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Health and Wellbeing Board

Wednesday, 13th December, 2023 at 5.30 pm

Committee Room 1, Civic Centre, Southampton

This meeting is open to the public

Members

Councillor Fielker (Chair)

Councillor Finn

Councillor Kenny

Councillor P Baillie

Councillor Houghton

Debbie Chase – Director of Public Health

James House - Managing Director, Southampton Place, Hampshire and Isle of Wight Integrated Care Board

Robert Henderson – Executive Director Wellbeing Children and Learning (DCS)

Claire Edgar – Executive Director Wellbeing and Housing (DASS)

Rob Kurn – Healthwatch

Dr Sarah Young - NHS Southampton Clinical Commissioning Group,

Dr Hana Burgess – Mental Health Clinician

Dr Michael Roe – Local Paediatrician

Paul Grundy - Chief Medical Officer at University Hospital Southampton NHS Foundation Trust;

Contacts
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Democratic Support Officer
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BACKGROUND AND RELEVANT INFORMATION

Purpose of the Board

The purpose of the Southampton Health and Wellbeing Board is:

- To bring together Southampton City Council and key NHS commissioners to improve the health and wellbeing of citizens, thereby helping them live their lives to the full, and to reduce health inequalities;
- To ensure that all activity across partner organisations supports positive health outcomes for local people and keeps them safe.
- To hold partner organisations to account for the oversight of related commissioning strategies and plans.
- To have oversight of the environmental factors that impact on health, and to influence the City Council, its partners and Regulators to support a healthy environment for people who live and work in Southampton

Smoking policy – The Council operates a no-smoking policy in all civic buildings.

Mobile Telephones:- Please switch your mobile telephones to silent whilst in the meeting

Fire Procedure – In the event of a fire or other emergency, a continuous alarm will sound and you will be advised, by officers of the Council, of what action to take

Access – Access is available for disabled people. Please contact the Democratic Support Officer who will help to make any necessary arrangements.

Southampton: Corporate Plan 2022-2030 sets out the four key outcomes:

- Communities, culture & homes - Celebrating the diversity of cultures within Southampton; enhancing our cultural and historical offer and using these to help transform our communities.
- Green City - Providing a sustainable, clean, healthy and safe environment for everyone. Nurturing green spaces and embracing our waterfront.
- Place shaping - Delivering a city for future generations. Using data, insight and vision to meet the

Responsibilities

The Board is responsible for developing mechanisms to undertake the duties of the Health and Wellbeing Board, in particular

- Promoting joint commissioning and integrated delivery of services;
- Acting as the lead commissioning vehicle for designated service areas;
- Ensuring an up to date JSNA and other appropriate assessments are in place
- Ensuring the development of a Health and Wellbeing Strategy for Southampton and monitoring its delivery.
- Oversight and assessment of the effectiveness of local public involvement in health, public health and care services
- Ensuring the system for partnership working is working effectively between health and care services and systems, and the work of other partnerships which contribute to health and wellbeing outcomes for local people.
    - Testing the local framework for commissioning for: Health care; Social care; Public health services; and Ensuring safety in improving health and wellbeing outcomes

Use of Social Media:- The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair's opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council's Standing Orders the person can be ordered to stop their activity, or to leave the meeting. By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and or/training purposes. The meeting may be recorded by the press or members of the public. Any person or organisation filming, recording or broadcasting any meeting of the Council is responsible for any claims or other liability resulting from them doing so. Details of the Council's Guidance on the recording of meetings is available on the Council's website.

Dates of Meetings: Municipal Year 2023/2024

13 September 2023
13 December 2023
13 March 2024

current and future needs of the city.
- Wellbeing - Start well, live well, age well, die well; working with other partners and other services to make sure that customers get the right help at the right time.

CONDUCT OF MEETING

BUSINESS TO BE DISCUSSED
Only those items listed on the attached agenda may be considered at this meeting.

PROCEDURE / PUBLIC REPRESENTATIONS
At the discretion of the Chair, members of the public may address the meeting on any report included on the agenda in which they have a relevant interest. Any member of the public wishing to address the meeting should advise the Democratic Support Officer (DSO) whose contact details are on the front sheet of the agenda.

RULES OF PROCEDURE
The meeting is governed by the Executive Procedure Rules as set out in Part 4 of the Council's Constitution.

QUORUM
The minimum number of appointed Members required to be in attendance to hold the meeting is 3 who will include at least one Elected Member, a member from Health and Healthwatch.

DISCLOSURE OF INTERESTS

Members are required to disclose, in accordance with the Members' Code of Conduct, ***both*** the existence ***and*** nature of any "Disclosable Pecuniary Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

DISCLOSABLE PECUNIARY INTERESTS

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

(i) Any employment, office, trade, profession or vocation carried on for profit or gain.
(ii) Sponsorship:
Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
(iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.
(iv) Any beneficial interest in land which is within the area of Southampton.
(v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.
(vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.
(vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:

a) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or
b) if the share capital of that body is of more than one class, the total nominal value of the

shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class

Other Interests

A Member must regard himself or herself as having an, 'Other Interest' in any membership of, or occupation of a position of general control or management in:

Any body to which they have been appointed or nominated by Southampton City Council

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

Any body whose principal purpose includes the influence of public opinion or policy

Principles of Decision Making

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the "rationality" or "taking leave of your senses" principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, 'live now, pay later' and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

AGENDA

1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

To note any changes in membership of the Board made in accordance with Council Procedure Rule 4.3.

2 STATEMENT FROM THE CHAIR

3 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Democratic Support Officer.

4 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

To approve and sign as a correct record the minutes of the meeting held on 13 September 2023 and to deal with any matters arising, attached.

5 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2023-24

Report of the Director of Public Health detailing the importance of good work and fair employment for individual and population health

6 HEALTH PROTECTION ANNUAL REPORT

Report of the Director of Public Health outlining the position relating to health protection nationally and locally.

7 UPDATE ON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) AND OUTCOMES OF THE HEALTH & WELLBEING STRATEGY 2017-2025

Report of the Cabinet Member Adults, Health & Housing providing an update on the Southampton Health and Wellbeing Strategy indicators and the most recent year's work programme of the JSNA.

Tuesday, 5 December 2023 Director – Legal, Governance and HR

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HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON 13 SEPTEMBER 2023

Present: Councillors Finn, Kenny and Houghton

Rob Kurn, Debbie Chase, Dr Sarah Young, James House, Terry Clark and Dr Michael Roe

Apologies: Councillors Fielker, Rob Henderson, Councillor P Baillie, Dr Burgess and Paul Grundy

1. **DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS**

Councillor Kenny declared she was a Governor of a Mental Health Trust.

2. **APPOINTMENT OF VICE-CHAIR**

Dr Sarah Young was appointed as Vice-Chair for the forthcoming Municipal Year 2023/24.

DR SARAH YOUNG IN THE CHAIR

3. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

RESOLVED: that the minutes of the meeting held on 8th March 2023 be approved as a correct record subject to Dr Sarah Young title being amended from Managing Director to Clinical Director.

4. **WE CAN ALL BE ACTIVE - UPDATE ON STRATEGY**

The Board received and noted the report oft eh Cabinet Member for Adults, Health and Housing detailing the Southampton “We can be Active” Strategy progress report and the swot analysis detailed in the appendix of the report.

The Board noted that since the report had been written Government had released their “Get Active” Strategy and established a cross Government Task Force to oversee its delivery. It was noted that there would be no additional funding for leisure utilities nationally.

The Committee made the following comments on the swot analysis and noted that Dr Sarah Young and Terry Clark had agreed to pick up with health leads as part of the continual improvement process on the action plan for the strategy and in co-production with the Physical Activity Alliance: -

- Links with health and care and involvement of mental health opportunities which was an area still to be grown.
- Need for community discussions around the issue of public toilets as this often made it mor difficult in getting older generations moving.

5. **DEVELOPMENT OF A MENTAL HEALTH & WELLBEING STRATEGY**

The Board received a presentation from Dr Debbie Chase detailing the development of a Mental Health and Wellbeing Strategy.

The Board noted that in September2022 the Office for health Improvement and Disparities Prevention Concordat for Better Mental Health had been established and was a nationally recognised commitment that aimed to take a prevention-based approach to public mental health.

It was noted that there was a requirement of the Concordat that there was a local Public Mental Health Plan which was now being developed in the format of the Mental Health and Wellbeing Strategy.

The next steps of the Strategy were noted which would involve continued engagement with the H&WBB, a public consultation in the Autumn with completion in the Spring/Summer with the establishment of a Multi-Agency Partnership to oversee the implementation of the Strategy.

The Deputy Police and Crime Commissioner was in attendance and provided an overview of the National Police Campaign “Right Care, Right Person”. Assurance was also provided to the Board that within Hampshire Constabulary there had not been any cuts to Mental Health and Policing and there would continue to be police overlap in cases.

DECISION-MAKER:	Health and Wellbeing Board
SUBJECT:	Annual Director of Public Health Report 2022-23
DATE OF DECISION:	13 December 2023
REPORT OF:	Director of Public Health

CONTACT DETAILS				
Executive Director	**Title**	Director of Public Health		
	Name:	Debbie Chase	Tel:	
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Author:	**Title**	Director of Public Health		
	Name:	Debbie Chase	Tel:	023 80
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STATEMENT OF CONFIDENTIALITY

Not applicable

BRIEF SUMMARY

Under the Health and Social Care Act 2012 and the NHS Act 2006, the Director of Public Health has a statutory duty to prepare an independent report on the health of the local population, and the Local Authority has a duty to publish it.

The subject of this year's annual report is the importance of good work and fair employment for individual and population health. The report underlines that employment is beneficial for health provided that work is of good quality. Broadly this means that recruitment and working conditions are accessible, fair and secure, that employees can access opportunities to learn and progress, and that value is placed on workplace wellbeing.

Employers, and in particular Anchor Institutions, can therefore have a strong influence on the health of the local population. At the same time, investing in good work and workplace health can bring important benefits for economic growth and businesses: a healthy workforce is a productive workforce.

The report charts the opportunities and challenges for the economy, workforce and population health in Southampton, and sets out some practical steps employers can take to deliver more good work in the city. Using case studies it highlights where employers are currently making progress on aspects of good work.

The report calls on employers and business leaders to review and reshape their approach to workplace health and wellbeing, and recommends that employers:

1. Actively maximise their impact across the five key areas of influence as anchor institutions in our city;
2. Understand the health and social needs of their workforce and their business;
3. Adopt the principles of The Good Work Charter;

4. Instil leadership that brings about a change in culture whereby the way work is organised promotes good physical and mental health;
5. Level the playing field by paying special attention to the needs of those disproportionately impacted by unemployment or who find it difficult to remain in work;
6. Take an interest in in-work poverty;
7. Work locally in city-wide partnerships towards skills planning and strategic leadership;
8. Monitor and record the impact of their action.

The Director of Public Health also recommends that business and skills planners be ready to implement actions arising from the developing Local Skills Improvement Plan (LSIP).

Progress towards these recommendations will be monitored and supported under the SCC Health and Wellbeing Strategy 2017-25 commitment to 'Work with employers and employees to improve workplace wellbeing through healthier work places'. This also aligns with the ongoing work to adopt an Anchor Institutions approach within the HIOW ICS and through HWBB partners.

RECOMMENDATIONS:		
	(i)	The Health and Wellbeing Board considers the recommendations of the Annual Report of the Director of Public Health for Southampton.
	(ii)	Board members consider how the report's recommendations can be implemented in their respective organisations as Anchor Institutions and key employers in the city.
REASONS FOR REPORT RECOMMENDATIONS		
1.	Not applicable	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	Not applicable	
DETAIL (Including consultation carried out)		
3.	The report (Appendix 1) is an independent report on the state of the health of the Southampton population.	
RESOURCE IMPLICATIONS		
Capital/Revenue		
4.	The report does not have direct resource implications.	
Property/Other		
5.	Not applicable	
LEGAL IMPLICATIONS		
Statutory power to undertake proposals in the report:		
6.	The requirements for the Director of Public Health to prepare an Annual Report, and for the Local Authority to publish it, are set out in the Health and Social Care Act 2012 and the NHS Act 2006.	
Other Legal Implications:		

7.	Not applicable
RISK MANAGEMENT IMPLICATIONS	
8.	Not applicable
POLICY FRAMEWORK IMPLICATIONS	
9.	The report's focus on workplace health and wellbeing and good work aligns with the Southampton Joint Health and Wellbeing Strategy (2017-2025) and the Health in All Policies approach as approved by Council and set out in the SCC Corporate Plan 2022-30.

KEY DECISION?	**No**
WARDS/COMMUNITIES AFFECTED:	All
SUPPORTING DOCUMENTATION	
Appendices	
1.	Annual Director of Public Health Report 2022-23: Working towards a healthier Southampton, also available at **Public Health Annual Reports (southampton.gov.uk)**

Documents In Members' Rooms

	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	**No**
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.	**No**
Other Background Documents **Other Background documents available for inspection at:**	

Title of Background Paper(s)	**Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)**	
	None	

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Annual Director of Public Health Report 2022-23

Working towards a healthier Southampton

Contents

Acknowledgements

Particular thanks go to Kate Harvey, Consultant in Public Health, Mirembe Woodrow, Senior Public Health Practitioner, Vicky Toomey, Senior Strategic Intelligence Analyst, Kate Anderson, Strategic Data Analyst, Steven Lewis, Strategic Intelligence Analyst, Amy Devine, Principal Data Analyst, and Jessica Brimble, Senior Communications Officer without whom this report would not have been possible. Special thanks to Gregory White at Drop the Mask Productions CIC, Nicole Dawson at Carnival UK, Debbie Reed and Cathy Doust at Red Funnel, Sara Warry-Powell at Solent Apprenticeship and Skills Hub, and the team at Southampton Individual Placement and Support Service who have provided case studies for this report.

Foreword

Debbie Chase, Director of Public Health

Coming out of the pandemic, our focus has been on the increased health and social inequalities in the city. This will remain the case, and the continuing pressure on residents from the cost of essentials such as food and fuel has meant there is further need for immediate and focused action for the most vulnerable in our population.

Last year's report emphasised the need to work on wider actions to support the building blocks of good health (see Appendix I for progress on last year's recommendations). One of the key areas for action was to promote and encourage good work and fair employment for our city's working age population. This year's report looks at the importance of good work for health, the progress we are making towards improving access to work and working conditions, and the opportunities and practical actions employers can take to support their staff's physical and mental health and wellbeing whilst future-proofing their businesses and increasing growth.

There is significant effort ongoing across the city to invest and drive economic development, and I have met business partners this year in local summits and events that have included an emphasis on the importance of workplace health and wellbeing. As well as a key driver of population health, good work and fair employment are a crucial part of covid recovery and the subsequent shift in our ways of working.

Businesses and other employers are a huge part of the fabric of our city. There is clear appetite from employers in Southampton, particularly since the pandemic, to invest in staff wellbeing. But we must go further and grasp every opportunity to promote a healthy culture in business and in the workplace, because this benefits everyone. Previously the workplace focus tended to be on ill-health prevention through workplace wellbeing award schemes for example. These have their place and are not the limit of our potential to benefit health and wellbeing through work. Good work that is accessible, fair and secure means so much more than this and can be very powerful for enabling life chances. This is why the creation of decent work and economic growth is one of the UN's Sustainable Development Goals.

For good health and wellbeing in our city, access to employment needs to be equitable. Everyone should have the opportunity to contribute to society and reach their potential, and talent should be sought out from all parts of our society and potential should not be going to waste. This makes sense for employers too; a richly diverse workforce can be a huge asset. We need to enable access to employment across all population groups by supporting and empowering vulnerable and previously excluded groups into work. Fair earnings and working conditions drive living standards, which impact health. If earnings are inequitable, or working conditions poor, so will be workers' health. And if general health is poor in the workforce, a business will not thrive.

Across the UK there has been a recent rise in economic inactivity, which is not good news for our economy and raises the question of what is causing this. Although we have not yet seen inactivity rise in Southampton, the proportion of people who are inactive due to long-term illness

has increased recently. We also know that people in our city are being diagnosed with multiple chronic conditions earlier in their lives than previously, and nationally the number of people with major illnesses is predicted to rise substantially by 2040. If increasing poor health is a factor in Southampton's economically inactive populations, our focus on helping people to remain in work, supporting people to get back into work, and enabling barriers to work to be overcome is all the more important.

Our strategic approach to growth is strengthened when built on the understanding that our city is a collection of subsystems - economic, social, community, health - which all affect each other and which are only as strong as the weakest subsystem. Health now matters more than ever if we want to achieve our vision of being a city where everyone thrives. The positive effect of adopting good workplace policies and practices can be felt across all our subsystems and will be crucial in delivering a healthy and prosperous Southampton for generations to come.

Cllr Lorna Fielker, Deputy Leader and Cabinet Member for Health, Adults and Leisure

Southampton is an incredible city with a rich, industrial past and fantastic assets that will secure its exciting future ahead. Our city's residents are its key strength and the enabler of our prosperity. Their health individually and collectively is so crucial to the city's future: we know that a healthy city has a strong local economy.

As organisations and employers, we have a responsibility to our local communities and residents. A key part of this is making sure our staff's health and wellbeing are properly supported, and not only by encouraging healthier behaviour but by the workplace policies we offer. We spend an enormous amount of time at work, and if that work is of poor quality, or badly paid, or insecure, this can have a huge impact on our health. Our businesses and our city can't afford for our working age population to have worsening health.

It is time we took a strategic approach to support good work and workplace health in our city, and I am fully behind the recommendations made in this report. The need for good work is important now more than ever. But as part of this approach, we must also ensure that the city's growth benefits the people who live in Southampton. Southampton ranks within the top 10% of cities for good growth, but we currently fare less well on measures of good work. It's important that the two aims align. Too often community wealth building is seen as a 'nice to have' but if we are serious about maximising growth in the city our focus must be on improvements that first and foremost benefit the local population and our businesses.

As leaders we are obliged to model good work policies and behaviours in our organisations, share best practice and invest in our workforce health for the future. I commend this report to all employers in the city and challenge us all to do more to embed the fundamentals of good work in our workplace culture.

Cllr Alex Houghton, Shadow Cabinet Member for Health

Employers have a hugely important role in improving the health of our city's residents, and I welcome this report as both a benchmark of Southampton's progress on wellbeing and good work, and a challenge to us as employers and policymakers to aspire to do even more. As a city with enormous potential, we need to do all we can to ensure the building blocks of good health and a prosperous economy are in place. Delivering on good work underpins both these components and should be a focus of our strategies going forward.

Cllr Sarah Bogle, Cabinet Member for Economic Development

I welcome the focus of this report on good work – health is definitely wealth and we need to ensure our residents and businesses are reaching a lot more of their potential. Our economic development is fundamentally about our people and how they progress and thrive in the world of work. I hope that Southampton can at least reach Southeast average wage levels, and achieve a reduction in inequality. As the city grows, my aim is to achieve not growth for its own sake, but sustainable and equitable growth, where more of the wealth created in the city is felt by local people. The concept labelled 'Southampton Pound', our version of community wealth building, seeks to address this through our own policies and practices as well as influencing employers and especially 'anchor institutions' to rise that to that challenge.

Summary

In Southampton there are significant differences between people's health: almost 8 years' difference in male life expectancy (3.4 years for females) between the most and least deprived areas of the city. This means lives are being cut short. Almost every part of our lives affects our health and our life expectancy in one way or another e.g. our housing, education and the type of job that we do. Employment is a key building block of good health and wellbeing. Workplaces are therefore an important setting, and employers can have a strong influence on the conditions that influence people's health.

Being in work can be good for health. Employment provides people with income which can support standards of living and can engender a sense of stability and security. It also enables people to have social connections, a sense of worth and of contributing to society and a feeling of fulfilment. All these elements have an influence on physical and mental health but it is important that work is of good quality and employment is fair. Feeling insecure about employment and income can be hugely stressful, which takes its toll on health. Doing work that is hazardous and unsafe without appropriate safeguards poses risks to physical and mental health. Similarly, working in a job of poor quality, for example with no opportunity for progression or autonomy, can be challenging and bad for health. Working in secure roles that pay and treat people fairly and with dignity can enable people to thrive. It can also reduce the pressure on local support services. The Good Work Charter[1] from the Institute for the Future of Work provides a comprehensive framework about what makes a good quality job by setting out ten principles of 'good work'.

Investing in workplace health can also bring important benefits to economic growth and businesses. A healthy workforce is a productive workforce, and an unhealthy workforce is problematic for business. The cost of ill health to the UK economy is estimated to be around £100 billion, and approximately 1 in 4 UK employees report having a physical health condition. We know that the burden of ill health in the UK is predicted to get significantly larger, a situation that demands urgent review and action across all of the wider determinants of health, employment included.

In Southampton there are a number of opportunities and challenges for the economy, workforce and population health. PWC Good Growth 2023 ranks Southampton within the top 10% of cities for good growth. On measures of good work, however, The Good Work Monitor from the Institute for the Future of Work ranks Southampton 88th out of 117 local authorities in England, which is lower than the city's nearest neighbours. Unemployment in Southampton is declining, but there is still inequality in access to employment, and a significantly higher rate of 16-17yr olds not in education, employment or training (NEET) compared to the England average.

[1] The Good Work Charter - IFOW

Southampton has a long and rich history as a port city with strong industry and manufacturing. Over hundreds of years its maritime location has brought significant trade and settlement, and has driven the prosperity and health of the city's businesses and residents. Some of Southampton's health opportunities and challenges can partially be attributed to its geography and modern-day industrial history. Until the late 20th century, manufacturing was a central part of the city's economy, and this may have a legacy today in the health of some of the city's retired residents. Since the decline of manufacturing there has been a shift towards more service industry including health, education, retail, business administration support and professional and scientific services. These types of work bring different health opportunities and challenges to the city's working population. Looking to the future, employment is likely to adapt and evolve into growth sectors such as digital and net zero industries, but the city's growth and productivity could be at risk if workplace health is not prioritised.

Significant investment has been made in driving economic development, business skills, employment support and access to good work in Southampton, with local summits, key partnerships and services providing direction and delivery, including an emphasis on community wealth building. Support teams across the city are engaged and working hard to increase access to work, and promoting good work and health and wellbeing. With a strong raft of measures, including programmes and resources in skills development, apprenticeships, adult education and community learning, Southampton is well equipped to help support people into work, stay in work and progress in their careers. The city's anchor institutions are playing their part too, and attention on the beneficial impact of organisations in our health and care system on population health is growing, including through a focus in the new Health and Care Partnership.

The opportunities to improve health through Southampton's working age population are significant, with many key health outcomes remaining below national and regional benchmarks and some stark inequalities requiring action. By the age of 40-44yrs, over half of Southampton residents have at least one long-term condition, and analysis shows that diagnosis of multiple chronic conditions is happening earlier than it was in 2017. There is also a strong relationship in the city between being economically active and better health. Furthermore, across England sickness absence has risen to its highest rate since 2004, and the number of people with major illness is predicted to rise substantially by 2040. The legacy of Covid-19 and significant rises in inflation since 2021 are also having a considerable impact on our city's most vulnerable.

This report sets out the opportunities that are available in the city for employers to benefit both health and their business. The contribution of good work to the health of the Southampton population is extremely important, and each component of good work also offers a huge opportunity for employers and for society more widely.

We include several case studies in this report to provide examples of how local organisations are approaching wellbeing in work. The Good Work Charter also offers businesses many ways in which they can benchmark their employment and skills model, and provides a comprehensive and supportive toolkit to implement the ten key elements of good work:

- Access to employment
- Fair pay
- Fair conditions
- Equality
- Dignity
- Autonomy
- Wellbeing
- Support
- Participation
- Learning

The Anchor Institution model with its five key pillars is a further source of opportunity and inspiration:

1. Widen access to good work

2. Work closely with partners across a place

3. Purchase locally and for social benefit

4. Use buildings and spaces to support communities

5. Reduce environmental impact

In this report's recommendations, Dr Debbie Chase, Director of Public Health for Southampton calls on employers and business leaders to review and reshape their approach to workplace health and wellbeing, and to act now by investing for health and for the city's economic future. The sooner action is taken, the sooner the city's vision of being a place where everyone can thrive will be achieved. Dr Chase makes eight recommendations for employers to:

1. Actively maximise their impact across the five key areas of influence as anchor institutions in our city

2. Understand the health and social needs of their workforce and their business

3. Adopt the principles of The Good Work Charter

4. Instil leadership that brings about a change in culture whereby the way work is organised promotes good physical and mental health

5. Level the playing field by paying special attention to the needs of those disproportionately impacted by unemployment or who find it difficult to remain in work

6. Take an interest in in-work poverty

7. Work locally in city-wide partnerships towards skills planning and strategic leadership

8. Monitor and record the impact of their action

Dr Chase also recommends that business and skills planners:

9. Be ready to implement actions arising from the developing Local Skills Improvement Plan (LSIP)

Case Study: Drop the Mask Productions CIC

Drop the Mask Productions Community Interest Company (CIC) is a Southampton information technology and media company. Its ethos, and that of its staff, is about using technology and media to address social justice and equality and create positive change in society. One of the company's key principles is that everyone should be able to 'drop the mask' and access safe, inclusive employment opportunities and feel empowered to reach their potential. Difference is celebrated and valued. Through their recruitment strategies and through influencing other organisations, the company aims to remove barriers to work for those with physical or mental health difficulties or neurodiversity, and support people to remain in work.

With a small staff, the company's Director and Founder Gregory White explains what this means in practice:

"Using our links with local case workers, Individual Placement Support (IPS) agencies, the Southampton Job Hub or through the Kickstart Scheme, we look to work with people who are unemployed, under-employed or who have never been employed, and through a casual discussion find out about their skills, abilities and capacity and create a space for them. We are committed to fair pay, and provide people with training and development, mental health support and generally aim to reduce exposure to stress. We have as flat a hierarchy as possible and ensure everyone can participate in shared decision-making so we don't miss vital issues."

"People sometimes feel they have to hide their physical or mental health difficulties or neurodiversity in order to secure an employment opportunity, but this can sometimes lead to problems in the workplace later on. If companies know their staff well they can put measures in place to help staff thrive and prevent those problems occurring, enabling people to remain in work and also providing the business with the opportunity to benefit from having a diverse workforce. Diversity has really helped with the creativity of Drop The Mask Productions CIC. When people feel secure in their employment and you create the right atmosphere they can deliver phenomenal things and contribute hugely to what the team can achieve. The diversity has also meant that the company's products are more inclusive too, which can help achieve clients' goals as well."

Operating since 2019, the company's business and employment model has proven success and the company's turnover has continued to grow. It regularly measures its social impact using a fellow local CIC, and is committed to a circular economy, often sharing business with local organisations that have a similar ethos.

Index of figures

1. Work and health

Employment is a key building block of good health and wellbeing

In Southampton there are significant differences between people's health: almost 8 years difference in male life expectancy (3.4 years for females) between the most and least deprived areas of the city[2]. This means lives are being cut short. Almost every part of our lives affects our health and our life expectancy in one way or another, for example, our housing, education and the type of job that we do. Work is a public health issue and a recent detailed review by The Lancet underlined the growing need for work to be conceptualised explicitly as a major social determinant of health[3].

Those who are able to work spend a large proportion of their waking lives in work, and estimates suggest between 20% and a third of our total lives are spent at work. Workplaces are an important setting, and have a key influence on people's health. What we do whilst at work, how we do it, how we feel about it and what our work enables us to do in our home lives, and into the future, can hugely impact our short-term and long-term health. It can influence our families and our communities, and can even impact how long we live.

Employers can choose to have a strongly positive influence on the conditions that influence people's health. Organisations that have an important presence and are tied to Southampton through their mission, histories, relationships or assets ('anchor institutions') can have a particularly long-lasting and strong impact on the health of the local population[4].

Investing in employee health is part of good corporate social responsibility. But in addition to this moral argument, investment in workplace health and wellbeing can contribute to performance and competitiveness, and help the achievement of a company's goals[5,6]. A healthy workforce is a productive workforce. Providing health and wellbeing support can improve motivation and engagement amongst employees, as well as encourage people to stay in the workforce for longer. Furthermore, customers and job-seekers often seek out ethical companies, good employers and those with a strong social purpose[7]. Employers may also find their customer base reducing when poor workplaces practices are exposed.

An unhealthy workforce can be problematic for business. Ill health can result in unproductive presenteeism, sickness absence, early retirement, staff shortages and higher staff turnover. Losing unwell people from the workforce means key skills and knowledge are also lost. It is a waste of investment and can be costly. A population that is unwell can also cause difficulties for recruitment.

At a macro level, the cost of ill health to the UK economy is estimated to be around £100 billion, and approximately 1 in 4 employees report having a physical health condition[8] - see Figure 1. According to the Confederation of British Industry, 63% of years lost to poor health are in the working age population[9]. In cities like Southampton with higher deprivation and widening inequalities there will be an even more pronounced disproportionate impact on more deprived populations, and greater potential to effect change through workplaces.

2 Life expectancy (southampton.gov.uk)
3 Work as a social determinant of health in high-income countries: past, present, and future - The Lancet
4 What is an anchor institution? | CLES
5 Health matters: health and work - GOV.UK (www.gov.uk)
6 World Business Council for Sustainable Development (wbcsd.org)
7 The Business of Health Equity: The Marmot Review for Industry - IHE (instituteofhealthequity.org)
8 Health matters: health and work - GOV.UK (www.gov.uk), data from 2018
9 Work Health Index: benchmark and develop your employee health offer | CBI

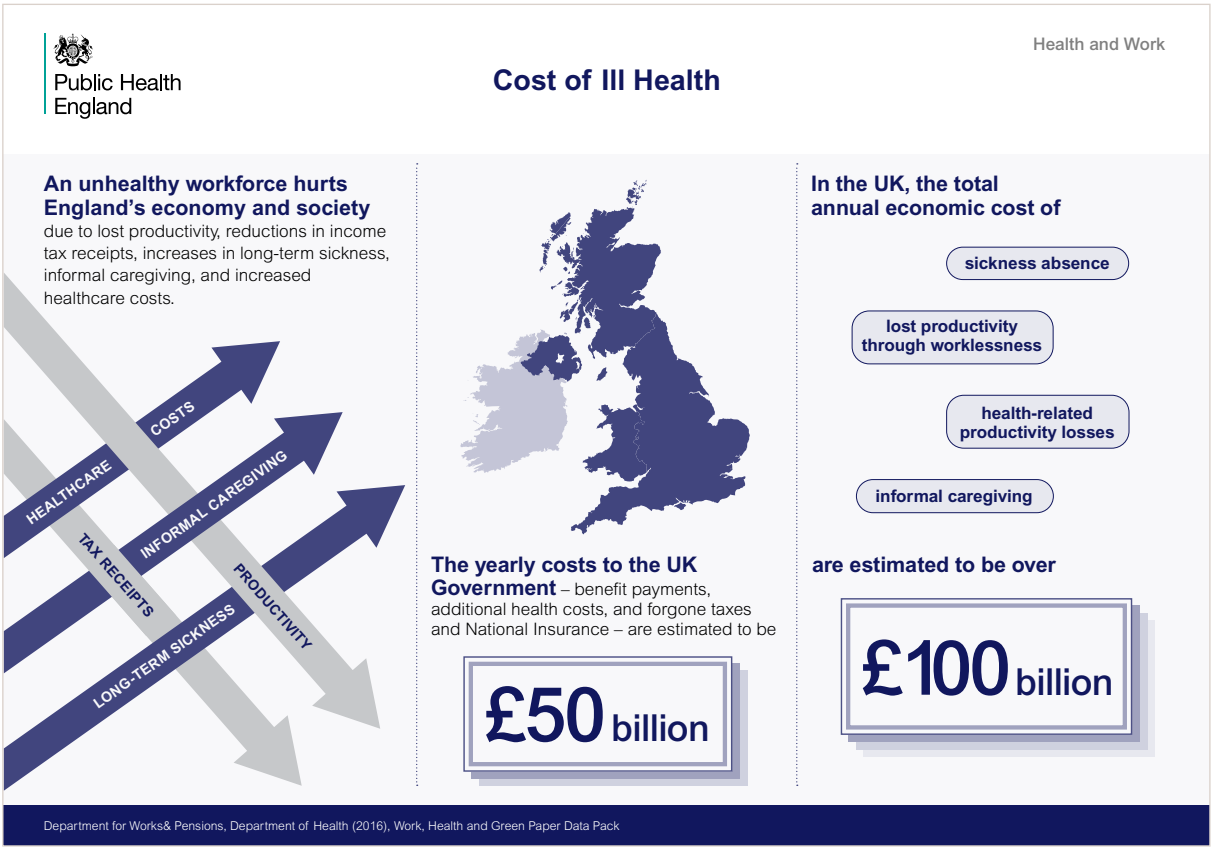

Figure 1 - The cost of ill health, Public Health England[10]

Good work

Being in work can be good for health. Employment provides people with income which supports standards of living and can engender a sense of stability and security. It also enables people to have social connections, a sense of worth and of contributing to society and a feeling of fulfilment. All these elements have an influence on physical and mental health. But it is important that work is of good quality and employment is fair. Feeling insecure about employment and income can be hugely stressful, which takes its toll on health. Doing work that is hazardous and unsafe without appropriate safeguards poses risks to physical and mental health. Similarly, working in a job of poor quality, for example with no opportunity for progression or autonomy, can be dispiriting and bad for health. There is an association between poor quality work and poor health – see Figure 2.

[10] PHE_WH_infographics_V18_3.pdf (publishing.service.gov.uk)

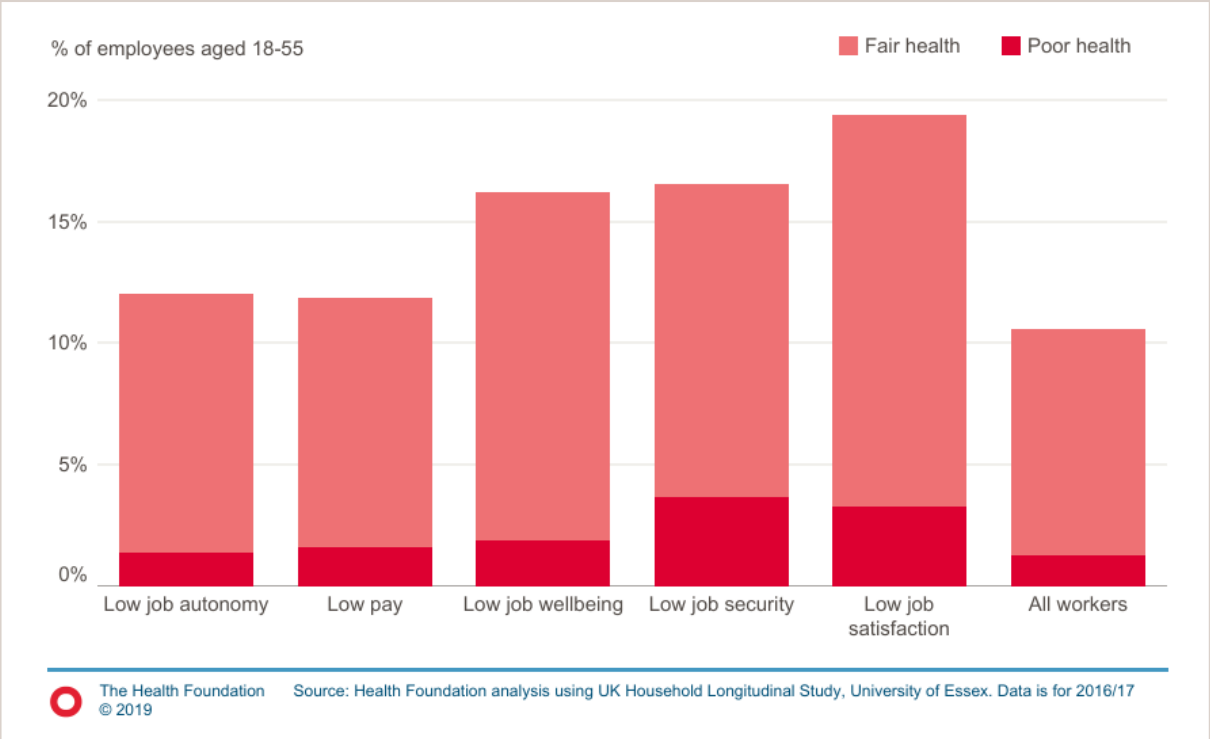

Figure 2 - Proportion of employees with different low job quality aspects reporting fair or poor health, UK 2016-17, The Health Foundation[11]

Working in secure roles that pay and treat people fairly and with dignity can enable people to thrive. It can also reduce the pressure on local support services[12]. The Good Work Charter[13] (see Figure 3) from the Institute for the Future of Work[14] provides a comprehensive framework about what makes a good quality job by setting out ten principles of 'good work'. It is a helpful set of principles for employers to use to evaluate their workplace policies and practices against.

11 Job quality (health.org.uk)
12 Good Work Project | Local Government Association
13 The Good Work Charter - IFOW
14 Institute for the Future of Work (ifow.org)

Figure 3 - The Good Work Charter[15]

The Southampton economy and workforce

Although the Southampton economy increased by 5.0% between 2020 and 2021[16], the national economic context of high inflation, high interest rates and a potential recession on the horizon, coupled with the legacy of covid makes it challenging to summarise Southampton's current economic position.

The Good Work Monitor[17], also from the Institute for the Future of Work, ranks Southampton 88th out of 117 local authorities in England, which is lower than the city's nearest neighbours. More positively, PWC Good Growth 2023[18] ranks Southampton within the top 10% of cities for good growth, and the Good Work Monitor ranks Southampton at 62 in relation to its *potential* to

15 The Good Work Charter - IFOW

16 Economic assessment (southampton.gov.uk). All economic indicators quoted in this report are from this assessment unless otherwise stated.

17 The Good Work Monitor (ifow.org)

18 PWC Good Growth 2023

achieve the conditions for Good Work. In Southampton we have a detailed understanding of the economic environment of our city through our Economic Assessment[19] and Southampton remains a major area for employment opportunities. Improved employment conditions and workplace health are achievable in Southampton provided we understand and share what needs to be done.

Geographical and historical factors

Southampton has a long and rich history as a port city with strong industry and manufacturing. Over hundreds of years its maritime location has brought significant trade and settlement, and has driven the prosperity and health of the city's businesses and residents. Now designated a Freeport, the aims of the Solent port area include attracting investment, job creation and supporting innovation – aspirations that could have a positive impact on population health.

Some of Southampton's health opportunities and challenges can partially be attributed to its geography and modern-day industrial history. As Sir Chris Whitty noted in his 2021 Chief Medical Officer annual report[20], a city's location on the coast means it is more likely to have greater health challenges and higher rates of preventable disease. This is due to a number of reasons more common to coastal towns: declining industry, limited transport and the impact on the labour market, an older age profile of residents, and a higher proportion of houses of multiple occupation which are linked with ill health and deprivation. The shoreline can also limit catchment areas for the health and care workforce, which can impact on recruitment. For Southampton, the impact of the large international port also has current and historic health impacts, for example it is a potential site of entry of communicable disease. There are also environmental impacts on health, for example from air pollution. Historically the type of work available at the port was largely manual, and this type of strenuous work can be a factor in poor musculoskeletal health, which may have left a legacy today in the health of some of the city's retired residents. There may be other health legacies from historical Southampton industry. For example, the city has higher rates of mesothelioma, an aggressive form of cancer, which may stem from the Southampton ship building industry and its wide use of asbestos in the 1950s, 60s and 70s. British American Tobacco also operated a factory in the city between 1913 and 2006.

Since the decline of manufacturing there has been a shift in Southampton towards more service industry including health, education, retail, business administration support and professional and scientific services. These types of work bring different health opportunities and challenges to the city's working population. For example, there may be challenges from more shift working and sedentary desk-based activity, but also opportunities from increased innovation and new ways of working. We look in more detail at what the future of work may bring to the city on page 34, and how this could impact health, recognising how the COVID-19 pandemic brought about a societal shift in how we approach and value work and our working environment, and how closely work can link to our health.

19 Economic assessment (southampton.gov.uk)

20 Chief Medical Officer's annual report 2021: health in coastal communities - GOV.UK (www.gov.uk)

Southampton innovation in business, growth and health

Business, skills and employment support

Significant effort is being invested to drive economic development, business skills, employment support and access to good work in the city. Southampton's new Renaissance Board, comprising key economic partners, has been established to steer future growth, strategic skills and sustainable development and investment. Led by the business community, Solent Local Enterprise Partnership (LEP) is evolving but brings together work to secure a more prosperous and sustainable future for the Solent area. A recently awarded grant from the Levelling Up Fund is expected to deliver £98.8million of monetised benefits[21]. This strategic work is challenging, and planning for the longer-term is supported by practical steps across individual organisations and teams.

Teams across the city are already engaged and working hard to increase access to work and promote good work and health and wellbeing. With a strong raft of measures, including programmes and resources in skills development, apprenticeships, adult education and community learning, Southampton is well equipped to help support people into work, stay in work and progress in their careers.

The SCC Employment Support Team provides help and advice to disadvantaged and disabled people to help them find work, stay in work and access training opportunities. Aiming to remove societal barriers to work, they step in where people may be worried that their health condition, disability or other disadvantage could be affecting their chance of employment.

Programmes of adult education are also widely available in the city. English and maths help is available as well as the Multiply Numeracy Programme[22] which helps adults improve their numeracy skills. These skills can be the key to unlocking better job opportunities and earning potential, as well as empowering people in daily life and enabling them to help enhance their family's life chances.

At the Council we also partner with colleagues across the Solent region to provide support and services to businesses to enable them to grow and thrive, and part of that includes an emphasis on delivering for good staff health and wellbeing. Solent Business and Skills Solutions is a new service that launched in Autumn 2023 to support growth in small and medium enterprises (SMEs) by delivering tailored training programmes, workshops and one-to-one support, including on The Good Work Charter, sustainability and health and wellbeing.

One aspect of the service's new strategy is to embed a new digital badging system to enable people to demonstrate and validate the skills and experience they possess in a digital format. This will be particularly helpful for those who may not hold traditional certificates and evidence of skills and qualifications, thereby opening up the labour market to more people, enabling them to progress, increase their potential and ultimately improve their health. Roll-out of the programme is in the early stages, and with increased numbers of adopters and optimal integration it is hoped that it could be transformative for many people in the city.

[21] Southampton City Council is delighted one of its Levelling Up Fund bids has won!
[22] Multiply - Skills for Life

Case Study: Digital badging in Southampton, Solent Apprenticeship & Skills Hub

Digital badging holds great potential for the Southampton community. By implementing a robust badging system, individuals can acquire and showcase specific skills and competencies in a digital format, providing a clear and portable representation of their achievements. This can not only empower community members by validating their capabilities, but also enable employers and educational institutions to easily identify and verify relevant skills. As a result, digital badging could open up new opportunities for Southampton residents, connecting them with industry-specific pathways that match their skill sets. Whether it's in sectors like technology, healthcare, hospitality, or mental health and wellbeing, digital badges will serve as valuable credentials, helping individuals stand out in the job market, facilitating career growth within the community. Moreover, the badging system can help the Southampton community to build a culture of lifelong learning and skills development, encouraging residents to continuously enhance their knowledge and stay competitive in an evolving economy.

Navigatr is the next generation of Digital Badging platform to create, issue, and manage digital badges and pathways, enabling people to discover new learning opportunities and to utilise the powerful search engine within the platform. Residents can login to Navigatr and discover badges available to them, using key word algorithms, location and badging maps. They will also be able to search for roles relevant to badges they have achieved, discover pathways to specific sectors, and search for Southampton based organisations who offer their own digital badges.

Ultimately, Digital Badging gives Southampton residents and organisations an opportunity to showcase all learning, training, volunteering and wellbeing activities potentially contributing to the overall prosperity and vitality of the Southampton community by equipping its members with the means to access meaningful employment and professional advancement.

Business summits and networks

Local summits between partners and the business sector have been taking place on the economic, business and skills aspirations for the city. The vision for Southampton is for an ambitious and entrepreneurial economy, with an inclusive workforce and a growing skill base, where skills and the labour market are closely matched, technology and green sectors are thriving, and the economy meets the NetZero challenge. There is emphasis on ensuring that more of the wealth generated in the city remains in Southampton through various community wealth building initiatives under the Southampton Pound banner[23] e.g. social value in procurement. The city also has an Economic and Green Growth Strategy 2020-2030 that calls for a partnership approach towards a greener, fairer and healthier city[24]. Through this collaboration the Good Work Charter provides a valuable ideal model to which businesses can aspire. By building a collective of like-minded organisations, driven by strong local leadership, the benefits of delivering good work for the health of the Southampton population can begin to be realised.

[23] For more information and case studies see Southampton Pound - Social Value and Community Wealth Building in Southampton

[24] Southampton Economic & Green Growth Strategy)

Local businesses themselves have taken the initiative towards improving the wellbeing of their workforce with a new network of wellbeing leads where progress towards targets and good practice can be shared. It is hoped the network will grow in size and influence as it becomes established and good work is promoted as a strong framework for action.

Draft Southampton City Vision Local Plan

In 2022 the Draft Southampton City Vision Local Plan was developed, setting out ambitions for how Southampton City Council will deliver new homes, work spaces, infrastructure, and facilities – all key building blocks for health – in the city in the next 20 years and beyond. In a consultation about the draft Local Plan, respondents (including residents and businesses) showed strongest support for objectives of the plan that related to the environment: to protecting and enhancing green spaces and reducing emissions. Respondents also showed strong support for delivering the right mix of new homes, including affordable homes, and for achieving social value and benefit to residents from economic growth and development[25]. The drafting and consultation processes have been incredibly important in raising the profile of the health needs of the city's residents and the health impacts of the economy and local developments.

Anchor institutions

Anchor institutions are large organisations that are unlikely to relocate and have a significant stake or influence in their local area. They can influence the health of a population and reduce health inequalities in five key ways:

- Widening access to good work
- Working closely with partners across a place
- Purchasing locally and for social benefit
- Using buildings and spaces to support communities
- Reducing environmental impact

In Southampton, attention to the beneficial impact on population health of organisations in our health and care system is growing, including through a focus in the new Health and Care Partnership.

Case study: Carnival UK

Carnival UK is the operating company for P&O Cruises and Cunard, and has its headquarters in Southampton city centre. It has developed a range of personal and professional welfare resources, including in-house teams of Occupational Health, Wellbeing and Mental Health First Aiders, an online wellbeing hub and Employee Assistance and Wellbeing programmes. People are supported with what's most important to them.

The wellbeing programme is underpinned by the Five Ways to Wellbeing[26] which is brought to life though a comprehensive programme of events and activity. Three examples of this that focus on Connect, Keep Learning and Be Active are our Menopause Café and Cancer Café and a spotlight on cycling to work.

25 Quick Survey Results | Your City Your Say Southampton
26 Five ways to wellbeing | New Economics Foundation

Menopause Café

Launching in March 2023, the Menopause Café supports and educates colleagues on the subject and symptoms of perimenopause and menopause. Featuring both face-to-face and online events to ensure access for hybrid and permanent home working colleagues, the programme includes informal catch-up sessions alongside external guest speakers. To date, menopause specialists, nutritionists, and personal trainers have held sessions covering the topics of sleep, hidden symptoms, diet and exercise.

80 staff members have also joined a dedicated menopause Teams channel where everyone is invited to share support and knowledge, signpost webinars and any other useful information. Four members of staff have also been enabled to complete Menopause Champion training to support colleagues as Carnival UK Menopause Champions.

Cancer Café

The Cancer Café began in March 2023 and is run by the Occupational Health team and three colleagues living with cancer. As the Cancer Café was set up with the key focus of connection, the informal drop-in sessions are held face-to-face in the office. In each session resources are shared and colleagues offer a source of support. The team is currently exploring ways to expand this service to support carers and family also going through this journey.

Cycle to work

As part of the Be Active programme, the Carnival UK team is working with the company's Cycling Champion to encourage sustainable travel and increase the number of people choosing this route to work. Investment has included improvements to the shower and changing facilities, developing gender-neutral and gender specific facilities and providing spare towels and toiletries free of charge, alongside installing a cycle repair station on-site.

During Love to Ride's 'Cycle September', Carnival UK was placed 4th in the Solent area and 13th in the UK on the Love to Ride app by clocking up the most miles – a fantastic result! As a thank you to the cyclists, a complimentary breakfast was held where colleagues could connect with each other and enjoy drinks and breakfast treats.

As a result of the focus on cycling to work, Carnival UK's dedicated cycling Teams channel now has 50 members and since June 2023, there's been an increase of over 350% in colleagues signed up to the Love to Ride app.

2. Opportunities to improve health through work in the city

The city has made progress in recent years on improving health through work. Economic activity has grown steadily over the past decade[27], and there has been a strong shift towards employers making efforts to improve workplace wellbeing, inclusivity and health and safety.

Significant opportunities still remain, with the city having a number of health challenges, and many key health outcomes remaining below national and regional benchmarks. Southampton's overall life expectancy at birth is lower than the England average and shows signs of falling, while healthy life expectancy has remained relatively stable over the last decade. The main causes of death are cancer, followed by circulatory diseases (including heart disease and stroke), respiratory diseases, and mental health and behavioural disorders. There are stark inequalities too, with the chances of dying of one of these causes increasing with deprivation, and large gaps in life expectancy and healthy life expectancy between populations living in the most and least deprived areas[28].

Southampton's working age population specifically faces a number of health challenges (see pages 30-33 for more detail). Comparing Figure 4 and Figure 5 below, there is a strong relationship in Southampton between being economically active and better health, and between deprivation and poor health[29].

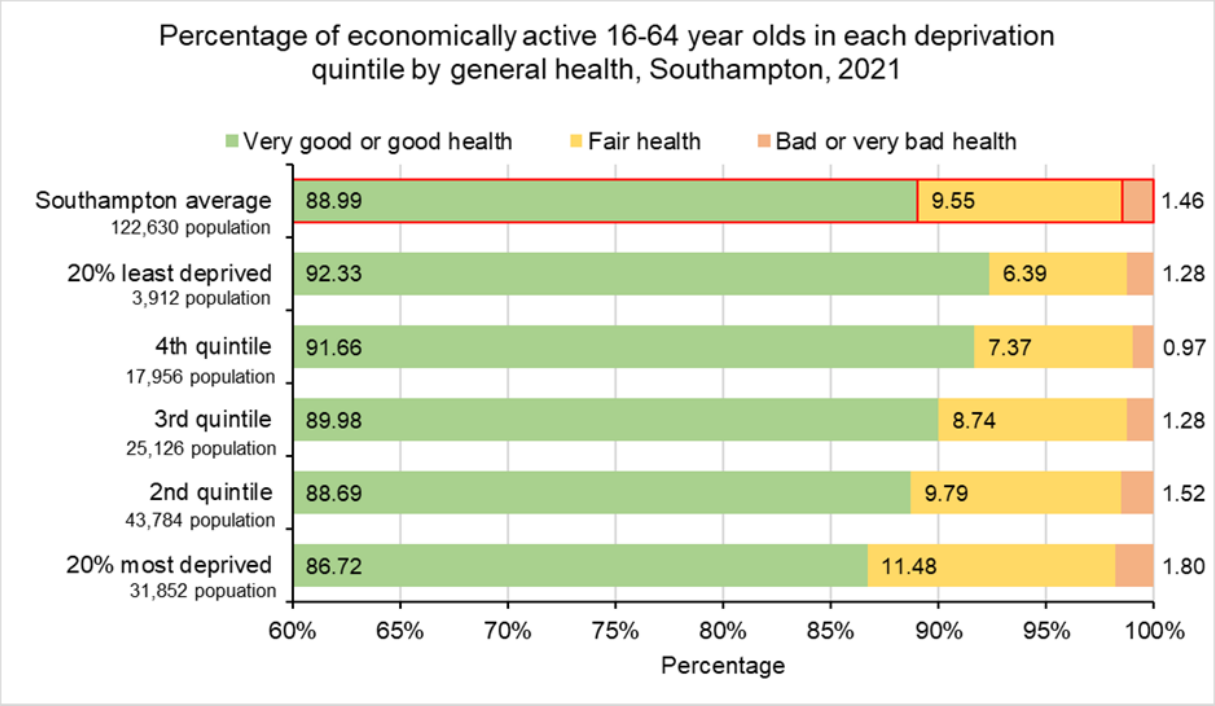

Figure 4 - Economically active 16-64yr olds in each deprivation quintile by general health, Southampton 2021

27 Economic assessment (southampton.gov.uk)

28 For more detail see Health (southampton.gov.uk)

29 Data for these figures is taken from the 2021 Census. This data was collected during the pandemic when a proportion of people were on furlough. This means that the number of people classed as economically inactive in this dataset may be inflated compared to other sources therefore – see Comparing Census 2021 and Labour Force Survey estimates of the labour market, England and Wales - Office for National Statistics (ons.gov.uk) for further details. The latest data from the Annual Population Survey 2022 indicates there are 35,200 people classed as economically inactive in Southampton. However, this data is not available by deprivation quintile.

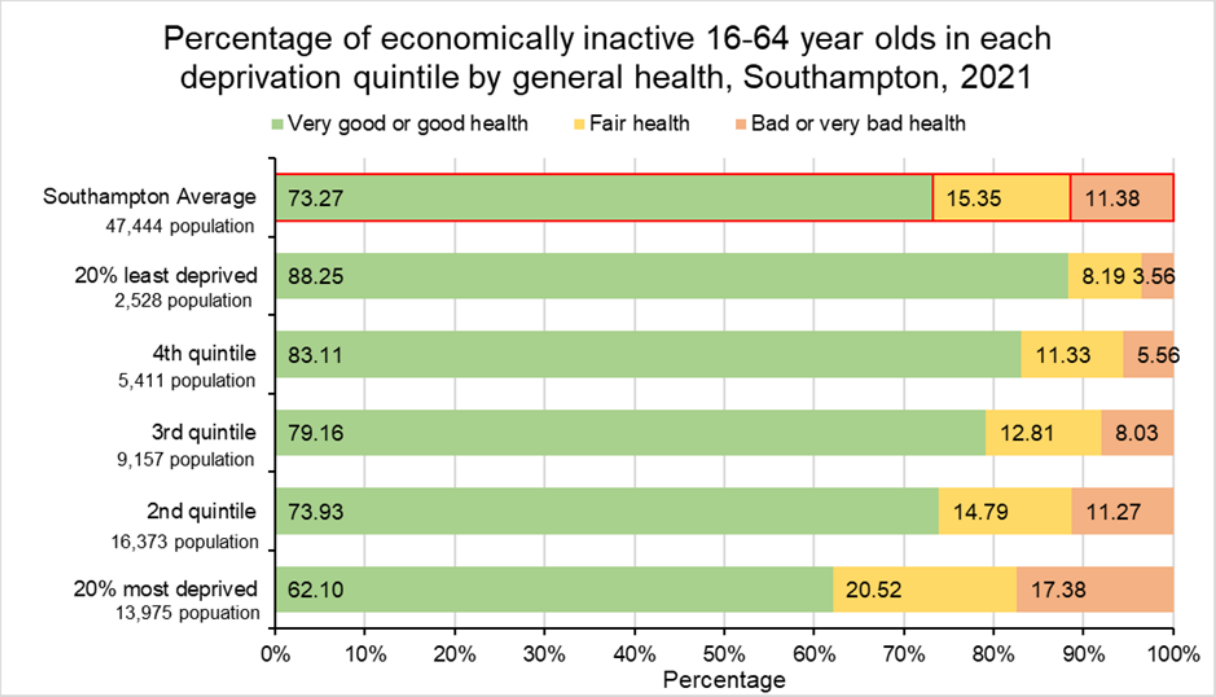

Figure 5 - Economically inactive 16-64yr olds in each deprivation quintile by general health, Southampton 2021

The opportunities to improve health through the working age population are significant therefore.

Recent workforce health challenges and opportunities

We have a timely opportunity to build on recent attention and focus on the importance of economic development, good work and fair employment in the city. There is opportunity in widening access to good work and fair employment – not just for the health of our residents but also for our local organisations who may be able to access and recruit to meet skills and capacity gaps, and benefit from the economic advantages that diverse workforces bring[30].

The legacy of the COVID-19 pandemic on business and jobs cannot be ignored however. The negative economic impact was greater in Southampton compared to Office for National Statistics comparators and the national economy, with industry productivity declining. However, the total number of jobs in 2021 recovered to 2019 levels. Over this period the number of employee jobs in the private sector declined, with the largest percentage loss among part-time employees. Conversely, the number of public sector employees increased locally between 2019 and 2021, and this was driven by increases in the number of part time employees. The continuing recovery from the pandemic provides opportunity for businesses to review their strategies and to invest in their staff for productivity gains.

[30] E.g. The Everyone Economy - CMI (managers.org.uk)

As a result of wages being unable to keep up with unprecedented inflation experienced since late 2021, 'real' terms pay declined in the UK and Southampton between 2021 and 2022. Those living in lower income houses are generally more sensitive to increases in inflation due to a larger proportion of income being spent on essentials. A Southampton City Council Cost of Living survey in January 2023[31] found that to counter the effects of increases in prices, 29% of respondents were looking for a job that paid more money, 26% were working additional hours, and 10% were working in more than one job. Where households are struggling to afford food and fuel, standards of living will be affected and mental and physical health impacted. The crisis has encouraged communities and public/Voluntary Community and Social Enterprise organisations to urge residents to ensure they are aware of all the benefits they can claim as well as the local services that can support those who are struggling. It has also given employers opportunity to review how they support staff, especially those on lower incomes or otherwise at more risk of financial difficulty.

There are also workplace challenges and opportunities in the form of new ways of working. The increase in working from home due to the pandemic has both benefits and disadvantages. For example, increased flexibility has meant some previously excluded groups are now able to enter the workforce e.g. those with caring responsibilities or ill health, and people are able to have a better work-life balance. A new Flexible Working Bill, which received Royal Assent in July 2023, will extend the right to request flexible working to millions more workers[32]. However, there are increases in inequality with some jobs (often less well-paid roles) being unable to be carried out from home, meaning those people are unable to benefit from this flexible approach. A 2023 Chartered Institute for Personnel Development survey found nearly half of respondents did not have the opportunity to work from home or use flexitime[33]. Similarly, other groups may be excluded from roles that are exclusively home-working e.g. those without a quiet space in their homes for a desk. Working from home can also increase feelings of isolation, and if the workspace is not adequate there could be an increased risk of musculoskeletal problems.

The rise of the 'gig economy' may be another challenge for provision of good work in the city, with approximately 10% of the UK labour force in insecure work, with more women than men having insecure work and Pakistani, Bangladeshi and Black/African/Caribbean being the ethnic groups most likely to experience insecure work in 2021 (20.5%, 19.9% and 18.6% respectively)[34]. Insecurity is often compounded by low pay, with people on the lowest pay being more likely to be in insecure work. Insecure contracts with poor working conditions can mean an unstable income, which adds to feelings of stress and anxiety. Damage from this stress can accumulate and put a strain on people's bodies, which can bring on physical and mental health problems such as poor sleep, high blood pressure, or weakened immune systems. Recent negative media attention on the rise of insecure employment has raised awareness of the human and social impact of these types of roles, and as a consequence reputational risk is a factor for employers considering using this model.

31 Cost of living survey (southampton.gov.uk)
32 Millions to benefit from new flexible working measures - GOV.UK (www.gov.uk)
33 CIPD Good Work Index 2023: Summary report
34 Percentage of employees in insecure work by region/nation, sex, age, ethnicity and income - The Health Foundation

Case study: Southampton City Council

As part of a new strategic approach towards developing, retaining and supporting its staff, the Council recognises the importance of understanding its workforce – its demography and its needs. Results of a staff survey are informing the development of a new 'Our People' strategy, with the involvement of staff Ambassadors, which includes workplace wellbeing and good work elements.

With a dedicated wellbeing and inclusion lead, committed HR and health and safety teams and a comprehensive range of supportive policies and measures available to staff, including paying the real living wage, the council's good work offer is positive and comparable to most other public sector employers. Policies that support good work include workplace equality and equal pay, flexible working (available to the majority of staff), sound learning and development opportunities (including strong support for apprenticeships), supportive attendance management, and sickness absence and sick pay provision. The council is also a smoke-free employer with assistance in place to support staff to quit smoking. Social value is embedded in procurement.

A clear, user-friendly intranet provides staff with direct links to internal and external wellbeing support and organisations. These include hints and tips on maintaining good physical and mental wellbeing, signposting to tools and resources on financial, social and relationship wellbeing, and a corporate occupational health offer and employee assistance programme. Wellbeing resources are highlighted in a regular wellbeing e-bulletin, and there is training and support for managers to model and foster positive wellbeing behaviours, as well as supporting people experiencing ill-health, stress or trauma. Subsidised eye tests and glasses are available for employees using display screen equipment.

Recent wellbeing developments in the council have included support and advice about working remotely, revitalisation of mental health first aiders and wellbeing champions, campaigns covering the menopause (including a regular Menopause Café), men's health and cost of living, and the relaunch of staff affinity groups e.g. LGBTQ+, Beauty in Diversity and Ethnicity (BIDE), carers, women, and disability in the workplace.

Good Work Principles in Southampton

Poor health can be a barrier to accessing work, and so supporting a healthier working age population is important for both Southampton's residents and its future prosperity as a city. Access to skills and learning are also a barrier to work for many. Access to work tends to be lowest in those groups where good work and employment could offer the greatest benefit to health and wellbeing, for example in people living in more deprived areas, or people with a disability or health condition. We know that Southampton's working age population has multiple health needs too. These issues and inequities are explored in more detail below and in Appendix II. There is an opportunity therefore to further both wealth and health through increasing access to good work and fair employment, with a focus on those at greatest risk of poor health and wellbeing in the city. Large anchor organisations can have a particularly important role in driving improved health through availability of good work due to their scale and long term presence in the city.

Access to employment

There is a strong correlation between higher healthy life expectancy and higher employment rates, especially for males[35] (see Figure 6). It is crucial that Southampton's labour market adapts strategies to widen access to work if lives are not to be lived longer in poor health, and unfair differences in health are to be tackled.

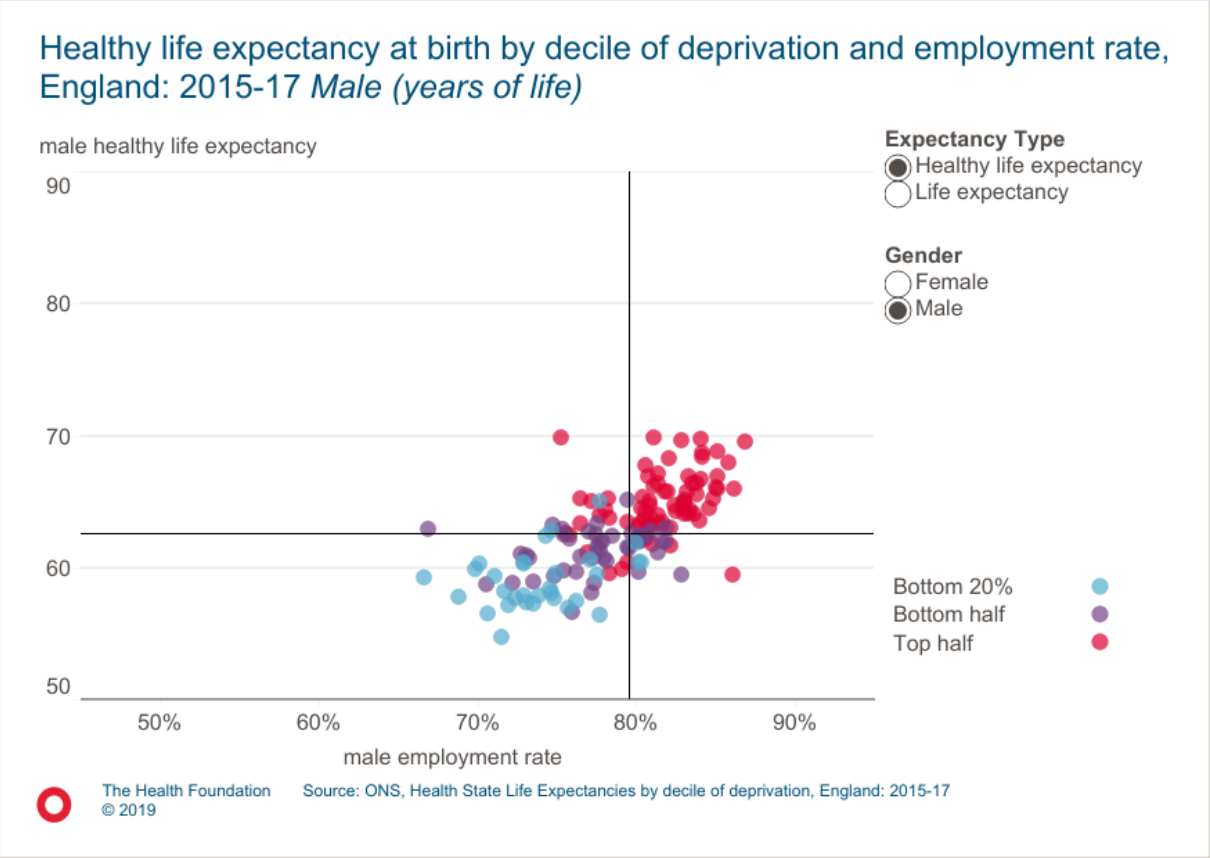

Figure 6 - Healthy life expectancy of males at birth by decile of deprivation and employment rate, England 2015-17, The Health Foundation

Detailed data can be found in Appendix II, but in summary, in Southampton, there are some good indications of progress in employment, with some ongoing areas of focus:

- Unemployment is declining: this will be important to monitor alongside the proportion of the population claiming out of work benefits, particularly with current economic uncertainty.
- The city's employment rate is comparable to England and Southeast averages.
- Economic activity in those of working age is similar to England and increasing in Southampton slightly.
- Long-term illness is a significant and increasingly common reason for economic inactivity. Inactivity due to long term illness rose faster in younger people aged 16-34yrs than other groups.

[35] Employment and unemployment (health.org.uk)

- There are inequities in employment rates by population group, with women, people from ethnic minority groups, people with disabilities, people with health conditions, and people living in deprived areas having lower rates. We have significantly higher rates of 16-17yr olds not in education, employment or training (NEET) than England.
- Those who have caring responsibilities for friends or family with illness are restricted in their ability to access paid employment. Similarly, people with young families can be priced out of employment due to high childcare costs.

Definitions[36]

Economically active: People aged 16yrs and over who are either in employment or unemployed.

Economically inactive: People aged 16-64yrs who are without a job and who have not been seeking work within the last four weeks and/or are unable to start work within the next two weeks.

Employed: People aged 16yrs and over who do one hour or more of paid work per week, including employed and self-employed work.

Unemployed: People aged 16yrs and over without a job, who have been actively seeking work in the past four weeks and are available to start work in the next two weeks.

If ill-health is a barrier to local residents entering the workforce and having access to good jobs and fair employment that can benefit health, we have a widespread interest across local organisations in supporting good health and wellbeing for our local working age population. In Southampton, with economic activity picking up, inclusive recruitment and retention strategies are now needed that target and enable groups that have been less likely to enter or remain in the city's workforce. This could include consideration of any barriers to physically accessing the workplace, for example due to a lack of public or private transport. Traditional models and locations for helping people into work may need to be adapted to bring employment support services into more familiar or local venues, such as community hubs for example.

Health impact: We know that being in work is an important factor for a person's feelings of self-worth, agency, identity and social standing, all of which feed into health and wellbeing. Health outcomes can be worsened if people feel that they have limited 'life potential' or control over their own lives, and this includes work. Long-term unemployment and sickness absence can be harmful to health and there can often be a cyclical pattern of unemployment leading to poorer health, which leads to difficulties accessing or staying in work. Increasing workforce participation rates, with a particular focus on previously excluded groups, can raise collective wellness, through improved mental health and increased income alongside standards of living.

Business impact: Increasing workforce participation rates and having a fairer, more equitable approach to recruitment and retention reduces wastage, increases innovation and enables better productivity.

Societal impact: There will be a significant impact on society and the economy with more people in work and widened access to work, for example through reduced welfare and healthcare costs and a more cohesive and fairer society where more people can participate.

[36] A guide to labour market statistics - Office for National Statistics (ons.gov.uk)

Pay and income

Increasing income is associated with improvements in health, and people with lower income are more likely to be living in poor health – see Figure 7. A minimum income is needed to enable the basics of a healthy life to be affordable, and the Real Living Wage[37] is a rate of pay that is independently calculated based on the things people need to be able to live. According to data from the Joseph Rowntree Foundation, in 2022 approximately two thirds of adults of working age who live in poverty live in a household where at least one adult is employed[38]. It is crucial that pay gaps are addressed and that rates of pay and income are set at a fair level to enable everyone to live a healthy life.

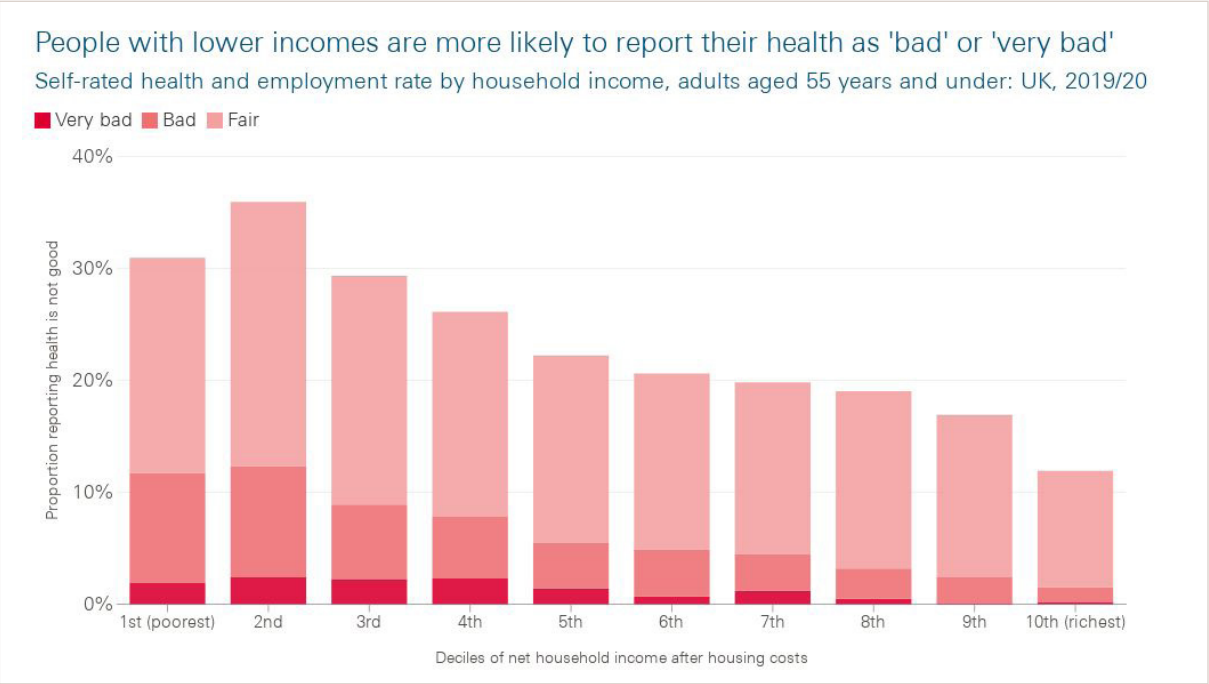

Figure 7 - Self-rated health and employment rate by household income, adults aged up to 55yrs, UK 2019-20

Detailed data can be found in Appendix II, but in summary, in Southampton:

- A January 2023 residents' survey[39] showed that the cost of living and below inflation pay rises are having an impact on people's financial stability, with 34% of respondents describing their household finances as 'difficult' or 'very difficult'. The responses of 41% of respondents indicated that they were food insecure.
- Residents earn less on average than those who commute from outside the city.
- There is a 14.6% weekly pay gap between male and female residents.

In Southampton, employers and wider agencies continue to make a difference, and can do yet more for those on the lowest incomes, especially during periods of high inflation and the rising cost of essentials.

37 What is it? | Living Wage Foundation
38 Working age poverty: Working households and individuals | JRF
39 Cost of living survey (southampton.gov.uk)

Health impact: Having enough income/earnings to be able to afford the essentials of life is crucial for good mental and physical health as well as for dignity and being able to participate and contribute to society. People in poverty and deprivation have poorer health outcomes than those who are better off. With lower income, people have less choice and control about how they live their lives. Often healthier options and behaviours are out of reach when incomes are low.

Business impact: Paying employees well and fairly attracts the best staff, and an increased paybill may be offset by positive impacts on business innovation and productivity.

Societal impact: If rates of pay are fair and enough to cover essential needs, more people will be enabled to participate in society and contribute to community cohesion.

Skills and learning

To support healthier lives and protect from disadvantage in later life, the ability to access learning and skills is crucial. Like work, education and skills are a public health issue. Those with reduced opportunities to gain qualifications or acquire basic literacy and numeracy skills need particular support to be able to access work and progress to a healthier future. The available support mechanisms can achieve good results provided those that need them most are enabled to access them.

More information can be found in Appendix II, but in summary, in Southampton there are encouraging improvements for the city that employment and skills partners in the city can capitalise on, with the level of qualification among residents potentially improving, particularly over the last two years and the proportion of employers providing staff training is higher than in England overall. However, in 2021, 11.9% of Southampton's economically active population had either no or low qualifications (NVQ Level 1 or below), an increase since 2020.

Health impact: Education can provide a strong base on which to build healthier lives. Access to learning and self-development engenders feelings of being valued and empowered, and enables people to have aspirations and be able to problem-solve, which are all positive for mental health and wellbeing. It unlocks opportunities and allows progression and social mobility, as well as the potential to access increased income and associated living standards.

Business impact: Investing in staff skills can improve productivity, innovation and problem-solving. It can also mean improved staff retention and loyalty as well as knowledge retention.

Societal impact: Access to learning and skills can build people's confidence and self-esteem. It can also enable a better understanding of the world and its culture, people and relationships. All these benefits can help people to participate more in their community and be more resilient to change.

Case study: Red Funnel

Red Funnel is ferry company with a history spanning over 160 years that facilitates over 3 million passenger journeys annually between the Isle of Wight and Southampton. The maritime sector typically attracts a higher proportion of male employees. To proactively address some of the barriers to movement and opportunities this has historically meant for women, Red Funnel has expanded its wellbeing initiatives to support women across all roles, with a particular emphasis on equality for female mariners. This has resulted in the gender pay gap improving by 16.21% since in 2017.

The company defines wellbeing not only in the context of employee emotional and physical health, but also how satisfied someone is with their life, their sense of purpose and how in control they feel. To support this more holistic outlook, a number of initiatives have been implemented:

Menopause Policy: The new 2022 policy sets out the rights of employees experiencing menopausal symptoms, signposts the support available and offers awareness to others within the organisation. Red Funnel has four 'Menopause Champions' who are open to sharing their own experiences to support others. Red Funnel's HR Team is currently working with the Sustainability Officer in consideration of signing the Menopause Workplace Pledge.

Mental Health Awareness: A range of Mental Health courses are available and there are 21 Mental Health First Aiders split across both the Isle of Wight and the mainland. Support is also offered through WeCare (virtual healthcare platform) and Validium (Employee Assistance Plan).

Wellbeing Wednesday: Every week the Wellbeing Wednesday bulletin is published covering practical support, signposting and articles on the four key wellbeing pillars (physical, emotional, financial and social).

Financial Wellbeing: The company offers a range of benefits and rewards including Perkz (a scheme offering discounts on high-street retailers including supermarkets), awards that recognise service and retention, free travel to/from Isle of Wight and 75% discount on South Western Railway. The also offer a 'refer a friend' scheme.

Hybrid Working Model: Red Funnel have adopted a hybrid working model for office-based employees to spend between 40% and 60% in the office per week, offering flexibility that may support childcare or other commitments outside of work.

HR Clinics: 3 HR Clinics are held weekly across the Isle of Wight, the mainland and on the water, extending support to those who may find it challenging to find time to visit clinics whilst working onboard or based in more remote locations.

Sickness Benefit: In 2023 the Private Medical Insurance scheme was extended to all colleagues and in addition, Red Funnel's company sick pay scheme was enhanced.

Flexible Working Request Policy: Red Funnel offers enhanced flexible working rights, over and above the statutory entitlement, allowing applications from day one of employment with no restrictions on the number of applications per year. This includes options to explore job shares.

Talent Management: Programmes available include Leadership Development, Apprenticeships and Mentoring and the Talent Management plan explores areas such as succession planning, performance management, employee retention, and building 'talent pools'.

Health of the Southampton workforce

Multiple chronic conditions

On average, ill health starts at quite an early age in Southampton. By the age of 40-44yrs, over half of residents have at least one long-term condition (see Figure 8), and analysis shows that diagnosis of multiple chronic conditions is happening earlier than it was in 2017.

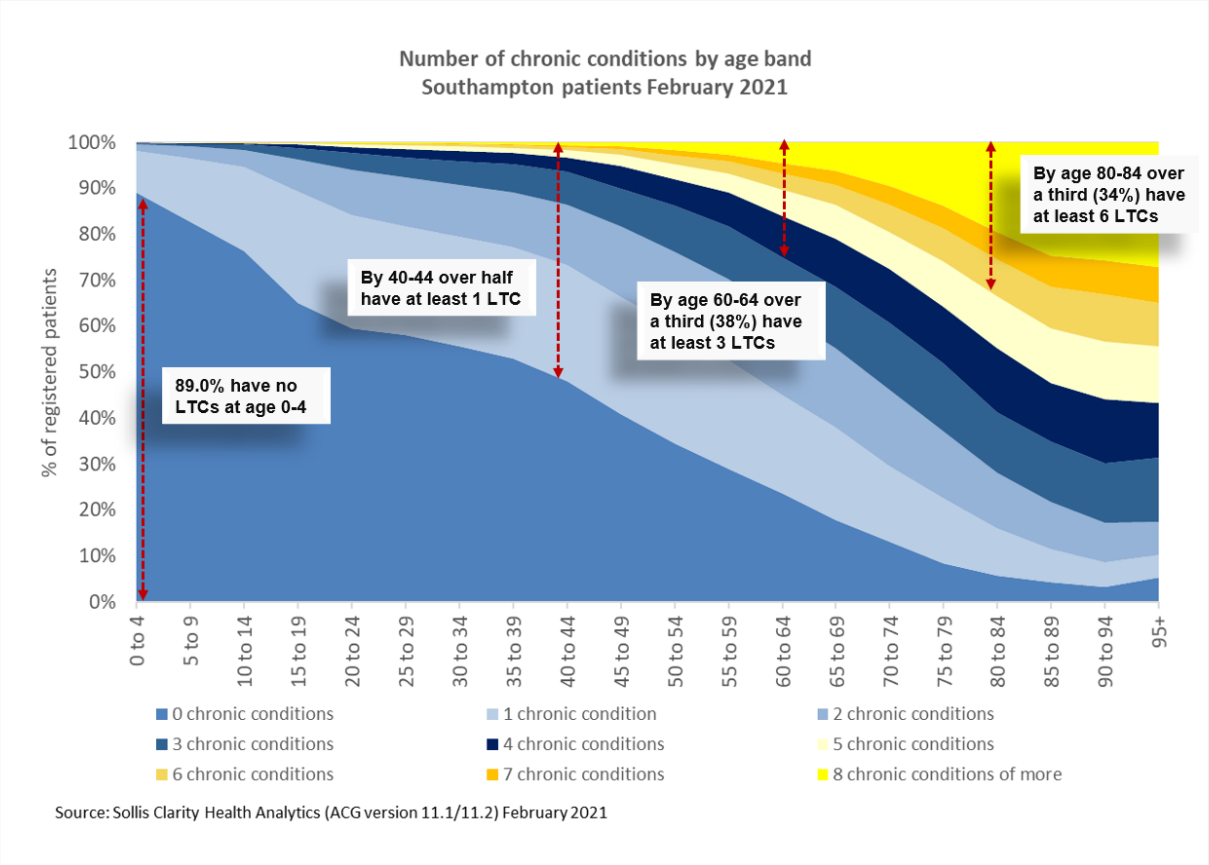

Figure 8 - Number of chronic conditions of GP-registered patients by age band, Southampton, February 2021

There are also inequalities in how early multi-morbidity starts to develop, with people living in the most deprived parts of the city experiencing this earlier in life than those in the least deprived areas (see Figure 9).

Would you describe yourself as having "long COVID", that is, you are still experiencing symptoms more than 12 weeks after you first had COVID-19, that are not explained by something else?

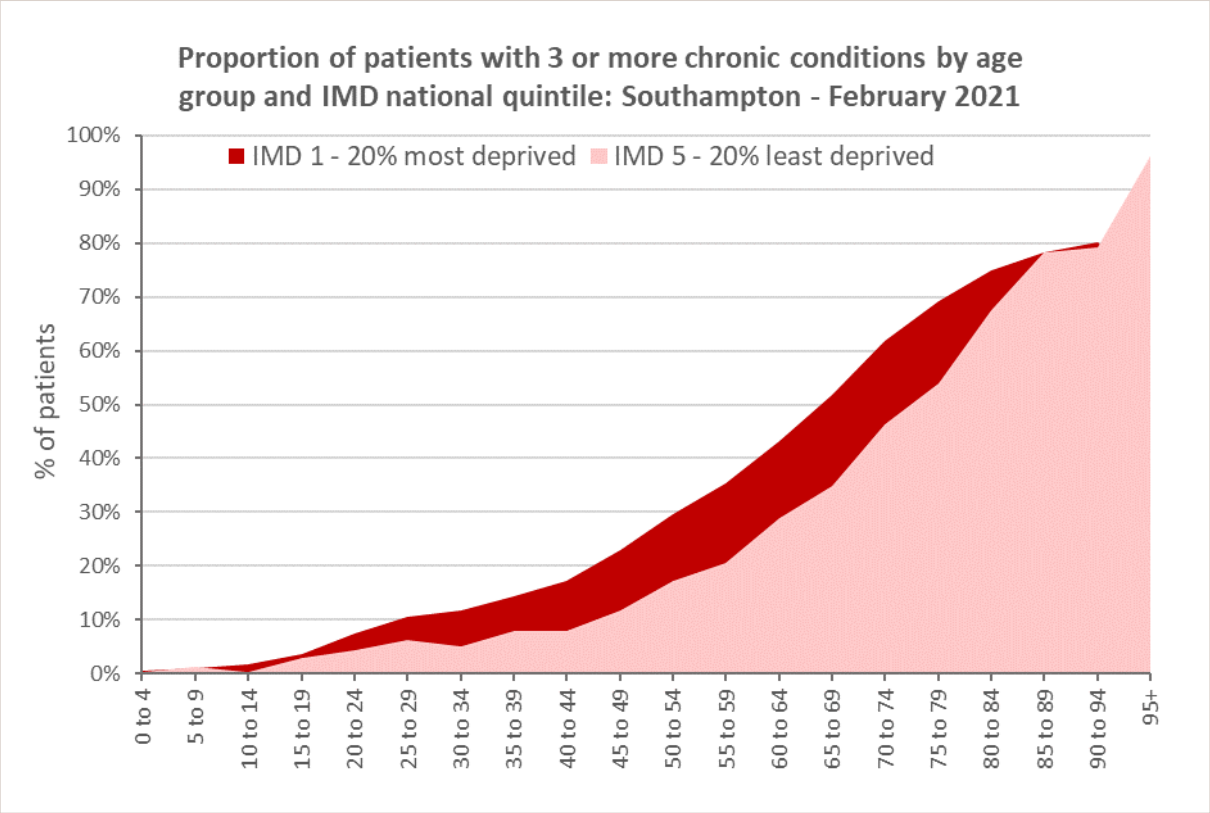

Figure 9 - Proportion of patients with 3 or more chronic conditions by age group and IMD national quintile, Southampton, February 2021

Nationally, the number of people with major illnesses is predicted to rise by 37% by 2040, but the working age population is expected to grow at only 4%[40]. If concerted preventative action is not taken now, this projected high burden of health needs will have significant consequences for society in terms of the provision and funding of care and support. There is a key role for employers in prevention activity.

Long Covid is an emerging long-term disease, and national data shows that it is more prevalent in the working-age population[41]. In the Hampshire and Isle of Wight Integrated Care System, 4% of patients registered with a GP who responded to the national GP Patient Survey reported that they had Long Covid (see Figure 10). Office for National Statistics data shows that 20% of people who have Long Covid report that their daily activities are limited 'a lot' by their symptoms[42]. This is a significant new burden of illness for the working age population.

40 Health in 2040: projected patterns of illness in England - The Health Foundation
41 Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK - Office for National Statistics (ons.gov.uk)
42 Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK - Office for National Statistics (ons.gov.uk)

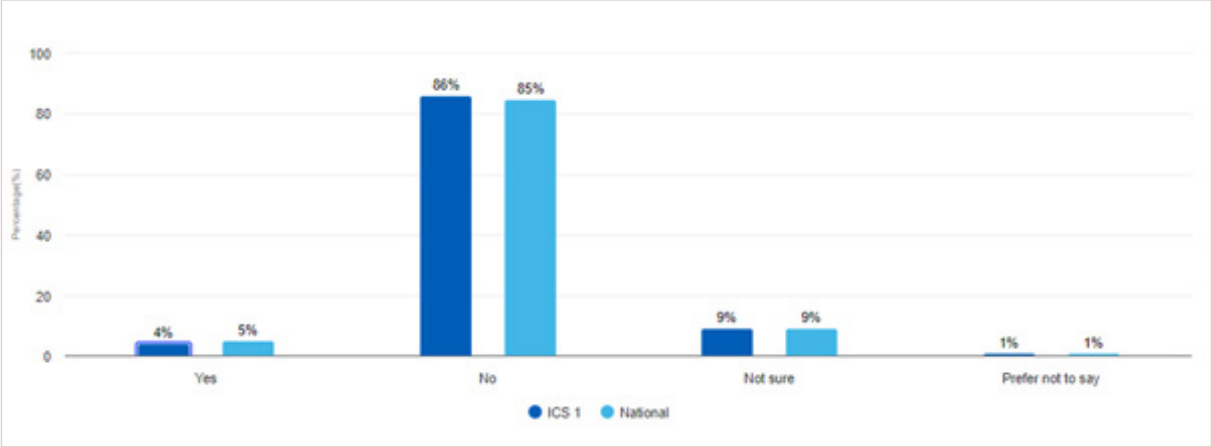

Figure 10 - Long Covid prevalence: patients registered with a GP in the Hampshire and Isle of Wight ICS and England (National), GP Patient Survey 2023[43]

These populations experiencing ill health are the current workforce, and the workforce of the future. For everyone's benefit and for a stronger future workforce and a healthier city, workplaces have the opportunity to be supporting ill-health prevention initiatives, enabling healthy behaviours and helping those with ill health stay in the workforce.

Case study: The University of Southampton Mental Health Charter

As one of the first 32 universities to join the University Mental Health Charter Programme[44], in 2021, The University of Southampton has committed to promoting mental health and wellbeing, embedding a whole-university approach and improving the support available for both staff and students. The programme provides a framework to help universities in making mental health a university-wide priority, and shares learning and good practice through networks and events. Through a process of self-evaluation, peer assessment and onsite visits and input from Student Minds, the University will develop a comprehensive action plan, collaborating with staff and students across the organisation. As a result of the process, the University is aiming to achieve the programme's University Mental Health Charter Award.

Sickness absence, stress and autonomy

In 2019-21 Southampton had similar sickness absence rates to those in England: 1.5% of people had at least one day off sick in the previous week, and 0.7% of working days were lost to sickness absence[45]. Nationally however, in 2022, the sickness absence rate (percentage of working hours lost due to sickness or injury) rose to 2.6%, the highest it has been since 2004[46]. In the Southeast, the estimated total annual wage cost to all small and medium enterprises (SMEs) by days lost due to sickness absence in 2021 was £235.2M[47]. According to a survey by the Chartered Institute for Personnel and Development (CIPD), in 2022 the most common causes of

43 GP Patient Survey - Analysis Tool (gp-patient.co.uk)
44 32 Universities lead the way in demonstrating commitment to mental health in joining new University Mental Health Charter Programme - Student Minds
45 Public health profiles - OHID (phe.org.uk)
46 Sickness absence in the UK labour market - Office for National Statistics (ons.gov.uk)
47 Small and Medium Enterprises Work and Health Report, OHID, July 2023 - Microsoft Power BI

long-term absence nationally were mental ill health (57%), musculoskeletal injuries (46%), stress (38%), acute medical conditions (e.g. stroke) (37%) and Long Covid (26%)[48].

In 2021-22, 1.8million workers suffered work-related ill health, of which 51% of cases were stress, anxiety or depression and 27% musculoskeletal disorders[49]. In Southampton there is a large, estimated population prevalence of musculoskeletal (MSK) conditions (14.9%)[50], and those with chronic MSK conditions are over three times more likely to report poor health conditions than those without[51].

Office for National Statistics (ONS) data finds that sickness absence is not distributed equally, with higher sickness absence reported in women, older workers, workers with long-term conditions, part-time workers and people working in care, leisure, or other service occupations. The sickness absence rate for people with long-term conditions was 4.9% in 2022 and is at its highest point since 2008. ONS analysis also showed that sickness absence has increased for those with long-term conditions who are still working[52].

Work-related stress and burn out is also increasing. Prior to the pandemic, the rate of self-reported work-related stress, depression or anxiety was increasing, and the current rate of 2,750 per 100,000 workers (2021-22) is higher than pre-pandemic levels: in 2021-22, 17 million working days were lost as a result[53]. Feeling overwhelmed and without control over how work is done adds to workplace stress and burn out. Creating roles that enable people to have control over their work and a sense of autonomy in decision-making contributes positively to staff wellbeing. Stress and unhappiness at work can sometimes also have an impact on other health issues, for example increased use of alcohol, drugs and tobacco. For people working in routine and manual occupations in Southampton, smoking is 1.6 times more prevalent than in the general adult population[54].

Case study: Employers working with Southampton Individual Placement and Support Service (IPS)

In 2022 the Southampton Individual Placement and Support Service (IPS) was awarded an Exemplary IPS quality mark for the work it does to help people gain sustainable employment who are referred from Southern Health's community mental health teams. Individuals may otherwise not be able to access the workforce or retain employment. Local employers involved in the scheme include Accor Invest, Oasis Community Learning, KL Utilities and Carnival UK. Employers have commented that they see the benefit of supporting local people into work and to remain in work. They also value the increasing diversity it brings to the workplace, the additional support from the IPS team and the opportunity to be more inclusive in recruitment practices.

"I was so taken back by the work the [IPS] team do and how beneficial it is to not only the people using the IPS service but also a great opportunity as an employer to recruit individuals who are looking at hospitality to support them during this stage in their lives"
Accor Invest employer

48 Health and wellbeing at work 2022: Survey report (cipd.org)
49 Health and safety statistics 2022 (hse.gov.uk)
50 Musculoskeletal health: local profiles - OHID (phe.org.uk)
51 Understanding the drivers of healthy life expectancy: report - GOV.UK (www.gov.uk)
52 Half a million more people are out of the labour force because of long-term sickness - Office for National Statistics (ons.gov.uk)
53 Work-related stress, anxiety or depression statistics in Great Britain, 2022 (hse.gov.uk)
54 Public health profiles - OHID (phe.org.uk)

The future

In the years to 2029, Southampton's population is expected to grow by 7.5%. The largest growth is expected to be in the over 65yrs group, but the proportion of the population of working age is expected to steadily decline[55]. Coupled with a decreasing birth rate in Southampton and nationally, this change in demography in the near future is likely to impact on workforce productivity and skills, but may also have a specific impact on the availability of carers for an ageing population. This makes the need to focus on skills gaps and the retention of younger people even more important. Evolving workforce practice towards those currently unable to access or remain in the workforce, and inspiring young people to work in the city using good work principles, more flexibility and portfolio careers, could assist with this and work towards the joint goals of inclusive growth and improved health.

The vision for Southampton, as articulated by the local business community at a summit in January 2023, is to create an inclusive and diverse economy that invests in digital skills and low-carbon initiatives so that the city is ready to seize new opportunities and manage future challenges. Overall there is agreement that the future economy needs to be shaped to fit the needs of Southampton residents. To have any chance of success, this reshaping must include and prioritise health and wellbeing needs. Collaboration between businesses, residents and innovators is required, driven by strong leaders who are committed to the principles of good work and understand that there is no wealth without health.

55 Population change (southampton.gov.uk)

3. Opportunities for employers to benefit health and business

Locally, nationally and globally there is much debate and exploration taking place in many different arenas on how employers can contribute to improving local population health, and there is a wealth of resource available.

"Within public policy debates, a lot is said about raising aspirations of people entering the workforce. However, far less is said about raising the aspirations of the businesses that employ them." Good Work Project | Local Government Association

The role of Anchor Institutions

There are five key ways in which anchor institutions can use their influence to positively impact health[56]:

a. Widen access to good work – widening recruitment practice locally, diversifying the workforce and offering fair pay and working conditions can improve workers' health and boost productivity at the same time;

b. Work closely with partners across a place – collaborating with others and influencing practice can accelerate progress towards shared social goals;

c. Purchase locally and for social benefit – with significant purchasing power, anchor organisations can direct their resources to benefit local businesses, communities and the local economy;

d. Use buildings and spaces to support communities – anchors' estates can be put towards good use in supporting social, economic and environmental aims;

e. Reduce environmental impact – large organisations can have a significantly detrimental impact on the local and global environment, but adopting sustainable practices can make an important difference.

These sit alongside any benefits that their core business, e.g. health or care, delivers for local residents.

The Good Work Charter

Adopting The Good Work Charter offers businesses many opportunities to benchmark their employment and skills model, and its supportive toolkit[57] is a comprehensive resource to consult. It sets out the national and international regulations, codes and guidance that underpin each element of the charter.

There are general principles businesses could consider to improve their employment practice and workplaces across the board and contribute to better workplace health and wellbeing.

56 Building healthier communities: the role of the NHS as an anchor institution - The Health Foundation
57 https://www.ifow.org/toolkit/the-good-work-charter

Access

Employers can review how wide the talent pool is from which the business recruits. Where needed, approaches can be varied and recruitment campaigns tailored. Direct engagement with local populations about recruitment will be helpful and barriers to inclusive recruitment and selection practices should be removed. Partnerships with local support schemes can be very beneficial, for example the SCC Employment Support Team and Solent Business and Skills Solutions. Accessing talent from diverse populations and incorporating perspectives from as wide a range of people as possible is beneficial for productivity and innovation and helps level inequality in employment as well as health. This includes supporting people with health conditions into work and to stay in work. The Everyone Economy[58] encourages inclusive participation in work to boost the economy as well as improve opportunities and income for individuals and previously-excluded groups.

Fair pay

A review of pay, especially of the organisation's lowest earners, could bring significant health benefit. Consideration could be given to implementing the Real Living Wage[59], a rate of pay that is independently calculated based on the cost of living and the income that is needed to meet essential needs. Fair pay is crucial to enable people to have decent living standards that support good health.

Fair conditions

Employers could review the way in which the workplace, contracts and working practices could better benefit employees. For example, is flexible working available, or working from home, and is there support to ensure a good work-life balance? Is better technological support needed? Flexible working arrangements can lead to more satisfied staff, and are particularly important for retaining staff with caring commitments outside work. Offering contracts with job security is also important for mental wellbeing.

Equality, dignity and autonomy

Roles need to be designed or reshaped to enable people to have more dignity and autonomy in their decisions and working life. Having a sense of control over how you work can increase motivation and help with mental wellbeing. Managers should be encouraged and supported to foster good relationships with staff, including developing psychological safety, dignity and feelings of trust and unity between colleagues. Principles of equality and inclusion should be properly embedded in every day practice and modelled by managers and leaders.

58 The Everyone Economy - CMI (managers.org.uk)
59 What is it? | Living Wage Foundation

Wellbeing

Workplace wellbeing programmes can help staff adopt healthier behaviours and support them if they become unwell. These programmes often combine employment support schemes and occupational health support with a number of staff benefits, campaigns and training that encourage healthier behaviour. For example:

- Mental health awareness in the workplace, encouragement to support colleagues' mental wellbeing, and Mental Health First Aiders[60];
- A network of staff wellbeing champions who promote campaigns and health messaging;
- Encouragement to move more whilst at work and take regular breaks;
- Healthier options available in staff canteens and corporate catering;
- Discounted fitness and active travel options e.g. a local gym or a cycle to work scheme[61];
- In-house health checks or encouragement towards NHS Health Checks[62] for those eligible;
- Information and support regarding:
  - Alcohol, smoking and drugs;
  - Workplace stress;
  - Social connections/loneliness;
  - Financial health.

Support

It is important that staff have access to workplace support within the organisation and from external sources too. This means staff having the freedom to associate and collectively bargain through professional associations and trade unions. Employers could consider awareness campaigns amongst staff, and partnerships with these types of organisations.

Participation

Employers should engage and consult with staff about the business and employment model, providing forums for discussion, meaningful involvement and co-production. Enabling participation, particularly for any decisions affecting staff themselves, can mean people feel a part of their organisations. It guards against feelings of disengagement and lack of motivation, and can improve mental wellbeing, and it can lead to innovative solutions and staff loyalty.

Learning

Employers should make sure that staff at every level can access the learning they need to do their job now and to develop in the future. As well as equipping staff with the skills and experience needed to carry out their job well, providing learning opportunities and progression can increase engagement and motivation in the workplace, and enable people to feel ambitious about the future.

60 E.g. Mental Health First Aid England – Mental Health At Work
61 Cycle to work scheme implementation guidance for employers - GOV.UK (www.gov.uk)
62 NHS Health Check - NHS (www.nhs.uk)

Workforce needs

Before any strategy is developed however it is crucial that employers understand their workforce needs. A workplace health needs assessment will help an organisation understand where they need to focus their efforts and track progress against workplace health objectives. Government advice is available to guide employers through this process[63], and recommends a staff survey that asks questions about general health and wellbeing, job satisfaction, and key behaviours including smoking, alcohol intake, sleep and physical activity. Collecting demographic information is also essential to ensure workplace policies and programmes are inclusive and accessible to diverse needs: not everyone has the same concerns and understanding about health and wellbeing, and so different types of support may need to be provided.

Information, advice and guidance

There is a wealth of resources available to employers to help embed good work in their organisations and improved workforce health and wellbeing. For a selection of resources see Appendix III.

Case Study: Ford UK Southampton Community Fund[64]

Ford UK had a production plant in Southampton until 2013. Through the Hampshire and Isle of Wight Community Fund (HiWCF) an endowment from Ford UK enables grants of up to £6,000 to be awarded to community organisations in Southampton and Eastleigh to fund skills initiatives for local young people aged 11-25 years old. The aim of the scheme is to enable future workforce participation by encouraging skills building in young people who may have experienced barriers to learning.

63 Workplace health needs assessment (publishing.service.gov.uk)
64 Ford - Southampton Community Fund - HIWCF

4. Recommendations

The key themes in this report have been largely focused on improving employment practice and conditions in order to raise overall population health outcomes in Southampton. Working conditions and workplace health support have the potential to significantly affect a large proportion of people living and working in the city in terms of their standards of daily living, their future health and the health of their families.

Bold recommendations are therefore needed to encourage and support employers to kick-start or enhance the work that many are already doing to support and improve the health of their staff. As a city we aspire to a workplace future where a culture of wellbeing is embedded, and the physical and mental health needs of employees are prioritised, protected and promoted, through fair, balanced and inclusive workplace conditions and policies.

As Director of Public Health, I call on employers to review and reshape their approach to workplace health and wellbeing. Businesses have been challenged and have taken action towards reaching the city's goal of NetZero carbon by 2030[65], and I would like to similarly challenge employers to act now and invest for health and for the city's economic future. The sooner we take action, the sooner we will achieve the city's vision of being a place where everyone can thrive.

I ask employers and business leaders to:

1. **Actively maximise your impact across the five key areas of influence as anchor institutions in our city**
   a. Widen access to good work
   b. Work closely with partners across a place
   c. Purchase locally and for social benefit
   d. Use buildings and spaces to support communities
   e. Reduce environmental impact

To have greatest impact I recommend that local anchor institutions:

- **Understand and strengthen your organisation's long-term position as a core influencer in the Southampton community.** Take stock of where you can increase your positive impact in the city as an employer, provider, purchaser and partner. It is through employers like you that the biggest impact can be made on workforce and population health now and into the future. 'How strong is your anchor? A Measurement Toolkit for Health Anchors' is a useful resource.
- **Take part in and support local partnerships wherever possible.**
- **Utilise support and guidance** available for anchor institutions and share best practice within your sector. An example workforce programme for NHS anchors is Individual Placement and Support[66].

65 Southampton Net Zero Strategy
66 E.g. About IPS - IPS Grow

2. **Understand the health and social needs of your workforce and your business.** It is crucial that employers understand who their workforce is, where there may be gaps in the workforce and the support that staff need to maintain and improve their health. Who from our communities is not represented in your workforce, what could they bring to your business and what support and opportunity would help deliver this?
3. **Adopt the principles of The Good Work Charter.** Using the wealth of resources available and local support schemes, become equipped to support your workforce's physical and mental health and wellbeing needs through an improved employment and skills offer.
4. **Instil leadership that brings about a change in culture.** We should not only ensure that staff are protected from injury and getting unwell at work, but also that the way work is organised promotes good physical and mental health. Strong leadership is needed to generate change in norms around work so that staff health and wellbeing, both at work and at home, is seen as central to every part of the business and a corporate responsibility. A consistent and comprehensive campaign may be required, alongside staff and management training.
5. **Level the playing field.** Pay special attention to the needs of those disproportionately impacted by unemployment or who find it difficult to remain in work. For example, policies and measures are needed that support previously unwell people back into work which don't require 100% fitness before returning. Graduated returns are so important to enable a successful outcome, but take time. Changing the culture may require a focus on reducing unconscious bias.
6. **Take an interest in in-work poverty** by reviewing the salary and working hours of your lowest-paid workers in particular. Weigh up any increased costs of paying the Real Living Wage for example against productivity gains and reduced staff turnover.
7. **Work locally in city-wide partnerships** towards skills planning and strategic leadership, through sharing information and evidence-based good practice. This should include measures to inspire and support under-represented communities and the next generation to achieve their potential, remain in the Southampton workforce and invest in their future health and the city's future prosperity.
8. **Monitor and record the impact of your action.** This will enable you to see how far you have come, and the effect it is having on your staff and your business, as well as refocus or redirect efforts where needed.

I also recommend that business and skills planners:

- **Be ready to implement actions arising from the developing Local Skills Improvement Plan (LSIP).** Recognising that demand/supply skills planning at a local level takes time it is crucial that steps are taken immediately the Plan is published. Forward planning is needed, using evidence-based approaches to build the workforce pipeline, support employment from the most deprived communities and help employers adapt and evolve into growth sectors.

Appendix I: Progress on past recommendations

Collective action to reduce and mitigate the impact of health inequalities requires long-term commitment and sustained focus; in Southampton there have been good signs of progress since my last report was published in 2022.

This year's report focuses on one element of last year's recommendations in depth, celebrating success and proposing priorities for ongoing work. We have also seen positive action across the other recommendations that I made for our city.

The **priority and leadership** foundations are set. The Southampton Health and Wellbeing Board, Southampton Health and Care Partnership and Hampshire and Isle of Wight Integrated Care Board and Partnership (HIOW ICP/ICB) have all committed to evidenced based, long-term action in this area. Boards have delivered development sessions and established partnerships, interest groups and communities of practice. This has allowed partners to come together rapidly to respond to specific emerging challenges, including the rising cost of living.

A **health in all policies** commitment has been made by the Health and Wellbeing Board, with a programme of work in train to focus on key opportunities to reduce health inequalities through programme-based developments, strategic joint action and processes that support decision making. Local momentum to improve the impact that **large organisations anchored in our city** have on our population's health and wellbeing has been seized by the HIOW ICP who have set this as a priority for their future delivery and assurance.

We continue to develop evidence-based action in Southampton across all **priority policy areas:** best start in life; maximising capability and control; fair employment and good work for all; a healthy standard of living for all; healthy and sustainable places and communities and strengthening ill-health prevention. Action to reduce healthcare inequalities continues, including a focus on our 20% most deprived, priority inclusion groups and outcomes relating to maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension. Areas where I see opportunity for even greater impact include the development of family hubs, improving the standard of living for all and strengthening the focus and investment in ill-health prevention in the NHS. We also need to renew our attention to understanding and learning from the impact of our work. There has also been additional progress incorporating a focus on sustainability, as recommended in Marmot's 2020 10 Years On review of progress.

Communities remain central to the ambitions that I outlined last year and, as we all face shared challenges across our city, we will only sustain progress if the **different relationship with communities** is continued. There has been good progress since my last report. Southampton City Council's Champions programme has been re-launched to build on the fantastic work achieved across communities during the COVID pandemic and the city's children and young people have chosen their priorities as a Child Friendly City, including a focus on health. We can do more to develop community-based research, learning from our COVID work and the participatory action research that has been delivered with young people through the Pathways to Health collaboration.

It will take time and sustained effort in the face of changing needs, challenges and opportunities for this work to translate into a fairer city with improved population health. It remains critical that we prioritise this work and it becomes part of the way that we work in the city, with collective oversight of the indicators to measure progress in core local priorities to reduce health inequalities that I shared last year.

Last year's recommendations:

1. Amplify the visibility of our leadership across agencies to celebrate, sustain and expand our local commitment to reducing health inequalities in all of our work. Ongoing strategic commitment and widespread organisational development will grow our impact on health inequalities. Specifically, our residents will benefit if we:

- Champion and lead our workforce to develop a shared understanding of health inequalities and delivery of effective actions or interventions at scale.
- Continue to advocate on behalf of our residents to bring influence to improve the wider determinants of health in our city, including poverty, often in the face of growing resident need.

2. Maximise the impact of our core business on the 'causes of the causes' of health, wellbeing and inequality. Systematically, our residents will benefit if we:

- Apply a Health in All Policies approach in organisational, place and system level service delivery. This builds on the commitments and support from our Health and Wellbeing Board and Southampton City Full Council and will require widespread adoption and implementation of a systematic framework across our core work.
- Grow momentum for our work to improve the impact that large organisations anchored within our city have. Initial areas of focus include workforce (including aspiration, employment, good quality work and workforce wellbeing) and economic growth that benefits residents (including local procurement and focussed engagement with local business).

3. Continue to do what we know works. With growing inequalities and challenges faced by communities, we need to act quickly and effectively. We know what works. Specifically, residents will benefit if we:

- Consider the impact on health inequalities when re-designing evidence-based practice across all six areas of the framework above. This includes targeted support around the healthy child programme and family hubs, action to improve educational attainment and delivery of effective preventative interventions (e.g. to reduce smoking rates) at scale across our core services.
- Focus on ongoing development of an evidence and research informed approach across the areas of the framework, prioritising interventions that reduce inequalities and learning about what works in our local context with strong evaluation.
- Review and continuously improve the equity of our work through established processes such as health equity audit and health impact assessment. Is our action designed in a way that is proportionate to need? Who benefits and who doesn't? Who has a good experience and who doesn't?

4. Commit to a new way of working with and alongside our communities - a different relationship is good for us all. For us to change the factors that drive health inequalities, we can work together in a very different way with explicit focus on assets, trust, relationships and power within our city. Specifically, residents will benefit if we:

- Learn from our COVID work and scale different ways of working with communities in our core business, including use of community-led research and community-centred approaches that may disrupt the status quo for the better.
- Develop the culture and ways of working required for us to work alongside residents, recognising the strength and power of our communities and nurturing assets.
- Give our children and young people increasing capacity to influence within our UNICEF Child Friendly City.

5. Harness and monitor the benefit of system working to improve health. Changes to the health and care system offer the opportunity to effectively scale prevention as core business, explicitly focus on proportionate and fair service access experience and outcome. Specifically, our residents will benefit if we:

- Continue to put health equity at the core of our local strategies in the city and beyond.
- Include indicators relating to inequalities and the wider determinants of health within assurance of our work. It will take time to make a difference but, with the right measures along the way, we can keep check of our impact on the conditions that are driving health, wellbeing and inequality.
- Act collectively where this harnesses greater impact and momentum to improve health equity. This includes: our work to improve employment or workplace determinants of health; our role in supporting economic growth that benefits residents; and our delivery of preventative interventions at scale (e.g. tobacco).
- Work with communities, even when delivering at scale or wide geography, to support equitable access, experience, and outcome from services. We have strong local academic partners who can support and have seen the value of community-led research alongside more traditional models for engagement.

Appendix II: Data on Southampton Good Work Principles

Access to employment

Southampton remains a major area for employment opportunities. The unemployment rate is declining, down from 6.2% in December 2021 to 4.5% in December 2022. The employment rate as of December 2022 was 76.1%, similar to the national (75.8%) and Southeast (78.1%) averages (see Figure 11). However, local changes in employment rate have not been statistically significant in recent years[67].

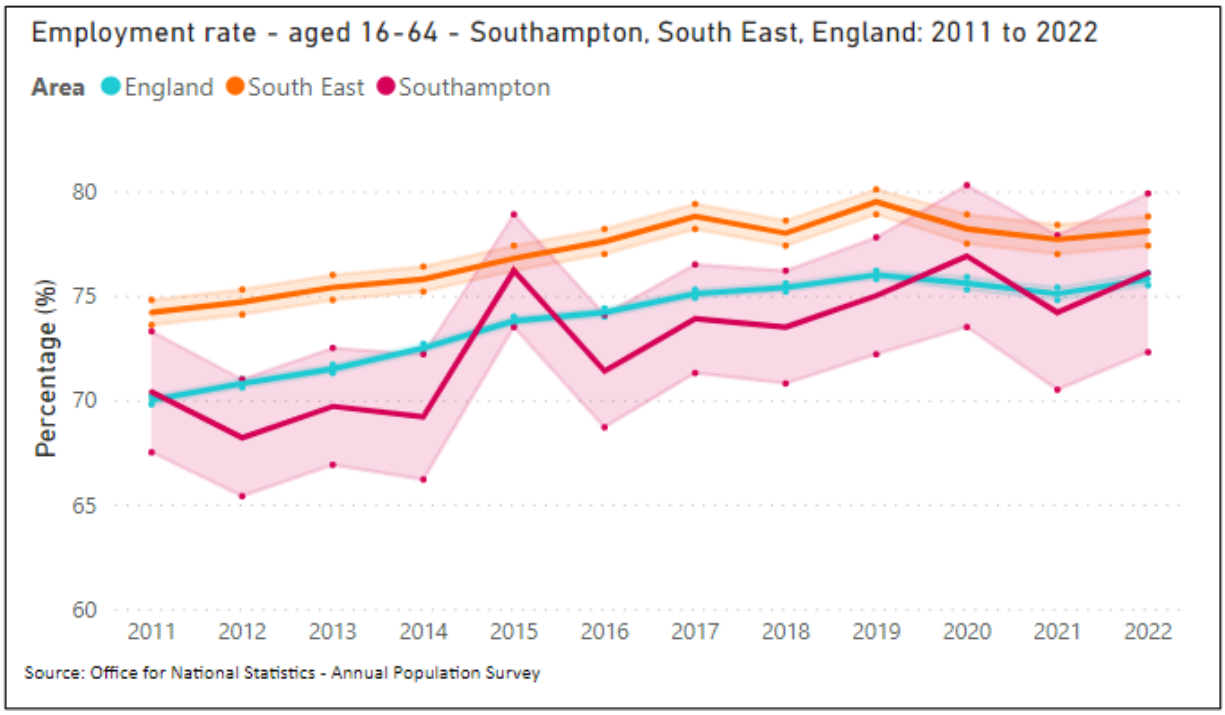

Figure 11 - Southampton, South East and England employment rate (aged 16-64), 2011-2022

In 2022, 79.6% of the Southampton working age population was economically active, which is similar to England (78.7%) and the Southeast (80.7%). This is an increase in Southampton of 0.5% compared to declines of -0.2% (England) and -0.1% (Southeast).

Long-term illness is a significant, and increasingly common, reason for economic inactivity (people aged 16-64 who are not working or seeking work). In Southampton, 22.7% of economically inactive people are inactive due to long-term illness.

Office for National Statistics analysis shows that the proportion of inactive people who are inactive due to long term sickness increased to a record high in April 2023 of 29.3%[68], and that half a million more people are out of the workforce due to long-term sickness than in 2019 (see Figure 12). If ill-health is a barrier to our local residents entering the workforce and having access to good jobs and fair employment that can benefit health, we have a widespread interest across local organisations in supporting good health and wellbeing for our local working age population.

67 All references to economic indicators are from Economic assessment (southampton.gov.uk) unless otherwise stated

68 Labour market overview, UK - Office for National Statistics (ons.gov.uk)

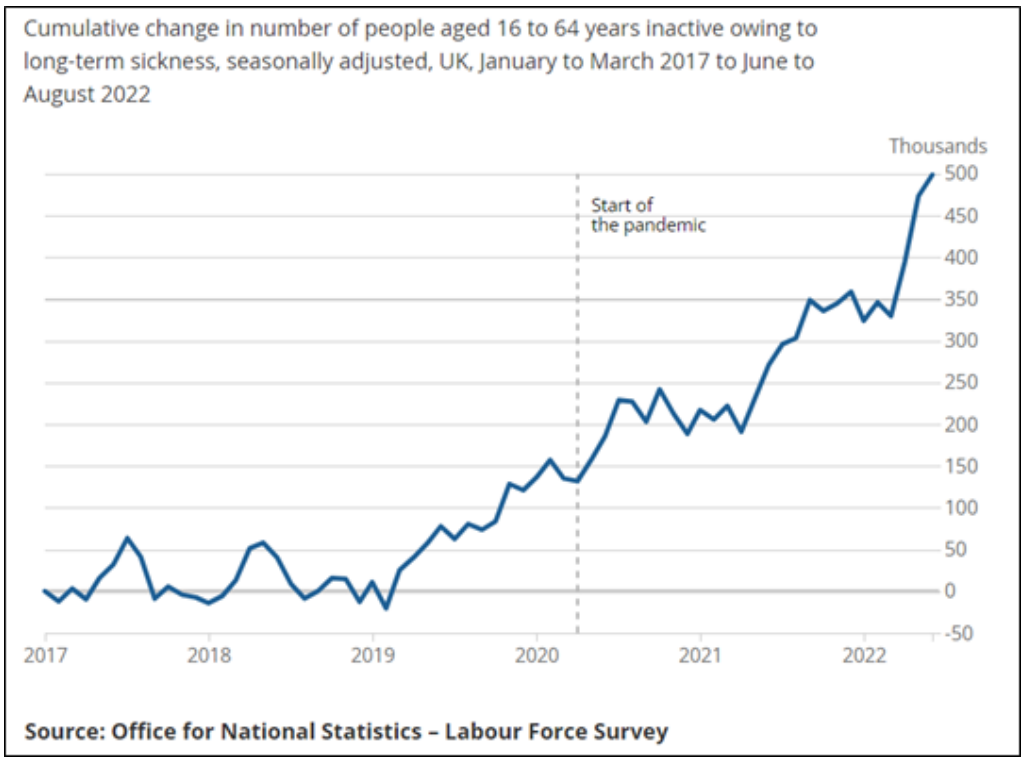

Figure 12 - Number of people aged 16-64yrs inactive due to long-term sickness, UK, Office for National Statistics

Older people form the majority of those economically inactive due to long term sickness. Worryingly however, inactivity due to long term illness rose faster in younger people (16-34yrs)[69]. In Southampton, the percentage of people economically inactive due to long-term sickness looks to have increased in 2022, but this is not statistically significant (Figure 13). There is debate about whether or not poor health is driving the rise in economic inactivity nationally, but whatever explains the true picture, rising rates of poor physical and mental health are likely to be an important factor in economic inactivity.

69 Half a million more people are out of the labour force because of long-term sickness - Office for National Statistics (ons.gov.uk)

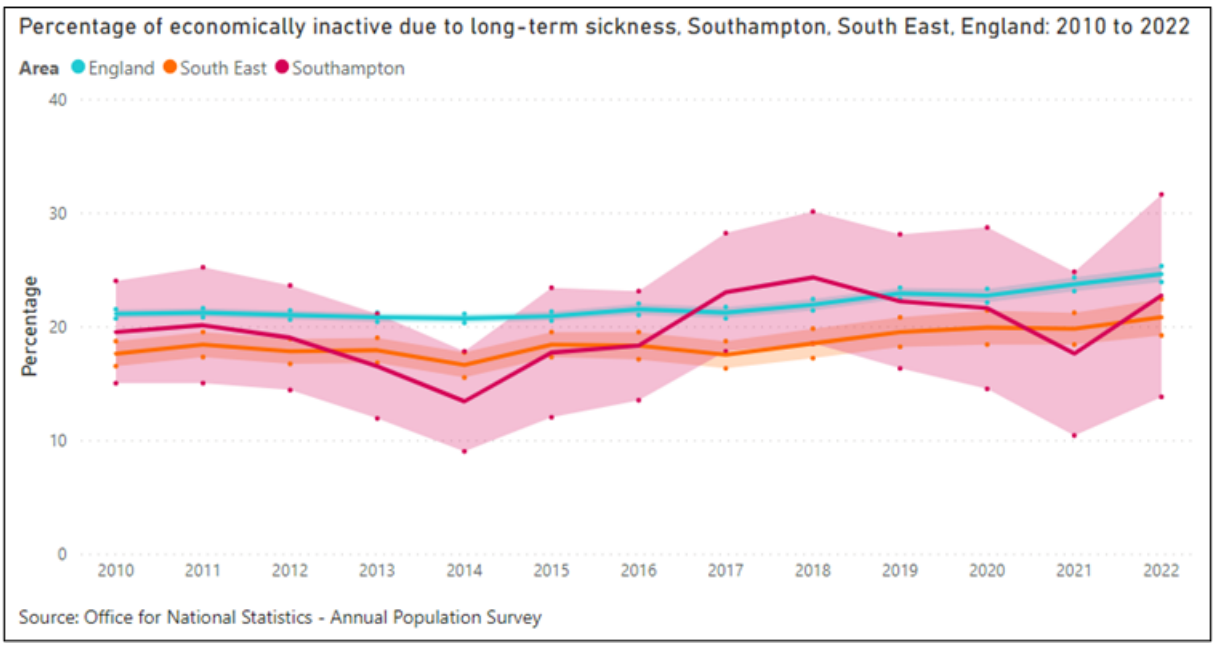

Figure 13 - Percentage of people economically inactive due to long-term sickness, 2010-2022

Employment and unemployment is not evenly distributed of course. Females and people from ethnic minority groups traditionally show lower (but not significantly lower) rates of employment in Southampton than males and white UK-born individuals respectively. In May 2023, there was a 5.1 percentage point difference between unemployment in the most compared to the least deprived neighbourhoods in Southampton. In Southampton (2021), 6.0% of 16-17 year olds are not in education, employment or training (NEET). This is significantly higher than the England average (4.7%) and has been since 2018.

Those with core or work-limiting disability under the Equality Act have consistently experienced significantly lower employment rates in Southampton than those not considered disabled, apart from in 2021. This may have been a result of the COVID-19 pandemic, when employment rates for those with disabilities increased in 2020 and 2021. The gap re-emerged in 2022: those without a disability in Southampton have an employment rate of 83.7% compared to 56.0% in those with a disability (see Figure 14).

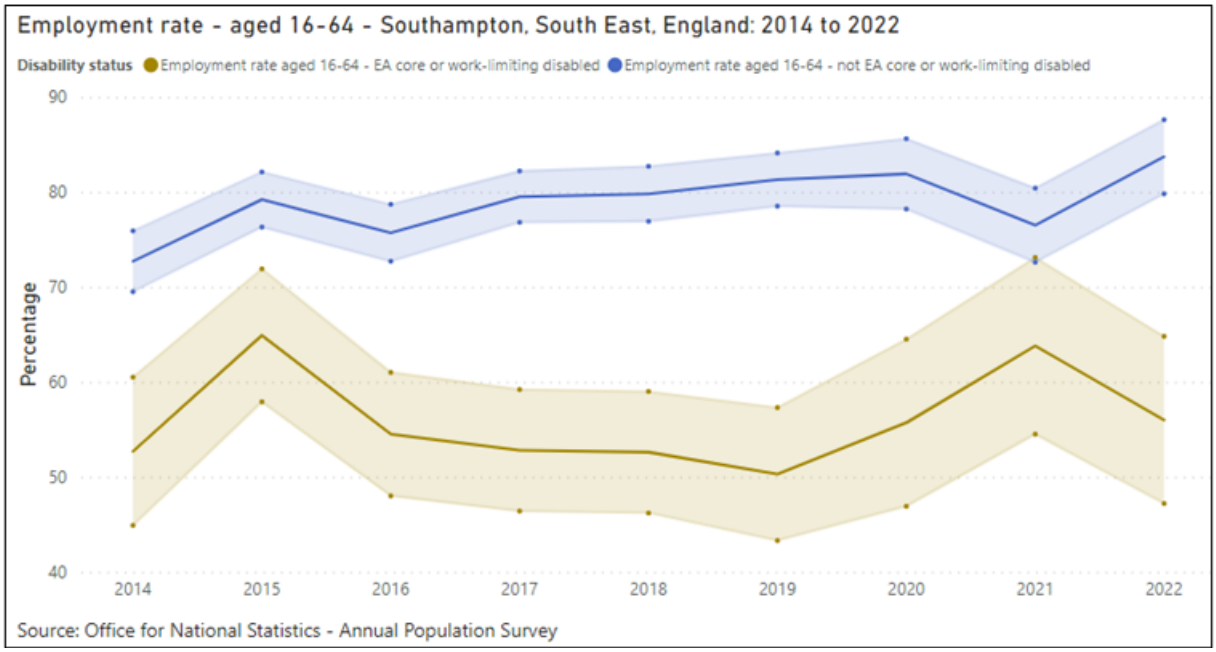

Figure 14 - Southampton employment rate (aged 16-64), disabled and not disabled

Employment rates are lower in Southampton, but not significantly lower, for those with health conditions. Those with difficulty seeing or hearing consistently see the lowest rate of employment (26.4% in 2022, but note small sample size) – see Figure 15 below. Similar patterns are seen nationally.

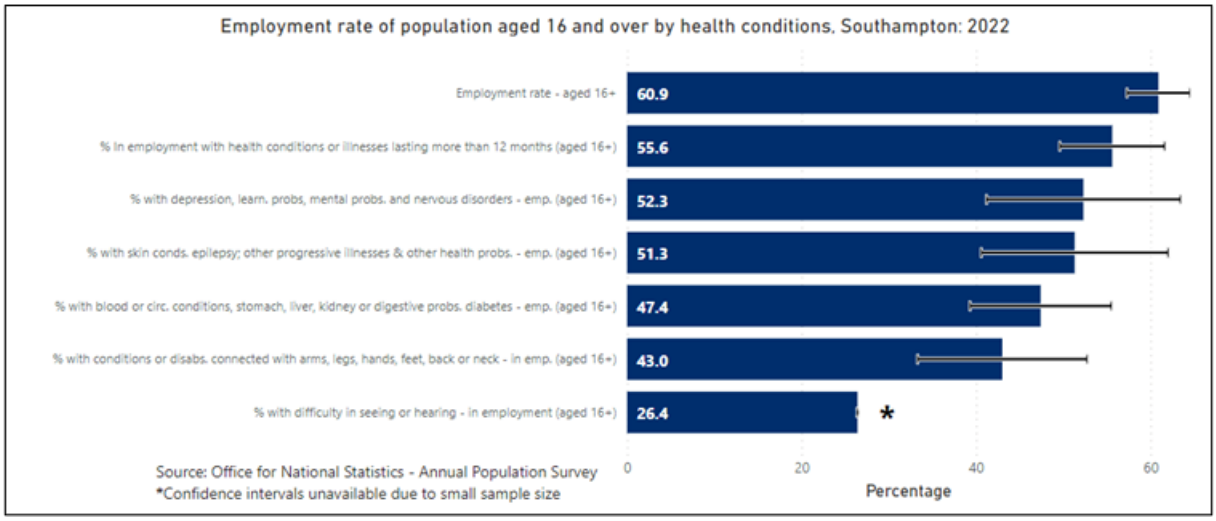

Figure 15 - Southampton employment rate by health conditions

There is also the impact of caring responsibilities on the workplace and the labour market. In Southampton, 7.7% of residents provide unpaid care in some form, with 2.4% providing 50hrs or more unpaid care per week[70]. Providing such large amounts of care prevents participation in the paid workforce, and if carers are also employed it can mean disruption to working hours and

70 Census dashboard, Southampton Microsoft Power BI

an impact on productivity, and worry for the carer about how to manage all their responsibilities. The high cost of childcare can also be a barrier preventing people returning to work.

The number of people claiming out of work benefits is declining. 4.2% (6,995) of the working age population in Southampton were claiming out of work benefits in August 2023, a decline of 5,005 (41.7%) since April 2021 when it was 7.1%. However, claimant count has not yet returned to its pre-pandemic baseline, and it also appears to have stagnated in recent months, possibly a result of recent financial pressures and economic uncertainty. Males consistently make up a greater proportion of claimants, having made up 57.8% of claimants in August 2023.

In summary, although unemployment has reduced and economic activity has increased in recent years, there are still causes for concern that need to be addressed to improve workforce participation and population health. Inactivity due to sickness has been rising, and there is clear inequity in workforce participation. There is a strong correlation between higher healthy life expectancy and higher employment rates, especially for males[71] (see Figure 6, p25) and it is crucial that Southampton's labour market adapts strategies to widen access to work if lives are not to be lived longer in poor health.

Pay and income

In a Southampton City Council Cost of Living survey in January 2023[72] 34% of respondents described their household finances as 'difficult' or 'very difficult'. Compared with 31% of people nationally, 55% of Southampton respondents said they would not be able to afford an unexpected but necessary expense of £850. 74% of respondents also said they were currently not able to build up any savings, and the responses of 41% of respondents indicated that they were food insecure.

There is a differential in Southampton pay between those working in the city and those who are resident. In 2022, the median gross weekly pay for full-time workers was £680, compared to £643 for residents; a difference of £37, the second largest gap amongst comparator cities. Workplace weekly pay in Southampton is higher but not significantly than the national average (£646), whilst resident pay is lower but not significantly so.

In 2022, the full time resident weekly gender pay gap was 14.6% (£99) in Southampton, this compares to a gap of £106 (15.3%) nationally. The full-time workplace gender weekly pay gap in Southampton was similar at 13.0% (£94) in 2022. However, there is no evidence that the gap is narrowing, for workplace or resident pay.

Increasing income is associated with improvements in health, and people with lower income are more likely to be living in poor health (see Figure 7, p27). A minimum income is needed to enable the basics of a healthy life to be affordable, and the Real Living Wage[73] is a rate of pay that is independently calculated based on the things people need to be able to live. According to data from the Joseph Rowntree Foundation, in 2022 approximately two thirds of adults of working age who live in poverty live in a household where at least one adult is employed[74]. It is crucial that pay gaps are addressed and that rates of pay and income are set at a fair level to enable everyone to live a healthy life.

71 Employment and unemployment (health.org.uk)
72 Cost of living survey (southampton.gov.uk)
73 What is it? | Living Wage Foundation
74 Working age poverty: Working households and individuals | JRF

Skills and learning

In Southampton, there is a suggestion that the level of qualification among Southampton residents is improving, particularly over the last two years. The proportion of the population qualified to NVQ Level 4 (degree level) or above has increased overall since 2015, to 47.9% in 2021. This is similar to national and regional levels and could suggest there is improved graduate retention in the city. However, 11.9% of Southampton's economically active population have either no or low qualifications (NVQ Level 1 or below), an increase compared to the previous year (10.9% in 2020).

The two universities in Southampton are valuable assets in terms of employment, improving workforce skills and supporting knowledge-based industries in the city. Latest data from 2019 found that 66% of establishments in Southampton had provided training for staff in the last year which is higher than England (61%), demonstrating a commitment to investment in staff[75].

To support healthier lives and protect from disadvantage in later life, the ability to access learning and skills is crucial. Like work, education and skills is a public health issue. Those with reduced opportunities to gain qualifications or acquire basic literacy and numeracy skills need particular support to be able to access work and progress to a healthier future. The available support mechanisms can achieve good results provided those that need them most are enabled to access them.

[75] Economic assessment (southampton.gov.uk)

Appendix III: Advice and guidance for employers

- Resources for local anchor organisations
  - o What is an anchor institution? | CLES
  - o How strong is your anchor? — Health Anchors Learning Network (haln.org.uk)
  - o Building healthier communities: the role of the NHS as an anchor institution.pdf
- National Institute for Health and Care Excellence (NICE) standards:
  - o Overview | Healthy workplaces: improving employee mental and physical health and wellbeing | Quality standards | NICE
  - o Overview | Mental wellbeing at work | Guidance | NICE
  - o Overview | Workplace health: management practices | Guidance | NICE
  - o Overview | Physical activity in the workplace | Guidance | NICE
- Chartered Institute for Personnel Development Good Work Index 2023: summary report and good practice guidance CIPD Good Work Index 2023: Summary report
- Trace Union Congress: In Sickness and in Health? Good work – and how to achieve it goodwork.pdf (tuc.org.uk)
- Business in the Community – Workwell Self-assessment tool and Workwell Commitment Health and Wellbeing - Business in the Community (bitc.org.uk) and Health and Wellbeing Toolkits BITC/Public Health England: Health and Wellbeing Toolkits - Business in the Community
- An independent body, supported by University of East Anglia, offering free courses on workplace health - Home - evolveworkplacewellbeing.org
- Federation of Small Businesses Health and Wellbeing advice Mental health and wellbeing support for small businesses | FSB | FSB, The Federation of Small Businesses
- A 'roadmap' to improving mental health at work The Mental Health at Work Commitment – Mental Health At Work
- Government guidance on employing disabled people and people with health conditions Employing disabled people and people with health conditions - GOV.UK (www.gov.uk)
- Investigating health needs
  - o Work Health Index: benchmark and develop your employee health offer | CBI
  - o Workplace health needs assessment (publishing.service.gov.uk)

Southampton employers can also access the invaluable local support available from:

- SCC Employment support team Employment support team (southampton.gov.uk)
- Solent Apprenticeship and Skills Partnership Homepage - The Apprenticeship & Skills Partnership (theapprenticeshiphub.com)
- Solent Local Enterprise Partnership Solent LEP - Local Enterprise Partnership - Solent LEP

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DECISION-MAKER:	Health & Wellbeing Board
SUBJECT:	Health Protection (HP) Annual Report
DATE OF DECISION:	13 December 2023
REPORT OF:	**COUNCILLOR LORNA FIELKER** **CABINET MEMBER FOR ADULTS, HEALTH AND CARE**

CONTACT DETAILS				
Executive Director	**Title**	Executive Director, Wellbeing & Housing		
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Author:	**Title**	Public Health Consultant		
	Name:	Dr Robin Poole	Tel:	
	E-mail:	public.health@southampton.gov.uk		

STATEMENT OF CONFIDENTIALITY
N/a

BRIEF SUMMARY
This briefing paper summarises the Health Protection Annual Report (see appendix) which aims to provide assurance on behalf of the Director of Public Health and the Health & Wellbeing Board in respect of delivery of the local health protection function in Southampton.

RECOMMENDATIONS:		
	(i)	To note the contents of this paper and the Health Protection Report (Appendix 1).

REASONS FOR REPORT RECOMMENDATIONS	
1.	The HP report is a formal record of: • Activity and developments nationally and locally relating to health protection • Health Protection Board (HPB) activity • Situations and issues relating to health protection over the last year • Work to develop and maintain preparedness, and capacity to respond to future incidents • Priorities for the next year • Highlights of key issues and risks

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	N/a

DETAIL (Including consultation carried out)	
3.	**Background**

	The Director of Public Health has a responsibility under the National Health Service (NHS) Act 2006 and the Health and Social Care Act 2012 to provide assurance to the Local Authority on the adequacy of prevention, surveillance, planning and response to reduce the harm from health protection issues that affect Southampton residents.
	Health Protection is a term used to encompass a wide range of activities within public health aimed at protecting the population from both infectious diseases, and non-infectious threats to health, such as chemicals or extreme weather. Under the Civil Contingencies Act 2004, Southampton City Council is a Category One responder which places a legal duty on the organisation to respond to major incidents and emergencies. Delivery of the health protection function therefore requires close planning and coordination with multiple internal and external agencies including Emergency Planning, Environmental Health and Port Health, as well as the UK Health Security Agency (UKHSA), who are the lead agency for planning and responding to health protection issues and incidents in the UK. Public Health also work closely with NHS colleagues, early years and educational providers and the voluntary sector.
	During the COVID-19 pandemic, like many Local Authorities, the Southampton City Council Public Health team rapidly expanded the Health Protection capacity, through fixed-term posts and reprioritisation of existing staff responsibilities to undertake the significant volume of work generated by the pandemic. IN recognition of the crucial role that local authorities play in supporting the delivery of the health protection function, a small amount of this capacity has been retained to help strengthen the organisation's capability and resilience to respond to future health threats, as well as support and lead other work streams across broader public health portfolios. This also means that some of the learning and expertise gained during the pandemic has been retained within the organisation.
	The health protection annual report draws together work undertaken by the Health Protection team. It is structured around three priority areas: Prepare, Response, Build, which are set out in the UKHSA three year strategic plan, published in August 2023.
4.	**Prepare**
	Preparedness involves ensuring that the organisation and its partners are prepared for future health threats, such as emerging infection disease, or increasing threats from climate change and extreme weather. As well as attending several multi-agency scenario-based exercises, several health focussed emergency plans have been updated and developed in partnership with colleagues in Emergency Planning, and work has been undertaken to capture learning from the COVID response. **Partnership working:** a key mechanism for facilitating partnership working is the Health Protection Board (HPB). This multi-agency forum meets quarterly to consider local health protection issues. The HPB is chaired and facilitated by the Consultant lead for Health Protection. Meetings follow a standard agenda with a focussed item each time. IN the last year these have included: the renewed Air Quality Action Plan, Childhood Immunisations and Adverse Weather and Health Plan (SWHP).

	Communications Campaigns: the HP team together with Communications colleague support and input into multiple campaigns, in conjunction with other agencies, in an effort to get public health messages out to residents and raise awareness of specific issues. These have included World TB Day, tick awareness, summer awareness campaign, scarlet fever and measles.
5.	**Respond**
	A significant element of health protection involves response to situations and incidents when they happen. Whilst UKHSA regional Health Protection Teams (HPTs) lead on the response to outbreaks, Southampton City Council's Health Protection team provide additional support including local intelligence and insights. Over the last 12 months the team has supported numerous incidents, situations and enquiries.
6.	**Build**
	The health protection capability continues to be built through improved data and intelligence (such as the development of a Southampton Health Protection dashboard), strengthening relationships through the Health Protection Board, and with key City Council services such as Emergency Planning, Port Health & Environmental Health, and by EPRR Training, and continuous professional development opportunities for the health protection and broader public health team. Quarterly monitoring of the health protection function takes places part of the public health performance and monitoring reviews.
7.	**Links with the Southampton Health & Wellbeing Strategy**
	Objectives relevant to health protection within the current Health & Wellbeing Strategy include the promotion of immunisation, focus on clean air, and through reducing avoidable deaths linked to fuel poverty (excess winter deaths). These outcomes can be measured through population vaccination coverage (such as MMR at 1 and 5 years), fraction of mortality attributable to particulate air pollution, and excess winter deaths index.
8.	The appendix to this paper forms the Health Protection Report.
RESOURCE IMPLICATIONS	
Capital/Revenue	
	There are no financial implications for Southampton City Council in relation to maintenance of this function over the Public Health Grant-funded officer costs.
Property/Other	
	N/a
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
	National Health Service (NHS) Act 2006
	Health and Social Care Act 2012
Other Legal Implications:	
	N/a

RISK MANAGEMENT IMPLICATIONS	
	N/a
POLICY FRAMEWORK IMPLICATIONS	
	N/a

KEY DECISION?	**No**
WARDS/COMMUNITIES AFFECTED:	
SUPPORTING DOCUMENTATION	
Appendices	
1.	Health Protection Report (PowerPoint presentation)

Documents In Members' Rooms

1.	None.	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.		**No**
Data Protection Impact Assessment		
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.		**No**
Other Background Documents **Other Background documents available for inspection at:**		
Title of Background Paper(s)	**Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)**	
1.		
2.		

SCC Health Protection Team Annual Report, Public Health

September 2022 – September 2023

SOUTHAMPTON CITY COUNCIL

Document control

Amendments

Plan Version	Changes	Date amended	Author
1.0	Final report following SMT approval	05/10/23	RN

Document approval

Prepared for:	Southampton Health and Wellbeing Board (HWBB)
Author:	Rebecca Norton, Senior Practitioner Health Protection
Reviewed by:	Dr Robin Poole, Consultant Health Protection
Approved by:	Dr Debbie Chase, Director of Public Health

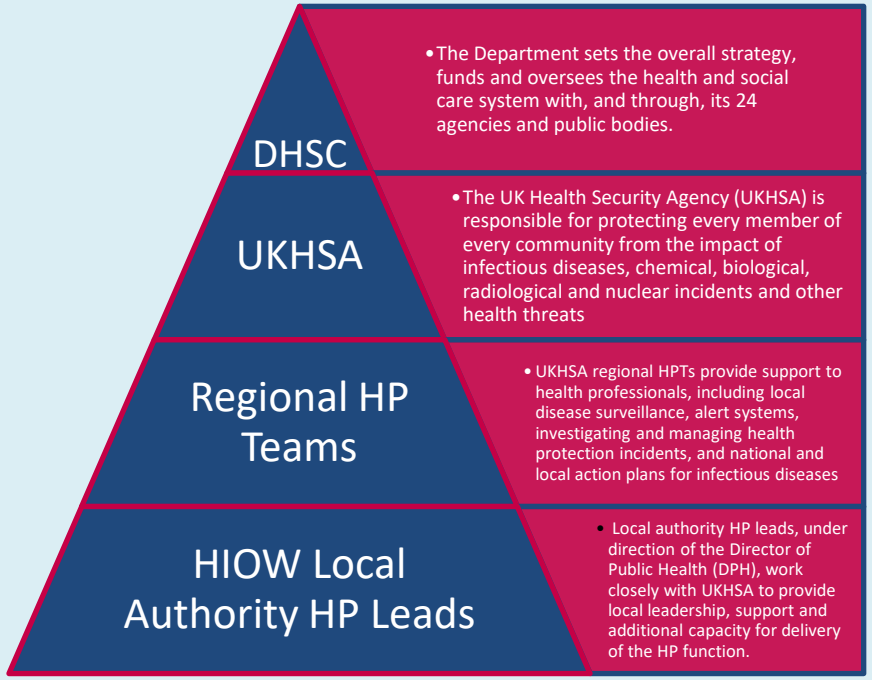
Contents

Background and introduction

Background

The **Director of Public Health has a responsibility** under the National Health Service (NHS) Act 2006 and the Health and Social Care Act 2012 to provide assurance to the Local Authority on the adequacy of prevention, surveillance, planning and response to reduce the harm from health protection issues that affect Southampton residents.

Health Protection is a term used to encompass a wide range of activities within public health aimed at protecting the population from both infectious diseases, and non-infectious threats to health, such as chemicals or extreme weather conditions. Under the Civil Contingencies Act (2004) SCC is a Category One responder which places a legal duty on the organisation to respond to major incidents and emergencies. Delivery of the health protection function therefore requires close planning and coordination with multiple internal and external agencies including; Emergency Planning, Environmental Health and Port Health, as well as **UKHSA**, who **are the lead agency for planning and responding to Health Protection issues and incidents in the UK**, as well as NHS colleagues, early years and educational providers and the voluntary sector.



Aim of report

The purpose of this report is to provide assurance on behalf of the Director of Public Health (DPH) and Health and Well Being Board (HWB) in respect of the local health protection function in Southampton.

Objectives

The objectives of the report are to:

- Report on activity and key developments nationally and locally relating to health protection.
- Capture Health Protection Board (HPB) activity.
- Record and reflect on situations and issues that have arisen over the last year.
- Summarise work undertaken to develop and maintain preparedness and capacity to respond to future incidents.
- Inform and shape priorities for the coming year.
- Highlight key issues and risks.

Background and introduction

SCC Health Protection Team

During the COVID-19 pandemic, like many Local Authorities, SCC Public Health Team rapidly expanded the Health Protection capacity, with fixed term posts and reprioritisation of existing team responsibilities, to undertake the significant volume of work generated by the pandemic. In recognition of the crucial role that local authorities play in supporting delivery of the health protection function, a small amount of this capacity has been retained to help strengthen the organisation's capability and resilience to respond to future health threats. This also means that some of the learning and expertise gained during the pandemic has been retained within the organisation.

Structure of this 2022-23 report

We have structured our report around the three strategic aims**, 'Prepare, Respond and Build',** set out by UKHSA in the recently published (August 2023) UKHSA 3-year strategic plan. In addition to providing assurance as to the health protection function, this report aims to concisely draw together some of the work undertaken in relation to health protection across the city, as well as inform planning for the future. Where possible links to supporting documents are provided to avoid reproducing information that is available in more detailed studies and reports elsewhere.

Scope of Health Protection

Health protection practice aims to prevent, assess and mitigate risks and threats to human health arising from communicable diseases and exposure to environmental hazards such as chemicals and radiation. **Core health protection functions expected of a local health system include:**

- Emergency preparedness, resilience and response (EPRR)
- Communicable disease control
- Risk assessment and risk management
- Risk communication
- Incident and outbreak investigation and management
- Monitoring and surveillance of communicable diseases
- Infection prevention and control in health and care settings
- Delivery and monitoring of immunisation and vaccination programmes
- Environmental public health and control of chemical, biological and radiological hazards
- Responding to European Centre for Diseases Prevention and Control and the World Health Organisation (WHO)

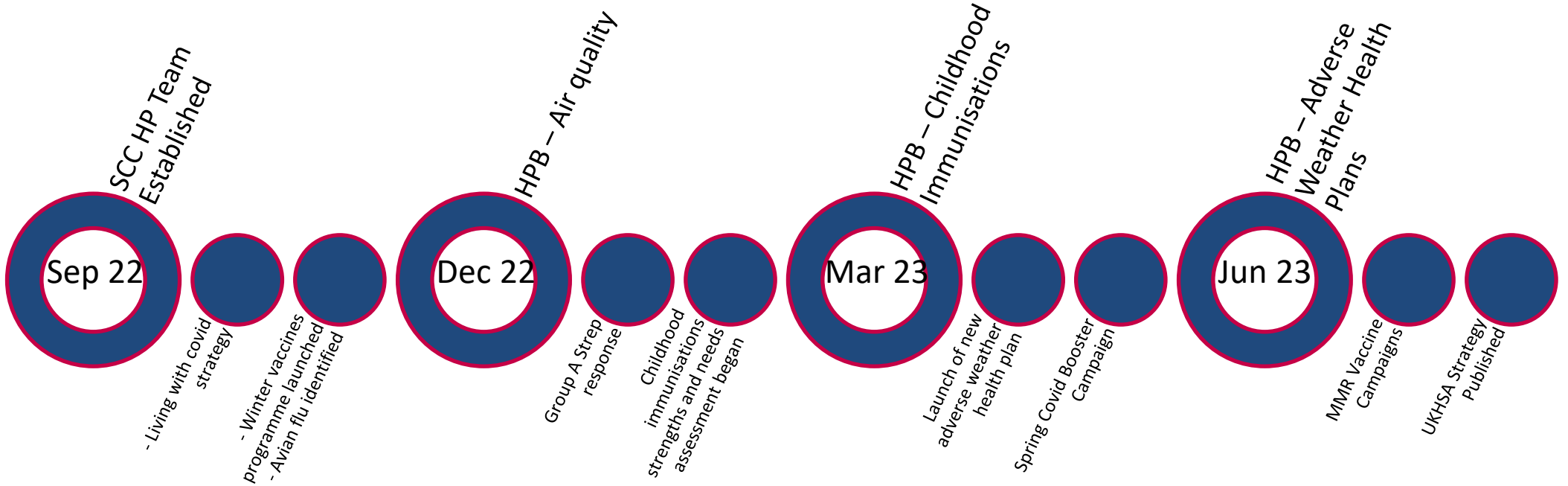
Timeline

On 1st April 2022, free asymptomatic Covid-19 testing came to an end, followed by the publication of the national Living with Covid Strategy in May 2022. As a result of the move to "living with Covid" the local outbreak control programme began to close. To ensure some core health protection capacity was maintained and help strengthen the organisation's capability and resilience to respond to future health threats, a Health Protection team was established. This also allowed retention of learning and expertise gained during the pandemic.

The below timeline identifies some **key points (not exhaustive)** across the **last 12 months**:

UKHSA Watching Brief including:

- Avian Influenza
- Measles
- Mpox
- Covid-19
- Seasonal Flu



Prepare

Preparedness

Preparedness involves ensuring that we, as an organisation, and our partners are **prepared for future health threats** that we might face, be that new emerging infectious diseases or increasing threats from climate change and extreme weather.

We do this in multiple ways including:

- Working closely with key partners on initiatives, such as **routine vaccination programmes**.
- **Maintaining readiness to respond** by undertaking training and attending exercises to explore key scenarios including, '**Exercise Foxwater**' (held October 2022) which tested 'off site' radiation planning arrangements under REPPIR. Also, '**Exercise Selsaem**', the UKHSA led measles focused exercise (held in August 2023).
- Inputting to the **development and delivery of response plans** locally.
- **Participating in** and inputting to the work of the **Local Resilience Forum (LRF)** including attending LHRP meetings and relevant Working on Tuesdays (WOT) sessions.
- Receiving, assimilating and disseminating **stakeholder cascades** from UKHSA.
- **Monitoring latest data and surveillance reports** including the weekly Notification of Infectious Diseases (NOIDS) report, COVID-19 dashboard and COVID-19, influenza and other seasonal respiratory illnesses surveillance report.
- **Anticipating future threats** and hazards.

Plans, policies and Standard Operating Procedures (SOPs)

The following policies and plans were developed and updated in 2022-23 period.

- **Outbreak Response Tool Kits – September 2022:** A range of toolkits have been drawn together to capture learning, information and useful reference materials relating to a range of capabilities that were developed in response to the COVID-19 pandemic. These include s testing toolkit, contract tracing toolkit and vaccination uptake toolkit.
- **Cold weather and heatwave plans - Updated July 2023:** A new national Adverse Weather and Health Plan (AWHP) was published by UKHSA in April 2023. The SCC heatwave plan has been updated in line with this new plan. The cold weather plan will be updated by the end of 2023.
- **Public Health Incident Management Plan (IMP) –September 2023:** a new PH Incident Management Plan (IMP) has been developed (in draft awaiting sign off). This plan sets out the overarching generic framework and structure required to support the PH team to respond to any type of public health related incident at a local, national or international level.
- **Invasive Mosquito Monitoring and Control:** The standard operating procedure (SOP) that was produced September 2021 has been utilised over the last 12 months. This procedure describes the surveillance, response and treatment arrangements that are in place to identify invasive mosquitoes within HIOW, as well as confirm the roles and responsibilities for the different agencies involved. Mosquito traps in Southampton Docks are being monitored by environmental health and sent regularly to UKHSA.

https://documents.hants.gov.uk/emergencyplanning/CommunityRiskRegisterbooklet.pdf

Partnership Working

Many different stakeholders have a role to play in the delivery of Health Protection. The pandemic highlighted how crucial trusted relationships are at times of crises, and how much can be achieved when individuals and organisations come together to work towards a shared objective. Fostering and maintaining these relationships is an important aspect of the local authority health protection function. Our approach to the delivery of health protection reflect this. As a team we work to maintain relationships with key partners across many different areas.

Key mechanisms for achieving this are **The Health Protection Board (HPB),** which brings together stakeholders from across the city to consider local health protection issues, and **the Local Resilience Forum (LRF)** which includes emergency services, councils, businesses and voluntary organisations from across Hampshire and Isle of Wight (HIOW).

We also engage with a range of stakeholders via other forums and groups including:

- The University Oversight Group (UOG)
- The Local Health Resilience Partnership (LHRP)
- Education Oversight Group (EOG)
- Health Protection Leads Screening and Immunisation (SIT) meeting
- HP West of Region/Southeast Forum
- DsPH Regional meeting (as required)
- HIOW Flu operational delivery group
- Care Home Oversight Group
- GP reference group (as required)
- HIOW ICB Migrant working group – (Asylum seekers and refugees)
- Environmental health meetings
- UKHSA TB Meetings, Cohort review, SE TB board, Southampton TB Commissioning meetings.

https://www.hants.gov.uk/community/localresilienceforum

Attending these forums helps to ensure that:

- We **retain** and continue to **develop relationships** with key partners.
- Share and keep abreast of good practice
- Have oversight of developing issues and intelligence.
- Work collaboratively towards shared goals.

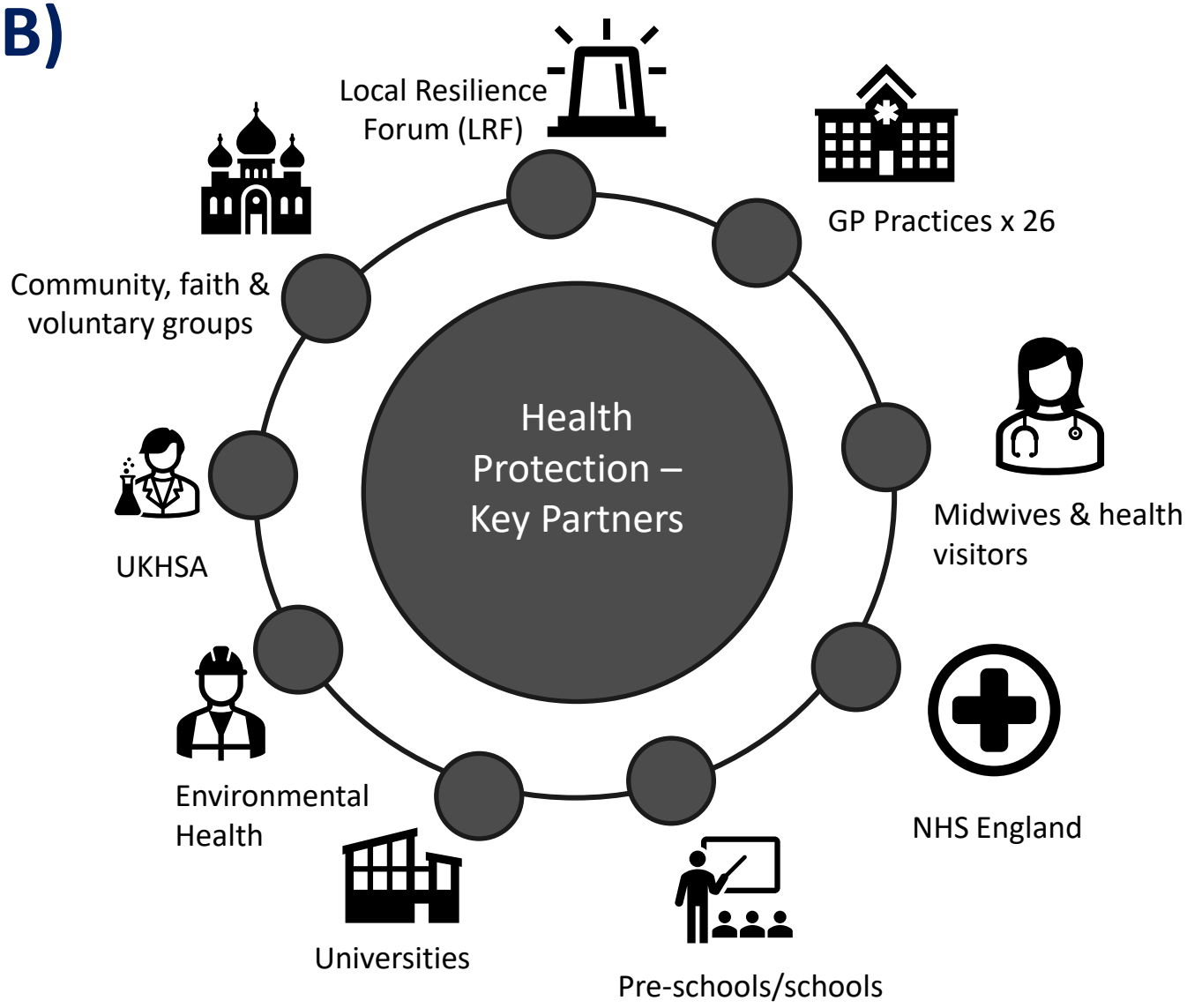
The Health Protection Board (HPB)

The **Southampton Health Protection Board (HPB)** is a collaborative forum that brings together key partners from across the city. It retains **oversight of health protection related indicators**, **reviews specific issues** of concern related to health protection for local people with a view to **investigate or escalate as required**.

Southampton City Council (SCC) and the Director of Public Health (DPH) have a critical role in protecting the health of its population. To carry out this role the DPH works in partnership with key system partners via the Health Protection Board (HPB). **The HPB is chaired by the Public Health Consultant lead for health protection on behalf of the DPH**. The **HPB is accountable on matters of Health Protection** to the Southampton City Council Health and Well Being Board (HWBB) . Where appropriate (where matters involve wider partners), the Forum will liaise closely with the Local Health Resilience Partnership (LHRP).

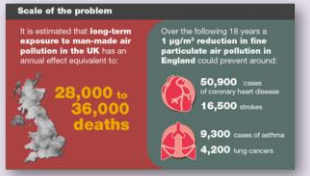
During the COVID-19 pandemic the Health Protection Board (HPB) met frequently, sometimes once a week, and the focus was very much on responding to the pandemic. The forum provided a vehicle for operationalising our plans locally and achieving a joined-up approach across the city. It also provided a forum to update on rapidly changing national guidance, share local intelligence and maintain oversight of key risks.

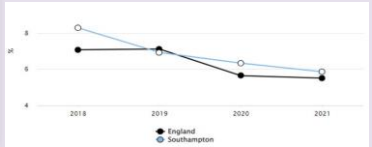
Since January 2023, the Health Protection Board has moved to **quarterly meetings**. It is **attended by a core group of members from UKHSA, SCC, the two Southampton universities, Southampton Voluntary Services (SVS), Emergency Planning, and University Hospital Southampton**. Other 'wider members' are invited to attended as required. The format of the meeting follows a standard agenda with a focus item each quarter.



Highlights/Focus Items

Air quality





In the UK, air pollution is the largest environmental risk to public health. The fraction of mortality attributable to **particulate air pollution in Southampton** was estimated to be **5.9% compared to 5.4% in South East England** and **5.3% in England**. The burden of particulate air pollution in the UK was estimated to be **equivalent to 30,000 deaths per year**, and an associated loss of population life of 340,000 life years lost. The fraction of mortality attributable to particulate air pollution is one of the Public Health Outcomes framework indicators.

In March, the SCC air quality lead presented the SCC Air Quality Action Plan (AQAP) at the HPB, to raise awareness of the issues surrounding air quality in relation to public health, as well as **consider opportunities for partners to support delivery of the plan**. Reducing exposure is important to consider alongside reduction in emissions. Alongside this, health professionals and local government have an important role to play in communicating risks to the public to help them make the healthiest choices. The public health team will also work closely with the lead air quality officers in the council to support delivery of an **air quality healthcare engagement project.** SCC health protection team have, and will continue to help, develop and share communication materials **promoting active travel, and link health, air quality and climate change benefits**. . Further work is planned to **actively highlight the risks of indoor air pollution including solid and other fuel burning**, particularly given the ongoing pressures of increasing fuel poverty.

Childhood immunisations

Vaccines are identified as a key strategic priority for UKHSA. UKHSA lead on vaccine policy and supply and NHSE commission the delivery of the vaccination programme. According to the World Health Organisation (WHO), **around 4-5 million deaths are prevented globally each year through immunisation programmes** making it one of the most **straightforward, successful** and **cost-effective** public health interventions. Globally the childhood vaccination programme has been a huge success.

However, high immunisation uptake is required to protect as many of the eligible population at possible. **Uptake in childhood immunisations in Southampton and England has been steadily decreasing and getting worse for some time**. This decline started prior to the COVID-19 pandemic. To address this, Southampton Health Protection Team have been working in collaboration with colleagues from the NHS to undertake an extensive routine **childhood immunisations strengths and needs assessment (CHISANA).** The findings and recommendations from this review are being finalised and will be shared with the HWBB in March 2024.

Adverse Weather and Health Plan (AWHP)

Protecting health from threats in the environment covers a wide range of activity from environmental, chemical, radiological and nuclear incidents. Many of these are rare but maintaining readiness to respond is important. Some are becoming more common such as **threats from extreme weather.** UKHSA have recently published the Adverse Weather and Health Plan (AWHP) which brings together the Heatwave Plan and the Cold Weather Plan for England into a single plan, improving current guidance on weather and health. A new heat health alert system has also been developed. **Public Health and Emergency Planning briefed the HPB members at the July HPB meeting** to raise awareness of, and request support, cascading these changes via their own networks and forums.

Public Health Outcomes Framework - Data - OHID (phe.org.uk)
Health matters: air pollution - GOV.UK (www.gov.uk)
Air pollution: applying All Our Health - GOV.UK (www.gov.uk)

New tool calculates NHS and social care costs of air pollution - GOV.UK (www.gov.uk)

SOUTHAMPTON CITY COUNCIL

Communication Campaigns

Communications, engagement and **promotion** is a key aspect of Heath Protection. This involves a combination of both council-led campaigns, where we produce organic content and artwork to reflect the identity and need of the local population, and national-led campaigns, where we publicise campaigns produced by The Department of Health and Social Care (DHSC), UKHSA and the NHS, cascading to key partners.

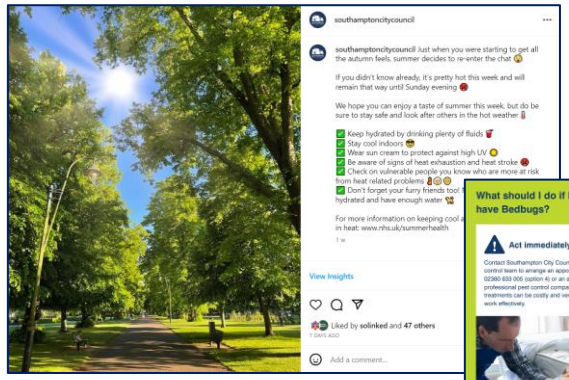
Communications colleagues work with Public Health, the Data Team and partner agencies across the city to ensure **campaign materials are tailored to the areas of need, ensuring that where possible, materials are accessible** and made **available in multiple languages.**

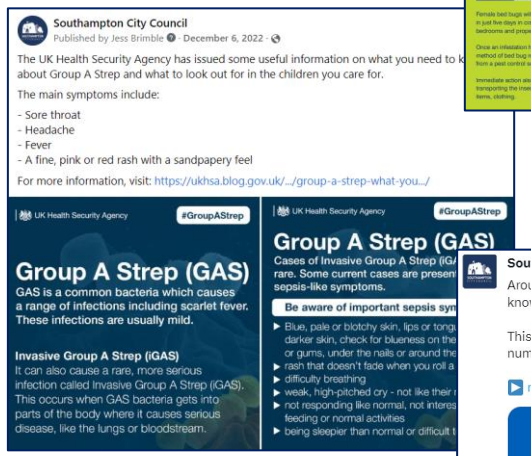
Crisis communications is also an important element of health protection communications. This requires a council-wide approach to developing key messages, drafting media statements and issuing press releases in response to a health protection risk, outbreak or emergency alert.

Multi-agency working plays a key part in health protection campaigns and our communication colleagues work closely with counterparts in NHS trusts, hospitals, Primary Care Networks (PCNs), neighbouring local authorities and third sector community organisations to help share important health messages across Hampshire and the Isle of Wight.

Over the last year we have supported and delivered a number of health protection campaigns including:

- Winter wellness – including winter vaccination programme (flu & covid), staying warm and Group A Strep
- Summer safety – including hot weather and heat wave alerts, sun safety, tick safety and travel vaccinations
- Measles, Mumps and Rubella (MMR) vaccinations – encouraging vaccination uptake
- Tuberculosis (TB) – raising awareness of the signs and symptoms of TB and importance of TB testing
- Norovirus – raising the alert of a norovirus outbreak and the signs, symptoms and treatment of norovirus
- Bedbugs – supported the development of a bedbug campaign with environmental health to raise awareness of the signs, symptoms and treatment of bedbugs following a period of increased bedbug outbreaks.





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Respond

Situations and Incidents

An element of health protection involves **responding to situations and incidents** when they happen. Whilst **UKHSA regional Health Protection Teams (HPTs) lead on the response** to outbreaks, **SCC Health Protection team provide additional support** including local intelligence and insights. This might include:

- **Retaining oversight** of situation reports and surveillance and attending briefings to ensure intelligence is cascaded to key partners across the city.
- Providing a **rapid response** to incidents.
- **Cascading information** and guidance to key stakeholders.
- **Supporting communications** and engagement.
- **Briefing** and Senior Officers and Cllrs as required.
- Providing **Public Health advice** to colleagues and residents.
- Providing UKHSA with **local intelligence** and Insights to support and shape communications and response plans.
- **Responding to queries** from residents, colleagues and councillors.

SCC Health Protection team activity

- In the 12 months up to this report, the team have **responded to queries** and **provided advice** to a number of infectious diseases or concerns from the public.
- Examples include: **Covid-19, Scabies, MRSA, Scarlet Fever, Lyme Disease, and water quality.**

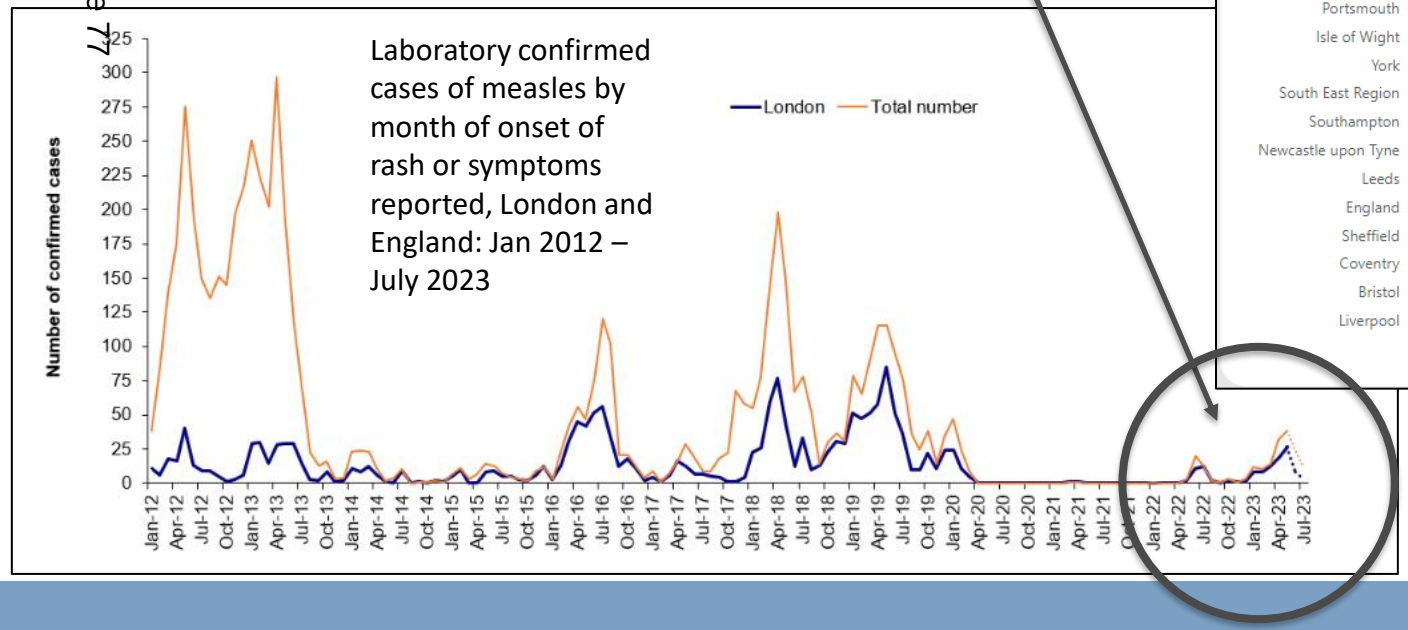
Specialist IPC advice

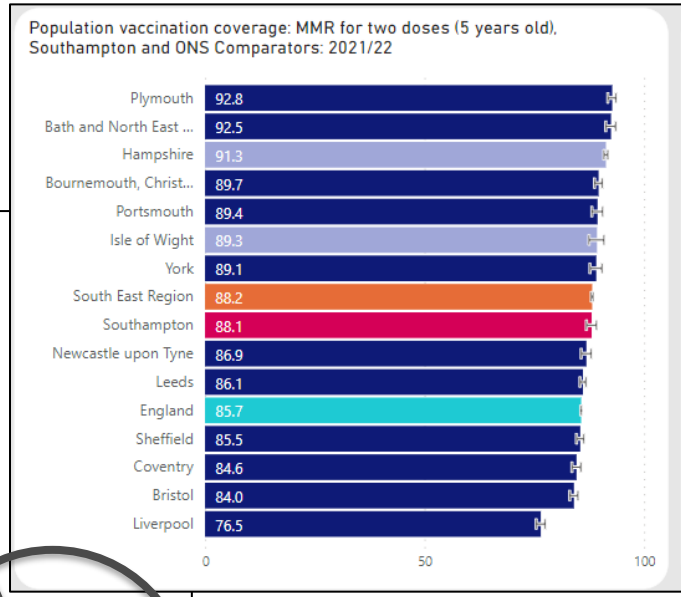
- IPC advice has also been provided, to many external agencies by our **Senior Health Protection and Infection Prevention and Control Nurse Specialist,** including educational settings, businesses, Port Health, hotels and care homes
- The team have also **cascaded UKHSA** and **NHS England national guidance on IPC** and many Infectious diseases especially to the Adult Social Care sector and other appropriate settings.
- **IPC Advice and support** is also given on a day-to-day basis in response to many queries and concerns.

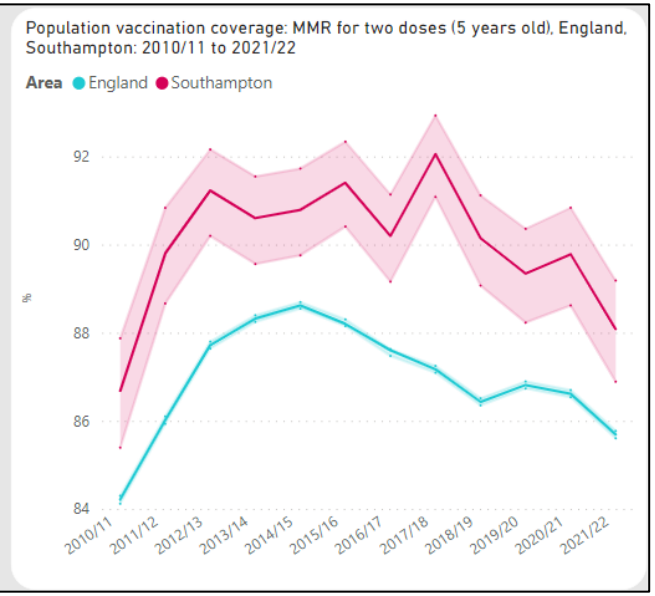
Measles – vaccine preventable

- **Measles** is a **highly infectious** acute **viral illness**. It is a **notifiable disease** and **vaccine-preventable**.
- Global cases of measles are high due to poor vaccination coverage made worse by the Covid-19 pandemic. **Imported cases are therefore likely.**
- Vaccine has been available in the UK since 1968 but low coverage of population until MMR vaccine in 1988 and due to subsequent lower transmission, **unvaccinated children remain highly susceptible to measles infection**, and this continues to the present day
- **From 1 January to 31 July 2023 there were 141 laboratory confirmed measles cases in England (60% in London, 58% in children under 10, 23% in teenagers and young people aged 15-34)**

Vaccination with the MMR is key to **keeping the Southampton population safe**. MMR is part of the routine childhood immunisation schedule. Two doses are given – 1st at 12 months and 2nd at 3 years & 4 months of age. MMR can be given at any age to those who have missed it – **a catch up campaign continues**. The target for uptake is 95% of the population to protect everyone. In 2021/22 in Southampton in 92% of children had their 1st MMR by age 2 years but this drops to 88% of children having their second dose by 5 years. Both are higher than the England average.







We have conducted a **Childhood Immunisation Strengths and Needs Assessment** to understand factors that could help increase uptake of childhood including MMR

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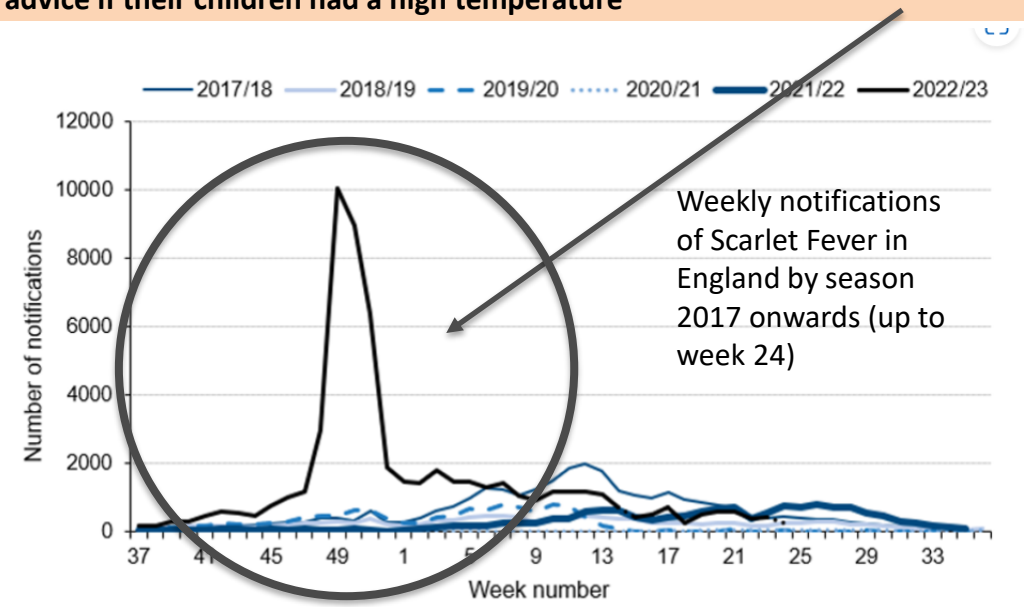
Scarlet Fever

- **Scarlet Fever** is a **highly infectious** acute **bacterial illness** caused by the bacterium Group A Streptococcus. It is a **notifiable disease** and is not currently vaccine preventable.
- Scarlet Fever is usually a mild illness but can lead to serious complications including a **risk of invasive disease called invasive Group A Streptococcus (iGAS)**; risk increases if chickenpox is co-circulating.
- Scarlet Fever is usually a clinical diagnosis and easily treated with first line antibiotics reducing risk of transmission to others after 24 hours of treatment. Prompt treatment of Scarlet Fever also reduces risk of complications.
- Cases of Scarlet Fever usually peak in the spring. **In 2022 an out of season significant exceedance occurred in December leading to UKHSA advising GPs to have a lower threshold for prescribing antibiotics and parents to seek medical advice if their children had a high temperature**



Weekly notifications of Scarlet Fever in England by season 2017 onwards (up to week 24)

General practices in Southampton worked extremely hard amidst other winter pressures to assess children with high temperatures and prescribing appropriate antibiotics when Scarlet Fever was thought to be the presenting illness; **the scale of demand for antibiotics created logistical pressures with pharmacies running out of commonly prescribed antibiotics or paediatric formulation.** GPs often had to rewrite prescriptions for available items and parents were challenged with finding pharmacies that had the antibiotics they needed.

The Health Protection team within SCC Public Health supported the Scarlet Fever situation by liaising closely with UKHSA, updating Southampton GPs with the national, regional and local situation, highlighting key guidance for sectors, answered specific queries, and supporting communication with schools including sharing UKHSA guidance and guidance changes. **We also shared key advice through our SCC communications channels with Southampton residents to help them recognise Scarlet Fever, when to seek help (safety netting using nationally agreed thresholds), and how to reduce risk of transmission.**

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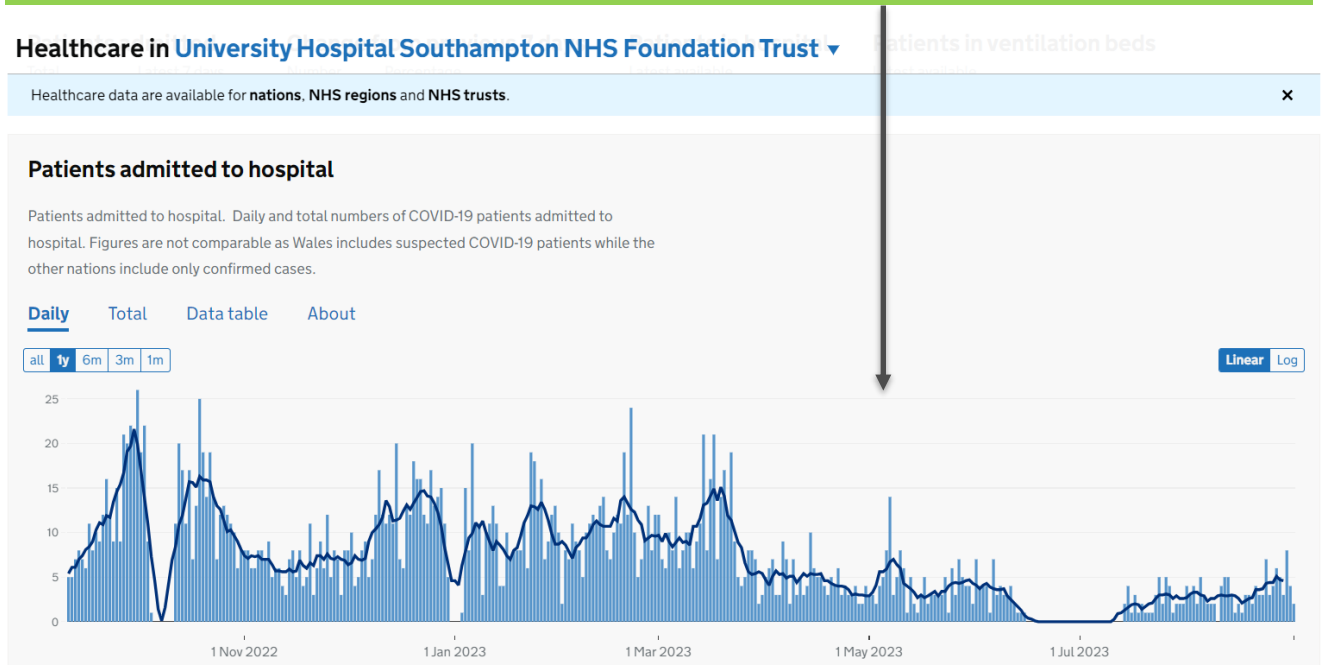
Covid-19

- During the last 12 months national **surveillance for Covid-19 has been scaled back** with the end of symptom and symptom-free (asymptomatic) testing across most sectors, including health and social care*, and the end of the ONS infection survey.
- This marked a move towards **learning to live safely with Covid-19** and guidance was published in April 2022 for people with symptoms of a respiratory infection including Covid-19 and living safely with respiratory infections, including Covid-19
- Surveillance (testing) continues within acute hospital settings, and for people at higher risk of severe infection who may be eligible for anti-viral treatment.
- Genomic sequencing of hospitalised positive cases continues to help insight into emerging variants.
- **On the 18th August 2023, a new variant BA.2.86 was identified in several countries with evidence of established international and domestic transmission**
- **BA.2.86 has a high number of mutations that could be suggestive of significant antigenic change, and it is currently been designated by UKHSA as a variant for the purposes of tracking and assessment (V-23AUG-01)**
- **Vaccination** continues to be offered to those at most risk of severe infection as part of Autumn and Spring campaigns. **The Autumn 2023 campaign is currently underway and has been expedited due to BA.2.86 variant.**
- The continued threat from variants of Covid-19 are helpful reminders of the importance of aligning to our SCC living with Covid strategic objectives of retaining our agility and capability to respond within the SCC health protection, emergency planning, and wider council teams.

The Southampton SCC Health Protection team have seen a marked reduction in the number of Covid-19 related incidents and enquiries in the last 12 months fitting with the reduction in testing provision across the community. Care homes continue to be a sector that experience cases and outbreaks and are supported by our local Infection Prevention and Control specialist nursing team in the city.

There have been several waves of infection leading to hospital admissions and deaths in England in the last 12 months. Waves of **Southampton** hospitalised admissions with Covid-19 largely mirrors the pattern seen nationally



In the last 12 months Covid-19 related mortality has been much lower than earlier in the pandemic largely due to vaccine-acquired immunity and natural infection

*In care homes LFD testing is still used to test the first five symptomatic residents in suspected outbreaks; testing is still used in symptomatic healthcare professionals caring for patients with severely weakened immune systems

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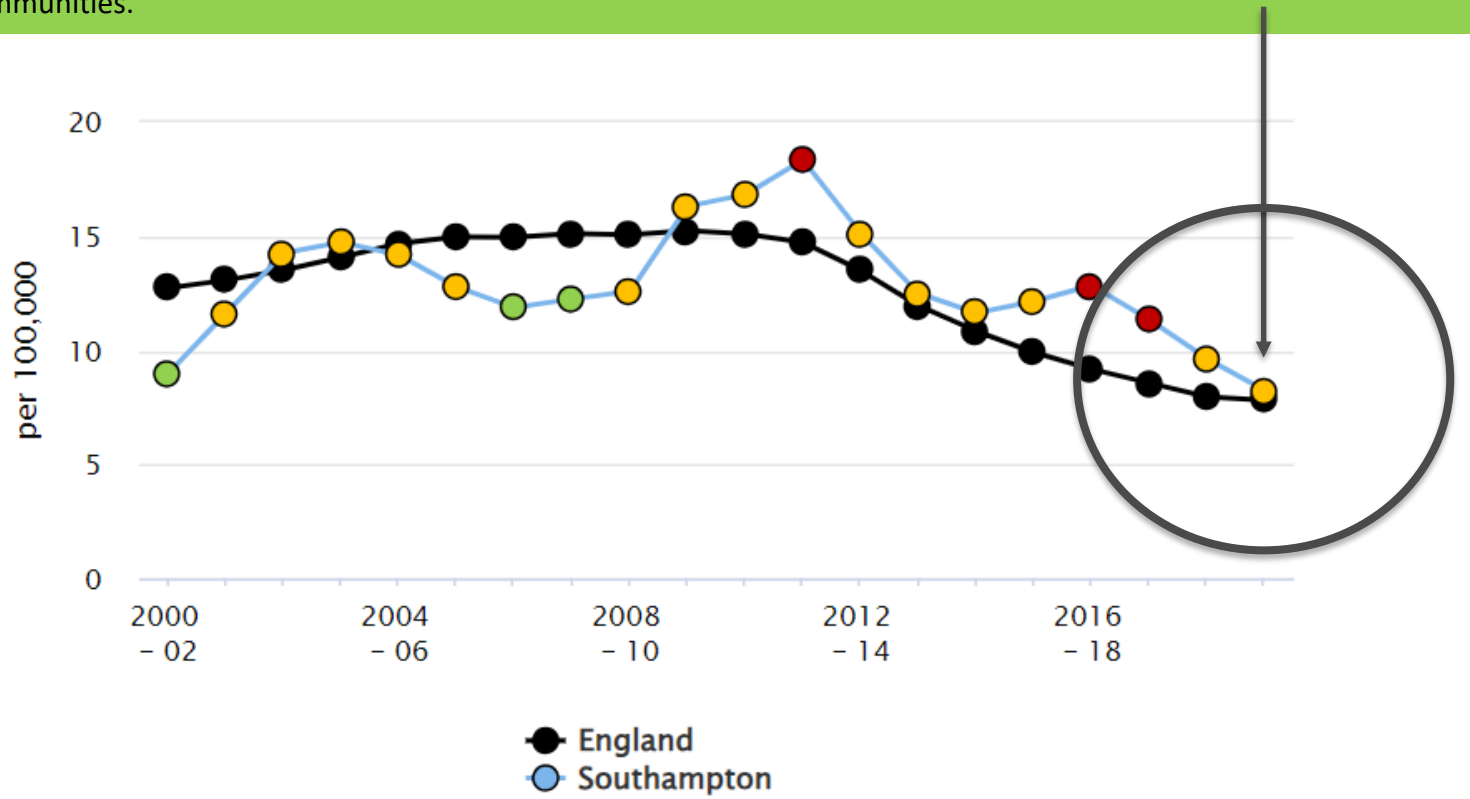
Tuberculosis

- **Tuberculosis or TB** is an uncommon bacterial infection caused by the bacterium called Mycobacterium tuberculosis. It usually causes infection in the lungs but can affect any part of the body including the spine and brain.
- TB infection is rare in the UK compared to many countries of the world
- **Not everyone infected with TB bacteria** become sick resulting in two TB-related conditions – Latent TB infection (LTBI) where the bacteria lie dormant and active TB infection
- **TB can be treated with antibiotics** but can be serious if untreated. Unlike most infections, antibiotic treatment is needed for at least six months
- **There is a vaccine for TB that is offered to one month old infants born to parents or grandparents from countries with high prevalence of infection (>40 cases per 100,000 population)**
- During 2020, major impacts on healthcare, migration, and social interactions due to the ongoing coronavirus (COVID-19) pandemic are likely to have affected TB notifications in complex ways.

Southampton has a higher three-year average TB incidence rate compared to England, the Southeast Region and many of our other local and statistical comparators. In 2019-21, the three-year average incidence rate was 8.2 cases per 100,000 population. Since 2011, there has been an overall downward trend in TB incidence for Southampton and England. Rates of TB continue to be highest in people born outside of the UK, those with social risk factors, and people living in deprived communities.



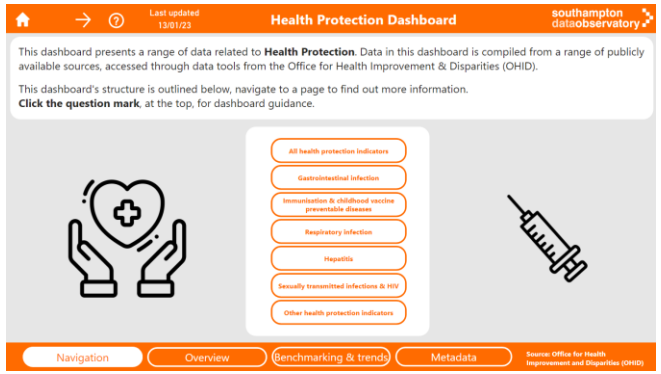
The SCC Health Protection Team will be supporting a **review of TB service specification** by the HIOW Integrated Care Board (ICB). The team also attend HIOW cohort review meetings and network meetings.

Build

Building capability for the future

Health Protection Dashboard

- SCC data and intelligence team have developed a Health Protection Dashboard which complies a range of publicly available health protection data into an easy to navigate platform accessible to professionals, businesses, the voluntary sector, citizens and communities.



Developing our health protection workforce

- To ensure that staff feel supported to deliver high-quality health protection services, **bespoke EPRR training** is being developed. This is a joint initiative with Emergency Planning and will aim to address recommendations, and capture learning, from the response to the COVID-19 pandemic. It will ensure that all members of the public health team have a grounding in the principles of EPRR and are better prepared to support any future response.
- Funding has been secured to enable members of the health protection team to attend the **UKHSA Conference in November 2023**. This will be an opportunity to hear from a range of health security experts on a variety of topics relating to latest advancements, strategies and innovations in health security and health protection, as well as participate in workshops and network with colleagues.
- **A health protection competencies and skills audit** is also being undertaken and a training plan under development to help align individuals to develop and maintain key competencies. Staff will be supported to take up training opportunities via the Local Resilience Forum (LRF).

Strengthening relationships

- **Strengthening relationships** with Port Health, Environmental Health and Emergency Planning colleagues will also remain a priority to ensure a coordinated response to health protection issues across the city.

Next Steps

Opportunities and next steps (September 2023/24)

Pandemic Flu/outbreak response plans

The health protection team will work with emergency planning colleagues to undertake a review of, and update, existing pandemic flu and outbreak response plans to ensure that arrangements are streamlined and align with national and regional arrangements.

The Reactor Emergency Plan (REPPIR)

The Reactor Emergency Plan (REPPIR) is also due to be updated in 2023. Updated public information for the detailed emergency planning zone (DEPZ) for residents and businesses which will be reissued in Summer 2024 as per the three-year cycle. The outline planning zone (OPZ) public information is due to be reissued in October 2023.

Air quality

The health protection team will be working with lead SCC air quality officers in supporting an air quality healthcare professional engagement project.

Horizon scanning

A climate change health impact assessment will be scoped out to bring focus to the significant health threats presented by climate change and consider what this means for Southampton. The team will also be undertaking a rapid literature review into open water swimming and infectious disease risks.

Childhood Immunisations Strengths and Needs Assessment (CHISANA)

Findings and recommendations from the CHISANA will be shared with the health and wellbeing board (HWB) in March 2024.

Reactive capacity

Continuing to react to and provide additional capacity to health protection situations and incidents will remain a priority, including working with agencies to share latest information and good practice.

End

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DECISION-MAKER:	Health & Wellbeing Board
SUBJECT:	**Joint Strategic Needs Assessment (JSNA) Annual Work Programme Summary and Health and Wellbeing Strategy Indicators Update**
DATE OF DECISION:	**13 December 2023**
REPORT OF:	**COUNCILLOR LORNA FIELKER** **CABINET MEMBER FOR ADULTS, HEALTH AND HOUSING**

CONTACT DETAILS				
Executive Director	**Title**	Director of Public Health Director of Commissioning, Integrated Health & Care		
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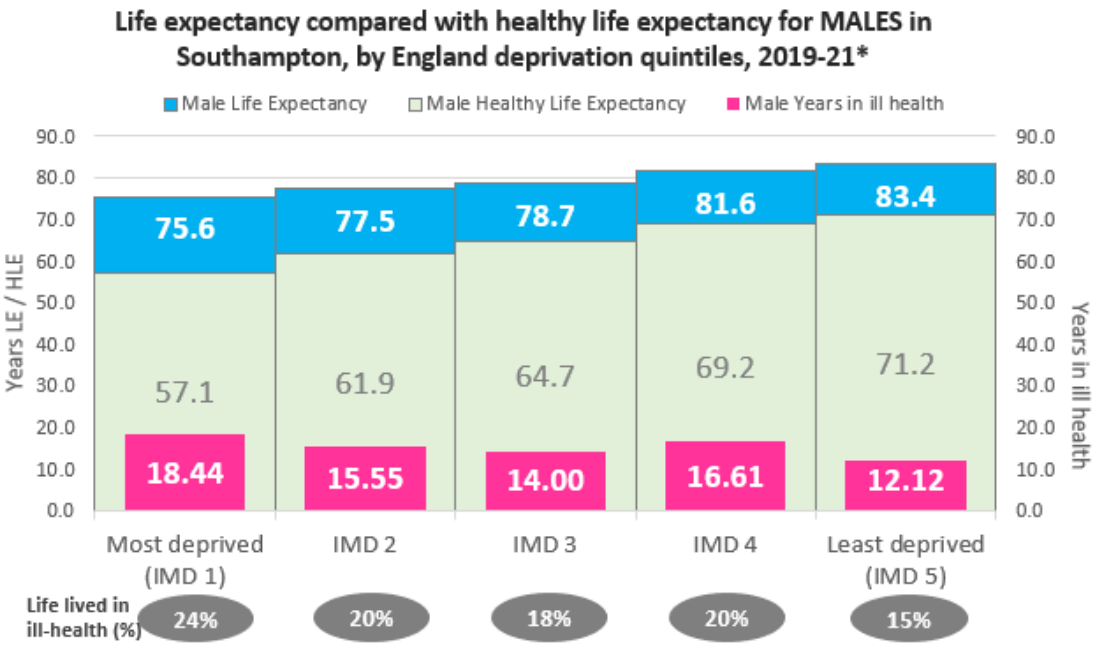
STATEMENT OF CONFIDENTIALITY
Not applicable
BRIEF SUMMARY
The Southampton Health and Wellbeing Strategy 2017-2025 was developed by the Health and Wellbeing Board, and adopted by Full Council in March 2017, in agreement with the then Southampton Clinical Commissioning Group (CCG) Governing Body. The strategy 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 Southampton Health and Wellbeing Strategy indicators and also the most recent year's work programme of the JSNA: the full JSNA is housed within the Southampton Data Observatory**.**

RECOMMENDATIONS:		
	(i)	The Board notes the work progressed on the JSNA element of the Southampton Data Observatory
	(ii)	The Board notes the progress of the health and wellbeing strategy indicators
	(iii)	The Board commends insights and analysis from HWB strategy indicator monitoring as well as through other topics and evidence within the JSNA to help identify existing and new priorities for the next strategy.

REASONS FOR REPORT RECOMMENDATIONS	
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.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	N/a
DETAIL (Including consultation carried out)	
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 JSNA work that has been undertaken in connection with the Strategy (Appendix 2), and changes in the key health indicators (included in Appendix 2), since the last update in December 2022. A full JSNA slide set is in Appendix 3 and also on the Southampton Data Observatory
5	**Southampton's JSNA**
	Health and Wellbeing Boards are responsible for producing a JSNA under the Health & 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. 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 Southampton Data Observatory. 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 Power BI dashboard and are set out in Appendix 2. Appendix 2 also provides a summary of the JSNA work programme, highlighting key intelligence deliverables over the time since the last update in December 2022 whilst appendix 3 illustrates the context for the city, the JSNA purpose 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: Life expectancy and mortality, morbidity and long-term conditions, childhood obesity and the food environment, diabetes, respiratory disease, cardiovascular disease and the economic needs assessment.

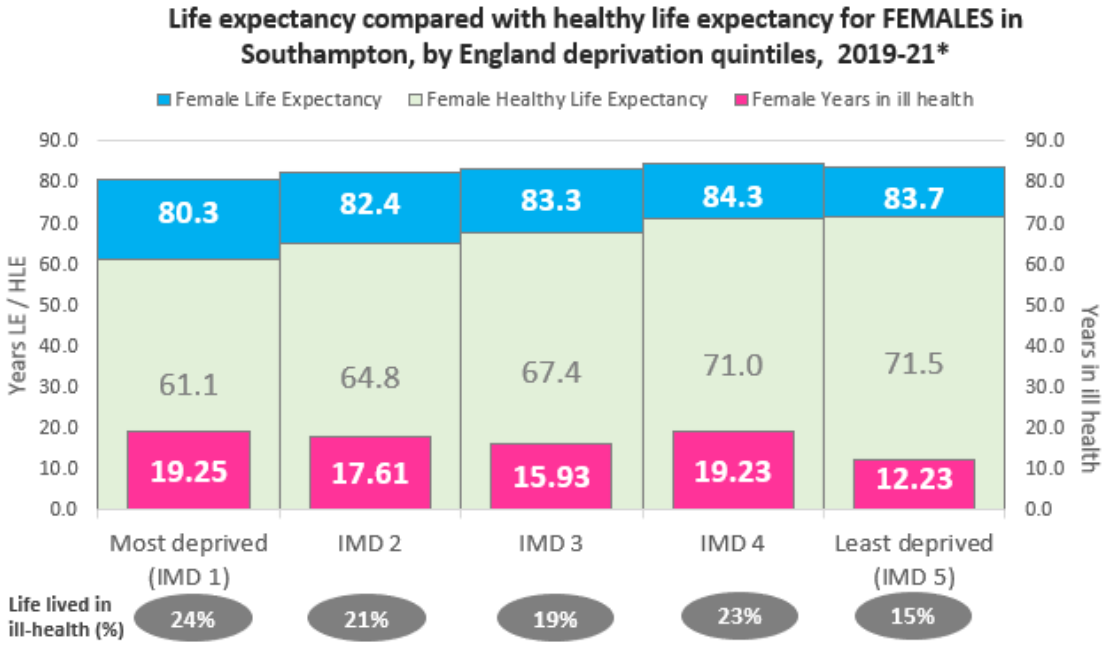
6	**Work Programme Update**
	A large undertaking over the last 6 months has been the need to migrate the Southampton Data Observatory website to a new content management system (CMS). This has involved the team learning how to use the new system and checking and migrating over 100 web pages. Some pages have also been updated and expanded where possible as part of the process. The JSNA work programme is defined by the JSNA steering group with new updates published on the Southampton Data Observatory. The work programme aligns with stakeholder priorities for statutory reports, needs assessments and strategies. There has been a focus on creating, refreshing and expanding on topic areas which are the main contributors to inequalities, the gap in life expectancy and the greatest burdens of disability/ill health in the city; cardiovascular, respiratory and diabetes (these also chime with current sub-ICB priorities). In line with this, the next topics on our work plan include cancer, falls and mental health. A full slide set exploring the JSNA context and deeper dive analyses into JSNA strategic indicators can be found on the Southampton Data Observatory and also in Appendix 3. Similar to the Southampton Data Observatory, the slide set is dynamic and constantly updated. The work programme has also included a bespoke Southampton Census tool looking at indicators at neighbourhood level in the city, as well as topic updates using Census data for Unpaid Carers and Veterans. NHS Data supported an update on people with learning disabilities. In addition, new Census data has provided a deeper understanding around migration trends, car and van ownership and also the protective characterises of our population such as gender identity, disability and sexual orientation, shown in the population pages. Data and intelligence have supported a range of needs assessments and reports including the child growth report, the community safety needs assessment, the economic needs assessment, a reducing harm drugs partnership needs assessment, as well as the still to be published childhood immunisation strengths and needs assessment and Annual Public Health Report on workplace health.
7	**Key Analysis on Life Expectancy and Healthy Life Expectancy**
	Life expectancy and healthy life expectancy is one of the Strategy's overarching indicators. These indicators are measured in years and the gap between life expectancy and healthy life expectancy is how many years people live in poor health. Health inequalities can be understood by grouping neighbourhoods into deprivation quintiles (using the Index of Multiple Deprivation) and comparing those in the most and least deprived groups. Southampton has 28% of it's population living in the 20% most deprived neighbourhoods in England. Comparing neighbourhoods in the most deprived 20% of Southampton to the least deprived 20%, the gap in life expectancy at birth is 8.1 years for men and 3.4 years for women (2019-21). Deaths data and Census data were used together to explore life expectancy further compared with healthy life expectancy and the years in poor health, again by deprivation. The findings are important, showing that although females in the city live longer than males, they also live in poorer health for longer. This is the case whichever deprivation

quintile they live in. In the 20% most deprived neighbourhoods, males live on average for 18.4 years in ill health compared to 19.2 years in ill health for females.



Source: NHS England and ONS using ONS Silcocks method for Life Expectancy and ONS Sullivan method for Healthy Life Expectancy , *provisional data

Both males and females in the most deprived quintile live a quarter (24%) of their shorter lives in ill health. Males and females in the least deprived quintile live a seventh (15%) of their lives in ill health.



Source: NHS England and ONS using ONS Silcocks method for Life Expectancy and ONS Sullivan method for Healthy Life Expectancy , *provisional data

8	A commentary on the Strategy's other key indicators can be found in Appendix 2 slides 18 to 21. Of particular note for Southampton: • Mortality considered preventable in the under 75s from respiratory, cardiovascular and all causes remains higher than England and for some of these indicators places Southampton in the worst among its ONS comparator group • Continued improvements can be seen in increased breastfeeding rates and decreasing percentages for smoking at time of delivery for births • 1 in 4 children are in relative low-income families compared to 1 in 5 in England, consistently significantly higher than England and the gap has been getting worse. • Teenage conception has decreased overall at a faster rate than nationally. Had there been one less conception, the rate in 2021 would have been the lowest over 24 years and 25 less conceptions would have given us the same rate as England. • Smoking prevalence in adults is decreasing overall. In 2022, Southampton (13.2%) was higher but statistically similar to England (13.9%). The gap between Southampton and England has narrowed since 2019 when Southampton was significantly higher. • Local depression prevalence (12.4%) has increased similarly along with England rates (12.3%) for 2020/21 • Under 75 mortality from preventable liver disease rate for 2021 is significantly higher than England and 2nd worse among ONS comparator group. • Injuries due to falls in those aged 65+ is significantly higher than the England average and ranked 1st (worst) among ONS comparators for persons, males and females • COVID-19 is the leading cause of excess winter deaths in Winter 2020 to 2021. Excess winter deaths were higher than any year in the 20-year recorded period between Winter 2001 to 2002 and Winter 2020 to 2021 Data for people in employment to the end of March 2022 saw Southampton lower than England and returning to pre-pandemic levels.
9	**Summary**
	The JSNA work programme continues to support the Health and Wellbeing Strategy with analyses of the current and future health needs of the community as well as monitoring the strategy indicators. The analysis provided with the JSNA meets the purpose to improve health & wellbeing and reduce inequalities through informing health and wellbeing strategies and commissioning plans. The 2023 work programme topic priorities were agreed based on the main contributors to the gap in life expectancy and greatest burdens of disability/ill health in the city and the Health and Wellbeing strategy stakeholder priorities (including JSNA steering group stakeholders) for statutory reports, needs assessments and strategies. Insights and analysis from HWB strategy indicators monitoring as well as through other topics within the JSNA helps identify existing and new priorities for the next strategy, when the current strategy term ends in 2025.
RESOURCE IMPLICATIONS	
Capital/Revenue	
	Whilst there is no direct cost implications from this report, the impact of Southampton as a city having greater Health and Social Care needs than many other areas of the UK has led to an increased demand for public services. This

	does have an ongoing impact to Southampton City Council and local NHS budgets.
Property/Other	
	None
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
	Health & Social Care Act 2012
Other Legal Implications:	
	None
RISK MANAGEMENT IMPLICATIONS	
	N/a
POLICY FRAMEWORK IMPLICATIONS	
	N/a

KEY DECISION?	**No**
WARDS/COMMUNITIES AFFECTED:	
SUPPORTING DOCUMENTATION	
Appendices	
1.	Southampton Health and Wellbeing Strategy 2017-2025
2.	Joint Strategic Needs Assessment (JSNA) Annual Work Programme Summary and HWB Strategy Update
3.	JSNA Update October 2023
4.	Update on Health & Wellbeing Strategy outcomes

Documents In Members' Rooms

1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	**No**
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.	**No**
Other Background Documents **Other Background documents available for inspection at:**	
Title of Background Paper(s)	**Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)**

1.		
2.		

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Healthy Southampton

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 65+ 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.

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.

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.

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 100,0000.
- 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)

Outcome

What are we going to do?

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		
Overarching	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
Children & Young People/ Early years	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
Adults	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)		
Healthy settings	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**

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

southampton dataobservatory

Joint Strategic Needs Assessment (JSNA) Annual Work Programme Summary and HWB Strategy Indicators Update

Southampton City Council

The JSNA (Joint Strategic Needs Assessment)

- Health & Wellbeing Boards are responsible for producing a JSNA (Health & Social Care Act 2012)
- The JSNA is an assessment of the current and future health and social care needs of the community
- Purpose is to improve health & wellbeing and reduce inequalities
- Statutory requirement to produce AND inform health and wellbeing commissioning plans
- Locally determined process - No mandated format, core dataset or update schedule. 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 Southampton Data Observatory
- 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 Power BI dashboard. They are also available to view (along with commentary) within this slide pack here.

JSNA Work Programme Summary

2022/23 JSNA work programme

- A large undertaking was migrating the whole of the Southampton Data Observatory (over 100 web pages) to a new platform, the team learnt new software and built pages with expanded, refreshed, checked and transferred content
- The JSNA work programme is defined by the JSNA steering group with new updates published on the Southampton Data Observatory. The work programme aligns with stakeholder priorities for statutory reports, needs assessments and strategies, such as Childhood Immunisation Strengths and Needs Assessment, Physical Activity Strategy, Annual Public Health Report, Tobacco Alcohol & Drugs Strategy, Childhood Obesity Task and Finish Group recommended analyses
- A health inequalities driver for topic content has been creating/refreshing and expanding the areas, that are the main contributors to the gap in life expectancy and greatest burdens of disability/ill health in the city; cardiovascular, respiratory and diabetes (these also chime with current sub-ICB priorities). In line with this, the next topics on our work plan include cancer, falls and mental health.

2022/23 JSNA work programme

Refreshed and new JSNA pages/products on the data observatory this year are;

Demography

- 2021 Census
- Ethnicity, Language & Identity
- Births
- Migration

Healthy People

- Life expectancy and mortality
- People with learning disabilities
- Carers and Veterans
- Cardiovascular Diseases
- Respiratory conditions
- Health protection

Healthy Lives

- Healthy weight
- Smoking
- Alcohol
- Drugs
- TAD* scorecard

*Tobacco, alcohol and Drugs strategy

Healthy Places

- Economic assessment
- Community Safety Assessment
- Cost of Living

JSNA Topic Area Updates – Demography and Healthy People:
Census, Population & Communities of Interest

2021 Census

- A new Southampton bespoke Census tool has been created, which looks at **topic areas** through **benchmarking** against comparators with data available also at **three** different **sub city** geographical areas, **neighbourhoods** that contain, on average **300, 1,500** and **7,500 people.**

- The Census collects valuable data not collected elsewhere, particularly on **protective characteristics** covered in the **Equality Act**, which helps with policy and service design. Summarised analysis on **living arrangements** (marital status), **gender identity** (1,633 people identify as a different sex from that registered at birth), **disability** (43,937 residents are disabled under the equality act) and **sexual orientation** (8,901 people identify as gay, lesbian or bisexual) on the Census 2021.

- **Car and van ownership** (helps us understand accessibility to services) is also on the Census 2021

- Migration has been updated with Census data on **country of birth** (Southampton has more of its population born outside the UK than other parts of Hampshire, Isle of Wight and Portsmouth, 24.1% were born outside the UK), **passports held** by our residents as well as **year and age of arrival** helping identify migration trends for the city.

- The Communities of Interest section hosts summary analysis including slide sets for **veterans** and **unpaid carers** using **Census 2021** data. **People with learning disabilities** was updated using **NHS data.**

- For the **6,361** recorded veterans in our city; **veterans** are largely **white British, male and over 65**, and **more likely** to be in **poor health** and/or with a **disability or limiting condition**. Those of working age are more likely to be working in skilled trades or in process, plant or machine operative occupations; all this and more is summarised in the topic page and detailed in the topic slide set.

- In Southampton, **18,136 people** are recorded in the Census as providing some level of unpaid care. Understanding about unpaid carers is important. The **number of hours of care** provided **increases** as **carers age** and the **health** of the carers **decreases** with **age**. Other differences of unpaid care provision by **ethnicity, economic activity** and **deprivation** quintile of carers are also included in the analysis slide set

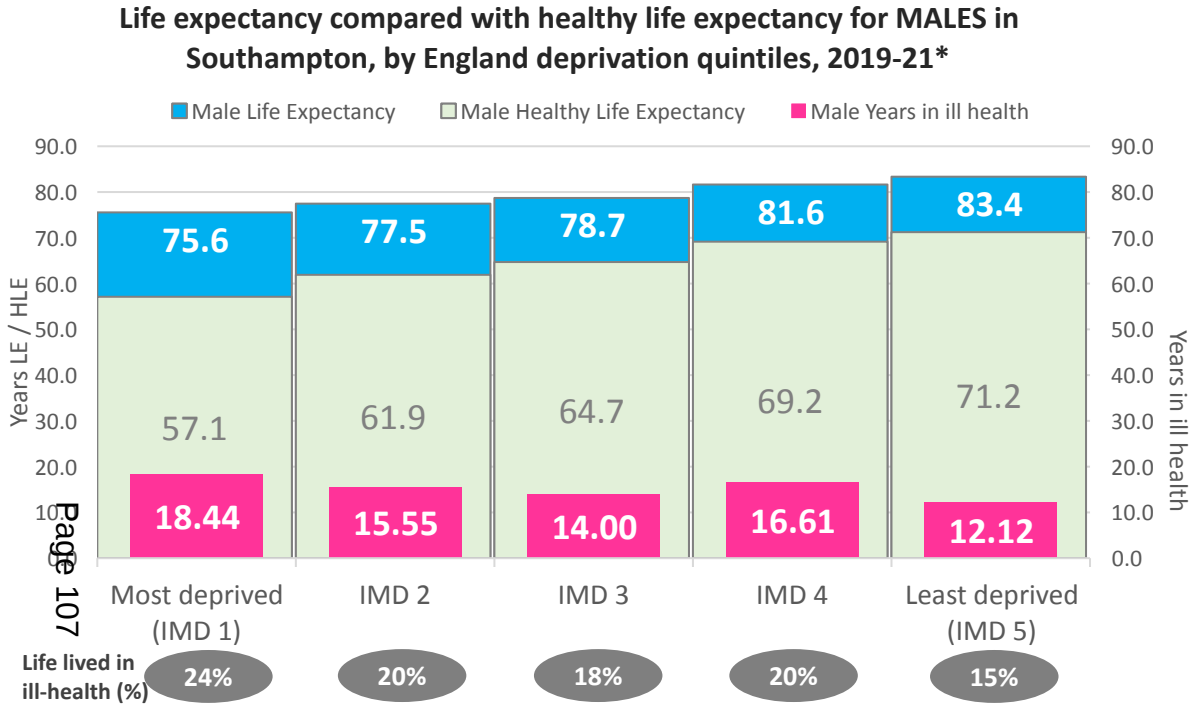
- The Communities of Interest section also hosts a learning disabilities page. This has been updated with the **latest available NHS health data (not Census)** and the content revised, guided by **key stakeholders** supporting the health of people of learning disabilities. **25 people in 1,000** are estimated to have a learning disability, but only **5 in 1,000 people** are **registered with a GP** as having a learning disability. Across Southampton PCNs, **1,583 GP registered patients** were registered as having a **learning disability.**

JSNA Topic Area Updates
Healthy People: Life expectancy and conditions

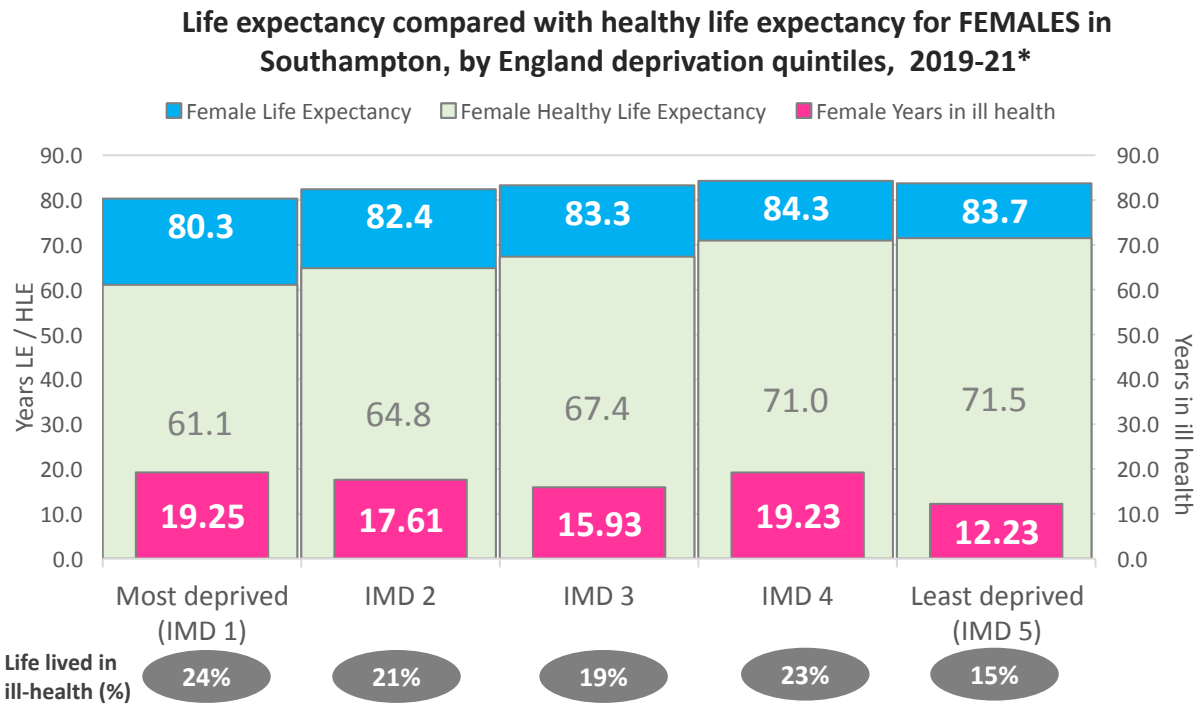
JSNA Topic Area Updates - Life expectancy and conditions

- Life expectancy topic page has been revised including data at ward and deprivation. Life expectancy for those in the **most deprived 20% (**where **males** live to an estimated **75.6 years** and females to **80.3 years) has a gap** for **males of 7.8 years** and for **females of 3.4 years** compared to those the **least deprived 20% (83.4 years** for **males** and **83.7 years** for **females)**
- The **main cause** of death contribution to this **gap in life expectancy** is **circulatory** (20.5% contribution to gap for males and 24.6% for females). Another main cause is **respiratory** (19.2% contribution to gap for males and 23.6% for females). Cancer contributes to 19.7% for males and 3.5% for females - we have received anonymised cancer registration data and plan use this in our analyses for next forthcoming health conditions topic on cancer.
- New topic pages summarising key analysis included in the accompanying PowerBI and elsewhere for respiratory disease and cardiovascular disease are available with indicators where available at ward, deprivation and PCN level.
- A deep dive into **life expectancy** and **healthy life expectancy** at **deprivation level** also showed **years in poor health**. This analysis showed both males and females in the **most deprived 20%** live a **quarter (24%)** of their **shorter** lives in ill health. **Males** and **females** in the **least deprived** 20% live **a seventh (15%)** of their lives in **ill health. More details on the next slide**
- The **conditions** that **contribute** to the **greatest burden in Southampton (**measured in disability-adjusted life years (DALYs)) are ischaemic heart disease (IHD); 6.45% (**cardiovascular**), COPD; 4.42% (**respiratory**); tracheal, bronchus and lung cancer; 3.86%, diabetes; 3.64% and stroke; 3.1% (**cardiovascular**). Diabetes has had a full refresh (topic page with analysis summary and PowerBI) with the latest data.
- **Majority** of greatest burden **conditions** have **smoking** as an **upstream factor; IHD, COPD, tracheal bronchus and lung cancer.** A **new PowerBI** is being created for smoking available end of October 2023 pulling together a range of analysis, summarised with other data on the already updated smoking topic page

Life expectancy and healthy life expectancy



Source: NHS England and ONS using ONS Silcocks method for Life Expectancy and ONS Sullivan method for Healthy Life Expectancy , *provisional data



Source: NHS England and ONS using ONS Silcocks method for Life Expectancy and ONS Sullivan method for Healthy Life Expectancy , *provisional data

Females in the city may **live longer** than **males** but they live in **poorer health** for **longer** which ever deprivation quintile they live in.

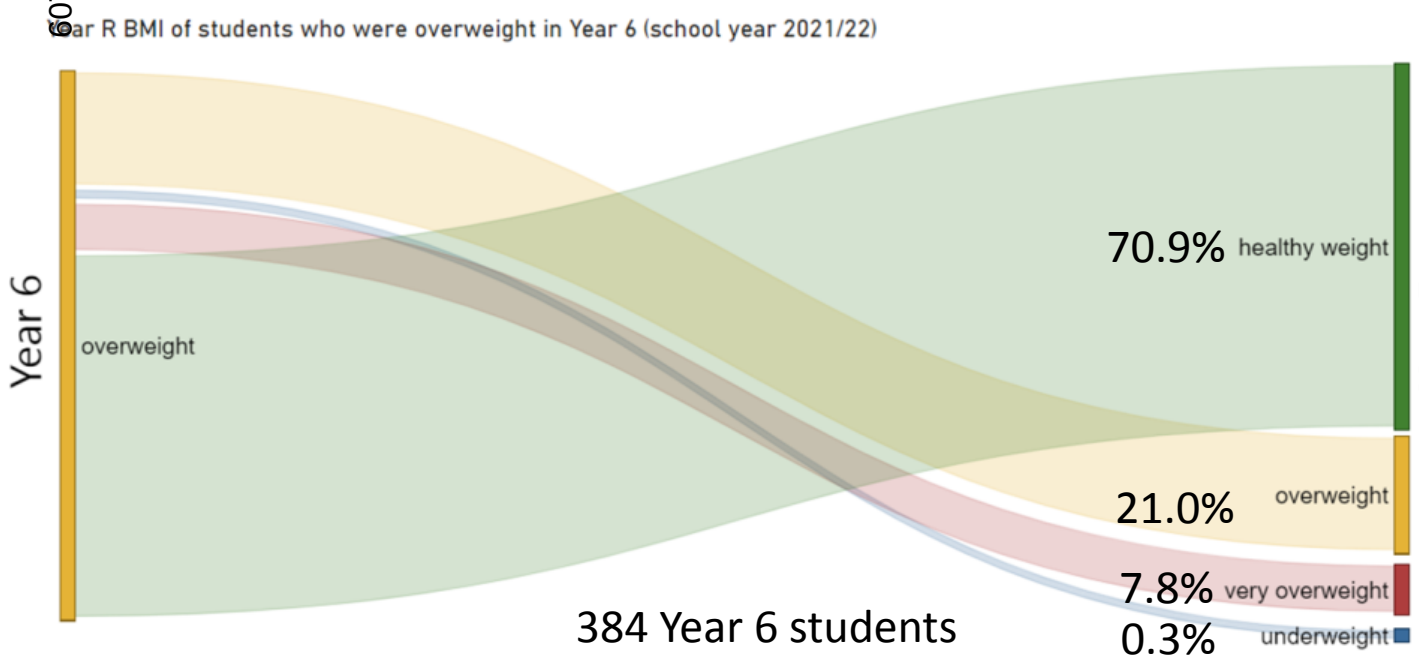
Looking at **life expectancy versus healthy life expectancy**, in the **most deprived 20% England quintiles** (used by Core20+5 analysis), **males** live on average for **18.4 years** in **ill health** however females live for **19.2** years in ill health. Both males and females in the **most deprived quintile** live a **quarter (24%)** of their **shorter** lives in ill health. **Males** and **females** in the **least deprived** quintile live **a seventh** (**15%**) of their lives in **ill health**

2019-21 life expectancy data expected to be published November 2023

JSNA Topic Area Updates - Healthy Lives: Healthy Behaviours

Healthy behaviours

- The **Tobacco, Alcohol and Drugs strategy** (2023-2028) is the first Southampton strategy taking a '**health in all policies'** approach, a suite of tools and pages is now available. The TAD Strategy Dashboard helps measure how we as a council will reduce the harm to people who use tobacco, alcohol and drugs as well as harm to people around them and harm across the city of Southampton. **Topic pages** on Smoking, Alcohol and Drugs have been revised with their accompanying regularly refreshed PowerBI data dashboards.
- We supported the data and analysis of a Drugs Needs Assessment to **inform local delivery plan** of the **Reducing Drug Harm Partnership** for Southampton.
- Analysis of locally collected National Child Measure Programme children's BMI data informed the city's Child Growth report, looking at childhood obesity benchmarking and trends data as well differences by ethnicity, sex, deprivation and prospective and **retrospective** differences over time



Extract from Child Growth report – Retrospective linked analysis

- **384 Year 6 children** measured in 2021/22 were **overweight**
- **7 out of 10** (70.9%) of them were originally a **healthy weight** when they were measured in **Year R**
- Only **2 out of 10 pupils** who were **overweight** in **Year 6** were overweight in **Year R**

JSNA Topic Area Updates - Healthy Places

- Analysis conducted on Southampton's economy contributes to our understanding of a number of **wider determinants of health and wellbeing.** The Economic Needs Assessment explores a **whole range** of areas that affects the **inequality gap** and also helps forecast the impact of areas of concern, for example the **cost of living**

- A new Cost of living section brings together **Southampton Data Observatory** relevant pages in one place, such as deprivation and poverty, **cost of living survey**, **cost of living modelled impacts**, benefits, economy, housing and homelessness as well as including **new sections** with analyses featuring **cost of living vulnerability indices** and a **households energy efficiency** PowerBI

- Every November/December the statutory Community Safety; Safe City Strategic Assessment is refreshed and published. The assessment covers:
  - An analysis of the levels of crime and disorder and substance use in the area
  - Changes in those levels and why these changes have occurred
  - Views of local people living and working in the area in relation to crime and disorder and substance use
  - Identification of gaps in knowledge which need to be addressed
  - Recommendations for matters which should be prioritised

Health and Wellbeing Strategy

HWBB Priorities and Indicators

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Outcome	What are we going to do?
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		
Overarching	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
Children & Young People/ Early years	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
Adults	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)		
Healthy settings	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**

We have been monitoring Southampton against the measures set out in the Health and Wellbeing Strategy. These indicators are also available on constantly refreshed PowerBI dashboard

Key points – Overarching indicators: Life expectancy and mortality

- In Southampton, **men** live **13 months less** and **women** live **8 months less** compared to the England average.
- Southampton **women** live for a **longer period** in **poorer health** (19.4 years) than Southampton men (17.0 years) [Poorer health years = Life Expectancy – Healthy Life Expectancy].
  A deeper dive on Life Expectancy and Healthy Life Expectancy for deprivation quintiles is in the JSNA update slides
- The **under-75 mortality rate** for **respiratory disease** (males) and **cardiovascular disease** (males and females) considered **preventable** remains **higher** than England. However, the under-75 mortality rate for **respiratory disease** (females) and **causes considered preventable** (male and females) are **significantly higher** than England and in the top **worse third** among ranked comparators. (Previous trend data for causes considered preventable and cardiovascular for women showed **Southampton rates increased** for **women** whereas the **England** rates are **decreasing**).
- Comparing the **most deprived 20%** of Southampton to the **least deprived 20%,** life expectancy at birth gap is **8.1 years** for **men** and **3.4 years** for **women** (2019-21).

Sparklines in blue are trends from the previous data point backwards. Latest data has not been provided with backdated trends awaiting still to be released new population estimates

Priority area	Measure	Unit	Latest period	Southampton Sparkline	Southampton value	England value	ONS Comparator Ranking (1 out of 12 is worse, worst third in pink)	Significance compared to England value
Overarching	Life expectancy at birth (Male)	Years	2018 - 20		78.3	79.4	5	Significantly lower
	Life expectancy at birth (Female)	Years	2018 - 20		82.5	83.1	7	Significantly lower
	Life expectancy at 65 years (Male)	Years	2018 - 20		17.9	18.7	5	Significantly lower
	Life expectancy at 65 years (Female)	Years	2018 - 20		20.7	21.1	8	Significantly lower
	Healthy Life Expectancy at birth (Male)	Years	2018 - 20		61.4	63.1	5	Lower
	Healthy Life Expectancy at birth (Female)	Years	2018 - 20		63.1	63.9	6	Lower
	Under 75 mortality rate from cardiovascular diseases considered preventable Male	per 100,000	2021		45.8	44.1	9	Higher
	Under 75 mortality rate from cardiovascular diseases considered preventable Female	per 100,000	2021		19.6	17.0	6	Higher
	Under 75 mortality rate from respiratory disease considered preventable Male	per 100,000	2021		22.9	17.3	6	Higher
	Under 75 mortality rate from respiratory disease considered preventable Female	per 100,000	2021		23.1	14.0	2	Significantly higher
	Under 75 mortality rate from causes considered preventable Male	per 100,000	2021		298.0	241.8	4	Significantly higher
	Under 75 mortality rate from causes considered preventable Female	per 100,000	2021		153.7	127.6	3	Significantly higher

Key points – Children and Young people

- **Smoking at time of delivery** in Southampton (10%) is **higher** but not **significantly** than England (9%). Previous years (2010/11 to 2019/20) it has been significantly higher. Recent years show the **Southampton** percentage **decreasing at a faster** rate **than nationally**. **Breastfeeding** prevalence at 6-8 weeks after birth is **increasing** and **higher** than the **national** average (53% vs. 49%).
- **Excess weight** in **4-5 year olds**, second lowest among comparators in last 5 years and similar to England. For **10-11 year olds**, Southampton has been **significantly higher** than England and with a **steeper overall increase locally**.
- **MMR vaccination** (for one dose, aged 2) coverage **fell** compared to last year but is **higher** than **England.**
- **Children Looked After rate** is **significantly higher** than **England** and **3rd highest** among comparators.
- **School readiness at reception** is **significantly lower** than England post pandemic having previously followed England: **92 more Southampton children** would need to reach a good level of development to meet the England average.
- **1 in 4 children** are in relative **low-income** families compared to **1 in 5** in **England**, **consistently significantly higher** and the gap has been **getting worse.**
- Hospital admissions caused by **unintentional and deliberate injuries** in **children** under 15 years is **lower** than England.
- Teenage conception **decreased overall** at a **faster** rate than **nationally.** Had there been one less conception, the rate in 2021 would have been the lowest over 24 years and 25 less conceptions would have given us the same rate as England.

Sparklines in blue are trends from the previous data point backwards. Latest data has not been provided with backdated trends awaiting still to be released new population estimates

Priority area	Measure	Unit	Time period	Southampton Sparkline	Southampton value	England value	ONS (n=12) Comparator Ranking (1 is worse, worst third in pink)	Significance compared to England value
Children & Young People/Early years	Smoking status at time of delivery (Female)	%	2021/22		9.7	9.1	6	Higher
	Breastfeeding prevalence at 6-8 weeks after birth - current method	%	2021/22		53.4	49.2	4 of 7	Significantly higher
	Child excess weight in 4-5 year olds	%	2021/22		22.4	22.3	8	Higher
	Child excess weight in 10-11 year olds	%	2021/22		39.8	37.8	5	Significantly higher
	Population vaccination coverage - MMR for one dose (2 years old)	%	2021/22		91.7	89.2	8	Higher
	Children looked after	per 10,000	2022		114.0	70.0	3	Significantly higher
	School readiness: Good level of development at the end of receptior	%	2021/22		61.8	65.2	4	Significantly lower
	School readiness: Year 1 pupils achieving the expected level in the p	%	2021/22		74.5	75.5	7	Lower
	Children in relative low income families (under 16s)	%	2021/22		25.0	19.9	4	Significantly higher
	Hospital admissions caused by unintentional &deliberate injuries i	per 10,000	2021/22		83.4	84.3	7	Lower
	Under 18s conception rate / 1,000 (Female)	per 1,000	2021		17.4	13.1	5	Significantly higher

Key points – Adults

- **Smoking prevalence** in adults is **decreasing** overall. In 2022, Southampton (13.2%) was higher but statistically similar to England (13.9%). The gap between Southampton and England has narrowed since 2019 when Southampton was significantly higher.
- **Suicide rate** in 2019-21 was 9.5 per 100k, **similar** to **England** and the lowest rate in the last 12 three-year pooled periods, however **coroner** hearings and **registered** dates may have been **delayed** due to **COVID-19**.
- Local **depression prevalence** in 2021/22 (12.3%) is similar to 2020/12 (12.4%) but overall **increased** similarly **along** with **national** rates (12.7%) since 2013/14.
- Under 75 mortality from **preventable liver disease** rate for 2021 is **significantly higher** than **England** and **2nd worse** among ONS **comparator** group.
- **HIV late diagnosis** in people first diagnosed with HIV in the UK is now 37.3% and continues with a 4th consecutive 3 year pooled period **lower** than **national average** (43.4%).
- **TB incidence locally** (8.2 per 100k) is **higher but statistically similar** to England (7.8 per 100k) and **lowest** in last 20 years.
- **Injuries due to falls** in those aged 65+ is **significantly higher than the England average** and ranked **1st worse** among ONS comparators for **persons, males and females**

Sparklines in blue are trends from the previous data point backwards. Latest data has not been provided with backdated trends awaiting still to be released new population estimates

Priority area	Measure	Unit	Time period	Southampton Sparkline	Southampton value	England value	ONS (n=12) Comparator Ranking (1 is worse, worst third in pink)	Significance compared to England value
Adults	Smoking Prevalence in adults (18+) - current smokers (APS)	%	2022		13.2	12.7	6	Higher
	Suicide rate (age 10+ years)	per 100,000	2019 - 21		9.5	10.4	11	Lower
	Depression: Recorded prevalence (aged 18+)	%	2021/22		12.3	12.7	8	Lower
	Injuries due to falls in people aged 65+ (Persons)	per 100,000	2021/22		3186.8	2099.9	1	Significantly higher
	Injuries due to falls in people aged 65+ years (Male)	per 100,000	2021/22		2915.2	1749.6	1	Significantly higher
	Injuries due to falls in people aged 65+ years (Female)	per 100,000	2021/22		3418.0	2360.0	1	Significantly higher
	Under 75 mortality rate from liver disease considered preventable	per 100,000	2021		28.4	18.9	2	Significantly higher
	HIV late diagnosis in people first diagnosed with HIV in the UK	%	2019 - 21		37.3	43.4	10	Lower
	TB incidence (3 year average)	per 100,000	2019 - 2021		8.2	7.8	3	Higher

Key points – Healthy settings

- 2021 saw fraction of **mortality attributable to particulate air pollution higher** than **England average** (5.9% versus 5.5%) and ranked **2nd worst** in our **ONS comparators** group.
- **COVID-19 is the leading cause of excess winter deaths in Winter 2020 to 2021**. The data for Southampton and England in 2020 to 2021 saw excess winter deaths higher than any year in the 20 year recorded period between Winter 2001 to 2002 and Winter 2020 to 2021. The previous year (Winter 2019 to 2020) saw a pandemic related drop with less deaths in the winter months than the summer months.
- Data for **people in employment** to the end of March 2022 saw Southampton **lower** than England and returning to pre-pandemic levels. The impact of COVID-19 had since seen significant increases and also sub-city variation (see slides on benefits in Covid Impact Assessment section)

Sparklines in blue are trends from the previous data point backwards. Latest data has not been provided with backdated trends awaiting still to be released new population estimates

Priority area	Measure		Time period	Southampton Sparkline	Southampton value	England value	ONS (n=12) Comparator Ranking (1 is worse, worst third in pink)	Significance compared to England value
Healthy settings	Fraction of mortality attributable to particulate air pollution (new method)	%	2021		5.9	5.5	2	Not comparable
	Percentage of people aged 16-64 in employment	%	2021/22		74.3	75.4	5	Lower
	Excess winter deaths index (Persons)	Ratio	Aug 2020 - Jul 2021		37.0	36.2	4	Higher
	Excess winter deaths index (Male)	Ratio	Aug 2020 - Jul 2021		35.6	36.5	4	Lower
	Excess winter deaths index (Female)	Ratio	Aug 2020 - Jul 2021		38.6	36.0	6	Higher

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Joint Strategic Needs Assessment (JSNA) August Review

Southampton City Council

The JSNA (Joint Strategic Needs Assessment)

- Health & Wellbeing Boards are responsible for producing a JSNA (Health & Social Care Act 2012)
- The JSNA is an assessment of the current and future health and social care needs of the community
- Purpose is to improve health & wellbeing and reduce inequalities
- Statutory requirement to produce AND inform health and wellbeing commissioning plans
- Locally determined process - No mandated format, core dataset or update schedule. 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 Southampton Data Observatory
- 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 Power BI dashboard. They are also available to view (along with commentary) within this slide pack.

What does the JSNA tell us about Health & Wellbeing in Southampton?

Demography

Current population

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Southampton had an estimated resident population of **263,769** in 2022, of which…

134,578 (51.0%) were **male** and

129,191 (49.0%) were **female**

Population age groups

Aged 0-15 – **45,717** (17.3%)
Aged 16-64 – **180,284** (68.3%)
Aged 65 and over – **37,768** (14.3%)

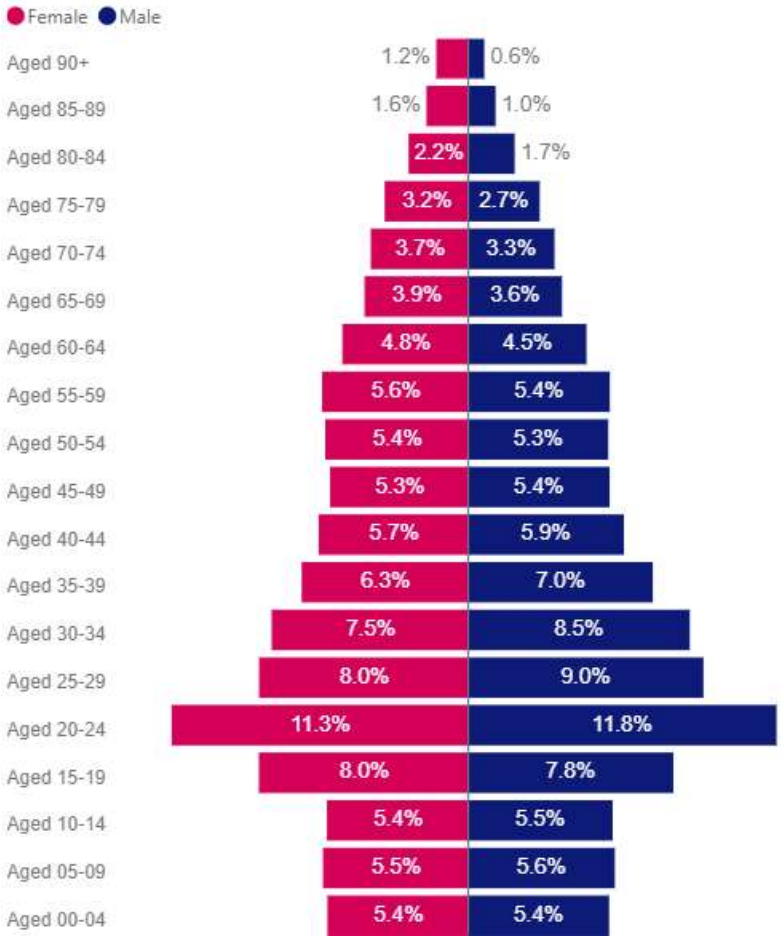
Aged 16-24 – **48,818** (18.5%)

Compared to 10.5% nationally – Southampton has a very young population

Data source: Hampshire County Council, Small Area Population Forecasts(SAPF) 2022 base

Population Dashboard

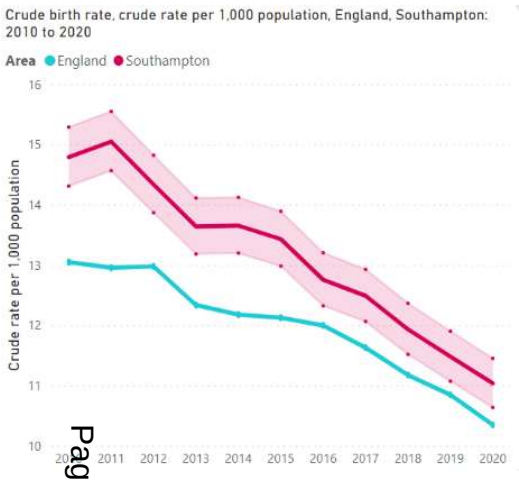
Percentage of population by sex for Southampton 2022



Population for Southampton 2022

Age group	Female	Male	Total
Aged 00-04	6,926	7,221	**14,147**
Aged 05-09	7,149	7,521	**14,670**
Aged 10-14	6,949	7,405	**14,354**
Aged 15-19	10,322	10,535	**20,857**
Aged 20-24	14,643	15,864	**30,507**
Aged 25-29	10,314	12,088	**22,402**
Aged 30-34	9,690	11,388	**21,078**
Aged 35-39	8,201	9,481	**17,682**
Aged 40-44	7,360	7,985	**15,345**
Aged 45-49	6,793	7,251	**14,044**
Aged 50-54	7,036	7,180	**14,216**
Aged 55-59	7,189	7,261	**14,450**
Aged 60-64	6,192	6,057	**12,249**
Aged 65-69	5,093	4,796	**9,889**
Aged 70-74	4,781	4,406	**9,187**
Aged 75-79	4,089	3,644	**7,733**
Aged 80-84	2,905	2,350	**5,255**
Aged 85-89	2,022	1,363	**3,385**
Aged 90+	1,537	782	**2,319**
Total	**129,191**	**134,578**	**263,769**

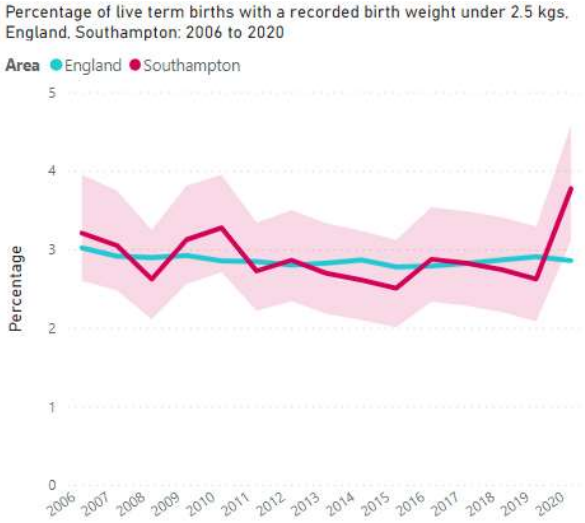
Births



The **birth rate** in Southampton remains **significantly higher** than England, although both are **falling** over time

Local rates are **falling faster** than nationally

In the **20% most deprived** areas, birth rates (12.4 per 1k) are **1.6x higher** than in the 20% least deprived (7.6 per 1k)



A **public health concern** is babies being born of **low birth weight** (under 2.5kg).

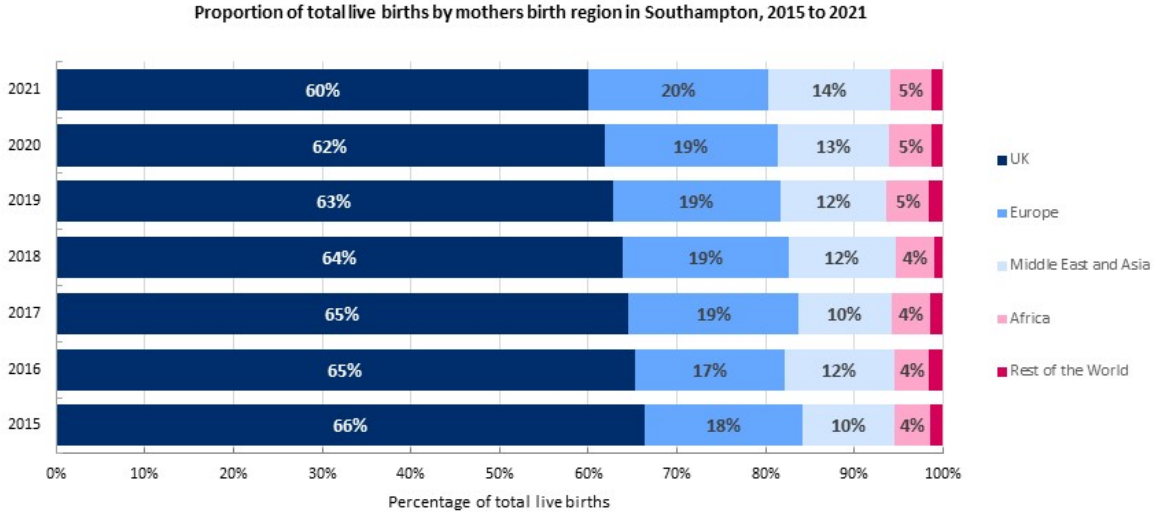
In **2020, 3.8%** of births were of **low birth weight; significantly higher** than **England**.

Bevois Ward was found to have the **highest percentage** of **low birthweight** babies. Local analysis shows **Bevois** has a **higher concentration** of **Asian mothers** who are **more likely** to have **lower birth weight** babies compared to the **UK average**. This reflects published literature where analysis confirms **lower birth weight** in second generation **South Asian babies**.

In **2018-20**, the percentage of low weight births in the **20% most deprived** areas (3.5%) was **3.2x higher** than in the **20% least deprived** (1.1%)

Births data details the **mothers birth region,** understanding this, along with births rates and changes in migration helps with **maternity service** and **school pupil place planning**.

In Southampton, the percentage of **mothers born outside the UK** is **increasing**.



Source: Office for National Statistics

Population projections

Falling birth rates is reflected in the **population forecasts** as is the **ageing population**.

Data source: Hampshire County Council, Small Area Population Forecasts(SAPF) 2021 base

Population Dashboard

Total percentage change between 2022 and 2029 Southampton

7.5%

Aged 0-15 change between 2022 and 2029 Southampton

-1.8%

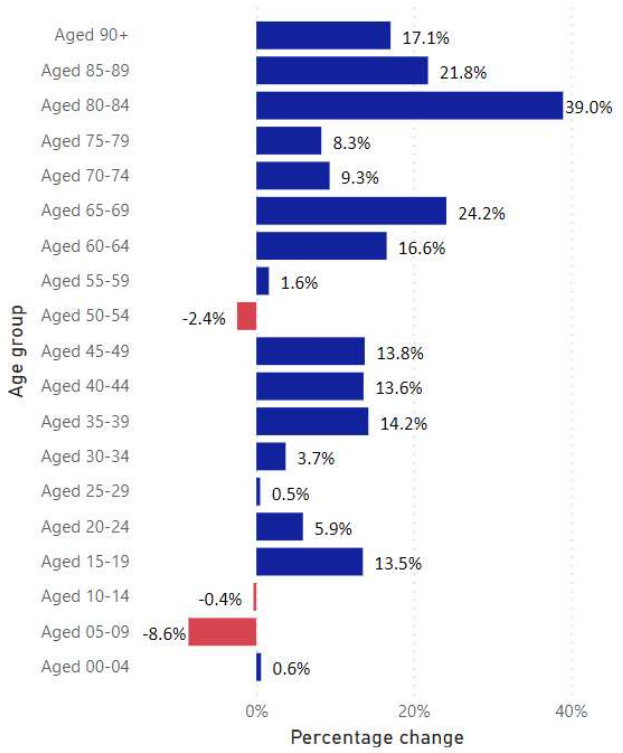
Aged 18+ change between 2022 and 2029 Southampton

9.1%

Aged 65+ change between 2022 and 2029 Southampton

18.7%

Percentage change in population between 2022 and 2029 Southampton



Change by age groups between 2022 and 2029 Southampton

Age group	Female	Male	Total
Aged 00-04	-4	88	**84**
Aged 05-09	-563	-704	**-1,267**
Aged 10-14	34	-87	**-53**
Aged 15-19	1,289	1,536	**2,825**
Aged 20-24	816	991	**1,807**
Aged 25-29	-37	145	**108**
Aged 30-34	176	609	**785**
Aged 35-39	1,001	1,518	**2,519**
Aged 40-44	909	1,183	**2,092**
Aged 45-49	981	955	**1,936**
Aged 50-54	-246	-102	**-348**
Aged 55-59	112	118	**230**
Aged 60-64	1,032	998	**2,030**
Aged 65-69	1,220	1,170	**2,390**
Aged 70-74	459	397	**856**
Aged 75-79	334	305	**639**
Aged 80-84	1,009	1,041	**2,050**
Aged 85-89	328	411	**739**
Aged 90+	162	234	**396**
Total	**9,012**	**10,806**	**19,818**

Forecasts show a **drop** in residents aged **under 16 (-1.8%),** whilst the biggest **increase** is for those aged 65+ (+18.7%) between 2022 and 2029.

This is even greater for the **80+ age group,** which is forecast to **increase** by **+29.1%,**

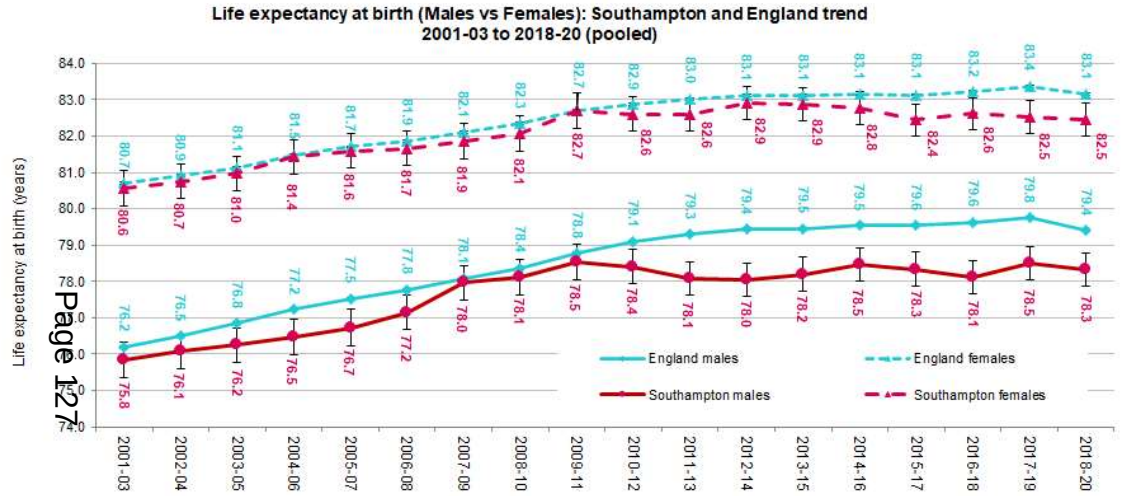
This **ageing population** will provide a future **challenge** and likely **increase demand** for **health and social care** services

Life expectancy and mortality

Life expectancy and mortality (southampton.gov.uk)

Life Expectancy

Poor health and **premature mortality** are **intertwined. Understanding** how long people are expected to live for (**life expectancy**), and how this **compares** locally with national average and comparator areas is an important measure of health.



Source: Office for Health Improvement and Disparities (OHID)

2019-21 national data expected November 2023

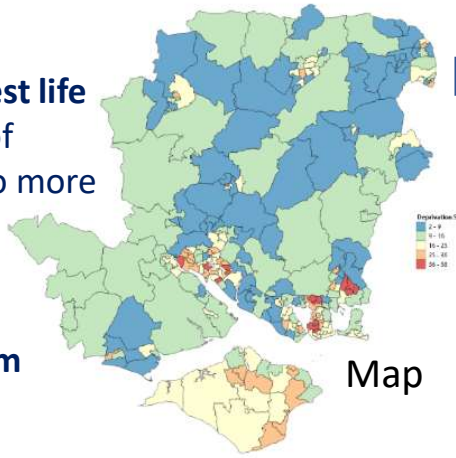
In **2018-2020**, **male life expectancy** was **78.3 years** in Southampton; **significantly lower** than **England (79.6 years)** and ranking **5th worst** among **comparators.**

For **females** it was **82.5 years;** again **significantly lower** than that for England of **83.1** years and ranking **7th worst** among **comparators.**

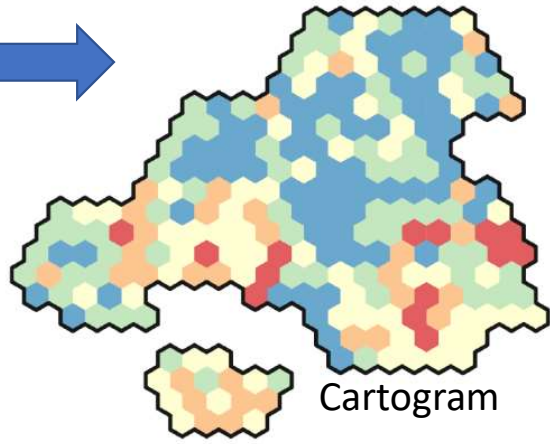
Male and **female life expectancies** have followed national trends until for 2010-12 for males and 2014-16 for females; **Southampton**'s rates have started to **decrease** whilst those for **England** have **plateaued**, which has widened the gap

Southampton as a whole and at neighbourhood level has some of the **lowest life expectancies** in our **wider area.** It is difficult to see this on a map because of different population densities. In denser areas the detail is lost compared to more population sparse areas.

The next slide shows **cartograms** which are **maps reformatted** so the neighbourhoods of around 8,000 people cover the **same amount of diagram** space (regardless of land area covered)

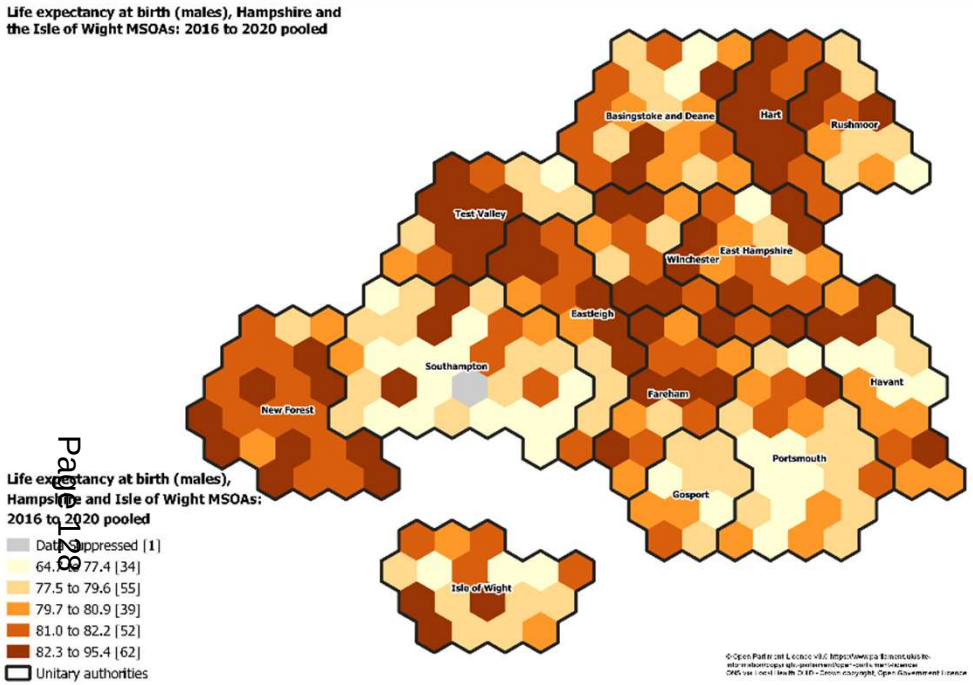


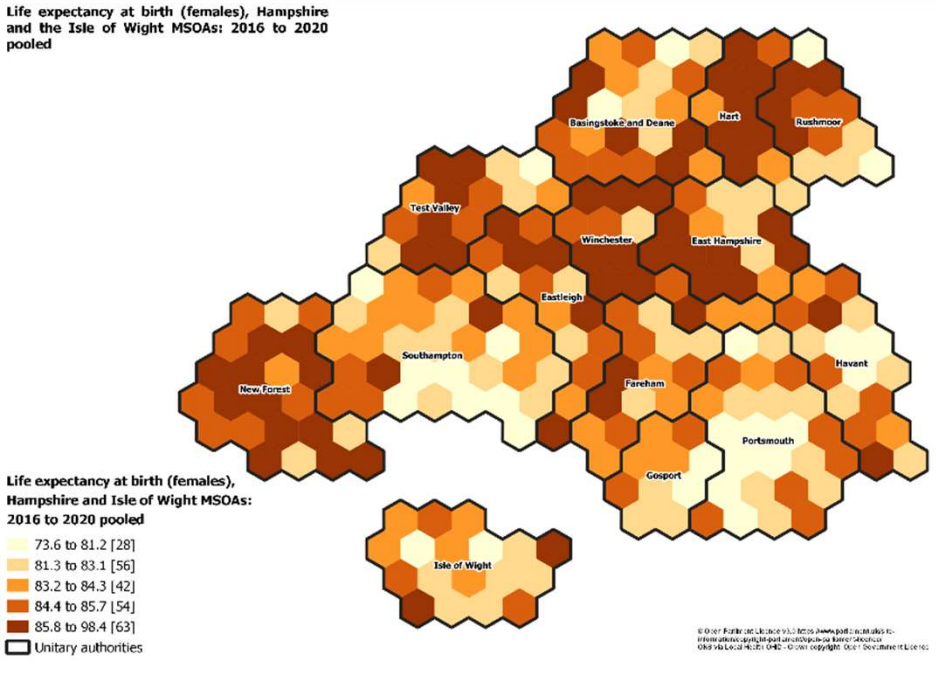
Map

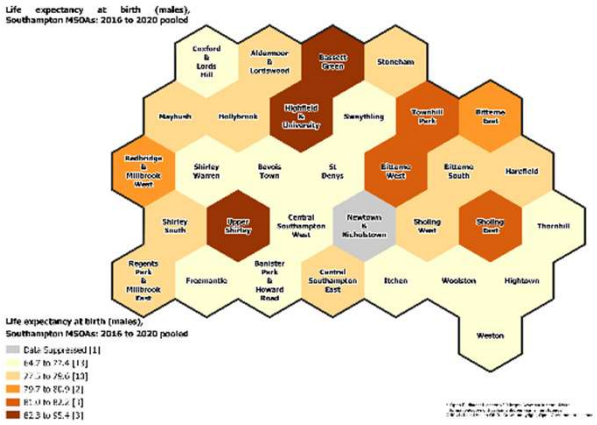


Cartogram

2016-20 Life Expectancy – Cartograms (MSOA - 7.5k to 8k neighbourhoods)

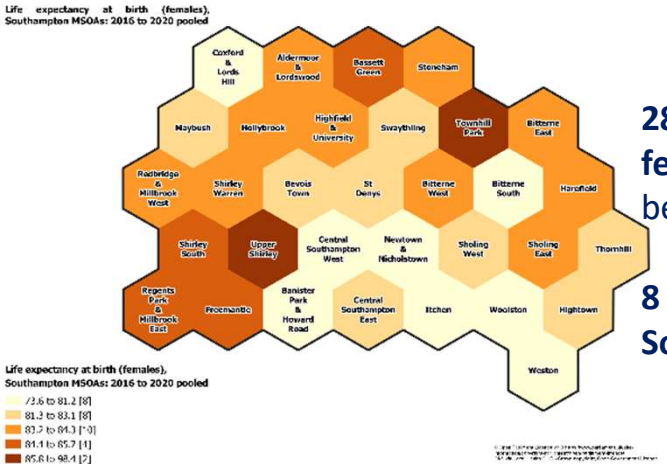






34 neighbourhoods have **low male life expectancy** between 64.7 and 77.4 years

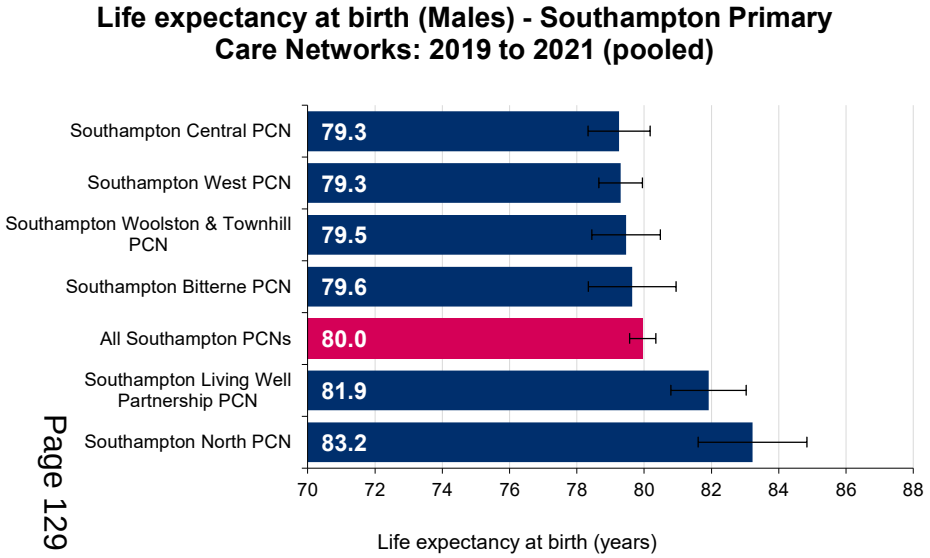
13 of these **(38%)** are in **Southampton**



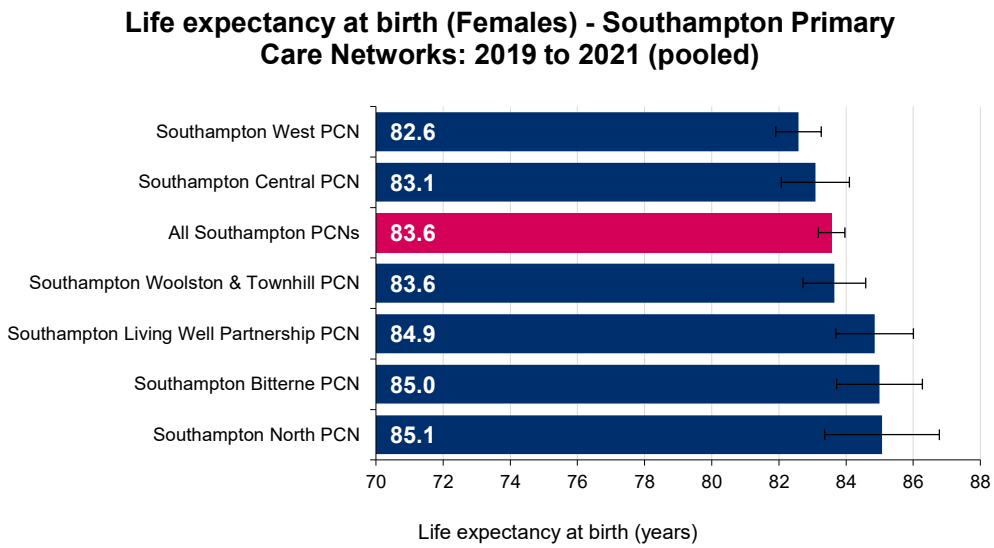
28 neighbourhoods have **low female life expectancy** between 73.6 and 81.2 years

8 of these **(29%)** are in **Southampton**

Life Expectancy at birth - PCN level



Sources: NHS Digital Civil Registration Deaths Extract, GP Registration data



Sources: NHS Digital Civil Registration Deaths Extract, GP Registration data

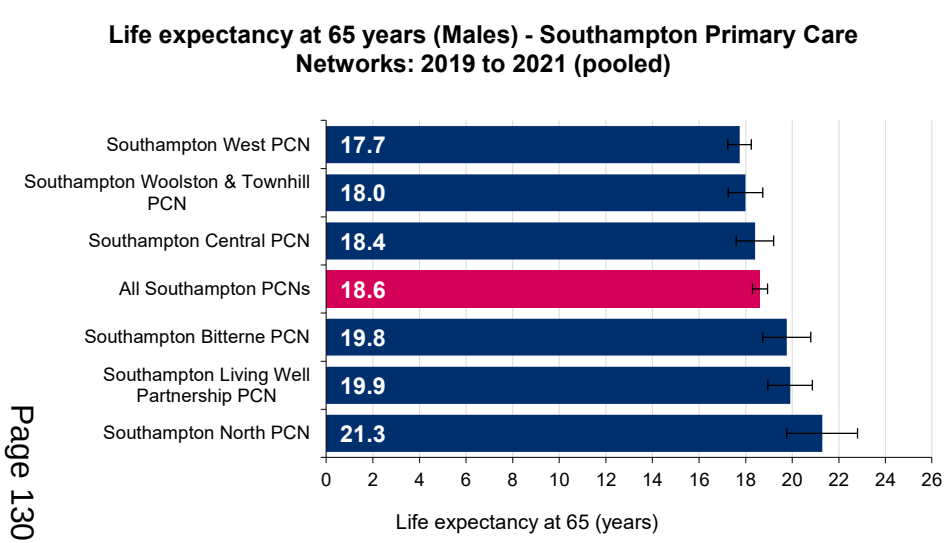
For both **males** and **females,** patients in the **North PCN** are expected to live longer than patients registered to other Southampton GPs, living **83.2** years and **85.1** years respectively.

Males living in the **North PCN** expect to **live significantly longer** than the **Southampton male average**

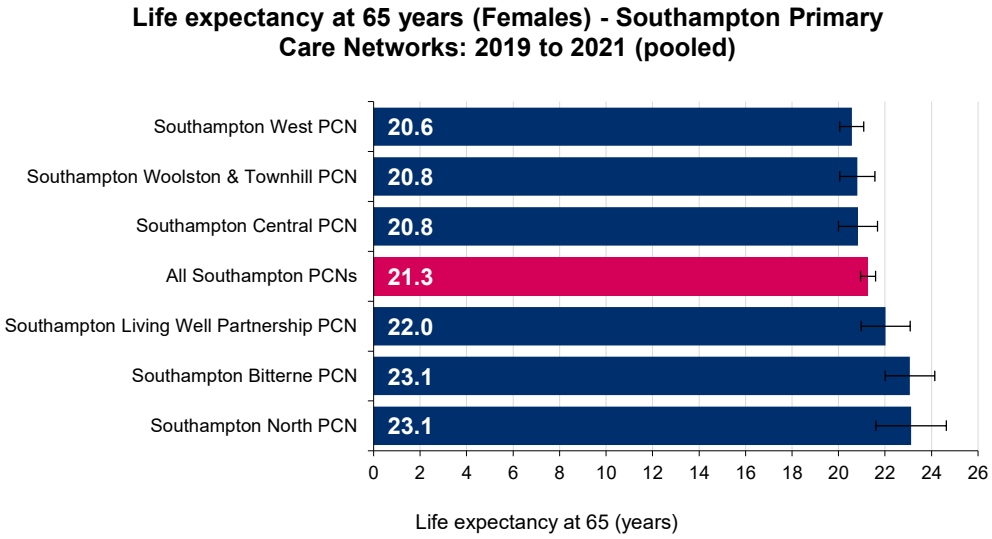
Males in **Central PCN** are expected to live the shortest time, for **79.3 years,** just under **4 years less** than those in **North PCN**.

Females in **West PCN** are expected to live the shortest time by sex, **82.6 years,** 2.5 **years less** than those in **North PCN**

Life Expectancy at 65 years - PCN level



Sources: NHS Digital Civil Registration Deaths Extract, GP Registration data



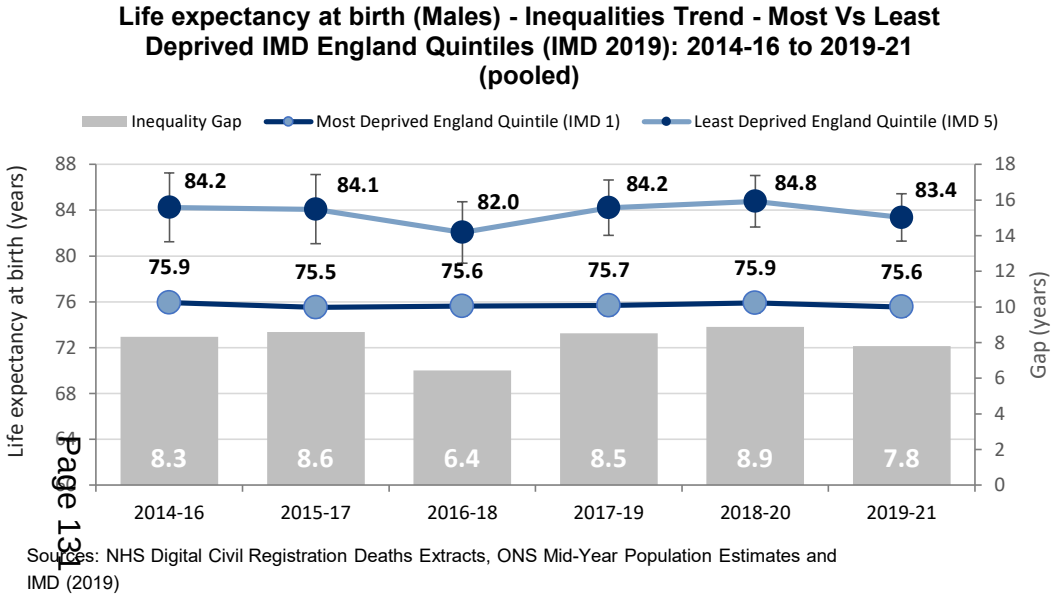
Sources: NHS Digital Civil Registration Deaths Extract, GP Registration data

After reaching age **65 years**, for both **males** and **females,** patients in the **North PCN** are expected to live the longest, living **21.3 years** and **23.1 years** respectively. **Bitterne PCN females** are also expected to lived **23.1 years** after turning 65 years old.

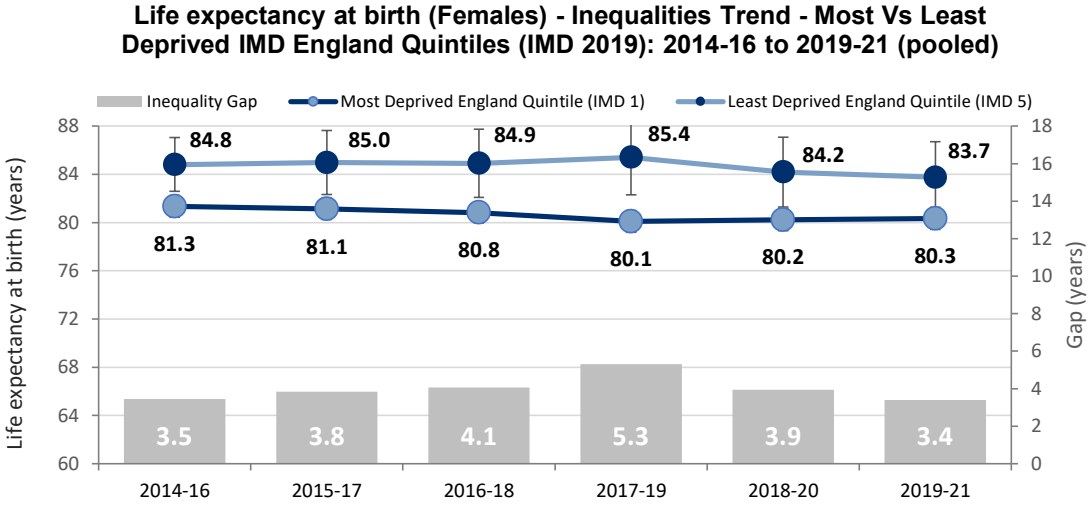
North PCN males and Living Well PCN males are expected to live **significantly longer** than the **average male Southampton** GP registered patients.

Males in **West PCN** are expected to live the **shortest time** after 65 years, for **17.7 years, 3.6 years less** than those in **North PCN**. **Females** also in **West PCN** are expected to live the **shortest time** by sex, **20.6 years, 2.6 years less** than those in **North PCN**

Life Expectancy at deprivation level



Sources: NHS Digital Civil Registration Deaths Extracts, ONS Mid-Year Population Estimates and IMD (2019)



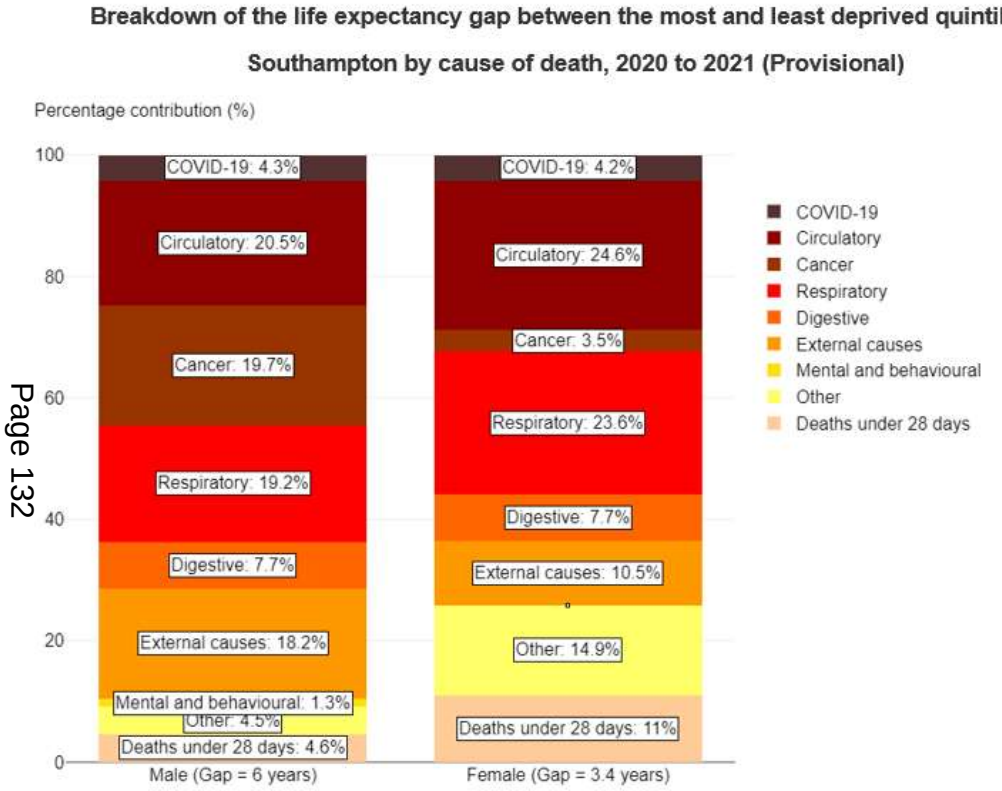
Sources: NHS Digital Civil Registration Deaths Extracts, ONS Mid-Year Population Estimates and IMD (2019)

Life expectancy at **birth** for **males** in the **most deprived 20%** has remained **fairly constant, decreasing** by **4 months** between 2014-16 and 2019-21. In the **least deprived 20%** life expectancy has **decreased** for **males** by **11 months.**

For **females**, life expectancy has **decreased** by **just over a year** for those in the **most** and **least deprived 20%** between 2014-16 and 2019-21.

The more recent decrease for those in the least deprived between 2018-20 and 2019-21 will be impacted by COVID-19. **Older affluent** people, who aged into **frailty**, were **more likely** to have **poorer outcomes** such as **pandemic related deaths.**
Another **antecedent** was **multiple long-term conditions**, **more prevalent** in the **most deprived 20%,** these may both be factors in the **recent decrease** in the **life expectancy gap.**

Gap in life expectancy



Source: Office for Health Improvement and Disparities based on ONS death registration data (provisional for 2021) and 2020 mid-year population estimates, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019.

COVID-19 contributed **4.3%** to the gap in **male life expectancy** and **4.2%** to the gap for **female life expectancy.**

The chart shows the relative contribution that **nine broad causes of death** have on the **gap between life expectancy** for **Southampton** the **most deprived** and **least deprived quintiles of Southampton** 2020 to 2021 period.

Males

Circulatory (20.5%) **cancer** (19.7%) and **respiratory** (19.2%) **deaths** are the largest groups contributing to the **gap** in **male life expectancy** the **most deprived** and **least deprived quintiles of Southampton** . A deeper data dive shows the two largest causes are **chronic lower respiratory disease** followed by **heart disease.**

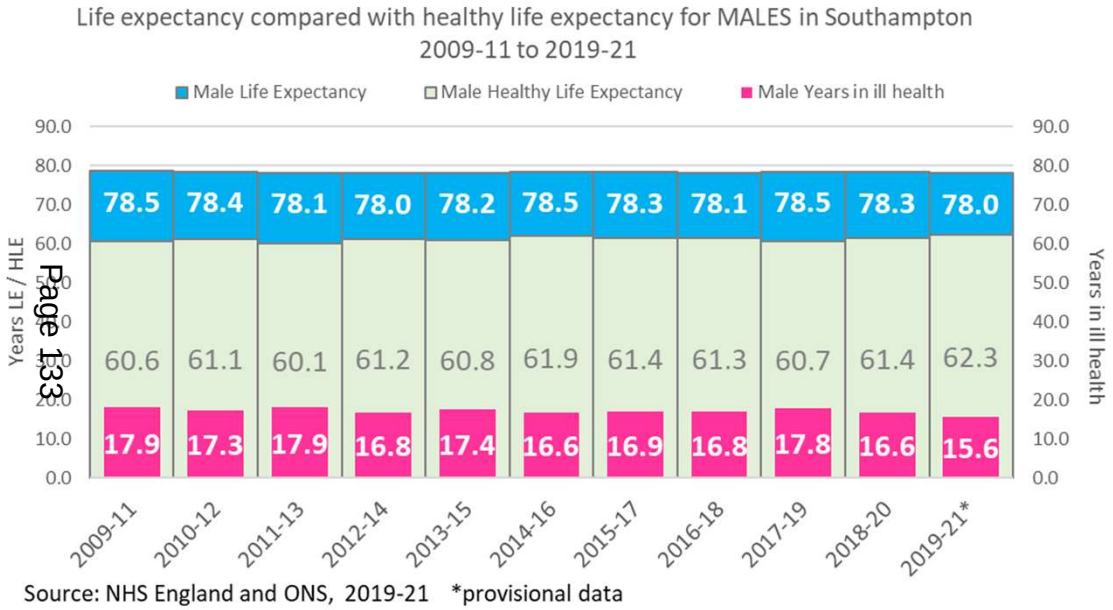
Females

Circulatory diseases (24.6%) is also the largest group contributing to the **gap** in **female life expectancy** between the **most deprived** and **least deprived quintiles of Southampton** with **respiratory diseases** (23.6%), other causes (14.9%) and external causes (10.5%), **cancer** was only **3.5%** for **females**, unlike for **males** where it was over **5 times higher.**

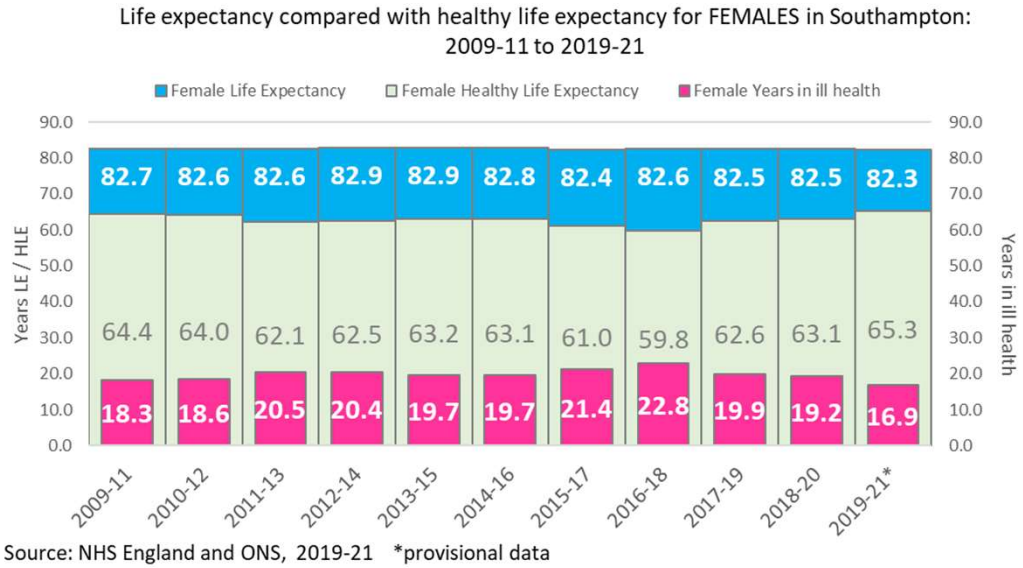
More detailed analysis shows the single largest causes of the **gap** in **female life expectancy** is **chronic lower respiratory diseases** followed by **other causes** and **lung cancer.**

Life Expectancy and healthy life expectancy

Data from the Annual Population Survey, calculates **healthy life expectancy**, which is a measure of how long people live in good health. **Life expectancy** MINUS **healthy life expectancy = Years in poor health** which is illustrated below



Source: NHS England and ONS, 2019-21 *provisional data



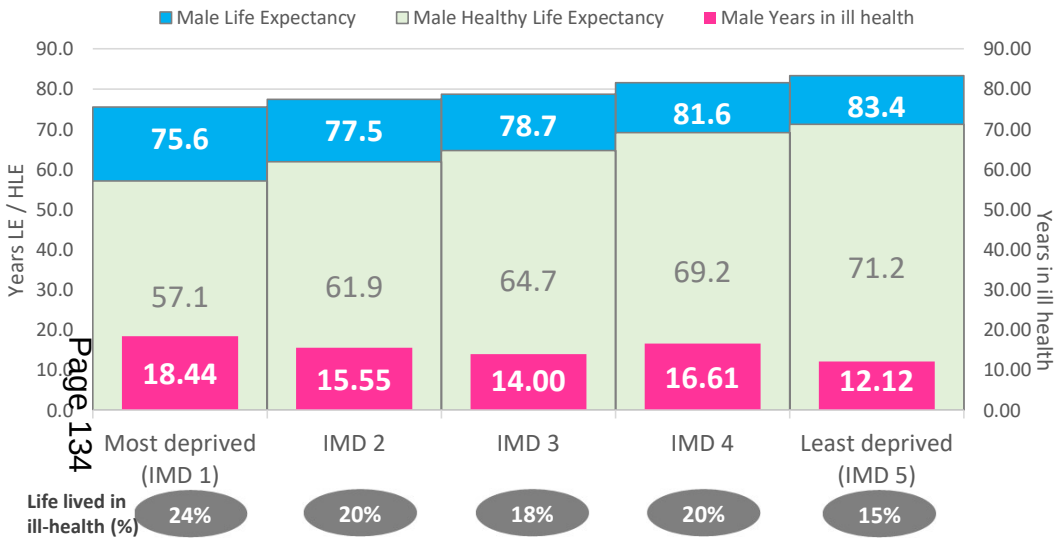
Source: NHS England and ONS, 2019-21 *provisional data

Females in the city may **live longer** than **males** (82.3 years versus 78.0 years) but they live in **poorer health** for **longer** (16.9 years versus 15.6 years).

2019-21 data is provisional, official statistics expected to be published November 2023

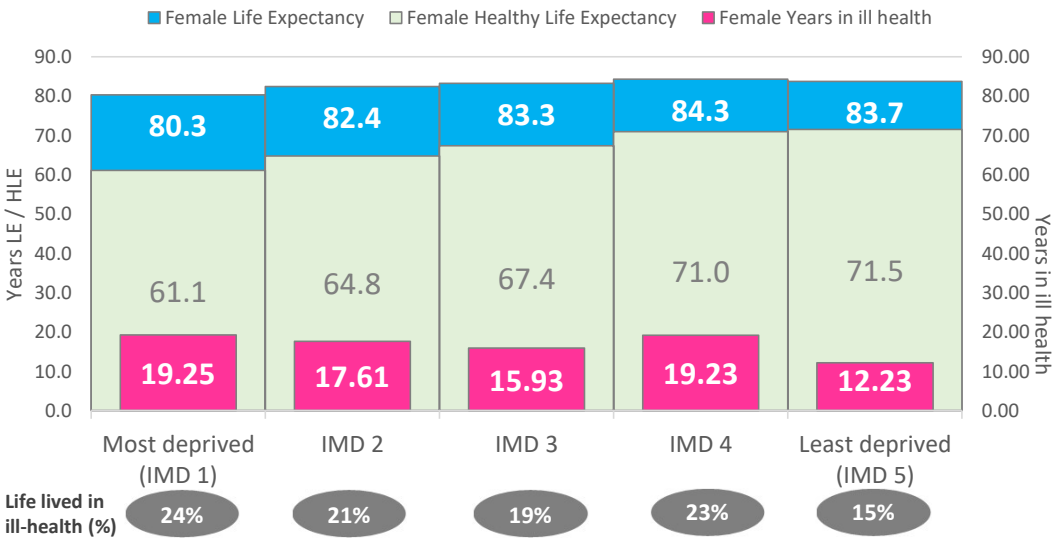
Life expectancy and healthy life expectancy

Life expectancy compared with healthy life expectancy for MALES in Southampton, by England deprivation quintiles, 2019-21*



Source: NHS England and ONS using ONS Silcocks method for Life Expectancy and ONS Sullivan method for Healthy Life Expectancy , *provisional data

Life expectancy compared with healthy life expectancy for FEMALES in Southampton, by England deprivation quintiles, 2019-21*



Source: NHS England and ONS using ONS Silcocks method for Life Expectancy and ONS Sullivan method for Healthy Life Expectancy , *provisional data

Females in the city may **live longer** than **males** but they live in **poorer health** for **longer** which ever deprivation quintile they live in.

Looking at **life expectancy versus healthy life expectancy**, in the **most deprived 20% England quintile**s (used by Core20+5 analysis), **males** live on average for **18.4 years** in **ill health** however females live for **19.2** years in ill health. Both males and females in the **most deprived quintile** live a **quarter (24%)** of their **shorter** lives in ill health. **Males** and **females** in the **least deprived** quintile live **a seventh** (**15%)** of their lives in **ill health**

2019-21 life expectancy data expected to be published November 2023

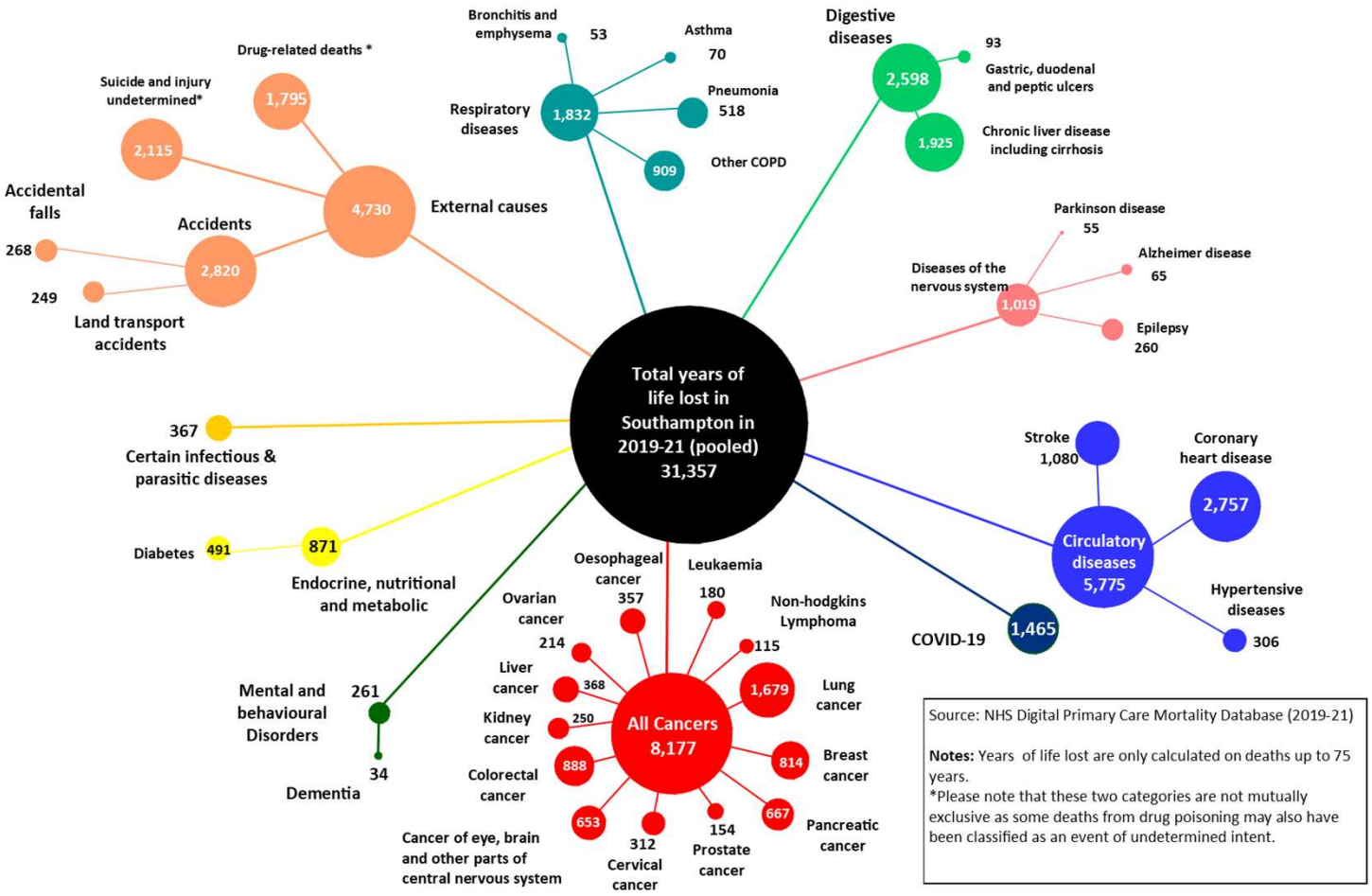
Mortality – Years of life lost in Southampton 2019 to 2021

southampton dataobservatory

Some **causes** of **death** occur **earlier in the life-course** than others and therefore have a larger impact. We can measure this through calculating **Years of Life Lost**

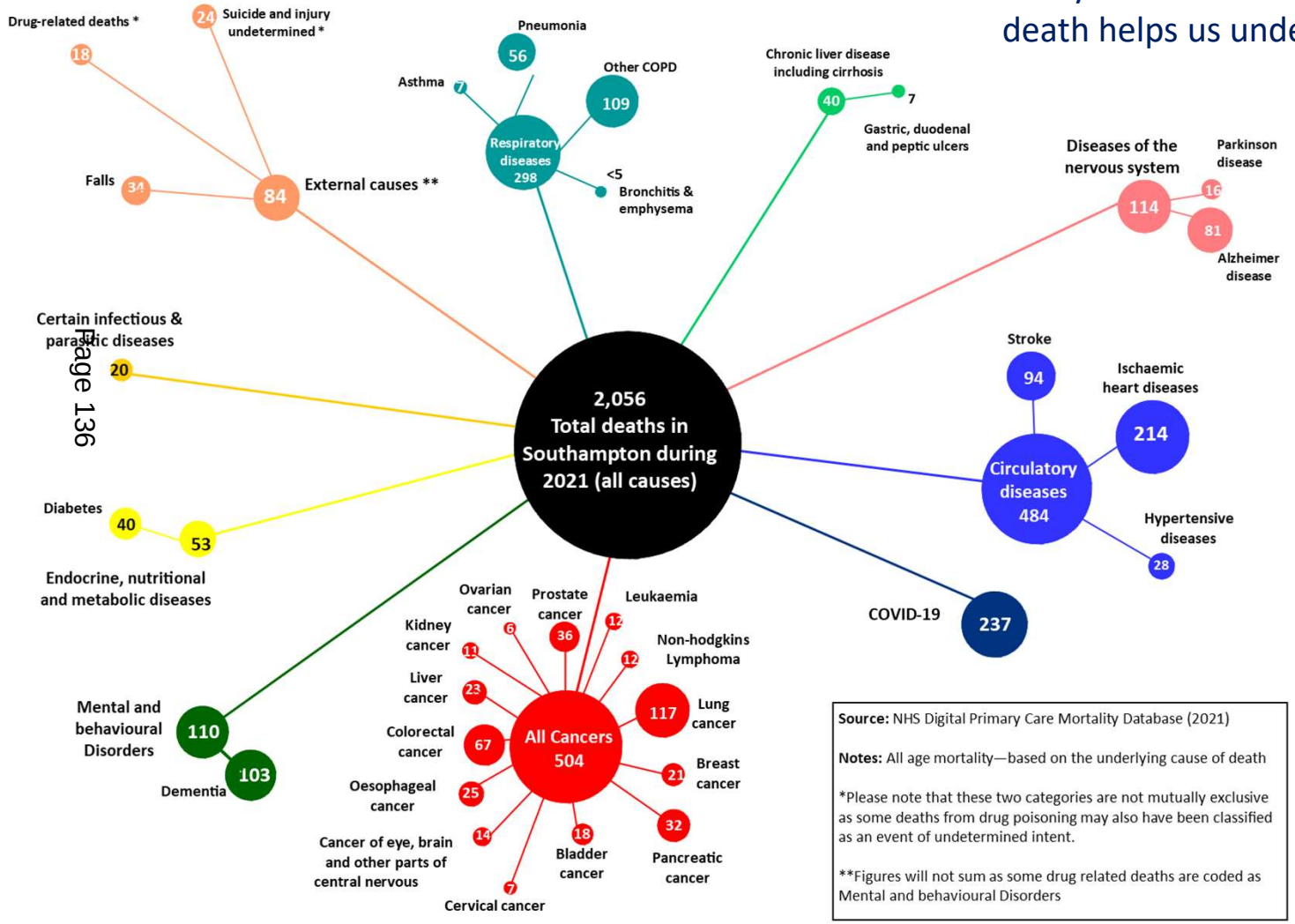
Years of life lost are calculated by summing the number of years between the age at death and 75 years of age. This helps illustrate which **causes of death** have the greatest impact on life expectancy and **young people**

Analysis of these **trends, patterns** and **comparisons** helps us understand **priorities** for **health** and **wellbeing**



Mortality – Underlying causes of deaths Southampton 2021

Some **causes** of **deaths** are **more common** than others.



Source: NHS Digital Primary Care Mortality Database (2021)

Notes: All age mortality—based on the underlying cause of death

*Please note that these two categories are not mutually exclusive as some deaths from drug poisoning may also have been classified as an event of undetermined intent.

**Figures will not sum as some drug related deaths are coded as Mental and behavioural Disorders

Analysis of the **trends, patterns** and **comparisons** for cause of death helps us understand **priorities** for **health** and **wellbeing**

Comparing proportions of **deaths by cause** with proportions of **years of life lost by cause** shows which groups impact younger people disproportionately:

External causes account for **4.1% of deaths** in **2021** but **14.5%** of **years of life lost**.

Suicide and injury undetermined are the **largest** part of this accounting for **3.1% of deaths** and **7.4% of years of life lost**

Drug related deaths account for **0.9% of deaths** in 2021 and **5.3% of years of life lost**

Liver disease (incl. cirrhosis) is the underlying cause for **1.9% of deaths** and **6.3% of years lost**

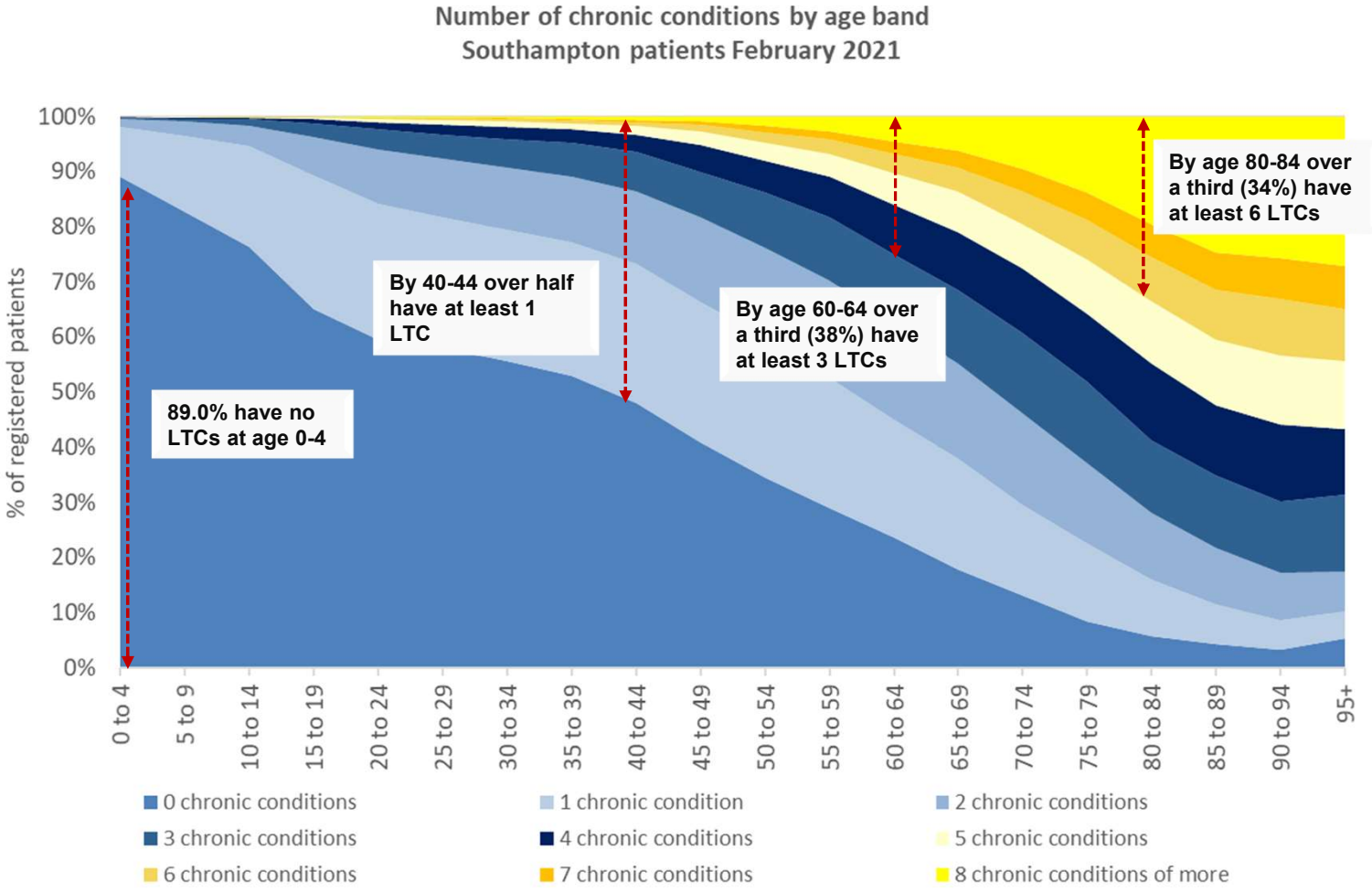
Health conditions

Health conditions (southampton.gov.uk)

Chronic/Long-term conditions (LTCs)

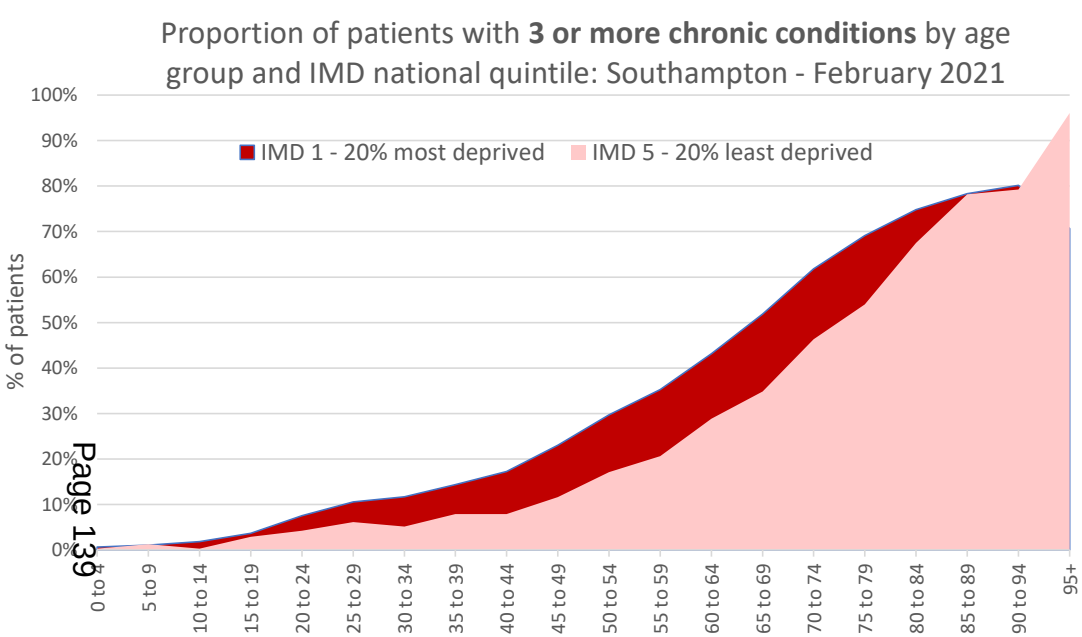
southampton dataobservatory

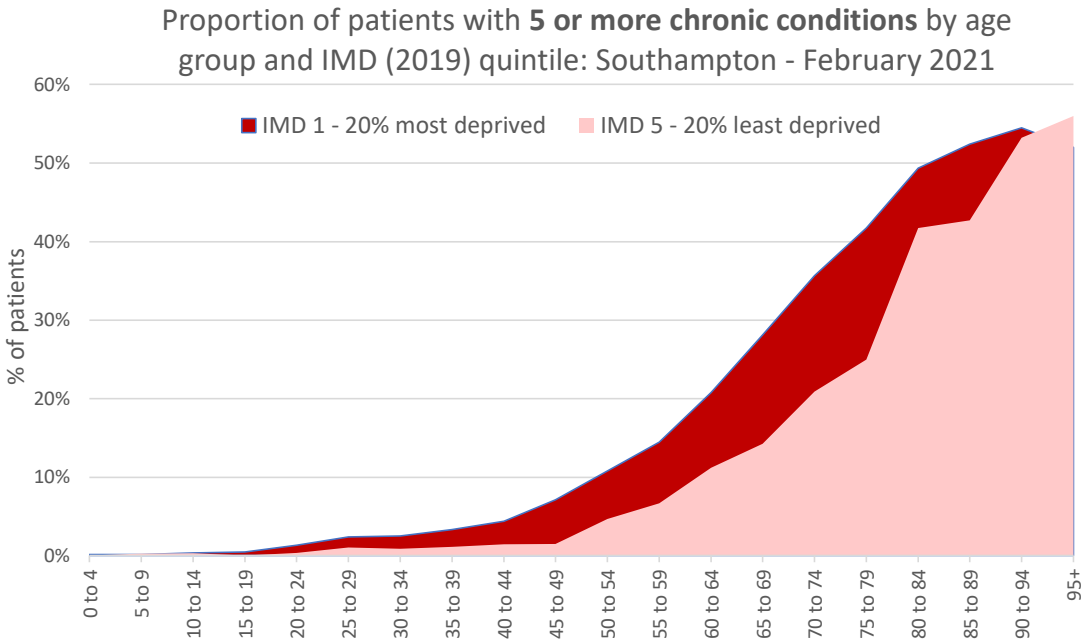
- An **ageing** population compounds the **prevalence** of **chronic/long-term conditions** as people tend to **develop more long-term or chronic conditions** as they **grow older**
- Age analysis shows multi-morbidity **increases** with **age**, by **40-44 over half** of residents have at least **one** chronic/long-term condition and by **80-84** over a **third** will have at least **six** long term conditions
- Analysis of snap shots from **2021** GP patient data shows **more diagnoses** of **multiple chronic/ long-term conditions earlier** in their **life course** than in **2017**



Source: Sollis Clarity Health Analytics (ACG version 11.1/11.2) February 2021

Long term conditions – Multi-morbidity and inequalities





- Multi-morbidity increases with age, BUT it also appears to be occurring earlier in life…..particularly for those in the **most deprived areas**
- Comparing **20% most deprived** and **20% least deprived** areas for prevalence of 3+ and 5+ chronic conditions:
  - **differences** appear at an **early age** and **gradually narrow** (relatively) as the population ages
  - differences begin to appear in the early 20's and **peak** between the **mid-30's** and **mid-40's**, where prevalence is more than **double** for those with **3+ conditions** and more than **triple** for **5+ conditions**

Leading causes and risk factors of disability

southampton dataobservatory

Understanding the **leading causes** and **risks** contributing to **disability** helps **inform** health and wellbeing action

Causes	Southampton	Portsmouth	Hampshire	Isle of Wight	England
Low back pain	1	1	1	1	1
Diabetes	2	2	2	2	2
Depressive disorders	3	3	3	3	3
Headache disorders	4	4	4	4	4
Neck pain	5	5	6	6	5
Gynecological diseases	6	6	9	13	9
Other musculoskeletal	7	7	8	10	7
Anxiety disorders	8	8	11	12	10
Age-related hearing loss	9	9	5	5	6
Asthma	10	11	12	8	14

Top 10 Causes attributed to Years Lived with Disability (YLDs)

Low **back pain** and **diabetes** are the **two** leading **causes** of disability across the local area and nationally

Risks Factors	Southampton	Portsmouth	Hampshire	Isle of Wight	England
High body-mass index	1	1	1	2	1
High fasting plasma glucose	2	2	2	1	2
Smoking	3	3	3	3	3
Alcohol use	4	4	4	4	4
Drug use	5	5	5	5	5
Occupational ergonomic	6	6	8	8	7
High blood pressure	7	7	6	6	6
Low bone mineral density	8	8	7	7	8
High processed meat	9	9	9	9	9
Particulate matter	10	10	10	12	10

Top 10 Risk Factors attributed to Years Lived with Disability (YLDs)

High body mass index and **high fasting plasma glucose** are the **two** leading **risk factors** causing disability across local area and nationally

Source: Global Burden of Disease, University of Washington 2021

Leading causes and risk factors of disability

southampton dataobservatory

Top ten conditions causing greatest disease burden

The top ten causes shown in the table below account for 37.3% of total DALYs in the selected area (or closest region if an ICB has been selected or parent county if a district has been selected).

Top ten conditions causing greatest disease burden (Disability-Adjusted Life Years): Southampton

Cause Name	Percentage of total DALYs in selected area (%)
Ischemic heart disease	6.45
Low back pain	4.96
Chronic obstructive pulmonary disease	4.42
Tracheal, bronchus, and lung cancer	3.86
Diabetes mellitus	3.64
Stroke	3.10
Depressive disorders	3.09
Headache disorders	2.85
Falls	2.65
Drug use disorders	2.29

Source: Global Burden of Disease 2019. Institute for Health Metrics and Evaluation (IHME). **GBD Compare Data Visualization**. Seattle, WA: IHME, University of Washington, 2020.
Available from http://vizhub.healthdata.org/gbd-compare. (Accessed 06/09/2022)

Note: GBD 2019 data are only available for area geographies as at 2019. As such, no data are available for the 2021 geographies of North Northamptonshire and West Northamptonshire. GBD values displayed for these areas are for the former geography of Northamptonshire. Likewise, no data are available for the 2021 geography of Bournemouth, Christchurch and Poole. GBD values displayed for this area are for the former geography of Bournemouth.

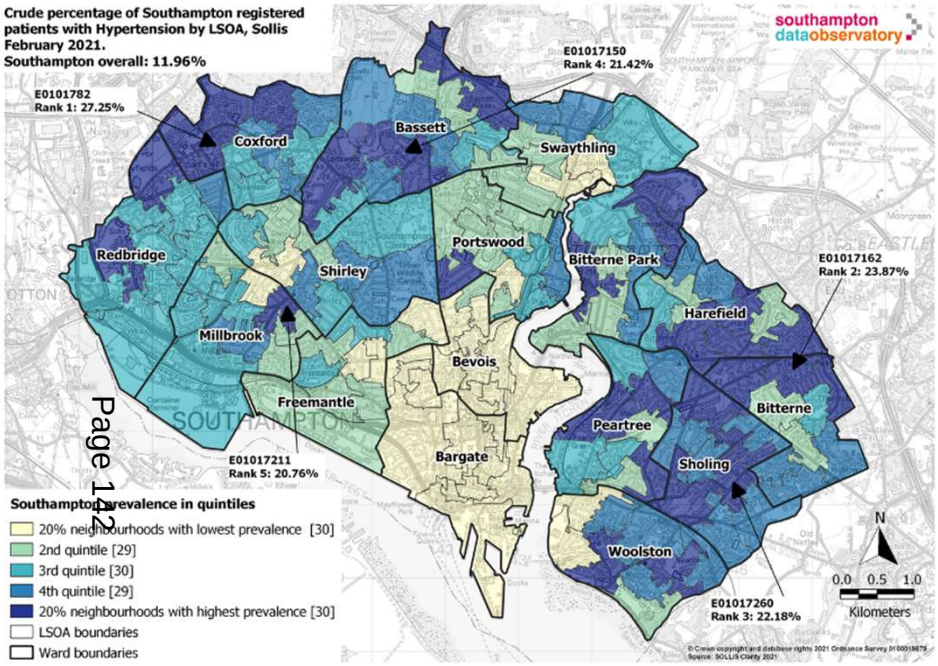
Top 10 conditions causing greatest burden measured in disability-adjusted life years (DALYs)

Ischemic heart disease is the most common condition causing greatest burden with **Stroke** placed **6th**

COPD is the condition with the **3rd** greatest burden and **Diabetes** being the **5th**

Majority of **causes** have **smoking** as an **upstream factor**

Chronic/Long-term conditions (LTCs)

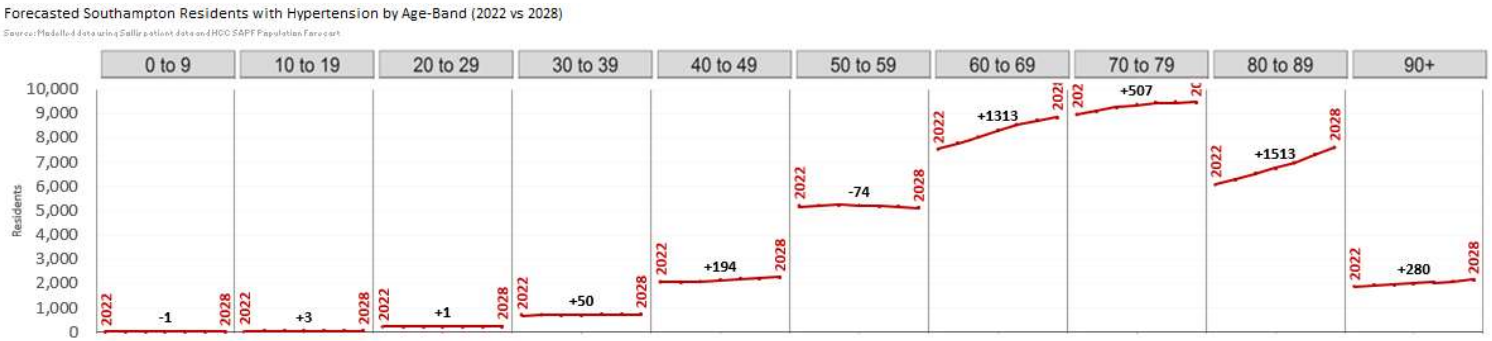


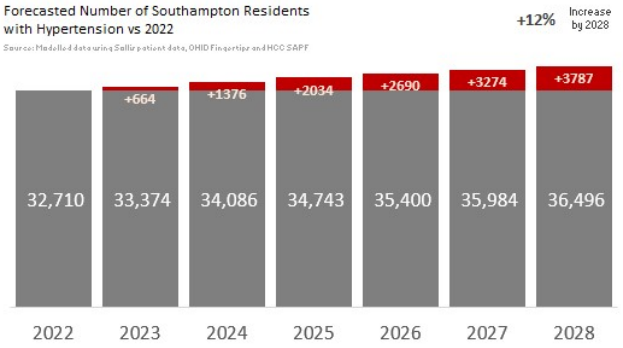
A data pack mapping the GP **diagnosed prevalence** of **18 common chronic/long-term conditions,** and 3-5+ **multiple conditions** across the city is available. This also includes **modelled forecasts of disease prevalence** by **age** and **locality** for these **conditions** in the **future.**

The top **FOUR** diagnosed conditions of Southampton registered patients are **hypertension, frailty, asthma** and **diabetes.**

Additional logistic modelling using the **GP data** and **Health Survey for England data** estimated **5,600** residents need for **help** with 5 or more **activities of daily living** in 2022, which is expected to increase by **+14%** to 6,400 **by 2028**

Note: The graphics shown are for hypertension





Childhood obesity and the food environment

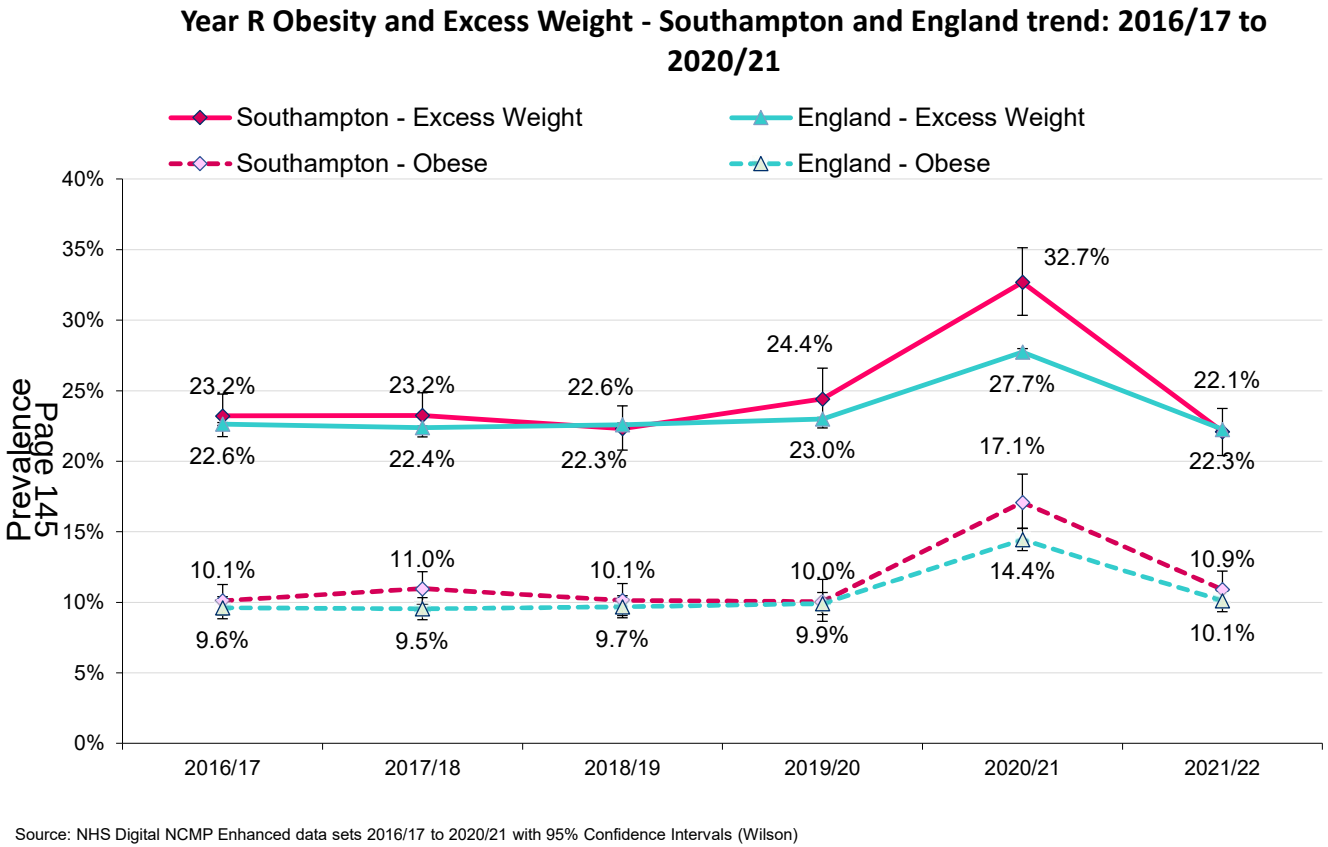
Healthy weight (southampton.gov.uk)

Why is tackling Childhood obesity in Southampton important?

southampton dataobservatory

- The **leading cause** of **disability** is a **high body mass index** (slide 22).
- Obesity in children is a risk factor for obesity in adulthood, which is a leading cause in a vast range of conditions*.
  (*Conditions such as asthma and other respiratory problems, eating disorders, mental health disorders and psychosocial risks, cardiovascular diseases, Type 2 diabetes, musculoskeletal problems, sleep apnoea etc.)
- Before the pandemic, a **Scrutiny enquiry recommendation** on childhood obesity was that **analysis** was conducted on **childhood obesity** and the **food environment**. Analysis on childhood obesity and the food environment was provided for a Task & Finish Group, available on the JSNA in the resources section of the Healthy weight JSNA topic page .
- In Southampton the level of obesity among **year R** children has **remained stable** and **similar** to the **national** average, whereas rates in **year 6** children have **increased** overtime and have become **worse** than **England**.
- During the **COVID-19** pandemic, data was collected from a **representative sample (2020/21)**. Reception Year data for this period showed a **significantly higher increase** for obesity (17.1%) and excess weight (32.7%) prevalence locally and nationally compared to the previous four years.
- The Year 6 2020/21 sample for Southampton was **too small** to make **robust** statistical comparisons. However, the prevalence for **Year 6 obesity** (26%) and **excess weight** (41%) **mirrored** the **national** figures and **increasing prevalence** in the trend data follows the **national direction** of travel.
- The data also showed the **gap** in **obesity prevalence** between children in the **most and least deprived parts** of Southampton has **widened**. Linked analysis showed **7 out of 10 overweight** Year 6 children and **4 out of 10 obese** Year 6 children were of a **healthy weight previously** in Reception year.

Reception year obesity trend data



Source: NHS Digital NCMP Enhanced data sets 2016/17 to 2020/21 with 95% Confidence Intervals (Wilson)

Between **2016/17** and **2019/20** the level of childhood **obesity** and **excess weight** for **reception year children** locally and nationally largely **remained** at statistically **similar levels***.

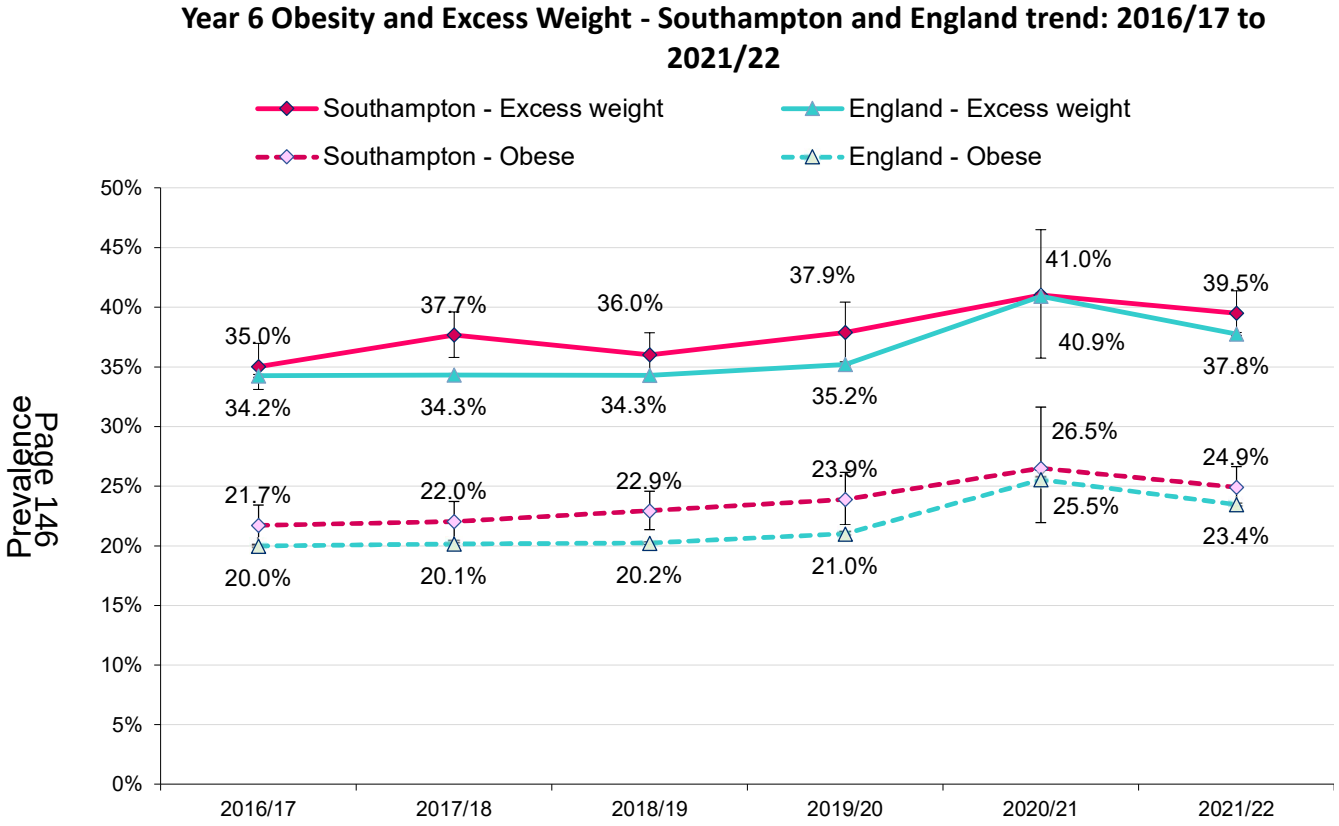
*(Except for in 2017/18 Southampton had a significantly higher level than the national average for Year R obesity)

However, **2020/21** shows a **significantly higher increase** for obesity and excess weight prevalence in **year R locally** and **nationally** compared to the previous four years.

The latest data for **2021/22** shows Southampton had similar rates of childhood obesity and excess weight when compared to England.

2021/22 England - Year R:	Obese 10.1%	Excess Weight 22.3%
Southampton - Year R:	Obese 10.9%	Excess Weight 22.1%

Year 6 obesity trend data



Source: NHS Digital NCMP Enhanced data sets 2016/17 to 2021/22 with 95% Confidence Intervals (Wilson)

2021/22 England - Year 6: Obese 24.9% Excess Weight 39.5%

Southampton - Year 6: Obese 23.4% Excess Weight 37.8%

Between **2016/17** and **2019/20** the level of childhood **obesity** and **excess weight** for Y**ear 6 children** has been **higher locally** than **nationally** and **significantly higher** in **2017/18** and **2019/20,** Local level were also significantly higher than England for obesity in 2018/19 .

The **gaps** between **Southampton** and **England** percentages of obesity and excess weight has **narrowed** in the **last two years**.

The latest data for **2021/22** shows **Southampton** had **higher** but not significantly rates of childhood **obesity** and **excess weight** when compared to **England.**

Linked analysis – changes in children's weight status in Southampton

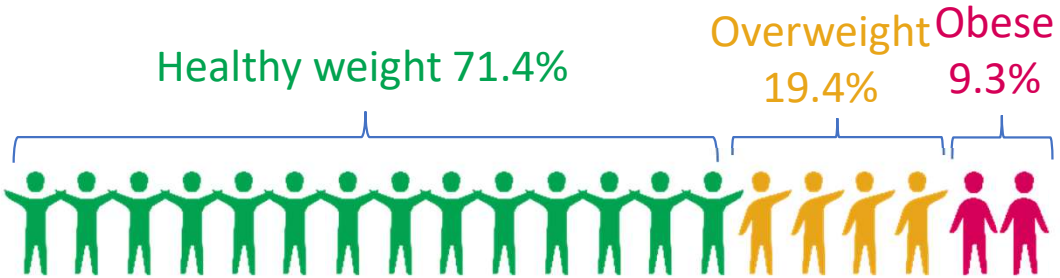
southampton dataobservatory

2018/19 to 2020/21 **Year R** ← **Year 6** 2012/13 to 2014/15

Analysis linking **individual children's weight** recorded in **Year R** with that recorded for **Year 6,** gives **insight** into childhood obesity patterns in our city

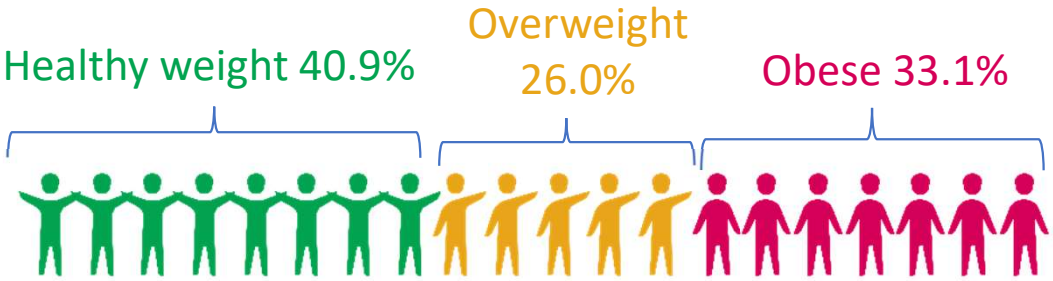
Analysis showed although **Year R obesity** is a **predictive factor** for **obesity** in **Year 6**, **interventions targeted only** at this cohort only have the potential to **reduce** Year 6 **obesity** by **one third.**

Of the **13.2%** of children who were **OVERWEIGHT** in **Year 6**



The **majority** of **overweight** children in **year 6** had been **healthy weight** in **reception**, whilst just below a fifth had remained overweight and a further 9% had been obese

Of the **23.4%** of children who were **OBESE** in **Year 6**



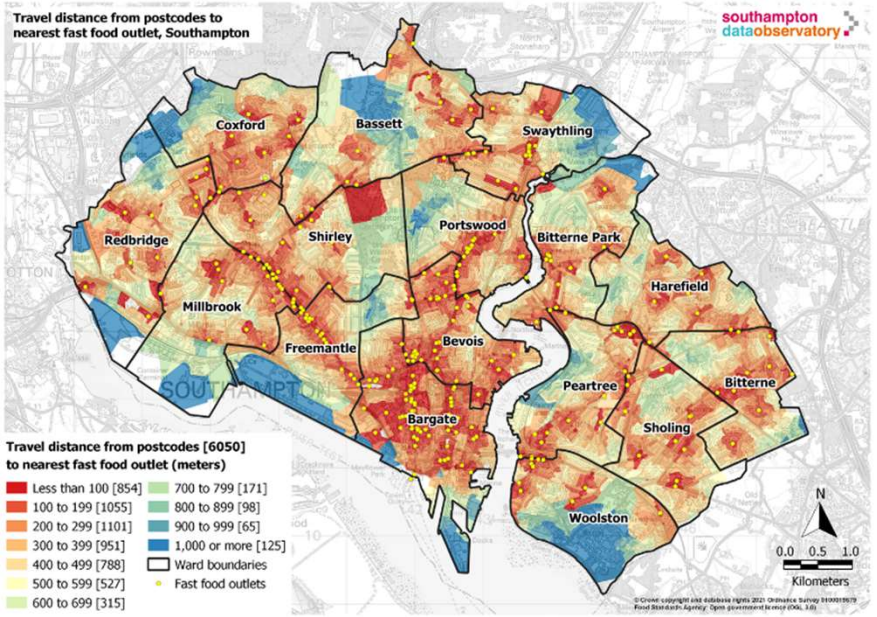
Over two-thirds (**67%**) of **obese** children had **not been obese** in **reception**, in fact the biggest proportion was for those who had been healthy weight (41%)

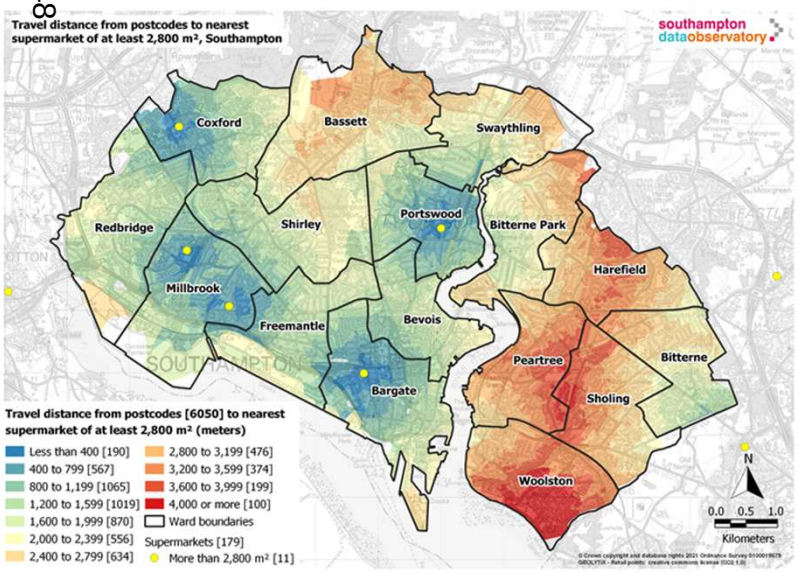
The Food Environment

Food environment impacts on childhood obesity

Fast food outlet data highlighted the **majority of residents** live with a **5-10 minute** drive or a **1km walk** of a **fast food** outlet

Almost all residents are **within a mile** of a fast food outlet, **7 out of 10 schools** are **within 400m** of a **fast food** outlet, with closer proximities in the city centre and deprived areas.





Access to **supermarkets** with **larger floor spaces** (2,800+ m^2) holding **more range** and more likely to include **budget brands** is **further** away from people in the **East** of the city and **Bassett** and **Swaythling**.

People in **deprived** areas are **less likely** to order groceries **online**

The full food environment analysis is on the Data Observatory

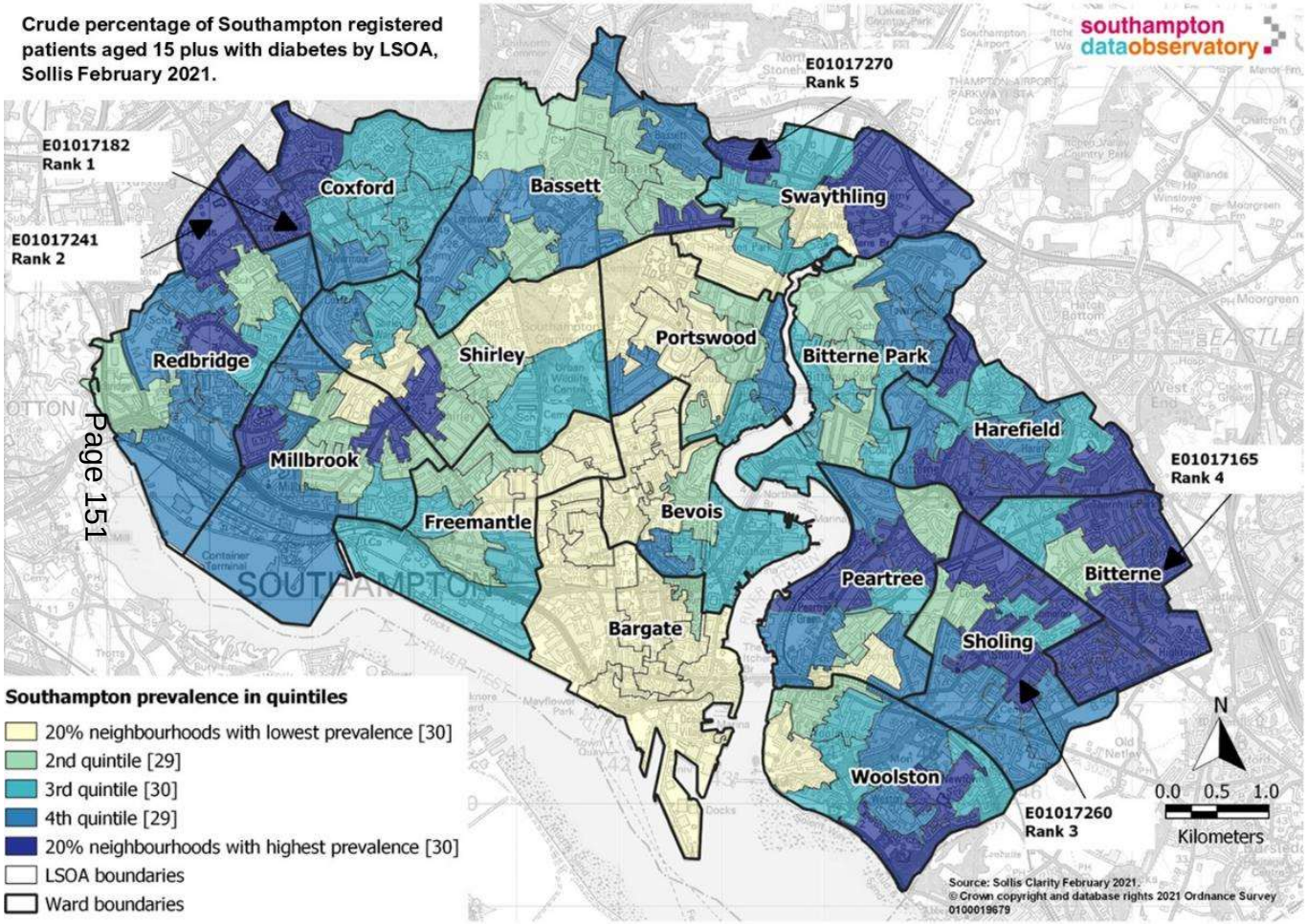
Diabetes

Diabetes (southampton.gov.uk)

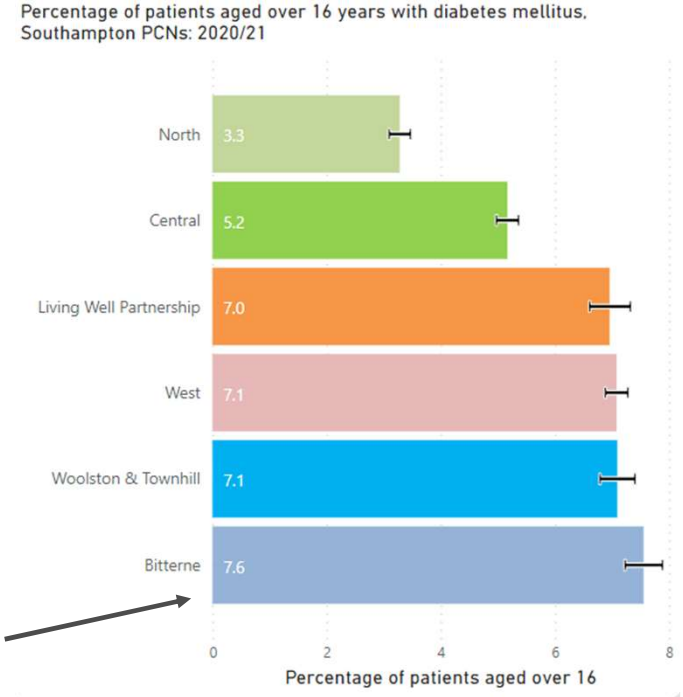
Diabetes in Southampton

- **Diabetes** is the **second largest** contributor to **years of healthy life lost due to disability** (YLDs) in Southampton and **high fasting plasma glucose** is the **third biggest risk factor for deaths** in Southampton, increasing the risk of **cancer**, **cardiovascular diseases** and **neurological diseases** (GBD 2019).
- **Prevalence** of diagnosed diabetes in Southampton (6.2%) is **lower** than the England average (7.3%) and is lower than most of its comparators (possibly due to its **relatively young population**). However, **prevalence has been increasing** in Southampton (+**14.8% increase since 2012/13** - but not as steeply as England +20.7%).
- **Despite** the **lower prevalence**, those people who do have **diabetes** in Southampton have some of the **worst outcomes in England**.
- Southampton's ratio of **diabetic complications**, rates of **diabetic eye conditions** and rates of **minor diabetic lower limb amputations** are all **significantly higher** than the England average and are **the highest amongst Southampton's comparators**.
- Southampton has an **ageing population**, this alone would result in nearly **1,500 additional cases** of diabetes in Southampton by **2028**. If Southampton's **prevalence rate continues to grow as well**, this increase could be greater than +**10,000 more cases by 2028**.

Mapping diabetes in Southampton



- **The 20% neighbourhoods** with the **lowest prevalence** are mainly in the **centre of the city**.
- **The 5 LSOAs** with the **highest** prevalence of diabetes are **spread across Southampton.** They are all located **on or near the outer edge of the city.**



- **LSOA E0107182** (in Coxford) has the **highest prevalence.**
- By PCN, **Bitterne PCN** has the **highest prevalence (7.6%)**

Respiratory

Respiratory (southampton.gov.uk)

Respiratory disease in Southampton (1)

- **Chronic respiratory diseases** ranked **3rd highest cause** of **Southampton deaths** in all ages with a rate of 67.1 per 100,000. This is the same rank as it was in 1990. **Respiratory infections** and **tuberculosis** are ranked **5th highest cause of death** for all ages in 2019 with a rate of 47.2 per 100,000 (GBD 2019). **Asthma** was ranked **10th highest** for **years of life lived with disability** (YLD) with a rate of 382.6 YLD per 100,000 for all ages, a decrease of 42.1% since 1990. **COPD was ranked 12th highest** for **years of life lived with disability** (YLD) with a rate of 331.8 YLD per 100,000 (GBD 2019).

- **Smoking** and second-hand smoke is one of the **biggest risks** for **respiratory diseases**. Around **1 in 6** people (16.8%) in **Southampton smoke**. **Higher** when **compared** with 13.9% in **England** and 10.0% in **Hampshire**. **More males** smoke than females and people who smoke are **more likely** to be between the **ages of 25 and 54**

- **Respiratory deaths** contribute **19.2%** of the gap in **male life expectancy** between the **most** and **least** deprived quintiles (2020-2021). On closer inspection, the two largest causes are **chronic lower respiratory disease** followed by heart disease (OHID Segment tool)

- For **females**, respiratory diseases contribute **23.6%** of the gap in life expectancy between the **most** and **least** deprived quintiles, the **2nd highest group**. More detailed analysis shows the **single largest cause** of the gap in female life expectancy is **chronic lower respiratory diseases** followed by other and lung cancer (OHID Segment tool).

Respiratory disease in Southampton (2)

- **Rates** of **respiratory** disease hospital **admissions** are **higher** for residents in the **west** of the city, especially who live in **Redbridge** and **Coxford**. **Inequalities** by **deprivation** shows **admission rates** for **respiratory disease** are **2.9x higher** (and significantly so) for those in the **20% most deprived** (England quintiles/Core 20+5) compared to the least. **Under 75 years respiratory mortality rates** are **2.5x higher** for those in the **20% most deprived** (England quintiles/Core 20+5) with the highest rates in **Swaythling** and **Bargate**

- **Asthma prevalence** rates are **1.2x higher** for those in the **20% most deprived** (England quintiles/Core 20+5) with the highest rates also in the **west** around **Redbridge** and **Coxford**. Asthma is **more prevalent** in those aged **60 to 84 years. Asthma correlates** with **current** and **ex-smokers. Asthma under 18 admissions** rates are **higher** in the top **two most deprived quintiles**, in particular for **0–9 years, rates highest** in **the most deprived 20%**

- **COPD prevalence** is **higher** on the **wings** and **edges** of the city, **highest rates** are found in **the west** city neighbourhoods with in **Coxford** and **Redbridge** and also for those aged **75 to 89 years.**

- **COPD inequalities analysis** shows by England quintiles **COPD prevalence 1.2x higher**, **COPD admissions 3.4x higher** and **COPD mortality 2.6x higher** for those in the **most deprived 20%** compared to the **least**

Cardiovascular

Cardiovascular disease (CVD) (southampton.gov.uk)

Cardiovascular disease in Southampton (1)

- **Cardiovascular disease** is the second highest ranking disease in Southampton for **deaths** and **disability adjusted life years (DALYs)** for all ages and rises to the highest rank for those aged 70 and over (GBD 2019).
- **Circulatory diseases**, including stroke, heart disease and CVD deaths contribute **20.5%** of the gap in Southampton **male life expectancy** between the **most** and **least** deprived quintiles and is the largest group identified. For females, circulatory diseases contribute **24.6%** of the gap in life expectancy between the **most** and **least** deprived quintiles , also the largest group identified (OHID Segment tool)
- **Hypertension** is estimated to be present in a **third** of the adult population. In Southampton, the known prevalence for 2021/22 is **10.8% or 32,550 patients**. Other estimates by ONS suggest for every **7 adults diagnosed with hypertension** there another **3 adults who are undiagnosed**.
- **NHS Health checks** can identify help **hypertension** and early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. The **pandemic affected** Health Checks and in **Southampton, 2.8% of the targeted 20% eligible population (14.0%)** had a NHS Health Check in **2021/22**.

Cardiovascular disease in Southampton (2)

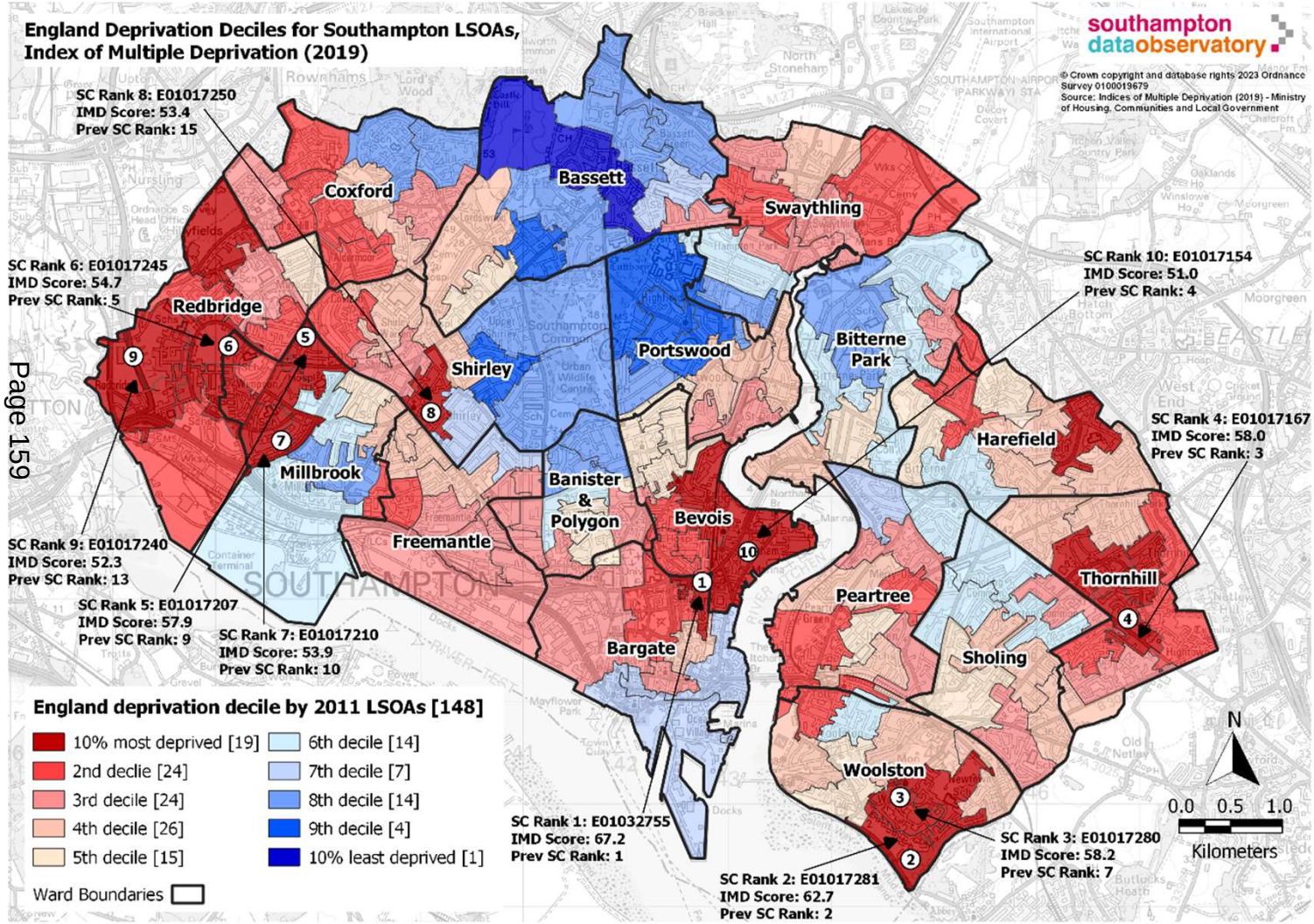
- **Emergency hospital admissions** for **cardiovascular disease** has highest rates for **Bevois** and then two wards in the **west of the city; Coxford and Redbridge**, the rate is **1.8x or 80% higher** and for **cardiovascular mortality 3.6x higher** in the **most deprived 20%** of the city compared to the **20% least deprived**

- **Coronary heart disease** emergency **hospital admissions** are **3.9x** in **most deprived 20%** of the city compared to the **20% least deprived.** The **highest rates** by **ward** are for people living in Redbridge (**west** Southampton), followed by Bitterne (now called Thornhill) and Bevois, all areas with **high deprivation. Southampton** has had **higher coronary heart disease mortality** rates than **England** since 2001-2003. At **PCN** level, **Central PCN** has the **highest mortality rate** compared to Southampton PCN average, followed by **West PCN** then **Woolston and Townhill PCN**

- **Stroke prevalence** in **Southampton** has been significantly **lower** than the England and more likely for those in the **least deprived** than the **most deprived**, perhaps occurring in **affluent residents** more likely to **live longer** when **stroke risk is greater**

Wider determinants and inequalities

Deprivation



- Southampton is **ranked 55th** (previously 54th) **most deprived** of 317 local authorities
- Around **12%** of Southampton's **population** live in neighbourhoods within the **10% most deprived nationally** (18% for the under 18 population)
- Southampton is ranked **3rd worst i**n the country for **crime deprivation** and is in the **worst 20%** of local authorities for **FIVE** other deprivation domains
- Grouping **indicators** by the **deprivation** levels (people experience living in these neighbourhoods) helps us explore **inequalities within the city**

Inequalities – Children and Young People

southampton dataobservatory

Comparing outcomes for children and young people in the most deprived 20% of Southampton to the least deprived 20% illustrate the inequality gap in the city……

Mothers smoking at booking

4.1x higher

2016 to 2020

Breastfeeding at initial check

1.4x lower

2016 to 2020

Mental Health/Psychosocial conditions

(per 1k children)

1.5x higher

February 2021

Healthy weight

1.1x lower for Year R children

1.2x lower for Year 6 children

2018/19 to 2020/21

Child poverty

3.7x higher

2018/19

Average Attainment 8 Score

1.3x Lower

2017 to 2019

Youth Violent Crime

(per 1k children)

3.2x higher

April 2019 to March 2020

Drug use

(per 1k children)

7.8x higher

April 2017 to March 2020

Alcohol use

(per 1k children)

5.1x higher

April 2017 to March 2020

Children experiencing neglect or abuse

(per 1k children)

4.9x higher

April 2017 to March 2020

Looked after children

4.1x higher

April 2017 to March 2020

Note: Uses local deprivation quintiles

Economic Needs Assessment

Economic assessment (southampton.gov.uk)

Southampton Wider Determinants Headlines (Economy focussed)

southampton dataobservatory

Analysis conducted on Southampton's economy contributes to our understanding of a number of **wider determinants of health and wellbeing**

The **Economic Needs Assessment** explores a **whole range** of areas that affects the **inequality gap** and also helps forecast the impact of areas of concern, for example the **cost of living**

Population

263,768

Hampshire County Council 2022 forecasts

Value of the Economy

6.8 Billion

ONS GVA (b) Current Basic Prices 2021

Number of Businesses

7,890

ONS UK Business 2022

Number of Employee Jobs

113,424

ONS BRES 2021

Average House Price

£259,456

Land Registry March 2023

Full-time Median Weekly Pay (Residents)

£643

ONS ASHE 2022

Higher Education Students

34,495

Higher Education Statistics Agency (2021/22)

Resident Population Educated to Degree level

47.9%

ONS APS 2021 – expressed as a % of economically active population

Ranked 10th

(out of 50) in the latest Good Growth Cities Index

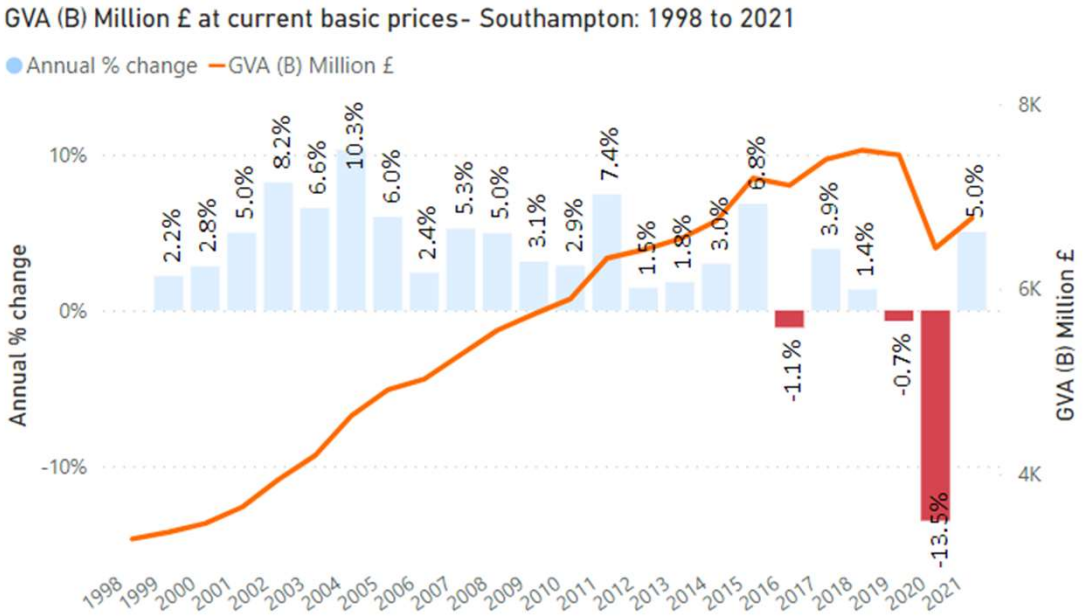
PWC good growth index 2022

Productivity and Growth – GVA (B)

Southampton's Economy in 2021

6.8 billion

- Gross Value Added (GVA) is a key economic indicator
- Southampton represents 2.2% of South East economy
- The Southampton economy declined by -13.5% between 2019 and 2020, followed by an increase of +5.0% in 2021
- Since 2019, this represents a decline of -£681 million
- The England (+2.3%) and South East (+1.8%) economies have grown over the last two years, whilst the Southampton economy has declined since 2019 (-9.1%)
- Additionally, this is the greatest decline among comparators; the majority (8 out of 10) having experienced growth
- Overall this suggests that the economic impact of the COVID-19 pandemic was greater locally



Change since 2019:

-9.1% Southampton

+1.8% South East

+2.3% England

Source: Office for National Statistics – GVA. GVA rounded to nearest hundred million.

Productivity and Growth – GVA (B) per head

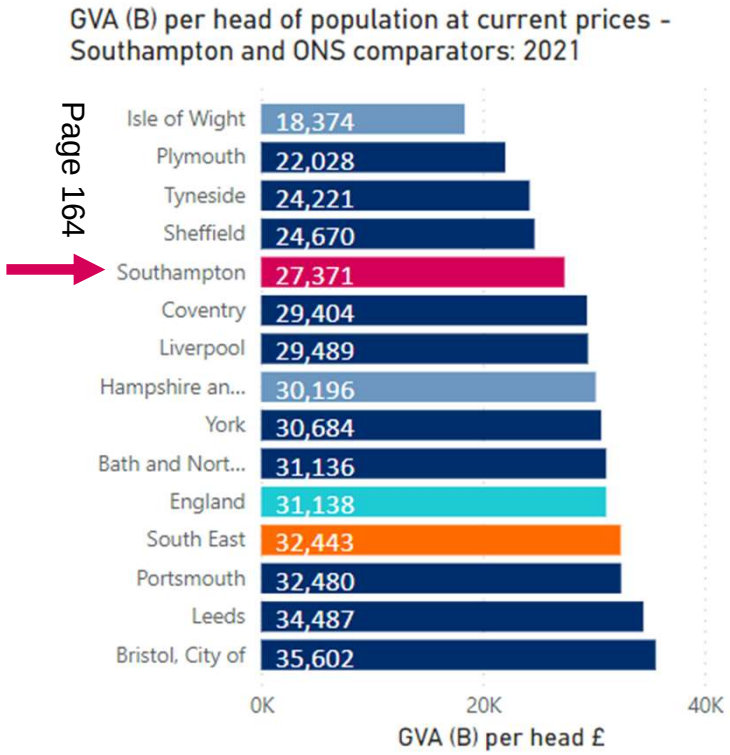
- GVA (B) per head in Southampton is lower than England and the South East
- Southampton experienced a -7.2% decline in GVA (B) per head, whilst England and the South East experienced increases of +1.8% and +0.6% respectively since 2019
- Similar to overall GVA, Southampton experienced a larger decline in GVA (B) per head in comparison to other areas. Again highlighting the greater impact of the pandemic on the Southampton economy, widening the gap to the national average

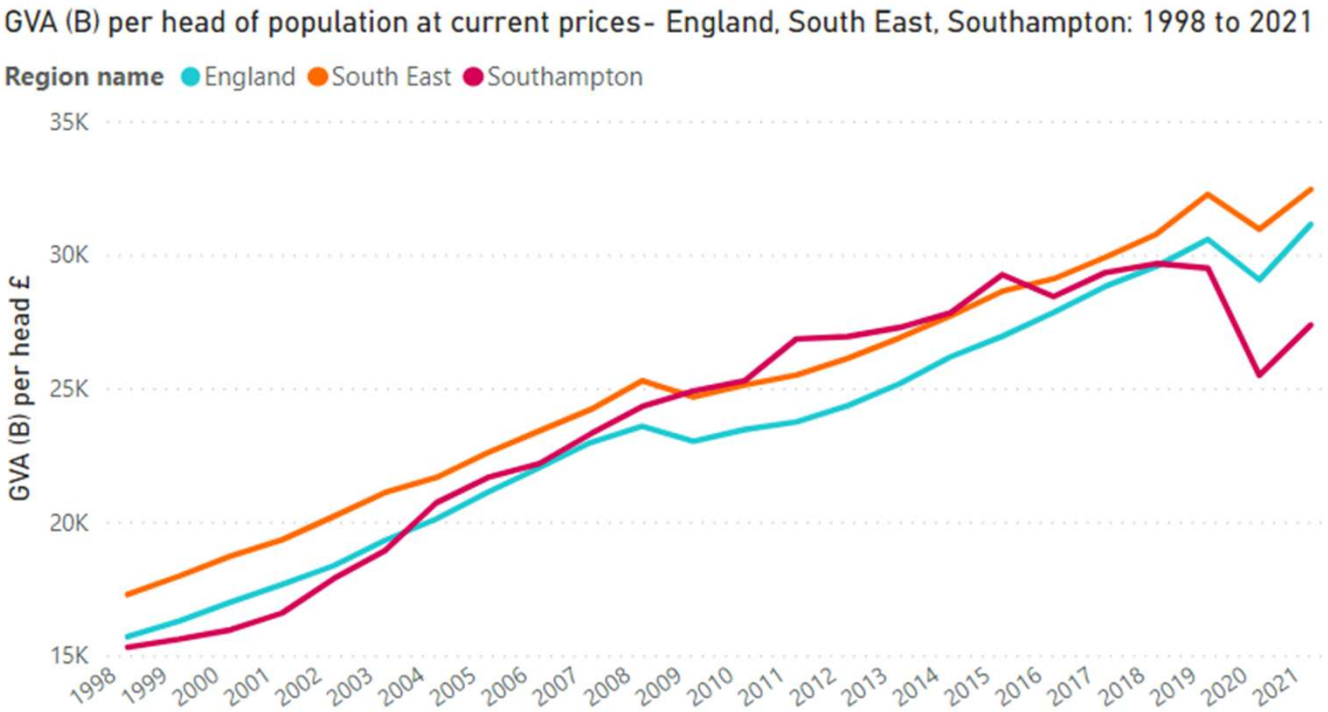
Change since 2019:

-7.2% Southampton

+0.6% South East

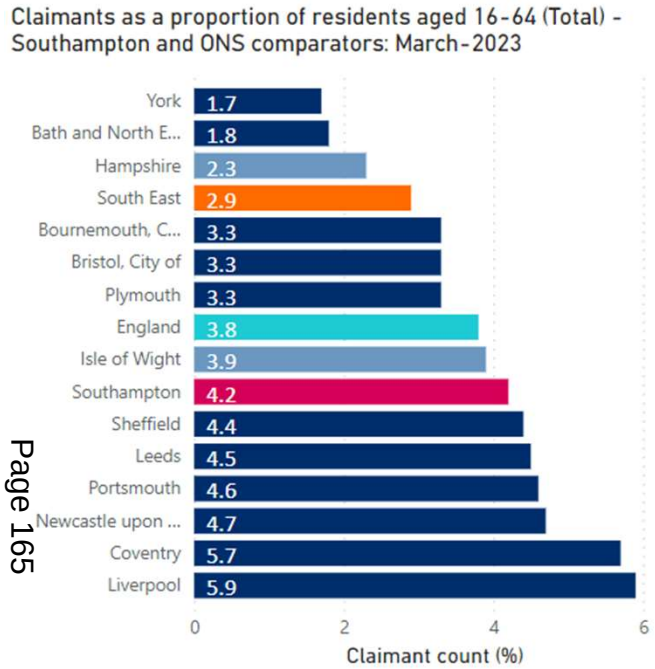
+1.8% England

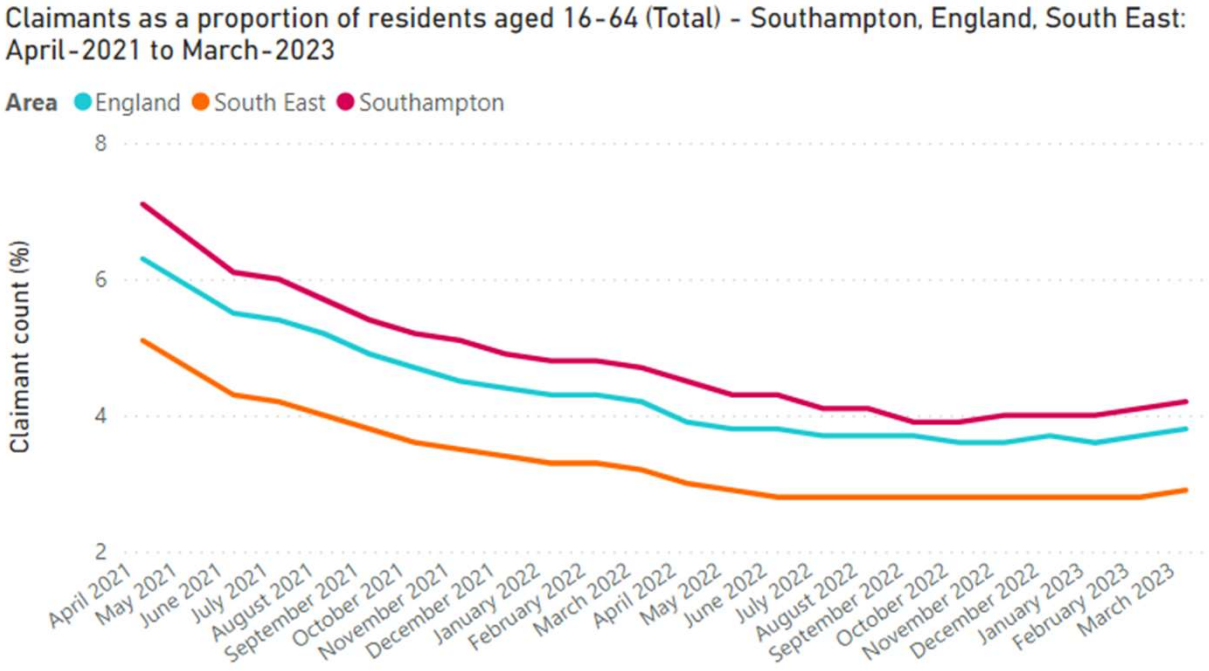




Source: Office for National Statistics – GVA

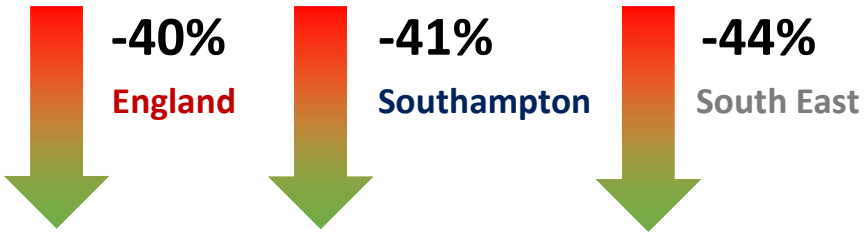
Claimant Count





- Locally and nationally the number of adults claiming out of work benefits has significantly decreased over the last two years, given the end of COVID-19 restrictions
- 4.2% (7,060) of the working aged population in Southampton were claiming out of work benefits in March 2023; a decline of -4,940 (-41%) since April 2021 (7.1%)
- Although, Southampton is yet to return to the pre-pandemic baseline (less than 3.5% in January to March 2020)
- Claimant count also appears to have slowly increased in recent months, possibly a result of recent financial pressures and economic uncertainty, therefore it will be important to monitor this trend

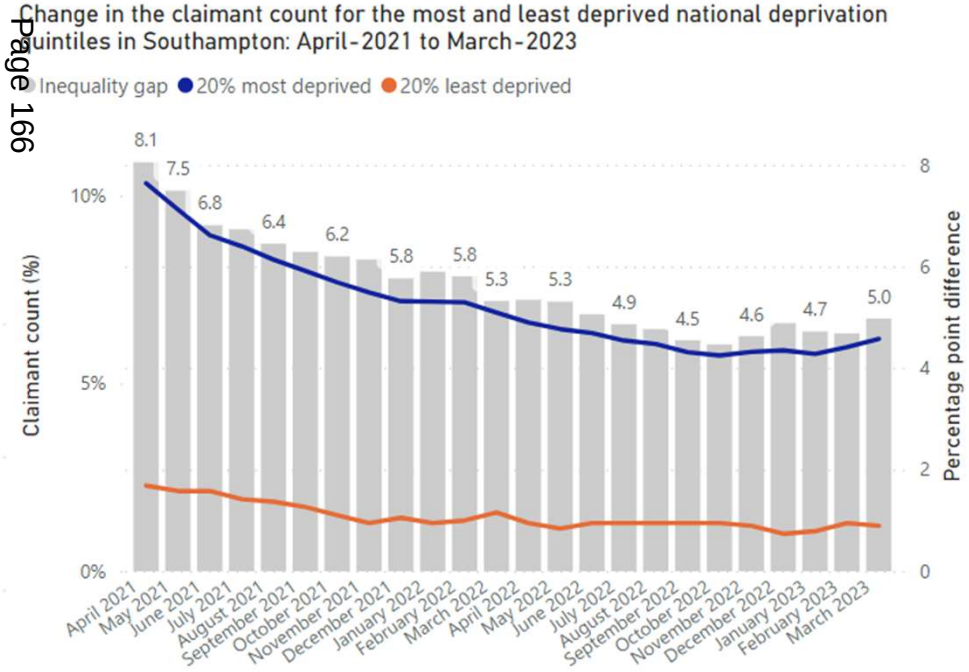
Change April 2021 to March 2023

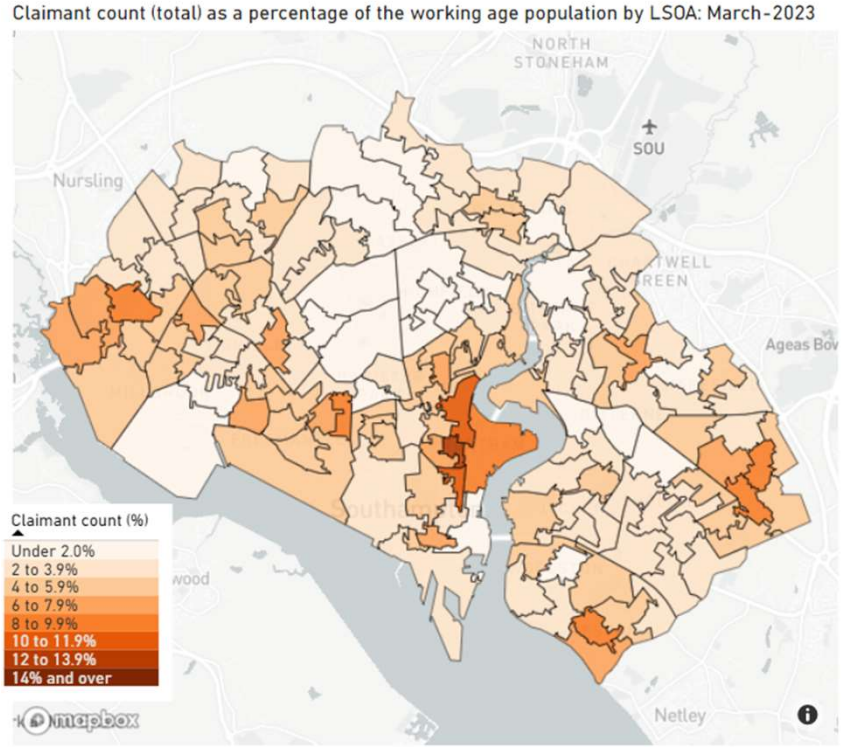


Source: Department for Work and Pensions

Claimant Count Inequalities

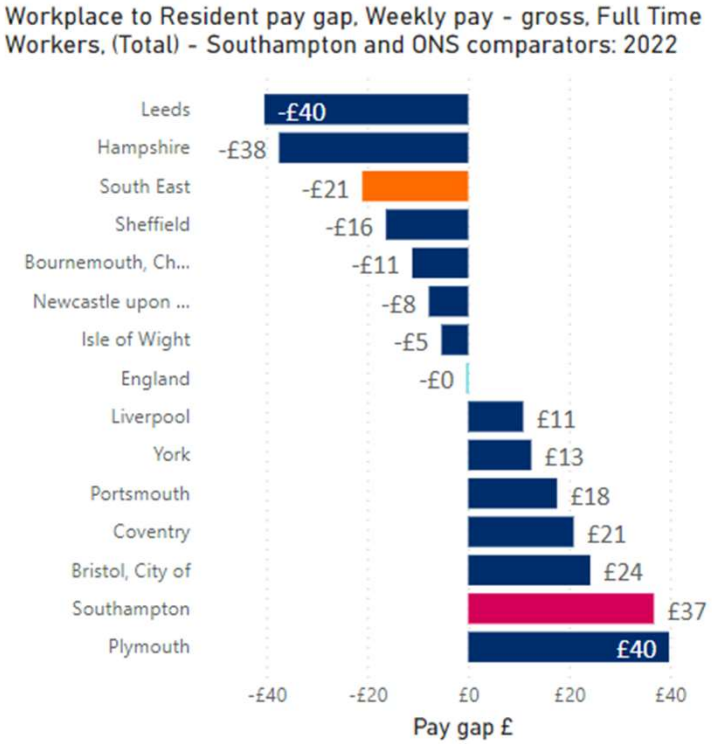
- The map below shows the latest claimant count (%) by Southampton neighbourhoods – March 2023
- Higher claimant counts are seen across neighbourhoods in Thornhill, Woolston, Bevois and Redbridge wards, which is where some of the most deprived neighbourhoods in the city are located
- The chart below shows the inequality gap in the claimant count between the most and least deprived neighbourhoods over time, which has decreased from a peak percentage point gap of 8.1 in April 2021 to 5.0 in March 2023, whilst the inequality gap briefly returned to pre-pandemic levels (average 4.6 percentage point gap throughout 2019), it appears to be widening again

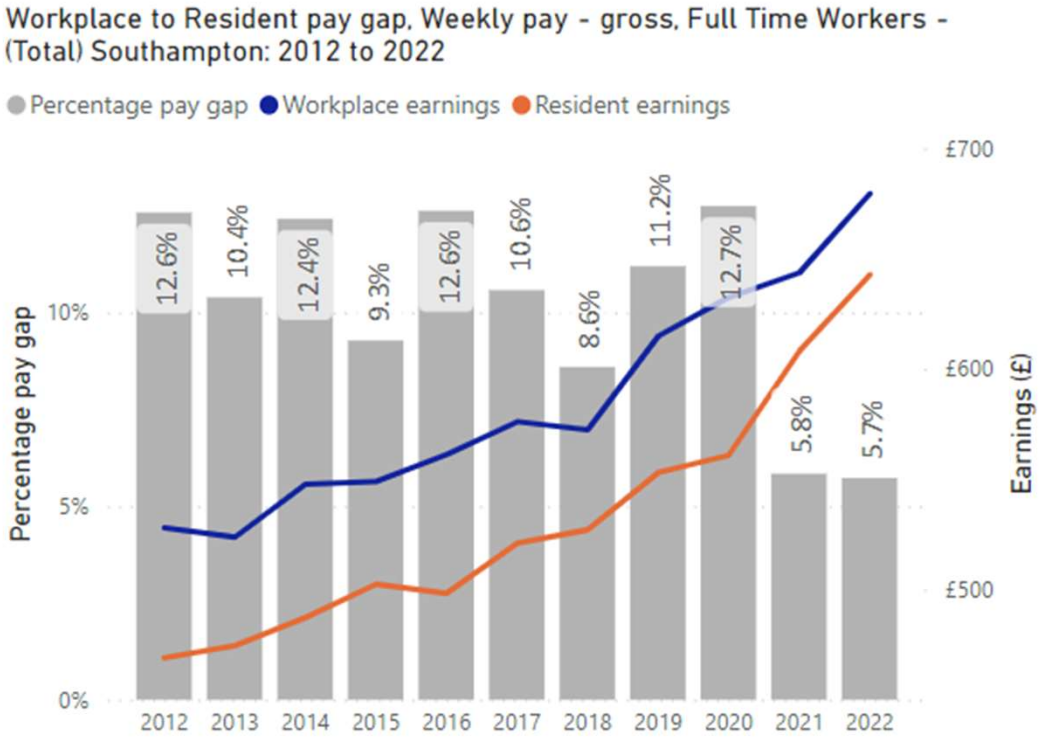




Source: Department for Work and Pensions

Inequalities – Workplace vs Resident

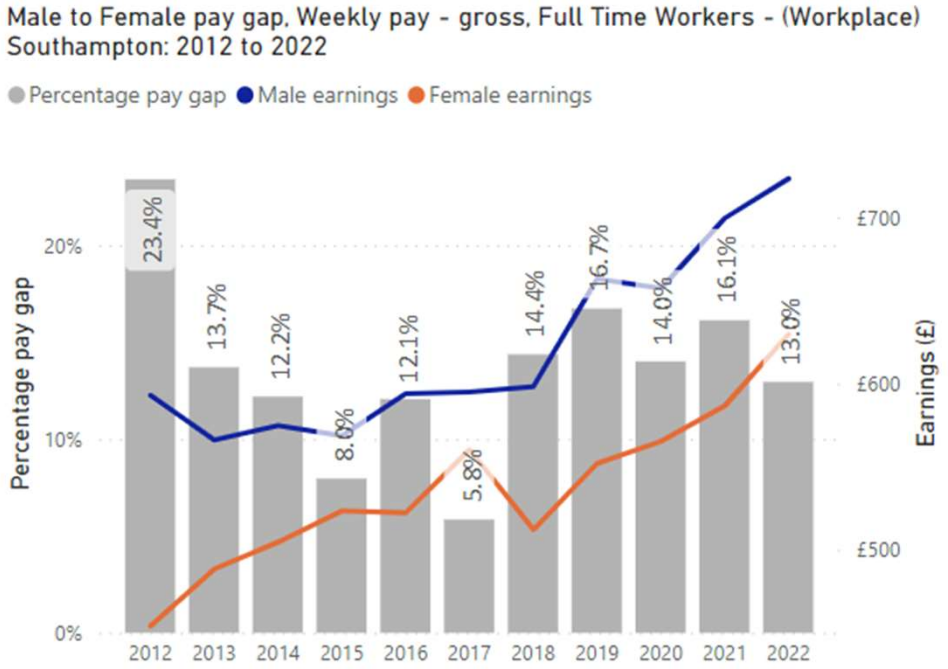


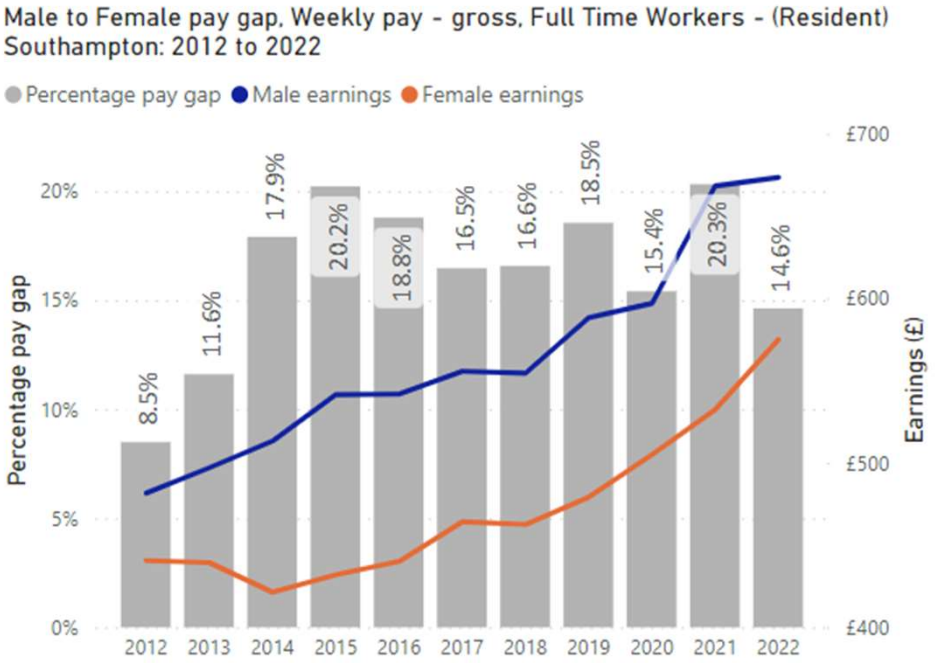


- WORKPLACE earnings are £37 (5.7%) more per week than RESIDENT earnings for full time workers in Southampton
- Whilst the inequality gap between workplace and resident earnings appears to have narrowed over the last two years, the gap is still the second largest among comparators
- High workplace earnings suggests that good skilled employment opportunities exist in the city. However, lower resident earnings suggests that commuters into the city have those high skilled jobs, which residents are not benefitting from

Source: Office for National Statistics – Annual Survey of Hours and Earnings – data for the most recent year is provisional

Inequalities – Male vs Female



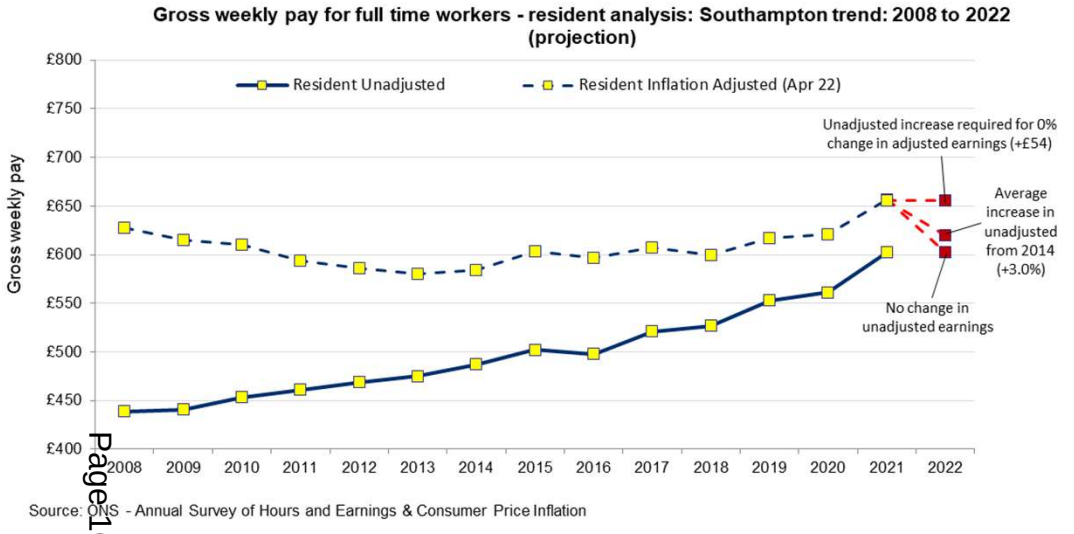


- There is also a pay gap between male and female pay in Southampton, with this gap also experienced nationally
- In 2021, the full time resident weekly gender pay gap was 14.6% (£99) in Southampton, this compares to a gap of £106 (15.3%) nationally
- The full time workplace gender weekly pay gap in Southampton was similar at 13.0% (£94) in 2022
- No evidence that gap is narrowing – for both workplace and resident

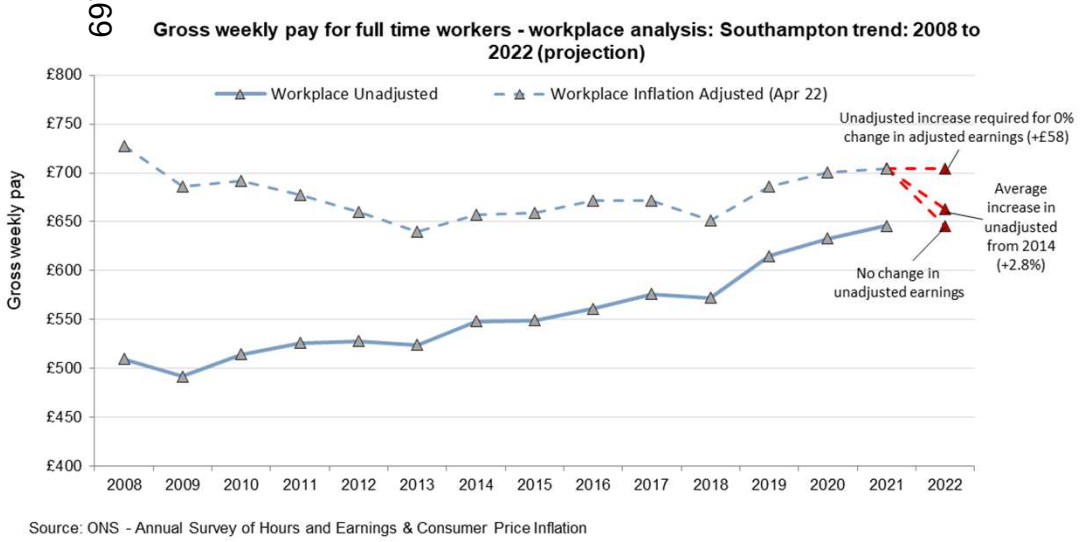
Source: Office for National Statistics – Annual Survey of Hours and Earnings – data for the most recent year is provisional

Cost of Living – Earnings

southampton dataobservatory



Source: ONS - Annual Survey of Hours and Earnings & Consumer Price Inflation



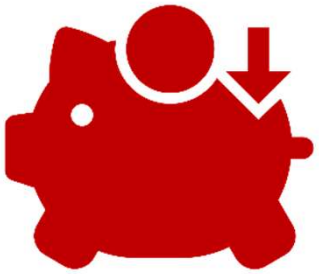
Source: ONS - Annual Survey of Hours and Earnings & Consumer Price Inflation

Source: Office for National Statistics – Consumer Price Inflation & Annual Survey of Hours and Earnings

▲ **108.5 to 110.1** *2020 to 2021*

▲ **110.1 to 120.0** *2021 to 2022*

Consumer Price Index (all items April)



▲ **£33** *Resident*

▲ **£4** *Worker*

Adjusted earnings 2020 to 2021

▼ **£54** *Resident*

▼ **£58** *Worker*

Adjusted earnings 2021 to 2022 (assuming no change in unadjusted)

- The graphs on the left show projections for adjusted resident and worker earnings based on **April 2022 inflation** (120.0 CPI all items)
- Assuming unadjusted earnings do not change, a 'real' **decline of -8.3%** in earnings could be expected for both residents and workers in Southampton – an impact of inflation increasing during the cost of living crisis
- Unadjusted weekly earnings would **need to increase** by at least **£54 for residents** and **£58 for workers** to negate the impact of inflation in 2022;
- This would be an unprecedented increase in unadjusted earnings locally, therefore would expect wage growth in Southampton to fall behind inflation, resulting in a **decline in 'real' earnings in 2022**
- ONS estimates of weekly earnings from August 2022, also suggests that 'real' pay is declining as a result of inflation

COVID Impact Assessment

COVID Impact Assessment (Published Dec 2021, refreshed Aug 2022)

- **Most aspects of health and wellbeing covered by the JSNA were impacted by the pandemic including those monitored against the Health and Wellbeing Strategy**
- Further analysis of the direct and indirect impacts of the pandemic are included in the Covid-19 Impact Assessment, set out in three sections; Healthy People, Healthy Living and Healthy Places
- Many impacts are yet to be fully realised and the Covid-19 Impact Assessment is refreshed regularly as more data is made available and further understanding reached. Future impacts suggest this winter would have an impact on health and wellbeing inequalities in the community given the challenges of heating costs and the impact of the cost-of-living increase.

- The assessment showed **significant impact** of the **Covid-19 pandemic** on the **health of Southampton residents.** Analysis including looking at **inequalities**, showing there were **significant differences** in **cases** (in the first three waves) and **hospital admissions** when comparing those living in the 20% most deprived neighbourhoods with those living in the 20% least deprived - with **higher rates in the most deprived**
- There have been some **negative impacts** such as an **increase in mental health issues** but also some **positive impacts** such as **reduction in smoking, increased value of air quality** and **clean air**, and an increase in **physical activity**.
- Analysis incorporates national and local data including Southampton resident survey data

Covid-19 Impact Assessment

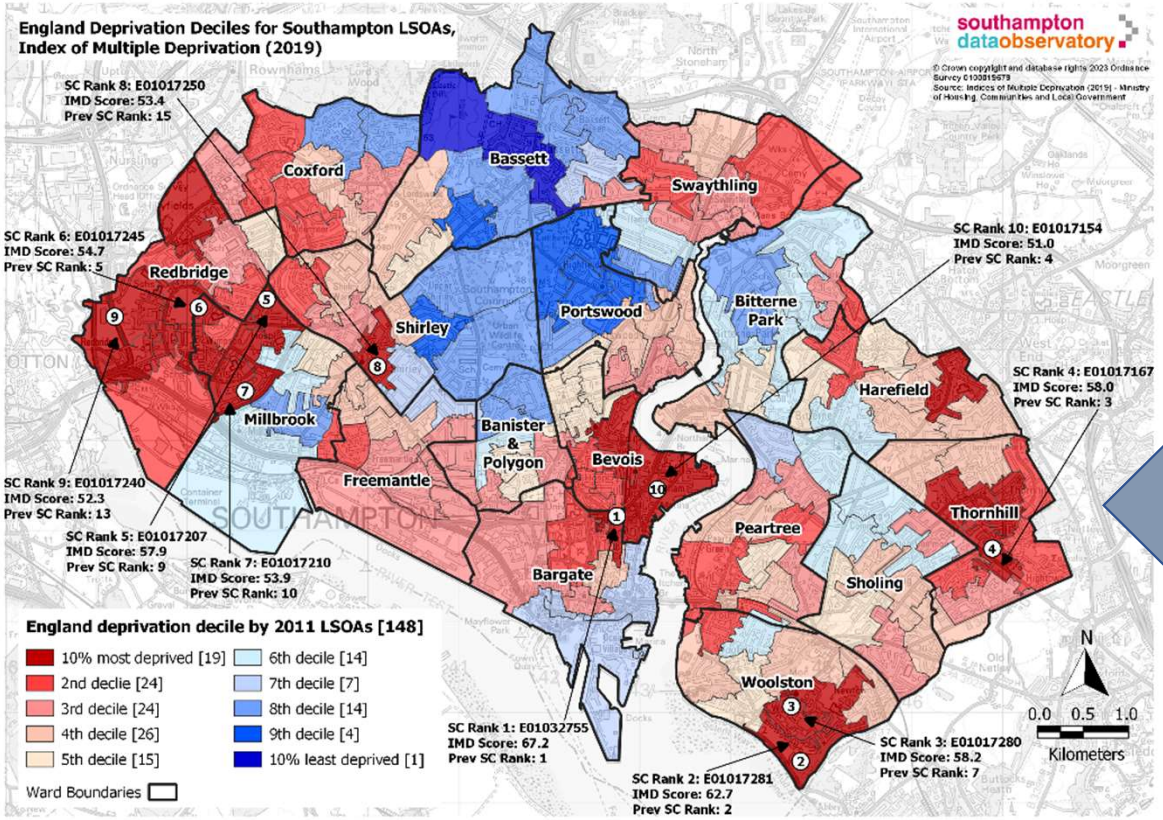
Other summary slides

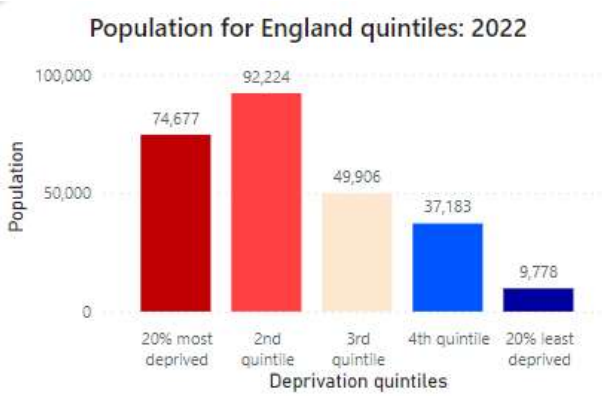
Key facts

Southampton has an estimated population of **263,767** residents, of which **134,575** (51.0%) are **male** and **129,192** (49.0%) are **female** (2022).

Southampton has a relatively young population compared to geographic neighbours with higher rates of deprivation, diversity and pre-existing disease. A shift towards an ageing population has been forecast for the city.

Deprivation is generally associated with poor health outcomes.





This map shows how deprivation is distributed across different neighbourhoods in the city with red areas experiencing much higher deprivation compared to blue areas.

The Index of Multiple Deprivation consists of 7 domains including income, employment, health and disability, education, crime, housing and living environment.

Southampton is ranked the 55th (previously 54th) most deprived out of 317 local authorities in England. 28% of Southampton's population live in neighbourhoods within the 20% most deprived nationally. Southampton is ranked 3rd worst in the country for crime deprivation and is in the worst 20% of local authorities for 5 other deprivation domains.

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Health & Wellbeing Strategy 2017-2025

Progress update – December 2023

The Health & Wellbeing Strategy 2017-2025 set 4 Outcomes and detailed 'what are we going to do?' for each. Each December the Health & Wellbeing Board receives an update against progress on the outcomes. The following summary provides a snapshot of progress for this year, please read the following table which provides the full update.

Outcome 1 – People in Southampton live active, safe and independent lives and manage their own health and wellbeing

The new Tobacco, Alcohol and Drug strategy was formally launched in January 2023. The strategy takes a non-judgemental, harm-reduction approach and was written with input from people with experience of using substances. It is part of the Health in all Policies approach, and various different teams are required to deliver its outcomes in a partnership approach. Vaping is a growing public health concern, particularly use by young people, and work is underway across the City Council to reduce vaping harm, particularly relating to young people.

The We can Be Active Strategy has been in place for one year and the Health & Wellbeing Board received a progress highlighting strengths, weaknesses, opportunities and threats in September 23. This identified areas for review and development around mental health support and engagement with local businesses. Work around healthy weight has continued, with the new nutrition and cooking network being established in partnership with City Catering and Abri to support consistent healthy eating and nutrition messages across community run/nutrition education programmes. A whole system approach to childhood obesity is well underway and the Health & Wellbeing Board will discuss how the group can influence at a place and system level late 23/early 24.

Outcome 2 – Inequalities in Health Outcomes are reduced

There is a great deal of variation in health inequalities across the city, for example men in the least deprived areas live for 8 years longer than in the most deprived; for women the difference is 4.7 years. To truly impact on health inequalities system change is required, and the Public Health team work to influence policies, strategies and plans so that as a system we can tackle health inequality. This year, Family Hubs have been launched; situated in some of the most deprived areas of the city and supporting families and communities in areas such, training and job opportunities, health advice from midwives, health visitors and other health professionals, health clinics, information and advice on breast feeding, and support around speech and language, training and job opportunities.

Early childhood development remains in focus with maternity services offering stop smoking support (with behavioural support). The healthy child programme continues to be delivered. There has been substantial work towards improving 2 year take up of early years places, which has increased the rates to over 88%. Work continues with schools to improve healthy lifestyle choices and mental wellbeing, with mental health support teams now fully operational in all mainstream schools. There is also work to support schools to reduce vaping, and educational sessions on drugs offered to all secondary schools.

Health inequalities are taken into account in policy development, commissioning and delivery, with strategies aligned and plans to ensure delivery. SCC Employment services have continued to support people to access jobs, especially those who are long term unemployed or with families. As well as providing reactive advice, the service assists Public Health in planning for and understanding the different risks from impact of growing unemployment, below entry level skills and dealing with debt and poor mobility. Learner numbers in the Adult & Community Learning programme (which provides entry-level and employment skills to disadvantaged adults) are seeing improvement, particularly following lower numbers during the pandemic. Priority groups are those with a

declared learning difficulty or health condition, learners from black, Asian or minority ethnic communities, unemployed people, and residents who do not have a full level 2 qualification.

Outcome 3 - Southampton is a healthy place to live with strong, active communities

The Stronger Communities team have continued to grow their community engagement networks, attracting significant media interest in activities and increased demand for the teams input to a range of issues. The team have also assisted the public health team work community surveys around childhood immunisations. 'Love where you live' events continue as community days with the ethos of 'build up, turn up and follow up' – so far in 2023 these have run in Coxford, Weston, Townhill, Clovelly Road, St James' Park and Lordshill.

The COVID Champions network has evolved into the Wellbeing Champions programme, focussing on longer term health and wellbeing improvement opportunities. The team continues with a varied programme of work including development of 'Young Southampton' with the Young People's Foundation Trust, the Safer Streets 4 programme supporting Millbrook Youth Activities Group to delivery youth activities and a street cooking project in Millbrook and Redbridge, and running the Safer Neighbourhoods and Community Chest grant rounds to encourage stronger, self-sufficient communities and diverting young people from crime and anti-social behaviour through arts, culture and physical activities.

Outcome 4 – People in Southampton have improved health experiences as a result of high quality, integrated services.

Integration and joint working across council services and partners remains key to delivering the best health outcomes for residents in the city. The newly established Health & Care Partnership Board is key in delivering integrated services. Formerly the Joint Commissioning Board, the new Health & Care Partnership Broad brings together service providers with the Integrated Care Board and City Council to enable more integration. The Health & Care Strategy has prevention and early intervention at it's core. The strategy sets priorities for health and care in the city, and the October meeting of the Health & Care Partnership received a progress update on these issues.

Continued investment in the Best Start in Live, sexual health, reducing tobacco, alcohol and drug related harm, mental health and wellbeing, eat well approaches and weight management underpins the prevention in the city. The new Discharge Community Navigation service will support residents to return home and remain at home following discharge from hospital. The Community Wellbeing Services promotes active car planning and provision for the most vulnerable residents, for example those living with a severe mental illness, learning disability and /or frailty. The service works as an integral part of One Team, supporting a multi-disciplinary approach to care and health delivery for those whose needs are more complex.

Progress against the Health & Wellbeing Strategy Outcomes

	Priority Commitments	Lead agencies, departments & services	Latest achievements and activities
Outcome 1	**People in Southampton live active, safe and independent lives and manage their own health and wellbeing**		
1.1	Encourage and promote healthier lifestyle choices and behaviour, with a focus on smoking, alcohol / drug use, physical activity, and a healthy weight, including walking and cycling more.	Southampton City Council Public Health	Smoking - The new Tobacco, Alcohol and Drugs Strategy 2023-2028 was launched in January. - Tobacco dependency treatment embedded in homeless hostels, drug & alcohol treatment service, UHS maternity service and inpatients, Primary Care Networks and in commissioned pharmacies. New pilot supporting UHS inpatients to continue to be smokefree after hospital. - Stoptober and National No Smoking Day campaigns. 2 PCNs supported to be among the first in the country to sign the NHS Smokefree Pledge. SCC already a signatory to the Local Government Declaration on Tobacco Control - Cross-Council work to reduce vaping-related harm to young people, non-smokers and the environment. - Leadership of the Tobacco Dependency Treatment workstream for Hampshire & Isle of Wight ICB. - Smoking rates similar to England, despite higher deprivation in Southampton. 1,582 people set a quit date through commissioned services in 2022/23.
		As above	Physical activity - Progress on the We Can Be Active Strategy (adopted by the Health & Wellbeing Board in December 2022) is monitored through quarterly updates from those individuals and organisations leading on each action. - In September 2023 a progress report on the first year of the WCBA Strategy was taken to the HWB. This highlighted strengths, weaknesses, threats and opportunities. As a result, areas for review and development were identified including collaboration with health and care partners, particularly those providing mental health support, and engagement with the local business community. - The Physical Activity Alliance (PAA) has grown over the year to over 100 members from more than 30 different organisations. It is valued by members as a forum for information exchange and collaboration. The Alliance meets quarterly with a mixture of face-to-face and virtual meetings to ensure inclusivity. The themes for the most recent meetings have included supporting older adults to move more and developing places that facilitate our residents to be active in a way that suits them. - The Leisure vision for the city is being delivered by a Strategic Action Plan (currently in draft) which also aligns with the five themes of the We Can Be Active Strategy. - The findings of an independent evaluation of the pilot Physical Activity Community Navigator project are being considered.
		As above	Healthy weight - SCC was the first LA on the South coast to sign up to the Healthy Weight Declaration (HWD) in 2022, it has provided a framework to enact a number of changes including the HWD being referenced in the Social Value Act for relevant SCC contracts, the Events team reference the HWD in their procurement to encourage vendors at local events to provide healthier food options. Exploratory work undertaken with Comms on advertising of high fat, salt sugar food in the city. Next steps to audit impact. - Nutrition and cooking network established in partnership with City Catering and Abri to support consistent healthy eating and nutrition messages across community run food/nutrition education programmes - Roll out of the Early LifeLab programme (offered to all primary schools in Southampton) 8 schools participated, further 19 expressed an interest, 1710 children engaged and 85 teachers trained (training includes Healthy Conversation skills). University funded PhD student recruited begin evaluation of the programme - Whole systems approach to childhood obesity well underway. Next steps are to consider how the work can be embedded as part of the CYP strategy and consider how the group can influence at a place and systems level - Healthy settings programmes have been scaled up including the Healthy Early Years Award which now engages 80 settings in the city. Schools based healthy settings awards have been brought under one banner of Healthy Sustainable Schools to help schools access the support they need more easily - Work underway to identify and explore options for auto-enrolment pupils eligible for free school meals but who have not signed up - Groundwork to begin in October to develop a healthy and sustainable food strategy for Southampton - Healthy Weight routinely raised as part of ICB Health and care commitments. - New adult weight management service commissioned and in place as part of a pathway to specialist NHS services, complementing free national digital weight management offer and national diabetes prevention programme.
		As above	Reducing alcohol and drug-related harm - New strategic Southampton Reducing Drug Harm Partnership, chaired by Director of Public Health - New cross-Council SCC Tobacco, Alcohol and Drugs Strategy, 2023-2028 - Over 1,680 adults (18+) in structured treatment in our commissioned specialist alcohol & drugs service in the 12 months to June 2023, a 9% increase from 2021/22. - More than 200 people p.a. benefiting from telephone support line for extended brief interventions for alcohol. 92% reduce their drinking. - Improved geographical coverage of drug treatment in community pharmacies, including supporting 40% more people with supervised consumption in the last year

	Priority Commitments	Lead agencies, departments & services	Latest achievements and activities
			- Successful bid for extra OHID funding for drugs services, enabling expansion of young people's drug and alcohol service to offer workers in SCC young people's services, dedicated outreach and more work with schools.
1.2	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.	Public Health	Sexual health - Current services continue to provide additional support and promotion to vulnerable groups (i.e. teenagers, homeless population, sex workers, men who have sex with men) - Southampton Sexual Health Systems and Leadership Network was launched in April 2023 with strong representation across the wider sexual health system. - The Southampton Sexual Health Needs Assessment identified three workstreams that the network will be focusing on, and leads were agreed: Prevention and promotion across our work (including linked to other services for children, young people and vulnerable groups) System pathways, skills and capacity building Equitable access, experience and outcome - These will be linked to our ways of working, which include: Co-design and test solutions with communities. Communicate between partners for emerging issues and improvements. Maximise opportunities for joint working. Evaluate sexual health outcomes over time. Improve representation from our communities within the workforce and patient forums. New integrated sexual and reproductive health service procured collaboratively with colleagues across Hampshire, Isle of Wight and Portsmouth.
		As above	Children and young people - The Children and Young People's Strategy 2022-27 has been completed, along with eight strategic plans for delivery, including the prevention and early intervention plan. The Children and Young People's Strategic Partnership and a number of subgroups have been established to provide oversight of these strategies. - Southampton City Council has been awarded funding for the Family Hubs and Start for Life Programme which includes work across six priority areas including the development of Family Hubs in the city. - The delivery of personal, social, health and economic (PSHE) education in schools has been supported by membership to the PSHE Association, with termly Network meetings and access to resources. - Young carers are being identified in schools via an annual census, and their access to support within the city is being improved including training and badge scheme. - Emotional and mental health training supported by the Anna Freud Centre has been delivered to professionals across the city who work with or come into contact with children and young people. - Breakfast Clubs have supported 100 vulnerable children at risk of poor school attendance. Over half of the children increased attendance.
		As above	Vulnerable groups - The Holistic outreach service continues to support women who sell sex on the street - A new Domestic Abuse and Violence Against Women and Girls Strategy Launched. - There is new Homelessness Prevention Strategy in consultation.
		As above	Carers - Strong programme of reaching out to carers (paid and unpaid) to promote the Covid Vaccination programme.
1.3	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.	Southampton's Local Area Team (formerly known as the Integrated Commissioning Unit)	• ICB funded Communicare : Hello Southampton offering daily phone call health and wellbeing check-ins by volunteers, Home Welcome - a good neighbour visiting people after illness or hospital discharge • SO:Linked So:Connect digital inclusion project • From November 2023, implementation of a new navigation offer (as part of So:Linked) based at UHS and aimed at supporting people to access community resources to facilitate a safe and timely discharge from hospital. • A continued flexible and creative approach to reaching those in need and promoting their independence and wellbeing has been at the centre of what SO:Linked has done in recent months • A network of Social Prescribers and Community Navigators has been developed to promote sharing of good practice and continue to innovate and promote access to community assets • Working with CVSE organisations to promote 'digital enabling' aiming to reach more people through this approach, building on the successes during the pandemic response • Mapping of Warm Spaces for Elderly Frail and patients with respiratory needs in fuel poverty, coordinated by SO:Linked. Development of a Warm Spaces map, Single referral route through Community Navigation service, • Ongoing development of Integrated Neighbourhood Teams, Virtual Wards and Proactive Case Management approaches designed to support people to remain in their own homes/communities through strength based multi – agency multi-disciplinary coordination.

	Priority Commitments	Lead agencies, departments & services	Latest achievements and activities
			• Increased shift away from a hospital discharge model that defaulted to a bedded model of care to a "Home First" approach that seeks to return people to their own homes wherever possible. • The development of a business case and therapy led operational reablement model that proactively seeks to ensure that people who require reablement in the community receive this in a timely fashion helping them to remain as independent as possible for as long as possible.
1.4	Ensure that information and advice is coordinated and accessible	Southampton's Local Area Team	- Contract with Citizen Advice Southampton and consortium of providers of advice, information and guidance services is continuing and run to January 2025. - Planning has begun about how services should be commissioned beyond January 2025 with stakeholder engagement planned between December 2023 and April 2024. - Financial, debt and cost of living issues remain the number one reason for people to request support. - Information about range of AIG -type provision has been updated and shared widely. - Initial discussions taking place with PCNs about role of social prescribers and how we can ensure a coordinated AIG offer in the city. - SoLinked service has been relaunched with a focus on general community navigation as well as a new service based at the hospital focussed on supporting hospital discharge.
1.5	Prioritise and promote mental health and wellbeing as being equally important as physical health.	Public Health	- Development of a city-wide Southampton mental health and wellbeing strategy has commenced, with completion anticipated for June 2024. - Mental health training provided to frontline workforces across the city who come into contact with residents, particularly those who are vulnerable to mental ill health and suicide. Training includes basic mental health awareness (Let's get talking), Connect 5, debt and mental health training, children and young people's emotional and mental health training. - Continued support for mental health campaigns including Time to Talk, World Mental Health Day and Suicide Prevention Day. - Other public health campaigns highlight mental health benefits of physical activity, reducing drinking and stopping smoking. Suicide prevention - Suicide prevention included within the new city-wide Southampton mental health and wellbeing strategy (currently in development) - HIOW suicide specific bereavement service, Amparo, is available to Southampton residents. It now also offers specific children and young people's support. Ongoing work to promote this service to all partners, services and relevant organisations. - Southampton Suicide Audit 2019-20 completed in March 2023, results disseminated to relevant groups and learning included in the mental health and wellbeing strategy. - Membership and active involvement in HIOW real time surveillance (RTS) group for suspected suicide, supporting prevention and prevention of suicide in Southampton. - HIOW self-harm support service has provided support to parents, carers, families and schools of young people who self-harm via an online resource and information hub, peer support and awareness courses, and training for school professionals.
1.6	**Increase access to appropriate mental health services as early as possible and when they are needed.**	Southampton's Local Area Team and Public Health	**Community Transformation "No Wrong Door" Programme** - Exemplary quality marked Southampton Mental Health Individual Placement and Support Service provided access to 267 people with severe and enduring mental health issues. - Inaugural 16 – 25 year olds emotional wellbeing and mental health transition fair - Development of a service model for 16 – 25 year olds mental health access co-ordination service - Supporting the expansion of crisis alternatives in Southampton with the opening of a second Lighthouse in Bitterne and contribution towards the Academic Health Science Network evaluation of the Crisis Alternative services. - Development of city wide 'your wellbeing journey' infographic. - Completed all recruitment to workforce models (usual recruitment for attrition) - Group intervention programme phased development and roll out within EMHPC offer 1. West PCN - compassionate friend group 2. Citywide – mindfulness and relaxation group 3. North PCN (University population) - stress and anxiety and emotional coping skills 4. Citywide – dealing with anger and frustration group commencing February 2024 5. Citywide - managing emotions pathway early planning stages - Trusted assessment pilot due to commence December 2023 1. EMHPCT to 'step-up' to secondary services 2. Pathway for direct referral and template developed, upload to RiO and patient accepted (CMHT, EIP, CRHTT) 3. When implemented/successful will work towards 'step-down' trusted assessment 4. Regular MDTs taking place across MH pathways - Achieve target of patients with 2+ contacts with transformed community mental health services 1. EMHPC data available booked appointments, DNA rate, appointment utilisation, step-up rate (accepted/diverted) - Broaden the offer within PCNs to include support for social determinants of mental health 1. Regular contact with EMHPC with Social Prescribers and Health & Wellbeing Coaches - Improve SMI physical health check uptake to 80% and pilot use of the ICS developed evidence-based framework with Primary and Secondary Care to guide the provision of follow up care and support after a physical health check 1. Practice questionnaire developed and completed, individual improvement plan in development 2. Increased outreach HCs completed this year contributing towards target

	Priority Commitments	Lead agencies, departments & services	Latest achievements and activities
			3. Mapping follow-up interventions underway **4. Co-occurring Conditions** - Support pathway development and improved integrated working between mental health services and substance use disorder services, joint MDTs etc. 1. Training/education events & QI event October 2. Joint Working Protocol, data sharing agreements nearing completion 3. SUDs drop-in clinics for NHSTT and EMHPC Teams in place 4. Steering group re-established to oversee action plan - In partnership with Southampton City Council develop supported housing strategy aligned to rehabilitation and reablement programme 1. SCC Supported Living market engagement event November - Co-occurring mental health and substance use disorder needs 1. Education sessions provided to health, adult social care, housing, voluntary sector who do/may have contact with people who have co-occurring needs **2.** Development of Joint Working Protocol between partners to ensure people are not excluded from services due to co-occurring need **Improved access to evidence-based psychological therapies** - Enhanced partnership working, including MDTs and joint assessments with Enhanced Mental Health Primary Care Teams. - Delivery of open access 'introduction to' webinars to facilitate access - Continued joint working with substance use disorder services, secondary mental health services and primary care
1.7	Make every contact count (MECC) by ensuring all agencies are able to identify individual needs and respond /refer to services as appropriate.	Southampton's Local Area Team and Public Health	- MECC lite training co-delivered with PCC - approx. 10 SCC staff from adult social care connect and the contact centre attended (have feedback if you need it) - MECC Train the Trainer delivered with NHSE – 5 participants from Southampton (Saints Foundation, SCC and a pharmacy). - MECC training offer promoted to GP practices who attended the face to face NHS health checks training - NHSE commission Yellow Brick Road Projects to deliver eMECC for Southampton and HIOW
1.8	Promote access to immunisation and population screening programmes.	NHS England, Hampshire & Isle of Wight Integrated Care System, and Public Health	Covid-19 and flu vaccinations - Integrated support for programme across NHS and Local Authority partners - (COVID-19) Vaccine champions programme ended in March 2023. The programme had involved funding 15 organisations and over 85 unfunded businesses and organisations to improve uptake of COVID-19 vaccines and reduce inequalities. An evaluation of the programme is being conducted. - NHS partners continue to offer seasonal flu and COVID-19 vaccines to eligible groups. The public health team support operational planning at system level and support around inequalities in uptake. Childhood immunisations The SCC public health team have led a Childhood Immunisation Strengths and Needs Assessment (CHISANA) that focused on vaccinations in children under 5 years of age. This has involved engaging key stakeholders and included uptake data analysis and a parent and GP provider survey. The assessment and recommendations are being finalised and will be presented to the HWB in March. Immunisation and screening programmes Southampton City Council and other HIOW local authority public health consultants meet regularly with the public health consultant lead in the NHSE screening and immunisation team to address key issues in improving uptake across immunisation and screening programmes. This year there has been a focus on improving uptake and catch up of MMR vaccination due to increasing cases nationally and internationally. NHS health checks NHS health check activity in Southampton has improved to pre-pandemic levels in the last year and is higher than the England and South East average. Work continues to support primary care to increase activity and health checks remain an important part of identifying and addressing upstream risk factors for cardiovascular disease.
Outcome 2	Inequalities in health outcomes are reduced		
2.1	Reduce the health inequality gap between the most deprived and least deprived neighbourhoods in	Integrated Care Unit and Southampton City Council Stronger Communities	- Green network is now in place and working with partners to develop opportunities to grow, cook and eat together across the generations. - Digital inclusion through SO:Connect, is now a standard part of the community development and navigation work of the city. - Continuing the work of the local solutions groups, within individual communities, to promote services available and identify gaps in provision. - COVID and vaccination champions work now ended and champions being involved on an ongoing basis through stronger communities activities - Launch of Family Hubs supporting families and communities, located in the most deprived areas of the city - 'Love where you live' events continue to bring information/agencies for multiple health and other services to localities of need

	Priority Commitments	Lead agencies, departments & services	Latest achievements and activities
	the city through a community-based approach that is proportionate to level of need.		- The Stronger Communities team are supporting for local organisations in key localities through Community engagement staff - The Community Cohesion officer is working with black and ethnic minority communities to promote health services
2.2	Take action to improve men's health to reduce the difference between male and female life expectancy through community based initiative to deliver behaviour change.	Public Health	- All public health activities and communications are needs-led, where access and uptake is low for males, provision is increased and more targeted – proportionate to this increased need - Men are identified as a high-risk group for suicide in the Southampton suicide prevention plan 2020-23 and in the Southampton mental health and wellbeing Strategy which is under development. - Community services for smoking, alcohol, drugs and cardiovascular disease risk screening through NHS Health Checks. Rates all typically higher among men.
2.3	Reduce inequalities in early child development by ensuring good provision of maternity services, childcare, parenting and early years support.	Southampton's Local Area Team and Public Health	- Maternity services offering stop smoking support with behavioural support and direct supply NRT. - Continued delivery of healthy child programme with a focus on the 5 mandated contacts and targeted support for those who need it - Continued delivery of Family Nurse Partnership (FNP) to support young parents to ensure best start in life - Continued delivery, and extension to further venues, of Healthy Early Years Award (HEYA), including successful implementation of a pilot mental health and wellbeing strand - Launch of Family Hubs, including eight hubs across the city with co-located services, activities and support. Other workstreams funded by Start for Life programme also progressing, including perinatal mental health, infant feeding, parenting programmes, and home learning environment. - Substantial work towards improving 2-year take up of early years places, increasing rates to >88%.
2.4	Work with schools to improve healthy life style choice and mental wellbeing and reduce adolescent risk taking	Public Health	- BeeWell Programme implemented in secondary schools, surveying the wellbeing of pupils - Mental Health Support Teams (MHST) fully mobilised in Southampton covering 100% of mainstream schools. - Work to increase engagement with Healthy High 5 award in primary and secondary schools across the city - Delivery of Anna Freud and SCC workshops with schools and other partners - Schools continue to have access to expert advice, guidance and resources from the PSHE Association in response to the statutory RSHE curriculum - Supporting schools to reduce vaping-related harm and working with lifelab to understand the experience of young people locally. - Educational sessions on drugs offered to all secondary schools - Southampton's Healthy and Sustainable Schools Collective supporting children and young people to live healthier and environmentally sustainable lifestyles, inlcuding introduction of mascot (Coach Carrot) designed by a young person. - LifeLab produced vaping resources for teachers (developed with a panel of young people) and have developed a Young Researcher Training programme. - Early Life Lab programme offered to all primary schools in Southampton
2.5	Target access to advice and navigation to services for those who are most at risk and in need to improve their health outcomes.	Southampton's Local Area Team	See 1.4
2.6	Ensure that health inequalities are taken into account in policy development, commissioning and service delivery.	Public Health	- This priority is built into aligned strategies and plans to ensure delivery - There has been development of a health in all policies framework held by the Health and Wellbeing Board - Framework agreed and implementation in train – update scheduled March 2024

	Priority Commitments	Lead agencies, departments & services	Latest achievements and activities
2.7	Provide support to help people access and sustain quality jobs, targeting those who are long term unemployed or with families.	Southampton City Council Employment Services	- Service provides high quality and timely advice to residents from ages 16 and above; particularly those who are measurably disadvantaged in the labour market, including people with neuro-diversity, Secondary mental health conditions, people with a learning disability, new mothers returning to work, young adults, tenants of the Council, people with Musculo skeletal conditions, and people recovering from drug or alcohol dependency. - The Service is funded by through grants/commissions secured with DWP, NHS, ICU, Southern Health, DLUHC, Adult Services and the EU, to provide ongoing unemployment support to disadvantaged people. - The Service has secured a number of awards during 2022 including: Exemplary status (IPS), Matrix accreditation, and BASE Team of the Year. - The service is also active in helping us plan for and understand the different risks that communities across the city will endure from the impact of growing unemployment, below entry level skills and dealing with debt and poor mobility – linking into Levelling Up agenda to guide our anti-poverty response, promote prosperity and work together through the auspices of Southampton Connect and the Economic and Green Growth Strategy. The team led on the development of the 3 year Implementation Plan for the UK Shared Prosperity Fund, and is the lead partner for the Multiply (Improving basic numeracy skills for adults) programme. - The Adult and Community Learning programme continues to provide entry level and employment skills to disadvantaged adults in our City, and learner numbers are noticeably improving following the supressed numbers during the Pandemic. Priority Groups include people with a declared learning difficulty or health condition, Learners from Black, Asian or Minority Ethnic communities, Unemployed people, and residents who do not have a full level 2 qualification. - Health in all policies work across SCC including focus on access to good work and fair employment .
Outcome 3	**Southampton is a healthy place to live and work with strong, active communities**		
3.1	Support development of community networks, making best use of digital technology, community assets and open spaces.	Southampton City Council Stronger Communities team with Southampton's Local Area Team	- SO:Linked developed a Social Prescribing network for the city, funded by NHS England and Improvement to share resources, training and develop a health & social care system service improvement plan for the function of Social Prescribing. - Stronger Communities team continues to grow community engagement networks, attracting significant media interest in its activities and increased demand for the team's input to a range of issues (fly tipping, health inequalities, ASB, youth participation) - The engagement leads network continues, proving to be an effective and growing forum for engagement leads to compare and share activity city wide. We also sit on a Youth Outreach group, to help coordinate responses to crime/anti-social behaviour/risk issues. - The Community Engagement and Cohesion Team continue with Love Where You Live events delivering a Community Day with a range of themed zones for agencies, community programmes and residents to interact and respond to a locally derived issue; applying the mantra 'build up', 'turn up' and 'follow up' , so far in 2023 at Coxford, Weston, Townhill, Clovelly Road, St James Park, Lordshill have all seen this delivery. - The teams have been heavily invested in organising Police & Community Together (PACT) meetings, which had dropped off due to multiple police staff changes – one in Shirley saw 30 members of the public attend this open meeting. - The COVID Champions network evolved into the Wellbeing Champions programme, to use the community network of contacts built up for longer term future health and wellbeing improvement opportunities. - Stronger Communities have helped promote local digital experts, such as 'Drop the Mask' who produce fantastic neurodiverse Virtual Reality training programmes, including for the NHS. - The Stronger Communities Youth Participation Officer is leading the cities response to the 'Playzone' Initiative; Football Foundation funded capital investment to improve multi-use games areas in areas with lowest physical activity - Stronger Communities is working with a national charity, the Young People's Foundation Trust to create a Local Youth Partnership of youth sector organisations. This is now shaped as 'Young Southampton' and continues to progress towards a constituted body - The UNICEF UK Accredited Child Friendly Cities programme continues and has had active involvement with young people to identify digital badges to develop as the next stage. We have CF Ambassadors across our schools. - SO:Linked local solutions groups continue to develop. Mapping of available resources. This has enablement the development of the SOLID (SO:Linked Community Directory) which works in collaboration with the Southampton Information Directory. - In 2023 Stronger Communities ran the Safer Neighbourhoods and Community Chest grant rounds, designed to encourage stronger, self-sufficient communities, as well as diverting young people from risk through arts, culture and physical activities. - The Safer Streets 4 programme has also supported the Millbrook Youth Activities Group to deliver youth activities in Millbrook and Redbridge, including a street cooking project.
3.2	Improve housing standards and reduce illness and avoidable deaths related to fuel poverty.	Public Health	- Through Advice in Southampton (AIS) and directly The Environment Centre (tEC) have continued to offer advice and support to residents in fuel poverty including how to access grants as part of the Southampton Health Homes affordable warmth programme - Southampton Warmth for All Partnership continues and has been chaired by the Director of Public Health moving to the Public Health Consultant Health Protection lead - Increased City-wide action in Winter 2022/23 to raise awareness of benefits and interventions to reduce illness through 'cost of living' work
3.3	Develop an understanding of, and response to, social isolation and loneliness in the city.	Southampton's Local Area Team	- So:Linked mapped community assets and available on website - System level programme across Hampshire and Isle of Wight to improve social connectedness in place, with system level communications and development of tools and resources for local places to use - Carers in Southampton - Increased City-wide action in Winter 2022 to improve social connections and opportunities for communities coming together in warm spaces as part of 'cost of living' work - ICS mental health needs assessment completed

	Priority Commitments	Lead agencies, departments & services	Latest achievements and activities
			- Focus and commitments around social isolation and loneliness included in the Southampton mental health and wellbeing strategy (in development) Communicare schemes (see above), 1.3
3.4	Work with city planners to ensure health is reflected in policy making and delivery.	Public Health	- The Spatial Planning for Health Specialist (SPHS) has been in post since July 2022 as part of a 2 year fixed-term contract. Discussions are ongoing regarding the future of the role past July 2024. - SPHS has continued to strengthen the relationship between the Public Health and Planning teams, as well as beginning to forge relationships with other teams in the Council's Place Directorate whose work influences wider determinants, including the Transport and Corporate Estates teams. - SPHS continues to provide support to the Public Health team in its role as a consultee on large-scale planning applications and pre-application advice requests, through preparing consultation responses and providing technical advice. - The Southampton City Vision, which will be the new Local Plan for the city, was subject to public consultation between 31st October 2022 and 3rd January 2023. The consultation was on the Draft Plan with Options and the SPHS worked closely with the Planning team to draft policies that address wider determinants and can deliver positive health benefits. These include a food and drink policy that seeks to restrict the proliferation of hot food takeaways; housing policies that look to provide warm, energy efficient homes that are accessible and adaptable, meet the Nationally Described Space Standards and have adequate amenity space including for food growing; open spaces policies that protect existing green spaces and encourage the creation of new ones; transport policies that support increased uptake of active travel; and environmental protection policies that seek to improve air quality. A further draft policy seeks to require major development over a specified threshold to submit a Health Impact Assessment as part of any planning application. Work is ongoing to analyse the consultation responses from over 1,600 residents and organisations to decide final options and amend policies to prepare the next iteration of the City Vision. This work also includes careful consideration of the significant changes to the Local Plan process that Government is seeking to make through the Levelling Up and Regeneration Bill. - To support the upskilling of the Public Health team, SPHS has delivered a Lunch and Learn session and held various discussions on healthy placemaking. There was also an opportunity for SPHS to present at the South East Public Health Conference to inform the wider public health workforce of the approach being taken in Southampton and the slides have subsequently been shared with the Chief Medical Officer for England via the Regional DPH. - With SCC adopting a Health in All Policies approach, SPHS has provided recommendations on how the Council's emerging Climate Change and Green Infrastructure Strategies could better incorporate health considerations and has started exploring approaches for introducing a greater use of Health Impact Assessment in projects and policies. - SCC's approach to healthy placemaking through the employment of a SPHS is being independently evaluated by a team of academics from the Universities of Liverpool and Lancaster, funded by the National Institute for Health and Care Research (NIHR) with the final report expected to be available by the end of 2023. - As part of a joint project, SPHS with Public Health and Planning colleagues has been surveying the city's district and neighbourhood centres to evaluate their land use and environmental quality to inform the City Vision and to undertake a food survey of supermarkets and convenience stores to better understand the range and price of food available to residents in different parts of the city.

3.5	Deliver a cleaner environment through a clean air zone with vehicle access restrictions to the city.	Southampton City Council Transport team and Public Health	- The clean air programme sits within the wider Green City programme incorporating other sustainability agendas. Progress on air quality projects and opportunities for linkages are discussed in regular Green City board meetings.
			- Local NO2 Plan/ Non-charging CAZ - through a detailed business case exercise including thorough modelling and consultation exercises, Southampton City Council was able to demonstrate that a charging Clean Air Zone was not necessary in securing compliance with relevant air quality objectives within the shortest possible time. Instead, a series of non-charging measures (referred to as The Local NO2 Plan) were presented and approved by central government to help ensure compliance would be achieved and maintained. Measures included a low emission taxi incentive scheme, a bus retrofit programme, a targeted active travel engagement campaign, an enhanced sustainable distribution centre, new taxi only rapid charge points and more. These measures share the same aim as a charging zone, largely in making public transport cleaner and encouraging modal shift without the unintended consequences charging can bring. The Plan was launched in 2019 and concluded in 2021 with all measures being implemented according to the expectations of central government despite some changes needed as a result of the pandemic.
			- Key successes in the plan include:
			  - 53% of the taxi and private hire in the fleet now consisting of hybrid or electric vehicles – up from less than 10% 5 years ago
			  - 100% of Southampton operating buses meeting Euro VI Euro VI equivalence
			  - The Council continue to work with central government to monitor and evaluate the effectiveness of the plan and understand whether any further measures may be required. The NO2 plan for 2023/2024 is currently going through the submission process and the council hope to secure funding for a new set of measures, similar to the ones previously mentioned for delivery in 2024.
			- Air Quality Action Plan
			- The Council adopted an update to its Air Quality Action Plan which set out projects to be delivered over the next 5 years to further reduce the impacts of air quality on the city's residents. The latest AQAP was written in 2023.
			- Updating the plan and implementing measures within it is a statutory duty under The Environment Act which includes new responsibilities and powers under the 2021 update. It was also developed to maintain the momentum of the Local NO2 Plan and provide a policy umbrella where all air quality projects outside of The NO2 Plan can be delivered under. These include:
			  - Air Quality Engagement Programme – wood burning engagement campaign, school engagement project, and healthcare engagement project
			  - E-taxi and van trial scheme – ERDF funded project providing 50% off lease of a taxi or van, and the introduction of 5-8 new rapid chargers
			  - Network of new low-cost monitors
			In total the plan consists of 60 new measures which can reduce the impact of air quality across 5 priority areas, on top of an existing 40 measures the Council has implemented or is implementing regardless across all service areas.
			The Council has been able to monitor a steady improvement in air quality in the city since 2013.

	Priority Commitments	Lead agencies, departments & services	Latest achievements and activities
3.6	Work with employers to improve workplace wellbeing through healthier work places.	Public Health and Employment Services	- Public Health is supporting a cross-council Wellbeing Strategic Group reviewing and revising the policy and support in place to improve staff health and wellbeing. - In partnership with colleagues in Economic Development and Sustainable Travel, Public Health is working to engage employers and organisations anchored in our city, to improve their health impact as an employer including workplace wellbeing. - Health in all policies work across SCC including focus on access to good work and fair employment. - System level work in train to engage wider Anchor institutions in improving access to good work.
Outcome 4	**People in Southampton have improved health experiences as a result of high quality, integrated services**		
4.1	Improve health outcomes for residents, at a lower cost, through integration and joint working across all health and Council services.	Southampton's Local Area Team	- The city's services continue to work towards the delivery of integration and joint working as part of the implementation of the Health and Care Strategy 2020-25. This is evidenced in services for all age groups, including SEND services, 0 – 19 services, Rehab and Reablement services and finally core community services (One Team) for adults and older people. - New Health & care Partnership Board established to oversee and support integration and joint working arrangements. - New system wide Home Care platform implemented. - Delivered a new approach to Hospital Discharge, support a Home First approach.
4.2	Prioritise investment in and embed a prevention and early intervention approach to health and wellbeing across the city.	Southampton's Local Area Team	- Monitoring delivery of the Health and Care Strategy for Southampton which has a prevention and early intervention approach at its core - Promotion of community solutions and other prevention and early intervention work with our community and voluntary section remains a priority for the city – including SO:Linked, AIG and our Mental Health Network. - Continued investment in Best Start in Life; sexual health, reducing tobacco, alcohol & drug-related harm, mental health and wellbeing, eat well approaches and weight management underpins prevention initiatives in the city. - Implemented new Discharge Community Navigation, to support residents to return and remain at home following discharge. - Redesigned the online offer for residents with a new service directory and support planning tool.
4.3	Deliver a common approach to planning care tailored to the needs of the individual or family.	Southampton's Local Area Team	- The Community Wellbeing Service promotes proactive care planning and provision for some of our most vulnerable residents e.g. those living with a Severe Mental Illness, Learning Disability and/or Frailty. This service works as an integral part of One Team which supports a multidisciplinary approach to care and health delivery for those whose needs are more complex. - Anticipatory Care Planning is a key part of ensuring that people's needs are not only tailored to their specific circumstances but also enable a look to the future through 'just in case' planning.
4.4	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.	Southampton's Local Area Team	- Single Point of Access development for the city, initially to support hospital discharge embedded.
4.5	Maximising opportunities for prevention and early intervention through making every contact with services count.	Public Health	See 1.7 above - Working through the health and care strategy 'prevention and health inequalities' board