Public Document Pack

COUNCIL MEETING

Wednesday, 19th September, 2018
at 2.00 pm

Council Chamber - Civic Centre

This meeting is open to the public

Members of the Council

The Mayor – Chair

The Sheriff – Vice-chair

Leader of the Council

Members of the Council (See overleaf)

Contacts

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WARD	COUNCILLOR
Bargate	Bogle Noon Dr Paffey
Bassett	Hannides B Harris L Harris
Bevois	Barnes-Andrews Kataria Rayment
Bitterne	Jordan Murphy Streets
Bitterne Park	Fuller Harwood White
Coxford	Morrell D Thomas T Thomas
Freemantle	Leggett Parnell Shields
Harefield	P Baillie Fitzhenry Laurent
Millbrook	Furnell Galton Taggart
Peartree	Bell Houghton Keogh
Portswood	Claisse Mitchell Savage
Redbridge	McEwing Pope Whitbread
Shirley	Chaloner Coombs Kaur
Sholing	J Baillie Guthrie Wilkinson
Swaythling	Fielker Mintoff Vassiliou
Woolston	Mrs Blatchford Hammond Payne

PUBLIC INFORMATION

Role of the Council

The Council comprises all 48 Councillors. The Council normally meets six times a year including the annual meeting, at which the Mayor and the Council Leader are elected and committees and sub-committees are appointed, and the budget meeting, at which the Council Tax is set for the following year.

The Council approves the policy framework, which is a series of plans and strategies recommended by the Executive, which set out the key policies and programmes for the main services provided by the Council. It receives a summary report of decisions made by the Executive, and reports on specific issues raised by the Overview and Scrutiny Management Committee. The Council also considers questions and motions submitted by Council Members on matters for which the Council has a responsibility or which affect the City.

PUBLIC INVOLVEMENT

Questions:- People who live or work in the City may ask questions of the Mayor, Chairs of Committees and Members of the Executive. (See the Council's Constitution ref Part 4 Council Procedure Rules 10.8)

Petitions:- At a meeting of the Council any Member or member of the public may present a petition which is submitted in accordance with the Council's scheme for handling petitions. Petitions containing more than 1,500 signatures (qualifying) will be debated at a Council meeting. (See the Council's Constitution ref Part 4 Council Procedure Rules 10.1)

Representations:- At the discretion of the Mayor, members of the public may address the Council 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.

Deputations:-A deputation of up to three people can apply to address the Council. A deputation may include the presentation of a petition. (See the Council's Constitution ref Part 4 Council Procedure Rules 10.7)

MEETING INFORMATION

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.

Mobile Telephones – Please switch your mobile telephones to silent whilst in the meeting.

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

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

Access – Access is available for disabled people. Please contact the Council Administrator who will help to make any necessary arrangements

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

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

Proposed dates of meetings (Municipal year 2018/19)	
2018	**2019**
18 July	20 February (Budget)
19 September	20 March
21 November	15 May (AGM)

CONDUCT OF MEETING

FUNCTIONS OF THE COUNCIL

The functions of the Council are set out in Article 4 of Part 2 of the Constitution

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 16.

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.

Service Director, Legal and Governance
Richard Ivory
Civic Centre, Southampton, SO14 7LY

Tuesday, 11 September 2018

TO: ALL MEMBERS OF THE SOUTHAMPTON CITY COUNCIL

You are hereby summoned to attend a meeting of the COUNCIL to be held on WEDNESDAY, 19TH SEPTEMBER, 2018 in the COUNCIL CHAMBER CIVIC CENTRE at 2:00pm when the following business is proposed to be transacted:-

1 APOLOGIES

To receive any apologies.

2 MINUTES (Pages 1 - 16)

To authorise the signing of the minutes of the Council Meeting held on 18th July, 2018, attached.

3 ANNOUNCEMENTS FROM THE MAYOR AND LEADER

Matters especially brought forward by the Mayor and the Leader.

4 DEPUTATIONS, PETITIONS AND PUBLIC QUESTIONS

To receive any requests for Deputations, Presentation of Petitions or Public Questions.

5 EXECUTIVE BUSINESS REPORT (Pages 17 - 22)

Report of the Leader of the Council detailing the Executive business conducted since the last Executive Business Report on 18th July 2018.

6 MOTIONS

(a) Councillor Shields to move

"This Council is alarmed at the continuing financial crisis facing England's adult and children's social care systems which – between them account for over half of discretionary spending for upper tier local authorities like Southampton. This crisis is getting worse as a direct consequence of increased demand for Council-commissioned care services due to an ageing population and the negative impact of welfare reforms on vulnerable working age adults and their families. The problem is further compounded by the year-on-year Government reductions in Council finances since 2010 – with places like Southampton, hit particularly hard.

This Council accepts that local authority social care services up and down the country have reached a tipping point with some County Councils – like Northamptonshire, Somerset and West Sussex – facing bankruptcy. Moreover

the social care funding crisis also threatens our valued NHS as we celebrate its 70th anniversary. For too long have governments – of all colours – put off meaningful action to address the chronic underfunding of our social care system and we look forward later this year to receiving a (thrice delayed) Government Green Paper on adult social care. We applaud the Local Government Association initiative in producing its own Green Paper for adult social care and wellbeing 'The Lives We Want to Lead' and the local response to this by the City's Health & Wellbeing Board and other partners.

This Council urges the Government to commit to long-term funding for adult social care services along the same lines as for the NHS – i.e. free at the point of need and funded through general taxation. In recognition that a commitment of this magnitude may take time to fully implement, we call on the Government to avert the pending crisis in adult social care (requiring £3.56 billion more by 2025 just to stand still) by ensuring an immediate injection of an extra £2 billion to England's local authorities in the autumn statement specifically for health and social care. This Council urges the City's three MPs to make urgent representations to the ministers of state for care and public health (both Hampshire MPs) to ensure that Southampton receives a fair funding deal from Government in order to deliver its statutory care and health responsibilities."

(b) Councillor Mitchell to move
"This Council notes that Southampton has a relatively high incidence of domestic violence reporting and studies show that once in an unhealthy relationship economic abuse is one of the most common types of abuse faced by the abused partner.

This council believes that the system of paying universal credit to couples via a single household payment, rather than paying benefits to the separate individuals who claim, has the potential to exacerbate this kind of abuse by concentrating power and resources in the hands of a perpetrator.

This council recognizes that this puts individuals at further risk of coercive control and that it may also make it harder for them to leave an abusive relationship knowing they can't put any money aside as a contingency without their abuser noticing.

This council believes that these sorts of barriers for victims of domestic abuse wanting to seek help are unacceptable.

Therefore this council will write to the Secretary of State for Work and Pensions and the Parliamentary Under-secretary of state for crime, safeguarding and vulnerability asking them to rethink this policy and pay non housing elements of universal credit to individual's claimants as standard."

(c) Councillor Galton to move
"This Council acknowledges the need to refocus and present a clear vision, with demonstrable local leadership, to create a clean and green City.

A Council determined to deliver a clean and green city in the quickest possible time would immediately change tack and work with our partners on the premise of incentivisation and not taxation; to produce the most sensible economic and long term sustainable solutions for creating a world class City.

We as a City Council will lead by setting a better example than we currently are; ensuring at every opportunity we take the whole City forward together.

This immediate change in Council approach and direction will be delivered by exploring and implementing innovative solutions such as:

- Getting our city moving - especially by reducing the impact our current traffic light system has on creating local congestion during peak hours.
- Delivering cleaner air through natural filtration and environmental greening across the City.
- A new local Council planning policy to fully recognise air quality in the planning process and ensuring greener development including eco roofs and walls come forward as our City grows and prospers.
- Leading by example by having a cleaner and greener Council fleet and supporting and encouraging businesses to follow our lead.
- Immediately implementing eco driver monitoring for all Council vehicles. Not only will this immediately deliver cleaner air, it will also save the Council money on fuel bills."

- Putting the focus on cleaner and safer residential zones where the pedestrian is a higher priority and traffic speed limits are naturally lower.
- Working with businesses to facilitate a greener modal shift from people to goods.
- Supporting our local taxi trade so that they are a leading example of cleaner travel within our City."

(d) Councillor Keogh to move
Council is concerned about the significant decline in the number of apprentice starts since the introduction of the levy in 2017.

Council requests the appropriate Cabinet Member to write a joint letter signed by the Heads of the City's FE Institutions asking for the Government to start an immediate enquiry into why the levy is failing to deliver and what can be done to increase the quality and quantity of apprenticeship starts.

7 QUESTIONS FROM MEMBERS TO THE CHAIRS OF COMMITTEES OR THE MAYOR

To consider any question of which notice has been given under Council Procedure Rule 11.2.

8 APPOINTMENTS TO COMMITTEES, SUB-COMMITTEES AND OTHER BODIES

To deal with any appointments to Committees, Sub-Committees or other bodies as required.

9 SOCIAL MEDIA POLICY FOR MEMBERS (Pages 23 - 32)

Report of Director of Legal and Governance recommending a Social Media Policy for

Members, attached.

10 COMMISSIONING SUBSTANCE MISUSE SERVICES FOR ADULTS AND YOUNG PEOPLE IN SOUTHAMPTON □ (Pages 33 - 96)

Report of Cabinet Member for Community Wellbeing seeking approval of the arrangements for Commissioning Substance Misuse Services for Adults and Young People in Southampton, attached.

NOTE: There will be prayers by the Mayor's Chaplain John Attenborough in the Mayor's Reception Room at 1.45 pm for Members of the Council and Officers who wish to attend.

Richard Ivory
Director of Legal and Governance

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SOUTHAMPTON CITY COUNCIL

MINUTES OF THE COUNCIL MEETING HELD ON
18 JULY 2018

Present:

The Mayor, Councillor Barnes-Andrews
The Sheriff, Councillor P Baillie
Councillors J Baillie, Bell, Mrs Blatchford, Bogle, Chaloner, Coombs, Fielker, Fitzhenry, Fuller, Furnell, Galton, Galton, Guthrie, Hammond, Hannides (except items 22-27(part)), B Harris, L Harris, Harwood, Houghton, Jordan, Kataria, Kaur, Keogh, Laurent, Leggett, Mintoff, Mitchell, Morrell, Murphy, Noon, Dr Paffey, Parnell, Payne, Pope (except items 27(part) - 38), Rayment, Savage, Shields, Streets, Taggart, T Thomas, Vassiliou, Whitbread, White and Wilkinson

22. APOLOGIES

It was noted that apologies had been received from Councillors Claisse, McEwing and D Thomas.

23. MINUTES

RESOLVED that the minutes of the AGM Council meeting held on 16th May 2018 be approved and signed as a correct record.

24. ANNOUNCEMENTS FROM THE MAYOR AND LEADER

(i) Members stood in a minutes silence to mark the 20th year anniversary of the tragic death of former City Councillor and Mayor Michael Andrews, who served as a City Councillor from 1976 – 1998 and was Mayor from 20th May 1998 until his death whilst serving on Mayoral duties on 27th July 1998. The Mayor announced that as a mark of respect the City flag would fly at half-mast on the anniversary date;

(ii) The Mayor announced that this was the last Council meeting before the departure of Suki Sitaram, Chief Strategy Officer who had given the Council her unstinting commitment, loyalty and hard work over many years. Tributes were made from Members across political parties;

(iii) The Leader made the following statement. In the short period since I became Leader, there have been many competing demands and one of the key issues I decided to prioritise was that of the Kentish Road Respite Centre. Adult Social Care has been described as the burning platform of Local Government across the country and it will continue to challenge all councils on how to best provide that care. With that in mind, I would like to offer an apology for the difficulties experienced by the families who used Kentish Road. This has not been the council's finest hour and its right to acknowledge this. I have spent time listening to the families, visiting respite centres and speaking to charities. The common thread in all these conversations was that a one-size fits approach to care doesn't work. At Cabinet in April, we committed to keep Kentish Road open and offer care on

a temporary basis, while discussions were ongoing with the voluntary sector partners about the future of the site. I am pleased to announce, that we have done, Kentish Road is open and on schedule, offering weekend care to a number of families. We have had good feedback from the service users so far. I have reviewed the voluntary sector plans and it is clear that none of those organisations offer the ideal solution for the Council. So today, I am announcing that the Council will retain responsibility for delivering respite care at Kentish Road in order to meet the needs of people with learning disabilities. Simply keeping everything the same as it's always been is not an option. However, by retaining the site, this gives us the opportunity to deliver the right mix of Adult Social Care options in the future. We have listened and we will continue to do so with service users, their families and our partners as we develop services delivered at the centre.

25. DEPUTATIONS, PETITIONS AND PUBLIC QUESTIONS

It was noted that no requests for deputations, petitions or public questions had been received.

26. EXECUTIVE BUSINESS REPORT

The report of the Leader of the Council was submitted setting out the details of the business undertaken by the Executive.

The Leader and the Cabinet made statements and responded to questions.

The following questions were submitted in accordance with Council Procedure Rule 11.1.

1. Pedestrianisation of Guildhall Square

   Question from Councillor Fitzhenry to Councillor Hammond.

   Can the Leader confirm his commitment to the pedestrianisation of Guildhall Square as quickly as possible?

   Answer

   It was never agreed the Northern Above Bar side of Guildhall Square would be entirely traffic free – but that a review would be undertaken. Now that the galleries are open we are undertaking monitoring of the traffic and will consider the options of pedestrianisation as part of the LTP4 consultation.

2. One New Home Every Day

   Question from Councillor Fitzhenry to Councillor Hammond.

   Can the Leader confirm his commitment to the Labour election pledge of one new home every day?

   Answer

This pledge was made in 2012 since then we have been faced with changes to affordable homes legislation, Brexit, three Leaders (ourselves and the Opposition), the context is very different today. In our latest manifesto, we set the target of providing 1000 new homes over the next five years.

3. Telephone Answering

Question from Councillor Laurent to Councillor Chaloner

Eastleigh Council answer the telephone and deal with queries at the same point immediately and efficiently. Why cannot Southampton Council do the same?

Answer

We have been investing significant time and effort into improving our customer services, to increase the efficiency with which we deal with customer enquiries. As an example last month we dealt with around 45,000 calls and answered these in an average time of 2 minutes 28 seconds. This is an improvement on the position in June 2017, the average speed of answer was 4 minutes 12 seconds.

Dealing with customer issues at the first point of contact is a key part of our strategy for improvement. We have recently introduced a new customer satisfaction survey for the contact centre and one of the questions monitors our performance in this area by asking whether customers were able to successfully do what they called for on that occasion. The latest data shows 72.5% of customers responding positively to this question. However, there will always be a proportion of customer enquiries which require referral to a specialist team, for example where the information provided indicates a social care assessment is needed.

We are continuing to make changes to systems and processes to improve customer experiences both online and via traditional channels.

4. Reduced operating hours at Housing and Gateway cash offices

Question from Councillor Fitzhenry to Councillor Chaloner

Given the Council's strategic approach towards digitalisation and reduction in customer facing interactions, can the Cabinet Member confirm if the reduced hours of service at our housing and Gateway cash offices has increased our rent/payment arrears and/or increased our costs of recovery?

Answer

Part 1 – Impact of reduced hours.

The following stats compare the use of the cash office for 4 months either side of the reduction in opening hours for both 2017 and 2018.

	Council Tax		Housing Rents		Business Rates		Debtors		Others		Trans	Total
Mar-17	3109	£461,275	2007	£268,595	89	£112,344	663	£566,465	1466	£210,997	7334	£1,619,676
Mar-18	2653	£452,095	1966	£319,885	45	£57,092	702	£357,385	1321	£162,076	6687	£1,348,533
	-456	-£9,180	-41	£51,290	-44	-£55,252	39	-£209,080	-145	-£48,921	-647	-£271,143
Apr-17	4866	£573,354	2051	£258,238	156	£244,383	1160	£1,136,211	1251	£185,515	9484	£2,397,701
Apr-18	3886	£521,392	1780	£279,200	121	£132,047	861	£293,629	1830	£398,921	8478	£1,625,189
	-980	-£51,962	-271	£20,962	-35	-£112,336	-299	-£842,582	579	213,406	-1,006	-£772,512
May-17	4959	£462,833	2224	£342,076	180	£214,262	834	£329,261	1301	£202,607	9498	£1,551,039
May-18	4153	£392,435	1990	£314,228	145	£20,965	568	£979,753	1626	£785,152	8482	£2,492,533
	-806	-£70,398	-234	-£27,848	-35	-£193,297	-266	£650,492	325	£582,545	-1,016	£941,494
Jun-17	5159	£436,812	2196	£325,704	152	£134,787	840	£391,802	1444	£246,752	9791	£1,535,857
Jun-18	3845	£351,290	1930	£300,581	120	£110,911	540	£373,865	1063	£59,513	7498	£1,196,160
	-1,314	-£85,522	-266	-£25,123	-32	-£23,876	-300	-£17,937	-381	-£187,239	-2,293	-£339,697

The table above shows that over the first 3 months there is slow down in March and April offset by an overall increase in May, which over the 3 month period evens out the overall amount received.

June is the first month of the reduced opening hours, so is possibly too early to assess whether this is having an impact. Additional information would be required to assess the impact of trying another way to pay i.e. setting up of standing orders or direct debits and or making one off payments on line.

Part 2 Impact on Council Rents

In reviewing the collection of rents between May and June this year that the difference in income collected is minimal at £13,647 and tenants paying their rent through the cash office has reduced by 60 people. This is only one route through which our tenants can pay their rent. As mentioned above, reviewing data for the first month of reduced opening hours is too early to identify trends, but this early information indicates minimal impact on rent collection and therefore arrears. Tenants do have other payment options including direct debits and standing orders.

5. Management of Cemetery Grounds

Councillor Galton to Councillor Hammond

Is the Leader happy with the management of our cemetery grounds or will he change how things are done here after the years of dissatisfaction expressed by our residents?

Answer

The Council manages and maintains 5 Cemeteries within the City; Hollybrook, St Mary Extra, South Stoneham, Millbrook and Southampton (Old) Cemetery, totalling over 100 acres of cemetery grounds.

Grounds maintenance within the cemeteries and Southampton Crematorium Garden of Rest is undertaken by a small team, (11.33 FTE) who also dig graves and undertake burials within the cemeteries, approximately 500 p.a.; and operate the cremators at the Crematorium, approximately 2400 cremations p.a. In addition to working with Friends groups and volunteers the team is supplemented with temporary staff during the grass cutting season.

Maintaining the cemeteries is labour intensive due to the number of obstructions encountered and the care needed to ensure that headstones and kerb sets are not damaged by machinery.

6. Air Quality

Councillor Galton to Councillor Rayment

Why is the driver monitoring equipment in the Council's fleet still not being used to improve our staff's safety, to reduce fuel consumption and most crucially to improve local air quality? (ref: Air Quality Inquiry recommendation viii).

Answer

We do not have driver monitoring equipment in the majority of the Council's Fleet vehicles or the supporting systems to effectively monitor and analyse the data to enable effective management of driver behaviour. The team have been working hard to introduce a wide range of measures to improve air quality in the city which has included the introduction of electric vehicles into the council's fleet. The introduction of driver monitoring equipment has not been progressed as a priority.

However we have carried out work with The Blue Lamp Trust to encourage behaviour change.

7. Fly-tipping Hotspots

Councillor Galton to Councillor Rayment

Why have the Council refused to take pro-active action around the regular fly-tipping hotspots in the City such as Cannon Street in Shirley?

Answer

Waste and Recycling deploy crews to Cannon Street twice a day Monday to Friday and also a visit on Saturday to clear fly tipped waste. Where there is potential evidence in the waste, such as postal addresses, this information is

passed to Environmental Health to investigate further. We are reviewing if CCTV is possible.

8. Car Park Fines

Councillor Galton to Councillor Rayment

How many fines have been issued in our district car parks since your decision to introduce new charges and how many of these were for a failure to show a ticket?

Answer

Since the period of free parking was reduced from 5 to 2 hours, following the posting of signage and a period of grace, in common with the level of fines issued in other car parks the numbers requested are below:

Car Park	March	April	May	June	July
Angel Crescent	133	111	164	206	62
Lances Hill	61	22	24	24	5
Whites Road	20	9	14	9	0
Westridge Road	201	234	156	127	32
Oak Bank Road	67	63	42	41	11
Marlborough Road North	65	83	49	55	9
Howards Grove	66	100	77	71	7
Totals	613	622	526	533	126

9. Childcare Social Workers

Councillor J Baillie to Councillor Jordan

Given the difficulty in recruiting childcare social workers, what is being put in place to address this?

Answer

A cross-council project led by Children and Families to improve recruitment and retention has been under way in recent months. The project focuses on the 'hardest to recruit to' roles in the service, including social workers. The work is informed by local evidence and experience in the context of broader, more national, themes. This has helped to identify our specific recruitment and retention challenges and the work required in order to address these.

The project has looked at how we manage all the key stages of recruitment, from how we advertise roles online and in specialist media, the use of dedicated recruitment events, and targeted campaigns via social media in order to help improve our position and reputation across the region. We now have a Recruiter's Licence on LinkedIn, which gives us scope to target individuals with specific skillsets and experience. We have developed new recruitment literature (e.g. "A day in the life of…") and are also raising awareness of SCC employee benefits and wellness initiatives. There has been a focus on improving creativity in our advertising, and on how well we liaise with applicants. The interview and appointment processes have been improved, and applicants are now given more options about how they would like to engage in these processes. We have a clear 'journey' right up until the social worker starts in role, and we have also refreshed our induction and support arrangements to give our new colleague a good start in their employment with SCC.

Between February and June 2018 we received 62 applications for a social work position, which represented an approximately fourfold increase in applications when measured against the preceding 4 months. Of these, 18 were successful, 26 were of insufficient quality and 18 withdrew, usually as a result of receiving an offer of work elsewhere or because of unrealistic expectations around flexible working.

The inaugural recruitment event held in February 2018 proved very successful, with nearly 100 registrations for the event resulting in 92 job applications, of which 43 were for social worker positions. The event also generated a good deal of positive feedback both from within SCC and also from the broader social work community. There will be a similar event in September 2018, along with a separate social event targeted at experienced social workers.

At the time of writing there are 16 vacancies for social work roles in the service, which shows good progress compared to the position in February 2018 when there were 28 vacancies.

We continue to experience a significant degree of competition, especially for more experienced social workers. Some neighbouring authorities, which are less financially constrained, than ourselves, are also able to offer more administrative support within the role which helps them to attract and retain staff. In addition, Southampton continues to suffer from a legacy of poor reputation in its Children's Services department which, despite the significant improvements made in recent years, is likely to continue to impact on our ability to recruit.

In addition, a majority of our recruits are newly qualified social workers, who cannot manage the same levels of caseload as more experienced workers. We also continue to experience challenges in retaining our newly-qualified staff: these are being addressed through a range of longer-term measures such as a wider training offer, improved levels of managerial support, and better career development opportunities.

10. Southampton Schools

Councillor J Baillie to Councillor Paffey

Is the Cabinet Member confident that in the coming years every child in the city will be able to attend a Southampton School?

Answer

Southampton City Council's forecasting of pupil numbers has been shown to be accurate to within 1%, making it one of the best in the country (confirmed by the Department for Education's place planning team). We are therefore confident that our school places have been planned accordingly, taking into account both the increased pupil numbers currently in our primary schools as well as the 'pushback' resulting from increased pupil numbers in Hampshire schools and a subsequent reduction in the number of Southampton pupils attending Hampshire schools .

Following the success of the primary expansion scheme which provided sufficient places for Southampton children, our Secondary School Expansion Programme due for approval at Cabinet on 17th July 2018 is reflective of our forecasting. To meet future demand, we propose a combined strategy of (1) filling capacity in existing schools, (2) expanding others in parts of the city where there is demand, and (3) the creation of a new 900 place secondary school.

With the majority of SCC schools being either Good or Outstanding, and the rest on the road to improvement, this approach will ensure there are sufficient good school places that will enable every child in Southampton to get the best start in life.

11. Rebranding Process

Councillor J Baillie to Councillor Kaur

What value will the city get out of the 'rebranding' process?

Answer

The work has been jointly commissioned by the two Universities, Business Improvement District, Cultural Development Trust, Associated British Ports and the City Council, with an aim of maximising the value of the substantial collective marketing spend of these organisations through an agreed common approach and narrative for the City. The 'branding' is the first stage of a process which will also involve the agreement of a Destination Management Plan for Southampton to attract increased visitors, inward investment, businesses and students, with associated economic benefits. In addition, funding organisations require evidence of local collaboration for the Visitor Economy, and this new approach

has already yielded a successful partnership bid, led by Southampton City Council, for £250,000 to increase visitors to the City from the cruise industry.

27. MOTIONS

(a) The state of Southampton's roads

Councillor Galton moved Councillor Fuller seconded:

The Council acknowledges that the state of Southampton's roads and pavements falls below that expected by many of our residents.

In light of this, the council will commit to review its current defect intervention levels, with a view to expanding the criteria of defect repaired within both the 24 hour and 28 day periods.

The council will also review its policy on city and district centre paving to ensure these high footfall areas are repaired more swiftly to protect residents and support businesses.

Amendment moved by Councillor Rayment and Councillor Furnell seconded:

At the end of the first paragraph **add** "and that this is an important priority for them."

Add a new second paragraph that reads: "The Council, therefore, warmly welcomes this administration's commitment of over £30.5 million capital investment into the City's road, footway and cycleway maintenance in 2017/18 and current financial year – more than five times the amount invested in 2012/13."

Final paragraph, first line **delete** 'will also review its' and **replace** with 'supports efforts to improve the pothole standards and we are reviewing its current defect intervention levels, with a view to expanding the criteria of defect repaired within both the 24 hour and 28 day periods.'

Final paragraph, second line **delete** 'to protect residents and support businesses.'

Amended Motion to read:

The Council acknowledges that the state of Southampton's roads and pavements falls below that expected by many of our residents and that this is an important priority for them.

The Council, therefore, warmly welcomes this administration's commitment of over £30.5 million capital investment into the City's road, footway and cycleway maintenance in 2017/18 and current financial year – more than five times the amount invested in 2012/13.

The Council supports efforts to improve the pothole standards and we are reviewing its current defect intervention levels, with a view to expanding the criteria of defect repaired within both the 24 hour and 28 day periods. The Council has a clear policy on city and district centre paving to ensure these high footfall areas are repaired more swiftly.

UPON BEING PUT TO THE VOTE THE AMENDMENT IN THE NAME OF COUNCILLOR GALTON WAS DECLARED LOST.

UPON BEING PUT TO THE VOTE THE AMENDMENT IN THE NAME OF COUNCILLOR RAYMENT WAS DECLARED CARRIED.

UPON BEING PUT TO THE VOTE THE AMENDED MOTION WAS DECLARED CARRIED.

RESOLVED that the amended motion be approved.

(b) 70th Birthday of the National Health Service

Councillor Bogle moved Councillor Leggett seconded:

This Council celebrates the 70th birthday of our National Health Service and welcomes the ongoing commitment of the thousands of people who work in these important services in the city.

This Council notes the rising pressures from an aging population and many more people living with complex conditions that is impacting both the NHS and adult social care.

This Council also notes that health outcomes and inequalities in the city are not where we would want them to be.

This Council is committed to working in partnership with all providers in the city to innovate and seek to be a centre of best practice for improving health, care and wellbeing in the country.

This Council is committed to embedding health and wellbeing outcomes in all our policies, and will continue to commit to using all its powers through other determinants of health such as employment, housing and the environment to help improve health outcomes.

UPON BEING PUT TO THE VOTE THE MOTION WAS DECLARED CARRIED.

RESOLVED that the motion be approved.

28. QUESTIONS FROM MEMBERS TO THE CHAIRS OF COMMITTEES OR THE MAYOR

It was noted that no requests for Questions from Members to the Chairs of Committees or the Mayor had been received.

29. APPOINTMENTS TO COMMITTEES, SUB-COMMITTEES AND OTHER BODIES

As the Putting People First Group no longer wished to be regarded as a political group on the Council under the Local Government and Housing Act 1989. Accordingly, all 3 sitting councillors had become Independents. As a result the seats they had on

committees were lost and had been reallocated. In addition Councillor Fielker had vacated her seat on Overview and Scrutiny Management Committee and Governance as she had been appointed by the Leader to Cabinet.

RESOLVED that Councillors Bell, Kataria and Mitchell be appointed to Overview and Scrutiny Management Committee and Councillor Whitbread to Governance Committee.

30. DELIVERING THE COUNCIL STRATEGY

The report of the Leader of the Council was submitted providing an update on activity to deliver the Council Strategy 2016-2020 and an update following the LGA Peer Challange.

RESOLVED:

(i) To approve the key areas of focus within each outcome (Appendix 1)
(ii) To approve the Executive's Commitments (Appendix 2)
(iii) To thank the LGA Peer Challenge team for their report (Appendix 3) and accept their recommendations.
(iv) To note the council's responses to the LGA Peer Challenge recommendations and that actions relating to them have been incorporated into the draft Outcome Plans (Appendix 4).
(v) To approve the draft Outcome Plans (Appendix 5) and delegate authority jointly to the Interim Deputy Chief Executive and the Service Director, Finance and Commercialisation to finalise and make any further changes to the agreed Outcome Plans, following discussion with Leader and Cabinet.
(vi) To note the explicit alignment and linkage between Council Strategy, Medium Term Financial Strategy, Workforce Development Strategy, Customer Strategy and the Digital Strategy as shown in Appendix 6.

31. JOINT AIR QUALITY UNIT (JAQU), CLEAN AIR ZONE EARLY MEASURES FUND

The report of the Cabinet Member for Environment and Transport was submitted seeking approval for funding awarded to Southampton City Council and the DfT's Joint Air Quality Unit (JAQU).

RESOLVED to approve expenditure of the full £2,116,677 (£1,731,677 from the Government's Clean Air Zone Early Measures Fund and £385,000 from the Council's LTP Capital budget) by the end of 2018/19 for the delivery of cycle infrastructure and promotional activities, Legible Cycle network wayfinding signage, marketing and communications work linked to the promotion of cycling and the National Clean Air Day and feasibility and design work for cycle route development in the east of the New Forest District linked to Southampton.

32. CORPORATE PARENTING ANNUAL REPORT 2017/18

The report of the Cabinet Member for Children's Social Care detailing the Corporate Parenting Annual Report 2017/18 was noted.

33. GENERAL FUND & HOUSING REVENUE ACCOUNT REVENUE OUTTURN 2017/18

The report of the Cabinet Member for Finance was submitted summarising the overall General Fund and Housing Revenue Account revenue outturn for 2017/18.

RESOLVED to:

(i) Note the final General Fund outturn for 2017/18 detailed in paragraph 6 is a balanced position following the transfer to earmarked reserves and the revenue grants reserve;
(ii) note that the level of General Fund balances at 31 March 2018 was £11.3M;
(iii) note the performance of individual Portfolios in managing their budgets as set out in paragraph 6 and 7 of this report and notes the significant variances in Appendix 1;
(iv) note the accounts for the Collection Fund in 2017/18 as detailed in paragraphs 27 to 33 and in Appendix 3;
(v) note the HRA revenue outturn for the financial year 2017/18, as set out in Appendices 4 and 5;
(vi) note the performance of the Property Investment Fund (PIF) as detailed in paragraphs 20 to 23 and appendix 6.

34. GENERAL FUND AND HOUSING REVENUE ACCOUNT CAPITAL PROGRAMME OUTTURN 2017/18

The report of the Cabinet Member for Finance was submitted outlining the General Fund and Housing Revenue Account capital outturn position for 2017/18 and seek approval for the proposed financing of the expenditure.

RESOLVED to:

(i) note the actual capital spending in 2017/18 as shown in paragraphs 3 to 5 and notes the major variances detailed in paragraphs 9 to 89 and Appendix 1;
(ii) notes the revised estimates for 2018/19, adjusted for slippage and re-phasing and additions contained within this report, as shown in Appendix 2;
(iii) notes the proposed capital financing in 2017/18 as shown in paragraph 6;
(iv) notes that the capital programme remains fully funded up to 2021/22 based on the latest forecast of available resources although the forecast can be subject to change; most notably with regard to the value and timing of anticipated capital receipts and the use of prudent assumptions of future government grants to be received;
(v) approve the addition and spend of £0.07M in 2018/19 to the Communities, Culture & Leisure programme; to be funded from grants. As detailed in paragraph 96;
(vi) approve the addition and spend of £0.80M in 2018/19 to the Education & Children's Social Care programme; to be funded from government grant. As detailed in paragraph 97;
(vii) approve the addition and spend of £0.05M, £0.04M in 2017/18 and £0.01M in 2018/19 to the Environment & Transport – City Services programme; to be funded from S106 contributions. As detailed in paragraphs 98 and 99;

(viii) approve the addition and spend of £0.44M in 2018/19 to the Finance programme; to be funded from council resources. As detailed in paragraph 100;

(ix) approve the addition and spend of £0.20M in 2018/19 to the Leaders programme; to be funded from capital receipts. As detailed in paragraph 101;

(x) approve the addition and spend of £1.87M in 2018/19 to the Transport programme; to be funded £1.73M from government grants and £0.14M council resources. As detailed in paragraphs 102 and 103;

(xi) approve the addition and spend of £4.50M in 2018/19 to the HRA programme; to be funded from MRA and council resources. As detailed in paragraphs 104 and 105 and appendix 2;

(xii) note the addition of £0.24M to the programme since the last reported position in February 18, under delegated powers. As detailed in paragraph 109 and Appendix 3;

(xiii) approve the revised General Fund Capital Programme, which totals £196.46M (as detailed in paragraph 107) and the associated use of resources (as detailed in paragraph 110).

(xiv) Approve the revised HRA Capital Programme, which totals £216.89M (as detailed in paragraph 114) and the associated use of resources (as detailed in paragraph 117).

35. REVIEW OF PRUDENTIAL LIMITS AND TREASURY MANAGEMENT OUTTURN 2017/18

The report of the Cabinet Member for Finance was submitted to inform Council of the Treasury Management activities and performance for 2017/18 against the approved Prudential Indicators for External Debt and Treasury Management.

RESOLVED to note that:

(i) borrowing activities had been undertaken within the borrowing limits approved by Council on 21 February 2018;

(ii) current Investment strategy is to continue to diversify into more secure and/or higher yielding asset classes and move away from the increasing risk and low returns gained from short term unsecured bank investments. Returns during 2017/18 were £1.41M at an average rate of 3.73%;

(iii) the Council's strategy was to minimise borrowing to below its Capital Financing Requirement (CFR), the difference representing balances, reserves, provisions and working capital. This approach lowers interest costs, reduces credit risk and relieves pressure on the Council's counterparty list. Throughout the year, capital expenditure levels, market conditions and interest rate levels were monitored to minimise borrowing costs over the medium to longer term and to maintain stability;

(iv) the differential between debt costs and investment earnings continued to be acute, resulting in the use of internal resources in lieu of borrowing often being the most cost effective means of financing capital expenditure. As a result the average rate for repayment of debt, (the Consolidated Loans & Investment Account Rate – CLIA), at 3.31%, is lower than that budgeted and slightly lower than last year (3.33%).This includes £30M of short term debt which was taken during the year. No new long term loans were taken during the year due to slippage in the capital programme and higher than expected

balances. The predicted forecast rate for longer term debt is already showing a steady increase. It is likely that any new long term borrowing will be taken out above this rate, leading to an increase in the CLIA rate. In line with the current Treasury Strategy it is the intention to continue to borrow in the short term markets during 2018/19 to take further advantage of the current interest environment;

(v) in achieving interest rate savings the Council is exposed to interest rate risk by taking out variable debt. This was and continues to be very financially favourable in current markets but does mean that close monitoring of the markets is required to ensure that the Council can act quickly should the situation begin to change;

(vi) net loan debt decreased during 2017/18 from £278M to £254M (£24M) as detailed in paragraph 14; and

(vii) there has been full compliance with the Prudential Indicators approved by Full Council on 21 February 2018.

36. EXCLUSION OF THE PRESS AND PUBLIC - CONFIDENTIAL PAPERS INCLUDED IN THE FOLLOWING ITEM

RESOLVED that in accordance with the Council's Constitution, specifically the Access to Information Procedure Rules contained within the Constitution, the press and public be excluded from the meeting in respect of any consideration of the confidential report referred to in minute number 37 below.

Report and appendix are considered to be confidential, the confidentiality of which is based on

- Information relating to the financial or business affairs of any particular person (including the authority holding that information) (paragraph 3)
- Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings (paragraph 5)
- Information which is subject to any obligation of confidentiality (paragraph 7A)

If the content of this report were to be treated as a public document it would reveal information that is both commercially sensitive and detrimental to the business affairs of the Council.

37. FUTURE OF STRATEGIC SERVICES PARTNERSHIP

The confidential report of the Leader of the Council was submitted detailing the future of the Strategic Services Partnership.

RESOLVED that:

(i) the Council terminates the Strategic Services Partnership contract with Capita by exercising its right under clause 51 of the contract dated 20 August 2007 to terminate for convenience;

(ii) the Chief Executive is given delegated authority, after consultation with the Leader of the Council, to make the necessary arrangements for service of the termination notice on Capita;

(iii) the services covered by the Strategic Services Partnership are brought back in-house by the end of the notice period so that they are then fully subject to Cabinet decision-making and under direct management control of senior council officers;
(iv) the Chief Executive is given delegated authority, after consultation with the Leader of the Council, to undertake and conclude all negotiations with Capita that are necessary to give effect to the resolution to terminate the contract;
(v) the Service Director for Digital and Business Operations establishes consultative arrangements including Members and trade unions to support the successful implementation of the project to transfer services back to the council;
(vi) the amendments to the Council General Fund Revenue Budgets detailed in the financial implications in Appendix 2 are approved; and
(vii) the Service Director for Finance and Commercialisation is given delegated authority, after consultation with the Cabinet Member for Finance and the Service Director Legal and Governance, to implement any changes to budgets and take all consequential actions required to implement the decision and subsequent negotiations.

38. LOCAL AUTHORITY TRADING COMPANY FOR SOME COUNCIL SERVICES

The report of the Leader of the Council was submitted recommending that the Council note and discuss the proposals relating to the establishment of a Local Authority Trading Company for Some Council Services that is scheduled for consideration at the 18th July meeting of Council.

RESOLVED:

(i) To consider and take into account the outcome of the Best Value Consultation undertaken in fulfilment of s.3(2) Local Government Act 1999;
(ii) To consider and take into account the outcome of the staff consultation and the ballots carried out by the recognised Trade Unions in relation to the establishment of a LATCo;
(iii) Having considered (i) and (ii) above, as well as the contents of this report, to

    (a) endorse the temporary postponement of the formal establishment of the LATCo as a company limited by shares;
    (b) support the continued implementation of Business Academy workshops and the commercialisation of Council services; and
    (c) endorse the development and implementation of a trading capability within the Council in support of practical application of (b) above, until such time that a recommendation for the formation of a company limited by shares (LATCo) is brought back to Council for its consideration and endorsement;

(iv) To delegate authority to the Chief Executive, following consultation with the Leader of the Council, to take all the necessary steps required for developing and implementing a trading capability within the Council as a pre-cursor to a LATCo.

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DECISION-MAKER:		**COUNCIL**		
SUBJECT:		**EXECUTIVE BUSINESS REPORT**		
DATE OF DECISION:		**19 September 2018**		
REPORT OF:		**LEADER OF THE COUNCIL**		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Felicity Ridgway – Service Lead - Policy, Partnerships and Strategic Planning**	Tel:	**023 8083 3310**
	E-mail:	**felicity.ridgway@southampton.gov.uk**		
Director	**Name:**	**Emma Lewis, Service Director – Intelligence, Insight and Communications**	Tel:	**023 8091 7984**
	E-mail:	**emma.lewis@southampton.gov.uk**		

STATEMENT OF CONFIDENTIALITY		
None		
BRIEF SUMMARY		
This report outlines the executive business conducted since the last Executive Business Report to Full Council on 18th July 2018		
RECOMMENDATIONS:		
	(i)	That the report be noted.
REASONS FOR REPORT RECOMMENDATIONS		
1.	This report is presented in accordance with Part 4 of the Council's Constitution.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	Not applicable.	
DETAIL (Including consultation carried out)		
3.	None	
	STRONG AND SUSTAINABLE ECONOMIC GROWTH	
4.	I was pleased to see the launch of Southampton City Council's vision for the future of transport in the city in July 2018. 'Connected Southampton 2040', the name for a new draft Local Transport Plan, sets out a long term vision for managing and improving how people travel around the city over the next twenty years. The proposals set out in the Plan include: • Developing a Mass Transit System for Southampton and the wider area • Creating a Liveable City Centre where people want to live, work and spend time, by developing spaces and routes that are easy for people to travel around • Rolling out a network of Active Travel Zones, which encourage people to adopt new ways of getting around for local journeys • Establishing a network of Park & Ride sites that serve the places where people go for work, leisure or retail including the city centre. • Completing a comprehensive cycle network that enables people to cycle safely	

	• Supporting the growth and smooth operation of the main employment areas in Southampton • Working towards being a zero emission city.
5.	I am pleased to announce that Concept Services Ltd. have been appointed by Southampton City Council as the fit-out contractors for Network, the innovative new co-working space located on the second floor of the Marlands Shopping Centre. The fit-out will cost over £1M and is due for completion by the end of the year. Network will help unlock the entrepreneurial talent of residents by providing a cutting edge environment for graduates, start-up businesses and existing organisations that are looking to scale up.
6.	It is great to hear that the £7.5M renovation of Southampton's Mayflower Theatre is progressing well. The refurbishment will ensure that the theatre continues to draw in hundreds of thousands of people to the city. The theatre is set to re-open on 28th September 2018.
7.	It is fantastic to hear that a new vehicle terminal is to be built at the Port of Southampton. The new £15M multi-storey facility will be built in the Eastern Dock and will provide storage for a further 3,000 vehicles. This investment will continue to strengthen the port's position as a global hub for automotive imports and exports and is expected to be completed in 2019.
8.	I am delighted that Southampton City Council has secured £250,000 of funding from VisitEngland as part of the Discover England campaign to increase the global competiveness of Southampton as a cruise port, maximising the economic impact of over 2 million international cruise passengers. The funding will create a new suite of bookable, commissionable leisure excursions to make the port more attractive to cruise operators and passengers, and encourage them to explore the cities and surrounding counties.
9.	I was excited to see the plans launched for the redevelopment of Nelson Gate in the heart of the Station Quarter in Southampton. FI Real Estate Management is working in partnership with Southampton City Council to bring forward a mixed-use development that will transform the site and provide thousands of rail travellers with a welcoming view of the city each year. The initial plans include development of a hotel, accommodation, retail units and office space.
10.	I am proud to announce that Southampton City Council has won a 'Small Business Friendly' award at this year's Federation of Small Businesses local authority awards. Small businesses play a crucial part in delivering strong and sustainable economic growth in Southampton, and I am glad we have been recognised for our efforts to support local businesses.
	CHILDREN AND YOUNG PEOPLE GET A GOOD START IN LIFE
11.	I was encouraged to hear about the new photographic exhibit celebrating World Breastfeeding Week (1-7 August 2018) at five locations throughout the city and online, that featured breastfeeding Southampton mums and their babies. The pictures by professional photographer Paul Carter show local mothers breastfeeding with their children, partners and friends at iconic locations and shops across Southampton including West Quay South, the Old Walls, cafes in the Cultural Quarter, IKEA and the Common. The exhibit reached thousands of shoppers, diners and parents to-be from these iconic locations.
12.	I was pleased to hear of the success of Southampton pupils in this year's GCSE results. I was particularly pleased to hear that the proportion of students receiving a grade between 9-5 in English and Maths was 3% higher than last year's results, at 37%. The figure rises to 58% for pupils who achieved a grade between 9-4 for English and Maths,

	which is in line with last year's results. I'd like to congratulate pupils, teachers and parents for all of their hard work and support in achieving these set of results.
13.	It was another fantastic year of results for A-Level students in Southampton. As a result of the hard work of students, all Southampton Colleges and Sixth Forms received a pass rate either at or above the national average of 97.6%. This is credit to the dedication and commitment of students, and the support and guidance provided by both teachers and parents.
14.	It was great to see Redbridge Primary School pupils and the Junior Neighbourhood Wardens come together to transform their school entrance with a community garden. The project was supported by the council-run Citizenship Programme that helps children explore what makes them a good citizen with activities such as staying safe online and dementia awareness. Pupils were given the opportunity to suggest and design improvements to their school grounds to encourage an environment of wellbeing.
	PEOPLE IN SOUTHAMPTON LIVE SAFE, HEALTHY, INDEPENDENT LIVES
15.	I was delighted to hear that Holcroft House, an older person's care home managed by Southampton City Council was rated a 'good' provider by the Care Quality Commission in June 2018. The home was found to be rated 'good' in four inspection categories: safe, effective, caring and responsive, and 'outstanding' in the leadership category.
16.	It was great to hear that Southampton City Council signed the Charted Institute of Housing's 'Make a Stand' pledge upon its launch in June 2018. The pledge gives housing organisations the opportunity to sign up and make four focused but easily deliverable commitments to provide support for people experiencing domestic abuse. The four pledges put in place are: • To put in place and embed a policy that support residents who are affected by domestic abuse • Make information about national and local domestic abuse support services available online and in other appropriate places so they are easily accessible for residents and staff • Put in place a HR policy, or amend an existing policy, to support members of staff who may be experiencing domestic abuse • Appoint a champion at a senior level in an organisation to own the activity that is being done to support people experiencing domestic abuse
17.	It is great to hear that our partners Active Nation, who operate our Leisure Venues, are currently delivering year 3 of the ParkLives Project. The project, created by Coca Cola Great Britain, is an exciting programme of daily fun and free activities that encourages people to get outdoors and enjoy the city's parks. Since January 2018, 15,000 people have enjoyed the wide range of activities they provide and for the first time this year a female-only self-defence session was held.
18.	It is great to see the continuing work that our Junior Neighbourhood Wardens do in the city in order to help improve their local area. Junior Neighbourhood Wardens in August 2018 started work on transforming the garden view for residents at Colne Avenue, hugely improving the view for two ground floor disabled residents. It is great to see them working together to help vulnerable residents maintain their green spaces, as well as an example of the important inter-generational work and support they do.
19.	I was pleased to see Public Health England's Change4Life roadshow come to Southampton during 1-2 September 2018. The roadshow was hosted at West Quay Shopping Centre to encourage children and families to take on a range of fun activities designed to help improve their speed, hand and eye coordination, stamina, agility and strength.

20.	I was delighted to see the launch of the 'This Girl Can' campaign to promote and encourage women in Southampton to get active. The event was inspired by Hafsah Sharif, a young member of Southampton's Youth Forum who is passionate about equal opportunities for women to get involved in sport and physical activity. The campaign offers a different free or discounted beginner activity on each day in September that is to encourage women to get involved and get active. The campaign has also been speaking to inspirational women in the city who have fallen in love with a sport that's offered in the local area; from football to swimming to taekwondo, there is an activity to suit all abilities available locally where women are made to feel welcome.
21.	I enjoyed seeing the celebrations in Guildhall Square on 2 September 2018, where NHS staff members took part in 'Hands of Love', an event organised by the radio station Unity 101 to celebrate the contribution of the black, Asian and minority ethnic communities to the NHS. It is great to see Southampton's diverse community coming together to celebrate an institution that we are all proud of.
22.	Following on from this, I enjoyed 'Care in the Square' on 5 September 2018, where Southampton City Council, the University of Southampton and NquiringMinds along with other organisations from across Southampton came together in Guildhall Square to showcase the support, care and information available to adults enabling them to remain independent. The day also included a range of activities, including exercise demonstrations and group session that enabled adults and their carers to stay well and feel good.
	SOUTHAMPTON IS AN ATTRACTIVE AND MODERN CITY WHERE PEOPLE ARE PROUD TO LIVE AND WORK
23.	It was fantastic to see the explosion of colour at this year's Southampton Pride event on 25 August 2018. Over 10,000 people attended the event to celebrate Southampton's diversity and the LGBTQ community. A parade was held that made its way through the streets of the city centre, and there were performances on stage from the likes of the band 'Union J' and the duo 'The Cheeky Girls'. It is brilliant to see that this event is going from strength to strength each year, and is now one of the largest Pride events on the South Coast.
24.	I am pleased to announce that two Southampton parks have been recognised as some of the UK's very best green spaces and received a Green Flag Award. The awards were granted to St James' Park in Shirley and Riverside Park in Bitterne Park and are a sign that these spaces boast the highest possible environmental standards, are beautifully maintained and have excellent visitor facilities. I would like to thank the community 'friends of' groups of volunteers for both parks, as well as our own Parks and Open Spaces team for their ongoing efforts.
25.	I'm pleased to see that the We March On exhibition (29 March to 28 October 2018) at SeaCity Museum has welcomed over 2,300 visitors to date, a 30% increase on last year. To tie in with Summer in the Square led by the Business Improvement District, SeaCity Museum and Southampton Football Club also joined up with Southampton & District Transport Heritage Trust to deliver two heritage bus days to add to the visitor experience.
26.	Southampton has continued to offer a wide range of interesting, family friendly events to both residents and visitors. Many events were led, facilitated or supported by the council's events team and as well as the ones already referred to above, these have included: • Explore Outdoors, 23 July 2018 to 20 August 2018: A series of free sessions at Frogs Copse in Townhill Park aimed at introducing children to the living creatures at Frogs Copse, such as inspects, birds and plants.

	• Mermaids and Pirates, 10 August to 31 August 2018: Pirates and mermaids took over West Quay this summer, with storytelling, dance workshops to make and take workshops were available for children to take part in. • Derby Road Run, 19 August 2018: Residents of Southampton's Derby Road came together for Derby Run, a community run inviting participants to complete laps of the street's half-mile stretch. This was the first of a planned series of races over the coming year to unite Derby Road's community. • Art exhibition by celebrated artist, Christopher Le Brun, 13 September to 12 January 2019: Southampton City Art Gallery is hosting art works by celebrated local artist and current President of the Royal Academy, Christopher Le Brun. • Beneath the Surface: William Stott of Oldham and British Impressionism exhibition, 14 September to 12 January 2019: This exhibition will show William Stott of Oldham's painting Le Passeur (The Ferryman) which is considered a key moment in the breakthrough of British Art to naturalism.
	A MODERN, SUSTAINABLE COUNCIL
27.	It was great to see more than 100 council staff joined Interim Chief Executive Richard Crouch on a brisk 10-minute walk through our central parks on 18 July, to support a national campaign promoting workplace health and wellbeing. The initiative hopes to get more people involved in walking on their lunch break, which can help boost energy, lift your mood and improve your general wellbeing.
28.	I am pleased to announce that owners of fully electric vehicles can now cross the Itchen Bridge free of charge with a SmartCities card. The electric vehicle concession forms part of Southampton City Council's Air Quality Strategy to reduce air pollution in the city and encourage the update of low emission vehicles.
29.	I was pleased to see that Southampton City Council has been awarded a Silver Award from the Ministry of Defence Employer Recognition Scheme for support offered to staff members who are members of the Armed Forces on 5 September 2018. Southampton has a proud military history and recognising and support members of our Armed Forces, and their families, is essential.
30.	Following visits from Street Scene Enforcement Officers from the council, the Waste and Recycling service has issued its first penalty notices of £60 to three households in the city who have repeatedly failed to properly manage their waste. The Enforcement Officers offered advice and support to people who have struggled to manage their waste properly following the changeover to alternate weekly bin collections last summer, and issued the fines as a last resort when no improvements were made.
31.	It is great to see staff taking part in 'Cycle September', an initiative by My Journey, Southampton City Council's sustainable travel brand, and Love to Ride, a specialist global web and app based platform that gets more people cycling. Running throughout September, the free event for everyone who lives and works in Southampton, whether they are a seasoned cyclist or complete beginner, can track their cycle rides in order to be in with a chance of winning prizes. The Cycle2Work scheme is also now in place and available to staff and a recent roadshow on the 29th August prompted new riders to purchase through the scheme.
32.	I was delighted to see that thanks to our highways partner, Balfour Beatty Living Places, they have implemented a dedicated 'Find and Fix' team. The team, consisting of two highway operative, has been systematically working across the whole of the Southampton road network with the sole brief to repair carriageway potholes.
RESOURCE IMPLICATIONS	

Capital/Revenue	
33.	None
Property/Other	
34.	None
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
35.	As defined in the report appropriate to each section.
Other Legal Implications:	
36.	None
RISK MANAGEMENT IMPLICATIONS	
37.	None
POLICY FRAMEWORK IMPLICATIONS	
38.	None

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

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)**	
	None	

DECISION-MAKER:		Council		
SUBJECT:		Social Media Policy for Members		
DATE OF DECISION:		19th September 2018		
REPORT OF:		Director of Legal and Governance		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Richard Ivory**	Tel:	023 8083 2794
	E-mail:	**Richard.ivory@southampton.gov.uk**		
Director	**Name:**	**Richard Ivory**	Tel:	023 8083 2794
	E-mail:	**Richard.ivory@southampton.gov.uk**		

STATEMENT OF CONFIDENTIALITY		
None		
BRIEF SUMMARY		
To consider formally adopting a Social Media Policy for Members which would become a supplementary document forming part of the overall Members Code of Conduct		
RECOMMENDATIONS:		
	(i)	To consider the draft Social Media Policy, any recommendations from Governance Committee and resolve to adopt as a core Member guidance document
REASONS FOR REPORT RECOMMENDATIONS		
1.	To adopt a formal policy and provide guidance given the increase in social media activity	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	To not do so and rely on implied obligations	
DETAIL (Including consultation carried out)		
3.	Members' increasing use of social media is welcomed; it is now a way of life for many people, however there is a wide recognition that there are potential issues which the use of social media raises. Over the past couple of years the Monitoring Officer has had to increasingly consider more issues and instances regarding the use of social media by members when carrying out their duties. At the moment there is no adopted guidance so common sense and members own judgement has to prevail. To help support and facilitate Members in the correct use of Social Media in their roles as elected members this advice and guidance document has been produced. This guidance provides a summary of the main issues for Members to consider, some 'Do's and Don'ts' and further more detailed information about the legal framework and examples of how social media activity might fall within and the scope of the Members' Code of Conduct. It is based on a core document from the LGA and has been adopted by many other local authorities. It is not a requirement for members to have any social media account or use other forms of social media. However, If members are already using or planning to use social media in connection with their work as a Councillor, or are already using such media in a private capacity, these guidelines will be	

	relevant. Naturally, any form of communication is capable of being misunderstood. While the use of social media should not be any more susceptible to this problem than any other form of communication, the immediacy of social media and informal language can magnify misunderstandings. By the nature of such media "misfiring", or being misunderstood (particularly with regard to something that is perceived as being more controversial than it was intended to be), it is likely to lead to rapid and wide broadcasting of that apparently "controversial" or misunderstood matter with reputational implications for members as individuals and the authority and/or its partners. There are no special, additional legal or ethical burdens relating to the use of social media. The same rules apply that govern the rest of the behaviour as a councillor, it is though important that members consider their social media activity within this context. The best use of social media is conversational in tone, however publishing information on social media is still publishing. What is said in published material on the web is written down and it is permanent. Most pitfalls will be avoided if online content is accurate, respectful, informative, balanced and objective. This does not mean that members cannot, in the appropriate context, communicate politically. This is expected of an elected representative, but members should be careful not to say anything that they wouldn't be comfortable repeating or justifying, for example, at a public meeting. The intention is that the policy will become one of the suite of supplementary guidance policies which link directly to the Members Code of Conduct. Training and awareness sessions have already taken place for most Cabinet Members and this is being rolled out as an invitation to all members. The report was considered by Governance Committee on 10th September 2018 who fully supported its adoption but recommended that additional wording stressing that once published on the internet any comments made can be captured even if later deleted by the author so utmost circumspection was required. This has been done.
RESOURCE IMPLICATIONS	
Capital/Revenue	
4.	None
Property/Other	
5.	None
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
6.	Localism Act 2011
Other Legal Implications:	
7.	None
RISK MANAGEMENT IMPLICATIONS	
8.	None

POLICY FRAMEWORK IMPLICATIONS			
9.	None		
KEY DECISION	No		
WARDS/COMMUNITIES AFFECTED:	none		
SUPPORTING DOCUMENTATION			
Appendices			
1.	Draft Social Media policy for members		

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.	LGA documentation on social media	

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SOCIAL MEDIA MATTERS - A GUIDE FOR MEMBERS

Contents

1 Introduction

Social media is increasingly popular form of communication for individuals and organisations and is used both socially and for business.

Social media is used to describe any kind of on-line tool that you can use for sharing what you know, including blogs, photo sharing, video sharing, social networks and mobile phone applications.

Unlike a telephone conversation or email, it is an interactive broadcast medium – your messages are likely to be viewed by a much wider range of people than just the intended recipient. This also means that once your message is out there on social media there is no delete button! Even if you delete a post it's likely someone could have seen it and shared it. Assume therefore that once published it is there forever and can be captured even if later deleted by you. Circumspection is therefore required.

The golden rules then are:

- Think before you tweet/post anything – never publish anything you wouldn't be happy being formally recorded
- Do not comment, post or tweet anything when you are angry, tired or have consumed alcohol

With this caution in mind, there are many benefits to engaging with social media. It's simple and free to use. It can give you a personal connection and dialogue with different types of residents that you may not reach via other channels. Conversations are already happening out there – this is your opportunity to get involved!

This guide has been developed for Councillors who would like to use social media as a tool to share information, open new dialogues with the people in their communities and beyond, and engage publicly in productive and immediate two-way conversation. Please read it alongside the *Members Code of Conduct* and relevant protocols. Read on to see how making effective use of social media can make you more connected as a councillor.

2 What is social media?

- Most of us will be familiar with social media; it's a collective term used to describe easy ways to create and publish on the internet

- Whats App?, Facebook, Instagram, You Tube and Twitter are the most popular social media sites

It is also easy to set up a blog – an online journal where you can share information, activities and the things that mean the most to you.

Some good sites to get started include:

www.wordpress.org
www.tumblr.com
www.plus.google.com (you will need to set up a google account)

3 Why use social media?

- Social media offers an easy way to talk and to listen to residents, local businesses and other partner organisations – you have the potential to establish direct two-way communication with all of them
- It is a valuable way of finding out what people are talking about locally, and globally, and their concerns and interests
- It's a useful way of finding out about breaking news, the latest news, the latest research or policy announcements from political parties
- It's a good way of making your communities more aware of the work you do
- Social media is mobile and instant – you can take it around your community or wherever you are out and about
- You can upload pictures and videos – so you could share for example pictures of you at a local event, or potential sites for development, new buildings, old buildings …a picture can tell a thousand words
- It's free. Accounts cost nothing, and it's likely you already have the equipment you need – devices that access the internet

4 How to use social media

- When you set up an account, consider what name you use. For your professional role it will help people to find you if you preface with 'Cllr'
- Remember that your contact details, excluding your home address, are published on the Council website, so for example saying that you are enjoying two weeks abroad on holiday, is letting people know that your house is empty.

Remember who can see what:

Facebook You can control who has access to different parts of your account, and manage what the world sees, and what your "friends" see but please be aware that your 'friends' may refer to your comments in the public arena, where it is possible for your comments to be taken out of context.

Twitter The whole world can potentially see everything that you tweet. Your tweets will appear on all of your "followers" feeds, and each of them can re-tweet – so all of their followers can see your tweet – and so on.

- Make it easy for people to find you – many people will search for the area you represent, so make sure you mention your location frequently.

- You can use (and search by) the 'hashtag' (#) for example #Longlevens, #FoD,
- #Southampton - so search by # to help find what people are talking about in your area, and include a # to help people find you
- Increase your friends and followers, and your reach by following, linking and re-tweeting other people and sites
- Do take the time to look after your social media accounts – your 'friends' and 'followers' will expect quick responses to any queries, and you will only get more friends and followers, or increase your 'reach' by updating your accounts regularly
- That said, don't be drawn into negative or emotionally driven conversations – 'trolls', or deliberately disruptive posters will often deliberately try to invoke a reaction/anger
- Remember social media is about two-way conversation – you will get feedback, and some of it may be challenging – make sure that all your posts/responses are no different from what you would be happy talking about in public – you must take responsibility for anything that you say online

5 Social media and the law

Generally if you conduct yourself on social media in an objective, balanced, informed and accurate way, then you should be fine. Keep your *Members Code of Conduct* in mind, if you breach this policy then it is likely you will have breached the *Members Code of Conduct* too:

Members Code of Conduct

Please see the following general legal issues which you should be aware of:

- **Libel/Defamation** if you publish an untrue statement about a person which is damaging to their reputation, they may take action against you. This is also true if someone posts something libellous on your site and you don't take swift action to remove it. Be aware that the courts can require you to pay compensation in a successful libel claim taken against you. It is very unlikely the Council will provide legal advice or support in defamation matters.
- **Copyright** using images or text from a copyrighted source, e.g. using bits of publications or other people's photos, without getting permission is likely to breach copyright laws. Don't publish anything you are not sure about without checking first. See *UK Copyright Law Factsheet.*
- **Data Protection** it is unlawful to publish personal data about individuals unless they have given you their permission. As a councillor you are a data controller and so are personally responsible for what you publish.
- **Incitement** it is a criminal offence to incite any criminal act. It is a criminal offence to make a discriminatory remark about anyone based on a protected characteristic as defined in the Equality Act.
- **Harassment** it is a criminal offence to repeatedly pursue a campaign against someone where this is likely to cause alarm, nuisance or distress.
- **Equality** take care in publishing anything that might be considered sexist, racist, ageist, homophobic or anti-faith to avoid for claims for a breach of the equality laws or the *Members Code of Conduct*.
- **Legal Proceedings** you might find that you are contacted about on-going legal proceedings or those proceedings which have not yet been started by or against the Council. It is best not to comment and refer the matter to Legal Services. As an elected representative of the Council it is possible for your comments to be referred to in such court proceedings. If you feel there might be an underlying motive behind the query or

someone is encouraging you to give a view on a special case, the best option is to put the person in contact with the relevant service at the council.

- **Elections and Voting** you should not post anything onto social media concerning votes when attending election counts or postal vote verifications. The Representation of the People Act 2002 is clear that it is a criminal offence to publish any information regarding the result of an election that may affect the result of that election or undermine the secrecy of the ballot – S.66A Prohibition on publication of exit polls (1). No person shall, in the case of an election to which this section applies, publish before the poll is closed– (a) any statement relating to the way in which voters have voted at the election where that statement is (or might reasonably be taken to be) based on information given by voters after they have voted.

6 Social media and the law

Some do's and don'ts

- Do think before you message! Do not say anything that you would not be prepared to discuss face to face with anyone, or be prepared to be minuted in a public meeting – social media is like a public record, a digital footprint, of everything you say – even if you later delete a post
- Do update your social media regularly – if it becomes redundant, it is better to close it rather than appear unresponsive, or uninterested
- Do refrain from publishing anything which you have received in confidence
- Do include photos, videos or links to website information to help you make your points
- Do make sure that you don't bring the council or your councillor role, into disrepute
- Don't re-tweet anything you don't know to be true
- Don't post comments in haste – particularly when you are feeling angry, have been drinking alcohol or your judgement might otherwise be impaired
- Don't disclose confidential information about people, the council or its business
- Don't bully or intimidate others – repeated negative comments about or to individuals could be interpreted as bullying or intimidation
- Do not deal with casework issues via social media. There is danger cases could be missed, and there are also data protection issues. If you receive a casework request via social media, please forward your council email address and ask their constituent to email them directly

7. Glossary of terms

- **Blog** term derived from ‘weblog’ meaning an internet log or diary/journal
- **Blogosphere** all blogs collectively on the internet
- **Direct Message** a message sent via Twitter directly to someone who follows you or who you follow
- **Facebook** an example of social networking
- **Flickr** photo sharing site
- **Follower** someone who has chosen to follow you on Twitter
- **Friend** someone who you have allowed to access your Facebook page – not necessarily a real friend
- **Forum** a virtual discussion area
- **#Hashtag** a hashtag or # is a way of denoting a keyword which can be used as a search term on Twitter.
- **Instagram** a platform for sharing photos and videos
- **LinkedIn** a business oriented web site
- **Microblog** short blog e.g. Twitter using a maximum of 140 characters
- **Pinterest** a virtual pinboard for creating and sharing images
- **Retweet** to forward a message or Tweet seen on Twitter
- **Social networking** WhatsApp?, Facebook etc
- **Snapchat** a photo messaging application for photos, videos, drawings and text
- **Spam** electronic junk mail
- **Trending** current popular people or conversations as in ‘trending on Twitter now…’
- **Troll** someone who disrupts online communities or discussions through unhelpful or irrelevant posts
- **Tweet** a message sent on Twitter
- **Twitter** a social media site for sharing short messages limited to 140 characters called tweets
- **Vimeo** A platform for sharing videos and photographs
- **You Tube** a platform for sharing videos and photographs

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DECISION-MAKER:		CABINET		
		COUNCIL		
SUBJECT:		**COMMISSIONING SUBSTANCE MISUSE SERVICES FOR ADULTS AND YOUNG PEOPLE IN SOUTHAMPTON**		
DATE OF DECISION:		18 SEPTEMBER 2018		
		19 SEPTEMBER 2018		
REPORT OF:		**CABINET MEMBER FOR COMMUNITY AND WELLBEING**		
CONTACT DETAILS				
AUTHOR:	**Name:**	Sandra Jerrim	Tel:	023 80296039
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Director	**Name:**	Stephanie Ramsey	Tel:	023 80296941
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STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY
A range of services are commissioned through the Integrated Commissioning Unit (ICU) and Public Health to provide specialist services for people concerned by their own or someone else's use of drugs and/ or alcohol. The current contract arrangements end on 30 June 2019. The ICU is seeking approval, following a review of current services, national guidance and relevant stakeholder's view, to procure new services to commence from 1 July 2019.
The review has considered whether there needs to be a redesign of the current service provision, and while there will be some changes, they will remain reasonably comparable to the current arrangements as follows • Two existing adult contracts (for those aged 25 and above) will be combined into one contract. • The young person (YP) contract will remain the same. • Primary Care services will continue to be commissioned separately. • A separate contract will be set up for a small independent advocacy service, previously incorporated within one of the adults' contracts.
The review considered a wide range of information including national guidance, scope and performance of current services and feedback from service users, carers and stakeholders. The review was carried out between Dec 2017 and March 2018, followed by a number of Challenge and Confirm sessions, enabling the findings from the review and emerging service model to be considered and discussed. The age split (up to 18 or 24 years of age in young people services) and associated resources featured in a number of the discussions, with equal support for both options. Feedback and views were taken into account and informed the service model and allocation of resources.
Services should have harm reduction as the principle aim and 'recovery' as a desirable and achievable outcome. In Southampton, recovery is defined as '*Voluntarily - sustained control over problematic substance use which maximises health and wellbeing and*

participation in the rights, roles and responsibilities of society'. In addition, commissioned services, combined with the work of key partners across the city, led by the Drug Strategy Implementation group will, as its primary focus seek to check the rise and reverse the numbers of Drug related deaths in Southampton. This will build on both learning from non-fatal overdoses and ensuring our pathways in these instances are effective.		
This report seeks approval from Cabinet for the award of a contract to provide Substance Misuse advice and assistance support following a tender process. Tenders have been evaluated according to the most economically advantageous criteria, taking into consideration the criteria of quality and price.		
RECOMMENDATIONS:		
CABINET		
	(i)	To consider the findings from the review of substance misuse services and to note, as a result of the review, there is no proposal for a substantial redesign of services.
	(ii)	To authorise the procurement of a substance misuse service for adults and young people in Southampton.
	(iii)	To delegate authority to the Director of Quality & Integration to carry out a procurement process for the provision of services as set out in this report to provide substance misuse services to adults and young people in Southampton and with the Director of Legal & Governance to enter into contracts in accordance with the Contract Procedure Rules.
	(iv)	To delegate authority to the Director of Quality & Integration following consultation with the Cabinet Member for Community Wellbeing to decide on the final model of commissioned services to support the provision of a substance misuse service and all decision making in relation to this recommissioning.
	(v)	To authorise the Director of Quality and Integration to take all necessary actions to implement the proposals contained in this report.
COUNCIL		
	(i)	To approve a financial envelope of up to £20,862,737 for a maximum period of 7 years (5 + 2 years extension when applied to contracts) and maintaining the current level of annual investment.
REASONS FOR REPORT RECOMMENDATIONS		
1.	There is a requirement to recommission Substance Misuse services for adults and young people in Southampton to comply with procurement rules. Current contracts come to an end in June 2019. This report and the recommendations provide an informed proposal and seek approval to carry out a procurement to secure new services from July 2019.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2	Other options were considered prior to the development of the current model, for example, continuing to contract with the current provider. However, these were rejected as they did not comply with the procurement rules. Other options included a single service (contract) to cover all service areas, which was	

	rejected as it restricts the market to a smaller number of providers and potentially excludes small local voluntary agencies from applying. Consideration was also given to separating out all elements of the contracts (e.g. adults, young people and carers) or combining primary care services within the main contract. The advantages and disadvantages of each option was fully considered by Substance Misuse Review and Redesign project group and the proposed service model decided upon.
3	Joint commissioning with other Local Authorities: The possibility of tendering jointly for substance misuse services with other local authority and CCG areas (Hampshire, Portsmouth and IOW) was considered but the timeliness of commissioning cycles alongside different priorities meant this was not a viable option.
DETAIL (Including consultation carried out)	
Context	
4	The impacts of problematic use of drugs and alcohol to individuals, their friends, families and communities are well known. Problematic use of drugs can negatively impact physical and mental health and drive people to engage in criminality, become homeless, and disrupt personal relationships and negatively impact child development. Problematic use of drugs is also present in a high number of safeguarding cases and Looked After Children (LAC). As well as the human cost of substance misuse, people's use and misuse of drugs have financial implications to the public purse, whilst difficult to estimate due to the range of impacts our government has presented a number of estimates in recent years
5	Southampton has higher need (larger prevalence rates) and similar or higher unmet need (people not accessing support or treatment) than the national average. Furthermore, the needs of an aging population will, in future, require specific work to consider how best to meet their needs, particularly the cohort of older people with complex and entrenched use of alcohol.
6	Addressing Drug Related Deaths is a priority of Southampton's Drug Strategy while reducing alcohol-related harm is a priority of Southampton's Alcohol Strategy. Furthermore, continuing to develop strong, joint working relationships, with Mental Health Services remains key to addressing the needs of people with co-occurring conditions. There is also recognition of the resources available, which are constantly under pressure, can impact a services ability to meet the significant treatment and support needs of Southampton. At the same time services need to consider specific interventions to encourage more women to access treatment and support.
7	Recommendations from the recent Scrutiny Enquiry into Drug Related Litter (DRL) will inform elements of the future service model, including help with the displacement of drug litter, sharing information on how to report DRL and exploring opportunities to extend the opening hours of Needle Exchange services, subject to need and resources. This will target the estimated 636 injecting drug users in Southampton, in particular the 45% who are not accessing the existing services (on average 350 (55%) access the service each quarter).
Current services	

8	The Southampton Drug and Alcohol Recovery Partnership (SDARP) was re-designed in 2017 and services commenced on 1st July 2017. There have been four main contracts: 1. **Drug and Alcohol Support and Health (DASH)** – A children and young people's service commissioned to deal with young people between the ages of 11 – 24 years. This service provides care co-ordination and structured interventions for young people experiencing problems with drugs and alcohol use. 2. **Assessment, Review and Monitoring Service (ARM)** – Adult care co-ordination and recovery planning service. The service also provides clinical interventions such as prescribing, health assessments, harm reduction services and assessment and treatment for blood borne viruses. Southampton Alcohol Brief Interventions and Counselling service – A service which was commissioned to provide high volume, low intensity brief interventions and short term structured counselling for adults aged 18+ years experiencing a problem with alcohol use. 3. **Southampton Alcohol Brief Interventions and Counselling service –** A service which was commissioned to provide high volume, low intensity brief interventions and short term structured counselling for adults aged 18+ years experiencing a problem with alcohol use**.** 4. **Psychosocial Intervention Service** – A service which provides individual key-work to service users and a wide selection of groups addressing substance misuse issues, abstinence and recovery. The service also provides a variety of structured activities aimed at enabling service users to adapt to a structured lifestyle, gain certificates and qualifications and build non substance using networks. The service has been particularly successful in this regard and more service users are attending groups than at any time previously.
9	There is a range of other services commissioned or sourced by the Council and noted here for ease and reference. These have been considered in the review and will not be included in the proposed new service model contracts. • **Purchased services** (includes detoxification, residential rehabilitation, personalisation, personal health budgets – administered by the ARM service). This is a sum of money provided for the purposes specified above and will continue for the foreseeable future. • **Supervised consumption** (Pharmacies). Community pharmacists provide a service to dispense, support and monitor the consumption of methadone and other medicine used for the management of opiate dependence. • **Pharmacy Needle Exchange** (Pharmacies). This service provides access to sterile needles and syringes, and a sharps container for the return of used equipment to promote safe injecting practice and reduce transmission of infections. It acts as a gateway to other services. The service is open to over 18 year olds only. • **Shared Care provision** (GP practices). Shared Care provision enable GP's to pick up the prescribing and monitoring of medicines/treatments in primary care, in agreement with the initiating specialist, for people who are stable and no longer require more intensive treatment. Care is provided by a Shared Care GP and the Shared Care liaison worker based in specialist substance misuse services. • **Alcohol Care Team** (specialist nurse service provided by UHS). The Alcohol Care Team (ACT) is a specialist nurse service established to provide a range

	of alcohol interventions of patients who have been admitted to the local general hospital (planned or unplanned) and whose health is affected by alcohol. Patients are referred to community services in order to complete any treatment commenced while in hospital. The CCG has recently enhanced the project funding to establish community in-reach into the hospital, which has led to a significant increase in the number of patients, identified and taking up longer term treatment in the community services. This has further been enhanced for a year to include extra care coordination in the community for the enhanced referrals. The outcome of these pilots will establish the on-going need and possible extension to include weekends.
Current performance	
10	Southampton is currently underperforming on successful completions and representation outcomes (NDTMS DOMES Q4 2016/17). It is much harder to evidence the positive impact our services have in reducing harm. The most recent data, that we are able to publish publically, [DOMES Q42016/17 – NDTMS] indicates that Southampton's Drug and Alcohol Recovery partnership performs well in terms of waiting times for individuals to engage with 'first interventions' with no incidence of people waiting longer than the target of 3 weeks wait for first interventions
11	Young Person's NDTMS reports can split data for people aged 24 and under and people aged under 18. The table below shows treatment exits for those aged 24 and under and under 18)

	Under 18		24 and under	
	Southampton	National	Southampton	National
Planned	68%	82%	51%	79%
Treatment Completed – drug free	14%	33%	13%	31%
Treatment Completed – occasional user	55%	49%	39%	48%

Young People's Activity Report Q4 2016/17 (NDTMS)

Our commissioned young people's service consistently meets (100%) its 3 week target for first intervention following assessment compared to a national average of 98% (Young People's Activity Report Q4 2016/17 (NDTMS))

12	Analysis of the data shows that fewer people leave our services in a planned way, drug free than the national average. Our current services are working hard to reduce the harm and facilitate recovery. More recent locally generated data indicates that following the reconfiguration of services there have been some significant improvements to most measures. More detailed information about the local areas performance is contained in the final report attached as appendix A.
	Ethnicity
13	The census data from 2011 indicates that 77.7% of people (whole Southampton population/ all ages) identify themselves as White British. • 70% of people, aged under 18, accessing structured treatment, identify themselves as White British. • 83.4% of people aged 18 and over accessing structured treatment, identify themselves as White British
	Needs analysis

14	The following outlines some of the key information about Southampton's need for services. More detailed information is contained in the Substance misuse review & redesign report (see appendix A).
15	People who use **opiates and/ or crack** • An estimated 1273 people in Southampton use opiates. • We have more need (prevalence estimates) but similar percentage of unmet need, for Opiate and or Crack Users, to the national average, i.e. a local unmet need of 49.0 % (Lower Confidence Interval (LCI) 31.6% - Upper Confidence Interval (UCI) 59.6%) compared to 50.1% (LCI 49.6% - UCI 51.8%) for England. • The largest cohort of people who use opiates and or crack fall within the age group 35-64yrs with an estimated 821 people in this cohort. People who use **other drugs** • There are 161 901 residents of Southampton aged between 16 and 59. An estimated: • 56,665 people have taken an illicit drug in their lifetime • 13,600 people took an illicit drug last year • 10,524 people took cannabis • 3,562 people took powder cocaine • 2,429 people took ecstasy The prevalence of **drug use in young people** • There are 47,666 residents of Southampton aged between 16 and 24 • An estimated: • 8,580 young people took an illicit drug last year • 7,531 young people took cannabis • 2,145 young people took ecstasy • 2,097 young people took powder cocaine
16	Southampton has experienced, in recent years, the impact of **synthetic cannabinoid** use. Anecdotally, it is a limited cohort that use this drug, predominantly people who use opiates and who are experiencing homelessness, however, the impact on their mental and physical health and the associated anti-social behaviour of the use of this drug are significant.
17	PHE 'Estimates of **opiate and crack** cocaine use prevalence: 2014 to 2015', published in 2017, estimates 636 (LCI 491 – UCI 778) people in Southampton inject drugs. On average, 350 people access the needle exchange hub each quarter, i.e. c55% of those injecting.
18	PHE's Local **Alcohol Profiles** for England, estimates Southampton had 3459 (LCI 2732 UCI 4643) people drinking dependently in 2014/15. NDTMS 'Adult Activity Report' (Q4 2016/17) indicates 587 people accessing structured treatment with an alcohol or alcohol and other drug concern. This indicates that we are engaging with 17.0% of our estimated dependent drinking population – leaving an 'unmet treatment need' of 83% (LCI 78.5% UCI 87.4%)
19	PHE's Local Alcohol Profile for England, when considering evidence from 2016/17, evidenced that Southampton experienced significantly 'worse' **incidence of alcohol related admissions** for people, men and women aged under 18 when compared to the South East Region and when compared to England as a whole.
20	Whilst it is acknowledged that the data for **parental substance misuse** may include some inconsistencies, by identifying the number of episodes with drugs

	or alcohol identified as a factor in assessment information within a recent consideration of Single Assessments Completed on Southampton's Children's Social Service records (PARIS), during the period 01/04/2017 and 31/03/2018, indicates an average burden when compared with statistical and regional neighbours.
21	In 2016/17, there were 531 alcohol and 623 drug misuse episodes identified as a risk factor in **children in need** assessments, out of a total of 2356 records in Southampton.

22	There is limited data available on the prevalence of substance misuse within adult social care support services. It is known of the 2,590 adult social care clients, 2,150 of these are in long term care (duration more than 12 months). Of these
	• 67 (3%) are in long term care with substance misuse as an identified care reason.
	  ○ 46 (69%) of this 67 receive domiciliary care in their own accommodation
	  ○ 10 (15%) of this 67 have substance misuse as a Primary Support Reason
	• 3 (30%) of this 10 are in permanent residential or nursing care
	  ○ 7 (70%) of this 10 receive domiciliary care in their own accommodation

	Co-occurring conditions
23	A proportion of people with substance misuse needs have depression, anxiety or other more common mental health conditions too. SCC Drugs needs assessment (2017) reports that: *"27% (n= 103) of people accessing adult drug treatment services in Southampton had received care from a mental health service for reasons other than substance misuse (compared with 20% nationally). The proportion of people with a comorbid mental health problem was highest in those clients using non-opiates and alcohol (40%, n= 30)."*
	Gender
24	Public Health England (PHE) 'Estimates of opiate and crack cocaine use prevalence: 2014 to 2015', published in 2017, estimates that 343 (LCI 219-UCI 471) women in Southampton use illicit opiates. The same report estimates that 930 (LCI 735-UCI 1257) men in Southampton use illicit opiates. NDTMS reports that of the 738 people who use opiates, who engaged in structured treatment in 2016/17, 209 were women. 529 men engaged in structured treatment in the same period
	Drug related deaths
25	43 people died in the 3 years from January 2014 to December 2016. This compares to 36 in 2013 to December 2015.The significant majority of deaths are related to Alcohol, Benzodiazepines and Heroin in some combination. Rates are calculated to take account that the size of our population is growing and to allow us to compare ourselves to other areas. The rates of drug related deaths in Southampton have increased slightly over the last 10 years, although the increase is not statistically significant. The rate of drug-related deaths in Southampton is similar to the rate in like authorities but became higher (worse) than the England average in 2014-16. While recognising that each death is a tragedy, in statistical terms because these are a relatively small numbers we

	would expect some fluctuation year on year. Commissioned services are central to the Council's drug-related death action plan.
Consultation	
26	During the review period engagement with a wide range of stakeholders was carried out. The methods of communication and engagement for this project have been: • A working group involving a wide range of stakeholders including providers, partner agencies and commissioners Partner agencies have included the police, probation and carer support services. • A representative group from the drug and alcohol treatment services and associated agencies has been formed and used to inform areas of discussion. This included young people and adult services, primary care, police, probation and the local carer support agency. • Attendance at providers team meetings; • Face to face meetings with service users and/or relatives and friends; • Survey's completed either online of face to face with stakeholders, including primary care, GPs, carers, service users and stakeholders
27	Information from the engagement and surveys were as follows • The project team also sought the views of those using the **Needle exchange** (NEx) service, All responses were positive about the NEx • There were 72 responses from **adults** who use services, with a significant proportion of the responses being very positive about the services they receive. Concerns were raised about staff time and waiting times, particularly 'restarts' being too lengthy. • There were 20 responses from **young people** using services, again with a significant proportion very positive about the services they receive, with mixed views about the use of the adult service setting to access services**.** • Those **working in the services** provided a wide range of views, in particular there was very mixed and divided views about where services for those aged 18 – 24 should be provided (in the adult or young person setting). Other views related to data management being over burdensome, disjointed services and the need for more specialist services (alcohol, Needle Exchange, mental health and criminal justice). • There were 12 responses from a **wider stakeholder** network, all positive about the service and the strong stakeholder relationships in the City. There was some confusion about multiple provider model and recognition of the need for more joined up working with Mental health Services. • **Primary care** responses were positive with the main suggestion seeking to improve access, reduce waiting times and provide more support to service users**.** • 16 responses were received from people engaging with **Parent Support Link**. Most responses included positive reflections around provision of services to their family member/ friend. There were some concerns about poor family involvement and communication and the open access periods which can be chaotic and intimidating.
	Challenge and confirm sessions

28	Once the engagement period had ended and the findings collated into a proposed service model, targeted and open Challenge and Confirm sessions were set up and involved • One specifically focussed on Alcohol Use Disorders (AUD) in and extraordinary meeting of Southampton's Alcohol Strategy Implementation Group (ASIG) • A stakeholder event and • sessions with the three main provider staff groups There was general consensus that the model proposed is correct.
29	Apart from points of clarity the following areas led to amendments or agreements in regards to future service delivery: **Young people:** There were differences in opinion on how best to meet the needs whilst addressing the risks of young adults (18-24) with majority of support for those aged up to 24 years to be supported by the young people services. Particular concerns were also raised around the distribution of resources between adult and young people services and the effect on ability to deliver effective prevention and/ or interventions for complex adults. **Alcohol and drug access routes:** There was discussion about the need for separate access routes for drug and alcohol services, resulting in agreement that providers will be required to describe in their tender submissions • how services for people with AUD are presented and delivered to best meet need and mitigate risk and • how services are delivered to older people, particularly those with AUD **Mental Health:** Mental health concerns were also raised and agreement of partners in attendance to improve pathways and interventions for people with substance use disorders and Mental Ill health (co-occurring conditions). **Detoxification:** The role detoxification has within the overall treatment pathways was discussed, with requests for providers to see detox within the treatment pathway and not a separate isolated entity.
Wider considerations	
30	Members of the project group were asked to consider whether some other service areas could be combined or connected to any future substance misuse service. Areas that were considered included • Street Based Vulnerable Adults • Behaviour change services • Access to specialist services (e.g. mental health) and • Hospital and community based substance misuse services. Following the work by the project group, in discussion with relevant stakeholder groups, it was agreed • There was no support to bring elements of the current commissioned behaviour change service within the substance misuse contract.

	• There is a need to review and improve pathways from hospital treatment into community detox, but these services would not benefit from being combined. • The level of integration between service areas coupled with robust and proactively used pathways was decided as the most supporting and appropriate way forward**.**
Future service model	
31	Futures services are expected to provide a comparable service offer to our current provision (reconfigured in 2017), albeit with a small variation in the way the service model is configured (from 2 adult contracts to one and independent advocacy service commissioned seperately). Services would have harm reduction as the principle aim and 'recovery' as a desirable and achievable outcome. In Southampton, recovery is defined as '*Voluntarily - sustained control over problematic substance use which maximises health and wellbeing and participation in the rights, roles and responsibilities of society'*.
32	Services will be tasked with improving successful completions and reducing representations whilst maintaining robust and effective harm reduction interventions to reduce drug related deaths, the incidence of blood borne virus infections and the broader harms to individuals, their friends, families and communities. This will be reflected in robust performance indicators and subject to close monitoring and oversight. Services will work proactively, flexibly and collaboratively with stakeholders to increase engagement and improve outcomes of those impacted by substance use disorders.
33	There is no intention to separate alcohol from drug services. However it is an intention to work with providers to consider how better to 'present' alcohol services to the population with consideration to be given to deliver a distinct route of entry into support and some separation of interventions for people with alcohol use disorder, some of whom have, historically, been reluctant to approach integrated services.

34	All services will work with people with the following problematic substance use:
	• Alcohol
	• Opiates and crack cocaine and other illegal substances
	• Prescribed medication that is being used problematically
	• Prescription medication that is being used illicitly
	• Performance and Image Enhancing Drugs
	  ○ Harm reduction
	  ○ addressing other drug use

35	Commissioned services will be required to work with a wide range of client groups and priority issues, including parental substance misuse, women, older users and those from black, minority and ethnic communities. In addition, the future service will need to keep abreast of future challenges posed by New Psychoactive Substances and Synthetic Opioids. Planned improvements to the drug warning process and Non-Fatal Overdose reporting systems will assist the new providers in this area of work.
36	Commissioned services already work closely with Sexual Health Services, including: • Joint outreach to women working in on street prostitution • Outreach provision at TULIP clinics

	• Regular meetings and sharing of good practice Commissioned services also offer Blood Borne Virus (BBV) interventions • Hepatitis C/ HIV testing and referral to treatment • Hepatitis B inoculations A weekly Hepatitis C clinic (staffed by UHS Hepatology nurses) is hosted at substance misuse services. These services will be expected to continue under the new contracts.
37	It is our intention to procure services in three lots with the possibility of one provider bidding for both Lots 1 and 2. • Lot 1: **Young person** service (24 years of age and under) • Lot 2: **Adult service** (25 years of age and over), including support for people concerned by their own or someone else's use of drugs and/ or alcohol. • Lot 3: **Independent Advocacy** service (18 years and over) It is our intention, subject to approval, for these new services to be procured to commence on the 1st of July 2019 for a maximum period of 7 years (5 years with a possible extension of 2 years) from July 2019 to June 2024, with potential to extend to June 2026.
Capital/Revenue	
38	A substantial amount of funding for the commissioned services comes from the Public Health grant. This comes to an end in 2020 and while the future funding approach remains uncertain, the Director of Public Health and Service Director – Finance & Commercialisation confirm their support to proceed with procurement based on the current budget, with assurance that any contract has a clause that allows us to renegotiate the value of the contract at relatively short notice should government funding change (potentially in either direction, up or down).
39	Services were reconfigured in 2017 and achieved a significant saving of £400,000 as part of the overall budget savings required. As such there are no plans to pursue savings during this procurement, other than any reduction on the contract values submitted by providers, if at all given the current financial pressures and increasing demands.
40	Southampton City Clinical Commissioning Group have agreed to provide additional funding of £35,000 over the life of the contract towards additional work supporting reductions in hospital admissions.

41 The financial envelope over 7 years is £20,862,737 and equates to £2,980,391 per annum. This incorporates £2,767,590 to commission the Adult, Young People and an Independent Advocacy contract as set out in the table below, as well as a budget of £177,801 to purchase predominantly detoxification services and £35,000 to support a reduction in hospital admissions.

Adult and young people contract values

	Historical spend £	Anticipated Future spend £
Adult contract value per annum	£2,226,022	£2,270,000
Young People contract value per annum	£541,568	£482,500
Independent Advocacy contract value per annum	£0	£15,090
Purchased Services budget per annum	£177,801	£177,801
Support to reduce hospital admissions	£0	£35,000
Total	**£2,945,391**	**£2,980,391**
Funded by		
Total annual budget GP180 4162	£2,945,391	£2,945,391
Additional CCG contribution		£35,000
	£2,945,391	**£2,980,391**
Total budget over 7 years		**£20,862,737**

42 Supervised consumption, Pharmacy Needle Exchange, Shared Care provision and the Alcohol Care Team are all funded through separate identified funding streams, and as a result of the review and careful consideration, will remain separate for the life of the contracts set out above.

Property/Other

43 Services for people concerned by their use of drugs and alcohol are delivered from a city centre hub that is comprised of three buildings. Commissioned services rent these 3 buildings from private landlords. The three different buildings have three separate tenancies that are due to end in the near future. Current providers have previously raised concerns that the current buildings are limited in their suitability. Historically, providers have found acquiring permission to deliver services from new buildings difficult. A request has been made to the Southampton City One Public Estate Board.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

44 The Council has the power to offer substance misuse services in accordance with s.1 Localism Act 2011 (the General Power of Competence) subject to complying with the Council's Contract and Financial Procedure Rules as set out in the Council's Constitution.

Other Legal Implications:

45	Section 17 of the Crime and Disorder Act 1998, (as amended), requires responsible authorities to consider crime and disorder and the misuse of drugs, alcohol and other substances, in the exercise of all of their duties, activities and decision making. Such authorities must exercise their functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can, to prevent crime and disorder in its area.
46	The services provided will be delivered in accordance with this Section 17 duty, as well as the Council's duties under the Human Rights Act 1998 and the Equality Act 2010
RISK MANAGEMENT IMPLICATIONS	
47	**Financial**: The cessation of the public Health grant in 2020 presents a significant risk to the financial envelope for the future provision of substance misuse services. Continued engagement with SCC Director of Finance, Director of Public Health and officers reduces the risk of any difficulties not being foreseen and managed. This will be mitigated through appropriate contract clauses, which will allow SCC to renegotiate the value of the contract.
48	**Service Delivery:** Historically the substance misuse service has experienced difficulties with the delivery of services and associated performance levels being achieved. Wide engagement and consultation on the future model for substance misuses service, both in 2017 during a mid contract reconfiguration and the most recent engagement process reduces the risk of future service delivery risks. There is the potential for increasing demand for the service as well as pressures arising from increased medications costs, thereby reducing the resources available for service delivery. In the absence of additional resources being available changes to service delivery may be required.
49	**Reputation**: There is no identified reputational risk arising from the proposal to recommission adult and young people substance misuse services in Southampton. Reputational risks may arise from a lack of submissions (as occurred in other cities) as a result of reduced budgets. As the value has been retained following a substantial saving in substance misuse service in recent years, this is not seen to be a high risk.
POLICY FRAMEWORK IMPLICATIONS	
50	The recommendations in this paper support the delivery of outcomes in the Council Strategy. They also contribute to the City Strategy and the Health and Wellbeing strategy. The proposals particularly support Council Priority Outcomes: o All children and young people have a good start in life o People in Southampton live safe, healthy and independent lives
51	Local policy drivers broadly mirror the national drivers e.g. the 2010 Drug Strategy, personalisation, better outcomes, effective prevention, value for money and increasing demand. Local priorities for health and social care have been identified through a process of service user consultation, review of current service provision, trend analysis (of demographics, social, health, economic and environmental issues) and data analysis of spend and budget.

KEY DECISION?	**Yes**
WARDS/COMMUNITIES AFFECTED:	All Wards

SUPPORTING DOCUMENTATION

Appendices	
1.	Substance Misuse Services Review and Redesign Final Report
2.	Equality and Safety Impact Assessment
3.	Data Protection Impact Assessment

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.	**Yes**
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.	**Yes**

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 City Clinical Commissioning Group

Integrated Commissioning Unit

SOUTHAMPTON CITY COUNCIL

Substance Misuse Services Review and Redesign

Final Report

'Commissioning specialist services for people concerned by their own or someone else's use of drugs and/ or alcohol'

Colin McAllister, Sandra Jerrim & Charlotte Matthews

AUGUST 2018

Contents

1. Overview

The impacts of problematic use of drugs and alcohol to individuals, their friends, families and communities are well known. Problematic use of drugs can negatively impact physical and mental health and drive people to engage in criminality, become homeless, and disrupt personal relationships and negatively impact child development.

As well as the human cost of substance use people's use and misuse of drugs have financial implications to the public purse, whilst difficult to estimate due to the range of impacts our government has presented a number of estimates in recent years

1.1 The Impact of Drugs - National

- In **2014** the National Treatment Agency estimated that the overall annual cost of drug misuse was around £15.4 billion. £13.9 billion was due to drug-related crime, while around £0.5 billion was NHS costs for treating drug misuse.
- A **2014** report from Public Health England reported that every pound spent on drug treatment saves £2.50 in costs to society.
- In **2012**, the National Treatment Agency for Drug Misuse estimated that drug treatment and recovery systems in England prevented 4.9 million crimes in **2010-2011**, saving £960 million.
- In a **2009** policy paper on the families of drug misusers, the UK Drug Policy Commission estimated that:
    - nearly 1.5 million adults will be significantly affected by a family member's drug use;
        - the cost of the harms they experience as a result amounts to about £1.8 billion per year; and
        - the support they provide would cost the NHS or Local Authorities about £750 million to provide if it was not available.

Human and financial cost of drug addiction: House of Commons Debate Pack Nov 2017

- In **2017** Southampton City Council (SCC) Drug Health Needs assessment indicated
    - '…for each £1m disinvested from services, there could be an annual increase of 9,860 drug related crimes each year, resulting in societal costs of over £1.8million.'

Drugs Health Needs Assessment: Southampton City Council (2017)

1.2 The Impact of Alcohol - National

- Alcohol harms are estimated to cost the NHS around £3.5 billion annually
- Alcohol-related crime in the UK is estimated to cost between £8bn and £13bn per year

https://www.alcoholconcern.org.uk/alcohol-statistics

1.3 Southampton Drug and Alcohol Strategies

Alcohol Strategy - Southampton Alcohol Strategy

Drug Strategy - Southampton Drug Strategy

2. What is the 'need' in Southampton?

This section considers a wide range of national and local data to identify the scale of the issues to be addressed. The range and variety of data available are often limited. The following information provides a snapshot to inform the current commissioning planning.

2.1 Data available

3 key pieces of work already describe need (to a limited extent), demand and activity in Southampton:

1. Public Health England (PHE) Commissioning Support Toolkit, based on National Drug Treatment Monitoring Service (NDTMS) data
2. SCC Drugs Health Needs Assessment 2017
    - The Drugs Health Needs Assessment is available as an attachment in the Reference section at the end of this document.
3. SCC Alcohol Health Needs Assessment 2015
    - The Alcohol Needs Assessment is available here Southampton Needs Assessment (Public Health)

This review therefore will consider the key points from above and data from other sources both local and national. In the main nationally produced data is reported by the National Drug Treatment Monitoring Service (NDTMS). NDTMS forms part of the work of the Public Health England for Substance Misuse. All services that

provide structured treatment for drug and/or alcohol users are asked to submit data to NDTMS. This information is analysed by the National Drug Evidence Centre to produce the figures published. This interim report highlights data from the Diagnostic Outcome Monitoring Executive Summary (DOMES), Adult Successful Completions and Representations, Adult Activity Reports, Young People's Executive Summary and the Young People's Outcome Report. It should be noted that the publication of data reported by NDTMS has restrictions. In particular, a proportion of the data reported on activity and outcomes from 2017/18 has restrictions imposed. This means that data from this period cannot be included in publically available documents. This document, therefore, does not include this data. For the purposes of this document we have included unrestricted data from 2016/ 17.

2.2 Findings

2.2.1 Drugs, adults aged 18+

People who use opiates and/ or crack

- An estimated 1273 people in Southampton use opiates.
- When considering the last 'full year' data that we can publish (DOMES Q4 2016/17) the National Drug Treatment Monitoring Service (NDTMS) evidences 738 people receiving structured treatment to address their use of opiate type drugs.
- We have more need (prevalence estimates) but similar percentage of unmet need, for Opiate and or Crack Users, to the national average, i.e. a local unmet need of 49.0 % (Lower Confidence Interval (LCI) 31.6% - Upper Confidence Interval (UCI) 59.6%) compared to 50.1% (LCI 49.6% - UCI 51.8%) for England.
- The largest cohort of people who use opiates and or crack fall within the age group 35-64yrs with an estimated 821 people in this cohort.
    - The penetration rate, by age group can be seen in the table below

					Penetration Rate		
AGE	**Prevalence estimate (LCI)**	**Prevalence estimate**	**Prevalence estimate (UCI)**	**No in Treatment 2016/ 17**	**Based on highest estimated prevalence**	**Based on average estimated prevalence**	**Based on lowest estimated prevalence**
15-24	30	96	226	19	8%	20%	63%
35-64	598	821	1084	499	46%	61%	83%
65+	Not available	Not available	Not available	4	Not available	Not available	Not available

People aged over 65 who use drugs

Older people with drug problems in the UK fail to get the same attention as young people and this neglect may be fuelled by systemic ageism identified in this study. This includes, exclusion of older people from national drug prevalence surveys and treatment data, upper age limits in some substance misuse treatment services, "age-blindness" in some national substance misuse strategies and a constellation of ageist attitudes and prejudicial assumptions that may prevent professionals identifying and taking action with regard to drug problems. Drug prevention programmes targeted at older people have the potential to create substantial cost savings as well as reducing unnecessary suffering and loss of life but most are targeted at young people. Older people respond well to treatment for drug problems - 62% of people aged 60 and over who receive treatment in a substance misuse service complete treatment free of dependency compared to 47% of 18-59 year olds. They are half as likely to drop out of treatment as younger people. Evidence suggests that treatment outcomes can be improved further if treatment is delivered by a substance misuse service specifically for older people but few of these services exist in the UK and most that do exist are only commissioned to deliver alcohol treatment.[1]

[1] **The Forgotten People: Drug Problems in Later Life -A Report for the Big Lottery Fund University of Bedfordshire (July 2014)**

People who use other drugs

Estimates for the problematic use of other drugs are harder to identify. It can be reasonably assumed that people using particularly harmful drugs like opiates and or crack have a treatment need. A proportion of people who use other drugs will also have a treatment need but it is harder to identify the proportion. But it may be useful, still, to understand the estimated level of use of other drugs. All the following data is taken from the 2015/16 Crime Survey for England and Wales and extrapolated, in the SCC 2017 Drugs needs Assessment, to local data based on Office of National Statistics (ONS) mid-year population estimates for 2015. Some individuals will have used multiple substances.

- There are 161 901 residents of Southampton aged between 16 and 59.
  An estimated:
  - 56,665 people have taken an illicit drug in their lifetime
  - 13,600 people took an illicit drug last year
  - 10,524 people took cannabis
  - 3,562 people took powder cocaine
  - 2,429 people took ecstasy

Southampton has experienced, in recent years, the impact of synthetic cannabinoid use. Anecdotally, it is a limited cohort that use this drug, predominantly people who use opiates and who are experiencing homelessness, however, the impact on their mental and physical health and the associated anti-social behaviour of the use of this drug are significant.

2.2.2 Drugs, under 18

The prevalence of drug use in young people (YP)

All the following data, which provides the prevalence of drug use in young people, is taken from the 2015/16 Crime Survey for England and Wales and extrapolated, in the SCC 2017 Drugs needs Assessment, to local data based on ONS mid-year population estimates for 2015. Some young people will have used multiple substances.

- There are 47,666 residents of Southampton aged between 16 and 24
  An estimated:
  - 8,580 young people took an illicit drug last year
  - 7,531 young people took cannabis
  - 2,145 young people took ecstasy
  - 2,097 young people took powder cocaine

- PHE 'Estimates of opiate and crack cocaine use prevalence: 2014 to 2015', published in 2017 estimates that there are 96 (LCI 30 UCI 226) people aged between 15 and 24years who use opiates and or crack resident in Southampton

- On average our current YP Substance Misuse services provides structured treatment to 218 young people and brief interventions to 1864 young people over the course of a year. 1214 young people received an educational session at school, and over 3000 young people received substance support through targeted outreach. Of those accessing structured treatment:
  - 40% are female
  - 71% are aged between 19 and 24
  - Cannabis is the most commonly presenting drug (75%)
  - Alcohol is the second most commonly presenting drug (55%)
  - Nicotine and Cocaine are the third and fourth most commonly presenting drug (22% and 17 % respectively)

- A recent snapshot of a single quarter's (Q4 201718) activity, from our YP provider database, evidenced
  - 96 people on the DASH caseload in this quarter
    - Gender
      - 38 (40%)female
      - 58 (60%) male

- Age
    - 33 (34%) were aged18 or under
    - 63 (66%) were aged 19 – 24
- Drug
    - 54 (56%) reported cannabis as the primary problematic drug
    - 19 (20%) reported alcohol as the primary problematic drug

2.2.3 Women

PHE 'Estimates of opiate and crack cocaine use prevalence: 2014 to 2015', published in 2017, estimates that 343 (LCI 219-UCI 471) women in Southampton use illicit opiates. The same report estimates that 930 (LCI 735-UCI 1257) men in Southampton use illicit opiates.

NDTMS reports that of the 738 people who use opiates, who engaged in structured treatment in 2016/17, 209 were women. 529 men engaged in structured treatment in the same period
This would suggest a penetration rate of 60.93% (LCI 95.43% UCI 44.37 %) for women who use opiates. This compares with a male rate of 56.88% (LCI 71.97% - UCI 42.08%)

- Southampton Commercial Sex Worker Support Forum recently compared databases and client lists and, through this work, estimated that 60 individual women are engaging in on street prostitution in a six month period
    - Through engagement with these women we understand that women engaged in 'on street' drug use are often people with complex lives including substance use and mental health disorders.
    - The current provider provides an outreach offer to these women with multiple vulnerabilities, but further work needs to be considered to assess treatment need and improve pathways to and through substance use disorder services

2.2.4 People who Inject drugs

PHE 'Estimates of opiate and crack cocaine use prevalence: 2014 to 2015', published in 2017, estimates 636 (LCI 491 – UCI 778) people in Southampton inject drugs.
On average, 350 people access the needle exchange hub each quarter, i.e. c55% of those injecting. The actual proportion of injecting drug users using needle exchange is likely to be higher. We cannot count the number of people using pharmacy provision as the service is open access and service users do not need to give their name. Some people using the hub will pass sterile needle supplies on to others.

2.2.5 Blood Borne Virus

It is estimated that over half of people who inject drugs (PWID) in the South East of England have Hepatitis C (58%). It is estimated that nearly 47% of known Hepatitis C (HCV) cases in Southampton are PWID. A tool to estimate the burden of HCV by Local Authority area indicates that there were 636 individuals currently injecting drugs in Southampton although it must be emphasised that this is an estimate. The prevalence of Hepatitis B and HIV amongst PWID in England is estimated at 0.85% and 3% respectively.

The most recent data that we can present publically [DOMES Q42016/17 – NDTMS] indicates that Southampton's Drug and Alcohol Recovery Partnership performs well in inoculation and testing for BBV when compared with national performance

- Clients with no record of completing a course of HBV vaccinations as a proportion of eligible clients in treatment at the end of the reporting period
    - Southampton = 58.6%
    - National = 71.4%
- Clients with no record of a HCV test as a proportion of all clients in treatment at the end of the reporting period who were eligible to receive one
    - Southampton = 7.4%
    - National = 17.3%

2.2.6 Alcohol, adults aged 18+

PHE's Local Alcohol Profiles for England, estimates Southampton had **3459** (LCI 2732 UCI 4643) people drinking dependently in 2014/15[2]. The profile also shows that 1.76% of the local adult population is estimated to be a dependent drinker, broadly similar to other authorities with a similar degree of population deprivation (1.66%) but higher than England (1.39%) but not quite to the extent of being statistically significant. It means we have an estimated 196 more dependent drinkers than if the rate for England applied.

NDTMS 'Adult Activity Report' (Q4 2016/17) indicates 587 people accessing structured treatment with an alcohol or alcohol and other drug concern

- This indicates that we are engaging with **17.0%** of our estimated dependent drinking population – leaving an 'unmet treatment need' of **83%** (LCI 78.5% UCI 87.4%)
- This correlates with nationally reported (DOMES 2017/18) unmet need for alcohol that indicates that we have a higher rate of unmet need (**87.6%)** than the national average (**82.1%)** and the difference is statistically significant.
    - Similarly, 80%-90% of people engaging with Alcohol Care Team (ACT-UHS) in University Hospital Southampton are not already known to services.

2.2.7 Alcohol use in people aged 65+

PHE's Local Alcohol Profile for England, when considering evidence from 2016/17, evidenced that Southampton experienced significantly 'worse' incidence of alcohol related admissions for people and men aged over 65 when compared to the South East Region and when compared to England as a whole. The incidence of women over 65, presenting for the same issues was regarded as 'similar' when compared to the South East Region and when compared to England as a whole.

	Rate per 100 000		
	England	South East Region	Southampton
Admission episodes for alcohol related conditions (narrow) – Over 65s (Persons)	**871** per 100 000	**825** per 100 000	**1188** per 100 000
Admission episodes for alcohol related conditions (narrow) – Over 65s (Male)	**1283** per 100 000	**1233** per 100 000	**1823** per 100 000
Admission episodes for alcohol related conditions (narrow) – Over 65s (Female)	**542** per 100 000	**491** per 100 000	**690** per 100 000

Prevalence rates for people with dependant alcohol use who are aged over 65 are not available

- It is estimated that 349 (260 male – 89 Female) people aged 55 and over experience dependant use of alcohol
- In 2017/18 72 people aged 55 and over accessed structured treatment and support for alcohol use. Of those 12 were aged 65 or over

[2] https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/0/gid/1938133118/pat/6/par/E12000008/ati/102/are/E06000045

2.2.8 Alcohol Use in people aged under 18

PHE's Local Alcohol Profile for England, when considering evidence from 2016/17, evidenced that Southampton experienced significantly 'worse' incidence of alcohol related admissions for people, men and women aged under 18 when compared to the South East Region and when compared to England as a whole.

	Rate per 100 000		
	England	South East Region	Southampton
Admission episodes for alcohol related conditions (narrow) – Over 65s (Persons)	**34.2** per 100 000	**33.9** per 100 000	**50.8** per 100 000
Admission episodes for alcohol related conditions (narrow) – Over 65s (Male)	**27.4** per 100 000	**26.5** per 100 000	**43.3** per 100 000
Admission episodes for alcohol related conditions (narrow) – Over 65s (Female)	**41.3** per 100 000	**41.7** per 100 000	**58.8** per 100 000

	Yes			No		
	Boys	Girls	All	Boys	Girls	All
England	59.7	65.2	62.4	40.3	34.8	37.6
Southampton	60.9	65.9	63.3	39.1	34.1	36.7

What About Youth 2014 'ever had an alcoholic drink'

For the year 2017/2018 the number of young people engaged with No Limits and receiving a brief intervention around their own problematic alcohol use was 2809. Of these, 599 were over 18, and 2210 were under 18.
99 young people were engaged in structured treatment around alcohol use. Of these, 54 had alcohol as their main or only problematic substance.

2.2.9 Impact of parental substance use on the child

Local

Whilst it is acknowledged that this data may include some inconsistencies, identifying the number of episodes with drugs or alcohol noted as a factor in assessment information, within a recent consideration of Single Assessments Completed on Southampton's Children's Social Service records (PARIS), during the period 01/04/2017 and 31/03/2018, indicates the incidence and burden of individual and 'parental' substance use in Southampton as

- 2356 have parental factor recorded in the assessment
- 531 (22.5%) were recorded with alcohol as a factor = 531 (22.5%)
- 623 (26.4%) recorded with drugs as a factor = 623 (26.4%)

This indicates an average burden when compared with statistical and regional neighbours

20180314
Substance Misuse -.

Nationally reported prevalence

Problem parental alcohol and drug use: A toolkit for local authorities (PHE 2018) reports the estimated prevalence and percentage of met need and compares with national estimates.

Alcohol

Table 1: Annual met treatment need estimates, alcohol dependency 2014/15 to 2016/17

Adults with an alcohol dependency	**Southampton**			**Benchmark**	**National**
	Prevalence	*Treatment*	*% met need*	*%*	*%*
Total number of adults with a dependency who live with children	675	76	11%	18%	21%
Total number of children who live with an adult with a dependency	1261	124	10%	17%	21%

Drugs

Table 2: Annual met treatment need estimates, opiate dependency 2014/15 to 2016/17

Adults with an opiate dependency	**Southampton**			**Benchmark**	**National**
	Prevalence	*Treatment*	*% met need*	*%*	*%*
The number of women with a dependency who live with children	119	69	58%	61%	60%
The number of children who live with a woman with a dependency	207	127	61%	60%	60%
The number of men with a dependency who live with children	217	94	43%	45%	48%
The number of children who live with a man with a dependency	386	174	45%	44%	49%
Total number of adults with a dependency who live with children	336	163	49%	51%	52%
Total number of children who live with an adult with a dependency	593	301	51%	50%	53%

Children in Need

In 2016/17, there were 531 alcohol and 623 drug misuse episodes identified as a risk factor in children in need assessments, out of a total of 2356 records in Southampton.

Regional and national proportions are provided below for comparison.

	Risk factors identified in CIN assessments				
	Alcohol	Drugs	Alcohol misuse	Drug misuse	Total assessments
Southampton	22.5%	26.4%	531	623	2356
Regional average	18.7%	19.4%	14557	15076	77791
National average	18.0%	19.7%	18	19.7	-
Note: An assessment may have more than one factor recorded.					

2.2.10 Adult Social Services – Impact of adult substance misuse

- There is limited data available from ASC systems
    - 2,590 adult social care clients
        - 2,150 of these are in long term care (duration more than 12 months).
- 67 (3%) of these 2150 people in long term care with substance misuse as an identified care reason
    - 21 (31%) of this 67 in permanent residential or nursing care
    - 46 (69%) of this 67 receive domiciliary care in their own accommodation
    - 10 (15%) of this 67 have substance misuse as a Primary Support Reason
        - 3 (30%) of this 10 are in permanent residential or nursing care
        - 7 (70%) of this 10 receive domiciliary care in their own accommodation

2.2.11 Co Occurring Conditions

Substance use disorder with a mental health disorder

Adults and young people with coexisting severe mental illness and substance misuse have some of the worst health, wellbeing and social outcomes. It is not clear how many people in the UK have a coexisting severe mental illness and misuse substances, partly because some people in this group do not use services or get relevant care or treatment.

The National Collaborating Centre for Mental Health document, 'Severe mental illness and substance misuse (dual diagnosis): community health and social care services Draft Review 1', published in 2015 states:

> *Dual diagnosis refers to people with a severe mental illness (including schizophrenia, schizotypal and delusional disorders, bipolar affective disorder and severe depressive episodes with or without psychotic episodes) combined with misuse of substances (the use of legal or illicit drugs, including alcohol and medicine, in a way that causes mental or physical damage). Recent studies have estimated prevalence rates of 20-37% in secondary mental health services and 6-15% in substance misuse settings (Carrà & Johnson, 2009). However, methodological challenges including differing definitions of dual diagnosis, varying timescales for assessing comorbidity, difficulties with diagnosis including diagnostic overshadowing, and the lack of a good theoretical model of the association between severe mental illness and substance misuse, mean that it is still unclear how many people in the UK have a severe mental illness and comorbid substance misuse problems.*

A proportion of people with substance misuse needs have depression, anxiety or other more common mental health conditions too. SCC Drugs needs assessment reports that:

"27% (n= 103) of people accessing adult drug treatment services in Southampton had received care from a mental health service for reasons other than substance misuse (compared with 20% nationally). The proportion of people with a comorbid mental health problem was highest in those clients using non-opiates and alcohol (40%, n= 30)."

Adverse Childhood Experience are often a significant factor in substance misuse and mental distress and ill-health. Adult trauma can also cause mental health and/or substance misuse issues, such as having served in conflict in the armed forces.

Substance use disorder with a learning difficulty

PHE guidance 'People with learning disabilities: making reasonable adjustments' (2018), states

Overall, the evidence indicates that people with learning disabilities are less likely to misuse substances than the general population. However, some people believe that when people with learning disabilities do drink alcohol, there's an increased risk that they will develop a problem with it.

As increasing numbers of people with learning disabilities are living more independently in local communities they're more likely to have access to alcohol and other drugs and, therefore, there's a need for appropriate services to support those who misuse substances. It can be difficult to recognise that someone has mild learning disabilities, but they may still need a different approach to their treatment and support[3].

Prevalence figures are unavailable to understand the impact of substance use disorders, in Southampton, for this cohort.

2.2.12 Drug Related Deaths (DRD)

The number and rate of drug related deaths in each local authority is available from the Office for National Statistics here : 46 people died in the 3 years from January 2015 to December 2017. This compares to 43 from January 2014 to December 2016.The significant majority of deaths are related to Alcohol, Benzodiazepines and Heroin in some combination

Rates are calculated to take account that the size of our population is growing and to allow us to compare ourselves to other areas.

The rates of drug related deaths in Southampton has increased slightly over the last 10 years, although the increase is not statistically significant. The rate of drug-related deaths in Southampton is similar to the rate in like authorities but became higher (worse) than the England average in 2014-16. In statistical terms, numbers are still small and some fluctuation is to be expected. We understand that our local increase is likely to correlate with the reasons associated with the increase nationally, which are thought to be related to an ageing population of heroin users and drops in numbers accessing treatment. People who use drugs are particularly vulnerable on release from prison, or after any other period of (near) abstinence.

Engagement in treatment is evidenced as a significant protective factor. Comprehensive naloxone provision, including for people not actively engaged in treatment, is also a key offer that needs to be available across all cities/settings.

2.2.13 People who are Lesbian Gay Bisexual Transgender Questioning + (LGBTQ+)

There is national evidence of increased alcohol and recreational drug use among people who identify as other than heterosexual or as different to their cis-gender.

[3] **https://www.gov.uk/government/publications/reasonable-adjustments-for-people-with-learning-disabilities/substance-misuse**

Public Health England (2017) synthesised the results from a range of national surveys and estimates that 2.5% to 5.9% of adults across the country publicly describe themselves as lesbian, gay or bisexual[4]. More people again will be lesbian, gay or bisexual but not happy or ready to share it in a survey. Rates are thought to be higher in cities. The analysis did not look at transgender or queer people as national surveys have not recorded this to date.

Public Health England recently reviewed the health needs of men who have sex with men (2016[5]) and of women who have sex with women (2018[6]). Men who have sex with men are twice as likely to be dependent on alcohol and young people who are LGBT are almost twice as likely to use drugs and alcohol compared to their heterosexual peers. Women who have sex with women are also more likely to drink heavily, although the increased rate was not quantified. Additionally, a review of the needs of the LGBTQ+ community in London reported from the literature that 62% of transgender people may be dependent on alcohol[7]. The work by PHE does not identify any increased risk of opiate and/or crack use, but there may be a paucity of research in this area.

It is clear from numbers of people, who identify as LGBTQ+, entering treatment that more work needs to be done to understand the needs and to engage more people, who identify as LGBTQ+, in support and treatment

Southampton Q4 2016/17 Sexuality (new treatment journey/ episode 1/4/16 - 31/5/17)			
	Southampton		**National**
Heterosexual	439/514	85.4%	84.8%
Gay/ Lesbian	6/514	1.2%	2.3%
Bi- Sexual	12/514	2.3%	1.3%
Person asked and does not know or is not sure	1/514	0.2%	0.2%
Not stated	51/514	9.9%	6.9%
Other	5/514	1.0%	0.9%
Missing/ inconsistent	0/514	0%	3.5%
All clients entering treatment within the date parameters shown and sexuality as recorded at the start of their treatment journey.			

NDTMS Adult Activity Report Q4 2016/17

2.2.14 People concerned by someone else's use of drugs and alcohol

Members of the individual's social network (such as family and friends and concerned significant others) may have support needs of their own but may also be able to contribute to the treatment process. Supporting the needs of carers is now recognised as an essential component of delivering effective public health and social care services.[8]

4 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585349/PHE_Final_report_FINAL_DRAFT_14.12.2016NB230117v2.pdf

5 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/324802/MSM_document.pdf

6 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/713566/improving_health_and_wellbeing_LBWSW.pdf

7 https://www.london.gov.uk/sites/default/files/The%20Health%20and%20Wellbeing%20of%20LGBT%20London%20FINAL.pdf

8 https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management

It is difficult to quantify the number of people affected by someone else's use of drugs and or alcohol, anecdotally it is estimated that 75% of people accessing support for substance misuse disorders are maintaining contact with family.

2.2.15 Conclusion of local need

This report indicates that Southampton has higher need (larger prevalence rates) and similar or higher unmet need (people not accessing support or treatment) than the national average.

The needs of an aging population will require specific work to consider how best to meet their needs, particularly the cohort of older people with complex and entrenched use of alcohol.

Drug Related Deaths continue to cause concern, this is reflected as a priority of Southampton's Drug Strategy and commissioned services will be a key contributor to this work. The costs associated with Alcohol Use Disorders to individuals, their families, friends and communities and the impact on Southampton as a whole use are significant. Reducing alcohol-related harm is a priority of Southampton's Alcohol Strategy and commissioned Substance Use Disorder services will be required to work with other stakeholders to reduce the burden.

Continuing to develop strong, joint working relationships, with Mental Health Services is key to addressing the needs of people with co-occurring conditions

Our services need to consider specific interventions to encourage more women to access treatment and support

There is clear evidence of unmet need when considering the impact of 'parental' substance misuse on the child.

3. Current Service Performance

This section considers the impact our services have in reducing the harm caused by individual's use of drugs and or alcohol. Outcome data tends to focus on numbers of people exiting treatment in a positive way (successful completion). It is much harder to evidence the positive impact our services have in reducing harm.

3.1.1 Southampton is currently underperforming on successful completions and representation outcomes (NDTMS DOMES Q4 2016/17)

3.1.2 Public Health Outcome Framework (PHOF) 2.15 (Successful completions not representing in 6 months)

	Local (%)	Local (n)	National (%)	National (Top quartile for Comparator LAs)	Number to achieve Top Quartile
Opiate	6.3%	47/748	6.6%	7.21%-9.39%	54 - 70
Non Opiate	26.4%	67/226	37.1	42.5% - 57.61%	102 - 137
Alcohol	28.9%	38.3%	No data	No data	No data

3.1.3 Successful Completions

	Local (%)	Local (n)	National (Top quartile for Comparator LAs)	Number to achieve Top Quartile
Opiate	6.4%%	47/738	7.89% - 9.64%	59 to 71
Non Opiate	35.7%	43.37% - 62.18%	43.37% - 62.18%	49 to 69
Alcohol	34.1%	95 / 279	39.98%*	No Data
Alcohol and Non Opiate	27.3%	41 / 150	39.37% - 57.52%	60 to 86

*National Average

3.2 Waiting Times - Adults

The most recent data, that we are able to publish publically [DOMES Q42016/17 – NDTMS], indicates that Southampton's Drug and Alcohol Recovery partnership performs well in terms of waiting times for individuals to engage with 'first interventions' with no incidence of people waiting longer than the target of 3 weeks wait for first interventions

Locally reported waiting times indicate that, in the most recent period with data available (Q4 201718) the times between comprehensive assessment and first prescribing appointment for all new referrals to Opiate Substitution Therapy (OST), in working days, were

- Shortest 0 working days
- Longest 6 working days
- Average 0.2 working days

3.3 Treatment Exits - Young people

Young Person's NDTMS reports can split data for people aged 24 and under and people aged under 18.
Treatment exits (24 and under and under 18)

	Under 18		24 and under	
	Southampton	National	Southampton	National
Planned	68%	82%	51%	79%
Treatment Completed – drug free	14%	33%	13%	31%
Treatment Completed – occasional user	55%	49%	39%	48%

Young People's Activity Report Q4 2016/17 (NDTMS)

3.4 Waiting Times (24 and under)

Our commissioned young people's service consistently meets (100%) its 3 week target for first intervention following assessment compared to a national average of 98% (Young People's Activity Report Q4 2016/17 (NDTMS))

3.5 Ethnicity

The census data from 2011 indicates that 77.7% of people (whole Southampton population/ all ages) identify themselves as White British of these, 70% of people, who are aged under 18 and accessing structured treatment, identify themselves as White British. For those aged 18 and over 83.4% who are accessing treatment identify themselves as White British

3.6 Conclusion of current service performance

Analysis of the data shows that fewer people leave our services in a planned way, drug free than the national average. Our current services are working hard to reduce the harm and facilitate recovery. More recent locally generated data indicates some significant improvements to most measures. Some further focus needs to be given to understanding the impact of substance use disorders on non-White British communities to ensure needs are met.

4. How support and treatment should be delivered

4.1 National Guidance

Commissioned services working with and within the Public Health function are required to deliver against outcomes as set out in the Public Health Outcomes Framework (PHOF). Public Health England have stated that an effective substance misuse treatment system supports the PHOF vision, "To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest" and impacts directly on the wider PHOF outcomes.

National guidance will be used to underpin and inform future commissioning intentions, supported by local strategies, intelligence & performance. They will also shape and inform the services that are commissioned meaning

services will be delivered from an evidence based position using all available guidance and in doing so accepting and adopting relevant updates to existing guidance as well as new guidelines as and when issued.
This is a comprehensive, but not exhaustive, list of national guidance

Drugs

- Drug misuse and dependence: UK guidelines on clinical management. Department of Health. 2017 https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management.
- Routes to Recovery, (Psychosocial Interventions in Substance Misuse) a framework and toolkit for implementing NICE recommended treatment interventions; NTA http://www.nta.nhs.uk/uploads/psychosocial_toolkit_june10.pdf
- Medications in Recovery – Re-orientating Drug Dependence Treatment, NTA 2012 http://www.nta.nhs.uk/uploads/medications-in-recovery-main-report3.pdf
- NICE Guideline CG51: Drug Misuse – Psychosocial Interventions https://www.nice.org.uk/guidance/cg51
- Models of Care (2002) and Models of Care Update (2006): http://www.nta.nhs.uk/uploads/nta_modelsofcare_update_2006_moc3.pdf
- NICE Public Health Guidance PH52 (Needle and syringe programmes: providing people who inject drugs with injecting equipment), 2014 http://guidance.nice.org.uk/PH52
- NICE Guideline CG110: Pregnancy and Complex Social Factors http://guidance.nice.org.uk/CG110/NICEGuidance/pdf/English
- NICE Guideline NG58: Coexisting severe mental illness and substance misuse: community health and social care services https://www.nice.org.uk/guidance/ng58
- Towards successful treatment completion: A good practice guide; NTA 2009 http://www.nta.nhs.uk/uploads/completions0909.pdf
- NTA Overdose and Naloxone training programme for families and carers http://www.nta.nhs.uk/uploads/naloxonereport2011.pdf
- Take-home naloxone for opioid overdose in people who use drugs. Public Health England. 2017. http://www.nta.nhs.uk/uploads/phetake-homenaloxoneforopioidoverdoseaug2017.pdf.
- NICE guideline [NG64] Published date: February 2017 - Drug misuse prevention: targeted interventions https://www.nice.org.uk/guidance/ng64.
- Drug misuse in over 16s: opioid detoxification (Clinical guideline [CG52] Published date: July 2007) https://www.nice.org.uk/guidance/cg52.
- Drug use disorders in adults (Quality standard [QS23] Published date: November 2012) https://www.nice.org.uk/guidance/qs23.
- Better care for people with co-occurring mental health and alcohol/drug use conditions: A guide for commissioners and service providers. Public Health England. 2017 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf

Alcohol

- Models of Care for Alcohol Misuse (MOCAM), Department of Health. 2006. https://www.alcohollearningcentre.org.uk/_assets/BACKUP/DH_docs/ALC_Resource_MOCAM.pdf.
- Alcohol-use disorders: diagnosis and management (Quality standard [QS11] Published date: August 2011) https://www.nice.org.uk/guidance/qs1.
- Alcohol use disorders: Diagnosis and clinical management of alcohol-related physical complications (Clinical Guidance 100) Updated April 2017. NICE https://www.nice.org.uk/guidance/cg100.
- Alcohol use disorders: Diagnosis, assessment and management of harmful drinking and alcohol dependence. , (Clinical Guideline 115). 2011. NICE. https://www.nice.org.uk/guidance/cg115.

- Alcohol use disorders: Preventing harmful drinking (Public Health Guidance 24). 2010. NICE. https://www.nice.org.uk/guidance/ph24

Young People

Practice standards for young people with substance misuse problems. The Royal College of Psychiatrists. 2012. http://www.rcpsych.ac.uk/pdf/Practice%20standards%20for%20young%20people%20with%20substance%20misuse%20problems.pdf.

Harm Reduction

- NICE Clinical Guidance 52: Needle & Syringe Programmes. 2014 http://guidance.nice.org.uk/PH52
- NICE technical analysis 114 "Methadone and Buprenorphine for the Management of Opioid Dependence" 2007 https://www.nice.org.uk/guidance/ta114/resources/methadone-and-buprenorphine-for-the-management-of-opioid-dependence-82598072878789.
- Drug misuse prevention: targeted interventions. NICE guideline [NG64] Published date: February 2017 https://www.nice.org.uk/guidance/ng64
- Public Health England. Widening the availability of Naloxone. 2017. https://www.gov.uk/government/publications/widening-the-availability-of-naloxone/widening-the-availability-of-naloxone.

Carers

- AdFam A Partnership Approach: Supporting Families with Multiple Needs. 2011. **https://www.adfam.org.uk/files/docs/adfam_partnership_2011.pdf**

4.2 The views of stakeholders

A range of surveys have been conducted to seek the views of people who use drugs, people who engage in treatment and support, people who deliver that support and other stakeholders. This is a brief overview of what we learnt. The full reports from each of these surveys are available on request.

4.2.1 People who use our services - ADULT

There were 72 responses with a significant proportion of the responses being very positive about the services they receive

- Where there were concerns the following issues were raised
  - Need for more staff time
  - Very positive response to group work and psychosocial provision
  - Identifying (with a few exceptions) empathetic/ effective and supportive workers
  - A number of service users identified limited access to workers could be improved with more resources/ funding
  - Waiting times, particularly for 'restarts' too lengthy
  - Confusion around what provider does what

4.2.3 People who use our services – young people (YP)

There were 20 responses, again with a significant proportion very positive about the services they receive

- Issues raised
  - Don't like going to New Road Centre (NRC – Adult Services hub) for health interventions
  - Need for more space for private conversations
  - Reconsider scripting arrangements with more assessments and interventions being delivered away from NRC

4.2.4 People who engage with Needle Exchange (NEx)

There were no responses from Pharmacy NEX.
22 responses from hostel or day service settings were received which were all positive about NRC NEx

- Issues raised
    - Desire/ need for more flexible, expanded, offer with more opportunities in the community, including mobile outreach
    - Response to question re Drug Related Litter (DRL) was uniformly a request for more community provision of sharps bins
    - Respondents also indicated the need to consider direct intervention with those it is able to identify who are unwilling or unable
    - Some negative comments re staff availability
        - all who mentioned this indicated this was a resource issue not a staff one

4.2.5 Staff

- A staff representatives group was formed and has provided the following thoughts and opinions
    - Current model can feel disjointed
    - Improved psycho social interventions are beneficial
    - Data management is over burdensome
    - Communication re serious incidents to frontline staff is not always good
    - Group delivery should be time limited
    - YP should have interventions delivered separately from adults
    - Differing views about the age services should move into adult setting (from age 18 or 25)
    - Alcohol work is specialised and should have a specific team
    - Harm reduction/ NEx work is specialised and should have a specific team
    - DRR/ Criminal Justice work is specialised and should have a specific team
    - Placement of MH worker in team would be very beneficial

4.2.6 Stakeholders

- 12 responses
    - Generally positive
        - Strong stakeholder relationships
    - Some confusion about multiple provider model
    - Need for more joined up working with Mental health Services
    - Need for flexible services for older people
    - Need for better local detoxification provision
    - Need to drug in reach to hospital
    - Contacting services can prove difficult

4.2.7 Primary Care

- Issues raised
    - The feedback was generally positive about current services and service model and recent improvements in the last 12 months were noted.
    - But feedback was mixed. Some said that services are responsive. Others said there was insufficient capacity – waiting times and insufficient support for clients - and not enough feedback from specialist services to primary care.
    - Dual diagnosis and community detox were noted as unmet needs.
    - Shared care was cited positively. Some respondents asked for more primary care providers to be able to offer the LCS services, including for all pharmacies to be able to offer supervised consumption.

4.2.8 Carers

- 16 responses received from people engaging with Parent Support Link
    - Most responses included positive reflections around provision of services to their family member/ friend
        - Services are accessible (5)
        - Services are effective (9)
    - A number of concerns were raised when asked 'what doesn't work so well?'
        - Open access area can be chaotic/ intimidating (6)
        - Staff can be unhelpful (3)
        - Poor family involvement/ communication (6)
        - Not enough staff/ resources (4)
        - Rehab is difficult to access (3)
        - 'Unfriendly staff'

4.3 Other recent pieces of work (adult and YP)

4.3.1 Street Based Vulnerable Adult Review (SBVAR)

Southampton City Council and Clinical Governance Group's Integrated Commissioning Unit (ICU) recently conducted a review to

- Gain an understanding of issues that compound and increase the current rise of street based vulnerable adults, often noticeable through increased levels of street begging and homelessness.
- Explore evidence based/best practice options to reduce the prevalence of street based vulnerable adults leading to street begging and homelessness
- Inform commissioning intentions for homelessness, substance misuse and other related areas.
- As part of this review 41 people, experiencing homelessness and/or engaging in begging behaviours were surveyed. The findings from this survey included
- 74% (20) of the 27 people who said they were 'rough sleeping' reported alcohol use or dependence and/or drug use or dependence.
- 13 of this 27 reported a substance use problem were already known to the local service.
    - An additional 3 had engaged previously.
- Of the 26 people who were engaging in begging behaviours 92% (24) reported alcohol use or dependence and/or drug use or dependence
    - 22 stating they used the funds raised to acquire drugs and or alcohol, although 14 said they also used the funds for other things including food, accommodation, bills, debts and phone credit.
- 15 were known to substance misuse services
    - 4 had engaged with substance misuse services previously
    - 5 were 'not known to substance misuse services'.
- In narrative responses a significant number of people recognised that drugs and alcohol were negatively affecting their life chances
- A small proportion identified that they found it difficult to engage with support
- SBVAR Recommendations
- **To continue to do what we do well.** We must not lose sight of the current levels of support and work within Southampton helping those who find themselves homeless, or on the brink of homelessness.
- **To engage people with complex needs better.** We need to look at options to address issues around complexity and in doing so
    - Recognise the role substance misuse services will have during the initial points of contact**.**
    - Improve existing and new pathways
    - Provide a responsive mechanism (e.g. Collaborative Assessment panel) for people with complex needs
    - Ensure staff training provides a good understanding around supporting individuals with mental ill health

- **To investigate further new models of support and their potential in Southampton.**
    - Coordinate and promote local support services
    - Explore the use of housing first and alternative housing models (e.g. containers)
- **To target information to young people who experience adverse childhood experiences to prevent future homelessness**
    - Incorporate awareness and targeted support in new relevant tenders (e.g. counselling in schools, Safe House & Team House, a new peer support model and CAMHS transformation project)
    - Build on current work at No limits, engaging with Homeless young people, joint working with HVAST, specialist crisis worker providing harm reduction and brief interventions and enabling pathway into treatment, as well as access to health, sexual health services and basic needs such as shower, laundry. Also undertaking risk assessments and supporting young people affected by exploitation.
- **Coordinate enforcement with support.**
- **Sign up to a local charter for homeless individuals.**

Conclusion

Recommendations from this report highlight the need, for services commencing support and treatment in 2019, to work with services for people experiencing homelessness to improve pathways and joint working.

4.3.2 Learning from the Homeless Vulnerable Adult Support Team

SCC were awarded £398 000 from the Department of Communities and Local Government (DCLG) 'Rough Sleepers Grant' to tackle the complex, multiple factors that can drive treatment resistant drinkers and/or illicit drug users toward a life of entrenched rough sleeping, utilising Alcohol Concern's 'Blue Light Principles'. Based in Southampton's Homeless Day Centre, the Homeless Vulnerable Adult Support Team (H-VAST), delivered by Two Saints Ltd, commenced support in April 2017.

Although only half way through this Department of Communities and Local Government funded project, significant, positive outcomes are already being delivered.

The role of services, for people concerned by their use of drugs and/or alcohol, working innovatively and flexibly with bespoke interventions based on 'Blue Light' (Alcohol Concern) principles has been fundamental to the initial success of this project. Any future service will be informed by the learning delivered by this project.

4.3.3 SCC Scrutiny Enquiry into Drug Related Litter (DRL)

SCC recently conducted a scrutiny enquiry into DRL to understand the reasons for the prevalence and impact of drug related litter in Southampton, to review progress being made in Southampton to tackle drug related litter and to scope what more could be done.

This enquiry concluded that whilst the prevalence of this problem is not a pervasive as some other areas the incidence of this type of activity still has an impact on individuals and communities and presents a potential health risk, particularly to the people who inject drugs and those working with people who inject drugs and clean-up drug litter. The enquiry acknowledged the good work is already being delivered.

The enquiry recommendations included that consideration should be given to the provision of Needle exchange (NEx) services, in particular to ensure the best possible provision is delivered within the resources available.

In addition to the considerations given to the provision of NEx, the enquiry also recommended consideration of the provision of sharps bins, a robust evaluation to fully assess the potential benefits a medically-supervised pilot drug consumption room could bring to Southampton and a need to assess the possible benefits, to Southampton, of including Heroin Assisted Therapy (HAT) and/ or injectable methadone as part of our provision of services for people with Substance Use Disorders

4.4 Other considerations

Homelessness, UHS and Behaviour Change

During the early stages of the review and redesign, three themes emerged

- Substance misuse and homelessness and exploring the option of merging some or all of homeless & substance misuse contracts.
- The possible configurations of both community substance misuse services with hospital based alcohol services.
- Substance misuse and behaviour change approach, again exploring the option of merging some or all of the behaviour change & substance misuse contracts

To take a first look at these emerging themes a small focus group was held involving key staff within the ICU (Associate director, 2 senior commissioners and the service development officer working on the review and redesign). The following outlines the key discussion points and proposals.

4.4.1 Substance Misuse and Homelessness

Driver

The concept of merging homeless and substance misuse contracts originated from the Leader of the Council learning about changes in other local authority areas and exploring the potential to amalgamate a range of voluntary sector funded by the Council.

Considerations

- Since the initial idea was raised, there has been an increased understanding and awareness about the complexity within both service areas and limited overlap between the two services.
- There is a high number of homeless who have a substance misuse disorder, but not all homeless are using substances.
- The numbers in substance misuse service who are homeless or living in unstable accommodation is low (snapshot shows 87 individuals out of a caseload of circa 700).
- There may be an argument for a stronger (contractual) relationship between the alcohol accommodation and the substance misuse service.
- A number of options were explored
    - Improving the level of integration between service areas for example homeless workforce being able to respond better to substance misuse issues, and substance misuse staff have greater understanding and skills regarding accommodation issues
    - Partial merging of service areas. For example some of the homeless services (assessment centre) within substance misuse services or moving some of the substance misuse service within the homeless contracts.
    - Full integration of services whether homeless contracts merged with substance misuse or vice versa.
- A single workforce working with those who are homeless and have a substance misuse disorder has resulted in positive benefits for the service in Portsmouth (one case holder addressing and supporting the individual on multiple issues, albeit not specialist areas of substance misuse)
- There are equal, if not greater challenges in the pathways and joint working with mental health services for both substance misuse and homeless services. Concerns this could get worse if homelessness and substance misuse services were combined.
- Two large service areas should not be designed around a smaller element of the services.
- If combined, there would need to be a lot of clarity and detail in the service specification.
- No evidence base for merging these service areas. While not a reason, it was recognised there is existing fragility in the current substance misuse services. There should be greater certainty before a new approach is tested.
- The overall performance of substance misuse is poor. There is scope to source more data specific to those who are homeless or in unstable accommodation. This could include information from the Street Based Vulnerable Adult work and H-VAST (Homeless Vulnerable Adult Support Team), identify how pathways could make things better. These could be added as KPI's to contracts.

- Any significant change would require formal consultation. This would result in a further request to extend the current contracts. This is likely to be met with a challenge from legal services.
- More capacity is needed to work with the group of individuals with more complex needs (substance misuse, homeless and no recourse to public funds (NRPF)).

Recommendations

Future commissioned services will aim to address the following recommendations. Any recommendations that are 'out of the scope' of commissioned services will be considered in the broader work of Southampton City Council's Public Health and Integrated Commissioning Unit

To improve the level of integration between service areas and in doing so consider:

- Critical look at contracts and ensure there are requirements around improved integrated working between service areas.
- Improved integrated working between services areas is reflected in robust KPI's, including evidence of improved pathways.
- Pursue a more dedicated resource, located within homeless healthcare to work with the cohort of homeless individuals who also have substance misuse disorder.

4.4.2 Reconfigure community substance misuse services & hospital based alcohol services.

Driver

Historically the hospital based alcohol service has been developed in isolation from the wider substance misuse contracts. A question raised during discussions challenged whether this should change. Two distinct areas were discussed; detox and in-reach services.

Considerations

- Since the closure of Portsmouth based detox, individuals are required to travel to Poole to access a more specialist detox. The use of the local hospital in Southampton could be easier for most clients needing specialist detox.
- Current working between community and hospital based services is improving, but has taken time to establish. A change of provider in the future, without change in service configuration set back the current working relationships. The use of honorary contracts has helped.
- Locating in-reach staff within a larger team (e.g. community) allows for more flexibility to cover work requirements.
- Psychiatric liaison teams elsewhere are quite large. Initially appeared Southampton was a smaller team, but the sum of all service areas actually resulted in a comparable resource. Ensuring all service areas sit under one structure and seen as one team could address this issue.
- Merging of services within one contract may result in savings.
- There are 3 detox options locally
    1. Those engaging in community who need detox find a detox provider, usually rehab or other settings. For complex problems they usually go to Poole at a cost of £2800 per client.
    2. Those who present to hospital settings for other reasons (leg break, operation), and identified as needing a detox, are commenced on relevant medication for withdrawals. Usually UHS charge for these as a complex case, attracting a higher tariff. There is no guarantee the detox will be completed - once injury sorted, or presenting issue is sorted - they are discharged.
    3. Home detox - small provision of community detox. Engaged in Sub M service (6 per month est.)

  Ideally these three options would be linked up, particularly at the point of discharge from hospital to home detox. However, this isn't happening.
- Other areas have shown that an ambulatory detox in the local hospital for those discharged from hospital have a higher rate of engagement than those referred to community detox. Concerns about the cost of this service and the overlap with UHS charging extra for detox cases (as set out in point 2 above)

- Pathways out of hospital to community detox need to be improved.
- The community provider has a strong influence over who gets in to what detox.
- Any additional detox capacity in UHS would need to be contracted separately and ensure issues of double payment and market rates are addressed.

Recommendation
Future commissioned services will aim to address the following recommendations. Any recommendations that are 'out of the scope' of commissioned services will be considered in the broader work of Southampton City Council's Public Health and Integrated Commissioning Unit

To retain a degree of separation between the hospital and community based substance misuse services and in doing so

- Review and improve pathways from hospital treatment into community detox
- Invite UHS to present business case for ambulatory detox, with clear evidence financial benefits greater than investment.
- Explore the use of local hospital setting for specialist detox provision at comparable market rates.

4.4.3 Substance misuse and behaviour change
Driver
Elements within the behaviour change service overlaps with substance misuse services, notably alcohol and possibly smoking cessation. This raised a query whether there was potential to merge some of the behaviour change contract with the substance misuse service. The focus could only be on specific elements; alcohol and smoking cessation so could never be a full integration of behaviour change (which includes weight management, physical activity, mini health checks and other activities) with substance misuse.
IAPT and behaviour change would require a separate discussion.
Considerations

- There could be opportunities for substance misuse staff to link into other services and upskill their workforce around alcohol and smoking.
- Work has been undertaken in recent years to establish a strong early intervention and prevention approach. Putting the alcohol and smoking elements into the substance misuse contract detracts from this.
- Previous discussions looking at moving some resources from substance misuse budgets to community navigation was not pursued because of the importance attached to the early intervention and prevention agenda.
- Current timescales are not aligned; with behaviour change running to 2020 (substance misuse runs July 2019).
- The CCG, ICU and Public Health are exploring how smoking cessation can be delivered across all commissioned providers
- Public Health keen to keep a community offer smoking cessation as there is no strong evidence and it isn't a national driver to move smoking cessation services into substance misuse services.
- The Public Health grant ends in March 2020. If future funding arrangements offer less funding, then the behaviour change offer might need to change. The evidence base is less clear for some behaviour change activities than for substance misuse treatment and harm minimisation. Many areas across the country already offer less behaviour change support than Southampton.
- Current services have a history of providing alcohol brief interventions. Since this has been transferred into mainstream services it has diluted the focus. Currently brief interventions are provided by phone by 2 whole time equivalent staff members. This could be expanded or they could train up other staff.
- Providers should be delivering behaviour change within their service delivery model. Smoking cessation is important to reduce drug-related deaths, reduce deaths attributable to smoking, increase social inclusion and support people in their recovery from substance misuse difficulties. Emerging evidence shows it is harder to be abstinent from drugs or alcohol if you continue to smoke.
- It could be possible for some funding to move to substance misuse to pick up some brief intervention at broader scale.

Recommendations

Future commissioned services will aim to address the following recommendations. Any recommendations that are 'out of the scope' of commissioned services will be considered in the broader work of Southampton City Council's Public Health and Integrated Commissioning Unit

To ensure the current and future substance misuse services incorporate brief interventions around smoking cessation into service delivery model for both service users and staff. Ideally future services will also support their service users in 'quit attempts' directly too.

For future services to continue to provide a range of alcohol support and for them additionally to be local experts, and possibly trainers, in brief interventions for alcohol.

There was no support to bring elements of the current commissioned behaviour change service within the substance misuse contract.

4.5 Finance

Overview

SCC currently, directly commissions three providers, under five different contracts

Adult contracts • Adult Care Coordination and Health Interventions (ARM) • Adult Tier 1 & 2 Alcohol Service (Southampton Brief Advice and Counselling Service – SABICS) • Adult Psychosocial Interventions Service)	£2,226,022	Includes support for carers and advocacy services Provides young people clinical interventions
Young people contracts • Young Peoples Service (DASH) provided by No Limits • DASH Structured Interventions Service	£541,568	

NB – The Public Health Grant will be withdrawn from April 2020. There is no information currently as to where funding for services will be drawn from although commitment from SCC to fulfil the life of the contract.

NB – Office of the Police and Crime Commissioner (OPCC) grant is subject, currently, to an annual review and application process.

These contracts share two additional budgets

Budget Name	Purpose	Value (2018/19)
Care Management Budget	Residential Rehabilitation	£151 800
Purchased Services Budget	Detoxification, externally provided 'Day Rehab' and other groups and interventions not directly commissioned based on need of service users	£177,800

In addition Southampton Clinical Commissioning Group (CCG) are currently funding 2 x WTE equivalent posts

- 1 x WTE In Reach Worker – SSJ - £35 000
- 1 X WTE Hospital/ Alcohol Care Coordinator – CGL - £35 000

In addition SCC provide 1.5 WTE seconded Social workers – CGL - £55 700

In addition SCC funds a MASH navigator post - CGL

Current Staffing Levels

Service	**Staff WTE**		
No Limits	Non Clinical	11	
CGL (incl CCG Funded Care coordinator and 1.5 WTE seconded social workers and separately funded MASH Navigator)	Data/ Admin	3.6	**30.7**
	Clinical	6.2	
	Non Clinical	20.9	
SSJ (incl CCG funded 1 x WTE In Reach worker)	Non Clinical	9.55	
TOTAL		Total YP	11
		Total Adult	41.25
		Total	**52.25**

Other financial considerations

Care Management Budget (CMB)

Currently only to be used to fund residential rehabilitation. This budget was subject to a significant reduction this year and is currently under some strain. Further conversations, already in train, need to be had with the Care Management Budget holder to consider the best use of this budget including the consideration of the provision of Day Rehab, perhaps combining elements of CMB and purchased service budget to fund

OPCC funding

OPCC funding is awarded annually and contributes to the adult contracts. There is a need to engage with OPCC to secure longer term commitment of funding to meet need

CCG funding

CCG have committed £35k per annum through the life of the contract to support a reduction in hospital admissions. Further discussion with CCG should explore any additional funding opportunities

5. Buildings

Services for people concerned by their use of drugs and alcohol are delivered from a city centre hub that is comprised of three buildings. Commissioned services rent these 3 buildings from private landlords. The three different buildings have three separate tenancies that are due to end in the near future. Current providers have previously raised concerns that the current buildings are limited in their suitability. Historically, providers have found acquiring permission to deliver services from new buildings difficult

6. The Model for specialist services for people concerned by their or someone else's use of drugs and/ or alcohol' 2019

It is our intention to commission services that have harm reduction as the principle aim and 'recovery' as a desirable and achievable outcome.

In Southampton, recovery is defined as

Voluntarily - sustained control over problematic substance use which maximises health and wellbeing and participation in the rights, roles and responsibilities of society.

Services will be tasked with improving successful completions, reducing representations whilst maintaining robust and effective harm reduction interventions to reduce drug related deaths, the incidence of blood borne virus infections and the broader harms to individuals, their friends, families and communities

Services will be expected to work proactively, flexibly and collaboratively with stakeholders to increase engagement and improve outcomes of those impacted by substance use disorders

Futures services are expected to provide a comparable service offer to our current provision albeit with some, variation in the way the service model is configured.

SCC will seek to commission services that provide support and interventions that engage with people over the life course.

There is no intention, currently to separate alcohol from drug services. However it is an intention to work with providers to consider how better to 'present' alcohol services to the population with consideration to be given to deliver a distinct route of entry into support and some separation of interventions for people with alcohol use disorder, some of whom have, historically, been reluctant to approach integrated services.

All services will work with people with the following problematic substance use:

- Alcohol
- Opiates and crack cocaine and other illegal substances
- Prescribed medication that is being used problematically
- Prescription medication that is being used illicitly
- Performance and Image Enhancing Drugs
    - Interventions to reduce harm including needle exchange
      Interventions to address any other, identified, drug use

Services will be delivered in the following way

- Services will continue to be open access.
- Shared care, needle exchange and supervised consumption will continue to be provided in primary care through different contracts.
- Services will be required to work with and within the criminal justice setting
- Services will be required to engage with safeguarding adult and children processes
- Services will contribute in local and national drug and alcohol campaigns and will champion the needs of people with drug and alcohol concerns at every opportunity and will work to reduce the stigma and promote their needs.
- Services will be delivered using principles as set out in the Department of Health's Drug misuse and dependence UK guidelines on clinical management.
- The core of our treatment system will be the building of good therapeutic alliances between staff and people engaging in treatment and support.

> *Therapeutic alliance*
> *A good therapeutic alliance is crucial to the delivery of any treatment intervention, medical or psychosocial. When a stronger helping relationship is established, service users are more likely to complete treatment, actively explore problems, experience less distress and a more pleasant mood, abstain from alcohol and drugs during treatment, and achieve better long-term substance use outcomes[9].*

[9] Drug misuse and dependence: UK guidelines on clinical management [DOH:2017]

5.1 How services will be structured

It is our intention to procure services in two lots with the possibility of one provider bidding for both Lots 1 and 2.

- Lot 1: **Young person service** (24 years of age and under)
- Lot 2: **Adult service** (25 years of age and over) including carer support
- Lot 3: **Advocacy** (18 years and over)

It is our intention to ensure the provision of Independent advocacy for people engaging with services for people concerned by their own or someone else's use of drugs and/ or alcohol.

It is our intention, subject to approval, for these new services to be procured to commence on the 1st of July 2019 for a maximum period of 7 years (5 years with a possible extension of 2 years)

The following services will continue to be sourced through partners or other commissioning routes

- Shared care, Pharmacy needle exchange and Pharmacy based supervised consumption
- Hepatology nurse
- Social workers
- MASH worker
- Alcohol team within UHS
- YP Worker in Youth Offending Service (YOS)

APPENDIX / Further Reading

1. Human and financial cost of drug addiction: House of Commons Debate Pack Nov 2017 **Link**

2. **YP Substance Misuse Commissioning Guidance (PHE)**

Young_people_sub
stance_misuse_comr

3. **Drugs Health Needs Assessment: Southampton City Council (2017)**

Drugs needs
assessment CMT brie

4. Our Invisible Addicts - RCP **Link**

5. SCC. Drug Related Litter Report **Link**

6. **Street Based Vulnerable Adult Report**

SBVA REPORT FINAL
VERSION.pdf

Equality and Safety Impact Assessment

The **public sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people's needs. The Council's Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with section 17 of the Crime and Disorder Act and will enable the council to better understand the potential impact of the budget proposals and consider mitigating action.

Name or Brief Description of Proposal	**Drug and alcohol Treatment services** The Public Health Grant has historically been used to deliver a number of contracts and services to improve health and support behaviour change. Under the Health and Social Care Act 2012, local authorities have the duty to reduce health inequalities and improve the health of their local population by ensuring that there are public health services aimed at reducing drug and alcohol misuse. The 2015/16 public health ring-fenced grant included a new condition that requires that local authority must, in using the grant, "…have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services…" Following a strategic review of drug and alcohol treatment services in Southampton in 2018, it is proposed that drug and alcohol treatment services, for both Young Peoples and Adults continue to be commissioned and in doing so, provide an integrated drug and alcohol treatment system for Southampton which will provide drug and alcohol treatment for all age groups from 11 years old upwards.

	Expected outcomes: • Effective harm reduction provision ensuring that people with a drug and/or alcohol problem are enabled to safeguard their health and that service users are encouraged to engage fully in treatment services; • Service users are enabled to become abstinent from their substance of dependence where appropriate; • Improved numbers of service users who are successful in reliably reducing their use of drugs and/or alcohol; • Fewer service users re-presenting to treatment following discharge from services as a result of successful cessation of substance use; • Reduced re-offending: • Effective prevention work with young people; • Better utilisation of community resources; • Personalised services (choice and control) and maximising independence for those who need more specialist health/care services; • A market that is diverse, sustainable and provides quality services on an individualised basis or contract basis as necessary; • Better value for money. Many outcomes can be monitored via the National Drug Treatment Monitoring system both for Adults and Young People which reports on a monthly basis to Local Authority Public Health teams. Other outcomes can be monitored locally.
Brief Service Profile (including number of	The **Drug and Alcohol Treatment System** will provide: • Assessment, review and monitoring and case management. • Recovery planning • Clinical interventions including substitute prescribing and

customers)	general health assessments • Psycho-social interventions • Structured interventions and activities to promote structured use of time and interaction with non user groups and contacts • Peer support, mentoring and advocacy • Support for families and carers of people with substance misuse problems • Assertive outreach • Harm reduction services including needle exchange and testing advice and treatment for people at risk of contracting blood borne viruses. • Frequent attendees service • End of life care **Eligibility criteria:** Residents of Southampton City aged 11 years upwards, who are experiencing difficulties with substance misuse.
Summary of Impact and Issues	The current drug treatment system was commissioned in 2014 in accordance with national drug and alcohol strategies. **Positive Impacts identified:** The Integrated Commissioning Unit has undertaken a thorough review of all current services and believes that as a result of continuing to commission an integrated drug and alcohol substance misuse treatment system we will be able to deliver a treatment system which will enable service users to build social and recovery capital. It will also retain the variety of structured interventions available to them. As a result, the outcomes identified in section 1 will be achieved. National statistics indicate that improved treatment pathways, which enables service users to work in partnership with treatment services and to build appropriate "recovery networks" have improved outcomes, with many becoming abstinent and

	maintaining their abstinence in the long term. Peer support, mentoring and advocacy is a very important part of the service users' recovery network. This provides "visible recovery" for new service users entering treatment and is a powerful tool for re-engagement when the service user is at risk of dropping out of treatment. Peer support services provide opportunities for a wide variety of service users and ex-service users to volunteer and to build self-esteem through providing role models to others. Therefore it is vital that peer support networks represent a wide range of service user cohorts. Most importantly underrepresented groups such as Asian ethnic minorities, women and stimulant users are encouraged to take on the roles of volunteers and mentors in the new services. **Negative impacts identified**: Commissioning the entire existing treatment system could result in a degree of instability in the run up to the tendering exercise and for a period after the new contracts are awarded. Both existing staff and service users in the current system are bound to feel anxious and uncertain about their future prospects. Staff could seek alternative employment and vacancies will be difficult to fill due to the uncertainty generated by the temporary nature of existing services. This will in turn impact on the capacity of the current services. Reduced capacity of treatment services will clearly impact upon all service users. However, some of the most chaotic or those who have complex needs and who require greater support and motivational work undertaken with them in order to keep them engaged in treatment may be affected disproportionately. Groups who may fall under this category could be chaotic opiate, crack and alcohol users, those involved in offending to maintain their addiction, young people, people with mental health problems, poly drug users.

Potential Positive Impacts	Continuing to commission a single substance misuse treatment system will allow Southampton City Council to align the new system with national strategy and guidance and re-focus treatment on harm reduction, recovery and abstinence. It also offers an opportunity to test the market for new and innovative providers and to obtain best value for money by increasing service capacity. These proposals will allow treatment services to improve the number of service users, including those with protected characteristics who successfully complete treatment and who have been able to become abstinent. It will also increase the number of service users who reliably reduce their drug use during treatment. National prevalence figures tell us that there are still fewer drug users seeking treatment as a proportion of the number potentially existing in the city. An improved integrated service will make use of assertive outreach, easily accessible services, personalisation and effective communication within the community to improve the numbers of service users entering treatment. Data collected by the treatment services indicate that there are fewer Asian ethnic minorities and women accessing treatment than would be expected from the demographic profile of the city. This is an area of work that will be addressed by the new services. This will enable increased numbers from these cohorts to reliably improve their current drug use. In relation to Young People, services will continue to ensure that fewer young people drop out of treatment prior to transferring to adult services, and they will also have the capacity to work with young people in the context of their families, rather than as individuals who are seen outside of the context of their everyday lives.

Responsible Service Manager	Stephanie Ramsey
Date	11.7.18

Approved by Senior Manager	Sandra Jerrim
Signature	
Date	

Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	It is more effective to provide intervention to people with substance misuse problems as early as possible whatever age they enter treatment. Current services target all adults and young people over the age of 11 years who are experiencing problems with substance misuse.	Service specifications will ensure that brief/early intervention is prioritised for both adult and YP services.
Disability	Current services target adults who are experiencing problems with substance misuse regardless of their state of health or disability.	Service specifications could specify that providers will be required to prioritise certain groups including adults with long term physical and / or mental health conditions. This will include ensuring that buildings are accessible for people with sensory and mobility needs. Substance misuse services are also increasingly dealing with older service users and will therefore need to consider how to deal with conditions specific to old age. The service specification will outline the basic requirements for working with people with learning disabilities and autism.

Gender Reassignment	Current services target adults who are experiencing problems with substance misuse whatever their gender or the diversity issues they present.	Service specifications will require providers to identify how they will ensure that services are welcoming and able to offer appropriate services to those who have undergone gender re-assignment
Marriage and Civil Partnership	People's problematic use of drugs and alcohol has a direct impact on relationships. In particular the relationship between Alcohol and Domestic Abuse is well evidenced. Both current and new drug and alcohol treatment system address the strains and difficulties caused by alcohol and drugs on relationship breakup.	The Domestic abuse Prevention Programme scheme has been working with substance misuse services to address the issues of identifying perpetrators and domestic abuse victims engaging in treatment
Pregnancy and Maternity	The drug and alcohol treatment system maintains good relationships with the Southampton maternity services and will continue to maintain opportunities to optimise health in the perinatal period. Drug and alcohol use in pregnancy are likely to lead to physical and social problems in pregnancy, still birth and low birth weight. Women who are pregnant or who have children are often reluctant to approach statutory services due to the fear of child protection proceedings. The current funding arrangements includes a post whose role is to proactively engage women in these situations.	The current service requires the provider to prioritise certain groups including pregnant women and their partners. Joint work with children and families Identified as priority area in service specification.
Race	There is no specific impact for people of a particular race. However, there is under representation of BME communities in many services in the city and adults from these communities may be more disadvantaged if they do not feel comfortable accessing treatment for cultural or community reasons.	Service specifications could require providers to prioritise certain groups including Black and Minority ethnic groups and to provide active outreach to minority ethnic communities. In addition, providers will be encouraged to show how they will ensure that their workforce will be sufficiently diverse to mirror the needs of the local

		population and optimise uptake and outcomes. This will include the recruitment of volunteers. Contract monitoring and data capture which ensures all parts of the community can access services
Religion or Belief	It is acknowledged that some religions forbid drug and alcohol use and that services therefore need to be aware and sensitive to the impact that this will have on the individual seeking treatment.	Service specifications will emphasise that providers, as well as being sensitive to the issue, open to all religions and beliefs and non-judgemental in approach, will also need to take this into account in the way that they promote their service and deliver interventions.
Sex	No specific impact.	Maximum use of personalisation/Direct Budgets and referral to community care funding where Fair Access to Care (FACS) applies. Contract monitoring and data capture which ensures all parts of the community can access services Joint work with children and families Specification to ensure gender specific issues are considered in style of provision.
Sexual Orientation	Similar issues to other groups suffering discrimination due to diversity issues and reluctance to access other mainstream services.	The current specification ensures that diversity is addressed by provider. As indicated above service specifications could also encourage providers to recruit a diverse and representative workforce.

		Maximum use of personalisation/Direct Budgets and referral to community care funding where meet the Care Act eligibility
Community Safety	Current and future drug and alcohol treatment systems are designed to deliver appropriate interventions and strategies to service users involved in the criminal justice system. This includes the provision of treatment under a Drug Rehabilitation Requirement, Alcohol Treatment Requirement and other court orders as necessary. Services have close links with criminal justice agencies and have much experience of joint working The drug and alcohol treatment system is aware of the links between alcohol and domestic violence and works with domestic abuse agencies to identify perpetrators and protect survivors of abuse. Similarly, drug and alcohol services work with the homeless and homelessness agencies, with the Vulnerable Adult Safeguarding team providing assertive outreach to vulnerable groups including sex workers.	Current service specification includes the expectation of joint work with criminal justice agencies. Data is monitored as part of quarterly monitoring.
Poverty	Unhealthy behaviours are known to cluster in populations and are a key driver of health inequalities. People who have drug and/or alcohol problems often have considerable issues around poverty which treatment addresses. Individuals on a low income and unemployed individuals are more heavily represented in problematic drug and alcohol use	Current services are required to promote the engagement of service users in structured activities in order to encourage employability following recovery. This is particularly beneficial for those who are unemployed or who have never worked.
Other Significant Impacts	There is overwhelming evidence that addressing substance misuse issues can have a major positive impact on	Service specifications will ensure that providers are required to offer holistic

	mortality and morbidity and thus reduce demand for health and care services. Unhealthy behaviours such as long term drug or alcohol use are known to cluster in populations and are a key driver of health inequalities. A reduced substance misuse treatment offer is likely to lead to higher demand on future health and social care services and may increase health inequalities.	services to address substance misuse, social issues, and physical and mental health problems.

SOUTHAMPTON CITY COUNCIL

What is a Data Protection Impact Assessment?

A Data Protection Impact Assessment ("DPIA") is a process that assists organisations in identifying and minimising the privacy risks of new projects or policies.

Projects of all sizes could impact on personal data.

The DPIA will help to ensure that potential problems are identified at an early stage, when addressing them will often be simpler and less costly.

Conducting a DPIA should benefit the Council by producing better policies and systems, and improving the relationship with individuals.

Why should I carry out a DPIA?

Carrying out an effective DPIA should benefit the people affected by a project and also the organisation carrying out the project.

Whilst not a legal requirement, it is often the most effective way to demonstrate to the Information Commissioner's Officer how personal data processing complies with data protection legislation.

A project which has been subject to a DPIA should be less privacy intrusive and therefore less likely to affect individuals in a negative way.

A DPIA should improve transparency and make it easier for individuals to understand how and why their information is being used.

When should I carry out a DPIA?

The core principles of DPIA can be applied to any project that involves the use of personal data, or to any other activity that could have an impact on the privacy of individuals.

Answering the screening questions in **Section 1** of this document should help you identify the need for a DPIA at an early stage of your project, which can then be built into your project management or other business process.

Who should carry out a DPIA?

Responsibility for conducting a DPIA should be placed at senior manager level. A DPIA has strategic significance and direct responsibility for the DPIA must, therefore, be assumed by a senior manager.

The senior manager should ensure effective management of the privacy impacts arising from the project, and avoid expensive re-work and retro-fitting of features by discovering issues early.

A senior manager can delegate responsibilities for conducting a DPIA to three alternatives:

a) An appointment within the overall project team;
b) Someone who is outside the project; or
c) An external consultant.

Each of these alternatives has its own advantages and disadvantages, and careful consideration should be given on each project as to who would be best-placed for carrying out the DPIA.

How do I carry out a DPIA?

Working through each section of this document will guide you through the DPIA process.

The requirement for a DPIA will be identified by answering the questions in **Section 1**. If a requirement has been identified, you should complete all the remaining sections in order.

The Data Protection Impact Assessment Statement in **Section 7** should be completed in all cases, and a copy of this document should be sent to the Information Lawyer (Data Protection Officer) to record and review.

The Information Lawyer (Data Protection Officer) will review the DPIA within 14 days of receipt, and a draft DPIA report will be issued within 28 days. The report will confirm whether the proposed measures to address the privacy risks identified are adequate, and make recommendations for additional measures needed.

These measures will be reviewed once in place to ensure that they are effective.

Advice can be found at the beginning of each section, but if further information or assistance is required, please contact the Information Lawyer (Data Protection Officer) on 023 8083 2676 or at information@southampton.gov.uk.

Section 1 - Screening Statements

The following statements will help you decide whether a DPIA is necessary for your project.

Please tick all that apply.

- ☑ The project will involve the collection of new information about individuals.
- ☑ The project will compel individuals to provide information about themselves.
- ☑ Information about individuals will be disclosed to organisations or people who have not previously had routine access to the information.
- ☐ You are using information about individuals for a purpose it is not currently used for, or in a way it is not currently used.
- ☐ The project involves you using new technology which might be perceived as being privacy intrusive. For example, the use of biometrics, facial recognition, or profiling.
- ☑ The project will result in you making decisions or taking action against individuals in ways which can have a significant impact on them.
- ☑ The information about individuals is of a kind particularly likely to raise privacy concerns or expectations. For example, health records, criminal records, or other information that people would consider to be particularly private.
- ☐ The project will require you to contact individuals in ways which they may find intrusive.
- ☐ The project involves making changes to the way personal information is obtained, recorded, transmitted, deleted, or held.

If any of these statements apply to your project, it is an indication that a DPIA would be a useful exercise, and you should complete the rest of the assessment, including the Data Protection Impact Assessment Statement in **Section 5**.

If none of these statements apply, it is not necessary to carry out a DPIA for your project, but you will still need to complete the Data Protection Impact Assessment Statement in **Section 5.**

Section 2 - Identifying the Need for a DPIA

Briefly explain what the project aims to achieve, what the benefits will be to the Council, to individuals, and to other parties.

The project aims to commission a new substance misuse service for Southampton, replacing an existing commissioned service, whose contract expires in July 2019. The commissioning of a new service will be driven by the findings from a review process carried out in early 2018.

Once commissioned, the new service will provide an integrated substance misuse service that will have harm reduction as the principle aim and ‘recovery’ as a desirable and achievable outcome. In Southampton, recovery is defined as 'Voluntarily - sustained control over problematic substance use which maximises health and wellbeing and participation in the rights, roles and responsibilities of society'.

Services will be tasked with improving successful completions, reducing representations whilst maintaining robust and effective harm reduction interventions to reduce drug related deaths, the incidence of blood borne virus infections and the broader harms to individuals, their friends, families and communities.

Services will work pro actively, flexibly and collaboratively with stakeholders to increase engagement of those impacted by substance use disorders. There will be 2 distinct service areas; A Young People’s substance use disorder service and an Adult substance use disorder service .

Section 3 - Describe the Information Flows

The collection, use, sharing, and deletion of personal data should be described here.

Once commissioned, the service will gather information from the individual enabling an assessment to be completed. Following assessment the information will be used to develop a care and support plan with the individual. This may entail the onward sharing of information to a range of other providers with the explicit consent of the individual except in safeguarding or other permissible circumstances.

Information will be held in accordance with the commissioned providers data protection policies, which in turn will be compliant with the terms and conditions of the contract.

Section 4 - Identifying the Privacy Risks

Answering the questions below will help identify the key privacy risks, and the associated compliance and corporate risks.

The questions cover the key data protection principles, and whilst all may not be relevant to your project, they may prompt you to consider areas of risk which aren't initially apparent.

Principle 1

Personal data shall be processed lawfully, fairly and in a transparent manner in relation to the data subject.

What personal data will be collected and/or shared?

Information about the individual will be collected, including information about their health, substance use, financial circumstances and social and family relationships pertinent to their substance misuse needs.

Information collected may include information about significant others in the individuals life, but in the context of the individual themselves. For examples any children or family members living with the service user to take into account what extent the use of substances may be having an impact on them.

With whom will the personal data be shared?

Individuals engaging with the service will asked to complete a permission to share form, which will set out the agencies and individuals with whom their information can be shared. The collection and sharing of information will be compliant with the terms and condition of the contract awarded to the provider by the city council.

Information, via the permission to share protocol are likely to be health professionals (GP's community nurses, hospital staff), agencies within the criminal justice system (probation, police) and local community providers (e.g activities, counseling)

How will individuals be told about the use of their personal data?

Individuals will be informed during their first engagement with the service and subsequent reviews or assements, whether face to face or over the telephone. The permission to share form will be the responsibility of the commissioned provider, but will be compliant with the requirements set out in the terms and conditions of the contract.

Conditions for processing

For all data (tick all that apply):

- [x] The data subject has given consent to the processing.
- [x] The processing is necessary for the performance of a contract to which the data subject is party or in order to take steps at the request of the data subject prior to entering into a contract.
- [x] The processing is necessary for compliance with a legal obligation to which the Council is subject.
- [ ] The processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the Council.

Does your project involves the processing of the following?

Tick all that apply:

- [x] data revealing racial or ethnic origin
- [ ] political opinions
- [ ] religious or philosophical beliefs
- [ ] trade-union membership
- [ ] genetic data or biometric data for the purpose of uniquely identifying a natural person
- [x] data concerning health
- [x] data concerning a natural person's sex life or sexual orientation

If so, which of the following apply?

- [x] The data subject has given explicit consent to the processing.
- [ ] The processing is necessary for the purposes of carrying out the obligations and exercising specific rights of the Council or of the data subject in the field of employment and social security and social protection law.
- [ ] The processing is necessary for the establishment, exercise, or defence of legal claims, or whenever courts are acting in their judicial capacity.
- [ ] The processing is necessary for reasons of substantial public interest.
- [ ] The processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services.
- [x] The processing is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health or ensuring high standards of quality and safety of health care and of medicinal products or medical devices.
- [ ] The processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes.

If you are relying on consent to process personal data, how will this be collected and recorded?

Individuals will be asked to complete a permission to share agreement at the point of engagement with the service and at regular intervals thereafter, but no less than annually.

What will you do if consent is withheld or withdrawn? How will this be recorded?

Consent may be withheld in regards to specifc areas of information, for example financial circumstances, or restrictions placed on who the information can be shared with, for example local voluntary agencies. This will be recored and complied with by staff providing the service. However, as a service offering treatment that is integral to a number of health, social and criminal justice service, it will be necessary for individuals to agree to information being shared with a number of

Can an alternative condition for processing (see page 7) be used instead of consent? If yes, please provide details. See conditions on page 6 for options.

No

How will individuals be informed at the point of collection about how their personal data will be used?

Individuals will be asked to complete and sign a permission to share agreement at the point of engagement with the service and at regular intervals thereafter, but no less than annually. When asking the individual to sign the permission to share they will be informed about how their personal data will be used.

Will any personal data be published on the Internet or in other media? If yes, please provide details.

No

Will a third party contractor be processing the personal data on our behalf, or involved at any stage in the data processing process?

The information will be collected and held by an external provider on award of contract. The handling, storage and use of information will need to be compliant with the requirements set out in the terms and conditions of the contract. Discussions about data protection form part of quarterly contract meetings and breaches are notified to commissioners.

Principle 2

Personal data shall be collected for specified, explicit, and legitimate purposes, and not further processed in a manner that is incompatible with those purposes.

Do you envisage using the personal data for any other purpose in the future? If so, please provide details.

No additional use of data (that has not been covered in the permission to share arrangements) anticipated.

Principle 3

Personal data shall be adequate, relevant, and limited to what is necessary in relation to the purposes for which they are processed.

Are you satisfied that the personal data processed is of good enough quality for the purposes proposed? If not, why not?

The handling, storage and use of information will need to be compliant with the requirements set out in the terms and conditions of the contract. Within Substance Misuse services a considerable amount of data is collected in response to government requirements (National Drug Treatment Monitoring System - NDTMS), which has a robust data protection framework.

Is there any personal data that you could not use, without compromising the needs of the project? If yes, please provide details.

All data collected is proportionate and relevant to the service being provided.

How will you ensure that only personal data that is adequate, relevant, and not excessive in relation to the purpose for which it is processed?

The handling, storage and use of information will need to be compliant with the requirements set out in the terms and conditions of the contract. The terms and conditions of the contract clearly sets out the requirements to be compliant with data protection laws, including ensuring that only personal data that is adequate, relevant, and not excessive in relation to the purpose for which it is processed is collected.

Principle 4

Personal data shall be accurate and, where necessary, kept up to date.

Are you able to update and amend personal data when necessary, after it has been collected and recorded? Please provide details.

Individuals will be asked to complete and sign a permission to share agreement at the point of engagement with the service and at regular intervals thereafter, but no less than annually. When asking the individual to sign the permission to share they will be informed about how their personal data will be used.

How will you ensure that personal data obtained from individuals or other organisations is accurate?

Individuals are offered a copy of their care plan to sign. This is an opportunity for the provider to check all personal data obtained from individuals or other organisation is accurate.

Principle 5

Personal data shall be kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed.

What retention periods are suitable for the personal data you will be processing?

Retention periods will be set by the providers own data protection policies, but will be, at a minimum compliant with relevant legislation as set out in the terms and conditions of the contract.

How will you ensure the personal data is deleted in line with your retention periods?

Retention periods will be set by the providers own data protection policies but will be, at a minimum compliant, with relevant legislation as set out in the terms and conditions of the contract.

What processes will be put in place for the destruction of the personal data?

The destruction of personal data will be set by the providers own data protection policies, but will be, at a minimum compliant with relevant legislation as set out in the terms and conditions of the contract.

Principle 6

Personal data shall be processed in accordance with the rights of data subjects under this Act.

If an individual requested a copy of the personal data held about them, detail how this would be provided to them.

Access to files will be set out in the providers own policies and procedures but will be, at a minimum compliant, with relevant legislation as set out in the terms and conditions of the contract.

If the project involves marketing, have you got a procedure for individuals to opt out of their personal data being used for that purpose?

The provider will have this in place.

Principle 7

Personal data shall be processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures.

Where, and in what format, will the personal data be kept?

Personal data will held by the providers. Storage will be, at a minimum compliant, with relevant legislation as set out in the terms and conditions of the contract. Providers will hold electronic and paper files to support the delivery of substance misuse services.

Will an IT system or application be used to process the personal data? Please provide details.

Providers will hold electronic and paper files to support the delivery of substance misuse services. A number of IT systems or applications are available to providers. The specific system will be secured by the provider once the contract is awarded. IT systems will need to reflect the requirements as set out in the service specification.

How will this system provide protection against security risks to the personal data?

Security of information and protection of risks to personal data will be, at a minimum compliant, with relevant legislation as set out in the terms and conditions of the contract.

What training and instructions are necessary to ensure that staff know how to operate the system securely?

These requirements are set out in the terms and conditions of the contract. Staff training is monitored during quarterly contract monitoring meetings.

Will staff ever process the personal data away from the office (e.g. via paper files, on laptops, tablets, or smart phones)? If so, please provide details.

Yes. The handling of data taken away from the office will be managed in line with data protection legislation. As with the handling and holding of personal information, personal data that is taen away from the office will be, at a minimum compliant, with relevant legislation as set out in the terms and conditions of the contract.

How will access to the personal data be controlled?

Access to personal data will be by the provider and in accordance with their data protection policies. Compliance with data protection legislation form a part of the contract terms and conditions.

Principle 8

Personal data shall not be transferred to a country or territory outside the European Economic Area (EEA) unless that country of territory ensures and adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data.

Will the project require you to transfer personal data outside of the EEA? If yes, please provide details.

No

If you will be making transfers, how will you ensure that the personal data is adequately protected?

N/A

If a contractor is being used to process the personal data, where are they (and their data stores) based?

The provider will be responsible for ensuring any personal data retained is held securely by themselves or other agencies.

Section 5 - Data Protection Impact Assessment Statement

This statement must be completed for all projects, regardless of whether a DPIA was deemed to be necessary on completion of the screening questions in Section 1.

Name:

Sandra Jerrim

Position:

Senior Commissioner

Project Summary:

To commission a new Substance misuse service for young people and adults.

Estimated date of project completion:

July 2019 (when new commissioned services commence)

Please choose one of the following options:

- ◯ None of the screening statements in Section 1 of this document apply to the above project, and I have determined that it is not necessary to conduct a Data Protection Impact Assessment.
- ◉ Some of the screening statements in Section 1 of this document apply to the above project, and a need to carry out a Data Protection Impact Assessment was identified. The assessment has been carried out, and the outcomes will be integrated into the project plan to be developed and implemented.

Date:

23.07.2018

Once completed, please send a copy of this document to Corporate Legal.

Email: information@southampton.gov.uk

Internal post: Corporate Legal, Civic Centre, Municipal, Ground Floor West

Document Information

Title: Data Protection Impact Assessment

Author: Chris Thornton, Senior Legal Assistant (Information)

Version: v2.7

Owner: Information Governance Board on behalf of the Council's Management Team

Agreed by: Information Governance Board on behalf of the Council's Management Team

Effective from: 31st January 2017

Review Date: 31st January 2018

Revision History:

06/12/13 - Version 1.0 - Reviser: Vikas Gupta - Document Created

10/03/15 - Version 2.0 - Reviser: Chris Thornton - Updated to PDF form format

17/07/15 - Version 2.1 - Reviser: Chris Thornton - Added information re report in introduction

14/01/16 - Version 2.2 - Reviser: Chris Thornton - Added screening question

27/01/16 - Version 2.3 - Reviser: Chris Thornton - Added project completion date to S7

24/01/16 - Version 2.4 - Reviser: Chris Thornton - Added service level for issuing reports

29/04/16 - Version 2.5 - Reviser: Chris Thornton - Removed sections 5 and 6, and revised questions

22/02/17 - Version 2.6 - Reviser: Chris Thornton - Changed wording to reflect GDPR

26/05/17 - Version 2.7 - Reviser: Chris Thornton - Changes made to consent to reflect GDPR