

Health and Wellbeing Board

Wednesday, 4th September,
2024
at 5.30 pm

Conference Room 3 - Civic Centre

This meeting is open to the public

Members

Councillor Finn (Chair)
Councillor Houghton
Councillor Laurent
Councillor McManus
Councillor Winning

Debbie Chase – Director of Public Health

James House - Managing Director, Southampton Place,
Hampshire and Isle of Wight Integrated Care Board

Robert Henderson – Executive Director Wellbeing
Children and Learning (DCS)

Claire Edgar – Executive Director Wellbeing and
Housing (DASS)

Suki Sitaram– Healthwatch

Dr Sarah Young – Clinical Director, Southampton Place
Hampshire and Isle of Wight Integrated care Board,
(Vice Chair)

Vacancy – Mental Health Clinician

Dr Michael Roe – Local Paediatrician

Dr Trevor Smith – Deputy Chief Medical Officer at
University Hospital Southampton NHS Foundation Trust;

Contacts

Ed Grimshaw
Democratic Support Officer
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BACKGROUND AND RELEVANT INFORMATION

Purpose of the Board

The purpose of the Southampton Health and Wellbeing Board is:

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

Southampton: Corporate Plan 2022-2030 sets out the four key outcomes:

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

Responsibilities

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

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

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

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

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

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

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

Dates of Meetings: Municipal Year 2024/2025

24 July 2024
4 September 2024
11 December 2024
5 March 2025

CONDUCT OF MEETING

BUSINESS TO BE DISCUSSED

Only those items listed on the attached agenda may be considered at this meeting.

PROCEDURE / PUBLIC REPRESENTATIONS

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

RULES OF PROCEDURE

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

QUORUM

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

DISCLOSURE OF INTERESTS

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

DISCLOSABLE PECUNIARY INTERESTS

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

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

(ii) Sponsorship:

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

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

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

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

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

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

- a) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or
- b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class

Other Interests

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

Any body to which they have been appointed or nominated by Southampton City Council

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

Any body whose principal purpose includes the influence of public opinion or policy

Principles of Decision Making

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

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

In exercising discretion, the decision maker must:

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

AGENDA

1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

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

2 STATEMENT FROM THE CHAIR

3 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.

4 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

To approve and sign as a correct record the minutes of the meetings held on 13 March 2024 and 24 July 2024 and to deal with any matters arising, attached.

5 UPDATE FROM SOUTHAMPTON CARERS PARTNERSHIP BOARD

Report of the Cabinet Member for Adults & Health outlining the presentation from the Carers Partnership Board.

6 OUTCOME OF LOCAL AREA SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) AREA INSPECTION

Report of Rob Henderson, Executive Director, outlining the outcome of the recent SEND inspection.

7 PARTNERSHIP APPROACH TO HEALTHY, SUSTAINABLE FOOD

Report of the Cabinet Member for Adults & Health detailing the recommendations to support the development of a city-wide food partnership, provide system leadership and oversight.

Tuesday, 27 August 2024

Director – Legal and Governance

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HEALTH AND WELLBEING BOARD
MINUTES OF THE MEETING HELD ON 13 MARCH 2024

Present: Councillors Fielker, P Baillie, Finn (Chair) and Houghton
Rob Kurn, Debbie Chase, Robert Henderson, Dr Sarah Young (Vice-Chair), Paul Grundy, James House, Dr Michael Roe, Claire Edgar and Keith Allen

Apologies: Councillor Kenny and Suki Sitaram

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

The apologies of Councillor Kenny and Suki Sitaram were noted.

In addition it was noted that:

- Councillor Finn was the Chair of the Health and Wellbeing Board, following the appointment of Councillor Finn as the Cabinet Member for Adults and Health at the Cabinet meeting on the 15 January 2024.
- the Chief Medical Officer at University Hospital Southampton NHS Foundation Trust, Paul Grundy had appointed the Deputy Chief Medical Officer, Dr Trevor Smith to act as his representative on the Board
- At Healthwatch Strategic Group meeting on 29 February it was agreed that, Suki Sitaram, Healthwatch Southampton Chairperson, would be the Healthwatch representative on the Board and that Kevin Allen, Healthwatch Southampton Strategic Group Member would be the deputy.

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

RESOLVED: that the minutes for the Board meeting on 13 December 2023 be approved and signed as a correct record.

13. **HEALTH IN ALL POLICIES**

The Board considered the report of the Cabinet Member for Adults & Health outlining progress in delivering Health in all Policies.

Kate Harvey, Munira Holloway and Mirembe Woodrow were in attendance and, with the consent of the Chair, addressed the meeting.

The Board discussed a number of points including:

- The definition, approach and framework of the Board;
- Progress made during Phase One of the project; and
- Options for the focus of Phase two of the project

The Board discussed the options outlined in the report and concluded that the Option B: A Moderate Approach would require the alignment with the Health Determinants Research Collaborations to evidence impact of decisions considering health.

14. **MENTAL HEALTH & WELLBEING STRATEGY**

The Board considered the report of the Cabinet Member for Adults & Health outlining the new Mental Health & Wellbeing Strategy for Southampton.

Rob Kurn introduced the report stating that the strategy detailed in Appendix 1 of the report was welcomed and that it had been drawn together by an extensive consultation process. Dr Walmsley detailed the considerations set out in the strategy.

RESOLVED:

1. That the Board recommended that Cabinet approve the new Southampton Mental Health and Wellbeing Strategy as attached in appendix 1 and supporting documents (appendix 2-4).
2. That a detailed action plan should be continued to be developed and that a established the multi-agency Southampton Mental Health and Wellbeing Partnership would deliver the strategy.

15. **ROUTINE CHILDHOOD IMMUNISATIONS - STRENGTHS AND NEEDS ANALYSIS**

The Board considered the report of the Cabinet Member for Adults & Health outlining childhood immunisation uptake rates and feedback from providers and parents in order to improve uptake

The Childhood Immunisation Strengths and Needs Assessment (CHISANA) was discussed with regard to work already being undertaken in Southampton. The Board noted the national picture in regard to the recent outbreaks of measles in the Midlands and in London. The steps being implemented to reach out to communities across the City were detailed and explained whether that be through the medical sector or through educational establishments.

RESOLVED that the Board accepted the recommendations from the childhood immunisation strengths and needs assessment 'CHISANA' on engagement, inequalities and inclusion, service improvement and partnership working.

16. **TOBACCO, ALCOHOL AND DRUG STRATEGY UPDATE**

The Board considered the report of the Cabinet Member for Adults and Heath outlining delivery of the Tobacco, Alcohol and Drug Strategy

Charlotte Matthews, Public Health Consultant, Colin McAllister Senior Public Health Practitioner and Helen Dougan Senior Public Health Practitioner were in attendance and, with the consent of the Chair, addressed the meeting. Outlining the progress set out in the report.

RESOLVED that

1. The Board would continue to note the significant harm that tobacco, alcohol and drugs cause in Southampton and notes the progress made in implementing the Southampton Tobacco Alcohol and Drug Strategy, 2023-28.
2. The Board would continue to actively champion the implementation of the strategy, including:

- All organisations use their impact as Anchor Institutions, to prevent and reduce harm from tobacco, alcohol, and drugs, including vaping when used other than by adults as a tool to stop smoking. This includes visible leadership, such as a Smokefree commitment, and a “Health in all policies” approach.
 - the non-judgemental language: of drug and alcohol use or harm, rather than “misuse”; and of tobacco dependency and treatment, particularly in a health care context.
 - evidence-informed policy
3. Board members noted that they could contact Public Health if they would like further advice or support for their strategic or operational work on tobacco, alcohol, drugs and/or vaping.

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HEALTH AND WELLBEING BOARD
MINUTES OF THE MEETING HELD ON 24 JULY 2024

Present: Councillors Finn (Chair), Houghton, Laurent, McManus and Winning Suki Sitaram, Debbie Chase, Robert Henderson, Dr Sarah Young (Vice-Chair), James House, Dr Michael Roe and Claire Edgar

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

It was noted that Councillors Finn, Houghton, Laurent, McManus and Winning had been appointed to the board for the 2024-25 municipal year by the Council.

2. **ELECTION OF VICE-CHAIR**

RESOLVED that Dr Sarah Young be elected as Vice-Chair for the Municipal Year 2024/25.

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

It was noted that Suki Sitaram had given her apologies for the meeting on 13 March 2024 and that Kevin Allen had attended the meeting as a substitute representative of Healthwatch.

RESOLVED that the minutes of the Board meeting on 13 March 2024 be approved and signed as a correct record, subject to the amendments noted above.

4. **CHILDHOOD OBESITY - WHOLE SYSTEM APPROACH**

The Board considered the report of the Cabinet Member for Adults & Health which outlined the whole system approach to reducing childhood obesity and recommended that the Board adopted a whole system approach for childhood obesity and provided systems leadership through communication; requesting feedback from other sectors and directorates; and monitoring progress.

Ravita Taheem, Senior Public Health Practitioner, Southampton City Council; Doctor Karen Malone, GP and Clinical Director at Southampton Integrated Care Board; Rob Kurn, Chief Executive Officer Southampton Voluntary Services; Councillor Kataria, Cabinet Member for Compliance and Leisure; and Councillor Bogle, Cabinet Member for Economic Development; were in attendance and with the consent of the Chair addressed the meeting.

The Board noted that the strategy identified four key drivers of childhood obesity in Southampton:

1. Time and resource poor families
2. Mixed signals
3. Public spaces are perceived a unsafe, unpleasant and off-limits
4. Local polices with competing priorities

In discussion the board noted the following:

- Systems are made of their interactive parts and together they interact and produce the output
- Interventions to date try to address the output of childhood obesity but do not address the system or any elements of the system that causes childhood obesity in the first place
- The system can only be changed by those in power, underneath that is the system design the structure the needs to be put in place to fulfil the system intent, and the next level is system feedback which is about strengthening what works and trying to slow down what doesn't work.
- Action was needed at all levels to try to change the causes and drivers of childhood obesity and not just to solve the symptom of childhood obesity.
- Coventry Council were also interested in the whole systems approach to reducing childhood obesity
- The whole system approach steps away from blaming the individual and says the outcome we have on childhood obesity is due to the systems that surround communities

RESOLVED that the Board would adopt a systems approach where the sectoral and organisational leaders on the Board, with input from the Child Friendly Board and the Safe City Partnership, would collaborate across sectors and directorates to prioritise, refine, monitor and embed activities and policies to tackle the causes of childhood obesity and that the Board would request regular progress updates on how the key drivers are being incorporated in the workplan and activities of key groups and boards.

5. **#BEEWELL PROGRAMME - KEY FINDINGS**

The Board considered the report of the Director of Public Health outlining the key findings from the young people's wellbeing programme #BeeWell.

Natalie Madden, #BeeWell Programme Manager; Phil Lovegrove, Service Development Officer, Integrated Commissioning Unit, NHS Southampton CCG; Doctor Karen Malone, GP and Clinical Director at Southampton Integrated Care Board; Rob Kurn, Chief Executive Officer, Southampton Voluntary Services; were present and with the consent of the chair addressed the Board.

In discussion it was noted that:

- The information collected through the survey was self-reported information, that was provided through the schools that participated in the survey. In local areas where the information collected was considered to be representative of the local population schools and partners had responded quickly to the data and collaborated on making a difference to the health outcomes identified as areas to focus on improvement.
- Key issues highlighted included loneliness, vaping, discrimination, harassment and violent crime.

RESOLVED that the findings of the #BeeWell survey would be used in context with other data sources to identify opportunities to work collaboratively across the whole system to improve young people's health and wellbeing.

Agenda Item 5

DECISION-MAKER:	Health & Wellbeing Board
SUBJECT:	Update from Southampton Carers Partnership Board
DATE OF DECISION:	4 September 2024
REPORT OF:	COUNCILLOR MARIE FINN CABINET MEMBER FOR ADULTS & HEALTH

<u>CONTACT DETAILS</u>			
Executive Director	Title	Executive Director, Community Wellbeing (DASS)	
	Name:	Claire Edgar	Tel: 023 80
	E-mail:	Claire.edgar@southampton.gov.uk	
Author:	Title	Co-Chair of the Carers Partnership Board	
	Name:	Andy Scorer	Tel: 023 80
	E-mail:		

STATEMENT OF CONFIDENTIALITY	
N/a	
BRIEF SUMMARY	
This item gives an update from the Co-Chair of Southampton on the three priorities identified from the Carers Action Plan.	
RECOMMENDATIONS:	
	(i) To note the contents of the update from the Carers Partnership Board.
	(ii) To agree the support that members of the Health & Wellbeing Board can offer to progress the priorities.
REASONS FOR REPORT RECOMMENDATIONS	
1.	The Health & Wellbeing Board is to receive updates from the Carers Partnership Board to enable Board Members to be sighted on progress and assist if necessary.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
	N/a
DETAIL (Including consultation carried out)	
	Please see contents of attached presentation which summarises the priorities chosen by carers from the Carers Action Plan.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
	None.
<u>Property/Other</u>	
	None.

LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
	The Care Act 2014 provides a legal framework for carers.
<u>Other Legal Implications:</u>	
	N/a
RISK MANAGEMENT IMPLICATIONS	
	N/a
POLICY FRAMEWORK IMPLICATIONS	
	N/a

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Presentation to Health & Wellbeing Board on 4 September 2024

Documents In Members' Rooms

1.	None.
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Equality Impact Assessment

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

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.	No
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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.	
2.	

Southampton Unpaid Carers

Carers Partnership Board
presentation to
Health and Wellbeing Board

A little recent history

- Scrutiny Inquiry (2020/21)
- Carers Partnership Board and Carers Steering Group
- Carers Strategies
 - Adult Carers Strategy 2021-26
 - Young Carers Strategy 2021-26
- Carers Action Plan (adult carers)
 - 3 priorities (2024)

Scrutiny Inquiry (2020/21)

“Carer Friendly Southampton”

- Find it in the list of completed inquiries:

<https://www.southampton.gov.uk/council-democracy/meetings/scrutiny/completed-inquiries/>

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- Well received by carers participating in the “Carers Steering Group”
- 24 Recommendations
- Preceded Carers Strategies 2021-26
 - Adult Carers
 - Young Carers

Southampton Carers Partnership Board

Health and Wellbeing Board



Carers Partnership Board



Carers Steering Group

Co-chairs: Councillor and Carer

Members: Adult Carers, Council & ICB officers, representatives from NHS Trusts and other service providers

Meetings: “Teams” at 2 month intervals (plus workshops etc.)

Effect: Strategy, Action Plan, Monitoring, Review

Carers Strategies and Action Plan

- Southampton City Council website
 - Key strategies, plans and policies
- Adult Carers Strategy 2021-26
- Young Carers Strategy 2021-26
- Priority Updated Carers Action Plan
- Find them under Carers Strategies at:

<https://www.southampton.gov.uk/council-democracy/council-plans/strategy-hub/>

Carers Action Plan – workshop priorities

- Workshop held 23rd February 2024
- Identified 3 priorities from Carers Action Plan
 - 1.2 – “Increase the number of carers who are identified in primary care and the number of patients who are registered with their GP practice as a carer”
 - 3.6 – “Support carers to have planned breaks from caring”
 - 4.2 – “Provide more opportunities for carers to be involved in strategic planning and commissioning decisions”

Carers Action Plan priorities: 1

Respite Planned and Unplanned (action 3.6)

- Carer Backup Plans
 - Information location (Care Director), sharing, access?
 - Realistic expectations of carer to plan, organise & complete forms?
- Planned appointments, operations etc. for carer
 - “reasonable adjustment”?
- Well-being breaks (joint or separate)
- Option for “Shared Lives” approach for respite care cover / resources?
- Well-being encouragement for carers (“take care of yourself”)
 - Social Prescribers, Carers Champions, Carer support groups, Recovery Colleges, NHS Public Engagement teams, Public Health?

Carers Action Plan priorities: 2

Identify unpaid Carers (action 1.2)

- Primary Care and Secondary Care
 - registered as carers by their GP Surgeries
 - information sharing to and from secondary services, unpaid carers service, another local authority service etc.?
 - GP Quality Marker
 - PCN role?
 - Reputation of PCNs vary?!
 - Other (not GP) “Primary Care” services (e.g. Physiotherapy, Dentists, steps2wellbeing, other self-referral services)?

Carers Action Plan priorities: 3

Carers Voice (action 4.2)

- “involved in strategic planning and commissioning decisions”
- Broaden involvement in Carers Steering Group
- Specification for new Unpaid Carers Service contract
- Collaboration with Hampshire Carers Partnership Board, Carers UK, other carer voices (e.g. IOW, Portsmouth)?

Current Unpaid Carer priorities

Respite

(Planned and Unplanned)

Identify unpaid Carers

(Primary Care focus)

Carers Voice

Agenda Item 6

DECISION-MAKER:	Health and Wellbeing Board
SUBJECT:	Outcome of local area Special Educational Needs and Disabilities (SEND) inspection
DATE OF DECISION:	4 September 2024
REPORT OF:	Councillor Alex Winning Cabinet Member for Children & Learning

<u>CONTACT DETAILS</u>			
Executive Director	Title	Executive Director, Children & Learning	
	Name:	Rob Henderson	Tel:
	E-mail:	robert.henderson@southampton.gov.uk	
Author:	Title	Head of Send/Deputy Director, Southampton ICU	
	Name:	Juno Hollyhock / Donna Chapman	Tel:
	E-mail:	Juno.hollyhock@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY	
N/a	
BRIEF SUMMARY	
This item outlines the outcome of the local area Special Educational Needs and Disabilities (SEND) inspection, conducted by Ofsted and the Care Quality Commission (CQC) in April / May 2024.	
RECOMMENDATIONS:	
(i)	That the inspection feedback is noted – see Section 3.
(ii)	That the action plans in development are noted – see Section 4.
(iii)	That Health and Wellbeing Board partners as Strategic Leaders for the System commit to the actions and cultural change required to deliver the areas of improvement – see Section 5.
REASONS FOR REPORT RECOMMENDATIONS	
1.	To ensure work so far is noted and actions for improvements agreed.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	N/a
DETAIL (Including consultation carried out)	
3.	On 26 th April 2024, Southampton Children and Learning Service and the Hampshire and Isle of Wight Integrated Care Board were notified that a local area Special Educational Needs and Disabilities Inspection would be conducted by Ofsted and the Care Quality Commission (CQC), with onsite activity taking place week commencing 6 th May 2024. More information on the

framework and handbook for SEND area inspections can be found online at www.gov.uk/publications or via link provided [here](#).

Judgement

1. The local area partnership's arrangements typically lead to positive experiences and outcomes for children and young people with SEND. The local area partnership is taking action where improvements are needed. The next full areaSEND inspection will be within 5 years. Ofsted and the CQC ask the local area partnership to update and publish its strategic plan based on the recommendations set out in this report.

2. The local area partnership's arrangements lead to inconsistent experiences and outcomes for children and young people with SEND. The local area partnership must work jointly to make improvements. The next full areaSEND inspection will take place within approximately 3 years. Ofsted and the CQC ask that the local area partnership updates and publishes its strategic plan based on the recommendations set out in this report.

3. There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with SEND, which the local area partnership must address urgently. A monitoring inspection will be carried out within approximately 18 months. The next full areaSEND inspection will take place within approximately 3 years. HMCI requires the local area partnership to prepare and submit a priority action plan (area SEND) to address the identified areas for priority action.

The final report was published Tuesday July 16th and the judgement was a '2'.

Overall, we feel that the process was fair and balanced, and extremely robust. We are comfortable with the findings and believe that they are an accurate reflection of where we are as a city in relation to SEND provision.

4. **There were five report recommendations, three of which are particularly health relevant.**

Health commissioners and leaders need to further develop strategies to reduce waiting times for neurodiverse assessments and ensure children and young people receive ADHD medication when needed. There should be clear processes in place to monitor and report on progress made so that there is evidence of performance against the trajectory on improvements of waits from referral to treatment.

Nationally, regionally and locally Autism Spectrum Condition (Autism) and Attention Deficit Hyperactivity Disorder (ADHD) diagnostic and prescribing services are facing significant capacity issues due to large waiting lists and a surge in demand resulting in long wait times for some patients. Much like other areas nationally, Hampshire and Isle of Wight (HIOW) are struggling to keep up with demand. As of January 2022, there were just under 9,000 people waiting for an assessment across HIOW (across children and adults) with demand outstripping capacity by 84%. This increasing demand, coupled with historical difficulties in recruiting staff to the pathway (particularly prescribers), has resulted in a growing waiting list.

The focus of the action plan to address this area of improvement is therefore two-pronged. There is work underway across the HIOW ICB to review and redesign the ADHD/ASD assessment pathway, using the opportunity of the

coming together of the new HIOW Community NHS trust to identify opportunities to streamline. This also includes work to develop the workforce (particularly prescribing), including enhancement of shared care protocols for medication. However alongside this there is an imperative to promote a more needs led approach across the whole system and to develop more needs led support.

This workstream is therefore also focussed on rolling out the Neurodiversity Profiling Tool which has been successfully implemented in Portsmouth (with positive results including evidence that it is reducing demand for diagnosis) and reviewing and enhancing our parenting support offer with the addition of Teen-life (ASD programme) and further increasing New Forest Parenting Programme sessions (ADHD). The NDPT is currently being piloted in 3 primary schools (and 2 pre-schools) and the intention is to roll it out to all primary schools with a multidisciplinary support offer to families and settings by the end of March 25 alongside the continued roll out of the Autism in Schools programme to all schools.

Health leaders need to work at pace to improve the uptake of the antenatal contact, one-year and two-year healthy child programme mandated reviews.

Owing to the levels of need within the city, the capacity within public health nursing services and the strength of our multiagency early help and early years offer, health and care leaders in Southampton took the strategic decision to take a proportionate universal approach to our Public Health Nursing offer. Whilst all families are offered a 12 month and 2-2.5 year review, we specifically target our more vulnerable families with additional needs, including SEND. Take up of the offer of a health review universally is family led. Universally, Health Reviews are sent as invites via a 'choose and book' letter, with a follow up SMS- they are parent led contacts, so rely on families booking. This has meant that, whilst coverage for targeted cohorts of children is high (in excess of 96%), coverage universally is a lot lower (62-65% in 2023/24). This targeted approach to the health reviews has been underpinned by a strong early help offer of Family hubs and Early Years settings delivering a range of advice and support universally in partnership with health visitors and therapists and specialist advice and support located within universal services to ensure identification and response to need (e.g. SEND specialist HV team, CAMHS clinicians).

This workstream is therefore both looking at our strategic approach to delivering the Healthy Child Programme in the city, the balance between targeted and universal pathways, as well as the practicalities (i.e workforce and process requirements) and implications (i.e. impact on capacity) of increasing our universal coverage (noting that the SE average for universal health reviews is 80-85% for quarters 1&2 23/24 and England average 76-87%.) it will also be looking at pathways into support for those children identified at the 12 month and 2-2.5 year check and their impact.

	<p>The local area partnership should review and further strengthen their strategic approach to transition at each point including preparation for adulthood in a timely way, so that children and young people consistently receive the right help and support they need to lead successful lives.</p> <p>The Inspection identified that whilst there were good examples of transition, this was not consistently the case for all children and young people, highlighting timeliness of planning and identification and supporting needs for children below statutory thresholds as being particular issues. This was the case both for children moving from one school phase to another as well as those preparing for adulthood.</p> <p>This workstream is therefore focussed on improving transition planning between pre-school, primary and secondary phases as well as on preparation for adulthood. It encompasses the existing preparing for adulthood work programme, significantly broadening the scope and engagement – health, care, education and wider – to improve the timeliness of identification and planning for young people with non statutory but still complex health and care needs, continue to extend the offer of advice, information and support across the system as well as improving the coverage of Annual Health Checks in primary care for young people aged 14-17</p> <p>The other two recommendations are:</p> <p>1 - The local area partnership should continue to embed their approach to inclusion and SEND strategy so that practitioners have the skills and expertise to work together effectively to better meet the needs of children and young people across all services.</p> <p>2- The local area partnership should improve the quality of EHC plans, so that they are of value to all agencies to better drive the provision offered. This should include:</p> <ul style="list-style-type: none"> • improved joint working of practitioners across education, health and social care • more timely and precise annual review process • more precise action and support for children and young people with an EHC plan who are not on a school roll.
5.	<p>Key System-wide Challenges and Enablers to Delivery</p> <p>Our action plans as outlined above are ambitious but necessary to secure the improvement required for children and young people with SEND in Southampton. None of these actions can be delivered in isolation; delivery will be heavily dependent on whole system commitment to supporting the cultural and behavioural change required.</p>

	<p>Health and Wellbeing partners as system leaders are therefore being asked to champion these action plans and encourage and embed the behavioural and cultural changes required within their organisations/sphere of influence. In particular this will include:</p> <ul style="list-style-type: none"> • Implementing a more needs-led approach to Neurodiversity within health and care, across adult and children’s services, moving away from a focus on diagnosis and focussing instead on early identification of and response to need. • Recognising that preparation for adulthood can start at any age and that all services have a role to play in preparing young people for adulthood. • For adult services to be engaging in preparing for adulthood plans at an earlier age (prior to 17 years 6 months), recognising that this early engagement is about good joint planning and not transition of care. • Implementing a transitional safeguarding approach, by proactively identifying young people who may not be eligible for Adult Services but still have complex social needs which puts them at risk of poor health, care and wellbeing outcomes and working together to support their preparation for adulthood.
6.	<p>We have 35 working days from July 9th to prepare an action plan in response to the key recommendations.</p> <p>The final plan should be approved by August 27th 2024.</p> <p>Given the proximity of the school holidays and the impact this has on our key school stakeholders and the Parent Carer Forum, we have commenced our co-production at pace, ensuring that the necessary confidentiality against the final report has been maintained.</p> <p>Co-production meetings/engagements have been held to date as follows:</p> <ul style="list-style-type: none"> • Southampton SEND Partnership Forum • Preparing for Adulthood Strategy group • Southampton Parent Carer Forum • Southampton Special Heads two hour conference session • Southampton mainstream Heads via email • Health, Social Care and Education colleagues <p>Over the summer break it will be more challenging to keep stakeholders abreast of developments on the action plans so we will be conducting much of this via email exchange.</p> <p>Now that the report has been published we will work with our VCS and our lead Young Co-producer who took part in the inspection.</p>

	<p>Governance and accountability</p> <p>The post inspection action plan will be monitored and overseen by the SEND Partnership Forum and the H&IOW ICS All-age Learning Disability and Autism Programme.</p> <p>In order to make this effective the SEND Partnership Forum is amending its ToR (including a change of name to SEND Partnership Board and to include the explicit oversight of this plan) and the establishment of a set of performance KPIs which are currently in development as a part of the response to the full SEND Inspection.</p>
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
	None at this stage
<u>Property/Other</u>	
	None at this stage
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
	<p>The SEN Code of Practice 2014</p> <p>Part 3 of the Children and Families Act 2014</p> <p>The Special Educational Needs and Disability Regulations 2014</p> <p>The Special Educational Needs (Personal Budgets) Regulations 2014</p> <p>The Care Act 2014</p> <p>The Equality Act 2010</p>
<u>Other Legal Implications:</u>	
	N/a
RISK MANAGEMENT IMPLICATIONS	
	Oversight of key risks and their mitigation is provided through the local SEND Partnership, chaired by the Executive Director of Children and Learning.
POLICY FRAMEWORK IMPLICATIONS	
	<p>The recommendations and learning from this report are important in achieving better outcomes for in Southampton, as outlined in the Southampton City Council Corporate Plan 2022 – 30:</p> <p><i>‘Ensure that children and young people with special educational needs and disability (SEND) have their needs met in local, inclusive and high-quality settings including the opportunity to access, participate in and shape a range of cultural and leisure opportunities.’</i></p>

KEY DECISION?	No
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WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	SEND inspection full report
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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Area SEND inspection of Southampton Local Area Partnership

Inspection dates: 13 May 2024 to 17 May 2024

Dates of previous inspection: 6 February to 10 February 2017

Inspection outcome

The local area partnership's arrangements lead to inconsistent experiences and outcomes for children and young people with special educational needs and/or disabilities (SEND). The local area partnership must work jointly to make improvements.

The next full area SEND inspection will be within approximately three years.

Ofsted and the Care Quality Commission (CQC) ask that the local area partnership updates and publishes its strategic plan based on the recommendations set out in this report.

Information about the local area partnership

Southampton City Council and NHS Hampshire and Isle of Wight Integrated Care Board (ICB) are jointly responsible for the planning and commissioning of services for children and young people with SEND in Southampton.

The commissioning of health services changed across England in 2022. At this time, the responsibility for health services in Southampton passed to Hampshire and Isle of Wight ICB. Southampton City Council and the ICB work together to deliver a whole-service approach for education, social care and health services.

Southampton City Council commissions alternative provision (AP) in Southampton. This is to provide education for children and young people, including those who cannot attend school due to social, emotional and mental health and medical needs, or for those who have been excluded, or are at risk of permanent exclusion. The local authority maintains a list of registered and unregistered alternative providers that it has approved following checks on safeguarding arrangements. It carries out quality assurance of these providers and shares this information with schools.

What is it like to be a child or young person with special educational needs and/or disabilities (SEND) in this area?

The experiences of children and young people in Southampton are varied. Many receive support from committed, caring practitioners who want the very best for children. However, not all children and young people benefit from this work. Challenges around staffing and resources in education, health and social care have had an impact on local leaders' plans to make improvements to the provision on offer. In addition, there can be a lack of multi-agency working between professionals across education, health and social care, meaning not all children and young people can access the support they need.

Younger children mostly receive well-coordinated support. Pre-school children with emerging speech and language needs can attend one of the three drop-in 'chatter matters' sessions that take place every week at family hubs across the city. At the 'stay and play' sessions, a speech and language therapist completes initial assessments and provides advice and strategies at the earliest point. Families benefit from support from health visitors and therapists in these locations.

Young people are beginning to have more opportunities to share their lived experiences about growing up in Southampton with leaders. This is evident in the collaborative work to improve the local offer on the local authority website, and to promote the visibility and inclusion of children and young people in their communities. However, as yet, not all children and young people have the same opportunities to have their voices heard. The Framework for Participation aims to improve this, but is in the early stages of implementation.

Some children and young people experience delays accessing specialist health or education settings. The time spent waiting for support impacts negatively on aspects of their lives, including their mental health. One family described a feeling of 'hope' once they received the specialist help and tailored provision that they required after experiencing delay.

While it is positive that all children and young people receive education, health and care (EHC) plans in a timely way, these plans do not always precisely outline all the support they need. This includes ensuring all agencies work together to appropriately review and then drive provision across education, health and social care. While health practitioners have some effective quality assurance processes, these have not been brought together across the multi-agency partnership to improve the quality and consistency of plans, meaning EHC plans do not yet consistently meet the needs of children and young people.

Many mainstream schools collaborate to provide inclusive environments. Leaders have recognised the need to strengthen the expertise of staff to meet the emerging needs of children and young people. Despite this, some families feel the needs of their children are not met, with some removing their children from school. In these instances, children and young people may spend extended periods of time out of education while waiting for support to be put in place.

The majority of children and young people who go to special schools attend well and benefit from precise provision tailored to meet their needs. While many who attend mainstream schools do achieve positive outcomes, too many have higher rates of absence than their peers. This impacts on their achievement, particularly at key stages 4 and 5 where they do not achieve as well as they should.

The local area partnership's preparation for adulthood and transition strategy is not yet having a positive impact. Some young people have their holistic needs assessed and supported, but for others this planning comes too late. As a result, some experience anxiety and placement breakdown. Stakeholders across education, health, and social care are not yet working as effectively as they could to achieve positive transitions and outcomes for all young people.

What is the area partnership doing that is effective?

- Leaders share a strong moral purpose and hold children and young people and their families at the heart of their work. Many well-planned initiatives for improvement are in the early stages of strategic development or implementation. For example, the Inclusion Charter, the Framework for Participation and the newly refreshed Ordinarily Available Provision strategy are not yet fully established. Therefore, these ambitious plans are not yet having an impact on the experiences of all children and young people and families.
- Parents and carers access valuable support from organisations, including the parent carer forum (PCF). Lived experiences are used to constructively challenge partnership leaders and drive improvements, such as the transformation of the school travel service. The PCF is an active strategic partner which supports the co-production of provision such as the recommissioning of short breaks. The community interest company Re:Minds provides support for families with children or young people with neurodiverse or mental health needs. They have collaborated on the redesign of the well-being hub that provides mental health and emotional well-being services.
- Younger children with the most complex needs receive support from the portage home visiting service and the SEND health visitor team. This valued support enables families to navigate the health system. Practitioners in early years settings receive guidance and training through the expertise of the Early Years Advisory Team. They support with initiatives such as the Wellcomm programme through the inclusion support fund to target early communication needs. This helps children to make a positive start to their education.
- The integrated therapies team assesses children and offers joint appointments when clinically appropriate, so families do not have to repeat their story. All schools and early years settings in Southampton have a link speech and language therapist, occupational therapist and physiotherapist. They assess and treat children and young people, working alongside education staff to develop skills and expertise.
- The café in the youth hub, Opportunity Brews, is designed and run by young people, many of whom have SEND. They have co-produced, with the Youth Justice Service, the summer holiday activities and food (HAF) scheme. However, leaders recognise

there is more work to do across the SEND system to fully engage all children and young people with SEND as co-production partners.

- Families access an array of parenting courses through which they learn positive strategies to meet their children's needs. Targeted early help is provided to those who need it, and clear assessments identify need and areas of focus to support the Team Around the Family approach. Eligible children and families also access a variety of activities such as the HAF scheme and short-break services through the Max Card Plus. Children who meet the criteria for the disabled children's team, Jigsaw, are well supported by social workers and learning disability nurses.
- Children and young people who are referred to the Child and Adolescent Mental Health Service (CAMHS) are assessed within five weeks and placed on a treatment pathway. For children and young people who are on the Dynamic Support Register, multi-agency oversight and creative provision from the key-working service is reducing the numbers of young people being admitted to acute mental health settings. Transition at key points for children and young people with the most complex needs is smooth and well planned. Those open to CAMHS are well supported to move on to adult mental health services.
- Children and young people who access the medical outreach service receive the right help at the right time. The curriculum meets their needs and supports them to reintegrate back into education when they are ready.
- Leaders' ambition for children and young people with SEND is apparent in the collaborative improvements being made to the educational provision on offer. Some mainstream schools are now utilising additional funding to provide alternative curriculum or vocational pathways in key stage 4. In addition, over the past year the number of young people commencing local area supported internships in the city doubled. Voluntary organisations, such as the Prince's Trust, provide additional activities for young people to develop their social skills and to foster positive relationships.
- There has been collaborative work to improve the AP offer and establish an assurance framework. As required, places are commissioned through registered AP to provide education for identified children and young people. This includes those who have been permanently excluded. Some early work is in place to further explore the specific needs of individual children and young people along with new initiatives planned to extend available provision.
- Rightly, there has been a focus on work to reduce the number of young people with SEND who are not in education, employment or training. Increased joint working is beginning to show positive early signs, for example identifying which young people urgently need support and guidance.

What does the area partnership need to do better?

- There are times when the quality of EHC plans and the review process is inconsistent, including lack of involvement from some professionals or agencies. Importantly, this includes the extent to which EHC plans are used to precisely identify and regularly

review provision. Consequently, there is variability in how well the provision set out in EHC plans meets the needs of children and young people.

- Too many children do not receive their mandated healthy child programme developmental checks. Nearly a third of children do not have a 12-month and two-year review and the process is reliant on parents making appointments. This results in missed opportunities for the prevention and early identification of emerging SEND. Leaders have targeted finite resources to children and families with the most need, for example those experiencing homelessness and children with identified health needs. There is more to do to ensure all children receive developmental checks.
- Although there is an improving picture in the uptake of annual health checks, a substantial number of eligible children and young people with a learning disability are not receiving this check with the GP. This is a missed opportunity for early identification of health needs.
- Children and young people are waiting too long for autism and attention deficit hyperactivity disorder (ADHD) diagnostic assessments. Following a diagnosis of ADHD, there can be a wait of over two years before initiation of ADHD medication for children who need this. Although children and young people are supported while they wait and plans are in place to address the long waits, many do not receive the timely medical intervention they need.
- Some children and young people do not get the support they need because of the long waiting times for specialist therapy pathways, for example pre-school speech and language therapy, and individual dialectical behaviour therapy from CAMHS. There are measures in place to regularly review those on waiting lists to manage risk, including prioritisation if needs escalate, but many are waiting too long without the help they need to thrive.
- There is quality assurance and oversight for children with a high level of need who receive a social care service and are in out-of-area settings or residential special schools, and they are seen regularly; however, the system and processes for those who are placed for educational needs only is not as robust. While this represents a small cohort, these continue to be vulnerable children out of area.
- Some education professionals do not always have the skills and expertise to meet the increasing complexity of need. Leaders acknowledge the need to implement a workforce development plan. However, this is not yet at the co-production stage of strategic planning.
- Some children and young people with SEND do not attend school regularly. This is of particular concern in secondary schools, where low attendance can impact on their achievements and pathways into adulthood. While there are some early improvements in attendance through the multi-agency 'team around the school' approach, there are still too many children and young people with SEND missing out on vital education. There is also lack of multi-agency oversight for those who have been out of education for longer periods. This includes families with children who have anxiety-based school avoidance. Delays in ensuring the voice of the child and their families is heard can result in disengagement with education and result in the need for specialist services to rebuild trust and start a reintegration process.

- The quality of transition support for children and young people depends on the settings they are moving on from, and to. This leads to variable levels of success in sustaining placement following transition, particularly at phase transfer. For some, a lack of joined-up thinking at key points of transition means their needs are not identified and met. There are examples where this has led to parents removing their children from school. For others, across primary and secondary, their unmet needs result in a disrupted education due to suspensions or permanent exclusion.
- The experiences that some young people have across the partnership do not prepare them for adulthood. Planning and help often do not come early enough. They do not gain the appropriate information, advice, guidance, and appropriate assessment, including Care Act assessments, to ensure their transition is effective and well considered.

Areas for improvement

Areas for improvement
The local area partnership should continue to embed their approach to inclusion and SEND strategy so that practitioners have the skills and expertise to work together effectively to better meet the needs of children and young people across all services.
The local area partnership should improve the quality of EHC plans, so that they are of value to all agencies to better drive the provision offered. This should include: <ul style="list-style-type: none"> • improved joint working of practitioners across education, health and social care • more timely and precise annual review process • more precise action and support for children and young people with an EHC plan who are not on a school roll.
Health leaders need to work at pace to improve the uptake of the antenatal contact, one-year and two-year healthy child programme mandated reviews.
Health commissioners and leaders need to further develop strategies to reduce waiting times for neurodiverse assessments and ensure children and young people receive ADHD medication when needed. There should be clear processes in place to monitor and report on progress made so that there is evidence of performance against the trajectory on improvements of waits from referral to treatment.
The local area partnership should review and further strengthen their strategic approach to transition at each point, including preparation for adulthood, in a timely way, so that children and young people consistently receive the right help and support they need to lead successful lives.

Local area partnership details

Local authority	Integrated care board
Southampton City Council	NHS Hampshire and Isle of Wight Integrated Care Board
Robert Henderson, Director of Children's Services	Maggie MacIsaac, Chief Executive Officer
www.southampton.gov.uk	www.hantsiowhealthandcare.org.uk/icb
Southampton City Council Civic Centre Southampton SO14 7LY	Hampshire and Isle of Wight ICB Omega House 112 Southampton Road Eastleigh SO50 5PB

Information about this inspection

This inspection was carried out at the request of the Secretary of State for Education under section 20(1)(a) of the Children Act 2004.

The inspection was led by one of His Majesty's Inspectors (HMI) from Ofsted, with a team of inspectors, including: two HMI/Ofsted Inspectors from education and social care; a lead Children's Services Inspector from the Care Quality Commission (CQC); and another Children's Services Inspector from the CQC.

Inspection team

Ofsted

Jo Petch, Ofsted HMI Lead inspector

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Care Quality Commission

Sarah Smith, CQC Lead inspector

Geraldine Bates, CQC inspector

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Agenda Item 7

DECISION-MAKER:	Health & Wellbeing Board
SUBJECT:	Partnership approach to healthy, sustainable food
DATE OF DECISION:	4 September 2024
REPORT OF:	Councillor Marie Finn, Cabinet Member for Adults & Health

<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY
N/a
BRIEF SUMMARY
<p>This paper explains the impact of food systems on a wide range of outcomes and recommends that the Health and Wellbeing Board support a city-wide partnership approach to improving Southampton's food system.</p> <p>The term 'food system' refers to the inter-connections between how we produce, process, transport, buy, consume, and dispose of the food we eat and the way this affects us as individuals and communities¹.</p> <p>Food systems impact individual and population level health, social, economic and environmental outcomes. Therefore, local food systems should strive to make healthy and sustainable diets available, affordable and convenient for all. It is also likely that food systems will need to become more resilient to changes and shocks resulting from climate change and other risks. Studies exploring options for reducing environmental impacts suggest that an integrated² and coordinated systems approach is needed³ and the UK's National Food Strategy suggests new legislation should put a duty on local authorities to 'develop local food strategies, with reference to national targets and in partnership with the communities they serve'.</p> <p>Over 100 cities and places across the UK have recognised the risks and are using Sustainable Food Place resources⁴ to guide their journey to improve their local food system. In Southampton partners have begun to work together with the aspiration of forming a city-wide food partnership and on becoming a Sustainable Food Place.</p>

¹ [Food System Mapping.pdf \(sustainablefoodplaces.org\)](#)

² [Measuring sustainable environment-food system interactions \(parliament.uk\)](#)

³ [The National Food Strategy - The Plan](#)

⁴ [What are Sustainable Food Places | Strategic Food Places](#)

Documentation such as Brighton and Hove’s Food Strategy Action Plan⁵ demonstrate the outputs and added value a partnership approach can provide when adopted and sustained at a city-wide level over a number of years.

The Health and Wellbeing Board is asked to endorse and support Southampton’s aspiration to successfully apply to become a Sustainable Food Place member through facilitating partners to co-develop a food vision and strategy for the city.

RECOMMENDATIONS:

	(i)	Health and Wellbeing Board members support the development and growth of the city-wide food partnership, including a bid to become a Sustainable Food Place member.
	(ii)	Health and Wellbeing Board members provide system leadership by promoting food partnership efforts in their own respective organisations and encouraging active contribution to the food partnership.
	(iii)	The Health and Wellbeing Board provides a degree of governance and oversight by reviewing the progress of the city-wide food partnership in 12 months’ time.

REASONS FOR REPORT RECOMMENDATIONS

1.	Sustainable Food Place resources ⁴ demonstrate the methodology and outcomes that numerous other areas have used to systematically and sustainably improve the health, social, economic and environmental impacts of their food systems; therefore, it is recommended Southampton utilise this tried and tested formula for positive strategic change.
2.	Health and Wellbeing Board members represent a diverse collection of partner organisations and hold positions of influence and responsibility. Therefore, members can use their positions to promote this food partnership approach.
3.	The Health and Wellbeing Board is held in high regard by partners across the city and can therefore provide some governance to the food partnership, such as through reviewing progress periodically.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

4.	N/a
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DETAIL (Including consultation carried out)

5.	<p><u>Introduction</u></p> <p>Food environments are important for the economy. Local mapping has revealed that 1 in 3 businesses in Southampton are part of the food system, providing over 6,700 jobs and contributing up to £487.3 million to Southampton’s economy per year⁶.</p> <p>However, the food we buy and eat is not just shaped by personal choice, it depends on the options presented to us and how much they cost. Hence,</p>
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⁵ [Final-FULL-WEB-Food-Strategy-Action-Plan.pdf \(bhfood.org.uk\)](#)

⁶ [ld.php \(soton.ac.uk\)](#)

	<p>food environments influence health, food security and climate change. For example, in Southampton 26% of Year 6 childhood are obese, which is worse than the England average of 23% (2022/23) and other local areas, and is increasing⁷. In addition, 41% of Southampton residents surveyed reported experiencing food insecurity, 22% higher than national average⁸.</p> <p>Therefore, food is important for more than just economic prosperity, and designing and promoting a healthy and sustainable local food system is required to influence wider determinants of personal and planetary health.</p> <p>Improving the local food environment was recommended by the Board in September 2022 and by the Health Overview and Scrutiny Panel in April 2023. Evidence shows that improving the local food environment requires a systems approach, which can be facilitated through forming a food partnership.</p>
6.	<p><u>Climate change and food supply urgency</u></p> <p>National reports reveal the UK is highly dependent upon food produced overseas and dependence on climate-vulnerable food-producing countries poses a significant risk⁹.</p> <p>Shocks to the global food system, such as those experienced in recent years, can influence food availability and prices as well as the wider cost of living. Our vulnerability to this in Southampton is demonstrated by an increasing demand for food aid, with a survey of Food Aid Forum members revealing over 18,600 meals were served in a 2023 snapshot week, an increase of 7% on the previous year.</p> <p>However, changing food systems, production, distribution and consumption patterns does not happen overnight. Therefore, there is an imperative to intentionally and strategically steer our food system in a different direction and the National Food Strategy recommends development of local food strategies³.</p>
7.	<p><u>Appetite for partnership</u></p> <p>Many innovative and exciting things are already being championed and led by individual organisations or actors within Southampton. Numerous groups also already exist within Southampton to support specific aspects of the food system, for example the Food Aid Forum, Green Network, Climate Action Network etc. However, there is recognition that the no single organisation or group, whether public, private or third sector, holds the powers, remit, or insight to change the local food system alone.</p>

⁷ data.southampton.gov.uk/health/health-behaviours/healthy-weight/

⁸ [Cost of living survey \(southampton.gov.uk\)](https://southampton.gov.uk/cost-of-living-survey/)

⁹ [HECC 2023 report. Chapter 9. Climate change and food supply \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1144444/hecc-2023-report-chapter-9-climate-change-and-food-supply.pdf)

Increasing pressures in the food system, and an increasing recognition of the value in collaborating to reduce duplication, overlap and waste, has seen an increase in groups connecting. There is also a growing understanding of the importance of taking a whole systems approach to influence the causes of the causes of our greatest societal challenges, such as in childhood obesity.

Southampton convened its first 'food partnership' meeting on 20 June 2024, which was attended by a diverse range of 27 stakeholders. The group discussed the collective desire to co-design a vision, identify priorities and develop an action plan that has a city-wide impact, through the cumulative effects of efforts such as:

- Linking food banks with allotments and growers to help mitigate reduction in food donations.
- Linking academics to community groups to do research and evaluate grass roots and community-led projects.
- Submit collective funding applications to generate resource for efforts to influence food system outcomes.
- Develop procurement partnerships to capitalise on economies of scale.

Next steps

Southampton's formative food partnership is progressing in line with the Sustainable Food Place methodology (4) and has collated a list of local stakeholders and numerous case studies of the inspirational projects already going on across the city. It has also held a session to collaboratively develop a vision and map the actions and milestones that would enable this to be realised.

However, the food partnership as currently formed faces several challenges. Progress is being driven by existing actors working as a community of interest and is being temporarily coordinated through a Public Health Specialty Registrar funded by the NHS. The intention is that a sustainable partnership governance structure will be co-designed and that collaborative bids for funding will support the progress of this work, but a sustainable model is yet to be finalised.

Some food partnerships have become 'Incorporated organisations' such as community interest companies (like [Bristol Food Network](#)) or not-for-profit organisations (such as [Brighton and Hove Food Partnership](#)) whilst others have remained as membership organisations with no separate legal identity. The Southampton Food Partnership is exploring these various options to see what could work in our city. Health and Wellbeing Board members are asked to support this coordinated city-wide effort, through their role as systems leaders and through promotion within their own organisations and at other forums. The Board is also asked to provide some degree of governance and oversight to the food partnership by reviewing progress in 12 months' time.

RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
	None – progress in this area is currently being driven by existing actors working as a community of interest. Although please note that the partnership is currently being coordinated by the local authority through a Public Health Specialty Registrar funded by the NHS until August 2025. The sustainability of the partnership without the registrar resource is a concern. It has been made clear that the Council will not be able to provide the resource beyond this point. However, it is the intention that a sustainable partnership governance structure will be co-designed and that collaborative bids for funding will support the progress of this work.
<u>Property/Other</u>	
	None
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
	The local authority has broad legal obligations to mitigate climate change and address inequalities which this partnership approach would positively deliver on.
<u>Other Legal Implications:</u>	
	None
RISK MANAGEMENT IMPLICATIONS	
	None
POLICY FRAMEWORK IMPLICATIONS	
	None

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
See footnotes on each page.	
Appendices	
1	Health and Wellbeing Board Food Partnership Presentation FINAL
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.	N/a



A Food Partnership Approach

September 2024

Why care about our food system?

- **Health Imperative** – 26% of Year 6 childhood in Southampton are obese, which is worse than other local areas and is increasing.
- **Economic Imperative** – **1 in 3 businesses** in Southampton are part of the food system, providing **over 6,700 jobs** and contribute up to **£487.3 million to Southampton's economy** per year.
- **Environmental Imperative** – Food production accounts for over a quarter (26%) of global greenhouse gas emissions.
- **Social Imperative** – 41% of Southampton residents surveyed reported experiencing food insecurity, 22% higher than national average.

Why care about our food system?

"Our diets aren't just about personal choice – the food we eat depends on the options presented to us every day, how much they cost, and how well distributed and marketed they are."



- Food systems are **COMPLEX! No single organisation**, whether public, private or third sector, holds the powers, remit, or insight to **change the local food system alone.**

Why a 'food partnership' approach?

- Many innovative and exciting things are already being championed and led by individual organisations or actors within Southampton.
- Taking a **coordinated and sustained approach** to improving our food system can deliver multiple **economic, health, environmental and social benefits**.

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ECONOMIC SUSTAINABILITY
• <u>contribute to thriving local economies</u> and sustain the livelihoods of people working in the food sector

ENVIRONMENTAL SUSTAINABILITY
• protect the diversity of both plants and animals and <u>avoid damaging natural resources</u> and contributing to climate change

SOCIAL SUSTAINABILITY
• <u>provide social benefits</u> , such as good quality food, safe and healthy products and educational opportunities

Why a 'food partnership' approach?

- **Increase effectiveness** – Taking a **whole systems approach** can influence the causes of the causes. Collaborating we can work smarter, not harder; **reducing duplication, overlap and waste.**
- **Access more financial investment** – Together we have an **increased awareness of grants/bids**, plus collaborative applications are more successful and we could benefit from **economies of scale.**
- **Share learning** – Sharing opportunities and showcasing local work can **increase awareness of community initiatives**, media coverage and **political support.**
- **Be more sustainable** – Greater involvement **reduces reliance on individuals** and clear action plans provide **city-wide accountability.**

Who is already involved?

Food Aid Partners

Southampton City Mission

Saint Mary's Church

Monty's Community Hub

Southampton Allotments and
Gardens Association

The Big Difference

Cooking and Nutrition Partners

Abri Homes

Roundabout Café

Good Grub Club

City Catering

Policy and Governance

Southampton City Council

Economic Development

GoSouthampton

Southampton Forward

Hampshire Chambers of Commerce

Prince's Responsible Business
Network

Community Wealth

John Hansard Gallery

Saints Foundation

Feed the Community CIC

Upper Shirley High School

Research and Academia

University of Southampton

Solent University

Health and Care Partners

NHS ICB and ICU

Solent NHS Trust

Green Network Partners

Green Network, SO:Linked

Southampton National Park City

Southampton Voluntary Services

Transition Southampton

Southampton City Farm

Community Roots

Wilder Southampton

Seed Swaps

Sholing Valleys Centre

How can you help?

- 1. Support the development and growth of the city-wide food partnership, including a bid to become a Sustainable Food Place member.**
- 2. Provide system leadership by promoting food partnership efforts in your respective organisations and encouraging active contribution to the food partnership.**
- 3. Provides a degree of governance and oversight by reviewing the progress of the city-wide food partnership periodically.**

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