Public Document Pack

Health Overview and Scrutiny Panel

Thursday, 1st September, 2022
at 6.00 pm

PLEASE NOTE TIME OF MEETING

In light of the current Covid Omicron variant surge this meeting will be held as a hybrid meeting. To be lawfully constituted it will still be held in the Civic Centre and open to the public but only core members of the Cabinet/committee along with key supporting officers will be in the room in order to keep everyone as safe as possible. Other officers, elected members and the public are encouraged to join the meeting via Microsoft Teams and contribute and/or make formal deputations that way.

Members

Councillor Professor Margetts (Chair)
Councillor Bunday
Councillor Guest
Councillor Houghton
Councillor Noon
Councillor W Payne
Councillor White

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PUBLIC INFORMATION

ROLE OF HEALTH OVERVIEW SCRUTINY PANEL (TERMS OF REFERENCE)

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

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

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

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

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

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

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

CONDUCT OF MEETING

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

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

QUORUM
The minimum number of appointed Members required to be in attendance to hold the meeting is 2.

DISCLOSURE OF INTERESTS

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

DISCLOSABLE PECUNIARY INTERESTS

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

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

(ii) Sponsorship

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

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

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

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

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

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

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

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

OTHER INTERESTS

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

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

PRINCIPLES OF DECISION MAKING

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

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

In exercising discretion, the decision maker must:

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

DATES OF MEETINGS: MUNICIPAL YEAR 2019/2020

2022	2023
30 June	9 February
1 September	6 April
20 October	
8 December	

AGENDA

1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

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

2 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

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

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

3 DECLARATIONS OF SCRUTINY INTEREST

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

4 DECLARATION OF PARTY POLITICAL WHIP

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

5 STATEMENT FROM THE CHAIR

6 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING) (Pages 1 - 4)

To approve and sign as a correct record the minutes of the meeting held on 30 June 2022 and to deal with any matters arising, attached.

7 HAMPSHIRE AND ISLE OF WIGHT COMMUNITY AND MENTAL HEALTH SERVICES REVIEW (Pages 5 - 12)

Report of the Hampshire and Isle of Wight Integrated Care Board providing the Panel with an overview of the developing review of community and mental health services.

8 IMPACT OF COVID-19 ON SOUTHAMPTON'S HEALTH AND WELLBEING (Pages 13 - 82)

Report of the Director of Public Health providing the Panel with an updated assessment of the impact of Covid-19 on health and wellbeing in the City.

9 SOUTHAMPTON SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2020/21

(Pages 83 - 120)

Postponed report from the Independent Chair of the Southampton Safeguarding Adults Board (SSAB) asking the Panel to consider the SSAB Annual Report and present any questions on the content.

Tuesday, 23 August 2022 Director of Legal and Business Services

SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL

MINUTES OF THE MEETING HELD ON 30 JUNE 2022

Present: Councillors Bunday, Houghton, Noon, W Payne and Savage (as substitute for Councillor Professor Margetts)

Apologies: Councillors Professor Margetts, Guest and White

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

It was noted that following receipt of the temporary resignation of Councillor Professor Margetts, from the Panel, the Service Director – Legal and Business Operations acting under delegated powers, had appointed Councillor Savage to replace them for the purposes of this meeting. In addition, the apologies of Councillors Guest, and White were noted.

Due to the appointed Chair of the Panel not being in attendance, Mark Pirnie, the Scrutiny Manger moved that a Chair would be elected for the purposes of the meeting.

RESOLVED that Councillor W Payne would be Chair for the purposes of the meeting.

2. **ELECTION OF VICE-CHAIR**

RESOLVED that this item would be postponed to the next meeting due the absence of a significant number of Panel members.

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

Councillor Noon declared that he worked in Adult Social Care.

Councillor Bunday declared that he was a qualified and registered Social Worker and had worked in various roles in local authority social care and health services; he had worked as a specialist advisor with the Care Quality Commission and had worked as a consultant in an independent private mental health hospital.

The Panel noted the declaration of interest and considered that it did not present a conflict of interest in the items on the agenda.

RESOLVED that Councillor Bunday and Councillor Noon would be involved the discussion of the items on the agenda.

4. **STATEMENT FROM THE CHAIR**

The Chair noted that in light of the current Covid Omicron variant surge the meeting would be held as a hybrid meeting. To be lawfully constituted it was held in the Civic Centre and open to the public but only elected members, along with key supporting officers, were in the room in order to keep everyone as safe as possible. Other officers and the public had been encouraged to join the meeting via Microsoft Teams and contribute that way.

5. MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

RESOLVED: that the minutes for the Panel meeting on 7 April 2022 be approved and signed as a correct record.

6. SOUTHAMPTON SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2020/21

The Panel noted that the Independent Chair of the Southampton Safeguarding Adults Board could not be in attendance at the meeting due to personal circumstances.

RESOLVED that the report of the Independent Chair of the Southampton Safeguarding Adults Board (SSAB) which provided an update on the work of the SSAB during 2020/21 would be deferred to a future meeting of the Panel.

7. ADULT SOCIAL CARE PERFORMANCE AND TRANSFORMATION ROAD MAP

The Panel considered the report of the Executive Director of Wellbeing (Health and Adults) which requested that the Panel considered and scrutinised information on adult social care performance and the transformation road map.

- Councillor Fielker, Cabinet Member for Health, Adults and Leisure and Vernon Nosal, Director of Operations for Adult Social Care were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- The inclusion of improved governance and accountability arrangements in the transformation road map.
- The Cabinet Members priorities included a focus on how the Disabled Facilities Grant was used to reduce the need for specialist or long-term care and the how the support on offer for unpaid carers can be improved.
- The importance of direct payments to give people choice and ensuring that they provide the services people need and are effective at improving outcomes.
- The impact of the pandemic on residents' quality of life, including loneliness.
- The workforce challenges of recruiting staff into frontline care posts and the turnover of senior managers in Adults Social Care.

RESOLVED that

1) With recognition of the importance of personal choice, intelligent use would be made of resources and technology to ensure that social care would be provided

efficiently, that unnecessary travel would be limited, and that continuity of care would be improved.

2) That Adult Social Care performance would be considered by the Panel on a regular basis and that the performance data would be supported by appropriate context to enable effective comparisons to be made.
3) That recommendation would be made that the Chief Officer Employment Panel appoints a permanent Executive Director for Wellbeing (DASS) that is willing to commit to the city as soon as possible.

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DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	HAMPSHIRE AND ISLE OF WIGHT COMMUNITY AND MENTAL HEALTH SERVICES REVIEW
DATE OF DECISION:	1 SEPTEMBER 2022
REPORT OF:	HAMPSHIRE AND ISLE OF WIGHT INTEGRATED CARE BOARD

STATEMENT OF CONFIDENTIALITY		
N/A		
BRIEF SUMMARY		
This paper reports on a review of community and mental health services in Hampshire and Isle of Wight.		
RECOMMENDATIONS:		
	(i)	That the Panel notes the report.
REASONS FOR REPORT RECOMMENDATIONS		
1.	To enable the Panel to discuss the review of community and mental health services in Hampshire and Isle of Wight.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	N/A	
DETAIL (Including consultation carried out)		
3.	Across Hampshire and Isle of Wight community and mental health services are provided by several organisations working closely together. A key priority for the NHS in Hampshire and the Isle of Wight is ensuring that communities have equal access to services and experience the same outcomes. We know that over the coming years the demand for community and mental health services will increase. Our physical and mental health services are already responding to increasing need, both in terms of the number being referred and the complexity of issues they present with. Against this backdrop, continuing to improve and transform service provision as well as having an even greater focus on integration between mental and physical health is vitally important.	
4.	In January 2022 the Hampshire and Isle of Wight Integrated Care System (ICS) commissioned a review of community and mental health services. The purpose of the review was to understand how to best meet the current and future demands of our local populations and how organisations might work better together to meet those demands. It was the first step in helping us to understand the strengths and weaknesses of existing services, and to identify any gaps and areas for further improvement.	
5.	This programme of work is at a very early stage and we welcome the opportunity to discuss the review's recommendations.	
RESOURCE IMPLICATIONS		
<u>Capital/Revenue</u>		
6.	N/A	

Property/Other	
7.	N/A
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
8.	N/A
Other Legal Implications:	
9.	N/A
RISK MANAGEMENT IMPLICATIONS	
10.	N/A
POLICY FRAMEWORK IMPLICATIONS	
11.	N/A

KEY DECISION?	**No**
WARDS/COMMUNITIES AFFECTED:	ALL

SUPPORTING DOCUMENTATION

Appendices

1.	Hampshire and Isle of Wight Community and Mental Health services review (Update – August 2022)

Documents In Members' Rooms

1.	None

Equality Impact Assessment

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

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.	Community and mental health review :: Hampshire and Isle of Wight ICS (hantsiowhealthandcare.org.uk) – Full review (**https://www.hantsiowhealthandcare.org.uk/your-health/schemes-and-projects/community-and-mental-health-review**)	

Hampshire and Isle of Wight

Hampshire and Isle of Wight Community and Mental Health services review

Update – August 2022

Summary

1. Across Hampshire and Isle of Wight community and mental health services are provided by several organisations working closely together: Solent NHS Trust, Southern Health NHS Foundation Trust, Isle of Wight NHS Trust, Dorset Healthcare NHS Foundation Trust and Sussex Partnership NHS Foundation Trust as well as a range of other NHS, local authority and voluntary and independent sector organisations.

2. A key priority for the NHS in Hampshire and the Isle of Wight is ensuring that communities have equal access to services and experience the same outcomes. We know that over the coming years the demand for community and mental health services will increase. Our physical and mental health services are already responding to increasing need, both in terms of the number being referred and the complexity of issues they present with. Against this backdrop, continuing to improve and transform service provision as well as having an even greater focus on integration between mental and physical health is vitally important.

3. In January 2022 the Hampshire and Isle of Wight Integrated Care System (ICS) commissioned a review of community and mental health services. The purpose of the review was to understand how to best meet the current and future demands of our local populations and how organisations might work better together to meet those demands. It was the first step in helping us to understand the strengths and weaknesses of existing services, and to identify any gaps and areas for further improvement.

4. The review enabled us to determine the merit of exploring opportunities to redesign services for the benefit of our communities, looking carefully at the evidence and involving a number of partners. A range of different options were put forward and the review made recommendations for us to consider as a system.

5. The work, which took place during March and April 2022, was led by an independent company and involved a range of partners and stakeholders. It considered a wide range of data and information as well as feedback from one-to-one interviews and roundtable discussions. The findings of the review were shared with key partners and stakeholders in June.

6. This paper provides further detail of the review's aims, the case for change, strategic priorities, recommendations and next steps.

Aims of the review

7. The aim of the review was to understand how to better meet the demands of the future to best serve those in our communities and how organisations might work better together to ensure that all of our residents receive high quality healthcare every time. As such the terms of reference for its scope were as follows:
    - Set out a high-level overview of current and future population needs for community and mental health services
    - Map community and mental health services currently delivered in HIOW
    - Understand strengths and weaknesses of the existing arrangements and their ability to meet future needs
    - Produce options for future delivery of services to meet needs and improve outcomes
    - Carry out an options appraisal exercise using evaluation criteria to explore relative pros and cons of each option
    - Set out the preferred option in a report and consider the impact on future leadership arrangements

8. Over eleven weeks, the review developed a case for change, identified future strategic priorities for the system, developed options for future arrangements and outlined next steps.

The case for change

9. The review found a compelling case for change in the way community and mental health services are resourced and delivered across Hampshire and Isle of Wight so that they can be of the highest standard.

10. Demand for these services is high and will continue to grow in light of changing health needs and demographics of our population across all areas.

11. Historical inequities in the distribution of resource across Hampshire and Isle of Wight means some areas have received less investment than others. With the formation of Integrated Care Systems, this provides an opportunity for the system to lead and correct these inequities. The review found areas with the highest needs do not always have the most resource. The communities which have benefitted from higher investment in community health services appear

to spend proportionately less on acute care. We need to redress these imbalances.

12. Our mental health workforce is seeing significant shortages which is a key issue to address for the future sustainability of these services in the future. Demand for these services may rise by 10% within the next three years and positive action is needed through agile ways of working to achieve this

13. We know patients find navigating the health and care system challenging. The delivery of services is fragmented. Previous commissioning arrangements mean some services are provided by different NHS providers and there is a need for greater consistency. For example, the transition from child to adult mental health services is complex, with different providers for Child and Adolescent Mental Health services (CAMHS) and adult mental health services. The complexity of multiple providers can make it unclear who is accountable for individual patients and creates an imbalance of clinical risk where patients are escalated to high acuity settings rather than treated in the most appropriate care setting for their needs. It also creates wider confusion around leadership and ownership for improving systemwide provision of community and mental health services. This acts as a barrier to integrating across health and care services and we are committed to collectively breaking through this barrier.

14. The review concludes that, in order to best deliver the high quality service to our patients and respond to service users' needs effectively, we need a better use of collective resources, greater consistency and continuity of patient care, and a more holistic and preventative approach by joining up services in a streamlined way within communities and beyond.

Future strategic priorities

15. Clinical and system leaders from across organisations were asked to agree a set of strategic priorities. Following the review, these are as follows:

    - Optimisation of patient safety, quality and experience by reducing variation; consistent standards and treating patients in the most appropriate care setting.
    - Alignment of care models and pathways to optimise patient access and ensure clear ownership of care, by addressing the overlap in services, using consistent criteria, reducing the complexity of the provider landscape and aligning community physical health and mental health.
    - Integration of local services across the life course and a more holistic approach to care by reducing fragmentation of services, focusing on

prevention and integrating across multiple community teams locally to meet all of a person's needs at once.
- Building a flexible, sustainable, and engaged workforce and optimising systemwide use of staff and available skillsets.
- Improving resourcing of services according to local needs and the required scale of delivery so generalist services are delivered locally and specialist services at scale.

16. The review found that there is widespread agreement across Hampshire and Isle of Wight that the current arrangements for delivering community and mental health services are not able to adequately respond to the case for change or meet the strategic priorities outlined for services. All partners working across the Hampshire and Isle of Wight Integrated Care System are dedicated to transforming this delivery for generations to come.

Recommendations

17. To overcome the fragmentation of care delivery and ensure more alignment and consistency, new organisational arrangements are required so that the ICS can collectively meet its priorities.

18. The recommendations are as follows:

A new Trust should be created for all community and mental health services across Hampshire and Isle of Wight, with local divisions to focus on our communities. All existing providers are being engaged and are coordinating this work with the ICB, and identifying a roadmap on developing this work further, the risks and mitigations required.

A review of community physical health beds should be undertaken, in a partnership between community, acute and primary care providers and local authorities. This is required to ensure the highest possible levels of patient safety, quality and experience are in place and that patients are receiving care in the most appropriate setting for their needs.

Develop a systemwide clinical strategy for community and mental health services that focuses on prevention, early intervention and patient centred care. This will be led by our community and mental health providers with input from service users and key system partners, such as primary care and local authorities.

A clear, systemwide strategy for place and local leadership is needed. This will help to identify local integration across health and care and wider determinants such as education.

Establishing a more strategic approach to the funding for community and mental health services to address the current inequities. The approach should acknowledge financial complexities to date and reflect on the overall system performance in communities that have historically had higher levels of investment in community and mental health services, considering how the overall health spend available can be better utilised.

Next steps

19. All partners are committed to ensuring patients are front and centre of our approach, which will be clinically-led, transparent, and inclusive. The engagement we undertake with local communities, staff and stakeholders will be two-way, to ensure that everyone's voices are heard and the changes put in place are widely endorsed.

20. The review incorporated existing insight and feedback from people who use local community and mental health services. However, it was the beginning of a detailed programme of work that will involve extensive engagement with our communities, colleagues working in local community and mental health services and partners. A key part of this is about bringing in the voices of people with lived experience including patients, service users, relatives and carers. Our approach will align with the ICB community involvement and engagement strategy which sets out four valuable principles relating to how we will work. These include ensuring that the involvement of our communities is based on trust and relationships, building on existing best practice, ensuring that we are inclusive of diverse communities and that we share a collective responsibility. We will continue to work closely and in an agile way with colleagues and partners across Hampshire and Isle of Wight, including Healthwatch organisations, to design a detailed engagement and involvement plan.

21. Local services will continue to be delivered. The recommendations set out above are improving the way these services work together. In the event of any service change which evolves from these recommendations, engagement with patients would be required on any specific proposals. We will be keeping all local scrutiny panels informed.

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DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	IMPACT OF COVID-19 ON SOUTHAMPTON'S HEALTH AND WELLBEING
DATE OF DECISION:	1 SEPTEMBER 2022
REPORT OF:	DIRECTOR OF PUBLIC HEALTH

CONTACT DETAILS				
Author:	Title	Director of Public Health		
	Name:	Dr Debbie Chase	Tel:	023 8083 3694
	E-mail	debbie.chase@southampton.gov.uk		

STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY

A COVID-19 Health Impact Assessment was presented to the Southampton Health and Wellbeing Board in December 2021. This impact assessment has been updated with the latest data and intelligence on health and wellbeing alongside information on actions taken subsequently by the Health and Wellbeing Board and Health and Care Partnership Board for presentation to the Health Overview and Scrutiny Panel.

This health impact assessment highlights emerging direct and indirect health impacts of the pandemic on people living in Southampton. The assessment takes the form of a comprehensive slide set (Appendix 1). The disproportionate impact of direct covid-19 health effects across different population groups are not yet fully understood nor the scale and impact of the indirect health effects such as delays in diagnoses, elective care, and management of long-term conditions. This also includes the detrimental economic and educational effects known to be powerful wider determinants of health. We will continue to update our data and intelligence to help inform local action.

This health impact assessment is being used to inform and support prioritisation of specific actions within the Southampton Health and Wellbeing Strategy and Southampton's Health and Care Plan. Through our learning from local data, evidence and insight, we can ensure that we are doing as much as we can, with the resources available, to protect and improve the health and wellbeing of the residents of Southampton in COVID-19 recovery over the months and years to come.

Key Points

- Southampton is an ethnically diverse city, with significant pockets of deprivation, and a high burden of disease.
- Clinical vulnerability to COVID-19 infection, vulnerability to acquiring infection, and vulnerability to the impact of policy decisions on managing the pandemic are likely to have been experienced differently across the city.
- Highest age-standardised COVID-19 mortality can be seen in some of our most deprived neighbourhoods. Comparing the 20% most deprived with the 20% least, there are significantly higher age-standardised case rates and hospitalisations in

those living in most deprived neighbourhoods across the city. This reflects recently published national trends.

- Existing health inequalities are likely to have been exacerbated by the pandemic but the evidence for this is yet to be fully realised including what the long-term impacts might be.
- The direct impacts of COVID-19 infection on health are captured by hospital admissions and deaths; these direct effects are likely to have been experienced differently across different segments of the population. The same is likely to be true for indirect health impacts such as delays in diagnoses or management of long-term conditions and elective care. Evidence for the scale and distribution of these impacts will take time to emerge.
- Effects on the wider determinants of health are most evident on the economic and educational impacts; the long-term consequences of these impacts on health and wellbeing are uncertain.
- There was an increase in the proportion of the working age population who claimed universal credit and in the overall claimant count due to the pandemic response; so far only the claimant count has begun to reduce as the restrictions have eased and the economy has opened up again.
- Both Southampton’s Health and Wellbeing Board and Health and Care Partnership Board have taken the immediate position of prioritising key elements of their strategy and plan respectively to reduce the health inequalities resulting from the covid-19 pandemic.
- Health and care providers continue to support covid-19 response alongside delivery of their recovery plans.

RECOMMENDATIONS:

	(i)	To acknowledge the significant impact of the COVID-19 pandemic on the health of Southampton residents, recognising that many indirect impacts are yet to be fully realised and to recommend that the impact of covid-19 continues to be assessed as part of the regular Joint Strategic Needs Assessment updates.
	(ii)	To acknowledge the ongoing work of the Health and Wellbeing Board and Health and Care Partnership Board in prioritising action on the basis of covid impact and available resource provision.

REASONS FOR REPORT RECOMMENDATIONS

1.	We are still in the infancy of our understanding about the direct and indirect impacts of the COVID-19 pandemic on Southampton but they are likely to be substantial. It is important that we recognise what we currently know and continue to monitor data to better understand some of the medium and long-term effects. We can use these early insights to help inform prioritisation of our actions and future refresh of the Health and Wellbeing Strategy (scheduled in 2025).

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2.	N/A

DETAIL (Including consultation carried out)

	Rationale and objectives
3.	The direct health impacts of the coronavirus pandemic on Southampton can be seen from the number of COVID-19 cases, hospitalisations and deaths

	that have occurred in our city residents over the last 2 and a half years. The indirect health impact from the measures required to control the virus and the way in which different groups of people may have been disproportionately affected requires more detailed investigation. This includes understanding more about where the wider determinants of health have been negatively impacted such as in education and employment/income.
4.	This health impact assessment aims to review the direct and indirect impacts of the pandemic on health in Southampton across different populations, geographic areas and sectors. Where data is available, it aims to explore how health changed against a pre-covid baseline, and how the city responded to the challenge of supporting its residents. Finally, it aims to understand where the city could focus its collective recovery effort to improve health and address health inequalities as we build back fairer and learn to live with COVID-19.
	Methods
5.	Between August and October 2021, members of the Data, Intelligence and Insight team worked closely with members of the Public Health team to collect and analyse a wide selection of data to inform our understanding of the direct and indirect effects of the pandemic. Local data was included where this was available although many likely impacts can be extrapolated from national findings. Local data used included case rates, hospitalisations, deaths, vaccination, benefit claimants, employment support scheme usage, educational cases and outbreaks, air quality, SCC service indicators and local resident survey results. Impact assessments of COVID-19 from other geographic areas and sectors were also reviewed. In August 2022, the slide set was revised with the most recently available to include the period covering Plan B restrictions between December 2021 and February 2022 and the end of community testing for all on 31 March 2022.
6.	The impact of COVID-19 on some subpopulation groups in Southampton cannot be fully realised at the current time and where there are gaps in our understanding we need to build further assessments into our future work. For example, understanding the disproportionate impact of COVID-19 on people from minority ethnic groups will only be better understood when the 2021 Census data becomes available this Autumn/Winter (2022/23) to understand changes in our population over the last 10 years.
7.	This assessment should be read against these caveats. It will be updated on an ongoing basis as new data are published.
	Key findings
8.	All parts of Southampton society were affected by the pandemic, either directly by contracting COVID-19 or indirectly through its wider effects, but effects were not felt equally across the city. Modelling of clinical vulnerability to severe infection, vulnerability to acquiring infection, and vulnerability to the policy decisions used to control the pandemic show how many of the already most deprived neighbourhoods were most likely to be most impacted by COVID-19.
9.	There are likely to be short, medium, and long-term impacts of the pandemic. The full impact is still not known and will not be known for many years to

	come and at present it is not possible to know what the medium and long-term effects will be.

10.	Direct impacts:
	• There have been 78,523 confirmed cases of COVID-19 up to 31 March 2022 and 555 covid-related deaths in people living in Southampton as of 12th August 2022, and on 9th August 2022 there were 89 patients in University Hospital Southampton with COVID-19 including 5 requiring ventilation. Age-standardised COVID-19 hospitalisation admission rates are currently only available until May 2021 which showed a higher rate in Southampton compared to Hampshire, the South-East and England. In total there were 1,158 COVID-19 hospital admissions in Southampton from the start of the pandemic to May 2021.
	• Southampton's average weekly infection rate to March 2021 was 803.5 per 100,000 population, which was higher than the England (755.4) average and lower than Hampshire (994.7). Average weekly infection rate in the Isle of Wight was 925.4 and Portsmouth 837.1 per 100,000.
	• There is evidence of inequality in COVID-19 mortality, with those disproportionately affected including:
	  o People living in some of the most deprived neighbourhoods in Southampton (Southampton data)
	  o People from minority ethnic groups (national data)
	  o People living in the most deprived neighbourhoods (Southampton data)
	  o Older people including those living in care homes (Southampton data)
	  o Males (Southampton data)
	  o People with existing illness (national data)
	  o People with learning disabilities (national data)
	• Between 3% and 11.7% of people infected with COVID-19 go on to suffer Long Covid (national data) defined by symptoms lasting more than 12 weeks. The most recent national survey data as of 2nd July 2022 put this at 3%.

11.	Indirect health impacts: • Impact on health and care system, with long waiting lists for elective care and referrals, deteriorating health conditions and deconditioning (national data). • Displacement of usual societal activities by COVID-19 response, with reduction in some types of support for vulnerable people (especially face to face support) (Southampton and national data). • Impact of non-pharmaceutical interventions (NPIs) e.g. lockdowns, social distancing, self-isolation, business closure, suspension of schooling for most pupils etc (Southampton and national data) which affected people's mental health and wellbeing, economic and educational experiences.
12.	There was evidence of inequalities in almost every aspect assessed and people who were already disadvantaged felt the negative effects more. Some groups were not able to adhere as closely as others to the recommended measures to reduce their risk of infection. It is likely that inequalities in Southampton have widened as a result of the pandemic.

13.	The health impact of COVID-19 was most prominent in the following areas/groups: • People with existing illness (including those who were Clinically Extremely Vulnerable), who had worse COVID-19 outcomes and whose illness is likely to have been exacerbated by the wider effects of the pandemic (national data). • Carers and those they care for, with disruption to their usual caring role and who disproportionately live in more deprived areas and have more pre-existing illness (Southampton and national data). • Older people, who were more at risk with the recognition that age was the greatest risk factor for severe infection (local and national data). • People with Long Covid, who are more likely to be female, working in health and social care, have higher deprivation and have pre-existing health conditions (national data). • Those whose income was reduced as a result of the pandemic (Southampton data). • More deprived groups, with increases in the number of people claiming benefits including universal credit over the course of the pandemic. Overall claimant count has reduced but the increased proportion of working age population that is claiming universal credit has not (Southampton data). The inequality gap in the claimant count between the most and least deprived neighbourhoods still remains higher than pre-pandemic levels. • Children, whose physical and mental health were significantly affected as well as suffering huge disruption to their education, which is an important determinant of future health (Southampton and national data). Nationally and locally, children at the start of primary school had significantly higher rates of excess weight and obesity in 2020/21 compared to the years 2016/17 to 2019/20. • People with mental health difficulties, with increases in the number of people reporting loneliness and anxiety (Southampton and national data).
14.	The impact of the pandemic also affected people's ability to lead healthy lives, with reported reductions in healthy eating and physical activity in some groups, and increased consumption of alcohol and drugs and alcohol-related harm (national data).
15.	Effects on health were mostly negative. However, there were some positives: • An increase in healthy behaviour in some populations e.g. quitting smoking. • People reported that they valued clean air and used and valued green spaces more (Southampton data). • Strengthened community support, connectivity and assets (Southampton data). • Southampton's vulnerable population is now more easily identified for the future through e.g. the shielding list (Southampton data). • 3,000 more carers in the city made themselves known (for vaccine eligibility), allowing signposting to additional support through SCC and voluntary services such as Carers in Southampton.
	Looking to the future and recovery

	Opportunities
16.	• Capitalise on the renewed attention on health inequalities, public health and the importance of physical and mental wellbeing for society. • The pandemic has shown how closely health can be related to the economy which supports the Health in All Policies approach. • To build upon community engagement using new and refreshed partnerships and new ways of working to build capacity. • Use key learning from the pandemic response and strong partnerships that have developed to prepare for any future pandemic. • There are now clear areas to inform the Health and Wellbeing Board strategy going forward.
	Priorities for the Health and Wellbeing Board
17.	In terms of continuing to protect the public from covid-19 infection it is crucial that we: • Continue with vaccination and preventative measures to reduce risk of covid-19 transmission and consequences. • Continue to work through community engagement and targeted/general communications to help people learn to live with covid-19 and continue to understand how risk can be reduced. To ensure that the Health and Wellbeing Strategy supports COVID-19 recovery, the recommendation is that we continue to, and amplify, our approach to reducing health inequalities in Southampton, using the 'build back fairer' framework to inform approach. These 'build back fairer' principles are already included within our strategy: 1. Reducing inequalities in early years 2. Reducing inequalities in education 3. Build back fairer for children and young people 4. Creating fair employment and good work for all 5. Ensuring a healthy standard of living for all 6. Creating and developing healthy and sustainable places and communities 7. Strengthening the role and impact of ill health prevention The Health and Wellbeing Board agreed at their last meeting to prioritise giving children and young people the best start in life, this aligns with the first 3 principles above and clearly principles 4 to 7 will enable children and young people to have the best start in life. The Board also agreed, given the considerable impact covid-19 has had on mental health, that improving mental health is a strategic priority across all workstreams.
18.	Priorities for the Health and Care Partnership Board
	Southampton Health and Care Partnership Board, working through the Southampton Transformation Delivery Group (previously known as Better Care Steering Board), are currently prioritising areas of the current health and care plan in light of the covid impact assessment and partners' feedback. Decisions on intent will be agreed at the next delivery group meeting.

	In terms of local health and care system priority areas as a result of impact, these are: • Adult and social care market • Children and young peoples' mental health Proposed priority areas related to the 5 year health and care strategy are – *Start Well* 1. Reducing childhood obesity 2. Improving children and young people's emotional and mental wellbeing 3. Improving outcomes in the Early years - personal, social and emotional development; communication and language; and physical development *Live Well* 4. Improving Mental Health & tackling loneliness 5. Improving lives for the most vulnerable, e.g. people with LD, MH problems, people living in most deprived areas 6. Tackling smoking, drugs and alcohol misuse *Age Well* 7. Proactive Care approach *Die Well* 8. Early identification of people at End of Life 9. Promote accessibility of End of Life care for all 10. Out of Hospital End of Life Care Coordination.
RESOURCE IMPLICATIONS	
Capital/Revenue	
19.	N/A
Property/Other	
20.	N/A
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
21.	The duty for local authorities to undertake health scrutiny is set out in National Health Service Act 2006. The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.
Other Legal Implications:	
22.	None
RISK MANAGEMENT IMPLICATIONS	
23.	The analysis is being utilised to inform actions and approaches that are designed to mitigate, where possible, the impact of the pandemic on outcomes for Southampton's residents.
POLICY FRAMEWORK IMPLICATIONS	

24.	The analysis will help to inform priorities within the Health and Wellbeing Strategy and the Health and Care Plan and the next iterations of these documents.

KEY DECISION?	**No**	
WARDS/COMMUNITIES AFFECTED:		N/A

SUPPORTING DOCUMENTATION	
Appendices	
1.	Impact of covid-19 on Southampton's health and wellbeing - presentation

Documents In Members' Rooms

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

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COVID-19 Impact Assessment (Refresh)

Southampton – August 2022

Public Health and Data, Intelligence & Insight Team

Key Findings

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- Southampton is an ethnically diverse city, with significant pockets of deprivation, and a high burden of chronic disease.

- Clinical vulnerability to COVID-19 infection, vulnerability to acquiring infection, and vulnerability to the impact of policy decisions on managing the pandemic are likely to have been experienced differently across the city.

- Higher age-standardised COVID-19 mortality can be seen in some of our most deprived neighbourhoods. Comparing the 20% most deprived with the 20% least, there are significantly higher age-standardised case rates and hospitalisations in those most deprived living across the city.

- Existing health inequalities are likely to have been exacerbated by the pandemic but the evidence for this is yet to be fully realised including what the long-term impacts might be.

- The direct impacts of COVID-19 infection on health are captured by hospital admissions and deaths; these direct effects are likely to have been experienced differently across different segments of the population. The same is likely to be true for indirect health impacts such as delays in diagnoses or management of long-term conditions and elective care. Evidence for the scale and distribution of these impacts will take time to emerge.

- Effects on the wider determinants of health are most evident on the economic and educational impacts; the long-term consequences of these impacts on health and wellbeing are uncertain.

Contents

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Introduction

This section provides a summary of Southampton's demographic and health baselines pre-covid, and a summary of COVID-19 cases, hospitalisations and deaths in the city. It describes how the conditions in which people are born, grow, live, work and age affect health and how this is likely to have affected how the city was impacted by the pandemic.

Healthy People

The impact of COVID-19 has been felt differently in different groups of people in Southampton. This section explores which groups were affected more than others, why that might be the case, and how different groups were supported. It also considers the extent to which different groups were able to take steps to protect themselves from infection and from the wider effects of COVID-19 e.g. testing, vaccination, self-isolation etc. There are a limited number of characteristics available within the current case data to fully understand who has been most impacted by COVID-19 infection, hospitalisation and death in the city. For example, our case data does not contain data about pre-existing conditions like heart disease, respiratory disease and diabetes, or other clinical vulnerabilities and occupation.

Healthy Living

This section describes how the pandemic affected people's ability to lead healthy lives.

Healthy Places

This section summarises how the impact of the pandemic was felt in different parts and sectors of the city: wards, deprivation, environmental issues and crime

Conclusions: looking to the future and recovery

As more data becomes available, we will be able to better understand the impacts of the COVID-19 pandemic in Southampton. Already we can see a disproportionate affect in those living in the most deprived neighbourhoods both in the direct and indirect health impacts. Where we have relied on national data for England/UK, it is important to remember that Southampton has higher deprivation on average than England, so the effects of COVID-19 may be even greater. Impacts may be further amplified when we are able to better understand variation in impacts across ethnicity when the 2021 Census data becomes available.

In almost every area, inequalities in the effects of COVID-19 are evident, with groups who were already disadvantaged suffering more. In general, the least deprived were protected from the worst effects of the pandemic.

The ability for people to lead healthy lives and enhance their wellbeing was also affected.

Who were most affected?

- People living with deprivation and illness, those of older age and those from ethnic minority groups and other vulnerable populations – people who in many cases had no choices about how they could respond to the pandemic
- Children and young people's lives including educational disruption with long-term effects not yet quantifiable

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Introduction

This section provides a summary of Southampton's demographic and health baselines, and a summary of COVID-19 cases, hospitalisations and deaths in the city. It describes how the conditions in which people are born, grow, live, work and age affect health and how this is likely to have affected how the city was impacted by the pandemic.

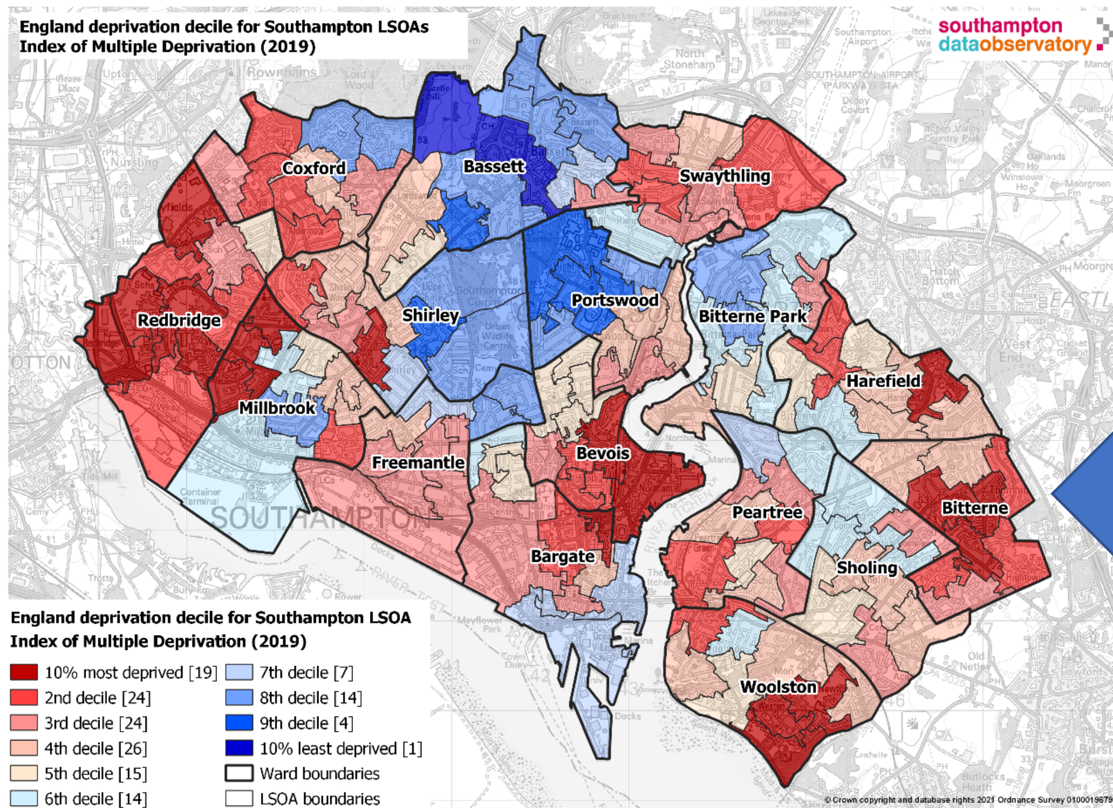
Southampton population and deprivation

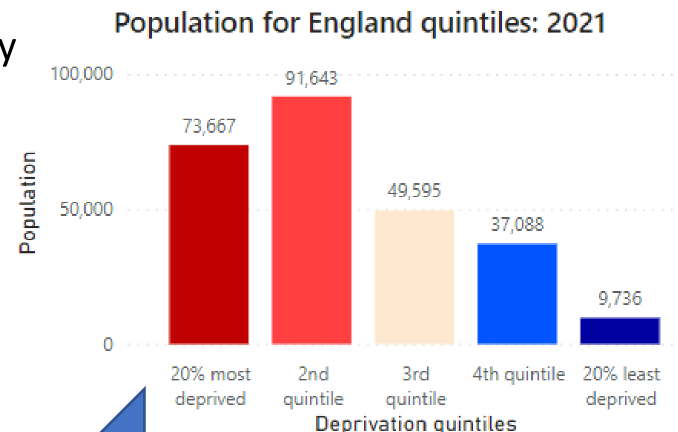
The impact of COVID-19 will be felt very differently from local authority to local authority because of differences in local demography and because the conditions in which people live affect how healthy they are and how vulnerable they are to COVID-19.

Southampton population estimates are **261,729** residents, of which **133,357** (51.0%) were **male** and **128,372** (49.0%) were **female** (2021).

Southampton has a relatively young population compared to geographic neighbours with higher rates of **deprivation**, **diversity** and pre-existing **disease**. A shift towards an ageing population has been forecast for the city.

Deprivation is generally associated with poor health outcomes.





This map shows how deprivation is distributed across different neighbourhoods in the city with red areas experiencing much higher deprivation compared to blue areas.

The Index of Multiple Deprivation consists of 7 domains including income, employment, health and disability, education, crime, housing and living environment.

Southampton is ranked the 55th (previously 54th) most deprived out of 317 local authorities in England.

28% of Southampton's population live in neighbourhoods within the 20% most deprived nationally Southampton is ranked 3rd worst in the country for crime deprivation and is in the worst 20% of local authorities for 5 other deprivation domains.

Clinical Vulnerability to COVID-19

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Domain 1: Clinical vulnerability to COVID

Higher risk of experiencing severe clinical outcomes from contracting COVID-19

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Clinical vulnerability to COVID

Higher risk of experiencing severe outcomes from contracting COVID-19

- Male (%)
- Older age (% 70+ per LSOA)
- BAME (%)
- Clinical risk factors < 70s from CSU*
- Deprivation score

This map shows how clinical vulnerability to severe outcomes from COVID-19 is distributed across the city using an index comprising the factors in the table. There are pockets of the city with very vulnerable populations to severe disease and death from COVID-19.

Wider risks for exposure to COVID-19 infection

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Domain 2: Wider risks from COVID

Increased risk of contracting COVID-19 through work / living conditions

E01017251: Rank 3

Coxford

Bassett

Swaythling

Redbridge

Shirley

Portswood

Bitterne Park

E01017227: Rank 4

Harefield

Millbrook

E01017191: Rank 5

Freemantle

Bevois

Bitterne

Peartree

Bargate

Sholing

746: Rank 2

Woolston

E01032755:Rank 1

Vulnerability Domain 2 LSOA Z-score deciles

- 1 More at risk
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Least at risk
- Ward boundaries

Arrows indicate the 5 neighbourhoods with the highest risk of contracting COVID-19 through living and working conditions

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Wider risks from COVID

Increased risk of contracting COVID-19 through work / living conditions

- Working in human health and social work activities (%)
- Working in Education (%)
- Working in transport and Storage (%)
- Overcrowded housing (%)
- High population density (%)

This map shows how risk of exposure to COVID-19 is distributed across the city. There are pockets of the city with populations more vulnerable to risk of contracting COVID-19 through living and working conditions.

Infections for Public Slides

Last updated 10th August 2022

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GOV.UK Published Cases

Cases in last 7 days	Change in last 7 days	Average cases per day (last 7 days)	Data up to
2029	-260	289.9	31/03/2022

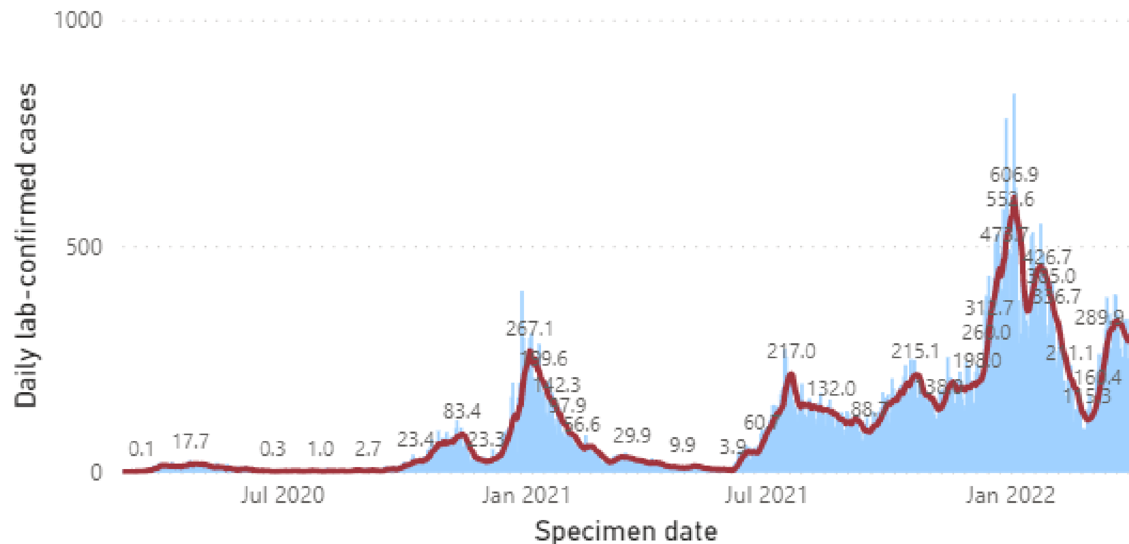
Select date range

30/01/2020 31/03/2022

Cases for selected dates

78523

Number of COVID-19 cases per day and 7-day rolling average in Southampton for selected dates



There have been **78,523 confirmed cases** of COVID-19 in **Southampton** (includes both pillar 1 and 2 cases) up to 31st March 2022. There were **2,029 confirmed cases** in the **last 7 days**, which is **a reduction** of **-260** compared to the **previous 7 days.**

Data is correct at time of publication, but is subject to change due to reporting delays and corrections. Therefore, any changes in the number of infections should be **interpreted alongside overall trends**, as there will be daily fluctuations. It is more important to consider any **sustained increases or decreases** that may occur. The 31st March 2022 was the end of community testing and is set as the cut off point for comparable trend data.

The chart to the left shows the **daily number of confirmed cases** and the **7 day moving average** (to smooth out fluctuations) in Southampton.

Weekly Infection Rates – for public slides

Last updated 16th August 2022

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Southampton COVID-19 Data Dashboard

Select dates (last date drives rates below and charts to the right)

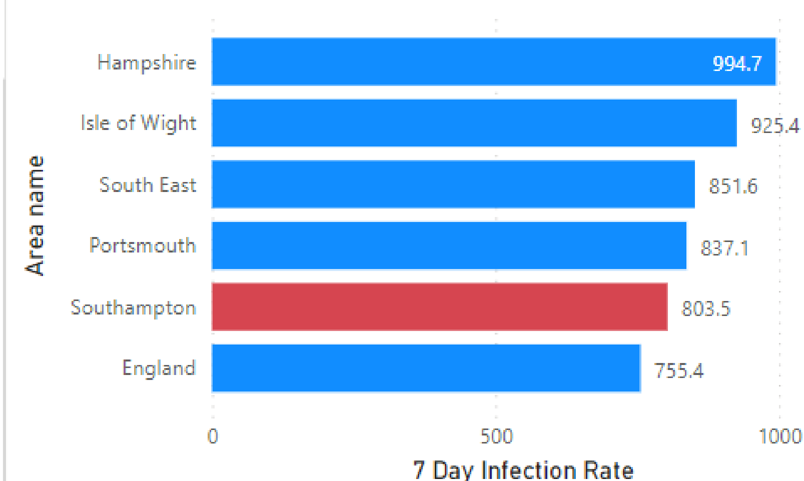
30/01/2020 31/03/2022

Area name (CTRL to select multiple)

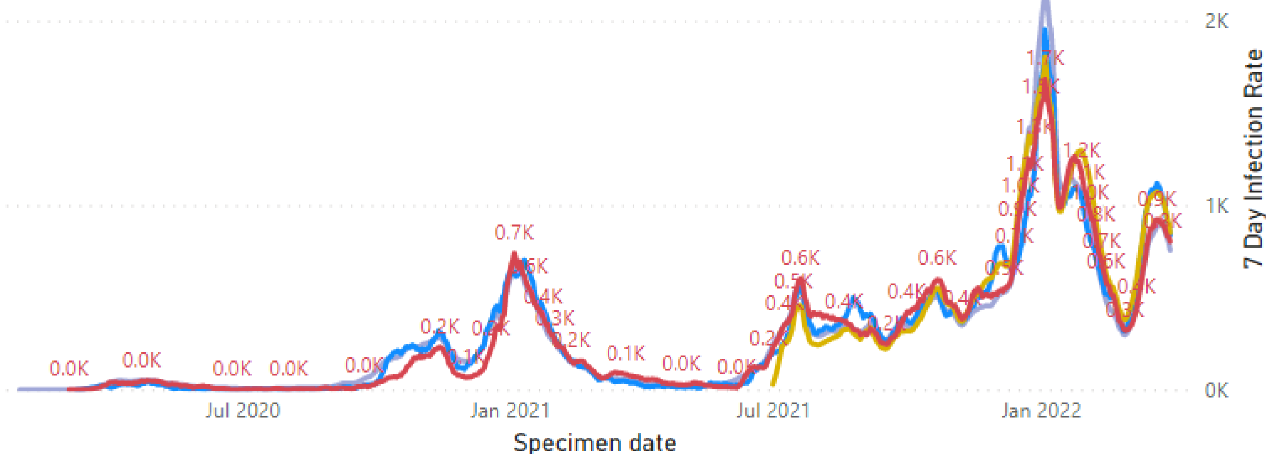
Multiple selections

Southampton 7 day infection rate per 100k	South East 7 day infection rate per 100k	England 7 day infection rate per 100k
803.5	851.6	755.4

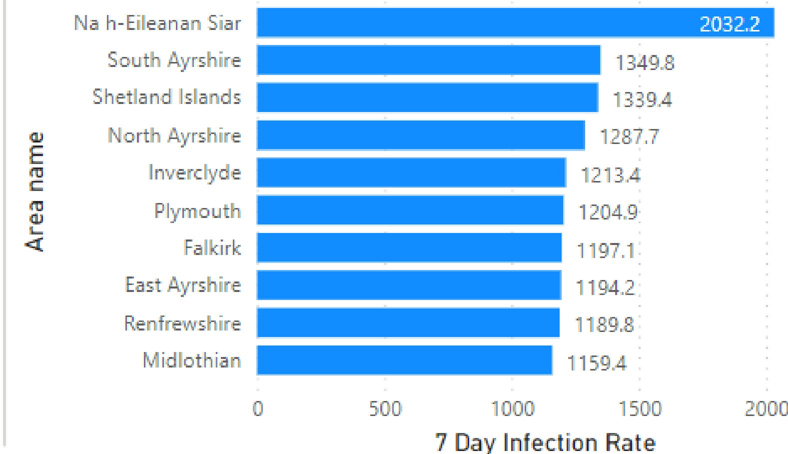
Infection rate per 100,000 population: HIOW LAs



COVID-19 7-day rolling case rate per 100,000 population



Infection rate per 100,000 population: TOP TEN LAs



ONS survey positivity

Last updated 9th August 2022

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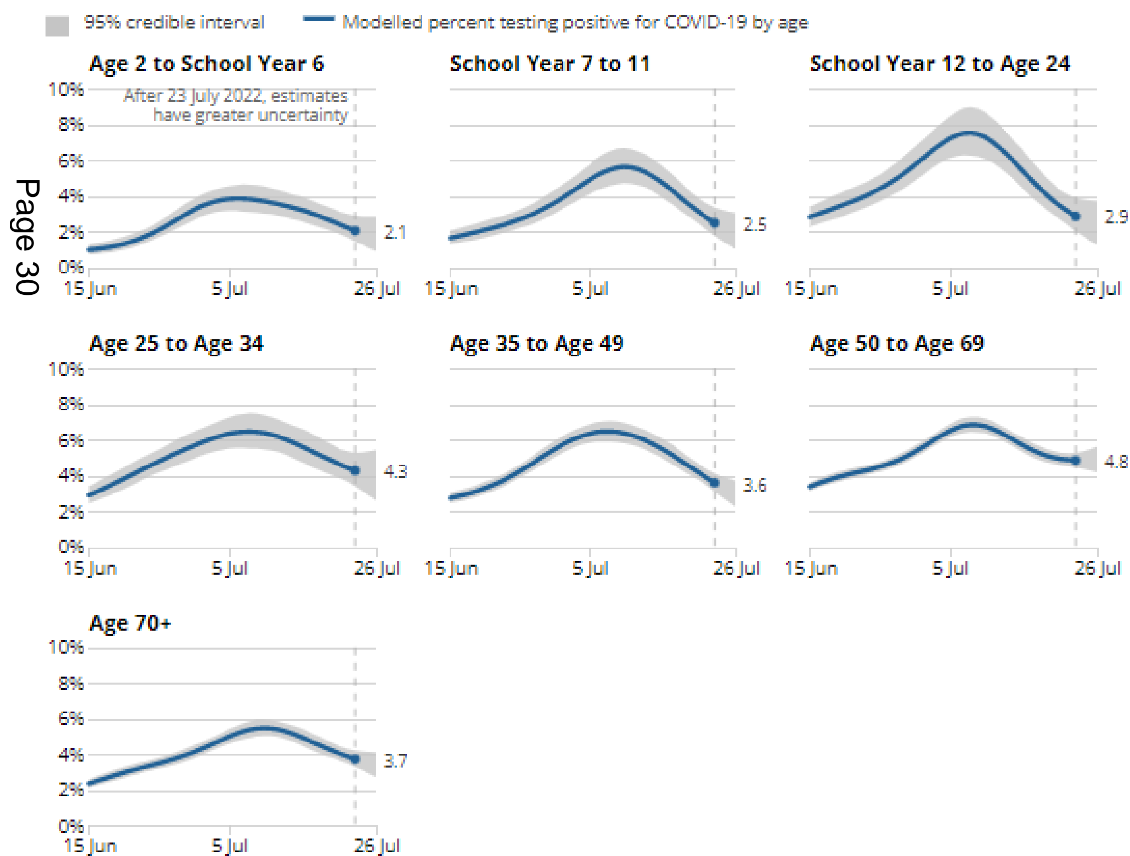
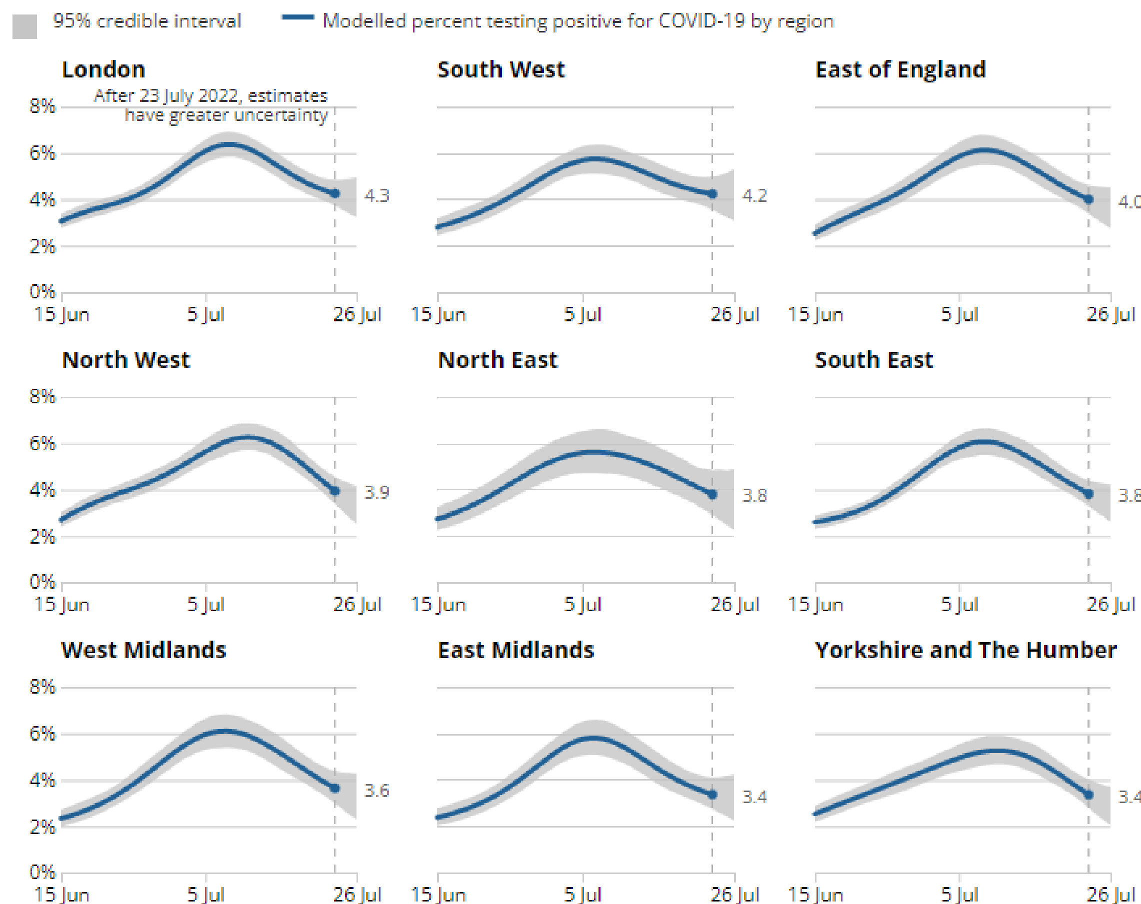
Free community testing was no longer freely available and reportable from 1 April 2022. Since then, the ONS infection survey data gives the best estimates of the trends of COVID-19 infections. It is available for regions and also for age groups



Source: Office for National Statistics – Coronavirus (COVID-19) Infection Survey



Source: Office for National Statistics – Coronavirus (COVID-19) Infection Survey

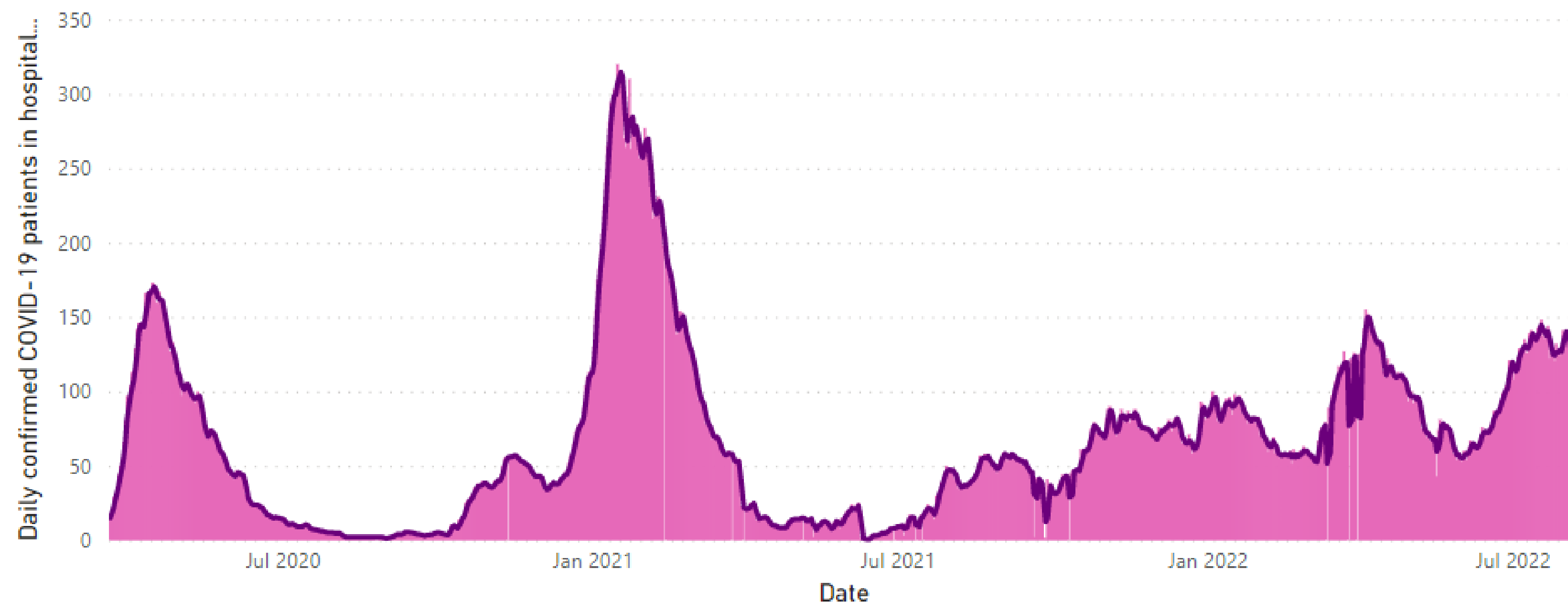
University Hospital Southampton Admissions

Patients admitted
07 August
6
Total admissions over the last 7 days
29

Patients in hospital
09 August
89

Patients on ventilation
09 August
5

There were **89** COVID-19 patients on the **09 August**, which is **a decrease** of **-52** compared with the previous week. The admissions data relates to the patients of University Hospital Southampton so doesn't just include Southampton residents.



COVID-19 Related Deaths – Public Slide

Last updated 16th August 2022

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COVID-19 related deaths

Includes deaths up to 5 August, all deaths registered up to 13 August

Total COVID related deaths		Hospital	Community		COVID Deaths during the week to 5 August	Change in deaths from previous week
552	of which	373	179	(126 of which in care homes)	2	+0

COVID-19 deaths

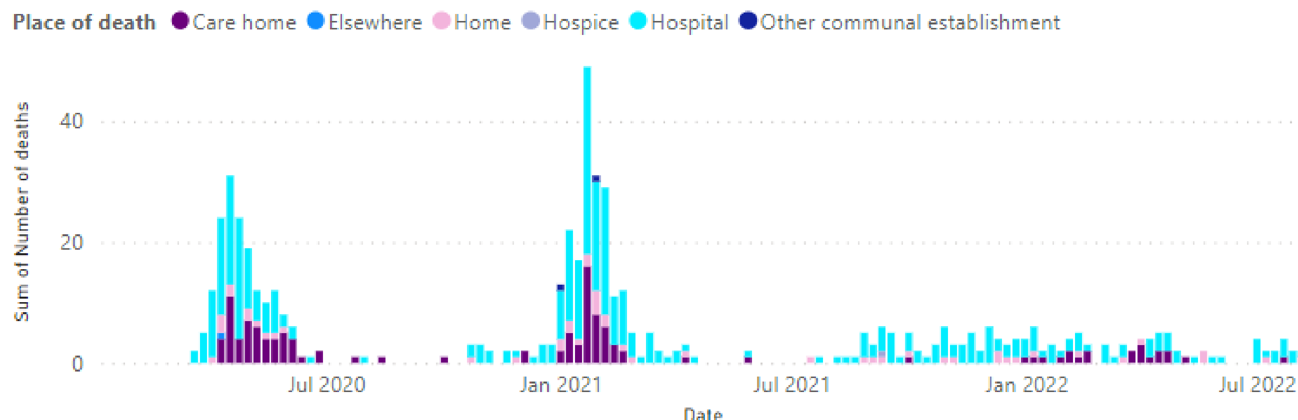
There have been a total of 552 COVID-19 related resident deaths in Southampton. There was 2 COVID-19 related deaths in the most recent week, which is **no change** of +0 when compared to the previous week.

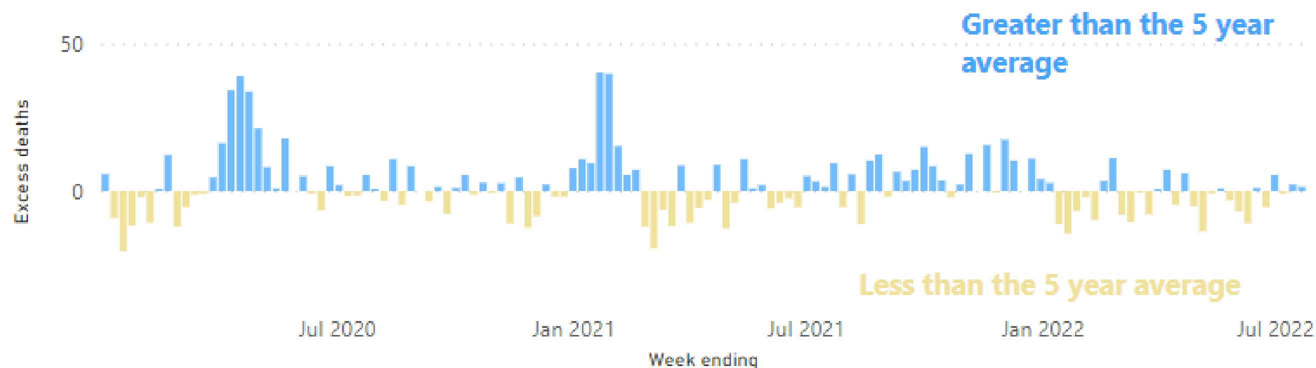
The chart to the rights shows the number of COVID-19 related deaths by week and setting.

Latest data shows that there was **3 COVID-19** related deaths in **University Hospital Southampton** (UHS) between the 30th July up to the 5th August. This data is different from that published by ONS as it doesn't necessarily include Southampton residents, only those who have died at UHS.

Excess deaths (COVID and non-COVID)

In Southampton, **resident deaths** are now at **lower levels** compared to previous years as shown in the graph to the right. This shows the death occurrence by week compared to the average deaths count, by week, for the years 2015 to 2019.





Please note: data correct at time of publication, but may be revised in future weeks due to reporting delays

Southampton COVID-19 infections and hospitalisations

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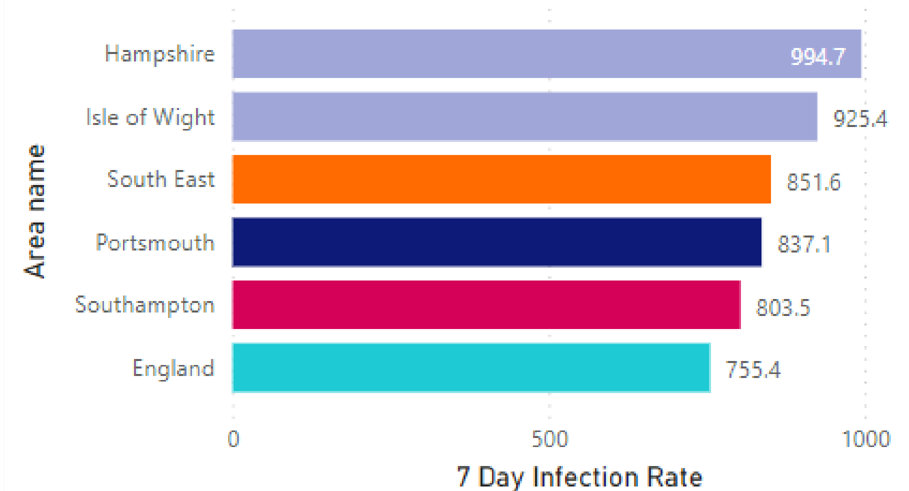
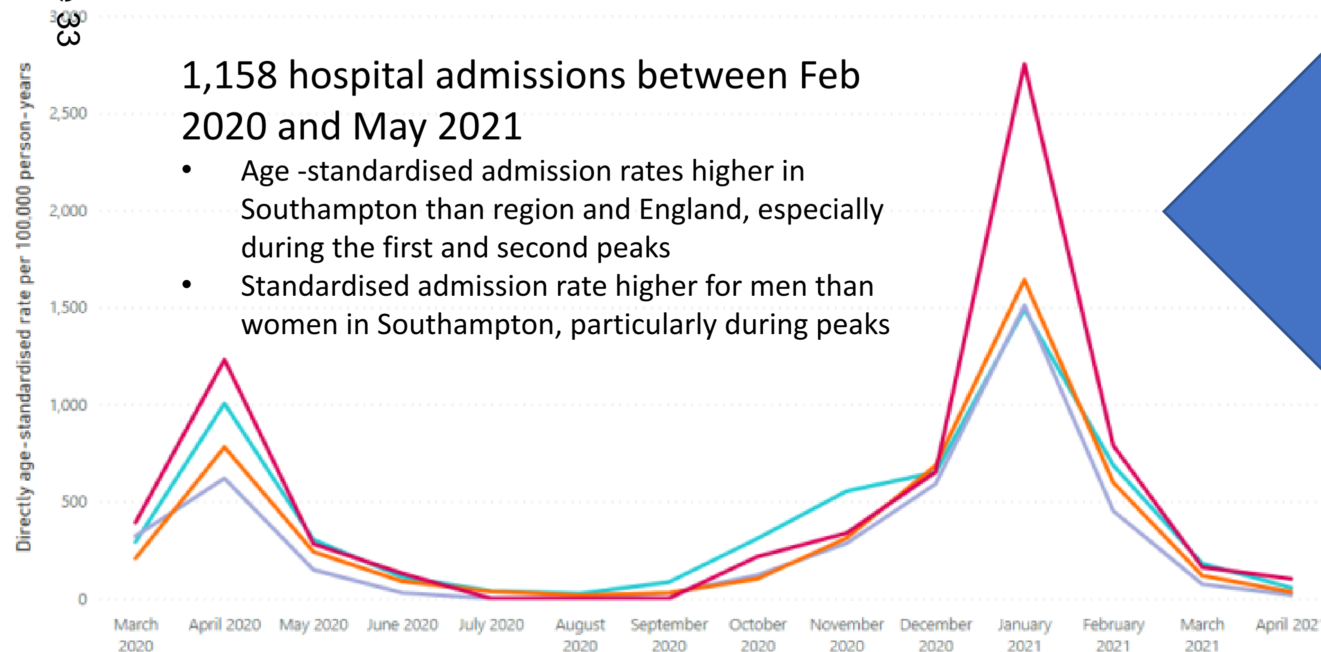
This chart shows that as an average we have had a lower case rate than Hampshire, the Isle of Wight, the South-East and Portsmouth. However, Southampton case rates are higher than the England average.





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1,158 hospital admissions between Feb 2020 and May 2021

- Age -standardised admission rates higher in Southampton than region and England, especially during the first and second peaks
- Standardised admission rate higher for men than women in Southampton, particularly during peaks

There were 1,158 COVID-19 hospital admissions from the start of the pandemic up to May 2021. Age-standardised admissions show that Southampton had a higher rate of hospitalisations compared to Hampshire, and the South-East and England averages.

The first case of novel coronavirus was officially recorded in Southampton on 15 March 2020

Southampton COVID-19 mortality

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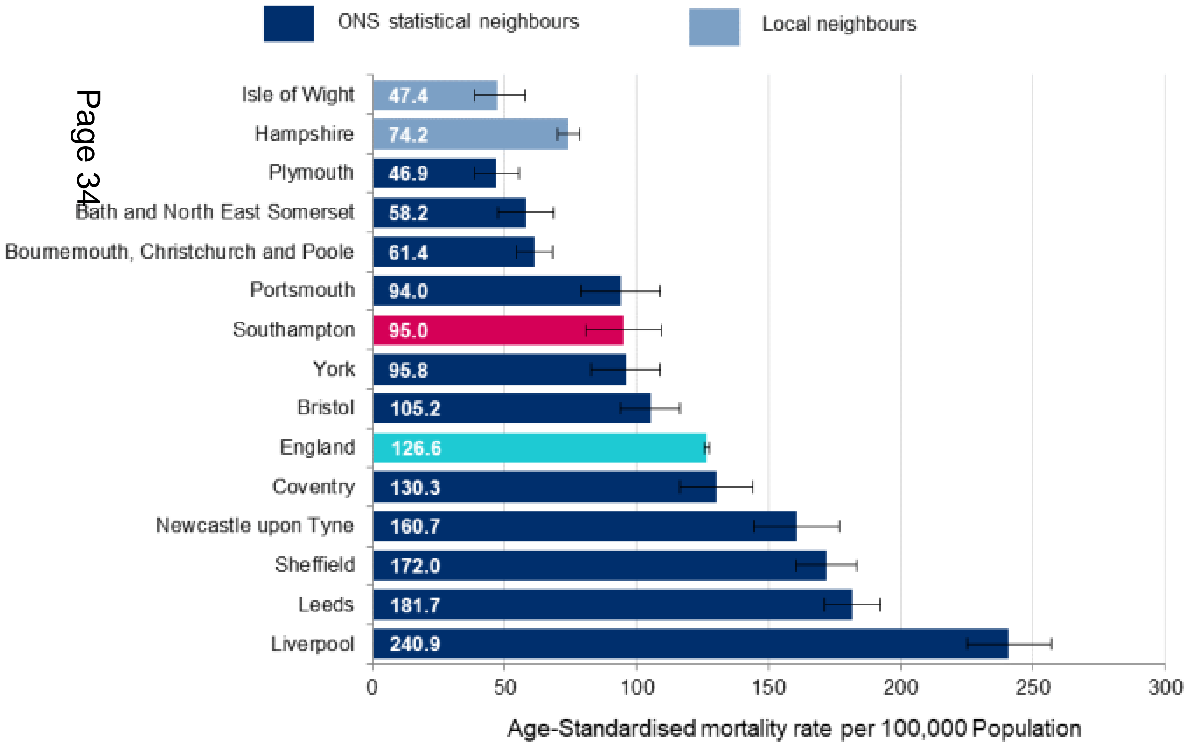
This chart shows that age-standardised COVID-19 mortality rates in Southampton 2020 were similar to Portsmouth, significantly lower than the England average, but significantly higher than Hampshire and the Isle of Wight. Southampton was similar or faired better than a lot of its statistical comparators (cities with similar population characteristics).



Source: Office for National Statistics

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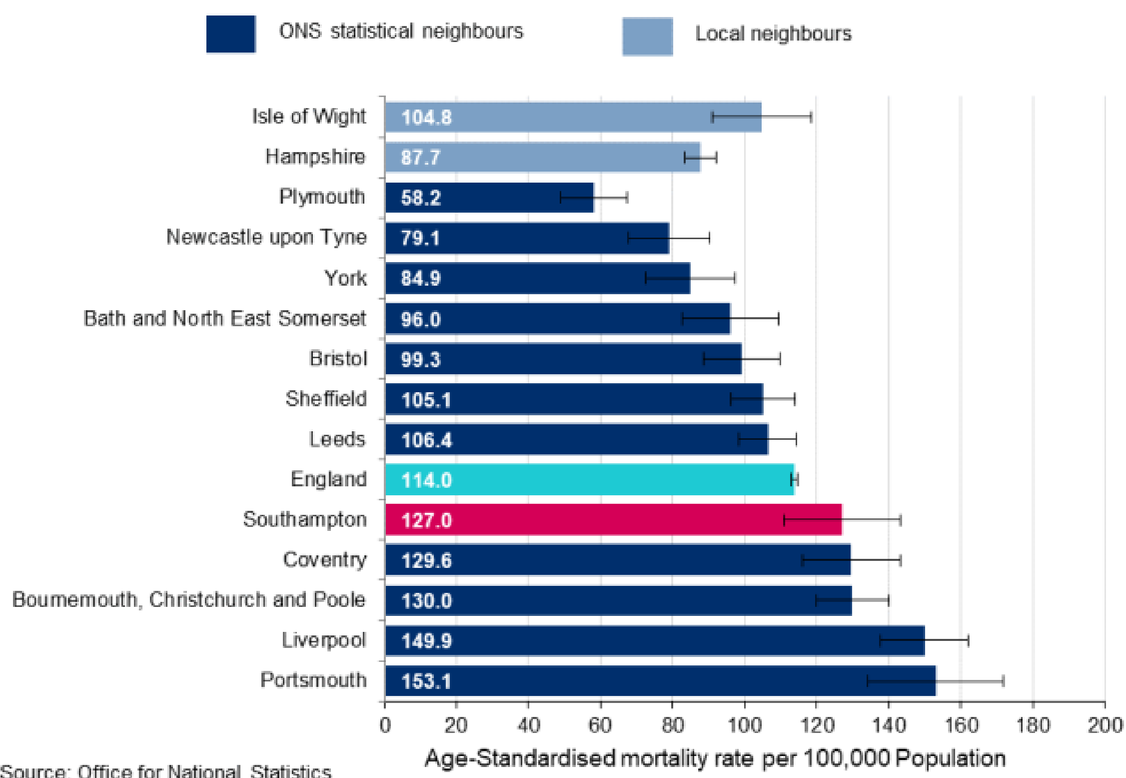

Source: Office for National Statistics

The age-standardised COVID-19 mortality rate in Southampton increased from 95.0 in 2020 to 127.0 in 2021 per 100k population. In 2021, Southampton was statistically similar to the England average, but the 5th highest amongst its comparators. Together, the charts show there is no correlation between the levels of mortality rates for local authorities in 2020 and then in 2021.

National policy decisions and wider impacts

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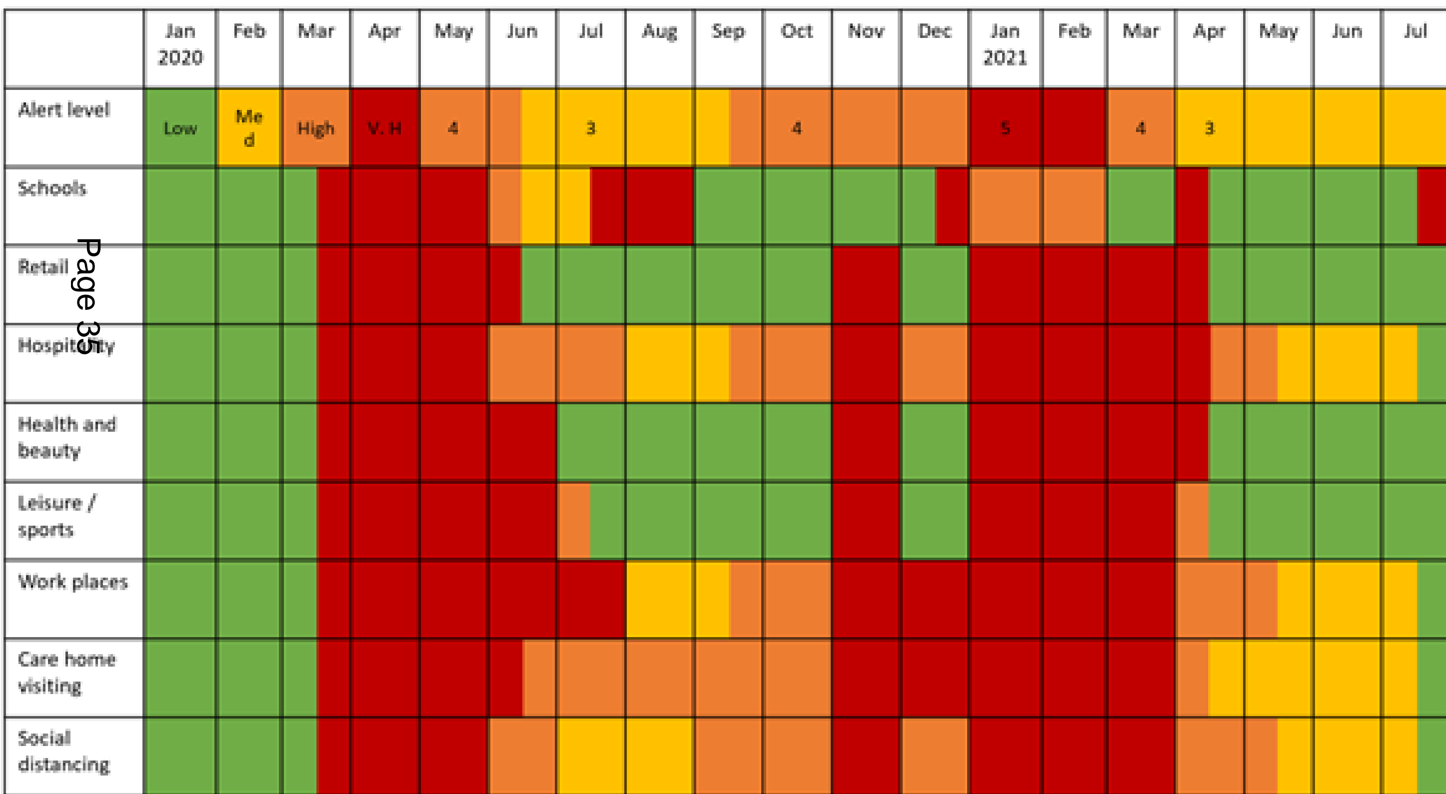
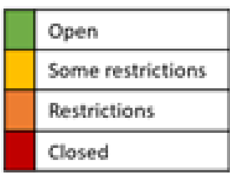
The direct impacts on health from COVID-19 infection can be seen in case rates, hospitalisations and mortality. Indirect impacts include the displacement in management of long-term conditions, elective care, and delays in diagnosis as well as the deconditioning of people during lockdowns and the effect on mental health and wellbeing. The scale of the impact on Southampton residents is yet to be fully understood. Indirect impacts of the pandemic on the wider determinants of health will likely result from the negative effects on employment and education.



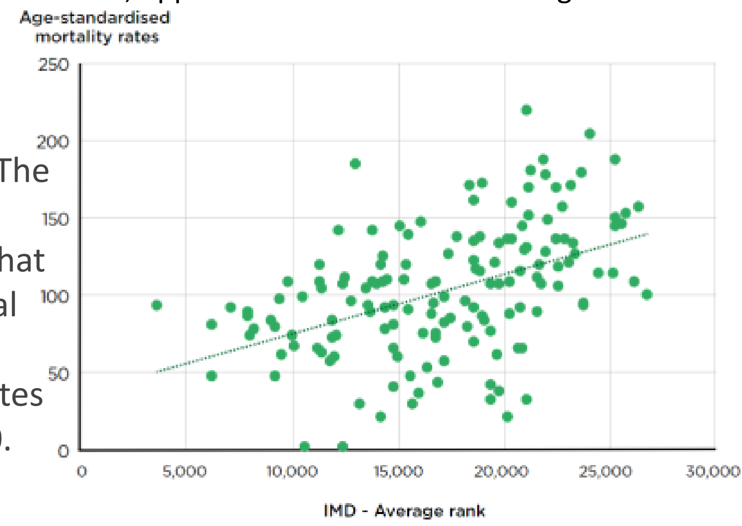


This chart shows how different sectors of the economy were affected by national policy restrictions at different stages of the pandemic

Government policy decisions to reduce transmission of the virus through lockdowns, school closures, restrictions on movement and how people interacted, were successful in leading to reduced case numbers, hospitalisations and deaths.

Age-standardised COVID-19 mortality rates (per 100,000) for March to July 2020 and IMD average rank, upper tier local authorities in England

'Build Back Fairer: The COVID-19 Marmot Review' reported that more deprived local authorities had higher mortality rates in March-July 2020.



Build Back Fairer: The COVID-19 Marmot Review
The Pandemic, Socioeconomic and Health Inequalities in England

Healthy People

The impact of COVID-19 has been felt differently in different groups of people in Southampton. This section explores which groups were affected more than others, why that might be the case, and how different groups were supported. It also considers the extent to which different groups were able to take steps to protect themselves from infection and from the wider effects of COVID-19 e.g. testing, vaccination, self-isolation etc. There are a limited number of characteristics available within the current case data to fully understand who has been most impacted by COVID-19 infection, hospitalisation and death in the city. For example, our case data does not contain data about pre-existing conditions like heart disease, respiratory disease and diabetes, or other clinical vulnerabilities and occupation.

Cases by age and wave of the pandemic

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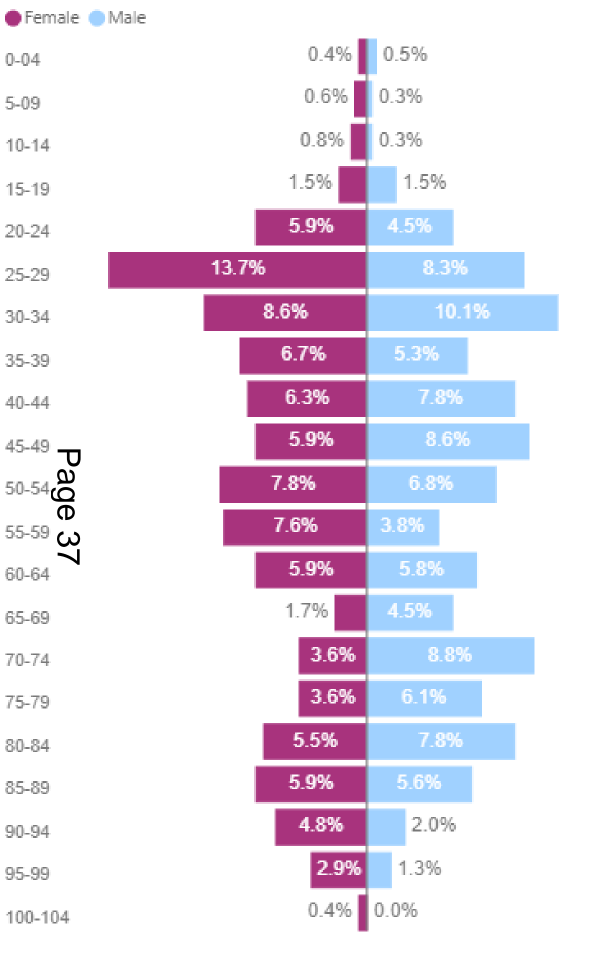
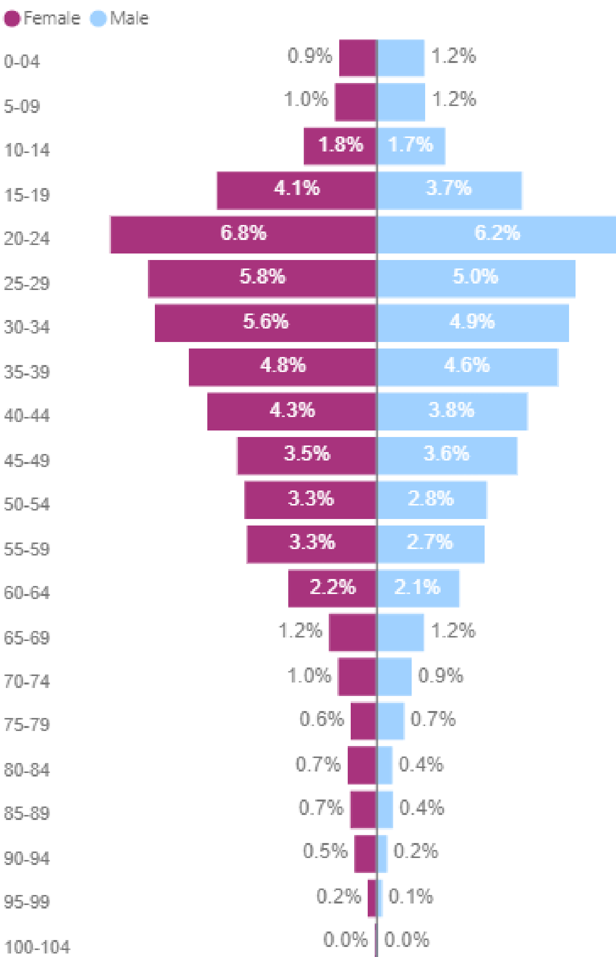
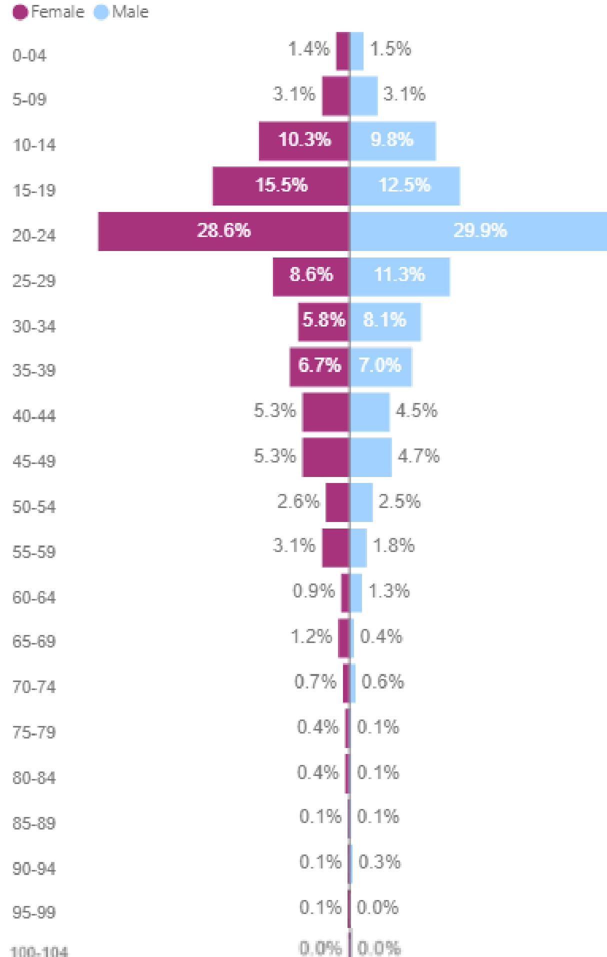


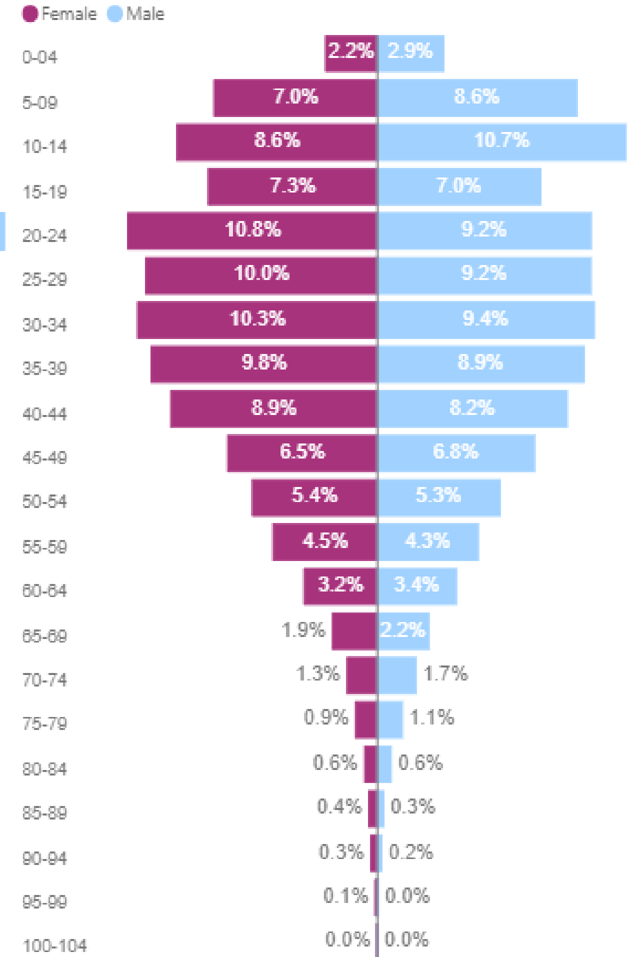
849 recorded cases



14,764 recorded cases



25,431 recorded cases



53,092 recorded cases

Testing was not widely available in wave 1 and the total number of recorded cases is likely to be a fraction of true cases in the community

These population pyramids show distribution of cases by age for the three waves of the pandemic in the UK. Cases numbers shown are not just first episodes but include reinfections so may not sum to totals on slide 8. Older age groups are at the bottom and younger age groups at the top. Importantly, there was a shift in proportion of cases away from older age groups due to a mixture of restrictions including shielding advice, vaccinations and personal behaviours to reduce risk.

Mortality Demographics – Age & Gender

Last updated 17 August 2022

southampton dataobservatory

Total Deaths

441

20 March 2020 to 31 March 2022

of which

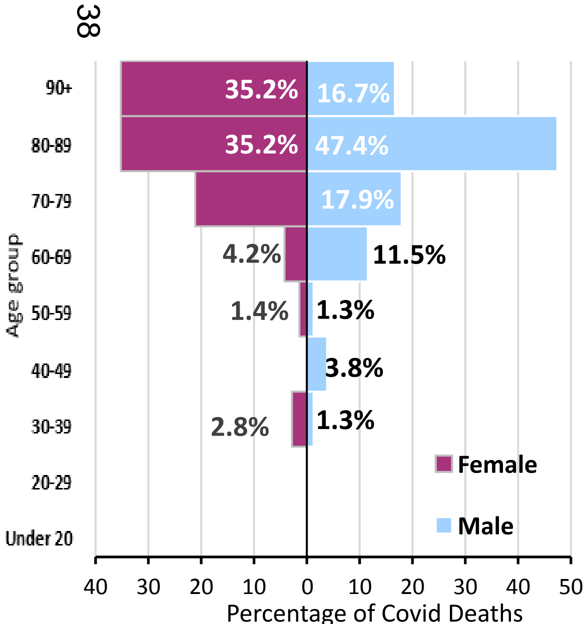
	Male	Female
	249	191
	57%	43%

Median Age

83

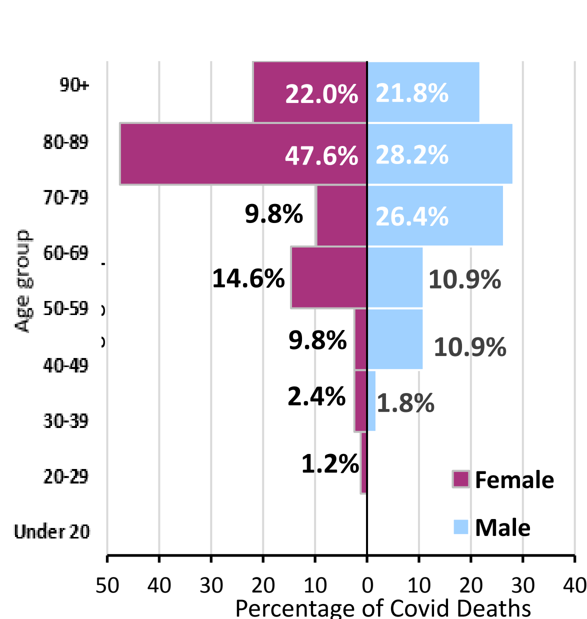
These charts show the distribution of COVID-19 deaths across age groups across the three waves of the pandemic. Age is the one of the greatest risk factors for COVID-19 mortality.

Percentage of deaths by age band and gender, Southampton residents, Wave 1 21st March 2020 to 12th June 2020



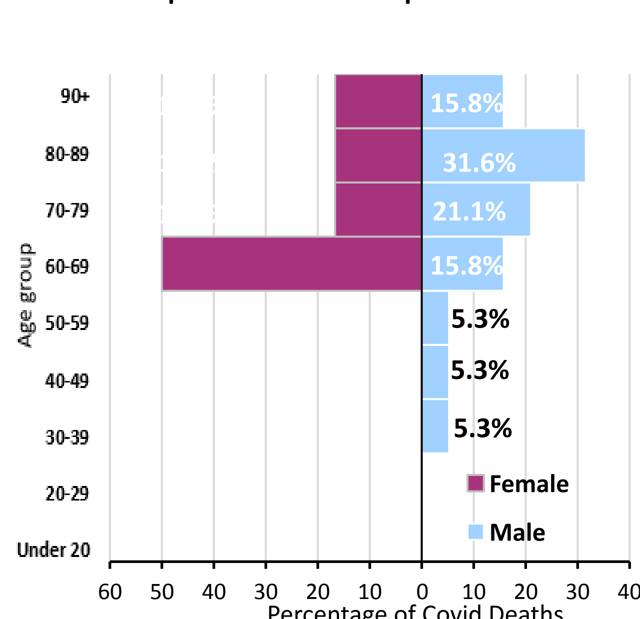
Data source: Primary Care Mortality Database

Percentage of deaths by age band and gender, Southampton residents, Wave 2 24th October 2020 to 18th March 2021



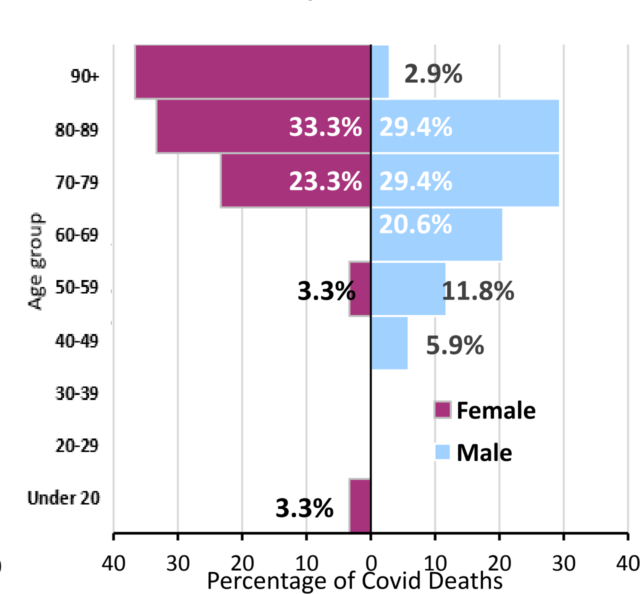
Data source: Primary Care Mortality Database

Percentage of deaths by age band and gender, Southampton residents, Wave 3 1st April 2021 to 30th September 2021



Data source: Primary Care Mortality Database

Percentage of deaths by age band and gender, Southampton residents, Post Wave 3 1st October 2021 to 31st March 2022



Data source: Primary Care Mortality Database

Impact of COVID-19 on different ethnic groups

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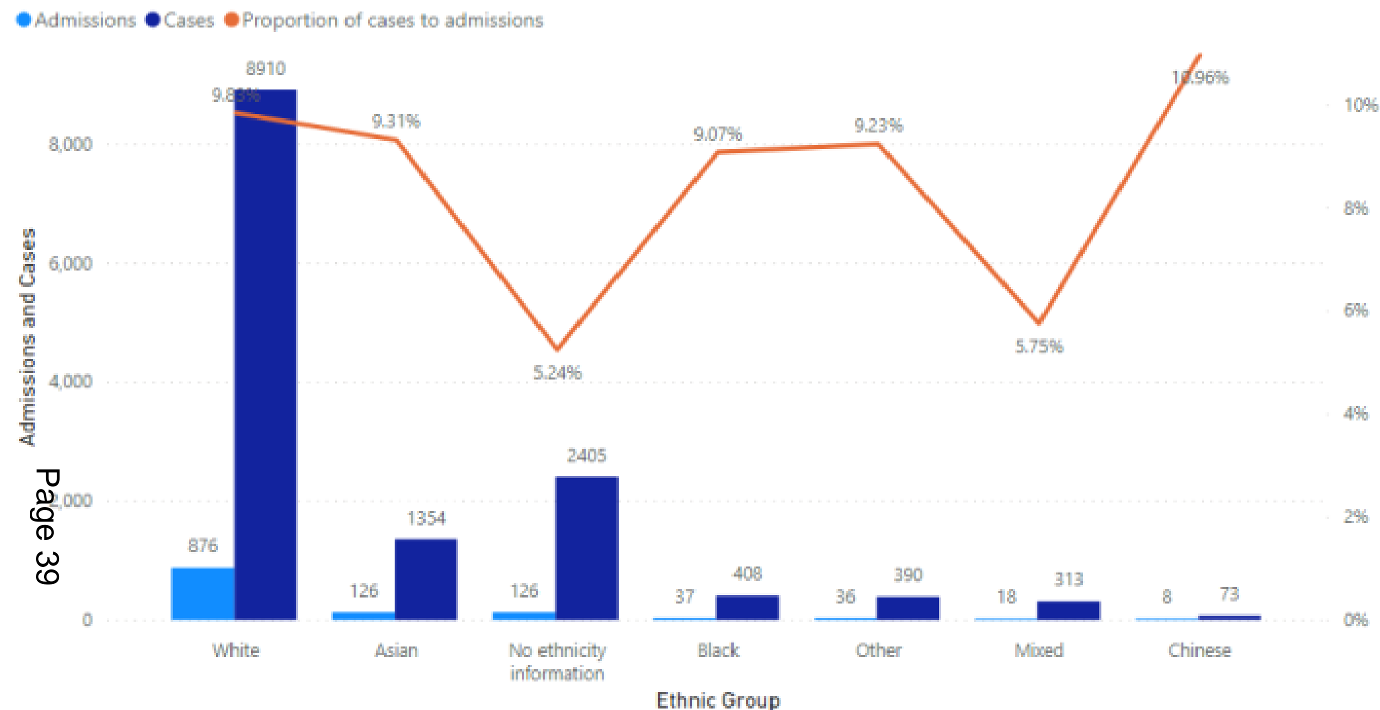

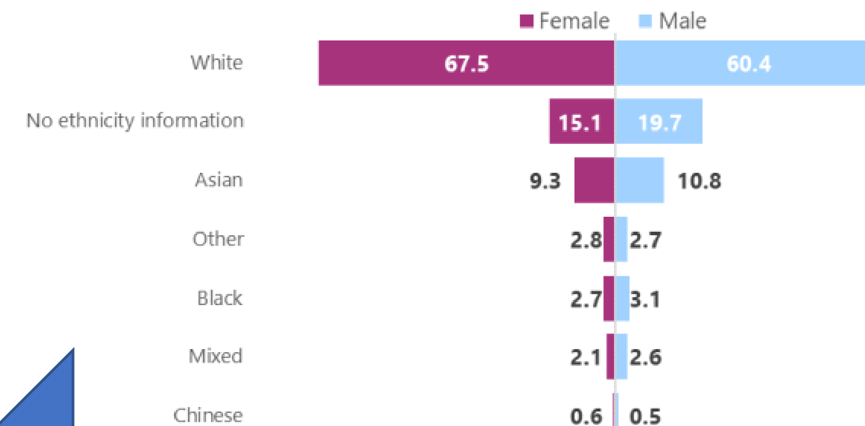

This chart shows number of cases (dark blue), hospitalisations (light blue), and a case to hospitalisation % (orange) which shows that severity of infection may have been more equally experienced across many of the ethnic groups.

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- The disproportionate negative effect of the pandemic on people from ethnic minority groups is well documented.
- When the 2021 Census data becomes available next year we will be able to more accurately understand how rates of infection and hospitalisation have been experienced differently across ethnicities.
- Ethnicity is not yet routinely available in mortality data for city residents and the disproportionate effect across ethnicities is likely to be similar to national data.
- ONS data has shown that during the first wave people from all ethnic minority groups had higher rates of death involving COVID-19 compared with the White British population; 2.6-3.7 times greater for Black African, 1.9-3.0 for Bangladeshi, 1.8-2.7 for Black Caribbean and 2.0-2.2 for Pakistani ethnic groups. The gap reduced for most ethnic minority background in the second wave except Bangladeshi groups which increased to 4.1-5.0 times. A genetic variation has been identified which doubles risk of respiratory failure from COVID-19 and is more common in people from South Asian ethnic groups.

Care home COVID-19 deaths

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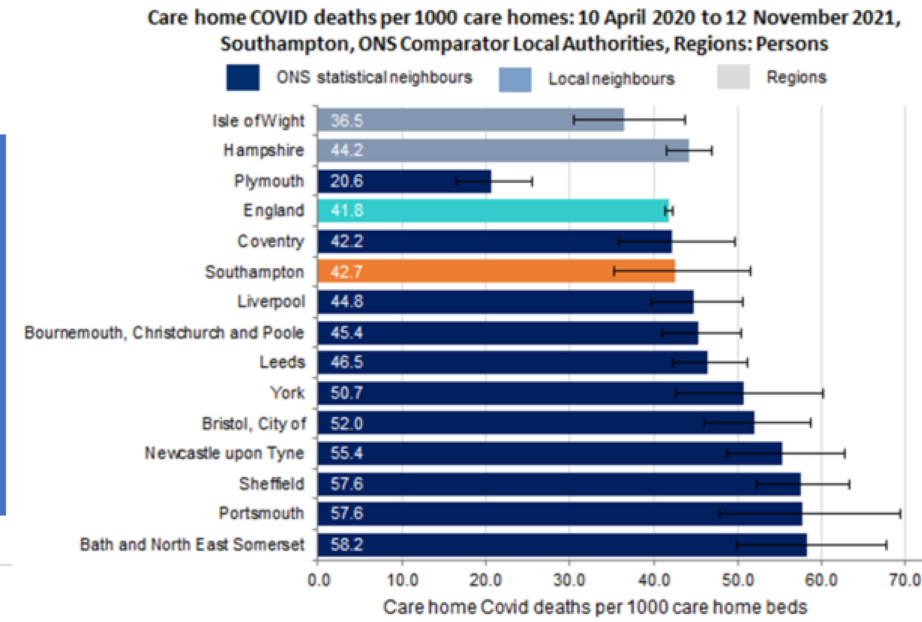
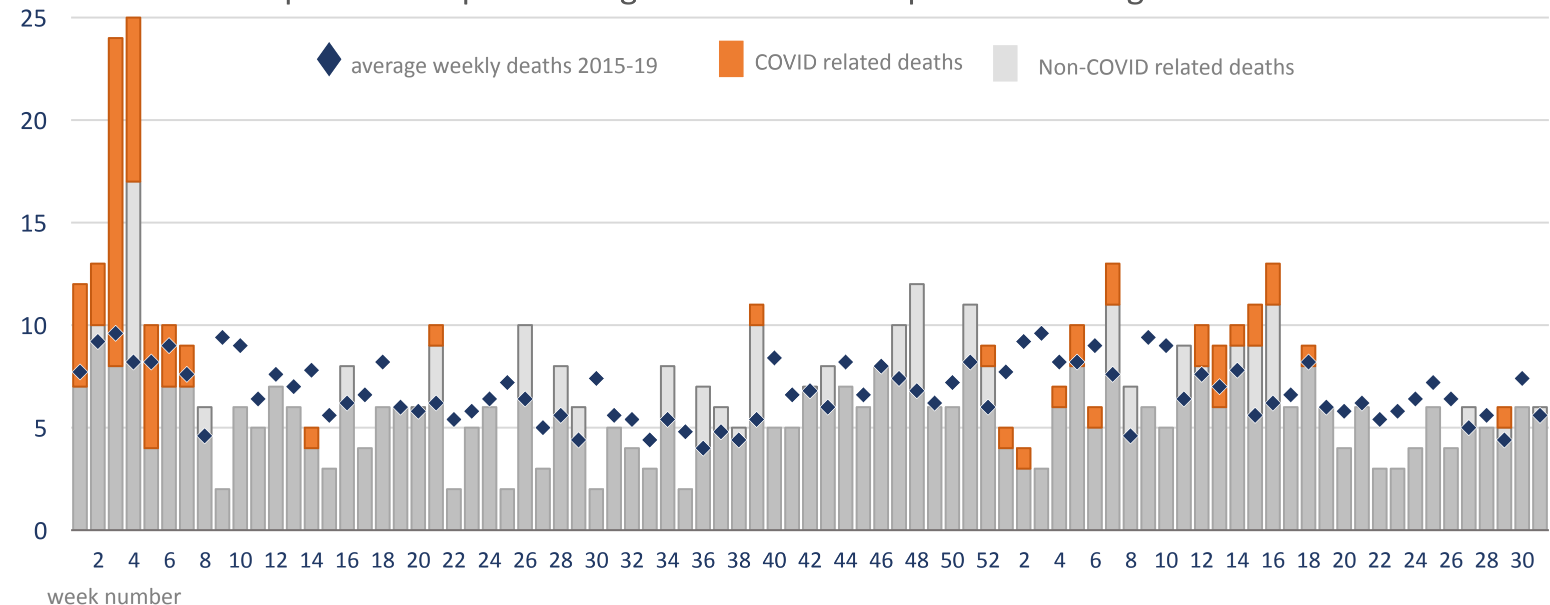
People living in Southampton care homes have been disproportionately affected by COVID-19, with 126 (23%) of all deaths occurring in care homes up to 5 August 2022.

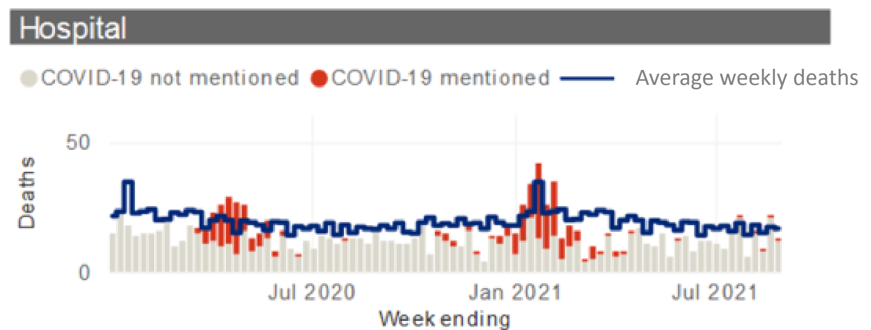
This chart shows COVID-19 related and non-COVID-19 deaths in care homes across the course of the pandemic and compared to average deaths in 2015-2019. There were an excess of non-COVID-19 deaths during the peak of the first and second wave suggesting unrecognised COVID-19 deaths or changes in the way patients were managed across the whole system as a result of the pandemic.

The chart on the right shows that compared to the national average, Southampton had a higher (but not significantly) rate of care home COVID-19 deaths compared to the national average and was the 3rd lowest amongst our 12 ONS local authority comparator group.





In hospitals, excess deaths were COVID-19 related during peaks and there was lower than average non-COVID-19 deaths in hospital at other stages of the pandemic.



Impact on mortality and morbidity

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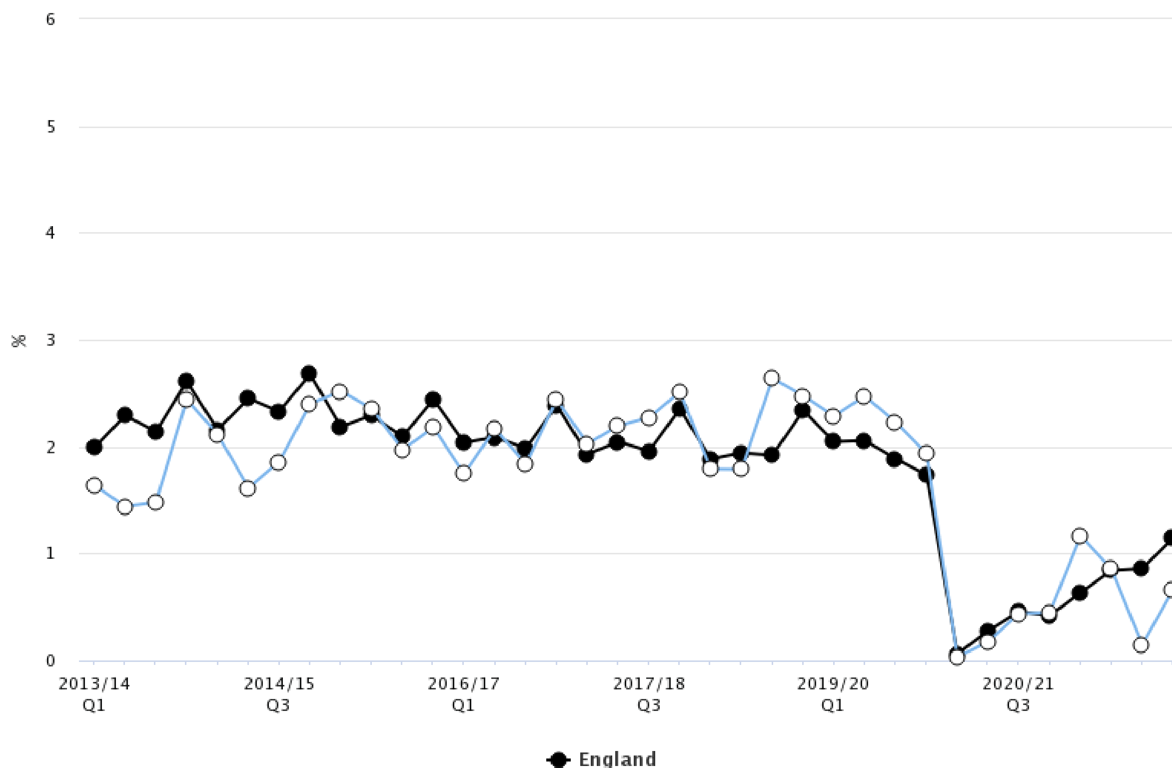
Excess deaths: Between 20/03/2020 to 31/03/2022 Southampton had 4,135 deaths (2,629 year average), 42% (778 more deaths per year) when compared to the 2015-19 average (1,851 per year).

Visits to A&E: This fell by 57% in England in April 2020 compared to the previous year.

Waiting lists: Analysis by the Health Foundation found that "6 million fewer people completed elective care pathways between January 2020 and July 2021 than would have been expected based on pre-pandemic numbers." And "access to elective treatment fell further in the most socioeconomically deprived areas of England between January 2020 and July 2021 than in less deprived areas." Elective care: how has COVID-19 affected the waiting list? (health.org.uk)

This chart shows how health checks were suspended when the pandemic first began and have now restarted but activity is still below pre-pandemic levels.



Using national data, we can estimate that in Southampton the reduction in NHS Health Checks from March 2020 to March 2022 could mean that:

- 192 to 256 individuals might be diagnosed with hypertension at a later point than they would have been.
- 38 to 96 individuals might be diagnosed with type 2 diabetes at a later point than they would have been.
- 770 to 1,283 individuals at high risk of cardiovascular disease in the next 10 years have not yet been identified as they otherwise would have.

Impact on mortality and morbidity

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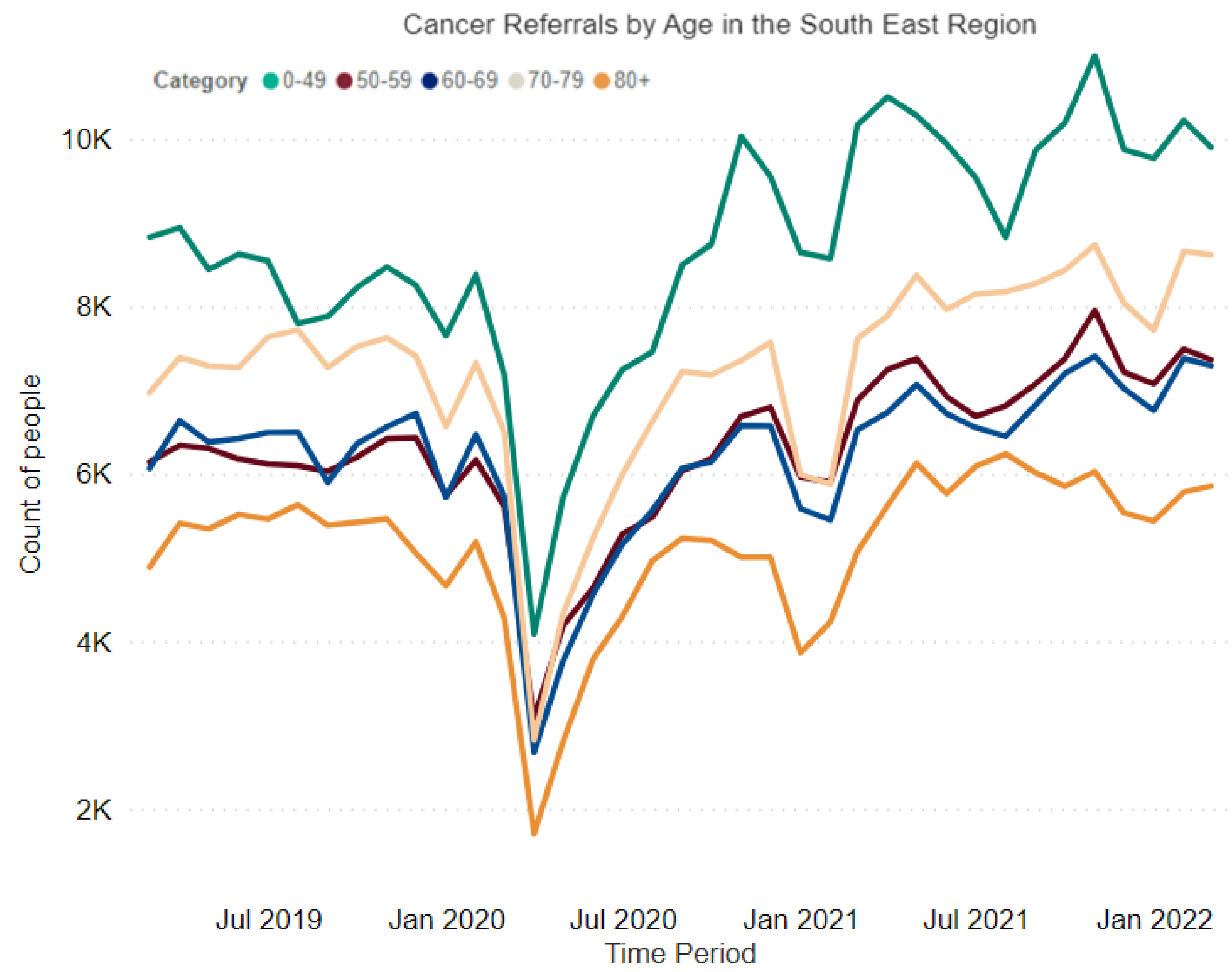
The pandemic has affected people with **existing illness** in many ways:

- People with a pre-existing illness were more likely to experience severe outcomes from COVID-19
- Reduction in access to care, including monitoring and treatment due to suspension of clinics, elective surgery and support networks
- Suspension of normal care to enable greater capacity for COVID-19 patients
- Concern about potential infection or adding pressure to the NHS led some patients to stay away from healthcare
- Impact of the move to online consultations (and the speed with which this was done) in primary care may have affected accessibility, particularly for chronic disease management
- Difficulties accessing treatments due to reduced transport opportunities
- Suspension of clinical trials
- Contracting COVID-19 may have exacerbated existing illness
- Physical deconditioning due to impact on daily life
- Reduced opportunities to diagnose disease early for example though NHS health checks which were suspended across the country during earlier parts of the pandemic

Taken together, it is likely that the pandemic will lead to earlier deaths, long waiting lists for treatment and a greater burden of illness in society. Gathering evidence for some of these impacts will take time.



Source: COVID-19 Cancer Equity Data Pack produced by Cancer Alliance Data, Evidence and Analysis Service (CADEAS) and PHE NCRAS.

This chart shows that during periods of restrictions/peaks of pandemic waves there were drops in the number of cancer referrals across all age groups in the South East, with periods of recovery in between.

Clinically extremely vulnerable (CEV) people

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Those identified as CEV were asked to take more stringent measures to protect themselves from infection. 'Shielding' included not going to work, remaining at home other than to seek medical care and avoiding contact with anyone outside their household. There were 14,965 people in Southampton in the shielding list which is 5.92% of the population.

The direct effects of infection on this group of CEV people living in Southampton is yet to be fully understood and how effective the shielding policy was in protecting the most vulnerable

England - 3.7 million (6.6%)
Hampshire, IOW and Southampton - 6.05%
Southampton - 14,965 5.92%

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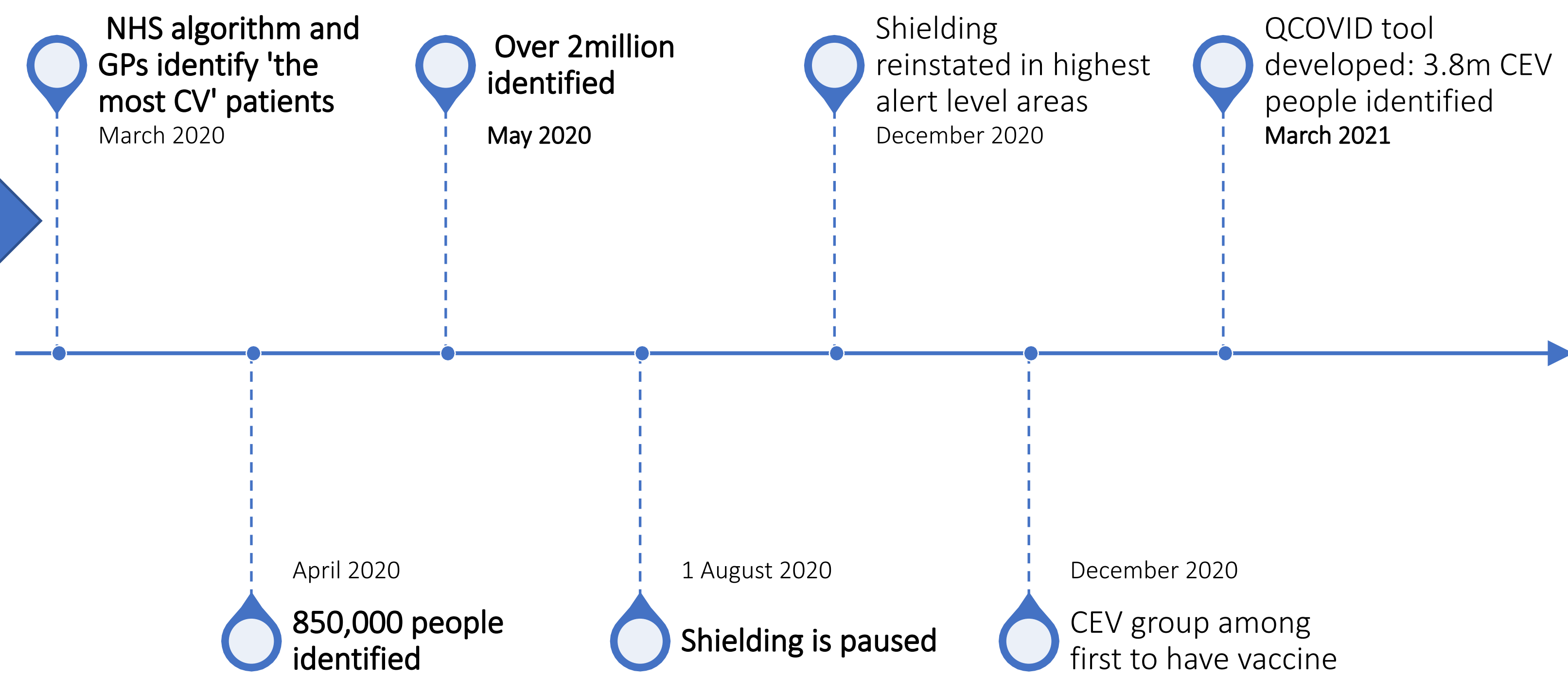
This chart shows the timeline for Shielding. At stages of the pandemic shielding was paused, the eligibility list was increased when there was a composite tool applied to patient lists, and now shielding has been permanently discontinued due to the success of the vaccine programme



Assessing the impact of COVID-19 on the clinically extremely vulnerable population
October 2021

"the COVID-19 pandemic resulted in a substantial burden of severe infection and mortality among the clinically extremely vulnerable population"

Ability to adhere to protective measures

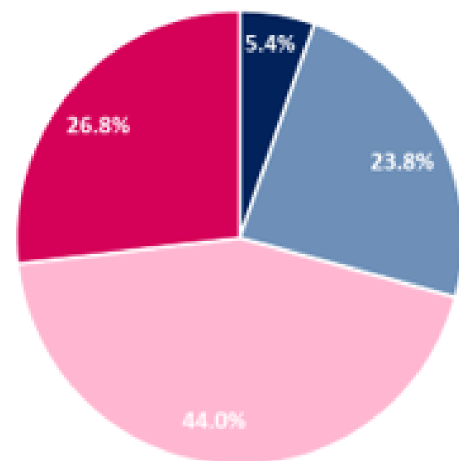
Regular symptom-free testing using lateral flow devices helps to identify infection at the earliest opportunity before symptoms begin or in those who may have no symptoms but who could still spread the infection. It helps to limit the transmission of infection especially when mixing with other people in social situations, educational and work settings.

We asked residents about their testing frequency in the 6th residents survey in August 2021

Roughly how often do you use your symptom-free testing kit?

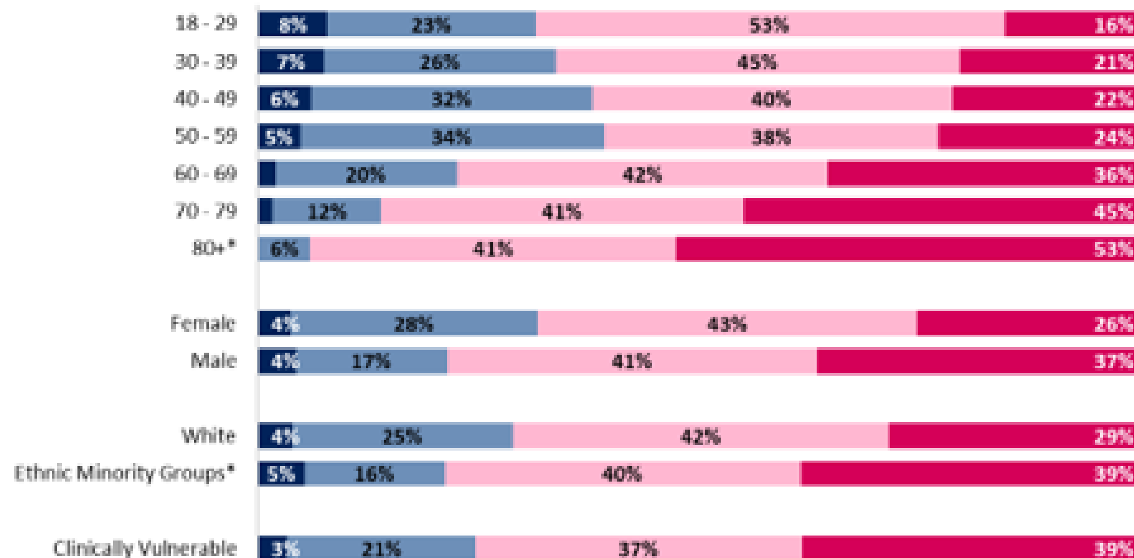
This chart shows the frequency of symptom-free testing; older people aged over 60 years, males, people from ethnic minority backgrounds and clinically extremely vulnerable tended to test less often than average for the city

Overall:



Total respondents: 2,457

Broken down by demographics:



* Small sample size – fewer than 100 respondents

Current vaccination uptake

Percentage received 1st dose over 12s **74.8%** Av. 6 a day

Percentage received 2nd dose over 12s **70.0%** Av. 10 a day

(From 14th July 2022)

Percentage received booster 1 over 12s **77.5%**

Percentage received booster 2 over 75s and severely immunosuppressed **85.0%**

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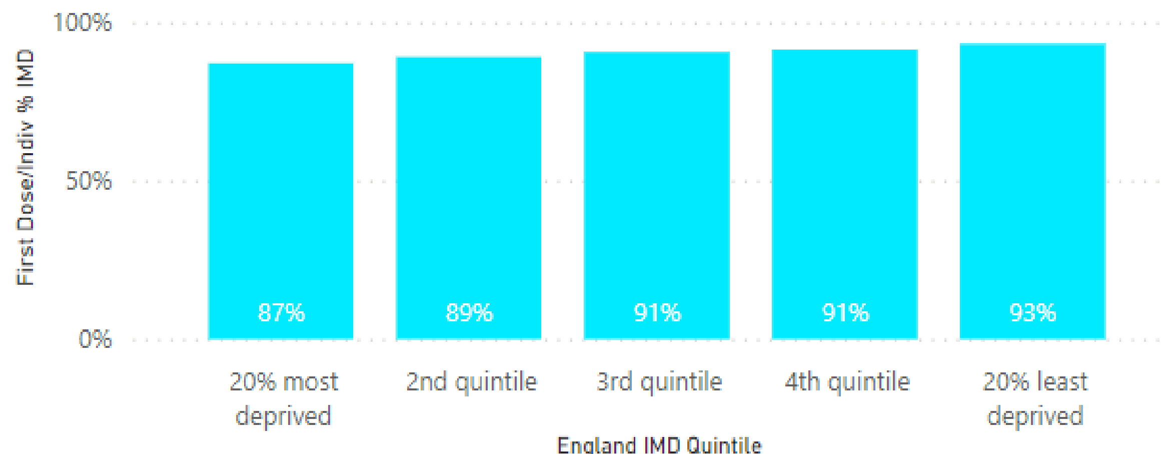
Across those cohorts at highest risk of death from COVID-19 infection there has been inequality in uptake across people from different ethnic minority groups ranging from 71% to 93% for first dose uptake

Primary vaccine (doses 1+2) course uptake for those aged 75+ is 95%, in those most clinically extremely vulnerable is 92% and among NHS and social care workers is 95%.

This chart shows first dose vaccine uptake by deprivation and highlights an average 6% lower uptake between those living in the most deprived neighbourhoods in the city compared to the least deprived



Link

Southampton Test and Trace

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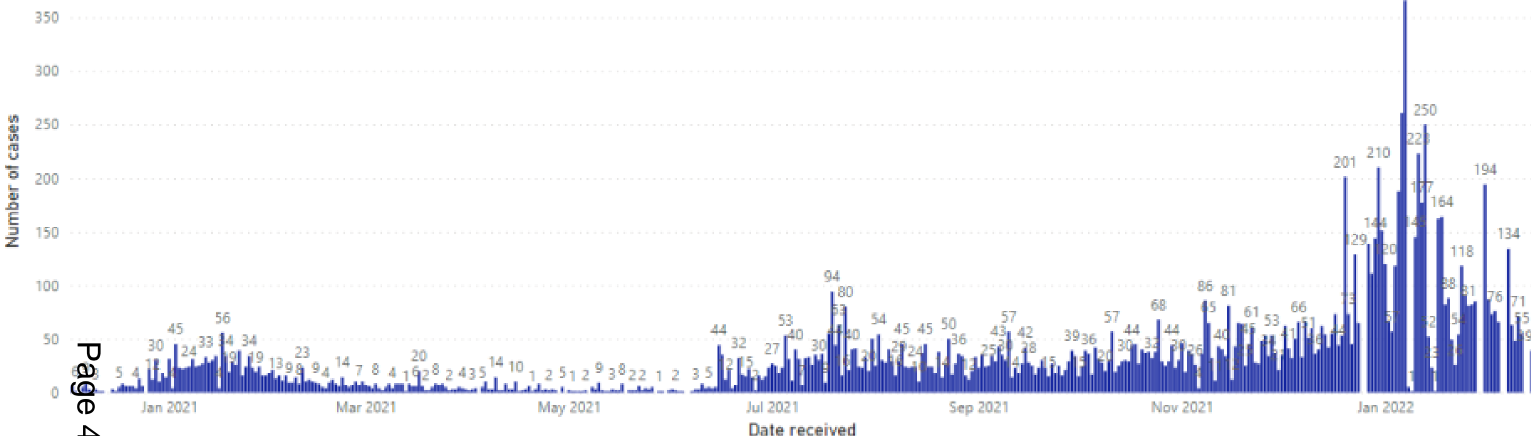
13,222

Positive cases referred to ST&T



Test and Trace: Service Demand

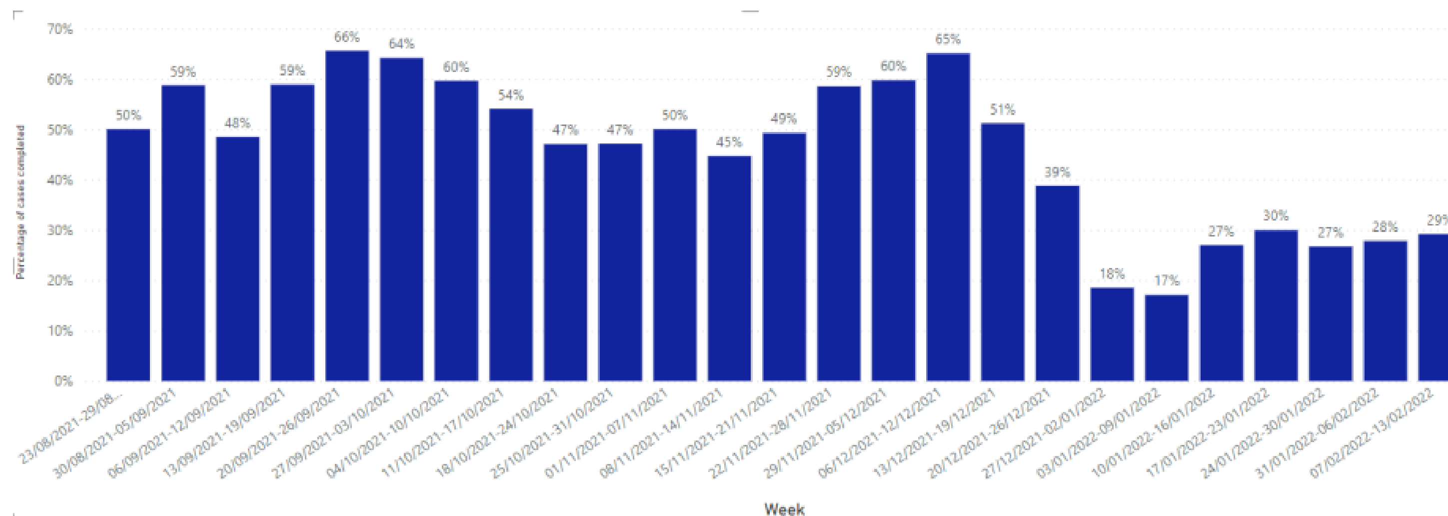
Case status

Case status	Number of cases	Percentage of cases
Referred back to National Test and Trace	81	0.6%
In progress	133	1.0%
Follow up failed - reached	1526	11.5%
Follow up failed - not reached	5876	44.4%
Completed	5618	42.4%
Total	**13222**	**100.0%**

Southampton local Test & Trace receives details for people who have tested positive with PCR and who have not responded to digital or telephone contact from the national NHS Test & Trace service within the first 28 hours so that further attempts to provide support and advice and carry out contact tracing can be made

This chart shows some people are less likely to engage with Southampton local Test & Trace to receive advice about self-isolation requirements and help with contact tracing and this has worsened overtime

Percentage of completed cases



Ability to adhere to protective measures

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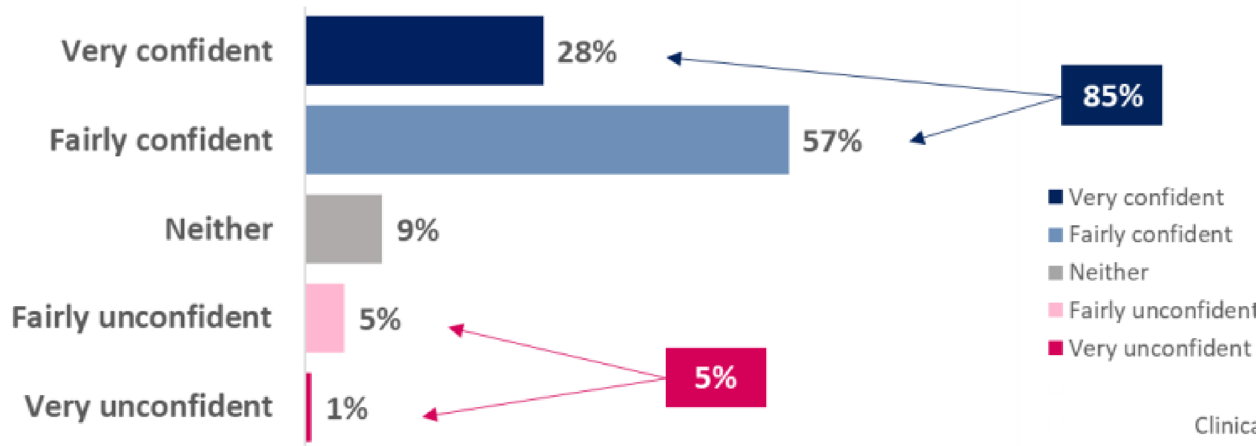
Understanding guidance and restrictions throughout different stages of the pandemic has been a challenge for all of us due to how quickly the situation was changing. In November 2020, we asked our residents how confident they were in understanding the current rules and guidance in the 4th COVID-19 resident survey.

This chart shows that confidence was generally very high but younger age groups, minority ethnic groups and parents were least confident in understanding COVID-19 rules and guidance compared to other groups

Question: How confident are you that you understand the current rules and guidance?

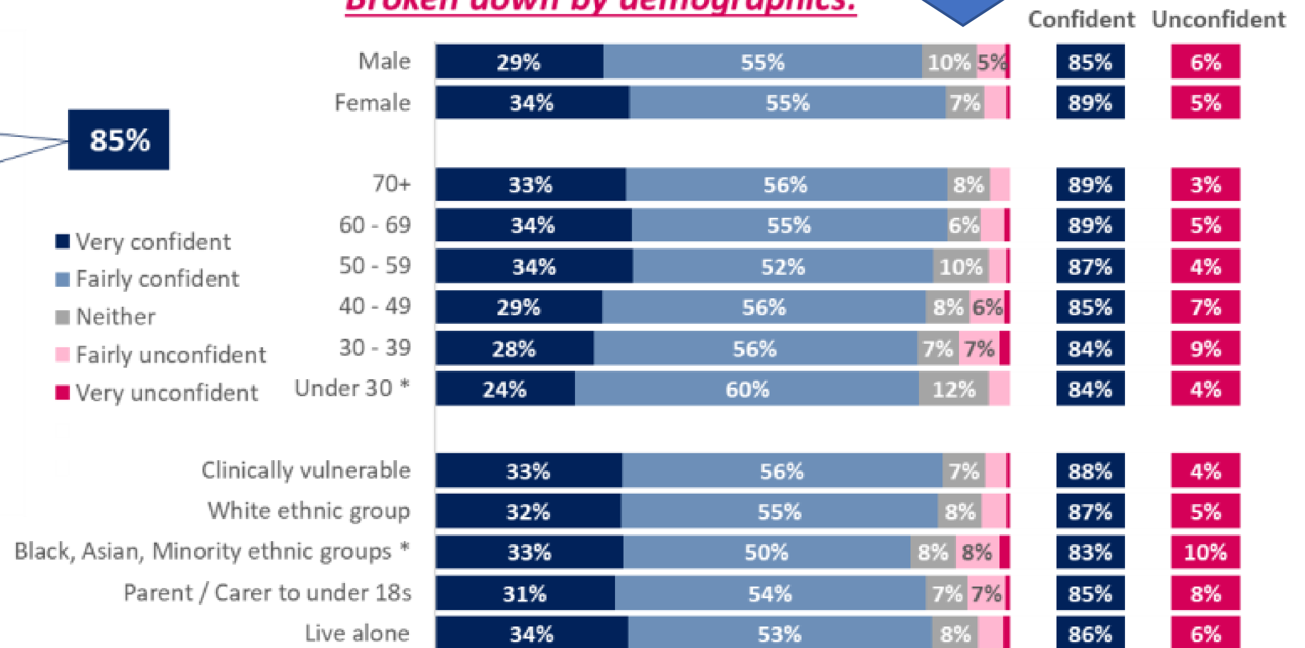
Overall:



Comparison to previous surveys:

(Those that said very or fairly confident)

Broken down by demographics:



* Small sample size – fewer than 100 respondents

Supporting vulnerable groups in Southampton

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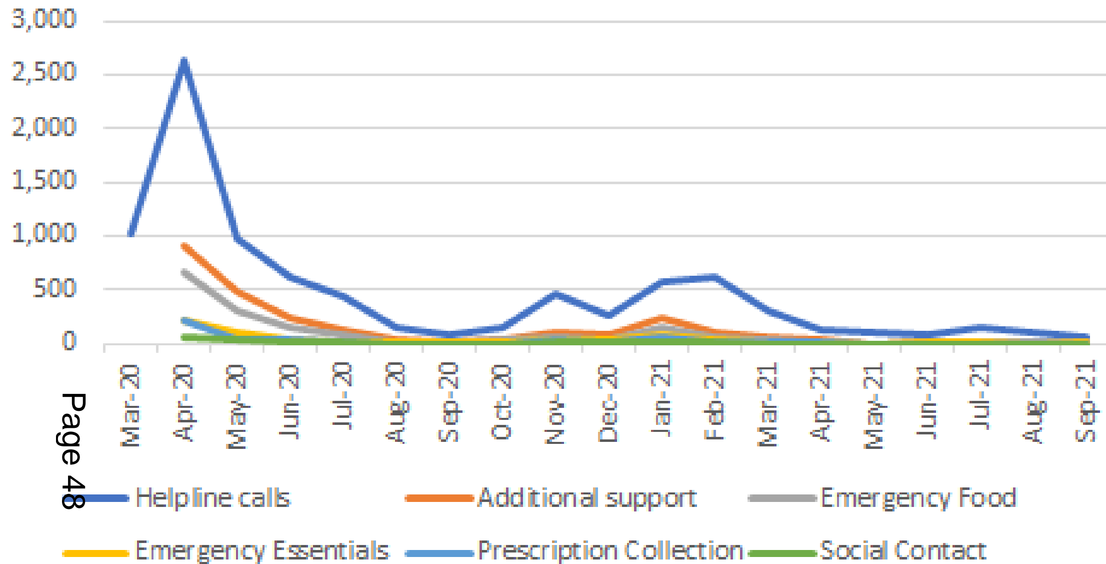

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This chart shows that support has been sought at all stages of the pandemic but with peaks in calls to the SCC helpline and other support have mirrored the waves of infection in the city

COVID-19 Community Champions

Future Communities

Community Cohesion Forum

Community Participatory Action Research

Engagement Leads Network

A small selection of SCC community support and engagement groups

SCM Basics Banks: vouchers used Jan 2020 – October 2021

Southampton City Mission

28.4%

Number of times SCM fed people – increase between 2019 & 2020

Self-isolation support payments
From 9th October 20 to 14th October 21
4742 applications

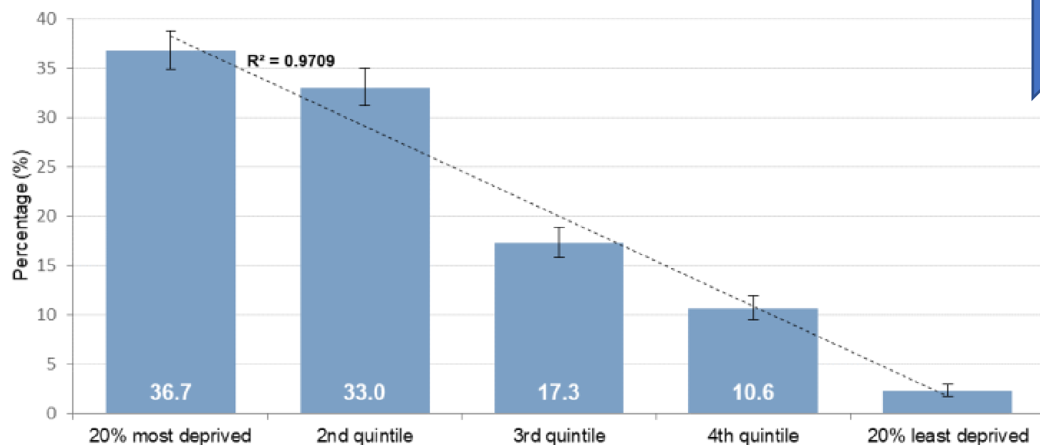
Scheme	Successful	Paid
Main	829	£414,500
Discretionary	298	£149,000

Vulnerable groups in Southampton: carers

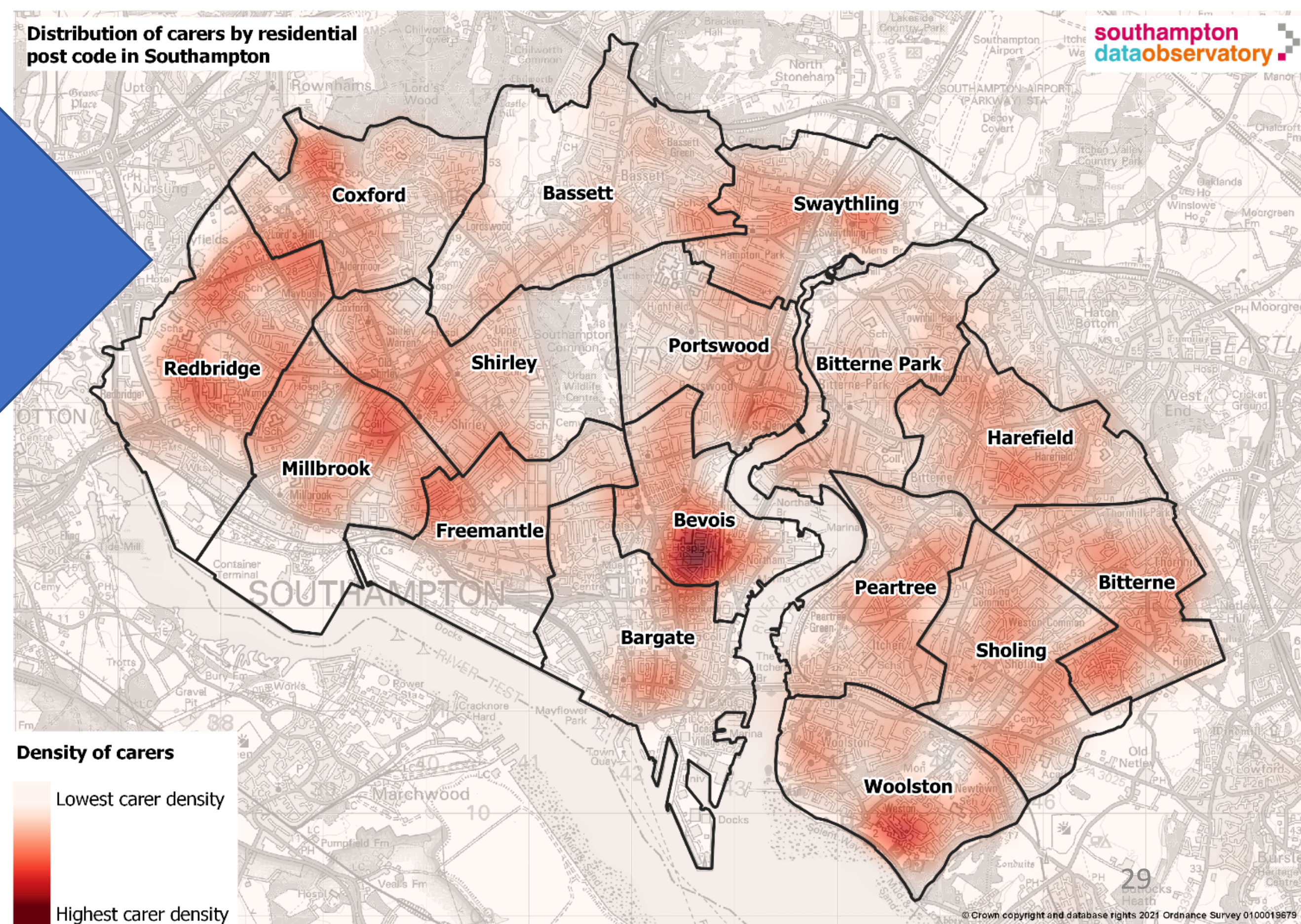
southampton dataobservatory

In Southampton, the burden of caring falls more heavily on those who live in deprived areas. During the pandemic, carers were less able to provide the support that was required due to lockdowns and restrictions on movement (especially in the early weeks when it was unclear what was permitted under national guidance), illness, closure of services and support etc. 'Carers in Southampton' told us that there were large increases in traffic on their webpages that provided advice about assisted shopping, food banks and food services, hospital ward numbers and LD passport, free legal advice, mobility aids and emergency plans. There was a sustained uplift in use of Carers in Southampton's online referral and self-referral forms. We also know that carers are more likely to suffer from poor health and their needs will have been exacerbated by the pandemic.

This map shows a snapshot from early 2021 of carers by place of residence in Southampton: Much greater proportions of carers live in areas considered to be in the 20%/40% most deprived in the country. Main hotspots of carers living centrally in Bevois, in Bitterne and Woolston in the east, and in a stretch from Freemantle to Redbridge across the western localities. These are similar neighbourhoods with high levels of clinical vulnerability to COVID-19 and vulnerability to the policy measures to control the spread of infection



Source: Carers in Southampton (2021)



Vulnerable groups in Southampton

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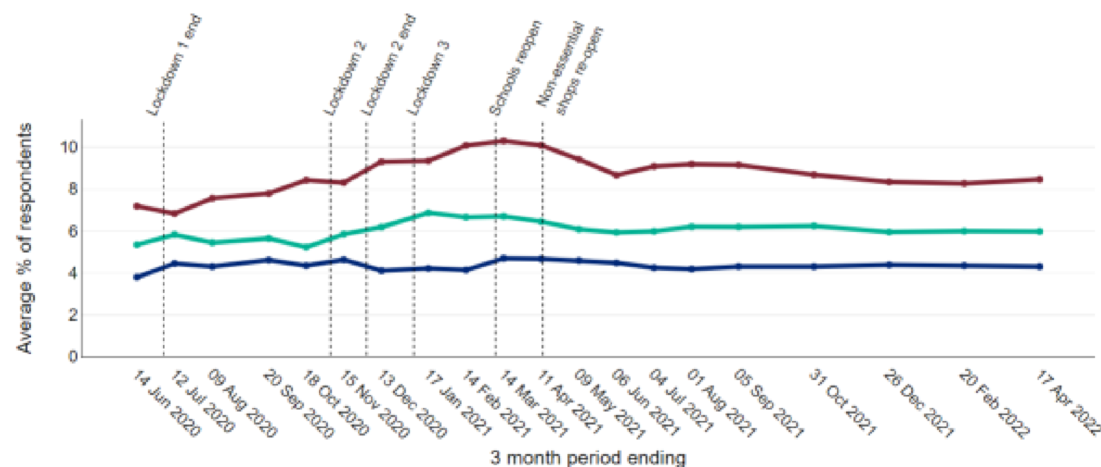
People with learning disabilities

A national PHE report from November 2020 found that deaths from COVID-19 in people with learning disabilities were much higher than the general population (up to 6.3 times higher when adjusting for age and gender). The direct impact of COVID-19 on people with learning disabilities living in Southampton requires further analysis.

A Local Government Association report from 2021 listed the following additional impacts:

- COVID-19 restrictions affected routines, support and occupational activity which may have limited people's independence
- Increased risk of physical complications due to COVID-19 infection
- Reduced access to healthcare and physical health reviews, potential for delayed presentation
- Increased risk of mental health difficulties and challenging behaviour
- Increased risk of abuse/neglect
- Increased strain on families and carers, especially if support or respite care suspended
- Specialist staff trained to work with people with learning disabilities may have been redeployed elsewhere



This national PHE survey data shows trends in the number of females and males reporting loneliness over the pandemic in England.

LGBTQ population

Data for Southampton residents is not available and there is little national data on the impact on the LGBTQ population. However, a 2021 survey report written by an organisation called Switchboard in partnership with Brighton and Hove City Council found that during the pandemic:

- 74% of LGBTQ respondents reported feeling depressed and anxious; 33% had considered suicide
- 68% felt lonely and isolated
- 40% used alcohol and drugs to manage their mental health
- 22% were living in an unsafe situation
- 24% could not access support when they needed it

The UN Development Programme also said that LGBTQ+ people are:

- Less likely to seek medical help or access vital services
- More likely to work in the informal sector with poor access to sick pay

Homeless Population

The direct impact of COVID-19 on people experiencing homelessness in Southampton requires further analysis. This population are vulnerable to exposure to the virus such as when sharing accommodation and have a high burden of pre-existing conditions which can put them at greater risk of severe infection. SCC has supported a reduction in risk of transmission in homeless hostels through provision of vaccination and regular testing.

Long covid (1)

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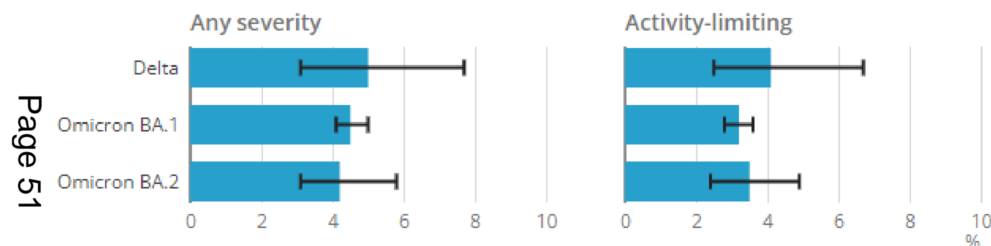
The long-term course of Long Covid is unclear but symptoms can last for over a year and be debilitating, impacting on people's ability to work and care for others. This has implications for health and social care and for the local economy. There is a Long Covid service at UHS accepting referrals from general practice.

Percentage of study participants aged 18 years and over with self-reported long COVID 12 to 16 weeks after a first coronavirus (COVID-19) infection, stratified by compatible COVID-19 variant and vaccination status when infected, UK, 17 May 2021 to 27 May 2022

Triple-vaccinated



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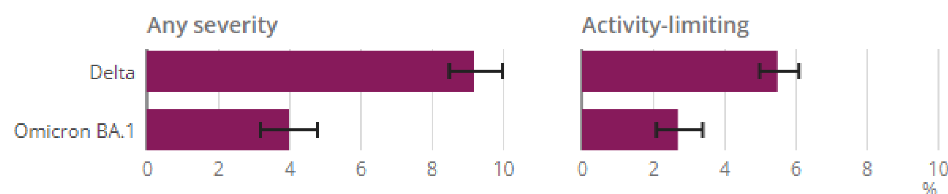
Double-vaccinated



Source: Office for National Statistics - Coronavirus (COVID-19) Infection Survey

This chart shows there was a higher percent of people aged 18 years and over who were double vaccinated with self-reported long covid after the Delta variant than Omicron BA.1. However, for people triple vaccinated there were a similar percentage of self-reported people with long covid across all 3 variants.

Long Covid is an umbrella term that includes symptoms lasting more than 4 weeks (on-going symptomatic COVID-19) and more than 12 weeks (post-COVID-19 syndrome) that develop during or following an infection consistent with COVID-19. A recent ONS study states as of 2nd July 2022, 1.8 million people in the UK (2.8% of the population) were experiencing self reported Long Covid. The impact on people living in Southampton requires further analysis, however we can estimate 5,933 people could be experiencing Long covid (using the national percentage).

Self-reported long COVID was more common in:

- Those aged 35 to 69 years
- Females
- People living in more deprived areas
- Those working in social care
- Those aged 16 years and over who were not students or retired, and were not in or looking for paid work
- Those with another activity-limiting health condition or disability

Common symptoms include:

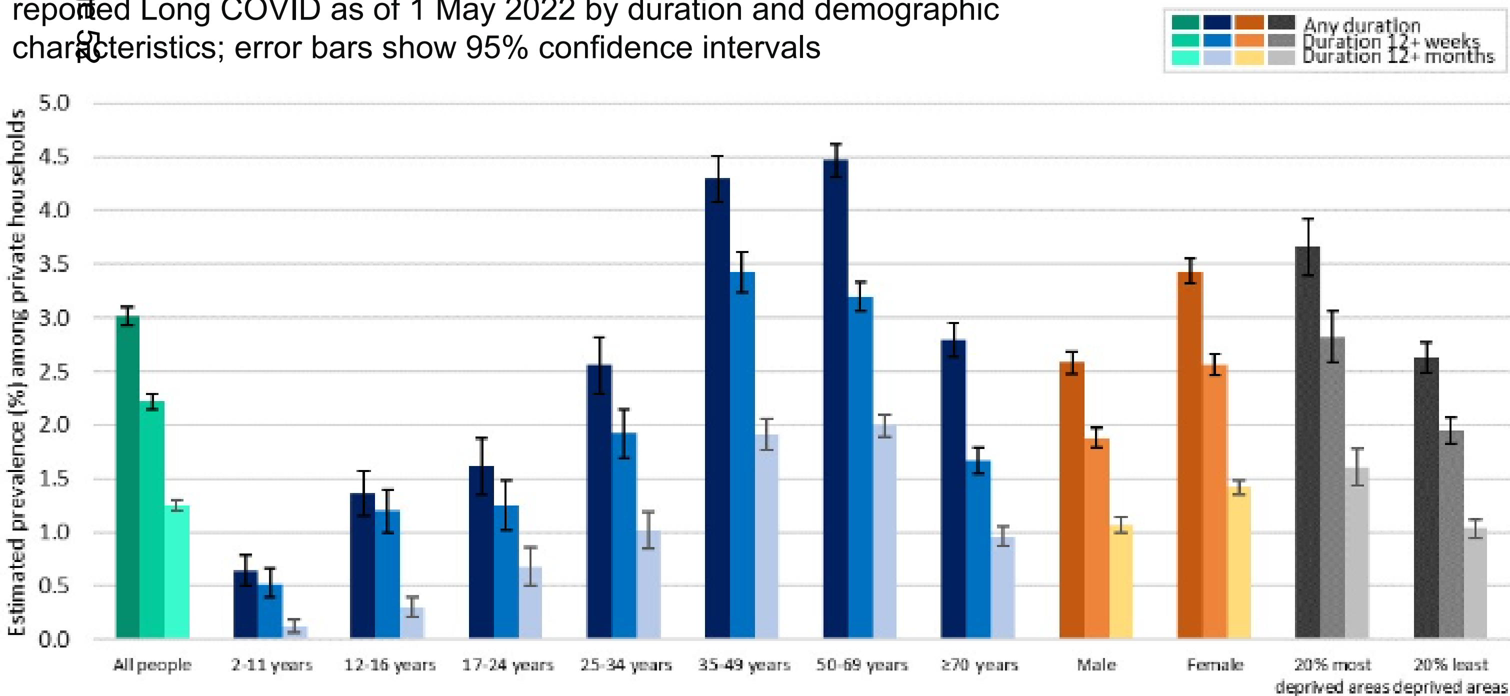
- Fatigue
- Breathlessness
- Headaches
- Joint and muscle pain
- Chest tightness/pain
- Sleeping problems
- Memory and concentration difficulties
- Persistent cough

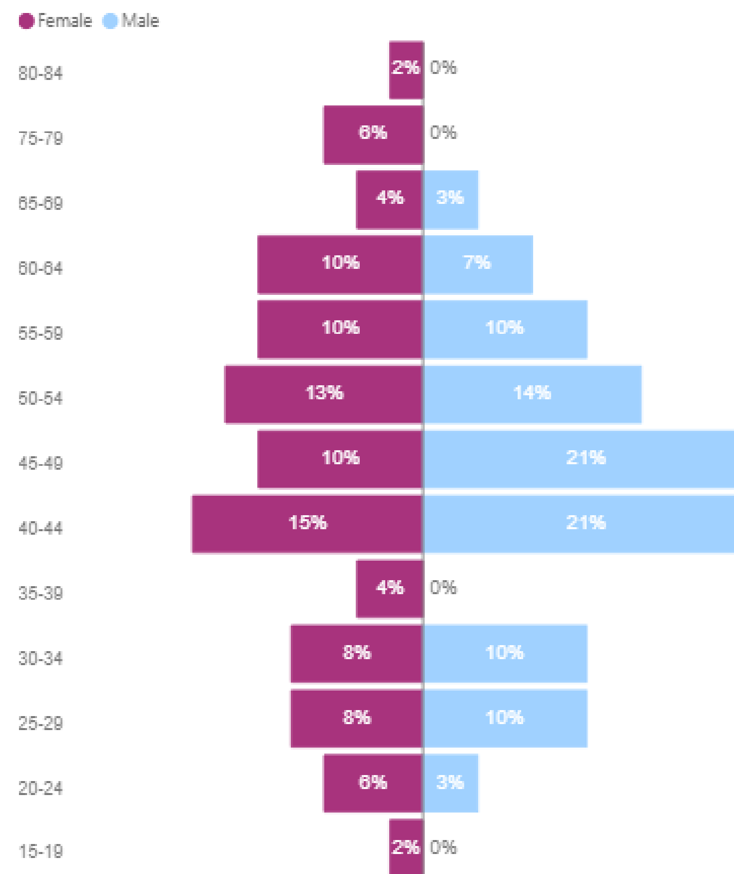
Long covid (2)

southampton dataobservatory

The chart below using 2021 data shows the highest prevalence of long covid is in the most deprived areas. There is higher prevalence of long covid over 12 weeks across all areas compared to between 4 and 12 weeks.
Further research by ONS in 2022 shows the highest Long Covid Prevalence by sub groups are; by age – 35 to 69 year olds, by gender – females, by deprivation quintile – 20% most deprived.
A range of international studies have found persisting health problems after acute COVID-19 looks to be increasing the burden on the healthcare system. These health problems include significantly greater risk of cardiovascular disease, mental health conditions, and diabetes up to 12 months post infection.

Estimated percentage of people living in private households with self-reported Long COVID as of 1 May 2022 by duration and demographic characteristics; error bars show 95% confidence intervals





This chart shows distribution of people with a read code for long covid-19 in a snapshot of Southampton GP data with COVID-19 diagnoses between January and April 2021 (48 females, 29 males total).

Business Vulnerability Index

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Area	Mobility - Retail and Recreation percent change from baseline (average 16/03/20 to 21/06/21)	Coronavirus Job Retention Scheme (Average take-up rate July 2020 to May 2021)	Self-Employment Income Support Scheme (Average take-up rate Grant 1 to 4)	Vulnerable Industry (per 1,000 business)	Vulnerable business size (per 1,000 business)	Claimant Count Rate (Increase between Feb 2020 and Feb 2021 - proportion of residents aged 16-64)	Sum of Z-Score	Z-Score Ranking (1 = most vulnerable)
England		**12.6**	**67.4**	**119.5**	**896.8**	**3.5**		
South East		12.5	65.3	110.3	902.5	3.2		
Southampton	**-51.3**	**11.5**	**70.6**	**112.7**	**911.0**	**3.7**	**0.71**	6
Newcastle upon Tyne	-55.3	13.2	69.2	192.1	849.8	3.7	-0.13	7
Liverpool	-47.5	12.6	72.5	160.3	881.1	4.1	3.15	3
York	-45.6	13.2	67.3	165.0	874.6	2.2	-1.12	9
Sheffield	-47.4	11.5	70.8	147.1	866.9	3.2	-1.05	8
Leeds	-48.5	11.7	68.3	119.9	881.7	3.6	-1.23	10
Coventry	-42.1	11.5	69.6	113.6	895.8	3.6	0.77	5
Portsmouth	-44.2	12.8	73.4	160.6	888.7	3.9	4.46	2
Isle of Wight	-30.6	14.9	64.5	204.6	864.4	3.6	4.81	1
Hampshire	-41.0	11.6	63.9	98.6	893.3	2.7	-3.17	12
Bath and North East Somerset	-53.2	13.6	63.0	136.6	887.6	2.1	-3.65	14
Bournemouth, Christchurch and Pool	-40.7	13.9	67.7	126.7	887.1	3.6	2.23	4
Bristol	-52.8	11.7	67.1	135.9	879.7	3.5	-1.99	11
Plymouth	-44.8	10.2	69.5	153.0	867.2	2.5	-3.23	13

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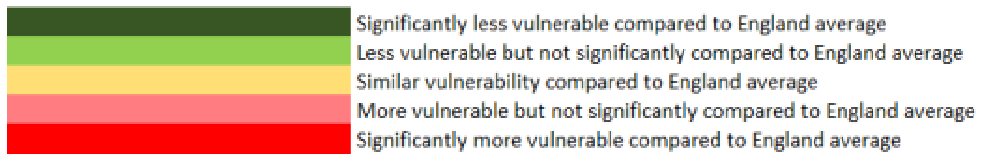

These six measures were identified as key business vulnerabilities

The tartan rug compares Southampton and ONS Comparators to national averages, significance assessed using 95% confidence intervals

Overall, businesses in **Southampton** deemed to be **sixth most vulnerable** out of 14 comparators - the higher rate of small businesses and greater proportion of SEISS take-up highlighted in Southampton

Local authorities with more vulnerable industries and therefore greater increase in claimant counts and take-up of the CJRS and SEISS appear to be more vulnerable – particularly the Isle of Wight, Portsmouth, Liverpool and Bournemouth, Christchurch & Poole

Impact on benefits: Universal Credit

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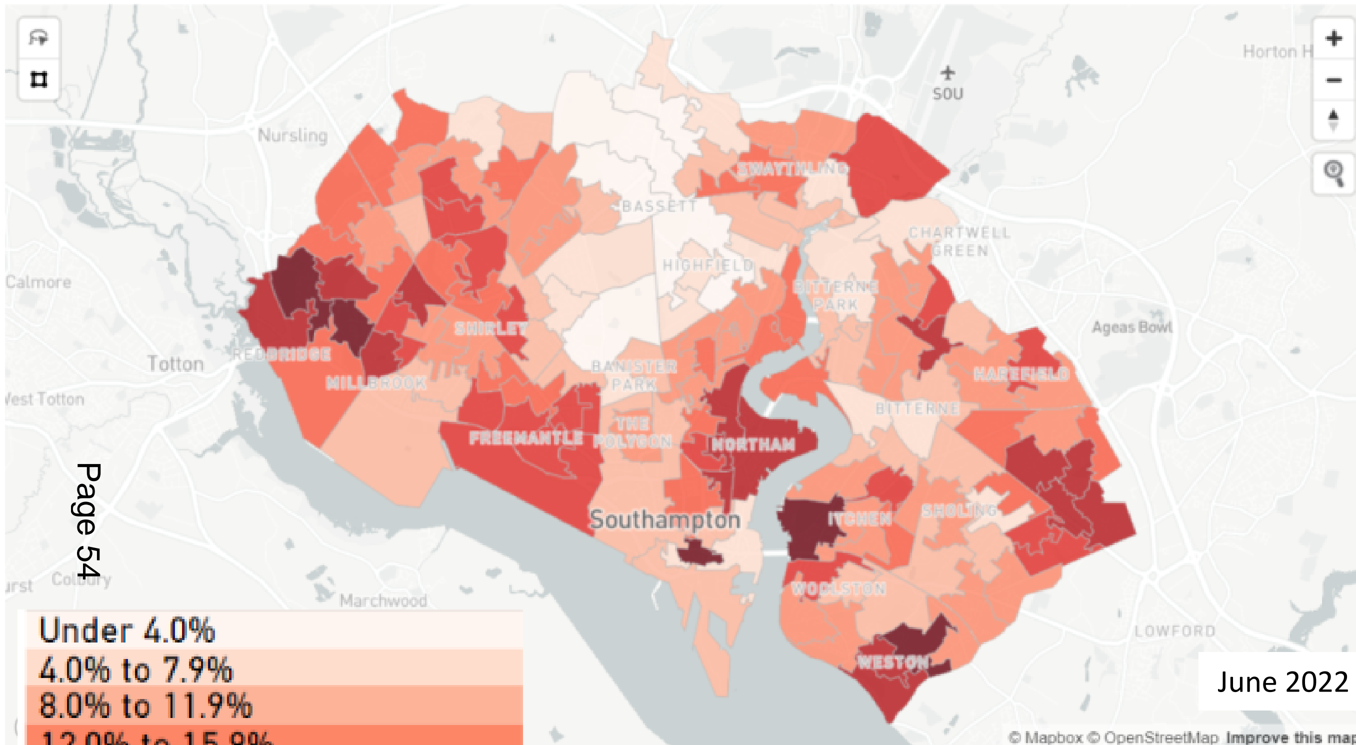
Universal credit claimant, (Total), as a percentage of working age population (aged 16 to 64) by LSOA, June-2022



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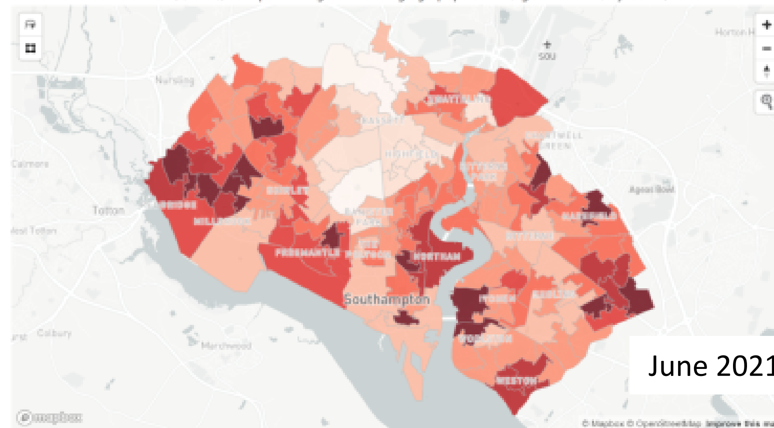
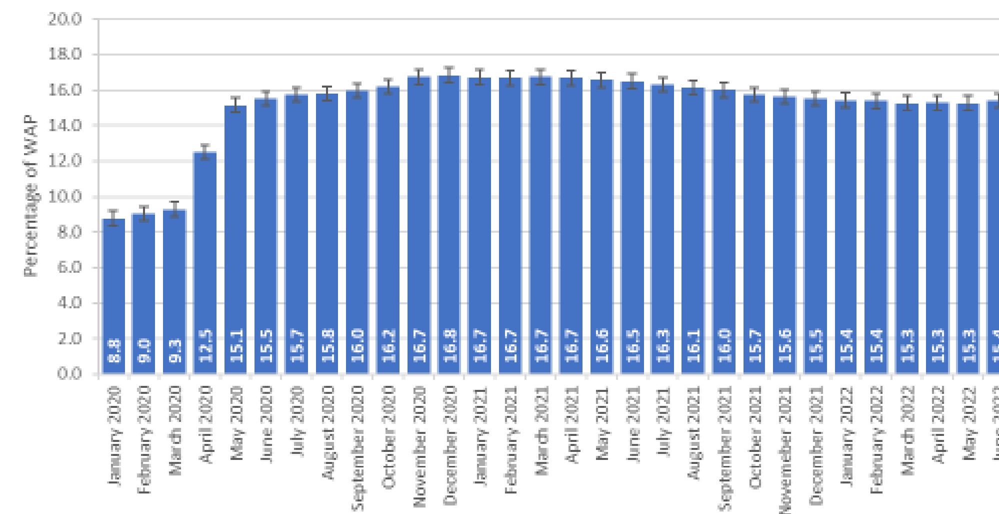
This map shows the distribution of the population claiming Universal Credit in June 2022 which had increased from a city average of 8.8% in Feb 2020 to 16.7% in Feb 2021 and has remained over 15% since October 2021 to June 2022.

Universal credit claimant, (Total), as a percentage of working age population (aged 16 to 64) by LSOA, June-2021



The greatest increases in Universal Credit claimants were in the most deprived areas of the city risking widening of inequalities

People on Universal Credit (total): Southampton January 2020 to June 2022 percentage of working age population (WAP) [1]



Source: DWP 2022 (via Stat-Xplore).

[1] Population - WAP Feb 2020 to March 2021 - HCC SAPF 2019. WAP from April 2021 - HCC SAPF 2020

Impact of COVID on Unemployment – Claimant Count

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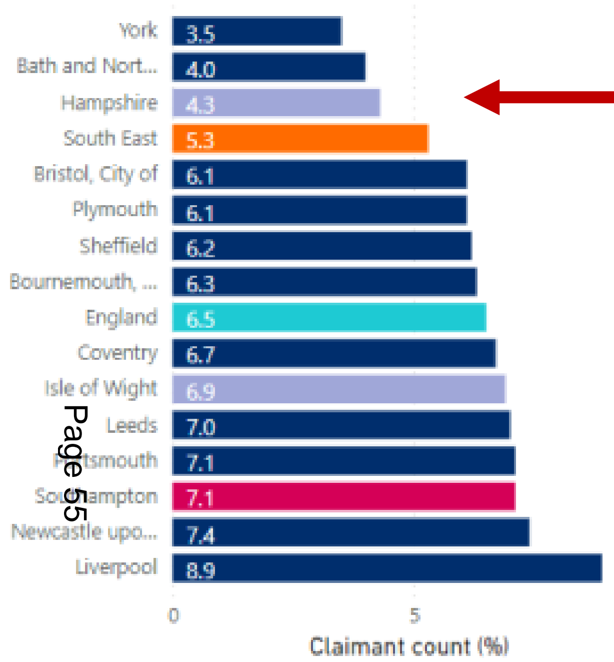
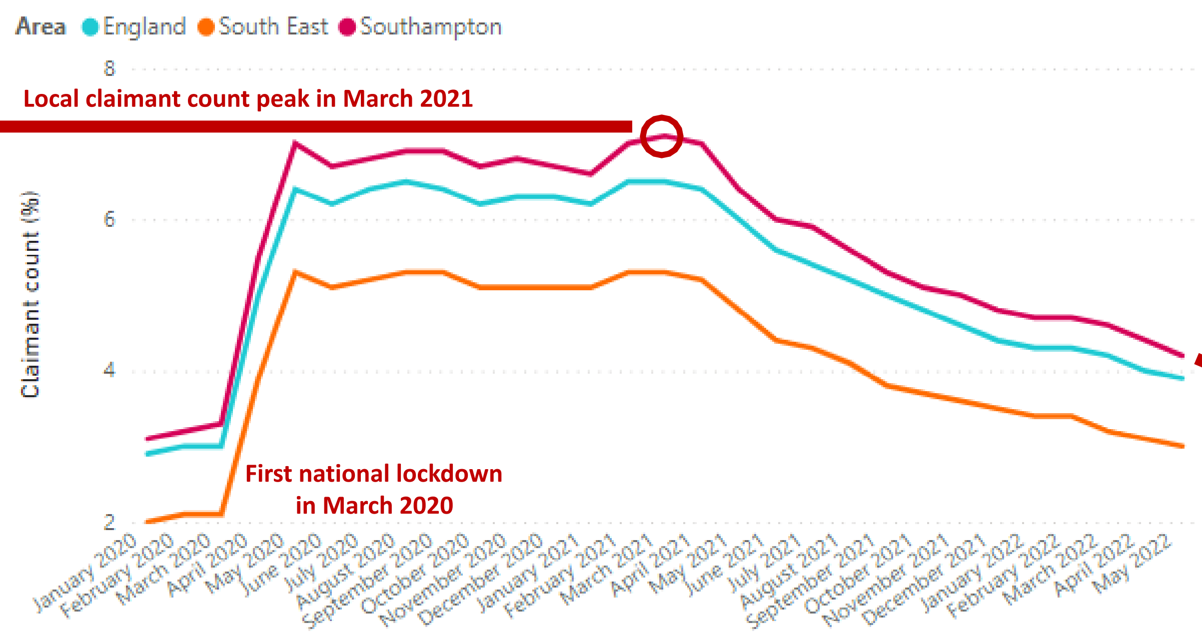
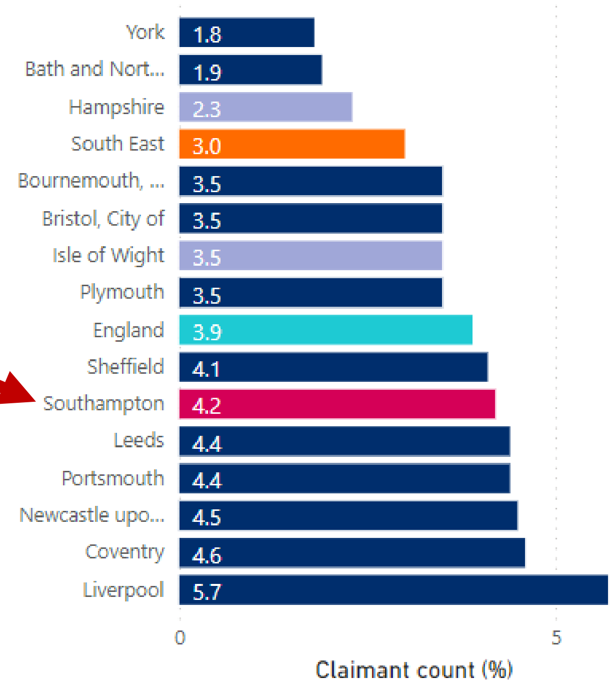
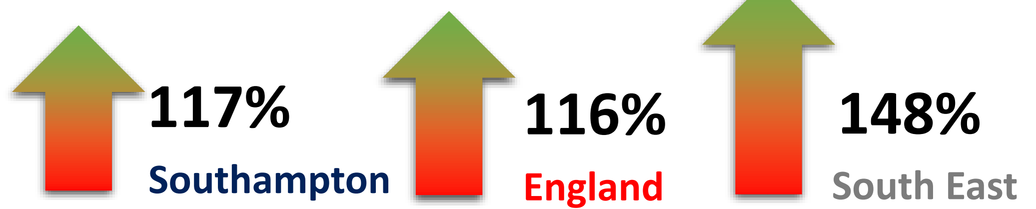




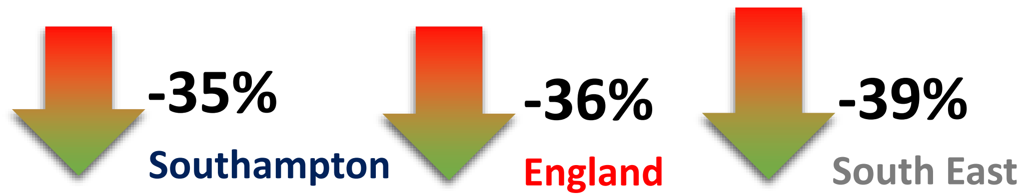


- Locally and nationally the number of adults claiming out of work benefits more than doubled from March 2020 to March 2021 during the COVID-19 pandemic
- 7.1% (12,145) of the working aged population in Southampton were claiming out of work benefits in March 2021; an increase of 6,550 (117%) since March 2020
- Claimant count has decreased by -4,280 (-35%) between March 2021 and March 2022 locally, highlighting the progress that has been made in recovering from the COVID-19 pandemic;
- Although, Southampton is yet to return to the pre-pandemic baseline (less than 3.5% in January to March 2020)

Change March 2020 to March 2021:



Change March 2021 to March 2022:



Source: Department for Work and Pensions

Impact of COVID on Unemployment – Claimant Count

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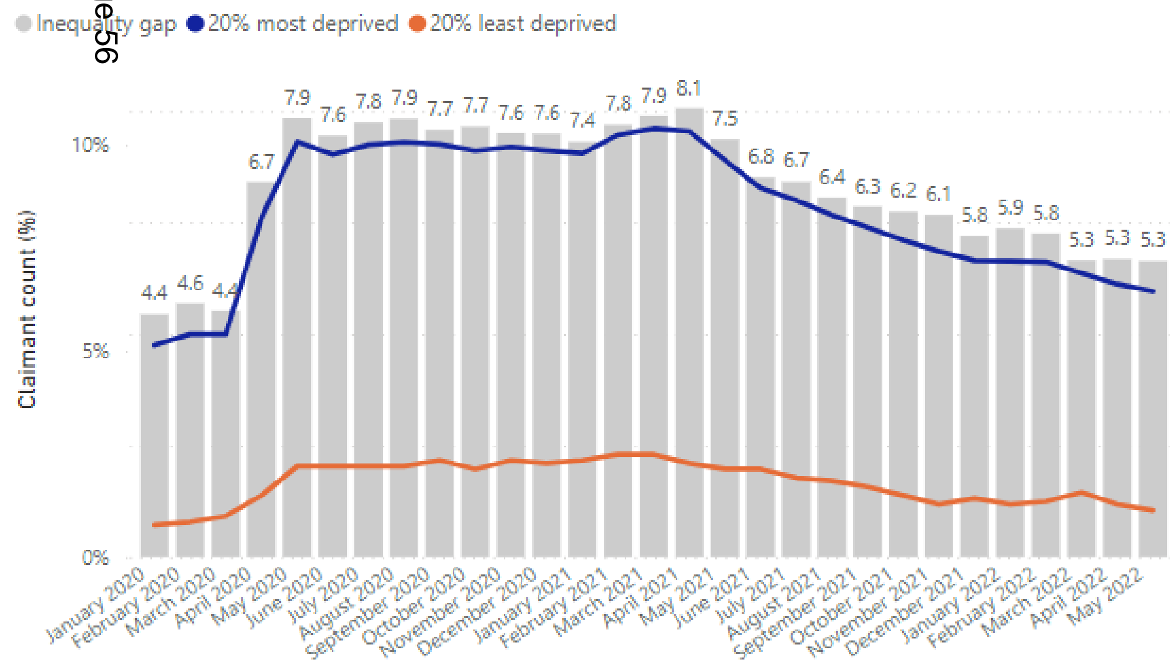
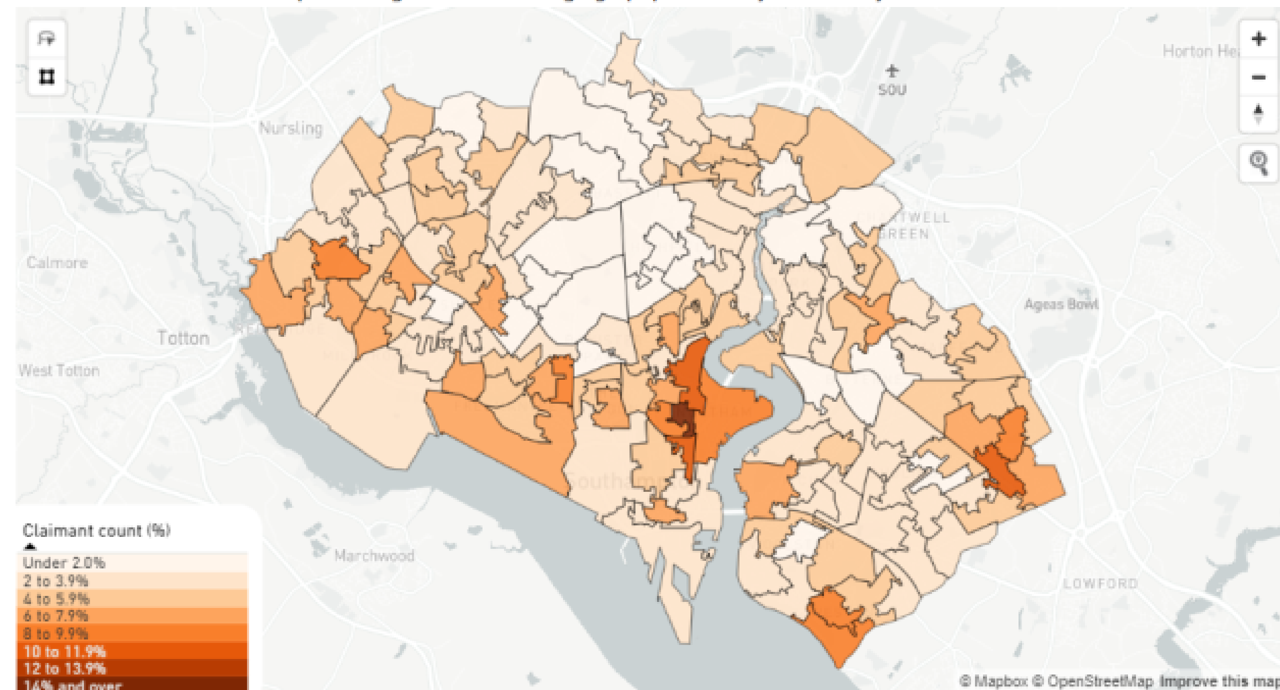
- The map below shows the claimant count (%) by Southampton neighbourhoods - May 2022
- There have been increases in the claimant count across Southampton; particularly neighbourhoods in Bitterne, Woolston, Bevois and Redbridge wards, which is where some of the most deprived neighbourhoods in the city are located
- The chart below shows the inequality gap in the claimant count between the most and least deprived neighbourhoods over time, which has increased from a percentage point gap of 4.4 in March 2020 to a peak of 8.1 in April 2021, whilst the inequality gap worsened by the pandemic appears to be closing, it has not yet returned to pre-pandemic levels (average 4.6 percentage point gap throughout 2019)





Source: Department for Work and Pensions

Impact on employment

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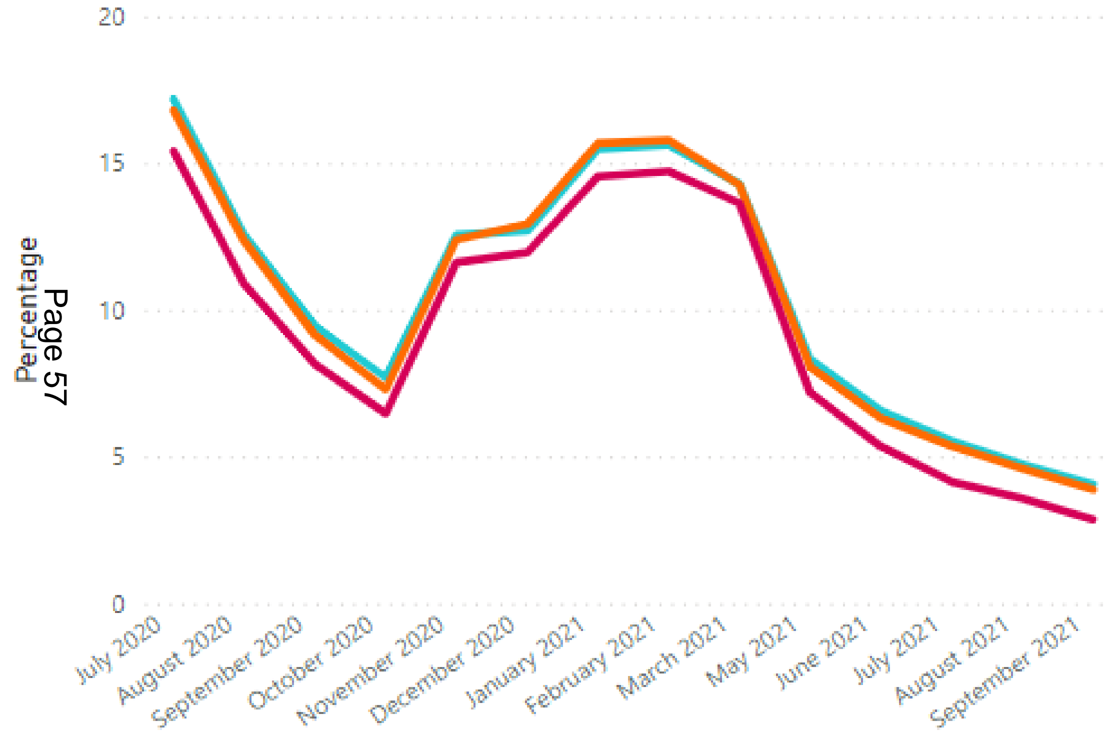
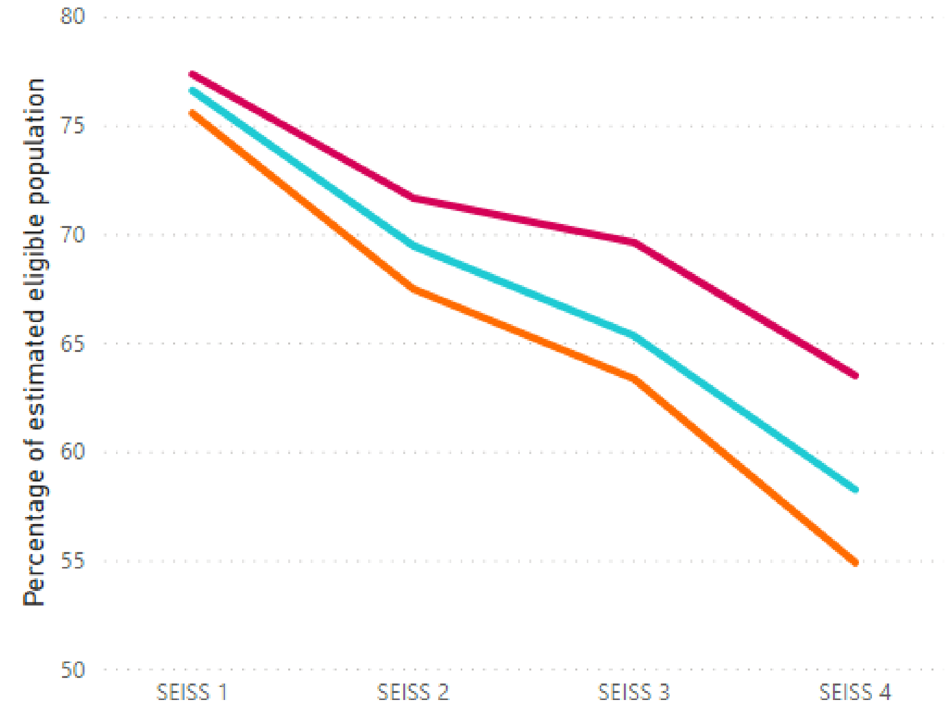
Coronavirus Job Retention Scheme (CJRS) - Furlough



There was a lesser uptake in the CJRS in Southampton than England and South East overall, but followed a similar trend throughout the pandemic, indicating that restrictions had similar impacts on our businesses

Self Employment Income Support Scheme (SEISS)



There was a greater proportion of SEISS claims in Southampton than England and South East, plus slower decline over time through the second, third and fourth schemes possibly indicating that the self-employed in Southampton were more vulnerable during the pandemic

Impact on education

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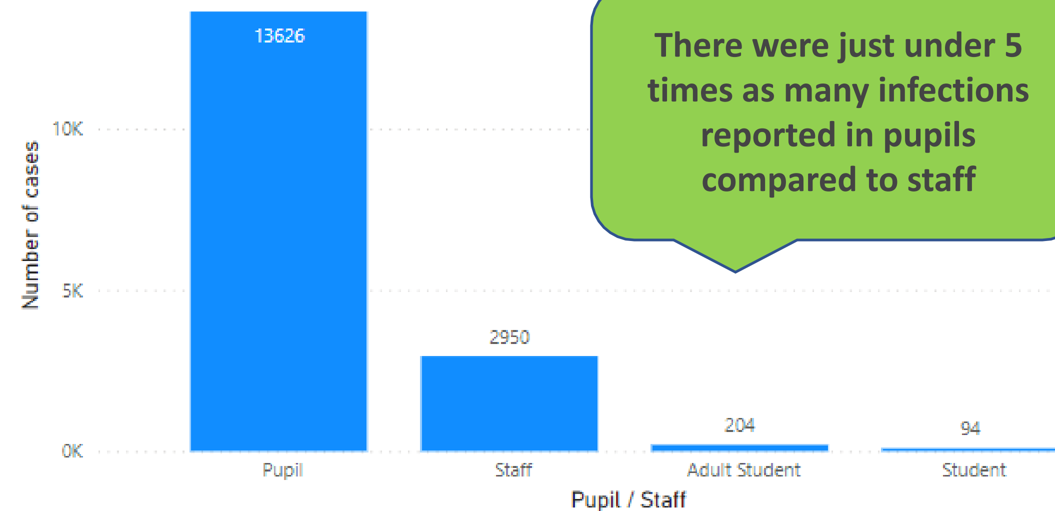
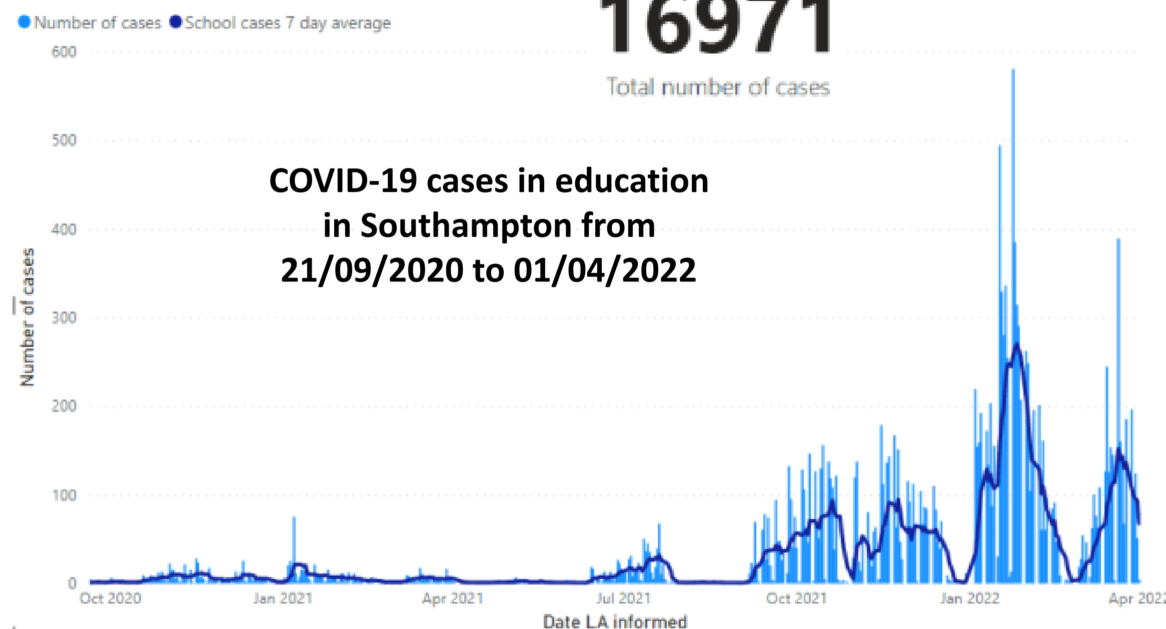
The pandemic has had an enormous impact on education with schooling hugely disrupted and vulnerable children most affected. Published data on the impact on attainment outcomes is not yet available but national estimates of the potential impact include:

- each day of individual pupil absence results in around 0.3% to 0.4% of a standard deviation reduction in attainment
- an overall impact of between 6% to 10% of a standard deviation reduction in attainment due to time out of school in the 2019 and 2020 academic year

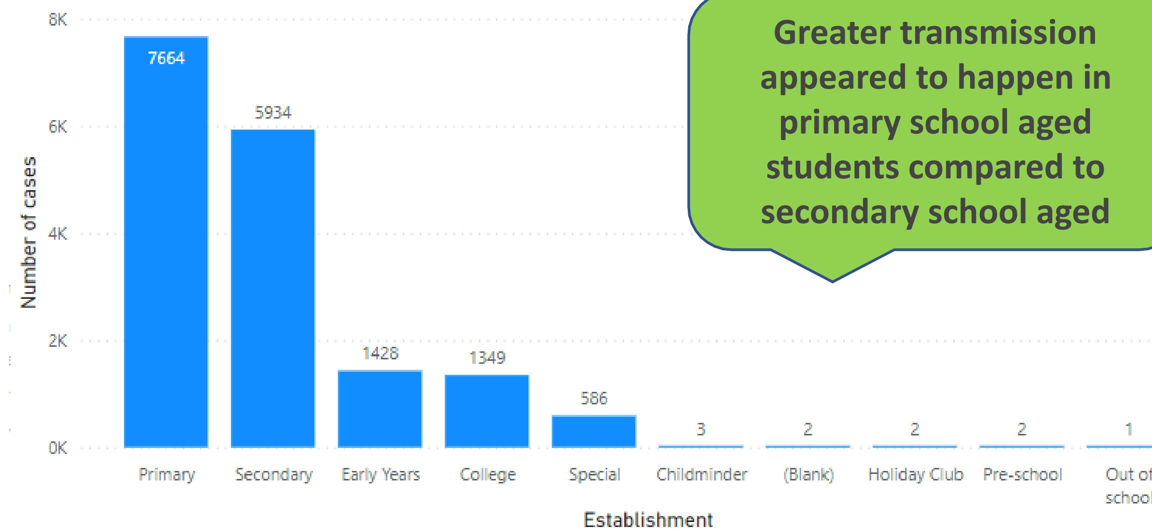
Other impacts of school closures include emerging learning difficulties missed, mental health deterioration, reduced physical activity, safeguarding opportunities missed, negative impact of additional time spent online (exposure to inappropriate content, digital dependency etc.), disruption to vaccination programmes, reduced access to services, free school meals, extended periods of remote learning leading to poorer educational outcomes.



There were just under 5 times as many infections reported in pupils compared to staff



COVID-19 cases in education in Southampton from 21/09/2020 to 01/04/2022



Greater transmission appeared to happen in primary school aged students compared to secondary school aged

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Healthy Living

This section describes how the pandemic affected people's ability to lead healthy lives.

Impact on healthy weight

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Local data on how the pandemic has affected healthy weight behaviour and outcomes is not yet available. However, we do know there has been a reduction in people accessing weight management services in Southampton. There is likely to have been an impact on people's weight through changes in e.g. eating habits and the way we work.

Childhood obesity prevalence nationally has increased since 2019/20, with the National Child Measurement Programme reporting:

- In Reception, obesity prevalence has increased - 9.9% in 2019/20 to 14.4% in 2020/21
- In Year 6, obesity prevalence has increased - 21.0% in 2019/20 to 25.5% in 2020/21
- Boys have a higher obesity prevalence than girls for both age groups
- Children living in the most deprived areas were more than twice as likely to be obese than those living in the least deprived areas

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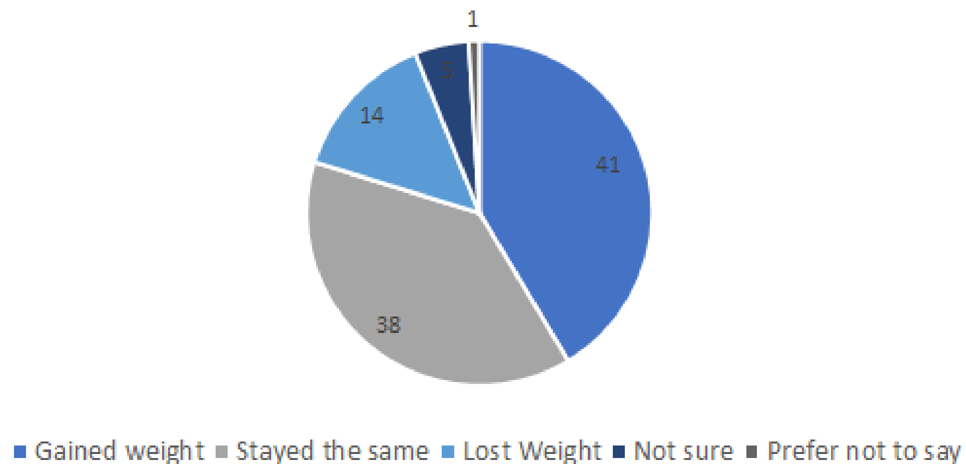

The PHE national survey Better Health and PHE obesity campaign: attitudinal survey data published July 2021 found that 41% of adults in England said they had put on weight since the start of Lockdown in March 2020 and that on average 4.1kg (over half a stone) was gained by those who said they had put on weight. Where weight was gained, nearly half who responded said unhealthy eating habits were the main reasons.

This chart shows the percentage of respondents by self-reported changes in weight since March 2020 to July 2021 and shows 41% gained weight, 38% stayed the same, and 14% lost weight.

Childhood obesity – Reception Year (year R)

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Reception year Obesity and Excess Weight - Southampton and England trend: 2016/17 to 2020/21

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Source: NHS Digital NCMP Enhanced data sets 2016/17 to 2020/21 with 95% Confidence Intervals (Wilson)

2020/21 England - Year R:	Obese 14.4%	Excess Weight 27.7%
Southampton - Year R:	Obese 17.1%	Excess Weight 32.7%

Between 2016/17 and 2019/20 level of childhood obesity and excess weight for year R children locally and nationally have largely remained at statistically similar levels*.*(Except for in 2017/18 Southampton had a significantly higher level than the national average for Year R obesity)

Latest data for 2020/21 shows a significantly higher increase for obesity and excess weight prevalence in year R locally and nationally compared to the previous four years. The prevalence of obesity and excess weight for Southampton year R children is significantly higher than nationally levels whereas previously it was similar.

Childhood obesity – Year 6

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The Year 6 2020/21 sample for Southampton was too small to make robust statistical comparisons

However the prevalence for Year 6 obesity (26%) and excess weight (41%) mirrors the national figures and increasing prevalence in the trend data follows the national direction of travel.

Year 6 Obesity and Excess Weight - Southampton and England trend: 2016/17 to 2020/21

	2016/17	2017/18	2018/19	2019/20	2020/21
Southampton - Excess Weight	35.0%	37.7%	36.0%	37.9%	41.0%
England - Excess Weight	34.2%	34.3%	34.3%	35.2%	40.9%
Southampton - Obese	21.7%	22.0%	22.9%	23.9%	26.5%
England - Obese	20.0%	20.1%	20.2%	21.0%	25.5%

Prevalence (0% – 50%)

Source: NHS Digital NCMP Enhanced data sets 2016/17 to 2020/21 with 95% Confidence Intervals (Wilson)

2020/21 England - Year 6: Obese 25.5% Excess Weight 40.9%
Southampton - Year 6: Obese 26.5% Excess Weight 41.0%

Impact on physical activity

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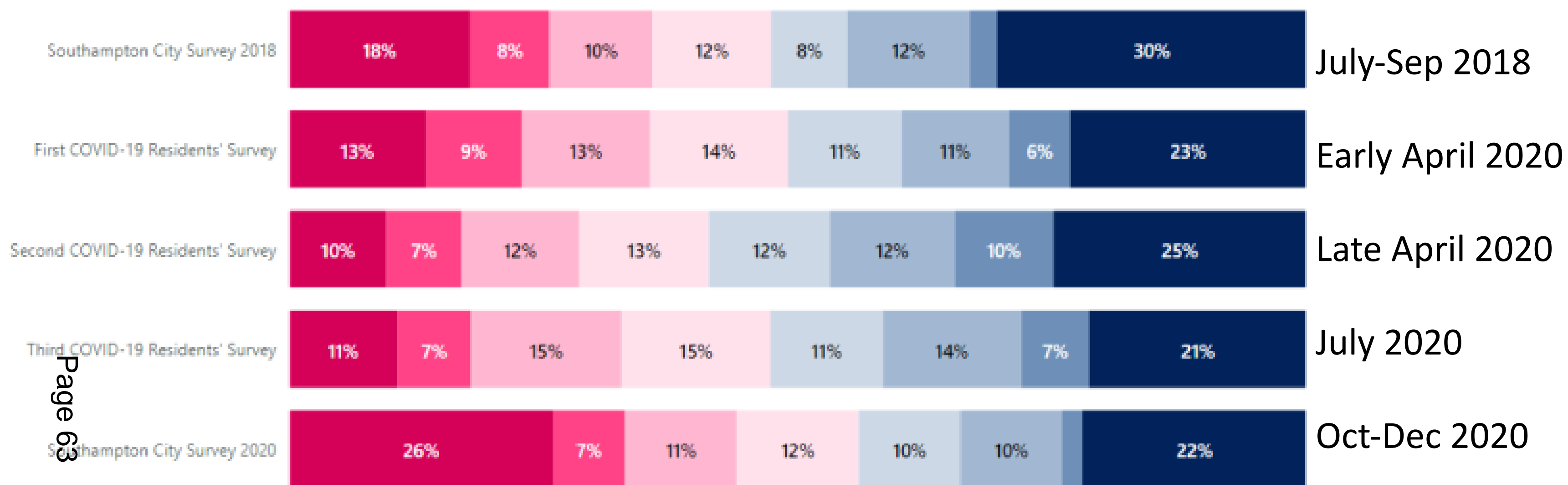

Survey period

July-Sep 2018

Early April 2020

Late April 2020

July 2020

Oct-Dec 2020

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National data: Sport England April 2021

"The majority of physically active adults in England managed to maintain their habits despite the challenges of the coronavirus (Covid-19) pandemic, according to our latest Active Lives Adult Survey... However, the first eight months of coronavirus restrictions, as well as the storms that had a huge impact on outdoor activity in early 2020, also led to a worrying increase in the number of people who were inactive – doing less than 30 minutes of activity a week or nothing at all... Not all groups or demographics were affected equally though, with women, young people aged 16-24, over 75s, disabled people and people with long-term health conditions, and those from Black, Asian, and other minority ethnic backgrounds most negatively impacted beyond the initial lockdown period."

Southampton residents self-reported physical activity levels were reasonably consistent across the course of the pandemic. Variation may also be influenced by season.

This chart shows a time series of Southampton resident survey responses to the question on number of days achieving 30 minutes or more of physical activity; blue indicates higher and pink lower number of days when this was achieved

Impact on smoking

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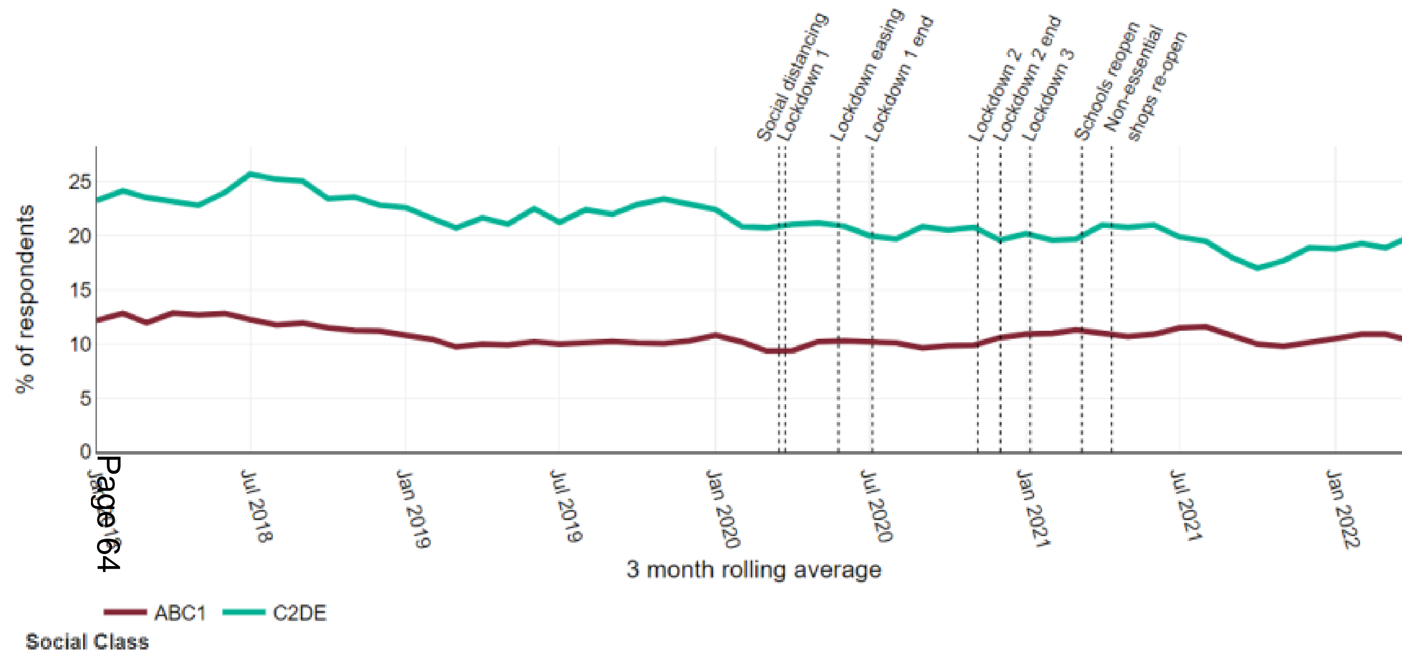
Prevalence of cigarette smoking (STS) in England by social class



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ABC1: higher and intermediate managerial, administrative and professional workers, supervisory, clerical and junior managerial, administrative and professional workers, **C2DE:** skilled manual workers, semi-skilled and unskilled manual workers, people on long term state benefits, casual and lowest grade workers, unemployed with state benefits (including pension) only

Source: Smoking Toolkit Study, UCL, www.smokinginengland.info

This chart shows a small narrowing of the gap between social classes in the prevalence of smoking, with a small decline in smoking in manual and casual workers and people on long term state benefits

YouGov/ASH June 2020

- 4.6% of respondents gave up smoking due to COVID-19 in the previous 4m
- 7.4% gave up for other reasons
- Estimated 1million quit during the first lockdown

Addiction study First lockdown

- Increased smoking prevalence in ages 18 to 34
- Increased quit attempts in ages 18 to 34
- Increased successful cessation in ages 18 to 34

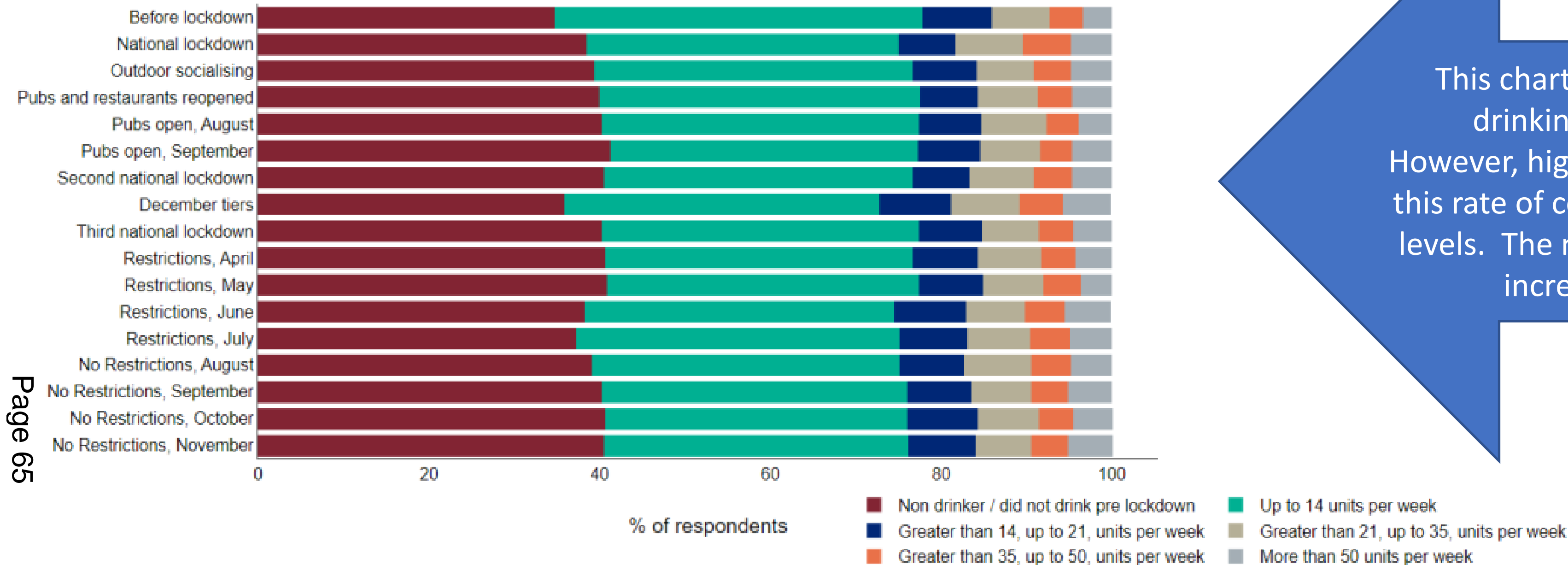
Smoking at the time of delivery

- 9.6% of women were smokers at time of delivery in 2020-21 – an 0.8 percentage point decrease from 2019-20 (10.4%), but still above the current national ambition of 6% or less. Locally this percentage was 10.7%

National data shows a mixed picture of increased quitting in the early phase of the pandemic but more younger people taking up smoking. Up to September 2020, there were marginally more people who reported smoking more during lockdown than people who reported smoking less. Just under 50% of people said they were smoking about the same amount.

Data from Wider Impacts of COVID-19 (phe.gov.uk)

Impact on use of drugs and alcohol



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This chart suggests that there were not huge shifts in drinking behaviour as a result of the pandemic. However, high risk drinking increased during lockdowns and this rate of consumption has not returned to pre-pandemic levels. The number of people not drinking any alcohol has increased over the period of the pandemic.

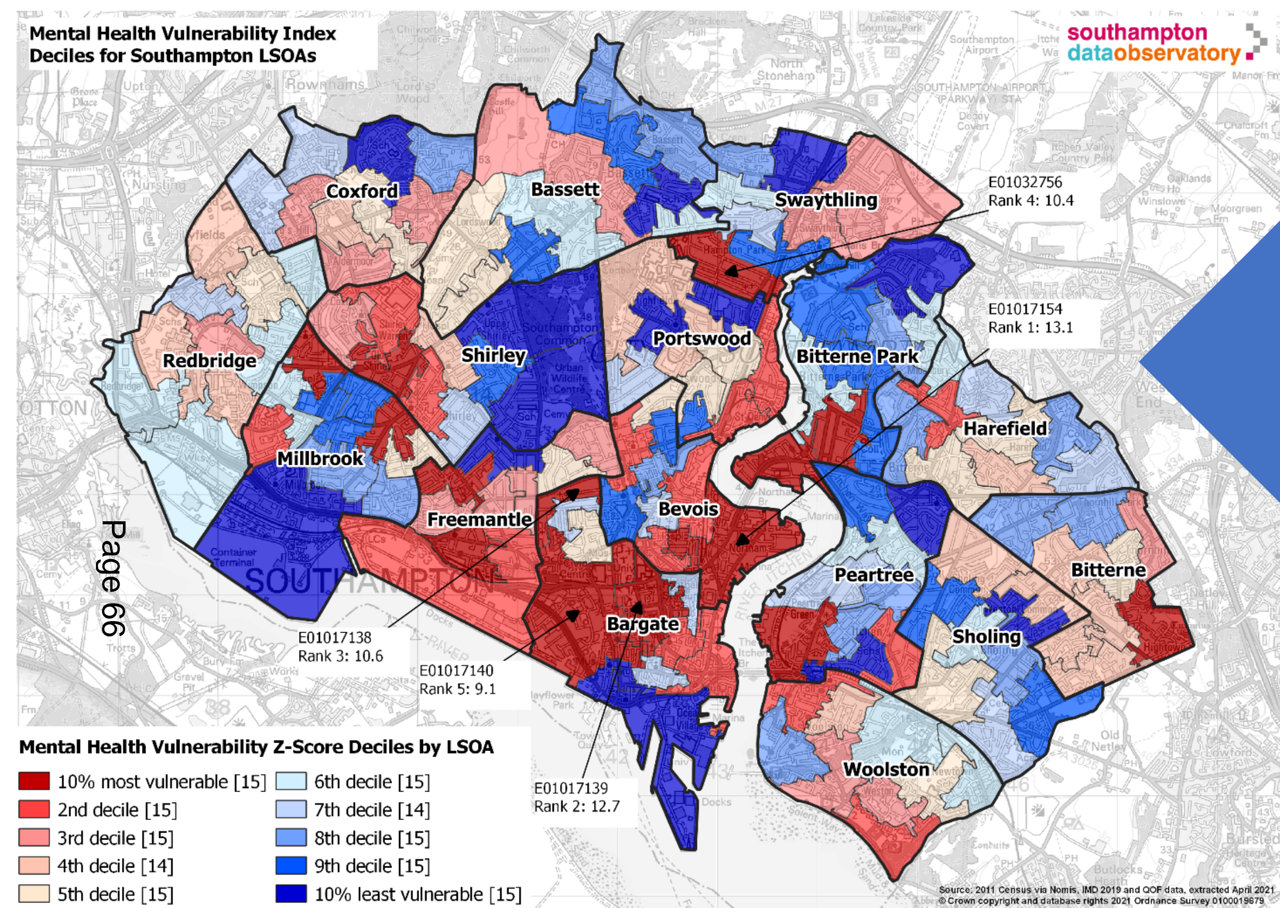
National data shows prevalence of increasing or higher risk alcohol consumption rose during the early pandemic and has persistently remained above pre-pandemic levels – higher for those in manual occupations. There was also an increase in consumption of some types of drugs but a reduction in use of stimulants. Locally, the number of people using opiates who access treatment and support increased, but there was a decrease in the number of people using alcohol who accessed treatment and support.

Use of local services in Southampton (National Drug Treatment Monitoring System)

The Global Drugs Survey found that between May and June 2020 in the UK there was an increase in consumption of cannabis, prescription benzodiazepines and prescription opioids. There was a reduction in cocaine use, MDMA and ketamine.

Data from Wider Impacts of COVID-19 (phe.gov.uk)

Impact on adult mental health



This map shows the areas in Southampton whose residents are more likely to have vulnerable mental health because of restrictions put in place during the COVID-19 pandemic. The most vulnerable areas are in the more deprived parts of the city centre and areas with more students. Vulnerability is less widespread in the east and west of Southampton, although there are clusters of more vulnerable areas, especially in more deprived areas in eastern and western wards.

Southampton residents were already vulnerable to mental health difficulties before the pandemic. Existing mental health difficulties are likely to have been exacerbated due to isolation from family and friends, bereavement, anxiety about infection and effects on others/wider society, financial and employment concern and reduced access to treatment and support. National data shows a mixed picture of periods of deterioration in mental health coinciding with lockdowns, followed by recovery in some indicators.

National data

A OHID national surveillance report found 'deteriorations in mental health and wellbeing between March and May 2020, followed by a period of improvement from July, stabilising at levels comparable to before the pandemic between August and September. More recent evidence suggests that there was a second deterioration in population mental health and wellbeing between October 2020 and February 2021, followed by a period of recovery.' However, data from ONS indicates higher proportions of adults reporting low self-worth during the period of the pandemic compared to a 2019 baseline.

Wellbeing across the pandemic

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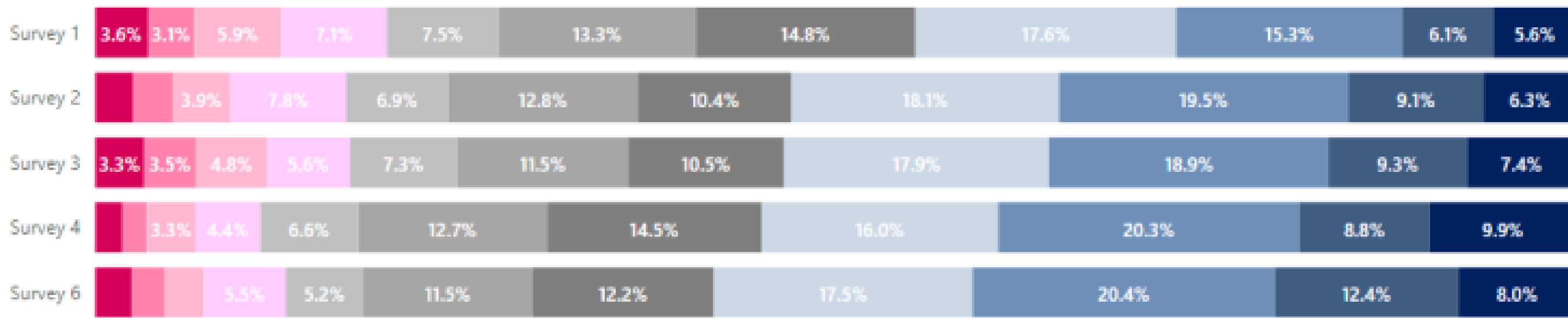
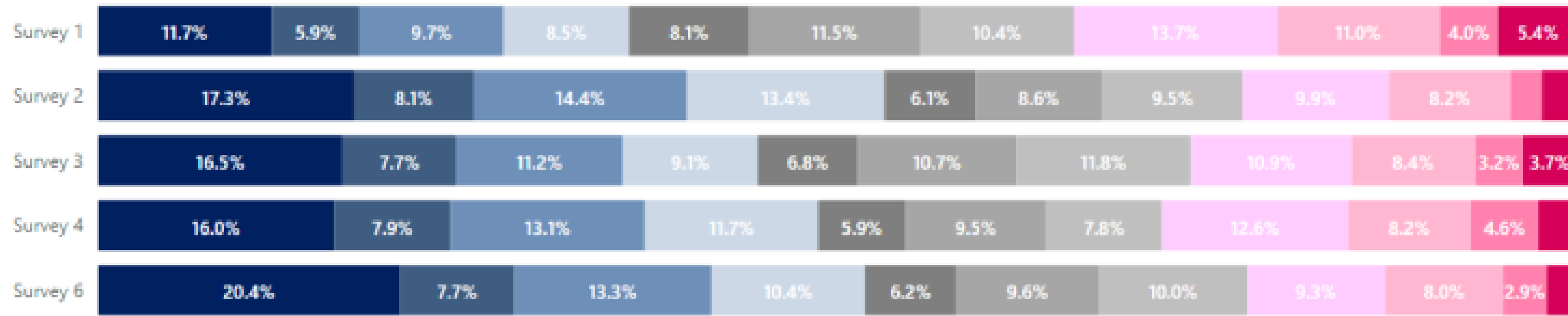
Southampton Residents Surveys 2020-21





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These charts suggest that people's happiness and anxiety levels in Southampton changed over time. Happiness increased over time, particularly when compared with the early stages of the pandemic. Anxiety levels fluctuated more but lower levels were reported in the most recent survey (August 2021)

Dates of Southampton Residents Surveys:
1st: Early April 2020; 2nd: Late April 2020; 3rd July 2020; 4th November 2020, 5th: February 2021*; 6th: August 2021

** the 5th survey did not replicate these questions*

Impact on children and young people's mental health

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Pre-pandemic, across England the number of children and young people (CYP) experiencing mental health difficulties was increasing.

National NHS data for March 2021 showed that rates of probable mental health disorders increased since 2017 from 1 in nine children aged 6-16yrs (11.6%) to 1 in six (17.4%). In Southampton this is estimated to mean 7,350 (15.9%) of CYP aged 6-19 years have a probably mental health disorder, a 50% increase since 2017.

The pandemic disrupted mental health services and other support and increased known risk factors for mental health disorders in CYP, putting pressure on health services. The number of CYP accessing mental health services in England increased from 572,912 in March 2021 to 689,379 in May 2022.

The number of CYP experiencing mental health difficulties was increasing pre-pandemic, but COVID-19 has exacerbated this. Local CAMHS has seen a sharp rise in demand between 2020 and 2021

National evidence shows the number of referrals and people in touch with mental health services are above pre-pandemic levels and children's mental health needs continue to grow.

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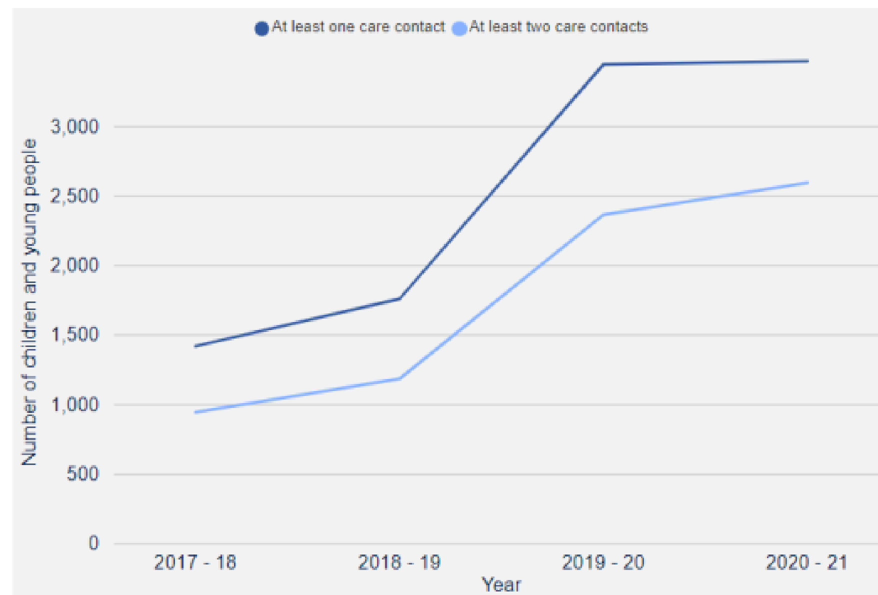
This chart shows a steep rise in the number of children and young people in Southampton receiving at least one or two care contacts for mental health



Impact on local CAMHS 2021-22 compared to 2020-21	
Referrals	2,776 received by Single Point of Access (71% increase)
New Eating Disorder cases	72% increase since 2020-21, and 243% increase since 2019-20
CYP accessing the CAMHS Community Crisis Care pathway	88% increase

No Limits carried out a survey of 462 Southampton and Hampshire children and young people aged 8-25yrs between November 2020-January 2021 New-Normal-Report-.pdf (nolimitshelp.org.uk)

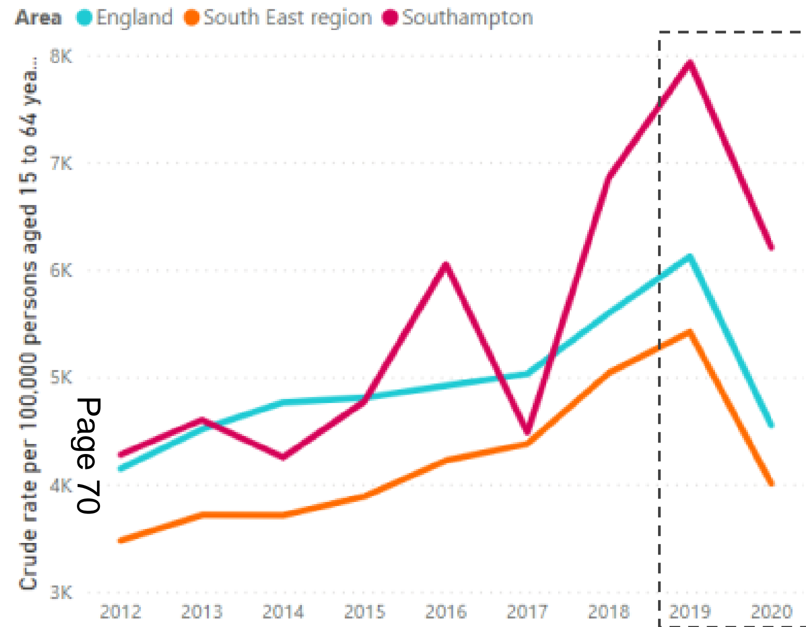
NO LIMITS
Helping Young People Help Themselves

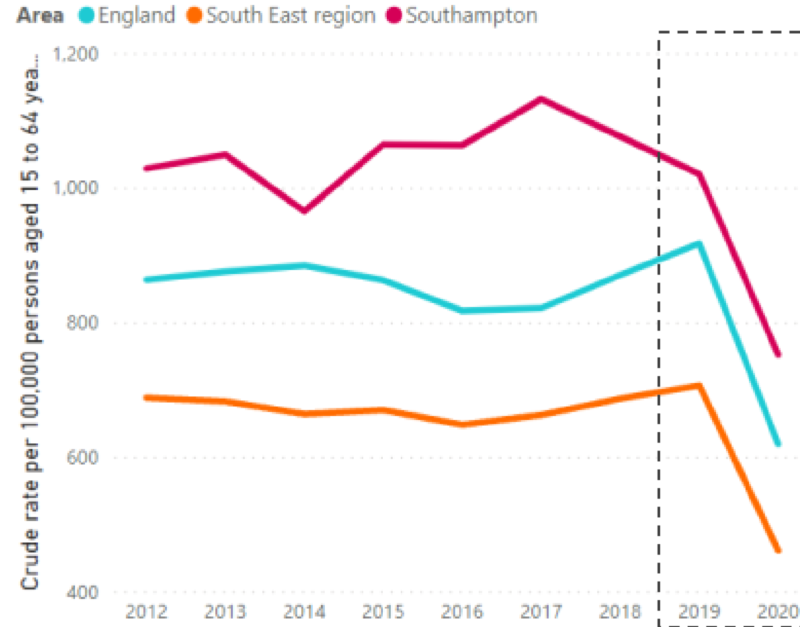
- 1 in 3 children and young people reported that their mental health got worse or continued to get worse when returning to school in the autumn.
- 82% of all young people aged 15+ are worrying about their long-term future.
- Almost two thirds of young people are worrying about: their mental health.
- 81% of young adults are worried about not having enough money to live on
- 36% of girls and young women feel they needed more support in returning to school, college or work compared with 24% of boys and young men.
- 10% of young people felt they had nowhere to go for support with their emotional or mental wellbeing

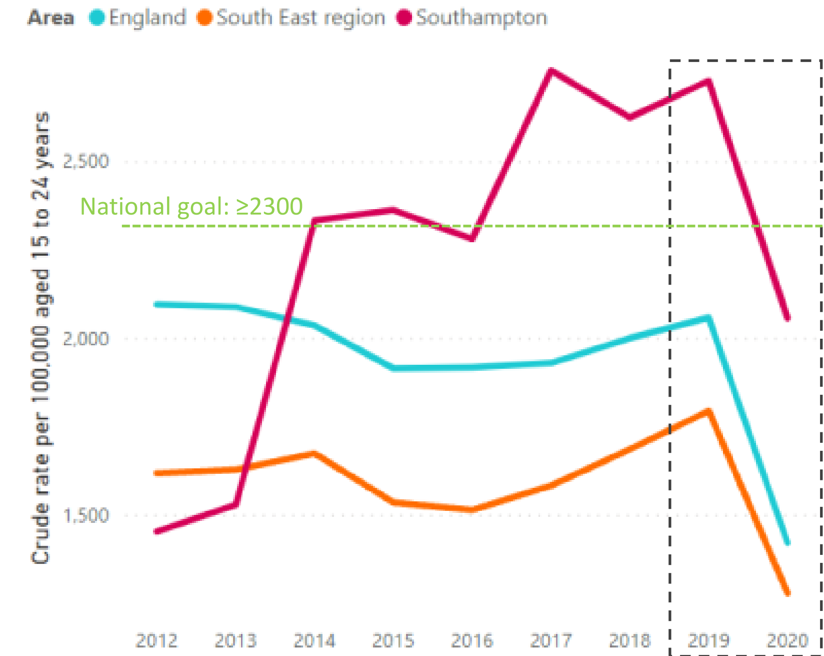
Word cloud showing the issues that worried children and young people about going back to the new normal – from No Limits survey

COVID-19 has affected the social and emotional development of children and young people, as well as their education. Children and young people in Southampton report negative impacts of the pandemic on their mental health. They are worried about their own mental health and about the future

Impact on Sexual Health







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These charts show a sharp decline in STI testing, STI diagnoses and chlamydia diagnoses between 2019 and 2020 across Southampton, the South East and England.

Sexual health services across England were reconfigured as part of the national response to COVID-19. As noted in a national PHE report, between March and May 2020 there was a reduction in consultations, in testing capacity and in diagnoses.

"There is a critical need to evaluate the impact of these changes on health inequalities, as hepatitis C virus, HIV and many STIs predominantly affect socially disadvantaged and/or marginalised groups who already experience poor health outcomes, including people who inject drugs and experience homelessness, and certain black and Asian ethnic minorities."

[COVID-19: impact on STIs, HIV and viral hepatitis, 2020 report (publishing.service.gov.uk)]

Although testing and diagnosis in sexual health reduced during the first lockdown, it is difficult to draw conclusions about the health impact and whether this was due to reduced sexual activity, lack of access or a combination of the two. The impact will become clearer over time and may reveal a widening of inequality.

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Healthy Places

This section summarises how the impact of the pandemic was felt in different parts and sectors of the city: wards, deprivation, environmental issues and crime

Impact by city ward

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Age-standardised COVID-19 cases, rate per 100,000 person-years by Southampton ward: 20/01/2020 to 31/03/2022

Ward	Age-standardised rate per 100,000 person years
Bevois	12,541
Bargate	12,614
Swaythling	13,289
Portswood	13,710
Bassett	14,102
Freemantle	15,020
Southampton	15,188
Bitterne	15,731
Sholing	15,758
Peartree	16,087
Millbrook	16,447
Woolston	16,479
Redbridge	16,608
Harefield	16,663
Bitterne Park	16,881
Shirley	17,326
Coxford	17,383

Axis: 0, 4,000, 8,000, 12,000, 16,000, 20,000 — Age-standardised rate per 100,000 person years

Infections (March 2020 to March 2022): Bevois, Bargate, Swaythling, Portswood and Bassett showed significantly lower standardised infection rates than the city average (15,188 per 100,000 persons) Coxford, Shirley, Bitterne Park, Harefield and Redbridge showed the five highest significantly higher infection rates than the city average (15,188 per 100,000 persons).

Source: UKHSA reported case data (first episode only) and HCC SAPF (2020 & 2021) with 95% Confidence Intervals (Dobson Bryars)

Impact by city ward

Age standardised COVID-19 admissions, rate per 100,000 persons, Southampton wards: January 2020 to May 2021

Ward	Age-standardised rate per 100,000 persons
Sholing	260.9
Bitterne Park	281.8
Bargate	333.2
Bitterne	339.5
Portswood	348.1
Woolston	351.0
Harefield	365.9
Bassett	366.7
Southampton	394.2
Peartree	416.0
Millbrook	416.1
Shirley	422.8
Freemantle	438.1
Redbridge	439.7
Swaythling	470.1
Bevois	533.8
Coxford	592.2

Hospital Admissions (January 2020 to May 2021):
Sholing and Bitterne Park showed significantly lower standardised hospital admission rates than the city average (394 per 100,000 persons)
Coxford showed a significantly higher standardised hospital admission rate than the city average (394 per 100,000 persons).

Source: SUS PbR Inpatients from South, Central & West CSU, extracted June 2021 & HCC SAPF (2020) with 95% Confidence Intervals (Dobson Bryars)

Impact by city ward

Age-standardised COVID-19 mortality, rate per 100,000 person-years by Southampton ward: 20/01/2020 to 31/03/2022

Ward	Age-standardised rate per 100,000 person years
Redbridge	59.9
Peartree	68.5
Harefield	71.8
Freemantle	78.0
Swaythling	78.1
Portswood	79.4
Bitterne Park	85.5
Sholing	85.6
Shirley	90.1
Southampton	102.2
Bevois	102.3
Bitterne	116.6
Bargate	131.0
Millbrook	136.9
Woolston	143.3
Bassett	143.8
Coxford	153.0

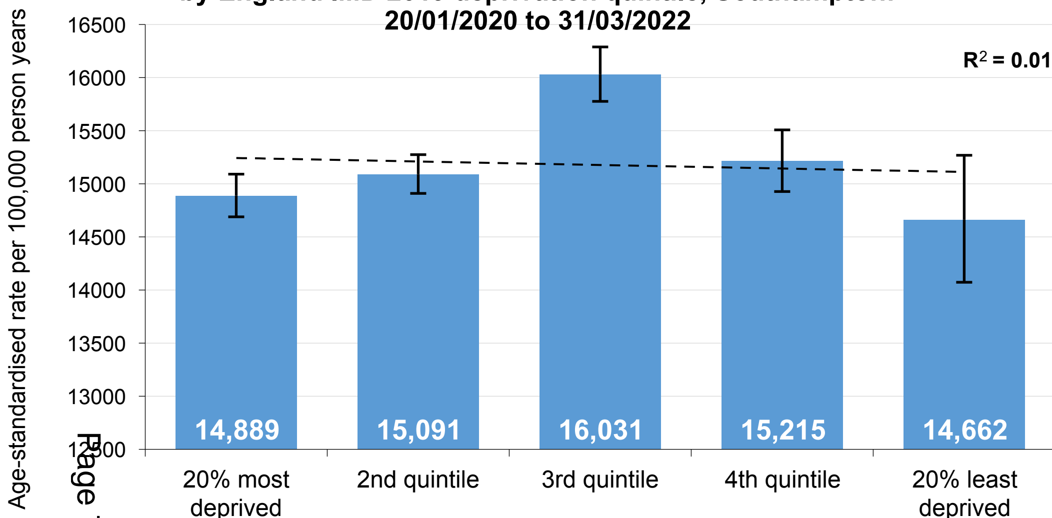
Age-standardised rate per 100,000 person years (axis: 0, 20, 40, 60, 80, 100, 120, 140, 160, 180)

Mortalities (March 2020 to March 2022):
Coxford showed the highest standardised mortality rate (153 per 100,000 persons) a 50% increase on the city average (102 per 100,000 persons). Redbridge's rate was 41% lower than the city average.

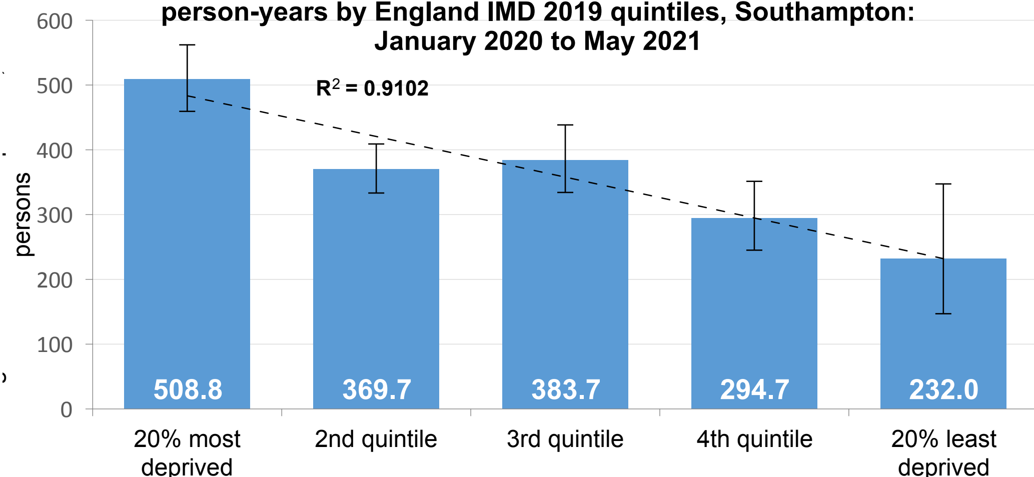
Source: Primary Care Mortality Database and HCC SAPF (2020 & 2021) with 95% Confidence. Intervals. (Dobson Bryars)

Impact by deprivation

southampton dataobservatory

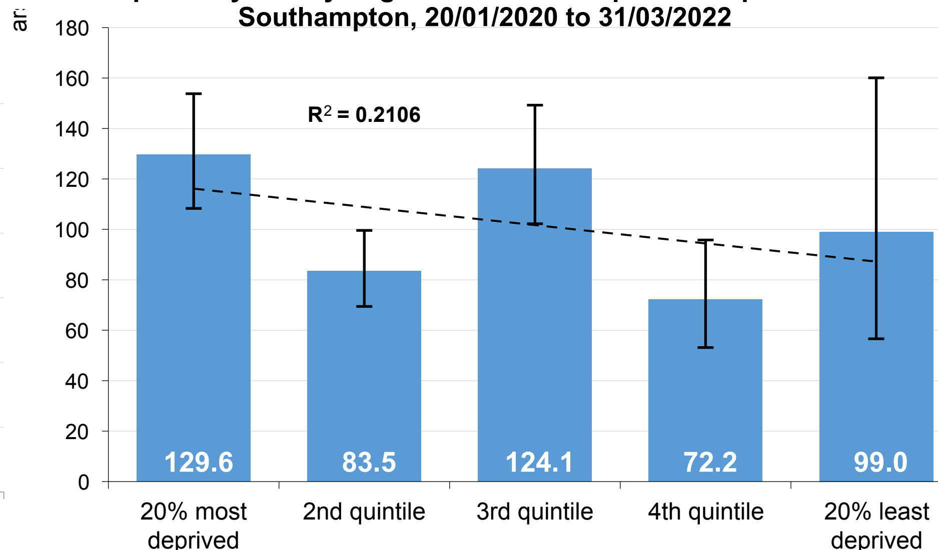


Source: UKHSA reported case data (first episode only) and HCC SAPF with 95% Confidence Intervals (Dobson Bryars)



Source: SUS PbR Inpatients from South, Central & West CSU, extracted June 2021 & HCC SAPF (2020) with 95% Confidence Intervals (Dobson Bryars)

These charts show age-standardised rates of infections, hospital admissions and deaths across different time periods based on data availability. Overall there are no clear gradients across all deprivation quintiles from COVID-19 infections and mortalities, although a trend in hospital admissions is more apparent. There are significant differences in case rates and hospital admissions when comparing those living in the 20% most deprived neighbourhoods with those living in the 20% least deprived with higher rates in the most deprived; for COVID-19 deaths this difference is not statistically significant. Given national trends, these gaps in deprivation may have been wider during the peaks of the pandemic.



ce: Primary Care Mortality Database and HCC SAPF with 95% Confidence Intervals (Dobson Bryars)

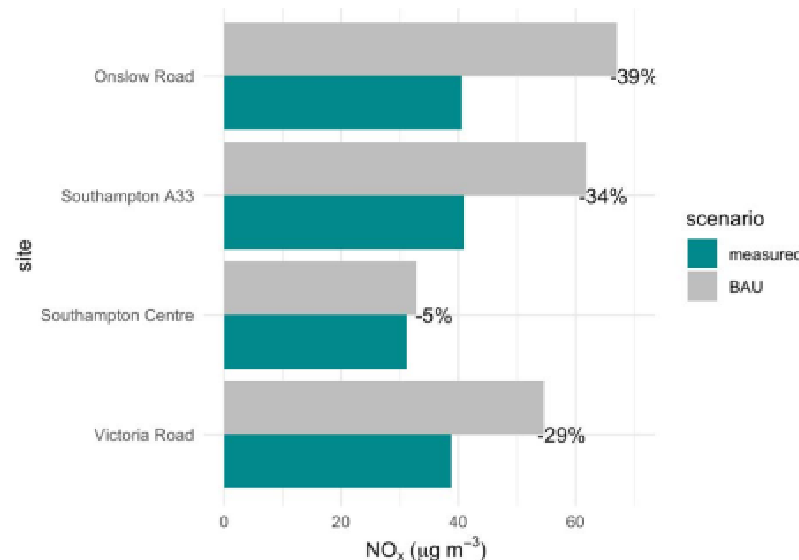
National and regional data via the CHIME tool suggests that a deprivation gap did exist between standardised rates of mortality and hospital admissions – especially during the first and second peaks; there were lesser differences in infection rates across deprivation during most of the pandemic.

Impact on environment: air quality

southampton dataobservatory

Southampton City Council undertook an air quality analysis during the first lockdown, March – June 2020, which found:

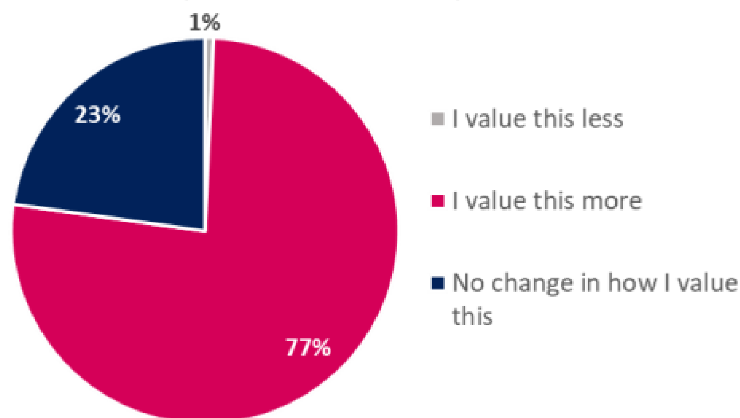
- Road traffic levels declined rapidly following the introduction of government restrictions and guidelines
- Nitrogen Oxide (NOx) levels were on average a third lower at roadside sites during lockdown compared to business as usual
- Nitrogen Dioxide (NO_2) levels were on average 12% lower at roadside sites during lockdown compared to business as usual
- Particulate matter (PM) increased during lockdown, but Southampton PM concentration is influenced by wind, wood burning, industrial activity and windblown contributions from outside of Southampton
- Weather had a larger effect on pollutant concentrations than emissions themselves during lockdown



There was a reduction in average roadside NOx levels during lockdown compared to business as usual (BAU)

We asked residents about air pollution in the third resident's survey (July 2020):

77% of respondents reported valuing reduced air pollution more



The first lockdown benefited air quality in Southampton with reduced traffic and roadside emissions and residents reported that they valued improved air quality more. Although lockdown volumes of traffic cannot be maintained, there is scope to substantially reduce emissions with reduced traffic levels.

Impact on crime and safety: domestic abuse

southampton dataobservatory

The Office for National Statistics reported an increase in demand for domestic abuse victim support services, including a **65% increase in calls and contacts logged by the National Domestic Abuse Helpline** between April and June 2020, compared with the first three months of the year.

Several national indicators suggest that rates of domestic abuse increased during the early period of the pandemic and the first lockdown. Contributing factors may have included restricted movement out of the home, increased unemployment/furlough, financial and emotional stress, and reduced access to support. As we move towards recovery it will be important to enable access to support services for those affected.

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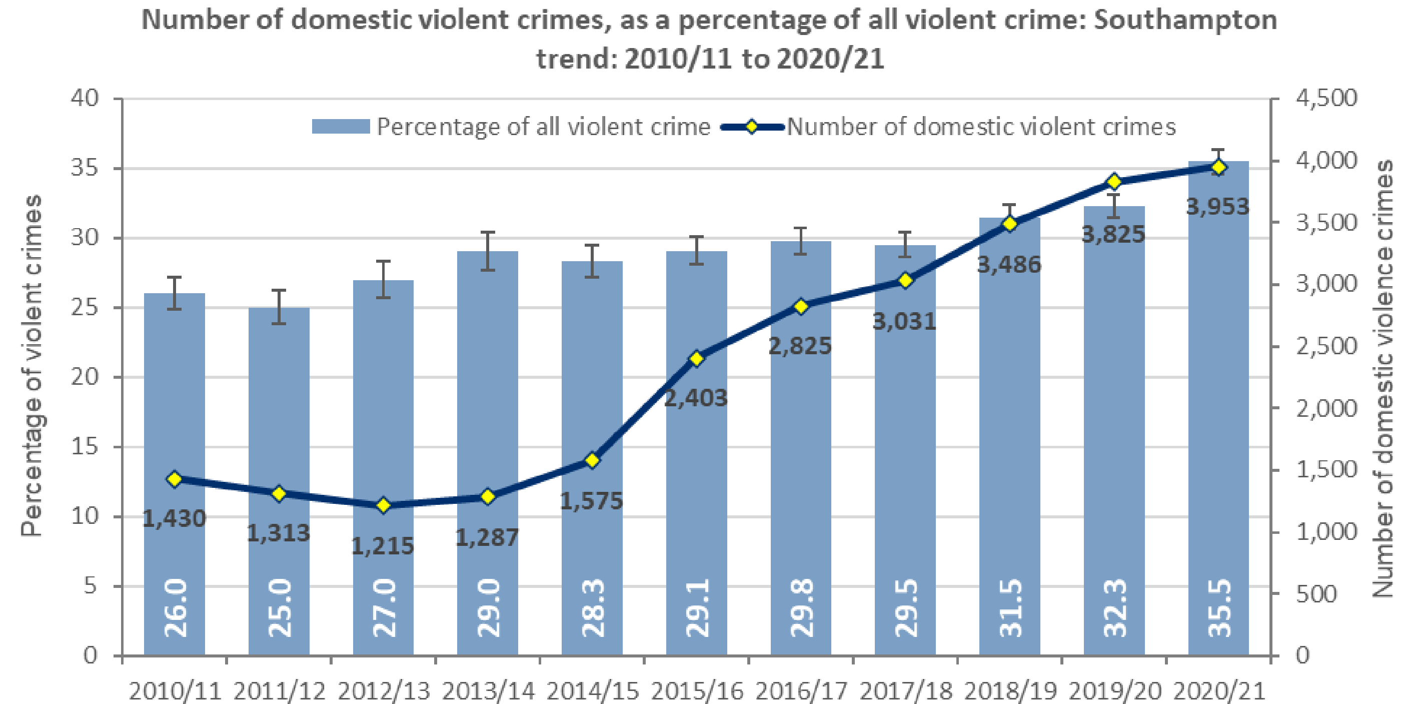

Source: Hampshire Constabulary

There were 4,804 recorded domestic flagged crimes in Southampton during 2020/21, which is a 2.6% increase compared to the previous year. It is important to emphasise that domestic abuse is a ‘hidden’ crime and therefore police recorded crime figures only provide a partial picture.

It is difficult to say whether the increase seen in domestic abuse-related crimes, such as domestic violent crimes over the last year reflects a true increase.
National evidence suggests that victims experience of domestic abuse intensified during lockdown periods. Increased reporting and recording may also be related to local work done on violence in the home. People at home during the day, hearing incidents and providing third party reporting and child on parent violence – children off school during periods of lockdown may also be a factor. Domestic abuse remains a significant issue in Southampton and has again been highlighted as a priority for the Safe City Partnership

Impact on environment: use of green spaces

southampton dataobservatory

This chart of Google mobility data indicates that residents' use of parks fluctuated with the seasons but was affected by the COVID-19 restrictions especially in the first lockdown

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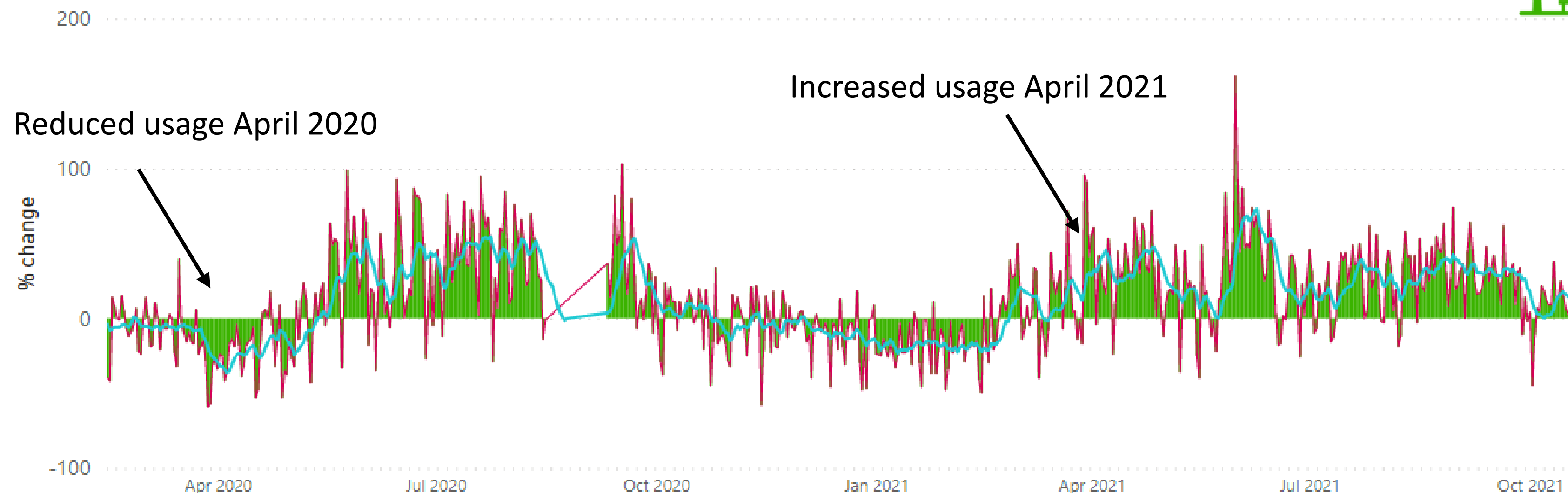


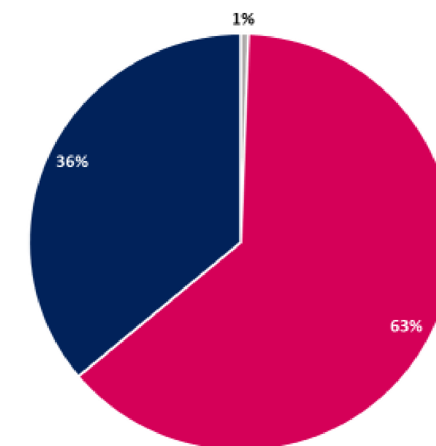
Use of green spaces was initially reduced during the first lockdown, but as government measures increasingly recognised the public health importance of physical activity and allowed more time to be spent outside the home, use of green spaces increased. Southampton residents subsequently placed more value on green spaces

We asked residents about green spaces in the third resident’s survey (July 2020):

Residents observed increased use of greenspace throughout lockdown, as well as better air quality and quieter streets

63% of respondents reported valuing green space more

Have these observations during lockdown changed how you value green spaces?



Conclusions: looking to the future and recovery

southampton dataobservatory

As more data becomes available, we will be able to better understand the impacts of the COVID-19 pandemic in Southampton. Already we can see a disproportionate affect in those living in the most deprived neighbourhoods both in the direct and indirect health impacts. Where we have relied on national data for England/UK, it is important to remember that Southampton has higher deprivation on average than England, so the effects of COVID-19 may be even greater. Impacts may be further amplified when we are able to better understand variation in impacts across ethnicity when the 2021 Census data becomes available.

In almost every area, inequalities in the effects of COVID-19 are evident, with groups who were already disadvantaged suffering more. In general, the least deprived were protected from the worst effects of the pandemic.

The ability for people to lead healthy lives and enhance their wellbeing was also affected.

Who were most affected?

- People living with deprivation and illness, those of older age and those from ethnic minority groups and other vulnerable populations – people who in many cases had no choices about how they could respond to the pandemic
- Children and young people's lives including educational disruption with long-term effects not yet quantifiable
- Adult social care has long-lasting pressures pre-dating COVID-19, including workforce pressures, nationally evidence shows in many cases this has been exacerbated by the pandemic and may lead to indirect health impacts.

Conclusions: looking to the future and recovery

southampton dataobservatory

Challenges for the road ahead – how will we prioritise need?

- Deprivation
  - Close association between deprivation and vulnerability to COVID-19 and its wider affects; lower uptake of vaccine
- Older people
  - More affected, shielded more, support reduced, isolation increased, iatrogenic
  - Care homes: essential to maintain high standards of infection, prevention and control
- Minority ethnic groups
  - Disproportionately affected, occupational effects, lower uptake of vaccine
- Children and young people
  - Mental health
  - Education and prospects
  - Resilience
- Those with existing illness and new illness
  - Exacerbated effects
  - Long Covid
  - Carers
- Mental health
- Healthy behaviours and underlying factors

Opportunities

- Capitalise on the renewed attention on health inequalities, public health and the importance of physical and mental wellbeing for society
- The pandemic has shown how closely health can be related to the economy which supports our Health in All Policies approach
- To build upon community engagement using new and refreshed partnerships and new ways of working to build capacity
- Use key learning from the pandemic response and strong partnerships that have developed to prepare for any future pandemic
- Use these insights to help inform the Health & Wellbeing Strategy going forward
- Capitalise on the finding that people value air quality and green spaces more by promoting the Green City agenda and encourage more outdoor activity

Conclusions: Approach for future focus and recovery

southampton dataobservatory

On the basis of our local data and evidence of impact, the recommendation is to continue to focus on reducing health inequalities to improve overall health and wellbeing. The following 'build back fairer' approach is already incorporated in Southampton's health and wellbeing strategy as underlying principles for delivery. For recovery we must amplify actions, with emphasis on the early years:

Build Back Fairer Priorities:

1. REDUCING INEQUALITIES IN EARLY YEARS
2. REDUCING INEQUALITIES IN EDUCATION
3. BUILD BACK FAIRER FOR CHILDREN AND YOUNG PEOPLE
4. CREATING FAIR EMPLOYMENT AND GOOD WORK FOR ALL
5. ENSURING A HEALTHY STANDARD OF LIVING FOR ALL
6. CREATING AND DEVELOPING HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES
7. STRENGTHENING THE ROLE AND IMPACT OF ILL HEALTH PREVENTION

Build Back Fairer: The COVID-19 Marmot Review - The Health Foundation

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DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	SOUTHAMPTON SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2020/21
DATE OF DECISION:	1 SEPTEMBER 2022
REPORT OF:	INDEPENDENT CHAIR OF THE SOUTHAMPTON SAFEGUARDING ADULT BOARD

CONTACT DETAILS				
Independent Chair	**Title**	**Independent Chair of the Southampton Safeguarding Adults Board**		
	Name:	**Deborah Stuart-Angus**	**Tel:**	**023 8083 2468**
	E-mail	**Safeguarding.parthershipsteam@gov.uk**		
Author:	**Title**	**Southampton Safeguarding Partnership Manager**		
	Name:	**Debbie Key**	**Tel:**	**023 8083 2468**
	E-mail	**Debbie.key@southampton.gov.uk**		

STATEMENT OF CONFIDENTIALITY		
None		
BRIEF SUMMARY		
The Annual Report provides the Panel with an update on the work of the Southampton Safeguarding Adults Board (SSAB) during 2020/21. The Annual Report is a requirement of the Care and Support Guidance, the Care Act 2014. The attached SSAB Annual Report was published in December 2021. The Panel is asked to consider the SSAB Annual Report and present any questions on the content.		
RECOMMENDATION:		
	(i)	That the Panel receive the Southampton Safeguarding Adults Board Annual Report to inform the work of the Panel.
REASONS FOR REPORT RECOMMENDATIONS		
1.	To ensure the information contained in the report is used to support the scrutiny function.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	None	
DETAIL (Including consultation carried out)		
3.	The SSAB 2020/21 Annual report, attached as Appendix 1, was published in December 2021. The Independent Chair of the Partnership will be in attendance at the meeting to answer questions from the Panel relating to the contents of the report and the SSAB.	
RESOURCE IMPLICATIONS		
Capital/Revenue		

4.	None
Property/Other	
5.	None
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
6.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.
Other Legal Implications:	
7.	The Annual Report is a requirement of the Care and Support Guidance, the Care Act 2014.
RISK MANAGEMENT IMPLICATIONS	
8.	Consideration of the 2020/21 SSAB Annual Report will help to target the work of the Scrutiny Panel to ensure that focus is directed at improving safeguarding outcomes for adults in Southampton.
POLICY FRAMEWORK IMPLICATIONS	
9.	Supporting the effectiveness of the political scrutiny of adult safeguarding will help contribute to the following outcomes within the Council Strategy: ***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.***

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	None

SUPPORTING DOCUMENTATION	
Appendices	
1.	SSCP Annual Report 2020/21

Documents In Members' Rooms

1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	No
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	

Southampton Safeguarding Adults Board

Annual Report 2020 – 2021

Find out how to **spot the signs and speak out** here: southampton.gov.uk/SpeakOut or call 023 8083 3003

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Independent Chair Foreword

It gives me great pride to share the Southampton Adult Safeguarding Board's Annual Review for 2020-2021.

Having joined the Board as Independent Chair in January 2020, our Safeguarding Adult Partnership has been on quite a journey, having encountered numerous unprecedented challenges, posed by the shared pressures of the Covid-19 pandemic and assuring that we still delivered to those in most need. As a result of those pressures, you will find less reporting herein, on the achievements of our Partnership. This is simply because of the remaining and current demands on our teams, and the capacity of our staff.

We all have our Covid story of loss, death, tragedy, isolation, poor health, financial difficulty - and trying to keep our services going, where-ever possible and no matter what. The journey that our partnership has shared – is exactly that - it was totally shared. We have worked very closely, as one team, with a connected spirit, and managed to maintain a high degree of safeguarding assurance, aware at times that this been affected in some ways, by a lack of capacity, however this is perhaps the biggest achievement, that I as Chair, could have hoped for.

In April 2020 we issued a Safeguarding Assurance Framework to all statutory partners and on its completion, just a matter of weeks later, partners were able to provide our Board with the insight of what was being achieved – for example, Hampshire Constabulary deploying a robust police response to Covid, dealing with increased domestic abuse, and sometimes at the acknowledged expense of other safeguarding issues; our orchestrated and shared local resilience planning, assisting with homelessness; Adult and Children's Social Care retaining front line services and triage, whilst protecting many, with early intervention; our Clinical Commissioning Group creating designated bed spaces for Covid patients, in various landscapes; our Fire and Rescue Service continuing to provide a service and going the extra mile, to produce a local Fire Safety Framework – for all practitioners, now having gained national access and acclaim; the dedication of our NHS and Care Home staff, working many long, difficult and selfless hours, to save lives, and last but never least, the huge efforts of our voluntary sector; of Healthwatch; of Faith groups and of our City Council. All of this work was underpinned by very regular, increased levels of connectivity across the statutory arrangements; increased contact and planning, and very regular safeguarding and Covid assurance 'check-in' governance.

I could go on, as this is by no means an exhaustive list of the unsung achievements, that this year has seen - and it is this - and the sheer dedication of so many, that makes me proud to be part of Southampton's Safeguarding Partnership efforts - which this year have focused on the preservation of life.

In this Report you will find some reference to the aforesaid – but nothing that will serve justice on the Partner's efforts. You will also be able to access information about our progress, our forward planning (Appendix 2) and our annual statistics in relation to safeguarding activity, as well as the outcomes from a Safeguarding Adult Review and a serious case review.

You will denote, our ongoing theme at Board level of 'local solutions for local needs'- with a contextual approach to adult safeguarding in our City. You will also note that we still retain strong partnership connections with our three partner Boards: Hampshire; Isle of Wight and Portsmouth – but going forward, there will be a revised and more focused brief.

We are, despite the negative impact of Covid, now in a very positive position, to embed our agreed, strategic aims, of Prevention, Quality and Learning - as following a very successful partner consultation in 2020-21, our statutory partners agreed to create financial sustainability for Southampton's Safeguarding Adults Board. This will now, enable us to focus on delivery planning and widen the learning and development lens, allowing us to have the capacity to create partner wide, accessible learning; deliver on lessons learned from Southampton (and national) Safeguarding Adult Reviews, and continue to deploy the outcomes from the contribution we made, to the National SAR Analysis research, and embed the recommendations made for all Boards across England.

The dedication of our Board Members and Partners; the excellent practice within our Case Review Group and the support given to our City by this safeguarding partnership is second to none.

Thank you will never be enough.

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

What is the role of Southampton Safeguarding Adults Board?

The Southampton Safeguarding Adults Board (SSAB) is a statutory partnership, working together to prevent both the risks and experience of abuse or neglect, for people with care and support needs. The SSAB is not involved in operational practice, the main functions of the SSAB are to:

- Provide strategic oversight of safeguarding activity in Southampton
- Fulfil the statutory functions as outlined in The Care Act 2014 and the related Statutory Guidance
- Help to protect the rights of people who live in Southampton, to live a life free from harm, abuse and neglect.

The SSAB follows and endorses the six safeguarding principles outlined in the Care Act 2014, Care and Support Guidance, which are:

Empowerment - People are supported and encouraged to make their own decisions and informed consent:

"I am asked what I want as the outcomes from the safeguarding process, and this directly inform what happens."

Prevention - It is better to take action before harm occurs:

"I receive clear and simple information about what abuse is. I know how to recognise the signs, and I know what I can do to seek help."

Proportionality - The least intrusive response appropriate to the risk presented:

"I am sure that the professionals will work in my interest, and they will only get involved as much as is necessary."

Protection - Support and representation for those in greatest need:

"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."

Partnership - Services offer local solutions through working closely with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse:

"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."

Accountability - Accountability and transparency in delivering safeguarding:

"I understand the role of everyone involved in my life and so do they."

The SSAB has three core duties, and must:

- Develop and publish a strategic plan setting out our safeguarding priorities, and how we will meet our objectives
- Publish an annual report reflecting how effective work has been
- Commission Safeguarding Adult Reviews (SARs) for any cases which meet the legal criteria.

The SSAB has key responsibilities, which are to:

- Provide strategic direction for safeguarding adults at risk across our partnership
- Develop and review multi-agency safeguarding policy, procedures and guidance
- Monitor and review the implementation and impact of both strategy and policy

- Promote multi-agency safeguarding adults training
- Undertake Safeguarding Adult Reviews, share the lessons learned from their outcome and develop appropriate action plans for improvement
- Hold partners to account and gain assurance of effectiveness of safeguarding arrangements.

The SSAB is chaired by Deborah Stuart-Angus, the Independent Chair. The SSAB is supported by the Safeguarding Partnerships Team, which also supports the work of Southampton Safeguarding Children's Partnership. The team consists of a Partnership Manager, two Safeguarding Partnership Co-ordinators and two Safeguarding Partnership Assistants.

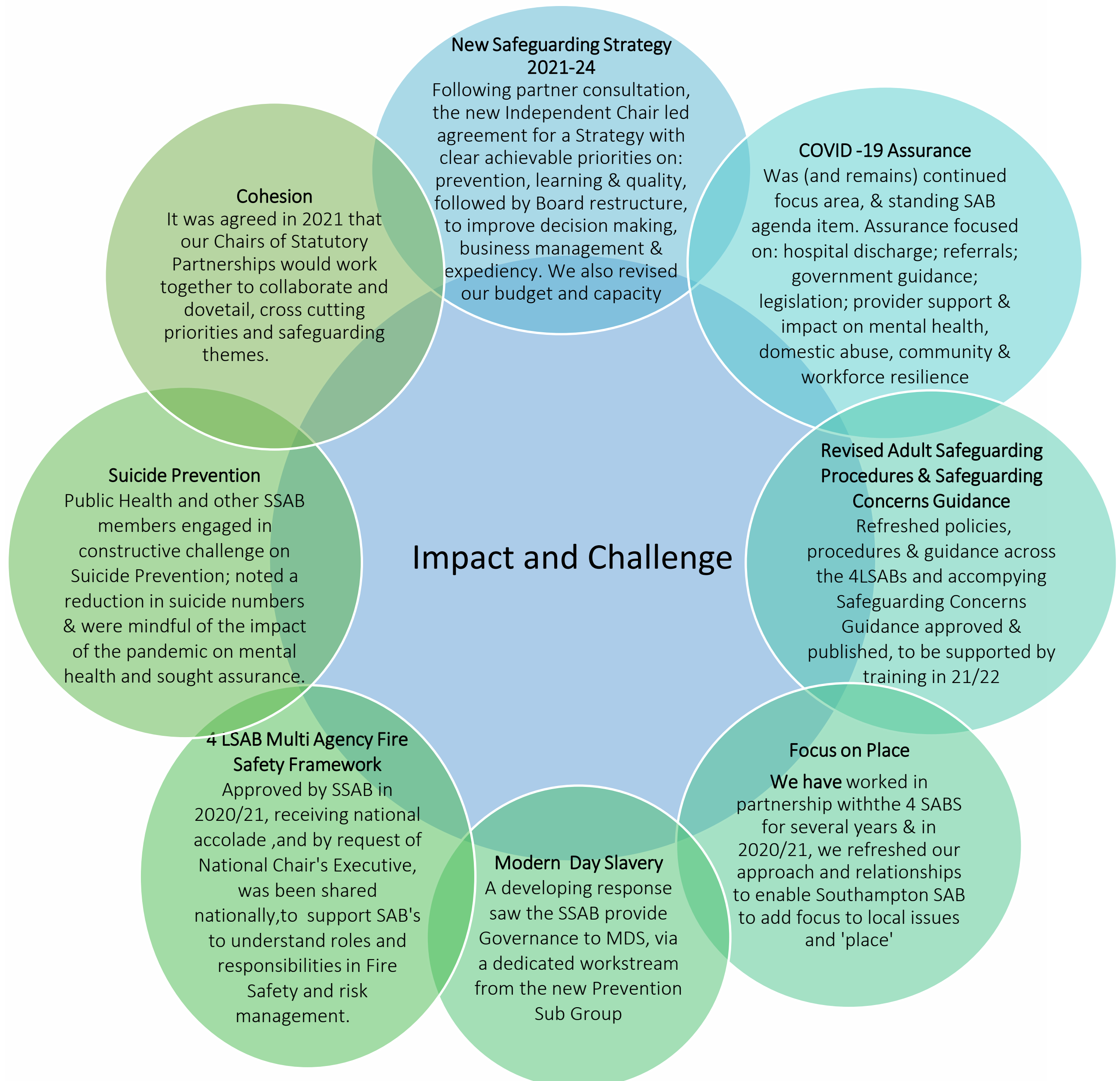
This report details:

- Impact and challenge
- Safeguarding Adults at Risk information
- The structure of the SSAB and the activity completed through subgroups of the SSAB and 4LSAB arrangements
- The findings of Safeguarding Adult Reviews and Learning Reviews which have concluded in the reporting year; implementation of lessons learned, and ongoing reviews
- National Safeguarding Adult's Week
- The SSAB's income and expenditure
- The SSAB strategic priorities for 2021-2024

Impact and Challenge

"it is important that SSAB partners feel able to challenge each other and other organisations where it believes that their actions or inactions are increasing the risk of abuse or neglect. This will include commissioners, as well as providers of services." (Care and Support Statutory Guidance)[1]

The SSAB has been able to demonstrate impact and challenge in several areas:



[1] Care and support statutory guidance - GOV.UK (www.gov.uk)

COVID-19 Assurance

The COVID-19 pandemic impacted all of our lives in different and significant ways. As attention turned to managing the resultant operational pressures, Safeguarding Adult Review work was paused for a number of months, although referrals continued to be received. Some safeguarding adult training was postponed and restarted online. Considerable and creative efforts were made to ensure adults with care and support needs were safe. Contingency planning was put in place for services and for the work of the SSAB.

It is testament to the commitment of partner agencies and the Chair, that the work of the SSAB largely continued. The Independent Chair and all statutory partners met regularly safeguarding assurance meetings during the first lockdown to consider the impact on adults at risk and the supporting services. Agencies involved in safeguarding adults were invited to a safeguarding adults' network meeting monthly as a collaborative, problem solving space, this continued during 2020/21.Participants found this useful and informative as a mechanism to touch base and share.

Agencies provided assurance updates in relation to the impact of the pandemic at all SSAB meetings, enabling partners to share context and system pressures whilst exploring shared emerging issues, and able to identify mitigation of risk. Monitoring of referrals to the Safeguarding Adult Case Review Group identified referrals where COVID-19 was identified as a contributing factor

Learning during this time has developed real partnership in Southampton; and a spirit of working together with increased mutual respect for each partner's challenges. Virtual meetings proved very successful.

SSAB Strategic Partners

The Southampton SAB brings together partner agencies with responsibility for adult safeguarding, such as Hampshire Constabulary, Southampton City Council, and the Clinical Commissioning Group, to work together, in order to:

- assure that local safeguarding arrangements are in place and work effectively
- prevent abuse and neglect from happening
  support people who have experienced neglect or abuse to recover
- raise awareness of safeguarding adults at risk and how communities can help

We also work closely with other SABs and partnerships including, the Southampton Safeguarding Children's Partnership, the Safe City Partnership and the Health and Wellbeing Board, to share priorities, prevent duplication and are working to address cross cutting themes.

Developing Southampton Safeguarding Adults Board Safeguarding Strategy

This was a year of transition for the SSAB, developing and strengthening local safeguarding arrangements and activity, and managing the impacts of the pandemic. Appendix 1 provides a 'Red, Amber, Green' rated overview, of the original 2019-2021 strategic plan, from which outstanding priorities areas were brought into the new strategic plan for 2021-2024, (attached at Appendix 2). The new strategy was built by consulting with all partners in relation their safeguarding priorities and concerns for our City, and how, as a Board we could help, and be as constructive as possible, with tight resources. A wealth of evidence from our partners was shared, which following analysis by the Independent Chair, resulted in the development of clear themes, now translated into our Adult Safeguarding priorities. The Southampton Safeguarding Adult Board Strategy 2021-24 was thus developed, approved and supported by our partners, and can be found here.

Our Priorities

Priority 1 – Prevention

We will work together, in partnership, to prevent abuse and neglect, fully deploying our statutory responsibilities to protect the most vulnerable in our City. We will raise awareness; promote multi-agency risk management, and early intervention and detection to enable the people of Southampton to live safer lives.

Priority 2 – Quality

We will assure our work; we will learn from local experience and that of others, and we ensure our processes aim to continuously improve safeguarding practice. We will seek to assure that safeguarding arrangements are lawfully compliant and meet the statutory obligations set out within the 4LSAB Multi-Agency Adult Safeguarding Policies and Procedures.

Priority 3 – Learning

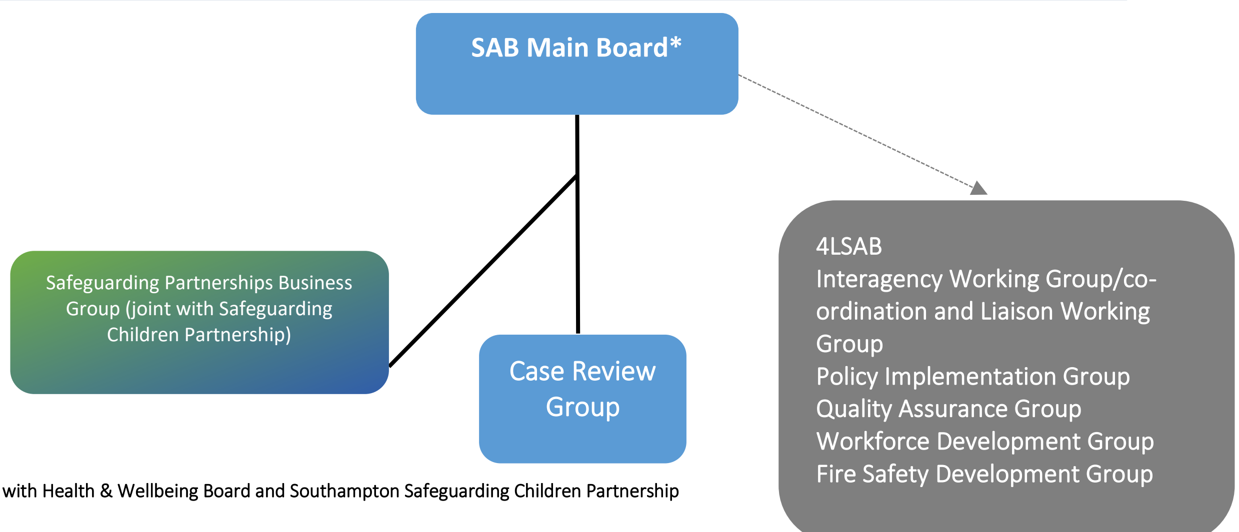
We will share lessons learned from safeguarding practice and Safeguarding Adult Reviews with transparency, across our partnership, and we will proactively promote the need for a modern, competent, skilled, and shared workforce. We will enable access to learning, for our partners, deploying local, regional, and national experience to improve our safeguarding practice.

The Safeguarding Adult Partnership Strategy is also supported by a comprehensive **Business Plan,** which can be found at Appendix 2. The Business Plan has formulated the basis of our future delivery.

The SSAB arrangements and structure

During 2020/2021 the SSAB met 4 times. During the year the SSAB:

- monitored the work of the Case Review Group for Safeguarding Adult Reviews
- approved Safeguarding Adult Review Overview Reports and SAR Learning reviews
- set strategic priorities for 2021-24
- confirmed board arrangements to support the strategic priorities
- approved relevant work of the 4LSAB groups
- confirmed 4LSAB arrangements for 2021 onwards



Southampton LSAB Functions -2020

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, supported by a Constitution detailing their responsibilities. The Business Group incorporates members of Children's & Adults Boards, attended by senior representatives from the three statutory safeguarding partners (Police, Health and Local Authority) plus Independent Chairs from both Boards. The Business Group plans for Main Board meetings, receives reports on progress from each of the Subgroup Chairs; monitors progress and controls the budgets for each Board. The Case Review Group receives referrals for Safeguarding Adult Reviews (SARs)and determines whether they meet criteria for a SAR, and initiates and monitors other types of review. The group ensures that resultant learning is shared with partners and action plans for improvement, are deployed to hold partners to account, to try and prevent the circumstances occurring again, and to embed improvement in practice.

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

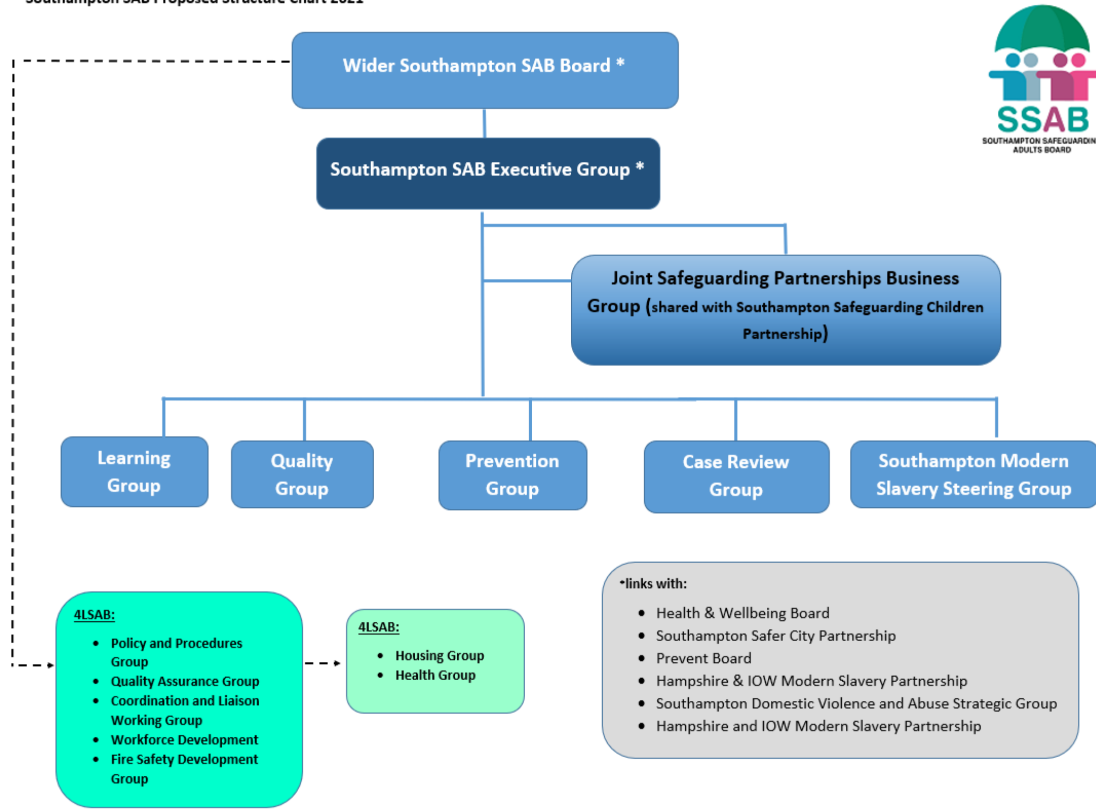
Board Structure, Business and Delivery Review

The structure of the Board was reviewed during 2020, to develop a local focus on Southampton, its specific profile and demography. This approach was very well supported by partners, led by the Independent Chair. As a consequence, an Executive Team was set up, made up of the Independent Chair, the three Statutory Partners and The Partnership's Manager. This team was set up to enhance decision making and develop expedient routes for recommendations to be made to the full Board Membership. In order to ensure that local delivery meets the Safeguarding Adult Strategic objectives, and to increase local focus on local need, three new sub-groups were proposed and agreed by members:

- Prevention Sub Group
- Quality Assurance Sub Group
- Learning and Development Sub Group

(in addition to The Case Review Group which was already in place). Future work will focus on the population of these groups with multi-agency staff, agreed Terms of Reference and local delivery planning. The following diagram demonstrates the changes made:

Southampton Safeguarding Adults Board Structure 2021/22



Contributions to the Annual Report

We have invited agencies across SSAB to contribute to the Annual Report and the following are some representative examples, given that this has been exceptional year, in terms of partner's facing unprecedented challenge, due to the pandemic:

Department of Work and Pensions (DWP)

During 2020, DWP introduced teams to lead work on its approach to supporting vulnerable customers. As part of this, a network of over 30 Advanced Customer Support Senior Leaders (ACSSLs) were appointed, providing an escalation route for all DWP colleagues to refer to when a customer requires some form of advanced support, ensuring that these customers are signposted or referred to the support that they need. The ACSSLs work with a range of external partners within their own geographical area, aligning support for vulnerable customers wherever possible. The DWP recognise the positive impact that a collaborative approach can have when supporting vulnerable customers. DWP will continue to work across all internal teams and with our external partners to help to provide the support that customers require.

Hampshire Constabulary

Hampshire Constabulary have made use of the Police Surge Fund 2020-2021, as an £830,000 Home Office Grant to maintain four police officers in Southampton, focussing on serious violence, drug related harm and related crime. A significant proportion of funding was granted to Southampton District to ensure continued support of this work and the Constabulary continued to work with Violence Reduction Units, Public Health Services, and other key agencies. There has also been a

revision of the National Referral Mechanism (NRM) to improve the quality of safeguarding to vulnerable and exploited adults.

Domestic Abuse has been raised as a strategic priority, with several initiatives created to improve the quality of life of those affected and Operation Fortress continues, where activity focuses on solving drug related harm with both victims and offenders. In terms of data and performance information that demonstrates how Hampshire Constabulary has improved adult safeguarding outcomes in Southampton during 2020 – 2021, the following examples were shared:

- Increase in the total number of Police Safeguarding Notification referrals to Adult Social Care in Southampton
- Increase in the number of Right to Know and Right to Ask Requests, under Clare's Law, referencing Domestic Abuse
- Increase in the number of ancillary orders, e.g., Domestic Violence Protection Notices (DVPN) and Domestic Violence Protection Orders (DVPO)
- Increase in the focus on both targeted and supportive action regarding victims of drug related harm

Hampshire Constabulary have identified key areas of concern with regards to safeguarding adults in Southampton:

- Reduced focus on adults at risk, through a combination of factors, such as prioritising children during the pandemic and the need to provide a COVID-19 policing response
- Austerity and associated impacts
- Police Force and Violence Reduction Unit (VRU) locality reports - now being used to identify Wards that experience social inequality, affecting crime and other high harm factors, within the population
- Targeted support, required through commissioning services and national support
- Increase in neighbourhood officers
- Modern Day Slavery (MDS), substance misuse, mental health, serious violence (including domestic abuse) and neglect - all high concern areas for Southampton, and some issues competing for resources in the face of other demands and pressures.
- Review of outside pressures will be required to support further targeted work, however District priorities are set to incorporate risks, linking into the Safer City Partnership Strategy.
- Transitional safeguarding group (18-24 year olds) is often placed at heightened harm, and a 4LSAB Task and Finish group is currently working on bridging gaps.

Southampton Voluntary Services (SVS)

In response to the pandemic SVS commissioned the compilation of bereavement support information and provided an online course for frontline staff and volunteers, who have to deal with the impact of bereavement in their jobs, frequently inclusive of death and the restrictions on family interactions, during the early stages of the COVID-19 pandemic. This resource has been shared nationally. SVS also commissioned the development of an online video based on safeguarding awareness for informal volunteers and mutual aid groups. SVS identified the cumulative impact of lockdown, financial concerns, and debt, on local people - leading to a steep increase in mental health issues, as well as seeing a profoundly negative impact on carers - during the initial COVID emergency.
SVS also ran 3 safeguarding awareness sessions for trustees and staff from organisations with Black and Minority Ethnic (BME) leaders, as part of capacity building courses and in response to Black Lives Matter.

Safeguarding Adults at Risk in Southampton

It is important to understand the data in relation to Safeguarding Adults at Risk in Southampton, which exists as a foundation to enable the SSAB to measure effective safeguarding outcomes. The SSAB receives this information annually and 2021/22 will see the establishment of a SSAB Quality Group, (as previously mentioned), where this data will be further utilised in relation to the planned SSAB quality assurance mechanisms.

Safeguarding Concerns
In 2020/21 **5092** safeguarding concerns were triaged by Adult Social Care (ASC), showing a 30.8% increase from the **3894** reported in 2019/20. The increase is primarily due to (a) changes in practice introduced following the 2018 Local Government Association Peer Review and (b) continued increase in referrals to Adult Social Care: largely from increased referrals from Police, the South Central Ambulance Service and the NHS; as well as a reflection of demographic and social welfare trends in the City. (It is worth advising that, the majority of these referrals do not meet the Care Act s42 criteria for a full Safeguarding Enquiry to be required, and whilst many are directed to other actions/organisations, a large number of the referrals may not have needed to have been referred for Safeguarding consideration).

In 2018 Practice was changed to ensure that all relevant referrals were triaged, decision making was documented and automatic assumptions that a referral did not constitute a safeguarding concern, were not made.

The following table shows the number of safeguarding concerns in the South East region in 2019/20 (this is currently the last year for which national and regional comparisons will be available).

Nationally, the average number of concerns per 100,000 population was 1070 compared to the regional average of 1041. The increase in safeguarding concerns in 2019/20 resulted in Southampton having 1937 concerns per 100,000 population:

Table 1. Benchmarking 2019/20 Concerns

Population	no. of concerns	no. of concerns per 100,000 pop
England	475560	1070
Buckinghamshire County Council	9140	2185
Southampton City Council	3895	1937
Slough Borough Council	1985	1865
Isle of Wight Council	1975	1688
Brighton & Hove City Council	4010	1667
Milton Keynes Council (Unitary)	2920	1455
Royal Borough of Windsor & Maidenhead	1535	1315
Portsmouth City Council	2225	1300
West Sussex County Council	8265	1202
Surrey County Council	10425	1118
East Sussex County Council	4465	990
Wokingham Borough Council	**1280**	**979**
Oxfordshire County Council	5115	938
Kent County Council	10450	844
Reading Borough Council	960	769
West Berkshire District Council	925	753

Bracknell Forest Borough Council	700	743
Medway Council	1565	733
Hampshire County Council	3230	294

*Please note that published figures are rounded to the nearest 5 so will differ to actual submissions[2]

Action taken

- The process of triage and safeguarding recording will be reviewed by Adult Social Care (ASC) to ensure that it follows best practice and appropriate information is recorded and further analysis will be required to identify the sources of increase in concerns . Additional guidance will be provided to staff in ASC to support the triage process.
- The Brief Guide to Making Safeguarding Referrals was developed and published by SSAB
- Work completed in 2020 by SSAB, producing to develop the '***Brief Guide to Safeguarding Concerns'***, providing clear advice to partners about referral criteria.

Enquiries

In 2020/21 there were **821** safeguarding enquiries**, 619 Section 42 enquiries** and 202 other /discretionary enquiries. This is a 12.0% increase from 2019/2020 (733 total enquiries). The proportion of section 42 enquiries as a total of all enquiries is 75.4% which is a decrease from 79.4% in 2019/20. (It has been identified by Adult Social Care that internal recording errors caused of a number Enquiries not to be recorded as full S42 Enquiries; this practice has been corrected).

Due to changes in the recording of the safeguarding concerns, there has been an impact on the conversion rate from concern to enquiry. The conversion rate has reduced from 18.8% in 2019/20 to 16.1% in 2020/21.

Table 2 shows the South East region 2019/20 conversion rates. There is large variability depending on how local areas interpret and apply legislation and guidance. The comparative data for 2019/20 shows significant changes in practice in three of the Councils listed below, where the rate of recording concerns increased greatly, so that their conversion rate also fell greatly.

Action taken

Adult Social Care reviewed local practice in assessing the need to carry out full S42 enquiries. In the first four months of 2021/22 this resulted in in the number of recorded concerns remaining static when compared to 2020/21. However, the number of enquiries has risen to 445 in this period, an average of 111 per month. If this improvement continues throughout 2021/22, the conversion rate will rise to 27%.

Table 2 2019/20 Concerns to Enquiry Conversion Benchmarking

Population	conversion rate from concern to enquiry
England	37%
Surrey County Council	71%
Kent County Council	63%
West Berkshire District Council	58%
Reading Borough Council	57%
Medway Council	54%
Isle of Wight Council	49%

[2] Source: https://digital.nhs.uk/data-and-information/publications/statistical/safeguarding-adults/2019-20

East Sussex County Council	45%
West Sussex County Council	44%
Wokingham Borough Council	38%
Royal Borough of Windsor & Maidenhead	38%
Hampshire County Council	29%
Oxfordshire County Council	24%
Brighton & Hove City Council	20%
Milton Keynes Council (Unitary)	20%
Southampton City Council	19%
Bracknell Forest Borough Council	16%
Slough Borough Council	14%
Portsmouth City Council	14%
Buckinghamshire County Council	7%

In England the average is 37% compared to an average of 39% in the South East.

Section 42 Enquiries

In 2020/21 there were 619 Section 42 Enquiries and 202 discretionary enquiries, an increase of 12% compared with 2019/20. Table 3 shows Section 42 benchmarking for the South East:

Table 3 Section 42 Enquiry Benchmarking 2019/20

Council	no. of section 42 enquiries per 100,000 pop	proportion of Sec 42 enquiries
England	364	91%
West Berkshire District Council	440	100%
Reading Borough Council	435	100%
Royal Borough of Windsor & Maidenhead	494	100%
Brighton & Hove City Council	336	100%
Oxfordshire County Council	224	100%
Surrey County Council	790	99%
Milton Keynes Council (Unitary)	285	100%
Wokingham Borough Council	360	98%
Isle of Wight Council	793	97%
West Sussex County Council	507	97%
Hampshire County Council	84	97%
Portsmouth City Council	172	94%
Bracknell Forest Borough Council	107	91%
Buckinghamshire County Council	140	90%
East Sussex County Council	397	89%
Medway Council	340	86%
Slough Borough Council	218	84%
Kent County Council	416	79%
Southampton City Council	289	79%

Counts of Individuals involved in Section 42 Enquiries by Gender and Ethnicity

Demographics - Gender	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**
Male	146	163	147	226	242
Female	202	225	187	253	306
Unknown	0	0	0	0	0

Demographics - Ethnicity	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**
White	307	315	294	393	442
Mixed / Multiple	2	1	1	5	3
Asian / Asian British	9	10	8	25	17
Black African / Caribbean / British	3	3	6	7	8
Other ethnic group	2	2	4	3	12
Refused	1	1	0	0	2
Undeclared / Not Known / Unable to respond	24	56	21	46	64

Count of Concluded S42 Enquiries by Location and Source of Risk

Location of Concern	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**
Own Home	218	291	237	271	341
Care Home - residential	117	93	94	98	91
Hospital - acute	1	8	26	62	64
Care Home - nursing	2	71	26	48	47
In the community (excluding community services)	10	17	34	70	47
Other	11	14	17	34	20
In a community service	4	18	7	16	16
Hospital - mental health	1	1	0	4	4
Hospital - community	7	4	1	1	0
Total number of concerns	371	517	442	604	630
Source of Risk					
Service Provider / Social Care Support	178	265	244	223	230
Other - known to individual	175	221	161	298	319
Other - unknown to individual	18	31	37	83	81
Total number of concerns	**371**	**517**	**442**	**604**	**630**

Notes – These figures count cases not people. Locations can be double counted if there is more than one source of risk. The 2016/17 submission counted most nursing home locations as care home locations, this has been rectified in subsequent submissions.

Counts of Concluded Section 42 Enquiries where a Risk was Identified, What Was the Outcome

Where Risk Identified What Was The Outcome	2016-17	2017-18	2018-19	2019-20	2020-21
Risk Remained	15	29	47	65	64
Risk Reduced	201	246	240	321	323
Risk Removed	92	143	64	100	108
Total number of concerns	308	418	351	486	495

Other Enquiries

In 2020/21 there were 202 'Other Enquiries' which is an increase of 33.8% from 2019/2020 (151 enquiries). These enquiries are frequently about adults at risk who have mental capacity but whose needs/risks are the result of addiction/homelessness/and or mental health and or may experience coercion. Recording 'other' enquiries is being developed more in 2021/22. This is significant in the City, as it reflects broader needs and local demography. Compared to the South East region Southampton undertakes the highest proportion of Other Enquiries per 100,000 population (see Table 4).

Table 4 2020/21 S42 and discretionary enquiries by type of abuse.

Type of Abuse	Number	Proportion
Neglect and Acts of Omission	309	36%
Finance or Material	153	18%
Physical Abuse	104	12%
Self-neglect	84	9.5%
Domestic Abuse	75	8.7%
Psychological Abuse	73	8.5%
Organisational Abuse	23	3%
Sexual Abuse	23	3%
Sexual Exploitation	10	1%
Discriminatory Abuse	4	<0.5%
Modern Slavery	3	<0.5%
Total	861	

Data Quality Issues

Work has continued, both in the ways noted above and within data analysis and checking to best ensure accurate and complete recording of all Safeguarding Adults Collection fields. Manual checks continue to be carried out. This also is being carried out to best ensure full and accurate records will be transferred to the Council new recording system, Care Director, which is to come into use later in 2021. A number of updates were made to the Southampton City Council (SCC) data recording fields, to improve recording of the Mental Capacity of Adults.

Safeguarding Adult Case Examples

John

John is a 65-year-old male resident of Southampton, who lives in a private owned semi-detached property and had a previous career in finance.

John is an individual who was presenting risks for self-neglect including the neglect of his home environment. There were multiple burn marks in carpets, furniture, bedding and John's clothing from discarded cigarettes. Due to John's alcohol consumption and poor mobility, there were concerns for his ability to react to a potential fire situation and to evacuate in the event of a fire. John's nutrition and health were poor due to only eating convenience "snack foods".

John was known to SCC Adult Services, various Care Provider agencies, Hampshire & IOW Fire and Rescue Service, Hampshire Constabulary and South Central Ambulance Service.

As a result of multi-agency involvement, John had smoke detection installed throughout his property, fire retardant bedding and sofa coverings were provided, and telecare was installed which was interlinked to the smoke detection. Carers were also provided to support John with his personal care and meal provisions.

In 2020, unfortunately, a discarded cigarette caused a pile of paperwork to catch alight. Hampshire and IOW Fire and Rescue Service were alerted to the fire by the Telecare company after they received notification that the smoke detector had activated. Due to concerns for John's escalating fire risks; his lack of ability to safely respond to a fire situation, and the ongoing concerns for self-neglect, a Section 42 Safeguarding Enquiry was initiated.

As part of the safeguarding enquiry, a capacity assessment in regard to fire safety was conducted jointly between SCC Adult Services and Hampshire and IOW Fire and Rescue Service. John was assessed to have capacity with his understanding and decision making for fire safety. John informed all agencies that he wished to continue smoking, however wanted to do so in a safer manner. John also wanted to reduce his alcohol intake as he was aware of the health and fire risk implications this was presenting.

The Safeguarding enquiry also resulted in; fire buckets and sand being obtained and provided to enable John to discard of his cigarettes safely; replacement fire retardant bedding and throws provided; and Fire Suppression systems explored for John's property. Care assessments and plans were updated to incorporate fire risks and the ongoing control measures required in order to suitably reduce the fire risks.

The safeguarding enquiry was closed after a few months due to a successful reduction in risk and improved safety, whilst at the same time ensuring the primary focus of the enquiry centred on John's wishes and decisions regarding how he wanted to live his life.

Ms T

The Hospital Discharge Team (HDT) received a referral from Ward Staff for a female patient, Ms T, who had herself identified that she was self-neglecting. This was to such a degree that she was unable to use her home effectively and carry out everyday personal care activities.

The extend of the hoarding in her home was extreme. She was unable to wash and dress, couldn't get to her kitchen and had to climb over belongings. She would sleep on the top of her hoarded possessions, curling up on top of belongings to sleep. When her home was deep cleaned, the cleaning company found that the bottom of the pile of belongings was "mush". So the impact on her health and wellbeing was clear and risks were high. She was said to have "significant muscle wastage."

The HDT engaged with a provider to deep clean the home, the initial cost estimate was in over £10,000. A smaller cost was negotiated, by taking a gradual approach to first tackle key areas of Ms T's home. However, this cost could not be negotiated to a lower level and the social worker and her manager redeveloped the approach in discussions with Ms T, developing a targeted, gradual approach, focussing on a step-by-step approach where short term goals were put in place and gradually achieved.

Ms T had a rehabilitation placement followed by a short stay in a care home, both to enable her to build up her health and to allow time for the clean-up to begin. Contact was made with a specialist Charity, Dehoarding South West, who carried out further deep-cleaning and decluttering. They will continue to work closely with Ms T to support her to move forward and address her hoarding behaviours. This continues to be a positive and successful support intervention and it is anticipated that Ms T will have regained much of her independence, both physically and psychologically.

The charity described the property as being an "Extreme hoard". They were concerned that the effective approach needed to be twofold, to sort out the hoard, and to support Ms T to move forward and sustain the changes. The cost from cleaning charity was £3500.

The HDT are looking into further use of this organisation, given the success of their support for Ms T.

David

David is a 41-year-old male resident of Southampton, who lives in flat provided by a Housing Association and has a diagnosis of Post-Traumatic Stress Disorder, Psychosis, anxiety and depression.

David's first interaction with Hampshire Police was in 2006 and was linked to 19 reports until December 2020. In the following four months he was linked to 40 incidents including assault, public order, threats to life, weapons offences, harassment and antisocial behaviour. This caused considerable concern and disruption to neighbours and following allegations, David was arrested on 8 separate occasions and received HDLS assessments. Officers raised concerns for David's mental health and on occasions he was sectioned under the Mental Health Act for assessment and returned to the community shortly afterwards.

The first Multi-Agency Risk Management (MARM) meeting was held at the end of January and was attended by the Adult Mental Health Team, Community Mental Health Team, Housing Associations, Southern Health, NHS Mental Health nurse, and Hampshire police and an initial Risk Management (protection) plan was agreed. He was described as an impending risk to himself and others with a Doctor stating he had serious concerns if professionals did not act. Professionals worked closely for a

further four months to address the risks. Housing sought an injunction to address David's behaviours that were impacting neighbours which was granted in June 2021 lasting 12 months. Police completed engagements with neighbours through regular patrols and dealt robustly with criminal matters.

From a police perspective, the MARM process and professional network around it facilitated timely and productive information sharing to ensure changes in risk were identified and addressed by the appropriate agency. After assessment in the late spring David was detained under Section 3 of the Mental Health Act, where professionals reported good progress after his presentation was stabilised. During this period Police and Housing engaged with residents and reassurance provided.

David returned to his home address later in the summer. Professionals had implemented a number of mechanisms and supports around David and in the subsequent seven months, no incidents have been reported to police. The active police management was closed in September 2021 and an agreed police response plan is in place should there be incidents in the future.

Safeguarding Adult Reviews

The Care Act 2014 requires Safeguarding Adults Boards to conduct Safeguarding Adult Reviews (SARs) when an adult with care and support needs it the area dies or experiences serious abuse or neglect (whether known or suspected), and there is concern that partner agencies could have worked more effectively to protect the adult. However, the SAB can also conduct a SAR on a discretionary basis, where it is believed either learning or good practice can be gained.

The purpose of a Safeguarding Adult Review is to learn lessons and for the SSAB to gain assurance from partner agencies that organisational learning and improvement is consequently put into place to prevent similar harm occurring in the future. Organisations are held to account by the SSAB via evidence-based action planning and ongoing assurance monitoring. The Independent Chair developed a Safeguarding Adult Review Quality Assurance Framework, which following review, was agreed and adopted by the SAB Membership and the Case Review Group for piloting. This provided a comprehensive structure to ensure that the Case Review Group and our Independent Reviewers can follow a robust structure, set out with quality assurance standards. The National SCIE Quality Markers were taken into account in the development of the framework.

During the year, the Case Review Group:

- Met 5 times
- Commenced one SAR
- Completed one SAR and one Learning Review

SAR 'Brenda'

The full overview report for this case has been published on the Southampton LSAB website along a 6-step briefing designed to summarise the review.

Learning Report 'Adult W'

A learning briefing has been published.

Moving forward the Case Review Group will:

- Pilot the new SAR quality framework
- Monitor SAR action plans
- Explore different ways of sharing learning from SARs

Additional Learning

Learning from Reviews 2020 - 2021 is also available on the SSAB website. This combines key learning and messages for practitioners from the work of the Case Review Group, who also published a one-minute guide to Professional curiosity due to learning from reviews, where professional curiosity is described as:

*"the need for practitioners to practice **'respectful uncertainty'** through enquiring deeper using proactive questioning and challenge to understand one's own responsibility, to know when to act, not to make assumptions or take things at face value."*

4LSABs, Portsmouth, Hampshire, Isle of Wight, and Southampton SABs

The SSAB works collaboratively with other Safeguarding Boards locally in a 4LSAB arrangement. This includes Hampshire, Portsmouth, Isle of Wight and Southampton SABs.

4LSAB Inter-Authority Working Group/Inter Authority Co-ordination and Liaison Working Group.
The terms of reference for this group were reviewed during this year. This group comprises of the Chairs of the SABs, plus statutory partners and Board Managers. The group confirms priorities for collaborative working across the 4LSAB, either through established subgroups or task and finish groups.

4LSAB Safeguarding Adults Policy & Procedure Subgroup
This group produced a refreshed 4LSAB Safeguarding Adults Policy & Procedure which was approved by Southampton SSAB in June 2020. The 4LSAB Policy & Procedure document is separated into four sections:

- Policy & Procedures – sets out the lawful legal responsibilities of practitioners under the Care Act 2014, including key legislation for safeguarding adults at risk.
- Adult Safeguarding Practice – advises on how agencies should work with an adult at risk in order to support their best interests, as well as managing adult safeguarding enquiries and concerns, whilst managing other statutory duties
- Adult Safeguarding Process – sets out detailed guidance from early recognition of abuse, through to concluding a safeguarding enquiries, and post-abuse support. It includes issues relating to section 42 enquiry decisions and working to reduce the risk of abuse and neglect.
- Glossary of Terms – Explanation of terminologies used in Adult Safeguarding

The group also reviewed and updated the Multi-Agency Risk Management (MARM) Framework in June 2020. This is where the criteria for an adult safeguarding enquiry (section 42) are not met. The guidance is designed to support professionals working to safeguard adults at risk of harm, but not experiencing abuse and neglect.

In February 2021, Portsmouth Safeguarding Adults Board published a podcast as part of the Multi-Agency Risk Management framework. Work also began in relation to developing a Safeguarding in Transitions Framework, for young people aged over 18 - where concerns remain and there is no existing transition pathway into support from adult services. This will be completed in 2021/22

4LSAB Workforce Development Group
The 4LSAB Workforce Development sub-group have been meeting regularly and have revised and refreshed the 4LSAB Workforce Development Strategy. In addition, they have produced and published a Self-Neglect Learning Briefing. This was designed to provide greater awareness to practitioners about identifying self-neglect. Self-neglect has been a common theme in Southampton's recent Safeguarding Adult Reviews.

Self-neglect *"covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case-by-case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point where they are no longer able to do this, without external support."* [3]

4LSAB Fire Safety Development Group (FSDG)
The role of the FSDG is to co-ordinate work across the 4LSAB area. The group aims to ensure fire safety and risk management is embedded into the day-to-day work of partners. The group also

[3] Care & Support Statutory Guidance, Care Act 2014

maintains oversight of fire incidents and deaths involving adults with care and support needs. Partner agencies are required to review the identified learning, consider their own agency procedures, ensure this learning is fully embedded within their organisations and develop internal mechanisms to identify, support and effectively manage fire risks for all individuals across the 4LSAB areas. The FSDG have focused on defining best practice and developing a Multi-Agency Fire Safety Framework, where it is defined as:

'Think…Person, Behaviour and Environment'

SSAB is advised that the most effective way to assess a person's vulnerability to fire is to identify the individual risk factors which impact upon their health, safety and wellbeing. This includes: the person, physical or cognitive impairments; behaviours (such as unsafe cooking practices or carelessness with smoking materials) and their environmental considerations (such as hoarding, trip hazards or blocked escape routes). The more risk factors identified the greater their vulnerability.

Care Plans and Person-Centred Risk Assessments

The group advises that where individuals are in receipt of a social care service, the management of their fire safety should be risk assessed and embedded within their individual care plans. Ensuring an individual is kept safe from the risk of fire must be a key consideration in their overall care provision. Ensuring smoke detection systems are tested weekly, fire retardant bedding is in use or the individual has an ability to summon assistance in case of an emergency are simple steps that will greatly increase a person's safety if a fire should occur in the home. As with all care plans, an individual's vulnerability to fire should regularly be reviewed and documented. Should the vulnerability increase, so too should the fire safety control measures in place, to appropriately manage and mitigate the risk.

Risk Management

The group also advises that there are situations where an individual may be presenting 'significant' fire risks to themselves and others, but they choose not to engage with support services or adhere to the fire safety advice provided. In such cases, and where the concern does not engage a statutory safeguarding framework (e.g. a Section 42 Enquiry), it is essential that agencies work together and consider the Multi Agency Risk Management Framework (MARM) as a method of fully understanding the risks being presented. This will ensure that an effective, co-ordinated, and multi-agency response can be provided to these 'critical few' cases and assist in the development of an action plan to mitigate the impact of the individual's actions of which may be compromising their safety and the wellbeing of others.

2020/21 saw the development of the 4LSAB Multi Agency Fire Safety Framework which will be formally launched in 2021/22. This is accompanied by a helpful video guide.

Financial Contributions to the SSAB

Partner Contributions	19/20	20/21
Southampton City Council	37,086	51,586
Clinical Commissioning Group	29,013	29,605
Hampshire Constabulary	11,072	11,298
Total	**77,171**	**92,489**

The majority of this funding supports, costs arising from statutory obligations such as Safeguarding Adult Reviews, staffing and learning

Following a very successful partner consultation, led by the Chair, in relation to developing a sustainable and developmental future, 2021/22 will now see a significant increase in the funding made by all three statutory partners. This will not only enable sustainability but increase the SSAB capacity to provide learning and development and to strengthen Southampton's local safeguarding adult board arrangements, and consequent delivery. It also very much supports the 2021-24 SAB Safeguarding Adults Strategy.

National Safeguarding Adults Week 2020

The partnership is active on social media, both through SSCP and SSAB, and via a Twitter account: @SPSouthampton – managed by the Safeguarding Partnerships team. In partnership with the SABs in Portsmouth, Hampshire and Isle of Wight and with local safeguarding agencies, National Safeguarding Adult Week was held, focusing on themes highlighted by the impact of COVID-19 to include:

- Mental health
- Loneliness and social isolation
- Fraud, scams and cybercrime
- Family approach
- Homelessness

The 4LSAB Co-ordination and Liaison Working Group were able to access reporting, evidencing the reach and effectiveness of the campaign.

Appendix 1 - Southampton Safeguarding Adult Board Strategy.

Appendix 2

Southampton Safeguarding Adults Board – Business Plan 2021-24

The SSAB Business Plan for 2021/24 provides information on actions and target timescales required to deliver the SSAB's priorities. Progress in relation to the plan will be reviewed at each SSAB meeting with updates from Subgroups. A Blue/ Red/Amber/Green rating is used to assess progress in relation to each action.

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Blue action- complete

Green – Action on track and progressing to plan

Amber- Some problems or delays with the action but expected to recover

Red – Major problems and issues threatening the action, behind schedule and not expected to recover

Priority 1: Prevention and Awareness We will work together, in partnership, to prevent abuse and neglect, fully deploying our statutory responsibilities to protect the most vulnerable in our City. We will raise awareness; promote multi-agency risk management, and early intervention and detection to enable the people of Southampton to live safer lives. "I want to live safely; I know what abuse is and I know how to get help"					
What	How	Who	Success metrics	When	RAG status and comments
1.1 Agencies with safeguarding obligations have clear processes in place to deliver the 4LSAB Multi- Agency Adult Safeguarding Policy & Procedures, and safeguarding activity is effective to prevent abuse, crime, neglect, self-neglect, modern slavery and exploitation.	Work collaboratively with 4LSAB arrangements and deliver the outcomes from the Self-Assessment, Framework Audit to review safeguarding systems and practice; information sharing; safeguarding training & MCA and DoLS practice and activity.	SSAB Quality Subgroup	90% of partners will complete the audit Analysis, outcomes learning, and recommendations will be reported to the March 2022 SSAB Partners will achieve an overall compliance score of 80% A SMARTER Action plan will be in place in each agency to aim for 100% compliance.	Oct 21 Organisational Self-Assessment Audit Tool to partners Feb 22 Analysis of outcomes March 22 Findings Report to SSAB with recommendations May 22 Agency action plans in place June 22 Random agency sample (30% of cohort) to assure RAG rated action plans	

1.2 We will work together and collaborate, to maximise multi-agency risk management and improve the lives of the people of our City.	The Modern Slavery Task and Finish Group will ensure that 4LSAB aims are implemented locally and that a clear view of MDS in Southampton is available, with recommendations for strategic and operational improvement, and will report into the SSAB Prevention Subgroup	Prevention Subgroup	Awareness is raised about MDS Development and publication of SSAB MDS Guidance for Practitioners. MDS Training offer & attendance is increased Where an MDS concern exists, safeguarding activity is monitored in relation to care and support needs.	March 2022 Quarter 1, 2022 Quarter 2, 2022 Quarterly reporting	
	Promote use of Multi Agency Risk Assessment Framework & Learning from SARS (e-learning resource)	Subgroups for Quality Assurance & Learning & Development	Tracked agency use with outcomes from Integrated Score Card Accessible multi-agency on-line training provided on learning from SARS	Dec 21 March 2022	
	Work jointly with 4LSAB partners and Southampton's Children's	4LSAB Policy and			

	Arrangements to develop a Safeguarding in Transition Framework.	Procedures Group	Agreed framework and SSAB dissemination in place.	March 2022	
1.3. We will raise organisational and public awareness about abuse, neglect and self-neglect; what can be done to help and demonstrate how and where we seek assurance and accountability.	Work collaboratively with 4LSAB partners to promote and activate the National Safeguarding Adults Awareness Week Campaign 2021. Arrange and implement Awareness Raising actions e.g. by partners holding a free awareness conference; by partners hosting pop up stands in supermarkets; by working with banks; by trying to create City safe places businesses. Quarterly SSAB Newsletter providing updates on SSAB activities & regional & national updates Use of social media to raise awareness	SSAB Prevention Group Safeguarding Partnership Team, Independent Chair & Prevention Sub Group Safeguarding Partnerships Team & Prevention Subgroup	A working Impact Report to be developed and shared with SSAB and 4LSAB Co-ordination and Liaison Working Group Increase and evidence reach, compared to 2020 efforts. Quarterly SSAB newsletters will be in operation A Social Media comms plan will be in place	Campaign - Nov, 21 Report – Feb 2022 Reach – Dec,2021 January 2021 December 2021	

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1.4 We will ensure that the voices of adults at risk are sought, heard, listened to and acted upon, and that we engage with our local communities.	Establish a system to ensure adults at risk and or their lived experience influences SSAB Policy, Procedure and business.	Prevention Subgroup, Southampton Healthwatch, Southampton Connect, Independent Chair	System established and agreed across stakeholders	July 2022	
	Set out a delivery plan in accordance with the TOR and the Board Business Plan	All Sub-Groups	All Delivery plans will be in place for all Subgroups	December 2021	
	Engage with local communities through community leaders e.g. City Church; Southampton University; Southampton Connect		The Prevention Sub Group Delivery Plan will reflect actions that address how views of safeguarding and awareness raising in local communities will be addressed.	December 2021	

Priority 2 – Learning We will share lessons learned from safeguarding practice and Safeguarding Adult Reviews with transparency across our partnership, and will proactively promote the need for a modern, competent, skilled and shared workforce. We will enable access to learning for our partners, deploying local, regional and national experience to improve our safeguarding practice. 'I am confident in the people who help me and they will be confident in how to effectively safeguard'					
What	How	Who	Success Metrics	When	RAG status and comments
2.1 We will seek assurance that all statutory agencies have training in place to deliver their adult safeguarding obligations to prevent abuse, crime, neglect, self-neglect, exploitation and modern slavery.	See 1.1	L&D Sub-Group Partnerships Team			
2.2 We will seek assurance that agency training is aligned with the 4LSAB Multi-Agency Adult Safeguarding Policy & Procedures; local and national learning.	See 1.1	L&D Sub-Group Partnerships Team			
2.3 We will ensure that, having sought evidence from those	Conduct a Training Needs Analysis across the partnership.	L&D Subgroup	SSAB Training Strategy & Training Plan	April 2022	

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with lived experience, that this makes a positive impact on learning and development.	Develop a SSAB Training Strategy and associated Training Plan, ensuring that learning reflects research outcomes; the voice of the adult & family feedback from SARs. Ensure the SSAB Training Strategy matches the current safeguarding priorities such as: MCA LPS Legal Literacy Modern Day Slavery Self-Neglect Mental Health Suicide Awareness Transitional Safeguarding		overseen and agreed by agreed by SSAB		
2.4 We will share lessons learned from Safeguarding Adult Reviews, hold agencies accountable and seek evidence that organisational improvements are made, where necessary.	See 1.2 Develop e-learning and additional resources about learning from SARs. (OMG/6 Step Briefings)	Case Review Group L& D Subgroup Independent Chair Partnerships Team	Procurement of E-learning authoring tool Plan for modular development Prioritisation of training needs Resources developed to promote learning from SARs	Dec 21 Dec 21 February 2022 March 2022	

			Feedback mechanisms built into on-line learning systems to assure future proofing Numbers of staff trained will increase and be evidenced by the authoring tool that is procured and the supportive Local Management System.	March 2022 December 2022	

Priority 3
We will assure our work; learn from local experience and that of others and ensure that our processes aim to continuously improve safeguarding practice. We will seek to assure that safeguarding arrangements are lawfully compliant and meet our statutory obligations, set within the 4LSAB Multi-Agency Adult Safeguarding Policies and Procedures.

'I am confident that the people who work with me and with each other, help me to achieve my outcomes in the best possible way'

What	How	Who	Success Metrics	Timescale	RAG status and comments
3.1 We will ensure that agencies are held accountable for their quality outcomes in relation to safeguarding	SSAB will seek assurance from commissioners and regulators about the safety and quality of care provision in Southampton by:	SSAB Quality Subgroup	Integrated score card in operation and inclusive of data as described	QTR 4 2021, 22 and 23	

activity; and request assurance that partners evaluate outcomes & share with SSAB.	analysing quarterly data from Integrated Scorecard bi-annual updates and assurance from all statutory services annual update and assurance from Care Quality Commission and see 2.1		Bi -annual reports from statutory partners Annual CQC update Outcomes from Self-Assessment QA Framework and random evidence selection	Quarters 2 and 4, 21, 22 and 23 Quarter 4 ,21, 22 and 23	
3.2 We will ensure that our own performance is reviewed and evaluated.	Annual report demonstrates assurance against statutory functions and effectiveness of SSAB SAR Quality Assurance Framework established	Safeguarding Partnership Team Independent Chair Case Review Group	Annual report scrutinised and challenged by SSAB Membership; Healthwatch; SCC Health & Scrutiny Committee and the Health & Wellbeing Board SAR QA Framework piloted SAR QA Framework established	Dec-21, 22 and 23 Quarter 4, 21 Quarter 1, 22	
3.3 We will ask agencies to gain feedback those with lived	Established consistent approach to seek adult's views at the end of s.42	SSAB Quality Assurance Subgroup	Research effective practice and learning from other areas and deploy where appropriate.	Dec-21	

experience and seek evidence that learning is put into practice to improve safeguarding outcomes for our population.	enquires to test Making Safeguarding Personal See 1.4				
3.4 We will work to ensure that safeguarding practice is lawfully compliant, and practice is made personal at every opportunity.	We will continue to commission Safeguarding Adult Reviews and each SAR will deploy MSP principles and ensure families views are reflected and where possible, that the voice and views of the adult at risk is heard. We will share the learning from SARs as widely as possible and note learning from other SARS in other areas. See 2.3 and 3.3 We will assure lawful compliance of practice from the organisational Safeguarding Self - Assessment Framework and SAR outcomes	Case Review Group Partnerships Team	Quarterly Reports to SSAB Self-Assessment Framework & Audit SAR Action Plans and their outcomes	QTRLY	

Key to abbreviations:

Board / LSAB:	The full board of the Local Safeguarding Adult Board
LSB	Collective name for Local Safeguarding Board / team in Southampton – working across the adults and children's safeguarding boards
Exec	The joint business group for LSCB and LSAB in Southampton
QA:	Quality Assurance
WFD:	Workforce Development
4LSAB:	Hampshire, Isle of Wight, Portsmouth & Southampton Local Safeguarding Adults Boards
HWBB:	Health & Wellbeing Board
DVA:	Domestic Violence and Abuse
HBV:	'Honour' Based Violence
FGM:	Female Genital Mutilation
FM:	Forced Marriage
MSP:	Making Safeguarding Personal