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| DECISION-MAKER: | Health and Wellbeing Board |
| SUBJECT: | Health and Wellbeing Strategy Update |
| DATE OF DECISION: | 1 September 2021 |
| REPORT OF: | Cabinet Member for Health and Adult Social Care |

| <u>CONTACT DETAILS</u> | | | |
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| STATEMENT OF CONFIDENTIALITY |
| Non 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 (CCG) Governing Body.</p> |
| <p>Health and wellbeing is important to everyone who lives, works and learns in the city. The joint Health and Wellbeing Strategy for Southampton aligns with:</p> <ul style="list-style-type: none"> • City Strategy 2015-2025 with its vision to make Southampton a 'city of opportunity where everyone thrives', and priority around 'healthier and safer communities'. • Southampton City Council Corporate Plan 2021-2025 and its outcome 'people in Southampton live safe, healthy, independent lives' • Five Year Health and Care Strategy for Southampton and the Local Delivery Plan. • The HloW Integrated Care System (ICS) Prevention & Health Inequalities Board Plan. • The forthcoming Children's and Young People's Strategy for 0-25 year olds <p>Further strategies and plans sit under the Health & Wellbeing Strategy, such as the Physical Activity & Sport Strategy, the Alcohol Strategy, the Child Obesity Cabinet Action Plan and the Suicide Prevention Plan. Updates on the Drugs Strategy are also reported to the Health and Wellbeing Board, although the strategy is led by the Safe City Partnership.</p> |
| <p>The strategy sets out the strategic vision for improving the health of people who live, work, and study in the city, and for reducing health inequalities. It describes the outcomes the city wants to achieve by 2025, based on evidence from the Joint Strategic Needs Assessment (JSNA), stakeholder engagement and public consultation. This paper provides an update on the progress of the strategy as of August 2021.</p> |
| RECOMMENDATIONS: |

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| | (i) | The Board notes the progress against the Health and Wellbeing Strategy including the current dashboard of outcomes. |
| | (ii) | The Board re-commits to the promotion and implementation of the strategy |
| | (iii) | The Board scales up work to embed Health in All Policies and to optimise the role of our Anchor Institutions, including role-modelling good practice for staff health and wellbeing, to address longer term health inequalities across the city. |
| | (iv) | The Board continues a multi-faceted approach to reducing health inequalities and improving health. Other high-impact priorities for the next year are COVID-19 response and recovery, protecting a good start in life, all age mental health and reducing smoking prevalence. |
| REASONS FOR REPORT RECOMMENDATIONS | | |
| | Local Authorities and Clinical Commissioning Groups (CCGs) and their subsequent Integrated Care Systems have equal, joint statutory duties to deliver a Health and Wellbeing Strategy that sets out how they work together with local partners to meet health and care needs identified in the JSNA. | |
| ALTERNATIVE OPTIONS CONSIDERED AND REJECTED | | |
| | None | |
| DETAIL (Including consultation carried out) | | |
| | Background | |
| 1. | 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 Public Health England's Public Health Outcomes Framework ¹ so we can monitor population need and our impact. | |
| 2. | <p>This paper reviews progress against the Strategy. It highlights the opportunities and challenges for maximising health, ill-health prevention and reducing health inequalities in the city. The priority for action during 2020-21 has been responding to the pandemic, which has meant that in some cases, work towards the goals of the Strategy has not proceeded as previously planned. For a summary of Southampton's response to COVID-19, please see the annual report of the Director of Public Health.</p> <p>Appendix 2 provides a scorecard of the indicators used to monitor the strategy, with the most recent data, data from comparative areas and recent trends.</p> <p>Appendix 3 provides a summary of current activities against each of the four priority outcomes in the Strategy:</p> <ul style="list-style-type: none"> i. People in Southampton live active, safe and independent lives and manage their own health and wellbeing ii. Inequalities in health outcomes are reduced | |

¹ [Public Health Outcomes Framework - PHE](#)

| | <ul style="list-style-type: none"> iii. Southampton is a healthy place to live and work with strong, active communities iv. People in Southampton have improved health experiences as a result of high quality, integrated services. | | | | | | | | | |
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| 3. | <p>More needs to be done to improve the health of Southampton residents so they can enjoy the same level of health and wellbeing as the national average. We need to increase our efforts and continue a multi-faceted approach to reducing health inequalities and improving health. Particularly high-impact priorities are:</p> <ul style="list-style-type: none"> • COVID-19 response and recovery • protecting a good start in life • obesity • all age mental health • reducing smoking prevalence • alcohol and drug use • improving the wider determinants of health • embedding Health in All Policies (and contracts, contacts and our working cultures) • optimising the role of our Anchor Institutions, including role-modelling good practice for staff health and wellbeing. | | | | | | | | | |
| Summary of progress against the strategy's priorities | | | | | | | | | | |
| 4. | <p>Life expectancy is one of the Strategy's overarching indicators. In Southampton, life expectancy is lower than the England average (2017-19 data):</p> <table border="1" data-bbox="331 1144 1428 1288"> <thead> <tr> <th></th> <th>Southampton</th> <th>England</th> </tr> </thead> <tbody> <tr> <td>Males</td> <td>78.5 yrs</td> <td>79.8 yrs</td> </tr> <tr> <td>Females</td> <td>82.5 yrs</td> <td>83.4 yrs</td> </tr> </tbody> </table> <p><i>Healthy</i> life expectancy at birth for males (60.7 years) remains below the England average (63.2 years), and similar for females (62.6 years, England 63.5 years). Southampton females live in poorer health 2.1 years longer than males on average, and compared to the England average.</p> <p>In 2018-20, males living in the most deprived areas of the city lived on average 8.7 years less than those living in the least deprived areas, and for females 4.1 years less, with no evidence that this inequality gap in life expectancy is narrowing over time.</p> | | Southampton | England | Males | 78.5 yrs | 79.8 yrs | Females | 82.5 yrs | 83.4 yrs |
| | Southampton | England | | | | | | | | |
| Males | 78.5 yrs | 79.8 yrs | | | | | | | | |
| Females | 82.5 yrs | 83.4 yrs | | | | | | | | |
| 5. | <p>Priority 1: People in Southampton live active, safe and independent lives and manage their own health and wellbeing</p> <p>The detail of latest activities against each priority can be found in Appendix 3. Encouraging and promoting healthier daily lives continues to be prioritised, and a number of new initiatives, services and partnerships have been developed. Support for enabling people to have greater independence and improved access to advice and guidance has been coordinated through Southampton's Integrated Commissioning Unit. Promoting mental health and wellbeing has been another important focus of our work, and new partnerships and integrated services have been crucial here. Although the impact of the COVID-19 pandemic has affected</p> | | | | | | | | | |

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| | <p>many of our plans in these areas, it has also brought opportunities which we have acted upon with some success. Nevertheless, Southampton has some way to go towards improving health outcomes and moving towards favourable comparisons across England. Most of these risk factors are more common in areas of higher deprivation and we continue to monitor our progress against our comparators and learn from best practice in similar situations. Mitigating the underlying deprivation will be impactful.</p> |
| 6. | <p>Priority 2: Inequalities in health outcomes are reduced</p> <p>Research at the national level has shown that the pandemic has increased health inequalities across the country, and ongoing work on the SCC COVID-19 Health Impact Assessment indicates that the position with Southampton's health inequalities is likely to be no different. Our work to reduce the health inequality gap, which encompasses numerous partnerships across many sectors and uses community-based approaches, has remained a focus and directed much of our COVID-19 response. All our activities, whether COVID-19 related or otherwise, are needs-led so that support is targeted where it is needed most. Building-in the need to address health inequalities across the council is a recommendation of the Director of Public Health's annual report 2020/21, and key to delivery of this is the 'Health in all policies' approach. Health inequalities are largely rooted in social inequalities.</p> |
| 7. | <p>Priority 3: Southampton is a healthy place to live and work with strong, active communities</p> <p>Enabling people to live healthier lives through strengthening communities and networks across the city is another key element of the Strategy. The Stronger Communities team has been a central part of the COVID-19 response and has expanded its networks and reach into communities. The team works closely with SO:Linked, the service that helps residents navigate community support, organisations and events. Working with city planners, transport networks, local businesses and employers, we aim to influence policies, strategies and initiatives towards making Southampton a healthier place to live. The Southampton Warmth for All Partnership continues to support initiatives to reduce fuel poverty and increase the number of warm, safe homes in the City.</p> |
| 8. | <p>Priority 4: People in Southampton have improved health experiences as a result of high quality, integrated services</p> <p>The city's services continue to work towards cementing the integration of health and social care as part of the Health and Care Strategy 2020-25. Delivery of this programme is monitored through the Better Care Steering Board and the Joint Commissioning Unit. A new 'One Team' shared approach to planning and delivering care has recently been expanded to more areas of the city. The Health and Care Strategy also has a prevention and early intervention approach at its core.</p> |
| Conclusions and recommendations | |
| 9. | <p>Our review of progress and latest activities (Appendices 2 & 3) shows that the strategy is being implemented but the impact on our population health outcomes is variable. COVID-19 has increased health need, exacerbated health inequalities and has affected prioritisation of the Health and Wellbeing Strategy commitments.</p> |

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| | <p>Much more now needs to be done at pace and at scale to improve health and to reduce health inequalities. The evidence to reduce health inequalities recommends a “proportionate universalism” approach which means matching interventions to need, focussing most on those with most need while also working on a sliding scale across the whole population.</p> |
| 10. | <p>COVID-19 brought forward innovation and progress in some areas. The COVID-19 Community Champions scheme has been a key part of community engagement across all of Southampton’s ethnically diverse communities. The champions will continue to focus on COVID-19 in the short term. The aspiration in the medium term is for the scheme to develop into a health and wellbeing champions network for Southampton. Similarly, COVID-19 has seen closer working with the local business sector and there are new opportunities to promote wider health and wellbeing through the commercial and voluntary sectors. COVID-19 also highlighted the role of digital, virtual and telephone services to improve accessibility and meant many more people worked from home. Many employers, including the council, are now moving to a mixed model of home and office working for roles where this is feasible. This may bring new health and wellbeing inequalities which will need to be monitored and mitigated, for example for staff who become isolated or do not have space at home to work well.</p> |
| 11. | <p>There are new opportunities to optimise health in all policies (and contracts, contacts and in our working cultures). Southampton’s bid to be the City of Culture 2025 is being developed to boost health and wellbeing, through social prescribing of cultural activities, by celebrating and giving power to people in recovery from ill health including mental ill health, drug and alcohol problems, and by ensuring activities are health-promoting, such as involving walking and cycling to events, healthier food options, not relying on alcohol, paying the living wage, developing the skills and inclusion of groups who are long-term unemployed and being intergenerational to reduce fear.</p> |
| 12. | <p>Southampton is also preparing to be recognised as a UNICEF child-friendly city and is also continuing to scale up work to be a Green City. Both are significant opportunities to optimise our early life experiences and our natural and built environment to promote health, reduce health inequalities and mitigate against the impact from COVID-19 and climate change.</p> |
| 13. | <p>Increasing our focus on the wider determinants of health and on ensuring health in all policies are two key ways to achieve impact at scale. The Council is already doing much work to improve the wider determinants of health, but these actions are not always informed by health and wellbeing considerations.</p> |
| 14. | <p>We need to contain our emphasis on preventative services for individuals given our fixed resources (funding, staff capacity). The scale of need in the city is simply too large for it to be feasible or affordable for us to commission services for individuals to meet all needs, e.g. we have 34k smokers, 165k adults who are obese or overweight and more than 50k adults who are inactive. We also know that service provision can inadvertently widen inequalities. There is robust evidence that being smoke-free, a healthy weight and physically active are essential for good mental and physical health, but the evidence is variable for the effectiveness of short-term interventions with individuals to achieve these. The evidence is strongest for smoking cessation services, but still 70% of people relapse each year. The evidence is weaker still for weight loss interventions, particularly for long term effectiveness. The evidence is so weak for formally referring otherwise well people</p> |

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| | to physical activity interventions that the National Institute of Clinical Effectiveness advises against it. |
| 15. | Evidence shows people need the meaningful capability, opportunity and motivation to do things which might not be easy, accessible, socially-acceptable or timely for them. The proportion of people on benefits in Southampton has increased significantly during COVID-19. As well as material barriers to good health, we know that under stress we are biologically programmed to eat food high in fat, sugar and salt; to drink more alcohol if we drink; to sustain addictions to tobacco, alcohol and/or illicit drugs, and to being sedentary. This is compounded when our environment makes these our only or cheapest options. Work to improve the city's food environment, walkability and smoke-free areas are key to reducing related health inequalities, now and for generations to come. Similarly, the average reading age in the UK is 9 years old and over 5k adults in the city have no qualifications, which may be a proxy for low literacy and numeracy. No campaign is going to be effective if people cannot read it and do not have the means to take the action advised. |
| 16. | Poverty and social inequality are two key drivers of health inequalities. Both have worsened during COVID-19. The forthcoming Poverty Strategy, the current review of how to foster "job quality" and a renewed awareness of the importance of equality, diversity and inclusion are all important opportunities to "Build Back Better". There are also opportunities to strengthen Equality Impact Assessments, with training for staff; and to have more Health Impact Assessments building on the experience gained through COVID-19. |
| 17. | The Health and Wellbeing Strategy includes a commitment to embed Health in All Policies. The council is developing its use of the Social Value Act to promote health and wellbeing when tendering for services and a health planner is being funded in the Planning team. This is welcome progress and much more could be done. The large public sector organisations in Southampton are key "place-shapers" or "anchor institutions". 35% of jobs in Southampton are in the public sector. The council, hospitals, universities, colleges, schools and others have huge impact through their estates, employment practices and procurement decisions, as well as in the way they deliver their services. Many staff groups have been adversely affected by COVID-19 and are now coping with exhaustion, trauma and the effects of long COVID-19 themselves. They will need support to recover. |
| 18. | The recommendations from this update are therefore that the Health and Wellbeing Board: <ul style="list-style-type: none"> • Notes the findings of this paper, including the current dashboard of outcomes • Re-commits to the promotion and implementation of the strategy • Scales up work to embed Health in All Policies and to optimise the role of our Anchor Institutions, including role-modelling good practice for staff health and wellbeing, to address longer term health inequalities across the city • Continue a multi-faceted approach to reducing health inequalities and improving health. Other high-impact priorities for the next year are COVID-19 response and recovery, protecting a good start in life, all age mental health and reducing smoking prevalence. |
| RESOURCE IMPLICATIONS | |

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| <u>Capital/Revenue</u> | |
| | None |
| <u>Property/Other</u> | |
| | None |
| LEGAL IMPLICATIONS | |
| <u>Statutory power to undertake proposals in the report:</u> | |
| | Health and Social Care Act 2012 and associated legislation |
| <u>Other Legal Implications:</u> | |
| | None |
| RISK MANAGEMENT IMPLICATIONS | |
| | None |
| POLICY FRAMEWORK IMPLICATIONS | |
| | None |

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| KEY DECISION? | No |
| WARDS/COMMUNITIES AFFECTED: | All |
| <u>SUPPORTING DOCUMENTATION</u> | |
| Appendices | |
| 1. | Health and Wellbeing Strategy 2017-2025 |
| 2. | Health and Wellbeing Strategy Progress Indicators |
| 3. | Latest activity by strategy commitment |

Documents In Members' Rooms

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| | None |
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Equality Impact Assessment

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| Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out. | No |
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Data Protection Impact Assessment

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| Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out. | No |
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Other Background Documents

Other Background documents available for inspection at:

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