

DECISION-MAKER:	Health & Wellbeing Board
SUBJECT:	Joint Strategic Needs Assessment (JSNA) Annual Work Programme Summary and Health and Wellbeing Strategy Indicators Update
DATE OF DECISION:	13 December 2023
REPORT OF:	COUNCILLOR LORNA FIELKER CABINET MEMBER FOR ADULTS, HEALTH AND HOUSING

<u>CONTACT DETAILS</u>			
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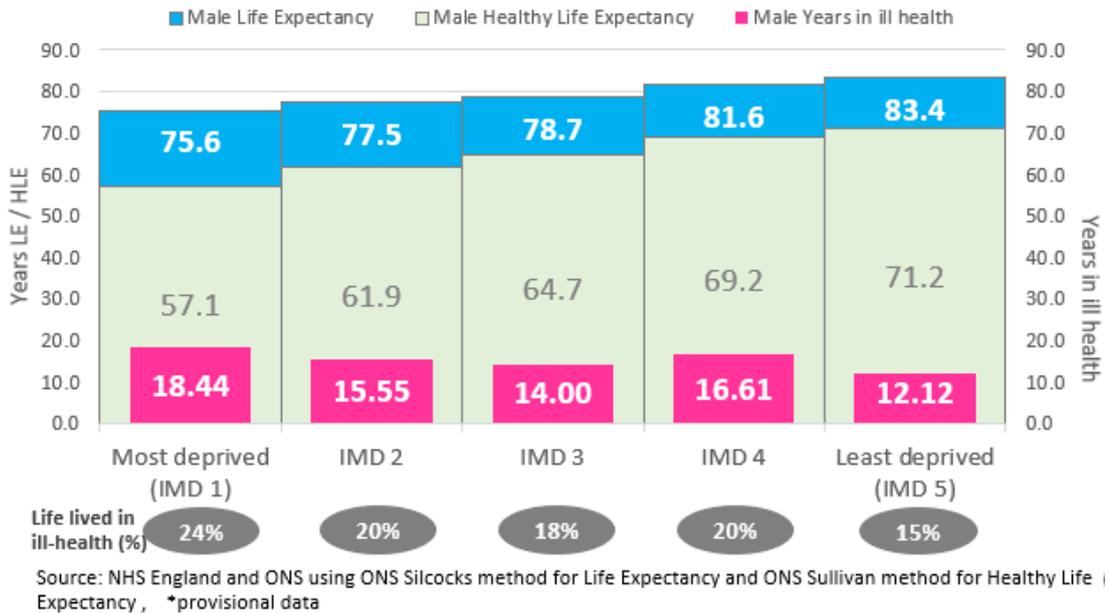
STATEMENT OF CONFIDENTIALITY	
Not applicable	
BRIEF SUMMARY	
<p>The Southampton Health and Wellbeing Strategy 2017-2025 was developed by the Health and Wellbeing Board, and adopted by Full Council in March 2017, in agreement with the then Southampton Clinical Commissioning Group (CCG) Governing Body.</p> <p>The strategy sets out the strategic vision for improving the health of residents and workers, and reducing health inequalities in the city. It includes the outcomes the city wants to achieve by 2025 and is based on evidence from the Joint Strategic Needs Assessment (JSNA), stakeholder engagement and public consultation. This paper provides an update on the Southampton Health and Wellbeing Strategy indicators and also the most recent year's work programme of the JSNA: the full JSNA is housed within the Southampton Data Observatory.</p>	
RECOMMENDATIONS:	
(i)	The Board notes the work progressed on the JSNA element of the Southampton Data Observatory
(ii)	The Board notes the progress of the health and wellbeing strategy indicators
(iii)	The Board commends insights and analysis from HWB strategy indicator monitoring as well as through other topics and evidence within the JSNA to help identify existing and new priorities for the next strategy.

REASONS FOR REPORT RECOMMENDATIONS	
1.	Local Authorities and Integrated Care Boards (ICBs) have equal and joint statutory duties to deliver a Health and Wellbeing Strategy that sets out how they plan to work together with local partners to meet health and care needs identified in the JSNA.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	N/a
DETAIL (Including consultation carried out)	
3	The Health and Wellbeing Strategy 2017-2025 (Appendix 1) sets out our vision that Southampton promotes and supports health and wellbeing for all. It commits to significantly improve health and wellbeing and reduce health inequalities in Southampton by 2025. The strategy lists four key strategic outcomes with high-level activities which will contribute to achieving them. The strategy includes measures from the Office of Health Improvement and Disparities' (formerly Public Health England) Public Health Outcomes Framework so we can monitor population need and our impact.
4	This paper provides an update on the JSNA work that has been undertaken in connection with the Strategy (Appendix 2), and changes in the key health indicators (included in Appendix 2), since the last update in December 2022. A full JSNA slide set is in Appendix 3 and also on the Southampton Data Observatory
5	Southampton's JSNA
	<p>Health and Wellbeing Boards are responsible for producing a JSNA under the Health & Social Care Act 2012. The JSNA is an assessment of the current and future health and social care needs of the community. Its purpose is to improve health and wellbeing and reduce inequalities. As a statutory requirement, it should also inform health and wellbeing commissioning plans.</p> <p>The process to produce the JSNA can be locally determined. There is no mandated format, core dataset or update schedule. The 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.</p> <p>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 and are set out in Appendix 2.</p> <p>Appendix 2 also provides a summary of the JSNA work programme, highlighting key intelligence deliverables over the time since the last update in December 2022 whilst appendix 3 illustrates the context for the city, the JSNA purpose and takes a deeper dive into some of the indicators within the Strategy.</p> <p>Appendix 3 additionally showcases summaries of bespoke topic analyses that support the JSNA: Life expectancy and mortality, morbidity and long-term conditions, childhood obesity and the food environment, diabetes, respiratory disease, cardiovascular disease and the economic needs assessment.</p>

6	<p>Work Programme Update</p>
	<p>A large undertaking over the last 6 months has been the need to migrate the Southampton Data Observatory website to a new content management system (CMS). This has involved the team learning how to use the new system and checking and migrating over 100 web pages. Some pages have also been updated and expanded where possible as part of the process.</p> <p>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. There has been a focus on creating, refreshing and expanding on topic areas which are the main contributors to inequalities, the gap in life expectancy and the 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.</p> <p>A full slide set exploring the JSNA context and deeper dive analyses into JSNA strategic indicators can be found on the Southampton Data Observatory and also in Appendix 3. Similar to the Southampton Data Observatory, the slide set is dynamic and constantly updated.</p> <p>The work programme has also included a bespoke Southampton Census tool looking at indicators at neighbourhood level in the city, as well as topic updates using Census data for Unpaid Carers and Veterans. NHS Data supported an update on people with learning disabilities. In addition, new Census data has provided a deeper understanding around migration trends, car and van ownership and also the protective characterises of our population such as gender identity, disability and sexual orientation, shown in the population pages.</p> <p>Data and intelligence have supported a range of needs assessments and reports including the child growth report, the community safety needs assessment, the economic needs assessment, a reducing harm drugs partnership needs assessment, as well as the still to be published childhood immunisation strengths and needs assessment and Annual Public Health Report on workplace health.</p>
7	<p>Key Analysis on Life Expectancy and Healthy Life Expectancy</p>
	<p>Life expectancy and healthy life expectancy is one of the Strategy's overarching indicators. These indicators are measured in years and the gap between life expectancy and healthy life expectancy is how many years people live in poor health.</p> <p>Health inequalities can be understood by grouping neighbourhoods into deprivation quintiles (using the Index of Multiple Deprivation) and comparing those in the most and least deprived groups. Southampton has 28% of it's population living in the 20% most deprived neighbourhoods in England. Comparing neighbourhoods in the most deprived 20% of Southampton to the least deprived 20%, the gap in life expectancy at birth is 8.1 years for men and 3.4 years for women (2019-21).</p> <p>Deaths data and Census data were used together to explore life expectancy further compared with healthy life expectancy and the years in poor health, again by deprivation.</p> <p>The findings are important, showing that although females in the city live longer than males, they also live in poorer health for longer. This is the case whichever deprivation</p>

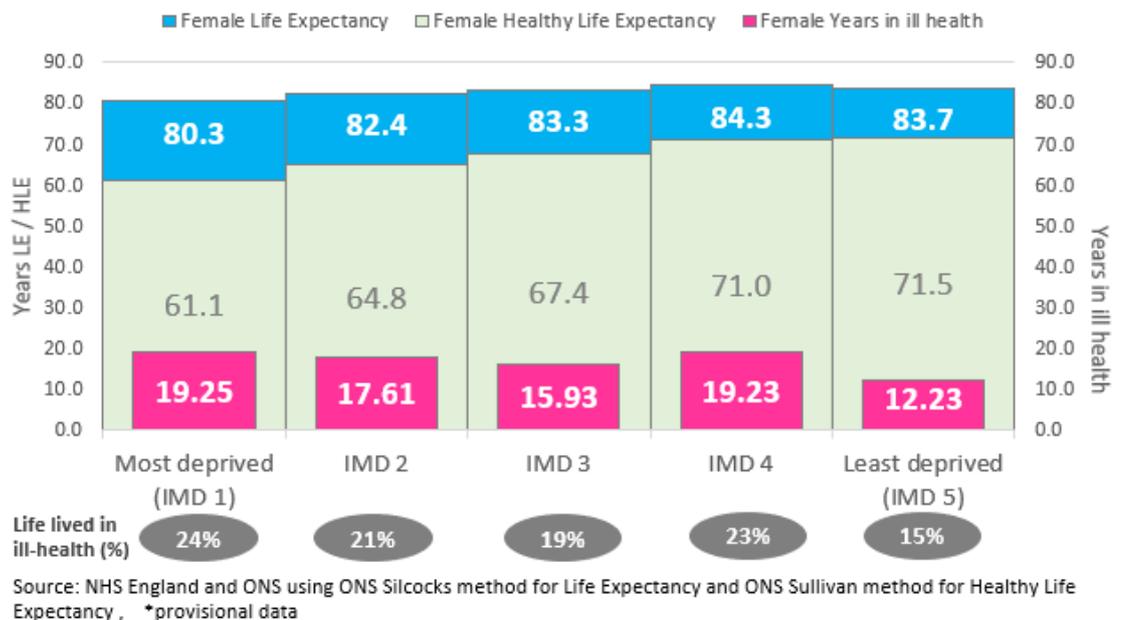
quintile they live in. In the 20% most deprived neighbourhoods, males live on average for 18.4 years in ill health compared to 19.2 years in ill health for females.

Life expectancy compared with healthy life expectancy for MALES in Southampton, by England deprivation quintiles, 2019-21*



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.

Life expectancy compared with healthy life expectancy for FEMALES in Southampton, by England deprivation quintiles, 2019-21*



8	<p>A commentary on the Strategy’s other key indicators can be found in Appendix 2 slides 18 to 21. Of particular note for Southampton:</p> <ul style="list-style-type: none"> • Mortality considered preventable in the under 75s from respiratory, cardiovascular and all causes remains higher than England and for some of these indicators places Southampton in the worst among its ONS comparator group • Continued improvements can be seen in increased breastfeeding rates and decreasing percentages for smoking at time of delivery for births • 1 in 4 children are in relative low-income families compared to 1 in 5 in England, consistently significantly higher than England and the gap has been getting worse. • Teenage conception has 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. • 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. • Local depression prevalence (12.4%) has increased similarly along with England rates (12.3%) for 2020/21 • Under 75 mortality from preventable liver disease rate for 2021 is significantly higher than England and 2nd worst among ONS comparator group. • Injuries due to falls in those aged 65+ is significantly higher than the England average and ranked 1st (worst) among ONS comparators for persons, males and females • COVID-19 is the leading cause of excess winter deaths in Winter 2020 to 2021. Excess winter deaths were higher than any year in the 20-year recorded period between Winter 2001 to 2002 and Winter 2020 to 2021 <p>Data for people in employment to the end of March 2022 saw Southampton lower than England and returning to pre-pandemic levels.</p>
9	Summary
	<p>The JSNA work programme continues to support the Health and Wellbeing Strategy with analyses of the current and future health needs of the community as well as monitoring the strategy indicators.</p> <p>The analysis provided with the JSNA meets the purpose to improve health & wellbeing and reduce inequalities through informing health and wellbeing strategies and commissioning plans.</p> <p>The 2023 work programme topic priorities were agreed based on the main contributors to the gap in life expectancy and greatest burdens of disability/ill health in the city and the Health and Wellbeing strategy stakeholder priorities (including JSNA steering group stakeholders) for statutory reports, needs assessments and strategies.</p> <p>Insights and analysis from HWB strategy indicators monitoring as well as through other topics within the JSNA helps identify existing and new priorities for the next strategy, when the current strategy term ends in 2025.</p>
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
	<p>Whilst there is no direct cost implications from this report, the impact of Southampton as a city having greater Health and Social Care needs than many other areas of the UK has led to an increased demand for public services. This</p>

	does have an ongoing impact to Southampton City Council and local NHS budgets.
<u>Property/Other</u>	
	None
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
	Health & Social Care Act 2012
<u>Other Legal Implications:</u>	
	None
RISK MANAGEMENT IMPLICATIONS	
	N/a
POLICY FRAMEWORK IMPLICATIONS	
	N/a

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Southampton Health and Wellbeing Strategy 2017-2025
2.	Joint Strategic Needs Assessment (JSNA) Annual Work Programme Summary and HWB Strategy Update
3.	JSNA Update October 2023
4.	Update on Health & Wellbeing Strategy outcomes

Documents In Members' Rooms

1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	No
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.	No
Other Background Documents	
Other Background documents available for inspection at:	
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)

1.		
2.		