Service (PALS) and the Southampton Local Involvement Network (S-LINK). This will ensure the people of Southampton are influencing, and are enabled to scrutinize service provision
- obtain more reliable information in order to understand health needs (including those of ethnic minority communities) and to plan services and monitor outcomes.

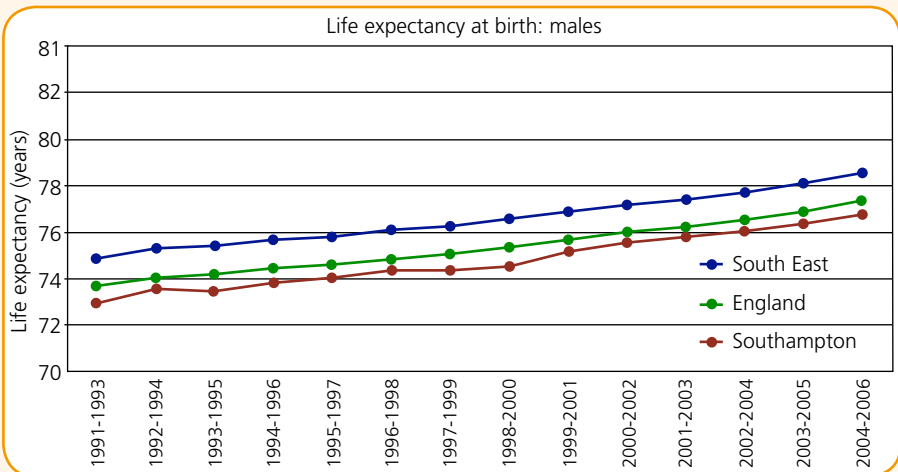


Diagram 1: Life expectancy at birth across Southampton, the South East and England - Males

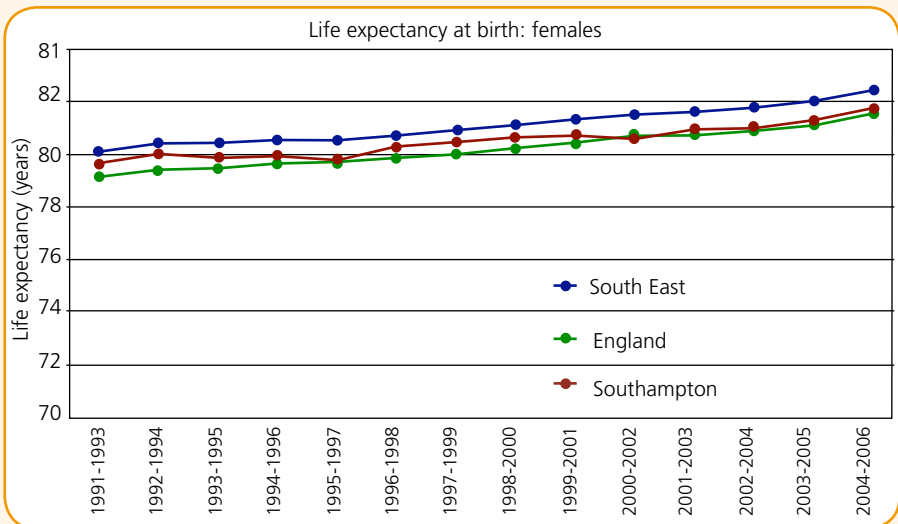


Diagram 2: Life expectancy at birth across Southampton, the South East and England - Females





## Delivering world class health and care outcomes for people in the city

Taking up the theme in the Darzi review, a section of our JSNA focused on what we would need to do to deliver world class outcomes as safely as possible, ensuring people are treated with dignity. Some of the issues identified included the need to:

- maximise uptake of screening programmes for breast, cervical and bowel cancers together with the programme to screen young people for chlamydia
- consult the public on a water fluoridation project to improve the oral health of the population (at the time of writing a public consultation led by the Strategic Health Authority is underway)
- engage with employers to enable them to reap the benefits of a healthy active workforce by, for example, promoting healthier workplaces that encourage activity throughout the day. The City Council and PCT should lead the way
- provide better support to older people in the community using a mixture of facilities and services, not just sheltered housing
- ensure all those approaching the end of life have access to high quality physical, psychological, social and spiritual care.



## Providing a healthy start to life

Southampton's Children and Young People's Plan provided a vision and a set of priorities to secure the well-being of all children and young people, supporting them in leading safe, happy and healthy lives and reaching their full potential. In order to achieve this vision the JSNA identified a number of issues, including the need to:

- reduce the incidence of unplanned and unwanted conceptions, by ensuring disadvantaged young people are afforded better life chances
- through work with schools, colleges, children and young people and their families
- reduce the proportion of low birth weight babies and increase the proportion of mothers still breastfeeding at six to eight weeks
- improve outcomes for children and young people with disabilities and complex needs
- improve the timeliness of access to specialist children's and adolescent mental health services (CAMHS), speech and language therapy, and substance abuse services
- develop the whole family approach to provide effective support to families at risk of neglecting or abusing children especially where alcohol or drugs misuse and/or problem debt has been an issue
- promote more physical activity and healthier diets in everyday life to improve overall health
- increase the numbers of young people engaging in community activities, volunteering and decision making.



## Providing the best health, care and support services for adults and older people

The Darzi review provided a vision of a personalized NHS tailored to the needs and wants of each individual, especially the most vulnerable and those in greatest need, providing access to services at the time and place of their choice.

Partly due to the success of the health and social care services there are increasing numbers of older people and people with disabilities and complex needs in our city who will require greater provision of these quality services.

Issues identified in the JSNA included the need to:

- develop a single point of contact for out of hours services and increase the number of people who are able to see their GP within 48 hours
- improve the focus of promoting independence to enable people to optimize their choices for health and well-being through all health and social care interactions

- improve support in primary care for people with mental health problems
- improve prevention and early intervention for older people accessing mental health services particularly in relation to dementia (anticipated to increase by 61% by 2026)<sup>8</sup>
- improve awareness and provide training in primary and secondary care to better understand the needs of people with learning disabilities and to better plan resources to meet these needs
- perform a review of the needs of carers, particularly older carers and child carers.

## Addressing the impact of social, economic and environmental factors on health and well-being

Social, economic and environmental issues are all key determinants of health. Focusing effective interventions on the wider determinants has the greatest potential to reduce the overall incidence of disease and health inequalities.

The JSNA focused on a number of issues including the need to:

- encourage economic development and, through the Local Neighbourhood Renewal partners, tackle issues related to worklessness, disability and intergenerational poverty, and raise aspirations related to entering the world of work
- develop the City Council and NHS to lead the development of

a healthy sustainable low carbon future, making sustainable development an integral part of strategic planning and business processes

- reduce violent crime with emphasis on the carriage of weapons, domestic violence and sexual offences
- reduce the increasing acute and chronic effects of harmful levels of alcohol consumption, through more effective prevention approaches, services and information
- support the award winning City Quitters work in enabling more people to quit smoking across the City, along with GP practices, which are focusing on our priority neighbourhoods
- ensure the effective engagement and identification of those young people most at risk of drug and substance misuse, including those among young offenders, truants and those excluded from school
- ensure more people live in good quality housing (25% of the City's public sector housing fails to meet the Decent Homes Standard) and reduce fuel poverty levels
- ensure better coordination of services for ex-offenders, including those that address their mental and physical health needs
- implement and monitor the Air Quality Action Plan and integrate this with the Transport Plan and Active Travel Plan in order to improve respiratory health, fitness and reduce road traffic injuries.





## Delivery, accountability and partnerships

Throughout 2008 Delivery Partnerships developed action plans that will deliver improved healthcare outcomes, against the needs identified in the JSNA. The impact on strategic planning is expected to take effect from April 2009.

## Providing a healthy start to life - the human right of every child

Children are less likely to have a healthy start in life in Southampton compared to England as a whole. Nearly 11,000 children live in poverty. One in 10 reception year children are classified as obese and physical activity rates are low. GCSE achievement is lower than the England average for local schools. Southampton's teenage pregnancy rate is persistently higher than the overall rate for England. Tooth decay in five year olds is higher than the England average. Overall one in seven children aged under five are classified as being 'not in good health'.<sup>9</sup>

The Children Act 2004 provided the legislative spine for developing more effective and accessible services focused around the needs of children, young people and families in England. This is implemented through Every Child Matters<sup>10</sup> which has five outcomes, namely:

- being healthy
- staying safe
- enjoying and achieving
- making a positive contribution
- economic well-being.

Southampton's Children and Young People's Plan has been written to achieve these five outcomes. In 2007, the United Nations Children's Fund (UNICEF) published a report<sup>11</sup> which ranked the UK bottom of a league table of 21 developed countries which aimed to find out in which country it was best to be a child in terms of being healthy, safe and happy.

In October 2008, the United Nations Committee on the Rights of the Child reported<sup>12</sup> on the government's progress in implementing the (UNCRC) and welcomed the commitment to end child poverty by 2020. However, the committee also highlighted what it saw as a number of breaches of the convention by the UK government including concerns that:

- inequalities remain a problem, as demonstrated by the widening gap in infant mortality between the most and the least well-off groups



- the Government strategy is not sufficiently targeted at those groups of children in the most severe poverty and the standard of living of traveller children is particularly poor
- there is no comprehensive national strategy for the inclusion of children with disabilities into society, and that children with disabilities continue to face barriers in the enjoyment of their rights guaranteed by the Convention, including in the rights of access to health services, leisure and play.

This last concern was one recognised by the Strategic Health Authority in its chapter on children and young people within its ten year vision for healthcare across NHS South Central<sup>13</sup>:

*“Services for children with disabilities are poorly coordinated and integrated across health and social care. There is only limited provision of accessible activities for disabled teenagers. Arrangements for transition to adult care services for the long-term disabled are very weak.”*

This year’s annual report of the Chief Medical Officer (CMO) is subtitled “Tacking the Health of the Teenage Nation”<sup>14</sup>. The CMO points out the effects of poor health during the teenage years can last a lifetime and keeping adolescents healthy is a valuable investment in the nation’s future.

Of particular concern is the damage to adolescent health by inappropriate risk taking. A survey of 1,200 children aged 14-15 from 12 secondary schools in Southampton in June 2008<sup>15</sup> found that:

- 14% of pupils had smoked at least one cigarette during the last seven days
- 22% of boys and 24% of girls said they had got drunk in the previous week
- 21% of boys and 19% of girls said they had been bullied at school in the past 12 months
- only 36% of boys and 16% of girls exercised five times or more in the previous week
- only 14% of pupils said they had five or more portions of fruit and vegetables the day before.

The health needs of Southampton’s young people were set out in the JSNA<sup>16</sup> and some key details highlighted in the relevant findings from the “Joint Strategic Needs Assessment” section

(page six of this report). The main vehicle for driving the health improvement of children and young people in our community is the Southampton’s Children’s Plan<sup>17</sup>, which is due to be refreshed in 2009.

The vision in Southampton’s Children and Young People’s Plan is that:

*“We want children and young people to be proud of Southampton and Southampton to be proud of them. Their contribution to the quality of life in the City should be valued and celebrated. Their views should be respected and listened to and they should be more involved in the decision making of all organisations. They should enjoy access to a wide range of affordable and enjoyable leisure and cultural experiences and all children, from the most challenged to the most gifted, should be supported to achieve their potential.”*

**All the local agencies, including the City Council and the PCT, are working to secure the well-being of all children and young people, supporting them to achieve high aspirations, lead safe, happy and healthy lives, and contribute to the success of Southampton. Examples of the work that has been going on in the City this year are highlighted in the remaining part of this section.**





## Developing an obesity strategy for Fit 4 Life children and young people

- 'Fit 4 Life' is Southampton's obesity strategy which has become a focus within the Health and Well-being Partnership and is a priority in the Children and Young People's Plan.

There is extensive evidence to show that obesity is putting our children at risk from physical and emotional harm and will also have long term effects on their economic and social well-being.

Put simply, stated obesity is the result of too many calories consumed for the amount of physical activity undertaken. The solution is to alter diet and increase the levels of physical activity. In order to be successful, any strategy has to include approaches that will lead to these changes. The difficulty lies in enabling children, young people and their parents or carers to understand the issues, to want to make the changes and be able to sustain them. A three pronged approach to tackling the issues is being promoted by:

- looking at age group or life-stage specific interventions
- focusing on the locality or the community in which the child or young person lives and goes to school

- working with national and local initiatives that engage manufacturers, employers and businesses with the issues in order to improve information and services, ensuring that real choices are available.

There has been good progress on tackling obesity, as evidenced by:

- the national coverage target of recording data on 80% of children has been exceeded
- no increase in childhood obesity in 2006/07 at Yr R (9.1% compared to 9.2%) and Yr 6 (16.9% compared to 17.2%). The Southampton rate has been below the national average for the past two years and significantly lower than some regional statistical neighbours, e.g., Portsmouth's rate of 24%
- healthy eating focused work developed across the City through initiatives such as Cooking on a Budget and Healthy Eating which have led to identifiable changes in behaviour. In one Sure Start area, 80% of parents said they had increased their child's fruit and vegetable daily intake
- physical activity for all age groups and abilities is promoted through Active Southampton, launched in January 2008, including free swimming

- weight management and support services for children and young people who are at risk or have become overweight or obese are being developed, e.g., a public health nutritionist has developed best practice guidelines for work with overweight young people; a fund has been set up to enable children and young people who are overweight or at risk of this to access physical activity; and, in a Priority Neighbourhood, Carnegie groups are about to be piloted, a whole family approach to body image and weight management.



## Fit 4 Life week at Thornhill Sure Start

Sure Start is a government programme which aims to achieve better outcomes for children, parents and communities by:

- increasing the availability of childcare
- improving the health and emotional development of young children
- supporting parents as parents and in their aspirations towards employment.

The Fit 4 Life week at Thornhill Sure Start took place this year between Tuesday 25 and Friday 28 March 2008.

Over 300 children had the chance to taste a variety of healthy breakfasts during pre-school and reception class sessions. Parents were invited to join in and information packs were given to all parents on healthy breakfasts, lunch boxes and snacks, together with other health promotional material.

All Thornhill Pre-schools and the reception year children of three schools arranged Olympic style activities that promoted the importance of physical exercise and its links to healthy living.



*Children and parents at Kanes Hill Pre-School enjoy a healthy breakfast*



*Brambles Pre-school joined Thornhill Primary school for their Olympics*

## Promoting physical activity through school sport

The Hampshire Games is a great opportunity for young people to take part in an event that provides a unique taste of competitive sport, which in turn encourages them to regularly participate in sport during their time at school and into adulthood.

Organised by Sport Hampshire and Isle of Wight, this year's Games took place on Friday 20 June and Saturday 21 June 2008.

The aims surrounding the Hampshire Games are not just about the number of young people who represent Southampton on the day, but more importantly the number of young people who stay involved in their chosen sport after the games.



*Hampshire Games participants*



## Saucepan's Community Child and Adolescent Mental Health Service

Saucepan's work is based on the philosophy that the mental health of young people impacts equally on all areas of their life such as education, family, peer groups and social interaction.



Saucepan's team

The service is now well on its way to achieving its long term aims to improve school attendance, reduce anti-social behaviour among children and prevent young people from misusing drugs and alcohol.

A report from the final team in the City to open its doors in the ethnically diverse North Central area stated:

*"We are most proud of the projects we are developing to engage with Black and Minority Ethnic (BME) communities. We have been successful in a bid application to undertake a media project, using film and still photography, which has the working title of 'Project Honour Cultural Fusion'. Fifty young people between the ages of 13 - 19 years, from our locality, with differing cultural and ethnic backgrounds, will produce a film of their lives and experience in Southampton. The aim for these young people is to explore the meaning of culture, beliefs, attitudes and experiences and present this using the medium of film. It is envisaged that these young people, through working together, will share a deeper understanding of one another's lives and experiences whilst developing their knowledge".*



"Break Out" Saucepan's Youth Project





A multi-agency service for children with disabilities

*"We will endeavour to provide services to empower families and children to be as self-reliant as possible within their own communities"*

**Jigsaw encompasses three main functions:**

- an integrated multi-agency health and social care service for Southampton children with a learning disability and for their families
- a social work service for Southampton children with a physical disability and their families
- a specialist community health service for children in Hampshire with a severe learning disability, including autism, and challenging behaviour, for parts of the New Forest, Eastleigh and Test Valley South.

### Providing a healthy start to life - Conclusion

Whilst we can celebrate many new developments this year designed to improve the health and well-being of children and young people in Southampton, a number of influential reports, including most importantly our own JSNA, have shown us that there is still much more work that needs to be done to protect the human rights of children in our City and to provide a healthy start to life for all Southampton's children. I hope the refresh of Southampton's Children and Young People's Plan in 2009 and the publication of the PCT's Strategic Commissioning Plan<sup>18</sup> will give this work fresh momentum.



## Adults and older people

The probability of poorer health increases with age. The proportion of older people in our community is increasing. The projections for Southampton are that between 2006 and 2013 the number of people aged 65 and over will increase by over 4,400; an increase of 13.6%. A question which we need to face is will these older people be living longer, active independent lives or will their final years be spent living with illness and reliant on others for their care? The health of our aging population will need to improve as the population increases to prevent our health and caring services from becoming overwhelmed.

### Obesity

Four out of five older people in the South East are overweight or obese. The national strategy for older people, *Opportunity Age*<sup>19</sup>, promotes active ageing and healthy living at all ages as older people will be better able to enjoy good health in later life if they look after themselves when they are younger.

### Complex care

In 2001, the National Service Framework for Older People<sup>20</sup> provided the impetus to redesign services around the complex needs of older people, delivering improved care closer to home and ensuring older people are treated with respect and dignity. The Department of Health is now promoting system redesign to accelerate necessary changes; this includes early intervention for conditions of old age.

### Exclusion

Many older people unfortunately are often poor and excluded from community life and feel trapped due to poor health, poverty, housing and discrimination. The national policy is to build communities that are inclusive of their older people by addressing these issues. The Social Exclusion Unit report, *Sure Start to Later Life*<sup>21</sup>, urged authorities to put in place a range of physical, practical, personal and social measures to promote independence within a seamless care system, so older people can live in their homes as long as they wish. Our JSNA<sup>22</sup> identified a need for Southampton to consider a Sure Start for older people.

### SWAP

The Southampton Warmth for All Partnership (SWAP) is made up of the PCT, City Council, Age Concern, Department of Work and Pensions, Sure Start, the Energy Savings Trust and Eaga the Government sponsored company responsible for Warm Front grants. The SWAP is concerned the current downturn in the economic environment and vast increases in the cost of domestic fuel will inevitably see more people forced in to fuel poverty. Vulnerable people, particularly the elderly, are at risk and lack of heat contributes towards many extra admissions to hospital and winter deaths. Finland and Germany do not experience excessive winter deaths like we do in the UK despite being considerably colder. In 2007/08 Southampton residents gained £1,000,000 in grants for better home insulation and installed heating. But we also know that 19% of residents felt their homes were too cold (2006 Lifestyle survey). In September 2008

I wrote to all pensioners and those with long-term health conditions reminding them via their GP's of the benefits of Warm Front Grants and how to apply. At time of writing this has increased referrals to Eaga five fold and many of these will result in warmer homes. A warm dry home is a basic essential to good health. We as a society have much to do to ensure all the people of Southampton can benefit.

### Later Years Partnership

The City is addressing the Later Years Partnership challenges of an ageing population and the exclusion of today's senior citizens, through the Later Years Partnership, led by the City Council. The core of the Partnership is a range of statutory and voluntary organisations working together to address key issues and secure change across the whole system. The Partnership involves and works with the developing Southampton Seniors' Council which aims to represent and champion the interests of older people in the City.

**Lord Darzi's review<sup>23</sup> provided a vision of effective, safe, fair and personalised health services for the future. There have been significant new developments in work to improve the health of adults and older people in Southampton over the last twelve months and some of these examples are set out over the next few pages.**





[www.activesouthampton.co.uk](http://www.activesouthampton.co.uk)



## Active Southampton

According to our local survey carried out in 2006, only 21.4% of adults in Southampton regularly participate in moderate intensity sport and active recreation (at least 12 days in the last four weeks) for at least 30 minutes continuously in any one session. Activities include walking and cycling. Moderate intensity is defined as having walked at a brisk or fast pace and for sports having raised the breathing rate<sup>24</sup>.

Active Southampton is a partnership of organisations that want to promote sport and physical activity across the whole city. The Active Southampton website [www.activesouthampton.co.uk](http://www.activesouthampton.co.uk) has information on a wide range of activities, events and clubs for people who want to get active in the Southampton area.

By working in partnership, Active Southampton intends to attract increased investment into sport and physical activity initiatives in the City.

Creating a healthier, more physically active and sporting nation is a key priority of government at national, regional and local level. This ambition is promoted at a national and regional level by Sport England and at a county and local level by Sport Hampshire & Isle of Wight and the Active Southampton member organisations.



The launch of Active Southampton took place on Wednesday 23 January in the Terry Paine Suite at St Mary's Stadium, the home of Southampton football club.



## Southampton Health Trainers

In November 2007, the PCT launched its new Health Trainers Service. Twelve health trainers have been recruited to work across the City, focussing particularly on the priority neighbourhoods where health is known to be poorest. They are community based, and run one-to-one and drop-in sessions in a variety of different places including school playgroups, Sure Start community centres and local libraries, and through community groups.

In the last nine months, over 500 people from across the City have contacted the Health Trainers Service asking for support to make lifestyle changes including giving up smoking, increasing their physical activity, eating more healthily, losing weight or dealing with stress.

More recently three new Health Trainers have been recruited to work the Probation Office in Southampton where they are providing a very popular and much needed resource, working with offenders on probation orders. This group tends to have high health needs related to substance misuse, mental health and difficulties in accessing services.



*The Health Trainers Team*

A comment from a Health Trainer client:

*"I was feeling very sluggish and bloated when I saw Health Trainers advertised in my local newsletter. I gave Health Trainers a ring and have been going along every week. Since seeing my Health Trainer I have lost weight and my whole well-being has improved. I am so glad I made that call."*

Details of how to contact your local health trainer, and other Health Trainer's information can be found on their website

**[www.southamptonhealthtrainers.nhs.uk](http://www.southamptonhealthtrainers.nhs.uk)**



## Genito Urinary Medicine (GUM) service development

This service has grown considerably over the last eighteen months and continues to offer a high quality GUM service to the local population. Through investment in staffing and equipment we have been able to extend our opening times, creating additional clinics. The service now offers Monday - Friday walk-in clinics and afternoon booked clinics, as well as outreach clinics such as our New Forest Satellite Clinic, GUM Family Planning Clinic and Southampton Working Women's Project Clinic.

The service offers a senior medical on-call team extending to all local hospitals, healthcare organisations, GPs and walk-in centres. These changes have allowed us to provide a more flexible service for patients, allowing greater patient access and choice. The extended opening have enabled us to maintain our 100% Department of Health target of offering all patients access to the service within 48 hours (two working days).

Details of the service can be found on their website  
[www.gumsouthampton.nhs.uk](http://www.gumsouthampton.nhs.uk)

**gum**  
genito-urinary medicine

## Promoting the physical health of people with mental health problems

It is well evidenced that people who experience mental health problems have an increased risk



*Solent MIND's Community Wellbeing Team*

of developing physical health problems too. On average, the life expectancy of people with mental health conditions such as schizophrenia or bipolar disorder is ten years lower than those without any mental health issues. It is also widely reported that they are less likely to be offered blood pressure checks, cholesterol checks and cervical screening, and despite having higher smoking rates than the general population, they are also less likely to be given smoking cessation advice<sup>2526</sup>.

Solent MIND's Community Well-being Project, part of the Time to Change Campaign, and Hampshire Partnership Trust's new Improving Health Project are two projects working closely together to redress the balance and improve the physical health of people suffering with mental distress. This, in turn, is having a positive effect on people's mental well-being too.

The two projects, funded by the Big Lottery Fund as part of their 'Health and Well-being Programme' aim to support people in making positive sustainable lifestyle changes, no matter how small.

The projects offer a flexible package of support including:

- support to access local health and leisure services e.g. health walks, GP exercise referrals, smoking cessation schemes
- weight management groups
- developing healthier cooking skills.

It is anticipated that the increased social inclusion of people suffering with mental distress will also help tackle the common misconceptions about living with a mental health problem and go some way to breaking down the stigma and discrimination surrounding mental health issues.

## Improving older people's mental health services

The 2005 Care Services Improvement Partnership service development guide 'Everybody's Business: Integrated Mental Health Services for Older People'<sup>27</sup> highlights the complex nature of need in this client group.

A project to develop a joint commissioning strategy to modernise Older People's Mental Health services was launched this year. The aim is to improve the experience of care by focusing on joint working, developing support within primary care, refocusing specialist services and developing resources to support people to be independent and cared for in a community setting for longer periods. The project will be led by the PCT and Southampton City Social Services and Housing Services. The project will seek to engage a wide range of stakeholders in the development of the strategy.

The project aims to:

- develop needs-led flexible services for older people with mental health problems throughout their journey of illness
- promote independence and improve the quality of life for older people with mental health problems and their informal carers.



## Promoting self help for people with mental health problems – books that might Help

This pilot project aims to reduce the number of people needing intensive support with mental health issues by attempting to get patients help at a much earlier stage in their illness. This includes helping people who have the potential to become ill before they have developed a condition. It aims to provide a solution for people with mild mental health problems to stop them getting worse and needing a more serious

course of treatment. By working preventatively the project aims to reduce the number of people with serious problems and to improve the mental well-being of Southampton people.

The books are taken from approved lists and cover areas such as:

- anxiety
- phobias
- depression.

Sets of these books have been purchased and placed at libraries and GP surgeries.

## Redesign of services for people with Chronic Obstructive Pulmonary Disease (COPD)

COPD, which encompasses both chronic bronchitis and emphysema, is one of the most common respiratory conditions of adults in the developed world. COPD poses an enormous burden to society in terms of direct cost to health care services.

In March 2008, 4,358 people with COPD were recorded on practice based disease registers for Southampton City (1.6% of the population). However, local modeling by the Public Health team suggested the actual prevalence was likely to be 3.9% or 10,000 people.

In response to local need the PCT has developed enhanced provision of pulmonary rehabilitation this year. Community respiratory physiotherapist Teresa James was delighted with the enhanced provision. She said:

*“Pulmonary rehabilitation gives patients the confidence to maintain independence in the home for as long as possible. The educational sessions give the patients a full self-management plan aiming to give them a greater understanding of their condition, how to manage their symptoms and how to get the best out of life despite living with a long-term condition. Throughout the six week programme patients make new friends, encourage each other to join gyms and take up new hobbies when they finish. This has a positive effect on reducing anxiety/depression levels which can be common in patients suffering with respiratory problems.”*

## Conclusion

Health and social services are adapting to meet the challenges of an ageing population. The services are being developed in an integrated way working strategically in partnership with the City Council and community organisations, through structures such as the Health & Well-being Partnership and Later Years Partnership. In order for everyone to enjoy the extra years of old age, much more work needs to be done, starting with younger adults, especially those who are less well-off. The delivery partnership structure for achieving coordinated City-wide action is set out in Chapter 3 of our JSNA.



## Maternity services

Improving maternity services to ensure choice and continuity, and keep pace with the increasing birth rate and changing socio-economic dynamics, is a national priority set out in the 2008/9 NHS Operating Framework for England<sup>28</sup>. This is about improving access and delivering safe, high quality care as well as promoting birth as a normal experience.

It is well recognised that healthy mothers produce healthy babies who become healthy children and adults. Much preventable adult ill health and disease has its origin in gestation, infancy and childhood<sup>29</sup>. Safe, high quality and easily accessible maternity care reduces the risks associated with pregnancy and childbirth and provides mothers with support to make healthier choices easier.

In Southampton, key issues for maternity services are similar to national concerns. We have a rising birth rate coupled with maternity staff shortages. Further to this, Southampton has seen a higher than average increase in birth rate amongst BME groups and new communities. These women have a greater complexity of need in terms of their physiology and culture. There is also a gradual rise in the Body Mass Index of expectant mothers with associated complications for mother and child.

Other public health concerns relate to increasing choice for mothers in the care they receive, and making it more accessible for them. In particular, women living in social deprivation are less likely to access maternity care in a timely way, and more likely to have poor outcomes than their more affluent peers. In addition, reducing smoking, alcohol consumption and encouraging breastfeeding are important areas for health promotion. Lastly, there is a continuing need to strengthen services to both reduce the number of teenage pregnancies and support those teenagers who are pregnant.

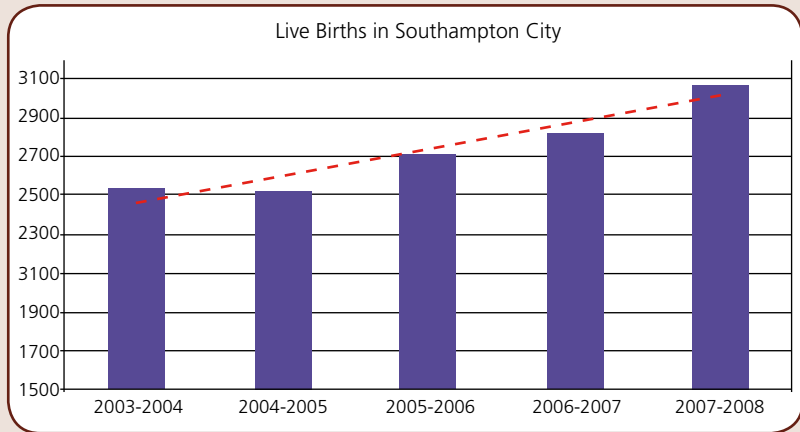




## Live births

Diagram 3 shows the actual number of births per annum within the City from 2003/04 to 2007/08. In 2007/08 there were over 3,000 births in Southampton per year and there has been a rapid 21.7% increase in the birth rate in Southampton City over the past four years.

Diagram 3: Live births per annum in Southampton City from 2003/04 – 2007/08



In terms of ethnicity, the majority of births are white British/Irish (1,989 live births in 2007/08), 19% of births are BME (572 births) and 10% 'other white' (305 births), as shown in Diagram 4.

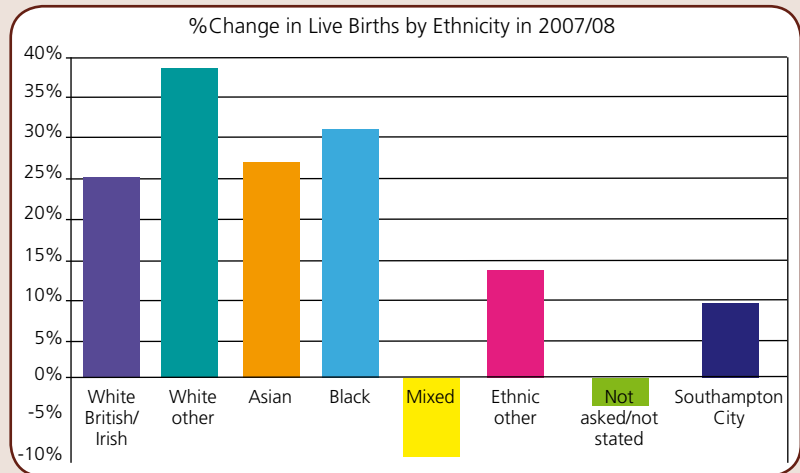


Diagram 4: Percentage change in births from 2006/07 to 2007/08 by ethnic group

However, the largest percentage increase in number of live births was for 'other whites' in 2007/08, with an increase of 38%. Diagram 5 shows the percentage change in births from 2006/07 to 2007/08 by ethnic group.

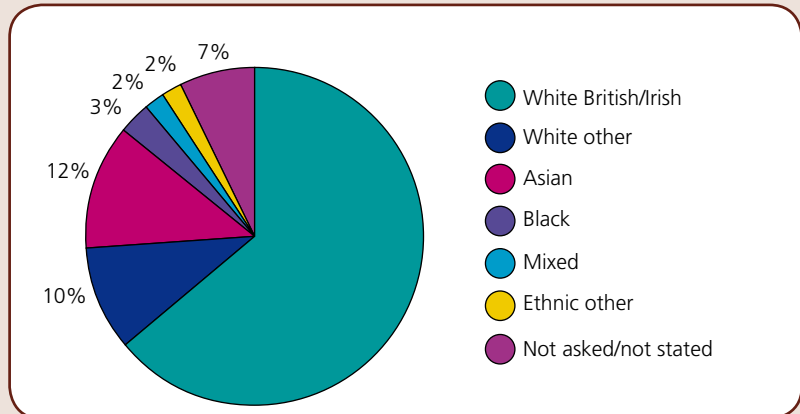


Diagram 5: Breakdown of live births by ethnicity



Although the actual number of births of BME babies is small compared with white British/Irish births, the overall rising birth rate and increase in births of BME and 'other white' babies has had an impact on already stretched maternity services within the City. There is an insufficient number of maternity staff and neonatal teams to meet the overall rising need and greater complexity of need associated with BME and new community births. The need for increased staffing levels is recognised in the Strategic Health Authority Workforce Strategy but recruitment of experienced staff is a major problem nationally and for Southampton. Maternity and neonatal services have been reconfiguring in an attempt to meet these challenges.

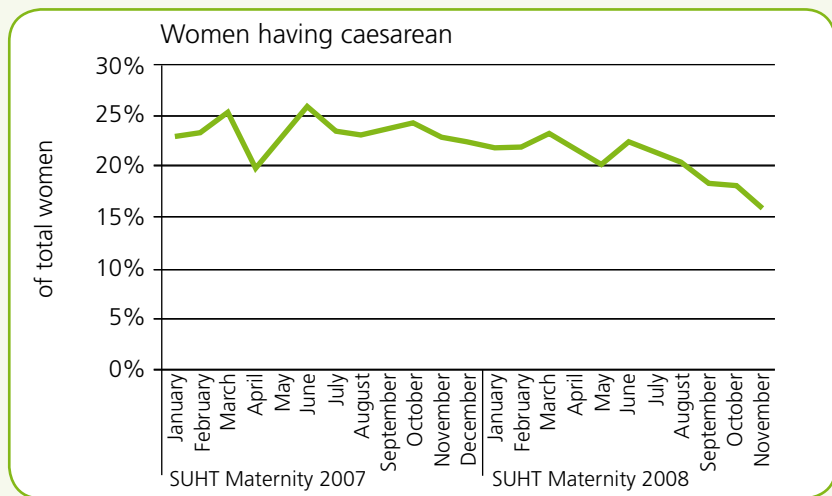
Furthermore, good communication between healthcare professionals and expectant mothers is essential<sup>30</sup>. Given the increase in births of BME and other white groups, there is a need to ensure that care and information is culturally appropriate. In particular, there is a lack of reliable, confidential and appropriate interpreter services accessible over a 24 hour period.

Diagram 6: SUHT maternity services caesarean rate comparison 2007/08

### Normalising births and caesarean rate

Caesarean section rates have been steadily increasing across England and Wales in recent years. In 1990, 1998 and 2007 rates were 11.3%, 18.2% and 24.3%, respectively. There is a national drive to normalise births when clinically appropriate. High rates of interventions, such as caesarean sections can lead to worse outcomes for mothers and babies, as well as being less cost-effective for the NHS<sup>31</sup>.

We have a JSNA target to 'normalise birth and reduce intervention rates and caesarean births'<sup>32</sup>. In Southampton the caesarean rate was 21.3% (in 2007-08), which is below the latest national figure of 24.3% (in 2006-07).



SUHT maternity services unit are currently involved in a formal work programme to reduce the caesarean rate still further, (as shown in diagram 6), utilising the toolkit Focus on Normal Birth from the NHS Institute for Innovation and Improvement (2007).

In 2007/08, 665 births in Southampton were by caesarean and 425 of these were to white British/Irish women. Diagram 7 shows the percentage of women within each ethnic group who had a caesarean birth. The percentage of black women who have a caesarean section was significantly higher than the City average for all women in 2007/8. Data on births by ethnic group showed an increase in the percentage of caesarian births between 2006/7 and 2007/8 for black, mixed ethnicity and other ethnic groups although due to the small numbers this increase was not statistically significant.



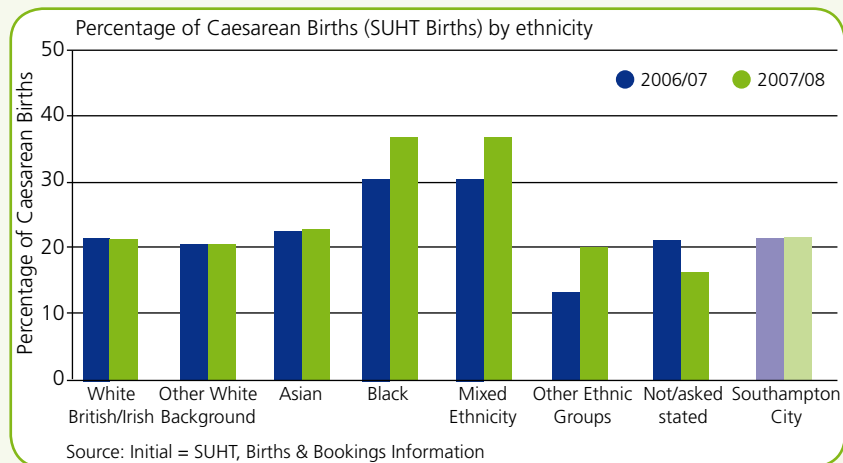


Diagram 7: Percentage of caesarean births by ethnicity

## Birth weight

Low Birth Weight (LBW) is defined by the World Health Organization as a birth weight less than 2,500g. LBW is a leading cause of infant mortality. Below this value, infant mortality rises rapidly. There are marked social class differences in rates of LBW, with a higher rate in families where the father is in unskilled or semi-skilled manual work, or among those births registered to the mother alone. This variation is also found between ethnic groups.

In Southampton, 6% of babies were born with LBW in 2007/08 (excluding multiple births). This compares well with national figures and is particularly good given the large proportion of Asian women giving birth in Southampton. In the past two years, Asian LBW rates have been higher than all other ethnicities but not significantly so. Diagram 8 shows trends in LBW since 2003 for the City and specific areas.

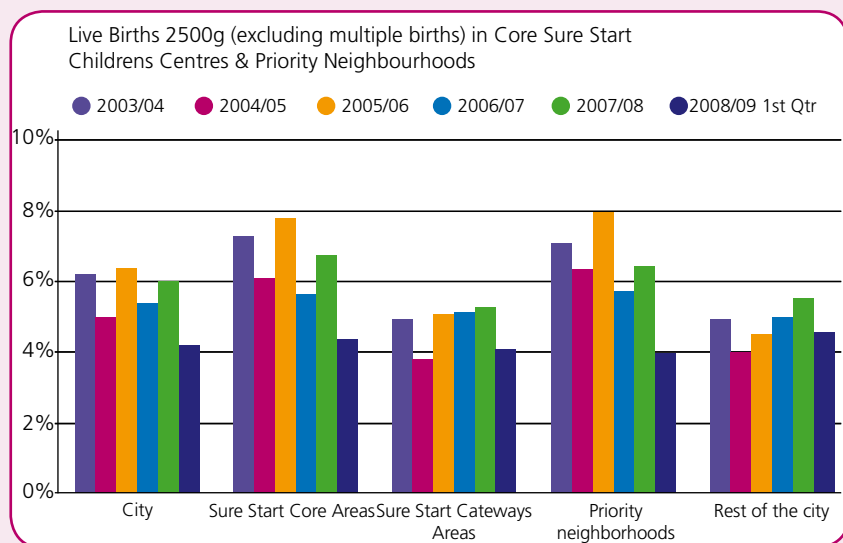


Diagram 8: LBW since 2003 for the City and specific areas

As can be seen from the diagram, LBW rates have fluctuated with time. The rate of LBW babies in priority neighbourhoods is higher than the rest of the City, but again this is not significantly higher. The largest difference in LBW rate is between smokers and non-smokers (as recorded at midwifery booking), with a statistically significant difference of 6.2% (10.9% and 4.2% respectively).



## Factors affecting birth outcomes

Outcomes for women and their babies living in disadvantaged or minority groups and communities are significantly worse than for the population as a whole. There are a number of reasons for this variation. Some of these can be tackled through public health initiatives such as ensuring women access services early in their pregnancy, providing them with health promotion information, maintaining contact with them throughout their pregnancy and supporting them with breastfeeding. The maternity service in Southampton provides a model of care in all of the priority neighbourhoods that offers continuity of care from midwives based in the communities where they are easily accessible to women and their families.

## Smoking rates

There is strong evidence that smoking during pregnancy has detrimental effects for both the mother and the baby. It is estimated about one third of all perinatal deaths in the UK are caused by smoking. Reassuringly, smoking rates at time of booking in Southampton are declining. However, a significantly higher proportion of pregnant women under 19 years of age are smoking than on average for our City; a surprisingly high 51% compared with 23% overall.

Although smoking rates are declining the difference in smoking rates between the City and priority areas is not getting consistently smaller. Diagram 9 shows smoking rates (as recorded at first booking) for pregnant women living in priority areas and the rest of the City between 2003 and 2008.

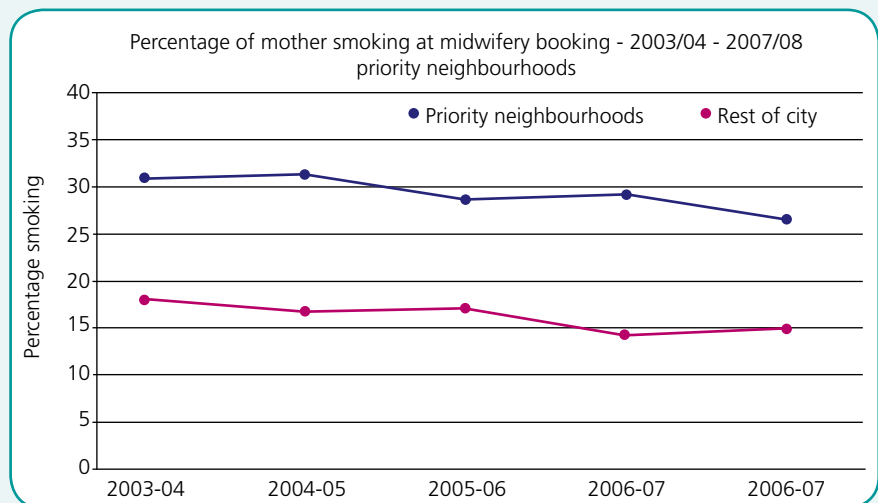


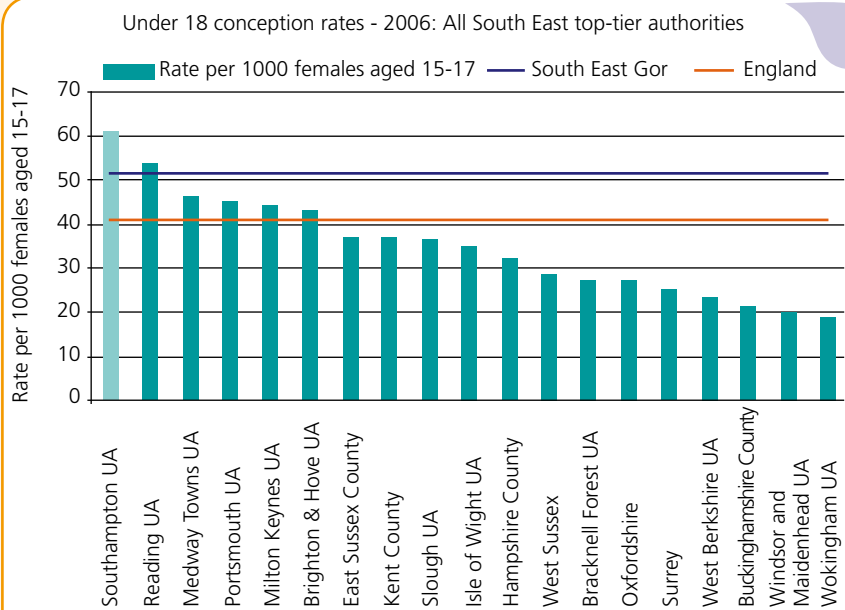
Diagram 9: Rates of pregnant women smoking in priority neighbourhoods and the rest of the city



## Teenage pregnancies

Not only are smoking rates high for pregnant teenagers, but the prevalence of other risk factors is higher as well. These factors compound to result in many poor outcomes for younger pregnant women, with significantly more Emergency Department attendances, lower academic achievement, and more poverty, crime and anti-social behaviour.

Southampton has the highest teenage conception rate in the south east and is narrowly outside the worst 10% of top tier authorities nationally. Under 18 conception rates in 2006 for all South East top tier Authorities and England are shown in Diagram 10.



Source: Office of National Statistics & Teenage Pregnancy Unit, Crown Copyright (February 2008 Release - 2006 data provisional)

Diagram 10: Under 18 conception rates in 2006 for all South East top tier authorities and England

Diagram 11 shows the under 18 conception rate by Southampton wards.

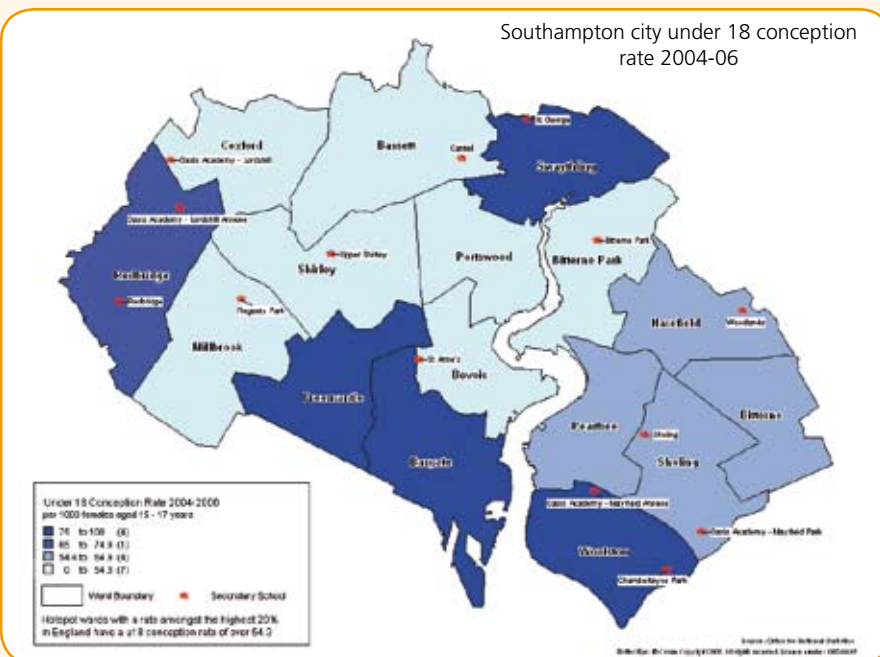
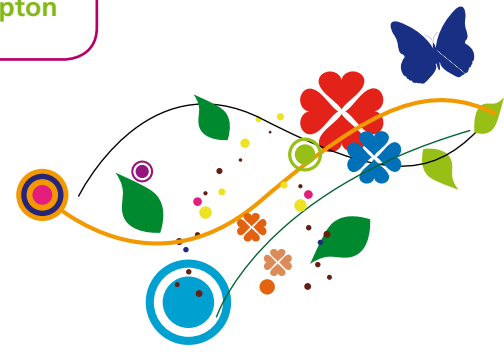
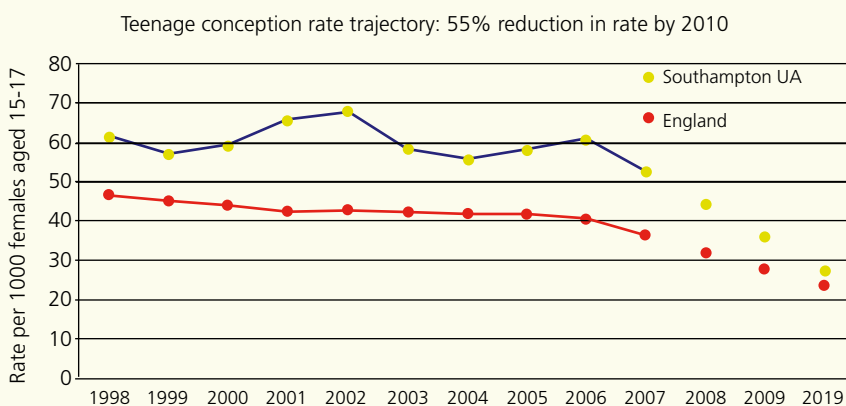


Diagram 11: Under 18 conception rates across Southampton wards



In 2006, 45.4% of under 18 conceptions in Southampton resulted in abortion. This is lower than both the south east (48.9%) and England (48.9%). England and the south east have witnessed a steady fall in the under 18 conception rate from 1998 and 2006. However, the rate in Southampton has fluctuated during this period and has recently experienced an increase (from 2005 to 2006).

There is a Public Service Agreement target to reduce the national under 18 conception rate by 50% between 1998 and 2010. This is represented in Diagram 12. A further target is to reduce the gap between the worst fifth of wards and the average. Therefore, Southampton has been set a very ambitious target to reduce the 1998 under 18 conception rate by 55% in 2010.



Source: Office of National Statistics & Teenage Pregnancy Unit, Crown Copyright (February 2008 Release) Notes: 2006 data is provisional. Data for 1998-2006 is observed. Data for 2010 is 55% reduction on 1998 rates for Southampton and 50% reduction for England. Data for 2007-2010 is a simple linear trend needed to hit the 2010 targets.

Diagram 12: Teenage conception rate trajectory 1998 to 2010

A number of co-ordinated efforts have taken place within Southampton to both reduce the teenage conception rate and support teenagers in their pregnancy. Unfortunately, little impact has been made on conception rates. It is clear a multi-agency approach is needed, including school based approaches, youth club activities and community based initiatives. More work is also needed to identify and implement those approaches that have the biggest impact on teenage conception rates.

A Nurse Family Partnership pilot has recently been initiated to support teenage mothers and reduce risk factors and subsequent poor maternal and child outcomes. The partnership involves provision of intensive style visiting for pregnant teenagers under 20 years of age via a family nurse team, from early pregnancy until the child is two years of age. This initiative is supported by previous research undertaken in the U.S.A.



## Breastfeeding

There is strong evidence that breastfeeding has positive health benefits for both the mother and the baby in the short and longer term. Reassuringly, breastfeeding rates across the City are increasing (from 2003/04 to 2008/09 first quarter). In addition, the difference in breastfeeding rates between priority neighbourhoods and the rest of the City appears to be reducing. Diagram 13 shows the percentage of mothers breastfeeding at six weeks.

This increasing rate, particularly in priority neighbourhoods, is encouraging. In terms of ethnicity, rates for White British/Irish women are significantly lower than the City average. Breastfeeding rates for other White, Asian, Black and other Ethnic groups are significantly higher than the City average. The rate in the under 19s is just 55% at initial feed and reduces from then onwards.

The infant feeding survey showed that 90% of mothers who gave up breastfeeding within six weeks of birth would like to have breastfed for longer. Some reasons for stopping included a lack of ante-natal information concerning breastfeeding, delays in first feed and lack of post-natal help with breastfeeding problems.

There are moves to reduce the high rate of excess bed days for non-complicated births in maternity, with a target of a 10% reduction by the end of 2008. This could

have a detrimental effect on breastfeeding rates. Continuity of care and family support in the early phase after birth are crucial to maintaining breastfeeding. This should include transitional special care. Work in Southampton is being undertaken to provide breastfeeding support in the community rather than in hospital, with roll out of caseloading practice to increase rates. There is also a 'breastfeeding babies' initiative based at Princess Anne Hospital to support mothers in the community.

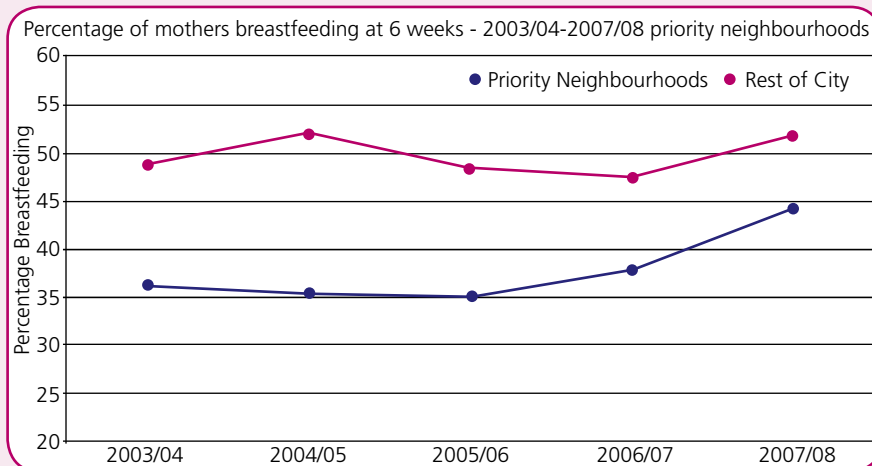


Diagram 13: Number of mothers still breastfeeding at six weeks

## Alcohol

Alcohol is a big issue for Southampton but has not been prioritised locally as an issue in pregnancy. The Department of Health recommends pregnant women and women planning a pregnancy should be advised not to drink. There is uncertainty regarding a safe level of alcohol consumption in pregnancy but there are health risks associated with heavy or binge drinking for the unborn child both from an increased risk of miscarriage and foetal alcohol syndrome.

A related, and perhaps more pressing issue, is domestic violence during pregnancy. Almost a third of domestic violence begins in pregnancy and existing abuse often intensifies during pregnancy. The effect of violence on the unborn baby can lead to miscarriage, stillbirth, intra-uterine growth retardation and premature birth as well as to long lasting physical disability. For the mother, violence can cause life-threatening complications and sometimes result in her death. Nationally, this is being tackled through ante-natal appointment questions designed to screen for potential victims of domestic violence. It is important to ensure screening is undertaken for all expectant mothers as it can be difficult to identify those women at risk. There is no strong social gradient associated with domestic violence.



## Body Mass Index (BMI) of expectant mother at booking

It is well recognised that obesity rates are increasing nationally and locally. Obesity in pregnancy is associated with risks for both the mother and child and results in more complicated deliveries. In Southampton, there has been a gradual increase in the BMI of expectant mothers over time.

In 2007/08, 188 women who birthed had a BMI greater than 35 and 302 women had a BMI between 30 and 34.9. Diagram 14 shows the actual number of women who birthed in Southampton by BMI and year. In terms of ethnic differences, BMI is significantly higher for White British/Irish women than the City average. Black/other Ethnic group and Asian BMI is significantly lower than the City average.

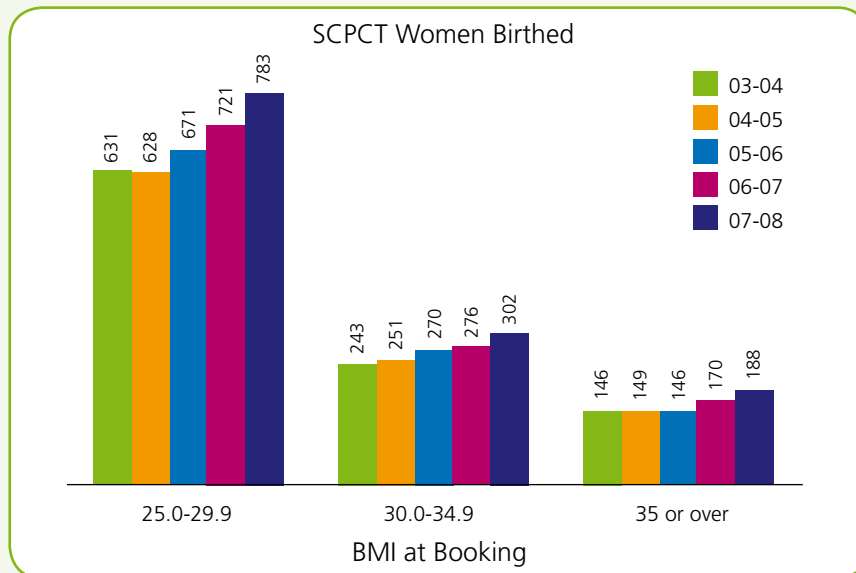



Diagram 14: Number of women who birthed in Southampton by BMI and year

There is a lot of uncertainty regarding nutritional advice for overweight expectant mothers. There is a need for nutritional health promotion approaches that incorporate specialist knowledge. Work has been undertaken via the Southampton Women's Study to address diet in disadvantaged areas, both pre-conception and during pregnancy. A high fat diet in pregnancy can impact on unborn babies. Researchers are currently piloting initiatives to promote and support pregnant women to have healthier diets. Further to this, the Southampton and South West Hampshire Maternity Services Work Programme is developing a care pathway for women who are obese.





## Choice agenda

The focus of current national service framework targets for maternity services is on enabling and providing women with wider choice, both during pregnancy and for labour. Emphasis is placed on women making informed choices and planning their care in partnership with professionals. There are also moves to make midwives the first point of contact in pre-birth care.

National Institute for Health and Clinical Excellence (NICE) Ante-natal Care Guidelines recommend women have access to maternity services at 8-10 weeks of pregnancy to give them time to plan their pregnancy effectively and consider early screening options. In 2007/08, 72.3% of pregnant women in Southampton PCT were booked by 12 weeks and this has increased annually from 55.1% in 2003/04. The vital signs target is 80% of women accessing services by 12 completed weeks of pregnancy by 2011. We are on track to meet this target and further increases could be achieved through increasing awareness of and promoting early access to maternity services. This awareness raising is particularly important for women who do not tend to present early, such as pregnant teenagers, women from BME communities and those who have experienced previous miscarriages.

In line with national recommendations, local work to ensure all women see a midwife as their first point of contact is in development. Midwife provision is moving from General Practice to being locality based in childrens' centres. Currently, this is working well in Sure Start areas, but there are issues outside of these areas regarding space to accommodate midwives within childrens' centres.

Information requirements change as the pregnancy progresses and good ante-natal care should include access to parenting education and preparation for birth as classes or through other means. In Southampton, ante-natal classes are over-subscribed with

many women unable to secure a place within them. Further to this there are no exercise classes on offer. NICE recommends that all expectant mothers have opportunities to attend participant-led ante-natal classes, including breastfeeding workshops .

Southampton University Hospitals Trust (SUHT) has compiled data comparing the place of birth requested by women at first booking appointment with actual place of birth (from all women giving birth at SUHT in 2007/08). At booking, about 29% of women who gave birth under SUHT services wanted to go to the labour ward. However, 74.5% of women actually gave birth in the labour ward. 47.5% stated their preference at that stage was to birth in a midwife led care environment (at home, in a standalone birth centre in the New Forest or in the Princess Anne Hospital), but only 25.3% actually gave birth there.

Reasons for the change from booking preference vary but the most common reason for change between booking preference and actual place of birth was a clinical one, mainly during labour. Very few mothers chose to change their intended place of birth without clinical input.

A new midwife led birthing centre has recently opened and is available to labouring women within the Southampton, Waterside and New Forest area. It is hoped more women will choose to birth in this new facility.



## Recommendations

### Birth rate

- maternity services should keep pace with the increasing birth rate and increase in BME and 'other white' births
- a communication strategy should be developed to support expectant mothers from BME and other white communities (which will include provision of adequate interpreter services).

### Normalising births

- work to better understand the rising trend in caesarean births for BME communities should be undertaken
- public health interventions should be during and prior to pregnancy to support normal birth.

### Smoking rates

- links between midwifery, health promotion and the smoking cessation service should be strengthened to identify pregnant women (especially teenagers and women living in priority areas) earlier to encourage and support them to stop smoking.

### Teenage pregnancy

- work should be undertaken to better understand and implement those approaches that have the largest impact on teenage conception rates
- the effectiveness of the Nurse Family Partnership pilot over the next five years should be monitored.



### Breastfeeding

- further development of community based support in a variety of settings in the early phase after birth should be supported to ensure breastfeeding rates continue to rise
- further development of community based midwifery to ensure breastfeeding rates continue to in the early phase after birth should be supported.

### Alcohol

- levels of alcohol consumption in pregnancy and birth outcomes should be investigated
- all pregnant women should be sensitively screened for risk of domestic violence as per national guidance.

### BMI

- health promotion and support to deliver local obesity targets in conjunction with Southampton City Council should be strengthened
- nutritional advice to overweight women who are planning to become pregnant should be provided.

### Choice agenda

- awareness of the benefits of early booking in pregnancy, particularly to teenagers and women who have experienced a previous miscarriage should be raised
- ante-natal educational sessions in line with need should be provided. These sessions should incorporate health promotion messages
- the reasons for change in preference for planned place of birth should be explored with particular attention to clinical reasons arising during labour.





# End of Life

## Background

The National End of Life (EoL) Care Strategy was published by the Department of Health (DoH) in July 2008, for implementation by PCTs. In advance of this, all PCTs were tasked with completing an EoL baseline review, which was designed to give a picture of local EoL services.

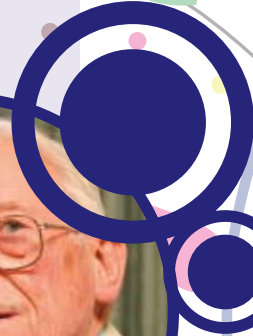
The National EoL Strategy addresses eight sets of issues:

1. the challenges of EoL care
2. death, dying and society
3. the EoL care pathway
4. care in different settings
5. support for families and carers
6. the EoL care workforce
7. measurement and research in EoL care
8. making change happen.

The development process of the national strategy was overseen by the End of Life Care Strategy Advisory Board, led by Professor Mike Richards, the National Cancer Director for the Department of Health. Ahead of the strategy, the advisory board set ten objectives to take forward on a local level.

These are:

1. public awareness and discussion of death and dying increases
2. all people are treated with dignity and respect at the end of their lives
3. pain and suffering amongst people approaching the end of life is kept to an absolute minimum
4. all those approaching the end of life have access to physical, psychological, social and spiritual care
5. people's needs, priorities and preferences for end of life care are identified
6. the many services people need are well coordinated
7. high quality care is provided in the last days of life and after death
8. carers, of all ages, are appropriately supported both during a person's life and after bereavement
9. health and social care staff at all levels are provided with the necessary education, training and support
10. services provide good value for money for the taxpayer.





## Demographics

Over a three-year period between 2004 and 2006, on average 1,915 people died each year in the PCT population from all causes. The death rate in Southampton is lower than the SHA and England averages because Southampton has a slightly younger age profile, which includes a large numbers of students.

The predominant primary causes of death in Southampton City are:

- cancer
- heart disease and stroke
- respiratory disease.

## Place of death

64.8% of all deaths across all ages occurred in hospital and currently there is no access to hospice care for those people at end of life due to a non-cancer condition. Diagram 15 shows the proportions of deaths by establishment.

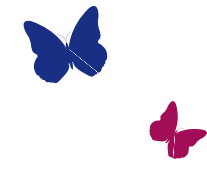
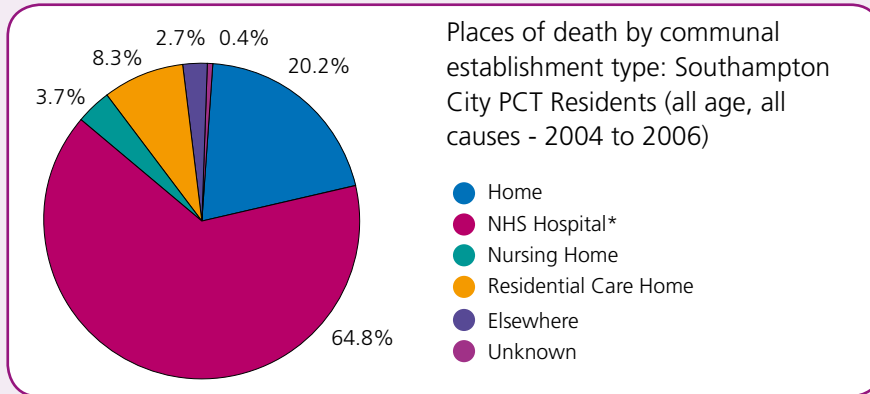


Diagram 15: Places of death by establishment type, 2004 – 2006

\* NB – NHS hospital results include Countess Mountbatten House, which provides hospice care

## Current state

The Acute Trust has approximately 1,200 beds spread across all specialties. There is a hospital palliative care team within the Trust along with a bereavement service.

The Community Hospitals have 52 general, 25 stroke and 10 neuro beds for rehabilitation.

The Countess Mountbatten Hospice inpatient facility comprises of 22 beds which are presently in use, which are all shared across both Hampshire and Southampton City Primary Care Trust areas.

Community Services (health) include 85 whole time equivalent community nursing staff who work across all 38 of the General Practices in the City. In addition, there is a community based rapid response service (health and social care), community palliative care team, community

neuro rehabilitation team, community rehabilitation team, community specialist nursing and joint equipment stores.

Carers' needs are assessed as part of the Gold Standard Framework (GSF) and Liverpool Care Pathway (LCP) and are regularly reviewed.

Gold Standards Framework (GSF) is a systematic evidence-based approach to optimising the care for patients nearing the end of life in the community. It is concerned with helping people to live well until the end of life and includes care in the final year of life for people with any end-stage illness.

The aim of the GSF is to develop a locally-based system to improve and optimise the organisation and quality of care for patients and their carers in the last year of life.

### **Liverpool Care Pathway for the Dying (LCP)**

Over the past few years a major drive has been underway to ensure all dying patients and their relatives and carers, receive a high standard of care in the last days and hours of their lives. The Specialist Palliative Care Team at the Royal Liverpool and Broadgreen University Hospitals NHS Trust and the Marie Curie Hospice, Liverpool developed the Liverpool Care Pathway.

#### **Aim**

To improve care of the dying in the last hours/days of life.

The two key themes are:

1. to improve the knowledge related to the process of dying
2. to improve the quality of care in the last hours/days of life.

Patients have access to night sitting via Marie Curie Service, if the patient is in their last few weeks of life or if the patient falls under continuing care.

Every effort is made to ensure patients do not have to move to receive additional services within the community and carers would work in partnership with both community nurses and other support services.

Within a residential setting, additional staff can be brought in to assist existing staff in meeting the needs of the patient, together with nursing input from community nurses if required.

NHS fully funded Continuing Care is provided to patients who meet the criteria of the National Framework (October 2007).



## Southampton Equipment Store

A joint venture between Southampton City PCT and Southampton City Council. Southampton Equipment Store provides a home-loan equipment service to prevent hospital or institutional admissions, and also support discharges and promotes independence at home. The service also offers advice, information and training on the use of the equipment to store users.

## OOH drugs

Out of Hours (OOH) drugs are available from the OOH GP service although GPs only carry limited emergency drugs and access to the OOH pharmacy is often problematic. There are named pharmacists across the City which stock both controlled drugs and an agreed list of other drugs commonly used in palliative care. These are also available OOH. Southampton General Hospital Pharmacy on-call service is available to the community in exceptional circumstances (FP10 prescription).

## Acute services at SUHT

Care Group/Specialty	Number of Discharges March – Oct 07	Number of Deaths March – Oct 07
Emergency Department	4,660	108
Surgery (including vascular and general)	1,186	78 (including theatres)
Medicine and elderly care (including all specialties)	11, 393	703
Cardiac, cardiology and cardiothoracic (including the Cardiac Intensive Care Unit)	5,043	92
Trauma and Orthopaedics	3,863	38
Neuro (including neurosurgery and oral surgery)	3,778	41
Cancer Care	673	96

## Local priorities

Several aspects of the delivery of end of life care in Southampton could be improved. The following areas of need have been identified by stakeholders:

**Within the PCT it is generally agreed that:**

- there is a lack of continuous 24 hour specialist and general support for patients at the end of life stage living in the community
- the Specialist Palliative Care Team is under-resourced in terms of beds and staff, particularly Community Clinical Nurse Specialists (CNS) (current caseload 40 – 45 per whole time equivalent CNS compared to national recommendation of 30)
- specialist palliative care provision is inequitable; there is minimal service provision for patients with diagnoses other than cancer and in their families
- a limited specialist support for those people with heart failure or multiple sclerosis
- there is no dedicated palliative care team available 24 hours a day as part of the district nursing service although plans are in place to remedy this in 2009/10
- access to Marie Curie night sitting is variable at times and the night sitting service is limited in its response to emergencies
- many patients, especially those with non-malignant diseases who suffer unexpected changes in their condition are often

admitted to hospital via the emergency department during the night

- the Gold Standard Framework needs further embedding in some GP practices
- there is no specialist support for those people with dementia or renal failure
- there is no access to equipment out of hours
- there is variation in the levels of bereavement care offered to patients' families and carers
- the role of the key worker/ case manager has yet to be formalised
- there is limited access to and uptake of palliative care training for GPs and community nurses
- there is no training or formalised support for carers.

Within Acute Services it is generally agreed:

- The resources of the specialist team are not sufficient to meet the end of life needs of all inpatients which has delayed implementation of the Liverpool Care Pathway and training in palliative care
- a trust-wide end of life improvement plan needs to be developed and a lead team established to take this forward
- not all patients who are at end of life are able to access preferred place of death once they have been admitted to hospital.



## Actions

We need to establish a Strategic Development and Commissioning Group with a remit to develop a local end of life strategy in partnership with Southampton City Council during 2008/9 and should encompass the following:

- the outcomes and priorities identified in the PCT baseline review
- the principles outlined in the national strategy for end of life care
- the recommendations from the next stage review end of life clinical pathway group
- the supportive and palliative care improving outcomes guidance
- the cancer reform strategy.

## Recommendations

To better support people with end of life care there is a need to:

- increase public awareness and discussion around death and dying
- assess the population need for end of life care services more robustly
- map current provision, including its quality to ensure the Gold Standard Framework and Liverpool Care Pathway are incorporated and audited
- compare current provision with population need
- ensure all those approaching the end of life have access to physical, psychological, social and spiritual care
- identify where service improvements are needed
- be prepared to respond to the national End of Life Care Strategy when published
- use the learning from a joint PCT and City Council review by sharing the data with local partners and any gap analysis and plans for development with the SHA
- establish a single point of access through which services are coordinated
- establish an end of life care register which is accessible to all appropriate service providers e.g. Out of Hours Services.

## Data section

A pocket profile which summarises some key health data for Southampton is inserted in the back inside cover of this report. More detailed information which will be regularly updated can be found at the following websites:

Health Profile 2008  
[www.apho.org.uk/resource/view.aspx?QN=HP\\_RESULTS&GEOGRAPHY=24](http://www.apho.org.uk/resource/view.aspx?QN=HP_RESULTS&GEOGRAPHY=24)

Local Health Comparisons 2007  
[www.southamptonhealth.nhs.uk/publichealth/lhc/hantslhc2007](http://www.southamptonhealth.nhs.uk/publichealth/lhc/hantslhc2007)

Joint Strategic Needs Assessment - data compendium

[www.southamptonhealth.nhs.uk/publichealth/jsna/data/](http://www.southamptonhealth.nhs.uk/publichealth/jsna/data/)


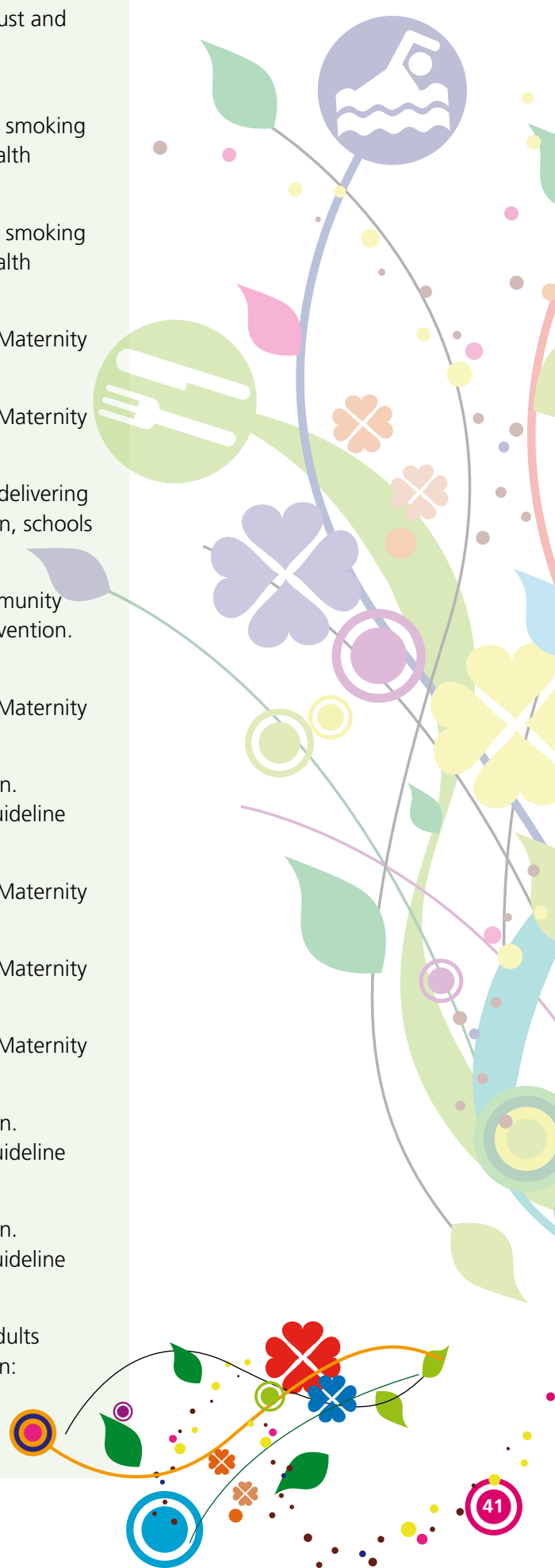
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nhs.uk/publichealth

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## Southampton City Primary Care Trust

### Contact

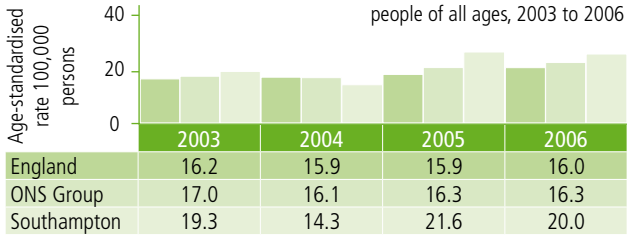
Southampton City **NHS**  
Primary Care Trust

The Health of the people of  
Southampton City 2008



A pocket profile

## Accidents



Number of deaths per year

Year	Southampton	England
2003	55	43
2004	64	43
2005	64	43
2006	60	43

Source: Compendium of Clinical & Health Indicators (May 2008) Health & Social Care Information Centre. © Crown copyright. ONS Group for Southampton is 'Regional Centres'

## Life Expectancy\*

Life Expectancy at Birth (years) 2004-2006

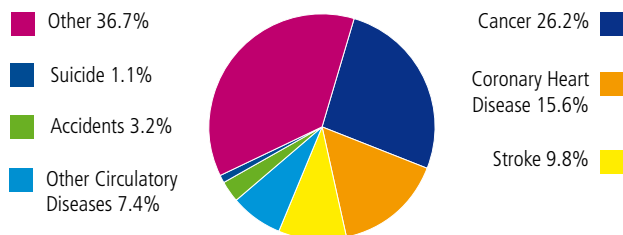
	Males	Females
Southampton	76.8	81.7
South East	78.5	82.4
England	77.3	81.5

\*Life expectancy at birth is an estimate of the number of years a new-born baby would be expected to live if they experienced that area's 2004-06 mortality rates throughout their life.

Source: Office for National Statistics, 2008. © Crown Copyright.

## Major Causes of Death

Southampton Residents 2006 (No. of deaths=1892)



Source: Compendium of Clinical & Health Indicators (May 2008) Health & Social Care Information Centre. © Crown copyright.

## Jobs and Unemployment

Claimant count (as % of working age resident population)

	Southampton	South East	GB
Apr 2008	2.2	1.4	2.2
Jan 2008	2.0	1.3	2.2
Oct 2007	1.9	1.3	2.1
Jul 2007	2.1	1.4	2.3
Apr 2007	2.3	1.5	2.4

Jobs Density (no. of filled jobs per working age resident)

	Southampton	South East	GB
2005	0.87	0.88	0.84

Source: National Statistics (from Nomis website: www.nomisweb.co.uk) © Crown copyright material is reproduced with the permission of the Controller of HMSO.

## Index of Deprivation 2007

Ranking of the worst 5 Super Output Areas (SOAs) out of 146 SOAs in Southampton for overall score and each domain

Also within the 10% most deprived SOAs in England

Source: Index of Deprivation 2007, Office of the Deputy Prime Minister

	Woolston	Bevois	Bitterne	Millbrook	Bitterne	Redbridge	Redbridge	Bevois	Bevois	Bargate	Woolston	Millbrook	Redbridge	Woolston	Bassett	Bargate	Bassett	Sholing	Bassett	Bargate	Portsmouth	Bitterne	Freemantle	Peartree	Portsmouth	Bassett	
	E01017281	E01017154	E01017167	E01017207	E01017163	E01017245	E01017240	E01017161	E01017155	E01017141	E01017274	E01017210	E01017237	E01017280	E01017145	E01017142	E01017148	E01017263	E01017146	E01017139	E01017230	E01017166	E01017189	E01017218	E01017227	E01017149	
Overall IMD Score	1	2	3	4	5																						
Income	1	3	2	4		5																					
Employment	1	3	2		4		5																				
Health	2	3						1	4	5																	
Education				5							1	2	3	4													
Housing / Access											1	2	3	4	5												
Crime				3										4							1	2	5				
Environment							4																	1	2	3	5

## Educational Attainment

	2006	2007
Southampton LEA schools		
KS2 English	75	77
KS2 Mathematics	71	76
5+ GCSEs A*-C	36.2	38.8
All England LEA schools		
KS2 English	79	80
KS2 Mathematics	76	77
5+ GCSEs A*-C	45.8	46.8

Notes: KS2 = % of children gaining at least level 4 at Key Stage 2  
GCSEs = % of 15 yr olds gaining 5+ GCSE/GNVQ grades A\*-C inc English and Maths  
Source: Dept. for Education & Skills www.dfes.gov.uk © Crown Copyright.

This Pocket Profile summarises the most recent comparative indicators of the health of residents of Southampton.

We have compared Southampton to the ONS group of 19 'most similar' authorities which includes Portsmouth, Bristol and Exeter. Other comparisons have been made with the South East Region and with the England average.

We hope you find this profile useful and welcome your comments.

Rebecca Wilkinson & Sarah Hedges  
Public Health Information Specialists

Andrew Mortimore  
Director of Public Health

## Resident Population 2008

Age band	Male	Female	Persons	%
0-4	6,876	6,524	13,400	6.0
5-14	11,806	11,159	22,965	10.2
15-24	23,434	21,510	44,944	20.0
25-49	39,444	36,484	75,928	33.8
50-64	17,337	16,768	34,105	15.2
65-74	7,799	8,217	16,016	7.1
75-84	5,146	7,329	12,475	5.5
85+	1,591	3,432	5,023	2.2
<b>Total</b>	<b>113,433</b>	<b>111,423</b>	<b>224,856</b>	<b>100</b>

Population resident in Southampton City PCT

**Source:** Hampshire County Environment Department's 2007 Based Small Area Population Forecasts (Figures may not sum due to rounding)

## Registered Population 2008

Age band	Male	Female	Persons	%
0-4	7,254	7,053	14,307	5.6
5-14	13,038	12,374	25,412	9.9
15-24	23,967	23,858	47,825	18.6
25-49	53,220	44,095	97,315	37.9
50-64	20,248	18,567	38,815	15.1
65-74	8,121	8,333	16,454	6.4
75-84	5,007	7,098	12,105	4.7
85+	1,510	3,238	4,748	1.8
<b>Total</b>	<b>132,365</b>	<b>124,616</b>	<b>256,981</b>	<b>100</b>

Population registered with Southampton City GPs

**Source:** Patient & Practitioner Services Authority (Figures may not sum due to rounding)

## Births General Fertility Rate and Number of Births

	2003	2004	2005	2006
<b>Live births per 1,000 women aged 15-44</b>				
Southampton	48.6	48.7	50.3	51.1
South East	56.2	57.1	56.7	59.2
England	56.9	58.3	58.4	60.3
<b>Number of live births</b>				
Southampton	2,556	2,603	2,775	2,907

**Source:** Office for National Statistics, Mid year estimates (revised August 2007) and Vital Statistics VS1. © Crown Copyright.

## Teenage Conceptions

	2003	2004	2005	2006
<b>No. of conceptions to girls aged under 18</b>				
Southampton	212	204	216	227
<b>Rate of under 18 conceptions per 1000 girls aged 15-17</b>				
Southampton	58.3	55.4	57.8	60.7
South East	33.1	33.3	34.1	32.9
England	42.2	41.6	41.3	40.4

**Source:** Teenage Pregnancy Unit & Office for National Statistics © Crown Copyright.

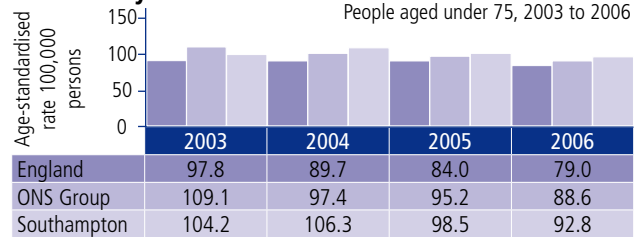
## Infant Mortality\*

	2001-03	2002-04	2004-06
<b>Number of deaths (in 3 year period)</b>			
Southampton	35	25	33
South East	1,157	1,150	1,140
England	9,210	9,216	9,339
<b>Mortality per 1000 live births</b>			
Southampton	4.7	3.3	4.0
South East	4.3	4.2	4.0
England	5.3	5.2	5.0

\*includes deaths of infants aged less than 1 year

**Source:** Office for National Statistics, Vital Statistics VS1. © Crown Copyright.

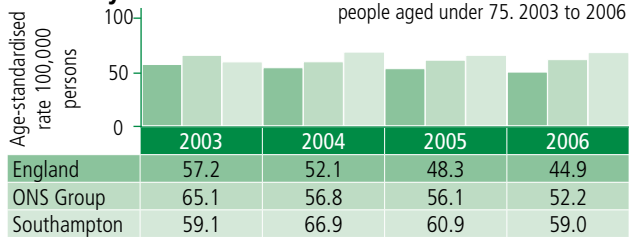
## Circulatory Disease



<b>Number of deaths per year</b>				
Southampton	264	240	222	215

**Source:** Compendium of Clinical & Health Indicators (May 2008) Health & Social Care Information Centre © Crown Copyright. ONS Group for Southampton is 'Regional Centres'

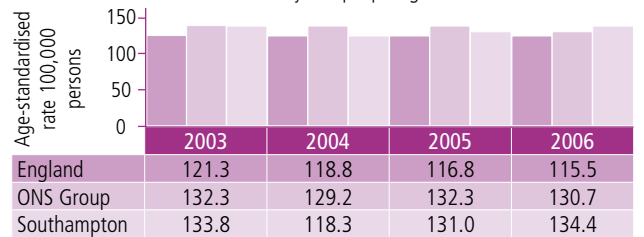
## Coronary Heart Disease



<b>Number of deaths per year</b>				
Southampton	114	131	117	113

**Source:** Compendium of Clinical & Health Indicators (May 2008) Health & Social Care Information Centre. © Crown Copyright. ONS Group for Southampton is 'Regional Centres'

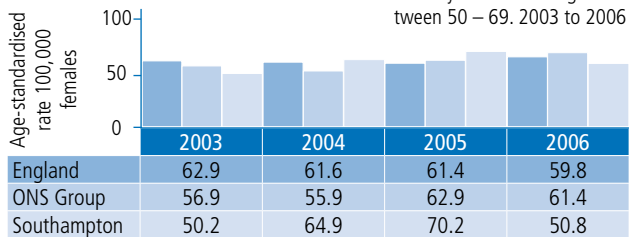
## Cancer



<b>Number of deaths per year</b>				
Southampton	259	230	249	257

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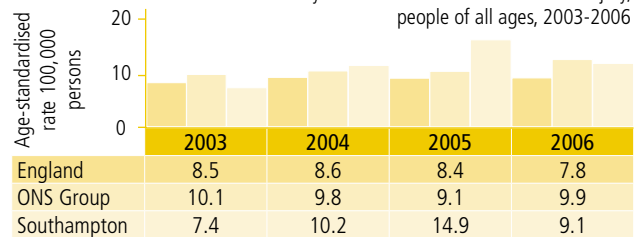
## Breast Cancer



<b>Number of deaths per year</b>				
Southampton	10	13	14	10

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## Suicide



<b>Number of deaths per year</b>				
Southampton	15	22	31	20

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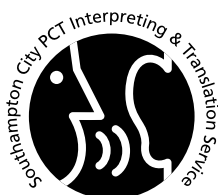




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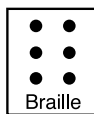


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