

# Health and Wellbeing Board

Wednesday, 28th June, 2017  
at 5.30 pm

## Conference Room 3 - Civic Centre

This meeting is open to the public

### Members

To be appointed at Cabinet on 20<sup>th</sup> June 2017

Rob Kurn – Healthwatch

Hilary Brooks – Interim Service Director, Children and Families Services

Carole Binns – Designated Director Adult Services

Dr J Horsley – Acting Director of Public Health

Dr S Robinson – Clinical Commissioning Group

Dr J Duffy – NHS England Wessex Local Area Team

### Contacts

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Senior Democratic Support Officer

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## **BACKGROUND AND RELEVANT INFORMATION**

### **Purpose of the Board**

The purpose of the Southampton Health and Wellbeing Board is:

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

### **Responsibilities**

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

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

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

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

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 livesSouthampton is an attractive modern City, where people are proud to live and work

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

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

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

Details of the Council's Guidance on the recording of meetings is available on the Council's website.

### **Dates of Meetings: Municipal Year 2017/18**

<b>2017</b>	<b>2018</b>
28 <sup>th</sup> June	17 <sup>th</sup> January
26 July	14 March
18 October	4 April

## CONDUCT OF MEETING

### **BUSINESS TO BE DISCUSSED**

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

### **PROCEDURE / PUBLIC REPRESENTATIONS**

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

### **RULES OF PROCEDURE**

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

### **QUORUM**

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

## **DISCLOSURE OF INTERESTS**

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

### **DISCLOSABLE PECUNIARY INTERESTS**

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

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

(ii) Sponsorship:

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

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

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

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

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

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

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

## **Other Interests**

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

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

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

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

## **Principles of Decision Making**

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

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

In exercising discretion, the decision maker must:

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

## AGENDA

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

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

### **2 STATEMENT FROM THE CHAIR**

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

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

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

### **4 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

To approve and sign as a correct record the minutes of the meeting held on 29<sup>th</sup> March 2017 and to deal with any matters arising, attached.

### **5 DRUGS STRATEGY 2017/2020**

Report of the Director of Public Health, presenting to the Board the Drugs Strategy, attached.

### **6 OLDER PEOPLE'S OFFER**

To receive a presentation from Donna Chapman, Associate Director, System Redesign.

### **7 SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE**

To receive a presentation from John Richards, Chief Officer, Southampton Clinical Commissioning Group, on the Sustainability and Transformation Plan.

### **8 COMBATING LONELINESS IN SOUTHAMPTON UPDATE**

Report of the Director of Quality and Integration, updating the Board on the work taking place to combat loneliness, attached.

Tuesday, 20 June 2017

Service Director, Legal and Governance

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HEALTH AND WELLBEING BOARD  
MINUTES OF THE MEETING HELD ON 29 MARCH 2017

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Present: Councillors Lewzey, Dr Paffey, Taggart and Shields  
Dr Sue Robinson, Rob Kurn, Dr John Duffy (minutes 31-36), Carole Binns and Jason Horsley

Apologies: Councillors Payne

31. **STATEMENT FROM THE CHAIR**

The Board noted the sad death of Margaret Wheatcroft a Non-Executive Member of the Clinical Commissioning Group (CCG) following an unexpected accident. Her death had impacted hugely on colleagues from the CCG and as a mark of respect a book of condolence had been opened which members of the H&WBB were welcome to sign. The Board expressed their condolences to both the family and colleagues at the CCG.

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

Councillor Shields declared a personal interest in that he was a Council appointed representative of the Clinical Commissioning Group and remained in the meeting and took part in the consideration and determinations of items on the agenda.

Councillor Lewzey declared a personal interest in that he was a Council appointed representative of Southern Health NHS Foundation Trust and remained in the meeting and took part in the consideration and determinations of items on the agenda.

Dr Robinson declared a personal interest in that she was a member of the Clinical Commissioning Group Governance Board and remained in the meeting and took part in the consideration and determinations of items on the agenda.

Dr Jason Horsley declared a personal interest in that he was a member of the Clinical Commissioning Group Governance Board and a joint appointment with Portsmouth City Council and remained in the meeting and took part in the consideration and determinations of items on the agenda.

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

RESOLVED: that the minutes of the meeting held on 25<sup>th</sup> January 2017 be approved and signed as a correct record.

Matters Arising

Minute 27 – Draft Health and Wellbeing Strategy 2017-2015

It was noted that this had now been approved and adopted by Full Council and the Clinical Commissioning Group.

#### Minute 29 – Behaviour Change Update

It was noted that the new Behaviour Change Service would launch on 4<sup>th</sup> April 2017.

#### Minute 30 – NHS Southampton City Council Clinical Commissioning Group Two Year Operational Plan 2017/19

Rob Kurn reported that previous criticisms of the lack of engagement relating to the STP had moved on and relationships were now working more closely and assurances provided of more meaningful engagement moving forward.

#### 34. AIR QUALITY

The Board received a presentation from Mitch Sanders, Service Director Transactions and Universal Services and Debbie Chase, Consultant in Public Health on Air Quality.

The Board noted that a plan for Air Quality in the City had been in place since 2007 but had recently become a higher priority following the City being identified as 1 of 5 Cities exceeding EU Limits. As such a statutory requirement had been put in place to be a Clean Air Zone by 2020 and DEFRA had issued guidance on restrictions that must be imposed which for the moment related to commercial vehicles. It was noted that if the restrictions were not in place then there were significant EU financial penalties albeit Brexit was now in place and associated outcomes of that however that did not detract from the Public Health element which was important.

The Board also noted that the Local Authority had been successful in a number of bids which resulted in £13M for the City to implement the approved Clean Air Strategy which sat under the Health and Wellbeing Strategy and alongside transport and other significant plans. The Board further noted that there had been a lot of analysis of best practice and an evaluation process on impact and as such plans were now in the “implementation” phase which was seeing additional staffing and teams put in place to deliver services and ensure initiatives had impact.

The Board noted that Cllr Hammond was the Lead Member and there was a project board in place which Debbie Chase was a member of and would provide the link and feed into the H&WBB.

#### 35. HEALTHY HOMES

The Board received a presentation from Debbie Chase, Consultant in Public Health providing an update on the Healthy Homes Project which had launched in December 2015 and targeted those that were vulnerable and needed help. It was noted that the project had been very successful with £320k in reclaimed benefits however resources were now coming to an end and how the impact of the project was sustained and moved forward was key.

Alan Golding from the Environment Centre who was leading on fuel poverty for the City was in attendance and addressed the meeting. The Board noted that from a national perspective there was a future obligation for energy companies to ensure their proposals were in the public domain and it would be up to Local Authorities locally to make a statement of intent in response. Alan Golding reported that there was currently an underspend in the Healthy Homes project of £55k which could be utilised for the future but would not go far, there was no new project based funding available and an



uncertainty following Brexit, however there was a meeting scheduled to discuss potential resources through funding to Local Enterprise Boards and social impact bonds. The Board also noted that it would be important for positive publicity/promotion of the project and inclusion on the investment return as part of the evaluation process.

### 36. **BETTER CARE PRIORITIES**

The Board considered the report of the Director of Quality and Integration, Quality and Commissioning providing progress to date on the Better Care Plan and priorities for 2017-19.

The Board noted that National Planning Guidance 2017-19 had still not been published however it was known that planning would be across two financial years, there would be fewer national conditions and that the Better Care Fund Plan covering a minimum of the pooled fund specified in the Spending Review would need to be signed off by the H&WBB, the Council and the Clinical Commissioning Group.

The Board noted the strategic context and vision for Better Care along with key metrics and priorities for 2016/17 and beyond which included such things as a more rapid expansion of the integration agenda across the full life course, stronger focus on prevention and early intervention, a more radical shift in balance of care out of hospital and into the community, development of the community/voluntary sector.

The Board noted that key achievements to date had included six integrated cluster teams, new Community Wellbeing Service commissioned and live from 1<sup>st</sup> April, significant increase in carers identified/supported, seven separate health and social care rehab and reablement teams fully integrated, new Behaviour Change Service and expansion in extra care with the opening of Erskine Court.

Performance against national metrics was noted with Delayed Transfers of Care particularly identified as a key challenge with 55% higher than last year and 49% higher than identified in the plan. The Board noted that a large part of the increase was around recording in that previously it was a delay of three days but was now twenty four hours together with increased complexity of cases.

The Board noted that once national guidance was issued there would only be six weeks to complete and submit the plan for the next two years. It was being suggested that the same priorities remained for the next two years but that they become more embedded and developed. It was noted that the plan would need H&WBB approval. In addition the Board noted the recent Budget announcement and additional funding for Adult Social Care, the detail of which was still unclear however it was likely to be linked to Better Care plans and as such Southampton's were well developed so therefore was a good start.

#### **RESOLVED:**

- (i) that the priorities identified for the next two years and the direction of travel be supported; and
- (ii) that authority be delegated to the Chair and Vice Chair of the Board following consultation with Cllr Payne as Lead Cabinet Member for Adult Social Care to approve the two year plan on behalf of the H&WBB.

37. **PHARMACEUTICAL NEEDS ASSESSMENT PROPOSALS**

The Board received and noted the report detailing the Pharmaceutical Needs Assessment Refresh. It was noted that the H&WBB had a statutory responsibility to publish a statement of the needs for pharmaceutical services on the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA) which would need to be in place and approved by April 2018. It was noted that there would be further updates to the Board over the forthcoming year and to support the development of the assessment it was suggested that a working group be put in place.

38. **ALCOHOL STRATEGY 2017-2020**

The Board considered the report detailing the proposed Alcohol Strategy 2017–2025 which had been developed jointly by the H&WBB and the Safe City Partnership (SCP) and set out how partners across the City would work together to achieve a joined-up City wide approach. The proposed strategy supported the outcomes of the H&WBB Strategy 2017-2025 and the Safe City Strategy 2016-2020 and focussed on key priorities and actions.

The Board noted that the Alcohol Strategy would be monitored by the H&WBB with Safe City Partnership and Southampton City Council as accountable leads for delivering relevant actions identified in the strategy.

**RESOLVED:**

- (i) That the proposed Alcohol Strategy 2017-2025 be approved and adopted;  
and
- (ii) That authority be delegated to the Chief Strategy Officer following consultation with the Cabinet Member for Health and Sustainable Living, Cabinet Member for Environment and Transport, Cabinet Member for Communities, Culture and Leisure, Director of Public Health, the H&WBB and SCP to review and make any changes to the Alcohol Strategy 2017-2025.

# Agenda Item 5

DECISION-MAKER:	HEALTH AND WELLBEING BOARD		
SUBJECT:	DRUGS STRATEGY 2017/2020		
DATE OF DECISION:	28 JUNE 2017		
REPORT OF:	DIRECTOR OF PUBLIC HEALTH		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Jason Horsley	Tel: 023 8083 2028
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Director	Name:	Jason Horsley	Tel: 023 8083 2028
	E-mail:	Jason.Horsley@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY	
None	
BRIEF SUMMARY	
The purpose of this paper is to update the Board on the Drugs Strategy which was presented to the Safe City Partnership for approval on 9 <sup>th</sup> June 2017.	
RECOMMENDATIONS:	
(i)	That the Committee notes the progress made in agreeing the draft Southampton Drugs Strategy 2017-20 to date along with proposals for implementation.
REASONS FOR REPORT RECOMMENDATIONS	
1.	For information.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	None.
DETAIL (Including consultation carried out)	
3.	The <i>Drugs Strategy for 2017-20</i> went to the Safe City Partnership on 9 <sup>th</sup> June 2017 for approval. It is now being brought to the Health & Wellbeing Board for information.
4.	The strategy has been led by Hampshire Constabulary, working closely with a range of stakeholders. The strategy is based on a detailed review of health and crime data and extensive stakeholder engagement.
5.	This engagement with stakeholders and partners included two multi-agency workshops. The workshops were attended by approximately 20 people from agencies including: <ul style="list-style-type: none"> <li>• Hampshire Constabulary</li> <li>• Southampton City Council departments (Public Health, Integrated Commissioning Unit, Community Safety, Housing)</li> <li>• Crown Prosecution Service</li> <li>• Youth Offending Service</li> </ul>

	<ul style="list-style-type: none"> <li>• Society of St James</li> <li>• Southampton Independent Advisory Group</li> </ul>
6.	A service user survey is underway and will inform the implementation of the strategy.
7.	The engagement with stakeholders identified much good work already in place in the city and real opportunities to deliver even better services by working more collaboratively.
8.	The proposed strategy has 3 priorities: <ul style="list-style-type: none"> <li>• Engagement and raising awareness;</li> <li>• Prevention and treatment;and</li> <li>• Crime disruption and antisocial behaviour.</li> </ul>
9.	The strategy was presented to the Safe City Partnership together with a proposal for how the implementation will be led. Specifically that Public Health will lead the first two priorities which will be overseen through a new strategy implementation group. It will meet for the first time in early September and agree the terms of reference and the detailed work programme.
10.	The Police will lead the third priority, “crime disruption and antisocial behaviour” using existing forums: Tactical Planning Meeting plus (TPM+); Operation Fortify, for people vulnerable to being exploited by drug dealers; and Operation Heavy, which targets drug dealers.
11.	The overall strategy will continue to be led by the police. Priority leads will work closely together.
12.	The strategy was presented to the Safe City Partnership with a proposal to assure the Partnership of progress annually. Assurance is likely to be scheduled as part of the Safe City needs assessment in November each year.
13.	The governance arrangements for the drugs and strategy is flexible. The drugs strategy is overseen by the Safe City Partnership, but information will also be shared with the Health and Wellbeing Board.
14.	Agencies across Southampton are continuing to deliver drugs and alcohol services throughout this time. Action is ongoing while implementation of the strategy begins in earnest over the summer.
<b>RESOURCE IMPLICATIONS</b>	
<u>Capital/Revenue</u>	
15.	The recommendations are based within existing work programmes. As such they are not considered likely to initially present any additional financial commitments.
<u>Property/Other</u>	
16.	None
<b>LEGAL IMPLICATIONS</b>	
<u>Statutory power to undertake proposals in the report:</u>	
17.	Not applicable

<u>Other Legal Implications:</u>	
18.	None
RISK MANAGEMENT IMPLICATIONS	
19.	None
POLICY FRAMEWORK IMPLICATIONS	
20.	The outcome of the scrutiny review will contribute to the following priority within the Southampton City Council Strategy 2016-2020: <ul style="list-style-type: none"> <li>• People in Southampton live safe, healthy, independent lives</li> </ul>

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Southampton Drugs Strategy - Draft, 2017-20

Documents In Members' Rooms

1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	No
Privacy Impact Assessment	
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	No
Other Background Documents	
Other Background documents available for inspection at:	
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None
2.	

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**DRAFT – Southampton Drugs Strategy 2017-2020**

**Our Vision: Southampton is a city where people work together to make individuals and communities safer and more resilient, by using an evidence based approach to reduce the harm caused by illicit drugs.**

Southampton is committed to reducing the harm caused by illicit drugs. This strategy sets out how the Safe City Partnership and Health and Wellbeing Board will achieve this. The focus of this strategy is on illegal drugs, including psychoactive substances which are illegal to produce or supply but not illegal to possess. The (mis)use of legal or prescribed drugs is beyond the scope of this strategy.

People who use drugs are at risk of a wide range of different health problems, including lung, liver and heart disease. People who inject drugs are also at risk of blood borne viruses. There is also a strong association between mental health problems and substance misuse. Nationally, the number of drug related deaths is the highest ever recorded, and individuals who are not engaged with treatment services are at increased risk. Drug treatment saves an estimated £960m to the public, businesses, criminal justice system and the NHS.

There are strong links between drugs, antisocial behaviour, crime and disorder. Vulnerable people are at risk of being exploited or forced to run drugs, and are subjected to crimes committed against them where drug activities exist. Younger people who misuse drugs are at risk of school exclusions and safeguarding is often an issue. Risk factors for drug misuse in younger people include: not being in education, employment or training, parental drug use, domestic abuse, sexual exploitation and contact with the youth justice system.

There is a strong association between homelessness and drug use, as well as a link with street begging. A lot of people who beg do so in order to buy drugs. People who use drugs in public places are at increased risk of physical harm and cause community safety concerns and drug litter.

Savings are being made to substance misuse services across the country. This strategy sets out our approach to deliver services more efficiently while continuing to mitigate the harms associated with illicit drugs within this financial context.

The focus and challenges identified are to:

- Restrict the supply of drugs.
- Reduce the levels of violent crime and antisocial behaviour associated with drugs.
- Promote a culture where people can talk about drug-related concerns and know where to get help.
- Engage more people with substance misuse services and provide targeted treatment.
- Promote targeted treatment services for those who need help.
- Prevent those using illicit drugs for the first time and of those relapsing.

**Illicit drug use in Southampton - key facts and figures:**

- 1 in 12 (8.4%) adults aged 16 to 59 in England and Wales took an illicit drug in 2015/16. This equates to around 17,000 people in Southampton
- An estimated 1,649 people in Southampton use opiates and/or crack cocaine and 636 people inject drugs. Local prevalence rates are slightly higher than those estimated nationally but not significantly so
- The number of drug-related deaths in adults in Southampton is increasing, in line with a national trend. Nationally this is partly due to heroin users growing older with underlying poor health.
- Police drug recorded offences per 1,000 population in Southampton (2.9) are higher than the average in England (2.5) but are below the average for Hampshire (3.1).
- Drug-related violence continues to be an issue in Southampton, rising by nearly 13% in 2015/16, with stabbings in areas which are associated with drug gangs and dealers.
- The risks of firearm acquisition, violence and child sexual exploitation are high due to local links to drug gangs in London
- The amount of drug litter found has increased since February 2016, when monthly reports began. Drug litter is causing concern to local people.

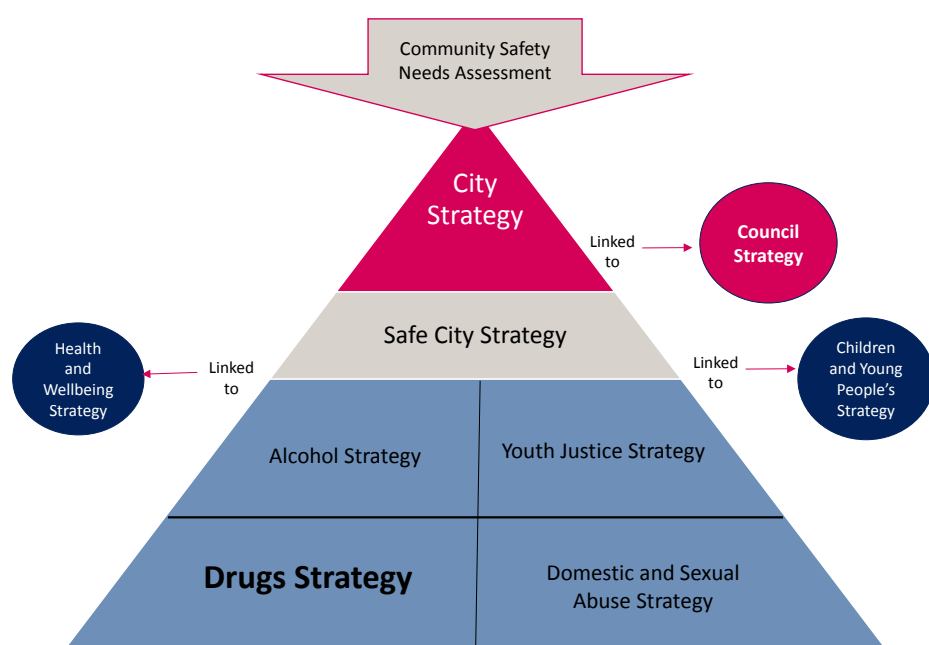
Our Priorities	Why this is important
<b>Engagement and Raising Awareness</b>	We want Southampton to be a city where drug use and drug services can be openly talked about, so that people (including young people) are aware of the risks, can make informed decisions about drug use and know where to access support. This will help to avoid or minimise the risks of harm to individuals and promote informed, resilient communities.
<b>Prevention and treatment</b>	Effective drug treatment services reduce the risk of drug related deaths, reduce rates of blood borne viruses and reduce offending. They are also cost effective- <b>every £1 spent on drug treatment yields a £2.50 saving on the social costs of drug misuse.</b>
<b>Crime disruption and antisocial behaviour</b>	The effects of drugs can leave people vulnerable to becoming either a victim or perpetrator of antisocial behaviour, violence or other serious crime. Crime and antisocial behaviour can impair the quality of life for those affected and impact the wider community. Education can aid understanding and the impact of this for perpetrators, victims and witnesses.

**The Strategic Context**

The *Southampton City Strategy 2015-25* sets out our vision for making Southampton **a city of opportunity where everyone thrives**. This includes the priority 'healthier and safer communities' with a focus on reducing the negative impact of alcohol and drugs. The *Safe City Strategy 2017-2020* also focuses on reducing the harm caused by drugs and alcohol.

The *Southampton City Council Strategy 2016-2020* has 4 outcomes which are all relevant to this drugs strategy, including 'people in Southampton live safe, healthy independent lives' and making Southampton a 'modern and attractive city where people are proud to live and work'.

This drugs strategy sets out how partners in the city will work together to support the delivery of these goals.



**Our approach**

We will deliver this strategy through even stronger partnership working. We will:

- Develop a regular forum in which to address the current issues with drug use and harm within the city
- Strengthen our clinical governance systems and processes
- Learn from and educate each other about our different partnership organisations, to improve service integration and use a common language
- Establish effective processes for partners to analyse and share health, crime and education data to better understand drug-related violence and harms to inform local action
- Ensure all partners are competent to work with a variety of populations in ways that are sensitive to different cultures and different needs

<b>Engagement and raising awareness</b>	<p><i>What are we already doing?</i>  <b>The Local Safeguarding Children's Board/ Local Safeguarding Adults Board</b> are promoting an understanding that drug misuse may be a complex, chronic, relapsing and remitting condition that requires individualised, person-centred care and support  <b>Hampshire Constabulary and Southampton City Council</b> are sharing information regarding young people and drug related incidents  <b>Local schools</b> have PSHE programmes which include drug related education  <b>Southampton Drugs and Alcohol Recovery Services</b> are building a visible recovery community in Southampton  <b>No Limits</b> is working with all participating schools to run regular 'Buzz' sessions in which drugs awareness is discussed with year 10 pupils  <b>Southampton Healthy Ambition</b> are providing targeted education and support to those at highest risk  <b>Needle exchange services</b> are working to minimise the harms caused by using drugs  <b>Hampshire Constabulary and Southampton City Council</b> are educating licenced premises on safeguarding issues related to drug use</p> <p><i>What are we going to do next?</i></p> <table border="1" data-bbox="338 498 1959 816"> <thead> <tr> <th data-bbox="338 498 621 537">Outcome</th> <th data-bbox="621 498 1241 537">What are we going to do</th> <th data-bbox="1241 498 1560 537">Lead</th> <th data-bbox="1560 498 1959 537">How we will measure success</th> </tr> </thead> <tbody> <tr> <td data-bbox="338 537 621 661">Adults and young people in Southampton know how and where to access substance misuse services</td> <td data-bbox="621 537 1241 661">Provide clear information regarding the availability of treatment and support services</td> <td data-bbox="1241 537 1560 661">Integrated Commissioning Unit (Southampton City Council and Southampton Clinical Commissioning Group)</td> <td data-bbox="1560 537 1959 661"> <ul style="list-style-type: none"> <li>Proportion of people using drugs engaging with the needle exchange service</li> <li>Level of awareness in year 10 pupils in Southampton (Buzz survey results)</li> </ul> </td> </tr> <tr> <td data-bbox="338 661 621 816">Adults and young people in Southampton make informed decisions about drug use</td> <td data-bbox="621 661 1241 816">Work with education (schools forum) and businesses (SOBAC) to promote and monitor high quality drugs and resilience education for those in education and employment</td> <td data-bbox="1241 661 1560 816">Safe City Partnership/ Southampton City Council</td> <td data-bbox="1560 661 1959 816"> <ul style="list-style-type: none"> <li>Number of repeat fixed term exclusions resulting from drug misuse in schools</li> </ul> </td> </tr> </tbody> </table>				Outcome	What are we going to do	Lead	How we will measure success	Adults and young people in Southampton know how and where to access substance misuse services	Provide clear information regarding the availability of treatment and support services	Integrated Commissioning Unit (Southampton City Council and Southampton Clinical Commissioning Group)	<ul style="list-style-type: none"> <li>Proportion of people using drugs engaging with the needle exchange service</li> <li>Level of awareness in year 10 pupils in Southampton (Buzz survey results)</li> </ul>	Adults and young people in Southampton make informed decisions about drug use	Work with education (schools forum) and businesses (SOBAC) to promote and monitor high quality drugs and resilience education for those in education and employment	Safe City Partnership/ Southampton City Council	<ul style="list-style-type: none"> <li>Number of repeat fixed term exclusions resulting from drug misuse in schools</li> </ul>				
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<b>Prevention and treatment</b>	<p><i>What are we already doing?</i>  <b>The Local Safeguarding Children's Board</b> is developing ways to identify and share concerns about young children living in an environment with parental substance misuse  <b>Public Health Nursing</b> is working in schools to identify problematic substance misuse early  <b>Southampton Public Health team</b> is completing a needs assessment to understand the health needs of people who use drugs in Southampton  <b>MORPH</b> is consulting with people who use drugs to better understand their views on current drug treatment services  <b>Southampton City Council (ICU)</b> is commissioning services to ensure that people who use drugs have access to the most appropriate care in the right place at the right time  <b>Southampton Drug And Alcohol Recovery Service</b> is balancing the aims of recovery with those of reducing harms in people who use drugs  <b>The Homeless-Vulnerable Adult Support Team</b> is delivering the DCLG funded Rough Sleeper Initiative, ensuring that people who are homeless or at risk of returning to homelessness have access to substance misuse and mental health services  <b>Southern Health Foundation Trust</b> is supporting work to improve access to simultaneous substance misuse and mental health services</p> <p><i>What are we going to do next?</i></p> <table border="1" data-bbox="338 1175 1959 1893"> <thead> <tr> <th data-bbox="338 1175 621 1213">Outcome</th> <th data-bbox="621 1175 1241 1213">What are we going to do</th> <th data-bbox="1241 1175 1560 1213">Lead</th> <th data-bbox="1560 1175 1959 1213">How we will measure success</th> </tr> </thead> <tbody> <tr> <td data-bbox="338 1213 621 1540">Services in Southampton respond to the differing needs of individuals</td> <td data-bbox="621 1213 1241 1540">           Use the drugs needs assessment, survey and annual drug related deaths reports to commission safe and effective drug treatment services in Southampton that meet the needs of the local population             Ensure that people from different groups have equal access to services and that people with dual diagnosis are able to access the right care at the right time.             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<b>Crime disruption and antisocial behaviour</b>	<p><i>What are we already doing?</i>  <b>Hampshire Constabulary</b> is delivering Operation Fortify, Heavy, Sceptre and Fluorescent to safeguard vulnerable persons and addresses and to carry out enforcement activities for known dealers and locations  <b>Hampshire Constabulary &amp; Local Housing Offices</b> are working closely together to identify vulnerability and enforcement opportunities  <b>The Street begging working group</b> is working to reduce street begging through education and enforcement  <b>Hampshire Constabulary</b> is improving information sharing to build a better evidence base to target resources  <b>Probation/ Crown Prosecution Service/ Youth Offending Service and drug treatment services</b> are supporting people in who come into contact with the Criminal Justice System as a result of their drug use in a timely way  <b>The Southampton City Council Community Safety Team</b> is mapping data from street cleansing services 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# Agenda Item 6

DECISION-MAKER:	HEALTH AND WELLBEING BOARD		
SUBJECT:	OLDER PERSON'S OFFER		
DATE OF DECISION:	28 JUNE 2017		
REPORT OF:	DIRECTOR OF QUALITY AND INTEGRATION		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Donna Chapman	Tel: 02380 296004
	E-mail:	donna.chapman@southamptoncityccg.nhs.uk	
Director	Name:	Stephanie Ramsey	Tel: 023 8029 6075
	E-mail:	stephanie.ramsey@southamptoncityccg.nhs.uk	

STATEMENT OF CONFIDENTIALITY	
None	
BRIEF SUMMARY	
The purpose of this report is to present information on the older person's offer to the Board.	
RECOMMENDATIONS:	
(i)	That the Board notes the presentation on the older person's offer.
REASONS FOR REPORT RECOMMENDATIONS	
1.	For information
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	None
DETAIL (Including consultation carried out)	
	Introduction
3.	This briefing to Health and Wellbeing Board concerns proposals to review support and activity that promotes health and independence for older people.
4.	The proposals for an Older Persons Offer would change the way the Council provides day care for older people in future. These proposals have been developed over the past 3 months by engaging with community groups, organisations and services. We are now at a point where we will be engaging current service users, their carers and staff on the proposed model.
	Background
5.	The over 65 population makes up 14% of the Southampton population (34,600 people) and is set to increase by 15% between 2015 and 2021 (to 39,800 people), with the over 85 population set to increase by over 20%. As people get older they are more likely to have health problems which limit their day-to-day activities. Frailty is a clinically recognised state of increased vulnerability that develops as a consequence of age-related decline in multiple body systems, which results in vulnerability to sudden health status changes triggered by minor stress or events such as an infection or a fall at

	home. Recently published research suggests that between a quarter and half of people aged 85 and over are frail and that the overall prevalence of frailty in people aged 75 and over is around 9% (3,110 people in Southampton).
6.	Furthermore, as people get older, they are more at risk of social isolation and loneliness. It has been estimated by the Combating Loneliness in Southampton Scrutiny Inquiry, that 5,482 people age +65 are experiencing loneliness. Loneliness can have serious consequences and negative impacts at both a personal and community level. It can cause and, at times, worsen existing personal problems (psychological, social, and behavioural) and community issues (fewer social connections, lack of confidence to leave the home). To meet these increasing needs, we are seeking to develop an offer with a strong emphasis on independence, choice and wellbeing.
7.	The Council currently provides a traditional model of day care services to around 150 people through two contracts (with Social Care in Action (SCA) and Age UK). These services are delivered in 5 locations across the city and offer a standard range of activities and personal care.
8.	With these contracts due to expire on 31 March 2018, there is an opportunity to review the current model of day care provision and explore new ways of meeting needs that provide more flexible and personalised support, offer greater choice of a wider range of opportunities and increase community engagement. Set alongside the current Council's Housing Related Support provision for older people (which is delivered in house and through a contract which is due to expire later this year), the new Behaviour Change Service (Southampton Healthy Living) which went live this year, the development of Community Navigation and Advice, Information and Guidance Services which will be in place from early 2018 and the wealth of community activities that already exist for older people (although not always known about), we are looking to develop an "Older Person's offer" which will seek to deliver greater independence, wellbeing and choice for older people located within and drawing from local communities across the city.
	Next Steps
9.	There will be an engagement with current older person's day centre users, their carers and staff on our proposals for the older person's offer. We will be asking for feedback about the current services they access, what makes a good service, what outcomes they aspire to and what they would like to see in the offer. We will also be sharing the message of personal budgets and choice. We also understand the challenges of language and will be exploring the preferred terminology for the Older person Offer. Following this engagement a paper will be taken to Cabinet.
10.	A presentation will be given to Health and Wellbeing Board at the next meeting to provide further information on the proposals.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
11.	None
<u>Property/Other</u>	
12.	None
LEGAL IMPLICATIONS	

<u>Statutory power to undertake proposals in the report:</u>	
13.	Not applicable
<u>Other Legal Implications:</u>	
14.	None
RISK MANAGEMENT IMPLICATIONS	
15.	None
POLICY FRAMEWORK IMPLICATIONS	
16.	The outcome of the scrutiny review will contribute to the following priority within the Southampton City Council Strategy 2016-2020: <ul style="list-style-type: none"> <li>• People in Southampton live safe, healthy, independent lives</li> </ul>

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
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
Privacy Impact Assessment	
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	No
Other Background Documents	
Other Background documents available for inspection at:	
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None

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# Agenda Item 7

DECISION-MAKER:	HEALTH AND WELLBEING BOARD		
SUBJECT:	SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE		
DATE OF DECISION:	28 JUNE 2017		
REPORT OF:	CHIEF OFFICER, SOUTHAMPTON CCG		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	John Richards	Tel: 02380 296923
	E-mail:	john.richards@southamptoncityccg.nhs.uk	
Director	Name:	John Richards	Tel: 02380 296923
	E-mail:	john.richards@southamptoncityccg.nhs.uk	

STATEMENT OF CONFIDENTIALITY	
None	
BRIEF SUMMARY	
The purpose of this presentation is to update the Board on the Sustainability and Transformation Plan and to ask members to comment on the draft change plan (tabled).	
RECOMMENDATIONS:	
(i)	That the Board notes the presentation on the Sustainability Transformation Plan.
(ii)	That the Board provides comment on the draft change plan.
REASONS FOR REPORT RECOMMENDATIONS	
1.	For information.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	None
DETAIL (Including consultation carried out)	
3.	Earlier in 2017, the Hampshire and Isle of Wight Sustainability & Transformation Partnership (STP) was carved into a number of patches, called local delivery systems (LDSs), to drive local delivery of the STP plans. For Southampton, this has translated into the development of the 'Southampton City LDS' which is made up of a number of organisations, including; NHS Southampton City CCG, Southampton City Council, University Hospital Southampton NHS Foundation Trust, Solent NHS Trust, Southern Health NHS Foundation Trust and Southampton Primary Care Limited.
4.	For the Southampton City LDS, a draft change plan has been produced outlining our key programmes of work over the next two years to deliver the ambitions set out in the Hampshire and Isle of Wight STP plan, in addition to local priorities specific to Southampton.
5.	A verbal update and tabled draft change plan will be provided to members of

	the Board at the meeting. Members are asked to provide comment on the draft change plan (tabled).
<b>RESOURCE IMPLICATIONS</b>	
<u>Capital/Revenue</u>	
6.	None
<u>Property/Other</u>	
7.	None
<b>LEGAL IMPLICATIONS</b>	
<u>Statutory power to undertake proposals in the report:</u>	
8.	Not applicable
<u>Other Legal Implications:</u>	
9.	None
<b>RISK MANAGEMENT IMPLICATIONS</b>	
10.	None
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
11.	This work contributes to the following priority within the Southampton City Council Strategy 2016-2020: <ul style="list-style-type: none"> <li>• People in Southampton live safe, healthy, independent lives</li> </ul>

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	None

Documents In Members' Rooms

1.	None
<b>Equality Impact Assessment</b>	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	No
<b>Privacy Impact Assessment</b>	
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	No
<b>Other Background Documents</b>	
Other Background documents available for inspection at:	
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule

		12A allowing document to be Exempt/Confidential (if applicable)
1.	None	
2.		

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# Agenda Item 8

DECISION-MAKER:	HEALTH AND WELLBEING BOARD		
SUBJECT:	COMBATING LONELINESS IN SOUTHAMPTON UPDATE		
DATE OF DECISION:	28 JUNE 2017		
REPORT OF:	DIRECTOR OF QUALITY AND INTEGRATION		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Adrian Littlemore	Tel: 023 8083 4064
	E-mail:	Adrian.littlemore@southampton.gov.uk	
Director	Name:	Stephanie Ramsey	Tel: 023 8029 6075
	E-mail:	stephanie.ramsey@southamptoncityccg.nhs.uk	

STATEMENT OF CONFIDENTIALITY	
None	
BRIEF SUMMARY	
The purpose of this paper is to update the Board on the work taking place to combat social isolation and loneliness in Southampton.	
RECOMMENDATIONS:	
(i)	That the Board notes Cabinet's response to the recommendations contained within the Inquiry Panel report.
REASONS FOR REPORT RECOMMENDATIONS	
1.	For information.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	None.
DETAIL (Including consultation carried out)	
3.	The final report of the Scrutiny Panel was presented to Cabinet on 26 <sup>th</sup> March 2017. Cabinet was presented with a series of recommendations (Appendix 1) at its meeting on 20 <sup>th</sup> June 2017 (Appendix 2). This item is to give an update on the recommendations that will be taken forward, for the Board's information.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
4.	None
<u>Property/Other</u>	
5.	None.
LEGAL IMPLICATIONS	

<u>Statutory power to undertake proposals in the report:</u>	
6.	Not applicable
<u>Other Legal Implications:</u>	
7.	None
RISK MANAGEMENT IMPLICATIONS	
8.	None
POLICY FRAMEWORK IMPLICATIONS	
9.	This work contributes to the following priority within the Southampton City Council Strategy 2016-2020: <ul style="list-style-type: none"> <li>• People in Southampton live safe, healthy, independent lives</li> </ul>

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Combating loneliness – summary of recommendations
2.	Report to Cabinet 20 <sup>th</sup> June 2017

Documents In Members' Rooms

1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	No
Privacy Impact Assessment	
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	No
Other Background Documents	
Other Background documents available for inspection at:	
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None

Combating Loneliness – Summary Of Recommendations

Recommendation	Accepted by Executive (Y/N)	How will the recommendation be achieved? (Key actions)	Responsible Officer	Target Date for Completion
<p><b>Foundation Services</b> Services to reach and understand the specific needs of those experiencing loneliness:</p> <p>1. Incorporating segmentation data from MOSAIC, build on existing data sources to develop a comprehensive local index of isolation and loneliness that will enable neighbourhoods which have a higher likelihood of having individuals that are socially isolated or lonely to be identified.</p>	Y	<ul style="list-style-type: none"> <li>Public Health to review all available data work with community organisations and local services to identify neighbourhoods and at risk populations.</li> </ul> <p>A social isolation index has been developed. This is primarily based on evidence from PHE and other sources and constrained by what data was available at the appropriate geographical level (LSOA). Further work to engage local community organisations is required.</p>	Amy McCullough Dan King	September 2017
<p>2. To increase the effectiveness of interventions share the index of isolation and loneliness with relevant organisations across Southampton, including the voluntary and community sector and the Council’s Digital Transformation Team. This should enable services and prevention activity to be targeted to groups and neighbourhoods that are particularly vulnerable to loneliness.</p>	Y	<ul style="list-style-type: none"> <li>To establish Local Solutions Groups in all Better Care Cluster areas.</li> <li>Public Health to support Local Solutions groups to interpret available data to identify opportunities to reach out to people who may be lonely.</li> </ul> <p>The Intelligence and Strategic Analysis team will make the social isolation briefing, index and associated maps available on the JSNA website for people to access.</p>	Adrian Littlemore  Amy McCullough Dan King	September 2017  September 2017

		<ul style="list-style-type: none"> <li>For Local Solutions Groups to be supported to map available resources which might assist someone who is experiencing loneliness.</li> </ul>	<b>Adrian Littlemore</b>	March 2018
3. Consideration should be given to the timely support and information that can be provided to residents experiencing these transitions and events to prevent and respond to loneliness	<b>Y</b>	<ul style="list-style-type: none"> <li>For the Council to work with partner agencies to review how individuals going through life changing events are supported to avoid and prevent loneliness. Review to include what information and services are available and how people are signposted to support.</li> </ul> <p>Groups to be covered include:</p> <ul style="list-style-type: none"> <li>New parents</li> <li>Recently bereaved</li> <li>Children and young people changing or leaving education <ul style="list-style-type: none"> <li>Pupils going through INYFA process</li> <li>Pupils who are permanently excluded</li> <li>Children who have previously been LAC but have returned home</li> <li>Pupils with SEND transitioning from Primary to secondary, post 16, post 19.</li> </ul> </li> </ul> <p>Additional Childrens Action</p> <p>Ensure combating loneliness is an outcome for all PEX pupils who start a new school by requesting peer mentoring/buddy system for</p>	<p>Tim Davies</p> <p>Chrissie Dawson</p> <p>Tim Davies/Jo Cassey</p> <p>Tim Davies/Jo Cassey</p>	<p>April 2018</p> <p>April 2018</p> <p>July 2018</p>

		<p>at least 6 weeks.</p> <p>The annual review process is being reviewed to develop it into a better PCP process from Year 9 onwards which will look to address loneliness within it.</p> <p>Signposting to be added to the Local Offer</p> <ul style="list-style-type: none"> <li>○ Recently separated/divorced or other relationship breakdown</li> <li>○ Individuals from ethnic minority group</li> <li>○ Individuals who are retiring from employment</li> </ul>	<p>Tim Davies/Jo Cassey</p> <p>Tim Davies/Jo Cassey Amy McCullough</p> <p>Amy McCullough</p> <p>Amy McCullough/ Catherine Rankin</p>	<p>Dec 2017</p> <p>April 2018</p> <p>July 2018</p>
<p><b>Understanding and supporting lonely individuals to make meaningful connections:</b></p> <p>4. A co-ordinated approach needs to be developed that results in either improvements to the existing Southampton Information Directory (SID) so that it is fit for purpose or the purchasing of an additional platform to meet the needs of the city.</p>	Y	<ul style="list-style-type: none"> <li>● SCC review underway involving a range of community organisations. Options appraisal underdevelopment for consideration.</li> <li>● Development of SID or procurement of new system to be undertaken</li> </ul>	<p>Rosanna Copen/ Emma Lewis</p> <p>Rosanna Copen/ Emma Lewis</p>	<p>September 2017</p> <p>September 2018</p>
<p>5. Commission and roll out the Community Navigation Scheme across Southampton to support residents to find the most appropriate support (utilising and updating the S.I.D) and to</p>	Y	<ul style="list-style-type: none"> <li>● Procurement of Community Navigation is underway lead by the Integrated Commissioning Unit. Specifications to</li> </ul>	<p>Adrian Littlemore</p>	<p>New Service to commence</p>

act as a link between lonely residents, local Community Solutions Groups and statutory services, including GP's.		cover generic provision with targeted support for people with dementia, adults with mental health problems, older people with housing related support needs and potentially adults with a learning disability		April 2018
6. Develop a plan to implement the GENIE tool across Southampton using trained volunteers and the improved S.I.D	Y	<ul style="list-style-type: none"> <li>• Southampton City Council and Southampton City Clinical Commissioning Group to consider funding of Genie license from Southampton University.</li> <li>• Included within Community Navigators service specification role of training and supporting local organisations to utilize.</li> <li>• SID to establish a regular data exchange to share available community resources with the Genie tool.</li> <li>• Community Solutions Group to take over oversight of implementation of Genie in the City and undertake a review</li> </ul>	<p>Stephanie Ramsey</p> <p>Adrian Littlemore</p> <p>Emma Lewis/ Rosanna Copen</p> <p>Adrian Littlemore</p>	<p>September 2017</p> <p>June 2017</p> <p>March 2018</p> <p>April 2019</p>
7. A Communications Plan is developed to improve awareness of loneliness, both among professionals and older people themselves, and to identify appropriate methods to communicate with lonely people	Y	<ul style="list-style-type: none"> <li>• The Integration Board works with the Community Solutions Group to develop a communications strategy for the City, identifying cross agency opportunities and resources to support delivery.</li> </ul>	Stephanie Ramsey	September 2017

<p><b>Direct Interventions</b> A menu of services that directly improve the number or quality of relationships people have:</p> <p>8. Consideration be given to identifying opportunities to increase capacity for the much valued befriending and peer support schemes in Southampton.</p>	Y	<ul style="list-style-type: none"> <li>• Need to increase the numbers of people volunteering in the City to be included as part of the Community Development procurement underway.</li> <li>• As part of the Older Persons Offer the service model to include the development of peer support</li> </ul>	<p>Moraig Forrest Charde</p> <p>Donna Chapman</p>	<p>June 2018</p> <p>August 2017</p>
<p>9. The Council co-ordinates its' approach with partners across the city to support digital inclusion, reduce duplication and target support effectively, utilising the index of social isolation and loneliness, including digital support for communities whose first language is not English.</p>	Y	<ul style="list-style-type: none"> <li>• Southampton Connect to the lead the development of a digital strategy for the City to incorporate local authority, health, education and other statutory providers</li> </ul>	<p>Emma Lewis</p>	<p>April 2018 (To be Confirmed)</p>
<p>10. If the business planning by the University of Southampton identifies the transport approaches being developed by the Community Solutions Sub-group are achievable and sustainable, the Council and partners should consider the support that they can offer to help the proposals come to fruition.</p>	Y	<ul style="list-style-type: none"> <li>• Community Solutions Group to complete the gathering of evidence of need</li> <li>• Community Solutions Group to coproduce an options paper with local community organisations, supported by Southampton University, and regulation officers in the Council</li> <li>• For SCC to include local community organisations within the scope of a wider transport review for the City.</li> <li>• For an options paper to be considered by the Commissioning Partnership Board and Cabinet member for Transport</li> </ul>	<p>Adrian Littlemore</p> <p>Adrian Littlemore</p> <p>Mike Harris</p> <p>Mike Harris</p>	<p>October 2017</p> <p>December 2018</p> <p>September 2017</p> <p>March 2018</p>

<p><b>Structural Enablers</b> Create the right structures and conditions in a local environment to reduce those affected by, or at risk of, loneliness:</p> <p>11. Seek to engage BME communities and new communities in the local community solutions groups.</p>	<p>Y</p>	<ul style="list-style-type: none"> <li>• Community Solutions Group to map groups and links to BME communities.</li> <li>• To coproduce with those communities now best to improve their engagement</li> <li>• To produce an engagement plan to improve engagement of BME communities in emerging community development opportunities.</li> </ul>	<p>Adrian Littlemore</p> <p>Adrian Littlemore</p> <p>Adrian Littlemore</p>	<p>October 2017</p> <p>October 2017</p> <p>March 2018</p>
<p>12. Councillors can be key catalysts in bringing communities together. It is recommended that Southampton City Councillors lead by example, alongside local community solutions groups, by actively promoting neighbourliness and community action in their wards.</p>	<p>Y</p>	<ul style="list-style-type: none"> <li>• Councillors to be kept aware of the development of community solutions groups and invited to participate/contribute as appropriate</li> </ul>	<p>Adrian Littlemore</p>	<p>October 2017</p>
<p>13. To help solve the problems of affordable accommodation for young people and loneliness, particularly among house owning 'empty nesters' or bereaved, explore opportunities to encourage the creation of an organisation that pairs older people with students in Southampton, similar to the <a href="#">Homeshare</a> scheme operating in Paris.</p>	<p>Y</p>	<ul style="list-style-type: none"> <li>• Adult Social Care to include the proposal for consideration of future development of the Shared Lives Scheme operated by the Council</li> </ul>	<p>Paul Juan</p>	<p>March 2018</p>
<p>14. Consider creating 'City Makers', similar to the 'Games Makers' scheme developed for the London Olympics.</p>	<p>Y</p>	<ul style="list-style-type: none"> <li>• As part of the implementation of the Community Development Procurement, the new provider will consider through a process of coproduction with local organisations and people the idea of creating a "City Maker" scheme.</li> </ul>	<p>Moraig Forrest Charde</p>	<p>October 2018</p>



<p><b>Strategic Direction</b></p> <p>15. Develop an overarching plan to combat loneliness in Southampton. It is recommended that the plan is owned by the Health and Wellbeing Board, delivered in partnership with the Community Solutions Groups, and linked to Better Care.</p>	<p>Y</p>	<ul style="list-style-type: none"> <li>• The Integration Board and Community Solutions Group to develop a Loneliness Plan for consideration and approval by the Health &amp; Wellbeing Board</li> <li>• The plan to include potential key performance indicators to measure improvements within target groups.</li> </ul>	<p>Stephanie Ramsey /Jason Horsley</p> <p>Stephanie Ramsey /Jason Horsley</p>	<p>December 2017</p> <p>March 2018</p>
<p>16. It is recommended that the Council explores the steps required to become accredited and, if deemed achievable and desirable, commits Southampton to becoming Age Friendly.</p>	<p>Y</p>	<ul style="list-style-type: none"> <li>• The integration Board to review the benefits of potential sign up to becoming an Age Friendly City.</li> <li>• Integration Board to make recommendation to the Health &amp; Wellbeing Board</li> </ul>	<p>Stephanie Ramsey</p> <p>Stephanie Ramsey</p>	<p>October 2018</p> <p>December 2017</p>
<p>17. The potential to deliver the step change in outcomes through the use of Social Impact Bonds is explored by the Council if progress combating loneliness in Southampton is not being made at the pace required.</p>	<p>Y</p>	<ul style="list-style-type: none"> <li>• As part of the Community Development implementation opportunities to utilise additional funding streams are actively pursued, with consideration by all stakeholders in the City of the use of Social Impact Bonds</li> </ul>	<p>Carole Binns</p>	<p>March 2018</p>

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# Agenda Item 8

Appendix 2

<b>DECISION-MAKER:</b>	<b>CABINET</b>		
<b>SUBJECT:</b>	<b>COMBATING LONELINESS IN SOUTHAMPTON – EXECUTIVE RESPONSE</b>		
<b>DATE OF DECISION:</b>	<b>20 JUNE 2017</b>		
<b>REPORT OF:</b>	<b>CABINET MEMBER FOR HEALTH AND SUSTAINABLE LIVING</b>		
<b><u>CONTACT DETAILS</u></b>			
<b>AUTHOR:</b>	<b>Name:</b>	<b>Adrian Littlemore</b>	<b>Tel:</b> <b>023 80296022</b>
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<b>Director</b>	<b>Name:</b>	<b>Stephanie Ramsey</b>	<b>Tel:</b> <b>023 8029 6941</b>
	<b>E-mail:</b>	<a href="mailto:stephanie.ramsey@southampton.gov.uk">stephanie.ramsey@southampton.gov.uk</a>	

<b>STATEMENT OF CONFIDENTIALITY</b>	
None	
<b>BRIEF SUMMARY</b>	
<p>From September 2016 to March 2017 the Scrutiny Panel undertook an inquiry looking at the issue of Loneliness in Southampton. The final report of the Scrutiny Panel presented was presented to Cabinet in 26<sup>th</sup> March 2017. This report presents Cabinet's response to the recommendations contained within the Inquiry Panel report.</p>	
<b>RECOMMENDATIONS:</b>	
	(i) To receive and approve the proposed responses to the recommendations of the Scrutiny Inquiry Panel, attached as Appendix 1.
<b>REASONS FOR REPORT RECOMMENDATIONS</b>	
1.	The overview and scrutiny rules in part 4 of the Council's Constitution requires the Executive to consider all inquiry reports that have been endorsed by the Overview and Scrutiny Management Committee (OSMC), and to submit a formal response to the recommendations within them.
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>	
2.	None
<b>DETAIL (Including consultation carried out)</b>	

3.	<p>On 11th August 2017, the OSMC agreed the indicative terms of reference for an inquiry to review progress being made in Southampton to combat loneliness and to understand what is being done to reduce loneliness elsewhere, and what initiatives could work well in the City to help people make connections and improve their wellbeing.</p> <p>The set objectives of the Inquiry were:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> To review progress being made in Southampton to combat loneliness.</li> <li><input type="checkbox"/> To understand what is being done to reduce loneliness elsewhere.</li> <li>• To identify what initiatives could work well in the City to help people make connections and improve their wellbeing.</li> </ul>
4.	<p>The Scrutiny Inquiry Panel undertook the inquiry over 6 evidence gathering meetings and received information from a wide variety of organisations. The final report was approved by the OSMC on 16<sup>th</sup> March 2017 and is attached as Appendix 2.</p>
5.	<p>The recommendations contained within the final report are summarised as Appendix 1, with proposed actions set out against each recommendation.</p>
<b>RESOURCE IMPLICATIONS</b>	
<b><u>Capital/Revenue</u></b>	
6.	<p>The majority of the recommendations are based within existing work programmes. As such they are not considered likely to initially present any additional financial commitments. In practice future resource implications will be dependent upon whether, and how, each of the individual recommendations within the Inquiry report are progressed. In many cases progress will be dependent on identifying and securing appropriate grant funding, approval would be sought as required by financial procedure rules before any commitments are made.</p>
<b><u>Property/Other</u></b>	
7.	None
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
8.	Section 1 of the Localism Act 2011
<b><u>Other Legal Implications:</u></b>	
9.	None.
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
10.	<p>The outcome of the scrutiny review will contribute to the following priority within the draft Southampton City Council Strategy 2016-2020:</p> <ul style="list-style-type: none"> <li>• People in Southampton live safe, healthy, independent lives</li> </ul>

<b>KEY DECISION?</b>	Yes	
<b>WARDS/COMMUNITIES AFFECTED:</b>	All	
<b><u>SUPPORTING DOCUMENTATION</u></b>		
<b>Appendices</b>		
1.	Combating Loneliness in Southampton Scrutiny Inquiry – Summary of Recommendations and proposed responses	
2.	Combating Loneliness in Southampton – Final Report	
<b>Documents In Members’ Rooms</b>		
1.	None	
<b>Equality Impact Assessment</b>		
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.		No
<b>Privacy Impact Assessment</b>		
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.		No
<b>Other Background Documents</b>		
<b>Equality Impact Assessment and Other Background documents available for inspection at:</b>		
Title of Background Paper(s)		Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None	

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