Director of Public Health's Annual Report 2021/22

Tackling health inequalities in Southampton

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SOUTHAMPTON
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Contents

1. Acknowledgements

With thanks to all those involved in the production of this report, including Southampton City Council colleagues, the Southampton Health and Wellbeing Board and our partners and communities across the city.   Particular thanks go to Kate Harvey, Consultant in Public Health, Mirembe Woodrow, Senior Public Health Practitioner, Martina Dalton, Public Health Registrar, Vicky Toomey, Principal Analyst and Jessica Brimble Senior Communications Officer without whom this report would not have been possible.

2. Foreword

Councillor Lorna Fielker, Cabinet Member for Health, Adults and Leisure

I am delighted to welcome our Director of Public Health's Annual Report for 2021-22 which this year focuses on communities and health inequalities.

We know that the pandemic compounded Southampton's existing health challenges and widened health inequalities further. However, it also showed us the power of the communities in our city and what can be achieved by working together. As Chair of the Southampton Health and Wellbeing Board I believe there is huge potential in the opportunities presented by partnership working. The new Hampshire and Isle of Wight Integrated Care System is an important step forward for improved health in Southampton and we must capitalise on the opportunities for joint working that it presents, whilst ensuring our City needs are recognised. With system leadership focused on reducing inequity and by all partners using our influence towards better health for all, we can rise to the challenges together. This report is a testament to the strength of our communities in Southampton and their dedication to improving the lives of our residents. But with the scale of the challenge ahead it's now more important than ever that we continue to encourage and support communities and to work together towards health for the future.

Councillor Ivan White, Health and Wellbeing Board Member

As this insightful report describes, no single organisation or team alone can influence the city as a healthy and sustainable place. It is a collective responsibility across all partners in the city, where everyone has a role to play as part of a team of teams.

We want Southampton residents to live long and healthy lives, which means influencing the building blocks for a healthy life, such as housing, education, jobs and healthcare wherever we can. As a city our partners and stakeholders are crucial in delivering this, and we know they are committed to Southampton having a culture and environment that promotes and supports health and wellbeing for all. As we navigate some difficult times ahead, the added-value of our partnerships will become even clearer. We look forward to playing our part to support and enable better health for everyone living and working in the city.

Debbie Chase, Director of Public Health

My last annual report in May 2021 focused on our response to, and early recovery from, the pandemic.[1] I closed the report with this statement:

"COVID-19 has put a spotlight on existing health inequalities in Southampton that mean people living in more deprived areas on average have a significantly lower life expectancy and suffer from worse health outcomes across the board. We will ensure taking steps to tackle this inequality is at the heart of our work going forward."

We know that the health inequalities seen across our city and communities remain and, in many areas, have widened over the last few years. We also know that these inequalities mean that many living in our city do not have the level of opportunity, health and wellbeing that we aspire to for our residents. My Annual Public Health Report this year is a practical call to this action, calling for us to work with our communities as we sustain and step up the focus on health equity, celebrate successes, harness opportunities and recognise the fantastic assets that our city holds as we continue to strive towards being a place of fairness and opportunity.
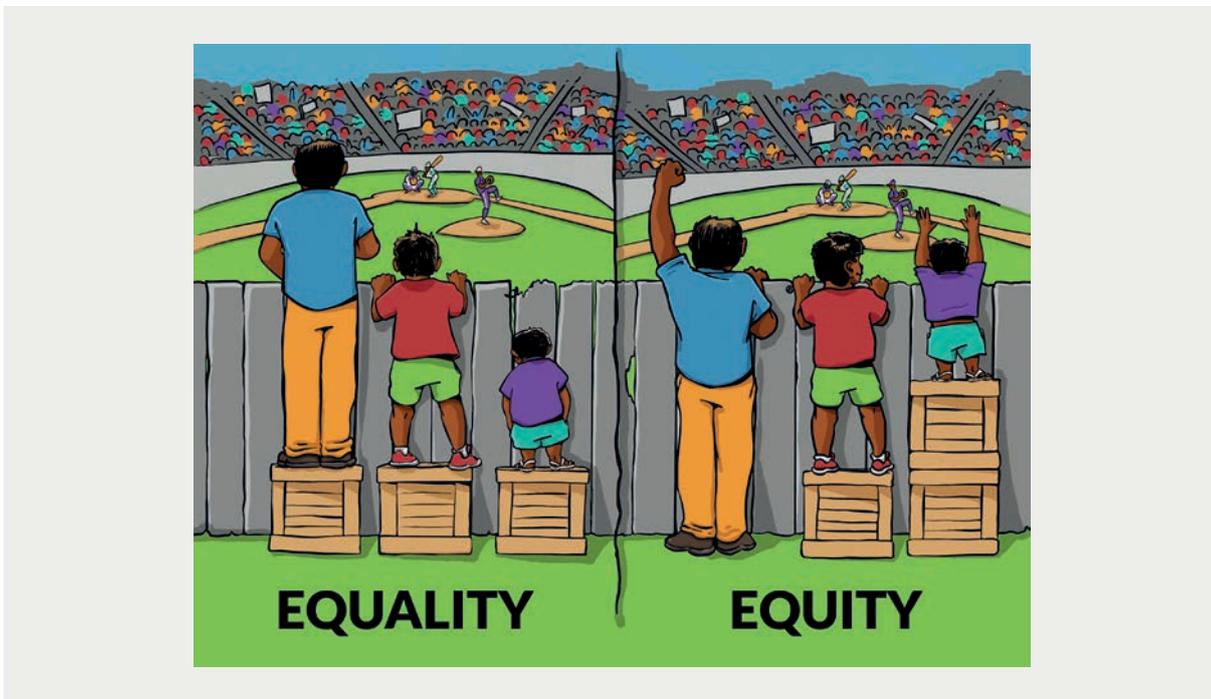

Image credit: Illustrating Equality VS Equity - Interaction Institute for Social Change : Interaction Institute for Social Change
Visit: interactioninstitute.org and madewithangus.com

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[1] Chase, D. *Public health annual report 2020/21: an update on Southampton's COVID response so far and our priorities for the future.* (Southampton City Council, 2021) Public health annual report 2020/ 21 (southampton. gov.uk) [accessed 14th October 2022]

Health equity as fair opportunity

We have long recognised and been committed to improving health equity across our city. Our partnerships and strategic commitments place fairness and reducing inequalities at their heart, and we have some good examples of promising work to learn from and build on. But much more progress is needed, particularly given the current challenges that many in our communities face. The cost of living continues to rise steeply, pushing more and more people into poverty and widening the inequality gap further. By the end of 2022 we will see many more of our residents in challenging financial circumstances having to make difficult spending choices between essential items.

Locally, we can impact on many of the wider drivers of health inequalities and work alongside our local communities to deliver and sustain change. We can all influence the places in which people are born, live and work. Improving public health and achieving health equity takes responsibility and action across our broad Southampton 'team of teams'. COVID-19 has reminded us all that health is intrinsically linked with prosperity: we cannot have one without the other. Healthy workforces can support economic growth and well-designed economic strategies and growth can improve health. It can be in all our interests to work together for better and fairer opportunity, health and wellbeing.

Achieving this change will require a long-term commitment over decades and across successive local administrations and national governments, building on commitments and motivation to do things differently. There is increased awareness and understanding of health inequalities and inequity due to the pandemic, development of new ways of working alongside our communities to achieve change and strong commitment from many parts of our incredible city. This includes our local leaders, showing their commitment through the leadership of the Health and Wellbeing Board, and work in Southampton as a place within the developing Hampshire and Isle of Wight Integrated Care System.

We have learned so much over the past two years about our capabilities and potential. To move forward in our ambition to make Southampton a place of health equity will take widespread commitment and joint action that puts our communities right at the heart of everything we do. Working alongside our incredible Southampton communities, and with sustained leadership from our local and regional partners, we can seize the moment and step-up action to create a healthier and more equitable Southampton.

3. Summary

Many health outcomes in Southampton remain below regional and national average. Within the city, inequalities in the conditions in which we are born, grow, live, work and age lead to further unfair and avoidable different experiences of health and wellbeing. This Annual Director of Public Health Report 2021-22 builds on the renewed emphasis COVID-19 has brought to tackling health inequalities, with focus on the successes, opportunities, and priorities to drive health equity in our city through Southampton's communities and partnerships.

The report is built upon the six priorities from 'Fair Society, Healthy Lives'[2] and uses them to explore inequalities in health in Southampton, the work that is underway to promote health equity in the city and priority opportunities to scale impact in the future. To illustrate the impact of action on inequalities, it uses the hypothetical life story of 'Mia' who was born in one of the most deprived areas in the city and compares her health outcomes when she or her family are able to access opportunities that influence their life chances in a positive way.

1. Give every child the best start in life

Even before birth building blocks are being laid for adult health, and early childhood has a profound impact on long-term health and wellbeing. In Southampton there are a wealth of thriving community and voluntary sector assets that support children and young people and their families and many, but not all, have a good start in life.

We have opportunities to make a huge impact by working with children and their families and we know we must focus on prevention and early action and on those with the highest levels of deprivation. The healthy child programme remains the foundation of this work and it is essential that we build the effective proportionate support and family hubs around this universal pathway as the underpinning for good health and wellbeing for all. We can act before birth and in the first months of life by providing families with tailored support and innovative approaches to decrease smoking during pregnancy and increase breastfeeding rates, particularly in deprived communities. By working with our communities and partners across the city, we can build on and grow the networks and assets that prevent children from becoming vulnerable. Where children are already vulnerable, we know many of these community assets and networks can mitigate the impacts of adverse childhood experiences. Working with our communities to improve the circumstances and conditions in which our children live needs us to take explicit and concerted action to address and mitigate against the harms of child poverty. We can also continue to focus on making sure children are not already being left behind by the time they enter school. Access to high quality early years education and care remains a key element, along with equipping families with the knowledge and skills to support development in the home.

[2] Marmot, M. *Fair society, healthy lives: the Marmot Review: strategic review of health inequalities in England post-2010.* 2010

2. Enable all children, young people and adults to maximise their capabilities and have control over their lives

We know that by age 30, young people with the highest levels of education are likely to live 4 years longer than those with the lowest. Collective strategies and efforts within the city recognise education as a priority because, as well as giving young people skills and qualifications that allow them to have choices and more opportunities for well-paid and good jobs, a good quality education provides the building blocks for positive social connections, problem solving and empowerment. However, we are not yet a city where all have the choice, opportunity and support to achieve what they could in life.

Partnership working with schools, families, communities and the wider public and community sector can improve progress and attainment for children in Southampton and reduce inequalities, particularly related to tackling and mitigating the impact of the high rates of child poverty already seen in many parts of our city. We can raise aspirations for people in the city and help people in Southampton realise their goals with opportunities and support. Our anchor institutions, in particular, can play a vital role in this through accessible and appealing opportunities for apprenticeships, employment and further training, therefore reducing the proportion of young people NEET. Particularly important is the voice of children and young people in the city, especially those at risk of inequalities. We can learn from our young people what they need and how we can achieve it. By doing this, they can take control of how the city shapes their lives.

3. Create fair employment and good work for all

Coming out of the pandemic our city is aiming high, setting its sights through the Economic & Green Growth Strategy 2020 – 2030 on restoring and renewing our economy as a greener, fairer and healthier city. Our current economic position, relative to other similar cities, is good with PwC ranking Southampton as the third highest city for good growth and noting that sectoral mix and broad economic and social indicators have provided some resilience and allowed the city to be less economically impacted by the pandemic. The city's vision is to support local people to develop the skills, aspiration and opportunities for good employment, and we know that being employed in good work – a stable and rewarding job with fair pay and fair hours – is beneficial for health. A healthy workforce employed in good work enables business growth, which in turn leads to a stronger local economy and a healthier community.

Of all of the wider determinants of health, action on jobs and employment can bring about some of the quickest impacts on health for people in Southampton. To achieve the long-term change required to enable everyone in our city to access and benefit from fair employment and good work, our local system could now focus on:

- Building on the existing understanding about the commercial determinants of health and how employers can have a hugely positive effect on the health and wellbeing of city residents, adopting a Health in All Policies approach.

- Adopting more community-based approaches to establish the business and employment support that our communities need.

- Continuing to promote good work with local employers and underline the importance of health and wellbeing in the workplace.

- Scoping and aiming to co-produce with local employers a new supported and resourced approach to workplace health and wellbeing that encompasses good quality work as well as more traditional health behaviour support.

- Continuing to press for grants and programmes that aim to boost health through economic activity. As a city with higher deprivation and lower life expectancy than its Hampshire and Isle of Wight (HIOW) neighbours, the case can be made that Southampton has more pronounced need for any funding directed at the South East. Southampton is ranked the 55th most deprived local authority in England, higher than Leeds (92nd) and Sheffield (93rd) and it is clear that the Levelling Up agenda needs to benefit Southampton in addition to areas further North.

- Maximising the opportunities offered by anchor institutions, including the Council, establishing and improving workplace wellbeing strategies where needed and improved employment opportunities for local people.

- Working with Southampton universities to pursue the Civic University agenda that aims to help local communities thrive.

- Encouraging all partners, including businesses, to establish closer relationships with local communities for mutual benefit.

4. Ensure a healthy standard of living for all

Globally, there is a developing cost of living crisis, driven by the impacts of the pandemic and the war in Ukraine. Its impact is already being felt acutely in Southampton. Having a healthy standard of living means being able to afford good quality housing, having the means and opportunity to buy healthy food, and not having to make difficult choices around essentials like clothing, transport and heating.

Southampton has a long history of collaborative work to tackle challenging issues preventing a healthy standard of living for all with partners including teams from across the council, DWP, The Environment Centre, Age UK Southampton, Citizens Advice Southampton and the NHS. Southampton is also developing new ways to support people living in the city, prioritising dignity and building communities. Local systems and communities are helping shape the food environment to address food poverty and holiday hunger and support healthier eating.

As the cost of living crisis deepens we anticipate further significant effects on people in Southampton, with impact on the options and opportunities available to residents. Working in partnership across our city and communities will be required if we are to mitigate the impact and align available support with those who can benefit. We can work across the council and with Integrated Care System (ICS) partners to understand the likely impacts on people in Southampton and plan a systems approach. This includes raising awareness of the help already available and ensuring that it is accessible to all communities, without barriers such as travel costs and language. It also includes using a Health in All Policies approach across the

council so that recognition of impact on health and health inequalities is at the forefront of all decision making. Effectively improving standards of living will need us to work hand in hand with our communities, building the trust and relationships needed to understand the challenges, and with the voluntary and community organisations providing much needed help within communities. Every part of our city will be experiencing challenges and a transparent and collaborative approach is required to advocate for and mitigate the impact on our most vulnerable.

5. Create and develop healthy and sustainable places and communities

Southampton as a place influences our levels of physical activity, travel, access to healthy food, exposure to air pollution and use of green space. Similarly, connections within our communities can be a strong enabler for health and wellbeing in the city.   No single organisation or team alone can influence the city as a healthy and sustainable place and the will and need for coordination of collective action has been recognised in the Health and Wellbeing Strategy, Transport Strategy and Southampton City Strategy.

Every one of us has a role and interest in Southampton as a healthy and sustainable place with thriving communities. To reduce health inequalities within Southampton and support our local population to live in healthy and sustainable places and communities, there are a number of areas of focus. We can bring renewed focus to a local culture that recognises the importance of relationships, trust and power in how we work together to improve our places and support strong communities. This includes an emphasis on assets as well as needs and issues and will deliver benefit from a widespread shared focus on developing community centred approaches alongside our residents. We can work with our communities at a local level to deliver core services and address neighbourhood social determinants of health. Our large organisations (known as anchor institutions due to their potential impact on local health and wellbeing) can explicitly focus on the benefits that their work can deliver for the environment and communities that they serve. The growing focus on healthy places can continue, including links to green spaces, planning and active travel. The explicit use of a Health in All Policies approach to inform decision making across the council will ensure that the impact on public health is taken into account and we can make the most of the synergies between health and other key objectives for the council and other partners. We can ensure that work is evaluated to inform future use of the limited funding available to the City Council and that overall performance measures are incorporated into local assurance frameworks for the city and wider Integrated Care System.

6. Strengthen the role and impact of ill-health prevention

Prevention is always better than cure and has a vital role to play in reducing inequalities and improving overall health and wellbeing. At the heart of Southampton and wider plans to scale prevention are approaches that recognise the critical role of scale and access, making prevention mainstream business.

To embed effective prevention and reduce inequalities, the focus in Southampton remains on:

- Local action, through the new tobacco, alcohol and drug strategy and developing integrated care system programmes, can build on local successes to develop tailored approaches to

reduce smoking rates with our communities.

- ◆ Collective planning of services within the integrated care system offers us a new opportunity to build the skills and shared understanding of the role and impact of preventative interventions.

- ◆ Joint work with communities to develop the relationships, trust and sharing required to reduce healthcare inequalities in access, experience and outcomes. This may be well supported by academic and community partners, building on our learning through the community participatory action research programme.

- ◆ Prioritised delivery of national programmes including Core20Plus5.

- ◆ Evaluation of the interventions being delivered in our local context to understand who they engage, who they work for and how we can improve our local impact on inequalities.

Recommendations and next steps

To increase the pace and impact of our work and fairly achieve good public health outcomes here, we can capitalise on our strong local opportunities and focus on a number of local actions in our gift:

- Amplified leadership across agencies to celebrate, sustain and protect our local commitment to reducing health inequalities

- Maximise the impact of our core business on the 'causes of the causes' of health, wellbeing and inequality

- Continue to do what we know works

- Commit to a new way of working with and alongside our communities – a different relationship is good for us all

- Harness and assure the benefit of system working to improve health

We have a rich variety of assets and resources in our city which, coupled with a supportive and enabling local system – overseen by our Health and Wellbeing Board and supported by place-based partnerships - give us huge opportunity to increase opportunity and outcomes for our residents. With recognition of the roles that we all play, appreciation and recognition of our rich assets and resources and sustained action beyond the usual cycles of change, we have the opportunity to make a difference to inequalities for this and future generations in our city.

4. Progress on past recommendations

This annual public health report builds on a long history of action to reduce the wide and unfair health inequalities that exist in Southampton. The actions taken across the years have supported strong commitment and partnerships that are focussed on delivering health equity from their start through to the end of residents' lives.

For a decade, Annual Public Health Reports have considered the experience and drivers of health inequalities. As highlighted throughout this report, many partnerships have explicitly recognised their role in changing the conditions in which people are born, grow, live, work and die to address the unfair differences whereby people in our more deprived areas die earlier and live longer in poor health. Whilst several measures of health and wellbeing have improved in Southampton, demonstrating the ongoing impact of our work on inequalities requires clear systematic measurement of the causes of health and inequalities across these strategic partnerships. We also have, and share, many case studies that highlight recognition that health is everyone's business and bring focussed, joint action to improve the drivers of health and wellbeing across the life course.

In December 2021 and August 2022, my team looked in depth at the impact of the pandemic on the health of our city's residents. We found, and continue to find, evidence of significant differences in the way the city experienced the pandemic and its effects in terms of direct and indirect impacts. There were differences in clinical vulnerability to COVID-19, infection rates and severity of illness, and vulnerability to the impact of policy responses when managing the pandemic. These differences are linked with patterns of deprivation, ethnicity, health status and may lead to further widening of health inequalities.

Evidence on the impact of COVID-19 is yet to be fully realised, including a stronger understanding of the long-term impacts and risks. This report builds on the renewed emphasis COVID-19 has brought to tackling health inequalities, with focus on the successes, opportunities, and priorities to drive health equity in our city. We know that inequalities in health do not change quickly and at the heart of the recommendations this year is the recognition that sustained focus is required in key areas if we are to make meaningful progress in Southampton.

[3] Southampton Data Observatory, *COVID impact assessment* (2021 and 2022). COVID-19 updates (southampton.gov.uk) (accessed 14th October 2022)

5. Differences in health across our city

As described in my previous Annual Public Health Reports and through the work of Southampton's Public Health Observatory, many health outcomes in Southampton remain below regional and national average. Within the city, inequalities in the conditions in which we are born, grow, live, work and age lead to further unfair and avoidable different experiences of health and wellbeing.

5.1 Overall health and wellbeing

Life expectancy is a useful summary measure to help us understand the differences in mortality between groups. Southampton's overall life expectancy at birth is lower than the England average (Figure 1) and shows signs of falling, if this continues it means that children born in Southampton are expected to die at a younger average age than those born elsewhere in the country or those born several years ago.
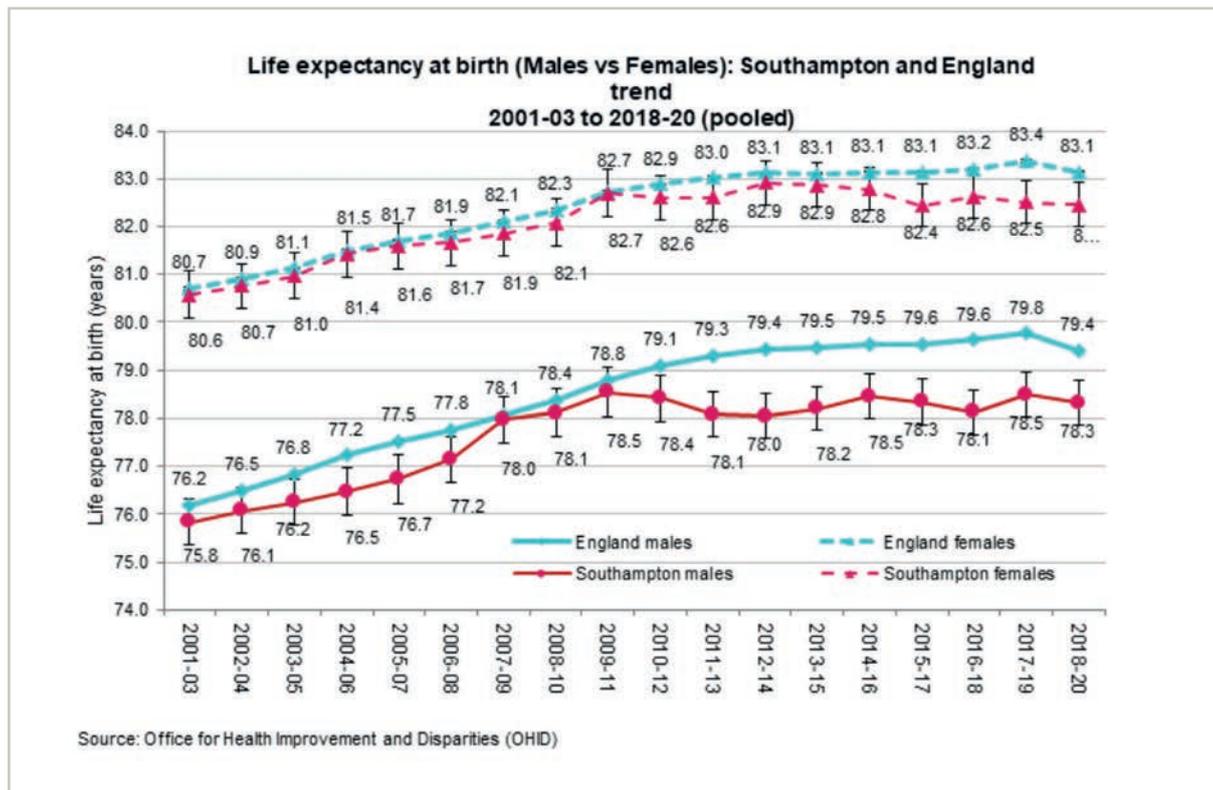

Figure 1: Life expectancy at birth

Within our city, the gap in average life expectancy between the most and least deprived areas is almost nine years for males and four years for females. This means that males born in the most deprived parts of the city have a life expectancy nine years lower than those born in the most affluent areas and women born in the most deprived parts, four years lower than those born in the most affluent.

We can view differences between populations clearly using cartograms rather than traditional maps. Cartograms use standard-sized units to represent a specific number of people and make it easier to see what is happening in built-up areas like Southampton. This shows how densely populated Southampton is compared to many other neighbouring areas.

Average life expectancy differs throughout the HIOW region and within the city of Southampton (Figures 2 and 3). The cities have lower life expectancy[4], as can be seen by the lighter colouring in Portsmouth and Southampton. This is in part due to the socio-economic and environmental circumstances in the areas, often in part related to their history, coastal location and population density. These combine to bring about Southampton's specific health needs and behaviours as a place, illustrated clearly by lower life expectancy.

4 Department for Environment and Rural Affairs. *Statistical digest of rural England: health.* 2022
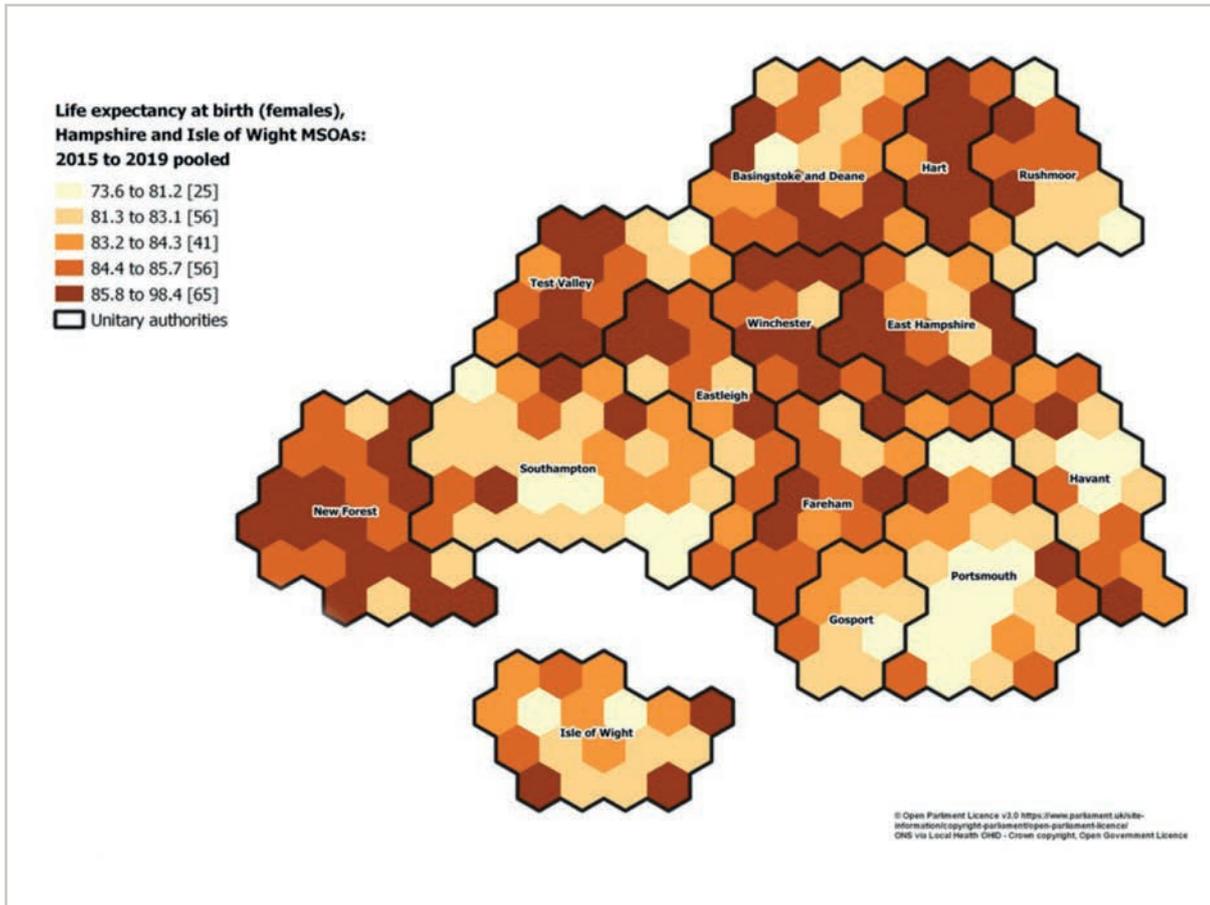
Figure 2: HIOW life expectancy at birth (females)

Life expectancy at birth (females),
Hampshire and Isle of Wight MSOAs:
2015 to 2019 pooled

- 73.6 to 81.2 [25]
- 81.3 to 83.1 [56]
- 83.2 to 84.3 [41]
- 84.4 to 85.7 [56]
- 85.8 to 98.4 [65]
- Unitary authorities

Figure 3: HIOW life expectancy at birth (males)

Life expectancy at birth (males),
Hampshire and Isle of Wight MSOAs:
2015 to 2019 pooled

- 64.7 to 77.4 [37]
- 77.5 to 79.6 [48]
- 79.7 to 80.9 [40]
- 81.0 to 82.2 [52]
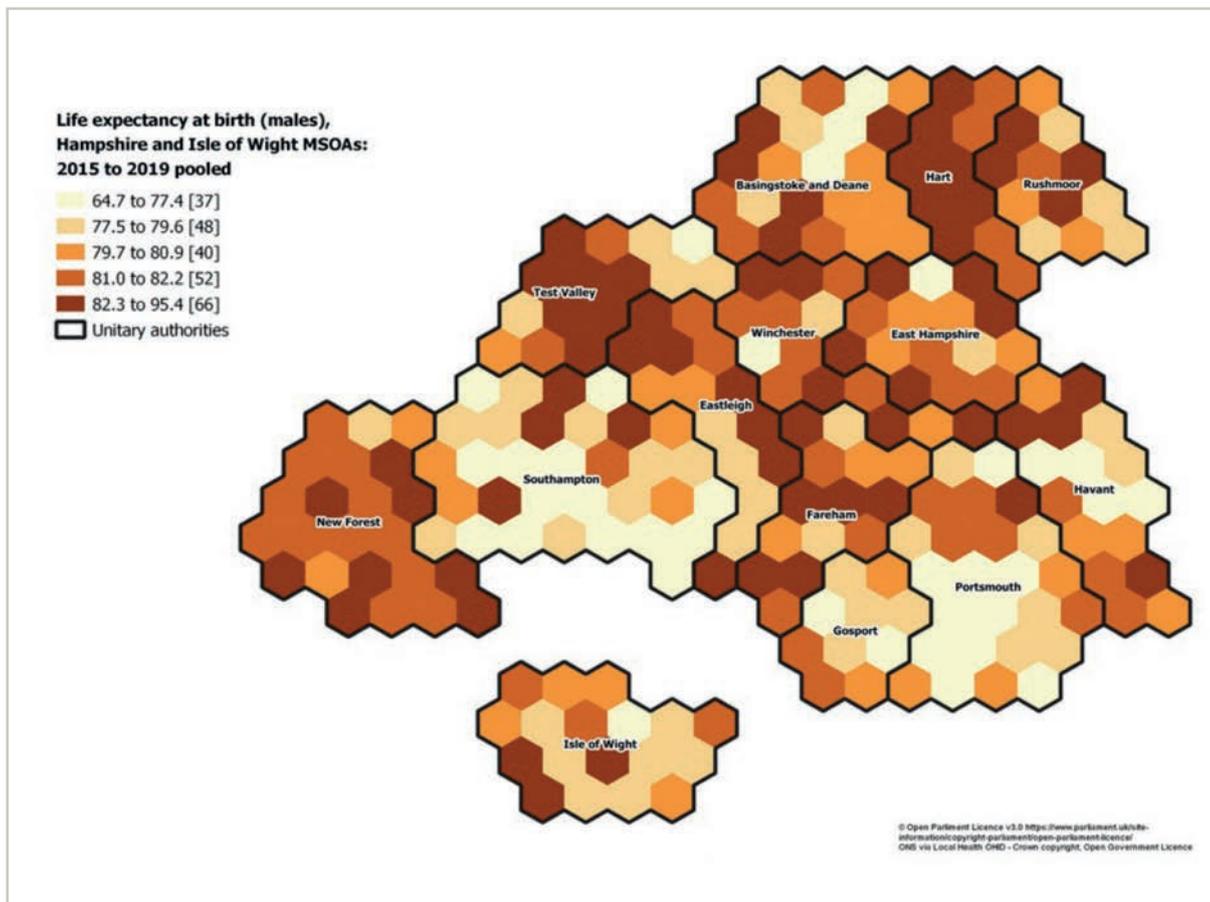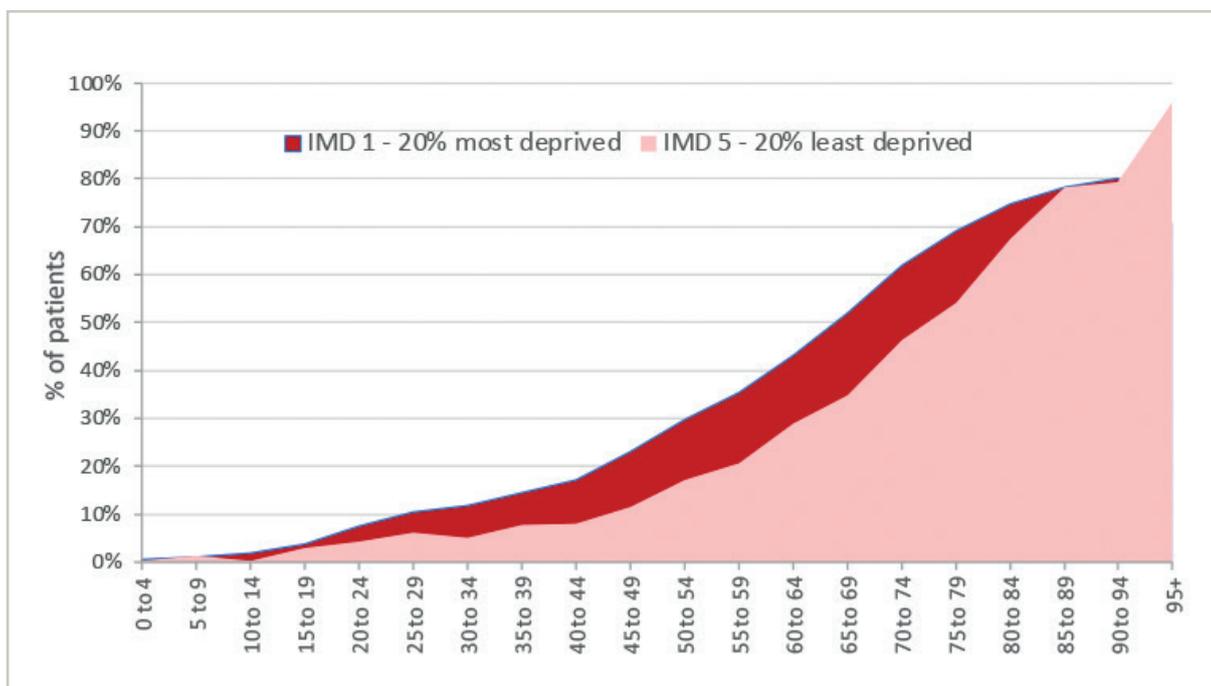- 82.3 to 95.4 [66]
- Unitary authorities

Figure 3: HIOW life expectancy at birth (males)

When we consider people with three or more long term conditions, differences in health begin to appear as early as 20 years of age (Figure 5). The inequality peaks for those in their 30s and 40s (when the rate of long-term conditions is more than double in the most deprived areas compared to the least) and gradually narrows as the population ages and those living in deprived areas die at a younger age.

Figure 4: Proportion of patients with 3 or more chronic conditions by age group and IMD (2019). National quintile: Southampton February 2021

Not only more do people living in the most deprived parts of our city die earlier than those in the most affluent, but they also experience long-term conditions earlier and have worse average outcomes throughout the life course. For Southampton to be a place of health equity, further work is required to provide fair opportunities and the building blocks for good health throughout our lives.

5.2 Drivers of health outcomes

We know that our health is affected by a wide range of factors, including genetic/physiological make-up, but the wider determinants of health, including our housing, jobs, education and other social circumstances significantly impact. The context in which we live, our communities, commercial influences, social connections and our ability to influence affect our lives and local places and communities have a wealth of assets that can help improve health (Figure 5 below).

What are community health assets?

All communities have health assets that can contribute to positive health and wellbeing

The skills, knowledge and commitment of individual community members

The resources and facilities within the public, private and third sector

Assets include:

Friendships, good neighbours, local groups and community and voluntary associations

Physical, environmental and economic resources that enhance wellbeing

Figure 5: Communities and their assets are a determinant of health[5]

We can think of all these factors as society's building blocks for long and healthy lives. If some of the blocks are missing or incomplete, our health and wellbeing can be significantly impacted. When we talk about health and wellbeing, we are not just talking about being physically and mentally fit. We are also talking about being socially well – having security, and the tools to reach our potential in life and be able to contribute positively to society.

Some authors have tried to estimate the relative contribution of different drivers of our health and wellbeing (Figure 6). As we see in Mia's story throughout this report, a person's health is affected by the conditions in which we each are born, grow, live and work – conditions that local authorities, local organisations and our communities can influence.

Mc Giniss et al (2002)

Social circumstances and environmental exposure (45%)

Health behaviour patterns (40%)

Health care (up to 15%)

Canadian Institute of Advanced Research (2012)

Socio-economic (50%)

Health care (up to 25%)

Genetics (15%)

Environmental (10%)

Bunker et al (1995)

Other factors (57%)
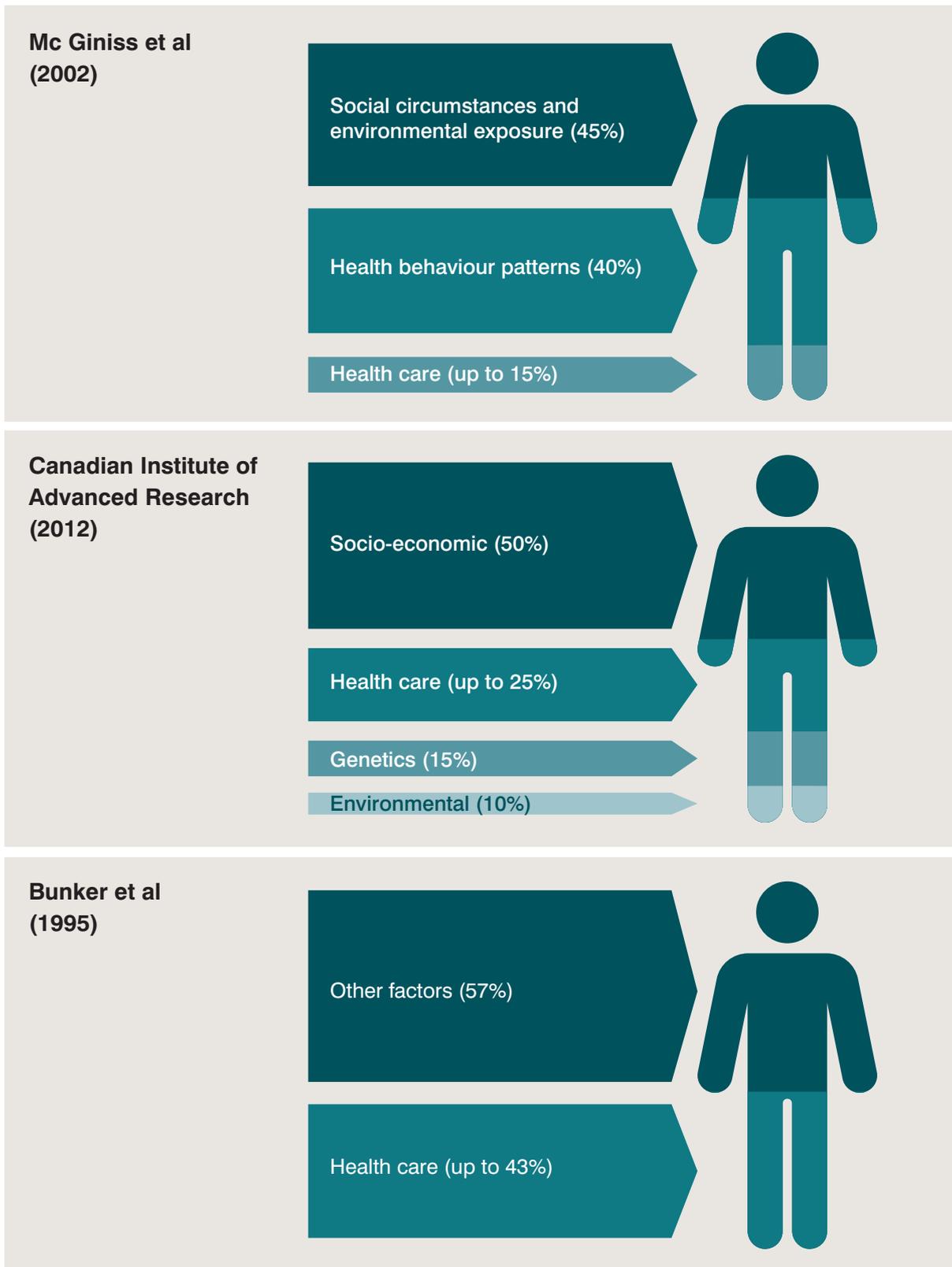
Health care (up to 43%)

Figure 6: Estimates of different contributions to health[6 7 8 9]
From Social determinants of health and the role of local government

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[6]Kings Fund. Broader determinants of health: future trends. https://www.kingsfund.org.uk/projectstime-think-differently trends-broader-determinants-health (accessed 14th October 2022).

[7] McGinnis, J.M., Williams-Russo, P. and Knickman, J.R. The case for more active policy attention to health promotion. Health Affairs 21, 2. (2002): 78-93

[8] Canadian Institute of Advanced Research, Health Canada, Population and Public Health Branch. AB/NWT 2002, quoted in Kuznetsova, D. *Healthy places: Councils leading on public health.* (London: New Local Government Network, 2012)

[9] Bunker, J.P., Frazier, H.S. and Mosteller, F. The role of medical care in determining health: Creating an inventory of benefits. In, *Society and Health* ed Amick III et al. (New York: Oxford University Press, 1995) 305-341.

The Index of Multiple Deprivation is combined from a range of measures relating to income, employment, education, health, crime, barriers to housing and other services, and the indoor and outdoor environment. All these factors are known to influence health and wellbeing. High levels of deprivation provide a large part of the explanation of why Southampton experiences worse health than many other parts of the region, and why more deprived areas in the city have lower life expectancy. Discrimination can amplify this inequity further for many groups. The concentrated deprivation in Southampton, and variation within the city, can be seen in the Figure 7 below, where blue units represent the least deprived areas and red units the most deprived.[10]
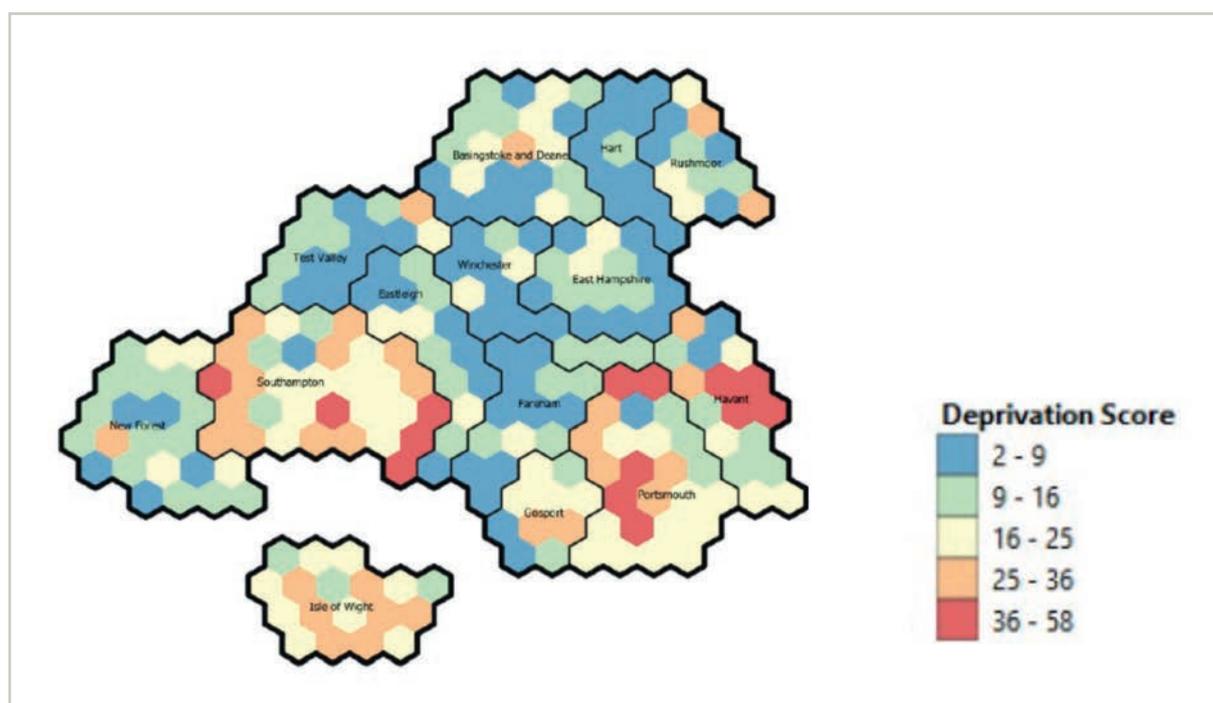

Figure 7: Hampshire, the Isle of Wight, Southampton and Portsmouth index of multiple deprivation

The persisting and widening health inequalities that result from different life experiences across our city require us to upscale our action to address these wider determinants and ensure all the necessary building blocks for a healthy life are in place at all stages of life. We can build the change that is necessary across the key stages of life and have a cumulative effect on health and prosperity (the life course approach, Figure 8), with the conditions in which people live often amplifying the effects of pre-existing needs, racism or discrimination.

[10] Southampton City Council, *Deprivation and Poverty (2022), Southampton Data Observatory* <Deprivation and poverty (southampton.gov.uk)> (accessed 14th October 2022).
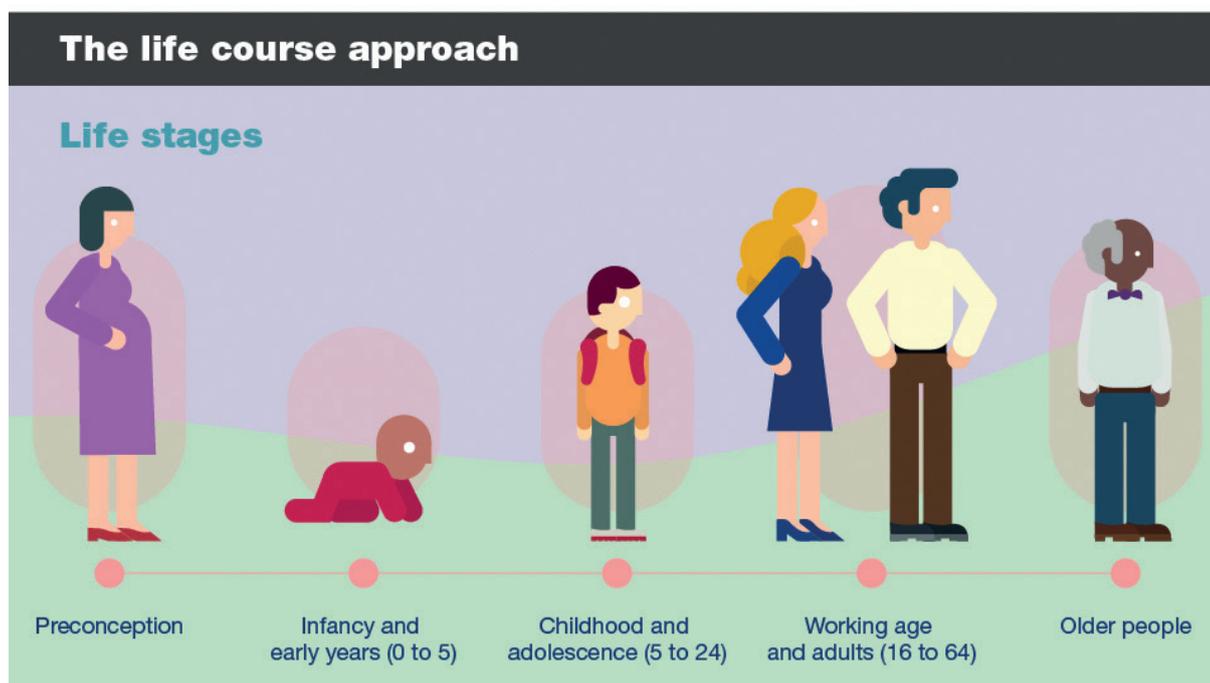
The life course approach

Life stages

Preconception | Infancy and early years (0 to 5) | Childhood and adolescence (5 to 24) | Working age and adults (16 to 64) | Older people

Figure 8: The life course approach[11]

We also know that people do not live independently of one another. We live in families, households, groups and communities, and these have a major influence on our health not least by shaping our norms, values, culture and how we think about health and wellbeing.

We know the key areas for evidence-based action to improve health inequalities and that the challenge can often lie in the 'how' as much as the 'what'. Working with and alongside our residents to improve trust, relationships and power relations[12] is key to delivering sustainable change and achieving health equity. Recognising and working with our communities as the building blocks for health can help us to overcome the remaining challenges including:

- Increasing the scale and impact of our efforts to improve health equity

- Sustaining long-term focus through changing economic, political and infectious disease landscapes

- Realising the full benefit of joint work with organisations and communities in and wider than Southampton

- Continuing to focus on evidence informed approaches so that we put our efforts into change that can make a significant difference to the places where people are born, grow, live and work

- Measuring and assuring the impact of our work in a transparent and effective way

Section six considers examples or achievements to inspire us, opportunities and assets in our communities and place and priorities if we are to make a lasting impact on health equity.

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[11]Public Health England. *Health Matters: Prevention – a lifecourse approach.* 23 May 2019. https://www.gov.uk/government/publications/health-matters-life-course-approach-to-prevention/health-matters-prevention-a-life-course-approach. (Accessed 14th October 2022

[12]Public Health England. *A guide to community-centred approaches for health and wellbeing.* 2015. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768979/A_guide_to_community-centred_approaches_for_health_and_wellbeing__full_report_.pdf (accessed 14th October 2022)

5.3 The framework for action

Work to date has given clear policy areas for action to reduce health inequalities, with action covering the life course and wider determinants of health.[13][14][15]

1. Give every child the best start in life

2. Enable all children, young people and adults to maximise their capabilities and have control over their lives

3. Create fair employment and good work for all

4. Ensure a healthy standard of living for all

5. Create and develop healthy and sustainable places and communities

6. Strengthen the role and impact of ill-health prevention

My Annual Public Health Report uses these priority areas for action to explore inequalities in health in Southampton, the work that is underway to promote health equity in the city and priority opportunities to scale impact in the future.

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[13]Marmot, M. *Fair society, healthy lives: the Marmot Review: strategic review of health inequalities in England post-2010.* 2010.

[14]Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J. *Health Equity in England: The Marmot Review 10 Years On.* The Health Foundation, 2020.

[15]Marmot M, Allen J, Goldblatt P, Herd E, Morrison J. *Build Back Fairer: The COVID-19 Marmot Review.* The Health Foundation. 2020.

6. Improving health and wellbeing: priorities for action

6.1 Give every child the best start in life

Mia's parallel stories: how opportunities can make an impact

Story 1	Story 2
Mia was born in one of the most deprived neighbourhoods in Southampton. Her parents were both in work, but their roles were low-paid and insecure which meant they worked long hours to make ends meet. They were always worried about money and paying bills, which meant the home could be a stressful environment with both parents often too tired or unwell to play with Mia, take her outside or to visit local places and there was little spare money go on trips or holidays. Mia's emotional health and cognitive development was affected, so she reached developmental milestones later than her peers.	*Through seeing an advert at the local Family Hub, and with encouragement via the Family Nurse Partnership, Mia's mother got a more secure job that provided affordable on-site high-quality childcare. Though still low, the family's income was more stable and the nursery meant that Mia had regular contact with other adults and children that was stimulating and educational. There was still worry about money in the home, but its impact was not as pronounced. Support from the Family Hub gave Mia's parents more confidence and resilience in their parenting. Mia's emotional and cognitive development started to catch up with her peers.*

Most people living in Southampton feel that our city is a good place to grow up.[16] We have a wealth of thriving community and voluntary sector assets that support children and young people and their families and many, but not all, have a good start in life. Even before birth building blocks are being laid for adult health, and early childhood has a profound impact on long-term health and wellbeing. Our city strategies acknowledge that acting to address inequalities at this stage will have bigger and longer lasting impacts than acting later.[17]

Progress and opportunity have been seized in a number of programmes of work. The Family Nurse Partnership has been running alongside wider child health services for 11 years, providing tailored intensive support for young first-time mothers and their families to support a healthy pregnancy, child health and development and the future aspirations of the parents. Support at the earliest stage is particularly key given the high levels of babies being born with low birth weight and continued inequalities in healthy gestation, breastfeeding, maternal smoking and child development outcomes for many of our children. More recently, a joint programme of work has started to support brighter futures for a number of women in our city and reduce the number of children going into care (Box 1).[18]

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[16]Data, Intelligence and Insight Team, *Southampton City Survey* 2020 (2021). *Southampton Data Observatory* <City Survey Final January 2021 (southampton.gov.uk)> (accessed 17 October 2022)

[17]Southampton City Council, *Southampton Children and Young People's Strategy 2022-2027.* (Southampton: Southampton City Council, 2022)

[18]*Pause* <Pause – Creating Space for Change | Preventing the damaging consequences of children being taken into care.> (accessed 17 October 2022).

Box 1: Southampton's Pause Practice

The Phoenix Team are Southampton's Pause Practice for women who have had children removed from their care and are at risk of this cycle repeating. Women are supported to take a 'pause in pregnancy' using long-acting reversible contraception. This gives them space, with the help of an intense programme of support, to create a brighter future. It is estimated that from the pilot phase with just 21 women there will be 9-10 fewer children going into care after 21 months and 12-13 per year after 5 years.

"Pause is a wonderful support for many many mums that are going through an horrendous time of losing/fighting for our children. They listen and support us so well I couldn't of asked for better support. They really care about the people they work with and you can feel that in all that Pause do"

Anonymous, Phoenix@Pause

In supporting a best start in life, many of our communities are already leading the way. Peers are supporting each other, as seen through the success of Re:Minds with parents of children with neurodiverse or mental health needs (box 2), and we have thriving sports clubs and networks (one element that can reduce the potential impact of adverse childhood experiences).[19, 20]

[19]*Re: Minds* <Re:Minds (reminds.org.uk)> (accessed 17 October 2022).

[20]Bangor University and Public Health Wales NHS Trust. *Sources of resilience and their moderating relationships with harms from adverse childhood experiences* (Public Health Wales NHS Trust, 2018)

Box 2: Re:Minds

Re:Minds is a Southampton based organisation supporting families whose children and young people have autism, ADHD or other neurodiverse needs and/or mental health needs. Founded in 2015 by a mother who struggled to find local support for parents, Re:Minds' purpose is to give these families a safe space to be seen, heard and supported. To do this they provide opportunities for parents whose children face similar issues to share knowledge, experiences and challenges and they reduce isolation and give support through their core offer of regular group sessions, advice clinics, 1:1 support and representing families.

Alongside this, they run a sensory and book library, represent families in pathway redesign and co-production, share information on a YouTube channel, provide training for families and give feedback to services. They deliver projects focused on specific issues including crisis care and suicide prevention, and autism in schools. Events, such as wellbeing days, offer parents and carers opportunities to focus on their own needs.

Re:Minds are flexible in responding to the needs of their community: from referrals to foodbanks for those struggling financially, to legal advice around SEND issues. Through developing trusting relationships with key services and organisations, such as Children and Adult Mental Health Services, Re:Minds have been able to work in partnership to address the varied needs of families who access their support.
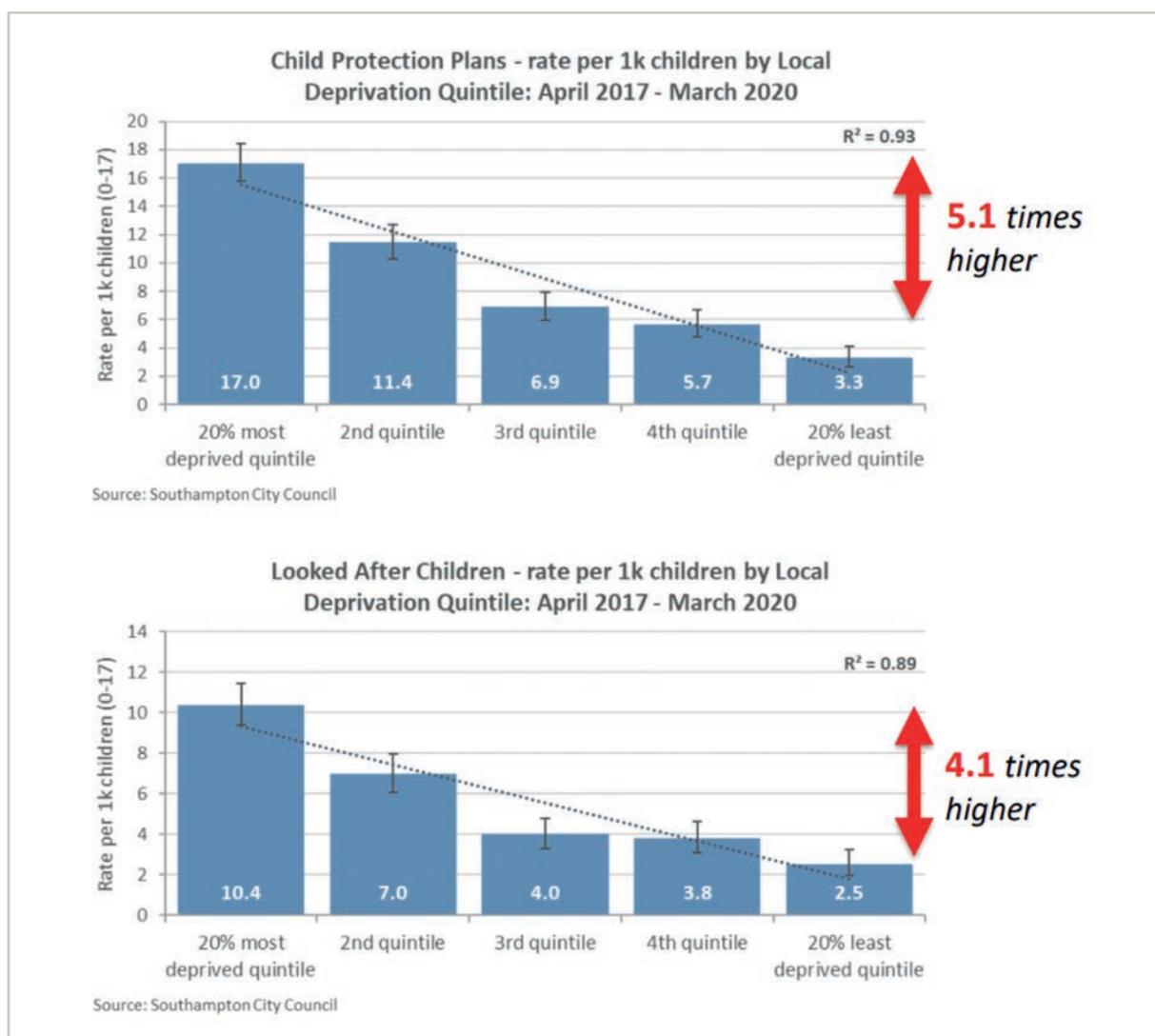
Starting from a first meeting with 12 attendees, Re:Minds now has over 2200 members and is staffed by a 7 members of staff and volunteers. For these members of staff, who all have children with additional needs, Re:Minds has provided a valuable opportunity to get back into flexible employment. In 2021/22, Re:Minds ran 6 groups a month, held events attended by over 220 people, supported 54 families experiencing crisis during weekends and evenings and had over 1000 visits, 98 attendees at 11 courses and an average of 330 people attending advice clinics. Re:Minds plan to continue to evolve and grow over the coming years to continue to meet the needs of their community of families, in particular with more work across the county and to support families through the transition to adult services.

In parts of Southampton, as many as half of children live in poverty and may not have enough food or a warm and stable home.[21] Reducing child poverty is one of the cross cutting themes of the Southampton City Strategy, because of its huge importance to the future health of our city and relationship with the circumstances and pressures on our local families.[22] We know child poverty is associated with poorer outcomes for children that can have repercussions throughout life, therefore we must strive to use every opportunity to alleviate its effects on health and life chances.

[21]Data, Intelligence and Insight Team. *Neighbourhood Analysis of Need.* (Southampton: Southampton City Council, 2021).

[22]Southampton Connect. *Southampton City Strategy 2015-2025* (Southampton: Southampton City Council, 2015).

The rates of children in need and children who have a child protection plan are higher in Southampton than in the Southeast and England overall (figure 10).[23] This is higher in deprived areas of the city, with 5.1 times as many children on a child protection plans and 4.1 times as many looked after children in the 20% most deprived areas, compared to the least.[24] Young people in the city have themselves raised domestic violence as a significant concern for them.[25] Whilst these issues affect a minority of families, these are our most vulnerable children and, as well as the immediate effects on the child, we know that adverse childhood experiences have lifelong impacts on health and wellbeingx. From housing and healthcare to police and education, colleagues across the public sector and partners and communities across the city – we know this is everyone's business.

Figures 9a and b: Child protection plans and looked after children across deprivation quintiles in Southampton (rates per 1000 children, April 2017 to March 2020)

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[23]Department for Education. *Local authority interactive tool* (2022), Gov.uk <Local authority interactive tool (LAIT) - Data, Intelligence and Insight Team. Neighbourhood Analysis of Need (2021).GOV.UK (www.gov.uk)> (accessed 17 October 2022)

[24]Data, Intelligence and Insight Team. *Neighbourhood Analysis of Need* (2021).

[25]Southampton City Council, *Southampton Children and Young People's Strategy 2022-2027*.

Breastfeeding is 1.4 times lower in the 20% most deprived areas of the city compared to the least.[26] All women, whatever their background, should be equipped to make informed choices and have quick access to support when and where they need it. Smoking in pregnancy is one of the key risk factors for low birth weight and in Southampton the incidence low birth weight is significantly higher than in the southeast and England overall. 11% of mothers in Southampton are smokers at the time of delivery, but this is 8 times more likely in the most deprived areas than in the least deprived.[27,28] It's time for more innovative ways to support pregnant women to stop smoking.

High quality early years education and care has positive benefits on child cognitive and social development, and even more so for disadvantaged children.[29] Just under 2 in 3 children in Southampton received some early years education in 2021.[30] 71% of children in Southampton have a 'Good level of development' when assessed in the first year of school.[31] This is similar to the national average, but the figure is 1.2 times lower in the most deprived areas relative to the least deprived (figure 10) and there is a difference between boys and girls (63% vs. 80%).[32,33] The COVID-19 pandemic may well have impacted this further and we need to ensure no child is left behind.[34]
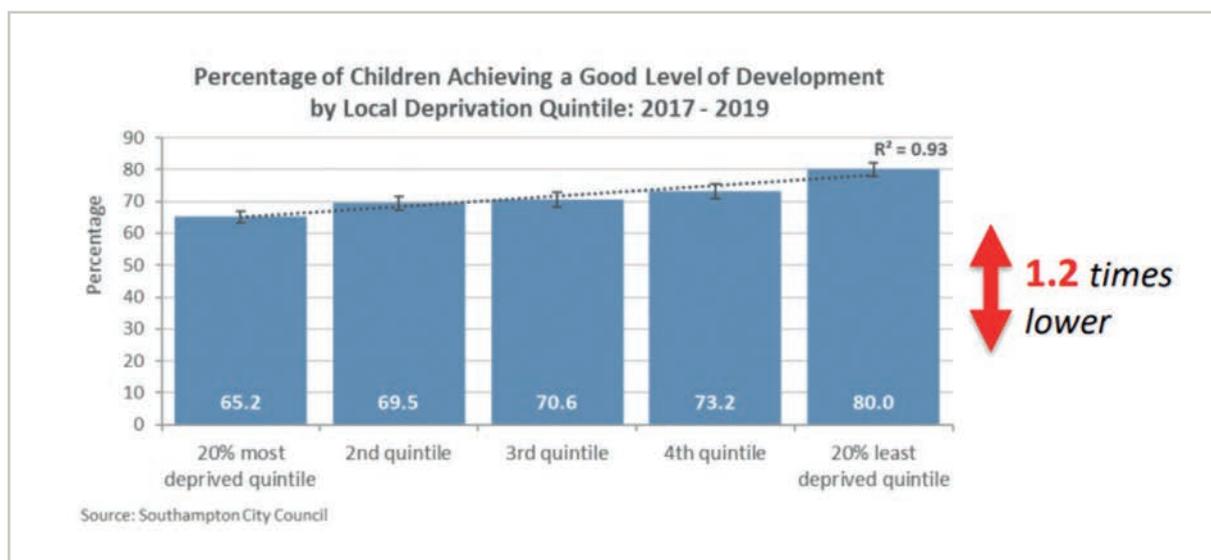

Figure 10: Percentage of children achieving a Good Level of Development (2017-2019) by Southampton deprivation quintile

[26]Data, Intelligence and Insight Team. *Neighbourhood Analysis of Need* (2021).

[27]Office for Health Improvement and Disparities, *Public health profiles* (2022) < Public health profiles - OHID (phe.org.uk)> (accessed 17 October 2022)

[28]Data, Intelligence and Insight Team, *Southampton Strategic Assessment Smoking* (Southampton: Southampton City Council, 2021).

[29]Marmot, M. *Fair society, healthy lives.*

[30]Department for Education. *Local authority interactive tool.*

[31]Department for Education. *Early years foundation stage profile results: 2018-2019* (2020) < Early years foundation stage profile results: 2018 to 2019 - GOV.UK (www.gov.uk)> (accessed 17 October 2022).

[32]Department for Education. *Early years foundation stage profile results: 2018-2019*

[33]Data, Intelligence and Insight Team. *Neighbourhood Analysis of Need.*

[34]Fox, L and others. *Mitigating Impacts of COVID-19 in the Early Years – Rapid Evidence Review* (University of York and National Institute of Economic and Social Research, [n.d]).

> **Box 3: Family Hubs**
>
> **Start for life** is a commitment to delivering support to families from conception to the age of two to ensure that all children have the best start to life possible. Focus on support with breastfeeding, perinatal mental health and parent-infant relationships are essential elements to a sound start for life offer. **Family Hubs** are a way of joining up locally in the planning and delivery of support to families. Family hubs offer support to families of children with all ages, 0-19 or up to 25 for families with children with special educational needs and disabilities. Family hubs incorporate the start for life offer.
>
> Our Family Hubs will be:
>
> - more accessible – through a universal single point of access and a clear local offer (including hub buildings, virtual offers and outreach) that can easily be understood by families.
>
> - better connected – family hubs will create networks by joining up professionals, public sector, private, voluntary and community services and providers.
>
> - Holistic with wraparound services support families with a wide range of needs, identify need early and consider the whole family. They will join up 0-5 services and those for families with older children and young people.
>
> - more relationship-centred, focusing on building trusting and supportive relationships and continuity of care. They will build on families' strengths, drawing on and improving relationships, including building networks with peers to address underlying issues.

In Southampton, there is further development of Family Hubs, including support for improving parental and infant mental health and breastfeeding (box 3). The focus will be on areas of the city with the highest levels of deprivation and disproportionately poor health and educational outcomes. Embedded in communities, the Family Hubs are ideally placed to develop community centred approaches to bring together and build on the existing people, networks, and assets, improving access and impact for those with the greatest need. Our communities have already shown that they have the knowledge and skills to make a difference and we can work with them to give voice, space, and opportunity to make a long-term difference for our children.

Additional actions for Southampton:

Not every child gets the best start in life and that impact can be felt throughout the life course. We have opportunities to make a huge impact by working with children and their families and we know we must focus on prevention and early action and on those with the highest levels of deprivation. The healthy child programme remains the foundation of this work and it is essential that we build the effective proportionate support and family hubs around this universal pathway as the underpinning for good health and wellbeing for all.

We can act before birth and in the first months of life by providing families with tailored support and evidence based approaches to decrease smoking during pregnancy and increase breastfeeding rates, particularly in deprived communities.

By working with our communities and partners across the city, we can build on and grow the networks and assets that prevent children from becoming vulnerable. Where children are already vulnerable, we know many of these community assets and networks can mitigate the impacts of adverse childhood experiences. Working with our communities to improve the circumstances and conditions in which our children live needs us to take explicit and concerted action to address and mitigate against the harms of child poverty.

We can also continue to focus on making sure children are not already being left behind by the time they enter school. Access to high quality early years education and care remains a key element, along with equipping families with the knowledge and skills to support development in the home.

6.2 Enable all children, young people and adults to maximise their capabilities and have control over their lives

Mia's parallel stories: how opportunities can have an impact

Story 1	Story 2
When she started primary school, Mia often missed days due to asthma and chest infections, and her learning fell behind her classmates which affected her confidence. Due to the high cost of food and her parents' lack of time to prepare healthy meals, she had not been exposed to a wide range of foods and was only comfortable with food she was familiar with, which was not always very healthy. By the time she was in Yr 6, Mia was overweight. In secondary school, Mia's confidence did not improve and she often missed school due to anxiety about her progress in school and her appearance. Her parents were still working long hours and were not always around at home to encourage her or help with her school work. She fell further behind and her exam results were below average. Mia's parents smoked, and she started smoking aged 15. On her walk home from school she passed five fast-food outlets serving inexpensive high calorie meals, and she often popped in for a snack. Her diet did not improve and she became more overweight.	*The family's nearest park received significant investment. It had become rundown and felt unsafe. The overhauled space felt more family-friendly and safer, so they visited more frequently. A new weekly fruit and vegetable market opened up nearby where healthy food was more affordable. Mia's school introduced a healthy diet initiative and in the school holidays she went to an activity club, both of which encouraged her to try different foods. This engaged her parents too. Mia's parents felt they had more energy and the family's diet gradually became healthier. Mia remained a healthy weight. Her asthma stabilised and her school attendance was in line with the national average.* *Mia was happy and made progress at secondary school and achieved exam results in line with the national average. Her school adopted a whole-school approach to good mental health which engendered respect and emotional resilience. The family's more active and healthier lifestyle gave her parents the idea and the confidence to successfully quit smoking, with support from the local smoking cessation service. Seeing her parents' commitment to quit meant that Mia was not tempted to try smoking herself.* *The family now preferred to take routes through the new parkland whenever they walked anywhere, so they passed fewer fast-food outlets. The impact of advertising and convenience was reduced and the family bought less fast-food.*

We know that by age 30, young people with the highest levels of education are likely to live 4 years longer than those with the lowest.[35] Collective strategies and efforts within the city recognise education as priority because, as well as giving young people skills and qualifications that allow them to have choices and more opportunities for well-paid and good jobs, a good quality education provides the building blocks for positive social connections, problem solving and empowerment.[36] By building on these, people can have safe and healthy places to live and work, protect themselves from many of life's challenges and develop healthy habits.

The COVID-19 pandemic severely disrupted education for all children and young people in Southampton, but our most disadvantaged young people were less likely to own their own laptop, have reliable internet access, or a quiet space to study, thereby widening the gap in progress and attainment between the most and least deprived. COVID-19 also had a disproportionate impact on children and young people with special educational needs and disability (SEND) due to higher levels of support and specialist input that were required and not always available during school closures.

We have considerable work and examples to build on to address this gap. The Holiday Activity and Food programme (HAF) works with a wide range of community-based organisations to provide 3000 children who are eligible for free school meals with daily nutritious food and free activities throughout school holidays to support physical and mental wellbeing and learning.[37] The HAF works with young ambassadors from a range of diverse communities who are the voice of children for the programme. In the community, Saints Works uses football to boost confidence and teamwork while working with local businesses and workshops to inspire and guide young people into education, training or employment.[38]

Box 4: Health promotion in schools

The Healthy Early Years awards (HEYA) and Healthy High Five support physical and mental wellbeing for children and young people. HEYA is programme for early years providers to support them to create healthier settings for children in their care, as well as provide information and advice to parents, with strands focusing on healthy eating, physical wellbeing, emotional health and wellbeing and dental health. Engagement with the award continues to grow and a celebration event held in May 2022 for the 66 settings currently involved.

Healthy High-5 is a programme for schools to create healthier environments for children, focussing on nutrition, hydration, physical activity, mindfulness and nature. Through promotion by Public Health school nurses, 24 schools have engaged with the programme and there are plans to bring all school-based programmes under one umbrella to make it easier for schools access the support they need.

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[35]Bibby, Jo, *How do our education and skills influence our health?* (2017), The Health Foundation < How do our education and skills influence our health?> (accessed 17 October 2022).

[36]Southampton City Council, Southampton Children and Young People's Strategy 2022-2027.

[37]Southampton City Council, *What is HAF?* ([n.d.]), Southampton City Council < What is HAF? (southampton.gov.uk)> (accessed 17 October 2022).

[38]Saints Foundation, *Saints Works* ([n.d.]), Southampton Football Club < Saints Works - Breaking down the barriers to employment - Saints Foundation | Southampton FC> (accessed 17 October 2022).

Early years and school settings are important health promotion settings to reach children and their wider families, particularly those experiencing health inequalities. By collaborating with education settings, we can have positive impacts on health and wellbeing that will increase attainment as well as improve longer term health (box 4).

Southampton has recognised that action within schools and colleges is not enough alone to close the attainment gap. Southampton's Strategic Plan for education highlights building and sustaining relationships between all those who have influence on outcomes for children and young people: families, carers, schools and colleges, partners in health, police, voluntary and cultural sectors and local communities.[39] Reducing educational disparities requires collaboration consistently and over the long-term to make changes for future generations.

Giving people control over their lives means involving them in the big decisions. With the ambition of becoming a UNICEF-UK child-friendly city, children's rights and the voices of children and young people can be shaping everything we do. This year, the city welcomed Southampton's first Children's Mayor, Amaanah Hayat, a role that together with the Youth Forum will help children and young people inform us all of the things that matter to them.[40] Southampton Voices Unite, the children in care council, is already making sure its voice is heard by Southampton's children's services.[41] By developing this approach more widely, we could better understand the lives and needs of those young people experiencing the worst health inequalities, share decision making with those affected and involve them in making meaningful changes to everything from transport to education to reduce these disparities.

Southampton Children's Mayor, Amaanah Hayat

[39]Southampton City Council, *Southampton's Children and Young People's Strategic Plan for Education 2022/27* (Southampton: Southampton City Council, 2021).

[40]Southampton City Council, *Southampton Youth Forum* ([n.d.]), Southampton City Council < Southampton Youth Forum > (accessed 17 October 2022).

[41]Southampton City Council, *Southampton Children in Care Council* ([n.d.]), Southampton City Council < Southampton Children in Care Council > (accessed 17 October 2022).

Young people may not need to look far for opportunity and aspiration. Southampton has such rich resources with two universities and three NHS trusts as major employers in the city, perfectly placed to be natural leaders in raising aspirations, helping people access higher education and training and providing good work opportunities and apprenticeships. Between them these anchor institutions (box 5[42,43,44]) already run extensive outreach programmes that particularly target students from disadvantaged backgrounds and provide a range of apprenticeship programmes. By working in partnership with these anchor institutions we can use evidence and our relationships within the council and wider city to ensure that we are maximising impact for local young people by making the opportunities visible, accessible, and designed in a way to deliver the most benefit to those who might otherwise end up not in education, employment or training (NEET).

Box 5: What is an anchor institution?

Anchor institutions are large organisations that are unlikely to relocate and have a significant stake in their local area.

Anchor institutions can influence the health of a population and reduce health inequalities:

- As an employer, widening access to quality work and raising aspirations through work experience, apprenticeships and training and offering fair wages, good employment practices and professional development.
- Through procurement of goods and services, purchasing locally and for social benefit, supporting local businesses through their supply chain thereby helping both the local economy and improving sustainability.
- Through their buildings and spaces, e.g. to support communities, providing an environment and facilities on their land that support mental and physical health. This could include open space, bike storage, providing meeting spaces for local community organisations and reducing the organisation's environmental impact.
- Through their corporate and civic behaviours, working closely with local partners and communities, learning from and spreading good ideas and civic responsibility.

Adult Learning services in the city also continue to impact meaningfully on people's health and wellbeing. Courses offered are available for all age groups, often with childcare onsite, and in 2020-21 learners reported that learning activities had impacted positively on their confidence, attitude and motivation, physical and mental health, isolation, inclusion and engagement with their communities, relationships with friends and family and plans for further community action and support.

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[42]Maguire, D. *Anchor Institutions and how they can affect people's health* (2021), The King's Fund < Anchor institutions and how they can affect people's health | The King's Fund (kingsfund.org.uk)> (accessed 17 October 2022)

[43]Joseph Rowntree Foundation, *Harnessing the power of anchor institutions – a Progressive Framework* (York: Joseph Rowntree Foundation, [n.d.])

[44]Health Anchors Learning Network, *What is an anchor?* ([n.d.]), Health Anchors Learning Network < What is an anchor? — Health Anchors Learning Network (haln.org.uk)> (accessed 17 October 2022)

Box 6: The impact of adult and community learning on physical and mental health

A range of courses run that aim to support physical and mental wellbeing for example Dementia Art Sessions, Social Singing for mental health, Mayflower Movers! Dance for Health, Sexual Health, Healthy Living & Wellbeing - Get Outside and Cook and Eat, Arts and Heritage Social Engagement and Reminiscence Sessions with Community Isolation and Dementia Support Group and First Aid for Adults.

In the 2020-21 academic year

- 84% of learners reported that the learning activity had improved their physical and/or mental health
- 97% said they had increased confidence / self assurance
- 87% said the learning had led to positive changes in attitude
- 74% said that after their learning activity, they felt more engaged with their community
- 87% felt more included
- 54% felt the learning had helped them to have better relationships with friends and family
- 81% felt they were better at motivating self and others

Crops in Pots

This project aimed to encourage learners to engage in practical horticultural skills on their doorstep, learning both what plants to grow and how they contribute to the wider environment. Three weekly 'Crops in Pots' sessions were held at Moorlands Community Centre in March 2022, with the aim of teaching learners how to grow veg, herbs and both companion plants and plants for pollinators -in small spaces, pots, balconies and windowsills, using recycled milk bottles and cartons, giant panettone tins etc. The sessions sparked many interesting conversations on various themes from litter to health and wellbeing, utility costs and local food to visiting local and national gardens.

One participant flagged up a neglected space, and this led to planning and obtaining consent for a growing area to improve her (and other neighbours') local patch. Another participant said the sessions had helped combat social isolation after a bereavement.

At the final session, the learners all wanted to continue sowing and growing. This has led to a plan to run monthly "Grow and Chat" sessions at Moorlands Community Centre. By being a more regular monthly session, the hope is that there will be more opportunity to engage the local Roundhill Estate residents. More estate regeneration will occur directly opposite the community centre, so there is potential for a great "Garden Hub" site.

Unfortunately, not everyone in Southampton achieves good qualifications or continues in education or training post-16. Attainment and progress in Southampton's schools are below the national average. The average attainment-8 score in Southampton is 1.3 times lower in the most deprived areas compared to the least deprived (figure 11).[45] In addition, 11% of 16- and 17-year-olds are not in any education or training; this is higher than the national and southeast figures.[46]

[45]Data, Intelligence and Insight Team. *Neighbourhood Analysis of Need.*

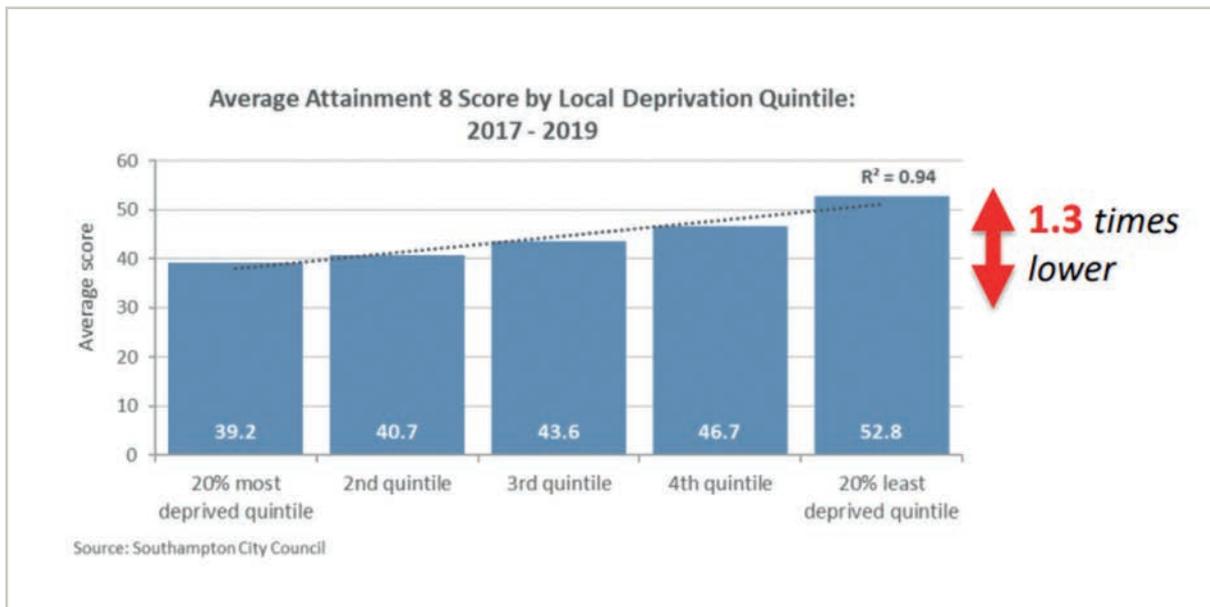[46]Department for Education. *Local authority interactive tool.*

Figure 11: Average Attainment 8 score by Southampton local deprivation quintile (2017-2019)

Children and young people's mental health and wellbeing has been affected by COVID-19, with some groups including LGBTQ+ often being particularly impacted. One of the core functions of the Mental Health Support Teams (MHSTs) rolling out across the city's schools is to help keep students in school; this is particularly important as Southampton has high rates of absences across primary and secondary schools (box 7). Southampton's Primary, Secondary and Special School Persistent Absence is 15.2%, achieving a rank position of 128 out of 151, with a gap to national figures of 2.2%.[47] Southampton's Children and Young People's Strategic Plan for Education, and the partnership work already underway, will help support young people to maximise their capabilities as they move towards further education or employment.[48]

[47]Southampton City Council, *Southampton Children and Young People's Strategy 2022-2027.*

[48]Southampton City Council, *Southampton's Children and Young People's Strategic Plan for Education 2022/27* (2021).

Box 7: Mental Health Teams in Schools (MHTS)

The MHSTs are now available to approximately 90% of school and college pupils in the city.

The education setting's mental health lead and the MHST work together to evaluate and co-design the support offer required for each school or college.

MHSTs work in three ways with schools:

1. Targeted support: working individually with young people, using evidence-based interventions to help young people to achieve their goals and improve their wellbeing.

2. Consultation: giving timely advice to education setting staff, and liaising with external specialist services, to help young people to get the right support and stay in education.

3. Whole-school approach: working alongside school and college mental health leads to support them to develop a whole school approach to mental health and wellbeing, with a focus on creating an ethos which promotes respect and values diversity. Recent examples include developing workshops for staff (with topics such as "Managing strong emotions in the classroom" and "supporting young people that experience anxiety"), a "managing worry" workshop for junior school children and young person newsletters.

There is a Special Educational Needs and Disability (SEND) lead for the programme, who is currently working alongside special schools to develop the core offer, as existing targeted support interventions are less likely to meet the needs of children with SEND. Youth Champions have also been appointed and trained to work with the MHSTs to provide peer support.

Additional actions for Southampton

The remaining priorities are clear for Southampton. We are not yet a city where all have the choice, opportunity, and support to achieve what they could in life.

Partnership working with schools, families, communities, and the wider public and community sector can improve progress and attainment for children in Southampton and reduce inequalities, particularly related to tackling and mitigating the impact of the high rates of child poverty already seen in many parts of our city.

We can raise aspirations for people in the city and help people in Southampton realise their goals with opportunities and support. Our anchor institutions can play a vital role in this through accessible and appealing opportunities for apprenticeships, employment and further training, therefore reducing the proportion of young people NEET.

Particularly important is the voice of children and young people in the city, especially those at risk of inequalities. We can learn from our young people what they need and how we can achieve it. By doing this, they can take control of how the city shapes their lives linked to the UNICEF child friendly programme.

6.3 Create fair employment and good work for all

Mia's parallel stories: how opportunities can make an impact

Story 1	Story 2
When she left school, Mia found low-skilled work in insecure and zero-hours contracts. She was often unemployed, but one day applied for a job as a catering assistant. This was low-paid work and stressful, but she really enjoyed it and was good at it. Smoking helped her deal with the stress.	*Mia's exam results were enough to secure an apprenticeship with a local employer. She remained living at home with her family. Living at home and the apprenticeship scheme meant she had extra support so she could work towards additional qualifications and could save a small amount of her wages towards her future. She enjoyed her apprenticeship and felt valued as a member of staff.*

Coming out of the pandemic our city is aiming high, setting its sights through the Economic & Green Growth Strategy 2020 – 2030 on restoring and renewing our economy as a greener, fairer and healthier city.[49] Our current economic position, relative to other similar cities, is good with PwC ranking Southampton as the third highest city for good growth and noting that sectoral mix and broad economic and social indicators have provided some resilience and allowed the city to be less economically impacted by the pandemic.[50] The city's vision is to support local people to develop the skills, aspiration and opportunities for good employment, and as we saw in 6.2, it is particularly important that young people are at the heart of that vision.[51]

But the pandemic has shown clearly that health equals wealth: a population that is unwell cannot sustain a prosperous economy. We also saw that the type of work people did during the pandemic affected their risk of ill-health, and that people who were in good quality and secure employment were protected to some degree from the worst effects.

We also know that being employed in good work is beneficial for health. Stable jobs with fair pay and fair hours mean that people are more able to eat healthily, live in warm and comfortable houses and have more time and money to take exercise and socialise. They are less likely to have chronic stress from worrying about how to make ends meet or what the future holds, and this is all the more important given the sharp rise in the cost of living. With fair employment, people can plan for the future and have savings for when the unexpected happens. On top of income, good work provides social interaction, identity and purpose: all vital for wellbeing.[52]

Unemployment is bad for health. For many people it means income insecurity and/or low income from state benefits, and stress. It is associated with long-term illness, cardiovascular disease, poor mental health, including suicide risk, and unhealthy behaviours.[53] But poor work is bad for health too, and for employers it rarely makes good business sense to have a workforce that is made unwell by their working conditions. A healthy workforce employed in good work enables business growth, which in turn leads to a stronger local economy and a healthier community.

[49]Southampton City Council, *Southampton Economic and Green Growth Strategy 2020-2030* (Southampton: Southampton City Council, 2020).

[50]PricewaterhouseCoopers, *Good Growth for Cities* (PricewaterhouseCoopers LLP, 2021). Note this report refers to the Southampton Travel to Work Area, rather than just the city.

[51]Southampton City Council, *Southampton Economic and Green Growth Strategy 2020-2030* (2020).

[52]Public Health England, *Health matters: health and work* (2019), GOV.UK < Health matters: health and work - GOV.UK (www.gov.uk)> (accessed 17 October 2022)

[53]Public Health England, *Health matters: health and work.*

In Southampton, there is commitment to supporting people into work, increasing skills in the city and expanding employment opportunities for our residents. For example, work is ongoing to encourage more recruitment into apprenticeships. Through 'Transfer to Transform' Southampton is working with partners across the region to help large businesses transfer their unspent levy funds to small and medium sized employers (SME) for apprenticeships.[54] For these SME, apprenticeships may not be affordable and through this scheme they benefit from the funding, but also from support and advice from the Solent Apprenticeship Hub. In turn, local people benefit from a wide range of opportunities to develop skills and find pathways into employment. To date £3 million in unspent levy funds has been pledged and two thirds of this transferred to SME. Over 200 people have directly benefited, in addition to the positive impact on businesses and the communities that depend on them.

Local partnerships have also had some great success stories of working with employers to support people to stay or move into work. This has included Individual Placement Support (box 8), employment events delivered by SCC teams that include a focus on health and wellbeing (including COVID-19 vaccination), and local services offering refugee communities language and digital skills development to help support them into employment.

Box 8: Employment support

Southampton's Individual Placement and Support (IPS) team is the first in the country to be awarded the IPS quality mark as an exemplary service. The team supports people referred from community mental health teams who would like to find employment and was part of just under 90 job starts a year.

In 2021 SCC's Employment Support Team was awarded 'Team of the Year' by the British Association for Supported Employment (BASE) for its work to support people with disabilities or other needs into work. The team has a zero-exclusion policy and uses a co-production approach to ensure everyone gets the opportunities and support they need.

No Limits, a local youth voluntary community sector (VCS) organisation is working in partnership with Southampton City Council and the Department for Work and Pensions (DWP) to support the city's young people into training, apprenticeships and employment through the online and in person Young Adults Employment Hub.[55] The Hub uses 1:1 support from dedicated advisers and youth workers and works in collaboration with other partners and providers across the city to offer holistic, personalised support for young people. The COVID-19 pandemic meant employment support branched into using more online ways to engage including virtual support and social media, this has been transformational in terms of engagement with young people in particular. The service model has been nationally recognised as best practice for the partnership approach with VCS, being open access and co-location of an integrated team.

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[54]The Apprentice and Skills Partnership, *Transfer to Transform* ([n.d.]), The apprenticeship hub < Homepage - The Apprenticeship & Skills Partnership (theapprenticeshiphub.com)> (accessed 17 October 2022).

[55]Access Southampton, *Welcome to the Southampton Young Adults Employment Hub* ([n.d.]) < Young Adults Employment Hub - Access Southampton (access-southampton.co.uk)> (accessed 17 October 2022).

The commitment and shared work in train within our city gives us a strong foundation to address the remaining challenges:

- We have higher unemployment compared to England, and the rate is increasing. It is higher in areas in the city with more deprivation.

- Between February 2020 and February 2022, the gap between the proportion of adults claiming out of work benefits in the most and least deprived neighbourhoods in the city increased (see figure 12) and has not fallen back to pre-pandemic levels.

- 5% of our resident workforce have no formal qualifications, limiting access to higher paid jobs.

- A lot of the wealth created in the city does not stay here. People who commute into the city earn on average 7.3% more than Southampton residents, £43.70 per week. Whilst other cities in the UK experience similar patterns, Southampton has the highest difference among its comparators and local neighbours.
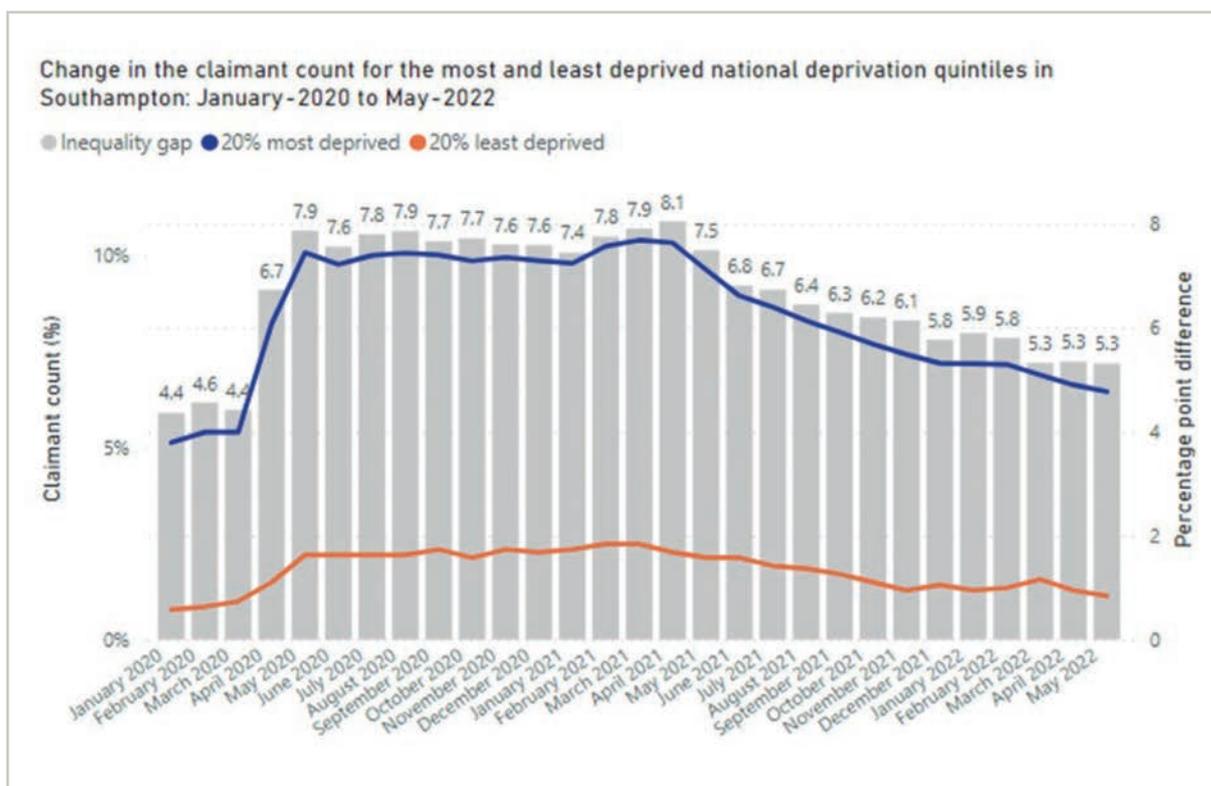

Figure 12: Change in claimant count for the most and least deprived areas of Southampton

[56]Southampton City Council, *Economy resources* (2022), Southampton Data Observatory < Economy resources (southampton.gov.uk)> (accessed 17 October 2022).

To gain improvements in health and sustainably reduce persistent health inequalities, our city needs:

- To build on its economic successes and develop inclusive growth strategies and investments that will accelerate recovery and create jobs and benefits across the social gradient.

- Continued explicit focus on the economic opportunities and levers that enable Southampton's growth and wealth to remain in the city and benefit our residents.

- Good quality jobs that offer:

  o Fair pay and working hours, and secure contracts

  o Opportunities for development and advancement

  o Inclusive recruitment and flexible policies to enable more previously excluded groups to contribute through employment e.g. carers, people with mental or physical health difficulties. This includes easing the transition into work for those previously unemployed and consideration of affordable childcare

  o Working environments that prioritise and support the health and wellbeing of staff

Additional actions for Southampton

Of all of the wider determinants of health, action on jobs and employment can bring about some of the quickest impacts on health for people in Southampton.[57]

To achieve the long-term change required to enable everyone in our city to access and benefit from fair employment and good work, our local system could now focus on:

- Building on the existing understanding about the commercial determinants of health and how employers can have a hugely positive effect on the health and wellbeing of city residents, adopting a Health in All Policies approach.

- Adopting more community-based approaches to establish the business and employment support that our communities need.

- Continuing to promote good work with local employers and underline the importance of health and wellbeing in the workplace, with an approach to workplace health and wellbeing that encompasses good quality work and living wage as well as more traditional health behaviour support.

- Continuing to press for grants and programmes that aim to boost health through economic activity. As a city with higher deprivation and lower life expectancy than its HIOW neighbours, the case can be made that Southampton has more pronounced need for any funding directed at the South East. Southampton is ranked the 55th most deprived local authority in England, higher than Leeds (92nd) and Sheffield (93rd) and it is clear that the Levelling Up agenda needs to benefit Southampton in addition to areas further North.

- Maximising the opportunities offered by anchor institutions, including the Council, establishing and improving workplace wellbeing strategies where needed and improved employment opportunities for local people.

[57]Buck, D and Gregory S, *Improving the public's health: A resource for local authorities* (2013), The King's Fund < Improving the public's health | The King's Fund (kingsfund.org.uk)> (accessed 17 October 2022).

- Working with Southampton universities to pursue the Civic University agenda that aims to help local communities thrive.
- Encouraging all partners, including businesses, to establish closer relationships with local communities for mutual benefit.

6.4 Ensure a healthy standard of living for all

Mia's parallel stories: how opportunities can make an impact

Story 1	Story 2
Mia's home felt overcrowded with her parents and siblings and she left home to move in with her partner. The housing was as inexpensive as they could find, but it was poor quality and badly ventilated, which made Mia's asthma worse. It was draughty and expensive to heat. They often used local food banks to supplement their shopping.	*Mia left home to move in with her partner. By this time she had gained a permanent role with her employer and had been promoted, which meant they were able to afford to rent a flat together. The flat had become available under an affordable housing scheme. Although small, it was good quality and fuel efficient. It also had secure bicycle storage. Her employer offered the 'cycle to work' scheme so Mia could finance a bike. This saved the bus fare and meant she was active every day.* *Her employer also offered financial advice, which enabled Mia to budget and save more efficiently. Rising costs had an acute impact on their disposable income.*

Globally, there is a developing cost of living crisis, driven by the impacts of the pandemic and the war in Ukraine. In the UK, consumer prices were 9.4% higher in June 2022 than a year before; domestic gas and electricity prices increased by 95% and 54% respectively over the same period.[58] 55% already believe the rising cost of living has impacted their health.[59] Having a healthy standard of living means being able to afford good quality housing, having the means and opportunity to buy healthy food, and not having to make difficult choices around essentials like clothing, transport and heating.

Southampton has a long history of collaborative work to tackle challenging issues preventing a healthy standard of living for all. Southampton Warmth for All Partnership (SWAP) has been supporting residents out of fuel poverty for 18 years. Partners include teams from across the council, DWP, The Environment Centre, Age UK Southampton and Citizens Advice Southampton and the NHS (box 9[60, 61]). To date, the partners have provided affordable warmth advice and support to over 9600 residents, secured £1.78m of external funding to support fuel poverty and energy efficiency action in the city and trained over 400 frontline workers to identify those struggling to keep warm.

[58]Harari, D., Francis-Devine, B., Bolton, P and Keep, M. *Rising cost of living in the UK* (London: House of Commons Library, 2022)

[59]Iacobucci, G. Rising cost of living is damaging people's health, says royal college. *BMJ* 377:01231 (2022)

[60]Southampton City Council, *Southampton Healthy Homes* ([n.d.]), Southampton City Council <Southampton Healthy Homes> (accessed 17 October 2017)

[61]Southampton City Council, *Our Green City* ([n.d.]), Southampton City Council < Our Green City (southampton.gov.uk)> (accessed 19 October 2022).

Southampton Warmth for All Partnership

"Housing is about more than bricks and mortar"; Southampton's Housing Strategy prioritises good quality housing for its role in defining neighbourhoods and communities, health and wellbeing and giving people a stable foundation to build achieve a quality of life.[62] The average house price in Southampton increased 49% in ten years and the average rent is around 35% of the average gross monthly pay of residents, which is higher than the England average of 33%.[63] This makes having a stable good quality home difficult for many in the city, with 12.1 per 1000 population homeless or at risk of homelessness in 2020/21.[64]

Southampton's partnership response to 'Everyone In' demonstrates the level of collaboration that is required to tackle wider determinants of health (box 10). Whilst many of the underlying challenges around availability of accommodation remain, this success serves as a reminder of the impact that can be made to issues that have appeared insurmountable. Here, like in many other examples from this report, the relationships that had already developed between public sector and voluntary and community sector organisations, in this case the Street Support Network, drove the success.[65]

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[62]Southampton City Council, *Southampton City Council Housing Strategy 2016-2025* (Southampton: Southampton City Council, 2016)

[63]Southampton City Council, *Housing and Homelessness* (2019), Southampton Data Observatory < Housing and homelessness (southampton.gov.uk)> (accessed 17 October 2022).

[64]Office for Health Improvement and Disparities, *Public health profiles* (2022)

[65]*Street Support Network* ([n.d.]) <Street Support Southampton - Working together to tackle homelessness in Southampton> (accessed 17 October 2021)

Box 10: Southampton's partnership response to 'Everyone In'

On 23rd March 2020, the Government launched the 'Everyone In' scheme, whereby local authorities were asked to immediately house all rough sleepers and those at risk of rough sleeping to protect their health and stop wider transmission of COVID-19. In Southampton, a couple of local hotels were used to provide emergency accommodation throughout the period. Unlike many of the chain hotels in the city, these local businesses stayed open throughout as permitted for homeless households under COVID-19 legislation. This meant that those found on the daily outreach sessions could access accommodation directly from the street with support from outreach and homeless healthcare teams. This provision and support was vital during the national lockdown periods when other services were closed or restricted. The hotels continued to be used with a consistent flow of people moving into more suitable accommodation as their needs were assessed and vacancies arose.

The numbers of people found sleeping rough has been greater over the pandemic with new people to the street being found regularly, many of whom were living in precarious situations that could not be sustained during the pandemic. In total, over the period between March 2020 to the end of April 2021, 173 placements were made to emergency accommodation of which 145 individuals were then moved onto settled or supported accommodation. A further 379 individuals were prevented from having to sleep rough by being placed directly into settled or supported accommodation during that period. One of the biggest challenges was, and continues to be, the lack of accommodation available within the city, but the homelessness joint work provided a strong foundation of partnership to build on.

One example of this was the Big Difference food distribution project, which built on previous breakfast provision successes to provide lunches seven days a week, working closely with SCM Basics Bank, St Mary's Church and Southampton City Council. This partnership has continued, providing food to over 85 different communities in the city and, on the back of this, engaging with and supporting community responses throughout the pandemic.

The key to the success of 'Everyone In' was joint working and close collaboration between council services, commissioned providers, homeless healthcare, voluntary sector and faith groups, with advice provided by Public Health. This built on the work developed over the previous years under the Rough Sleeping Initiative funded projects and the approach adopted by the Street Support Network, bringing a wide range of organisations together to tackle the issue.

Southampton is developing new ways to support people living in the city, prioritising dignity and building communities. Local systems and communities are helping shape the food environment to address food poverty and holiday hunger and support healthier eating. Southampton's new food pantries (Southampton City Mission Marketplaces) are changing the way people experiencing food insecurity receive support (box 11) and there are ambitious plans to increase the scale and breadth of the support offer.[66] Behind new ways to support people in Southampton, a strong evidence base and evaluation ensures that limited resources are directed towards the most effective interventions for our residents.

[66]*Southampton City Mission* <Southampton City Mission> (accessed 17 October 2022)

In collaboration with the University of Southampton and other local authorities, Wessex DIET is investigating the impact of system shocks on food security, diet quality and health in young families across Wessex. This research aims to find out whether Council-supported food aid initiatives are acceptable, well taken-up and impactful. The results will inform a toolkit to provide evidence based practical guidance for councils make decisions on implementing different food aid initiatives. Such research partnerships with our higher education anchor institutions are exciting opportunities to build an evidence base directly relevant to our population and benefit from wide-ranging expertise. Across the council links with researchers would mean leading the way with a whole local authority approach that is evidence based, innovative and maximising impact.

Box 11: Southampton City Mission Marketplace

Southampton City Mission (SCM) have set up Marketplaces in three locations across the city – St. Mary's, Millbrook and Townhill Park – with plans to set up three more in the future. Their aim is to provide more relational, holistic and sustainable support for those experiencing food poverty.

While SCM Basics banks provide emergency food parcels for a limited time by referral from a professional agency, the Marketplace is food membership club open to anyone in a specific postcode area. They are welcome to attend weekly for a £5 fee each time. There's a café space for members to enjoy friendship and support from other members, volunteers and other community groups and agencies. Each week, members can select at least 15 items of fresh healthy food, including fresh fruit, vegetables and bakery items. In contrast to an emergency food parcel during a crisis, the Marketplaces provide an ongoing opportunity to participate in the community, to budget and manage a shopping bill and increase access to fresh, healthy food. SCM want the Marketplaces to enable local residents to help themselves, combat isolation and loneliness, improve health outcomes and mental wellbeing; above all to build a community. SCM has three key areas that underpin this:

1. Independence: supporting people towards independence by encouraging budgeting for food and connecting with other organisations that can offer support, such as debt advice, employment support and health advice.

2. Participation: working collaboratively with members to shape the project, providing opportunities for members to choose and take part in activities, share their skills and give back by volunteering.

3. Supportive friendship: community is at the heart of the Marketplaces and friendships made there are considered as important as the food.

St. Mary's Marketplace is the longest running at just over a year and has 50 current members (or households), with 55 members across the other two Marketplaces. Each has a waiting list, but the numbers can only increase in line with the ability to source enough fresh food.

The future aim is to increase membership of each Marketplace and also launch others, with Thornhill, Swaythling and Weston as possible locations. Alongside this, SCM hope to include more activities for members and develop auxiliary projects, such as life skills workshops.

Southampton has a strong foundation in this area to build on, but the upcoming challenges are significant. Food is often the most elastic part of a household budget after rent and energy bills, meaning people often cut back on quality or quantity of food, leading to a poorer diet overall and potential long-term health consequences such as obesity and chronic diseases.

In late 2020, 4 in 100 people in Southampton, were skipping meals or eating smaller meals as they could not afford or were unable to get food. This was even more common for younger people (7%) or people who had a long-standing health condition or impairment (8.4%).[67] Across the city, almost 1 in 3 children are eligible for free school meals; this is as high as 2 in every 3 children in some areas.[68] In 2020, it was estimated that Southampton had 12.5%, or over 13,000 households, in the city living in fuel poverty and the numbers were increasing, against a relatively stable backdrop nationally.[69] There is concern for the impact of recent rapid increases in fuel prices and future expected rises on the city's households and businesses.

The increasing cost of living means that people in Southampton who have been struggling will struggle further, others will find themselves newly in need of support. Many of the issues we face now in ensuring that people have a healthy standard of living are not new but are expected to worsen. However, we do have a wealth of council services and community organisations that provide help and advice and a number of successful and well-established initiatives that are tackling complex problems. We are not starting from scratch. Ensuring everyone in Southampton knows the support already available and their entitlements is key, but there still remains much to do to ensure a healthy standard of living for all.

Additional actions for Southampton:

As the cost of living crisis rises we anticipate significant impacts on people in Southampton, with impact on the options and opportunities available to residents. Working in partnership across our city and communities will be required is we are to mitigate the impact and align available support with those who can benefit. A focus on improving energy efficiency in existing homes and building new efficient homes is crucial. Enabling better energy efficiency will have benefits both now and in the future in terms of fuel costs and climate change.

We can work across the council and with Integrated Care System (ICS) partners to understand the likely impacts on people in Southampton and plan a systems approach. This includes raising awareness of the help already available and ensuring that it is accessible to all communities, without barriers such as travel costs and language. It also includes using a Health in All Policies approach across the council so that recognition of impact on health and health inequalities is at the forefront of all decision making.

Effectively improving standard of living will need us to work hand in hand with our communities, building the trust and relationships needed to understand the challenges, and with the voluntary and community organisations providing much needed help within communities. Every part of our city will be experiencing challenges and a transparent and collaborative approach is required to advocate for and mitigate the impact on our most vulnerable.

[67]Data, Intelligence and Insight Team, *Southampton City Survey 2020* (2021).

[68]Data, Intelligence and Insight Team. *Neighbourhood Analysis of Need* (2021).

[69]Office for Health Improvement and Disparities, *Public health profiles* (2022)

6.5 Create and develop healthy and sustainable places and communities

Mia's parallel stories: how opportunities can make an impact

Story 1	Story 2
Mia and her partner started a family, and she did not return to the work she loved for several years as the cost of childcare was prohibitive. When she did go back to work, she took two jobs, and worked long hours. She felt tired and worried all the time and did not feel like exercising or spending time in the kitchen making healthy meals. She just did not have the time or the spare mental bandwidth to plan and make changes towards a healthier life. She knew smoking was bad for her health and her children's health and she tried to give up several times. Mia often found herself thinking there was no point worrying about the future because getting through that day was bad enough. She felt lonely and isolated, and cut off from the community. As she got older, Mia reduced her working hours as a catering assistant due to ill-health from COPD, joint pain and mobility issues.	*When they started a family, Mia and her partner shared childcare responsibilities because their employers provided flexible working and childcare vouchers which made it more affordable. Through their children's nursery they found they had built a small supportive network of friends and could discuss parenting and money-saving tips. When Mia's asthma temporarily worsened, they were able to provide support and childcare when needed.* *Flexible working meant that Mia and her partner usually had time to plan and cook healthy family meals. This became more important because Mia developed high blood pressure and high cholesterol. Money was tight, but the family had enough income to be cushioned from some of the worst effects of the rising cost of living.* *Her employer actively encouraged supporting the local community. As she progressed in her career Mia enjoyed volunteering locally and feeling part of the community.*

Southampton as a place influences our levels of physical activity, travel, access to healthy food, exposure to air pollution and use of green space. Similarly, connections within our communities can be a strong enabler for health and wellbeing in the city (box 12[70]). No single organisation or team alone can influence the city as a healthy and sustainable place and the will and need for coordination of collective action has been recognised in the Health and Wellbeing Strategy, Transport Strategy and Southampton City Strategy.[71,72,73] Wider partnerships are also being developed through 'health on the high street' type approaches for COVID vaccination and health hub offers.[74]

Box 12: How do social connections improve health?

- Give a sense of belonging or identity.
- Knowledge sharing on how to access healthcare and other public services.
- Positively influence health behaviours. E.g. support to stop smoking or get healthcare.
- Support to cope with life's challenges e.g. new parents, redundancy.

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[70]Fenton, K., *Loneliness and isolation: social relationships are key to good health* (2015), GOV.UK <Loneliness and isolation: Social relationships are key to good health - UK Health Security Agency (blog.gov.uk)> (accessed 17 October 2022).

[71]Healthy Southampton, *Health and Wellbeing Strategy 2017-2025* (Southampton: Southampton City Council and Southampton City Clinical Commissioning Group, 2017).

[72]Southampton City Council, *Connected Southampton Transport Strategy 2040* (Southampton: Southampton City Council, 2019).

[73]Southampton Connect. *Southampton City Strategy 2015-2025*.

[74]Wood, M and Finlayson, S., *Health on the high street* (London: NHS Confederation, 2020).

Community connections reduce loneliness and isolation, provide resilience, offer opportunities for finding work and economic support and give people more control over their lives through their participation.[75] Weak social connections are more harmful to our health than not exercising, twice as harmful as obesity, and comparable to smoking 15 cigarettes a day[76,77,78]. Unsurprisingly, loneliness and social isolation have increased since the start of the COVID-19 pandemic, with 1 in 6 in Southampton reporting high levels in late 2020.[79] Our community in Southampton contributes to health and wellbeing by sharing skills and knowledge, supporting the development of trust and providing valuable insights to improve access, experience and outcomes from the services that we provide.[80] This has been demonstrated through the development of a range of community centred approaches implemented to support our local response to COVID-19 (box 13).

Box 13: Community Centred approaches: responding to the COVID-19 pandemic

A number of community centred approaches were developed to support the core response to COVID-19, with external evaluation underway.

Over 400 COVID champions were recruited during the COVID pandemic as a bridge between Southampton City Council and local residents and communities. Champions aimed to prevent COVID infection, reduce onward transmission and contain outbreaks by working with communities to share and disseminate information and provide a conduit for the City Council to understand and act on needs of communities.

To prevent the spread of COVID-19 infection, reduce inequalities and provide understanding of issues affecting disproportionately impacted communities, community peer researchers were recruited to deliver community participatory action research (CPAR). These peer researchers were supported, with appropriate training, reimbursement and mentoring, to research the issues that they felt were important or had witnessed first-hand and to explore lived experience.

COVID vaccination champions worked within communities and community organisations to disseminate information and support access for those wanting to get vaccinated from communities across Southampton.

Collectively, these approaches recognised the assets within our communities. The work focussed on development of the social connections between community members, researchers and other local representatives to increase people's control over their lives and to help identify and develop solutions to address community needs.

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[75]Marmot, M. *Fair society, healthy lives.*

[76]Holt-Lunstad, J., Smith, T. and Bradley Layton, J. Social Relationships and Mortality Risk: A Meta-analytic Review, *PLoS Med* 7(7): e1000316 (2010)

[77]Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. Perspectives on Psychological Science, 10(2), 227–237.

[78]Southampton City Council, *Social Isolation* (2017), Southampton Data Observatory < Social isolation (southampton.gov.uk)> (accessed 17 October 2022).

[79]Data, Intelligence and Insight Team, *Southampton City Survey 2020* (2021).

[80]Buck, D., Wenzel, L., Beech, J. *Communities and Health* (2021), The King's Fund < Communities and health | The King's Fund (kingsfund.org.uk)> (accessed 17 October 2022).

Southampton's green spaces have direct benefits on our mental and physical health, as well as indirect benefits through their impact on air quality and potential mitigation of the effects of income deprivation.[81] Proximity to green spaces is associated with lower disease prevalence and benefits across the life course; living near green spaces is associated with higher levels of physical activity in children and older people living longer.[82] They provide opportunities for social interaction, exercise, contact with nature and play and, whilst we know that those in the highest social groups are more likely to visit green spaces, 95% of the city has access to green space of at least 2 hectares (just under five football pitches) within a 5 minute walk.[83] According to respondents of the latest city survey, 1 in 3 visit a green space less than once a week.[84] However, our young people (5-16 years) are less active compared to England overall and all our ONS comparators.[85] Sustained focus on widening accessibility and use of green spaces will support a local reduction in health inequalities and align with national programmes to boost outcomes and improve local places that risk falling behind.

Air pollution contributes to long-term respiratory and cardiovascular diseases, including lung cancer, with an estimated 1 in 20 deaths of those aged 30+ in Southampton attributable to air pollution.[86] Transport choices are particularly key in reducing this. Different communities in our city are more vulnerable to air pollution due to age and underlying health conditions, with higher vulnerability often in our most deprived areas. There is growing focus on the interventions that work to encourage walking and cycling, with dual benefits of increasing physical activity and reducing air pollution, as well as changing driving behaviour to reduce fuel use and avoid idling engines near pedestrians or schools. Sustaining this focus will support Southampton as a healthy and sustainable place.

[81]Mitchell R, Popham F. Effect of exposure to natural environment on health inequalities: an observational population study. *Lancet* 372.9650 (2008):1655-60.

[82]Marmot, M. *Fair society, healthy lives.*

[83]Data, Intelligence & Insight Team, *Southampton Strategic Assessment (JSNA) physical activity page content,* (Southampton: Southampton City Council, 2022).

[84]Data, Intelligence and Insight Team, *Southampton City Survey 2020* (2021).

[85]Office for Health Improvement and Disparities, *Public health profiles* (2022).

[86]Office for Health Improvement and Disparities, *Public health profiles* (2022).

Additional actions for Southampton:

Every one of us has a role and interest in Southampton as a healthy and sustainable place with thriving communities. To reduce health inequalities within Southampton and support our local population to live in healthy and sustainable places and communities, there are a number of areas of focus.

We can bring renewed focus to a local culture that recognises the importance of relationships, trust and power in how we work together to improve our places and support strong communities. This includes an emphasis on assets as well as needs and issues and will deliver benefit from a widespread shared focus on developing community centred approaches alongside our residents.

We can work with our communities at a local level to deliver core services and address neighbourhood social determinants of health.

Our large organisations (known as anchor institutions due to their potential impact on local health and wellbeing) can explicitly focus on the benefits that their work can deliver for the environment and communities that they serve.

The growing focus on healthy places can continue, including links to green spaces, planning and active travel. The explicit use of a Health in All Policies approach to inform decision making across the council will ensure that the impact on public health is taken into account and we can make the most of the synergies between heath and other key objectives for the council and other partners.

We can ensure that work is evaluated to inform future use of the limited funding available to the City Council and that overall performance measures are incorporated into local assurance frameworks for the city and wider Integrated Care System.

6.6 Strengthen the role and impact of ill health prevention

Mia's parallel stories: how opportunities can make an impact

Story 1	Story 2
Mia retired from work and relied on her small pension to pay rising fuel bills and other costs of living, and she remained always worried about money. She enjoyed seeing her neighbours and community, and her children and grandchildren would often visit but she was disappointed she could not move well enough to play outside with them, and her mental health was poor. Mia often felt her life would have turned out differently if she had had different opportunities, particularly when she was growing up.	*In retirement Mia's pension provided enough income to allow her to travel to visit friends and family regularly as well as fund the upkeep and heating of her bungalow. Through the local community centre which championed good physical and mental health, she joined a walking group to help manage her high blood pressure and cholesterol and to make social connections.* *Her family and local volunteering kept her busy right up until the end of her life and Mia felt that the community that she lived in, championed and supported, had given her friendship, support and a happy life in return.*

Prevention is better than cure and has a role to play in reducing inequalities and improving overall health and wellbeing. Primary prevention aims to prevent disease or ill-health before it occurs (including wider approaches discussed throughout this report or interventions often at the population level). Secondary prevention aims to reduce the impact of a disease or ill-health that has already occurred (detecting disease early and treating or preventing it getting worse). Tertiary prevention aims to manage the impact of an ongoing illness or disease that has longer effects (improving quality of life and reducing further complications).

Many health behaviours, including smoking, follow a social gradient but those most in need or able to benefit from preventative interventions are often also those least likely or able to access them. At the heart of Southampton and wider plans to scale prevention are approaches that recognise the critical role of scale and access, making prevention mainstream business.

Our local NHS organisations are responding to national asks to reduce health inequalities and address healthcare inequalities. Their focus includes restoring services inclusively following the pandemic, mitigating against digital inequalities, improving data collection on ethnicity and other characteristics and accelerating prevention programmes that proactively engage those at greatest risk of poor health outcomes.[87]

Box 15: Tacking healthcare inequalities

NHS England guidance on tackling inequalities in healthcare access, experience and outcomes[88] provides invaluable insight for health system leaders about the tangible actions that can be taken across:

1. Creating an enabling system context: align vision and priorities for inequalities at every level
2. Building a clear and shared understanding: collect and share good quality data, tested against lived experience and co-design solutions
3. Maintaining a sense of urgency and commitment to act: keep inequality on the agenda, identify barriers and resources, describe what everyone's role is, and keep asking the question 'How does this address inequalities?'
4. Focusing on implementation, impact and evaluation: use logic models, learn from others, monitor and share

Alongside this, the local focus on unfair differences in access, experience and outcome of services (healthcare inequalities) is nationally guided by five areas of clinical focus and consideration of specific groups with poorer health outcomes, including the 20% most deprived population.

[87]NHS, *2021/22 priorities and operational planning guidance: Implementation guidance* (London: NHS England and NHS Improvement, 2021).

[88]Yorkshire and Humber Academic Science Network, *Tackling inequalities in healthcare access, experience, and outcomes* (London: NHS England, 2022).
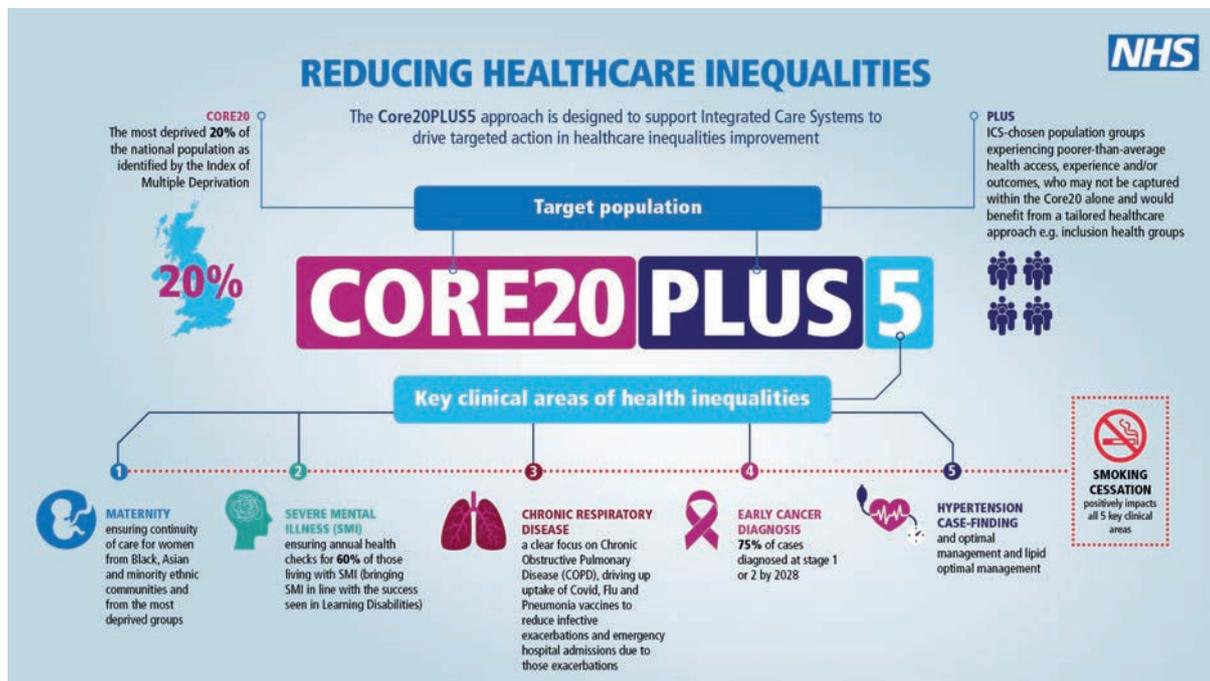
Figure 14: CORE20PLUS5 approach to reducing healthcare inequalities[89]

These approaches are an excellent foundation for the Health and Care Strategy and focus within the new Integrated Care System (the partnership bringing together NHS organisations, local authorities and others to take collective responsibility for planning services, improving health and reducing inequalities). [90]We know which interventions are effective and are increasingly taking more action to help our vaccination, screening and other programmes that support healthy lives benefit those with highest need, with use of community partnerships and new venues (Box 15).

Close to 1 in 6 people smoke in Southampton, compared to just 1 in 10 across Hampshire. Smoking remains one of the leading causes of illness and premature death, with hospital admissions and deaths caused by smoking remaining significantly higher in Southampton than for England overall. Sadly, deaths due to chronic obstructive pulmonary disease (COPD, a predominantly smoking related illness) have been rising in Southampton against backdrop of decreasing national rates. Smoking rates show a social gradient, with 20% of GP-registered patients In the most deprived areas of the city smoking, compared to just 8.5% in the least deprived areas. Smoking is also higher in certain other groups, including gay men and women, Eastern European and traveller communities and Bangladeshi and Pakistani males, and people with serious mental illness (51%).[91]

[89]NHS England, Core20PLUS5 – *An approach to reducing health inequalities,* NHS.UK < NHS England » Core20PLUS5 – An approach to reducing health inequalities> (accessed 17 October 2022).

[90]Healthy Southampton, *Health and Wellbeing Strategy 2017-2025*

[91]Data, Intelligence and Insight Team, *Southampton Strategic Assessment Smoking.*

There is strong evidence that behavioural and pharmacological support through Stop Smoking Services is effective at helping people to quit but the Southampton quit rate in 2019/20 was 4.6 times lower than England overall and had worsened in the past 5 years. NHS Stop Smoking services have been shown to have some impact on reducing health inequalities related to smoking and there is some evidence that more flexible models, such as pharmacy programmes, are showing promise.[92] Smoking cessation quit lines are also accessed more by disadvantaged groups.

Additional actions for Southampton:

To embed effective prevention and reduce inequalities, the focus remains on:

- Local action, through the new tobacco, alcohol and drug strategy and developing integrated care system programmes, can build on local successes to develop tailored approaches to reduce smoking rates with our communities.

- Collective planning of services within the integrated care system offers us a new opportunity to build the skills and shared understanding of the role and impact of preventative interventions.

- Joint work with communities to develop the relationships, trust and sharing required to reduce healthcare inequalities in access, experience and outcomes. This may be well supported by academic and community partners, building on our learning through the community participatory action research programme.

- Prioritised delivery of national programmes including Core20Plus5.

- Evaluation of the interventions being delivered in our local context to understand who they engage, who they work for and how we can improve our local impact on inequalities.

[92]Bell K, McCullough L, Greaves L, Bauld L, Mulryne R, Jategaonkar and others. *NICE Rapid Review. The effectiveness of National Health Service intensive treatments for smoking cessation in England* (London: National Institute of Health and Care Excellence, 2007).

7. Recommendations

Southampton is, for many a great place to live. The city is a place of rich cultural heritage, economic growth and continued change and improvement. Great steps are being taken towards being a fair and inclusive city but many here still do not experience the same level of opportunity, health and wellbeing.

We know when and where we need to focus our efforts and, as I have discussed in this report, have many strong examples to build on. There are no quick fixes when it comes to reducing health inequalities and the long term focus required is captured across partnerships and strategies as a foundation for this continued work towards each key objective:

1. Give every child the best start in life

2. Enable all children, young people and adults to maximise their capabilities and have control over their lives

3. Create fair employment and good work for all

4. Ensure a healthy standard of living for all

5. Create and develop healthy and sustainable places and communities

6. Strengthen the role and impact of ill-health prevention

I suggest that, for us to increase the pace and impact of our work and fairly achieve good public health outcomes, we can capitalise on our strong local opportunities and focus on a number of local actions in our gift:

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

• Champion and lead our workforce to develop a shared understanding of health inequalities and delivery of effective actions or interventions at scale.

• Continue to advocate on behalf of our residents to bring influence to improve the wider determinants of health in our city, including poverty, often in the face of growing resident need.

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

• Apply a Health in All Policies approach in organisational, place and system level service delivery. This builds on the commitments and support from our Health and Wellbeing Board and Southampton City Full Council and will require widespread adoption and implementation of a systematic framework across our core work.

• Grow momentum for our work to improve the impact that large organisations anchored within our city have. Initial areas of focus include workforce (including aspiration, employment, good quality work and workforce wellbeing) and economic growth that benefits residents (including local procurement and focussed engagement with local business).

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

- Consider the impact on health inequalities when re-designing evidence-based practice across all six areas of the framework above. This includes targeted support around the healthy child programme and family hubs, action to improve educational attainment and delivery of effective preventative interventions (e.g. to reduce smoking rates) at scale across our core services.

- Focus on ongoing development of an evidence and research informed approach across the areas of the framework, prioritising interventions that reduce inequalities and learning about what works in our local context with strong evaluation.

- Review and continuously improve the equity of our work through established processes such as health equity audit and health impact assessment. Is our action designed in a way that is proportionate to need? Who benefits and who doesn't? Who has a good experience and who doesn't?

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

- Learn from our COVID work and scale different ways of working with communities in our core business, including use of community-led research and community-centred approaches that may disrupt the status quo for the better.

- Develop the culture and ways of working required for us to work alongside residents, recognising the strength and power of our communities and nurturing assets.

- Give our children and young people increasing capacity to influence within our UNICEF Child Friendly City.

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

- Continue to put health equity at the core of our local strategies in the city and beyond.

- Include indicators relating to inequalities and the wider determinants of health within assurance of our work. It will take time to make a difference but, with the right measures along the way, we can keep check of our impact on the conditions that are driving health, wellbeing and inequality.

- Act collectively where this harnesses greater impact and momentum to improve health equity. This includes: our work to improve employment or workplace determinants of health; our role in supporting economic growth that benefits residents; and our delivery of preventative interventions at scale (e.g. tobacco).

- Work with communities, even when delivering at scale or wide geography, to support equitable access, experience, and outcome from services. We have strong local academic partners who can support and have seen the value of community-led research alongside more traditional models for engagement.

8. Next steps

In re-focussing our efforts to reduce health inequalities, I have highlighted action across the life course and by all partners in Southampton. We have a rich variety of assets and resources in our city which, coupled with a supportive and enabling local system, give us huge opportunity to increase opportunity and outcomes for our residents.

Sustaining effort and oversight sits with our Health and Wellbeing Board, supported by the place-based partnership in Southampton (integrated teams including local authority, integrated care board, provider and voluntary partners coming together for local needs-based decision-making for key NHS services). In sustaining our focus, we will want to track indicators to assess impact in and beyond our city; to support this there are a number of potential measures for each of the key areas for action http://data.southampton.gov.uk/Images/PH-Addenum_tcm71-463115.pdf

With recognition of the roles that we all play, appreciation and recognition of our rich assets and resources and sustained action beyond the usual cycles of change, we have the opportunity to make a difference to inequalities for this and future generations in our city.

9. Glossary

Anchor institution

"Anchor institutions are large organisations rooted in and connected to their local communities. They can improve health through their influence on local social and economic conditions by adapting the way they employ people, purchase goods and services, use buildings and spaces, reduce environmental impact, and work in partnership" Health Foundation, 2021

Community health assets

"All communities have health assets that can contribute to the positive health and wellbeing of its members including: the skills, knowledge, social competence and commitment of individual community members; friendships, inter-generational solidarity, community cohesion and neighbourliness; local groups and community and voluntary associations, ranging from formal organisations to informal, mutual aid networks such as babysitting circles; physical, environmental and economic resources; assets brought by external agencies including the public, private and third sector." Public Health England, 2018

Deprivation

"The most common summary of people's socio-economic circumstances. The index of multiple deprivation is a way of summarising how deprived people are within an area, based on a set of factors that includes their levels of income, employment, education and local levels of crime." Kings Fund, 2022

Health in All Policies

An approach to policies that systematically and explicitly takes into account the health implications of decisions made, focusing on key social determinants of health and looks for synergies between health and other core objectives, with the aim of improving the health of the population and reducing inequities. Local Government Association, 2016

Health and Wellbeing Board

A formal local authority committee charged with promoting greater integration and partnership between the NHS, public health and local authority in a local area to improve the health and wellbeing of their local population and reduce health inequalities. They have a statutory duty to write a joint strategic needs assessment, a joint health and wellbeing strategy and a pharmaceutical needs assessment for their local population. NHSE/I, 2022

Health inequalities

"Avoidable and unfair differences in health status between groups of people… Health inequalities in England exist across a range of dimensions or characteristics including the nine protected characteristics of the Equality Act, socio-economic position, occupation, geographic deprivation and membership of a vulnerable group… these dimensions overlap" PHE, 2021

Health inequity

"Systematic inequalities between social groups that are judged to be avoidable by reasonable means and are not avoided – hence they are unfair." Marmot et al, 2011

Health equity

Fair opportunity to live a long, healthy life. Institute of Health Equity, accessed 2022

Integrated Care System

Integrated care systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. NHSE/I, 2022

Integrated Care Board

A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area. NHSE/I, 2022

Life course approach

"A life course approach considers the critical stages, transitions and settings where large differences can be made in promoting or restoring health and wellbeing." PHE, 2019

Wider determinants of health

"The social, economic and environmental conditions in which people live that have an impact on health. They include income, education, access to green space and healthy food, the work people do and the homes they live in. It is widely recognised that, taken together, these factors are the principle drivers of how healthy people are, and that inequalities in these factors are a fundamental cause of health inequalities." Kings Fund, 2022

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