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Health and Wellbeing Board

Wednesday, 6th October, 2021 at 6.00 pm

Virtual meeting

This meeting is open to the public

Members

Councillor P Baillie

Councillor Fielker

Councillor Stead

Councillor Streets

Councillor White

Debbie Chase – Director Of Public Health

Guy Van Dichele - Executive Director Wellbeing (Health and Adults)

Robert Henderson – Executive Director Wellbeing (Children and Learning)

Rob Kurn – Healthwatch

Dr Shahed Ahmad - Medical Director,Hampshire Thames Valley, NHS England South East Region

Dr Sarah Young - NHS Southampton Clinical Commissioning Group,

Contacts
Pat Wood
Democratic Support Officer
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BACKGROUND AND RELEVANT INFORMATION

Purpose of the Board

The purpose of the Southampton Health and Wellbeing Board is:

- To bring together Southampton City Council and key NHS commissioners to improve the health and wellbeing of citizens, thereby helping them live their lives to the full, and to reduce health inequalities;
- To ensure that all activity across partner organisations supports positive health outcomes for local people and keeps them safe.
- To hold partner organisations to account for the oversight of related commissioning strategies and plans.
- To have oversight of the environmental factors that impact on health, and to influence the City Council, its partners and Regulators to support a healthy environment for people who live and work in Southampton

Smoking policy – The Council operates a no-smoking policy in all civic buildings.

Mobile Telephones:- Please switch your mobile telephones to silent whilst in the meeting

Fire Procedure – In the event of a fire or other emergency, a continuous alarm will sound and you will be advised, by officers of the Council, of what action to take

Access – Access is available for disabled people. Please contact the Democratic Support Officer who will help to make any necessary arrangements.

Southampton: Corporate Plan 2020-2025 sets out the four key outcomes:

- Communities, culture & homes - Celebrating the diversity of cultures within Southampton; enhancing our cultural and historical offer and using these to help transform our communities.
- Green City - Providing a sustainable, clean, healthy and safe environment for everyone. Nurturing green spaces and embracing our waterfront.
- Place shaping - Delivering a city for future generations. Using data, insight and vision to meet the current and future needs of the city.
- Wellbeing - Start well, live well, age well, die well; working with other partners and other services to make sure that customers get the right help at the right time

Responsibilities

The Board is responsible for developing mechanisms to undertake the duties of the Health and Wellbeing Board, in particular

- Promoting joint commissioning and integrated delivery of services;
- Acting as the lead commissioning vehicle for designated service areas;
- Ensuring an up to date JSNA and other appropriate assessments are in place
- Ensuring the development of a Health and Wellbeing Strategy for Southampton and monitoring its delivery.
- Oversight and assessment of the effectiveness of local public involvement in health, public health and care services
- Ensuring the system for partnership working is working effectively between health and care services and systems, and the work of other partnerships which contribute to health and wellbeing outcomes for local people.
    - Testing the local framework for commissioning for: Health care; Social care; Public health services; and Ensuring safety in improving health and wellbeing outcomes

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.

Dates of Meetings: Municipal Year 2021/2022

1 September 2021 (moved to 6 October 2021)
15 December 2021

CONDUCT OF MEETING

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

PROCEDURE / 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.

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

QUORUM
The minimum number of appointed Members required to be in attendance to hold the meeting is 3 who will include at least one Elected Member, a member from Health and Healthwatch.

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.

AGENDA

1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

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

2 ELECTION OF CHAIR AND VICE-CHAIR

To elect the Chair and Vice Chair for the Municipal Year 2021/22.

3 STATEMENT FROM THE CHAIR

4 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.

5 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

To approve and sign as a correct record the minutes of the Health and Wellbeing Board meeting held on 17 June 2020 and the Local Outbreak Engagement Board meeting held on 7th June 2021 and to deal with any matters arising.

6 COVID-19 UPDATE AND HEALTH IMPACT

Report of the Cabinet Member for Health and Adult Social Care outlining Southampton activity in response to COVID-19 and the impact of the pandemic on health

7 HEALTH AND WELLBEING STRATEGY UPDATE

Report of the Cabinet Member for Health and Adult Social Care, outlining progress against the Health and Wellbeing Strategy 2017-2025, which sets out the strategic vision for improving the health of people who live, work, and study in the city, and for reducing health inequalities.

8 HEALTH AND CARE SYSTEM CHANGES - UPDATE ON THE DEVELOPMENT OF HAMPSHIRE AND ISLE OF WIGHT INTEGRATED CARE SYSTEM

Report of the Managing Director, Hampshire, Southampton and Isle of Wight CCG (Southampton) providing an update on the development of Hampshire and Isle of Wight Integrated Care System

9 SOUTHAMPTON SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2019-20

Southampton Safeguarding Adults Board Annual Report 2019/20 attached, for information only.

Tuesday, 28 September 2021 Service Director – Legal and Business Operations

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HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON 17 JUNE 2020

Present: Councillors Fielker (Chair), Dr Paffey, Savage, Shields and Windle Grainne Siggins, Rob Kurn, Dr Mark Kelsey (Vice-Chair) and Debbie Chase

1. **ELECTION OF CHAIR**

RESOLVED that Councillor Fielker be elected as Chair for the 2020-2021 municipal year.

2. **ELECTION OF VICE-CHAIR**

RESOLVED that Dr Kelsey be elected as Vice-Chair for the 2020-2021 municipal year.

3. **APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)**

The apologies of James Rimmer were noted.

The Board also noted that the Councillors Fielker, Paffey, Savage, Shields and Windle were appointed as members of the Board at Cabinet on 19 May 2020. The Board noted that Hilary Brooks had left the Council and that Grainne Siggins had been appointed as Interim Director of Children and Families.

4. **STATEMENT FROM THE CHAIR**

The Chair expressed thanks to Councillor Shields for all he had done for the Health and Wellbeing Board.

5. **DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS**

Councillor Savage declared a personal interest in that his wife worked for a counselling service. He remained in the meeting and took part in the consideration and determinations of items on the agenda.

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

RESOLVED that the minutes of the meeting held on 22 January 2020 be approved and signed as a correct record.

7. **COVID-19: OVERVIEW OF HEALTH AND CARE RESPONSE IN SOUTHAMPTON JUNE 2020**

The Board received the report of the Director of Quality and Integration that outlined the response of health and care services in Southampton to the outbreak of Covid 19.

Stephanie Ramsey – Director of Quality and Integration was present and with the consent of the chair addressed the meeting.

The Board noted that:

- Covid 19 had created a rapidly changing health situation in the city which had required considerable planning about how to respond and what would be needed in the future;
- There had been some very positive work as a result of the pandemic including the identification of the possible benefits of discharging people rapidly from hospital admissions in the future, increased telephone consultations and more cohesive working together of different medical services;
- More people in the city were suffering from mental health issues and the bereavement service had an increased workload;
- BAME (Black, Asian and Minority Ethnic) risk assessments would be needed for staff as their likelihood of contracting the virus more severely was heightened;
- Lockdown in Southampton had reduced the number of infected people within the city but there would be a need to continue to monitor the infection rate (R) and check various indicators to keep track of the R value; and
- There had been a severe decrease in the general public seeking medical advice, although GP practices had remained open. It was noted that there was more work to be done on communicating to the public that GP surgeries were open and the process involved to access their GP.

8. **POTENTIAL IMPACTS OF COVID-19 ON HEALTH INEQUALITIES IN SOUTHAMPTON**

The Board considered the report from the Interim Director of Public Health detailing the impact of Covid 19 on health inequalities in Southampton.

Kate Lees, Locum Consultant in Public Health, and Stephanie Ramsey, Director of Quality and Integration Southampton City CCG were present and with the consent of the Chair, addressed the meeting.

The Board received a presentation from Kate Lees regarding health inequalities which were summarised as being differences in health outcomes between people or groups due to social, geographical, biological or other factors. These differences had a significant impact, because they resulted in people who were worst off experiencing poorer health and shorter lives.

The Board noted that:

- There was a statutory responsibility for local authorities to improve this situation;
- Covid 19 had impacted access to urgent care, care for long-term conditions and, in the future, long term mental and socio-economic issues would be encountered;
- The looming recession and job losses would be likely to exacerbate chronic health inequalities;
- Work was underway to address and improve the outcome for loneliness and social isolation in the city;
- There had been significant health inequalities In Southampton before Covid-19 but the pandemic was likely to exacerbate health inequalities;
- Evidence about the virus was emerging, and this intelligence should be used to inform decision-making;
- Evidence-based approaches required a ‘whole-system’ approach;

- It was important to scrutinise strategies and plans for dealing with health inequalities with a long term approach; and
- There was a need to engage with employers, schools and job centres to aid the current situation.

RESOLVED that the Board agree to consider the impact on health inequalities and re balancing of plans when developing a Covid 19 recovery strategy.

9. **SOUTHAMPTON CITY SUICIDE PREVENTION PLAN**

The Board considered the report of the Interim Director of Public Health seeking approval of the Southampton City Suicide Prevention Plan 2020-2023.

Amy McCullough, Consultant in Public Health, was present and with the consent of the Chair, addressed the meeting.

The Board noted that:

- The aim of the plan was to reduce the number of suicides in Southampton and to ensure provision of support to those bereaved by suicide, focussing on, but not limited to, groups at high risk of taking their own life;
- A multi partnership approach was required to attain the maximum success with suicide prevention with regular updates within groups to encourage coordination;
- Although the suicide rate in Southampton had decreased over recent years, the city was still above the national average figure;
- Schools should be suicide alert and that there was a short online video training available to download;
- Front line care workers needed to be trained regarding discussions on suicide;
- There was a need to promote the resources that were available to help with suicide prevention; and
- It would be useful to hold a virtual All Members Briefing to show resources available on suicide prevention and to discuss ways of sign posting people to the correct form of help.

RESOLVED

(i) That the Southampton Suicide Prevention Plan 2020-2023 be approved; and
(ii) That an update report on delivery against the Plan be received by the Board once a year, with exception reports as appropriate.

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LOCAL OUTBREAK ENGAGEMENT BOARD

MINUTES OF THE MEETING HELD ON 7 JUNE 2021

Present: Councillors Fitzhenry (Chair) and White

In Attendance Debbie Chase, Director of Public Health
Robert Henderson, Executive Director Children and Social Care
Supt Simon Dodds, Hampshire Police
Paul Grundy, Southampton University Hospital Trust
Gary Whittle, Southampton Chamber of Commerce

27. **APOLOGIES**

Apologies were received from Councillor P Baillie, Rob Kurn and Carol Cunio.

28. **STATEMENT FROM THE CHAIR**

The Leader announced that this would be the last meeting of the Local Outbreak Engagement Board (LOEB) in this format. The terms of reference of the LOEB would be subsumed into the Health and Wellbeing Board terms of reference in the new Municipal Year and the Council Constitution updated accordingly.

29. **MINUTES OF PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

RESOLVED: that the minutes for the Committee meeting on 29th March 2021 be approved and signed as a correct record.

30. **COVID-19 SITUATION REPORT**

The Board received and noted the report of the Director of Public Health detailing the current Covid-19 Situation Update.

Partner Members of the Board gave verbal feedback on the situation in key sectors via presentations at the meeting. Those presentations were published alongside the agenda and reports following the meeting.

The Board noted there was cautious optimism that the announcement of 14th June for the lifting of the next phase of restrictions for the 21st June would be take place as hoped.

The vaccination programme in the City was going well but it was still too early to say whether there would be herd community.

31. **LOCAL OUTBREAK MANAGEMENT PLAN: PREVENTION AND CONTROL**

The Board received and noted the report of the Director of Public Health detailing the Updated Local Outbreak Management Plan: Prevention and Control which set out plant to identify and control outbreaks of Covid-19. The Board noted the new requirement from the Department of Health and Social Care to update and refresh the plan incorporating the learning from managing the pandemic to date.

The Board particularly noted the pop-up vaccination sites/clinics that had been held which had been really beneficial in particular communities.

32. **UPDATE ON THE MULTI FAITH, MULTI-CULTURAL WEBINAR**

The Board received and noted the report of the Director of Public Health detailing the Southampton Multi-Faith, Multi-Cultural Webinar which brought together faith communities and local organisations across Southampton to intensively discuss local Covid-19 vaccination and testing efforts, initiatives and progress to date. The event had been very well attended with participants representing diverse settings and communities.

33. **LIVE EVENT QUESTION AND ANSWER SESSION**

The Board held a live event question and answer session from members of the public. This can be viewed via the link to the meeting on the City Council's webpage:- https://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?CId=748&MId=6531&Ver=4

DECISION-MAKER:	**Health and Wellbeing Board**
SUBJECT:	**COVID-19 Update and Health Impact**
DATE OF DECISION:	**1 September 2021**
REPORT OF:	**Cabinet Member for Health and Adult Social Care**

CONTACT DETAILS				
Executive Director	**Title**	**Executive Director, Wellbeing (Health & Adults)**		
	Name:	**Guy Van Dichele**	Tel:	
	E-mail	**Guy.VanDichele@southampton.gov.uk**		
Author:	**Title**	**Consultant in Public Health**		
	Name:	**Robin Poole**	Tel:	
	E-mail	**Robin.Poole@southampton.gov.uk**		

STATEMENT OF CONFIDENTIALITY
Not applicable

BRIEF SUMMARY
This briefing note provides an overview of activity taken in Southampton to reduce risk and respond to the threat of the covid-19 pandemic. A short Southampton city COVID-19 data update will be provided at the start of the agenda item including the latest number of cases and case rate, comparison with geographical neighbours and other geographies, COVID-19 hospitalisations and deaths. Progress in the COVID-19 vaccination programme to date will also be provided which will include a phase 3 (booster) update. The briefing is provided to the Health and Wellbeing Board for information purposes only.

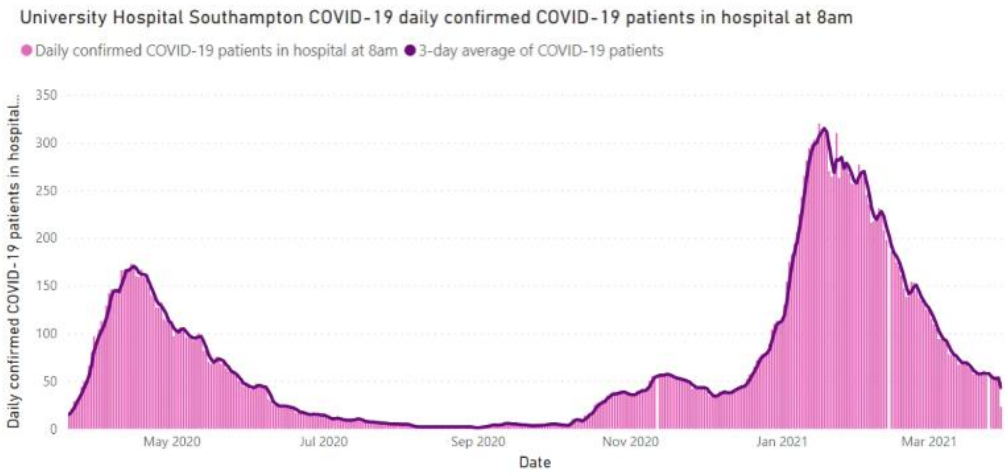
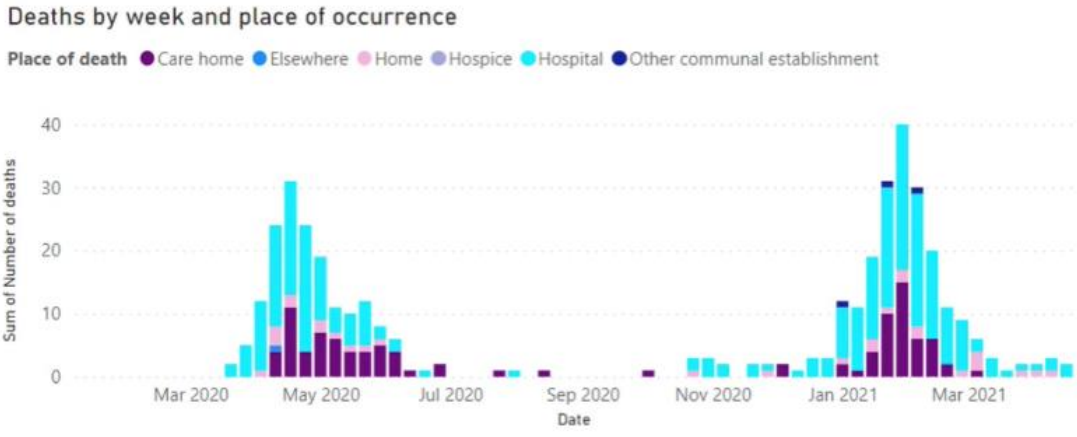
RECOMMENDATIONS:		
	(i)	To acknowledge the role of agencies in Southampton in responding to the covid-19 pandemic and disproportionate impact it has had on our most vulnerable residents
	(ii)	To continue to support efforts to respond to the pandemic and ensure recovery plan prioritises actions to reduce increasing health inequalities and implement a health in all policies approach

REASONS FOR REPORT RECOMMENDATIONS	
1.	The briefing is provided to the Health and Wellbeing Board for information purposes only.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
	None

DETAIL (Including consultation carried out)	
2.	**Annual Report from the Director of Public Health** This year the Annual Report from the Director of Public Health has taken the form of a video interview highlighting the city response to the pandemic since March

	2020. The video interview with Dr Debbie Chase, Director of Public Health, Southampton City Council can be accessed here: **Public health annual report 2020/ 21 (southampton.gov.uk)**
3.	Text accompanies the video on the SCC website, providing a chronology of response. In short summary, the first case of novel coronavirus was officially recorded in Southampton on 15 March 2020. The Public Health team in Southampton were already starting to prepare in early 2020 by reviewing plans with public service partners within the city and across the region, including our port and universities.
4.	**First national lockdown** On 23 March 2020 the Prime Minister announced that the UK would go into lockdown. We wrote to all residents with reassurance and with details of how to access support as we rapidly redeployed staff and resources to protect and support people through the difficult times to come.
5.	**Southampton steps up** Following lockdown many people found themselves isolated and in need of support for daily essentials like groceries and access to medication. To ensure no one was left behind we rapidly set up a Community Support Hub centred around the Guildhall. We worked with local GPs, adult care teams and voluntary sector partners to build a clear picture of who may be in need of support and to reach out to provide help. This offer was accessible through a dedicated support line managed by the Customer Services team at the council. The Customer Services team worked closely with Southampton Voluntary Services
6.	**Leading the local response** Although the first national lockdown gradually eased into more localised tiers of restrictions in the summer of 2020, it was clear that COVID-19 remained a threat. To mobilise the local response we developed our Local Outbreak Control Plan working with partners across the city. It describes the measures we all need to take to reduce our risk, and the interventions and processes that are in place to ensure that we prevent spread of COVID-19 infection as far as possible, and can rapidly identify and respond to local outbreaks of COVID-19. Residents have been key to our response. The high levels of adherence to national policy and public health measures by Southampton residents has meant that we have been able to keep our COVID-19 rates lower than may be expected for a city with our demographic and high levels of deprivation.
7.	**The second wave** In the Autumn and Winter of 2020, Southampton – along with the rest of the UK – saw a staggering increase in cases. This was attributed to the emergence of a new variant first detected in Kent which became the dominant strain in circulation in the UK. This new strain was more transmissible and as such meant that infection rates climbed rapidly. The second wave hit Southampton and the rest of the country even harder than the first, with a dramatic increase in hospital admissions and sadly many further deaths. All the measures put in place to support people in Southampton remained in place and we reaffirmed our commitment to do whatever it takes to protect and support people as we entered a second national lockdown.

8.	**The impact of COVID-19 on Southampton** Southampton has seen 16,481 infections and 391 deaths with coronavirus*. Each one of these deaths has been a tragedy. It's easy to forget this is not just a number – each represents the loss of a precious family member or friend. There have also been countless more people blighted by the illness and hospitalised and suffering with the long-term effects of the infection. This is in addition to the impact of lockdowns on the economy and on our daily lives, with consequences for mental health, employment and education that we will be dealing with for years to come. *Data for deaths up to 25 June 2021 and cases up to 3 July 2021.  
9.	**Southampton leads the way with mass testing trials** In June 2020, we joined with the University of Southampton and the University Hospital Southampton NHS Foundation Trust to develop and trial COVID-19

	mass testing technologies. Weekly, rapid-result saliva tests were piloted with 14,000 community and school participants. The city took a leading national role in evaluating regular COVID-19 infection testing for households at each stage in the pilot programme, allowing us to assess the feasibility of carrying out home-testing on a large scale. The home-based saliva-testing pilot has helped pave the way for more regular testing schemes which, along with the NHS Test & Trace programme and national efforts to encourage self-isolation, vaccinations, are helping to stop the spread of the coronavirus.
10.	**Setting up walk-in testing centres** In September 2020, we worked with the Department of Health and Social Care to set up four walk-in testing centres within easy reach of Southampton neighbourhoods. The testing centres give residents immediate, easy access to getting tested for COVID-19 if they have symptoms and are part of a national network of sites. See Getting tested for coronavirus in Southampton
11.	**Local test and trace teams** In December, we partnered with NHS Test and Trace and Public Health England to launch a contact tracing service, Southampton Test and Trace. Our call handlers contact residents that have tested positive for COVID-19 and who the national test and trace service has not been able to get through to. They then provide them with self-isolation advice, identify who they may have been in close contact with, and help them access support where they need it. The service has played an important role in making contact with vulnerable residents and ensuring their needs are met.
12.	**Shirley steps up to take part in surge testing for the South African variant** In February 2021, our Southampton Test and Trace service worked with NHS in the SO15 postcode area of Shirley to identify and isolate cases of the South African COVID variant. As part of the exercise, we wrote to postcode residents, deployed a Mobile Testing Unit (MTU) offering PCR tests (polymerase chain reaction) and issued them home test kits with instructions. Thousands of residents came together to take the tests and help us better understand this variant. The information gathered from this and other variant outbreaks will help us better prepare for future outbreaks of COVID-19, better understand variants, and may contribute to the development of further vaccines.
13.	**Symptom-free testing** One in three people with COVID-19 don't have symptoms, so could spread the infection without realising it. Starting in March 2021 our teams have worked to set up symptom free testing sites across Southampton at dedicated sites and in community pharmacies. The symptom-free tests are LFDs or Lateral Flow Devices which give a rapid result within 30 minutes. We have also been rolling out pop-up test collection sites including one at Westquay shopping centre and at community locations alongside vaccine clinics.

	This ensures the message about the importance of testing reaches our whole community and that access is easy and convenient.
14.	**COVID-19 vaccine rollout** The roll-out of vaccines has undoubtedly had a huge impact and saved hundreds of lives in Southampton already. We're pleased to see that take up has been generally very high, and we will continue to support our partners in the local NHS to roll out the life saving jab. Despite this we are seeing inequalities in take up, with some groups being less likely to take up the offer than others. The reasons for this are complex, based on many varied factors including age, cultural sensitivities, levels of trust in government institutions and access to quality information. We have been working to make sure that good information on vaccines is available to everyone in their native language. We worked with a local community interest group to create and promote a series of videos about vaccines which feature trusted voices from within Southampton's diverse communities. We've also been looking at innovative ways to ensure the roll out of vaccines reaches every community. Successful pop-up clinics have already taken place in local mosques and temples and we have more planned. We will continue to work with communities to ensure the roll out of the jab continues at pace.
15.	**Community Champions shine** One of the great positives to emerge from the pandemic is the community spirit that has helped us pull through. Whether that be from showing our appreciation for key workers, volunteering with local groups or simply looking out for our neighbours. Our Community Champions scheme was set up in September 2020 to harness this community spirit. Our network of COVID-19 Community Champions are made up of people who live, work and learn in the city, all playing their part to keep communities safe by sharing important information and advice whilst providing the Public Health and Stronger Communities team with feedback. This has become a vital part of the response as we seek to dispel myths and combat misinformation and conspiracy which are an ever-present danger to our efforts to get back to a more normal way of life.
16.	**COVID Marshalls on patrol** In November 2020 we were awarded a grant from the Home Office to introduce COVID Marshalls in Southampton. We moved quickly to get a team in place whose role was to engage, explain and encourage members of the public to follow COVID-19 guidelines. They've had thousands of interactions with people and responded to hundreds of reports from concerned residents and business owners. The outcomes from these interactions have been overwhelmingly positive. They've played a key role in the reopening of the economy by supporting businesses to manage queues and one-way systems, helping to prevent mixing between groups in public spaces and providing advice on how to wear face coverings.
17.	**COVID-19 innovation projects** Southampton City Council has funded a number of community-led COVID-19 Innovation projects, recognising that community, voluntary and faith sector

	groups have crucial links with their communities and can support public health measures in creative ways. A few of the projects delivered so far include: • developing COVID-19 messages in different languages by trusted members of the community • social media videos by young people working alongside the University of Southampton LifeLab and Southampton Children's Hospital Youth Ambassador Group • community training and online engagement events.
18.	**Crisis communications during a pandemic** Access to good information at the right time continues to be of paramount importance to our response to the COVID-19 pandemic. The Communications team also play a pivotal role in linking people with the support they need, ensuring people are aware of the implications of restrictions on their daily lives and that they are taking actions to keep themselves and their families safe. This work has taken many forms – from weekly updates on the latest situation including local case numbers, to getting in touch with over 15,000 people asked to shield and translating and distributing leaflets and posters. We launched the Keep Southampton Safe campaign as a vehicle to reach our diverse population with important messages on safety and changes in guidance. This work continues to be vital as we focus on reaching people of all ages and ethnicities with information about vaccines, testing and reopening.
19.	**Next steps and recommendations** COVID-19 has not disappeared. Though we can be positive about the situation in Southampton as cases continue to fall, we know that this can change quickly. And as we've seen here and are now seeing in other parts of the world, the consequences can be devastating. This means we must continue to prioritise our response to the virus, preparing for further waves and protecting the vulnerable. To do this we will continue to: • Support the roll out of Covid-19 vaccines, with an emphasis on seeking to address inequalities in uptake to ensure every community benefits • Support the roll-out of testing – both symptomatic and symptom-free – as a vital tool to keep outbreaks of the virus under control and break the chains of transmission • Work with our partners to ensure that settings are well prepared for further outbreaks • Keep track of the prevalence and impact of the virus on Southampton's communities through an analysis of all available data and use that to inform our decision making • Communicate in an open and transparent way with residents, visitors and businesses, promoting testing, vaccine uptake and public safety messages COVID-19 has put a spotlight on existing health inequalities in Southampton that mean people living in more deprived areas on average have a significantly lower life expectancy and suffer from worse health outcomes. We will continue to ensure taking steps to tackle this inequality is at the heart of our work, and move towards adopting a health in all policies approach across the Council.
	COVID-19 Impact and Southampton Covid-19 Health Impact Assessment

20.	At the time of preparing this report the UK is amid a third wave of the pandemic. The direct and indirect impacts of COVID-19 continue to be realised. Direct impacts include the number of cases, hospitalisations, and deaths, and how the impact of these have been experienced differentially across the population is important to understand, often varying by age, gender, ethnicity, deprivation, occupation and geography. Covid-19 underlined the structural disadvantage experienced by people from different backgrounds including ethnic minority communities and the economic and social consequences to contain Covid-19 worsened these inequalities.
21.	Indirect effects of the pandemic include delays in healthcare access for non-Covid related conditions, physical and mental health deconditioning due to long period of COVID-19 restrictions, and changes to people's financial situation due to loss of employment, self-isolation or ill health. Significant loss of educational experience due to lockdowns or self-isolation signal negative impacts for children and young people, long-term impacts that themselves are likely to be experienced differentially across different segments of the population.
22.	The differential impacts of COVID-19 on people from different subpopulations are thought to be due to a number of factors including differences in pre-existing health conditions (making it more likely to develop severe COVID-19 infection or death) and differences in risk of exposure to the virus due to factors such as occupation type, finances, and housing. Pre-existing ill health is also a risk factor for Long COVID, a condition in which a person experiences a continuation of symptoms past four weeks following the acute phase of infection. An estimated 962,000 people in the UK (1.5% of the population) were experiencing self-reported long COVID at the beginning of July and 18.5% of these people reported that their ability to undertake their day-to-day activities had been "limited a lot" (ONS data).
23.	To explore and understand how these many issues have affected Southampton residents, Southampton City Council Public Health and Data, intelligence and insights team will work with partners across the city to produce a Southampton COVID-19 Health Impact Assessment (SC19HIA). The impact assessment will utilise all relevant data sources that allow the assessment of the direct and indirect effects of the pandemic and where the latest data available is relevant to the period of the pandemic. Where local data is unavailable then regional or national data will be considered in order to draw conclusions as to the likely impact on Southampton residents. Where possible trends in data will be shown prior to the pandemic and changes in the year 2020-21 will be compared to the average of the previous five years 2014-2019. Currently the data sources and scope of the impact assessment are being explored.
24	Acknowledging that the impact of COVID-19 will have been experienced differentially across the population, the impact assessment will aim to identify where the city might be able to focus its collective effort to reduce inequalities as we build back fairer. This will not only be relevant to health policies, but all polices that affect the wider health and wellbeing of our residents.
RESOURCE IMPLICATIONS	
Capital/Revenue	
	None
Property/Other	

	None
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
	Health and Social Care Act 2012 and associated legislation
Other Legal Implications:	
	None
RISK MANAGEMENT IMPLICATIONS	
	None
POLICY FRAMEWORK IMPLICATIONS	
	None

KEY DECISION?	**No**
WARDS/COMMUNITIES AFFECTED:	All
SUPPORTING DOCUMENTATION	
Appendices	
1.	None
2.	

Documents In Members' Rooms

1.	None
2.	
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	**No**
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) 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	

DECISION-MAKER:	**Health and Wellbeing Board**
SUBJECT:	**Health and Wellbeing Strategy Update**
DATE OF DECISION:	**1 September 2021**
REPORT OF:	**Cabinet Member for Health and Adult Social Care**

CONTACT DETAILS				
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STATEMENT OF CONFIDENTIALITY
Non applicable
BRIEF SUMMARY
The Southampton Health and Wellbeing Strategy 2017-2025 was developed by the Health and Wellbeing Board, and adopted by Full Council in March 2017, in agreement with Southampton Clinical Commissioning Group (CCG) Governing Body.
Health and wellbeing is important to everyone who lives, works and learns in the city. The joint Health and Wellbeing Strategy for Southampton aligns with: • City Strategy 2015-2025 with its vision to make Southampton a 'city of opportunity where everyone thrives', and priority around 'healthier and safer communities'. • Southampton City Council Corporate Plan 2021-2025 and its outcome 'people in Southampton live safe, healthy, independent lives' • Five Year Health and Care Strategy for Southampton and the Local Delivery Plan. • The HIoW Integrated Care System (ICS) Prevention & Health Inequalities Board Plan. • The forthcoming Children's and Young People's Strategy for 0-25 year olds Further strategies and plans sit under the Health & Wellbeing Strategy, such as the Physical Activity & Sport Strategy, the Alcohol Strategy, the Child Obesity Cabinet Action Plan and the Suicide Prevention Plan. Updates on the Drugs Strategy are also reported to the Health and Wellbeing Board, although the strategy is led by the Safe City Partnership.
The strategy sets out the strategic vision for improving the health of people who live, work, and study in the city, and for reducing health inequalities. It describes the outcomes the city wants to achieve by 2025, based on evidence from the Joint Strategic Needs Assessment (JSNA), stakeholder engagement and public consultation. This paper provides an update on the progress of the strategy as of August 2021.
RECOMMENDATIONS:

	(i)	The Board notes the progress against the Health and Wellbeing Strategy including the current dashboard of outcomes.
	(ii)	The Board re-commits to the promotion and implementation of the strategy
	(iii)	The Board scales up work to embed Health in All Policies and to optimise the role of our Anchor Institutions, including role-modelling good practice for staff health and wellbeing, to address longer term health inequalities across the city.
	(iv)	The Board continues a multi-faceted approach to reducing health inequalities and improving health. Other high-impact priorities for the next year are COVID-19 response and recovery, protecting a good start in life, all age mental health and reducing smoking prevalence.
REASONS FOR REPORT RECOMMENDATIONS		
	Local Authorities and Clinical Commissioning Groups (CCGs) and their subsequent Integrated Care Systems have equal, joint statutory duties to deliver a Health and Wellbeing Strategy that sets out how they work together with local partners to meet health and care needs identified in the JSNA.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
	None	
DETAIL (Including consultation carried out)		
	Background	
1.	The Health and Wellbeing Strategy 2017-2025 (**Appendix 1**) sets out our vision that Southampton promotes and supports health and wellbeing for all. It commits to significantly improve health and wellbeing and reduce health inequalities in Southampton by 2025. The strategy lists four key strategic outcomes with high-level activities which will contribute to achieving them. The strategy includes measures from Public Health England's Public Health Outcomes Framework[1] so we can monitor population need and our impact.	
2.	This paper reviews progress against the Strategy. It highlights the opportunities and challenges for maximising health, ill-health prevention and reducing health inequalities in the city. The priority for action during 2020-21 has been responding to the pandemic, which has meant that in some cases, work towards the goals of the Strategy has not proceeded as previously planned. For a summary of Southampton's response to COVID-19, please see the annual report of the Director of Public Health. **Appendix 2** provides a scorecard of the indicators used to monitor the strategy, with the most recent data, data from comparative areas and recent trends. **Appendix 3** provides a summary of current activities against each of the four priority outcomes in the Strategy: i. People in Southampton live active, safe and independent lives and manage their own health and wellbeing ii. Inequalities in health outcomes are reduced	

[1] Public Health Outcomes Framework - PHE

iii. Southampton is a healthy place to live and work with strong, active communities
iv. People in Southampton have improved health experiences as a result of high quality, integrated services.

3. More needs to be done to improve the health of Southampton residents so they can enjoy the same level of health and wellbeing as the national average. We need to increase our efforts and continue a multi-faceted approach to reducing health inequalities and improving health. Particularly high-impact priorities are:

- COVID-19 response and recovery
- protecting a good start in life
- obesity
- all age mental health
- reducing smoking prevalence
- alcohol and drug use
- improving the wider determinants of health
- embedding Health in All Policies (and contracts, contacts and our working cultures)
- optimising the role of our Anchor Institutions, including role-modelling good practice for staff health and wellbeing.

Summary of progress against the strategy's priorities

4. Life expectancy is one of the Strategy's overarching indicators. In Southampton, life expectancy is lower than the England average (2017-19 data):

	Southampton	England
Males	78.5 yrs	79.8 yrs
Females	82.5 yrs	83.4 yrs

Healthy life expectancy at birth for males (60.7 years) remains below the England average (63.2 years), and similar for females (62.6 years, England 63.5 years). Southampton females live in poorer health 2.1 years longer than males on average, and compared to the England average.

In 2018-20, males living in the most deprived areas of the city lived on average 8.7 years less than those living in the least deprived areas, and for females 4.1 years less, with no evidence that this inequality gap in life expectancy is narrowing over time.

5. **Priority 1: People in Southampton live active, safe and independent lives and manage their own health and wellbeing**

The detail of latest activities against each priority can be found in **Appendix 3**. Encouraging and promoting healthier daily lives continues to be prioritised, and a number of new initiatives, services and partnerships have been developed. Support for enabling people to have greater independence and improved access to advice and guidance has been coordinated through Southampton's Integrated Commissioning Unit. Promoting mental health and wellbeing has been another important focus of our work, and new partnerships and integrated services have been crucial here. Although the impact of the COVID-19 pandemic has affected

	many of our plans in these areas, it has also brought opportunities which we have acted upon with some success. Nevertheless, Southampton has some way to go towards improving health outcomes and moving towards favourable comparisons across England. Most of these risk factors are more common in areas of higher deprivation and we continue to monitor our progress against our comparators and learn from best practice in similar situations. Mitigating the underlying deprivation will be impactful.
6.	**Priority 2: Inequalities in health outcomes are reduced** Research at the national level has shown that the pandemic has increased health inequalities across the country, and ongoing work on the SCC COVID-19 Health Impact Assessment indicates that the position with Southampton's health inequalities is likely to be no different. Our work to reduce the health inequality gap, which encompasses numerous partnerships across many sectors and uses community-based approaches, has remained a focus and directed much of our COVID-19 response. All our activities, whether COVID-19 related or otherwise, are needs-led so that support is targeted where it is needed most. Building-in the need to address health inequalities across the council is a recommendation of the Director of Public Health's annual report 2020/21, and key to delivery of this is the 'Health in all policies' approach. Health inequalities are largely rooted in social inequalities.
7.	**Priority 3: Southampton is a healthy place to live and work with strong, active communities** Enabling people to live healthier lives through strengthening communities and networks across the city is another key element of the Strategy. The Stronger Communities team has been a central part of the COVID-19 response and has expanded its networks and reach into communities. The team works closely with SO:Linked, the service that helps residents navigate community support, organisations and events. Working with city planners, transport networks, local businesses and employers, we aim to influence policies, strategies and initiatives towards making Southampton a healthier place to live. The Southampton Warmth for All Partnership continues to support initiatives to reduce fuel poverty and increase the number of warm, safe homes in the City.
8.	**Priority 4: People in Southampton have improved health experiences as a result of high quality, integrated services** The city's services continue to work towards cementing the integration of health and social care as part of the Health and Care Strategy 2020-25. Delivery of this programme is monitored through the Better Care Steering Board and the Joint Commissioning Unit. A new 'One Team' shared approach to planning and delivering care has recently been expanded to more areas of the city. The Health and Care Strategy also has a prevention and early intervention approach at its core.
Conclusions and recommendations	
9.	Our review of progress and latest activities (**Appendices 2 & 3**) shows that the strategy is being implemented but the impact on our population health outcomes is variable. COVID-19 has increased health need, exacerbated health inequalities and has affected prioritisation of the Health and Wellbeing Strategy commitments.

	Much more now needs to be done at pace and at scale to improve health and to reduce health inequalities. The evidence to reduce health inequalities recommends a "proportionate universalism" approach which means matching interventions to need, focussing most on those with most need while also working on a sliding scale across the whole population.
10.	COVID-19 brought forward innovation and progress in some areas. The COVID-19 Community Champions scheme has been a key part of community engagement across all of Southampton's ethnically diverse communities. The champions will continue to focus on COVID-19 in the short term. The aspiration in the medium term is for the scheme to develop into a health and wellbeing champions network for Southampton. Similarly, COVID-19 has seen closer working with the local business sector and there are new opportunities to promote wider health and wellbeing through the commercial and voluntary sectors. COVID-19 also highlighted the role of digital, virtual and telephone services to improve accessibility and meant many more people worked from home. Many employers, including the council, are now moving to a mixed model of home and office working for roles where this is feasible. This may bring new health and wellbeing inequalities which will need to be monitored and mitigated, for example for staff who become isolated or do not have space at home to work well.
11.	There are new opportunities to optimise health in all policies (and contracts, contacts and in our working cultures). Southampton's bid to be the City of Culture 2025 is being developed to boost health and wellbeing, through social prescribing of cultural activities, by celebrating and giving power to people in recovery from ill health including mental ill health, drug and alcohol problems, and by ensuring activities are health-promoting, such as involving walking and cycling to events, healthier food options, not relying on alcohol, paying the living wage, developing the skills and inclusion of groups who are long-term unemployed and being intergenerational to reduce fear.
12.	Southampton is also preparing to be recognised as a UNICEF child-friendly city and is also continuing to scale up work to be a Green City. Both are significant opportunities to optimise our early life experiences and our natural and built environment to promote health, reduce health inequalities and mitigate against the impact from COVID-19 and climate change.
13.	Increasing our focus on the wider determinants of health and on ensuring health in all policies are two key ways to achieve impact at scale. The Council is already doing much work to improve the wider determinants of health, but these actions are not always informed by health and wellbeing considerations.
14.	We need to contain our emphasis on preventative services for individuals given our fixed resources (funding, staff capacity). The scale of need in the city is simply too large for it to be feasible or affordable for us to commission services for individuals to meet all needs, e.g. we have 34k smokers, 165k adults who are obese or overweight and more than 50k adults who are inactive. We also know that service provision can inadvertently widen inequalities. There is robust evidence that being smoke-free, a healthy weight and physically active are essential for good mental and physical health, but the evidence is variable for the effectiveness of short-term interventions with individuals to achieve these. The evidence is strongest for smoking cessation services, but still 70% of people relapse each year. The evidence is weaker still for weight loss interventions, particularly for long term effectiveness. The evidence is so weak for formally referring otherwise well people

	to physical activity interventions that the National Institute of Clinical Effectiveness advises against it.
15.	Evidence shows people need the meaningful capability, opportunity and motivation to do things which might not be easy, accessible, socially-acceptable or timely for them. The proportion of people on benefits in Southampton has increased significantly during COVID-19. As well as material barriers to good health, we know that under stress we are biologically programmed to eat food high in fat, sugar and salt; to drink more alcohol if we drink; to sustain addictions to tobacco, alcohol and/or illicit drugs, and to being sedentary. This is compounded when our environment makes these our only or cheapest options. Work to improve the city's food environment, walkability and smoke-free areas are key to reducing related health inequalities, now and for generations to come. Similarly, the average reading age in the UK is 9 years old and over 5k adults in the city have no qualifications, which may be a proxy for low literacy and numeracy. No campaign is going to be effective if people cannot read it and do not have the means to take the action advised.
16.	Poverty and social inequality are two key drivers of health inequalities. Both have worsened during COVID-19. The forthcoming Poverty Strategy, the current review of how to foster "job quality" and a renewed awareness of the importance of equality, diversity and inclusion are all important opportunities to "Build Back Better". There are also opportunities to strengthen Equality Impact Assessments, with training for staff; and to have more Health Impact Assessments building on the experience gained through COVID-19.
17.	The Health and Wellbeing Strategy includes a commitment to embed Health in All Policies. The council is developing its use of the Social Value Act to promote health and wellbeing when tendering for services and a health planner is being funded in the Planning team. This is welcome progress and much more could be done. The large public sector organisations in Southampton are key "place-shapers" or "anchor institutions". 35% of jobs in Southampton are in the public sector. The council, hospitals, universities, colleges, schools and others have huge impact through their estates, employment practices and procurement decisions, as well as in the way they deliver their services. Many staff groups have been adversely affected by COVID-19 and are now coping with exhaustion, trauma and the effects of long COVID-19 themselves. They will need support to recover.
18.	The recommendations from this update are therefore that the Health and Wellbeing Board: • Notes the findings of this paper, including the current dashboard of outcomes • Re-commits to the promotion and implementation of the strategy • Scales up work to embed Health in All Policies and to optimise the role of our Anchor Institutions, including role-modelling good practice for staff health and wellbeing, to address longer term health inequalities across the city • Continue a multi-faceted approach to reducing health inequalities and improving health. Other high-impact priorities for the next year are COVID-19 response and recovery, protecting a good start in life, all age mental health and reducing smoking prevalence.
RESOURCE IMPLICATIONS	

Capital/Revenue	
	None
Property/Other	
	None
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
	Health and Social Care Act 2012 and associated legislation
Other Legal Implications:	
	None
RISK MANAGEMENT IMPLICATIONS	
	None
POLICY FRAMEWORK IMPLICATIONS	
	None

KEY DECISION?	**No**
WARDS/COMMUNITIES AFFECTED:	All
SUPPORTING DOCUMENTATION	
Appendices	
1.	**Health and Wellbeing Strategy 2017-2025**
2.	**Health and Wellbeing Strategy Progress Indicators**
3.	**Latest activity by strategy commitment**

Documents In Members' Rooms

	None

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

	None	

Healthy Southampton

Health and Wellbeing Strategy 2017-2025

Our vision is that Southampton has a culture and environment that promotes and supports health and wellbeing for all.

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

This Strategy sets out the outcomes that Southampton Health and Wellbeing Board wants to achieve over the next eight years. These outcomes will be achieved by working with partners across the city, and with Southampton's residents and diverse communities.

Southampton's Health and Wellbeing Board is a statutory partnership and a committee of the Council which brings together the city's health and social care commissioners, including Southampton City Clinical Commissioning Group, Southampton City Council and NHS England. The Board has oversight of health and wellbeing in the city. Its role is to develop joint priorities for local commissioning to ensure delivery of the right outcomes, and to provide advice, assistance or other support to improve the health and wellbeing of the city's diverse communities.

The Health and Wellbeing Board is committed to working together with the people of Southampton to improve the health and wellbeing of residents, with an equal focus on physical and mental health. At a time of increasing demand on services and pressures on funding, it is even more important to make sure the city is a healthy place by supporting people to take responsibility for their health, and that services are delivered as efficiently as possible, targeting them towards those people who need the most help.

Key facts about Southampton

247,569 people live in Southampton, and this is expected to grow by nearly 5% by 2022, to 259,615. The GP registered population of Southampton is 282,393

98,000 There are around 98,000 households in the city – with 51% owner occupiers and 25% living in privately rented homes

34,557 65+ people aged 65+ live in the city, and this is expected to increase by 12% by 2022, By 65, about a third of people have at least 3 chronic conditions

53,928 children and young people (aged 0-17) live in the city, and this is expected to increase by 5.9% by 2022

40,000 There are 2 universities and around 40,000 students living in the city

22.4% of Southampton residents are non-white British, of which 14% are Black or Minority Ethnic

30,250 residents live in the 10% most deprived areas of the city

83.1 **78.2** Life expectancy in the city is and 83.1 years for women 78.2 years for men, with variances across different parts of the city

55% Around 55% of Southampton residents exercise regularly, doing at least 150 minutes of physical activity per week

£450 million Health and Wellbeing Board partners spend around £450 million per year on health and care services in the city

What do we want to achieve and why is this important?

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

We want to support more people to choose active and healthy lifestyles, to improve their physical and mental health. When people take responsibility for their own health and the health of their children through positive lifestyle changes, this improves their wellbeing, prevents ill health and helps them to stay independent in their own homes and communities for longer.

Inequalities in health outcomes are reduced

Health and wellbeing outcomes are very different for men, women and different communities in Southampton, and there are significant health inequalities in our city. We want to improve the health and wellbeing of all residents and reduce inequalities so that everyone, and especially vulnerable children and adults, has increased opportunities and a better quality of life.

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

Being healthy and well for a lifetime involves much more than good health and social care services. Many different things impact on health and wellbeing, like housing, jobs, leisure, sport and access to open spaces, education, health services and transport. We want Southampton to be a healthy place, with healthy workplaces and communities which are strong and resourceful, making best use of their community assets.

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

We want to make sure people get high quality support when and where they need it. This means making sure services are designed around the needs of people, and that residents are involved in the design and delivery of services to improve their experiences of integrated services. We want to focus on prevention and early help, and deliver services that are accessible and coordinated so that people receive joined up, seamless care. Integrating services across health and social care also means that all health and wellbeing partners can work more effectively and efficiently together, so that resources and assets are used where they are needed most.

Our challenges

- Health inequalities are a big challenge in the city. Men in the least deprived areas live 8 years longer than in the most deprived; for women the difference is 4.7 years.
- 6,050 people are claiming health related employment benefits (ESA and Incapacity Benefit) – 3.5% of the working population.22.7% of children under 16 in Southampton live in poverty – higher than the England average of 18.6% – and this is linked to poor health outcomes.
- Southampton children and young people are more likely to be admitted to hospital for mental health conditions than the national average.
- Children in the city have high levels of obesity, poor dental health and admission to hospital for injuries.
- The city has high numbers of Looked After Children in comparison to many other cities.
- Although life expectancy is increasing, as people are living longer more of them are living with complex needs.
- 20.4% of people in Southampton smoke (16.9% in England). The rate is significantly higher in the most deprived areas.
- Almost two thirds (62.6%) of adults in Southampton are classified overweight or obese.
- The rate of deaths relating to drug poisoning is 5.1 per 100,000 population (2013-2015), higher than the England average of 3.9 per 100,0000.
- Alcohol specific hospital admissions have increased significantly since 2010 and in 2014/15 there were 1,060 admissions.
- There is growing evidence of the impact of social isolation and loneliness on health.
- Although Southampton has significantly reduced the rates of teenage conceptions from 47.4 per 1,000 teenagers (aged 15-17) in 2011 to 29.0 in 2014, it remains above the England average.
- Nearly 10,000 households are estimated to experience fuel poverty in Southampton.
- Air pollution is a significant health issue for Southampton, with 6.2% of deaths attributable to air pollution in 2010. Long term exposure to air pollution increases the risk of deaths from cardiovascular and respiratory conditions.

What do residents say?

The majority of residents (70%) self-assessed their health as being good or very good.

Mobility problems, cancer, mood/contentment and money are their greatest health and wellbeing concerns for the future.

Residents are already doing things to be healthier such as not smoking, eating healthily and limiting alcohol consumption.

Fewer residents told us that they make use of helplines and websites, talk to friends and family about their concerns or attend health checks / screenings.

Some of the things residents said they could do to be more healthy include:

- Having a better work life balance and going to more social venues
- Doing more volunteering
- De-stressing regularly and getting better sleep
- Being able to exercise more

(Research undertaken 2016, 900 respondents)

Outcome	What are we going to do?
People in Southampton live active, safe and independent lives and manage their own health and wellbeing	• Encourage and promote healthier lifestyle choices and behaviour, with a focus on smoking, alcohol / substance misuse, healthy weigh, and physical activity including walking and cycling more. • Encourage and promote healthy relationships and wellbeing of individuals of all ages, carers and families, particularly for those at risk of harm and the most vulnerable groups through increasing early help and support. • Support people to be more independent in their own home and through access to their local community, making best use of digital tools including Telecare. • Ensure that information and advice is coordinated and accessible. • Prioritise and promote mental health and wellbeing as being equally important as physical health. • Increase access to appropriate mental health services as early as possible and when they are needed. • Make every contact count by ensuring all agencies are able to identify individual needs and respond /refer to services as appropriate. • Promote access to immunisation and population screening programmes.
Inequalities in health outcomes are reduced	• Reduce the health inequalities gap between the most deprived and least deprived neighbourhoods in the city using the evidence of what works in the Marmot review of Health Inequalities. • Take action to improve men's health to reduce the difference between male and female life expectancy through community based initiatives to deliver behaviour change. • Reduce inequalities in early childhood development by ensuring good provision of maternity services, childcare, parenting and early years support. • Work with schools to improve healthy lifestyle choices and mental wellbeing and reduce the harm caused by adolescent risk taking. • Target access to advice and navigation to services to those who are most at risk and in need, to improve their health outcomes. • Ensure that health inequalities are taken into account in policy development, commissioning and service delivery. • Provide support to help people access and sustain quality jobs, targeting those who are long term unemployed or with families.
Southampton is a healthy place to live and work with strong, active communities	• Support development of community networks, making best use of digital technology, community assets and open spaces. • Improve housing standards and reduce illness and avoidable deaths related to fuel poverty. • Develop an understanding of, and response to, social isolation and loneliness in the city. • Work with city planners to ensure health is reflected in policy making and delivery. • Deliver a cleaner environment through a clean air zone with vehicle access restrictions to the city. • Work with employers and employees to improve workplace wellbeing through healthier work places.
People in Southampton have improved health experiences as a result of high quality, integrated services	• Improve health outcomes for residents, at a lower cost, through integration and joint working across all health and council services. • Prioritise investment in and embed a prevention and early intervention approach to health and wellbeing across the city. • Deliver a common approach to planning care tailored to the needs of the individual or family. • Deliver the right care, at the right time, in the right place by working as locally as possible and shifting the balance of care out of hospital to community providers. • Maximise opportunities for prevention and early intervention through making every contact with services count.

How will we measure success?

The Public Health Outcomes Framework is a comprehensive list of desired outcomes and indicators that help measure how well public health and wellbeing is being improved and protected in an area. The Health and Wellbeing Board will focus on a selection of these indicators that a) require the most improvement and b) will best indicate progress towards the outcomes in this strategy.

Priority area	Measure		
Overarching	Life expectancy at birth	Life expectancy at 65 years	Healthy Life Expectancy at birth
	Under 75 years mortality rate from cardiovascular disease	Under 75 years mortality rate from respiratory disease	Mortality rate from causes considered preventable
Children & Young People/ Early years	Smoking status at time of delivery	Breastfeeding prevalence at 6-8 weeks after birth	Child excess weight in 4-5 and 10-11 year olds
	Population vaccination coverage – MMR for one dose (2 years old)	Looked after children rate	School readiness
	Children in low income families (under 16s)	Hospital admissions caused by unintentional and deliberate injuries (0-14 years)	Under 18 years conception rate
Adults	Smoking prevalence in adults	Suicide rate	Depression recorded prevalence
	Injuries due to falls in people aged 65 years and over	HIV late diagnosis	Under 75 years mortality rate for liver disease considered preventable
	TB incidence (3 year average)		
Healthy settings	Fraction of mortality attributable to particulate air pollution	Percentage of people aged 16-64 years in employment	Excess winter deaths index

The full Public Health Outcomes Framework can be found at **www.phoutcomes.info**

Our principles

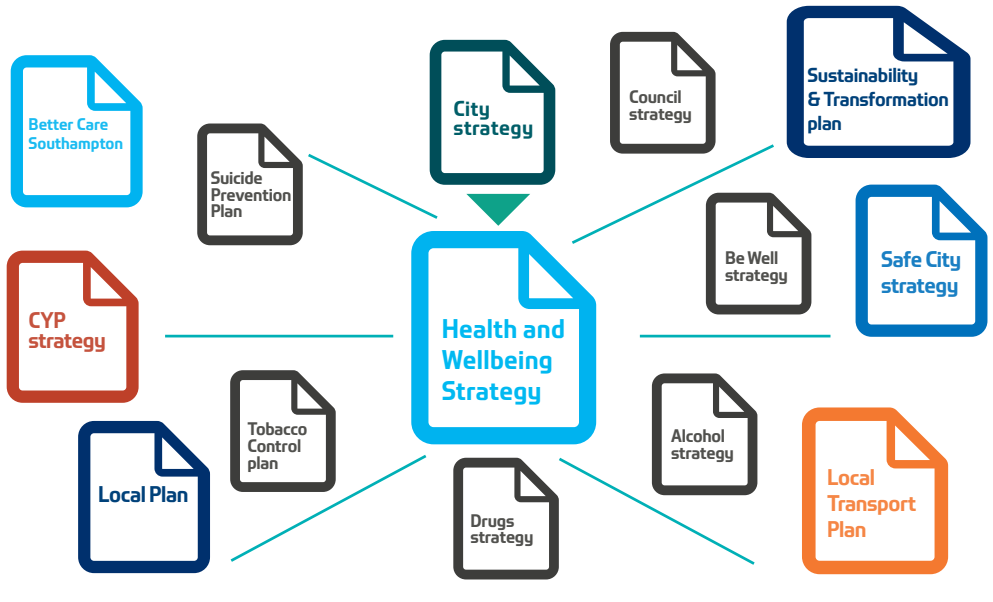
1 Promote prevention and early help

2 Consider health in all policies

3 Work with residents and communities to:
- Jointly plan, design and deliver services
- Develop resilience
- Make it easier for people to make healthy choices.

4 Deliver services that:
- Are designed with residents
- Are proportionate to the level of need
- Are accessible to vulnerable groups
- Are personalised, safe, effective and value for money
- Give equal priority to physical and mental health.

The Health and Wellbeing Strategy is supported by a number of city wide strategies and action plans



Appendix 2 – Overarching indicators: Life expectancy and mortality

- In Southampton, men live 16 months less and women live 11 months less compared to the England average
- Southampton women live in poorer health from an earlier age than men and nationally
- The mortality rate from causes considered preventable and the under-75 mortality rates from cardiovascular disease and respiratory diseases remains higher than England. In recent pooled periods, Southampton rates for men have declined but have increased for women for these three indicators.
- Comparing the most deprived 20% of Southampton to the least deprived 20%, life expectancy at birth gap 8.7 years for men and 4.1 years for women (2018-20)

Priority area	Measure	Unit	Latest period	Southampton Sparkline	Southampton value	England value	ONS Comparator Ranking (1 out of 12 is worse, worst third in pink)	Significance compared to England value
Overarching	Life expectancy at birth (Male)	Years	2017 - 19		78.5	79.8	5	Significantly lower
	Life expectancy at birth (Female)	Years	2017 - 19		82.5	83.4	7	Significantly lower
	Life expectancy at 65 years (Male)	Years	2017 - 19		18.2	19.0	4	Significantly lower
	Life expectancy at 65 years (Female)	Years	2017 - 19		20.7	21.3	8	Significantly lower
	Healthy Life Expectancy at birth (Male)	Years	2017 - 19		60.7	63.2	3	Significantly lower
	Healthy Life Expectancy at birth (Female)	Years	2017 - 19		62.6	63.5	7	Lower
	Under 75 years mortality rate from cardiovascular disease (Male)	per 100,000	2017 - 19		108.6	98.9	7	Higher
	Under 75 years mortality rate from cardiovascular disease (Female)	per 100,000	2017 - 19		53.6	43.4	4	Significantly higher
	Under 75 years mortality rate from respiratory disease (Male)	per 100,000	2017 - 19		50.4	39.7	4	Significantly higher
	Under 75 years mortality rate from respiratory disease (Female)	per 100,000	2017 - 19		40.0	29.0	4	Significantly higher
	Mortality rate from causes considered preventable	per 100,000	2016 - 18		293.6	227.7	3	Significantly higher
	Mortality rate from causes considered preventable	per 100,000	2016 - 18		167.0	137.0	4	Significantly higher

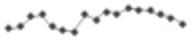
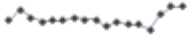
Appendix 2 – Children and Young people

- Smoking at time of delivery (13%) remains significantly higher than England (10%) but percentage decreasing overall
- trend
- Breastfeeding prevalence at 6-8 weeks after birth higher than national average (52% vs. 48%)
- Excess weight in 4/5 years old and 10/11 years old higher than England, but 10/11 years increasing steeper overall
- trend
- Looked after children rate continuing to decrease. School readiness and MMR vaccination (age 2) increasing overall trend
- Teenage conception decreased more steeply than national rate and now (2018) statistically similar to national after being significantly higher annually between 1998 and 2017
- Children in relative low income families, consistently significantly higher than England and gap getting worse
- Hospital admissions caused by unintentional and deliberate injuries in children under 15 years lowest rate in last 10 years

Priority area	Measure	Unit	Latest period	Southampton Sparkline	Southampton value	England value	ONS (n=12) Comparator Ranking (1 is worse, worst third in pink)	Significance compared to England value
Children & Young People/Early years	Smoking status at time of delivery (Female)	%	2019/20		12.7	10.4	3	Significantly higher
	Breastfeeding prevalence at 6-8 weeks after birth - current method	%	2019/20		51.6	48.0	4 of 6	Not comparable
	Child excess weight in 4-5 year olds	%	2019/20		24.1	23.0	5	Higher
	Child excess weight in 10-11 year olds	%	2019/20		37.6	35.2	5	Higher
	Population vaccination coverage - MMR for one dose (2 years old)	%	2019/20		91.7	90.6	5	Higher
	Looked after children	per 10,000	2020		95.0	67.0	4	Significantly higher
	School readiness: Good level of development at the end of reception	%	2018/19		71.1	71.8	9	Lower
	School readiness: Year 1 pupils achieving the expected level in the phonics screening c	%	2018/19		82.1	81.8	10	Higher
	Children in relative low income families (under 16s)	%	2018/19		21.5	18.4	6	Significantly higher
	Hospital admissions caused by unintentional and deliberate injuries in children (aged	per 10,000	2019/20		92.5	91.2	11	Higher
	Under 18s conception rate / 1,000 (Female)	per 1,000	2018		17.4	16.7	9	Higher

Appendix 2 – Adults

- Smoking prevalence in adults decreasing overall, 2019 data (16.8%) significantly higher than England (13.9%)
- Suicide rate (2017-19 11.4 per 100k) similar to England and lowest rate in last 10 three-year pooled periods.
- Local depression prevalence has increased matching with national rates, both 11.6% for 2019/20
- Under 75 mortality from preventable liver disease, data 2016-18 & 2017-19 highest since 2001-03, significantly higher than England
- HIV late diagnosis continuing to decrease, now 47% - still higher than national average of 43%
- TB incidence locally (11.5 per 100k) significantly higher than England (8.6 per 100k)
- Injuries due to falls in those aged 65+ increasing overall whilst England average remained stable

Priority area	Measure	Unit	Time period	Southampton Sparkline	Southampton value	England value	ONS (n=12) Comparator Ranking (1 is worse, worst third in pink)	Significance compared to England value
Adults	Smoking Prevalence in adults (18+) - current smokers (APS)	%	2019		16.8	13.9	3	Significantly higher
	Suicide rate (age 10+ years)	per 100,000	2017 - 19		11.4	10.1	7	Higher
	Depression: Recorded prevalence (aged 18+)	%	2019/20		11.6	11.6	5	Similar
	Injuries due to falls in people aged 65+ (Persons)	per 100,000	2019/20		3283.7	2221.8	2	Significantly higher
	Injuries due to falls in people aged 65+ years (Male)	per 100,000	2019/20		3037.1	1850.7	1	Significantly higher
	Injuries due to falls in people aged 65+ years (Female)	per 100,000	2019/20		3439.5	2492.5	2	Significantly higher
	Under 75 mortality rate from liver disease considered preventable (2019 defn)	per 100,000	2017 - 19		23.0	16.4	3	Significantly higher
	HIV late diagnosis (%) (aged 15+ years)	%	2017 - 19		46.8	43.1	6	Higher
	TB incidence (3 year average)	per 100,000	2017 - 19		11.5	8.6	2	Significantly higher

Appendix 2 – Healthy settings

- 2019 saw fraction of mortality attributable to particulate air pollution lower than England average (5.0% versus 5.1%)
- Excess winter deaths not significantly different to England average and follows national warm/cold winter trends
- Data for people in employment to end of March 2020 saw Southampton similar to England, however the impact of covid-19 has since seen significant increases (see later slides on benefits)

Priority area	Measure		Time period	Southampton Sparkline	Southampton value	England value	ONS (n=12) Comparator Ranking (1 is worse, worst third in pink)	Significance compared to England value
Healthy settings	Fraction of mortality attributable to particulate air pollution	%	2019		5.0	5.1	7	Not comparable
	Percentage of people aged 16-64 in employment	%	2019/20		76.1	76.2	9	Lower
	Excess winter deaths index (Persons)	Ratio	Aug 2018 - Jul 2019		15.4	15.1	9	Higher
	Excess winter deaths index (Male)	Ratio	Aug 2018 - Jul 2019		9.4	13.7	10	Lower
	Excess winter deaths index (Female)	Ratio	Aug 2018 - Jul 2019		21.2	16.5	6	Higher

Health and Wellbeing Strategy (southampton.gov.uk), 2017-2025. Activity update August 2021

	Priority Commitments	Lead agency & service	Latest achievements and activities
	People in Southampton live active, safe and independent lives and manage their own health and wellbeing		
1.1	Encourage and promote healthier lifestyle choices and behaviour, with a focus on smoking, alcohol / drug use, physical activity, and a healthy weight, including walking and cycling more.	SCC Public Health	Smoking - New training and quality improvement service commenced, Southampton Smokefree Solutions, supporting local health & care providers to enable people to be smokefree - Smoking cessation embedded in maternity service and NHS Lung Health Checks service at University Hospital Southampton - Primary Care Networks providing stop smoking support, in addition to open-access services in commissioned Pharmacies - Developing plans to support mental health, drug and alcohol and homelessness services to be smokefree - "Quit for Covid" campaign Physical activity - Strategic steering group for the physical activity and sports strategy - Physical Activity Alliance for partners and stakeholders - Mental health awareness week focused on nature and physical activity - Energise Me invested £61k in 11 Southampton schools, which will use the funding to run a range of activities including summer holiday activity and sports clubs, swimming courses and bush craft/gardening sessions. - Public health funding has supported active travel to expand several programmes to include schools and communities in target areas. These include learn to ride lessons, Bike it training and volunteer development to support cycling and scooting among inactive target groups (including women, girls and BAME communities). Healthy weight - National "Better Health" campaign and NHS online tools promoted locally - New insights work starting on adult weight, linked to covid19. - Services in place and expanding, where effective and affordable - Childhood obesity Cabinet Action Plan includes intergenerational prevention and the food environment Alcohol/drug use - New telephone support line for alcohol - Successful bid for extra PHE funding for drugs services - Young People's service provides educational sessions about risk in secondary schools
1.2	Encourage and promote healthy relationships and wellbeing of individuals of all ages, carers and families, particularly for those at risk of harm and the most vulnerable groups through increasing early help and support.	SCC Public Health	Sexual health - Current service contract continues and provided targeted support to vulnerable groups (i.e. teenagers, homeless population, sex workers, men who have sex with men) - Sexual Health Improvement plan 2020-24 is in place, although delayed by COVID-19. Current priorities include identifying and reducing inequalities in sexual health, equitable provision of Emergency Hormone Contraceptive, and quality and monitoring of Long Acting Reversible Contraceptive Children and young people - Needs assessment completed, this has informed the development of the Children and Young Peoples strategy - Refreshed prevention and early intervention plan in development Vulnerable groups - Phoenix@Pause Southampton service has been supporting vulnerable women that have had multiple children taken into care to meet their complex needs (e.g. mental health, domestic violence, substance use, housing), and is demonstrating good outcomes. - Holistic outreach service commissioned to support women who sell sex on the street - Domestic Abuse Cabinet Action Plan in place Carers - Strong programme of reaching out to carers (paid and unpaid) to promote the Covid Vaccination programme

	Priority Commitments	Lead agency & service	Latest achievements and activities
1.3	Support people to be more independent in their own home and through access to their local community making best use of digital tools including Telecare.	Southampton's Integrated Commissioning Unit (ICU)	- CCG funded Communicare pilot: Hello Southampton offering daily phone call health and wellbeing check-ins by volunteers, Home Welcome - a good neighbour visiting people after illness or hospital discharge - SO:Linked So:Connect digital inclusion project - A continued flexible and creative approach to reaching those in need and promoting their independence and wellbeing has been at the centre of what SO:Linked has done in recent months - Working with CVSE organisations to promote 'digital enabling' aiming to reach more people through this approach, building on the successes during the pandemic response
1.4	Ensure that information and advice is coordinated and accessible	Southampton's ICU	- Advice Southampton consortium of providers of advice information and guidance services. Development of information pods allowing access to AIG (Advice, Information and Guidance) services remotely (avoiding need for bus journey). AIG successful in gaining additional external funding in response to COVID 19. - AIG has continued to adapt to the changing need following on from the early changes required by the pandemic response.
1.5	Prioritise and promote mental health and wellbeing as being equally important as physical health.	SCC Public Health	- Contract for provision of Connect 5 mental health training across Southampton has been awarded with training to start in August for frontline workers across the city who are in contact with residents, particularly those who are vulnerable to mental ill health and suicide. - Continued support for mental health campaigns including Time to Talk, World Mental Health Day and Suicide Prevention Day. - Other public health campaigns highlight mental health benefits of physical activity, reducing drinking and stopping smoking. Suicide prevention - ICS Suicide prevention programme - 3-year programme of work across HIOW
1.6	Increase access to appropriate mental health services as early as possible and when they are needed.	Southampton's ICU	- Implemented extended periods of care and partner assessments within to NICE concordant community Perinatal Mental Health services - Expansion of Improving Access to Psychological Therapies (IAPT) services including dedicated access for people with long term health conditions, and step 3.5 group treatment offer for people who currently fall between service eligibility criteria - Implement integration (No Wrong Door) through PCN development bringing together primary care, IAPT, secondary care mental health services and voluntary sector with new Enhanced Primary Care Mental Health roles - Work with ICS to contribute towards the delivery of the work programme to increase access to bereavement support and to coordinate a training offer to bereavement support services - Appointed organisation "To Make Southampton a Mental Health Friendly City" to further support the development of the Southampton Mental Health Network and Service User Network - Secured NHS England transformation funding to provide an integrated multi-agency response to support the mental health needs of rough sleepers - Worked with partners to develop a second Lighthouse on the East of the city as a result of NHS England transformation funding awarded from April 2021 - Primary Care Education series to enhance GP confidence in managing expected presentations including PTSD, complex grief and bereavement and health anxiety
1.7	Make every contact count by ensuring all agencies are able to identify individual needs and respond /refer to services as appropriate.	SCC Public Health and Southampton's ICU	- Making Every Contact Count (MECC) training paused by Health Education England (HEE) during Covid19, programme now restarting. - MECC training offered to Primary Care Networks, Citizen's Advice and available to all NHS organisations. - Links made with health protection and stronger communities team to train COVID/community engagement officers in MECC - Supporting the HEE project to offer MECC training focussed on alcohol to GP practices - Investigating links to SCC customer service programme
1.8	Promote access to immunisation and population screening programmes.	NHS England, Clinical Commissioning Group, SCC Public Health	Covid-19 vaccination - Rapid deployment of NHS Covid-19 Vaccine Programme - Integrated support for programme across NHS and Local Authority partners - Strategic Vaccine Uptake Group (SVUG) formed to support strategic, data, communication, engagement, and operational perspectives - Twin track approach utilising large cohort mainstream offer via local vaccination services (PCN) and local vaccination centres (Oakley Rd) and targeted track to reduce health inequalities such as through pop-up clinics in specific community settings Immunisation and screening programmes

	Priority Commitments	Lead agency & service	Latest achievements and activities
			- NHSE review of covid impact on uptake, local programme in place to increase uptake in recovery with key target dates for delivery - Planning for resumption of usual NHS Health Checks activity from April 2022, sooner if possible. Activity continuing in line with GP Practice capacity until then.
	Inequalities in health outcomes are reduced.		
2.1	Reduce the health inequality gap between the most deprived and least deprived neighbourhoods in the city through a community based approach that is proportionate to level of need.	Southampton's ICU	- SO:Linked undertook community conversations, continuing through local solution groups. SO:Linked established the Green Network bringing partners together to grow, cook and eat together across generations (supported by City Catering). - SO:Connect project providing support to enable digital inclusion - SCC led COVID champions scheme to provide advice at a neighbourhood level with targeting of COVID Vaccination on communities with low take up. - Continuing the work of the local solutions groups, within individual communities, to promote services available and identify gaps in provision.
2.2	Take action to improve men's health to reduce the difference between male and female life expectancy through community based initiative to deliver behaviour change.	SCC Public Health	- All public health activities and communications are needs-led, where access and uptake is low for males, provision is increased and more targeted – proportionate to this increased need - Southampton's Covid-19 vaccination campaigns and pop up opportunities targeting priority groups, geographical areas and occupations where uptake low, males having lower uptake than females in many of these groups - Suicide prevention plan includes a second year of innovation fund projects that focus on suicide prevention through innovative models of delivery in the community
2.3	Reduce inequalities in early child development by ensuring good provision of maternity services, childcare, parenting and early years support.	SCC Public Health and Southampton's ICU	- Maternity services offering stop smoking support to pregnant women who are smokers with behavioural support and direct supply NRT. - Maternity service supporting covid-19 vaccination of pregnant women and encouraging young women considering pregnancy to get vaccinated - Continued delivery, and extension to further venues, of Healthy Early Years Award (HEYA) - Continued provision of the 0-19 services, with more targeted health visiting provision and digital approaches for lower level support further extended due to covid-19 - Continued provision and extension of parenting programmes through the 0-19 integrated service
2.4	Work with schools to improve healthy life style choice and mental wellbeing and reduce adolescent risk taking	SCC Public Health	- Work with Lifelab to support children's understanding of covid-19 in primary and secondary schools and rollout of the covid-19 testing programme - Health protection team support to schools in the event of outbreaks and to provide preventative advice and support with risk assessments - Schools continue to have access to expert advice, guidance and resources from the PSHE Association in response to the statutory RSHE curriculum - Roll out of Mental Health Support Teams in schools in Southampton. - Delivery of Anna Freud and SCC workshops with schools and other partners. - Educational sessions on drugs offered to all secondary schools
2.5	Target access to advice and navigation to services for those who are most at risk and in need to improve their health outcomes.	Southampton's ICU	See 1.4
2.6	Ensure that health inequalities are taken into account in policy development, commissioning and service delivery.	SCC Public Health	- This priority is built into aligned strategies and plans to ensure delivery - It is a central objective in the Local Outbreak Management Plan to respond to and prevent increasing risk from covid-19 - It is the recommendation from the Director of Public Health's annual report 2020/21 and will shape recovery plan intentions. Going forwards, the key approach to delivery of this priority with be ensuring 'health in all policies'
2.7	Provide support to help people access and sustain quality jobs, targeting those who are long term unemployed or with families.	Employment services SCC	- Service provides high quality and timely advice to job seeking customers, from ages 16 and above; particularly those with a range of vulnerabilities such as persons experiencing challenges with neuro-diversity, mental health or self-care - Funding agreements secured with the DWP, the NHS and Adult Services to provide ongoing support to these groups - New Young Adult Employment Hub continues to trailblaze a local offer, working from the Central Library, providing Information, Advice and Guidance to young people who have been impacted by changes to the local employment market

	Priority Commitments	Lead agency & service	Latest achievements and activities
			- The service is also active in helping us plan for and understand the different risks that communities across the city will endure from the impact of growing unemployment, below entry level skills and dealing with debt and poor mobility – linking into Levelling Up agenda to guide our anti-poverty response, promote prosperity and work together through the auspices of Southampton Connect and the Economic and Green Growth Strategy - Employment support, through the SCC in-house team, is now been provided for those living with a mental illness and those who have a substance misuse disorder (SUDs)
	Southampton is a healthy place to live and work with strong, active communities		
3.1	Support development of community networks, making best use of digital technology, community assets and open spaces.	SCC Stronger Communities team with Southampton's ICU	- Stronger Communities team is supporting the emergence of new and strengthening community engagement networks - A new engagement leads network has been convened and a new Community Engagement and Cohesion Team will strengthen our direct engagement with communities, working closely with SO:Linked - The COVID Champions network grows from strength to strength and is a model for engagement that will be utilised in the Stronger Communities Team in other realms including community safety. - The SO:Let's Connect forum is exploring the voluntary sector's capacity to utilise and benefit from digital technology - The Stronger Communities team has also been active in supporting a range of sports-based initiatives, such as the Positive Through Football meeting, Energise Me, legacy work for the Euros 2022 and the Saints Foundations Active Through Football Community programme. Our ambitions for a Child Friendly City are at an early stage, but maturing and ready to go live once approved as a local approach. - SO:Linked local solutions groups continue to develop. Mapping of available resources. Using data available to identify need at a neighbourhood level. - Developing responses to need (e.g. Men in Sheds/Youth Clubs) - Supporting communities to get involved with the City of Culture Bid - SO:Linked in the process of working with local solution groups to define the current community asset offer for various target groups (e.g. Children and families/adults with mental health needs/older people/Carers) - SO:Linked delivering infrastructure that supports network development, along with CVSE organisations.
3.2	Improve housing standards and reduce illness and avoidable deaths related to fuel poverty.	SCC Public Health	- Through Advice Southampton Environment TEC have offered support to residents in fuel poverty - Southampton Warmth for All Partnership continues and is chaired by the Director of Public Health
3.3	Develop an understanding of, and response to, social isolation and loneliness in the city.	Southampton's ICU	- So:Linked mapped community assets and available on website - Continue to access GENIE tool to reduce loneliness - Carers in Southampton Communicare schemes (see above) - See 1.3
3.4	Work with city planners to ensure health is reflected in policy making and delivery.	SCC Public Health	- New roles in planning and in public health geared towards planning for health - See also 2.6
3.5	Deliver a cleaner environment through a clean air zone with vehicle access restrictions to the city.	SCC Transport	- Clean Air Zone not recommended at the time due to a local NO2 plan which sets out a business case to central government that utilise a series of non-charging measures to reach the same targets – see Clean Air Update (southampton.gov.uk) - Continuing to address air quality through the Air Quality Action Plan that has specific measures for 10 air quality management areas, the local NO2 plan, and Clean Air Strategy 2019-25 as well as in line with the Green City Charter, which was delivered, with cross political party support - Green City Board in operation, monitoring plan delivery
3.6	Work with employers to improve workplace wellbeing through healthier work places.	SCC Public Health and employment services	- Wellbeing@Work supported 16 organisations to become Wellbeing@Work Employers. Programme being evaluated as part of wider review of how best to promote job quality. - Health protection team supporting employers to ensure covid-19 security – through preventative actions and outbreak control
	People in Southampton have improved health experiences as a result of high quality, integrated services		
4.1	Improve health outcomes for residents, at a lower cost, through integration and joint	Southampton's ICU	- The city's services continue to work towards the delivery of integration and joint working as part of the implementation of the Health and Care Strategy 2020-25. This is evidenced in services for all age groups, including SEND services, 0 – 19 services, Rehab and Reablement services and finally core community services for

	Priority Commitments	Lead agency & service	Latest achievements and activities
	working across all health and Council services.		adults and older people. Delivery of this programme is monitored through the Better Care Steering Board, Joint Commissioning Unit. - Testing of 'One Team' approach has expanded to the East and West of the city. Promoting integration between core community health and care services
4.2	Prioritise investment in and embed a prevention and early intervention approach to health and wellbeing across the city.	Southampton's ICU	- Monitoring delivery of the Health and Care Strategy for Southampton which has a prevention and early intervention approach at its core
4.3	Deliver a common approach to planning care tailored to the needs of the individual or family.	Southampton's ICU	As part of 'One Team' shared approaches to planning care are developing.
4.4	Deliver the right care, at the right time, in the right place by working as locally as possible and shifting the balance of care out of hospital to community providers.	Southampton's ICU	- Single Point of Access development for the city, initially to support hospital discharge embedded.
4.5	Maximising opportunities for prevention and early intervention through making every contact with services count.	SCC Public Health	See 1.7 above - Working through the health and care strategy 'prevention and health inequalities' board

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DECISION-MAKER:	**Health and Wellbeing Board**
SUBJECT:	**Health and Care system changes - update on the development of Hampshire and Isle of Wight Integrated Care System**
DATE OF DECISION:	**1 September 2021**
REPORT OF:	**Managing Director, Hampshire, Southampton and Isle of Wight CCG (Southampton)**

CONTACT DETAILS				
Author:	**Title**	Managing Director, Hampshire, Southampton and Isle of Wight CCG (Southampton)		
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STATEMENT OF CONFIDENTIALITY
Non applicable

BRIEF SUMMARY
Integrated Care Systems will become a legal entity in April 2022 and will bring together NHS commissioners, providers, local authorities and other local partners across a geographical area to achieve collective planning of health and care services to meet the needs of the population. The Government's ambition is to improve population health and reduce inequalities, support productivity and sustainability of services and to help the NHS to support social and economic development
The Hampshire and Isle of Wight ICS will cover the present area covered by the two existing Hampshire and Isle of Wight Clinical Commissioning Groups (CCGs and the footprint covers all of the areas served by the Isle of Wight Council, Portsmouth City Council and Southampton City Council and the vast majority of Hampshire County Council.
An ICS partnership will be a forum of to enable collective action and targeting of resources and agreeing an integrated care strategy. The ICS NHS body will be a statutory body bringing the NHS together locally to develop plans to meet health needs and determine how resources are allocated**.** Within this Place-based partnerships are recognised as the key to coordinating and improving service planning and delivery, and as a forum to allow partners to collectively address wider determinants of health.

RECOMMENDATIONS:		
	(i)	The Board notes the progress against the development of the Hampshire and Isle of Wight Integrated Care system
	(ii)	The Board notes the progress on the proposed Place based governance and provides comments to contribute to the model development
REASONS FOR REPORT RECOMMENDATIONS		

	In December 2020 NHS England and NHS Improvement (NHSEI) had proposed options for legislation in Parliament, to support the development of Integrated Care Systems. Earlier this year, the Government published a White Paper outlining which proposals it plans to take forward to Parliament to become law. This summer the government published its proposed legislation which is now subject to votes in Parliament.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
	None
DETAIL (Including consultation carried out)	
1.	As detailed in the briefing paper attached as Appendix 1.
RESOURCE IMPLICATIONS	
Capital/Revenue	
	None
Property/Other	
	None
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
	In December 2020 NHS England and NHS Improvement (NHSEI) had proposed options for legislation in Parliament, to support the development of Integrated Care Systems. Earlier this year, the Government published a White Paper outlining which proposals it plans to take forward to Parliament to become law. This summer the government published its proposed legislation which is now subject to votes in Parliament.
Other Legal Implications:	
	None
RISK MANAGEMENT IMPLICATIONS	
	None
POLICY FRAMEWORK IMPLICATIONS	
	None

KEY DECISION?	**No**
WARDS/COMMUNITIES AFFECTED:	
SUPPORTING DOCUMENTATION	
Appendices	
1.	Health and Care system changes - update on the development of Hampshire and Isle of Wight Integrated Care System

Documents In Members' Rooms

	None	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.		**No**
Data Protection Impact Assessment		
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) 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)**
	None	

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Health and Care system changes - update on the development of Hampshire and Isle of Wight Integrated Care System

Context

1. This paper is to provide an update on how the latest developments to put the Hampshire and Isle of Wight Integrated Care System (ICS) on a statutory footing and the associated changes to local governance arrangements to build on the existing strong place-based approach in Southampton.

2. The Hampshire and Isle of Wight ICS will cover the present area covered by the two existing Hampshire and Isle of Wight Clinical Commissioning Groups (CCGs) – NHS Hampshire, Southampton and Isle of Wight CCG, and Portsmouth NHS CCG. The footprint covers all of the areas served by the Isle of Wight Council, Portsmouth City Council and Southampton City Council and the vast majority of Hampshire County Council. The North East Hampshire area is covered by the long established Frimley ICS and its present boundaries have now been confirmed by the Department of Health and Social Care.

3. The ICS already exists as a voluntary collaboration, and is led by Maggie MacIsaac in her role as the Hampshire and Isle of Wight system leader. Lena Samuels has served as chair for many years and has now been appointed as Chair Designate of the statutory ICS.

4. As an ICS, the current focus is on strengthening partnerships between the NHS, local government and others, giving primary care a more central role in providing joined-up care, and developing strategic commissioning through systems with a focus on population health outcomes. The ICS will also be looking at how provider organisations can step forward in formal collaborative arrangements which allow them to operate at scale, as well as how can system working can be driven through the use of digital and data.

5. The ICS will become a legal entity in April 2022 and will bring together NHS commissioners, providers, local authorities and other local partners across a geographical area to achieve:
    - Collective planning and greater integration of health and care services
    - Improvement in population health and reduction in inequalities
    - Supporting productivity and sustainability of services
    - Helping the NHS to support social and economic development

6. In December 2020 NHS England and NHS Improvement (NHSEI) had proposed options for legislation in Parliament, to support the development of Integrated Care Systems. Earlier this year, the Government published a White Paper outlining which proposals it plans to take forward to Parliament to become law. This summer the government published its proposed legislation which is now subject to votes in Parliament.

7. NHS England and Improvement has published its ICS Design Framework. ICS Design Framework, which outlines what we should do now to ensure we ready for the planned legislation. This document provides us with more clarity on what we need to do locally as a part of our preparation. It describes the 'core' arrangements NHSEI expects to see in each system and those that local areas may be able to determine.

Summary of ICS structure

A summary can be found in Appendix 1

- **Developing an 'ICS Partnership'**

8. An ICS Partnership will be the broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS. It will be expected to develop an 'integrated care strategy' covering health and social care (both children's and adult's), and support place and neighbourhood-level engagement.

9. It is expected that the membership, ways of working and administration will vary from system to system, and evolve over time. Partnerships will be permitted to set up sub-groups and networks to help develop and implement their strategy.

- **Developing an 'ICS NHS body'**

10. The ICS NHS body will be the statutory body responsible for bringing the NHS together locally to improve population health and care.

11. All relevant CCG functions will transfer to the ICS NHS body, along with its assets and liabilities. Relevant statutory duties of CCGs, such as those regarding safeguarding, children in care and special educational needs and disabilities (SEND), will apply to ICS NHS bodies.

12. Each ICS NHS body will be required to have its own Board, in addition to an ICS Partnership. This board will be responsible for ensuring the body meets its statutory duties. It will be required to have independent non-executives, including a chair and two other members who do not already hold roles in the ICS footprint. It will have a Chief Executive and finance, nursing and medical directors.

13. Statutory duties for the body will include developing a plan to meet the ICS Partnership's strategy and establishing governance arrangements to support accountability between partners for whole-system delivery and performance.

14. The ICS NHS body will also allocate appropriate resources across the system to support this, and establish joint commissioning arrangements with local authorities if relevant in a local authority footprint.

15. It will be required to put contracts in place to ensure its plan can be delivered by providers, support major transformational programmes to improve health outcomes, lead on estate and commercial strategies, and put in place personalised care arrangements such as Continuing healthcare and funded nursing care, working with local authorities and other partners.

16. Each ICS NHS body will be required to build a range of engagement approaches into their activities at every level, prioritising groups affected by inequalities. This will be supported by a legal duty to involve patients, unpaid carers and the public in planning and commissioning arrangements and, when required, undertaken formal consultation.

17. A new procurement regime will be introduced, giving decision-makers more discretion and to make it easier to continue with existing service provision where this is working well. The new regime will have as its central requirement transparency, and must be followed by all ICS NHS bodies and local authorities when commissioning healthcare services.

18. NHSE will make financial allocations to each ICS NHS body for the performance of its functions. Decisions about spending will be devolved to ICS NHS bodies. Funding will increasingly be linked to population need and allocations will be based on supporting equal opportunity of access for equal needs.

- **Provider collaboratives**

19. NHS England has recently published guidance on how providers will collaborative with one another. Provider collaboratives will be a key component of system working, being one way in which providers work together to plan, deliver and transform services. ICS leaders, trusts and system partners, with support from NHS England and NHS Improvement regions, are expected to work to identify shared goals, appropriate membership and governance, and ensure activities are well aligned with ICS priorities.

Southampton as Place

20. In Hampshire and Isle of Wight, there is commitment to working at ‘place’ level serving our diverse communities. This way of working is already reflected in the structure of the CCG with place based teams serving Isle of Wight, North and Mid Hampshire, Southampton, South West Hampshire and South East Hampshire.

21. For us in Hampshire and Isle of Wight ‘place’ means the areas where our residents live and work, and the issues that matter to them are at the heart of

our plans and approach. We will actively listen to communities, understand the reality of their lives and respond in how we transform our services. We will work together with our communities at neighbourhood, local place and whole system level to deliver improvements in health and care.

22. During COVID-19 our teams across health and social care worked together to deliver services differently. This also included working with colleagues from Hampshire Fire and Rescue and Hampshire police which had huge benefits. We want to build on this collaboration to truly transform our services.

23. Place-based partnerships are recognised as the key to coordinating and improving service planning and delivery, and as a forum to allow partners to collectively address wider determinants of health.

24. The formation of place-based partnerships are to be determined locally. The ICS NHS body will agree with local partners the membership and governance arrangements, building on or complementing existing local configurations. At a minimum, these partnerships should involve primary care provider leadership, local authorities, and providers of acute, community and mental health services and other representatives of people who access care and support.

25. The roles of place-based leaders will include convening the place-based partnership, representing the partnership in the wider structures and governance of the ICS and, where local place based joint working identifies the opportunity, taking on executive responsibility for functions delegated by the ICS NHS body CEO or a relevant local authority.

26. Southampton can evidence better outcomes as a result of the strong elements of integration, built up jointly over many years. There is an opportunity to build on the effective working already in place with integrated provision and commissioning, pooled budgets and shared

27. The proposed model for Southampton, developed by Southampton partners across health and care, is that the overall steer will remain with the Health and Wellbeing Board. The existing Joint Commissioning Board to become the Partnership Board, with wider membership. This will oversee the strategy development for the city and influence ICS plans and spend.

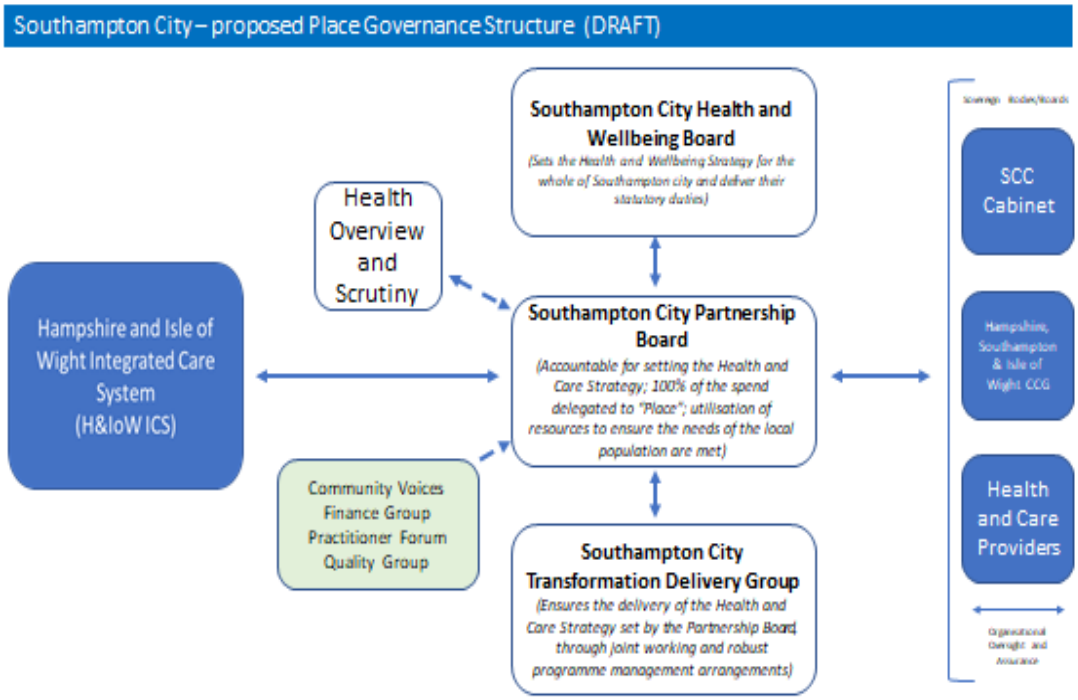
28. Southampton Partnership Board to be responsible for:

- Achieving vision for the city, developed with the Health and Wellbeing Board
- Ensuring strategic alignment of the health and care organisations and voluntary sector within “place”,
- Accountability and responsibility for the city to the ICS – Board and Chief Executive, for all resources delegated to the city as agreed by the ICS
- Joint decision making/delegated authority
- Health and Care 5 year strategy – Collaborative planning, prioritisation, delivery

- Maximising resources, not just fiscal - utilisation of resources to meet the needs of the local population, ensuring value for money
- Transformational/Integration of health and care, new ways of working
- Addressing health inequalities and the wider determinants of health
- Being innovative and having an appetite for risk to make the change

29. The oversight of implementation will be by Southampton City Transformation Delivery Group which will replace the existing Better Care Group. This will ensure the delivery of the Health and Care Strategy (2020-2025) set by the Partnership Board, through joint working and robust programme management arrangements

30. Scrutiny will continue via Health Scrutiny panel. The current proposed model is shown below. This is work in progress and may well alter during future model discussions.



Next steps

31. There is whole ICS wide work with all partners on the future model. The Southampton work will contribute to this. This will include agreement on the level of delegation for the Place Partnership Board to be accountable for.

32. There will be a requirement for ICSs to ensure appointments to the Boards and senior roles are confirmed by the end of 2021.

33. By the end of March 2022, all due diligence required when transferring liabilities and assets to a new organisation will need to have completed. An ICS strategy will create in partnership with all stakeholders and communities over the coming months.

Appendix 1

The ICS Partnership will be a forum to align ambitions with plans to integrate care and improve outcomes.

- Facilitate joint action to improve health and care services, influencing determinants of health and broader socio-economic development
- Enable collective action and targeting of resources
- Develop an 'integrated care strategy' for whole population
- Locally appointed Chair, agreed by ICS NHS Body and local government
- Provider clear mechanisms for engaging with people and communities
- Use distributed leadership model and collective accountability

The ICS NHS Body will be a statutory body, bringing the NHS together locally to improve population health and care.

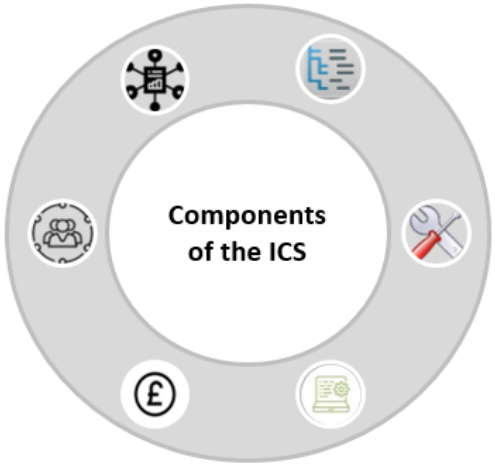
- Develop plans to meet health needs for Hampshire and the Isle of Wight
- Determine how resources are allocated, including contracts and agreements
- Establish and oversee joint working agreements, with a focus on collaboration
- Establish governance arrangements to ensure collective accountability for whole system delivery
- Take on new duties, such as incident management and specific commissioning delegated by NHS England
- Implement the HIOW People Plan and lead on system-wide digital developments
- Deliver on the functions/duties currently provided by CCGs

Place-based partnerships

- Locally defined and based on meaningful communities and geographies
- Coordinate and improve service delivery
- Forum to drive local integration
- Should involve primary care and PCNs, NHS providers, local authorities and place representatives
- Local flexibility on governance arrangements, with place-based governance key in decision making

ICS clinical and care professional leadership

- Act as key decision makers, with central role in ICS strategy under a distributed leadership model
- Sufficient capacity and support to carry out system leadership roles, including leadership and organisational development



Finance

- Current NHS procurement roles to change
- NHS England to allocate funding based on population need to each ICS NHS Body
- ICS NHS Body to agree priorities and outcomes against the NHS budget, and distribution between places, provider collaboratives and providers
- Full capital allocations made to ICS NHS Body

The role of providers in an ICS

- Lead delivery and transformation of care
- Success is judged on duties and contributions
- Help establish priorities and shared plans at place and system level
- Acute and mental health trusts to be part of a provider collaborative
- Primary care should be in involved in all levels of decision making

ICS NHS Body governance and role

- Unitary board to include at a minimum a Chair, CEO, two NEDs and 3 CEO level members from trusts, GPs and local authorities
- Process for appointments and other key governance measures to be included in the ICS Constitution
- Local determination of arrangements can be made, supported by a 'functions and decisions' map
- Formal agreement to be made with the VCSE sector
- Adopt a 'one workforce' approach and develop shared principles and ambitions
- Plan workforce development and new ways of working

SSAB
SOUTHAMPTON SAFEGUARDING ADULTS BOARD

Annual Report
2019-20

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Contents

Chair's Foreword

Thank you for your interest in the work of Southampton's Safeguarding Adult Partnership and its Statutory Board. I was appointed as Independent Chair in January 2020 and it gives me great pleasure to introduce our 2019- 20 Annual Report.

Here you will find accounts of previous achievements from 2019, along with our annual statistics in relation to safeguarding activity and detailed outcomes from Safeguarding Adult Reviews, as well as a brief thematic analysis, about lessons learned.

Between January and March 2020, our partnership quickly got to work and identified the need for clear strategic aims; a safeguarding adult strategy refresh; a new business plan and a keen desire to act and work locally. This has set future priorities of prevention, learning and quality and the foundations for Southampton Safeguarding Adult's Board to focus on local need and local safety.

We will still work collaboratively with the Isle of Wight, Hampshire and Portsmouth Boards, but we will also adopt a very local focus on the needs of our particular population, with the backdrop of our unique demographic picture, and our very specific safeguarding adult at risk profile. I hope to be able to report more on this in our 2020-21 Annual Report.

Going forward this report will reflect more on its partnership achievements, and addresses the huge range of activity and continued endeavor, clearly demonstrated in combined efforts to enable the people of Southampton City to live safe lives.

My intention has been, and will continue to be, to work very closely and collaboratively, with this committed partnership, moving us forward to our next natural stage of development. We will take forward the lessons learned from both Southampton and national Safeguarding Adult Reviews, and in February this year we engaged with the Department of Health and Social Care Research Project regarding the national thematic analysis from Safeguarding Adult Reviews and the associated learning.

I am proud to say that from our very close working during the COVID-19 pandemic, true partnership with Southampton CCG, Hampshire Constabulary and Southampton City Adult Social Care, and other partners, really came into its own and I will work to embed that spirit in all that we do.

Our new approach will lead to a more robust Board decision making, stronger, more connected governance, make safeguarding more personal, make quality outcomes focus on local outcomes, and in future, we will set out a Board structure, that is fit for purpose to deliver well on our shared partner safeguarding priorities.

So far, I have been more than impressed by the dedication of many of our Board Members; the excellent practice in our Case Review Group, the supportive approach for Board management and the forging of ideas across the four Boards. All of our partners have faced significant challenge and had to practice in unprecedented circumstances, yet they have continued to deliver well, and have shown great commitment to both continuous improvement; strategic alignment and producing quality outcomes for people at risk. My personal thanks go to these people.

Deborah Stuart-Angus, BSc(Hons) CQSW Cert.Ed. Dip.App.SS
The Independent Chair, Southampton Safeguarding Adults Board

1. Introduction

What does Safeguarding Mean?

"Safeguarding means 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 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)

Who are we and what are our lawful responsibilities?

Southampton Safeguarding Adults Board (SSAB) is group of partners who come together to co-ordinate work to safeguard and promote the welfare of adults in Southampton city. The main objective of the SSAB is to assure itself that local safeguarding arrangements and partners help and protect adults at risk of harm in Southampton. It also aims to ensure that safeguarding activities are of a high quality and in line with the Care Act 2014. The Board is a statutory partnership, which includes, Southampton City Council, Hampshire Constabulary, Southampton City Clinical Commissioning Group (CCG) and other agencies that work with adults with care and support needs. It is important that SSAB partners are able to challenge each other and other organisations where it is deemed that their actions or inaction, increase the risk of abuse or neglect. This will include commissioners, as well as providers of services.

Southampton Safeguarding Adults Board has 3 core duties:

- *'it must publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. The plan must be developed with local community involvement, and the SSAB must consult the local Healthwatch organisation. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan.*
- *it must publish an annual report detailing what the SSAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adults reviews and subsequent action.*
- *it must conduct any safeguarding adults review in accordance with Section 44 of the Act.'*

(Section 14.136 Care and Support Guidance, The Care Act 2014)

Southampton SAB also works within the '4LSAB' area of Southampton, Portsmouth, Hampshire and Isle of Wight. The 4 areas share common safeguarding policies, procedures and guidance for staff to work to. Southampton SAB participates in several cross area groups as represented in the diagram at the end of this document and going forward Southampton from 2020 will be developing a City-wide local focus.

Demographics and Population

The current population of Southampton is 252,800[1], with:

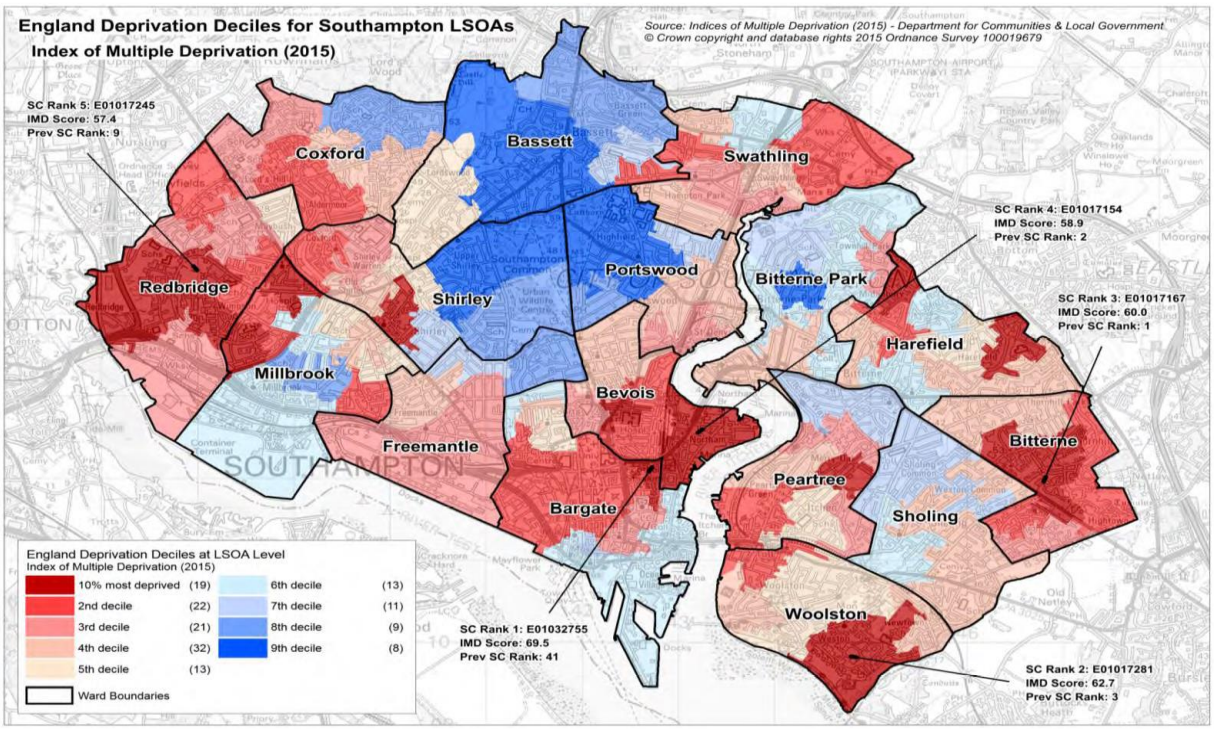
- 53,000 residents who are not white British (22.3%)
- 43,000 students
- Approximately 22% of Southampton residents are non-white British, of which 14% are Black and Minority Ethnic (BAME).

[1] Source: LG Inform, 2019

Whilst Southampton has achieved significant economic growth in the last few years in line with the South East region, the city's characteristics relating to poverty and deprivation present challenges, more in common with other urban areas across the country that have high levels of deprivation. In 2017 it was estimated that 34,781 of Southampton residents were over the age of 65 and people living in the most deprived areas in Southampton are almost twice as likely to die prematurely (under 75 years old), than those in the most affluent. In Southampton, as nationally, life expectancy is increasing and more people are living longer. The older population is projected to grow proportionately more than any other group in Southampton, over the next few years.

Health and Equalities

More adults in Southampton live in poverty than the national average (19.7% for Southampton, compared to 12.5% for the surrounding Hampshire area, and 16.8% as the national average). Since 2010 Southampton has become more deprived and in 2015 it was ranked 67th out of 326 Local Authorities in England, with 1 being the most deprived. The City is a patchwork of deprivation and pockets of affluence. It has 19 neighbourhood areas (known as Lower Super Output Areas) which are within the 10% most deprived in England and none in the least deprived. The map below shows the most (red) and least (blue) deprived areas in the city:



The health of people in Southampton is generally worse than the England average. 20.1% (8,905) of children live in low-income families. Life expectancy for both men and women is lower than the England average. Life expectancy is 8.7 years lower for men and 4.8 years lower for women in the most deprived areas of Southampton than in the least deprived areas.[2]

The rate for alcohol-related harm hospital admissions is 719[3], worse than the average for England. This represents 1,550 admissions per year. The rate for self-harm hospital admissions is 323*, worse than the average for England. This represents 876 admissions per year. The rates of new sexually transmitted infections, killed and seriously injured on roads and new cases of tuberculosis are worse than the England average. The rates of violent crime (hospital admissions for violence), under 75 mortality rates from cardiovascular diseases and under 75 mortality rates from cancer are worse than the England average[4].

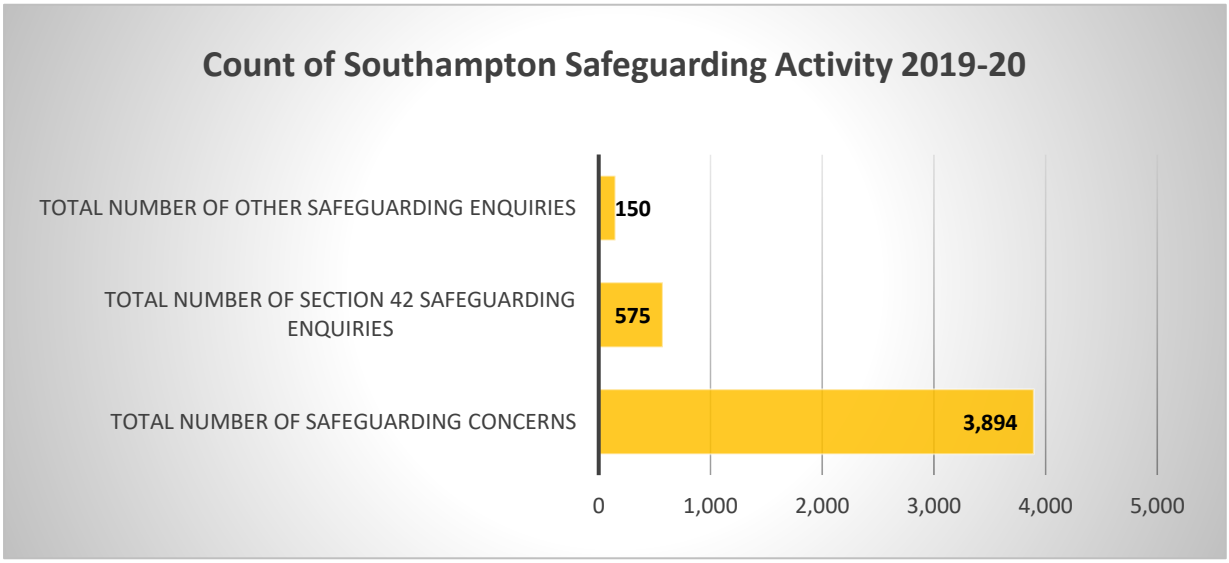
[2] Public Health England – Local Authority Health Profile 2019

[3] Rate per 100,000 population

[4] Public Health England – Local Authority Health Profile 2019

2. Safeguarding Adults Data

The following data is taken from the Safeguarding Adults Collection for the year 2019-20. In some cases, comparing Southampton's 2018/19, 2017/18, 2016/17 and 2019-20 data with the national data available at the time of completion. This data is submitted to the Department of Health and Social Care on an annual basis.



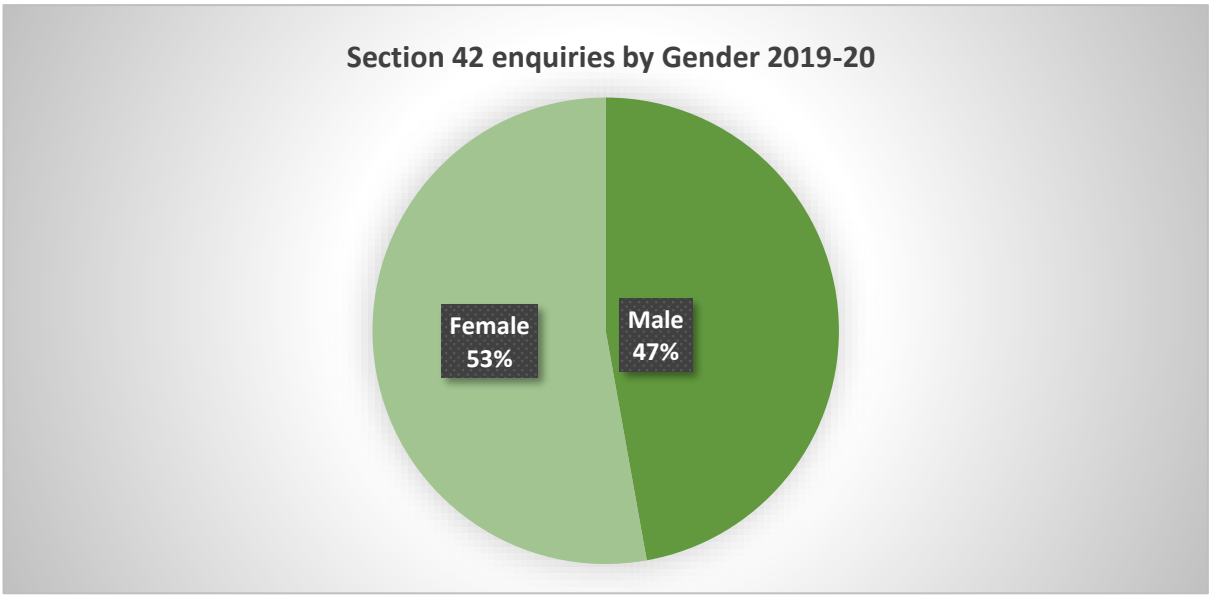
In 2019/20 there were 3894 concerns which is a 67.5% increase from the 2325 reported in 2018/19. This increase is due to changes in practice introduced following the 2019 Local Government Association Peer Review. Practice was changed to ensure that all relevant referrals were triaged, and decision making documented.

The average no. of concerns per 100,000 population in the South East Region is 888.55 compared to the national average of 942.8. The increase in safeguarding concerns in 2019/20 will result in Southampton having 1900 concerns per 100,000 population.

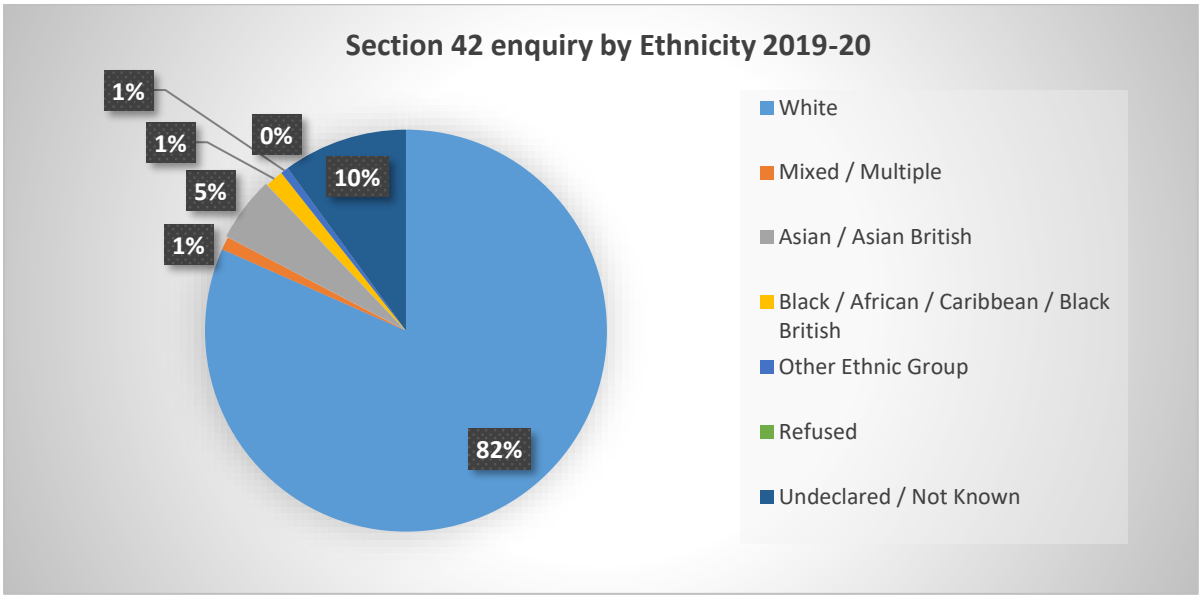
Counts of Safeguarding Activity	2019-20	2018-19	2017-18
Total Number of Safeguarding Concerns	3,894	2,325	1,695
Total Number of Section 42 Safeguarding Enquiries	582	387	442
Total Number of Other Safeguarding Enquiries	151	181	326

Section 42 Enquiries (Care Act 2014) a local authority has a duty to make enquiries or cause others to make enquiries in cases where it has reasonable cause to suspect:

- 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.



Of the individuals involved in Section 42 Safeguarding Enquiries in 2019-20, 47% were for men and 53% were for women. This is an increase of 3% for males compared to the reported figures last year, which were 44% male, 56% female. Southampton's gender profile is also broadly in line with the national gender profile of 40:60 men to women and Southampton population profile of 51% male and 49% female.



As the chart above shows, the majority of individuals involved in Section 42 Safeguarding Enquiries were raised for adults of White ethnicity, at 82%, this compares to 88% last year, and a national average of 82.7%. There is an increase in Section 42 Enquiries raised for adults of Asian/Asian British ethnicity from 2% last year to 5%. The category of 'undeclared/unknown' has also increased this year from 6% last year to 10%.

In 2019/20 there were 733 safeguarding enquiries, 582 section 42 enquiries and 151 other/discretionary enquiries. This is a 29.0 % increase from 2018/19 (568 enquiries). The proportion of section 42 enquiries as a total of all enquiries is 79% which is an increase from 68% in 2018/19.

Due to the changes in the recording safeguarding concerns, there has been an impact on the conversion rate from concern to enquiry. The conversion rate has reduced from 24.4% in 2018/19 to 18.8% in 2019/20. The table below shows the South East region (2018/19) conversion rates:

2018/19 Concern to Enquiry Conversion Benchmarking

population	conversion rate from concern to enquiry
Brighton & Hove City Council	100.0%
West Berkshire District Council	76.8%
Kent County Council	60.3%
Surrey County Council	59.3%
Buckinghamshire County Council	53.8%
Medway Council	50.5%
Reading Borough Council	50.5%
Isle of Wight Council	47.4%
Wokingham Borough Council	39.3%
Hampshire County Council	37.1%
Royal Borough of Windsor & Maidenhead	36.6%
West Sussex County Council	33.3%
Bracknell Forest Borough Council	32.6%
Southampton City Council	24.4%
Oxfordshire County Council	24.1%
East Sussex County Council	23.2%
Milton Keynes Council (Unitary)	18.9%
Slough Borough Council	15.5%
Portsmouth City Council	12.8%

In England the average conversion rate from Concern to Enquiry is 39% compared to an average of 45.8% in the South East.

Section 42 Enquiries

In 2019/20 there were 582 section 42 enquiries which is a 50.4 % increase compared to 2018/19 (387 section 42 enquiries). The proportion of section 42 enquiries as a proportion of the total enquiries has increased to 79% compared with 68% in 2018/19. The table on the next page shows the section 42 benchmarking for the South East region.

2018/19 Section 42 Enquiry Benchmarking

population	no. of section 42 enquiries per 100,000 pop
Isle of Wight Council	722.02
West Sussex County Council	498.64
West Berkshire District Council	443.61
Reading Borough Council	440.81
Surrey County Council	434.33
Kent County Council	402.76
Royal Borough of Windsor & Maidenhead	372.77
Brighton & Hove City Council	371.96
Wokingham Borough Council	313.69
Medway Council	292.63
Milton Keynes Council (Unitary)	244.20
Oxfordshire County Council	219.96

East Sussex County Council	200.71
Southampton City Council	191.31
Slough Borough Council	183.22
Portsmouth City Council	151.91
Bracknell Forest Borough Council	143.37
Buckinghamshire County Council	94.44
Hampshire County Council	88.33

Other Enquiries

In 2019/20 there were 151 Other Enquiries which is a 16.6 % decrease from 2018/19 (181 enquiries). These enquiries are for adults at risk who have mental capacity but whose needs/risks are the result of addiction/homelessness/mental health and experience coercion and control etc.

Compared to the South East region Southampton undertakes the highest proportion of Other Enquiries per 100,000 population.

2018/19 Other/Discretionary Enquiry Benchmarking

population	no. of other enquiries	no. of other enquiries per 100,000 pop
Southampton City Council	181	89.44
Kent County Council	840	67.87
Medway Council	75	35.12
Slough Borough Council	35	32.89
East Sussex County Council	135	29.94
Milton Keynes Council (Unitary)	35	17.44
Buckinghamshire County Council	60	14.35
West Sussex County Council	95	13.81
Isle of Wight Council	15	12.82
Reading Borough Council	10	8.01
Bracknell Forest Borough Council	5	5.31
Surrey County Council	40	4.29
Wokingham Borough Council	5	3.83
Hampshire County Council	40	3.64
Portsmouth City Council	5	2.92
Oxfordshire County Council	0	0.00
West Berkshire District Council	0	0.00
Royal Borough of Windsor & Maidenhead	0	0.00
Brighton & Hove City Council	0	0.00

Data Quality Issues

There were 48 individuals involved in both s42 and discretionary enquiries that did not have ethnicity recorded and for 19 individuals, a Primary Support Reason was not recorded. Each of these cases have been manually checked on the Service User Database, to identify if relevant information was stored elsewhere and work has been completed in 2020 to improve recording.

Type of Abuse and Location

The most prevalent categories of abuse in Southampton, based on concluded Section 42 Enquiries are neglect and acts of omission which reflects the national picture. This is followed by financial, physical, and organisational abuse.

Location of risk	Concluded Section 42 Enquiries 2019-20	Concluded Section 42 Enquiries 2018-19
Own Home	271	237
In the community (excluding community services)	**70**	**34**
In a community service	16	7
Care Home - Nursing	48	26
Care Home - Residential	98	94
Hospital - Acute	**62**	**26**
Hospital - Mental Health	4	0
Hospital - Community	1	1
Other	34	13

The table above indicates that the most common location for concern was the adults' own home, followed by Care Home – Nursing and Residential and again this reflects the national picture and recent years data for the City. This year there has been an increase in numbers of location of risk recorded in the community (excluding community services and within acute hospital setting).

Risk Outcomes

The table below shows the outcomes for individuals who were faced with risk, (taken from concluded S42 enquiries):

Outcome	2019-20	2018-19	2017-18
Risk Remained	13.4 %	13.4%	6.9%
Risk Reduced	66.0%	68.4%	58.9%
Risks Removed	20.6 %	18.2%	34.2%

3. Engagement with practitioners and communities

The SSAB engages with the public, professionals and families throughout the year in various ways, to ensure our work is focused on placing people who are at risk, at the centre of our decision making and safeguarding activity.

Public awareness raising takes place through public facing events and activities, including road shows, training events and exhibitions as well as direct messaging through social media. During the year the SSAB delivered activities and awareness raising to mark the following events:

- White Ribbon Day
- Maternal Mental Health Month
- Hampshire Police Never Choose Knives campaign
- Safer Internet Day
- FGM Zero Tolerance Day
- Scams Awareness

Safeguarding Partnerships Conference – Adopting a Family Approach

In June 2019 over 150 of our practitioners attended a conference to launch the Pan-Hampshire Family Approach Protocol. Speakers included Ryan Hart from the charity CoCo Awareness talking about his family's experience of coercive control, and Detective Superintendent Rachel Farrell from Hampshire Constabulary, presented on Adverse Childhood Experiences and Trauma Informed Practice. Practitioner Workshops were:

- Adult mental health and impact on children
- Domestic abuse: working with perpetrators
- Restorative Practice and Adverse Childhood Experiences
- Impact of substance misuse and alcohol on children and families

The conference brought together local practitioners from practice with adults, children and families and an evaluation of the day evidenced that those who attended felt more confident to consider a family approach to safeguarding in daily practice.

Safeguarding Adults Week 2019

In November 2019 Southampton, Portsmouth, Isle of Wight and Hampshire SAB's collaborated on a campaign for national Safeguarding Adults Week. The beginning of the week saw the publication and launch event of 4LSAB Multi Agency Hoarding Protocol which was developed jointly with Radian (Local Housing Association). The protocol details local and national guidance for practitioners including a clutter rating scale.

Locally Southampton SAB launched the '*Spot the Signs and Speak Out'* campaign highlighting different types of abuse and neglect, throughout the week. The campaign was designed and supported by Southampton City Council and Southampton City Clinical Commissioning Group Communication's Teams in response to the SAB's strategic plan to work in partnership to raise awareness of adult safeguarding and build on our community resilience. A resource pack was created for SSAB partners to use and to promote to communities and practitioners. Southampton SAB also visited University Hospital Southampton to take part in a week long programme of engagement events, providing signposting and resources, to staff and community members.

4LSAB Animated Scribe Project

The 4LSAB animated scribe Safeguarding Adults Video was promoted by the 4LSAB's during the week across social media platforms and circulated to partners. The video was designed to engage members of the public, practitioners and volunteers to promote safeguarding adults, and increase confidence and knowledge of how and when to report concerns. Southampton SAB consulted with Choices Advocacy Busy People User Group on the format, content and structure as reported in the Annual Report 2018-19. The video is available on You Tube and the Southampton SAB website.

Southampton Safeguarding Partnerships Training Programme

The SSAB works closely with the Southampton Safeguarding Children Partnership to provide a coordinated, joint training offer. This enables a family approach to be taken via the training, and offers networking opportunities across both he disciplines. It includes 2-hour 'weekly Wednesday workshops', covering:

- County Lines
- Trafficking
- Mental Health
- Fire Safety

There is good attendance averaging 25 attendees for each session and regular half-day sessions are held on topics of local and national interest which have included:

- Learning from Safeguarding Adult Reviews and Serious Case Reviews
- Harmful Cultural Practice; Female Genital Mutilation, Forced Marriage and Honour Based Violence
- An Introduction to Neglect
- Child Sexual Exploitation and Criminal Exploitation

Weekly workshops and half day sessions had to be unfortunately reduced owing to a lack of administrative capacity in the Safeguarding Partnerships Team. Attendance was also affected by the Covid-19 pandemic, however there is a history of good attendance and positive feedback and going forward the new Adult Safeguarding Strategy will be taking into consideration the value of e-learning and technology to increase access to training.

4. Priority Issues for Southampton SAB 2019-20

The SAB set the following key priorities for 2019-20: **Mental Capacity Act and Multi Agency Risk Management; Self-Neglect and the interface with Homelessness; Alcohol and Substance misuse; A Family Approach to Safeguarding,** and **Making Safeguarding Personal**. Below is a summary of the service assurance provided by partners and what the SSAB partnership have delivered in relation to these themes:

Mental Capacity Act (MCA) and Multiagency Risk Management

- The 4LSAB Workforce Development Group agreed the Multiagency Risk Management Framework (and associated tools) and Mental Capacity Act (MCA) as a priority area to focus on for 2020.

- The 4LSAB Quality Assurance Group completed an audit of local and pan Hampshire responses to organisational audits which included a separate report on applying MCA in practice. The audit returns identified that further work and training is required in terms of deploying the MCA; it's understanding, and compliance with the Act, along with a need to implement the MCA toolkit across agencies.

- The Multi Agency Risk Management tools have been redeveloped, which includes proforma documentation regarding format and structure, along with guidance on chairing a multi-agency risk management meeting. (This protocol has been included as an appendix in the revised 4LSAB Multiagency Safeguarding Adults Policy, launched in June 2020).

- Southampton SAB is aware of the new Liberty Protection Safeguards, soon to replace the Deprivation of Liberty Safeguards (DoLS), a previous Amend to the Mental Capacity Act 2005. This is in relation to the prevention of depriving a person of their liberty and what safeguards must go into place when a deprivation has to occur for the person's own safety, if they cannot make their own capacitated decision. The recent Mental Capacity Amendment Bill, was launched in early 2019 and LPS were due from October 2020. However due to the COVID-19 pandemic this is delayed until October 2022. The main changes will be:

  - ✓ LPS will apply to everyone from the age of 16 upwards (DoLS applies from the age of 18)
  - ✓ LPS will apply in all settings including a person's own home
  - ✓ Under LPS everybody has the right to an advocate
  - ✓ To simplify the legal framework
  - ✓ To improves outcomes for service users
  - ✓ To enable a consistent authorisation process across settings
  - ✓ To implement good MCA practice as intended at ground level

  There is a shared responsibility for LPS between Local Authorities, Clinical Commissioning Groups and hospitals and a Hampshire and Isle of Wight LPS steering group has been working on joint publicity material.

- Southampton City Council Adult Social Care commissioned new safeguarding adults and MCA training from Making Connections. The training has received positive feedback and has been offered to providers and volunteers. Southampton SAB is looking to offer this training as part of its joint multiagency training offer in the future.

Making Safeguarding Personal

- By means of a quick reminder, Making Safeguarding Personal is an initiative which aims to develop an 'outcome focus' to safeguarding activity, as well as a range of responses to support people to improve or resolve their circumstances. It is a personalised approach that enables safeguarding to be done 'with', and not 'to, people. It is a personalised approach that considers what the person wants as an outcome from safeguarding intervention and should consider the person's strengths and their networks. It's about involvement and participation, and seeing the person, not the process.

- The 4LSAB Workforce Development Group agreed Family Approach to Safeguarding, Risk Management Framework, Mental Capacity Act and Self-Neglect in terms of multi-agency safeguarding training needs across the 4LSAB area. It was agreed that Making Safeguarding Personal would run as a golden thread through all these topics and any priority areas agreed in the future.

- The 4LSAB Quality Assurance Group delivered a survey to practitioners regarding Making Safeguarding Personal to gain a base line understanding of practitioner confidence and how this is integrated in to their practice. The Isle of Wight Safeguarding Adult Board facilitated an MSP workshop in 2019 which reported on responses and findings and produced an action plan, actions from which have been fed in to the 4LSAB subgroups and the 4 Safeguarding Adult Boards to progress priorities. One of the actions agreed, was to promote the Local Government Association Making Safeguarding Personal Toolkit.

- A peer review of Southampton Adult Social Care recognised a priority area for development was embedding personalisation and strengths-based practice across the service. Whilst many practitioners are proactive and the is awareness of good practice examples, the need to embed strengths based approaches consistently into practice, remains.

Family Approach to Safeguarding

- Southampton Safeguarding Partnerships – the Safeguarding Adult Board and Safeguarding Children Partnership held a joint conference in June 2019 titled 'Adopting a Family Approach'. The Family Approach Toolkit was launched and promoted to Southampton practitioner and there has been continued promotion of the toolkit in training and resources by the partnerships.

- Across the Pan Hampshire Safeguarding Adult Board's and Safeguarding Children Partnerships One Minute Guide's for all aspects of safeguarding, have been produced and published.

- The 4LSAB Workforce Development Group agreed the Family Approach to Safeguarding as a priority area for focus in 2020.

- An audit of Transition from Children's Mental Health Services to Adult Mental Health Services was commissioned by the Southampton Safeguarding Partnerships and the report was presented to the SAB in October 2019. The audit sought to evaluate how case information for those requiring mental health support is passed from a child service to an adult service, as young people had highlighted that their transition from children's to adult services had not always gone smoothly, particularly for those who needed to access mental health services. Information was requested from agencies to assess the creation of transition plans, along with the level and

quality of engagement and participation with the young person. Questionnaires were sent out, and responses were analysed. The audit identified some good practice within services in creating transition and discharge plans, however, there was limited evidence of multi-agency working in such circumstances, and it appears that the multiple recording systems limited access to care plans by professionals. Recommendations have been made to raise awareness of the importance of effective transition planning, improved multi-agency working, and how to address problems with communication and record keeping. Both the SSAB and the Safeguarding Children's Arrangements remain committed to continuous improvement in relation to the audit outcomes.

Self-Neglect and interface with homelessness, alcohol and substance misuse

- The 4LSAB Policy Implementation Group started work to revise the Multi-agency Safeguarding Adult's Policy in Summer 2019. As part of this work the current 4LSAB Self Neglect policy is also being updated considering current research, case law and legislative interpretation of the Care Act and Mental Capacity Act. Southampton took the lead to complete work on the policy, but due to capacity issues across the partnerships, during COVID-19, production of a draft revised version was delayed, but due in Autumn 2020.

- In November 2019 Southampton SAB took part in National Safeguarding Adults week with a range of community engagement and safeguarding adult awareness raising activities. During the week the 4LSAB Fire Safety Development Group held a launch in partnership with Radian Housing, called 'Taking the heat out of hoarding', helping to recognise the links between hoarding and fire safety. The group identified the key agencies to target through a fire death analysis carried out over 3 years. There was a high proportion where hoarding was identified as a significant risk factor and people presenting with poor mental health. Among others the campaign is targeted mental health practitioners, housing, and public health. The launch event culminated in the publication of the 4LSAB Multiagency Hoarding Guidance.

- Southampton SAB have promoted the use of the Escalation Policy for proactive challenge within the partnership. The policy should be used for safeguarding partner practice issues, not for other matters (individual practitioner performance is not part of the scope of this document).

5. Learning from Reviews

When there is a failure to safeguard people, results can be severe and tragic. In order to learn lessons and prevent future similar tragedies from occurring, SABs have a statutory duty to host a Safeguarding Adult Review, in order to assess how agencies worked together. The Statutory guidance dictates that a SAB must decide when a case review needs to be commissioned so that all organisations involved can contribute and build on their development to improve, through action planning. It is also the duty of the SSAB to hold partners to account in relation to achieving the aforesaid associated outcomes. In accordance with the Care Act 2014 a Safeguarding Adult Review (SAR) must be commissioned if:

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 the statutory SAR criteria, it may still be considered as a different type of review such as a multi-agency partnership review or a single agency review. The Southampton SAB Case Review Group has a key part in overseeing this activity and decision making and ensuring that learning is gathered and disseminated widely amongst professionals. All final decisions however rest with the Independent Chair.

In 2019-20 the SAB received 11 case referrals for Safeguarding Adult Review; 2 cases have been progressed to Statutory Safeguarding Adult Review and 3 cases were progressed for a discretionary review. Unfortunately, due to the COVID-19 pandemic and in line with guidance received by NHS England, all safeguarding adult review work was suspended at the end of March 2020 and therefore progression and delivery of review reports will be delayed. An update on the learning and improvement from these reviews will be detailed in the 2020-21 SAB annual report.

We reported on 1 review that took place during 2019-20 in the Safeguarding Adult Collection (SAC) for the Department of Health and Social Care.

SSAB concluded 2 learning reviews in 2019-20. Learning from the reviews is disseminated to the local partnership and to practitioners, in various ways, as summarised below:

Adult P - Safeguarding Adult Review

The SAR for 'Adult P' was commissioned after an incident in 2014, where tragically Adult P died from injuries following a serious sexual assault. Adult P was known to services and had a history of alcohol dependency, homelessness, and substantial self-neglect. There was also some concern about financial and sexual exploitation, by others toward Adult P. The full overview report for this case was published on the Southampton LSAB website, alongside a 6 Step summary briefing to aid in dissemination of the learning.

Marie - Multiagency Review

In 2017, the Southampton LSAB considered the case of 'Marie' (pseudonym) and determined that the Statutory Criteria for Safeguarding Adult Review (Section 44, Care Act 2014) was not met but that significant learning may be gained from carrying out a multi-agency review. Marie had complex needs; she had learning disabilities and a mental health diagnosis. The decision not to publish the full report was taken by SSAB, in order to protect Marie as a surviving victim. A 6 Step Summary briefing of the case is available on the LSAB website.

Follow up and Learning

All recommendations and actions from Case Reviews are transferred into actions for the services to deploy via planning. Their progress in implementing plans is monitored by the SSAB's Case Review Group. The SSAB seek to ensure that all staff are aware of the shared learning and managers are responsible for disseminating this in supervision, to prevent similar outcomes for adults at risk of harm, abuse or neglect.

Learning identified throughout the case review process is disseminated to relevant organisations as soon as it becomes available. This is to ensure lessons learned are acted upon as soon as possible to improve practice, policies and systems management and to reduce the risk of similar tragedies occurring again. In addition, the SSAB collates learning according to identified themes, which is cascaded to board members and wider audiences, as appropriate.

The themes identified this year through case reviews and audit work are summarised below. They influence regular 'Learning from Case Reviews' briefings and workshops hosted by SSAB. Themes so far have been:

The need for effective communication between agencies and with service users

- The lead professional for an individual should establish the roles and responsibilities of each professional and family member involved, to ensure common goals in decision making and care planning. Effective communication and healthy working relationships are an important part of good multiagency practice.
- Practitioners need to remember that safeguarding/adult protection overrides data protection legislation

Listening to the voice of the adult and making safeguarding personal

- Practitioners need to see the adult at risk and consider the context of any exploitation and abuse and to effectively consider the daily, lived experience of the adult at risk i.e. impact of abuse and neglect and the potential long term significant harm it can cause.
- There is a need to ensure that non-verbal communication from an adult at risk are integral to assessing responses in safeguarding interventions.
- It is important for adults at risk to know about and access local advocacy services so that people's decisions are clear in relation to planning for their health, care and wellbeing.
- Accessing Local Government Association Making Safeguarding Toolkit supports practitioners to adopt a strength based approach when working within Safeguarding Adults and is vital to safeguarding work

Taking a family approach - *Including risks from 'Trigger Trio' of domestic violence, substance misuse, alcohol and mental health issues.*

- Commonality of the combination of 'trigger trio' issues in families, and increased risk of significant harm
- High risks posed to others as well as 'subject' of the safeguarding work, including wider family members and children

- Early identification and intervention can reduce the risk of harm
- Risk can escalate quickly, particularly where there is a combination of domestic abuse with mental health issue or substance misuse
- There is a need for further understanding of the impact of coercive control on families.

Escalation

- Underpins the principle that Safeguarding is everyone's business 'until the individual is safe' which is a key factor in promoting the welfare of our adults at risk
- Practitioners and families need to constructively challenge, if a response is received to concerns, which is inadequate.
- There is a need to raise awareness of the 4LSAB Escalation procedures.

Disguised Compliance & Hostile families

- Importance of professional curiosity – encouraging professionals to act on this and triangulate findings to test a methodology or hypothesis.
- Cases show that intentional deception and control of professionals exists with carers /parents, minimising or denying abuse and neglect.
- Practitioners can become over optimistic about progress being achieved, again delaying timely interventions for individuals and families.
- Aggressive/intimidating individuals and family members can influence personal responses.

Impact of self -neglect

- Adults can spend long periods of time subject to interventions from services with limited impact.
- Early intervention is a key factor in reducing harm and the long term impact on an individual who self-neglects can consequently mean they are at a higher risk of harm.
- Housing issues such as rent arrears, lack of property maintenance and anti-social behaviour is apparent in many self-neglect cases.
- There is a link between experience of neglect as a child and in adolescence, and then self-neglect as an adult.
- Practitioners need to apply the 4LSAB Multi Agency Risk Management Framework in self-neglect cases, where the Section 42 threshold is not met.

Using history to inform current practice

- Existence of quality chronologies with clearly identified risk factors improves outcomes for child and adults
- These need to be more than a simple timeline – include qualitative information, analysis and narrative
- Should be made available to multi-agency professionals to review them at all levels of intervention and assessment
- Need to include patterns or trends noticed for the family/individual and patterns of behaviour, crisis times and 'peaks' of risk, in order to help predict and prevent future harm
- Consideration should be given to include previous generational case/family history to form a holistic view.

Regular and Effective supervision

- Area of repeat concern across agencies in our case reviews

Each agency should have:

- A written policy for the supervision of staff
- A process for handling complaints and disagreements with regards to safeguarding supervision.

- Safeguarding supervision provided by an appropriately experienced supervisor that is regular, planned with protected time & one-to-one or group basis.
- A written agreement that explains the purpose, value and importance, the roles of the supervisor and supervisee, a record should be kept of each session in line with the specific organisation's own supervision policy and/or agreed processes.
- Decisions should be recorded (or cross-referenced) case file or record. There is a duty to escalate the following concerns should they arise within safeguarding supervision discussion:
    - Individuals or family members who may be at risk of significant harm.
    - There is unsafe practice placing people at risk.
    - There is illegal activity.

Application of Mental Capacity Act

- The over reliance upon the assumption of mental capacity and the limits of understanding mental capacity in more complex cases.
- This includes where mental capacity may fluctuate due to, for example, substance misuse.
- Fluctuating capacity impact upon the professional's assessment of risk and what legal framework may be available to protect the individual.
- Assumption of capacity around the adult understanding the risk from safeguarding concerns arising from their current situation.
- Recording and evidencing mental capacity assessments and using the formal legal tests for assessing decisions provides a sound structure.
- Acknowledgement that Mental Capacity assessments for more complex individuals present a real challenge across agencies.
- Practitioners need to be aware of how factors such as duress or coercion can affect a person's mental capacity and that further expertise and/or legal advice may need to be sought.

Case Review Action Plans

The SAB translates recommendations from reviews to detailed improvement and action plans that the partnership and individual organisations monitor and take action in response to the findings of the reviews. The SAB Case Review Group has oversight of these plans and reviews them regularly.

6. Next Steps and Priorities for 2020-21

Southampton SAB have had a productive and challenging year co-ordinating quality assurance of adult safeguarding activity and promoting the welfare of adults at risk of harm, in the City.

Following the appointment of the new SSAB Independent Chair, Deborah Stuart-Angus, in January 2020 work was initiated work on developing partner safeguarding adult priorities and reviewing the strategic plan. This review and subsequent discussions held with partners, identified an appetite for Board development, for strengthening its position and the need for strategic safeguarding improvement. The SSAB is working towards improving the local focus for Southampton City's safeguarding, and its particular local needs such as homelessness; the high number of care homes; a large student population; sex working and the risk of exploitation and the requirement for closer scrutiny of local safeguarding data.

By the end of March 2020, we had identified our future priorities as **Prevention, Quality and Learning**, and following partnership consultation and analysis, we are now set to:

- Set out 21-24 Strategy with shared aims, objectives and a supporting business plan
- Set out a Board Team workplan
- Set out a Board structure which is fit for purpose
- Increase our connectivity with other Boards
- Revise our Constitution
- Set up a Risk Register
- Achieve service user feedback and representation
- Set out a Coroner's Protocol
- Review our SAR methodology, business process and quality system

COVID-19 Response

On 11th March 2020 the World Health Organisation declared the outbreak of COVID-19 as a pandemic. During these unprecedented times safeguarding our most vulnerable and at risk adults in Southampton has never been more important. The Southampton Safeguarding Adults Board is continuing to work in partnership to ensure an effective and timely response to safeguarding issues, and have ensured that assurance exists for continuing to deploy Section 42 Care Act duties.

The SSAB set out its Board Assurance Safeguarding Framework to help monitor the ongoing challenge during the COVID-19 pandemic, and partners worked relentlessly, with very high levels of co-operation and co-ordination in order to collaborate planning and deploy their safeguarding duties. This ensured a robust safeguarding response for people in our communities who may not have normally sought support from agencies but who, due to the impact of social distancing and self-isolation measures, were more at risk, due to life circumstances, for example homeless and rough sleepers; asylum seeker; those with no recourse to public funds; those who had no local connection to the area; people with specific disabilities (including mental illness, those using drugs and alcohol); those who were socially isolated, and those experiencing domestic abuse, and for adults and children, the family approach being of more importance than ever.

It is important to capture the essence of the very real partnership and collaboration that has been witnessed and experienced through integrated working, during Southampton's shared response to managing the pandemic and protecting its most at-risk residents.

At this this juncture, it will give us a timely opportunity to review our strategic plan, the SSAB structure and membership, SSAB governance and Constitution, and to ascertain how Southampton SAB is assured that safeguarding adults at risk is effective, and, in order for us to deploy our lawful and statutory obligations.

As a result, a new strategic plan will be developed and will take effect from Spring 2021.

7. Reporting Adult Safeguarding Concerns

If you are worried that an adult may be at risk of abuse or harm please contact Southampton Adult Social Care on:

Email: adultsocialcareconnect@southampton.gov.uk

Telephone: 023 8083 3003

Address: Adult Social Care, Southampton City Council, Civic Centre, Southampton, SO14 7LY

If an adult at risk 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.

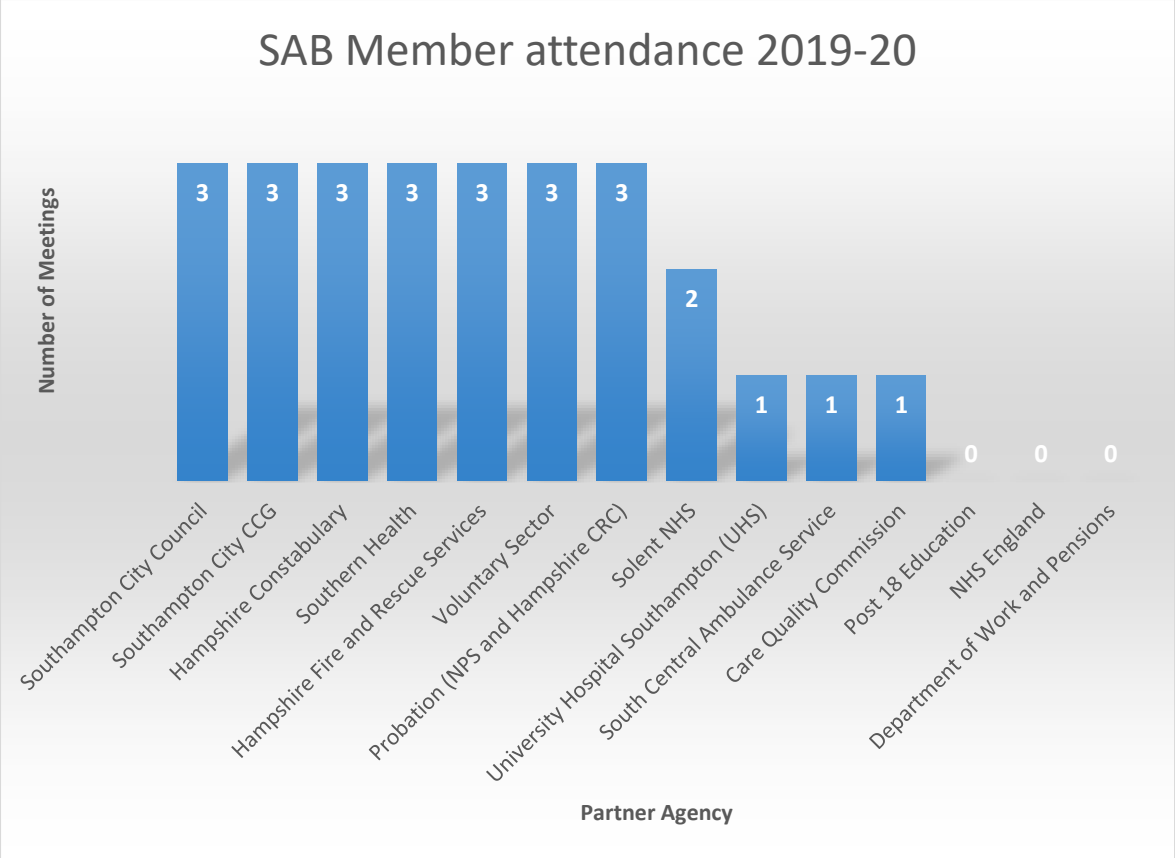
Appendices

Appendix 1 SAB Finance

SAB partners agreed to the following contributions to cover 2019-20

Board Partner Agency	Contribution 2019 - 20
Southampton City Council	**£37,086**
Southampton City CCG	**£29,013**
Hampshire Constabulary	**£11,072**
Total contributions	**£77,171.00**

Appendix 2 Board Members Attendance

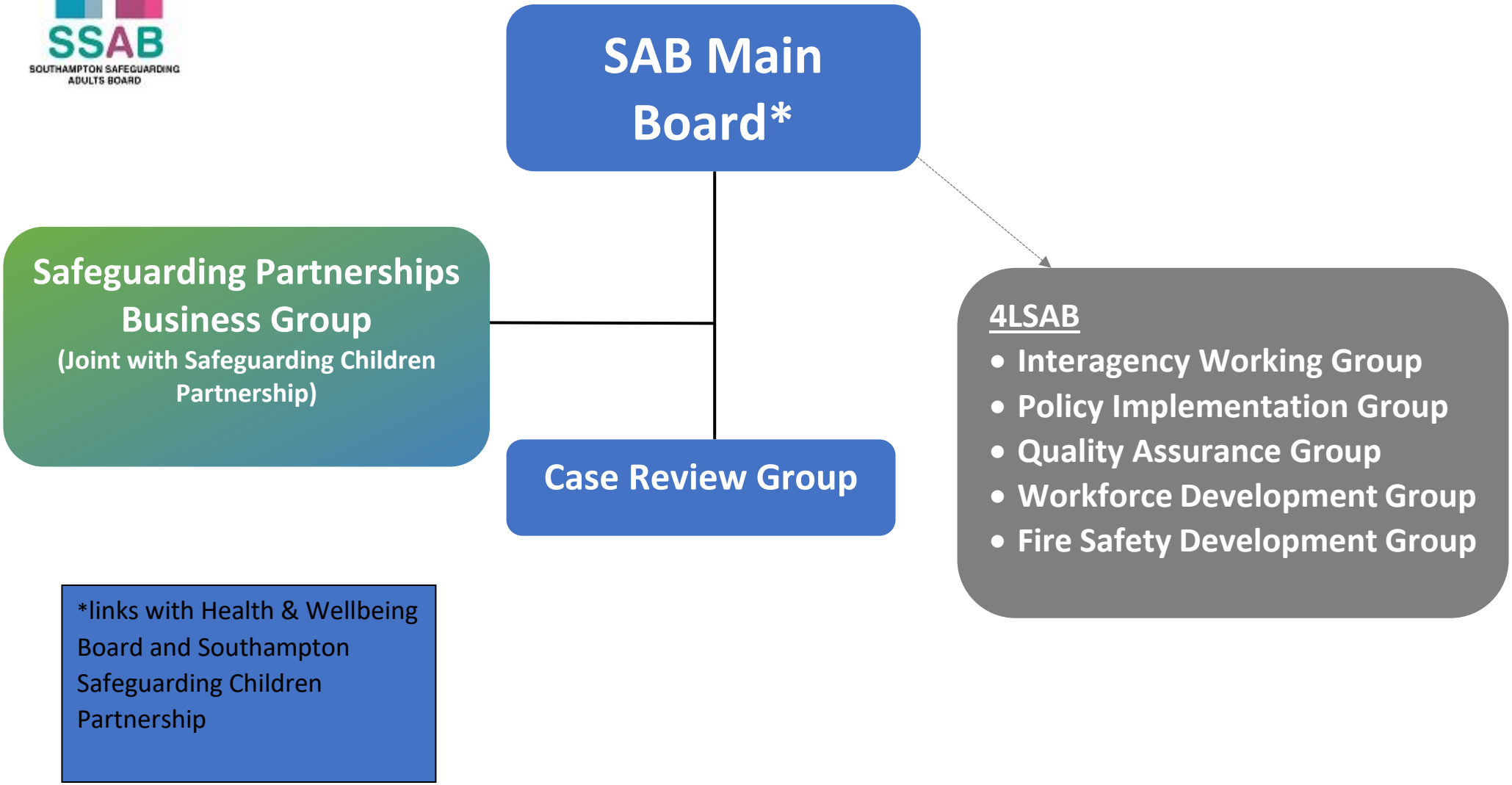


The above graph shows that the majority of agencies had 100% to 75% attendance at SAB meetings. Only 3 meetings took place in 2019-20; the SAB meeting which took place in March 2020 was attended by funding partner agencies only to discuss strategic response to COVID-19 pandemic. Partners such as NHS England, CQC and DWP are not noted as essential partners at every meeting.

Appendix 3 Glossary

4LSAB	Joint collective of the SABs from Hampshire, Isle of Wight, Southampton, Portsmouth
CAMHS	Child and Adolescent Mental Health Services
CSE	Child Sexual Exploitation
DoLS	Deprivation of Liberty Safeguards
ED	Emergency Department
GP	General Practitioner
Hampshire CRC	Hampshire Crime Rehabilitation Company
HCC	Hampshire County Council
HFRS	Hampshire Fire and Rescue Service
HMPPS	Her Majesty's Prison and Probation Services
MARAC	Multi Agency Risk Assessment Conference
MASH	Multiagency Safeguarding Hub
MET	Missing, Exploited and Trafficked
MSP	Making Safeguarding Personal
NPS	National Probation Service
RSH	Royal South Hants Hospital
SAR	Safeguarding Adult Review
SCAS	South Central Ambulance Service
SCC Adult Social Care	Southampton City Council Adult Social Care
SHFT	Southern Health NHS Foundation Trust
Southampton City CCG	Southampton City clinical Commissioning Group
Southampton SAB	Southampton Safeguarding Adults Board
Southampton SCP	Southampton Safeguarding Children Partnership
UHS	University Hospital Southampton NHS Foundation Trust
YOS	Youth Offending Services

Appendix 4 - Southampton SAB Structure Chart 2019-20



Southampton LSAB Functions

The **Main Board** is attended by panel of senior officers from all safeguarding partners in the city. Together they form the core decision making body for the partnership and have a constitution which details their responsibilities.

The **Business Group** incorporates Children's & Adults Boards. It is attended by senior representatives from the three key safeguarding partners (Police, Health & Council) plus the Independent Chairs of both Boards. The Business Group plans for Main Board meetings, receives reports on progress from each of the Sub Group Chairs to monitor progress and also controls the budgets for each Board.

The **Case Review Group** receives referrals for reviews and determines whether they meet criteria for a Case Review and initiates and monitors Reviews. The group ensures that resultant learning is shared with partners to help prevent the circumstances occurring again.

The **4LSAB** coordinated work includes: a merged Chair/Strategy Group, a Quality Assurance Group which is closely aligned to other 4LSAB sub groups, a Policy Implementation Group and a Workforce Development Group, which is looking at merging adults' workforce development.