

DECISION-MAKER:	Health and Wellbeing Board		
SUBJECT:	Health and Wellbeing Strategy Annual Review		
DATE OF DECISION:	19 December 2018		
REPORT OF:	The Director of Public Health		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Felicity Ridgway, Service Lead- Policy, Partnerships and Strategy Planning	Tel: 02382 833310
	E-mail:	Felicity.Ridgway@Southampton.gov.uk	
Director	Name:	Jason Horsley, Director of Public Health	Tel: 02380 832028
	E-mail:	Jason.Horsley@Southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY

Non applicable.

BRIEF SUMMARY

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 Southampton Clinical Commissioning Group (CCG) Governing Body.

Health and wellbeing is important to everyone in Southampton, whether they live, work or learn in the city. The joint Health and Wellbeing Strategy for Southampton aligns with:

- the City Strategy 2015-2025 with its vision to make Southampton a 'city of opportunity where everyone thrives', and priority around 'healthier and safer communities'.
- the Council Strategy 2016-2020 and its outcome 'people in Southampton live safe, healthy, independent lives'
- NHS Southampton City Five Year Health and Care Strategy and the Local Delivery Plan.

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 over the next eight years, and is based on evidence from the Joint Strategic Needs Assessment (JSNA), stakeholder engagement and public consultation. This paper provides an update on the progress of the strategy in the last year.

RECOMMENDATIONS:

(i)

That the board notes the progress against the Health and Wellbeing Strategy to date.

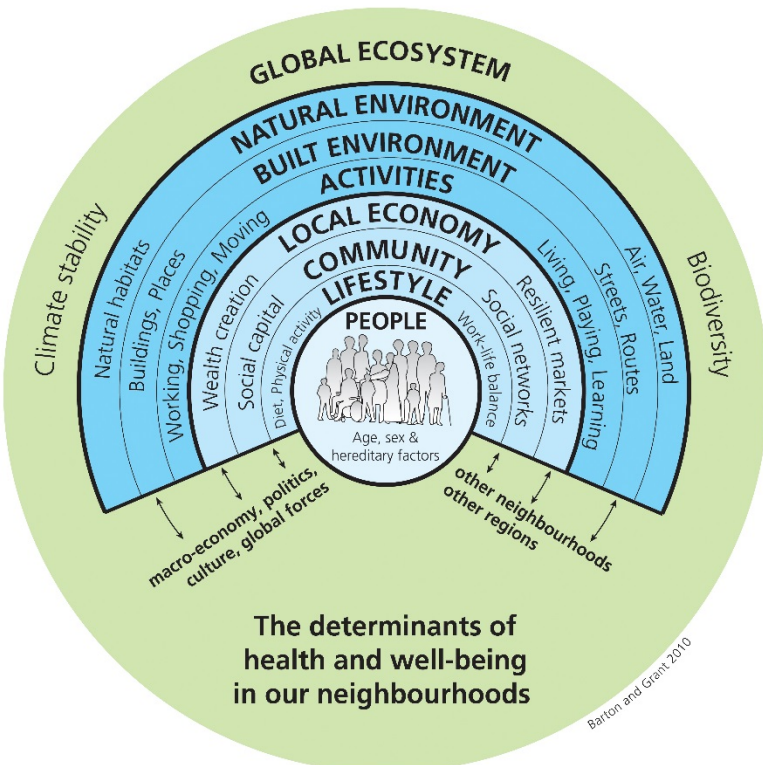
REASONS FOR REPORT RECOMMENDATIONS

1. Local Authorities and Clinical Commissioning Groups (CCGs) 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.

2.	The purpose for providing this briefing to the Health Overview and Scrutiny Panel is to review the outcomes of the current Health and Wellbeing Strategy annually. A review of progress at the request of the Panel in October 2017.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
	None
DETAIL (Including consultation carried out)	
	Background
3.	The Health and Wellbeing Strategy sets out our vision that Southampton has a culture and environment that promotes and supports health and wellbeing for all and our ambition to significantly improve health and wellbeing outcomes and reduce citywide health inequalities in Southampton by 2025. The strategy identifies four key outcomes we want to achieve, and a number of high level activities which will contribute to achieving them.
4.	We know that improvements in health outcomes can take years to achieve at a population level, and that no single action will improve health across the city. The strategy therefore includes a number of measures from the Public Health Outcomes Framework, which will be monitored over the 8 years of the strategy. Appendix 1 provides a scorecard outlining the current position, regional, national and statistical comparators, and recent trends for each measure. This report provides an update on our overarching outcomes and progress against each of the four priority outcomes in the strategy.
	Overarching outcomes
5.	The Public Health Outcomes Framework is a comprehensive list of desired outcomes and indicators that help measure how well health and wellbeing is being improved and protected in an area. One of the Health and Wellbeing Strategy's overarching outcomes is to maximise the life expectancy of residents in Southampton. In Southampton, the life expectancy of males was 78.5 Years for the 2014-16 period. Although this continues to improve, it is still significantly lower than the England average of 79.5 years. For females, the local life expectancy was 82.8 years for the same period. This has remained fairly constant over the last 3 years and is similar to the England average of 83.1 years. In terms of healthy life expectancy in Southampton, the rate is 61.9 years for males which has recently improved from 60.9, but still below England average (63.3), and 63.1 years for females; similar to England average of 63.9.
6.	We want to prevent avoidable deaths, ensure that people are supported to stay well for longer, are able to live active, safe and independent lives and manage their own health and wellbeing. In Southampton, 22% of total deaths were considered preventable, from 2015 to 2017. In 2016 there were 1,924 deaths registered in Southampton's resident population, and of these cancer was responsible for 27.8%, coronary heart disease 12.5%, stroke 5.6% and other circulatory diseases 8.4%
	People in Southampton live active, safe and independent lives and manage their own health and wellbeing
7.	The strategy sets out our aim to encourage and promote healthier lifestyle choices and behaviours. In Southampton, there are many opportunities to be active in the community. The city hosts an annual cycle ride, the third largest park run in the country, a half marathon, free family activities in local parks and there are a number of indoor and outdoor sports facilities. However, recent trends show that inactivity has increased (Public Health Outcomes Framework): <ul style="list-style-type: none"> • 24.2% of adults are inactive (do less than 30 minutes per week) which is similar to the England average (22.2%).

	<ul style="list-style-type: none"> • 65.2% adults in Southampton do at least 150 minutes of activity per week this is similar to the England average (66.0%). • Nationally it is estimated that of 5-15 year olds only 23% boys and 20% girls met the physical activity guidelines. • Inactivity increases with age, with a greater proportion of older age groups classed as inactive compared to younger groups. <p>To address some of the challenges and opportunities in this area, a Healthy Weight Plan and Physical Activity strategy has been developed with the Health and Wellbeing Board to enable citywide approaches to behaviour change.</p>
8.	<p>Smoking is the leading cause of preventable death and disease in the UK. In Southampton, smoking prevalence is higher than the England average and 2nd highest amongst neighbouring authorities. Furthermore, Southampton has a higher rate of hospital admissions for alcohol in 2016/17 than England and is amongst the highest compared to similar areas. In order to address this, we have run a number of local campaigns in support of national initiatives, such as Stoptober, and are preparing for Dry January in the new year. Both aim to raise awareness of the harmful effects of smoking and alcohol.</p>
9.	<p>To encourage and promote healthier lifestyle choices, a new behaviour change service was commissioned by Southampton City Council and launched in April 2017 'Southampton Healthy Living'. It is a partnership between NHS and voluntary services, with Social Care in Action as the lead provider. This service was delivered to more than 5,000 adults in 2017/18. In the first year, 147 people received a mini cardiovascular health check, 329 people who were overweight lost at least 5% of their body weight and 432 staff in other organisations were trained in behaviour change and brief interventions. Further to this, the behaviour change service supported 562 people to stop smoking for at least 4 weeks, 817 people were recorded to have increased their physical activity and 2,176 people were screened for harmful levels of drinking.</p>
10.	<p>Part of enabling people to live healthy lifestyles includes ensuring that they have access to information and advice that is coordinated and accessible. To facilitate this, the community navigation pilots have been extended to reach all areas of the city, targeted at the most vulnerable populations, including older people and people living mental health conditions. These models are being developed to reflect the learning from pilots to date.</p>
11.	<p>Southampton has continued to actively promote and extend a telecare service across the city to support people to be more independent in their own home and have access to their local community. We have been using GPS devices which have enabled more people to remain independent in their own home while reducing the impact on carers and emergency services when people go missing. We have further been using technology that provides a reminder to secure their accommodation at night. This has improved people's confidence for some individuals to continue to live independent and safe lives.</p>
12.	<p>Mental and physical wellbeing are closely linked; people with poor physical health are at higher risk of experiencing mental health problems and people with poor mental health are more likely to have poor physical health. Work has been undertaken to ensure that mental health needs are considered in all physical health care pathways. This includes investment in more psychological therapy, by Southampton City Clinical Commissioning Group, for people who have co-morbid mental health and long term physical health conditions. It is hoped that those who receive the tailored psychological therapy alongside their physical health care will experience benefits to both their physical and mental health. Also, there has been an increase in access to mental health support in primary care, with more support being targeted to people in</p>

	their GP practice, supporting recovery and avoiding the need for people to access secondary care mental health services.
13.	Further mental health promotion activities in 2018 have seen more investment to increase practitioners within Central and East Community Mental Health teams and Assertive Outreach services to ensure that support is available in the community when it is needed. A Crisis lounge is now open all day every day in Antelope House giving support to people who may be experiencing highly distressing symptoms; the service supports individuals in a recovery-focused way to manage their episode of crisis and helps reduce the need for hospital admission. There has been an increase in psychiatric posts at University Hospitals NHS Trust to provide improved access all day, seven days a week. The team provide psychiatric assessment and treatment to those patients who may be experiencing distress whilst in hospital and provide a valuable interface between mental and physical health services.
14.	The CAMHS (Children and Adolescent Mental Health Services) transformation plan is being implemented. This includes proposals on mental health support in schools, and a needs assessment of school age children and young peoples' mental health has been undertaken to inform the approach.
	Inequalities in health outcomes and access to health and care services are reduced.
15.	The conditions in which people are born, grow, live, work and age have profound influence on health and inequalities in health in childhood, working age and older age. The lower a person's social and economic status, the poorer their health is likely to be.
16.	Health inequalities arise from a complex interaction of many factors, such as housing, income, education, social isolation and disability, all of which are strongly affected by economic and social status. Action on health inequalities requires action across all the social determinants of health, including education, occupation, income, home and community. The greatest reductions in health inequalities can be achieved through providing support proportionate to level of need.
17.	Action to improve men's health to reduce the difference between male and female life expectancy is taking place and campaigns have been supported to address these health inequalities. Approaches such as: <ul style="list-style-type: none"> • Local Stoptober campaign included material aimed at men in routine and manual work • NHS Health Checks programme running, which identifies people at risk of Cardiovascular Diseases (CVD) in the subsequent 10 years. • Risky behaviour - commissioning for quality and innovation (smoking and alcohol) led by CCG as commissioners of community and acute Trusts. • Licensing and trading standards work for health-promoting places, particularly illegal tobacco and alcohol.
18.	We want to reduce inequalities in early childhood development by ensuring good provision of maternity services, childcare, parenting and early years support. Work with local breastfeeding support services has been undertaken to develop a Southampton breastfeeding improvement plan. The local Breastfeeding Operational Group delivered a positive Breastfeeding in Southampton programme for World Breastfeeding Week 1-7 August 2018, including a series of pictures celebrating breastfeeding in iconic Southampton public settings. Furthermore, there has been a series of engagement activities in the Hampshire and Isle of Wight Maternity Pioneer project, this includes work to introduce direct self-referral for newly pregnant women from the autumn.
19.	There has been significant progress in reducing teenage pregnancies over the past 10 years, but the rate in Southampton is still high compared with our neighbouring authorities. Between 2014-2016, the number of under 18 conceptions in

	<p>Southampton was 30 per 1000 population which is higher than the national average of 20.8 per 1000 population. Under the Children and Social Work Act 2017, the government committed to making relationships and sex education (RSE) statutory in all schools, including LA maintained schools, academies, free schools and independent schools. All schools will soon be required to have RSE in place and an RSE policy. The personal, social, health and economic (PSHE) education network is meeting in December 2018 to support schools in meeting new requirement and provide ongoing support in schools for healthy relationships.</p>
20.	<p>Further to our commitments to ensure health inequalities are taken into account in policy development and commissioning service delivery, the following details have actions have been taken forward by the CCG:</p> <ul style="list-style-type: none"> • Priority given to improve uptake of screening in Cancer Care Plan; • impact on Health inequalities is monitored by CCG Clinical Governance committee; • There is improved access to annual health checks for people with a learning disability (the target of 60% uptake for LD annual health checks in 2017-18 was achieved).
21.	<p>Southampton is a healthy place to live and work with strong, active communities</p>
22.	<p>Evidence shows that our greatest health challenges, for example, the prevalence of non-communicable diseases, health inequities and inequalities and increasing health care costs, are highly complex and often linked through the social determinants of health. By addressing the wider issues around the health and wellbeing of our neighbourhoods and making the city a place that supports improved health and wellbeing, we can start to influence positive health outcomes for our residents.</p>  <p>The diagram illustrates the determinants of health and well-being in our neighbourhoods. It is structured as a semi-circle with concentric layers. At the center is 'PEOPLE' (Age, sex & hereditary factors). The next layer is 'LIFESTYLE' (Diet, Physical activity, Social capital, Work-life balance). The third layer is 'COMMUNITY' (Social networks, Resilient markets). The fourth layer is 'LOCAL ECONOMY' (Living, Playing, Learning, Streets, Routes). The fifth layer is 'ACTIVITIES' (Working, Shopping, Moving, Wealth creation). The sixth layer is 'BUILT ENVIRONMENT' (Natural habitats, Buildings, Places). The seventh layer is 'NATURAL ENVIRONMENT'. The outermost layer is 'GLOBAL ECOSYSTEM' (Climate stability, Biodiversity). External factors include 'macro-economy, politics, culture, global forces' and 'other neighbourhoods, other regions'.</p> <p>The determinants of health and well-being in our neighbourhoods</p> <p><small>Barton and Grant 2010</small></p>
23.	<p>The Health and Wellbeing Strategy 2017-25 sets out actions to address the wider determinants of health including healthy workplaces, housing quality and environmental policies. The strategy also focuses on building resilient communities that both improve the wellbeing of individuals, and reduce pressure on health services.</p>

24.	Fuel poverty is being addressed through the refresh of the Fuel Poverty action plan and this year we have supported over 380 households. Funding has been secured from the National Grid to support Southampton Healthy Homes Programme and we have now launched our own ethical energy brand called CitizEn Energy which is a not-for-profit company so, unlike the private energy suppliers, any surplus made will be reinvested into local energy efficiency initiatives to deliver real savings for customers. It is hoped that this will improve housing standards and reduce illness and avoidable deaths related to fuel poverty.
25.	Southampton City Council is one of five authorities in England outside of London required to assess the need for a Clean Air Zone. The primary objective of a Clean Air Zone (CAZ) is to bring about compliance with the EU Ambient Air Quality Directive limits of nitrogen dioxide (NO ₂) within the shortest possible time. We have consulted on a preferred option of a B Class CAZ that would charge non-compliant Heavy Goods Vehicles, buses, coaches, taxis and private hire vehicles that do not meet a Euro 6 diesel/Euro 4 petrol minimum. Over 9,000 separate written responses were received and feedback is now being thoroughly analysed and evaluated. Following this exceptional volume of feedback, and changes to baseline data that has impacted on the air quality modelling, further exploration into social and economic impacts is being undertaken. Southampton City Council will submit their business case regarding a Clean Air Zone to Government by 31 January 2019 for approval.
	People in Southampton have improved health experiences as a result of high quality, integrated services
26.	<p>The Health and Wellbeing Board had responsibility for the Southampton Better Care vision which is to become a city “where everyone thrives; built on the strengths of our communities and our services are joined up around individuals”. The overall aims for integrated care in Southampton are:</p> <ul style="list-style-type: none"> • Putting people at the centre of their care, meeting needs in a holistic way • Providing the right care, in the right place at the right time, and enabling individuals and families to be independent and resilient wherever possible • Making optimum use of the health and care resources available in the community • Intervening earlier and building resilience in order to secure better outcomes by providing more coordinated, proactive services • Focusing on prevention and early intervention to support people to retain and regain their independence.
27.	A key element of Better Care is to prioritise investment in and embed a prevention and early intervention approach, especially through development of clusters and integrated teams. An integrated approach to case management is being progressed to support development of integrated locality teams in line with this strategic approach. In addition, digital work across Hampshire, Portsmouth, Southampton and Isle of Wight is progressing to support the development of shared records as part of the Sustainability and Transformation Plan.
28.	<p>To ensure that we deliver the right care, at the right time and in the right place, the focus has been to support the balance of care out of hospital settings to community providers. Developments so far include:</p> <ul style="list-style-type: none"> • Enhanced Health in care Home pilot focussing on 15 residential homes which has shown significant impact in reducing attendances and admissions to hospital; • Worked to deliver a community based approach to end of life care in line with national best practice, enabling more people to die in the manner and setting of their choosing with dignity and respect; • Significantly increased the number of people having their assessments for health or social long term care undertaken in the community.

29.	Joint Commissioning between the council and CCG has led to the development of integrated provision, including rehabilitation and reablement. This has had a significant impact on helping people remain independent and is contributing to a reduction in long term care needs. Furthermore, the new Southampton Living Well Service formally went live in April 2018, which will transform the current older person's day services into a new wellbeing and activity offer delivered through Community Wellbeing Centres based within communities and wider community activity.
30.	The establishment of the Southampton Joint Commissioning Board was agreed by Cabinet and Council in July 2017. The Joint Commissioning Board is now in place, and has the role of ensuring effective collaboration, assurance, oversight and good governance across the integrated commissioning arrangements for health and care between Southampton City Council and Southampton City CCG. In March 2018 the Health and Wellbeing Board formally agreed to delegate responsibility for Better Care from the Health and Wellbeing Board to the Joint Commissioning Board. This will support a continued drive to deliver joined-up services that result in improved outcomes for our residents.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
31.	None
<u>Property/Other</u>	
32.	None
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
33.	Section 2B of the national Health Service Act 2006 inserted by section 12 of the Health and Social Care Act 2012 confers on local authorities a duty to improve public health. The Strategy sets out the strategic vision for improving the health or residents and workers.
<u>Other Legal Implications:</u>	
34.	None
RISK MANAGEMENT IMPLICATIONS	
35.	None
POLICY FRAMEWORK IMPLICATIONS	
36.	None

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All

SUPPORTING DOCUMENTATION

Appendices

1.	Health and Wellbeing Board Scorecard
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Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	No
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Privacy Impact Assessment

Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	No
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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. None	