Joint Strategic Needs Assessment (JSNA) Annual Work Programme Summary and HWB Strategy Indicators Update

Southampton City Council

The JSNA (Joint Strategic Needs Assessment)

- Health & Wellbeing Boards are responsible for producing a JSNA (Health & Social Care Act 2012)
- The JSNA is an assessment of the current and future health and social care needs of the community
- Purpose is to improve health & wellbeing and reduce inequalities
- Statutory requirement to produce AND inform health and wellbeing commissioning plans
- Locally determined process - No mandated format, core dataset or update schedule. Southampton JSNA is brought together with other data, intelligence, specialist reports, needs assessments, summary analysis and headline statistics covering the city's population, health, community safety, economy and public services within the Southampton Data Observatory
- Health and Wellbeing Boards should develop a Health and Wellbeing Strategy paying due regard to the evidence set out in the JSNA.
- The Southampton Health and Wellbeing Strategy is monitored using a key set of performance indicators (KPIs). These can be accessed via a regularly refreshed Power BI dashboard. They are also available to view (along with commentary) within this slide pack here.

JSNA Work Programme Summary

2022/23 JSNA work programme

- A large undertaking was migrating the whole of the Southampton Data Observatory (over 100 web pages) to a new platform, the team learnt new software and built pages with expanded, refreshed, checked and transferred content
- The JSNA work programme is defined by the JSNA steering group with new updates published on the Southampton Data Observatory. The work programme aligns with stakeholder priorities for statutory reports, needs assessments and strategies, such as Childhood Immunisation Strengths and Needs Assessment, Physical Activity Strategy, Annual Public Health Report, Tobacco Alcohol & Drugs Strategy, Childhood Obesity Task and Finish Group recommended analyses
- A health inequalities driver for topic content has been creating/refreshing and expanding the areas, that are the main contributors to the gap in life expectancy and greatest burdens of disability/ill health in the city; cardiovascular, respiratory and diabetes (these also chime with current sub-ICB priorities). In line with this, the next topics on our work plan include cancer, falls and mental health.

2022/23 JSNA work programme

Refreshed and new JSNA pages/products on the data observatory this year are;

Demography

- 2021 Census
- Ethnicity, Language & Identity
- Births
- Migration

Healthy People

- Life expectancy and mortality
- People with learning disabilities
- Carers and Veterans
- Cardiovascular Diseases
- Respiratory conditions
- Health protection

Healthy Lives

- Healthy weight
- Smoking
- Alcohol
- Drugs
- TAD* scorecard

*Tobacco, alcohol and Drugs strategy

Healthy Places

- Economic assessment
- Community Safety Assessment
- Cost of Living

JSNA Topic Area Updates – Demography and Healthy People:
Census, Population & Communities of Interest

2021 Census

- A new Southampton bespoke Census tool has been created, which looks at **topic areas** through **benchmarking** against comparators with data available also at **three** different **sub city** geographical areas, **neighbourhoods** that contain, on average **300, 1,500** and **7,500 people.**

- The Census collects valuable data not collected elsewhere, particularly on **protective characteristics** covered in the **Equality Act**, which helps with policy and service design. Summarised analysis on **living arrangements** (marital status), **gender identity** (1,633 people identify as a different sex from that registered at birth), **disability** (43,937 residents are disabled under the equality act) and **sexual orientation** (8,901 people identify as gay, lesbian or bisexual) on the Census 2021.

- **Car and van ownership** (helps us understand accessibility to services) is also on the Census 2021

- Migration has been updated with Census data on **country of birth** (Southampton has more of its population born outside the UK than other parts of Hampshire, Isle of Wight and Portsmouth, 24.1% were born outside the UK), **passports held** by our residents as well as **year and age of arrival** helping identify migration trends for the city.

JSNA Topic Area Updates – Census, Population & Communities of Interest

- The Communities of Interest section hosts summary analysis including slide sets for **veterans** and **unpaid carers** using **Census 2021** data. **People with learning disabilities** was updated using **NHS data.**

- For the **6,361** recorded veterans in our city; **veterans** are largely **white British, male and over 65**, and **more likely** to be in **poor health** and/or with a **disability or limiting condition**. Those of working age are more likely to be working in skilled trades or in process, plant or machine operative occupations; all this and more is summarised in the topic page and detailed in the topic slide set.

- In Southampton, **18,136 people** are recorded in the Census as providing some level of unpaid care. Understanding about unpaid carers is important. The **number of hours of care** provided **increases** as **carers age** and the **health** of the carers **decreases** with **age**. Other differences of unpaid care provision by **ethnicity, economic activity** and **deprivation** quintile of carers are also included in the analysis slide set

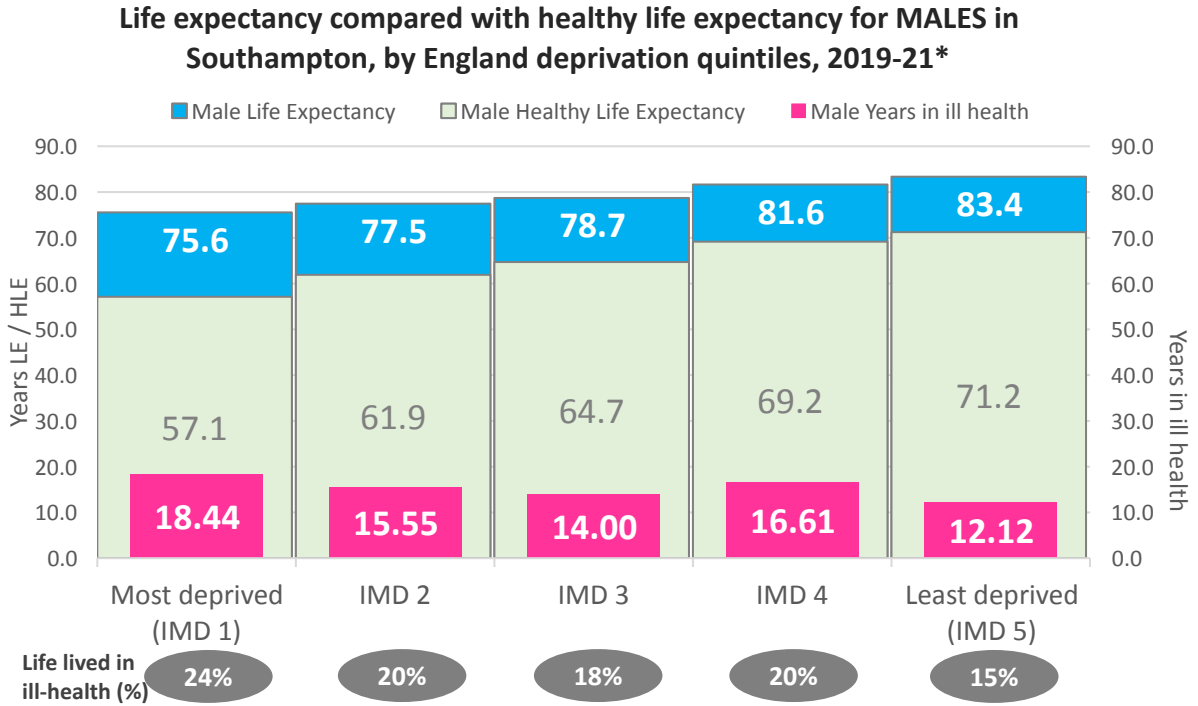
- The Communities of Interest section also hosts a learning disabilities page. This has been updated with the **latest available NHS health data (not Census)** and the content revised, guided by **key stakeholders** supporting the health of people of learning disabilities. **25 people in 1,000** are estimated to have a learning disability, but only **5 in 1,000 people** are **registered with a GP** as having a learning disability. Across Southampton PCNs, **1,583 GP registered patients** were registered as having a **learning disability.**

JSNA Topic Area Updates
Healthy People: Life expectancy and conditions

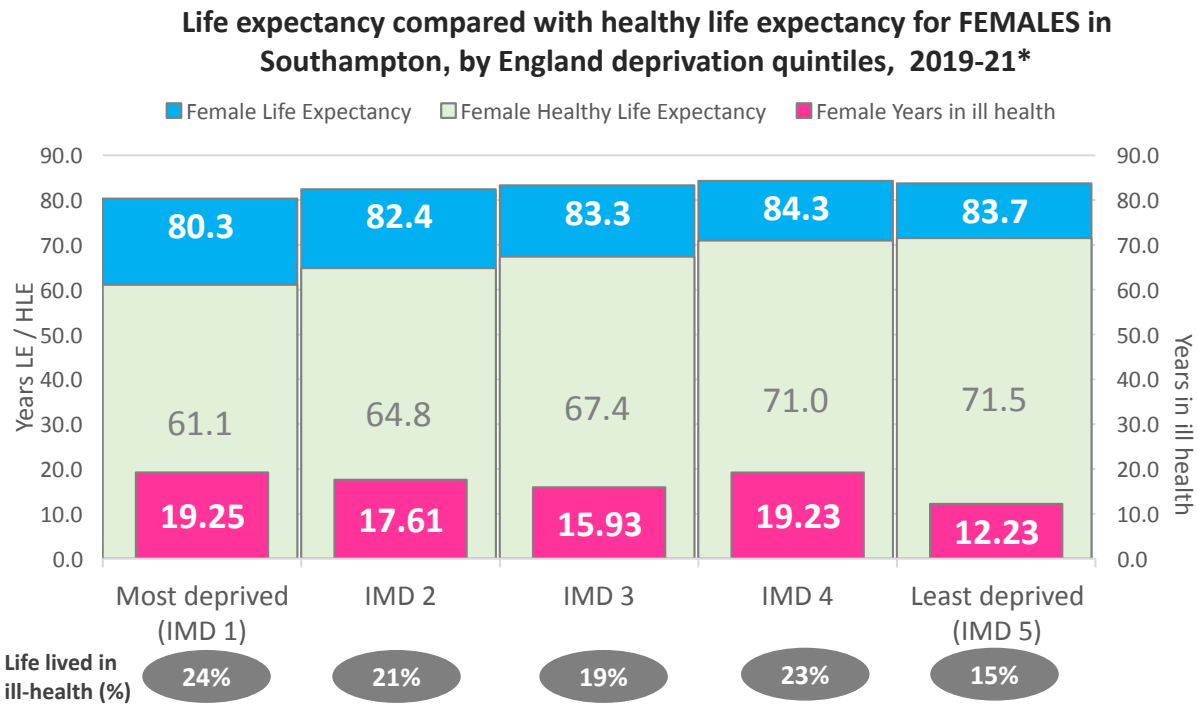
JSNA Topic Area Updates - Life expectancy and conditions

- Life expectancy topic page has been revised including data at ward and deprivation. Life expectancy for those in the **most deprived 20% (**where **males** live to an estimated **75.6 years** and females to **80.3 years) has a gap** for **males of 7.8 years** and for **females of 3.4 years** compared to those the **least deprived 20% (83.4 years** for **males** and **83.7 years** for **females)**
- The **main cause** of death contribution to this **gap in life expectancy** is **circulatory** (20.5% contribution to gap for males and 24.6% for females). Another main cause is **respiratory** (19.2% contribution to gap for males and 23.6% for females). Cancer contributes to 19.7% for males and 3.5% for females - we have received anonymised cancer registration data and plan use this in our analyses for next forthcoming health conditions topic on cancer.
- New topic pages summarising key analysis included in the accompanying PowerBI and elsewhere for respiratory disease and cardiovascular disease are available with indicators where available at ward, deprivation and PCN level.
- A deep dive into **life expectancy** and **healthy life expectancy** at **deprivation level** also showed **years in poor health**. This analysis showed both males and females in the **most deprived 20%** live a **quarter (24%)** of their **shorter** lives in ill health. **Males** and **females** in the **least deprived** 20% live **a seventh** (**15%)** of their lives in **ill health. More details on the next slide**
- The **conditions** that **contribute** to the **greatest burden in Southampton (**measured in disability-adjusted life years (DALYs)) are ischaemic heart disease (IHD); 6.45% (**cardiovascular**), COPD; 4.42% (**respiratory**); tracheal, bronchus and lung cancer; 3.86%, diabetes; 3.64% and stroke; 3.1% (**cardiovascular**). Diabetes has had a full refresh (topic page with analysis summary and PowerBI) with the latest data.
- **Majority** of greatest burden **conditions** have **smoking** as an **upstream factor; IHD, COPD, tracheal bronchus and lung cancer.** A **new PowerBI** is being created for smoking available end of October 2023 pulling together a range of analysis, summarised with other data on the already updated smoking topic page

Life expectancy and healthy life expectancy



Source: NHS England and ONS using ONS Silcocks method for Life Expectancy and ONS Sullivan method for Healthy Life Expectancy , *provisional data



Source: NHS England and ONS using ONS Silcocks method for Life Expectancy and ONS Sullivan method for Healthy Life Expectancy , *provisional data

Females in the city may **live longer** than **males** but they live in **poorer health** for **longer** which ever deprivation quintile they live in.

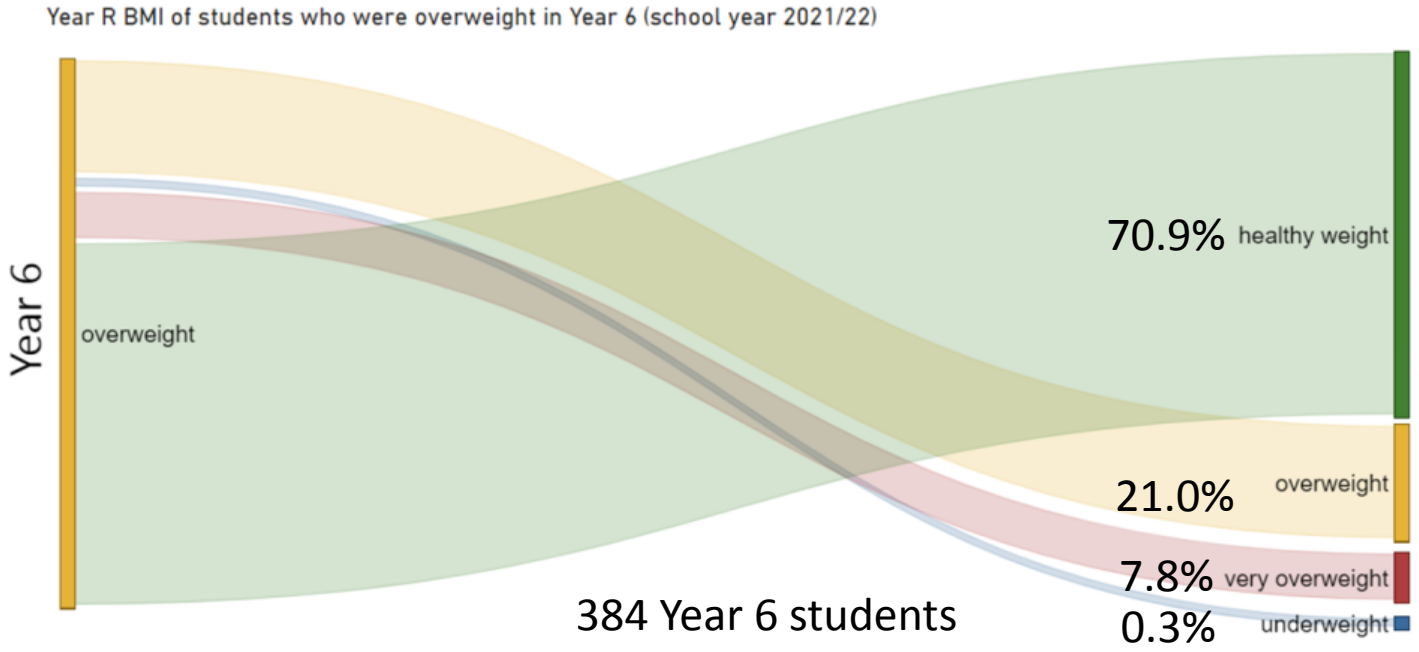
Looking at **life expectancy versus healthy life expectancy**, in the **most deprived 20% England quintile**s (used by Core20+5 analysis), **males** live on average for **18.4 years** in **ill health** however females live for **19.2** years in ill health. Both males and females in the **most deprived quintile** live a **quarter (24%)** of their **shorter** lives in ill health. **Males** and **females** in the **least deprived** quintile live **a seventh** (**15%**) of their lives in **ill health**

2019-21 life expectancy data expected to be published November 2023

JSNA Topic Area Updates - Healthy Lives: Healthy Behaviours

Healthy behaviours

- The **Tobacco, Alcohol and Drugs strategy** (2023-2028) is the first Southampton strategy taking a '**health in all policies'** approach, a suite of tools and pages is now available. The TAD Strategy Dashboard helps measure how we as a council will reduce the harm to people who use tobacco, alcohol and drugs as well as harm to people around them and harm across the city of Southampton. **Topic pages** on Smoking, Alcohol and Drugs have been revised with their accompanying regularly refreshed PowerBI data dashboards.
- We supported the data and analysis of a Drugs Needs Assessment to **inform local delivery plan** of the **Reducing Drug Harm Partnership** for Southampton.
- Analysis of locally collected National Child Measure Programme children's BMI data informed the city's Child Growth report, looking at childhood obesity benchmarking and trends data as well differences by ethnicity, sex, deprivation and prospective and **retrospective** differences over time



Extract from Child Growth report – Retrospective linked analysis

- **384 Year 6 children** measured in 2021/22 were **overweight**
- **7 out of 10** (70.9%) of them were originally a **healthy weight** when they were measured in **Year R**
- Only **2 out of 10 pupils** who were **overweight** in **Year 6** were overweight in **Year R**

JSNA Topic Area Updates - Healthy Places

- Analysis conducted on Southampton's economy contributes to our understanding of a number of **wider determinants of health and wellbeing.** The Economic Needs Assessment explores a **whole range** of areas that affects the **inequality gap** and also helps forecast the impact of areas of concern, for example the **cost of living**

- A new Cost of living section brings together **Southampton Data Observatory** relevant pages in one place, such as deprivation and poverty, **cost of living survey**, **cost of living modelled impacts**, benefits, economy, housing and homelessness as well as including **new sections** with analyses featuring **cost of living vulnerability indices** and a **households energy efficiency** PowerBI

- Every November/December the statutory Community Safety; Safe City Strategic Assessment is refreshed and published. The assessment covers:
  - An analysis of the levels of crime and disorder and substance use in the area
  - Changes in those levels and why these changes have occurred
  - Views of local people living and working in the area in relation to crime and disorder and substance use
  - Identification of gaps in knowledge which need to be addressed
  - Recommendations for matters which should be prioritised

Health and Wellbeing Strategy

HWBB Priorities and Indicators

southampton dataobservatory

Outcome	What are we going to do?
People in Southampton live active, safe and independent lives and manage their own health and wellbeing	• Encourage and promote healthier lifestyle choices and behaviour, with a focus on smoking, alcohol / substance misuse, healthy weigh, and physical activity including walking and cycling more. • Encourage and promote healthy relationships and wellbeing of individuals of all ages, carers and families, particularly for those at risk of harm and the most vulnerable groups through increasing early help and support. • Support people to be more independent in their own home and through access to their local community, making best use of digital tools including Telecare. • Ensure that information and advice is coordinated and accessible. • Prioritise and promote mental health and wellbeing as being equally important as physical health. • Increase access to appropriate mental health services as early as possible and when they are needed. • Make every contact count by ensuring all agencies are able to identify individual needs and respond /refer to services as appropriate. • Promote access to immunisation and population screening programmes.
Inequalities in health outcomes are reduced	• Reduce the health inequalities gap between the most deprived and least deprived neighbourhoods in the city using the evidence of what works in the Marmot review of Health Inequalities. • Take action to improve men's health to reduce the difference between male and female life expectancy through community based initiatives to deliver behaviour change. • Reduce inequalities in early childhood development by ensuring good provision of maternity services, childcare, parenting and early years support. • Work with schools to improve healthy lifestyle choices and mental wellbeing and reduce the harm caused by adolescent risk taking. • Target access to advice and navigation to services to those who are most at risk and in need, to improve their health outcomes. • Ensure that health inequalities are taken into account in policy development, commissioning and service delivery. • Provide support to help people access and sustain quality jobs, targeting those who are long term unemployed or with families.
Southampton is a healthy place to live and work with strong, active communities	• Support development of community networks, making best use of digital technology, community assets and open spaces. • Improve housing standards and reduce illness and avoidable deaths related to fuel poverty. • Develop an understanding of, and response to, social isolation and loneliness in the city. • Work with city planners to ensure health is reflected in policy making and delivery. • Deliver a cleaner environment through a clean air zone with vehicle access restrictions to the city. • Work with employers and employees to improve workplace wellbeing through healthier work places.
People in Southampton have improved health experiences as a result of high quality, integrated services	• Improve health outcomes for residents, at a lower cost, through integration and joint working across all health and council services. • Prioritise investment in and embed a prevention and early intervention approach to health and wellbeing across the city. • Deliver a common approach to planning care tailored to the needs of the individual or family. • Deliver the right care, at the right time, in the right place by working as locally as possible and shifting the balance of care out of hospital to community providers. • Maximise opportunities for prevention and early intervention through making every contact with services count.

How will we measure success?

The Public Health Outcomes Framework is a comprehensive list of desired outcomes and indicators that help measure how well public health and wellbeing is being improved and protected in an area. The Health and Wellbeing Board will focus on a selection of these indicators that a) require the most improvement and b) will best indicate progress towards the outcomes in this strategy.

Priority area	Measure		
Overarching	Life expectancy at birth	Life expectancy at 65 years	Healthy Life Expectancy at birth
	Under 75 years mortality rate from cardiovascular disease	Under 75 years mortality rate from respiratory disease	Mortality rate from causes considered preventable
Children & Young People/ Early years	Smoking status at time of delivery	Breastfeeding prevalence at 6-8 weeks after birth	Child excess weight in 4-5 and 10-11 year olds
	Population vaccination coverage – MMR for one dose (2 years old)	Looked after children rate	School readiness
	Children in low income families (under 16s)	Hospital admissions caused by unintentional and deliberate injuries (0-14 years)	Under 18 years conception rate
Adults	Smoking prevalence in adults	Suicide rate	Depression recorded prevalence
	Injuries due to falls in people aged 65 years and over	HIV late diagnosis	Under 75 years mortality rate for liver disease considered preventable
	TB incidence (3 year average)		
Healthy settings	Fraction of mortality attributable to particulate air pollution	Percentage of people aged 16-64 years in employment	Excess winter deaths index

The full Public Health Outcomes Framework can be found at **www.phoutcomes.info**

We have been monitoring Southampton against the measures set out in the Health and Wellbeing Strategy. These indicators are also available on constantly refreshed PowerBI dashboard

Key points – Overarching indicators: Life expectancy and mortality

- In Southampton, **men** live **13 months less** and **women** live **8 months less** compared to the England average.
- Southampton **women** live for a **longer period** in **poorer health** (19.4 years) than Southampton men (17.0 years) [Poorer health years = Life Expectancy – Healthy Life Expectancy].
  A deeper dive on Life Expectancy and Healthy Life Expectancy for deprivation quintiles is in the JSNA update slides
- The **under-75 mortality rate** for **respiratory disease** (males) and **cardiovascular disease** (males and females) considered **preventable** remains **higher** than England. However, the under-75 mortality rate for **respiratory disease** (females) and **causes considered preventable** (male and females) are **significantly higher** than England and in the top **worse third** among ranked comparators. (Previous trend data for causes considered preventable and cardiovascular for women showed **Southampton rates increased** for **women** whereas the **England** rates are **decreasing**).
- Comparing the **most deprived 20%** of Southampton to the **least deprived 20%,** life expectancy at birth gap is **8.1 years** for **men** and **3.4 years** for **women** (2019-21).

Sparklines in blue are trends from the previous data point backwards. Latest data has not been provided with backdated trends awaiting still to be released new population estimates

Priority area	Measure	Unit	Latest period	Southampton Sparkline	Southampton value	England value	ONS Comparator Ranking (1 out of 12 is worse, worst third in pink)	Significance compared to England value
Overarching	Life expectancy at birth (Male)	Years	2018 - 20		78.3	79.4	5	Significantly lower
	Life expectancy at birth (Female)	Years	2018 - 20		82.5	83.1	7	Significantly lower
	Life expectancy at 65 years (Male)	Years	2018 - 20		17.9	18.7	5	Significantly lower
	Life expectancy at 65 years (Female)	Years	2018 - 20		20.7	21.1	8	Significantly lower
	Healthy Life Expectancy at birth (Male)	Years	2018 - 20		61.4	63.1	5	Lower
	Healthy Life Expectancy at birth (Female)	Years	2018 - 20		63.1	63.9	6	Lower
	Under 75 mortality rate from cardiovascular diseases considered preventable Male	per 100,000	2021		45.8	44.1	9	Higher
	Under 75 mortality rate from cardiovascular diseases considered preventable Female	per 100,000	2021		19.6	17.0	6	Higher
	Under 75 mortality rate from respiratory disease considered preventable Male	per 100,000	2021		22.9	17.3	6	Higher
	Under 75 mortality rate from respiratory disease considered preventable Female	per 100,000	2021		23.1	14.0	2	Significantly higher
	Under 75 mortality rate from causes considered preventable Male	per 100,000	2021		298.0	241.8	4	Significantly higher
	Under 75 mortality rate from causes considered preventable Female	per 100,000	2021		153.7	127.6	3	Significantly higher

Key points – Children and Young people

- **Smoking at time of delivery** in Southampton (10%) is **higher** but not **significantly** than England (9%). Previous years (2010/11 to 2019/20) it has been significantly higher. Recent years show the **Southampton** percentage **decreasing at a faster** rate **than nationally**. **Breastfeeding** prevalence at 6-8 weeks after birth is **increasing** and **higher** than the **national** average (53% vs. 49%).
- **Excess weight** in **4-5 year olds**, second lowest among comparators in last 5 years and similar to England. For **10-11 year olds**, Southampton has been **significantly higher** than England and with a **steeper overall increase locally**.
- **MMR vaccination** (for one dose, aged 2) coverage **fell** compared to last year but is **higher** than **England.**
- **Children Looked After rate** is **significantly higher** than **England** and **3rd highest** among comparators.
- **School readiness at reception** is **significantly lower** than England post pandemic having previously followed England: **92 more Southampton children** would need to reach a good level of development to meet the England average.
- **1 in 4 children** are in relative **low-income** families compared to **1 in 5** in **England**, **consistently significantly higher** and the gap has been **getting worse.**
- Hospital admissions caused by **unintentional and deliberate injuries** in **children** under 15 years is **lower** than England.
- Teenage conception **decreased overall** at a **faster** rate than **nationally.** Had there been one less conception, the rate in 2021 would have been the lowest over 24 years and 25 less conceptions would have given us the same rate as England.

Sparklines in blue are trends from the previous data point backwards. Latest data has not been provided with backdated trends awaiting still to be released new population estimates

Priority area	Measure	Unit	Time period	Southampton Sparkline	Southampton value	England value	ONS (n=12) Comparator Ranking (1 is worse, worst third in pink)	Significance compared to England value
Children & Young People/Early years	Smoking status at time of delivery (Female)	%	2021/22		9.7	9.1	6	Higher
	Breastfeeding prevalence at 6-8 weeks after birth - current method	%	2021/22		53.4	49.2	4 of 7	Significantly higher
	Child excess weight in 4-5 year olds	%	2021/22		22.4	22.3	8	Higher
	Child excess weight in 10-11 year olds	%	2021/22		39.8	37.8	5	Significantly higher
	Population vaccination coverage - MMR for one dose (2 years old)	%	2021/22		91.7	89.2	8	Higher
	Children looked after	per 10,000	2022		114.0	70.0	3	Significantly higher
	School readiness: Good level of development at the end of reception	%	2021/22		61.8	65.2	4	Significantly lower
	School readiness: Year 1 pupils achieving the expected level in the p	%	2021/22		74.5	75.5	7	Lower
	Children in relative low income families (under 16s)	%	2021/22		25.0	19.9	4	Significantly higher
	Hospital admissions caused by unintentional &deliberate injuries i	per 10,000	2021/22		83.4	84.3	7	Lower
	Under 18s conception rate / 1,000 (Female)	per 1,000	2021		17.4	13.1	5	Significantly higher

Key points – Adults

- **Smoking prevalence** in adults is **decreasing** overall. In 2022, Southampton (13.2%) was higher but statistically similar to England (13.9%). The gap between Southampton and England has narrowed since 2019 when Southampton was significantly higher.
- **Suicide rate** in 2019-21 was 9.5 per 100k, **similar** to **England** and the lowest rate in the last 12 three-year pooled periods, however **coroner** hearings and **registered** dates may have been **delayed** due to **COVID-19**.
- Local **depression prevalence** in 2021/22 (12.3%) is similar to 2020/12 (12.4%) but overall **increased** similarly **along** with **national** rates (12.7%) since 2013/14.
- Under 75 mortality from **preventable liver disease** rate for 2021 is **significantly higher** than **England** and **2nd worse** among ONS **comparator** group.
- **HIV late diagnosis** in people first diagnosed with HIV in the UK is now 37.3% and continues with a 4th consecutive 3 year pooled period **lower** than **national average** (43.4%).
- **TB incidence locally** (8.2 per 100k) is **higher but statistically similar** to England (7.8 per 100k) and **lowest** in last 20 years.
- **Injuries due to falls** in those aged 65+ is **significantly higher than the England average** and ranked **1st worse** among ONS comparators for **persons, males and females**

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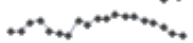
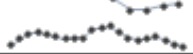
Priority area	Measure	Unit	Time period	Southampton Sparkline	Southampton value	England value	ONS (n=12) Comparator Ranking (1 is worse, worst third in pink)	Significance compared to England value
Adults	Smoking Prevalence in adults (18+) - current smokers (APS)	%	2022		13.2	12.7	6	Higher
	Suicide rate (age 10+ years)	per 100,000	2019 - 21		9.5	10.4	11	Lower
	Depression: Recorded prevalence (aged 18+)	%	2021/22		12.3	12.7	8	Lower
	Injuries due to falls in people aged 65+ (Persons)	per 100,000	2021/22		3186.8	2099.9	1	Significantly higher
	Injuries due to falls in people aged 65+ years (Male)	per 100,000	2021/22		2915.2	1749.6	1	Significantly higher
	Injuries due to falls in people aged 65+ years (Female)	per 100,000	2021/22		3418.0	2360.0	1	Significantly higher
	Under 75 mortality rate from liver disease considered preventable	per 100,000	2021		28.4	18.9	2	Significantly higher
	HIV late diagnosis in people first diagnosed with HIV in the UK	%	2019 - 21		37.3	43.4	10	Lower
	TB incidence (3 year average)	per 100,000	2019 - 2021		8.2	7.8	3	Higher

Key points – Healthy settings

- 2021 saw fraction of **mortality attributable to particulate air pollution higher** than **England average** (5.9% versus 5.5%) and ranked **2nd worst** in our **ONS comparators** group.
- **COVID-19 is the leading cause of excess winter deaths in Winter 2020 to 2021**. The data for Southampton and England in 2020 to 2021 saw excess winter deaths higher than any year in the 20 year recorded period between Winter 2001 to 2002 and Winter 2020 to 2021. The previous year (Winter 2019 to 2020) saw a pandemic related drop with less deaths in the winter months than the summer months.
- Data for **people in employment** to the end of March 2022 saw Southampton **lower** than England and returning to pre-pandemic levels. The impact of COVID-19 had since seen significant increases and also sub-city variation (see slides on benefits in Covid Impact Assessment section)

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Priority area	Measure		Time period	Southampton Sparkline	Southampton value	England value	ONS (n=12) Comparator Ranking (1 is worse, worst third in pink)	Significance compared to England value
Healthy settings	Fraction of mortality attributable to particulate air pollution (new method)	%	2021		5.9	5.5	2	Not comparable
	Percentage of people aged 16-64 in employment	%	2021/22		74.3	75.4	5	Lower
	Excess winter deaths index (Persons)	Ratio	Aug 2020 - Jul 2021		37.0	36.2	4	Higher
	Excess winter deaths index (Male)	Ratio	Aug 2020 - Jul 2021		35.6	36.5	4	Lower
	Excess winter deaths index (Female)	Ratio	Aug 2020 - Jul 2021		38.6	36.0	6	Higher