

## Health and Wellbeing Strategy 2017-2025

**Our vision is that Southampton has a culture and environment that promotes and supports health and wellbeing for all. Our ambition is to significantly improve health and wellbeing outcomes and reduce citywide health inequalities in Southampton by 2025.**

This Strategy sets out the outcomes that Southampton Health and Wellbeing Board wants to achieve over the next eight years. These outcomes will be achieved by working with partners across the city, and with Southampton's residents and diverse communities.



**Southampton's Health and Wellbeing Board** is a statutory partnership and a committee of the Council which brings together the city's health and social care commissioners, including Southampton City Clinical Commissioning Group, Southampton City Council and NHS England. The Board has oversight of health and wellbeing in the city. Its role is to develop joint priorities for local commissioning to ensure delivery of the right outcomes, and to provide advice, assistance or other support to improve the health and wellbeing of the city's diverse communities.

The Health and Wellbeing Board is committed to working together with the people of Southampton to improve the health and wellbeing of residents, with an equal focus on physical and mental health. At a time of increasing demand on services and pressures on funding, it is even more important to make sure the city is a healthy place by supporting people to take responsibility for their health, and that services are delivered as efficiently as possible, targeting them towards those people who need the most help.

### Key facts about Southampton

**247,569**    
people live in Southampton, and this is expected to grow by nearly 5% by 2022, to 259,615. The GP registered population of Southampton is 282,393

**98,000**   
There are around 98,000 households in the city – with 51% owner occupiers and 25% living in privately rented homes




**34,557**    
people aged 65+ live in the city, and this is expected to increase by 12% by 2022. By 65, about a third of people have at least 3 chronic conditions

**53,928**    
children and young people (aged 0-17) live in the city, and this is expected to increase by 5.9% by 2022

**40,000**   
There are 2 universities and around 40,000 students living in the city

**22.4%**   
of Southampton residents are non-white British, of which 14% are Black or Minority Ethnic

**30,250**   
residents live in the 10% most deprived areas of the city

**83.1**  **78.2**    
Life expectancy in the city is and 83.1 years for women 78.2 years for men, with variances across different parts of the city

**55%**   
Around 55% of Southampton residents exercise regularly, doing at least 150 minutes of physical activity per week

**£450 million**   
Health and Wellbeing Board partners spend around £450 million per year on health and care services in the city

### What do we want to achieve and why is this important?

#### People in Southampton live active, safe and independent lives and manage their own health and wellbeing

We want to support more people to choose active and healthy lifestyles, to improve their physical and mental health. When people take responsibility for their own health and the health of their children through positive lifestyle changes, this improves their wellbeing, prevents ill health and helps them to stay independent in their own homes and communities for longer.

#### Southampton is a healthy place to live and work with strong, active communities

Being healthy and well for a lifetime involves much more than good health and social care services. Many different things impact on health and wellbeing, like housing, jobs, leisure, sport and access to open spaces, education, health services and transport. We want Southampton to be a healthy place, with healthy workplaces and communities which are strong and resourceful, making best use of their community assets.

#### Inequalities in health outcomes are reduced

Health and wellbeing outcomes are very different for men, women and different communities in Southampton, and there are significant health inequalities in our city. We want to improve the health and wellbeing of all residents and reduce inequalities so that everyone, and especially vulnerable children and adults, has increased opportunities and a better quality of life.

#### People in Southampton have improved health experiences as a result of high quality, integrated services

We want to make sure people get high quality support when and where they need it. This means making sure services are designed around the needs of people, and that residents are involved in the design and delivery of services to improve their experiences of integrated services. We want to focus on prevention and early help, and deliver services that are accessible and coordinated so that people receive joined up, seamless care. Integrating services across health and social care also means that all health and wellbeing partners can work more effectively and efficiently together, so that resources and assets are used where they are needed most.

### Our challenges

- Health inequalities are a big challenge in the city. Men in the least deprived areas live 8 years longer than in the most deprived; for women the difference is 4.7 years.
- 6,050 people are claiming health related employment benefits (ESA and Incapacity Benefit) – 3.5% of the working population. 22.7% of children under 16 in Southampton live in poverty – higher than the England average of 18.6% – and this is linked to poor health outcomes.
- Southampton children and young people are more likely to be admitted to hospital for mental health conditions than the national average.
- Children in the city have high levels of obesity, poor dental health and admission to hospital for injuries.
- The city has high numbers of Looked After Children in comparison to many other cities.
- Although life expectancy is increasing, as people are living longer more of them are living with complex needs.
- 20.4% of people in Southampton smoke (16.9% in England). The rate is significantly higher in the most deprived areas.
- Almost two thirds (62.6%) of adults in Southampton are classified overweight or obese.
- The rate of deaths relating to drug poisoning is 5.1 per 100,000 population (2013-2015), higher than the England average of 3.9 per 100,000.
- Alcohol specific hospital admissions have increased significantly since 2010 and in 2014/15 there were 1,060 admissions.
- There is growing evidence of the impact of social isolation and loneliness on health.
- Although Southampton has significantly reduced the rates of teenage conceptions from 47.4 per 1,000 teenagers (aged 15-17) in 2011 to 29.0 in 2014, it remains above the England average.
- Nearly 10,000 households are estimated to experience fuel poverty in Southampton.
- Air pollution is a significant health issue for Southampton, with 6.2% of deaths attributable to air pollution in 2010. Long term exposure to air pollution increases the risk of deaths from cardiovascular and respiratory conditions.

### What do residents say?

-  The majority of residents (70%) self-assessed their health as being good or very good.
-  Mobility problems, cancer, mood/contentment and money are their greatest health and wellbeing concerns for the future.
-  Residents are already doing things to be healthier such as not smoking, eating healthily and limiting alcohol consumption.
-  Fewer residents told us that they make use of helplines and websites, talk to friends and family about their concerns or attend health checks / screenings.
-  Some of the things residents said they could do to be more healthy include:
  - Having a better work life balance and going to more social venues
  - Doing more volunteering
  - De-stressing regularly and getting better sleep
  - Being able to exercise more

(Research undertaken 2016, 900 respondents)



**People in Southampton live active, safe and independent lives and manage their own health and wellbeing**

- Encourage and promote healthier lifestyle choices and behaviour, with a focus on smoking, alcohol / substance misuse, healthy weigh, and physical activity including walking and cycling more.
- Encourage and promote healthy relationships and wellbeing of individuals of all ages, carers and families, particularly for those at risk of harm and the most vulnerable groups through increasing early help and support.
- Support people to be more independent in their own home and through access to their local community, making best use of digital tools including Telecare.
- Ensure that information and advice is coordinated and accessible.
- Prioritise and promote mental health and wellbeing as being equally important as physical health.
- Increase access to appropriate mental health services as early as possible and when they are needed.
- Make every contact count by ensuring all agencies are able to identify individual needs and respond /refer to services as appropriate.
- Promote access to immunisation and population screening programmes.



**Inequalities in health outcomes are reduced**

- Reduce the health inequalities gap between the most deprived and least deprived neighbourhoods in the city using the evidence of what works in the Marmot review of Health Inequalities.
- Take action to improve men's health to reduce the difference between male and female life expectancy through community based initiatives to deliver behaviour change.
- Reduce inequalities in early childhood development by ensuring good provision of maternity services, childcare, parenting and early years support.
- Work with schools to improve healthy lifestyle choices and mental wellbeing and reduce the harm caused by adolescent risk taking.
- Target access to advice and navigation to services to those who are most at risk and in need, to improve their health outcomes.
- Ensure that health inequalities are taken into account in policy development, commissioning and service delivery.
- Provide support to help people access and sustain quality jobs, targeting those who are long term unemployed or with families.



**Southampton is a healthy place to live and work with strong, active communities**

- Support development of community networks, making best use of digital technology, community assets and open spaces.
- Improve housing standards and reduce illness and avoidable deaths related to fuel poverty.
- Develop an understanding of, and response to, social isolation and loneliness in the city.
- Work with city planners to ensure health is reflected in policy making and delivery.
- Deliver a cleaner environment through a clean air zone with vehicle access restrictions to the city.
- Work with employers and employees to improve workplace wellbeing through healthier work places.



**People in Southampton have improved health experiences as a result of high quality, integrated services**

- Improve health outcomes for residents, at a lower cost, through integration and joint working across all health and council services.
- Prioritise investment in and embed a prevention and early intervention approach to health and wellbeing across the city.
- Deliver a common approach to planning care tailored to the needs of the individual or family.
- Deliver the right care, at the right time, in the right place by working as locally as possible and shifting the balance of care out of hospital to community providers.
- Maximise opportunities for prevention and early intervention through making every contact with services count.

**How will we measure success?**

The Public Health Outcomes Framework is a comprehensive list of desired outcomes and indicators that help measure how well public health and wellbeing is being improved and protected in an area. The Health and Wellbeing Board will focus on a selection of these indicators that a) require the most improvement and b) will best indicate progress towards the outcomes in this strategy.

Priority area	Measure		
<b>Overarching</b>	Life expectancy at birth	Life expectancy at 65 years	Healthy Life Expectancy at birth
	Under 75 years mortality rate from cardiovascular disease	Under 75 years mortality rate from respiratory disease	Mortality rate from causes considered preventable
<b>Children &amp; Young People/ Early years</b>	Smoking status at time of delivery	Breastfeeding prevalence at 6-8 weeks after birth	Child excess weight in 4-5 and 10-11 year olds
	Population vaccination coverage – MMR for one dose (2 years old)	Looked after children rate	School readiness
	Children in low income families (under 16s)	Hospital admissions caused by unintentional and deliberate injuries (0-14 years)	Under 18 years conception rate
<b>Adults</b>	Smoking prevalence in adults	Suicide rate	Depression recorded prevalence
	Injuries due to falls in people aged 65 years and over	HIV late diagnosis	Under 75 years mortality rate for liver disease considered preventable
	TB incidence (3 year average)		
<b>Healthy settings</b>	Fraction of mortality attributable to particulate air pollution	Percentage of people aged 16-64 years in employment	Excess winter deaths index

The full Public Health Outcomes Framework can be found at [www.phoutcomes.info](http://www.phoutcomes.info)

**Our principles**

- 1 Promote prevention and early help**
- 2 Consider health in all policies**
- 3 Work with residents and communities to:**
  - Jointly plan, design and deliver services
  - Develop resilience
  - Make it easier for people to make healthy choices.
- 4 Deliver services that:**
  - Are designed with residents
  - Are proportionate to the level of need
  - Are accessible to vulnerable groups
  - Are personalised, safe, effective and value for money
  - Give equal priority to physical and mental health.

**The Health and Wellbeing Strategy is supported by a number of city wide strategies and action plans**

