


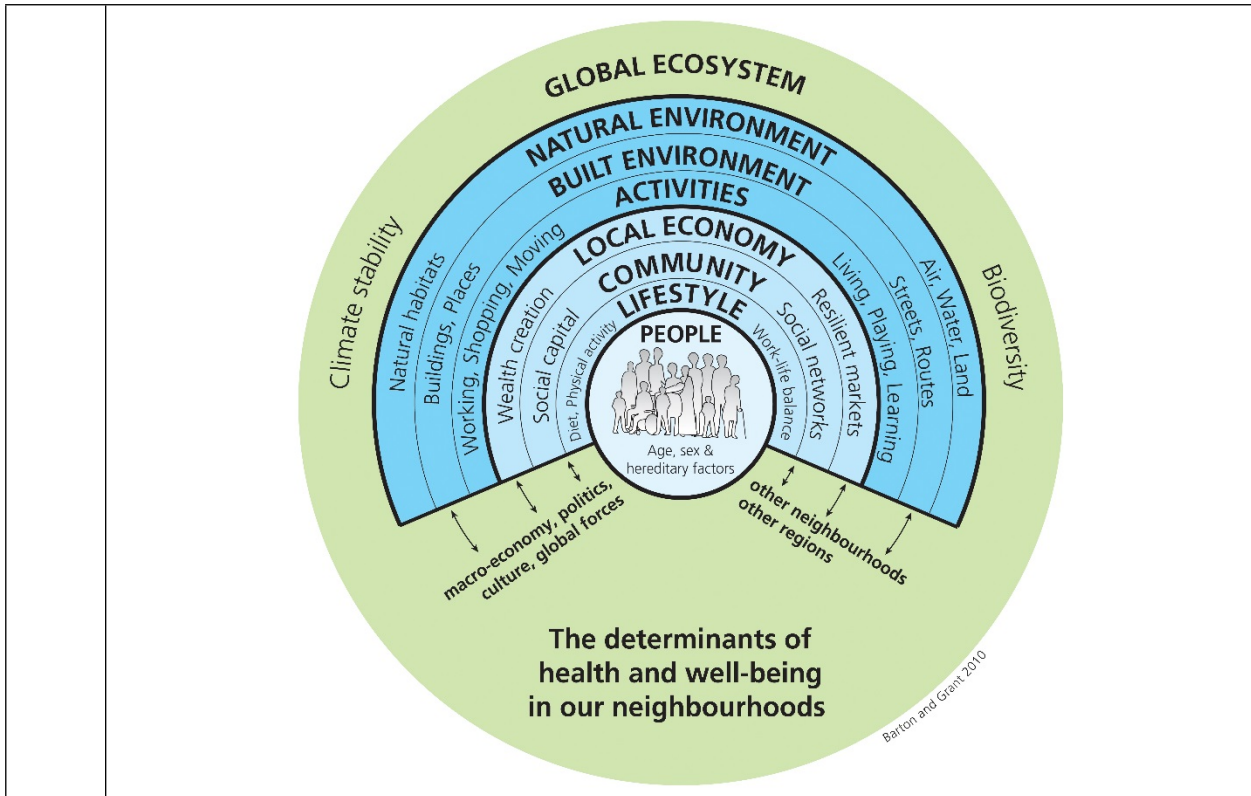
DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:	HEALTH AND WELLBEING STRATEGY UPDATE		
DATE OF DECISION:	26 OCTOBER 2017		
REPORT OF:	CABINET MEMBER FOR HEALTH AND COMMUNITY SAFETY		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Felicity Ridgway, Service Lead- Policy, Partnerships and Strategy Planning	Tel: 023 8283 3310
	E-mail:	Felicity.Ridgway@Southampton.gov.uk	
Director	Name:	Jason Horsley, Director of Public Health	Tel: 023 8083 2028
	E-mail:	Jason.Horsley@Southampton.gov.uk	
STATEMENT OF CONFIDENTIALITY			
Not applicable			
BRIEF SUMMARY			
<p>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 Southampton Clinical Commissioning Group Governing Body.</p> <p>Health and wellbeing is important to everyone in Southampton, whether they live, work or learn in the city. The Joint Health and Wellbeing Strategy for Southampton sets out the strategic vision for improving health and reducing health inequalities in the city. The strategy aligns with the City Strategy 2015-2025 with its vision to make Southampton a 'city of opportunity where everyone thrives', and directly supports the priority 'healthier and safer communities'. It also aligns with the Council Strategy 2016-2020, in particular with the outcome 'people in Southampton live safe, healthy, independent lives', and with the CCG Two Year Operational Plan (2017-19) and the Local Delivery Plan.</p> <p>The strategy includes the outcomes to achieve over the next eight years and is based on evidence from the Joint Strategic Needs Assessment, stakeholder engagement and public consultation. This paper provides an update on the progress of the strategy after the first 6 months.</p>			
RECOMMENDATIONS:			
	(i)	That the Panel notes the progress against the Health and Wellbeing Strategy to date.	
REASONS FOR REPORT RECOMMENDATIONS			
1.	Local Authorities and Clinical Commissioning Groups (CCGs) 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 Joint Strategic Needs Assessment (JSNA).		

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
	None
DETAIL (Including consultation carried out)	
	Background
1.	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. The strategy identifies a number of high level activities which will contribute to achieving this ambition, and Appendix 1 provides an update on each of these actions after the first 6 months of the strategy.
2.	We know that improvements in health outcomes can take years to achieve at a population level, and that no one action will contribute to improving health across the city. The strategy therefore includes a number of measures from the Public Health Outcomes Framework, which will be monitored over the 8 years of the strategy. Appendix 2 provides a scorecard outlining the current position, regional, national and statistical comparators, and recent trends for each measure.
	People in Southampton live active, safe and independent lives and manage their own health and wellbeing
3.	We want to prevent avoidable deaths, ensure that people are supported to stay well for longer, are able to live active, safe and independent lives and manage their own health and wellbeing. In 2014, nearly a quarter of all deaths (23%) in England and Wales were from causes considered potentially avoidable through timely and effective healthcare or public health interventions. In adults the leading causes of avoidable death are cancer and heart disease. In Southampton 27.9% of all deaths are related to cancer (all cancers) and 27.5% to circulatory diseases (ONS 2014).
4.	<p>Many early deaths and ill health could be prevented or delayed if people led healthier lifestyles. 40% of the UK's disability-adjusted life years lost are caused by tobacco, high blood pressure, overweight and obesity and low physical activity. Unhealthy lifestyles cost the NHS across the UK billions of pounds every year:</p> <ul style="list-style-type: none"> • Smoking £5.2B • Obesity £4.2B • Alcohol £3.5B • Physical inactivity £1.1B <p>To bring health outcomes in these areas in line with the national average, Southampton would need to see:</p>

	 <p>200 fewer adults who are classified as obese</p> <p>4,900 fewer adults smoking</p> <p>5,650 fewer adults being physically inactive</p> <p>8,500 fewer adults binge drinking</p>
5.	<p>A new behaviour change service was launched in April 2017, 'Southampton Healthy Living'. It is a partnership between the NHS and voluntary services, with Social Care in Action as the lead provider. In the first 6 months of the service the provider has focused on setting up the service, with emphasis on developing capacity and skills in the workforce to ensure delivery. Performance will now be monitored on a regular basis to assess the impact on behaviour change. Strategically, a new Healthy Weight Plan and Physical Activity Plan are being developed with the Health and Wellbeing Board to enable citywide approaches to behaviour change.</p>
6.	<p>This year, the Health and Wellbeing Partnership have worked with the Safe City Partnership to develop and publish new Alcohol and Drugs Strategies. These strategies are now being implemented and monitored, and will report back to both partnerships on their progress.</p>
7.	<p>Mental and physical wellbeing are closely linked; people with poor physical health are at higher risk of experiencing mental health problems and people with poor mental health are more likely to have poor physical health. It is therefore crucial that mental health is given equal priority to physical health in order to improve health and reduce inequalities in the population. Work has been undertaken to ensure that mental health needs are considered in all physical health care pathways. This includes primary care promoting IAPT services (Increasing Access to Psychological Therapies) for those with Long Term Conditions. This is a key aspect in 'Mental Health Matters', and the action plan for this has recently been refreshed.</p>
8.	<p>Mental health promotion activities over the last 6 months include the continued promotion of services that promote wellbeing such as The Steps 2 Wellbeing Service and Employee Assistance Programme. The Southampton anti-stigma partnership has also worked together on campaigns such as the Saints vs Stigma football festival, Suicide Prevention Day and World Mental Health Day, to encourage people to be supportive of others with mental health problems and to seek help if they have a problem. Training continues to be rolled out to front-line staff to enable them to better identify those with mental health needs, including patients that initially present with physical health needs.</p>
9.	<p>A CAMHS (Children and Adolescent Mental Health Services) transformation plan has been developed. This includes the development of the early intervention and prevention team which will increase access to meet the national target of 35% of children and young people with a diagnosable mental health condition receiving treatment.</p>
10.	<p>In addition to supporting behavioural shift to help more people manage their own health and wellbeing, the strategy focuses on helping more people to stay independent for longer. Although people are living longer both nationally and in Southampton, it is often with long term conditions and an extended period of</p>

	poor health/disability.																		
11.	With a new Service Development Officer in post we are redoubling our efforts to ensure that we are increasing the volume and quality of referrals to the City Telecare service, with a view to having a greater number of successful installations. We are also strengthening our evidence base to make sure that this increased take up is translating into real savings, or is avoiding or delaying the need for higher cost solutions. The service will support more individuals to live more independently and increase the longevity of their independence while supporting our drive towards cost effective adult social care services.																		
	Inequalities in health outcomes and access to health and care services are reduced.																		
12.	The conditions in which people are born, grow, live, work and age have profound influence on health and inequalities in health in childhood, working age and older age. The lower a person's social and economic status, the poorer their health is likely to be.																		
13.	<p style="text-align: center;">Life Expectancy at Birth by Local Deprivation Quintile (IMD 2015): 2012 to 2014 (pooled)</p> <table border="1"> <thead> <tr> <th>Quintile</th> <th>Males (Life Expectancy)</th> <th>Females (Life Expectancy)</th> </tr> </thead> <tbody> <tr> <td>20% most deprived</td> <td>75.0</td> <td>81.8</td> </tr> <tr> <td>2nd quintile</td> <td>76.1</td> <td>79.9</td> </tr> <tr> <td>3rd quintile</td> <td>77.7</td> <td>84.2</td> </tr> <tr> <td>4th quintile</td> <td>79.9</td> <td>84.6</td> </tr> <tr> <td>20% least deprived</td> <td>81.7</td> <td>85.0</td> </tr> </tbody> </table> <p><i>Sources: ONS Primary Care Mortality Database, ONS Mid-Year Population Estimates & IMD (2015)</i></p> <p>In the most deprived areas of the city life expectancy for women is 3.2 years less than for women in the least deprived areas, and 6.7 years less for men.</p>	Quintile	Males (Life Expectancy)	Females (Life Expectancy)	20% most deprived	75.0	81.8	2nd quintile	76.1	79.9	3rd quintile	77.7	84.2	4th quintile	79.9	84.6	20% least deprived	81.7	85.0
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14.	<p>After adjusting for age, those living in the most deprived areas of the city are:</p> <ul style="list-style-type: none"> • 2.7 x more likely to have COPD • 2.1 x more likely to have lung cancer • 1.6 x more likely to have diabetes • 1.6 x more likely to suffer depression • 1.5 x more likely to have heart disease • 1.4 x more likely to have asthma • 3.3 x more likely to have multiple LTCs 																		
15.	Health inequalities arise from a complex interaction of many factors, such as housing, income, education, social isolation and disability, all of which are strongly affected by economic and social status. Action on health inequalities requires action across all the social determinants of health, including																		

	education, occupation, income, home and community. The greatest reductions in health inequalities can be achieved through providing support proportionate to level of need.
16.	<p>Southampton's Better Care Plan contributes towards addressing health inequalities by taking a whole life course approach (not just focussing on older people or those with long term conditions, but including all age groups) and bring together a range of partners, not just health and social care but also public health, employment and skills, housing, police, education and the broader community and voluntary sector to focus on the wider determinants of health. The plan includes a number of actions to address health inequalities including:</p> <ul style="list-style-type: none"> • The model of cluster working bringing together partners from across the system • Work to create a new model of community development • Development of the integrated prevention and early help service • The commissioning of a new Information, Advice and Guidance Service • The new Southampton Healthy Living Service.
17.	The integrated 0-19 prevention and early help service will provide support proportionate to level of need within the early years of life. The service has a graded offer with three levels, namely: universal, universal partnership and universal partnership plus. Those families with the highest level of need will receive universal partnership plus support. The service will start in April 2018.
18.	The new Information, Advice and Guidance Service has recently been procured as an integrated model and will go live in the new format no later than the 1st of April 2018. Community Navigation procurement process is also underway to promote access across the city and build on the success of the two pilot areas. It is also expected that this new service will go live April 2018.
19.	The new Southampton Healthy Living behaviour change service has a specific remit to ensure they reach people who might benefit most, including men who might not usually seek out health promotion services.
20.	The Solent Jobs Programme is working with local residents who are long term unemployed due to a health condition, with the aim of supporting them back to employment. To date nearly 300 people have started on the programme in the Southampton area and of these 26% have moved into either temporary or permanent employment.
	Southampton is a healthy place to live and work with strong, active communities
21.	Evidence shows that our greatest health challenges, for example, increasing non-communicable diseases, health inequities and inequalities and spiralling health care costs, are highly complex and often linked through the social determinants of health. By addressing the wider issues around the health and wellbeing of our neighbourhoods and making the city a place that supports improved health and wellbeing, we can start to influence positive health outcomes for our residents.



22.	The health and wellbeing strategy sets out actions to address the wider determinants of health including healthy workplaces, housing quality and environmental policies. The strategy also focuses on building resilient communities that both improve the wellbeing of individuals, and reduce pressure on health services.
23.	The new Healthy Weight and Physical Activity Plans being developed will seek to work with transport and planning partners to include the principles of a healthy weight environment in the Local Plan. Both plans support the delivery of the Clean Air Strategy (includes a comprehensive action plan to address air quality) and Cycling Strategy.
24.	Fuel poverty is being addressed both through the council’s programme of retrofitting its own housing stock with energy efficiency measures to reduce fuel poverty, and the Southampton Healthy Homes Programme which has successfully supported 2,500 households in the city this year, and enabled householders to claim back approximately £500,000 in unclaimed benefits.
25.	We are continuing to work with partners across the city to explore and support the rollout of the Workplace Health Chartership Scheme. The SCC employment support team deliver the workplace wellbeing charter accreditation programme for the city. Work is being undertaken to review current provision and support SCC to develop its own workplace wellbeing strategy.
26.	<p>We are currently working with partners to design the community development infrastructural support required to promote growth and sustainability in the city. This new structure aims to:</p> <ul style="list-style-type: none"> • Establish a fair, inclusive, efficient funding allocation mechanism for engaging community and voluntary sector capacity to develop and

	<p>deliver services, resources and assets that meet local aspirations, community needs and build individual, neighbourhood and community resilience and wellbeing.</p> <ul style="list-style-type: none"> • Increase the vibrancy and vitality of the community and voluntary sector as a whole by nurturing and galvanising collaboration between local people, organisations and others in promoting and increasing community activism, volunteering and effectiveness in fundraising from businesses, grant awarding authorities, personal philanthropy, crowd sourcing and other sources. • Increase capacity for self-help at a neighbourhood level through encouraging links between people locally, reducing levels of isolation and growing a culture in which people help each other. <p>The key elements of the design are now clear and the options for implementation or procurement are being prepared to promote decision regarding the next steps in this area.</p>
	<p>People in Southampton have improved health experiences as a result of high quality, integrated services</p>
<p>27.</p>	<p>The vision Southampton Better Care vision is to become a city “where everyone thrives; built on the strengths of our communities and our services are joined up around individuals”. The overall aims for integrated care in Southampton are:</p> <ul style="list-style-type: none"> • Putting people at the centre of their care, meeting needs in a holistic way • Providing the right care, in the right place at the right time, and enabling individuals and families to be independent and resilient wherever possible • Making optimum use of the health and care resources available in the community • Intervening earlier and building resilience in order to secure better outcomes by providing more coordinated, proactive services <p>Focusing on prevention and early intervention to support people to retain and regain their independence.</p>
<p>28.</p>	<p>The Better Care 2017-19 submission has been made, and is awaiting approval. Achievements from the 2016/17 plan have included:</p> <ul style="list-style-type: none"> • Introduction of working age adult facing services to the integrated cluster model, specifically adult mental health and substance abuse services. • Development of the integrated prevention and early help service model for children and their families (going live 2018). • The continued success of the integrated Rehab and Reablement Service, with improvement in outcomes for 88% of clients and achieving reablement goals for 77%. • Development of a clear vision and strategy for telehealthcare in Southampton with 98% of Adult Social Care staff trained and increasing number of referrals.
<p>29.</p>	<p>Achieving an integrated system focusing on these areas is key to achieving</p>

	and delivering the other priorities in the Health and Wellbeing Strategy. Since the publication of the strategy, significant steps forward have been taken in the establishment of a Joint Commissioning Board between Southampton City Council and Southampton City Clinical Commissioning Group. The purpose of the board is to jointly commission health and social care for the city, encouraging collaborative planning, and the achievement of shared strategic objectives.
30.	In addition to this, the Health and Wellbeing Board are actively promoting different ways of working across the city in order to address the wider determinants of health which include increasing focus on Prevention and Early Intervention across the council and CCG, rolling out a programme of projects including reviews and recommissioning of Housing Related Support, Advice, Information and Guidance, Behaviour Change (all now implemented) and Community Development where work is ongoing. We are also focusing on embedding health in all major council strategies and policies, and making every contact count so that citizens coming into contact with health and social care services are enabled and activated to lead healthier lifestyles.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
31.	None
<u>Property/Other</u>	
32.	None
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
33.	N/A
<u>Other Legal Implications:</u>	
34.	None
RISK MANAGEMENT IMPLICATIONS	
35.	None
POLICY FRAMEWORK IMPLICATIONS	
36.	None

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Health and Wellbeing Strategy Update
2	Health and Wellbeing - Scorecard

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
Privacy Impact Assessment		
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) 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.	None	