Public Document Pack

Health Overview and Scrutiny Panel

Thursday, 22nd February, 2018
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Conference Room 3 and 4 - Civic Centre

This meeting is open to the public

Members

Councillor Bogle (Chair)
Councillor White (Vice-Chair)
Councillor P Baillie
Councillor Houghton
Councillor Mintoff
Councillor Noon
Councillor Savage

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PUBLIC INFORMATION

ROLE OF HEALTH OVERVIEW SCRUTINY PANEL (TERMS OF REFERENCE)

The Health Overview and Scrutiny Panel's responsibilities and terms of reference are set out within Part 3 of the Council's Constitution: Responsibility for Functions

The general role and terms of reference for the Overview and Scrutiny Management Committee, together with those for all Scrutiny Panels, are set out in Part 2 (Article 6) of the Council's Constitution, and their particular roles are set out in Part 4 (Overview and Scrutiny Procedure Rules of the Constitution.

MOBILE TELEPHONES: - Please switch your mobile telephones to silent whilst in the meeting.

USE OF SOCIAL MEDIA: - The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair's opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council's Standing Orders the person can be ordered to stop their activity, or to leave the meeting. By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and or/training purposes. The meeting may be recorded by the press or members of the public.
Any person or organisation filming, recording or broadcasting any meeting of the Council is responsible for any claims or other liability resulting from them doing so.
Details of the Council's Guidance on the recording of meetings is available on the Council's website.

PUBLIC REPRESENTATIONS
At the discretion of the Chair, members of the public may address the meeting on any report included on the agenda in which they have a relevant interest. Any member of the public wishing to address the meeting should advise the Democratic Support Officer (DSO) whose contact details are on the front sheet of the agenda.

SMOKING POLICY – the Council operates a no-smoking policy in all civic buildings.

The Southampton City Council Strategy (2016-2020) is a key document and sets out the four key outcomes that make up our vision.

- Southampton has strong and sustainable economic growth
- Children and young people get a good start in life
- People in Southampton live safe, healthy, independent lives
- Southampton is an attractive modern City, where people are proud to live and work

CONDUCT OF MEETING

BUSINESS TO BE DISCUSSED
Only those items listed on the attached agenda may be considered at this meeting.

RULES OF PROCEDURE
The meeting is governed by the Council Procedure Rules as set out in Part 4 of the Constitution.

QUORUM
The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

DISCLOSURE OF INTERESTS

Members are required to disclose, in accordance with the Members' Code of Conduct, ***both*** the existence ***and*** nature of any "Disclosable Pecuniary Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

DISCLOSABLE PECUNIARY INTERESTS

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

(i) Any employment, office, trade, profession or vocation carried on for profit or gain.

(ii) Sponsorship

Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

(iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.

(iv) Any beneficial interest in land which is within the area of Southampton.

(v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.

(vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.

(vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:

(a) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or

(b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

OTHER INTERESTS

A Member must regard himself or herself as having an, 'Other Interest' in any membership of, or occupation of a position of general control or management in:

- Any body to which they have been appointed or nominated by Southampton City Council
- Any public authority or body exercising functions of a public nature
- Any body directed to charitable purposes
- Any body whose principal purpose includes the influence of public opinion or policy

PRINCIPLES OF DECISION MAKING

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the "rationality" or "taking leave of your senses" principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, 'live now, pay later' and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

DATES OF MEETINGS: MUNICIPAL YEAR 2017/2018

2017	2018
29 June	22 February
24 August	26 April
26 October	
7 December	

AGENDA

1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

2 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Democratic Support Officer.

3 DECLARATIONS OF SCRUTINY INTEREST

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

4 DECLARATION OF PARTY POLITICAL WHIP

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

5 STATEMENT FROM THE CHAIR

6 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

(Pages 1 - 2)

To approve and sign as a correct record the minutes of the meeting held on 7 December 2017 and to deal with any matters arising, attached.

7 LOCAL SAFEGUARDING ADULTS BOARD (LSAB) ANNUAL REPORT - 2016/17

(Pages 3 - 32)

Report of the Independent Chair of the LSAB introducing the 2016/17 Annual Report.

8 SUBSTANCE MISUSE SERVICES IN SOUTHAMPTON

(Pages 33 - 50)

Report of the Director of Quality and Integration providing the Panel with an update on the development of substance misuse services in Southampton.

Wednesday, 14 February 2018 SERVICE DIRECTOR, LEGAL AND GOVERNANCE

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SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL

MINUTES OF THE MEETING HELD ON 7 DECEMBER 2017

Present: Councillors Bogle (Chair), White (Vice-Chair), P Baillie, Houghton, Mintoff and Savage

Apologies: Councillors Noon

18. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

RESOLVED: that the minutes for the Panel meeting on 26 October 2017 be approved and signed as a correct record.

19. **UPDATE ON CHILD HEALTH IN SOUTHAMPTON**

The Panel considered the report of the Director of Public Health outlining progress against the Children and Young People's Strategy to date.

Donna Chapman (Associate Director of the Integrated Commissioning Unit), Jason Horsley (Director of Public Health), Hilary Brooks (Service Director – Children and Families), Felicity Ridgeway (Service Lead - Policy, Partnerships and Strategic Planning) and Councillor Shields (Cabinet Member for Health and Community Safety) were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel explored issues relating to child health in Southampton and discussed a number of matters including:

- How high levels of employment have not led to social mobility. Areas with higher levels of deprivation in Southampton in general preform less well against the indicators used to measure child health;
- The success of early years provision and outcomes in Southampton. However, the Panel noted that attainment and health outcomes drop off as children get older. The Panel noted the levels of childhood obesity in Southampton and that rates of obesity increased as children progress through the school system;
- The need to get children “school ready” and focus on early identification and intervention. Good education leads to better health outcomes. It was noted that the emphasis on education within London’s boroughs could potentially explain how boroughs like Hackney, with a high level of deprivation, produced better outcomes against the indicators than Southampton. However, it was also noted that another potential explanation, for the areas such as Hackney, performing better than might be expected, could be the changing demographics in the area;
- Examples of good practice within some schools in the City relating to reducing obesity were discussed. The Panel were keen to promote good practice and encourage it to be embedded across all schools to ensure that outcomes at all schools reflect the best performing schools;

- Budget pressures, particularly Public Health reductions, increased risks and can lead to targeted services being delivered at the expense of universal services;
- The Panel considered the potential of targeted projects like the 'Pause Project' that works with those who have experienced, or are at risk of, repeat removals of children from their care and aims to break this cycle, and spending on projects that have a wider reaching for example: campaigns that targeting risky behaviours; the promotion of daily activity for children; and tackling smoking and pregnancy rates;
- The merits and strength of evidence relating to the siting of fast food restaurants near to schools. The Panel discussed how the Council's Planning Policies may need to be strengthened so that all school ages were included when considering applications for fast food restaurants located near to schools;
- The Mental health of Southampton's children. The Panel discussed: the accuracy of the data available; how schools were responding to recent tragic episodes; identifying those at risk and how schools should best support them. The Panel discussed the University of Southampton's 'Lifelab' project and encouraged wider use of this resource;
- How tackling road safety and providing the correct signage encouraged children and their parents to walk to school; and
- The need for child health to be a focus across all of the City Council's policies and areas of influence.

RESOLVED that the Panel:

(i) noted the progress against the Children and Young People's strategy to date;
(ii) encouraged officers across the Authority to consider children's health when formulating Council policy;
(iii) requested that Officers continue support and encourage schools within the City to share and incorporate best practice to improve child health outcomes;
(iv) expressed its support for the development of projects like the Lifelab and the Pause Project; and
(v) encouraged officers to review policies relating to the siting of fast food restaurants near schools and stressed how important it was to continue to consider the implications of pedestrian safety and noted that safe and effective walking routes to schools.

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL			
SUBJECT:	LOCAL SAFEGUARDING ADULTS BOARD (LSAB) ANNUAL REPORT 2016 - 17			
DATE OF DECISION:	22 FEBRUARY 2018			
REPORT OF:	ROBERT TEMPLETON, INDEPENDENT CHAIR OF LSAB			
CONTACT DETAILS				
AUTHOR:	**Name:**	**Emma Gilhespy**	**Tel:**	**023 8083 2995**
	E-mail:	**emma.gilhespy@southampton.gov.uk**		
STATEMENT OF CONFIDENTIALITY				
None				

BRIEF SUMMARY		
This report introduces the 2016/17 Local Safeguarding Adults Board's ['LSAB'] annual report, attached as Appendix 1.		
RECOMMENDATIONS: That the Panel		
	(i)	Receive the LSAB report and utilise the information contained to inform its work.
	(ii)	Consider and agree if there are any matters arising within the annual report that the Panel would like to receive further information on as part of its future work programme.

REASONS FOR REPORT RECOMMENDATIONS	
1.	The Health Overview and Scrutiny Panel has requested that the LSAB report on the activity of the Board each year.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	None.
DETAIL (Including consultation carried out)	
3.	Adult protection became a corporate statutory duty on the 01.04.15 and the annual report, attached as Appendix 1, sets out the work undertaken on policy formation and training by the LSAB to ensure councillors, SCC staff and staff from across the partnership were supported to meet their new duties.
4.	It is recommended that the Panel receive the LSAB Report and utilise the information contained to inform its work.
RESOURCE IMPLICATIONS	
Capital/Revenue	
5.	None.
Property/Other	
6.	None.

LEGAL IMPLICATIONS		
<u>Statutory power to undertake proposals in the report</u>:		
7.	The duty for local authorities to undertake health scrutiny is set out in National Health Service Act 2006. The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.	
<u>Other Legal Implications</u>:		
8.	The Care Act 2014 requires Southampton City Council to establish a LSAB and provides for accountability of the Independent Chair to the Chief Executive of the Local Authority.	
POLICY FRAMEWORK IMPLICATIONS		
9.	Improving the effectiveness of the political scrutiny of adult safeguarding will help contribute to the following outcomes within the Council Strategy: • People in Southampton live safe, healthy, independent lives.	
KEY DECISION	No	
WARDS/COMMUNITIES AFFECTED:	None directly as a result of this report	

<u>SUPPORTING DOCUMENTATION</u>

Appendices	
1.	LSAB Annual Report 2016 – 17
Documents In Members' Rooms	
1.	None

Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.	No
Privacy Impact Assessment	
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	No

Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

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

Southampton Safeguarding Adults Board Annual Report 2016 - 2017

Annual Report
2016 - 2017

www.southamptonlsab.org.uk
@sotonlsb

Southampton Safeguarding Adults Board Annual Report

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1. Statement by the Chair:

I am very pleased to introduce this Annual Report from the Southampton Adults Board (SLSAB).

The Annual Report shows how the SLSAB has delivered on the areas of work previously identified as priorities for 2016/17. This is important because it shows what the Board aimed to achieve and what was actually done both as a partnership and through the work of participating partners. The report aims to provide a picture of who is safeguarded in Southampton, in what circumstances and why.

I am very mindful of pressures on partners in terms of resources and time and am grateful to all those who have engaged in the work of the SLSAB. I would like to acknowledge all the hard work that takes place on the frontline, and across the partnerships every day and you should feel proud of the contribution you make.

I would also like to take this opportunity to thank Fiona Bateman who stepped down as Board Chair in August of this year. Fiona Chaired the Board with considerable knowledge and I know all board members will join me in thanking her for her support, guidance and dedication. Fiona leaves the Board much stronger and more effective than when she arrived in 2014.

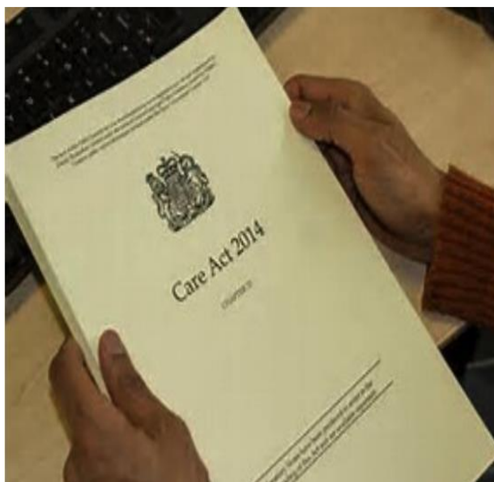
Robert Templeton
Independent Chair of Southampton Safeguarding Adults Board

2. Introduction

Welcome to Southampton Local Safeguarding Adults Board (SLSAB) annual report. This report describes the work that has been undertaken locally to protect adults at risk in Southampton. The purpose of the report is to share information on our achievements and future plans with our partners, those who use services and residents of Southampton. We are very proud of our achievements but know there is still a lot to do and we are committed to continuing our work to deliver great adult safeguarding services across Southampton.

The SLSAB's main objective is to ensure that local safeguarding arrangements are in place and partners act to safeguard adults at risk. The Board has strategic oversight of adult safeguarding across the locality. 'Making Safeguarding Personal' is at the heart of the Southampton Safeguarding Adults Board, working with adults at risk of abuse, neglect or exploitation to ensure they are as safe as they want to be and are helped to make their own decisions.

3. What is Safeguarding?



> 'Safeguarding is defined as 'protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action'
>
> **Care Act 2014**

4. What is Abuse and Neglect?

The Department of Health gives the following as examples of abuse and neglect. However, as abuse and neglect can take many forms, local authorities should not be constrained in their view of what constitutes abuse or neglect, and should always consider the circumstances of the individual case.

Physical

- including hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions;

Sexual

- including rape and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting;

Psychological

- including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks;

Exploitation

- either opportunistically or premeditated, unfairly manipulating someone for profit or personal gain;

Financial or material

- including theft, fraud, exploitation, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property , inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;

Neglect and Acts of Omission

- including ignoring medical or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating;

Discriminatory

- including discrimination on grounds of race, gender and gender identity, disability, sexual orientation, religion, and other forms of harassment, slurs or similar treatment; and

Institutional (or organisational)

- including neglect and poor care practice within an institution or specific care setting like a hospital or care home, for example. This may range from isolated incidents to continuing ill-treatment.

5. About the Southampton Safeguarding Adults Board

The SLSAB is a partnership of key organisations across Southampton who work together to keep adults safe from abuse and neglect. These include:

- Adult social care
- Health
- Emergency services
- Prison and probation services
- Housing
- Community organisations

The Board has an independent Chair that can provide some independence from the local authority and other partners. This is especially important in terms of:

- Offering constructive challenge
- Holding member agencies to account
- Acting as a spokesperson for the SAB

The Board is a statutory body that works to make sure that all agencies are working together to help keep adults in Southampton safe from harm and to protect the rights of citizens to be safeguarded under the Care Act 2014, Mental Capacity Act 2005 and the Human Rights Act 1998.

The overarching purpose of SLSAB is to help and safeguard adults with care and support needs. It does this by:

- Assuring itself that local safeguarding arrangements are in place, as defined by the Care Act 2014 and statutory guidance;
- Assuring itself that safeguarding practice is person-centered and outcome-focused;
- Working collaboratively to prevent abuse and neglect where possible;

- Ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred; and assuring itself that safeguarding practice is continuously improving the quality of life of adults in its area.

6. Vision

The work of the Board is driven by its vision that we all work together to improve the safety and wellbeing of Adults at risk of harm in Southampton and that we:

- **Have a culture that does not tolerate abuse**
- **Work together to prevent abuse**
- **Know what to do when abuse happens**

The SLSAB leads adult safeguarding arrangements across its locality and oversees and coordinates the effectiveness of the safeguarding work of its member and partner agencies. The Care Act (2014) gives SABs three specific duties it must:

1. Publish a strategic plan for each financial year that sets out how it will meet its main objective and what each member will do to implement that strategy. In developing the plan it must consult the Local Healthwatch organisation and involve the community.

2. Publish an annual report detailing what the SAB has done during the year to achieve its objective and what it and each member has done to implement its strategy as well as reporting the findings of any Safeguarding Adults Reviews (SAR) including any ongoing reviews.

3. Decide when a SAR is necessary, arrange for its conduct and if it so decides, to implement the findings. Where the SAB decides not to implement an action from the findings it must state the reason for that decision in the Annual Report.

16 - 25?
FIRE & RESCUE

7. Principles

Southampton Safeguarding Adults Board believes that:

- People have the right to live their lives free from neglect and abuse
- Safeguarding adults is the shared responsibility of all organisations and agencies commit to holding each other to account
- The individual, family and community should be at the heart of safeguarding practice
- High quality multi-agency working is essential to good safeguarding
- Adults have a right to take risks and that this will sometimes restrict our ability to act
- There should be transparency in delivering safeguarding
- There must be a commitment to continuous improvement and learning across the partnership

The work of the Board is underpinned by the following principles:

Empowerment

- Presumption of person led decisions and informed consent.

Protection

- Support and representation for those in greatest need.

Prevention

- It is better to take action before harm occurs.

Proportionality

- Proportionate and least intrusive response appropriate to the risk presented.

Partnership

- Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Accountability

- Accountability and transparency in delivering safeguarding.

8. Governance

Southampton Safeguarding Adults Board is Chaired by its Independent Chair and meets four times a year bringing partners together from: Southampton Council, Hampshire Police, Hampshire Fire Services, the Ambulance Service, Southampton Clinical Commissioning Group, health trusts, probation services, the voluntary sector and other members representing health, care and support providers and the people who use those services across Southampton. The SAB has a number of subgroups Chaired by senior members from across the partner agencies. During the year the structure of the Board changed to reflect priorities and efficiencies.

The Chair of SLSAB reports to the Health and Well-Being Board and meets regularly with the Chief Executive, the Director of Adult Services, the Lead Member for adult safeguarding, the Leader of the Council, and the Chair of the Safeguarding Children Board. The Chair also meets annually with the Council's Scrutiny Committee. Links are maintained through representation on key strategic partnerships:

- Community Safety Partnership
- The Health & Wellbeing Board
- The Safeguarding Children Board

The work of the Board is financed by contributions from partner agencies, of which currently the majority comes from the council. In addition to financial contributions, partner agencies contribute significant amounts of staff time to support the delivery of the Board's work programme, and to support training delivery.

9. Progress Against Priorities 2016 - 17

The Board identified a number of key themes required scrutiny at greater depth to enable the Board to understand the nature of the issues and ascertain how the partnership could work more effectively to address these issues when undertaking their core business functions. The Board identified the following 5 key actions:

1. **Evaluate the local knowledge of and compliance with the Mental Capacity Act and 'Making safeguarding personal' approach in Southampton.**
2. **Deliver a programme of multi-agency audits to provide more detailed picture of services ability to identify and respond to safeguarding risks within specific areas of concern.**
3. **Deliver thematic meetings focused on key areas of concern identified through case reviews, audits or local and national events to obtain assurances that partner agencies are working together to meet key safeguarding challenges.**
4. **Deliver a revised Community Engagement Plan: What have we done this year and how do we demonstrate we are shaping practice through listening to adults at risk, carers and partners?**
5. **Learning and Development sub group to carry out audit of safeguarding training to seek assurance that providers are compliant with Care Act responsibilities and devise programme of workshops linked to priorities**

Priority one: Evaluate the local knowledge of and compliance with the Mental Capacity Act and 'Making safeguarding personal' approach in Southampton

In October 2016, the Board agreed to commission an independent review to fully evaluate compliance and understand how those experiencing safeguarding interventions view the system in Southampton. This was led by an author of the national 'making safeguarding personal' programme. The report collated information from safeguarding data, organisations' self-assessments and an on-line and frontline staff survey. It analysed practice in case studies of early intervention and more detailed safeguarding enquiries. The authors also met with advocacy groups and with representatives of providers of services, carers and with adults who have experience of safeguarding processes.

The partners' shared aspiration is to create a culture of proactive risk assessment, where risk management plans are co-produced with the adult at risk and those caring for them, where people can say when things aren't quite right and providers/ carers ask for support. The report recognised that to achieve this, staff across organisations

require further support working with risk, cooperating and communicating effectively across agencies. The Board must provide leadership on these core principles.

The report advised that the Board carries out a number of actions including the following:

- Adopting the use of standalone chronologies for recording complex cases in order to help identify patters or escalation of concerns.
- Devise a tool to guide practitioners and support effective record keeping. This would enable the relevant professionals and the adult at risk to have a clear understanding of what actions need to be taken and this could also be used to assist reflective practice in supervisions.
- Develop a meaningful feedback process so the partnership and single agency organisations can develop from learning in the City.

The action plan produced as part of the report provides the Board with firm foundations to take this important work forward. This has already been used to update the Strategic plan for 2017-18 so that there is specific reference to the next steps agencies and the Board will take to embed MSP principles into safeguarding practice. In addition, the Monitoring and Evaluation sub-group (M&E) met in March 2017 to review the findings of the MSP audit and further develop the action plan, with specific focus on what each partner agency can do to further embed practice within their organisation.

There is now a 'Making Safeguarding Personal' task and finish group in Southampton. They will focus on developing an assessment tool and a chronology template as described above. This will go to Board and be shared with partners in 2017 – 18.

The LSAB has agreed a new process for disseminating learning that will take place in 2017 – 18. When an audit or a case review is complete, feedback will be shared with partners and practitioners in the following ways:

- 6-step briefing – detailing findings and recommendations.
- A 5 – 10 minute video outlining key findings and learning points.
- Learning newsletter disseminated quarterly.
- Learning points factored in to Safeguarding Training offer.
- Specific 'learning workshops' offered throughout the year.

Priority two: Deliver a programme of multi-agency audits to provide a more detailed picture of services ability to identify and respond to safeguarding risks within specific areas of concern.

In June 2016 the LSAB agreed to prioritise the delivery of thematic reviews, these reviews considered how well partner agencies comply with their core statutory functions, prevent needs escalating and effectively work to reduce or remove risk.

The Board commissioned an independent author to conduct a review of self-neglect. The author conducted a detailed audit of two cases where adults had suffered significant harm or died as a result of perceived 'self-neglect'. In addition, she held face to face meetings with a range of professionals to ascertain how they feel services work together to identify risk and put in place effective protection plans. She then met with the Monitoring & Evaluation group and LSAB's Independent Chair in November, for further discussion on how best the Board and partners could action the

recommendations. The full report and feedback from partner agencies was then considered by the Board in December 2016, a summary report is also available. The Board recognised this review provided a ‘wake up call’ for Southampton agencies.

Part of the LSAB action plan was to establish a specific task and finish sub group with nominated members from relevant partner agencies to drive forward this important work. The review had also identified that the Pan-Hampshire policy was inconsistent and out of date. The LSAB Chair agreed to support swift implementation by drafting a revised protocol. This group reviewed the draft protocol before it was presented to the 4LSAB Pan – Hampshire policy group in February 2017.

Presently the task and finish group’s focus is on ensuring effective pathways are in place in Southampton so that staff know where to refer and how to ensure a coordinated, personalised and effective response is provided.

The task and finish group also strongly recommended the adoption of an agreed assessment tool to support early identification of issues and effective joint protection planning. A self-neglect toolkit is due to be complete and disseminated widely in Southampton during 2017 – 18.

Priority three: Deliver thematic meetings focused on key areas of concern identified through case reviews, audits or local and national events to obtain assurances that partners are working together to meet key safeguarding challenges

In July the Board considered issues affecting Carers in Southampton and whether services were meeting the expectations under the Care Act 2014. This was timed to coincide with the publication of Southampton’s Strategy for Unpaid Carers and Young Carers for 2016-2020. Staff from Southampton Carers presented two case studies where carers had become involved in safeguarding enquiries. In one particular case, a carer expressed that there are many carers who are known to have learning disabilities without their own care manager. This comment prompted the Safeguarding Lead for Adult Social Care to assure the Board that although there slippages during the transformation period, this is swiftly being rectified. This will be monitored annually by the Board.

In October 2016 the Board themed their meeting to consider accommodation based issues and the impact these had on safeguarding. In part this was identified following a reported increase in the use of ‘legal highs’ by those using supported accommodation and emergency homeless hostel provision in the City. In addition, it was understood that the benefit cap (to be introduced in February 2017) could have a disproportionate impact on service users in supported housing, meaning that those at need of this support might be more at risk. Board members heard from Society of St James staff, who described the experience of a number of their service users who had been subject to safeguarding enquiries. The Board agreed that there needed to be more training on issues such as self-neglect. It was also agreed that self-neglect would be the theme of the Annual Conference in December 17.

December's meeting focused on making safeguarding personal. At that meeting the Board members heard directly from a service user about her experience of the safeguarding process. She reported that she hadn't been asked for her opinion and reported on how the number of people involved in her case had made it difficult for her to follow what had been decided and to be involved in those decisions. Members commented how small changes in practice could make a dramatic impact on the effectiveness for service users and how her experience highlighted the vital role played by advocacy support. Her input also positively influenced the remaining discussions when reviewing multi-agency key performance data for MSP and assurance reporting from CQC and members of the quality surveillance group. It was agreed that this issue would be reviewed again as monitored as part of the self-organisation audits.

Priority four: Deliver a revised Community Engagement Plan: What have we done this year and how do we demonstrate we are shaping practice through listening to adults at risk, carers and partners?

The LSAB has worked hard this year to improve representation on the board from the voluntary sector. We have always benefitted hugely from the input of SVS. Their representative has worked with key partners to maintain strong links across the voluntary sector and raise their concerns at the Board. However, the inclusion of members from Choices Advocacy and Southampton Carers as well as the introduction of a lay member for the first time increases the diversity within the Board and offers improved opportunities to hear the voice of those reliant on services in the City.

The Board has also looked to secure meaningful engagement with adults who have experienced safeguarding processes and are in receipt of services. To this end we have established regular input from the Busy People Group (facilitated by Choices Advocacy). This group have actively supported the Board's work by commenting on the content and layout of the 2015-16 Annual report. As a consequence of their feedback we designed a pictorial report and will this year also aim to work with them to coproduce an easy read version. In addition, they ran important workshops for us on what MSP means in practice. This was presented to professionals at the Neglect Conference in December and at the Board's own business planning day where

strategic leaders were challenged to identify whether their practice would be up to the challenge of personalising safeguarding interventions. Both delegates at the conference and Board members commented on the impact that this session had and agreed via evaluation that it would positively influence their practice.

Following on from the mortality review work undertaken in 2015-16 the Board has maintained a keen interest in the suicide prevention programme. This work is led by public health colleagues, with the Health and Wellbeing Board retaining oversight. The LSAB board team, Independent Chair and many members attended the Suicide Prevention Conference in September 2016 where we were able to make valuable contributions, link in with experts in the voluntary sector supporting those at risk and those who have been affected by suicide. We have subsequently offered to host, as part of our learning and development programme, practitioner workshops to raise awareness of risk factors. In addition, the Board is represented on the working group responsible for monitoring the implementation of the suicide prevention action plan.

In December the Safeguarding Board's Annual conference focused on neglect. The day was split into morning sessions on the impact of neglect in childhood and in the afternoon, considered how services could better respond to issues of self-neglect in adults. 193 practitioners attended from across the statutory, private and voluntary sectors. Facilitators ensured that staff were engaged in 10 very different, but equally thought-provoking workshops on a range of relevant subjects. The feedback was extremely positive and plans are afoot to build on this to provide further opportunities, particularly in relation to working with those with learning disabilities, considering the impact of poverty on neglect and on learning from safeguarding adult reviews and serious case reviews.

In June 2016 the Board team worked with partners and local media to put on a roadshow visiting three separate locations within the city over 5 days. This was to promote safeguarding week. The team was supported by volunteers from different agencies and was able to speak directly with the public, delivering key safeguarding messages. Information packs were also handed out, enabling information on keeping adults and children safe to reach new audiences. The team spoke to a total of 400 individuals/families across the week, sharing relevant resources and advice.

Priority 5: Learning and Development sub group to carry out audit of safeguarding training to seek assurance that providers are compliant with Care Act responsibilities and devise programme of workshops linked to priorities

Work undertaken by the group identified a pressing need for the local safeguarding training opportunities to more carefully reflect the national requirements for staff across health agencies. As a consequence, an offer was developed to provide staff at every level of seniority and practice. A diverse programme has been commissioned to cater for all, courses range from general awareness of safeguarding responsibilities and practical information on how to raise concerns, to in-depth face to face training on practice skills e.g. chairing or leading safeguarding meetings and investigation techniques. This is in addition to the free e-learning course and scheduled programme of half day sessions and Weekly Wednesday workshops coordinated by the LSAB team. Details of this programme is available here: http://southamptonlscb.co.uk/professionals/training/. This training is attended by a multi-agency audience and is consistently evaluated positively. Attendance and evaluation feedback is scrutinized annually by the Learning and Development group.

10. Meeting The Care Act 2014 Responsibilities

Development Policy and Strategy

One of the core functions for the LSAB is to lead on policy and strategy development for protecting adults. In accordance with this, the multi-agency safeguarding adults guidance, first published in April 2015, was revised and ratified in March 2017. This included more detailed guidance on working with those with persistent welfare concerns, including self-neglect. As reported above, Southampton LSAB had taken the lead in drafting this guidance following the self-neglect thematic review. The guidance closely followed the findings and recommendations from that review, incorporating tools for use by practitioners to identify where self-neglect or persistent concerns represent a risk to life or wellbeing.

The Board also ratified the ADASS guidance on out of area safeguarding responsibilities and reviewed local guidance offered to safeguarding staff on tri-age and case prioritisation to ensure that it met duties under the Care Act 2014.

In November 2016 the Pan Hampshire Multiagency risk management framework and allegations management framework were launched. These offer practical guidance to professionals on how to assess and managed risk and allegations against health and social care staff. They also set out the referral process in each area.

In addition to the policy work already identified within this report, Board members have been instrumental in drafting or amending the following policies, protocols or guidance for use by agencies across Hampshire in 2016-17:

- Information Sharing Agreement
- Allegations Management Framework for adults
- Female Genital Mutilation Policy and Flow Chart
- Adult Sexual Exploitation guidance

Learning from Case Review Work

In accordance with the Care Act 2014, A SAR takes places when:

There is reasonable cause for concern about how the SAB, its members or organisations worked together to safeguard the adult
AND
b) The person died and the SAB knows/suspects this resulted from abuse or neglect (whether or not it knew about this before the person died)
OR
c) The person is still alive but the Safeguarding Adults Board knows or suspects they've
experienced serious abuse/neglect, sustained potentially life threatening injury, serious sexual abuse or serious/permanent impairment of health or development.

If a case is referred but is not deemed to meet this criteria, it may still be come a different type of review such as a multi-agency partnership review or a single agency review. The Southampton Case Review Group has a key part in overseeing this

activity and ensuring that learning is gathered and disseminated widely amongst professionals.

There have been a number of reviews underway during this annual report year. This includes two SARs, three multi-agency partnership reviews, one thematic review and one single agency review.

One review is seeking to build on learning undertaken by the Safer City Partnership following the murder of an adult at risk in 2015. The LSAB were concerned that the earlier review, which rightly focused on the learning needed by criminal justice agencies, did not capture all opportunities for learning. In particular, the LSAB were keen to ascertain if more could have been done by agencies within the Safeguarding Adult's partnership to identify the risks to the victim of this appalling crime and offer more support. In November 2016 the Board commissioned the author of the Safer City Partnership's review to conduct this further work in order to ensure consistency between the two reports. A review panel was set up in February and it is anticipated that this report will be completed in 2017 with the findings and actions taken to implement learning reported in next year's annual report.

Two of these cases reached their conclusion within the year and learning is set out below:

The thematic review is based around two cases wherein people resident in Southampton City died, with self-neglect being a key feature in their circumstances. These cases involved commonalities such as; non-engagement with services, absence of effective multiagency working, complex medical needs, poor living conditions and poor self-care.

The Findings from the Self-Neglect Thematic Review:

1. **Understanding, Definitions, Knowledge and the Legal Framework** - Self-neglect is a complex issue and this complexity is compounded where there is a lack of clear, standard definition.
2. **Good practice in assessment and in respect of Mental Capacity** - Assessment is an important tool, not only for identifying the current situation, and planning around risk management but also for exploring the past and identifying the triggers, motivations and other predisposing issues behind the presenting behaviour.
3. **Mental Capacity and Risk Management** - Mental Capacity is a key element in weighing up and balancing two key moral imperatives with regard to intervening in self-neglect: respect for autonomy and self-determination versus Duty of Care and promotion of dignity
4. **Models and tools for intervention / Effective multidisciplinary working** - Agencies in themselves can be challenging for self-neglect – structure, roles, responsibilities and the culture itself can all impact on outcomes for individuals.

There were nine specific recommendations as a result of this review and these are being carried forward by a specific multi-agency task and finish group to look at the issue of self-neglect. The recommendations from this review are:

1. Southampton LSAB to adopt and promote a clear position statement in relation to self-neglect and include an explicit statement in policy and/or guidance as to

which model of self-neglect it encourages agencies to work with in order to develop consistency and enable effective joint working.

2. All partner agencies to review their policies, procedures and guidance documents concerning self-neglect and ensure these are fully compliant with the 4LSAB document.
3. LSAB to develop and share toolkits for use in cases of self-neglect.
4. Training strategy to be reviewed to consider options for multiagency training around working with self-neglect.
5. Mental Capacity Awareness to be revisited across all partner agencies.
6. LSAB to review existing guidance to include detailed reference to information concerning the legal framework and what Powers exist in statute, including coercive measures where these may be required.
7. LSAB Working Group to work with all partners to define an explicit pathway for referrals concerning self-neglect, in conjunction with use of the threshold toolkit.
8. LSAB and partner agencies to consider how they can ensure work with (high risk) self-neglect is mindful of the longitudinal nature of effective intervention and how to facilitate this in practice.
9. LSAB to consider establishing a dedicated Risk Management Panel (perhaps as a local process sitting beneath the 4LSAB Multiagency Risk Management Framework), to enable high risk complex cases of self-neglect.

The first task and finish group meeting is due to meet in May 2017, where an action plan will be put in place to respond to these recommendations. We will be in a position to update on this work in the 2017 – 18 annual report.

A SAR was also completed this year, although it was not published due to the need to ensure anonymity.

The Findings from the Adult E SAR:

1. **Human Bias** - There is a tendency to assume that clients with longer-term needs are stable, resulting in key assessment and review processes becoming a paper exercise in some cases.
2. **Longer-term Working** - The Care Programme Approach is implemented as a set of standalone processes and meetings rather than a dynamic approach that supported partnership working that was reactive and responsive to changes in needs and risks.
3. **Longer term Working** - Professional understanding, both of the Care Coordinator role and of their own responsibilities is impacting adversely upon the quality of care provided to service users whose needs are not acute.
4. **Communication and Collaboration in Response to** Incidents - Multiple Agencies involved with an individual service user working in isolation are less effective than those who work closely together; resulting in poorer outcomes in managing risks.
5. **Management Systems Clinical Supervision** - Current supervision systems are not functioning well enough to pick up vulnerabilities in practice on cases that ostensibly present no concern
6. **Communication and collaboration in longer-term work** - Communication collaboration in longer-term work: Within Southampton, partner agencies do

not work cohesively together to investigate missing vulnerable adults leading to less effective investigations.

7. **Communication and Collaboration in longer-term work** - Do 24/7 services in Southampton have a culture whereby insufficient attention is paid to the purpose and detail of information passing between teams within agencies leading to less effective joint working?

A set of recommendations were formed within this report and a multi-agency action plan is being monitored by the Case Review Group.

Actions to be taken forward as a result of this review are as follows:

- Ensure primary health care professionals are actively involved in CPA1 reviews.
- Ensure policy for GP practices to escalate concerns re non-attendance of ‘vulnerable/ at risk’ patients is operational and widely understood.
- Care planning to involve section on risk management (including information regarding potential of individual going missing if identified as being at risk of this)
- LSAB should support Hampshire Constabulary so that lessons learned from this case review inform demand maps and are embedded into the predictive analysis.
- Support the Police in the development of their ‘outcome buddy’ so that this reflects the MSP principles and properly understands the roles and responsibilities of key relevant partners within the partnership.
- Review of pan Hampshire policy and protocols to embed shared risk management and duty to cooperate.
- Adoption of the Herbert Protocol Missing Person Incident form
- Ensure a clear link between health agencies in order to identify risks, make appropriate plans, devise strategies and share information.
- Learning from reviews to be disseminated via focused workshops and newsletters.

The 2017 – 18 annual report will offer a comprehensive overview of how these actions have been achieved.

Once a case review has been written, the lead author will form recommendations. The multi-agency partnership will use these to create an action plan, in order to address these. The LSAB Case Review Group have oversight of these plans and will review them quarterly. If all are agreed that an action has been achieved, this is turned to ‘green’, signed off and removed from the plan.

The LSAB is planning to enhance the way in which it shares learning from case reviews in the future. There will be a learning package offered for each case which will include:

- Regular learning workshops
- 6-step briefing documents on each case
- A learning video recorded by the lead reviewer or a relevant professional (to be accessed via the LSAB website)

Securing Assurance on Safeguarding Practice

A cornerstone of the LSAB's Quality assurance framework is the 4LSAB organisational safeguarding audit tool. This requires agencies to reflect on core safeguarding principles and standards and evaluate how firmly embedded those are within their organisation. Those audits are reported to the Monitoring and Evaluation sub-group who scrutinise these and ensure that findings are evidence based and accurate.

During the course of 2016-17 seven agencies from across the partnership have completed the audit. In May Southern Health NHS Foundation Trust and Hampshire CRC made their submissions. In July the Southampton branch of the National Probation Service and Southampton's CCG/ICU submitted their evaluation for scrutiny. Further discussions were held at the joint LSCB/LSAB executive meeting in November 2016 and agreement reached on how the CCG could work with subgroups to gain assurance from the wider provider health economy. Prior to this, in September 2016, Care UK and over 50% of GP practices in the City completed the audit tool, the Board would like to commend those organisations for undertaking this important task and for sharing their findings, we also look forward to supporting other organisations reviewing their practices as this can only improve outcomes for their clients and enhance their reputations. In January 2017 SCC's adult social care and public health departments reported their findings.

Following these reports each agency is responsible for putting together an action plan for their organisation to tackle areas where further work would improve safeguarding outcomes.

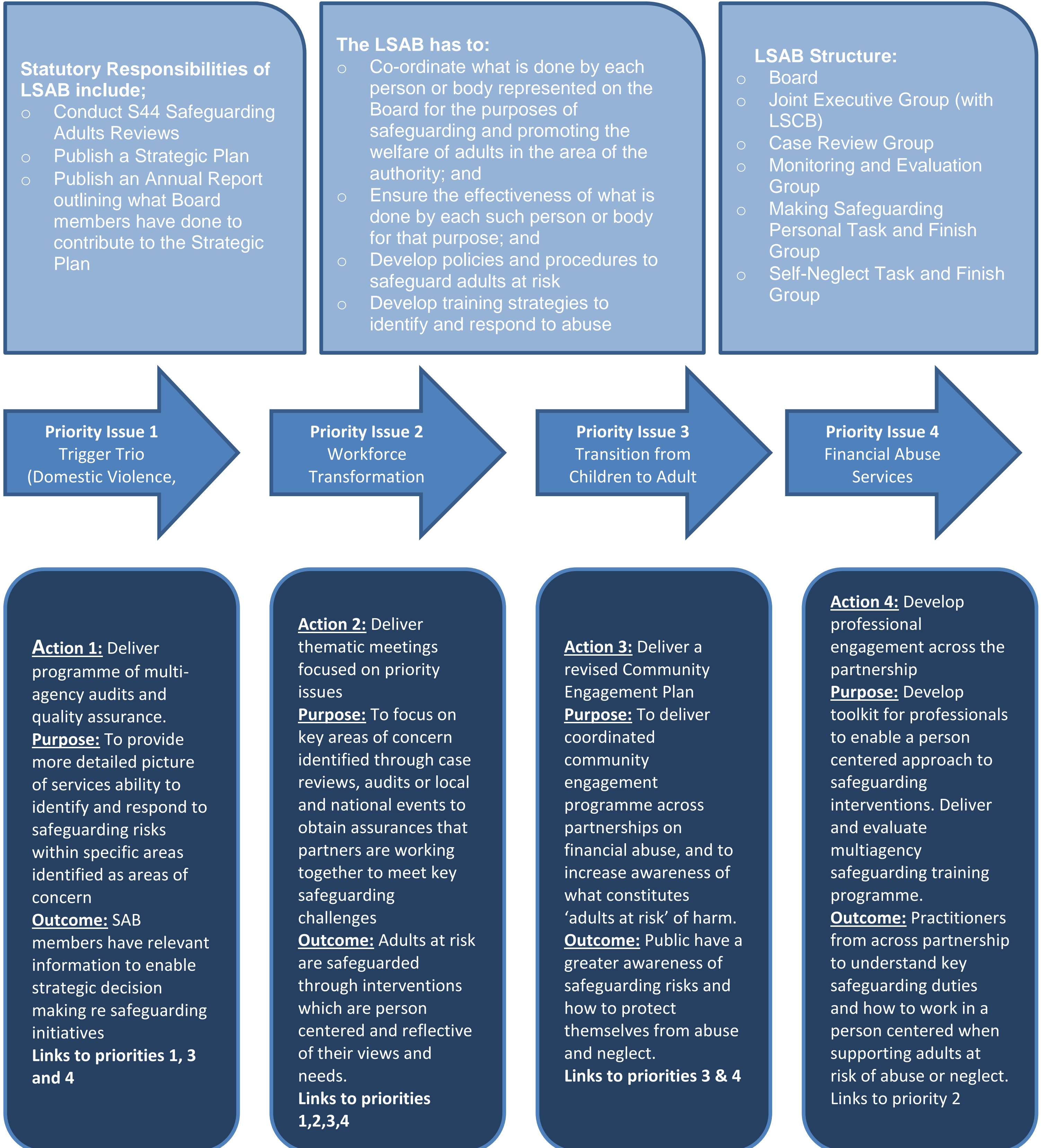
In February 2017 the audit tool was revised and the process streamlined to reduce duplication for agencies who work across the 4 LSAB Hampshire boundaries. The changes, whilst maintaining robust challenge, require agencies to report to one of the four LSAB boards, thus using less staff resource from partner agencies in this important quality assurance role.

Another key ingredient of the Quality Assurance framework is the data received from each partner. A summary of this information is set out later within this report. Partners recognised that, as resources and business needs change, the data collected may also need to change to evidence improvements. In recognition of this, Hampshire Constabulary agreed to amend the data they report from November 2016. This provides a clearer picture on activity relating to hate crime, adults reported missing and domestic abuse.

Partners have consistently informed us that one of the most important functions of the LSAB is to ensure that the duties owed to adults at risk are given the prominence needed when new initiatives or budgetary pressures require service redesign. This was especially noted within the LSAB Member Survey. Over the preceding years the Board has worked hard to review these important duties and to ensure that resources to meet those challenges are protected. This work put us in a strong position in January 2017 to advise, as a partnership, on the proposals for the transformation of Southampton City Council's Adult, Housing and Community Services, Public Health and Children and Families Services as well as a number of other key services relevant to safeguarding. This consultation was in response to significant budgetary pressures for the Council. A full response to those proposals was submitted by the LSAB Chair, identifying opportunities where greater coordination across the statutory and voluntary

sector would reduce costs and duplication without the need to cut vital services for adults at risk or those in need of care and support. Similarly, audit and case review work undertaken in 2015-16 with health commissioners and providers ensured prominence was given to safeguarding responsibilities within plans put forward under the STP and Better Care Plan. The opportunity, to address gaps previously recognised through LSAB audit and reviews, was grasped which should further improve services for adults at risk in Southampton.

11. Priorities and Action for 2017-2018



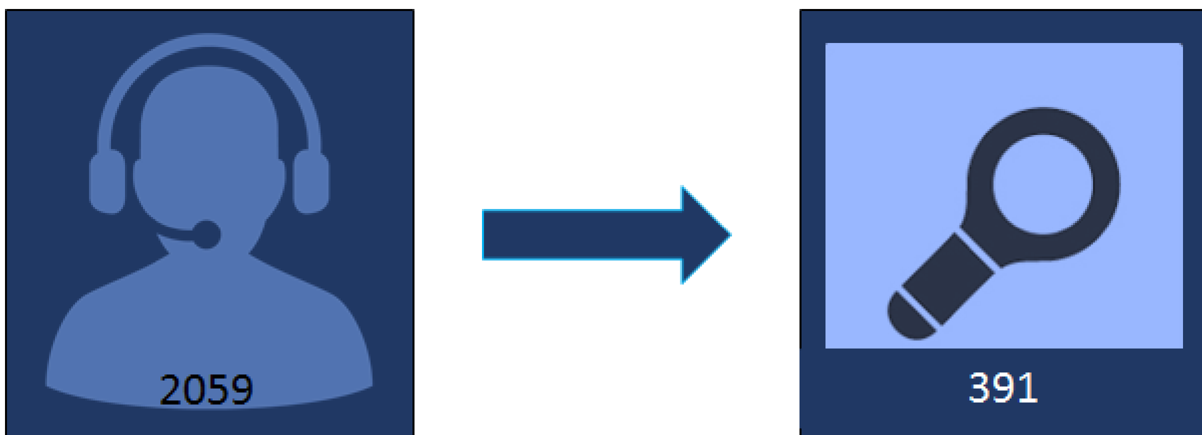
12. Safeguarding Activity 2016 - 17

Safeguarding Activity

Under Section 42 of the Care Act, a local authority has a duty to make enquiries or cause others to make enquiries in cases where it has reasonable cause to suspect:

- That an adult has needs for care and support (whether or not the local authority is meeting any of those needs) and
- Is experiencing, or at risk of, abuse or neglect and
- As a result of those care and support needs, is unable to protect themselves from either the risk of, or experience of, abuse or neglect.

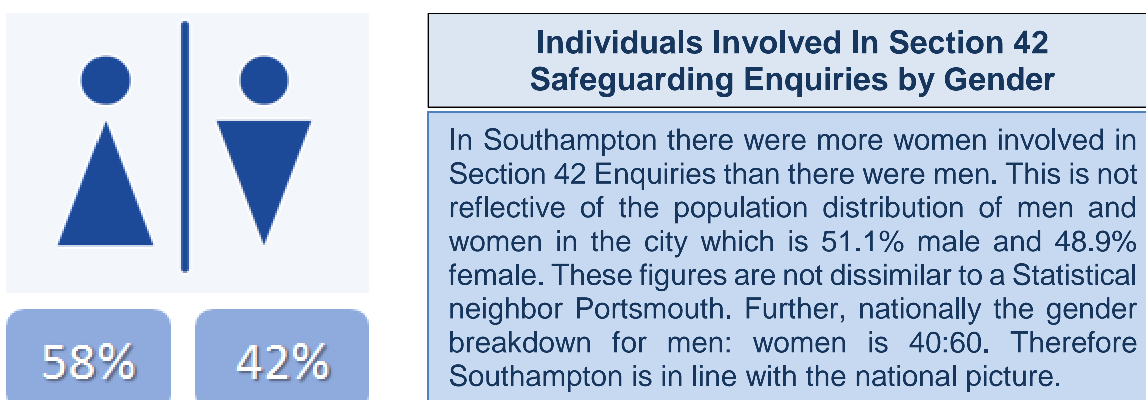
A safeguarding **concern** is a 'worry' raised regarding a person's safety. An **enquiry** is what needs to be looked at to confirm a person is safe.



There were 2059 concerns received during 2016/17. 19.0% of these concerns were taken forward as 391 Section 42 enquiries.

Profile of Need

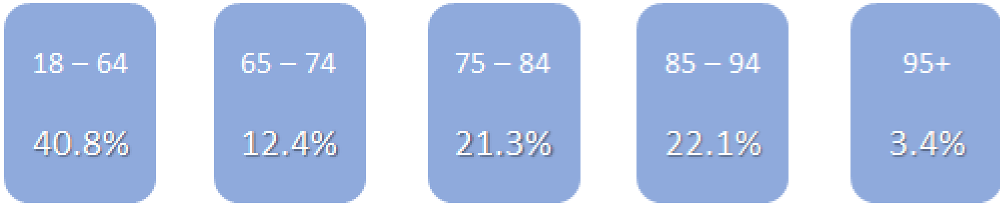
Profiles of individuals involved in Section 42 Enquiries can be summarized as follows:



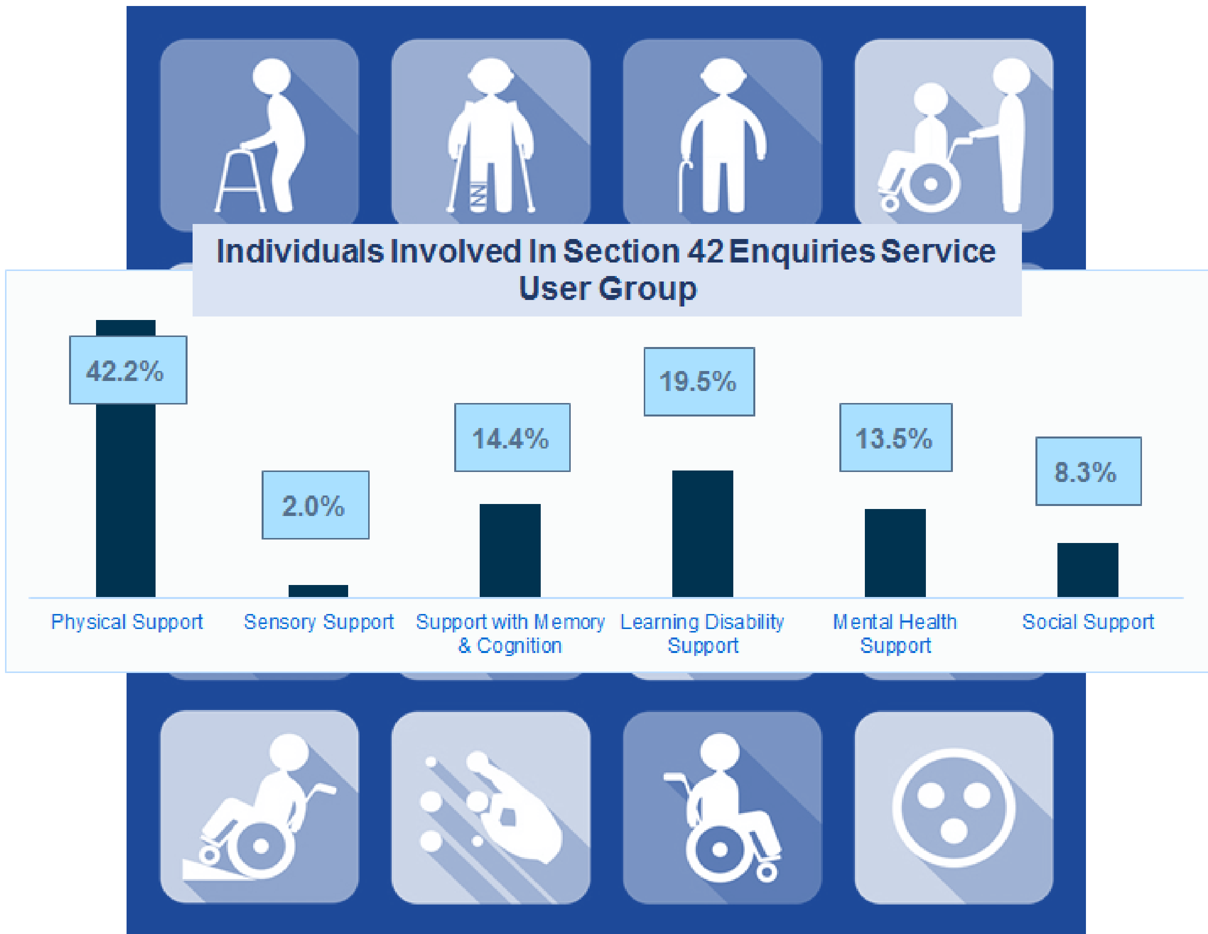
Individuals Involved In Section 42 Safeguarding Enquiries by Gender

In Southampton there were more women involved in Section 42 Enquiries than there were men. This is not reflective of the population distribution of men and women in the city which is 51.1% male and 48.9% female. These figures are not dissimilar to a Statistical neighbor Portsmouth. Further, nationally the gender breakdown for men: women is 40:60. Therefore Southampton is in line with the national picture.

Individuals Involved In Section 42 Safeguarding Enquiries by Age



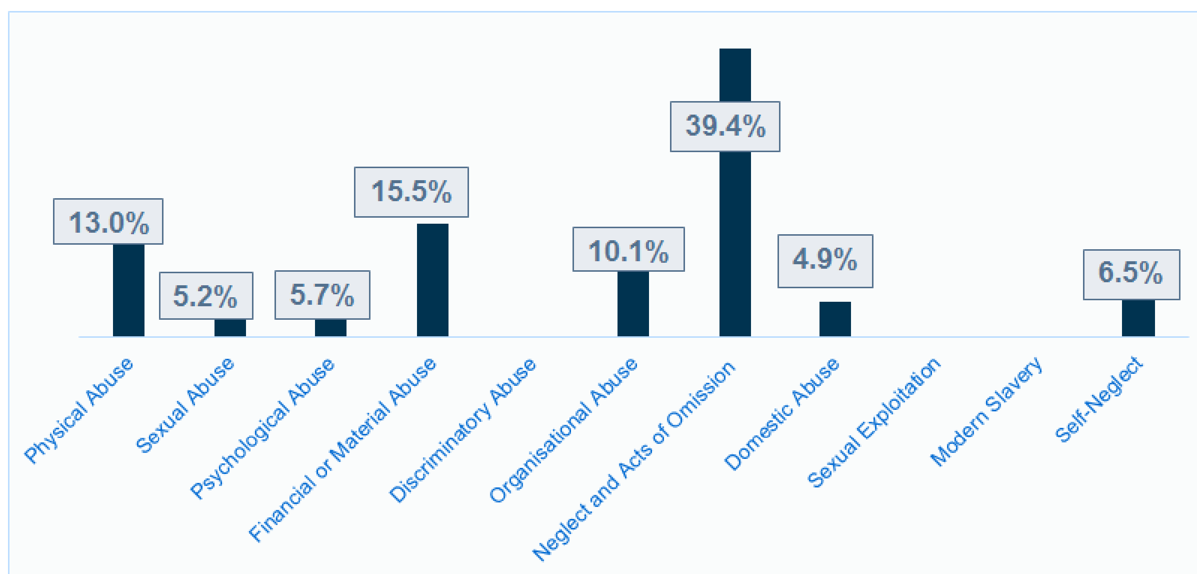
By far the largest cohort with respect to age is the 18-64s, followed by the 85-94, 75-84s, 65-74s and then the 95+ cohort.
These figures are in line with the national picture and aligned with Statistical Neighbour Portsmouth.



The greatest primary support need for individuals involved in S42 Enquiries is physical support. This is followed by support for Learning Disabilities, Memory and Cognition and Mental Health.
These trends in support needs are aligned with the national picture, where the greatest support needs are Physical Support, Learning Disability, Mental Health and then support with Memory and Cognition.

Nature of Abuse

The data below show the count of concluded enquiries by nature of abuse. The type of risk describes the nature of the allegations made, such as physical or sexual. Multiple types of risk can be recorded one count for each different type and source. For example, a concluded enquiry involved an allegation of financial abuse by a family member and an allegation of physical abuse from someone not known to the individual. This would be counted as one in the 'Financial' category and one in the 'Physical' category. Some of these categories can overlap each other, for example an incident of domestic abuse can also be physical abuse.



Of those Section 42 Enquiries that were closed in 2016/17 the majority of abuse identified was around Neglect and Acts of Omission. Financial Abuse and Physical Abuse were the next most prevalent types of abuse that emerged from the concluded S42s. These types of abuse were also the three most prevalent types in Portsmouth's findings.
Nationally Neglect and Acts of Omission is the most prevalent followed by Physical Abuse, Financial/Material Abuse and Psychological Abuse.

Location of Abuse

The charts below show the count of concluded enquiries by nature of abuse. 'Hospital' includes community hospitals, acute hospitals and mental health inpatient settings. The location of abuse describes where the alleged safeguarding incident took place. Multiple locations can be included. For example, a concluded enquiry involved an allegation, which took place in a care home, and an allegation that took place in a hospital. This would be counted as one in the 'Care Home' category and one in the 'Hospital' category.

Hospitals		Nursing Care Homes	0.5%	Own Home
Acute	0.3%	Residential Care Homes	31.5%	58.8%
Mental Health	0.3%	Community Services	1.1%	
Community	1.9%	In the Community	2.7%	Other 3.0%

Regarding Location of Risk:

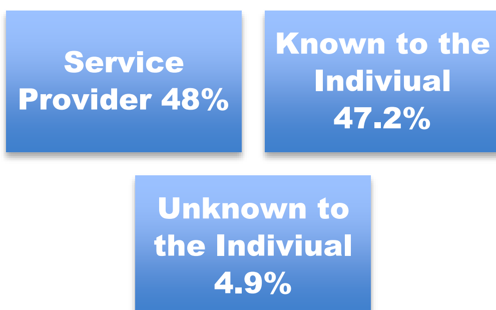
58.8% of concluded S42s had the Adult at Risk's Own Home as the Location of Risk

31.5% of S42s had the Residential Care Home as the Location of Risk.

Of the 218 concluded S42s where the Location of Risk was the Own Home, in 53.7% of cases the Source of Risk was known to the Individual. In 42.7% of cases the Source of Risk was the Service Provider.

Of the 117 concluded S42s where the Location of Risk was the Residential Care Home, in 59.0% of cases the Source of Risk was the Service Provider whilst in 36.8% of cases the Source of Risk was known to the Individual.

For S42s where Neglect and Acts of Omission is the type of abuse, in the majority of these cases the Service Provider is the Source of Risk (72.4% of S42s). With regards to Organisational Abuse the 94.9% of concluded S42s had the Service Provider as the Source of Risk.



13. How to Report Abuse

If you are worried that an adult may be at risk of abuse or harm please contact us by:

Email: singlepointofaccess@southampton.gov.uk
Tel: 023 8083 3003
Address: Adult social care, Southampton City Council Civic Centre, Southampton, SO14 7LY

If an adult is in immediate danger, contact the police by telephoning 999.

The following will help you understand how reports about safeguarding concerns for adults and vulnerable people are dealt with. Please remember that any abuse is unacceptable. If you believe a crime has been committed please contact the Police.

What you can do if you think someone is being abused

- Take action - don't assume that someone else is doing something about the situation
- If anyone is injured get a doctor or ambulance
- Make a note of your concerns, what happened and any action you take
- Let us know by either telephoning us or completing our form
- All safeguarding matters will be dealt with confidentially, though if the issues concern evidence of a crime, or unacceptable risk, this may be shared with the appropriate authorities
- If you think a criminal offence has been committed, contact the police straight away

If you think you are being abused or mistreated, contact us, either by phone or by completing the form.

What will happen next?

Adult Services work closely with other organisations and the person affected to find out as much as possible about what has happened. We will do a number of things which might include:

- Talking to you and other people involved to find out what has happened
- Planning what to do to safeguard the person being abused
- Supporting the person and their carers through the process
- Being available to offer support in the future

Perhaps you, or someone you know, is being harmed or living in fear of abuse and wants to stay safe. The Speak Out easy read leaflet gives more information on how you can get help.

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DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	SUBSTANCE MISUSE SERVICES IN SOUTHAMPTON
DATE OF DECISION:	22 FEBRUARY 2018
REPORT OF:	DIRECTOR OF QUALITY AND INTEGRATION

CONTACT DETAILS				
AUTHOR:	**Name:**	**Jackie Hall**	**Tel:**	**07825 935481**
	E-mail:	**Jackie.hall@southampton.gov.uk**		
Director	**Name:**	**Stephanie Ramsey**	**Tel:**	**023 8029 6941**
	E-mail:	**stephanie.ramsey@southampton.gov.uk**		

STATEMENT OF CONFIDENTIALITY

Not applicable

BRIEF SUMMARY

In 2017/18 substance misuse services in Southampton were subject to savings of approximately £400,000 as part of the overall budget savings required.

In January 2017 the Health Overview and Scrutiny Panel (HOSP) wrote to the Cabinet Member to express concern about the potential impact of the savings proposals on the health of a number of groups of Southampton residents, substance misuse service users amongst them. The HOSP has therefore requested an update on the following:

- Progress on the development / commissioning of a model for substance misuse services in Southampton;
- Proposals for the commissioning of services beyond 30th June 2019; and
- Progress on the work outlined in the Drug and Alcohol Strategies 2017 – 2020.

RECOMMENDATIONS:

	(i)	That the Committee notes the progress made in Substance Misuse following the re-development of services, commissioning service from 2019 and the Drug and Alcohol Strategies.

REASONS FOR REPORT RECOMMENDATIONS

1.	To ensure that the HOSP has oversight of the way in which the proposals were developed, decisions made and implemented.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2.	Not applicable

DETAIL (Including consultation carried out)

	Current substance misuse model in Southampton
3.	The Southampton Drug and Alcohol Recovery Partnership (SDARP) was re-designed in 2017 and services commenced on 1st July 2017. The Partnership now comprises four main contracts: A - **Drug and Alcohol Support and Health (DASH)** – A children and young

	people's service commissioned to deal with young people between the ages of 11 – 24 years. This service provides care co-ordination and structured interventions for young people experiencing problems with drugs and alcohol use. The provider for the service is No Limits. B - **Assessment, Review and Monitoring Service (ARM)** – Adult care co-ordination and recovery planning service. The service also provides clinical interventions such as prescribing, health assessments, harm reduction services and assessment and treatment for blood borne viruses. The provider for the service is Change Grow Live (CGL). C - **Southampton Alcohol Brief Interventions and Counselling service** – The service was commissioned to provide high volume, low intensity brief interventions and short term structured counselling for adults aged 18+ years experiencing a problem with alcohol use. The provider is CGL. D - **Psychosocial Intervention Service** – A service which provides individual key-work to service users and a wide selection of groups addressing substance misuse issues, abstinence and recovery. The service also provides a variety of structured activities aimed at enabling service users to adapt to a structured lifestyle, gain certificates and qualifications and build non substance using networks. The service has been particularly successful in this regard and more service users are attending groups than at any time previously. The provider for the service is Society of St James.
	Other services
4.	• **Purchased services** (includes detoxification, residential rehabilitation, personalisation, personal health budgets – administered by the ARM service). This is a sum of money provided for the purposes specified above. • **Supervised consumption** (Pharmacies). Community pharmacists provide a service to dispense, support and monitor the consumption of methadone and other medicine used for the management of opiate dependence. • **Pharmacy Needle Exchange** (Pharmacies). This service provides access to sterile needles and syringes, and a sharps container for the return of used equipment to promote safe injecting practice and reduce transmission of infections. It acts as a gateway to other services. The service is open to over 18 year olds only. • **Shared Care provision** (GP practices). Shared Care provision enable GP's to pick up the prescribing and monitoring of medicines/treatments in primary care, in agreement with the initiating specialist, for people who are stable and no longer require more intensive treatment. Care is provided by a Shared Care GP and the Shared Care liaison worker based in specialist substance misuse services. • **Alcohol Care Team** (specialist nurse service provided by UHS). The Alcohol Care Team (ACT) is a specialist nurse service established to provide a range of alcohol interventions for patients who have been admitted to the local general hospital (planned or unplanned) and whose health is affected by alcohol. Patients are referred to community services in order to complete any treatment commenced while in

	hospital. The CCG has recently enhanced the project funding to establish community in-reach into the hospital, which has led to a significant increase in the number of patients, identified and taking up longer term treatment in the community services. This has further been enhanced for a year to include extra care coordination in the community for the enhanced referrals. The outcome of these pilots will establish the on-going need and possible extension to include weekends.
	Local Performance
5.	**Alcohol use and health in Southampton -** Alcohol use has health and social consequences at an individual, family and wider community level. Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions; nationally annual alcohol misuse is estimated to cost the NHS and care about £3.5 billion a year and society as a whole £21 billion.
6.	Alcohol-specific mortality represents deaths from conditions where alcohol is causally implicated in all cases of the condition; for example, alcohol-induced behavioural disorders and alcohol-related liver cirrhosis. In the three year period from 2013 to 2015, 78 people in Southampton died as a direct result of alcohol misuse. This resulted in an alcohol-specific mortality rate of 13 deaths per 100,000 population. This puts Southampton slightly higher than the England average of 11.5 but one of the lowest rates amongst the city's comparator areas, although the calculated rates have large confidence intervals and so most of the differences between the comparator areas are not statistically significant. Alcohol-specific mortality has remained fairly stable since 2006.
7.	There were a total of 2,092 admissions to hospital as a result of alcohol-specific causes for Southampton residents in 2015/16 (the most recent national data available). This is significantly higher than the national average by about 400 admissions per 100,000 population. This is at the upper end of our city comparators. This has been identified within the Alcohol Strategy. The forthcoming Alcohol Strategy implementation group for the "healthy" theme will be investigating whether the higher admission rate represents good clinical practice, good coding and/or increased need.
8.	**Drug Use and health in Southampton -** Rates of drug uses are estimated nationally, based on health and crime data. The latest estimates indicate that Southampton has a similar rate of opiate and/or crack users (OCU) to England and most comparator Local Authorities. Opiate use without crack is also estimated to be similar to England and comparator authorities. The estimates are approximate and have large confidence intervals, i.e. the range within which the actual figure is likely to lay.
9.	There were a total of 488 hospital admissions with a primary or secondary diagnosis of drug related mental health and behavioural disorders amongst Southampton residents in 2015/16, a rate of 182.6 admissions per 100,000 resident population. This is higher than the national rate observed over the same time period of 148.4 admissions per 100,000 resident population. These admission rates represent a 38% increase since 2014/15. Further work with

	CCG colleagues is needed to look further at the psychiatric liaison teams within UHS and the links with our substance misuse teams within the City to ensure that our substance misuse teams are supporting people that are identified within UHS to access community services.
10.	**Drug Related Deaths -** Drug related deaths (DRD) in Southampton have increased, as has the national rate, again the confidence intervals on the data are high so there is a large margin for error in the figures. Public Health England (PHE) are currently investigating the possible causes of the national increase and are sharing good practice nationally to address the issue.
11.	Southampton's approach to Drug Related Deaths, in particular the universal availability of naloxone for opiate users and their carers, is regarded as particularly good practice. The local Drug Strategy Implementation Group for Prevention and Treatment has prioritised the reduction of drug related deaths and are implementing PHE guidance accordingly.
12.	**Successful completions and representations -** There are currently 941 service users in treatment in Southampton (Drug and Alcohol Highlight report January 2018), a slight decline from 1,000 in 2016/17. Numbers in treatment have largely been maintained (with slight fluctuations).
13.	Figure 1 below shows the number of successful completions since January 2015. The initial decrease in performance seen in July 2015 followed the recommissioning of services. Commissioners worked with service providers to address this and improve performance, this has led to improvements in early 2016, though performance is variable and has been tracking between 30-40% over the last 18 months. Following the budget reductions from July 2017 performance has remained relatively stable with slight dips in performance but when viewed alongside the performance of the previous 12 months this is not significant. We are working closely with providers to put robust improvement plans in place to improve the current performance. **Southampton Successful Completions** **Figure 1**

14. Figure 2 below shows the number of representations for the time period as above. Although there have not been any improvements in successful completions there has been an improvement in representations, this indicator relates to the number of people that have had successful completions that have subsequently returned to services within six months. The fact that these numbers have been decreasing is an indicator that, although there has not been as many successful completions, those that we have had are remaining well enough not to need to come back to services and so is an indicator of the quality of the service. As this target tracks representations from people that were discharged within the last six months this data reflects performance primarily from the previous six months.

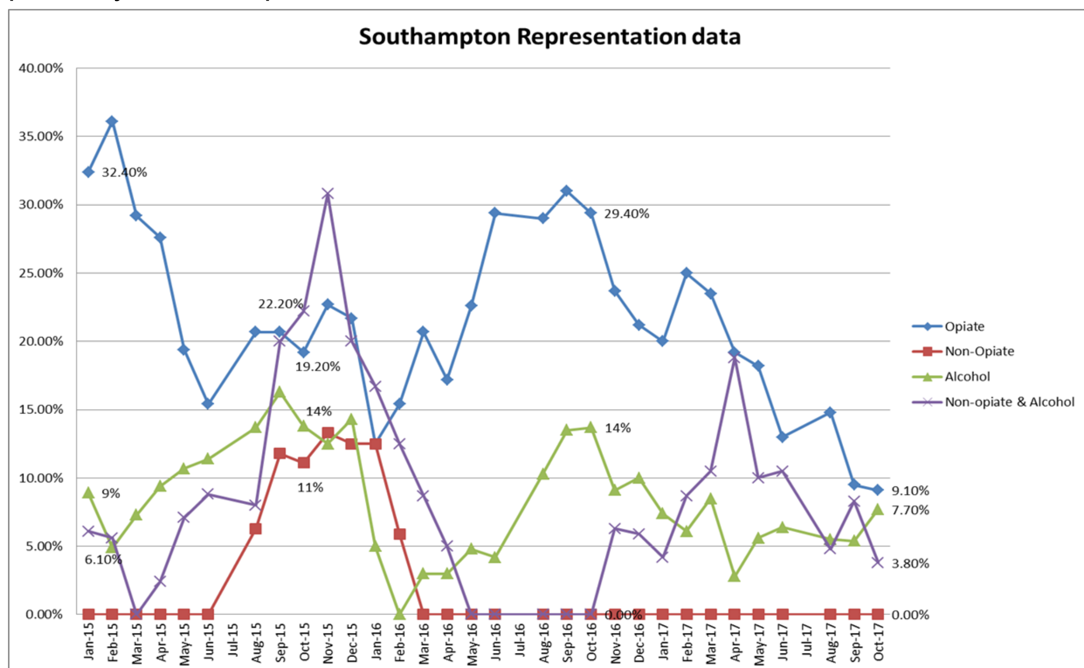


Figure 2

15. The redesign of services from July 2017 aimed to bring together the functions of two separate contracts and allow savings to be made by reducing management, overheads and some frontline functions. This allowed for a minimum impact on the frontline services that are provided to patients.

16. During the consultation for the savings Solent NHS Trust gave notice on their contract as they were not able to deliver the service in line with the contract value. This coincided with discussions about service change to make the savings and allowed for the current change in services to occur and the merging of functions and teams with the majority of savings being achieved from management and overhead reductions.

17. Commissioners have continued to work closely with the providers to embed the new model of care and to mitigate the impact of this major change. In addition, the provider is currently in the process of recruiting a Service Improvement Manager for Southampton for a six month initial placement to implement a service improvement plan that has been put in place to improve performance, including the number of successful completions. Alongside the service improvement plan is the alcohol work within UHS, described above, and the increase in coordination post within the community, which is expected

to show an increase in successful completions in alcohol patients within the next few months.

18. Recent contract reviews held between commissioners and provider organisations have highlighted that performance during quarter three shows some improvement.

Substance Misuse Review and Redesign of services

19. The Integrated Commissioning Unit (ICU) commenced a full review of substance misuse services in December 2017. The review will be informed by the performance of the current commissioned services and intelligence from a wider source including both local and national performance targets, a refreshed needs assessment, best practise and successful comparator service areas. The findings will be used to inform future commissioning intentions.

20. A period of engagement involving key stakeholders and those with lived experience is taking place between January and March 2018, enabling a draft service model to be developed during April, preparing for formal consultation (subject to Cabinet approval) from May – August 2018. A final proposal will be returned to Cabinet and Council in September or November with publication of new service expected no later than December 2018 to allow a new service to commence by 1 July 2019.

Activity	**Estimated time period**
Engagement period	January – March 2018
Seek approval to formally consult	March or April 2018
Collate feedback and develop draft service model	April – May 208
Formally consult on draft service model	May – August 2018
Collate feedback and refine the service model	Aug – September 2018
Seek approval to procure final service model design.	September or November 2018
Commence procurement	No later than December 2018
Mobilisation of new service	April – June 2019
New service commence	1st July 2019

21. Appendix 1 shows an overview of the review and redesign timescales and outlines the co-production and engagement elements through to the commencement of new services in July 2019.

Southampton Drug Strategy Update

22. In October 2017 DCI Ben Chivers from Hampshire Constabulary was appointed to chair the Drugs Board. This is a small, multi-agency board with the mandate to secure the delivery of the Southampton Drugs Strategy 2017-2020 and sits quarterly, with the first meeting having taken place on November 1st 2017.

<table>
<tr><td>23.</td><td>The Drug Strategy Board has developed a report dashboard and is developing work on the following priorities:
• Engagement and Raising Awareness
• Prevention and Treatment
• Crime Disruption and anti-social behaviour
A report on progress that was presented to the Health and Wellbeing Board recently, is attached as Appendix 2.</td></tr>
<tr><td></td><td>Southampton Alcohol Strategy Update</td></tr>
<tr><td>24.</td><td>The Alcohol Strategy 2017-20 was developed in 2016 and approved by the Health and Wellbeing Board in March 2017. The strategy sets out the priorities for partners across the city to work on. The strategy supports the outcomes of the Health and Wellbeing Strategy 2017-2025, and the Safe City Strategy 2014-2017. It has been developed as an easy to read, high level document, which focuses on key priorities and actions.</td></tr>
<tr><td>25.</td><td>The strategy has three key priorities - Safe, Healthy and Vibrant:
• Safe - reducing the impact on community and individual safety from antisocial behaviour, violence and crime.
• Healthy - raising awareness of the risks of harmful drinking and helping people with alcohol problems.
• Vibrant - alcohol consumption as part of the night-time economy and the regulated</td></tr>
<tr><td>26.</td><td>The strategy specifies a number of outcomes for monitoring. These have been compiled into a dashboard, which will be updated and reviewed annually by the steering group to inform action. A report on the progress of the Alcohol Strategy work is attached as Appendix 3. This update was presented to the last Health and Well-being Board.</td></tr>
<tr><td colspan="2">RESOURCE IMPLICATIONS</td></tr>
<tr><td colspan="2"><u>Capital/Revenue</u></td></tr>
<tr><td>27.</td><td>None</td></tr>
<tr><td colspan="2"><u>Property/Other</u></td></tr>
<tr><td>28.</td><td>None</td></tr>
<tr><td colspan="2">LEGAL IMPLICATIONS</td></tr>
<tr><td colspan="2"><u>Statutory power to undertake proposals in the report</u>:</td></tr>
<tr><td>29.</td><td>None</td></tr>
<tr><td colspan="2"><u>Other Legal Implications</u>:</td></tr>
<tr><td>30.</td><td>None</td></tr>
<tr><td colspan="2">RISK MANAGEMENT IMPLICATIONS</td></tr>
<tr><td>31.</td><td>None</td></tr>
<tr><td colspan="2">POLICY FRAMEWORK IMPLICATIONS</td></tr>
<tr><td>32.</td><td>None</td></tr>
</table>

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All

SUPPORTING DOCUMENTATION	
Appendices	
1.	Substance Misuse timetable
2.	Southampton Drug Strategy Update
3.	Southampton Alcohol Strategy Update

Documents In Members' Rooms

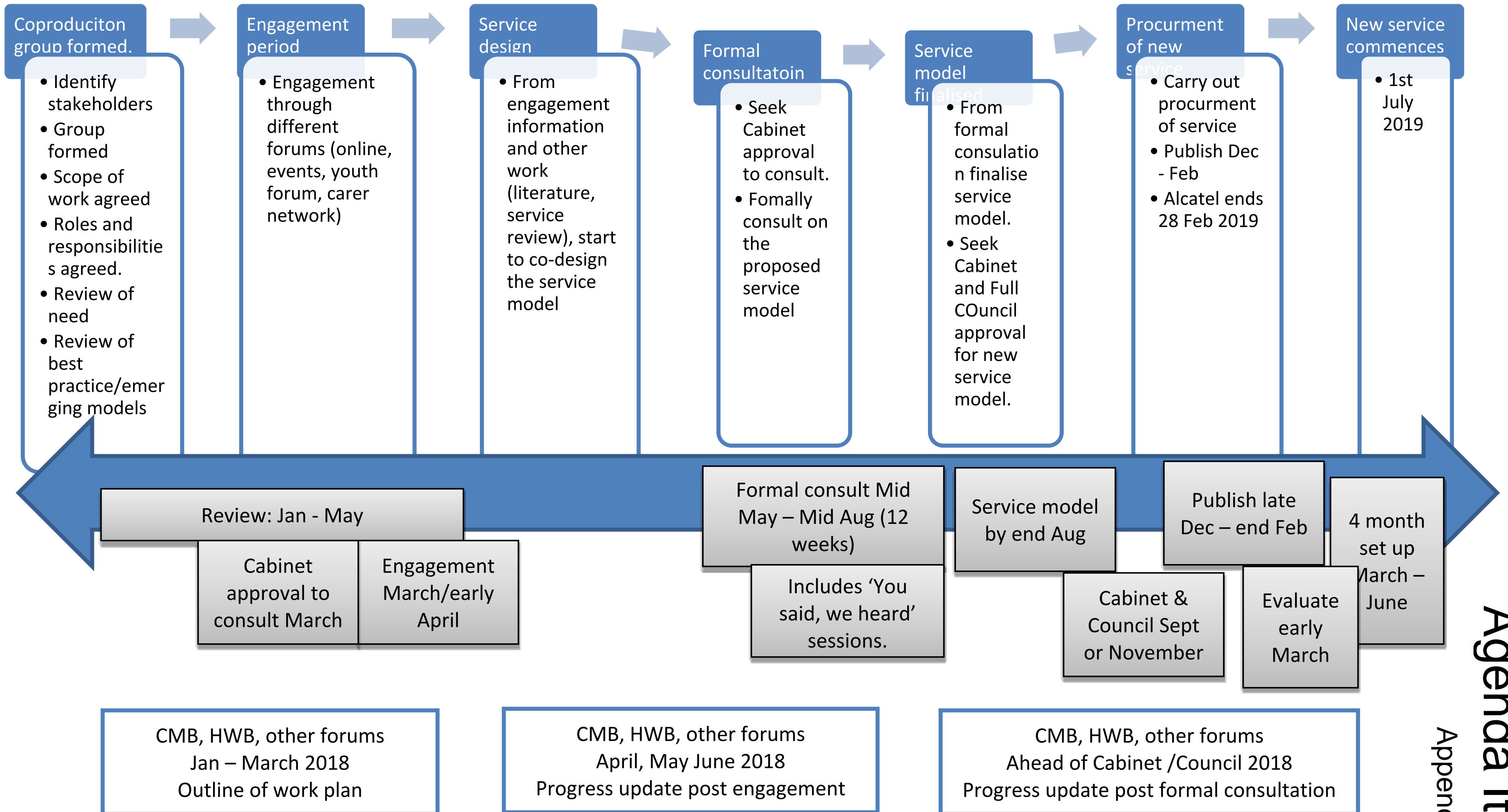
1.	None

Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	No
Privacy Impact Assessment	
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	No

Other Background Documents
Other Background documents available for inspection at:

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

Substance Misuse Review & Redesign – Coproduction and engagement



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Appendix 2

Southampton Drugs Strategy 2017 – 2020

Update: December 2017

Structure and Governance

In 2017 Inspector Clive Marsh from Hampshire Constabulary was appointed to lead a multi-agency group to prioritise and guide the operational activity to disrupt supply, reduce antisocial behaviour and protect vulnerable people, this is known as the Fortress Operational Group and occurs monthly.

In 2017 Charlotte Matthews, Consultant in Public Health was appointed to lead a multi-agency group to prioritise the strategy and developmental work, needed regarding prevention and treatment. This group is known at the Drug Strategy Implementation Group – prevention and treatment and sits quarterly.

In October 2017 DCI Ben Chivers from Hampshire Constabulary was appointed to chair the Drugs Board. This is a small, multi-agency board with the mandate to secure the delivery of the Southampton Drugs Strategy 2017-2020 and sits quarterly, with the first meeting having taken place on November 1st 2017.

Measures

The first dashboard is included with this update. Not all of the measures documented in the strategy have been available. Where possible alternative data has been provided. During 2018 further work will be completed to refine or gain access to data sets, to provide suitable measures for success to be measured against.

Update on priorities

Engagement and Raising Awareness

The Drugs Board has identified this priority as an initial area of risk to the strategy being delivered. At present the structure lacks governance and oversight to influence the following activity:

Work with Education (schools forum) and businesses (SOBAC) to:

Promote and monitor high quality drugs and resilience education for those in education and employment.

Increase aspirations and opportunities for people in Southampton, enabling people to see positive alternatives to becoming involved with drugs.

The current members have made it a priority to identify the correct stakeholder(s) to form a third sub-group to drive this work, with those already engaged in education and business within the city.

Prevention and treatment

The Drug Strategy Implementation Group – prevention and treatment sat for the first time in October 2017. This group has a wide area of responsibility under the strategy and has brought together the work previously conducted for clinical governance, drug-related deaths, blood-borne viruses and the DAAT partnership.

Its functions are defined as:

To monitor intelligence on local need, service activity and outcomes to identify areas for action.

To inform the delivery, provision and commissioning of services and interventions.

To identify and resolve or escalate risks to health or the prevention and treatment system.

To identify and share good practice.

The first meeting of the group focussed on prioritising the evidence-based recommendations from the Public Health England report to reduce drug related deaths http://www.nta.nhs.uk/uploads/phe-understanding-preventing-drds.pdf.

The group prioritised:

Adopt proactive approaches to risk management

Focus on intervening following non-fatal overdoses

Improve the recording of comorbidity and encourage co-ordination of psychiatric care services

Support improved access for people who use drugs to mental health care services

These will be progressed through 2018, with the group providing governance.

Further areas were identified to be managed through current contract monitoring, with the group providing oversight to ensure the work continues, these are:

Rapidly optimise drug treatment, including adequate doses of opioid substitute medications to protect against continued use of illicit drugs

Follow guidance on adequate dosing of opioid substitution treatment and supervised consumption

Tackle continued illicit drug use with service users, in line with clinical guidelines

Improve the recording of comorbidity and encourage co-ordination of physical healthcare

Support improved access for people who use drugs to physical health care services including (but not limited to) primary healthcare and health screening, smoking cessation, hepatology and respiratory health.

Engage stop smoking services in drug treatment, including the use of e-cigarettes where appropriate

The remaining recommendations will be re-visited in 6 months (April 2018), to re-prioritise and assess capacity to progress with the further recommendations.

Crime disruption and antisocial behaviour

With police and partnership activity now branded as Fortress monthly activity meetings have been established, and are well attended by a range of partners. These are police led and driven by an intelligence product known as the "Drug related Harm Threat Assessment" and the outcome of the meeting is designed to prioritise:

Vulnerable People
Vulnerable Places
Offender(s) / Offending Groups
Intelligence requirement for the next month
Additional business/project/development work required to improve the response to tackling drug related harm in Southampton.

An example of this last point is to review Automatic Number Plate Recognition coverage in the city. Identify in a priority order where gaps exist according to intelligence, and provide cost estimates and options to secure additional coverage.

The group has been successful at providing these outcomes, with greater prioritisation of offenders required from January 2018. The drive from within this group is to increase the flow of intelligence from the partners, to ensure that the threat assessment is carried out with rich and diverse information. Hampshire Constabulary's Community Partnership Information process is being used to facilitate this.

The incident type specific operations (Heavy, Sceptre etc) are scheduled and continue to be conducted.

DECISION-MAKER:	HEALTH AND WELLBEING BOARD			
SUBJECT:	UPDATE ON THE ALCOHOL STRATEGY 2017-20			
DATE OF DECISION:				
REPORT OF:	DIRECTOR OF PUBLIC HEALTH			
CONTACT DETAILS				
AUTHOR:	**Name:**	**Charlotte Matthews**	**Tel:**	**023 8083 3794**
	E-mail:	**Charlotte.Matthews@southampton.gov.uk**		
Director	**Name:**	**Jason Horsley**	**Tel:**	**023 8083 2028**
	E-mail:	**Jason.Horsley@southampton.gov.uk**		

STATEMENT OF CONFIDENTIALITY

None

BRIEF SUMMARY

The purpose of this paper is to update the Health and Wellbeing Board on the progress made on the Alcohol Strategy 2017-20 (Appendix 1).

The strategy was approved by the Health and Wellbeing Board in March 2017.

RECOMMENDATIONS:

	(i)	That the Board notes the progress made in implementing the Southampton Alcohol Strategy, 2017-20.

REASONS FOR REPORT RECOMMENDATIONS

1.	To enable the Health and Wellbeing Board to effectively scrutinise progress

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2.	None.

DETAIL (Including consultation carried out)

3.	The *Alcohol Strategy 2017-20* was developed in 2016 and approved by the Health and Wellbeing Board in March 2017. It is provided as Appendix 1.
4.	The strategy sets out the priorities for partners across the city to work on. The strategy supports the outcomes of the Health and Wellbeing Strategy 2017-2025, and the Safe City Strategy 2014-2017. It has been developed as an easy to read, high level document, which focuses on key priorities and actions.
5.	The aim of the strategy is for Southampton to be a safe, healthy and vibrant city where people who choose to drink alcohol do so safely.
6.	This aim addresses the Health and Wellbeing Board's concern about the impact of alcohol on health, inequalities and violence. It also recognises that the responsible sale and consumption of alcohol can contribute to a vibrant culture and night time economy where communities and business thrive.
7.	The strategy was based on a detailed review of data and widespread engagement with stakeholders.
8.	The strategy has three key priorities: Safe, Healthy and Vibrant. • Safe - reducing the impact on community and individual safety from

	antisocial behaviour, violence and crime. • Healthy - raising awareness of the risks of harmful drinking and helping people with alcohol problems. • Vibrant - alcohol consumption as part of the night-time economy and the regulated environment.
9.	The governance has been subsequently set up. The Safe theme is led by the police; the healthy theme is led by public health; and the Vibrant theme is led by licensing. Each works with a range of agencies. For example, licensing chair a night-time economy group of local bars, the ambulance service, the police, community safety and street pastors. Theme leads form a small steering group, chaired by public health, to link the themes and provide annual assurance to the Health and Wellbeing Board.
10.	The strategy specifies a number of outcomes for monitoring. These have been compiled into a dashboard, which will be updated and reviewed annually by the steering group to inform action. The dashboard is in Appendix 2.
11.	Furthermore, leads have completed the Public Health England self-assessment tool for alcohol ("CLeaR"). This identified some further areas for development.
12.	Each lead has developed an action plan to implement their part of the strategy and the findings of the CLeaR self-assessment. The plans are intended to be practical, useable documents for leads. They are provided in Appendix 3 (Safe), 4 (Healthy) and 5 (Vibrant).
13.	Current action includes rolling out a safe drinking campaign, helping people to understand the health harms of exceeding 14 units a week. We are also working with Solent University for students to develop a campaign for their peers.
14.	Additionally, the Integrated Commissioning Unit are delighted to have been awarded £25k winter pressures money from NHS England to invest in additional community care coordination for people who are identified as having an alcohol problem when they are in hospital.
15.	It is also worth noting that the recommissioning process for specialist substance misuse services is underway, led by the Integrated Commissioning Unit. There is a detailed plan including consultation with stakeholders.
RESOURCE IMPLICATIONS	
Capital/Revenue	
16.	The recommendations are based within existing work programmes. As such they are not considered likely to initially present any additional financial commitments.
Property/Other	
17.	None.
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
18.	None
Other Legal Implications:	

19.	None
POLICY FRAMEWORK IMPLICATIONS	
20.	This work contributes to the following priority within the Southampton City Council Strategy 2016-2020: • People in Southampton live safe, healthy, independent lives

KEY DECISION	No
WARDS/COMMUNITIES AFFECTED:	All

SUPPORTING DOCUMENTATION

Appendices

1.	Southampton Alcohol Strategy, 2017-20
2.	Dashboard for Southampton Alcohol Strategy, 2017-20 – December 2017 version
3.	Action plan for “Safe” theme, December 2017
4.	Action plan for “Healthy” theme, December 2017
5.	Action plan for “Vibrant” theme, November 2017

Documents In Members’ Rooms

1.	None

Equality Impact Assessment

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

Privacy Impact Assessment

Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	No

Other Background Documents:

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

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