

Southampton Health and Wellbeing Strategy 2017-2020 Background document



HEALTH AND WELLBEING STRATEGY 2017-2025: Background document

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.

1. Introduction

Health and wellbeing is important to everyone in Southampton, whether they live, work or learn in the city. It is about much more than the absence of illness or disease. It is about being able to lead fulfilling lives, and be actively engaged in families and communities.

The Southampton 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, that local people are able to take responsibility for their health and that of their families and communities, and that services are delivered as efficiently as possible, and targeted towards those people who need the most help.

Our Joint Strategic Needs Assessment (JSNA)¹ shows that the health of people living in Southampton continues to improve. We are living longer, deaths from heart disease and stroke are falling and cancer survival rates are improving. However, not all of these extra years of life are lived in good health or free from disability. Lifestyle related diseases are placing an increasing burden on our health and care system. There has also been limited progress in narrowing the health gap between the wealthy and those who are on low incomes. Furthermore, many health indicators in childhood show that we are not yet succeeding in our aim to give every young person the best possible start in life.

The Joint Health and Wellbeing Strategy (2017-25) for Southampton sets out the strategic vision for improving the health and reducing health inequalities in the city. The strategy identifies the long term outcomes we want to achieve for Southampton over the next eight years and the evidence base for achieving them. It is based on evidence of population need described in the Joint Strategic Needs Assessment.

The Health and Wellbeing Strategy will provide a bridge between plans produced by the local health and care system and other plans developed elsewhere that impact on the city's health and wellbeing. These will set out the actions required to achieve our long term goals. Progress against these plans will be reported to the Southampton Health and Wellbeing Board on a regular basis and longer term outcomes will be monitored through the Joint Strategic Needs Assessment.

¹ Southampton's JSNA can be accessed at:
<http://www.publichealth.southampton.gov.uk/HealthIntelligence/JSNA/>

Our ambition is to significantly improve health and wellbeing outcomes and reduce citywide health inequalities in Southampton by 2025.

In order to achieve this, action will be required to create a culture and environment that empowers people to make healthy choices for themselves, their families and communities; stay well and independent and manage their own health and wellbeing; and access care which is joined up and tailored to meet the needs of the individual when they need it.

Our vision is that over the next 8 years Southampton grows and develops as a city with a culture and environment that promotes and supports health and wellbeing for all.

2. Health in Southampton

2.1 Southampton Population

Southampton is the largest city in Hampshire. It is a diverse city with a resident population of 247,569 comprising over 98,000 households, 49,800 children and young people aged (0-19 years), 53,000 residents who are not white British (22.4%) and over 40,000 students. The population of Southampton is predicted to rise by nearly 5% by 2022 to 259,600, with the over 65s and under 15s populations projected to increase by approximately 12% and 5.4% respectively. The GP registered population of Southampton is larger; 276,250.

Whilst Southampton is a thriving city with enormous growth potential associated with the affluent south, health outcomes are poorer than other areas in the south east and the city's characteristics relating to poverty and deprivation present challenges. The Index of Multiple Deprivation 2015 (IMD 2015) illustrates how Southampton has become relatively and absolutely more deprived since 2010. Based on average deprivation score, Southampton is now ranked 67th (where 1 is the most deprived) out of 326 local authorities in the country, compared to its previous position of 81st in 2010.

Over the past decade there has been an increase in life expectancy for both male and females, in keeping with national trends. However, life expectancy in Southampton City is significantly lower than the England average for males and most recent data suggest a decline. Healthy life expectancy in Southampton is similar to the England average for both males and females and remains fairly unchanged since recording began 5 years ago.

In terms of mortality, encouragingly our infant mortality rate is similar to the England average. Furthermore, the potential years of life lost due to premature mortality has fallen from 496.8 to 484.6 (2012-14), but continues to be significantly worse than England. The under 75 mortality rate from all cardiovascular diseases has remained stubbornly high whilst the England average has reduced. Alarmingly, the suicide rate is twice that of the England average, increasing since 2009-11. Infection rates are reducing and vaccination rates are high. However, HIV and TB remain key infection risk priorities for the city.

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. Although people are living longer, increases in healthy life expectancy are not keeping pace with gains in life expectancy, particularly at older ages and there are increasing numbers of people in Southampton living with complex needs. The main causes of mortality in Southampton are cancer and circulatory disease (including heart disease and stroke). 86,000 residents in the city

have a long term condition; half of these having multiple conditions. Inequalities in healthy life expectancy are even greater than those for life expectancy.

Children and adults in the city have high levels of physical inactivity and obesity. Tooth decay is much higher than the England average in children in Southampton and smoking prevalence and alcohol related problems in adults are also higher than England average. Unhealthy behaviours are known to cluster in populations. While higher socioeconomic groups have to some extent changed their health behaviour, this is not true of people living in the lower socio-economic groups. This is reflected in the city's smoking prevalence rates which are significantly higher in those with the greatest deprivation.

Lifestyle choices, socio-economic status and level of deprivation aside, there are environmental factors that significantly contribute to poor health in Southampton. For example, exposure to air pollution increases the risk of deaths from cardiovascular and respiratory conditions and is a significant health issue for the industrial Port City of Southampton, with 6.2% of deaths attributable to long term exposure to air pollution in 2010. The overall health impact across the life course is much greater and areas of high air pollution tend to coincide with areas of high deprivation. In terms of housing, standards and degree of fuel poverty have a significant impact on health and wellbeing. This is particularly important for Southampton because a high proportion of housing is landlord owned and about 10,000 householders live in fuel poverty.

2.2 Our Challenges

Southampton has a young demographic compared to the England average. Although Southampton's birth rate is projected to remain steady until 2022, a previous increase in birth rate continues to place increasing demands upon a whole range of both universal services. Since 2002, the city experienced a 42% rise in the level of new births. From 2011 onwards this trend has fallen and stabilised, with a total of 3,207 babies were born in Southampton in 2013. Health outcomes can vary by ethnicity and language may create a barrier to service access. 30.2% of school aged children are an ethnicity other than White British compared to 22.3% for all ages and the most prevalent language spoken as a first language second to English in schools is Polish.

Southampton's deprivation profile and wider determinants of health have a large impact on health inequalities. Over 22% of children in our city live in low income families, this is significantly worse than the national average. Despite this, the strategic focus to ensure children have a good start in life has ensured that children accessing early years settings progress well and achieve a good level of development at the end of Reception; similar to the national average. Teenage pregnancy rates are strongly linked to deprivation and our teenage pregnancy rate is significantly higher than the national average, but is reducing from 47.4 per 1,000 teenagers (aged 15-17) in 2011 to 29.0 in 2014 in line with the national trend.

GCSE attainment 2016 in Southampton schools has shown an improvement from the previous year and we have seen a decline in pupil absence and the number of first time entrants to the youth justice system. Nonetheless, rates are significantly worse than the national average. The hospital admissions rate for violent crime rate is high, almost double that of the national average and the rate of looked after children is 75% higher than the national average. Mental health hospital admissions, both for adults and children and young people are high, as is the hospital admission rate for self-harm. All of these factors have a major impact on future health and life chances.

In 2016 the over 65 population made up 14% of the Southampton population (34,600 people). This is a smaller proportion of the population than in many other areas of the country, however still an important group in terms of need and demand for services. The older population is projected to grow more than any other group in Southampton over the next few years and the proportion of the total Southampton population over 65 will also increase. Given changing demographics, it is important that the health and care system in and around Southampton adapts to meet the changing and growing needs of the population and has a focus on promoting healthy ageing.

Encouragingly, smoking prevalence in adults in Southampton reduced from 21.5% to 20.4% between 2013 and 2015 but remains significantly above the England average of 16.9% and the under 75 mortality rate from respiratory disease remains above the England average. Furthermore, 15% of pregnant women in Southampton are recorded as smoking at time of delivery, this is almost 30% higher than the national average.

More than 30,000 Southampton residents drink alcohol at levels that increase their risk of physical and mental harm, with a further 10,000 drinking at levels that place them at significantly higher risk of long term disease. Admission episodes for alcohol-related conditions are far higher than the England average and have shown no sign of decline since the last Health and Wellbeing Strategy (70.9 compared to 64.1 per 100,000). Under 75 mortality rate from liver disease also remains higher than the England average.

Lifestyle issue	Prevalence (%)	Number in Southampton
Smoking – children and young people*	11.7	1,128
Smoking – adults**	20.4	40,325
Alcohol – regular drinking in young people*	5.0	482
Alcohol – increasing or higher risk adults**	23.4	46,029
Physical inactivity - children and young people*	74.1	7,145
Physical inactivity – adults**	30.5	59,996
Overweight (including obese) - Year R**	22.8	637
Overweight (including obese) - Year 6**	34.6	2,162
Obesity - Year R**	8.7	242
Obesity - Year 6 **	20.8	450
Overweight (including obese) – adults**	62.2	122,352
Obesity – adults**	24.1	47,406
*Data taken from the What About YOUth survey which is completed by 15 year olds – population numbers calculated using population aged 14-17. Physical inactivity - children and young people measured as % of Southampton 15 year olds who are physically active for less than one hour per day seven days a week is.**Public Health Outcomes Framework ² indicator Population numbers based on ONS 2014 Mid-Year Population Estimates		

The City’s financial challenge is that there is a significant funding gap for local health and social care services of £70 million over the next five years (estimate as of 2016/17). In addition, primary care is undergoing significant change in service provision as a result of increasing demand and reduction in capacity. There is a clear need to empower people to stay well; provide high quality, sustainable health and care to everyone who needs it; and deliver

² Public Health Outcomes Framework <http://www.phoutcomes.info/>

consistent and affordable care to all of our population. Furthermore, there is a need to ensure that Southampton is a healthy place, encouraging and supporting healthy behaviours through living, working and learning within healthy environments.

3. Health and Wellbeing Board in Southampton

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 an 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 Chair of the Health and Wellbeing Board is the Cabinet Member for Health and Sustainable Living and the Deputy Chair is Southampton City CCG's Chair. Membership includes Cabinet Members for Housing and Adult Care; Children's Social Care; and Education and Skills; as well as the Southampton City Council's Director of Public Health; Director of Housing, Director of Adults and Communities; Director of Children Services; the joint Council/CCG Director of Quality and Integration; the Chief Officer of Southampton CCG and the Healthwatch Southampton Manager.

There is a strong history of partnership working to improve health in the city. Southampton had operated an effective Health and Wellbeing Partnership for a number of years before the Health and Wellbeing Board became a statutory requirement in 2013. Southampton's last Health and Wellbeing Strategy was published in March 2013. The former Health and Wellbeing Partnership produced a Strategy previously. This new strategy builds on learning from these strategies and the strong links between partners in the city.

3.1 Purpose of the Health and Wellbeing Strategy

Local Authorities and Clinical Commissioning Groups (CCGs) have equal and joint statutory duties to prepare 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) and to improve the health and wellbeing of the local community and reduce inequalities for all ages.

It is an overarching strategy which provides the future strategic direction for health and care in the city, setting out our priorities and how we will work together. The strategy sits within a framework of other strategies and plans across the local health and care system and other plans that impact on the city's health and wellbeing. These will set out the actions required to achieve our long term goals. Progress against these plans will be reported to the Southampton Health and Wellbeing Board on a regular basis and longer term outcomes will be monitored through the Joint Strategic Needs Assessment

The Southampton Health and Wellbeing Board's strategic intent aligns with:

Southampton Connect City Strategy priorities (2015-2025)³ for economic growth with social responsibility, skills and employment and healthier and safer communities.

Southampton City Council Strategy priorities (2016-2020)⁴ which are: Southampton has strong and sustainable economic growth, children and young people get a good start in life, people in Southampton lead safe, healthy and independent lives and Southampton is an attractive modern City where people are proud to live and work.

Southampton City Clinical Commissioning Group (5 year strategic plan 2014-2019)⁵ vision of a healthy Southampton for all with the following 5 goals: Make care safer, make care fairer, improve productivity (achieve more with less), shift the balance (integrate health and care services) and delivering sustainable finances.

The Hampshire and Isle of Wight Sustainability and Transformation Plan which has the following priorities: to develop new models of integrated care, Solent Acute Alliance, Mental Health Alliance, effective patient flow and discharge and prevention at scale and is the route to deliver the **NHS Five Year Forward View**⁶ which sets out the shared ambition to improve health, quality of care and efficiency within the resources given to local health and care systems by Parliament. This triple aim will only be achieved through local health and care organisations working together in partnership with the active involvement of patients, stakeholders, clinicians and staff.

NHS Southampton City CCG Two Year Operational Plan (2017-19) which sets out plans to make Southampton a healthy city for all and supports the delivery of the Hampshire and Isle of Wight Sustainability and Transformation Plan.

3.2 What's happened since the last strategy?

Southampton's previous strategy set out 64 actions to improve health in Southampton under three themes:

- Building resilience and using preventative measures to achieve better health and wellbeing
- Best start in life
- Living and ageing well

In the final review of progress against these actions in 2015/16, 95% of commitments had been achieved or were underway. Teenage pregnancies are reducing, mental health awareness has increased through City wide campaigns as has end of life care planning. From the perspective of service redesign, Better Care Southampton has been implemented: £60 million of health and care budgets have been pooled and six GP 'clusters' established to improve local services.

Areas identified as not meeting targets were:

³ http://www.southampton.gov.uk/Images/Southampton-City-Strategy-15-25_tcm63-387730.pdf

⁴ http://www.southampton.gov.uk/Images/Council-strategy-2016-20_tcm63-387729.pdf

⁵

<http://www.southamptoncityccg.nhs.uk/search?term=five+year+strategic+plan&search=Search+me&searchType=all>

⁶ <https://www.england.nhs.uk/ourwork/futurenhs/>

- Continue to develop high class education provision, raise attainment faster than comparator cities and improve school attendance rates where they are low.
- Establish an end of life care register accessible to all appropriate service providers (e.g. Out of Hours Service)

Eight areas were amber rated, having progressed but not meeting targets. These commitments have been reviewed and where still relevant have been incorporated in to this new strategy.

Residents views on health and wellbeing priorities

Southampton City Council engaged with residents and stakeholders to gain an understanding of their views on health and wellbeing. The intention was to gather data which relates to attitudes and behaviours, as this type of data is not collected in the more comprehensive Joint Strategic Needs Assessment (JSNA). Engagement took place throughout March and April 2016.

The agreed approach for engagement was to use an online survey, with paper versions available on request. In addition, a council officer attended five Sure Start Children's Centre sessions across the city to talk to parents, which also provided them with the opportunity to complete the survey.

In addition, the council held resident workshops, collated comments through a 'post-box' in Central Library and held a session with voluntary sector representatives to gather broader views from service providers and voluntary groups on key issues for the city. As a result of the engagement the council engaged with over 950 stakeholders through the various opportunities, as mentioned above.

Over 900 residents took part in the survey. Mobility problems and cancer were the most chosen concern by respondents, 29% and 28% respectively. In joint third, mood/ contentment and money received 24% of responses, and was chosen more often than other health concerns such as heart conditions (16%), lung/ breathing problems (13%) and diabetes (9%).

The majority of respondents (70%) assessed their own health as being good or very good. The majority of respondents shared that they currently do not smoke, they eat healthily and attend regular dental check-ups. However, respondents were less likely to talk to friends and family about concerns and make use of advice websites and helplines.

The results showed comments relating to time constraints (34% of the 553 responses) for example, being busy with work, caring for others and raising children, were the most common reasons that prevent people from improving their health and wellbeing. Respondents felt exercise (17% of the 546 responses) would help improve their health and wellbeing. This was closely followed by 15% of responses which fell within the support category, for example providing advice or groups to help.

During the workshops residents focused on healthy behaviours. Participants shared a wide range of healthy things they do now, which included taking part in a wide range of physical activity, eating healthily and attending regular health screenings. Participants felt they could do more healthy things, such as getting a better work life balance, doing more exercise and de-stressing regularly. They also felt that the lack of ambition and motivation, lack of role models and money and finances all prevent people from behaving more healthily.

The post-box activity provided people with an opportunity to share their health and wellbeing views 'on the go'. Some of the thoughts shared which related to things they could do to be healthier, included: increased physical activity, taking care of mental wellbeing and eating healthier.

The engagement session with the voluntary sector provided representatives with the opportunity to share their ideas on key priorities for the city. Their suggestions included: healthy environments (including the workplace), mental health, aspiration and budgeting.

4. Purpose of strategy

Health and wellbeing is important to everyone in Southampton, whether they live, work or learn in the city. Our strategy is a call to action to both improve health for all and reduce health inequalities in Southampton.

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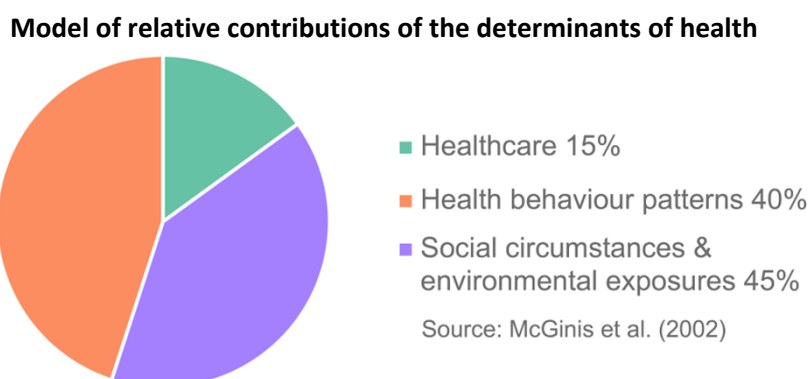
Our ambition is to significantly improve health and wellbeing outcomes and reduce citywide health inequalities in Southampton by 2025.

Our strategy takes a life course approach, and is underpinned by the following principles:

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

5. What outcomes do we want to achieve?

As a population we're living longer but spending more years in ill-health. Many factors combine together to affect the health of individuals and communities. Our health is determined by where we live, the environment and community around us, our education, employment and income level as well as genetics and lifestyle choices and access and use of health and care services.



This model shows that action is required to improve the environment around us and change health behaviours as well as deliver high quality health and care in order to improve health and wellbeing.

A review of the evidence together with stakeholder and public engagement undertaken in 2016 identified four strategic themes which will enable us to achieve our vision that Southampton grows and develops as a city with a culture and environment that promotes and supports health and wellbeing for all and some key principles for their delivery.

Our four strategic themes:

1. Inequalities in health outcomes and access to health and care services are reduced.
2. Southampton is a healthy place to live and work with strong, active communities.
3. People in Southampton live active, safe and independent lives and manage their own health and wellbeing.
4. People in Southampton have improved health experiences as a result of high quality, integrated services.

The Health and Wellbeing Strategy will provide a bridge between plans produced by the local health and care system and other plans developed elsewhere that impact on the city's health and wellbeing. These will set out the actions required to achieve our long term goals. Progress against these plans will be reported to the Southampton Health and Wellbeing Board on a regular basis and longer term outcomes will be monitored through the Joint Strategic Needs Assessment.

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

Why this is important

We want to support more people to choose healthy lifestyles. 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.

What the evidence tells us

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. To achieve this requires an understanding of the burden of disease in the population and evidence based interventions to reduce this burden.

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 interventions⁷. In adults the leading causes of avoidable death are cancer and heart disease, whilst the leading causes of avoidable deaths in children and young people include complications during childbirth accidental injuries, suicides and self-inflicted injuries. The highest number of avoidable deaths in children and young people were from accidental injuries (14%; 195 out of the 1,443 avoidable deaths in this age group). Injuries can also be the cause of life changing and life long disability.

The burden of disease in a population can be measured in different ways: Years of Life Lost (YLL), Years Lived with Disability (YLD), and Disability Adjusted Life Years (DALY) which takes in to account the years of potential life lost due to premature mortality and the years of productive life lost due to disability.

40% of disability adjusted life years lost are caused by lifestyle risk factors⁸ and there is good evidence that many early deaths and ill health could be prevented or delayed if people made healthier lifestyle choices⁹. The Wanless Report Securing Good Health for the Whole Population¹⁰ outlined a position in the future in which levels of public engagement with health are high, and the use of preventive and primary care services are optimised, helping people to stay healthy. This 'fully engaged' scenario requires changes in behaviours and their social, economic and environmental context to be at the heart of all disease prevention strategies.

The data shows that mental health and wellbeing are also important, with depression and anxiety causing a high burden of disease in the population and suicide accounting for a high number years of life lost, particularly in men. Mental and physical wellbeing are closely linked;

⁷ Avoidable mortality in England and Wales: 2014

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/avoidablemortalityinenglandandwales/2014>

⁸ Global Burden of Disease Study 2010

https://www.healthdata.org/sites/default/files/files/country_profiles/GBD/ihme_gbd_country_report_united_kingdom.pdf

⁹ Kings Fund Improving the Public's Health <http://www.kingsfund.org.uk/publications/improving-publics-health>

¹⁰ Securing Good Health for the Whole Population Derek Wanless 2004

http://webarchive.nationalarchives.gov.uk/+/http://www.hm-treasury.gov.uk/media/D/3/Wanless04_summary.pdf

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. People with mental health problems are more likely to smoke, be overweight, use drugs and drink alcohol to excess, have a disrupted education, be unemployed, take time off work, fall into poverty, and be over-represented in the criminal justice system. 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.

There are a range of evidence based interventions that can help improve the health of the population and reduce health and care service demand¹¹. These are shown in the table below.

Evidence based interventions to achieve behaviour change and reduce service demand

Lifestyle risk	Evidence based intervention
Alcohol	Alcohol care teams in acute hospitals Alcohol identification and brief advice
Tobacco	Assessment, very brief advice and referral in hospitals Behaviour change support to help smokers stop
Diet and obesity	Weight management services Policies and interventions to tackle the obesogenic environment including promoting healthier food and drink choices and increasing physical activity opportunities
Health and work	Implement holistic workplace wellbeing programmes Individual placement and support
CVD secondary prevention	Reduce the incidence of avoidable AF-related strokes Improve management for patients with high blood pressure
Diabetes	Healthier You: the NHS Diabetes Prevention Programme Encourage uptake of structured education in diabetes
Falls and musculoskeletal health	Musculoskeletal physiotherapy: patient self-referral Establish fracture liaison services
Physical activity	Deliver effective brief advice on physical activity in clinical care Promoting and increasing active travel
Mental health	Improving perinatal mental health services Smoke free mental health trusts and quitting support
Sexual health	Improve access to long-acting reversible contraceptives Increasing uptake of HIV testing
Dementia	Raise public awareness about reducing the risk of dementia
Maternity and early years	Screen and refer women who smoke during pregnancy Implement programmes that increase access to fluorides
Drugs	Review prescriptions of medicines liable to dependence
Antimicrobial resistance	Reducing inappropriate prescribing of antibiotics

¹¹ Local Health and Care Planning: Menu of preventative interventions, Public Health England 2016
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/565944/Local_health_and_care_planning_menu_of_preventative_interventions.pdf

What we are going to do

Actions will include:

- Encourage and promote healthier lifestyle choices and behaviour, with a focus on smoking, alcohol / substance misuse, physical activity, and a healthy weight.
- 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 co-ordinated 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.

5.2 Inequalities in health outcomes and access to health and care services are reduced.

Why this is important

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.

What the evidence tells us

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. 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.

The Marmot Review "Fair Society Healthy Lives"¹² was a comprehensive review of the evidence and an assessment of what actions are likely to be most effective in reducing health inequalities in the short, medium and long term in England. Six key policy areas were proposed, with a set of actions for each.

The six areas are:

- A Give every child the best start in life**
- B Enable all children, young people and adults to maximise their capabilities and have control over their lives**
- C Create fair employment and good work for all**

¹² 'Fair Society Healthy Lives' (The Marmot Review) 2010
<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

- D Ensure a healthy standard of living for all**
- E Create and develop healthy and sustainable places and communities**
- F Strengthen the role and impact of ill-health prevention**

A series of evidence briefings¹³ has been produced by University College London Institute of Health Equity to show where greatest gains in reducing health inequalities can be achieved based on the policy objectives set out in the Marmot Review. In light of these reviews and accumulating evidence of increasing health inequalities in Southampton, a Health Inequalities framework was produced in July 2015.

What we are going to do

Our actions to reduce health inequalities will include:

- Reduce the health inequalities gap between the most deprived and least deprived neighbourhoods in the city through a community based approach that is proportionate to level of need
- 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 child 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.

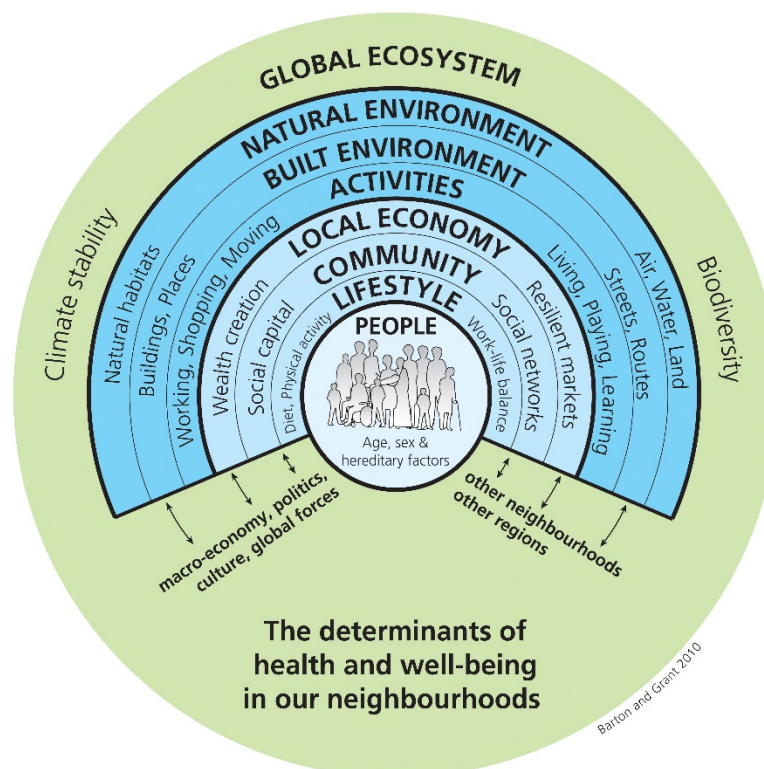
5.3 Southampton is a healthy place to live and work with strong, active communities.

Why this is important?

Being healthy and well for a lifetime includes much more than good health and social care services. Many different things impact on health and wellbeing, like housing, jobs, leisure and sport and access to open spaces, education, and transport as well as the neighbourhood and community we live in.

We want Southampton to be a healthy place to live and work with health promoting assets and strong and active communities.

¹³ Local Action on Health Inequalities Series – Overview, UCL Institute of Health Equity
<http://www.instituteofhealthequity.org/projects/local-action-on-health-inequalities-series-overview>



Evidence shows that addressing the social determinants of health requires innovative solutions and a new way of thinking about policy. Health in All Policies (HiAP) is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas¹⁴. HiAP is based on the recognition that our greatest health challenges for example, non-communicable diseases, health inequities and inequalities, climate change and spiralling health care costs are highly complex and often linked through the social determinants of health.

HiAP ideally starts with the policy area (e.g. economic development policy or transport policy) not with a public health issue. This encourages thinking about the range of potential direct and indirect benefits/risks for health that can be created from that policy. The figure below recommends actions and outcomes from delivery of health in all policies.

Healthy policies will support the development of healthy places to live, work and learn. Coupled to this is the need for community action to improve health, mental resilience and resilience to act in the event of extreme conditions e.g. gritting of icy paths.

¹⁴ Health in All Policies – evidence based approach to tackle health inequalities.: http://www.local.gov.uk/documents/10180/7632544/1.4+Health+in+ALL+policies_WEB.PDF/b21cf56f-403e-45c4-8a29-2c96df48acdb

How Health in All Policies works



What we are going to do

We will take action to improve the social, economic and environmental conditions that influence the health of individuals and communities in Southampton and adopt a Health in all Policies approach.

Actions will include:

- Support and develop 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 to improve workplace wellbeing through healthier work places.

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

Why this is important

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, with a focus on prevention and early intervention and that they 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.

What the evidence tells us

The Better Care Southampton vision is to transform the delivery of care in Southampton through the jointly led CCG and City Council Better Care programme so that it is fully integrated across health and care, delivered as locally as possible and person centred. People will be at the heart of their care, fully engaged and supported where necessary by high quality integrated local and connected communities of services to maintain or retain their independence, health and wellbeing. Neighbourhoods and local communities will have a recognised and valued role in supporting people and there will be a much stronger focus on prevention and early intervention.

The overall aims for integrated care in Southampton are:

- 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 people to stay in their own homes for as long as possible
- Making optimum use of the health and care resources available in the community, reducing duplication and closing gaps, doing things once wherever appropriate
- Intervening earlier in order to secure better outcomes by providing more coordinated, proactive services

What we are going to do

The key priorities are:

- Improve health outcomes for residents, at a lower cost, through integration and joint working across all health and Council services.
- Prioritise investment 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.

6. How we will measure success

Success in delivering our 8 year vision will be monitored through high level outcomes included in the Public Health Outcomes Framework and our local Joint Strategic Needs Assessment. These are shown in the framework below

Outcome: Health Inequalities within Southampton are reduced in 5 years and the Southampton City average is equivalent to the national average in 8 years		
PHOF: Public Health Outcome Framework		
Priority area	Outcome	Measure
	Life expectancy at birth (males and females)	PHOF 0.1ii
Overarching	Life expectancy at 65 years (males and females)	PHOF 0.1ii
	Healthy Life Expectancy at birth (males and females)	PHOF 0.1i
	Under 75 years mortality rate from cardiovascular disease (males, females and persons)	PHOF 4.04
	Under 75 years mortality rate from respiratory disease (males, females and persons)	PHOF 4.07
	Mortality rate from causes considered preventable (males, females and persons)	PHOF 4.03
Early years	Smoking status at time of delivery	PHOF 2.03
	Breastfeeding prevalence at 6-8 weeks after birth	PHOF 2.02
	Child excess weight in 4-5 and 10-11 year olds	PHOF 2.06
	Population vaccination coverage – MMR for one dose (2 years old)	PHOF 3.03
	Looked after children: rate per 10,000 <18 population ¹⁵	Local Authority/Department for Education
	School readiness at the end of reception	PHOF 1.02i
Children & Young People	Children in low income families (under 16s)	PHOF 1.01ii
	Hospital admissions caused by unintentional and deliberate injuries (0-14 years)	PHOF 2.07i
	Under 18 years conception rate	PHOF 2.04
	GCSE achieved 5A*-C including English & Maths	Department of Education (in Child Health Profile)
Adults	Smoking prevalence in adults	PHOF 2.14
	Suicide rate	PHOF 4.10
	Depression recorded prevalence	
	Injuries due to falls in people aged 65 years and over	PHOF 2.24
	People presenting with HIV at a late stage of infection	PHOF 3.04

¹⁵ Available in PHE Child Health Profile

<https://fingertips.phe.org.uk/search/looked%20af#page/3/gid/1/pat/6/par/E12000008/ati/102/are/E06000045/iid/90401/age/173/sex/4>

	TB incidence (3 year average)	
	Under 75 years mortality rate for liver disease considered preventable	PHOF 4.06
Healthy settings	Fraction of mortality attributable to particulate air pollution	PHOF 3.01
	Percentage of people aged 16-64 years in employment	PHOF 1.08
	Excess winter deaths index (persons)	PHOF 4.15

Developmental outcomes

There two outcomes that are important to improve in Southampton but are not currently monitored consistently and/or benchmarked against other areas. These outcomes will be reviewed on a bi-annual basis to determine opportunity for measurement in the future.

- Loneliness and social isolation
- Corporate parenting – health indicators
- Sepsis (as a measure of late identification of infection)