

INITIAL ANALYSIS OF PRIORITY AREAS

Child Health / Early Years

1. From 2002 to 2014, the number of births in Southampton has risen by a third, which equates to over 800 extra births per year. These higher levels of birth will increase demands upon a whole range of universal services such as schools, GPs and dentists as well as for targeted and specialised services such as parenting support, speech and language therapy or specialist social care services.
2. One of the key Marmot recommendations was to give every child the best start in life in order to ensure children remain healthy throughout life, reduce health inequalities and (given the increasing demand) to help ensure the provision of health and social care services are sustainable in the future. Therefore, in Southampton the intention is to ensure that all children enjoy good health throughout life, are kept safe from abuse, harm and neglect, enjoy growing up and are able to achieve well academically to increase life chances and be well placed to achieve economic wellbeing.
3. However, this is currently not the case for all children and young people in the city. We know that too many of our children have their potential wasted; not achieving as well as they could at school, having poor health due to obesity, poor diet, poor choices in relation to alcohol etc. Some examples are below:
 - 23.5% of children under 16 live in poverty, which is significantly higher than the England average of 19.2% (2012)
 - Only 51% of children in Southampton achieved 5 or more A*-C grades at GCSE (Inc England & Maths), which is significantly lower than the England average of 56.8% (2013/14 data)
 - Southampton has a significantly higher level of pupil absence from school at 5.1% compared to the England average of 4.5% (2013/14), although this has been falling in recent years.
 - Despite recent improvements, Southampton continues to have a significantly higher teenage conception rate (36.2 per 1000 females aged 15-19) compared to England (24.3) and is the third highest in our comparator group (2013 data).
 - Southampton has significantly higher proportion of children classified as overweight or obese compared to England for both Year R and Year 6 children. For Year 6 children, Southampton has the third highest percentage amongst our comparator group – 37.2% compared to 33.5% for England (2013/14 data)
 - 13.9% of mothers in Southampton report smoking at time of delivery which is significantly higher than the England average of 10.3% (2014/15 Q3 data)
 - Southampton has the highest rate of children in care in the South East Region at 104 per 10,000 children (aged under 18), significantly higher than the England rate of 60; this equates to 500 children in the city and this number is rising year on year (2014 data).

- Southampton has the second highest rate of alcohol specific hospital admissions in the South East Region at 87.1 per 100,000 population (aged under 18) which is significantly higher than the England average of 40.1 (2011/12 to 2013/14 pooled data)

Long Term Conditions

4. According to the DoH (2010), people suffering with long term conditions represent 69% of health and care spend, 77% of inpatient bed days, 55% of GP appointments and 68% of outpatient and emergency department appointments. The number of people aged over 65 in Southampton is forecast to grow by 19% between 2014 and 2021, the equivalent of an extra 33,000 people. This will mean that the management of long term conditions will make a growing contribution to the overall burden of disease and costs to the local health & social care system. However, many long term conditions and their complications are often preventable.
5. Some of the main issues facing Southampton are below:
 - Premature mortality (under 75s) from cancer in Southampton is 159.9 per 100,000 population, significantly higher than the England average of 144.4
 - Breast cancer screening coverage (amongst women aged 53-70) in Southampton is 69.5%, significantly lower than the England average of 75.9% and 5th lowest amongst our comparator group. The picture is similar for cervical cancer screening.
 - Premature mortality (under 75s) from cardiovascular diseases in Southampton is 93.8 per 100,000 population, significantly higher than the England average of 78.2
 - Premature mortality (under 75s) from respiratory diseases in Southampton is 45.8 per 100,000 population, significantly higher than the England average of 33.2, and the fourth highest amongst our ONS comparator group.
 - Diabetes is a serious life threatening condition and can lead to complications such as heart disease, kidney disease and stroke. In Southampton the diagnosed prevalence of diabetes has risen from 3% in 2004/05 to 5.4% in 2013/14. Diabetic retinopathy is the greatest cause of blindness in working age people and Southampton has a significantly higher rate than England and second highest amongst its comparator group. Up to 80% of type 2 cases of diabetes can be prevented or the onset delayed if people led healthier lifestyles.

Taking Responsibility for Health

6. Much of the premature mortality and morbidity experienced in Southampton could be prevented or delayed if people took responsibility for health and led healthier lifestyles. Some of the main issues for Southampton are highlighted below:
 - The WHO acknowledges that smoking is the single largest preventable cause of death and disability in the developed world. Smoking prevalence in Southampton is 21.5%, significantly higher than the England average of

18.4%. Southampton also has a significantly higher mortality rate attributable to smoking (329.2 per 100,000 pop vs 288.7).

- Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually. Alcohol specific mortality and mortality from chronic liver disease are both significantly higher in Southampton compared to the England average (2011-13 data).
- Southampton also has a significantly higher rate of benefit claimants due to alcoholism (201.3 per 100,000 working age population compared to 131 for England in 2014)
- The human costs of unplanned pregnancy, STDs and HIV are enormous. Treating STDs and their consequences cost the NHS an estimated £1 billion every year. The most costly infection is HIV, with an annual treatment cost of around £15,000 per person. Southampton has a significantly higher rate of new STI diagnoses compared to the England average (899 per 100,000 population aged 15-64 compared to 829). We also have one of the highest teenage conception rates (see above).
- Levels of obesity have increased over the last 20 years for both adults and children. Obesity is linked to poor health in the longer term and increases the risk of conditions like diabetes, CVD and some cancers. It can also cause joint and back pain, mental health problems and social difficulties. Being overweight can reduce life expectancy by up to 3 years and being obese can reduce it by up to 10 years. Southampton has the second highest prevalence of childhood obesity in Year 6 in the South East and is significantly higher than the England average (21.8 % compared to 19.1% in 2013/14). This picture is similar for children in Year R.

Health Inequalities in Southampton

7. 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). The Health and Wellbeing Board has received presentations on both of these data sources. A draft Health Inequalities Framework was also presented to the Board in July 2015, and included the recommendation that further consultation and engagement on this issue be undertaken as part of JHWS development in order 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.

8. The reports all present a picture of consistent and persistent health inequalities in the city. For illustrative purposes the figures on male and female life expectancy between the least and most deprived populations in the city are outlined below.

