

<b>DECISION-MAKER:</b>	<b>Health and Wellbeing Board</b>
<b>SUBJECT:</b>	<b>Joint Strategic Needs Assessment (JSNA) Annual Summary and Health and Wellbeing Strategy Update</b>
<b>DATE OF DECISION:</b>	<b>14 December 2022</b>
<b>REPORT OF:</b>	<b>Cabinet Member for Health, Adults and Leisure</b>

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<b>STATEMENT OF CONFIDENTIALITY</b>	
Not applicable	
<b>BRIEF SUMMARY</b>	
<p>The Southampton Health and Wellbeing Strategy 2017-2025 was developed by the Health and Wellbeing Board, and adopted by 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 progress of the strategy over the last year and reports on the strategy's associated indicators. It also provides a summary of the JSNA: the full JSNA is housed within the <a href="#">Southampton Data Observatory</a>.</p>	
<b>RECOMMENDATIONS:</b>	
	(i) The Board notes the findings of the JSNA summary
	(ii) The Board notes the progress against the Health and Wellbeing Strategy to date
	(iii) The Board re-commits to the promotion and implementation of the strategy
	(iv) The Board continues to lead a multi-faceted approach to reducing health inequalities and improving health. It agrees that priorities for the next year should be COVID-19 recovery, protecting a good start in life, all age mental health, reducing smoking prevalence and embedding a Health in All Policies approach locally, as well as a focus on building and improving

	effective system leadership and partnerships within the new health infrastructure.
<b>REASONS FOR REPORT RECOMMENDATIONS</b>	
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
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>	
2.	N/A
<b>DETAIL (Including consultation carried out)</b>	
<b>Background</b>	
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 work that has been undertaken in connection with the Strategy (Appendix 2), and changes in the key health indicators (included in Appendix 3), since the last update in September 2021.
<b>Southampton's Joint Strategic Needs Assessment</b>	
5.	<p>Health and Wellbeing Boards are responsible for producing a JSNA under the Health &amp; 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 <a href="#">Southampton Data Observatory</a>.</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 <a href="#">Power BI dashboard</a> and are set out in Appendix 3.</p> <p>Appendix 3 also provides a summary of the JSNA, illustrating the context for the city and the JSNA purpose. It highlights key intelligence deliverables over the time since the last update in September 2021 and takes a deeper dive into some of the indicators within the Strategy. Appendix 3 additionally showcases summaries of bespoke topic analyses that support the JSNA: 2021 Census releases, Covid Impact Assessment refresh, long-term/chronic conditions data pack including neighbourhood prevalence and forecasted prevalence by age group, childhood obesity and the food environment.</p>

**Summary of progress against the Strategy's priorities**

6. The priority for action during much of 2021-22, particularly the first half, has been responding to the pandemic, which has meant that in some cases, work towards the goals of the Strategy has not proceeded as previously planned. Data collection and publication has also been affected by the pandemic in some cases, and the impact of the pandemic itself on health is still being understood.

**Overarching indicators**

Life expectancy is one of the Strategy's overarching indicators. In Southampton for 2018-20, men live 13 months less and women live 8 months less compared to England averages.

Life expectancy (at birth)	Southampton	England
Males	78.3 yrs	79.4 yrs
Females	82.5 yrs	83.1 yrs

Life expectancy has reduced for males in Southampton since 2017-19, when it was 78.5 yrs, but stayed the same for females. In England over the same period, life expectancy has also reduced from 79.8yrs for males and 83.4yrs for females.

In 2018-20, Southampton women live for a longer period in poorer health (19.4 years) than Southampton men (17.0 years).

Comparing the most deprived 20% of Southampton to the least deprived 20%, the life expectancy at birth gap is 8.1 years for men and 3.4 years for women (2019-21).

7. A commentary on the Strategy's other key indicators can be found in Appendix 3 slides 4 to 7. Of particular note for Southampton:

- Excess weight in 4/5 year olds is significantly higher and 10/11 year olds higher than England and with a steeper overall increase
- Number of children in relative low income families is consistently significantly higher than England and the gap is getting worse
- Smoking prevalence in adults is decreasing overall, 2019 data (16.8%) significantly higher than England (13.9%), although there are caveats around the accuracy of the data
- Local depression prevalence (12.4%) has increased similarly along with national rates (12.3%) for 2020/21
- Under 75 mortality from preventable liver disease: data for 2016-18 & 2017-19 is the highest since 2001-03, significantly higher than England
- Injuries due to falls in those aged 65+ is increasing overall whilst England average remained stable
- Data for people in employment to end of March 2021 saw Southampton significantly higher than England, however the impact of COVID-19 has since seen significant increases and also sub-city variation

**Progress on commitments in the Strategy**

8. A summary of progress towards the twenty-six commitments in the Strategy can be found in Appendix 2.

9. **Priority 1: People in Southampton live active, safe and independent lives and manage their own health and wellbeing**

Activity to promote and encourage healthier lives continues to be a focus, and a number of new initiatives, services and alliances have been developed. Much work

	<p>to encourage more physical activity in the city has been underway, and the forthcoming Tobacco, Alcohol and Drugs Strategy has been developed in consultation during 2022. Children and young people have continued to be a focus with the development of Family Hubs for example, and the Phoenix@Pause programme that supports vulnerable women who have had multiple children taken into care is seeing good outcomes. Mental health and suicide prevention has also been a priority. More community-based schemes to help people remain independent and safe in their own homes have been established and the work of social prescribers and community navigators has been crucial. Strategies to engage communities with the aim of increasing uptake of COVID-19 vaccination have shown success.</p>
10.	<p><b>Priority 2: Inequalities in health outcomes are reduced</b></p> <p>Reducing health inequalities is a strong thread running through all work, which is needs-led. Support is targeted at those groups and individuals who need it most. The development of a Health in All Policies framework to be held by the Health and Wellbeing Board will be an important step towards embedding this approach further across the council and partners and help address inequalities in the city, which have been exacerbated by the pandemic.</p>
11.	<p><b>Priority 3: Southampton is a healthy place to live and work with strong, active communities</b></p> <p>Enabling and supporting communities is a vital part of work to improve health outcomes, and connections within our communities can be a strong enabler for health and wellbeing. The work undertaken by the Stronger Communities team and the local area team to support community networks and assets has continued to grow and achieve great results during 2021-22, and more use of community-centred approaches is also a priority for the Public Health team going forward. The cost of living crisis has meant that work towards addressing housing standards and fuel poverty, which has been scaled-up, is even more important. Significant developments towards healthy planning policy have been the appointment of a Spatial Planning for Health Specialist and the revised Local Plan consultation.</p>
12.	<p><b>Priority 4: People in Southampton have improved health experiences as a result of high quality, integrated services</b></p> <p>Integration and joint working is a key priority for the Health and Care Strategy 2020-25 as well as the Health and Wellbeing Strategy, and is monitored by the Better Care Steering Board. Case management, early intervention and locality working are proving to be important approaches for delivery.</p> <p>System leadership towards these goals through the Health and Wellbeing Board and the newly established HLOW Integrated Care System will be crucial in rising to the growing health challenges in the City.</p>
13.	<p><b>Conclusions</b></p> <p>In teams, departments and partnerships across the city, improving health outcomes and reducing health inequalities remains the highest priority. The scale of the challenge is significant across the board. Action continues to need to be multi-faceted, taking account of all health needs, but emerging priorities for 2023 are likely to be:</p> <ul style="list-style-type: none"> <li>- Ensuring children have the best start in life</li> <li>- Improving mental health across the lifecourse</li> <li>- A continued focus on reducing smoking prevalence</li> <li>- Embedding a Health in All Policies approach</li> </ul>

	- Building and improving effective system leadership and partnerships within the new health infrastructure
<b>RESOURCE IMPLICATIONS</b>	
<b><u>Capital/Revenue</u></b>	
	None
<b><u>Property/Other</u></b>	
	None
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
	Health and Social Care Act 2012
<b><u>Other Legal Implications:</u></b>	
	None
<b>RISK MANAGEMENT IMPLICATIONS</b>	
	N/A
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
	N/A

<b>KEY DECISION?</b>	<b>No</b>
<b>WARDS/COMMUNITIES AFFECTED:</b>	All
<b><u>SUPPORTING DOCUMENTATION</u></b>	
<b>Appendices</b>	
1.	Southampton Health and Wellbeing Strategy 2017-2025
2.	Summary of progress on the HWBS
3.	JSNA Summary and HWBS indicators

**Documents In Members' Rooms**

	None
<b>Equality Impact Assessment</b>	
<b>Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.</b>	<b>No</b>
<b>Data Protection Impact Assessment</b>	
<b>Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.</b>	<b>No</b>
<b>Other Background Documents</b>	
<b>Other Background documents available for inspection at:</b>	
<b>Title of Background Paper(s)</b>	<b>Relevant Paragraph of the Access to Information Procedure Rules /</b>

		Schedule 12A allowing document to be Exempt/Confidential (if applicable)
	None	