EASTLEIGH BOROUGH COUNCIL

Corporate Strategy

Health and Wellbeing

- To enable health and wellbeing
- To tackle health inequality and deprivation

Adopted: 15th February 2018

Summary

This strategy document has been prepared to help the Council develop action plans, agree priorities and make decisions, in order to meet its longer term objective of improving the health and wellbeing of the residents in the borough.

This strategy document explains in more detail not just what we want to achieve, but how we will achieve this through partnership working, prioritising projects and campaigns and reviewing relevant policies, including how we will measure success.

The health of people in Eastleigh is generally better than the England average, and we of the best in class for male life expectancy and tackling homelessness compared to our nearest statistical neighbours.

The Health and wellbeing theme has 2 key priorities:

- To enable health and wellbeing
- To tackle health inequality and deprivation

The benefits of healthy lifestyle with high quality places to live, work and play underpins this strategy, which can help to achieve our main outcome measures of increasing life expectancy and reducing the life expectancy inequality gap.

This strategy is a living document which will be monitored and reviewed as we continually measure our performance. As new insight emerges, alongside new opportunities and different challenges, we will check whether this document is still fit for purpose and the approach we are taking to enabling health and wellbeing is innovative and effective.

1. The vision for health and well-being:

Our vision is to improve the health and wellbeing of people who live and work in the Borough as a core component of supporting and creating sustainable communities. We want all our residents and people working in the Borough to live long, healthy and happy lives.

Life expectancy at birth

males **81.9**
females **84.3**

Excess weight in adults

67.7%

Overweight/obesity levels in children

23.3% of children in year R are overweight or obese

Inactivity levels

23% of adults are inactive (not achieving 30 minutes of physical activity per week)

Number of Homeless cases in 2016 in Eastleigh

37

Life expectancy inequality gap

males **4.2 years** in males and **6.6** in females

Mental health

1 in 4 adults experience mental health issues in their lifetime

Average earnings per week

£549.9 per week

Housing benefit & council tax support claimants

6662

Excess winter deaths

39.3%

Strengths	Current Weaknesses
▶ Male life expectancy. ▶ Low homeless cases recorded. ▶ Low records of diabetes. ▶ Low unemployment rates. ▶ Experienced at accessing external funding.	▶ Excess weight in adults and children. ▶ Inactivity. ▶ Personal debt. ▶ Excess winter deaths.
Opportunities	**Threats**
▶ Places Leisure Eastleigh. ▶ Ageing population. ▶ Partnership working. ▶ Eastleigh Health and Wellbeing Board ▶ Investments in the Borough (new developments). ▶ Master planning for major growth areas ▶ health screening programmes	▶ Ageing population. ▶ Social isolation and loneliness. ▶ Mental health and dementia. ▶ Increased risk of personal debt. ▶ Not meeting the needs of hard to reach groups. ▶ Health infrastructure deficit. ▶ Pressure/expectations on NHS.

2. Where are we now?

According to the Public Health England profile for Eastleigh in 2017, the health of people in Eastleigh is generally better than the England average. Eastleigh is one of the 20% least deprived district authorities in England, although approximately 2,400 children live in low income families. Similar to our nearest statistical neighbours, Eastleigh does have an ageing population with 20. 5% of the population over 65 (in 2015), it is anticipated that by 2030 for every two people of working age there will be one person of pensionable age in the Borough. Life expectancy in males and females has been consistently above the national average and since 2011 has been above the Hampshire average. Healthy life expectancy (the years lived in good health) has not risen as fast as life expectancy; we are living longer overall but with a longer period of ill health at the end of our lives – approximately 14 years for men and 17 years for women.

The Borough is currently performing significantly better than the England average for a range of health and wellbeing indicators including GCSEs achieved, breastfeeding initiation, smoking prevalence in adults and recorded diabetes.

We are also 'best in class' compared to our nearest statistical neighbours for life expectancy in males, and the number of homeless cases. The infographic and SWOT analysis below provides a brief overview of our performance from a health and wellbeing perspective.

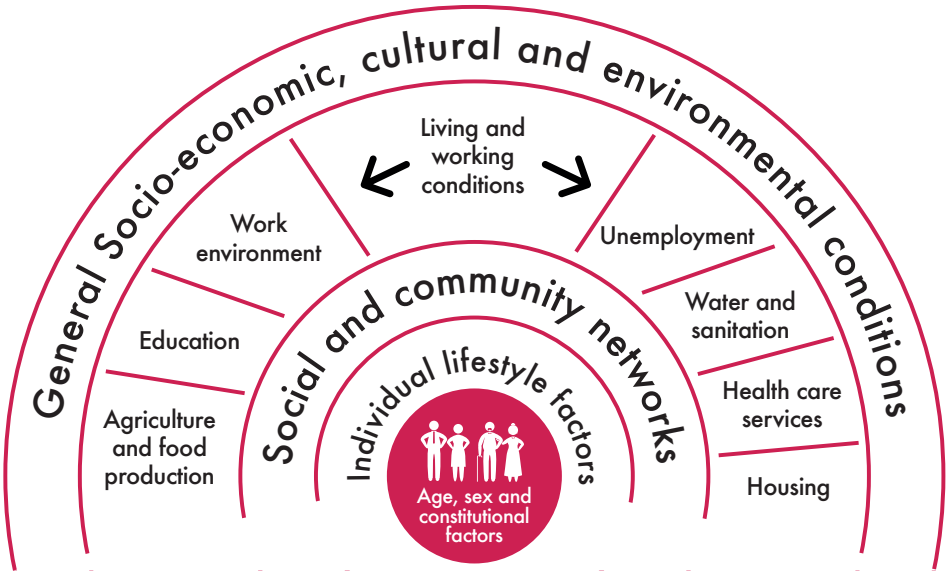
To understand the main issues in more detail, please see the appendix document which highlights the key issues, provides comparison over time or by nearest statistical neighbours and commentary and analysis of the data.

3. Where do we want to be?

- The Borough has an ageing population, so organising our services and our priorities around an ageing population is essential. This issue potentially cuts across

all four Corporate Plan themes, including delivering and improving housing, shaping environments (including 'age-friendly' town and local centres) and delivering services in an 'age-friendly' way. Older people should not be seen as a homogeneous group. Previous perceptions of pensioner poverty and digital exclusion need to be updated to ensure opportunities for fairer pricing, and appropriate channel shift, are taken.

- Inactivity combined with an unhealthy diet (especially those which have content in fats, free sugars and salt) are among the leading causes of non-communicable diseases including cardiovascular diseases (CVD), type 2 diabetes and certain cancers. Physical activity promotion provides part of the approach to reducing unhealthy weights and improving mental health; the balance of interventions needs to move away from formal sport for people who are already active towards informal everyday physical activity (walking, cycling, active travel, and gardening) for those who are less active or inactive.
- Proposed significant reductions in resources from Hampshire County Council, the new Homelessness Reduction Act and the implementation of Universal Credit pose risks to Eastleigh's most deprived populations
- Mental health is increasingly recognised as a public health risk in its own right and in being linked to physical health. We need to work with key strategic and tactical partners to address this priority issue. A framework for addressing mental health issues is suggested by the 'five ways to wellbeing', which promotes social connectedness, physical activity, volunteering, awareness of surroundings and lifetime learning[1].
- Research[2] shows that a wide range of factors or 'determinants' affect individual and overall population health outcomes, to greater extent than their genetics and the quality of health resources in an area. Such factors include socio/economic factors (income, employment, education, isolation), behaviours (smoking, alcohol consumption, diet and exercise), and the quality of and access to the environment (housing, green spaces, clean air and water).



Determinants of Health. From Dahlgren and Whitehead (1993)

1 New Economics Foundation and Mind: https://www. mind. org. uk/workplace/mental-health-at-work/taking-care-of-yourself/five-ways-to-wellbeing/

2 www. kingsfund. org. uk/projects/time-think-differently/trends-broader-determinants-health

- District councils have a range of functions (regulatory, planning, provision of services, local leadership and partnerships) that relate strongly to many of these determinants and therefore provide good opportunities to improve the overall health of their populations.
- Such interventions need to actively address issues of health inequality to ensure that improvements overall do not leave some populations in worse health or simply widen the gap between the most and least healthy. Sir Michael Marmot's review ('Fair Society, Healthy Lives' 2010) has now been adopted into mainstream government policy and makes strong links between non-medical factors (such as income) and unequal health outcomes, finding that:
    - People living in the poorest neighbourhoods in England will on average die seven years earlier than people living in the richest neighbourhoods
    - People living in poorer areas not only die sooner, but spend more of their lives with disability - an average total difference of 17 years
    - The lower one's social and economic status, the poorer one's health is likely to be
    - Health inequalities arise from a complex interaction of many factors - housing, income, education, social isolation, disability - all of which are strongly affected by one's economic and social status
    - Health inequalities are largely preventable. Not only is there a strong social justice case for addressing health inequalities, there is also a pressing economic case. It is estimated that the annual cost of health inequalities is between £36 billion and £40 billion through lost taxes, welfare payments and costs to the NHS
    - Action on health inequalities requires action across all the social determinants of health, including education, occupation, income, home and community
- The Marmot review suggests a framework for action:
    1. Giving every child the best start in life
    2. Enabling all children, young people and adults to maximize their capabilities and have control over their lives
    3. Creating fair employment and good work for all
    4. Ensuring a healthy standard of living for all
    5. Creating and developing sustainable places and communities
    6. Strengthening the role and impact of ill-health prevention.
- District councils should therefore recognise this wider opportunity to improve health across a range of determinants by adopting a 'Health in all policies' approach; for example in Greenwich 'Health is everyone's business'3. District councils are also well placed to play a pivotal role in taking action and leading/coordinating other agencies in addressing health inequalities; Coventry became a 'Marmot city' in 20134.
- The approach to tackling deprivation and social exclusion should recognise the difficulty some residents have in accessing and engaging with services (due to literacy, financial, confidence or lifestyle issues). Some individuals and families have a range of needs and some are overwhelmed by a

3 www.local. gov. uk/sites/default/files/documents/chapter-5-greenwich-healt-bb8. pdf

4 www. coventry. gov. uk/info/176/policy/2457/coventry_a_marmot_city

range of stresses (childcare, unemployment, low income, caring responsibilities, poor health, insecure housing). The Council's new ways of working lend themselves particularly well to addressing this issue by understanding the profile of residents, responding to the 'whole person' and meeting a range of needs through a single process. The long term objective is to empower and give a customer the confidence to access services and make life-improving choices themselves.

- While deprived individuals and communities have certain complex needs, the approach also needs to acknowledge and build on individual and community assets rather than over-emphasise deficits.

4. Where do we want to be?

Our aspiration for the Borough from a health & wellbeing perspective, which is highlighted in the Corporate Plan, is:

- Facilitate better physical and mental health and wellbeing by improving the places people live and work, meeting the challenge of the ageing population and promoting cultural and physical activity.
- Reducing health inequalities by engaging with, and prioritising our services towards, those groups and communities most in need.

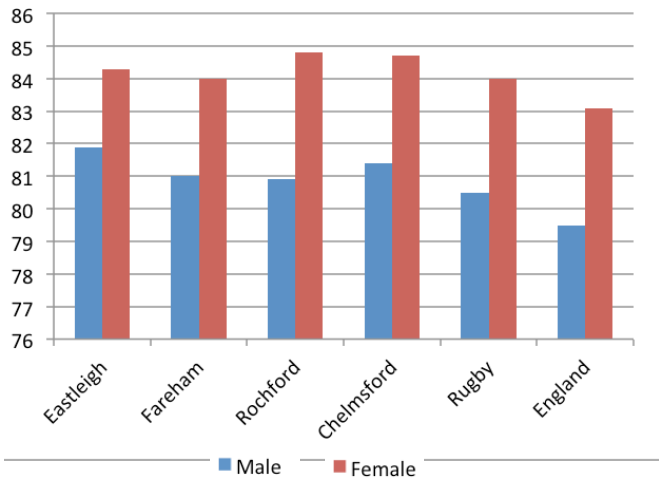
We have two outcome measures relating to enabling health and wellbeing and tackling deprivation that will help us achieve our above aspirations:

- to increase life expectancy at birth
- to reduce the life expectancy inequality gap

Our current performance for life expectancy at birth is 81.9 for males and 84.3 for females (see fig 1 for comparison with our nearest statistical neighbours). Our ambition is for residents to live long and healthy lives.

There is currently a gap of 4. 2 years in males between most deprived areas to our least deprived areas and a gap of 6. 6 years for women comparing most deprived and least deprived areas. Our ambition is to reduce the inequality in life expectancy between different area of the Borough.

Figure 1: Life expectancy at birth for Male and female in Eastleigh, compared to our 5 nearest statistical neighbours



In addition to the life expectancy inequality gap measure, our long term aspiration beyond the Corporate Plan is to reduce levels of deprivation in the Borough.

In order to monitor our performance against these targets on a quarterly basis, below is a secondary set of metrics for each of the priorities categorised by the determinants of health framework (Enabling Health and Wellbeing Priority) and the seven domains which helps measure the index of multiple deprivation. These metrics are a combination of output and outcome measures, which are measured internally or by external parties and can be monitored, monthly, quarterly or annually.

Using the determinants of health model to categorise key themes which can contribute towards a healthy and longer life, the following measures are recommended:

Priority	Factor	Measurement	Current performance	Target
To increase life expectancy	Social/ economic factors;	Average earnings per week	£549. 90	To remain above the national average
	Behaviour/ lifestyles factors	Sport England Active Lives survey, measuring inactivity in adults	23% currently inactive	0. 5% decrease per annum, long term target of achieving 20% inactivity levels by 2025
		Eastleigh Borough Councils annual residents survey, asking the same active lives survey question around inactivity	N/A To boost sample of 500 people interviewed in ALS	
		The proportion of inactive adult participants accessing health and wellbeing projects delivered by the health specialists, communications and customer service teams	1100 baseline	1% increase per annum (note CSAF funding runs out in 2019)
		% of excess weight in adults	67. 7%	To be below the national average for excess weight in adults by 2025 (England currently 64. 8%)
		The number of children overweight and obese in year R & 6	Year R 23. 3%	0. 5% decrease per annum, long term target of achieving 20% target by 2025
	Health Service Factors	Annual personal wellbeing survey results	7. 7 (out of 10, combined score)	Target of achieving a combined score of 8 per annum
		The number of people interacting with our dementia programmes	Number of accessible cinema participants, aqua relax and events (e. g. tea dances) in the dementia action groups	600 people with dementia to interact with EBC lead programmes per annum with a 1% increase per annum
	Physical Environment	Visitor/participation rates at our leisure venues (The Point/Berry, Lakeside Country Park, Itchen Valley Country Park, The Hub and Places Leisure Eastleigh)	1,319,607	1% increase on baseline figure, year on year.
		Accessibility of LEAPs and NEAPs		Aspiration for all residents to be 5 minutes walking time from a LEAP and 15 minute walk from a NEAP

Deprivation is measured by the government's four yearly Index of Multiple Deprivation. This measure is made up of several weighted domains (e. g. income, employment, health, education, crime, barriers to housing and services and environment).

Priority	Factor	Measurement	Current performance	Target
To reduce the life expectancy inequality gap	Income for IMD (Index of Multiple Deprivation) Weighted 22. 5%	The number of personal debt cases recorded by the CAB	2099 cases handled in 2016/17	Reduce by 1% per annum year on year
		Number of claimants on council tax support	1st April 2015 -6137 1st April 2016 -5468 1st April 2017 -5216	Reduce by 1% per annum year on year
	Employment for IMD Weighted 22. 5%	The number of job seeker claimants	435 claimants for the last 3 months of 2017	Reduce by1% per annum year on year
	Health and disability for IMD Weighted 13. 5%	Healthy Life expectancy gap	Male 15. 5 Female 17. 9	To reduce the healthy life expectancy gap
	Education skills and training for IMD Weighted 13. 5%	Number of NEETS (not in education, employment or training) in the Borough	2. 7% NEETS in Eastleigh	Aspire to remain one of the lowest NEET scores in Hampshire
		Key stage 4 attainment average score	36. 8%	38. 2% (national average)
	Barriers (to housing & services) for IMD Weighted 9. 3%	The number of Disabled Facilities Grants (DFGs) distributed by Eastleigh Borough Council	2015 - 234 2016 - 259	5% increase per annum for the next 5 years (subject to grant received from the better care fund)
		The number of homeless cases in the Borough	37 homeless cases in 2016/17	To work towards no homeless cases in Eastleigh
	Crime for IMD Weighted 9. 3%	Recorded number of crime rates for violence, burglary, anti-social behaviour, child sexual exploitation and internet crime	2014-/15 – 5148 2015/16 - 6424	To work towards reducing crime cases recorded in Eastleigh
	Living environment for IMD Weighted 9. 3%	The number of socially isolated people visited by the Home Visit Scheme (One Community)	Total visits made 442 (between April-December 2017)	5% increase per annum, subject to HCC funding

5. How will we achieve our aims?

In order to improve life expectancy and the quality of life for residents of Eastleigh, we need to prioritise the following:

- Issues relating to an ageing population: long term conditions, Mental health, and loneliness
- Healthy weights in children and adults
- Ensuring high quality places (e. g. leisure and cultural facilities, green space and housing)
- Consideration of enhanced services to residents in lower socio-economic groups

Below is an indication of suggested actions needed in order to achieve our strategic goals. These suggestions will be further developed in more detail through the 12 service plans and input from specialist services and others.

EBC services

- Adopt planning policies that promote health, including provision of new homes and infrastructure
- Action to support the local economy, skills, jobs, quality of work environment
- Provision of benefits and promotion of benefits to those eligible
- Homelessness reduction/prevention
- Help maintain and improve the quality of housing stock: DFGs, low cost loans, fuel poverty initiatives
- Administration of housing register
- Community safety work to reduce priority crimes
- Improve participation rates/visits at Places Leisure Eastleigh, the Hub, the Point, the Berry, Itchen Valley County Park and Lakeside, including encouraging visits from underrepresented groups.
- Develop an enhanced customer and case management service for people living in areas of deprivation
- Local Area Managers to lead and support local partnerships to address relative deprivation
- Work to make Eastleigh Borough Council-led dementia services sustainable.
- Continue to deliver sustainable sports programmes and support local sports clubs, ensuring that they 'pull' inactive people towards higher levels of sustained physical activity.
- HealthWorks to provide diet and nutrition adviceand work towards financial self sufficiency

Partnerships

- Align One Community and Citizens Advice Bureau with our Corporate Strategy using our Service Level Agreements i. e. mental health, social isolation, benefits and personal debt.
- Work through Eastleigh Health and Wellbeing Board (and review the current action plan) to tackle mental illness, social isolation, dementia and other health/wellbeing issues.
- Work with education establishments and communities to promote healthy weight in children
- Collaborate with West Hampshire Clinical Commissioning Group (CCG) and Hampshire County Council Public Health on commissioned services required for Eastleigh
- Work in partnership to provide training, interview techniques and CV writing in areas of deprivation.
- Working in partnership with community groups to support hard to reach target groups
- Work with housing partnerships such as linked agencies, statutory partners and Housing Associations to support the implementation of the Homelessness Reduction Act and provide continuing support to households threatened with homelessness
- Work with Job Centre Plus (JCP) and the Department for Working Pensions (DWP) to ensure continued roll out and promotion of Universal Credit.

Strategy

- Review policies and Council procedures that support tackling deprivation
- Fully assess lower level 'strategies', policies and action plans related to health and wellbeing, and prioritise:
  - Equality strategy
  - Homelessness strategy
  - Health Strategy
  - Housing (existing stock) strategy
  - Benefits strategy
  - Community Safety strategy
  - Sport and active lifestyle strategy
- Identify external funding to deliver cultural & physical activity projects genuinely aligned financial and/or health and wellbeing objectives

Projects

- Review pricing policies for our servicesand conduct feasibility study of a smart card/ loyalty card that would seek to target subsidies more strategically and increase income by cross-promotion

5 E. g. Sport England, West Hampshire CCG, Hampshire County Council, Arts Council, Better Care Fund, One Community, CAB, Job Centre Plus, Places for People, Housing associations and private landlords, Parish/town councils, All education establishments, Voluntary/community /faith groups, Eastleigh and Hampshire health and wellbeing board, National Governing bodies of sport

- Work with the West Hampshire CCG and others to develop primary care Health Hubs in town or local centres (link to Reinvigorate Town and Local Centres objective)
- Explore opportunities through the Regeneration Programme to help tackle deprivation
- Improvements to health-related infrastructure and action to ensure sustainability and use of new infrastructure
- Develop sport and leisure facilities in linewith the facility improvement plan and Playing Pitch Strategy (PPS)

Campaigns

- Signpost and promote county-wide and national health campaigns, adding value and local relevance where efficient to do so and where there is alignment to local priorities.
- Promotion of our assets (culture, country parks) for visits and participation
- Greater promotion of benefits and support available
- Encourage increased use of open space and green infrastructure for everyday physical activity (see Excellent Environment objective)
- Prioritise statutory services:
    - Houses in Multiple Occupation (HMOs)
    - Housing Inspection
    - Caravan inspection
    - Private sector renting
    - Disability Facilities Grants
    - Benefits-council tax
    - Housing register
    - Homelessness
    - Community Safety
    - Emergency Planning
    - Business continuity
    - Equalities
    - Safeguarding

6. How will we know we are on track?

To drive performance in the shorter term a raft of health outcome and service output measures will be developed in collaboration with the Performance and Governance team and based on the measures listed above. Projects and programmes will be set up such that output and where possible outcome data can be easily gathered and projects, programmes and campaigns fully evaluated.