Joint Strategic Needs Assessment (JSNA) Annual Work Programme Summary and HWB Strategy 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 here.

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

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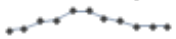
- In Southampton, **men** live **13 months less** and **women** live **8 months less** compared to the England average
- Southampton **women** live for a **longer period** in **poorer health** (19.4 years) than Southampton men (17.0 years) [Poorer health years = Life Expectancy – Healthy Life Expectancy]
- The **mortality rate** from causes considered preventable and the under-75 mortality rates from cardiovascular disease and respiratory diseases **remains higher than England**. In recent pooled periods, **Southampton rates** for **men** have **declined** but have **increased** for **women** for these three indicators. (Nationally, the rates for causes considered preventable and cardiovascular for women are decreasing – respiratory rates for women are increasing)
- Comparing the **most deprived 20%** of Southampton to the **least deprived 20%,** life expectancy at birth gap **8.1 years** for **men** and **3.4 years** for **women** (2019-21)

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 (2019 definition) Male	per 100,000	2017 - 19		45.7	40.8	6	Higher
	Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition) Female	per 100,000	2017 - 19		19.9	15.9	5	Higher
	Under 75 mortality rate from respiratory disease considered preventable (2019 definition) Male	per 100,000	2017 - 19		36.1	22.5	3	Significantly higher
	Under 75 mortality rate from respiratory disease considered preventable (2019 definition) Female	per 100,000	2017 - 19		31.5	18.1	2	Significantly higher
	Under 75 mortality rate from causes considered preventable Male	per 100,000	2017 - 19		240.8	188.6	4	Significantly higher
	Under 75 mortality rate from causes considered preventable Female	per 100,000	2017 - 19		137.5	97.9	4	Significantly higher

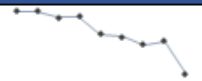
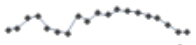
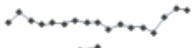
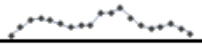
Key points – Children and Young people

- **Smoking at time of delivery** (11%) **higher** but not **significantly** than England (10%). Previous years significantly higher. Recent years show **Southampton** percentage **decreasing faster** rate **than nationally**.
- **Breastfeeding** prevalence at 6-8 weeks after birth **increasing** and **higher** than **national** average (53% vs. 45%)
- **Excess weight** in 4/5 years old significantly higher and 10/11 years old higher than England and with a steeper overall increase, (see slide 27) 2020/21 uses local data as published data for all local authorities unavailable due to insufficient pandemic-related coverage
- **Children Looked After rate** similar 2019 to 2021, **higher than England** but **gap reducing**. **School readiness** following national **increases** and **MMR vaccination** (age 2) recent years **significantly higher** and **increasing** overall trend vs. **national decline**
- Teenage conception **decreased overall** at a **faster** rate than **nationally** over **last 15 years**, despite significantly higher than England in 2020 (2018 and 2019 was statistically similar)
- **Children** in relative **low income** families, **consistently significantly higher** than England and **gap getting worse**
- Hospital admissions caused by **unintentional and deliberate injuries** in **children** under 15 years **lowest rate** in last 10 years

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)	%	2020/21		10.7	9.6	5	Higher
	Breastfeeding prevalence at 6-8 weeks after birth - current method	%	2020/21		53.4	47.6	2 of 5	Significantly higher
	Child excess weight in 4-5 year olds	%	2020/21		32.7	27.7	Insufficient data	Significantly higher
	Child excess weight in 10-11 year olds	%	2020/21		41.0	40.9	Insufficient data	Higher
	Population vaccination coverage - MMR for one dose (2 years old)	%	2020/21		93.7	90.3	8	Higher
	Children looked after	per 10,000	2021		96.0	67.0	3	Significantly higher
	School readiness: Good level of development at the end of reception	%	2018/19		71.1	71.8	9	Lower
	School readiness: Year 1 pupils achieving the expected level in the phonics screening check	%	2018/19		82.1	81.8	10	Higher
	Children in relative low income families (under 16s)	%	2020/21		22.2	18.5	6	Significantly higher
	Hospital admissions caused by unintentional &deliberate injuries in children (aged 0-14 yrs)	per 10,000	2020/21		65.0	75.7	9	Significantly Lower
	Under 18s conception rate / 1,000 (Female)	per 1,000	2020		20.7	13.0	2	Significantly higher

Key points – Adults

- **Smoking prevalence** in adults **decreasing** overall, 2019 data (16.8%) significantly higher than England (13.9%), 2020 has cautionary flag around data collection, true value is expected to lie between 2019 and 2020 values
- **Suicide rate** (2019-21 9.5 per 100k) **similar** to **England** and lowest rate in last 12 three-year pooled periods, however **coroner** hearings and **registered** dates may have been **delayed** due to **COVID-19**.
- Local **depression prevalence** (12.4%) has **increased** similarly **along** with **national** rates (12.3%) for 2020/21
- Under 75 mortality from **preventable liver disease**, data 2016-18 & 2017-19 **highest since 2001-03**, **significantly higher** than **England**
- **HIV late diagnosis** in people first diagnosed with HIV in the UK, now 37% continues with a 4th consecutive 3 year pooled period **lower** than **national average** (43%)
- **TB incidence locally** (9.8 per 100k) **significantly higher** than England (8.6 per 100k) and **lowest** since 2001-03
- **Injuries due to falls** in those aged 65+ **increasing overall** whilst **England average** remained **stable**, pandemic period saw falls locally and nationally decline in line with stay-at-home/social distancing compliance

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)	%	2020		11.8	12.1	8	Lower
			2019		16.8	13.9	3	Significantly higher
	Suicide rate (age 10+ years)	per 100,000	2019 - 21		9.5	10.4	11	Lower
	Depression: Recorded prevalence (aged 18+)	%	2020/21		12.4	12.3	4	Higher
	Injuries due to falls in people aged 65+ (Persons)	per 100,000	2020/21		2918.6	2023.0	2	Significantly higher
	Injuries due to falls in people aged 65+ years (Male)	per 100,000	2020/21		2659.4	1667.3	2	Significantly higher
	Injuries due to falls in people aged 65+ years (Female)	per 100,000	2020/21		3092.8	2284.8	3	Significantly higher
	Under 75 mortality rate from liver disease considered preventable (2019 defn)	per 100,000	2017 - 19		23.2	16.7	3	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	2018 - 20		9.8	8.0	3	Higher

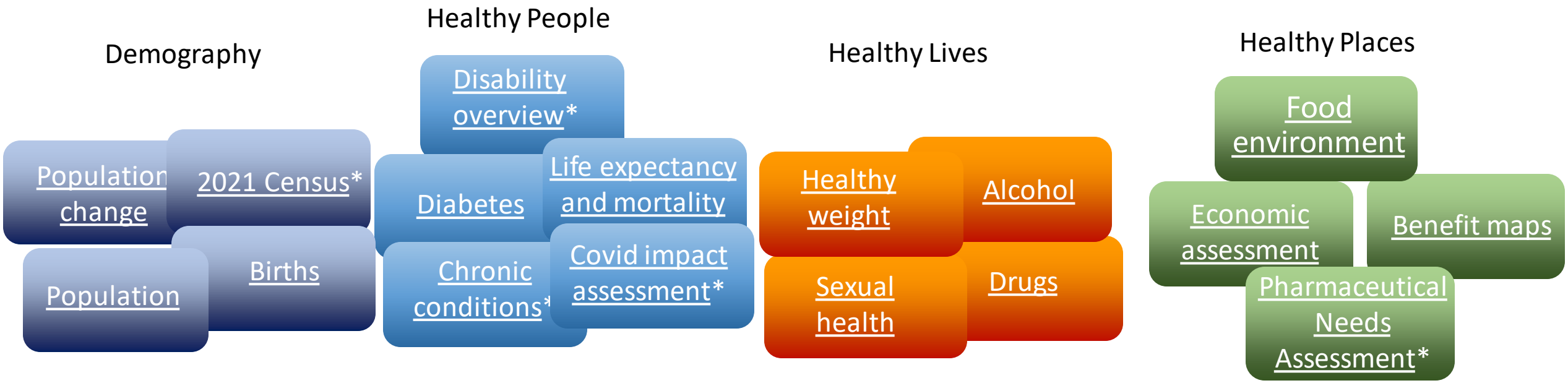
Key points – Healthy settings

- 2020 saw fraction of mortality attributable to particulate air pollution higher than England average (6.3 versus 5.6%) and places Southampton 2nd highest among comparators. All areas
- **Excess winter deaths not significantly different** to **England average** and follows national warm/cold winter trends. The data has not be revised at local authority level for Winter 2020 to 2021 which nationally showed a growth of excess winter deaths driven by the large number of coronavirus (COVID-19) deaths in the non-winter months of 2020 (April to July) and the winter months of 2021 (December to March).
- Data for **people in employment** to end of March 2021 saw Southampton significantly higher than England, however the impact of COVID-19 has since seen significant increases and also sub-city variation (see slides on benefits in Covid Impact Assessment section)

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)	%	2020		6.3	5.6	2	Not comparable
	Percentage of people aged 16-64 in employment	%	2020/21		80.0	75.1	11	Significantly Higher
	Excess winter deaths index (Persons)	Ratio	Aug 2019 - Jul 2021		7.4	17.4	11	Lower
	Excess winter deaths index (Male)	Ratio	Aug 2019 - Jul 2021		11.0	17.5	11	Lower
	Excess winter deaths index (Female)	Ratio	Aug 2019 - Jul 2021		3.6	17.3	11	Lower

2022/23 JSNA work programme

- JSNA analysis produced this year on bespoke topic areas, showcased in this slide set, are;
  - 2021 Census
  - Long-term/chronic conditions, childhood obesity and food environments
  - Covid Impact assessment
- The JSNA work programme will be defined by the JSNA steering group with new updates published on the Southampton Data Observatory. The work programme aligns with stakeholder priorities for needs assessments and strategies, such as Sexual Health Needs Assessment, Physical Activity Strategy, Tobacco, Alcohol & Drugs Strategy, Childhood Obesity Task and Finish Group recommended analysis
- Refreshed and new JSNA pages/products on the data observatory this year are;



*Most products include interactive dashboards. The asterisked products have intelligence compiled in written reports and/or slide sets instead.

Census 2021 Population

- The Office of National Statistics has started to release data collected about our residents from the 2021 Census
- In Southampton, the **population size** has **increased** by **+5.1%**, from around 236,900 in 2011 to 249,000 in 2021. The total population in the city in **2021** was **estimated** to be **261,716** (similar to the estimates on the previous slide). This is **lower** than the overall **increase** for **England** of **+6.6%**.
- Southampton ranked 70th for total population size out of 309 local authority areas in 2021. This is the same position it held a decade ago in 2011.
- Although the overall **population** has **increased**, there are **variations by age** group within the city
  - There was a **decrease** of **-10.4%** in the **under 5 years** population between 2011 (15,400) and 2021 (13,800) which is reflective of **decreasing birth rates** locally and nationally (see previous slide)
  - The population aged **5 to 14** has increased by **+20.5%** to 28,200
  - The population aged **15 to 24** has **decreased** by **-9.1%** which reflects the **reduced student residency** in the city during the pandemic (when the census was conducted)
  - The number of older people aged **65 to 84** has **increased** by **+13.4%** reflecting the **ageing population**.
- The number of **households** in Southampton **increased** from 98,300 in 2011 to 102,300 in Census 2021, an increase of **+4.1%**.
- The city's residents are **more densely populated**, with an **increase** from 47.5 people per hectare in the 2011 to 49.9 per hectare in 2021

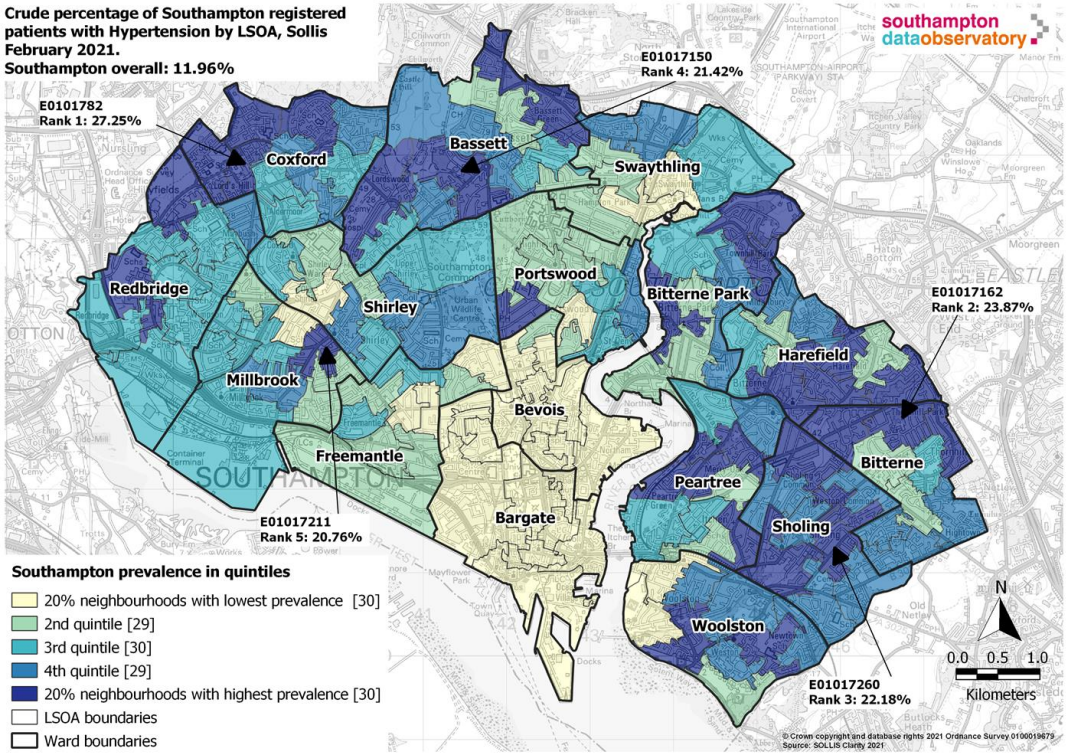
Census 2021 – Upcoming releases

- **Further data** on different Census topics and themes is due for release over the next few months
- Analysis illustrating the **changes** since the **2011 Census** and **benchmarking** against our ONS comparators helps to build a **detailed snapshot** of **local society**. It will also help Southampton City Council and partners **plan and fund** local services.
- Analysis of **upcoming releases** will be available on the Southampton Data Observatory, hopefully within a few days after release, which will help **further understanding** of **Southampton communities**
- Data for on communities including **ethnicity, national identity, religion and language** within the city, is only available via the 10 yearly Census. It will give us an **up-to-date profile** of the population to support and inform health and wellbeing commissioning plans that improve health & wellbeing and reduce inequalities
- Upcoming releases include:

Demography and migration	02 November 2022
UK armed forces veterans	10 November 2022
Ethnic group, national identity, language, and religion	29 November 2022
Labour market and travel to work	08 December 2022
Housing	05 January 2023
Sexual orientation and gender identity	06 January 2023
Education	10 January 2023
Health, disability, and unpaid care	19 January 2023

Analysis will be available on the Census 2021 Southampton Data Observatory Page

Chronic/Long-term conditions (LTCs)

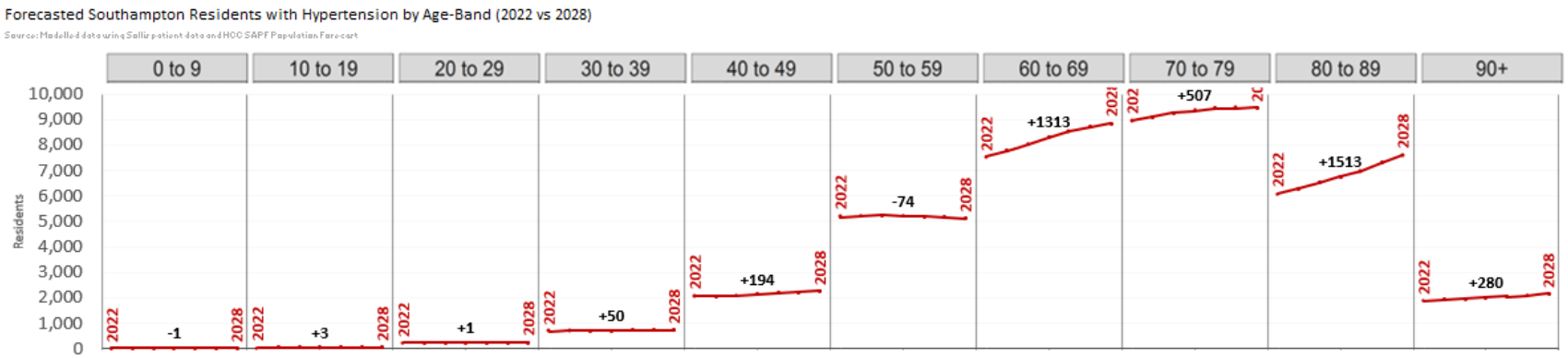


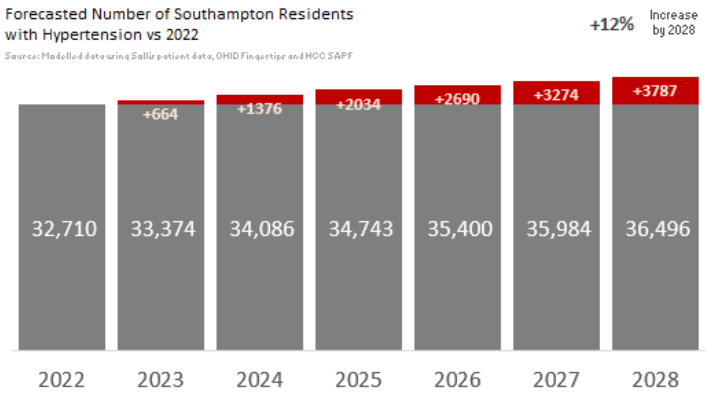
A data pack mapping the GP **diagnosed prevalence** of **18 common chronic/long-term conditions,** and 3-5+ **multiple conditions** across the city is available. This also includes **modelled forecasts of disease prevalence** by **age** and **locality** for these **conditions** in the **future.**

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





Why is tackling Childhood obesity in Southampton important?

- The **leading cause** of **disability** is a **high body mass index.**

- 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.

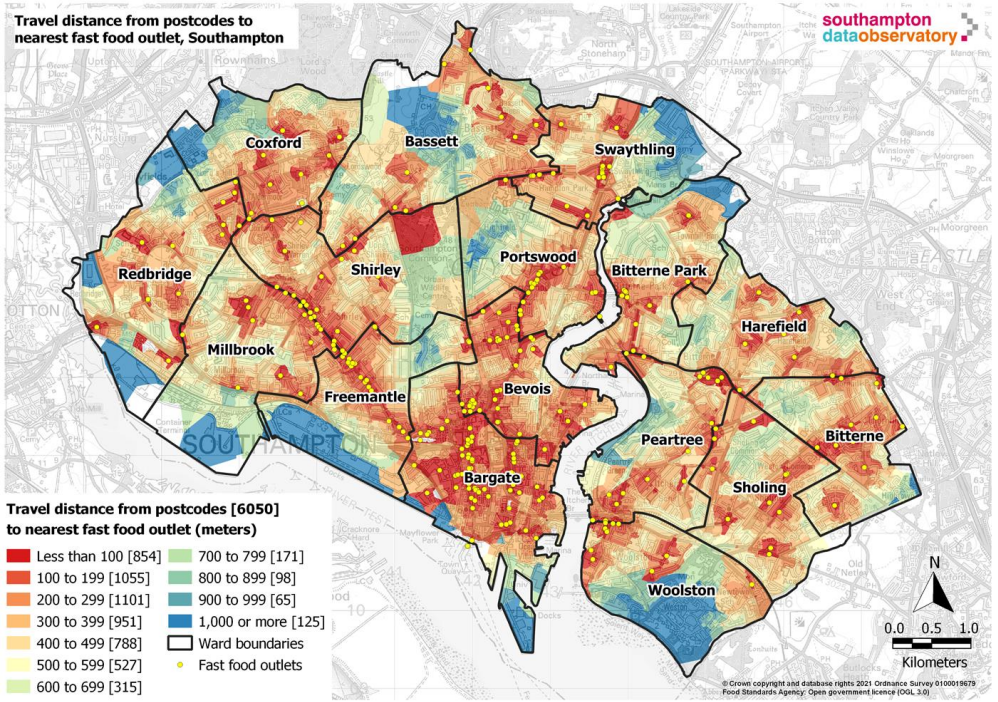
- The data also showed the **gap** in **obesity prevalence** between children in the **most and least deprived parts** of Southampton has **widened**. Linked analysis showed **7 out of 10 overweight** Year 6 children and **4 out of 10 obese** Year 6 children were of a **healthy weight previously** in Reception year.

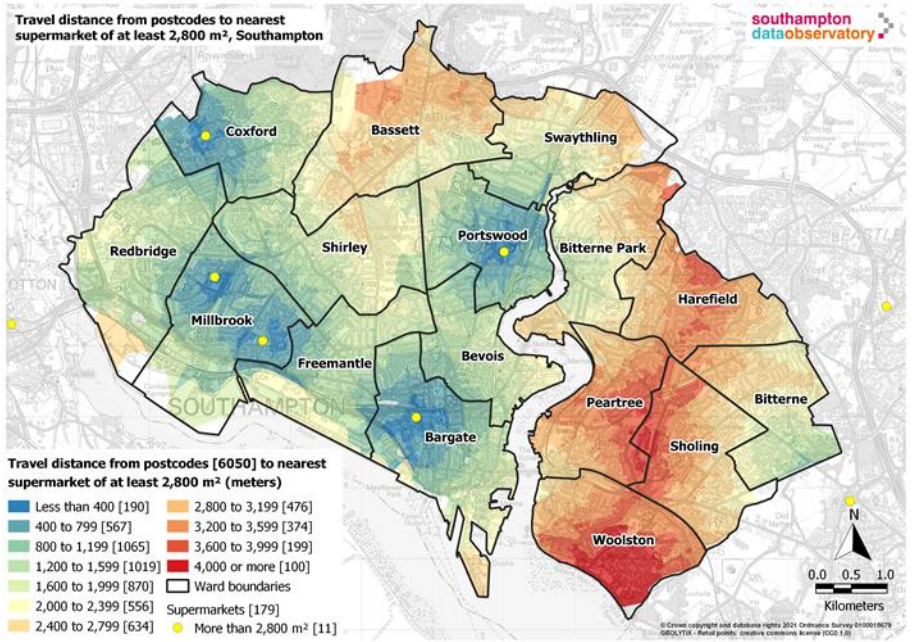
The Food Environment

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

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