

<b>Item No.</b> 11	<b>Classification:</b> Open	<b>Date:</b> 20 July 2023	<b>Meeting Name:</b> Health and Wellbeing Board
<b>Report title:</b>		JSNA Annual Report 2023	
<b>Ward(s) or groups affected:</b>		All Southwark wards and population groups	
<b>From:</b>		Sangeeta Leahy - Director of Public Health Southwark Council	

## RECOMMENDATION(S)

1. That the board note the findings of the JSNA Annual Report 2023, and agree an annual update.
2. That the board note the population groups and communities identified with the poorest outcomes.
3. That the board note and agree the JSNA projects recommended for the coming months.

## BACKGROUND INFORMATION

4. Joint Strategic Needs Assessment (JSNA) is a process designed to inform and underpin the Joint Health and Wellbeing Strategy (JHWS) by identifying areas of unmet need, both now and into the future. It is a statutory requirement for Local Authorities and their partners (under both the Health and Social Care Act 2012 and the Local Government and Public Involvement in Health Act 2007 s116 and s116A).
5. Local areas are free to undertake JSNAs in a way best suited to their local circumstances. There is no template or format that must be used and no mandatory data to be included.
6. In Southwark, prior to the COVID-19 pandemic we had an annual work programme for the JSNA that aligned to four themes, ensuring it covered the breadth of issues affecting health and wellbeing:
  - Domain 1 - population groups
  - Domain 2 - behaviours and risk factors
  - Domain 3 - wider determinants of health
  - Domain 4 - health conditions and healthcare
7. This report has two main objectives:
  - To update the board on the JSNA Annual Report 2023, undertaken as part of the JSNA programme.
  - To outline next steps for the JSNA.

## KEY ISSUES FOR CONSIDERATION

### *JSNA Annual Report*

8. The JSNA Annual Report provides an update on health and wellbeing in Southwark. It seeks to provide an analysis of our population, along with details of the health inequalities that exist in the borough.
9. The report forms part of the borough's Joint Strategic Needs Assessment (JSNA) work programme, and informs the Joint Health & Wellbeing Strategy (JHWS) and it is envisaged other local action to improve health and wellbeing in Southwark.
10. The report provides an overview of our changing population, bringing together data released from the 2021 Census:
  - The average age (32.4 years) is more than two years younger than London, and almost seven years younger than England.
  - Around half (51%) of people living in Southwark have a White ethnic background compared to 81% nationally.
  - The largest ethnic group other than White is 'Black, Black British, Caribbean or African', accounting for one-quarter (25%) of Southwark residents.
  - For the first time the 2021 Census provided data on the number of residents identifying as Hispanic or Latin American. In total, 9,200 people in Southwark recorded this as their ethnicity.
  - Southwark has the 4th largest LGB+ population in England, with 8% of residents (nearly 21,000 people) aged 16+ identifying as non-heterosexual. Southwark also has the 5th largest trans/non-binary population in England.
  - Over 18,000 residents provide some level of unpaid care, equivalent to 6% of Southwark's population.
11. Across the borough there have been significant improvements in health and wellbeing over the last decade, and there are many areas of success that should be celebrated:
  - Our residents are living longer lives than ever before, with life expectancy comparable or better than the national average.
  - Levels of relative deprivation in the borough continue to reduce.
  - Child vaccination rates are generally comparable or higher than the London average.

- Key risk factors such as smoking, alcohol and physical inactivity are comparable or better than the national average.
  - Preventable mortality has reduced by almost half since 2001, narrowing the gap with England.
12. Southwark also benefits from a wide range of social and physical assets that help our communities to maintain and sustain good health and wellbeing, from our extensive network of community, voluntary and faith organisations through to our libraries, leisure centres, parks and green spaces.
  13. Although there have been substantial improvements in health outcomes in Southwark, many challenges remain. The COVID-19 pandemic and the on-going Cost of Living Crisis continue to exacerbate the inequalities that too many people experience. These inequalities are both avoidable and unfair.
  14. Across a wide range of health, social and economic measures, from child poverty through to obesity, hospital admissions and life expectancy, outcomes are poorer in central and northern parts of Southwark. In particular, communities in Faraday and Peckham wards. However, it is important to acknowledge that pockets of deprivation also exist within areas of affluence.
  15. There are also significant gaps in outcomes between population groups in Southwark. These often mirror the inequalities we see at a national level, with those from Black, Asian and minority ethnic groups experiencing poorer outcomes compared to those from a White ethnic background. In particular, residents from a Black African and Black Caribbean background are more likely to live in communities with high levels of deprivation, develop a greater number of long-term conditions, have poorer mental health, and experience discrimination and racism when accessing services.
  16. Southwark has one of the largest LGBTQI+ communities in the country. There is increasing academic evidence that key public health challenges disproportionately impact this population group, with higher levels of smoking, alcohol use, incidence of some cancers and mental ill-health. LGBTQI+ individuals also experience discrimination and homophobia when accessing health, care and other services.
  17. As we plan interventions, services and strategies to improve outcomes and reduce inequalities within the borough it is important to consider how different demographic and social characteristics overlap and intersect, magnifying disadvantage.

## **JSNA Programme**

18. In addition to the JSNA Annual Report, a number of in-depth projects are recommended for the JSNA programme over the coming months, including:
- Children & Young People's Mental Health & Wellbeing: this needs assessment is currently being finalised and focuses on children and young people under 25.
  - LGBTQI+: This proposed needs assessment will build on the new demographic data released through the 2021 Census and seek to establish the health and wellbeing needs of this population group.
  - Neighbourhood Profiles: A series of neighbourhood profiles are proposed to supplement this annual report. They will provide summaries of demographics, health and wellbeing for communities across the borough and support neighbourhood work.
  - On-going monitoring of the cost of living crisis: It is proposed the monitoring of the cost of living crisis continues to support the local response.

## **Policy framework implications**

19. The JSNA process should underpin the development of the Joint Health & Wellbeing Strategy of the Health & Wellbeing Board and other local plans and policies designed to improve health and wellbeing in the borough.
20. The JSNA should inform plans of borough the Council and NHS partners, including the emerging South East London Integrated Care System.

## **Community, equalities (including socio-economic) and health impacts**

### **Community impact statement**

21. Lead authors for each JSNA project included within the future programme are encouraged to engage with partners, community and voluntary organisations, and residents in the development of their reports.

### **Equalities (including socio-economic) impact statement**

22. A key component to the JSNA programme is to develop our understanding of health inequalities in the borough. All JSNA reports consider how different population groups and communities are affected by the issue being considered. This includes the protected characteristics outlined in the Equality Act 2010, along with other factors such as socio-economic status.

### **Health impact statement**

23. The JSNA programme is designed to consider the direct and indirect influences on health and wellbeing in the borough i.e. health and its wider determinants.

### **Climate change implications**

24. The JSNA programme will include work assessing the wider determinants of health, including environmental impacts e.g. air quality.

### **Resource implications**

25. The JSNA is undertaken in-house and led by the Public Health division on behalf of the Health & Wellbeing Board. While the majority of the resource for producing the JSNA will come from within Public Health, co-production is an important aspect to the development of JSNA projects. There is an expectation that partners will play an active role in the development of projects within their area of expertise. Through this co-production process the JSNA can better reflect the local picture and ensure recommendations for future action have the support of all partners.

### **Legal implications**

26. Local authorities and the NHS have equal and joint duties to prepare the Joint Strategic Needs Assessment, through the Health & Wellbeing Board, outlined in the Health and Social Care Act 2012.

### **Financial implications**

27. There are no financial implications. The JSNA programme delivered in-house, led by the Public Health division with contributions from partners.

### **Consultation**

28. The JSNA work programme will be developed following the engagement of key partners across Southwark Council, NHS and other partners. Lead authors for each project included within the programme are encouraged to engage with partners and residents in the development of their reports.

## BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

## APPENDICES

No.	Title
Appendix 1	JSNA Annual Report 2023 – Southwark’s Joint Strategic Needs Assessment

## AUDIT TRAIL

<b>Lead Officer</b>	Sangeeta Leahy – Director of Public Health		
<b>Report Author</b>	Chris Williamson – Head of Health & Wellbeing		
<b>Version</b>	Final		
<b>Dated</b>	11 July 2023		
<b>Key Decision?</b>	No		
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>			
<b>Officer Title</b>		<b>Comments Sought</b>	<b>Comments Included</b>
Assistant Chief Executive - Governance and Assurance		No	No
Strategic Director of Finance		No	No
<b>Cabinet Member</b>		No	No
<b>Date final report sent to Constitutional Team</b>			12 July 2023