

Healthy Southampton[♥]

Draft - Health Inequalities Framework

Southampton – A Healthy and Fair City

**Draft Report – July 2015 of the
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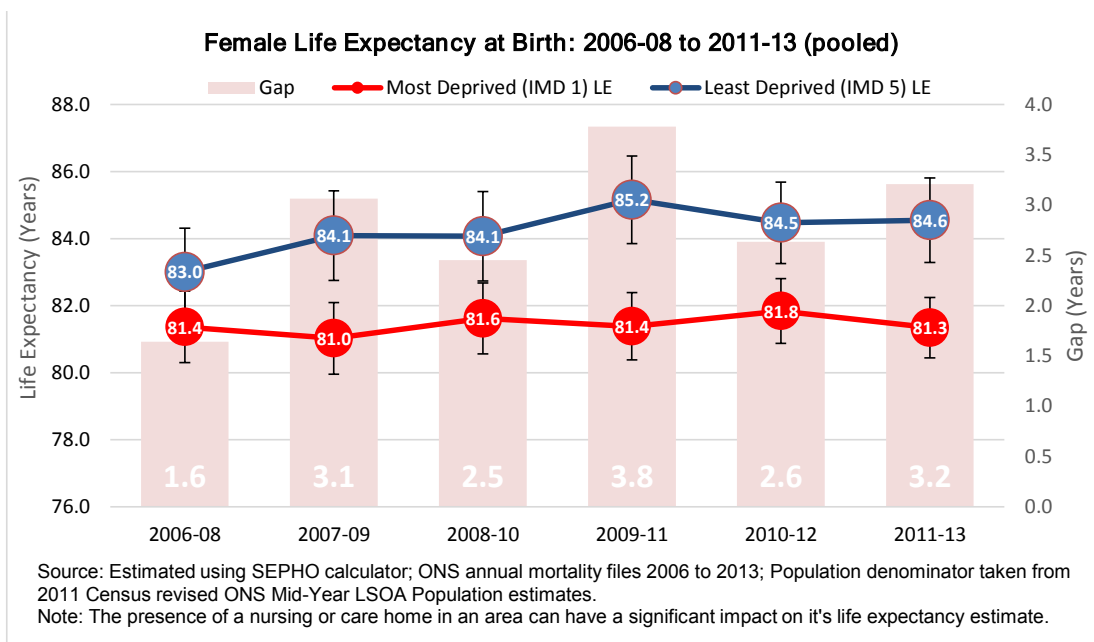
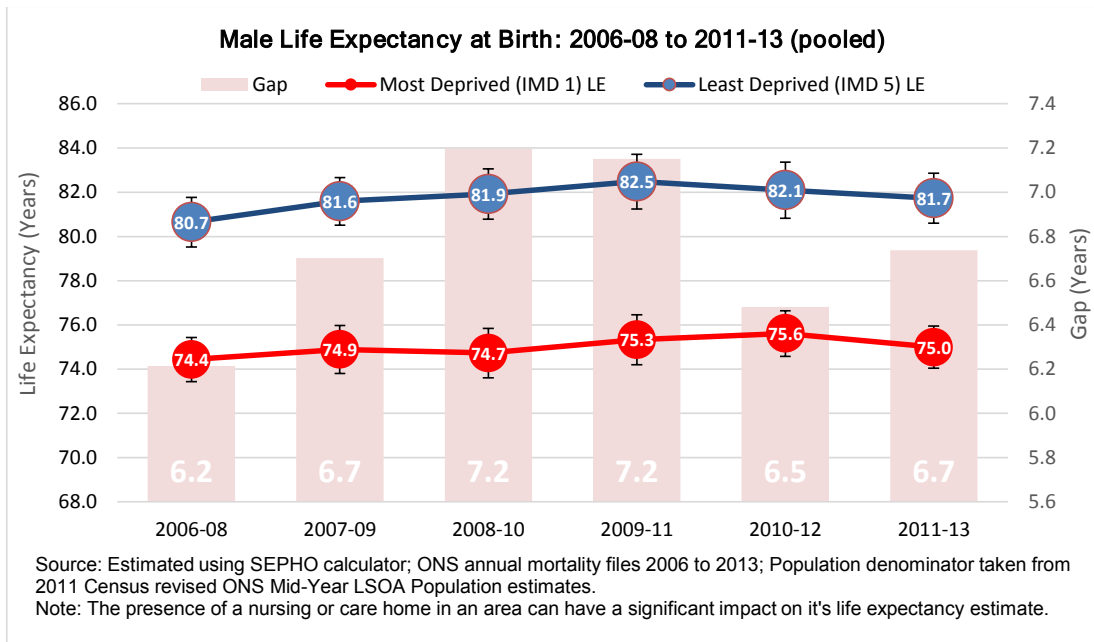
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Introduction

1. The Draft Health Inequalities framework has been developed by the Health Inequalities Reference Group on behalf of the Health and Wellbeing Board. The Group was established as a “short life” group and has met on 3 occasions since its establishment at the end of April 2015. This framework is intended as a platform from which consultation and engagement on action on health inequalities can be progressed. The Group’s Terms of Reference are outlined in Appendix A.
2. The overarching aim of the Group was to develop a health inequalities framework which would provide the cornerstone of the next iteration of Southampton’s Joint Health and Wellbeing Strategy (due for publication in April 2016). The model and priorities proposed below are designed to support the development and consultation process for the Strategy during Autumn 2015.

Background Context – Health Inequalities in Southampton

3. Over recent years Health Inequalities have persisted between the most deprived and least deprived populations in the City. The current status of Health Inequalities in the City has been outlined comprehensively in two City publications : **the Director of Public Health’s Annual Health Report 2014 and the briefing report, Health Inequalities in Southampton City – Analysis of Trends (Refresh November 2014)**^{1,2}. The Health and Wellbeing Board has received presentations on both of these data sources. They present a picture of consistent and persistent health inequalities in the City. The findings from these reports informed the Health and Wellbeing Board’s decision to progress a more focused piece of work which would propose priority themes and actions to address health inequalities in the City.
4. For illustrative purposes the figures on Male and Female life expectancy between the least and most deprived populations in the City are outlined below. These have been taken from the Health Inequalities Briefing (November 2014) and present a picture of consistent and enduring inequality between the richest and the poorest in the City.



- In summary, the analysis of local data indicates that health inequalities between the most deprived and least deprived areas of Southampton are consistent over time and for some indicators are actually widening. This data has provided impetus and urgency for the Joint Health and Wellbeing Board to determine a focus on sustaining and focusing collective effort on tackling health inequalities.

Southampton Health Inequalities Framework – Key Principles

What works in tackling health inequalities – National evidence base

- 4 The Health Inequalities Reference Group has drawn extensively on national sources of effectiveness evidence including work undertaken by the Institute of Health Equity at University College London and the reviews undertaken by the Kings Fund^{3,4}. The national strategy Fair Lives, Healthy Society published in 2010 provided a substantial evidence base to support and inform actions at national government and local government level to tackle health inequalities. This work was further developed for a local government audience with the publication in Autumn 2014 of a suite of evidence based briefings. The proposed Southampton Framework is underpinned by this comprehensive national evidence base.

Southampton Framework - Key Principles

5. The Reference Group propose that the Framework should be underpinned by 8 key principles:
 - a) **Take evidence – informed action:** the process of determining priorities and designing and modifying local action should be underpinned by evidence of effectiveness.
 - b) **Use a life course approach:** local action that recognises and responds to health needs and inequalities at different stages of life can help prevent the accumulation of disadvantage through life.
 - c) **Apply proportionate universalism:** proportionate universalism recognises the social gradient, aiming to improve the health of everyone but with a greater focus on those with the greatest need and the worst health outcomes.
 - d) **Work with local communities:** working with local communities to tackle health inequalities is essential in order to ensure that attempts to tackle health inequalities are relevant to local need and draw on local assets within local populations and communities.
 - e) **Aim for health equity in all activities:** working across all partner organizations on the Joint Health and Wellbeing Board and wider sectors in the City to ensure consideration of impact on health equity underpins key processes (Commissioning and procurement, policy impact assessments, employment and other local processes).
 - f) **Inter-sectoral Collaboration:** ensure that the decision making on local priorities to tackle health inequalities and development of local action is underpinned by a collaborative approach across statutory and non-statutory agencies, voluntary and community groups to secure maximum agreement and sanction.

- g) **Ensure impact and learn from successes and failures:** ensure monitoring and evaluation of local action underpins delivery and that successes and failures are shared to increase the local understanding of what works.
- h) **Aim for continuity and sustainability:** action to tackle health inequalities should be supported by a long term approach to planning and delivery.

Southampton Framework – Identification of Core Themes

Methodology – How the themes were identified

6. The Reference Group applied a twofold approach to support the identification of core themes for action:
 - Scoping and analysis of the evidence base on what works to tackle health inequalities and the local data analysis on health inequalities in Southampton
 - Engagement and discussion with lead officers from the City Council and Clinical Commissioning Group to provide examples of current activity and to raise awareness of the emerging shape of the Framework

Rapid Evidence Review

7. The development of this framework has drawn on the substantial body of work undertaken by the Institute of Health Equity at University College London. The national Review on health Inequalities Fair Lives, Healthy Society published in 2010³ provided a comprehensive picture of the causes of health inequality in England. It proposed an evidence based approach which tackles the social determinants of health alongside ill health prevention. It concluded that to tackle health inequalities action would be needed across six policy areas:
 - Give every child the best start in life
 - Enable all children, young people and adults to maximize their capabilities and have control over their lives
 - Create fair employment and good work for all
 - Ensure healthy standard of living for all
 - Create and develop healthy and sustainable places and communities
 - Strengthen the role and impact of ill health prevention
- 8 In November 2014 the IHE team published briefings to further focus and direct action at local government level to tackle health inequalities. The briefings proposed the following themes for action across the life course:

Institute of Health Equity – Local Authority Health Inequality Briefings (November 2014)⁵⁻¹⁶

- Good Quality parenting
 - Improving Home to School Transition
 - Building Children and young people’s resilience in schools
 - Reducing the number of young people not in employment, education or training (NEET)
 - Adult Learning Services
 - Workplace interventions to improve health and wellbeing
 - Increasing employment opportunities and retention for people with a long term condition or disability and older people
 - Fuel Poverty and cold home related problems
 - Access to green spaces
9. This evidence base was reviewed and applied to support the definition of core themes for the Southampton Framework. It has also focused the early stage dialogue and engagement undertaken with lead officers in the City Council and the Clinical Commissioning Group.

Engagement with Lead Officers in Local Authority and Clinical Commissioning Group

10. The Reference Group agreed early on in its discussions that alongside the review of evidence, the process of developing the draft Health Inequalities Framework should also include direct engagement and dialogue with those officers leading on the core themes. Brief meetings were held with a total of 16 officers of the City Council and Clinical Commissioning Group (a list of officers consulted and job roles is attached in Appendix B).
11. These brief meetings enabled the following:
- Early dialogue and consensus building on the proposed focus of health inequalities for the next Joint Health and Wellbeing Strategy and early “heads up” on the proposed engagement and consultation process during autumn 2015.
 - Capture of headline examples of current action aligned with the evidence of effectiveness across the core themes.
12. In the Next Steps section of this document (Section 7) a recommendation to further build on and expand officer participation in the sanction and further development of the Health Inequalities Framework is proposed.

Core Themes of Southampton’s Health Inequality Framework

13. The Health Inequalities Reference Group has identified 6 core themes to support and focus action on health inequalities in the City.

Core Themes – Health Inequalities Framework

- a) **Early Life Interventions – Give every child the best start:** to include a focus on Good Parenting programmes, Improving School Transitions, Building children and young people’s resilience in schools.
 - b) **Skills Development – enable all children, young people and adults to maximize capabilities:** to include a focus on reducing the number of young people not in employment, education or training (NEET) and adult learning.
 - c) **Employment and Work – create access to fair employment, good work for all and promote the living wage:** to include a focus on workplace interventions to improve health and wellbeing, increasing employment opportunities and retention for people with a long term condition or disability and older people.
 - d) **Healthy Environment – create and develop healthy and sustainable places and communities:** to include a focus on fuel poverty, improving access to green spaces.
 - e) **Ill Health Prevention – strengthening the role and impact of ill health prevention:** to include a focus on early intervention/prevention, chronic disease management, tackling the key lifestyle risk factors, improving the health of vulnerable groups and promoting the physical health of people with a mental health condition and those with a learning disability.
 - f) **Resilient Communities – building resilient communities, tackling loneliness and social isolation:** with a whole population approach and proportionate focus on vulnerable groups and communities.
14. Outlined below in summary format for each theme are:
- Headline messages drawn from the evidence of what works to tackle health inequalities
 - Examples of business case/return on investment information
 - Examples of local action currently underway in the City linked to each theme.
15. The Examples of Business Case and Return on Investment information outlined below have been drawn substantially from the reviews undertaken by the Institute of Health Equity and the Kings Fund ^{4,17} and local work undertaken on return on investment in the Public Health Team. ¹⁸
16. It is proposed that the Autumn 2015 consultation process will enable “core theme“ based discussion with lead officers, wider stakeholders and community groups to further expand the intelligence around current action and support priority setting of actions (See Section 7).

Core Theme 1 – Early Life Interventions – Give Every Child the Best Start

Headline Messages from Effectiveness Evidence - What works	Examples of Business case/Return on Investment	Examples of local Action
<p>Promotion of good maternal/parental and child health: addressing healthy behaviours and lifestyle risk factors (promotion of positive mental health, aiming for fewer women who smoke, drink and take drugs during pregnancy, promotion of healthy weight and breast feeding and promotion of the health of the child (in line with public health priorities in Healthy Child programme – to include focus on healthy eating/good nutrition and promotion of oral health)</p> <p>Good Parenting Interventions:</p> <ul style="list-style-type: none"> - Universal provision of parenting programmes aiming to promote secure attachment, positive engagement between parent and child and promotion of improved cognitive, social and emotional , 	<ul style="list-style-type: none"> - Family nurse partnership programme has been evaluated positively in the US – benefit-cost ratios fall in range of 3:1 to 5:1. In the UK context a social-cost ratio of 1.94 has been calculated per £1 spent - Report for UNICEF UK found that moderate increases in breastfeeding translate into potential cost savings for the NHS and tens of thousands of fewer hospital admissions and GP consultations - Social benefit to cost ratio of a range of programmes (from Early Intervention Foundation) found to be beneficial – including: Incredible Years Parent Training, Parent Child Interaction therapy, Targeted Reading interventions - Evidence from the US (Seattle Social Development Project) – 	<ul style="list-style-type: none"> - Universal delivery of Healthy Child programme across the City (Maternity and Health Visiting) - Range of parenting support initiatives/programmes across the City including Early Years/Childrens Centre programmes - Family Nurse Partnership programme being implemented as targeted intervention with teenage mothers - Troubled Families programme – provision targeted to cohort with highest complexity of need - Scoping exercise of community support groups in the City underway to establish resources to support community capacity building for families - Early Years provision and health improvement/prevention initiatives (eg. Smoke Free Homes, Healthy Start Scheme, Breast Feeding initiative

<p>language and physical health outcomes</p> <ul style="list-style-type: none"> - Targeted delivery of parenting programmes to improve outcomes in specific population groups (eg. Teenage mothers/vulnerable communities) <p>Improving the home to school transition:</p> <ul style="list-style-type: none"> - Promotion of good transition practices, to include: focus on the whole child, implementation of a variety of practices to support transition eg. open days, information sessions ,one to one support (implementation of multiple approaches found to be particularly beneficial for those at risk of poor transition) - Provision of targeted support for at risk groups such as looked after children - Implementation of strong, joined up linking schemes between pre school/nursery programmes and curriculum combined with strong leadership and commitment to 	<p>targeting youths to increase bonding to school and family as a protective measure against school failure, delinquency, teen pregnancy and violence. Overall benefit to cost-ratio is \$1.92 for every \$1 spent</p> <ul style="list-style-type: none"> -Parenting programmes to prevent conduct disorder pay back £8 over six years for every £1 invested - Meta –analysis of parenting programmes that improve maternal mental health indicates cost effectiveness. If health visitors identify and treat post-natal depression that improves productivity and leads to cost savings in the medium to short term - National Institute of Health and Clinical excellence has identified whole school approaches to preventing bullying and its health consequences as cost effective - School based obesity programmes have been estimated to have a cost benefit ratio of 7:1 	<ul style="list-style-type: none"> - Joint working well established between childrens centres and schools to support delivery of good transition practice - Headstart Big Lottery Fulfilling Lives programme for 10-14 year olds pilot phase implementation underway (Initiative aimed at increasing resilience and positive outcomes) - Healthy Schools/School Enhancement programme supported in the City as a means of promoting a “whole school” approach to improving health outcomes - Early Intervention Joint Commissioning Strategy (Pre-birth- 19 yrs) developed to support long term planning and prioritisation process for early years to young adulthood (focus includes promotion of good maternal and child health, promotion of good parenting outcomes through targeted support and focus on securing good transitions for children and building resilient families, children and young people) - Teenage Pregnancy Action Plan being updated and “deep dive” analysis of data around teenage pregnancies in the City being undertaken to further inform planning and targeting of support
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<p>transition interventions from school leadership teams</p> <ul style="list-style-type: none"> - Implementation of integrated, proactive approach to identify needs of those at risk of poor transition and with special educational needs across agencies (pre school, health, school leads) to mitigate against poor attendance <p>Building Children and Young People's Resilience in Schools</p> <ul style="list-style-type: none"> - Implementation of sustained interventions to promote positive achievements including: academic performance, number of years spent in school and increased attendance levels. - Promotion of positive school experiences including engagement, enjoyment and success in sports, arts and music can help increase resilience and confidence in children - Promoting healthy behaviours through a "whole school" approach to address: smoking, taking drugs, sexual behaviour, drinking alcohol, tackling obesity/increasing physical 	<ul style="list-style-type: none"> - Effective smoking prevention in schools has been estimated to have a cost benefit ratio of over 15:1 over a lifetime - Every £1 spent preventing teenage pregnancy saves £11 in healthcare costs - Reducing truancy can produce a saving of £1318 per year per child, and reducing exclusion can save £9748 in public value benefits (89% of which goes to local authorities) 	<ul style="list-style-type: none"> - Future in Mind initiative being implemented (focus on child and adolescent mental health promotion)
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<p>activity</p> <p>- Programmes to promote emotional resilience in schools as a means of increasing pupils self esteem and resilience (to include :addressing transition to secondary school, promoting anti-bullying, promoting peer to peer support and involvement of parents and carers)</p>		
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Core Theme 2 Skills Development – Enable all children, young people and adults to maximize capabilities

Headline Messages from Effectiveness Evidence – What works	Examples of business case/Return on Investment	Examples of local Action
<p>Reduce the number of young people not in employment, education or training (NEET):</p> <ul style="list-style-type: none"> - Early intervention programmes to prevent vulnerable young people becoming NEET including targeted support to those at risk to support successful move from education to training and employment - Effective interventions in school environment include: recognising achievements in general skills and those that increase employability, managing transitions, minimising or preventing exclusions (These actions to involve working with families and communities, rather than just with children and should be universal, but targeted proportionately to those in greater need of support) - Offer courses to increase employability (literacy, numeracy 	<ul style="list-style-type: none"> - Estimated that each 16-18 NEET will have cost £56,000 over their lifetime based on welfare costs, lost tax and national insurance contributions and small costs in the health and criminal justice systems. - Programme for children at risk of becoming NEET in a school in Salford was evaluated by the Audit Commission - found scheme would become cost neutral if it helped 8 out of the 31 young people involved . If all of them didn't become NEET savings were estimated at £250, 000 - £4k support to a teenage mother on interventions that enable her to move into work would be repaid 20 times over through increased tax 	<ul style="list-style-type: none"> - City Deal Youth Programme being implemented across the City (also covering Portsmouth): Focus is on vulnerable young people (16-24 yrs)in transition from education to employment. Aims and objectives of the programme include: to reduce NEET rate (particularly among vulnerable cohort – programme will measure outcomes for those up to 25) It aims to provide co-ordinated, systematic information advice and guidance service. This will include key worker support to enable young people to progress into training and employment. Programme will provide a hub for information and activity for youth employment and training. It will also work with local employers to increase training and employment opportunities - Programme implementation began in April 2015 (aim is to identify, work with and track 750 vulnerable young people across 2 cities)

<p>and communication skills and which include accreditation to improve confidence and self belief)</p> <ul style="list-style-type: none"> - Provide good staff training and awareness raising to ensure those at risk are identified and supported - Implement a planned approach to maximise opportunities through commissioning and delivery of services to increase apprenticeship opportunities 	<p>contributions over lifetime and estimated to result in reduction of public service costs by £200,000</p>	
<p>Adult Learning Services:</p> <ul style="list-style-type: none"> - Adoption of a lifecourse approach to address different needs at different stages of life - Promotion of adult learning opportunities to those in greatest need (social gradient around need – participation is lower amongst those with lower literacy and numeracy levels) - Interventions and courses through adult learning to prevent/address poor educational outcomes (to include Family literacy programmes) - Collaborative approaches across agencies to work with 	<ul style="list-style-type: none"> -Increasing skills through adult learning is cost effective – fiscal benefits due to increased taxation revenue as a result of an increase in skills are estimated to be between £83 and £787 per annum as a result of an increase from below Level 2 training to Level 2 and between £513 and £1391 as a result of an increase from level 2 to 3. - Lifetime benefits to individuals and the economy show that return on investment is £21.60 for every £1 invested 	<ul style="list-style-type: none"> - Commissioned programme of adult learning across the City (annual cycle of approx. 20 providers) - Approx. 5,000 adult learners across the City and service Ofsted Rated: Good - Strategic framework for commissioning of learning opportunities developed - Well established Employment, Skills and Learning partnership in the City - Programme in the City through Job Centre Plus available for upskilling JSA claimants who are over 50 yrs (lone parents a priority)

<p>vulnerable/hard to reach groups (eg. Joint working between commissioners of services and Job Centres)</p> <ul style="list-style-type: none"> - Design and implementation of programmes to address needs of those who find re-engaging with learning stressful and aim to tackle deep seated barriers to employment (embed literacy and numeracy into vocational programmes) - Work with local employers to encourage workplaces to deliver learning and training in universally proportionate way - Engage the community (development of Community Learning Champion schemes) 	<p>at Level 1 courses for those aged 19-24</p>	
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Core Theme 3 – Employment and Work – create access to fair employment, good work for all and promote the living wage

Headline Messages from Effectiveness Evidence – What works	Examples of business case/Return on Investment	Examples of local Action
<p>Workplace Interventions to improve health and wellbeing:</p> <ul style="list-style-type: none"> - Promote greater participation in decision making by employees - Implementation of health behaviour change programmes in the workplace setting can be effective - Provision of in work training and development for workforce - Implementation of interventions to reduce workplace stress and improve mental health at work (including line management training, provision of flexibility in employment) <p>Working with Employers to promote good quality work:</p> <ul style="list-style-type: none"> - Evidence that local authorities can work with employers to promote good quality work 	<ul style="list-style-type: none"> - A range of behaviour change/employee wellness programmes in workplaces have been found to return £2-£10 for every £1 spent -An independent review of health and work in 2008 estimated that the total economic costs of sickness absence and worklessness associated with working age ill health, to industry, employers, NHS, government and the economy as a whole to be over £100bn per year - Estimated cost of mental health problems to the economy is £30-40bn, arising from lost productivity from people with mental health problems and costs of care - Individual placement and support programmes are estimated to be cost effective (eg. Kent supported 	<ul style="list-style-type: none"> - Southampton Programme developed to implement Workplace Charter locally - Links established with local workplaces and business organisations and first cohort of businesses (4 Workplaces) have participated and worked through pilot scheme requirements - National organisation Health at Work commissioned to develop the quality assurance framework for the Southampton programme - City Council is working on elements of the Charter for its workforce - Linkage with health improvement programmes and services being established to support workplaces in delivery of health and wellbeing initiatives - Southampton Fairness Commission recommendations to be reported shortly (understood to include reference to promotion of Living Wage) - City Deal Programme includes specific initiative to provide support to long term unemployed with long term conditions to get back into employment. Pilot phase has begun with focus on working with 100 unemployed people across Southampton and

<p>(advice role of local authority, alongside enforcement/employer legal obligations, promotion of partnership working across agencies and sectors)</p> <ul style="list-style-type: none"> - Application of commissioning and procurement leverage through application of Social Value Act 2012 offers opportunity to promote good quality work, improved working conditions (Application of Health and Safety Executive Stress Management standards) - Living Wage: ways of promoting the living wage include – leading by as example as major employer, utilisation of innovative ways for implementing living wage by integrating into commissioning and procurement processes, use existing partnerships to develop support for the living wage <p>Increasing Employment</p>	<p>employment programme estimated to cost £9910 per person, 88% of the cost of a day service place – potential saving of £1290 to local authority</p> <ul style="list-style-type: none"> - Better Health at Work Award (scheme previously generated through Primary Care Trust collaboration) evaluated reduction in sickness absence of 0.007-1.1 days for every £1 invested - Getting back into employment increases the likelihood of reporting improved health (from poor to good) almost threefold, and boosts quality of life almost twofold - Unemployment increases the risk of fatal or non-fatal cardiovascular disease and all-cause mortality by between 1.5 and 2.5 times - Business in the Community has estimated that its programme of getting disadvantaged groups "Ready for Work" provides more than £3 in benefits for every £1 spent over 5 years (associated savings include reduction in homelessness, benefits and 	<p>Portsmouth. Evaluation of pilot will inform core programme. Work also being progressed during pilot phase to work with employers across the patch to raise awareness of the programme and identify training and placement opportunities.</p>
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<p>opportunities and retention for people with long term conditions, disability and older people:</p> <ul style="list-style-type: none"> - Local government can raise employer awareness of national measures aimed at increasing access and retention among vulnerable groups (Access to Work, Equality Act) - Targeted support to prevent people from leaving work due to health problems is vital (Health and Work interventions and application of Fit Note designed to support employees on long term sick leave back into work) - Fit for work service pilots – key message is the availability of quick access to holistic , initial assessment, ongoing case management as route to improve management of LTC - Support for people with mental health problems – National Time to Change programme addresses stigma through campaigns (some 	<p>healthcare)</p>	
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<p>positive evaluation). Individual placement and support (IPS) is well established “place then train” method to get unemployed people with severe mental health problems into work (Scheme evaluation positive)</p> <p>- Range of employer approaches evaluated as likely to increase employment opportunities and retention among older people including measures to promote fair recruitment, equal training opportunities, flexible working, phased retirement and succession planning</p>		
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Core Theme 4 – Healthy Environment – create and develop healthy and sustainable places and communities

Headline Messages from Effectiveness Evidence – What works	Examples of Business case/Return on Investment	Examples of local Action
<p>Fuel Poverty:</p> <ul style="list-style-type: none"> - Promotion and implementation of schemes aiming to improve energy efficiency of housing (eg. Green Deal 2012 and Energy Company Obligation 2013) - Development and implementation of Cold Weather Plan at local government level - Interventions to include: schemes supporting improvement in energy efficiency of homes, provision of advice on energy saving methods and how to reduce costs - Joined up, pan agency approach at locality level to identify those at risk to implement schemes raising awareness of benefits advice, home repairs/improvements schemes and targeted monitoring and support of individuals at risk of cold home related ill health as part of Cold Weather Plan implementation 	<ul style="list-style-type: none"> - Poor housing conditions cost the NHS an estimated £2.5bn per year. This includes costs accrued by primary care services, treatment costs, hospital stays and outpatient visits - Affordable Warmth Access referral Mechanism – a cost benefit analysis was conducted on 52 household interventions and analysed the impact of warmer housing on the quality of life, The cost of the 52 interventions was estimated to be £88,800 – the evaluation identified a benefit-cost ratio of 6.8:1 - Living in cold housing is associated with poor health outcomes and an increased risk of morbidity and mortality for all age groups. Age UK (2012) estimated an annual cost to the NHS in England of £1.36bn (excluding social care costs) 	<ul style="list-style-type: none"> - Fuel Poverty Action Plan 2014-17 developed. Includes 5 strands of work : <ul style="list-style-type: none"> - Redefining the Challenge (researching the impact of the new definition of fuel poverty) - Improving Energy Efficiency (supporting programmes that improve energy efficiency across all housing tenures) - Maximising Income (Ensuring those in fuel poverty have opportunities to work and get the right benefits) - Ensuring Cheaper Energy (Making sure that fuel poor households get the best deals on their energy bills) - Changing Behaviours (ensuring that fuel poor households have access to and act on best advice and information) <p>Annual Reports on the delivery of the plan will be made to the Health and Wellbeing Board. The SWAP will provide ongoing monitoring of implementation.</p> <p>Wider work on the links between</p>

		<p>Housing and Health is being progressed and outline paper will be presented to the Health and Wellbeing Board in July.</p>
<p>Improving Access to Green Spaces:</p> <ul style="list-style-type: none"> - Increase use of good quality green space for all social groups (to include community engagement/awareness raising of availability and potential use of areas to promote health improvement and social cohesion/community involvement) - Create new areas of green space and improve the quality of existing green spaces (to include developing new areas of green space in neighbourhoods where there is little green space or improving quality to increase access/utilisation) 	<ul style="list-style-type: none"> - In 2007 physical inactivity estimated to cost the NHS somewhere between £1bn and £1.8bn - Walking for Health programmes evaluated as cost effective - Green gym schemes evaluated as effective (evaluation of Green Gym project between 2005 to 2009 indicated that for every £1 invested , £2.55 will be saved in reduction in treating physical inactivity related illness - “high standard” spatial planning is likely to return £50, £168 and £50 for planning interventions that promote walking, cycling and insulating homes respectively for every £1 invested - Increasing access to parks and open spaces could reduce costs in treating obesity and impact on improving mental health 	<ul style="list-style-type: none"> - Strategic planning of green spaces being linked into Local Plan development. Timeline includes consultation on Issues and Options, Draft Plan developed by Autumn 2016 (Final Plan 2017-2036) - Range of initiatives underway aimed at increasing and promoting access and use of existing green spaces. Examples include: <ul style="list-style-type: none"> - Friends of Parks Groups - Green Spaces Strategy - Play area development/promotion - Sports facilities planning (planned development of Playing Pitch Strategy) - Links with delivery of Local Transport Plan and the promotion of walking and cycling and My Journey initiative (part of sustainable transport agenda) - Opportunities to develop closer links between green infrastructure development and promotion with Health and Wellbeing agenda

<p>Air Quality (including promotion of active/safe travel)</p> <ul style="list-style-type: none"> - Development of common policies to reduce scale and impact of climate change (Promotion of active travel, interventions to reduce carbon based pollution) - Promotion of cycling and walking as forms of travel and recreation (replacing car journeys) 	<ul style="list-style-type: none"> - Investing in a range of practical air quality improvements is likely to return on average a benefit of £620 for every £100 spent - Costs of transport induced poor air quality, ill health and road accidents estimated to exceed £40bn per year – getting one more child to walk or cycle to school could pay back as much as £768 or £539 respectively in health benefits, NHS costs, productivity gains and reductions in air pollution 	<ul style="list-style-type: none"> - Air Quality Action Plan in place (review undertaken as part of recent Air Quality Inquiry) - My Journey scheme implementation - Air Alert scheme in place (over 200 subscribing to Alerts) - Travel plan development (schools and employers)
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Core Theme 5 - Ill Health Prevention – Strengthening the role and impact of ill health prevention

Headline Messages from Effectiveness Evidence – What works	Examples of business case/Return on Investment	Examples of local Action
<p>Prioritise prevention and early intervention: Interventions to tackle the health related conditions linked to the Big Four unhealthy behaviours: smoking, obesity, physical inactivity and excessive alcohol consumption throughout the life course</p> <p>Early detection and chronic disease management : - Early detection and management of risk factors linked to long term /chronic conditions (eg. cardiovascular disease, diabetes and cancer).¹⁹</p> <p>Proportionate focus on specific populations and vulnerable groups: - Target delivery of prevention activity across the population with a proportionate focus on the most deprived communities - Prioritise interventions to address the physical health and health behaviour risk factors of people with a mental health condition (in line with national Parity of Esteem programme) and people with a learning disability .^{20,21}</p>	<p>- Nationally unhealthy lifestyles cost the UK billions of pounds every year: Smoking £5.2 bn, Obesity £4.2bn, alcohol £3.5bn, physical inactivity £1.1bn -Estimated tackling the “big four” modifiable risk factors (smoking, obesity, physical activity and alcohol) would provide return on investment. Estimated annual costs to Southampton:</p> <ul style="list-style-type: none"> - Smoking - £12-13m -Obesity - £4.5m -Alcohol - £12m -Vascular and coronary heart disease - £9.1m <p>- Growing evidence to show supporting self care leads to: improved health and quality of life, rise in patient satisfaction, positive impact on use of services (fewer primary care consultations and reduced demand on secondary care). National annual cost savings of £250m are estimated as a result of increasing self</p>	<ul style="list-style-type: none"> - Tobacco Control Plan developed for the City (ongoing implementation and monitoring) - Smoking Cessation Services provided across the City by Specialist Service and wider primary/community providers (GP practices and Community Pharmacy) - Health Trainers Service commissioned to support behaviour change and address key lifestyle risk factors (focus on deprived/vulnerable communities) - Physical Activity promotion (including Exercise on Referral scheme and promotion of Let’s Get Moving programme) - Weight Management Service for adults - Implementation of Health Checks programme to support early detection and intervention to tackle risk factors for cardiovascular disease - Health Improvement and Behaviour Change Services including Healthy Early Years Award scheme and Healthy Schools Enhancement Scheme.

<p>Promotion of self care:</p> <ul style="list-style-type: none"> - Support people with chronic/long term conditions to secure maximum health and capacity through self care and good disease management. - Promote opportunities to develop social capital through peer support, mentoring (see core theme 6) <p>Promotion of uptake of Screening screening programmes</p> <ul style="list-style-type: none"> - Targeted interventions to promote public awareness and early intervention to those communities and vulnerable groups where screening uptake is low and delayed presentation may be of particular concern ²² (to include tackling social gradient in screening uptake/access by BME communities and access/uptake for people with a learning disability or mental health problem)¹⁹ 	<p>care (locally this is estimated as potential savings of £957,584)</p>	<ul style="list-style-type: none"> - Development of Prevention and Early Intervention Strategy underway to determine commissioning and delivery priorities to support primary, secondary and tertiary prevention - Clinical Commissioning Group (CCG) 5 year Strategic Plan (2014-2019) includes a key theme on reducing health inequalities and promotion of self care through delivery of Better Care programme - CCG plan indicates commitment to address 5 most cost effective high impact interventions (National Audit Office recommendations). These include: interventions to tackle blood pressure control, reduce cholesterol, improve blood sugar control in diabetes
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Core Theme 6 – Resilient Communities, Tackling Loneliness and the Development of Social Capital

Headline Messages from Effectiveness Evidence – What works	Examples of business case/Return on Investment	Examples of local Action
<p>Community Resilience: -Implementation of community – centred approaches for health and wellbeing that seek to mobilise assets (across capital resources, people skills and capacity) promote equity and increase people’s control over their health and lives ²³</p> <p>Development of Social Support/Networks: - Promotion of schemes that sustain social support/networks and target vulnerable groups (eg. Vulnerable older people, people with long term conditions/disability) enhance health and wellbeing outcomes</p> <p>Promotion of Befriending and Health Volunteering Programmes - Health volunteering programmes evaluated as effective for service users, volunteers and wider community (eg. Community Health Champion programmes)</p>	<ul style="list-style-type: none"> - Social support evaluated as important enabler in promoting recovery from illness and increasing resilience - Large scale international study indicating over 7 year period those with adequate social relationships had 50% greater survival rate compared with individuals with poor social relationships - Evidence of return from health volunteering programmes – for every £1 spent estimated returns of between £4 and £10 (British Red Cross volunteers shown to generate savings equivalent to 3 and half times their costs - Befriending services have been estimated to pay back around £3.75 in reduced mental health service spending and improvements in health for every £1 spent. 	<ul style="list-style-type: none"> -New ‘Community Navigator role for staff operating in 6 local cluster groups to enable promotion of retention and creation of supportive links for people at risk of hospital / care or discharge from hospital and their carers / families, with promotion of this approach with staff groups – in place and developing -Integration of representatives from voluntary and community sector into leadership teams in cluster groups to promote and enable use of voluntary and community resources to support patients, carers and families – in place and developing -Promotion of ‘Joint Strategic Assets Assessment’ to enable identification and deployment of voluntary and community resources, with provision of information about them. Identification of gaps in provision – under development, needing more work

		<p>-Identification of and use of potential new sources of capital funding at City, Cluster and Neighbourhood/ community / interest group scale – under development and needing more work</p> <p>-Enhancement of co-working between range of groups working to promote the Better Care Fund approach across the city – beginning and needing more work</p>
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Health Equity Proofing Policy development and Commissioning

17. The integration of health inequalities as a key consideration in local policy development and commissioning processes is proposed as a priority.
18. Application of the Public Services (Social Value) Act 2012 provides an opportunity to apply systematic consideration of the impact on health inequalities of commissioning processes. Social value is described as “the benefit to the community from a commissioning/procurement process over and above the direct purchasing of goods, services and outcomes”²¹. All English public bodies under the jurisdiction of the Westminster Government are required to comply with the Act.
19. The Act came into force end of January 2013. It requires public bodies to consider how the services they commission and procure might improve the economic, social and environmental well-being of an area. The Act applies to contracts for public services which are over the EU threshold and includes all public service markets, from health and housing to transport and waste. Commissioners are required to factor social value in at the pre-procurement phase, allowing them to embed social value in the design of the service from the outset.
20. The development of a Health Inequalities Framework for the City provides the opportunity to develop an explicit, health equity proofing approach to the application of the Act through commissioning and procurement processes. It is proposed that a consistent approach to health equity proofing is developed to maximise opportunities to tackle health inequalities in the City(Section 7). This approach is proposed as a high impact, long term enabler for the delivery of the Framework.

Preliminary High Impact Actions

21. In this “short life” project the Health Inequalities Reference Group has identified principles and core themes to inform and structure interventions across the City aimed at tackling health inequalities. It is proposed that action needs to be sustained across all of the core themes to support reduction in the medium to long term. The table below provides a qualitative description of impacts on health outcomes as a result of implementing action on core themes across the life course proposed in this framework. It uses a high, medium to low evaluation across 4 impact criteria. This has been adapted from an approach developed in some work undertaken by the Kings Fund.⁴

Impacts of Actions across Core Themes

Area	Scale of Problem in relation to Public Health	Strength of Evidence	Impact on Health	Speed of Impact (Short/Medium/Long Term)	Contribution to reducing inequalities (High, Medium, Low)
Early Life Interventions	High	High	High	Medium	High
Skills Development	High	High	High	Short/Medium	High
Employment and work	High	High	High	Medium	High
Healthy Environment	High	High	High	Medium/long	High
Ill Health Prevention	High	High	High	Short/Medium	High
Resilient Communities	High	Medium	Medium	Medium/long	Medium

To further focus deliberations on preliminary actions the Health Inequalities Reference Group has attempted to identify high impact actions as a focus for priority action within each core theme. These are identified in the table below and qualitative criteria have been applied to assess high, medium and low impacts. It is proposed the Autumn 2015 consultation process on the next Joint Health and Wellbeing Strategy will support stakeholder debate and discussion to determine priority actions.

Preliminary High Impact Actions

Initiative/ Intervention	Strength of Evidence	Lead Agency	Potential Impact	Priority	Implementation Status (Current activity/new action)
Good Parenting Programmes (to include interventions/ programmes offered in children centres and through Healthy Child programme)	High	City Council/Health	High	High	Current activity underway – focus to be sustained in areas/populations with high needs to support reduction in health inequalities
Family Nurse Partnership (targeting vulnerable families/teenage mothers)	High	City Council/Health	High	High	Current programme delivery
Implementation of City Deal Programmes to increase skills and employment (Youth programme and initiative targeting those with long term conditions)	High	City Council	High	High	Current activity – with opportunity to evaluate through pilot programmes underway

Workplace Health and Wellbeing (Implementation of workplace charter scheme)	High	City Council	Medium/High	High	Current activity – opportunity to expand coverage post evaluation of early phase implementation - 4 Businesses participating
Headstart (increasing resilience in young people – implementation and evaluation of pilot programme)	High	City Council	High	High	Pilot phase of programme underway – early phase evaluation to inform wider roll-out
Early Detection and management of cardiovascular disease (proportionate application of programmes to most deprived communities, those with mental health conditions and those with a learning disability)	High	City Council and Health (with a focus on delivery through the Health Checks Programme and Primary Care provision)	High	High	Opportunity to evaluate uptake/coverage of current Health Check Programme to support planning/implementation of proportionate, targeted programme to vulnerable populations
Behaviour change programmes to tackle big four lifestyle risk factors – Smoking, Obesity, Physical Activity and Alcohol (to include a settings based approach eg. Healthy	High/ Medium	City Council	Medium/High	High	Current programmes underway – opportunity to review and target delivery proportionately to tackle health inequalities through commissioning process

Early Years, Healthy Schools, Healthy Workplaces and community Health Trainers and promotion of Green Spaces in the City)					
Implementation of targeted, proportionate Smoking Cessation Programmes (with a focus on most deprived communities with highest prevalence/poorest health outcomes and those with mental health conditions)	High	City Council	High	High	Current universal programme underway with some targeted interventions/programmes (eg. Pregnant women) – Opportunity to proportionately target service provision to communities/specific vulnerable groups to tackle health inequalities
Development / Implementation of joined up/multi-agency community resilience/tackling loneliness interventions (to support health maintenance /improvement and self	Medium (Developing evidence base)	City Council/Health (Joint Development)	Medium	High	Work underway through interagency work on community resilience/tackling loneliness as an enabler supporting health maintenance and self care (eg. Community Solutions Group scoping strategic plan and current activity).

care)					
Healthy Environment – to include delivery of Fuel Poverty Plan and Air Quality Plan to support improvement of health outcomes in the City	High	City Council	High (particularly in relation to reduction of excess winter deaths and cold related ill health)	High	Fuel Poverty and Air Quality plans developed and interventions being implemented

Recommendations for Next Steps

22. The following recommendations are proposed by the Reference Group to support the further development of the Health Inequalities Framework.

Recommendation 1 – Development of Consultation and Engagement Process as part of Joint Health and Wellbeing Strategy Development

23. It is proposed that a partner and key stakeholder consultation process is developed and implemented in early Autumn 2015 to:
- Support consensus building on key principles/core themes and progress discussion to agree high impact actions
 - Expand the picture of current activity underway across core themes
 - Implement consultation with local population (community/voluntary groups and wider population)
 - Inform the focus of the next iteration of the Joint Health and Wellbeing Strategy

Recommendation 2 – Assign accountability and develop implementation plan for high impact actions

24. It is proposed that as part of the consultation process and agreement on high impact actions the following are identified:
- Lead agency and accountable officers
 - Definition and work up of delivery plan and “success” metrics for each action area (with agreed reporting mechanism and timescales to Health and Wellbeing Board)

Recommendation 3 – Development of Community Resilience Theme

25. It is proposed that further work be undertaken to develop a comprehensive picture of activity underway across the City. This would support the development of a collective approach to increasing community resilience and tackling loneliness and social isolation.

Recommendation 4 – Health equity proof commissioning and policy development across Health and Wellbeing Board partner agencies

26. It is proposed that a common approach is developed by Joint Health and Wellbeing Board partners to support the following:
- Health equity proofing of policy
 - Implementation of health inequality as a core theme for application of the Social Value Act (2012) as part of commissioning and procurement processes

Health Inequalities Reference Group Terms

Terms of Reference

- To identify areas for local action to reduce health inequalities, based on the early intervention themes identified by Public Health England / Institute of Health Equity:
 - Early life interventions
 - Education
 - Employment
 - Ensuring a healthy standard of living for all
 - Healthy environment
- To consider health inequalities issues identified by the Southampton Fairness Commission.
- To consider the impact of mental health issues on health inequalities within the context of Parity of Esteem.
- To identify areas for local action on health inequalities, based on evidence of what health services can contribute to reducing health inequalities:
- To assess the financial consequences for health and care systems if no progress is made on reducing health inequalities.
- To identify opportunities available to improve health and wellbeing and reduce health inequalities using powers set out in the Public Services (Social Value) Act 2012.
- To identify where and how the work of the integrated commissioning unit is contributing to reducing health inequalities.
- To identify key projects and work strands that may impact on health inequalities being undertaken by key strategic partnerships in the city.
- To recommend a mechanism whereby, under the leadership of the Health and Wellbeing Board, health and health inequalities will be integrated into all key policies and strategies of the City Council, Southampton City CCG, and other strategic city partnerships.
- To recommend ways of engaging local communities on health inequality priorities
- To identify health inequalities that need to be prioritised when the Joint Health and Wellbeing Strategy is refreshed in 2016, and to recommend any specific actions that should be considered for inclusion in the next iteration of the Joint Health and Wellbeing Strategy.
- To report the outcomes and findings of the Reference Group to the Health and Wellbeing Board by July 2015.

List of Officers engaged to date (July 2015) as part of Framework Development Process

Donna Chapman – Associate Director
Debbie Chase – Consultant in Public Health
Sara Crawford – Improvement Manager
Jenny Davies – Acting Consultant (Senior Specialist) in Public Health
Tim Davis – Senior Commissioner, Healthy Lives
Denise Edghill – Head of Skills, Regeneration and Partnerships
Robert Hardy – Interim Head of 0-25 Service
Mike Harris – Head of Leisure, Planning and Transport
Lindsay McCulloch – Planning Ecologist
Andrew Mortimore – Director of Public Health
Stephanie Ramsey – Director of Quality and Integration (Southampton City Clinical Commissioning Group and Southampton City Council)
Kathryn Rankin – City Deal Programme Manager
John Richards – Chief Officer – Southampton Clinical Commissioning Group
Mitch Sanders – Head of Regulatory and City Services
Graham Tuck – Planning Policy Group Leader
Nick Yeats – Landscape and Development Manager

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4. Kings Fund (Authors David Buck and Sara Gregory): Ideas that change healthcare – Nine key areas that can improve public health and reduce inequalities (2013)
5. UCL Institute of Health Equity: Good Quality Parenting Programmes (Health equity briefing 1a: September 2014)
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7. UCL Institute of Health Equity: Building children and young people’s resilience in schools (Health equity briefing 2: September 2014)
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9. UCL Institute of Health Equity: Adult Learning Services (Health equity briefing 4: September 2014).
10. UCL Institute of Health Equity: Workplace interventions to improve health and wellbeing (Health equity briefing 5a: September 2014)
11. UCL Institute of Health Equity: Working with local employers to promote good quality work (Health equity briefing 5b: September 2014)
12. UCL Institute of Health Equity: Increasing employment opportunities and retention for people with a long term condition or disability (Health equity briefing 5c: September 2014)
13. UCL Institute of Health Equity: Increasing employment opportunities and retention for older people (Health equity briefing 5d: September 2014)
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