

# Health and Wellbeing Board

Wednesday, 17th January,  
2018  
at 5.30 pm

## Conference Room 3 - Civic Centre

This meeting is open to the public

### Members

Councillor Lewzey  
Councillor Payne  
Councillor Paffey  
Councillor Shields  
Councillor Taggart

Rob Kurn – Healthwatch  
Hilary Brooks – Service Director, Children and Families  
Services  
Carole Binns – Designated Director Adult Services  
Dr J Horsley – Director of Public Health  
Dr S Robinson – Clinical Commissioning Group  
Vacant – 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 18<sup>th</sup> October 2017 and to deal with any matters arising, attached.

### **5 LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT**

Report of the Chair of the Local Safeguarding Children Board presenting the Local Safeguarding Children Board Annual Report.

### **6 PHARMACEUTICAL NEEDS ASSESSMENT CONSULTATION FEEDBACK**

Report of Director of Public Health providing an update on the Pharmaceutical Needs Assessment consultation feedback.

### **7 ALCOHOL STRATEGY UPDATE**

Report of the Director of Public Health providing an update on the Alcohol Strategy 2017-2020

### **8 DRUGS STRATEGY UPDATE**

Report of the Director of Public Health providing an update on the Drugs Strategy 2017-2020

Tuesday, 9 January 2018

Service Director, Legal and Governance

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HEALTH AND WELLBEING BOARD  
MINUTES OF THE MEETING HELD ON 18 OCTOBER 2017

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- Present: Councillors Lewzey, Taggart and Shields (Chair, minutes 15 - 19)  
Dr Sue Robinson (Vice-Chair), Rob Kurn, Jason Horsley and Stephanie Ramsey (representing Carole Binns)
- Apologies: Councillors Dr Paffey, Payne, Hilary Brooks and Carole Binns

15. **STATEMENT FROM THE CHAIR**

The Chair placed on record the Board's thanks to Cllr Lewzey and Dr Sue Robinson as this would be their last meeting of the Health and Wellbeing Board.

16. **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 Governing Body 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 Governing Body 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.

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

RESOLVED: that the minutes of the meeting held on 26<sup>th</sup> July 2017 be approved and signed as a correct record.

Matters Arising

Minute 12 – Better Care Southampton Plan 2017/19

The Board noted that correspondence had been received from the Secretary of State advising that Southampton had been identified for Special Review in relation to "delayed discharges". It was noted that the Leader and Chief Executive of the Council had prepared a response to the Secretary of State which would be shared with the Board outside of the meeting.

18. **LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2016-17**

It was noted that this item had been deferred to the next meeting of the Board due to the Independent Chair of the Local Safeguarding Children Board being unable to attend and present the report.

19. **PHARMACEUTICAL NEEDS ASSESSMENT CONSULTATION**

The Board considered the report of the Director of Public Health seeking approval for the Pharmaceutical Needs Assessment (PNA) to commence a 60 day consultation and to delegate authority to the steering group to respond to consultations of PNA's from neighbouring areas on behalf of the Health and Wellbeing Board where Southampton was a statutory consultee.

It was noted that the Board would be required to approve the final Pharmaceutical Needs Assessment in the New Year. The Board also requested that the Local Pharmaceutical Committee who was a statutory consultee within the regulations be invited to an informal meeting of the Board to discuss services further.

**RESOLVED:**

- (i) That the draft Southampton Pharmaceutical Needs Assessment (PNA) as detailed in Appendix 1 of the report be approved for consultation from 23<sup>rd</sup> October to 22<sup>nd</sup> December 2017; and
- (ii) That authority be delegated to the Pharmaceutical Needs Assessment Steering Group to respond on behalf of the Board to consultations of PNA's from neighbouring areas where Southampton Health and Wellbeing Board was a statutory consultee.

**DR ROBINSON IN THE CHAIR**

20. **INFLUENZA VACCINATION UPTAKE**

The Board received and noted the report of the Director of Public Health providing an overview on the local preparedness for influenza and the steps being taken by partners to increase uptake of vaccination, especially by those who were most vulnerable.



<b>DECISION-MAKER:</b>		Health and Wellbeing Board	
<b>SUBJECT:</b>		LSCB Annual Report 2016 – 17	
<b>DATE OF DECISION:</b>		17 <sup>th</sup> January 2018	
<b>REPORT OF:</b>		Southampton LSCB	
<b><u>CONTACT DETAILS</u></b>			
<b>AUTHOR:</b>	<b>Name:</b>	Emma Gilhespy	<b>Tel:</b> 023 80 832959
	<b>E-mail:</b>	emma.gilhespy@southampton.gov.uk	
<b>LSCB Chair</b>	<b>Name:</b>	Keith Makin	
	<b>Director</b>	<b>Name:</b>	Hilary Brooks
	<b>E-mail:</b>	hilary.brooks@southampton.gov.uk	
<b>STATEMENT OF CONFIDENTIALITY</b>			
Non applicable			
<b>BRIEF SUMMARY</b>			
The attached report is the LSCB Annual Report to cover the period 2016 – 17. It is being shared with this Board for information and for noting.			
<b>RECOMMENDATIONS:</b>			
	(i)	That the Health and Wellbeing Board notes this report	
<b>REASONS FOR REPORT RECOMMENDATIONS</b>			
1.	For information.		
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>			
2.	None		
<b>DETAIL (Including consultation carried out)</b>			
3.	Southampton Local Safeguarding Children Board (LSCB) is a statutory body that leads on keeping children safe and ensuring their wellbeing in Southampton. During 2016-17 the LSCB has undertaken a variety of pieces of work to ensure that the welfare of children and young people remains paramount in the City of Southampton.		
4.	<p>Each year Board partners work together to ensure that LSCB meetings are relevant and efficient. The current priorities for the Board are:</p> <ul style="list-style-type: none"> <li>• Ensure safeguarding is a whole city theme</li> <li>• Manage and monitor the impact of austerity measures, increasing demand and changes to service provision on safeguarding outcomes for children and young people.</li> <li>• Coordinate and quality assure responses to prevent and disrupt the exploitation and victimisation of children and young people</li> <li>• Embed key learning from case reviews (including SCR's) and audits into local practice</li> <li>• Ensure a focus on building resilience and raising the aspirations of children and young people in Southampton.</li> </ul>		
5.	The report attached at appendix 1 outlines the work undertaken by the board in 2016-17.		

<b>RESOURCE IMPLICATIONS</b>		
<b>Capital/Revenue</b>		
6.	None	
<b>Property/Other</b>		
7.	None	
<b>LEGAL IMPLICATIONS</b>		
<b>Statutory power to undertake proposals in the report:</b>		
8.	See report	
<b>Other Legal Implications:</b>		
9.	None	
<b>RISK MANAGEMENT IMPLICATIONS</b>		
10.	None	
<b>POLICY FRAMEWORK IMPLICATIONS</b>		
11.	None	
<b>KEY DECISION?</b>		No
<b>WARDS/COMMUNITIES AFFECTED:</b>		All
<u>SUPPORTING DOCUMENTATION</u>		
<b>Appendices</b>		
1.	LSCB Annual Report 2016 - 17	
<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 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>		
<b>Other Background documents available for inspection at:</b>		
<b>Title of Background Paper(s)</b>		<b>Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)</b>
1.	None	



## Annual Report

2016 - 17



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## Keith Makin's Intro

The Local Safeguarding Children Board has been working hard in 2016-17, in spite of decreasing resources. As this report exemplifies, we have undertaken a variety of pieces of work to ensure that the welfare of children and young people remains paramount in the City of Southampton.

The Board is moving forward during a period of national uncertainty with regard to the Wood Review of LSCBs, whilst sitting in unanimous agreement that the Board should continue in its current structure. Future recommendations will be considered when required.

We are well aware of the increasing demand placed on agencies both financially and physically and are therefore extremely grateful for the consistent work and engagement that the LSCB receives. Partnership working within Southampton has been a strength identified in numerous inspections and reviews and we continue to see this evidenced regularly.



As detailed in the report below, the LSCB completed a partnership review around an emotional and physical neglect case in 2016. Learning is still being reviewed and shared via training and briefings. It has also assisted with the more in-depth work that the Board has been undertaking through its Neglect Assurance Sub Group and Neglect Task and Finish Group. I took on the role of Chair for this sub group and am very impressed by the City's desire and aspiration to work together and improve the outcomes for children who are at risk of neglect. We will be in a position to report back on a great deal of positive work around this issue in the 2017 – 18 Annual Report.

As a Board, we regularly monitor and reflect on challenges made between agencies and by the Board through our quarterly challenge log (<http://southamptonlscb.co.uk/about/whatdowedo/>). During 2016 – 17, there were a total of 45 challenges made through our main Board meetings, Executive Group and our Sub Groups. I believe that this activity highlights the importance of the Safeguarding Board's work and demonstrates its effectiveness in drawing out key issues and themes that may require more attention.

The Board agreed it's priorities for the year. These are:

- Ensure safeguarding is a whole city theme
- Manage and monitor the impact of austerity measures, increasing demand and changes to service provision on safeguarding outcomes for children and young people.
- Coordinate and quality assure responses to prevent and disrupt the exploitation and victimisation of children and young people
- Embed key learning from case reviews (including SCR's) and audits into local practice
- Ensure a focus on building resilience and raising the aspirations of children and young people in Southampton.

These themes will continue until 2018, as we believe that they are still relevant and we wish to keep our efforts consistent in order to make a robust and lasting impact.

We receive regular updates on sub group work through our reports to the Executive Board and have therefore seen some excellent work taking place. Included in this is the work of our recently developed Education Task and Finish Group. This was established in order to respond to identified gaps in safeguarding issues in schools. During the last year, this group has had oversight of a new child protection policy guidance document, new Elective Home Education processes and a new method for capturing children missing from education data regularly. We have also worked alongside the Local Authority Education Service to develop a 'Safeguarding in Schools' self-evaluation audit. This is aligned to the 'Keeping Children Safe in Education' 2017 DfE Guidance and responses will be reviewed by the Board annually; putting us in a much stronger position with regard to having a full picture of safeguarding within Southampton's schools.

Within the last year, there have been numerous changes to the Children and Families Service's Front Door Arrangements. Professionals and members of the public are now able to reach a Social Worker and discuss any concerns they may have in a much speedier and more direct way. The Board welcomed these changes and was in favour of lessening the bureaucracy and delay at this crucial point in Child Protection. We are already seeing the impact that this has had, with our number of Children on a Child Protection Plan steadily decreasing and our number of Looked after Children lowering to 542 at the end of Q4, as opposed to a high of 611 in Q1. This has been lowering consistently each quarter. The Board has been seeking regular assurance and updates, to ensure that this reduction is safe and appropriate and we will continue to do so.

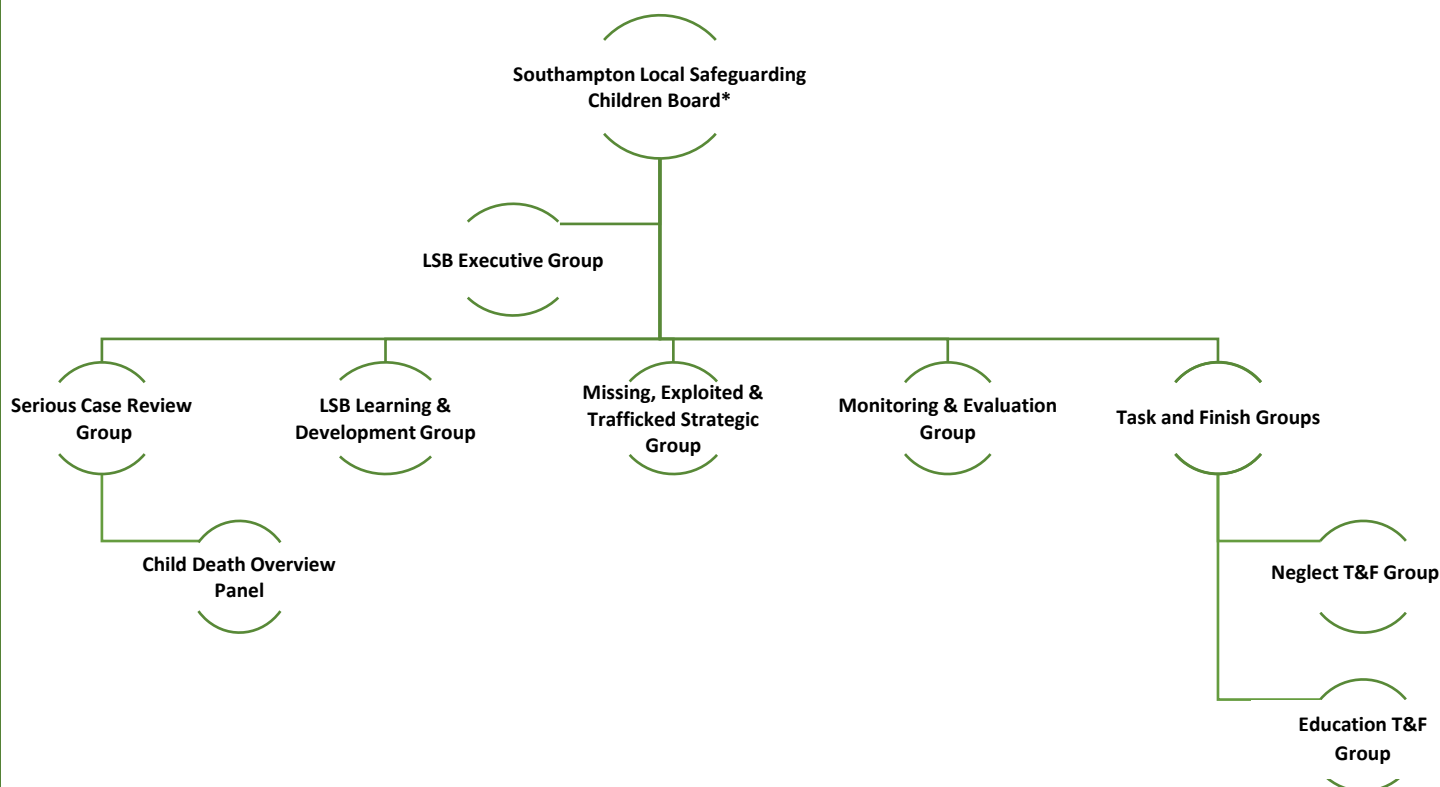
Each year we work with our Board partners to ensure that our meetings are relevant and efficient. We adapted the style of Board meetings in response to feedback that agendas were too full and that there was not enough time for discussion and group work. Our agendas are now themed and attendees are given time to reflect on what we have heard during the meeting and work in groups to think of new and creative ways to improve things in the City. So far, these discussions have led to the creation of bimonthly multi agency professional's sessions, which will be focussed on improving communication and on the welfare of staff and the implementation of a joint LSCB and LSAB session to review cross-area working and 'think family' issues. This is due to take place in 2017-18. The new style of meeting feels more collaborative and creative and I am excited to see what else is developed here in the future.

Finally I would like to express my thanks to the LSCB partner agencies for their hard work and continued commitment to improving the lives and wellbeing of children in Southampton.



## What is an LSCB?

Southampton Local Safeguarding Children Board (LSCB) is a statutory body that leads on keeping children safe and ensuring their wellbeing in Southampton. The LSCB must also continually check that what is done in Southampton to safeguard children works. For example, we try to make sure that the procedures we publish are clear and help staff and volunteers know what to do when they are worried about a child, or that staff and volunteers receive the training they need to undertake their roles. We focus our attention and efforts on a range of agreed priorities taken forward by 'sub groups' and occasionally issues focussed 'task and finish' groups of the main LSCB. During the year 2016 – 17, our **structure chart** looked like this:



This report will detail the work carried out by these subgroups and will discuss their impact in relation to LSCB themes and objectives.

## The Team

Southampton LSCB is chaired by Keith Makin and is supported by a joint Safeguarding Children and Adults Board Team. This consists of a manager, two coordinators, an information analyst and an administrator. The amalgamation of support for both Safeguarding Boards has enabled a consistent and robust 'think family' approach to all of our work.

Funding for these posts is covered by LSCB and LSAB joint pooled budget arrangements. LSCB's funding is set out below.

## Finances

LSCB partners agreed to the following contributions to cover 2016 – 17:

<b>Board Partner Agency</b>	<b>Contribution 2016 - 17</b>
Southampton City Council	<b>£81,224</b>
Southampton City CCG	<b>£33,724</b>
Hampshire Constabulary	<b>£13,297</b>
National Probation Service	<b>£1,329</b>
Hampshire & IOW Community Rehabilitation Company	<b>£1,329</b>
CAFCASS	<b>£550</b>
<b>Total:</b>	<b>£131,453</b>

In addition to this, Board partners contributed a supplementary amount for learning and development, totalling £20,144. This funds the multi agency Level 3 Working Together to Safeguard Level 3 Training and allows us to commission independent trainers for specific courses and workshops as and when required.

## Business Planning

In February 2016, the LSCB met for a 'Business Planning Day'. This gave the Board a chance to review the 2015 – 18 Business Plan (this can be viewed [here](#) or by visiting [www.southamptonlscb.co.uk](http://www.southamptonlscb.co.uk)), ensuring its relevance and updating where appropriate. It was also a chance to consider setting new priorities and themes for the year ahead.

The priorities set for 2015 – 18 remained the same and are as follows:

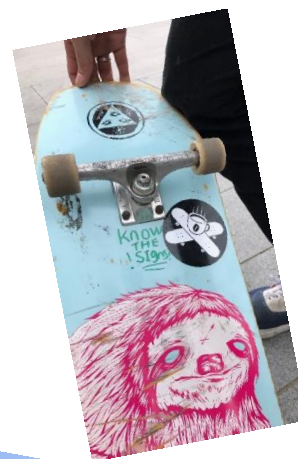
<b>3 Year Priorities:</b>	
1.	Ensure safeguarding is a whole city theme
2.	Manage and monitor the impact of austerity measures, increasing demand and changes to service provision on safeguarding outcomes for children and young people.
3.	Coordinate and quality assure responses to prevent and disrupt the exploitation and victimisation of children and young people
4.	Embed key learning from case reviews (including SCR's) and audits into local practice
5.	Ensure a focus on building resilience and raising the aspirations of children and young people in Southampton.

Throughout 2016 – 17, the LSCB tailored its activity to ensure that these priorities remained our key focus. A summary of work undertaken is below:



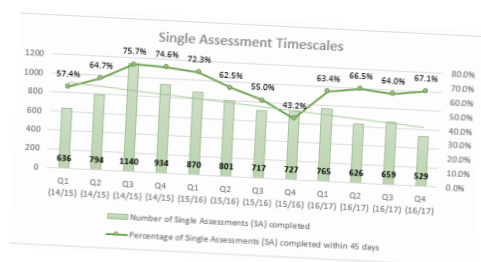
### Ensure safeguarding is a whole city theme

- Community engagement strategy in place
- Annual Conference – Neglect
- Community engagement activity:
  - Child Safety Week
  - CSE Awareness Day
  - Online Safety Day
  - Make Safe Campaign
  - Time to Talk (online based)
- Set up a Diversity Advisory Group
- Monthly professionals’ survey
- Quarterly newsletters
- 3 x’s lay members – linking directly with community and voluntary groups



### Manage and monitor the impact of austerity measures, increasing demand and changes to service provision on safeguarding outcomes for children and young people.

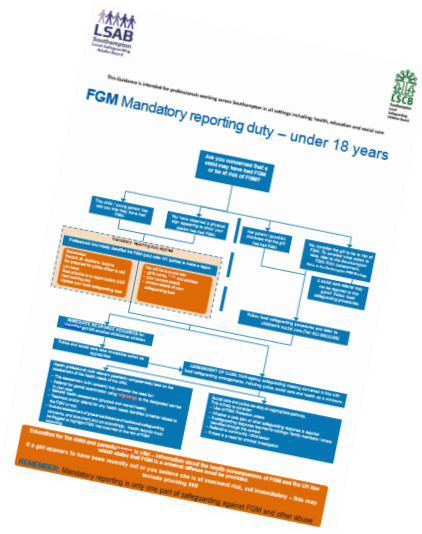
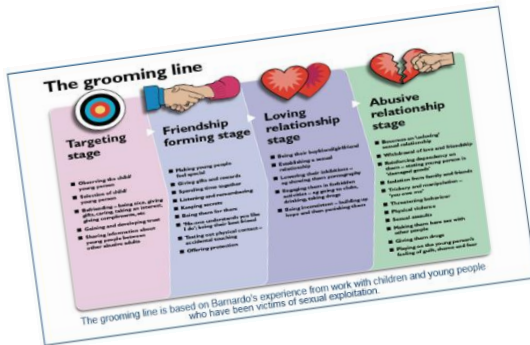
Q1 (14/15)	Q2 (14/15)	Q3 (14/15)	Q4 (14/15)	Q1 (15/16)	Q2 (15/16)	Q3 (15/16)	Q4 (15/16)	Q1 (16/17)	Q2 (16/17)	Q3 (16/17)	Q4 (16/17)
636	794	1140	834	870	801	717	727	765	626	659	529
57.4%	64.7%	75.7%	74.6%	72.3%	62.5%	55.0%	43.2%	63.4%	66.5%	64.0%	67.1%



- Regular multi agency audit programme
  - Updated the methodology for Section 11 Audits
- Quarterly challenge log reviewed by LSCB and updated to website quarterly
  - LSCB main meetings are themed to enable regular assurance on each agreed theme
  - Partnership Board Chairs’ meeting in Southampton attended by LSCB Chair
- Trends and timescales monitored on multi agency dataset

## Coordinate and quality assure responses to prevent and disrupt the exploitation and victimisation of children and young people

- Missing Exploited and Trafficked (MET) Audits
- MET group activity
- Make Safe Campaign
- Specific training for taxi drivers
- MET dataset reviewed quarterly
- Quarterly half day CSE training
- 4LSCB (4 local LSCB areas) renewal of FGM flow chart



## Embed key learning from case reviews (including SCR's) and audits into local practice

Safeguarding area	Evidence		Date completed
	Yes/Partially	No	
1. Safeguarding policies and procedures			
2. Safeguarding training			
3. Safeguarding awareness			
4. Safeguarding reporting procedures			
5. Safeguarding records			
6. Safeguarding referrals			
7. Safeguarding investigations			
8. Safeguarding case reviews			
9. Safeguarding case management			
10. Safeguarding case recording			
11. Safeguarding case resolution			
12. Safeguarding case follow-up			



- Quarterly oversight of multi agency case review action plans
  - Multi agency audit schedule
- Training programme influenced by emerging themes from case reviews and audits
- Multi agency audit action plan monitored quarterly
  - Workshops on audit findings e.g. JTAI Audits
- Education Task and Finish Group – initiated in response to SCR findings
- Neglect Task and Finish Group – initiated in response to SCR findings
  - Section 156 Schools Safeguarding Audits

## Ensure a focus on building resilience and raising the aspirations of children and young people in Southampton.

- Education Task and Finish Group set up to focus on:
  - Elective Home Education
  - SEND
  - Children Missing from Education
  - Alternative Provision
  - Virtual School
- School attainment and NEET figures reviewed by LSCB annually
- All audit activity includes a focus on the voice of the child
- Neglect task and finish group initiated in order to review the toolkit, strategy and policy
- Online safety and CSE awareness campaigns
- Public endorsement of the NSPCC Speak Up, Stay Safe campaign



At the business planning day in February 2016 the Board agreed four themes for 2016/17. These represent four key safeguarding areas in Southampton that require a multi agency focus. The themes are:

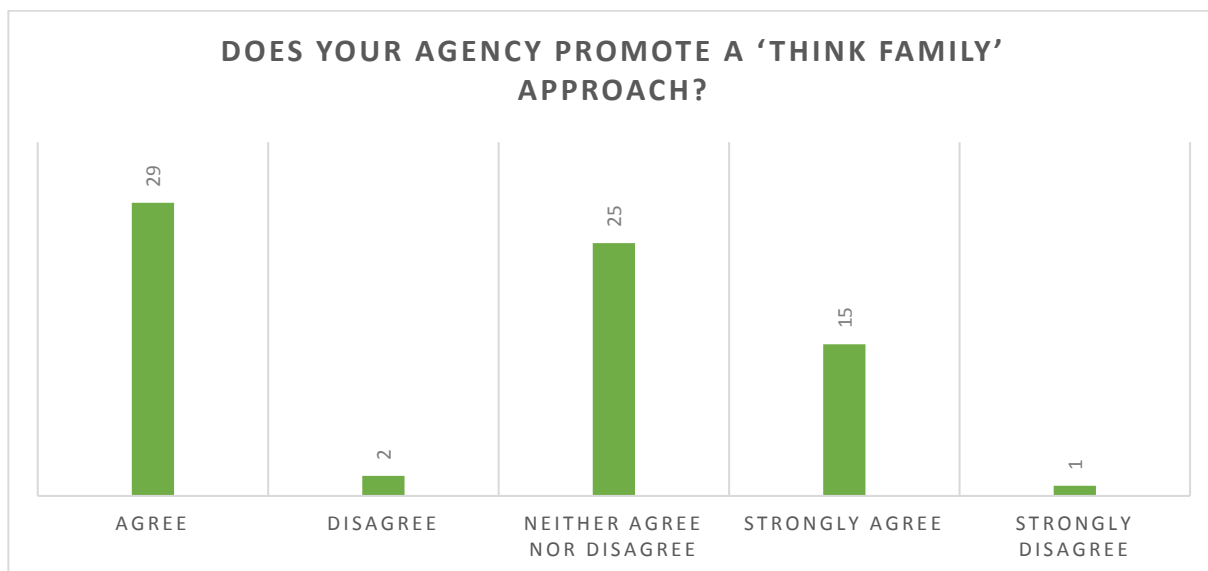
### LSCB Themes:

1.	Develop responses to encourage a 'think family' approach where there is adult mental health, substance / alcohol use and domestic abuse and this is impacting on childrens' safety
2.	Improve identification and responses to neglect of children in Southampton
3.	Focus on improving safety and outcomes for vulnerable children including; <ul style="list-style-type: none"> <li>• Looked after Children</li> <li>• Those at risk of going missing, being exploited or trafficked (MET)</li> </ul>
4.	Improve communication between services at senior and practitioner level

Over the last year the LSCB sub groups have sought to address each of the above themes as follows:

1. **Develop responses to encourage a think family approach where there is adult mental health, substance/alcohol use and domestic abuse and this is impacting on a child's safety.**
  - a. A 'think family' themed Board meeting took place in July 2016. Relevant Board member agencies and services (Children & Families Service, Hampshire Constabulary, Domestic Violence service, Substance Misuse service and SCC Housing Services) provided an update as to how their service area was using the 'think family' approach and data was provided from each which is fed into this report.

- b. The Board also conducted a 'think family' professionals survey in June 2016 to raise awareness of the approach and find out if professionals on the ground felt that it was being used. When asked whether their own agency promoted a 'think family' approach, we received the following results:



Further findings from this survey were shared with Board and the Learning and Development Group for further action.

- c. The LSCB Serious Case Review Group received feedback on all adult social care case review actions to ensure that these were being carried forward. 80% of their actions were signed off by the group during the year.
- d. Adult Services submitted a Section 11 report in July 2016. Feedback to the service included: 'Ensure a service wide awareness of the 4LSCB policies and procedures' and 'Add a statement to the Section 11 stating that adult's social care staff know how to refer to MASH'
- e. The LSCB has received regular updates on the MASH, including the changes to the front door process. This has also included regular feedback and assurance on the introduction of the MARAC/MASH process.
- f. The Board coordinated four adult mental health multi agency workshops and three substance and alcohol misuse workshops across the year. In total, these were attended by 144 professionals. Both sessions were attended by both children's and adult focussed practitioners and feedback is consistently good.
- g. Quarterly joint Safeguarding Boards newsletter to share learning from audits and case reviews (both local and national). The Boards team published five newsletters in 2016 – 17.
- h. The Safeguarding Boards Team has joined up work across LSCB and LSAB where appropriate:
- Learning and Development Group
  - Community engagement and awareness

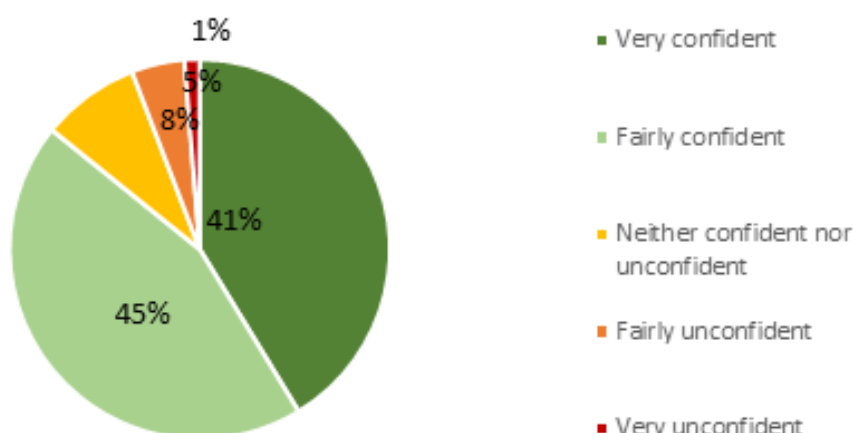
### What is left to do?

The LSCB Business Plan incorporates the following actions which endeavour to further this work across the next year:

- Develop a training offering for disability and for child mental health
- Enhance our method of sharing learning from case reviews and audits such as 6 step briefings, online videos and increased numbers of workshops
- Review the Joint Working Protocol and facilitate the creation of a Southampton 'local' version of this document
- Deliver a joint audit with LSAB on transition from children's services to adult services, with a focus on mental health

### 2. Improve identification and responses to neglect of children in Southampton

- a. A themed meeting on 'Neglect' took place in October 2016. Assurance was sought from Children's Social Care, Police, Education, Health/CCG and Housing. Information taken to Board included excellent feedback from Housing on how they have rolled out the Neglect Toolkit to their staff and have offered extra training on the issue.
- b. The Board has established a Neglect Assurance Group to look at coordinating action in this priority area strategically. This is attended by a large number of agencies including the Police, Social Care, Education, Health, and Voluntary Sector and is chaired by the Independent Chair of the LSCB.
- c. In addition to this, a multi agency neglect task and finish group has been developed. This is chaired by a local secondary school head teacher and exists to agree a new city-wide neglect definition, refresh the Neglect Strategy in the City and renew the Neglect Toolkit.
- d. The Board conducted a professionals' survey on 'Neglect' in October 2016. When asked 'To what extent do you feel confident in recognising and responding to child neglect?', the response was:



Further findings from this survey were shared with Board and the Learning and Development Group for further action.

- e. Quarterly multi agency half day workshops titled 'An Introduction to Neglect' are offered and funded by the LSCB. An external expert trainer has been commissioned to deliver this training in order to ensure a high standard and an independent view. We have run 4 courses over this annual report year with a total of 91 multi agency attendees.
- f. The Board have coordinated focussed activities during Safeguarding Week (June 2016) to raise awareness of 'what to do if you are worried about a child' – focussing on neglect indicators. The Board engaged with over 400 people during the week.
- g. The LSCB and the LSAB delivered a joint conference in December 2016 titled 'Recognising Neglect, A Shared Responsibility'. This was attended by approx. 175 multi agency professionals. It also promoted the 'Think Family' approach to neglect, focussing on both neglect in children and self-neglect in adults.

### What is left to do?

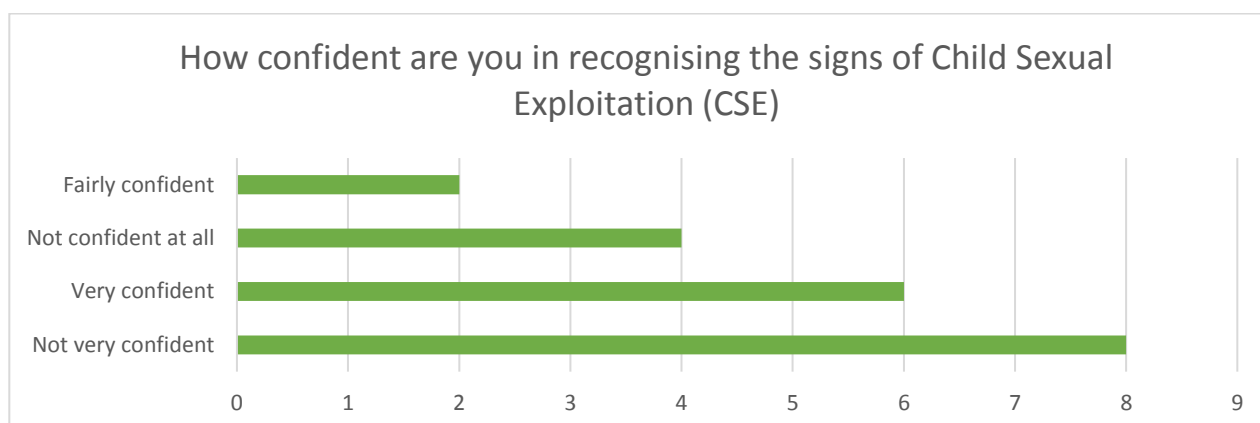
The LSCB Business Plan incorporates the following actions which endeavour to further this work across the next year:

- Multi agency definition of neglect to be agreed
- Multi agency revision of neglect strategy to be finalised
- Neglect toolkit to be refreshed in line with the updates to threshold
- JTAI Audit of Neglect to take place in 2017 – 18
- Develop a dataset to understand the extent of neglect
- Explore methods of enabling peer challenge in cases of neglect in terms of thresholds

### 3. Focus on improving the safety and outcomes for Looked after Children and children at risk of going missing, being exploited or trafficked.

- a. A themed meeting on improving outcomes for 'Looked after Children' and 'at risk of going missing, being exploited and trafficked' took place in December 2016. The Board received information from Children and Families Service, Health Providers, Education, police, the National Probation Service and Community Rehabilitation Company on these themes. This included an update from University Hospitals Southampton NHS Foundation Trust on how they have improved staff awareness of their missing and absconding policy and how they run simulations to ensure staff remain vigilant.
- b. The Board also received assurance from the Local Authority of plans to safely address the number of Looked after Children. Southampton Children and Families Service adopted a new Front Door Approach, have planned a staff transformation and have amended the Threshold Document. The LSCB had oversight of all of these changes and challenged as appropriate to ensure that the safety and welfare of the child was always paramount. The Board was broadly in favour of the planned changes to the service and is continuously kept up the date with progress.

- c. The LSCB dataset includes Looked after Children data, including annual attainment levels at all school levels and further and higher education. This is reviewed by the Monitoring and Evaluation Sub Group and the Main Board.
- d. The Missing, Exploited and Trafficked Sub Group carries out quarterly audits on key themes, to ensure a quality multi agency response in this area. The first audit reviewed Looked after Children that are placed out of area. Recommendations included reviewing any existing arrangements for a child placed out of area who is believe to be at risk of going missing or being exploited, to ensure that this has been properly risk assessed, ensuring geographical, social and environmental factors are considered in planning and assessing suitability of placement and continuing and developing local professional development in this area.
- e. The Missing, Exploited and Trafficked Sub Group review a quarterly dataset which is MET specific. Key feedback from this is shared with the LSCB Executive Group on a regular basis.
- f. In April 2016, we carried out a professional’s survey on Missing, Exploited and Trafficked’ issues. When we asked ‘How confident are you in recognising the signs of Child Sexual Exploitation (CSE)?’, we received the following response:



Further findings from this survey were shared with the Board and the Learning and Development Group for further action.

### What is left to do?

The LSCB Business Plan incorporates the following actions which endeavour to further this work across the next year:

- Improve links between Corporate Parenting Committee and LSCB
- Ensure that Education have a detailed action plan to address attendance rates and attainment – where information demonstrates ‘gap’ against national averages and priority groups including CLA.
- Seek the views of children and young people in designing work to raise aspirations and build resilience in this area.



- Work with key stakeholders including schools and Social Care to ensure a strategic and quality response to online safety issues.
- Deliver a thematic review to include an audit of recent cases where peer to peer online exploitation or abuse was alleged.
- Develop a system to monitor and quality assure foster carers and independent fostering agencies used by Southampton.

#### 4. Improve communication between services at senior and practitioner level

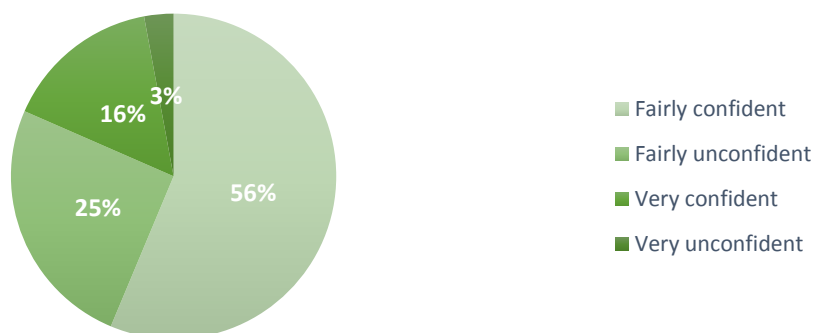
- a. In March 2017, the Board held a themed meeting on ‘communication’. Assurance was sought from Children and Families Service (including Education and Early Help), Hampshire Constabulary, National Probation Trust, Community Rehabilitation Company, CCG and other Health providers. Board discussion led to an agreement to run monthly multi agency sessions for staff to come together and discuss key themes and issues that are arising in front line work. These will be aimed at improving relationships and communication across partners and will be rolled out in 2017 – 18.
- b. The Board has developed its methods of communication with multi agency professionals in order to convey key messages and hear their views. This has been achieved through the use of staff surveys, focus groups, Weekly Wednesday Workshops, newsletters and social media.
- c. The Board has regular communication with other key partnerships including LSAB, Safe City Partnership, Health and Wellbeing Board and Scrutiny Panels, regarding issues of concern. This is largely through the Chair’s attendance at a quarterly Partnership Chair’s Meeting.
- d. The 4LSCB online policies and procedures are updated on a six monthly basis. Briefings are sent out to highlight these changes either via specific email or through the LSCB newsletter.
- e. The Monitoring and Evaluation Group has linked with Education leads to develop a safeguarding audit tool for schools. This is so the Board can gain assurance regarding safeguarding responses and it includes duties under Section 156 of Education Act. The LSCB Chair and Education leads delivered a joint workshop with Head Teachers in order to build communications and introduce the new tool. Results will be reviewed by the Monitoring and Evaluation Group in 2017 – 18.
- f. The Board has delivered a number of audits to seek assurance of current quality of practice in the following issues:
  - Neglect
  - Missing, Exploited and Trafficked cases
  - Female Genital Mutilation
  - Domestic Violence – JTAI

All learning and improvement from these audits is monitored by the Monitoring and Evaluation Group.

- g. In November 2016, the Board carried out a professional’s survey on communication. When asked ‘How confident are you in your knowledge of escalation procedures between agencies?’ staff reported the following:



### How confident are you in your knowledge of escalation procedures between agencies?



Further findings from this survey were shared with Board and the Learning and Development Group for further action.

#### What is left to do?

The LSCB Business Plan incorporates the following actions which endeavour to further this work across the next year:

- Review the results from the Education safeguarding self-assessments and ensure process is robust
- Deliver audits as per agreed audit schedule
- Work with Board members to ensure the needs of diverse communities are met when responding to safeguarding concerns
- Embed a process for multi agency professionals to come together and discuss a variety of topics in relation to safeguarding

Throughout this annual report year, the Board has heard examples of excellent work taking place across a number of agencies regarding these themes. New and innovative ideas have also been developed such as improving communication through multi agency practitioner workshops and the implementation of an annual safeguarding assessment tool for schools.

However as portrayed above, there is still room for improvement and further work to be achieved. The Board continues to monitor this closely and is regularly involved in or kept up to date with progress on these matters.

## Learning and Improvement –

### LSCB Case Reviews

There were no Serious Case Reviews completed during the year 2016 – 17. The Board received one report from a partnership review which involved the long-term neglect of two siblings. This piece of work significantly informed the work that has since been carried out by the Neglect Assurance Group. Learning from this review is being consistently shared through the quarterly 'Introduction to Neglect' training course that is available to multi agency professionals. All actions are also being monitored by the Serious Case Review Group on a quarterly basis.

There have been a number of reviews underway during this annual report year; 'The Allegations against Foster Carers' Serious Case Review which originally commenced in 2012 but had to be paused due to criminal proceedings. This review was able to continue in August 2016. The report is expected to be shared with the Board in December 2017.

The LSCB commissioned a thematic report on online safety, following the tragic suicides of two teenagers in 2015. These were both thought to be linked to online bullying, peer to peer abuse and the significance of self-harm. The final report has been written and shared with the Board. Learning is due to be shared with head teachers and then the wider workforce in early 2017/18. The LSCB has also chosen online safety to be the theme of the Annual Conference in November 2017. Any action deriving from this report will be regularly monitored by the Serious Case Review Group.

Three further case reviews were agreed in 2016 – 17:

- A partnership review regarding two children who have suffered emotional and physical neglect. The multi agency panel is in place for this case and a report is expected towards the end of 2017-18.
- 2 Serious Case Reviews, both involving the tragic death of young children. Criminal investigations have meant that parts of these reviews are halted but multi agency panels are in place and reports are likely to go to Board in 2018/19.

#### The following are key themes that we see consistently within our case review learning:

- The importance of **chronologies** - Knowing the history of a case to inform current practice can prevent future harm – it is vital that the services involved with families and individuals know what has happened in the past. Keep up to date chronologies for cases where there are risks, find out what other services know, this will help identify current risks or harm
- **'Trigger Trio'** - Domestic violence, substance misuse and mental health issues - high risk of serious harm or death for all adults and children involved. The risk of harm is greatly increased when these issues are seen together. This includes risks to victims and perpetrators of domestic violence as well as children involved.
- **Escalation** – Safeguarding is your business until the individual is safe – If a professional is unhappy with the outcome of a meeting, conference or referral, they are responsible for escalating this as appropriate. This may take a number of attempts but learning demonstrates that it is essential to keep these cases on the radar rather than accepting an outcome that one may disagree with.

- Good **communication** between agencies – Professionals and agencies can only act on the information that they are aware of. It is important for professionals to have a good understanding of information sharing and ensure that this is adhered to whenever appropriate.
- The importance of the **voice of the child** – Thinking about what life is like for that child and seeing the world through their eyes. Learning shows that it is easy to get distracted by the parents and their issues and to forget about the lived experience of the children in that household.
- Regular and effective **supervision** - plays a key role in supporting practitioners to identify and manage risks by providing an opportunity to discuss even seemingly ‘stable’ or ‘low risk’ cases with more experienced practitioners. Again this review identified an overreliance on staff to recognise the need for treatment review or case discussion which potentially increased the risk to clients in receipt of long-term care.
- **Use your instincts!** Don’t just take what you hear from people (workers or clients) on face value, show ‘inquisitive enquiry’, ask where you are concerned, find out what you need to know and use this to inform what happens next.

Once a case review has been written, the lead author will form recommendations. The multi agency partnership will use these to create an action plan, in order to address these. The LSCB Serious Case Review Group have oversight of these plans and reviews them quarterly. If all are agreed that an action has been achieved, this is turned to ‘green’, signed off and removed from the plan. At the end of the financial year 2016 – 17, there were 30 outstanding actions on the plan. This is in comparison with the end of the financial year in 2015 – 16 where there were 46 outstanding. However, this isn’t a direct comparison as there were a number of new actions added throughout the year.

Outstanding actions include themes such as ensuring current chronologies are kept, used and analysed robustly, attendance at conferences is audited and escalated where appropriate, spot checking and auditing GP READ codes with individual GP practices and considering how information on vulnerable tenants is kept within Housing.

The LSCB is planning to enhance the way in which it shares learning from case reviews in the future. There will be a learning package offered for each case which will include:

- Regular learning workshops
- 6-step briefing documents on each case
- A learning video recorded by the lead reviewer or a relevant professional (to be accessed via the LSCB website)

## Child Death Overview Panel (CDOP)

First, Southampton LSCB and CDOP would like to send deepest sympathies to any families affected. During 2016 – 17, Southampton CDOP reviewed 17 of the 26 notified deaths, leaving 6 outstanding (this is due to pending information and these are scheduled for review early in 2017 – 18). This is a significantly larger total of reviewed cases in comparison to the 9 reviewed in 2015 – 16, due to the fact that CDOP now reviews pre-24 week deaths and a backlog of cases from the disbanding of the 4LSCB CDOP was carried over in 2016 – 17.

The CDOP process is a national requirement to categorise the death. The category does not necessarily reflect the registered cause of death. The CDOP process requires the panel to categorise the deaths and report these back to the DfE annually. It is worth noting that the category agreed does not necessarily reflect the registered cause of death. 59% (10) of the deaths were neonatal, whereas 24% were due to Chromosomal, genetic and congenital anomalies and 17% were due to malignancy. 16 of the 17 cases were expected. In reviewing deaths, CDOP members consider whether there were any contributory factors known to be associated with increased risk which could be modified to reduce the risk of future deaths. This does not mean that removing these factors would have prevented the death. 4 of the 17 deaths reviewed had modifiable factors leaving 13 that did not.

10 of the children that Southampton reviewed were male and 7 were female. There were 15 deaths reviewed in which a Statutory Order and a child protection plan had not been in place at all in the child's life and 2 where the status for both was unknown. None of the children were known to be asylum seekers.

Staffing issues – Southampton has spent this year embedding the CDOP process and agreeing systems and efficient ways of working. The meetings are always well attended and the group benefits from the expertise of a neonatal consultant and the Designated Doctor for child deaths, in addition to a Public Health lead and safeguarding leads from various services in the City.

The CDOP Group has met 6 times throughout the year. They formerly met quarterly but there were a number of extra meetings held in order to catch up with previous backlog.

Trends, issues and actions arising from Southampton cases:

- Southampton has not noticed any trends across the cases that have been reviewed.
- As mentioned above, the majority of deaths were neonatal and expected.
- The issue of language barriers within services offered to new parents arose from cases reviewed. The Hospital Service took an action to review this internally and to ensure that all services are accessible for all. There is a piece of work outstanding for all Boards to double check this in their own areas.
- Another issue that was raised within CDOP cases and thereafter discussed with Public Health is the importance of offering the flu vaccine to all who may be vulnerable, regardless of any other secondary health needs.
- Southampton has written to the Ambulance Service to ensure that the algorithm of the 111 service is appropriate and will result in an ambulance dispatch where required.
- It was brought to the CDOP Group's attention that some staff who are involved in the Rapid Response process are finding it distressing, as they often knew the child personally. This issue has been discussed across the 4 LSCB areas and it has been agreed that attendance at these meetings should fall under management responsibility, or should allow practitioners to have their manager attend for support. Hampshire LSCB are working on producing leaflets for schools who take part in this process and have agreed to share these with the other areas.

Southampton CDOP is aware of pending national changes with regard to the way in which it operates and is preparing for alternative methods of reviewing child deaths in the local area. This may be through linking with other health agencies or with other geographical areas.

## Section 11s

The LSCB has a structure in place to receive reviews from key services in Southampton who have a duty under Section 11 of the Children Act 2004. This places a duty on a range of organisations to ensure their functions and any services that they contract out to others are discharged regarding the need to safeguard and promote the welfare of children.

The LSCB Monitoring and Evaluation Group reviewed 16 full Section 11 reviews from partner agencies during this year. These include:

Southampton City Council:

- Children & Family Services; including early help, social care, education & early years
- Youth Offending Service
- Adults Services
- Housing Services
- Licensing
- Sport, leisure and culture services
- Public Health
  
- CAFCASS (Child and Family Court Advisory Support Services)
- Hampshire Constabulary
- Hampshire Probation Trust
- Community Rehabilitation Company
- Home Office – Border Force
- NHS (including Southampton City Clinical Commissioning Group, Solent NHS Trust, University Hospitals (Southampton) NHS Trust, Southern Health)
- Jubilee Sailing Trust (update requested by the Chair).

The Board also requested a full Section 11 from Southampton Football Club, following on from the national issues highlighted in the media regarding a former coach. This was scheduled and took place in Q2 of 17 / 18.

The following are key areas for development that were raised in more than three submissions throughout the year:

- All staff in our organisation are able to access the 4LSCB on-line inter-agency child protection procedures. Staff are aware of the procedures and use them appropriately
- Staff are clear about the circumstances in which a referral to MASH is necessary
- Records are kept of staff that have completed safeguarding training, including the dates and details
- Staff are made aware of who is the designated lead for safeguarding within our organisation

The Monitoring and Evaluation Group were able to assist with queries where appropriate and referred to the appropriate people if required. Examples of follow up actions include a senior manager from Children

and Families Service attending a team meeting in Licensing, to talk through the referral process, details of all available safeguarding training shared with National Probation Service for use within their teams and more regular 4LSCB briefing document being devised by LSCB Team, in order to raise awareness.

The process for Section 11 auditing has now changed. This is to assist the agencies that work across a number of local LSCB areas (Hampshire, Portsmouth and Isle of Wight) and to avoid duplication. Cross-area agencies now submit one Section 11 to a multi agency, multi-area panel once a year. All local Section 11s are received by a Southampton panel once a year. All feedback is shared and analysed by the Monitoring and Evaluation Group.

## Multi agency Audits

### Joint Target Area Inspection – Children Living with Domestic Abuse (Dry run)

This audit was undertaken to improve local understanding of case work in light of the current Joint Thematic Area Inspection theme, examining how local partners, including local authorities, police and probation, and health services, work together to protect children living with domestic abuse.

Seven cases were picked (as would be during an inspection). Cases were cross referenced across Children's Social Care and IDVA case systems. Three of these were high risk cases and four lower risk. The children fell across Children in Need, Child Protection, Children with Disability and Looked after Children areas. The ages of the children ranged from pre-birth to late teens.

Agencies contributing to the audit included: Children and Families; Police; Housing; IDVA; Southern Health; Solent NHS; Cafcass; Yellow Door; the Youth Offending Service. Unfortunately, there was no feedback from the National Probation Service or General Practitioners.

Regarding impact of agency involvement: of the seven cases: Two high risk IDVA cases had ongoing risks identified; but, these were being managed through the service and with partners; Risk of DV appeared to have reduced in one IDVA case; Risk of DA appeared static in two lower risk cases, subject to CIN and CP planning; Risk of DA appeared to have reduced in the other two cases.

Core procedures for high risk cases appear to be robust (based on evidence from evidence from MARAC-MASH, IDVA, CP, and police risk management). However, partners appeared to articulate that information sharing and partnership wasn't as clear around lower risk DA. Raising professional awareness around the 'trigger trio' (domestic violence, mental health, substance and alcohol misuse) and understanding the impact of ongoing coercive control on families. In addition, inconsistent critical analysis of the impact of current and historic DA by professionals was another theme.

Auditors from across the participating organisations attended two workshops to discuss the results in February and March 2017. Next steps identified by auditors at these workshops were:

- Consideration preparation for future JTAI – 'dry run' audit and case study activity. Contact lists for participating organisations.
- Consider how to get adult mental health involved in CP / DV processes and provide robust risk assessments to inform good practice and decision making.
- Will take strengths back to the team.
- Analyse audit feedback as part of commissioning cycle.
- Findings will be shared with staff and volunteers.

- Findings will be shared at team meetings
- Information about practice pathway and training will be shared.
- Need to be more consistent in respect of lower risk DA cases. Raise training opportunities across housing.
- IDVA to be contacted for all YOS cases. Training information and feedback from workshop to be shared with practitioners.

The Monitoring and Evaluation Group have oversight of this audit and its actions.

## **Missing Exploited and Trafficked – Looked After Children Placed Out of Area**

This audit is the first thematic audit being delivered by Southampton LSCB Missing Exploited and Trafficked (MET) Strategic Group. Overarching terms of reference for audits of this kind were agreed by the MET Strategic Group who also determined the membership of the Audit Team for this theme.

Membership of the Audit Team consisted of:

- Detective Inspector from Hampshire Police, Public Protection Team
- CSE Advance Practitioner from Southampton City Council Children's Services
- Barnardo's Missing / CSE Service lead
- Health (School Nursing and Sexual Health)
- LSCB Manager & Assistant
- Senior Probation Officer, National Probation Service
- Virtual School Head Teacher, Southampton City Council
- Housing Coordinator, Southampton City Council

The aim of this audit is to establish the success and quality of multi agency partnership working in relation to looked after children placed out of area that are at risk of going missing, being exploited and/or being trafficked, especially focussing on

- Level and quality of multi agency partners involvement
- Success in intervention improving outcomes for the young person/s safety and wellbeing
- Experience and views of young people and their families as relevant
- How the intervention has impacted on the quality of life for the child/young person
- Whether appropriate assessments have been carried out and pathways have been followed
- The success of disruption and prevention methods
- Identification of any key learning themes for further action

The Audit Team planned and delivered the audit work, they agreed;

- Audit topic – Children Looked After Placed Out of Area at risk of Child Sexual Exploitation
- Process to be employed – individual research & group discussion using an agreed audit tool
- Case number and source of cases – 3 cases of children looked after out of area that were at risk during these placements of going missing, and CSE. It was also agreed that other 'people of concern' would be shared in order that full searches of probation and police files could be carried out.
- Contact with family / young people and professionals involved – it was agreed that the children along with the carers or agencies responsible for the children during out of area placements would be contacted via lead professionals involved in the case.
- Meeting dates / deadlines for completion of each stage – 2 planning and 2 audit meetings took place during February – March 2016



- Author of overview report to detail findings and recommendations – this was agreed as the LSCB Manager on this occasion
- Timescale for completion and feedback to the MET strategic group – aim to feedback initial findings to the May 2016 meeting

#### Overview of findings:

- The Audit Team acknowledge that these cases were often being responded to prior to the Goldstone Team and CSE Hub developments. All three cases were deemed to require improvement (RI) by the audit team in terms of quality of interventions and outcomes for the children, and it was felt that with this more recent work, more opportunities exist for multi agency responses earlier in the experiences of children
- Statutory work and planning had taken place in line with procedures that were known by the audit team; however the value of multi agency information was not evident, despite often being available. This would have improved the quality of responses and potentially enabled more timely and appropriate interventions for the three children
- Planning and preparation for placements was not always thorough enough to provide the quality that could be expected. For example, this was often single or dual agency limited to the children's services leads and provider of the placement. Information in the wider network could have informed carers / providers of risks and helped to manage risks during placements that were known for the children
- Emergency placements were evident in these cases – the speed and urgency for these was seen as influencing the above
- In addition, although statutory work was undertaken, relevant agency handover to placement areas was not always apparent – possibly as a result of the lack of involvement in placement planning. For example, conversations from the 'home area' police force to 'out of area' police force, which may have informed decisions about placement, did not take place.
- Placements were not informed by the assessment of CSE risks and issues particular to the child – this would have provided more quality and potentially longer and more stable placements for the children involved
- Earlier identification of CSE risks in cases (prior to being accommodated) were missed in these cases
- Language used to describe risks and issues of concern – in terms of the responsibility for abuse experienced and CSE / missing episodes being on the child.
- Guidance for lead professionals informing those, such as the fostering team who are arranging placements for cases where CSE was a risk (whether emergency or not) was not easily available to the audit team

The MET Strategic Group are due to carry out quarterly multi agency audits around specific issues within the MET agenda. The next audit to be carried out will be focussed on children who go missing. This will commence in early 2017 – 18.

All recommendations and actions from the MET audits are discussed at the Strategic Group meetings and a rolling action plan is monitored quarterly. The Monitoring and Evaluation Sub Group also have an oversight of this activity.



### Future Audit Schedule 2017 - 18:

Quarter	Month	LSCB Audit
1	Apr 17	MET: Children who go missing
	May 17	JTAI: Children living with neglect MET: Children who go missing
	Jun 17	JTAI: Children living with neglect MET: Children who go missing
2	Jul 17	JTAI: Children living with neglect MET: Children who go missing
	Sep 17	
3	Oct 17	Transition from Children to Adult Services
	Nov 17	Core group audit
4	Jan 18	JTAI: Interfamilial sexual abuse
		JTAI: Interfamilial sexual abuse

## Southampton’s Children

### Changes to Continuum of Need and Thresholds

In December 2016, the LSCB approved changes to the existing continuum of need document and threshold. The new continuum introduces four levels of intervention, replacing the existing three, making a clear delineation between prevention and early help & activity requiring a statutory social work response.

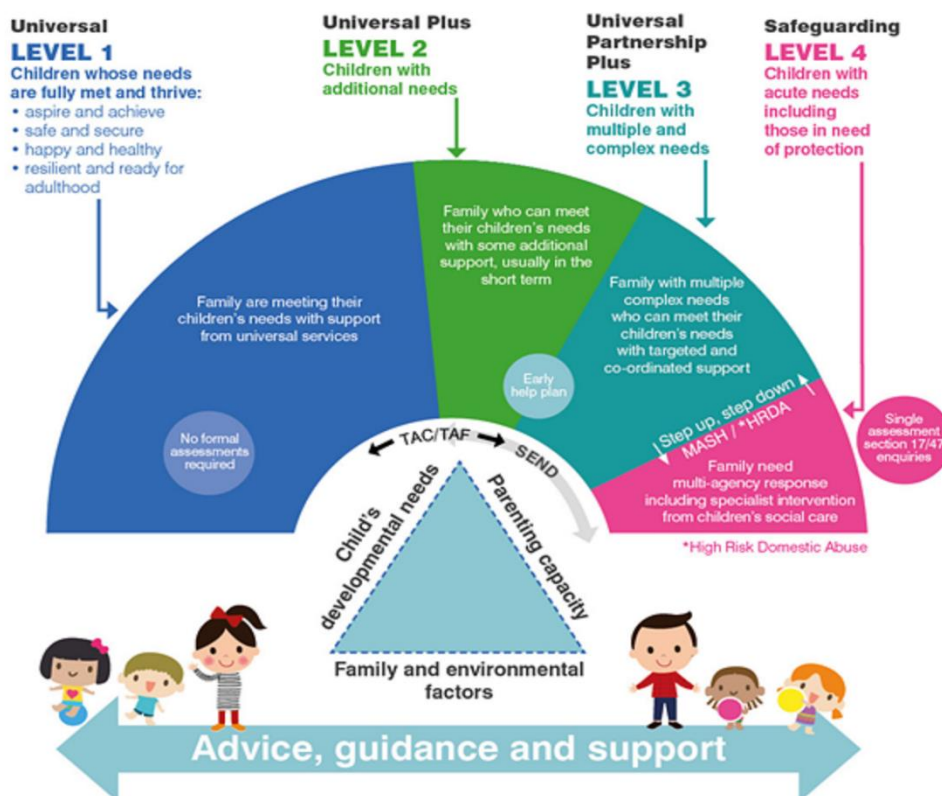
The four levels are:

Level 1 (Universal) – Children whose needs are fully met and thrive

Level 2 (Universal Plus) – Children with additional needs

Level 3 (Universal Partnership Plus) Children with multiple complex problems and additional needs

Level 4 (Safeguarding) Children with acute needs including those in need of protection



This model introduces strength based language encouraging practitioners to think about what a family **can** do. The continuum is complimented by the introduction of a new Early Help Assessment and Plan, replacing the Universal Help Assessment, with refreshed LSCB web pages and supporting guidance.

Alongside the introduction of the new continuum, the 'Front Door' to Social Care was redesigned, following review and consultation from Professor David Thorpe. This was in response to Social Workers carrying high caseloads and rates per 10, 000 of Child in Need and Looked After Children that placed SCC as a significant outlier in relation to national and regional comparators.

Following on from the review by Professor Thorpe, there were no proposed changes to current multi agency MASH arrangements, which were noted to be safeguarding children well. However, this was to be augmented through process redesign and adopting a new way of working using a single number to call, as a central point of first response. This would enable professionals to be accessed directly through a dedicated team of skilled and experienced social workers whenever someone may want to discuss worries they have about a child.

With no need to complete a written referral, it was intended that this approach would promote improved decision-making and joint working relationships.

Whilst referring agencies can provide supporting written information and receive a written record of their referral, this new process will ensure that only the most vulnerable children at the greatest risk are assessed by a social worker.

Allowing for a greater emphasis on quality rather than volume, there would be an increased professional social work rigour aided by improved workflow management processes, scrutiny of live data through weekly case review meetings and live supervision of staff undertaking this work.

The LSCB was wholly in favour of these changes and offered its support in its multi agency implementation. To read more about these changes, please visit [www.southamptonlscb.co.uk](http://www.southamptonlscb.co.uk).

## Demographics

The information analysed in the section that follows has been selected from a data set presented at each main LSCB meeting during 2014-15. Statistical Neighbour and National Average figures have been used where available and appropriate to provide comparison.

The current population of Southampton is 254,275 based on the Mid-Year Estimate (MYE) 2016 of which 129,879 are male and 124,396 are female. 62,448 are under 19 and usually resident in Southampton, equating to 24.8% of the population. (Population Pyramid Tool: 2017)

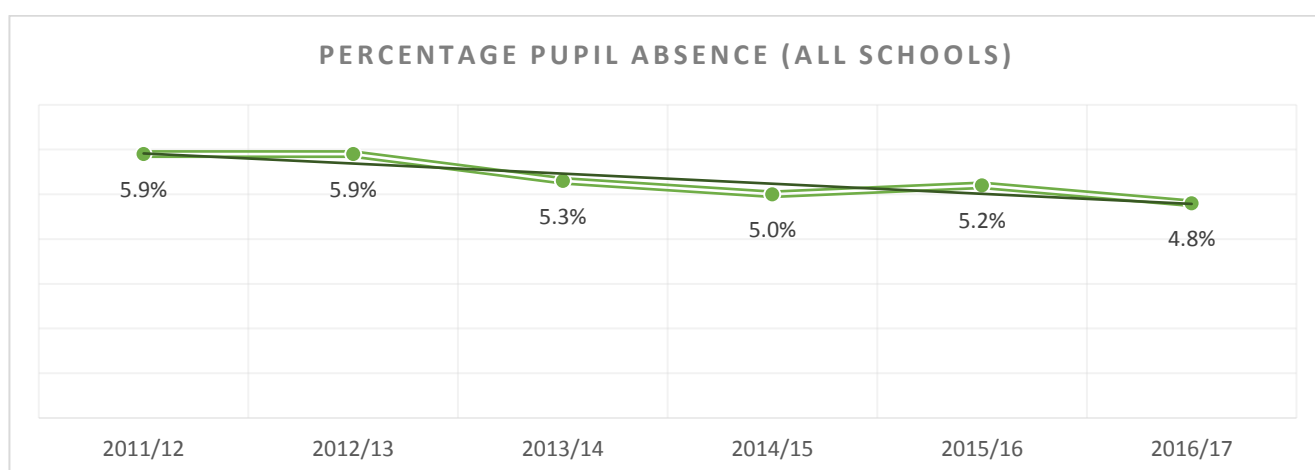
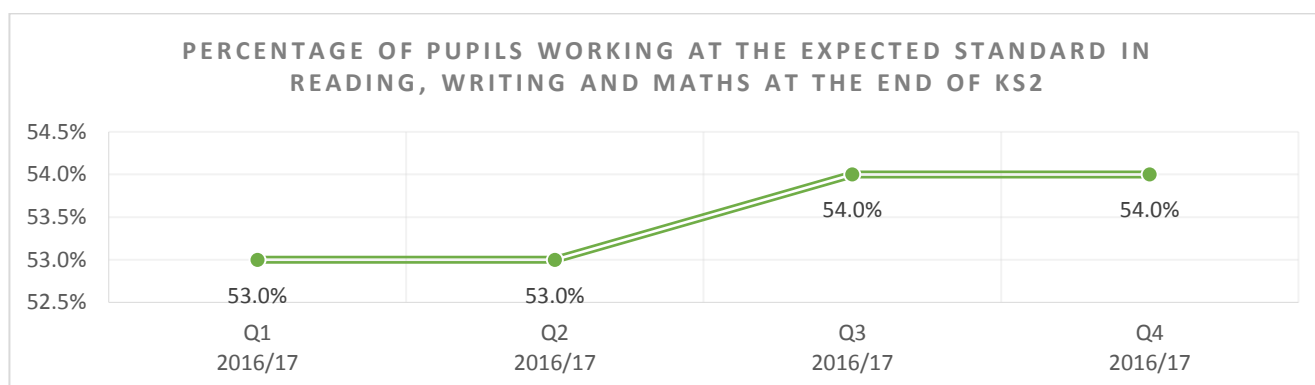
Children and young people from ethnic groups account for 19.7% of all children living in Southampton. The largest ethnic groups of children and young people in the area are Asian or British Asian (2011 Census).

The LSCB receives details of the Child Health Profile for the city as this is published each year by Public Health England. The full report is available via [www.chimat.org.uk](http://www.chimat.org.uk) –the headlines this year for Southampton are as follows:

- 33.7% of school children are from a minority ethnic group.

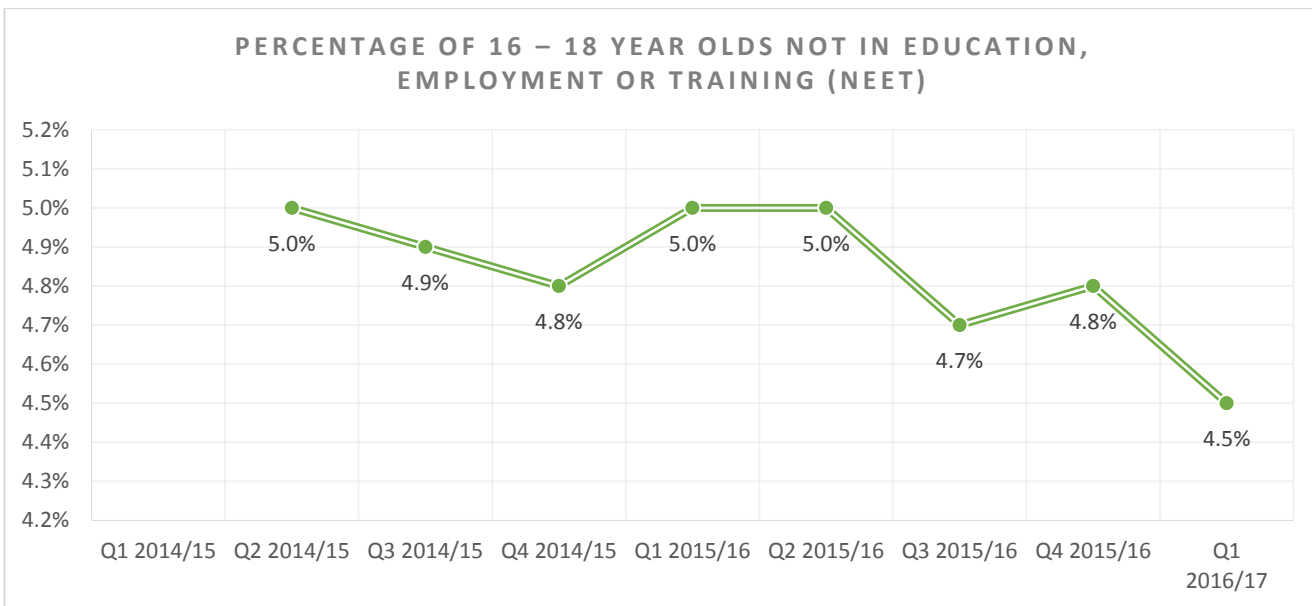
- The health and wellbeing of children in Southampton is generally worse than the England average.
- Infant and child mortality rates are similar to the England average.
- The level of child poverty is worse than the England average with 23.4% of children aged under 16 years living in poverty.
- The rate of family homelessness is better than the England average.
- 9.8% of children aged 4-5 years and 22.5% of children aged 10-11 years are classified as obese.
- Local areas should aim to have at least 95% of children immunised in order to give protection both to the individual child and the overall population. For children aged 2, the MMR immunisation rate is 94.9% and the diphtheria, tetanus, polio, pertussis and Hib immunisation rate is 97.1%.
- 33.7% of five year olds had one or more decayed, filled or missing teeth. This was higher than the England average. The recent hospital admission rate for dental caries (decay or cavities) in children aged under 5 years is lower than the England average.

### Our Children:

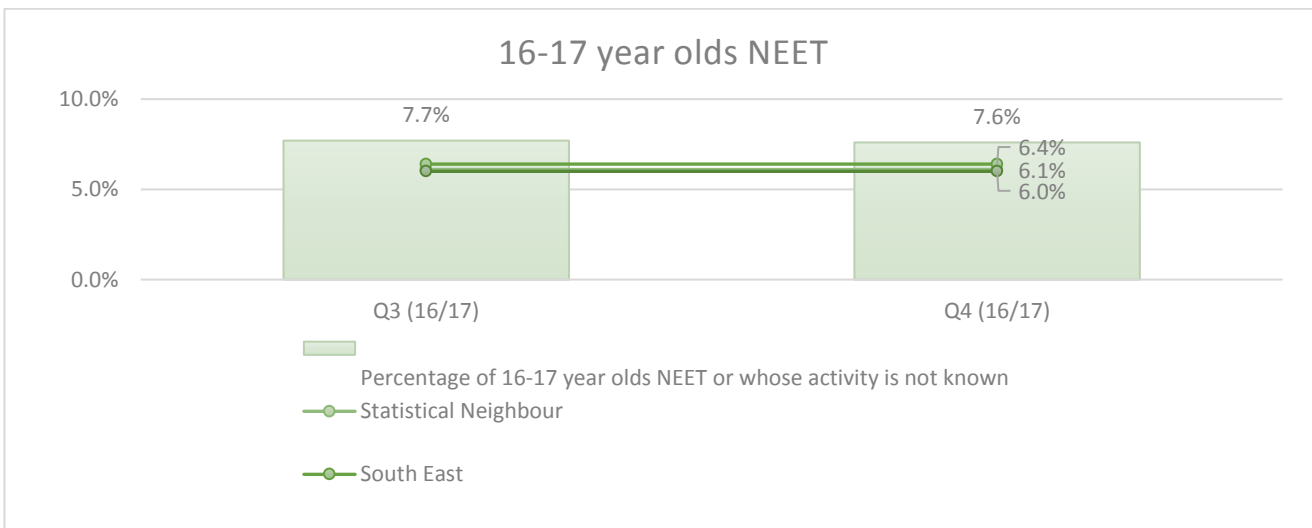


Overall there is a decrease in the percentage of pupil absence across all schools in Southampton. Education data reflects that Southampton is able to demonstrate a trend for improvement in respect of Special Schools, for example, meaning our performance is now an improvement on national averages. The trends

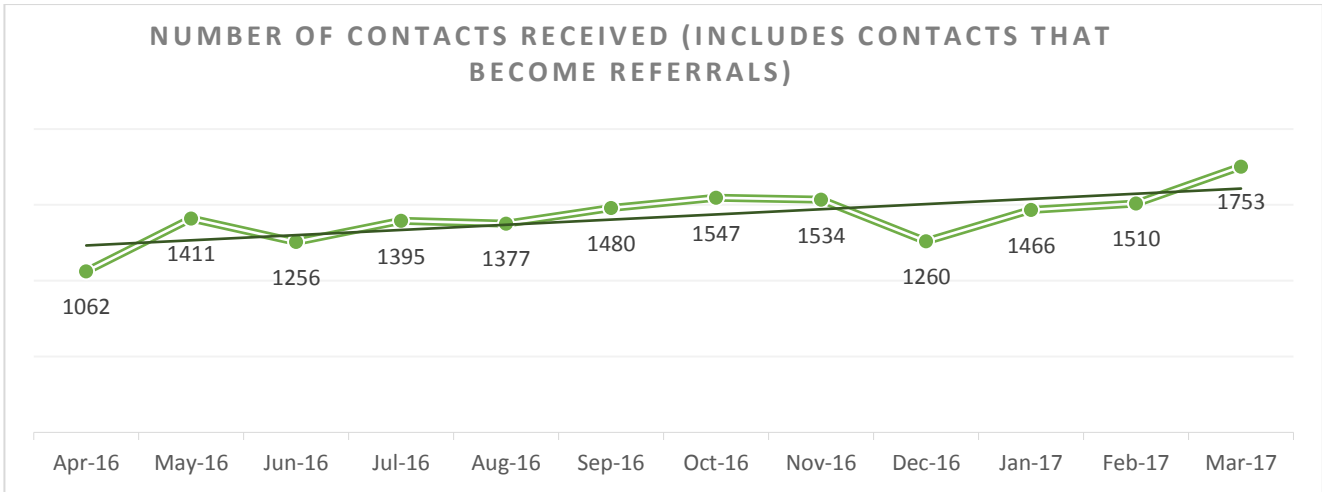
point towards a similar milestone being achieved for both Primary and Secondary Schools. Authorised absence accounts for a substantial proportion of Southampton's overall absence total - we are developing a focus through the school Led, Attendance Action Group to focus in particular on the causes of sickness related absence.



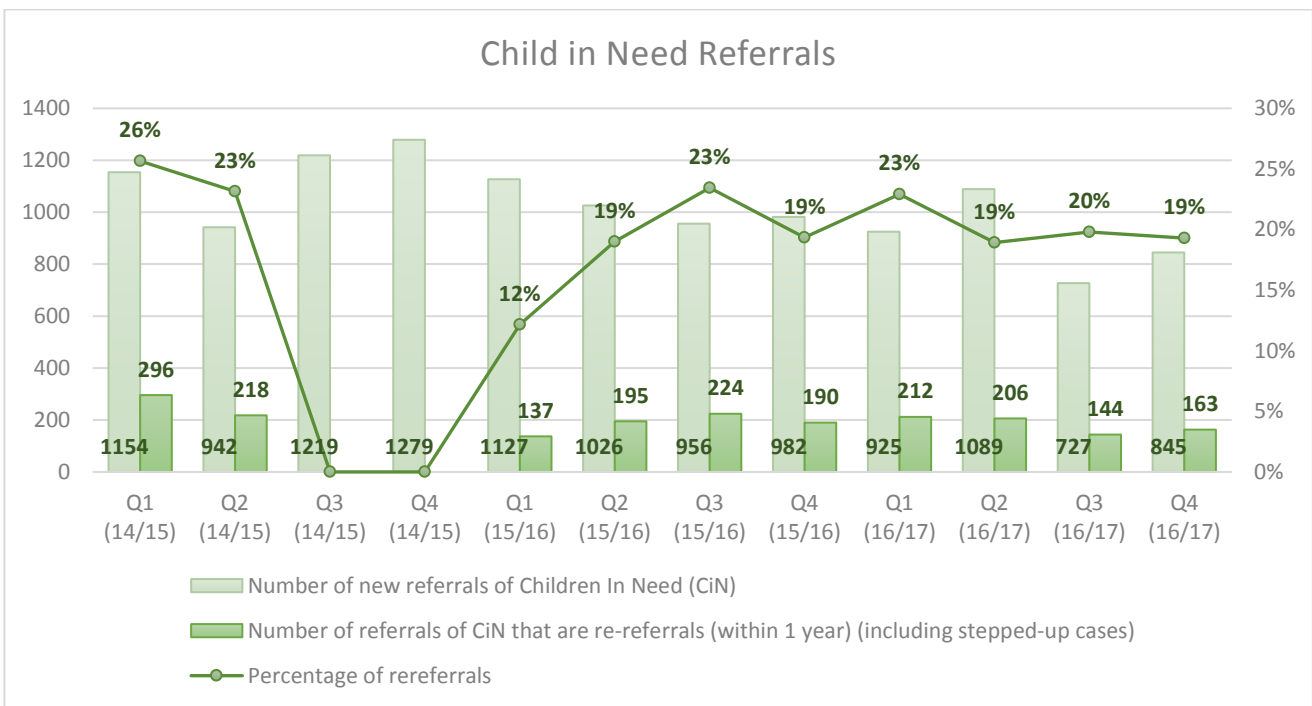
The measure has changed from 16-18 year olds NEET to 16 – 17 year olds NEET however, prior to the change one can see the decreasing trend in the NEET figure.



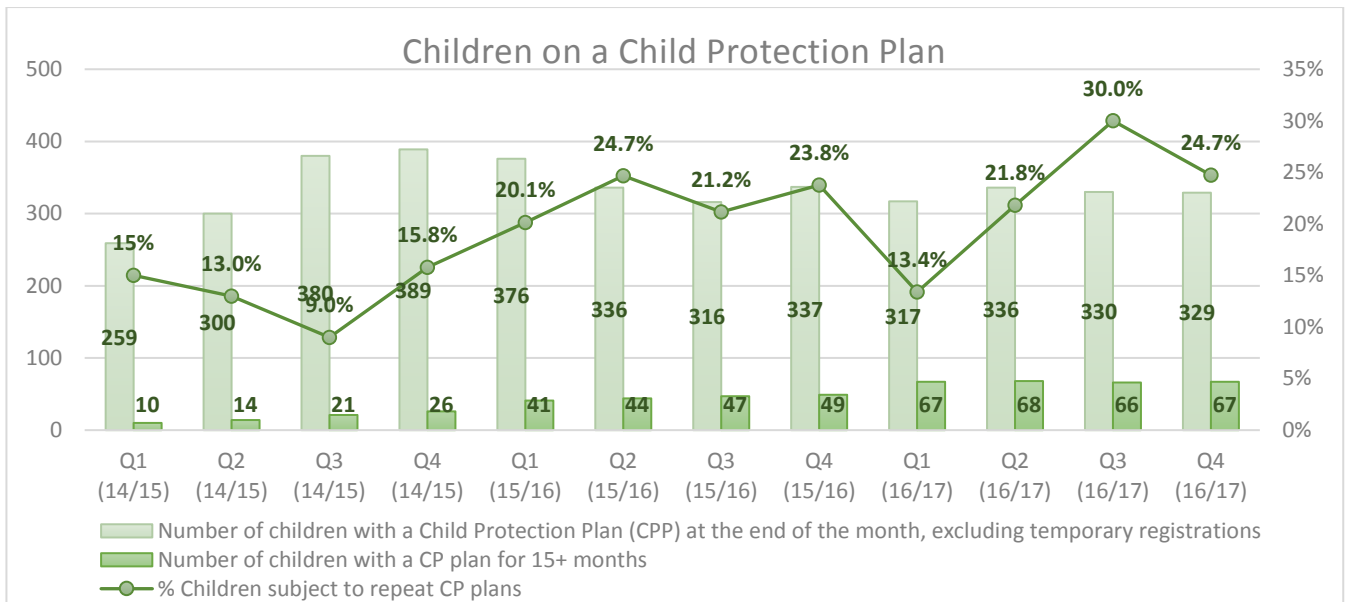
Children’s and Families’ Services have reflected that National NEET reporting has now changed to only include 16-17 year olds (as opposed to 16-18) and to also incorporate ‘unknowns’. Whilst Southampton continues to perform well in relation to the NEET element alone against core cities and stat neighbours, our ranking has reduced (i) because we were previously relatively outperforming on 18 year olds that are now not in scope and (ii) we have a slightly higher level of ‘unknowns’. Both of these factors are being addressed through (i) re-focussing on younger age group and (ii) new approaches to tracking.



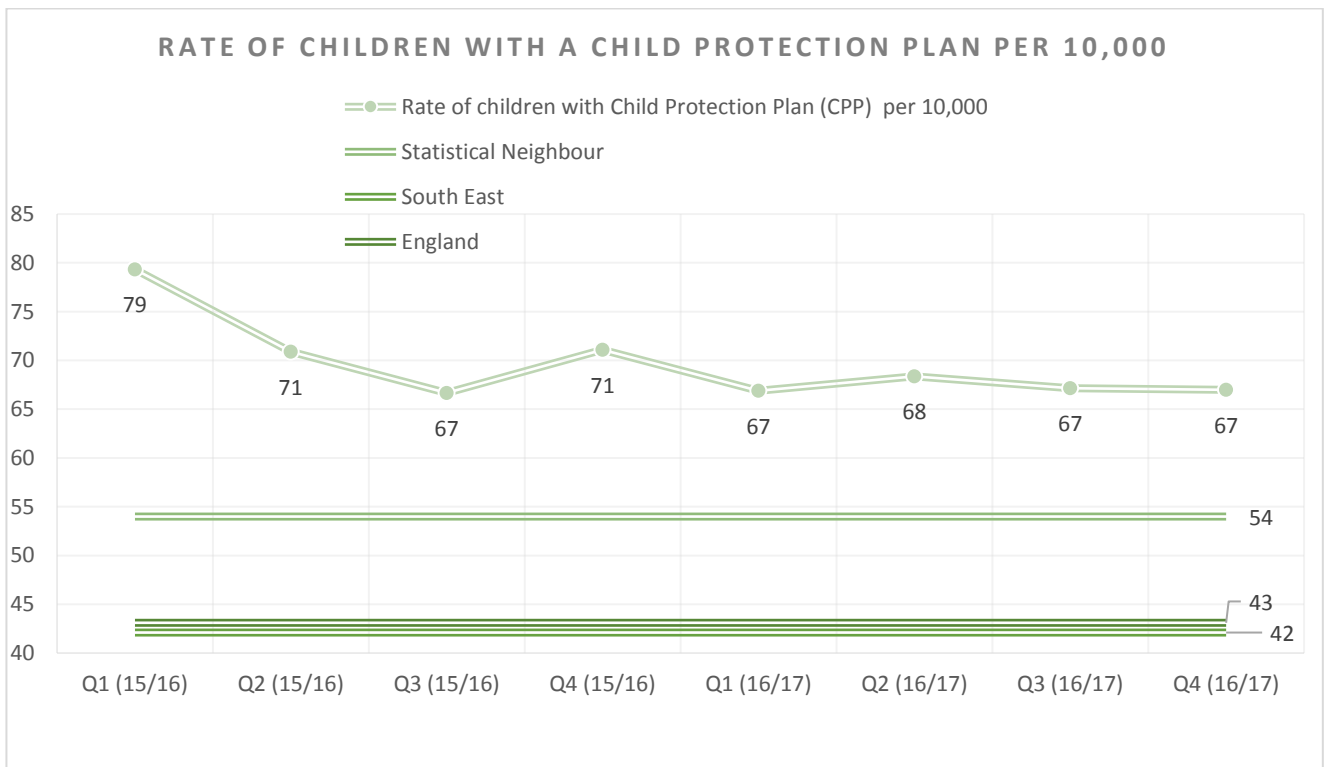
This year has seen an increase in the number of contacts coming to MASH. There was a 65.0% increase in contacts from April 2016 to March 2017. Commentary from the team reflects that an increase in referrals is anticipated given the new front door process. Throughout the year, 1361 referrals became Section 47 enquiries.



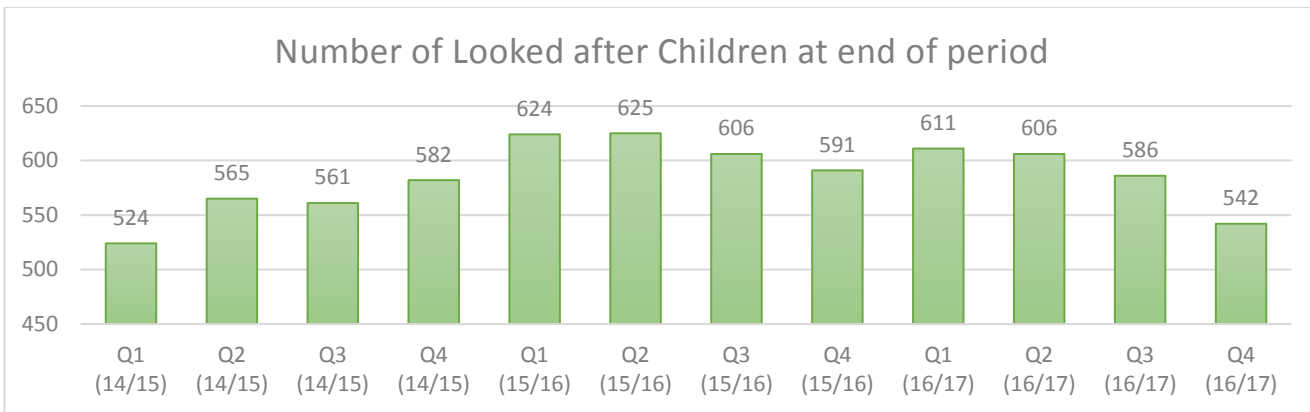
In 2016/17 there were 3595 Child In Need Referrals. There has been a decrease in the number of Child In Need Referrals as in 2015/16 and 2014/15 there were 4091 and 4594 contacts respectively. A 10.9% decrease from 2014/15 to 2015/16 and a 12.1% decrease in Child In Need Referrals from 2015/16 to 2016/17. Over the last 7 quarters, from quarter 2 (15/16) to quarter 4 (16/17) there have been significant fluctuations in the number of referrals from quarter to quarter. Over this same period the number of referrals within a 12 month period has oscillated between 19% and 23%.



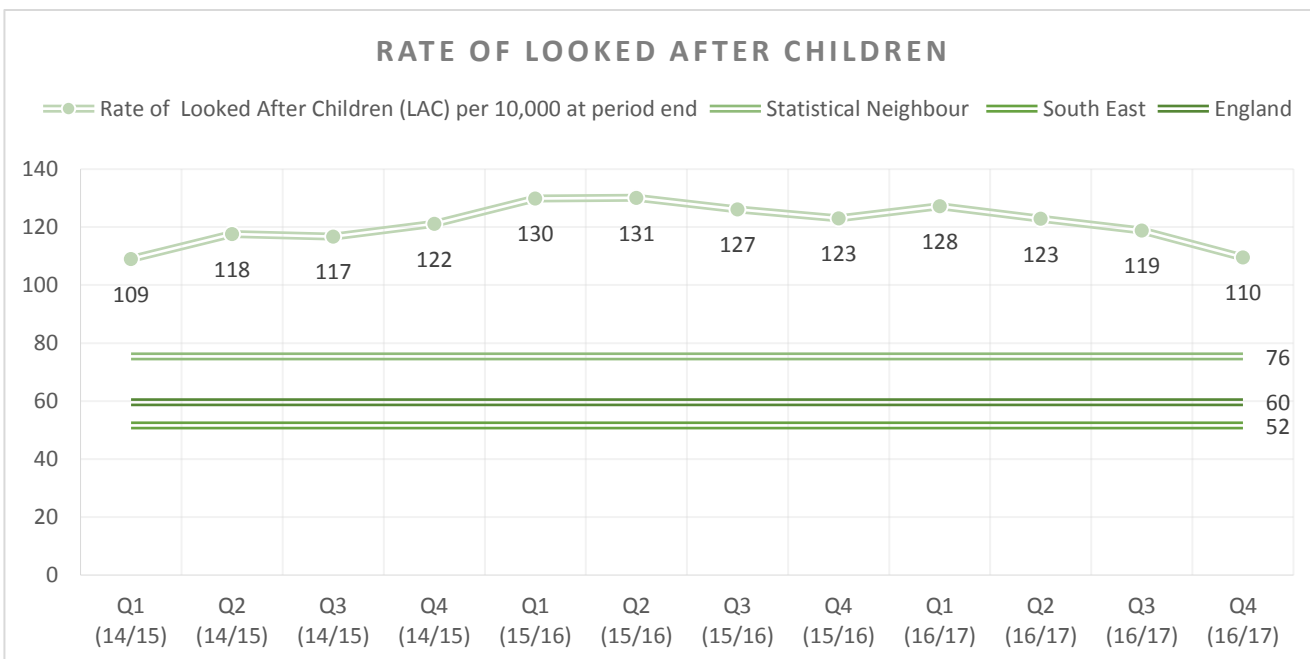
The number of children on a Child Protection Plan has fluctuated steadily between 337 and 316 between quarter 2 (15/16) and quarter 4 (16/17). However, over this same period the number of children on a Child Protection Plan for 15+ months has increased from 44 to 68. In addition the percentage of children that are on a repeat Child Protection Plan is increasing overall.



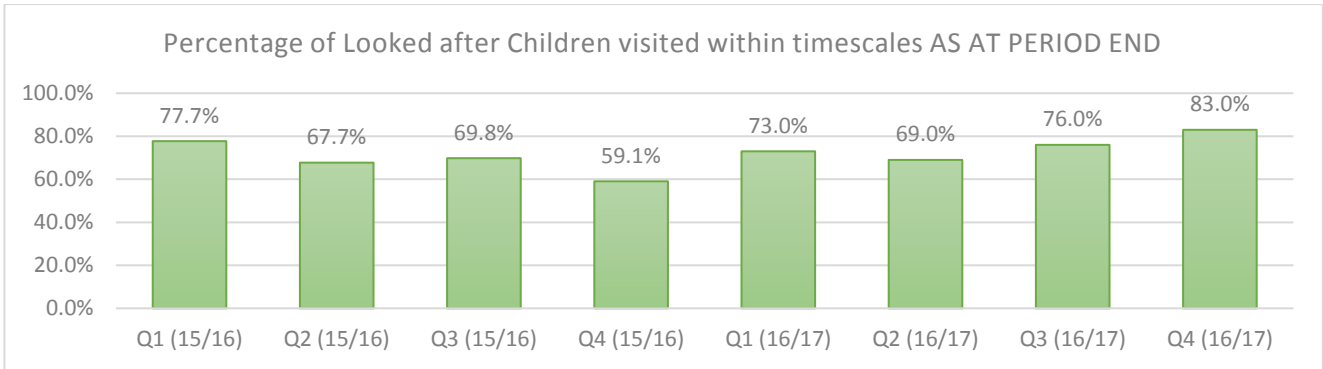
The rate of Children on a Child Protection Plan has not changed significantly across 2016/17. Southampton's rate (67) is significantly higher than the statistical neighbourhood rate (54) and is significantly higher than the South East (42) and national (43) rates.



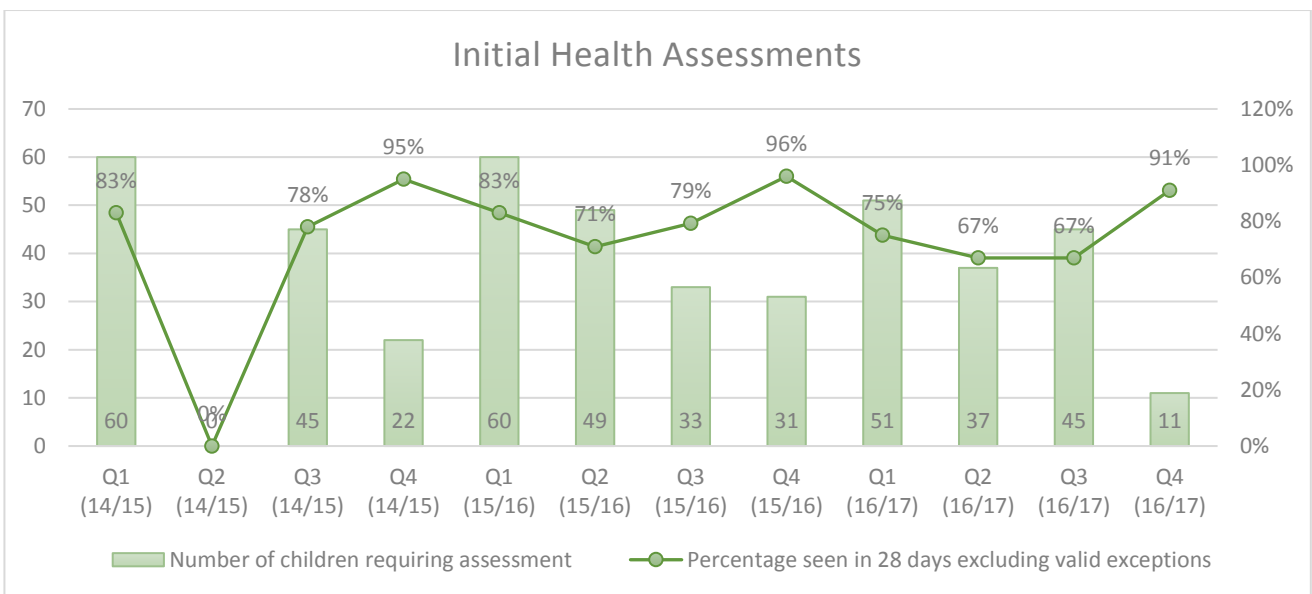
In 2016/17 the number of Looked after Children has decreased significantly by 11.3%. The figure is now at its lowest since quarter 1 2014/15. Children and Families’ Services reflect: significant decrease in looked after numbers which is linked to the work of our dedicated LAC reduction plan, focussed work around looked after children in the service and close monitoring of all LAC arrangements. This is a combination of reunification planning for those in care where appropriate, permanence planning for those who need to remain in care and ensuring all possible options have been explored prior to considering a child being accommodated. It is expected that the number will fluctuate as the service needs to prioritise the safety of children at risk of harm in the care of their parents and this can be unpredictable at times.



The rate of Looked after Children has shown a reducing trend across 2016/17. Southampton’s rate (110) is significantly higher than the statistical neighbour rate (76) and is significantly higher than the South East (52) and national (60) rates

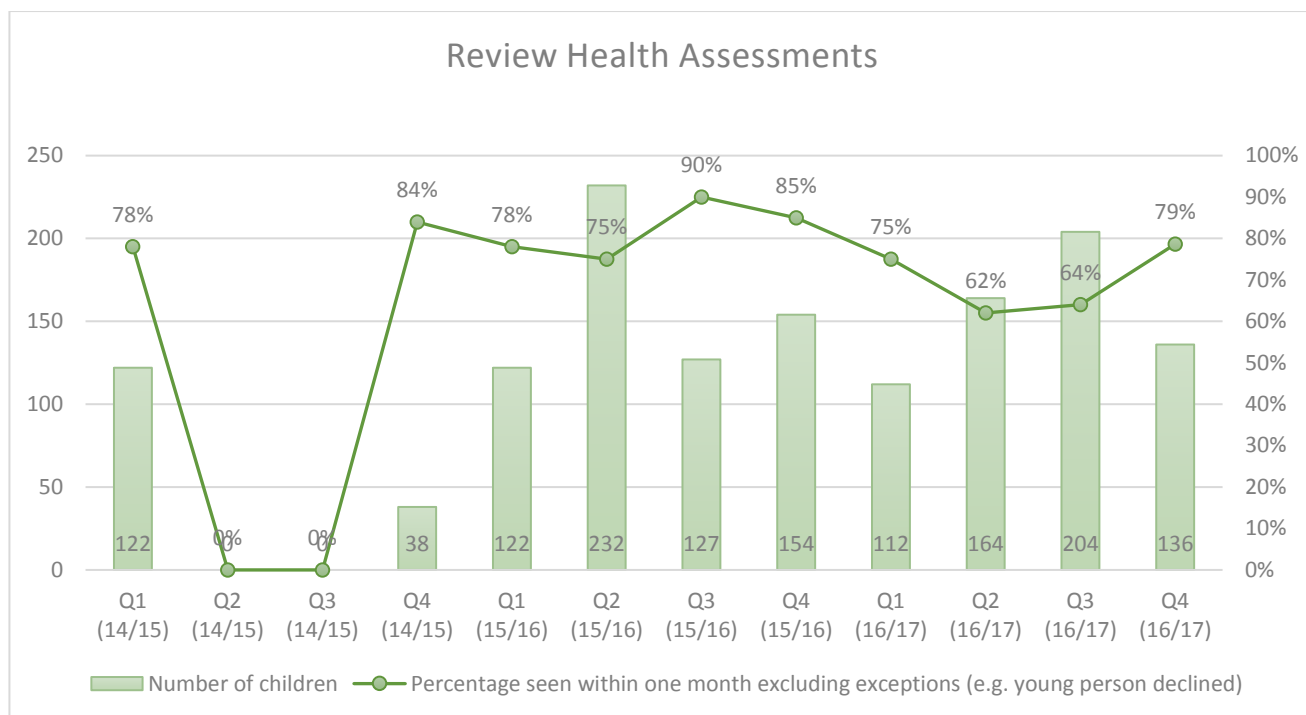


2016/17 has seen an improvement in the number of Looked after Children that have been visited within timescales. Quarter 4 (16/17) has seen the highest percentage over the last two years.

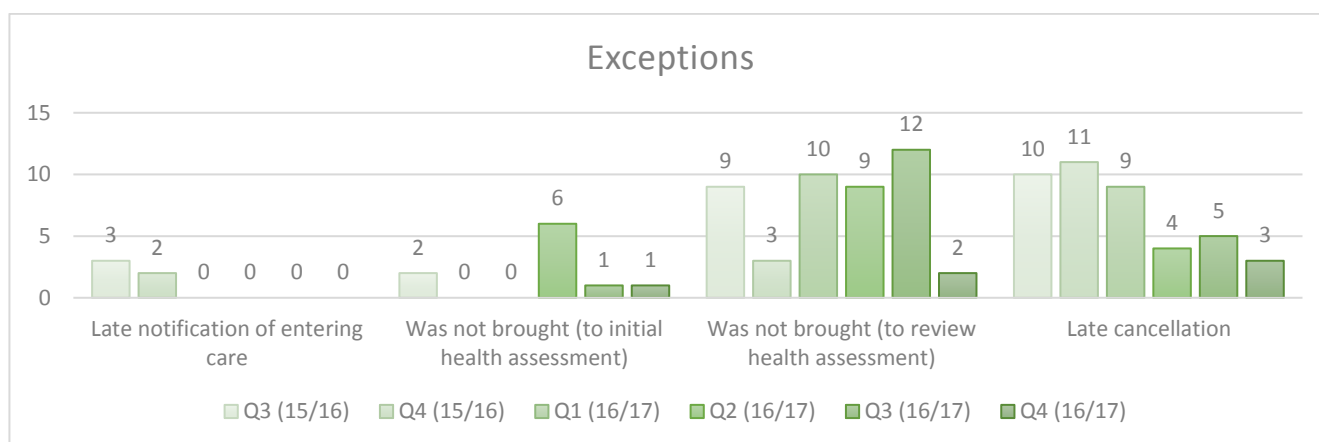


The percentage of children having their initial health assessments within timescale decreased to 67% over Quarters 2 and 3 but increased in Q4.

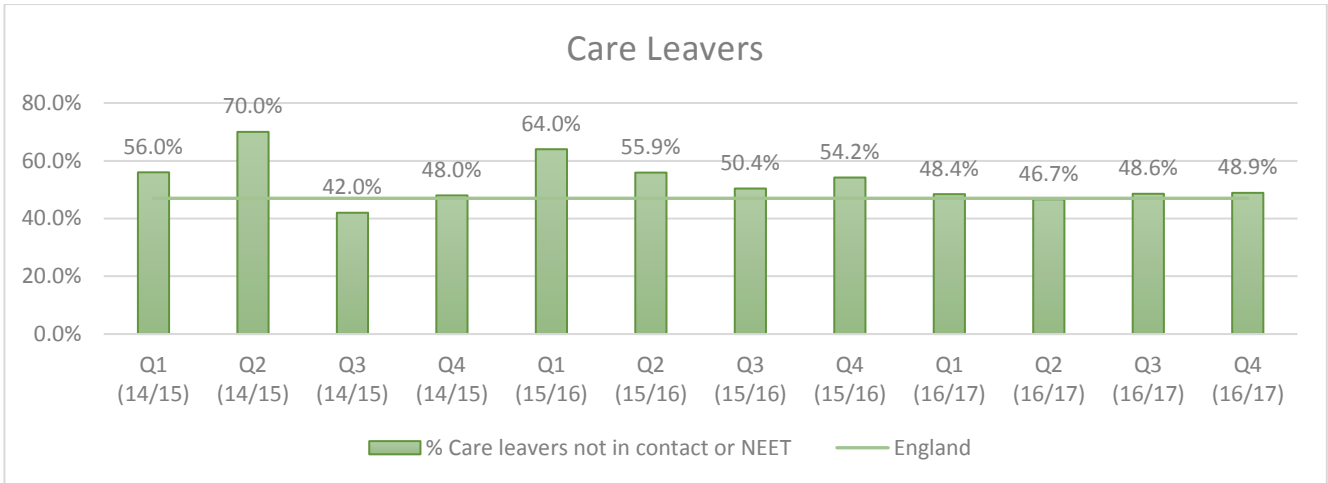




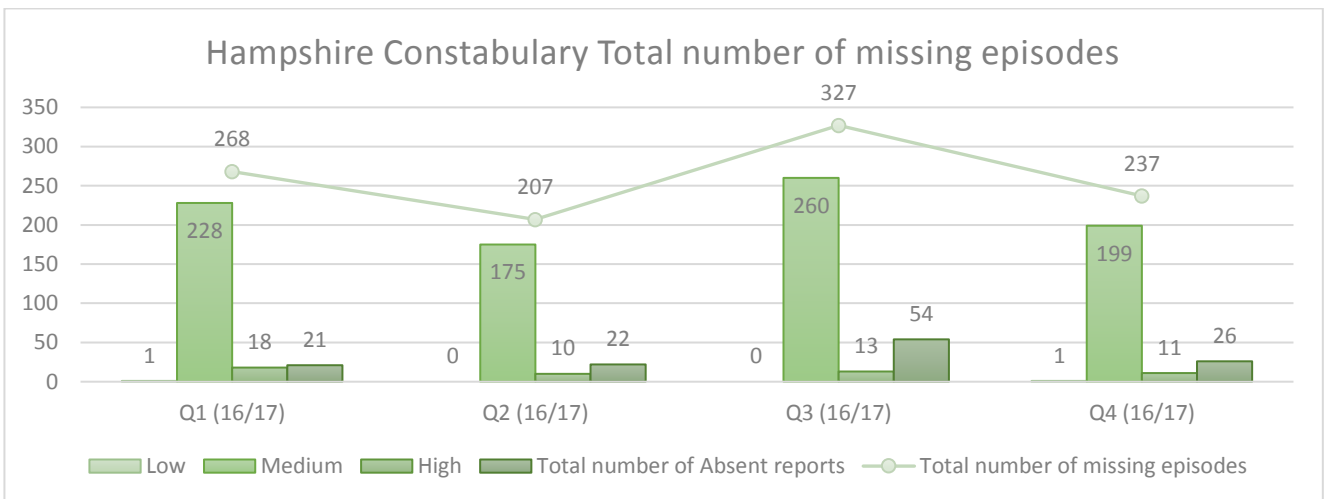
As with the initial health assessments, there was a dip in the number of Looked after Children having their review health assessments within timescales. However, at the end of 2016/17 the percentage having assessments within timescales was at its highest for the year.



The figure above shows the exceptions for Looked after Children's health assessments. There were no late notifications of entering care and the number of late cancellations has decreased compared to last year. The number of 'Was Not Brought' to initial health assessments has decreased over the year however, the number of 'Was Not Brought' for review health assessments remained high through the year. It is worth noting that the 'Was Not Brought' figure also includes children who refuse to attend.

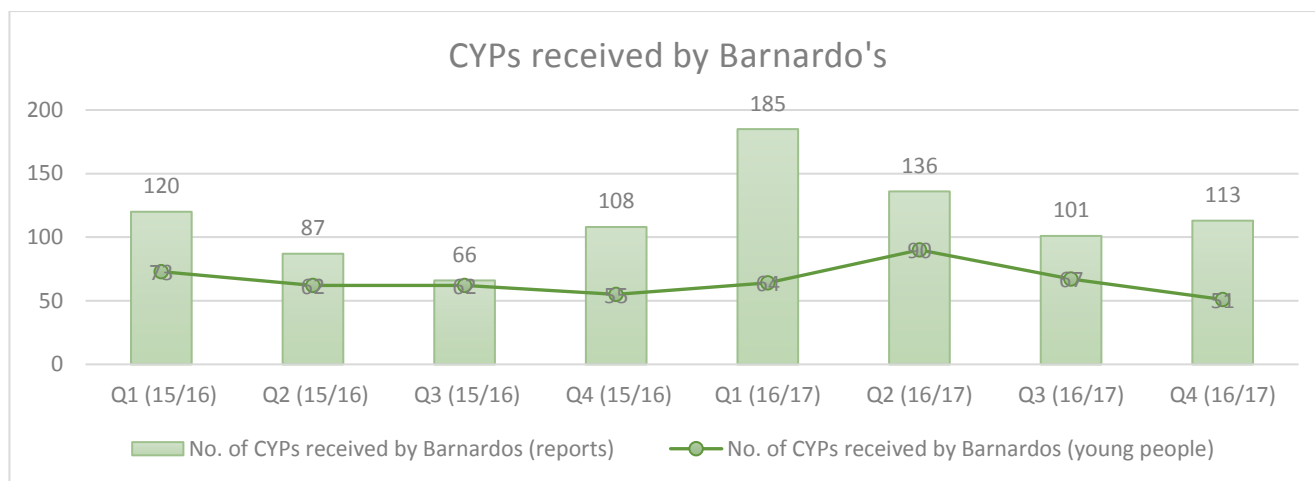


The number of Care Leavers not in contact or not in employment, education or training has decreased in 2016/17 as compared to previous years. This year the percentage has not changed significantly.

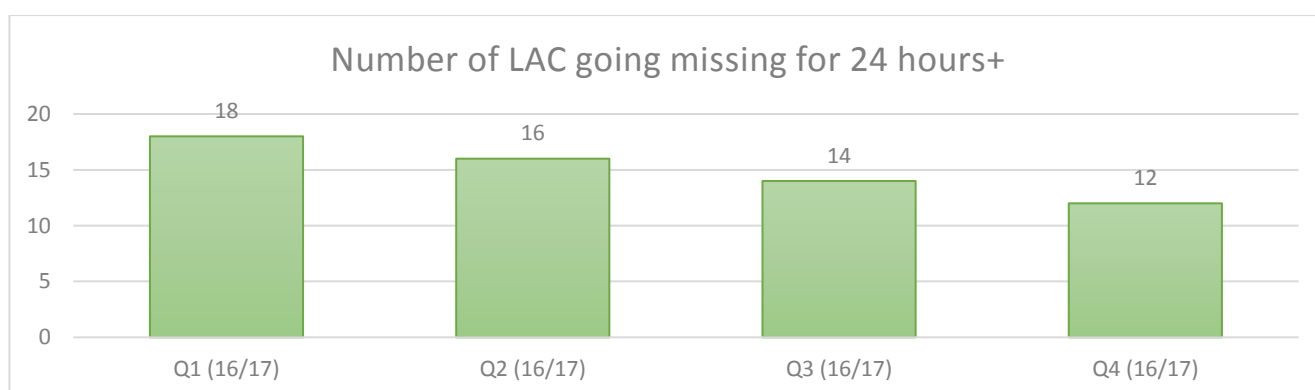
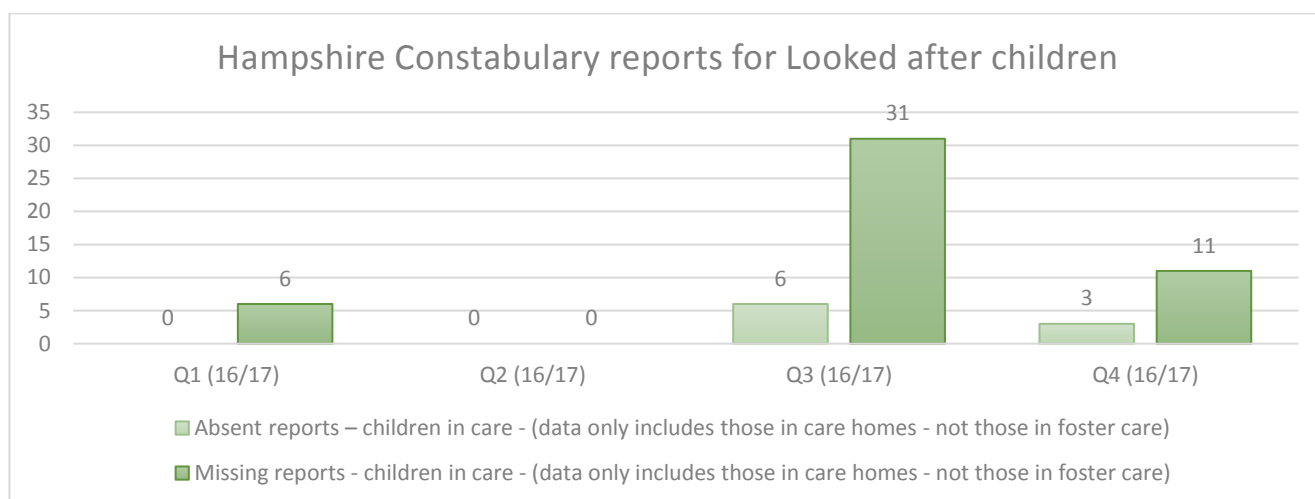


During the course of 2016/17 the Hampshire Constabulary have reported a total of 1039 missing episodes. The risk category of these missing episodes can be broken down as follows:

- High risk: 52 (5.0%)
- Medium risk: 862 (83.0%)
- Low risk: 2 (0.2%)
- Absent reports: 123 (11.8%)

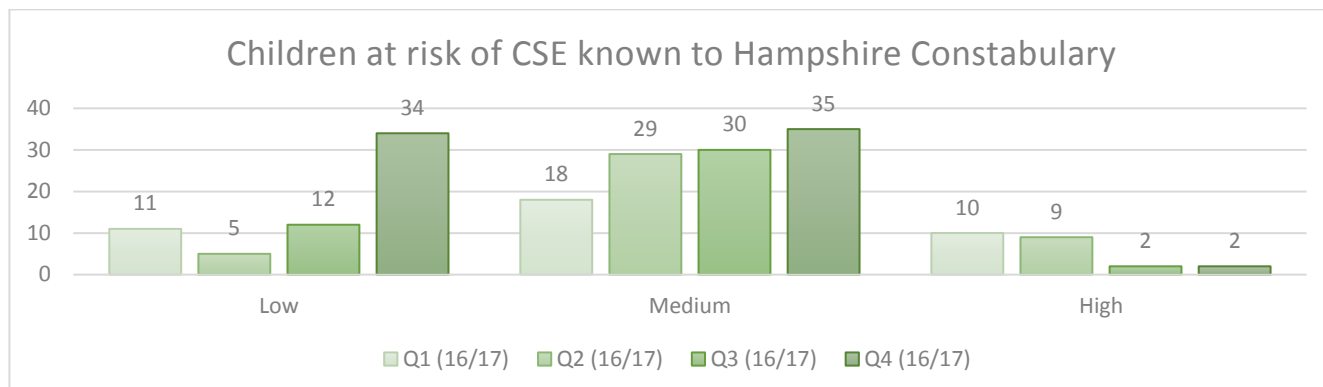


The number of missing reports received by Barnardo’s amounted to 535 for 2016/17. From the graph above one can see that in some cases multiple missing episodes can correspond to one young person. The number of missing episodes and missing reports fluctuates significantly on a quarterly basis and no particular trend can be observed.



Hampshire Constabulary has seen a significant decrease in the number of missing reports for Looked After Children in care homes. The number of absent reports has also decreased since last quarter. Quarter 3 does have an unusually large number of missing and absent reports as compared to quarters 1, 2 and 4.

Children and Families’ Services have reflected that there is a steady decline in our missing LAC. Managers receive a daily missing report and monitor the young people closely.



The number of children and young people known to be at risk of CSE by Hampshire Constabulary has gradually increased across the year. For each quarter, the figure is as follows:

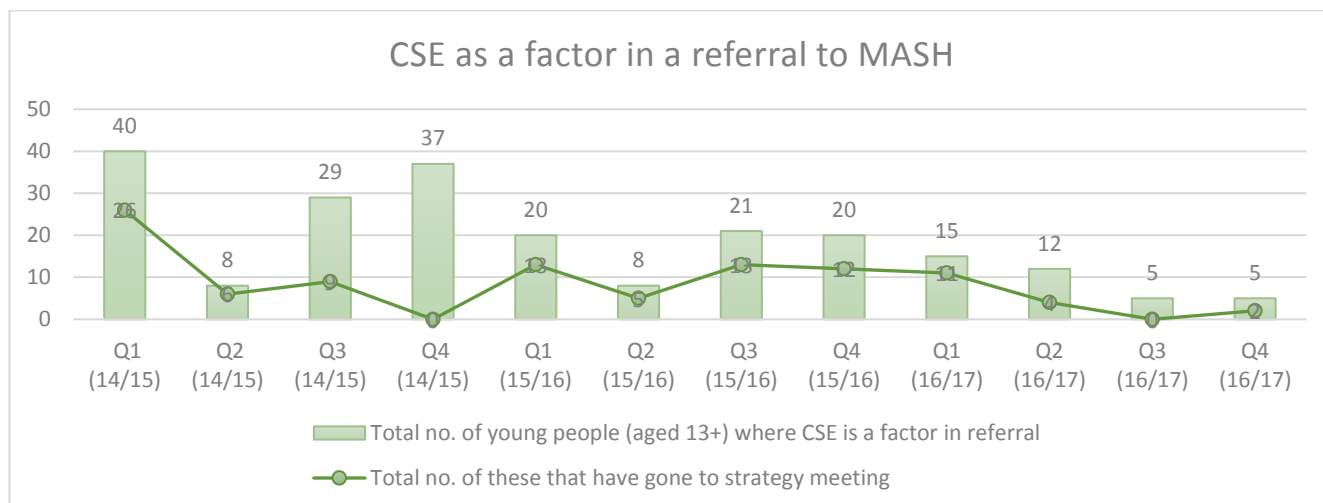
Quarter 1: 39

Quarter 2: 43

Quarter 3: 44

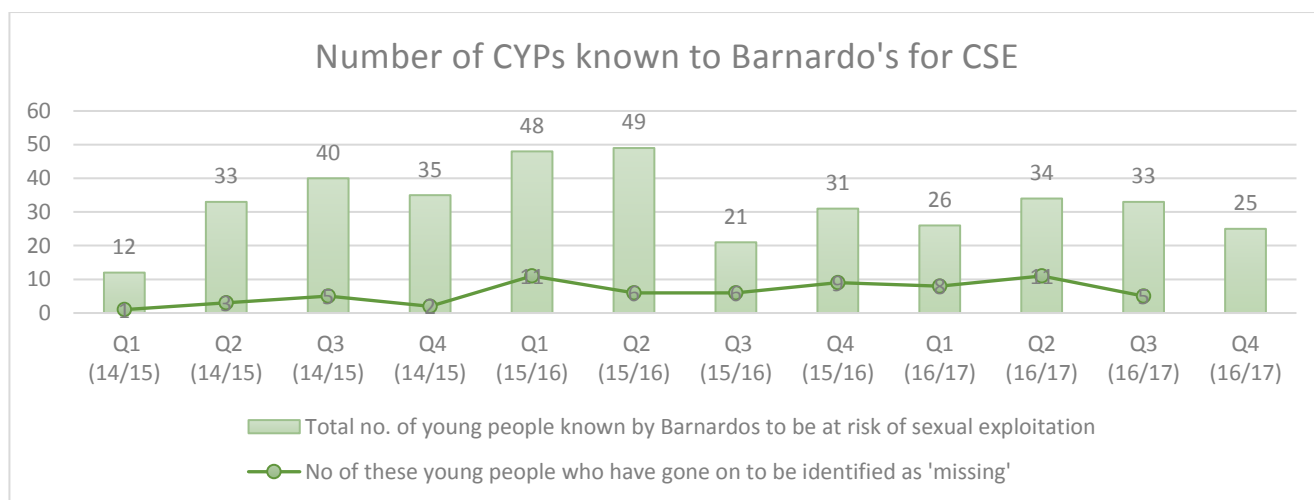
Quarter 4: 71

The majority of these children and young people are of medium risk of CSE.



Children and Families’ Services have reflected that “This is a figure that can fluctuate month on month, though there was a recording issue in Dec/Jan. This has now been rectified. There has been work undertaken over the past 18 months to deliver CSE awareness raising workshops across the city to a range of organisations, resulting in a more accurate understanding of CSE in the city.

Alongside this, the MET Operational Group has identified that the majority of young people where CSE is a factor and where a strategy discussion has been recorded are already open cases to Children's Social Care so would not be measured for this scorecard.



The number of young people open to Barnardo's U-Turn service has fluctuated steadily between 21 and 34 since Quarter 3 (2015/16).

Between January 2015 and Q4 2016/17, no new referrals were sent in to Barnardo's for Trafficking. Over that period of time Barnardo's worked with two young people. However, two new referrals were sent in in Q4, one to the new Independent Child Trafficking Advocacy Service and the other in to the existing service.

We continue to offer training on MET issues to ensure that frontline staff are kept fully aware of the signs and indicators. Clear referral processes are also in place.

The Board closely monitors the above actions quarterly to ensure that we are aware of any trends and gaps that may need addressing by a multi agency forum.

In addition to quality assurance, the Board works to engage the community and young people. We also offer a range of training to professionals. Details of this activity is below.

## Other Board Activity -

### Community Engagement

Throughout the year, the Board has organised or been a part of a number of community engagement activities. This is to try and raise awareness and the importance of safeguarding with the general public and to share resources. Examples of activities undertaken are below:

#### Safeguarding Week – June 2016

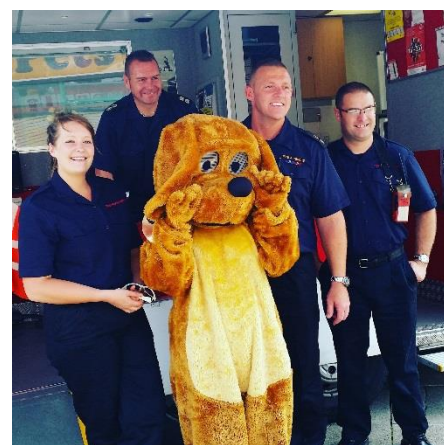
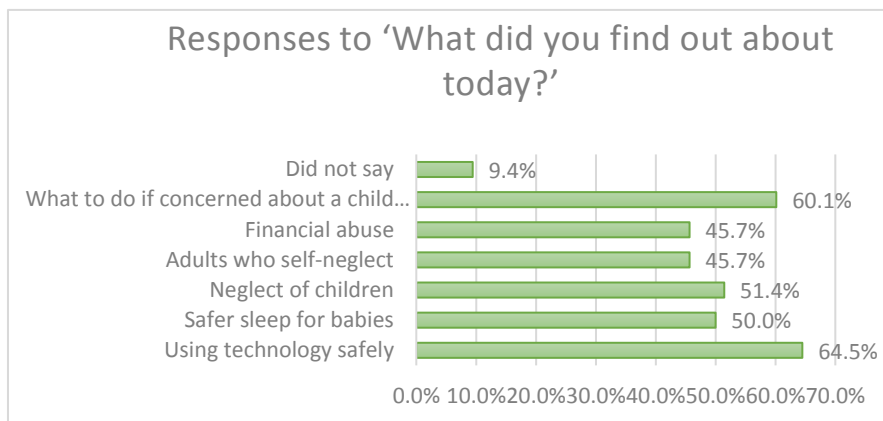
The Week coincided with the Child Accident Prevention Trust's (CAPT) Child Safety Week, the theme for 2016 was - 'Turn off technology for safety'. This event was joined with the LSAB to ensure a 'think family' approach and to make it relevant for all.

Local themes were:

- **Monday** –Child Safety Week ‘Turn of technology for safety’ launch
- **Tuesday** – Safe sleep for babies
- **Wednesday** – Recognising and responding to self-neglect in adults and neglect in children
- **Thursday** – Financial abuse (adults focussed)
- **Friday** –Raising awareness of what to do if you think somebody is at risk of harm or abuse

On three of the days within the week we went out with the Local Authority trailer at different locations and worked with partner agencies to engage with over 400 families and individuals to promote the key messages.

Evaluations received from 138 members of the public told us the following:



**Imagine the Future – July 2016**

On 12 July 2016 the second ‘Imagine the Future’ event took place, supported by the LSCB. This event is the only one of its kind which takes place on a ferry and is designed and led by young people, for young people. Three workshops took place and these were designed and run by students from local colleges. 250 school children attended and took part in workshops which were ‘My Life Online’ (looking at online safety and issues), ‘Looking after Yourself’ (looking at self-care and wellbeing for young people) and ‘Burst the Stigma!’ which looked at destigmatising mental health issues and peer support.

The event took place on a red funnel ferry cruising from Southampton to the Isle of Wight and back and gave many young people their first opportunity to get out on the water. The other organisations supporting it were Red Funnel Ferries, Southampton Connect, Southampton Clinical Commissioning Group, Southampton Education Forum, and Hearing Dogs for the Deaf. It was a great opportunity to find out more about what mattered to young people in Southampton and enable the Board to incorporate

this into its work. The issue of online safety in particular has been an ongoing theme in the Board's work and will be the theme of the Safeguarding Boards Annual Conference in 2017.



### Online Safety Day – February 2017

This year the Local Safeguarding Children Board promoted Safer Internet Day which took place on Tuesday 7th February 2017 with the theme 'Be the change: unite for a better internet'.

Online safety is a worrying issue that seems to be increasingly apparent locally, as well as nationally. Not only does it cover topics such as online bullying and grooming, it can also be used to glamourize and promote self-harm and other dangerous/ illegal activities.

As part of our push to raise awareness of key internet safety issues, we promoted the use of the 'Safer Internet Day' education packs within schools/settings in Southampton. These are national resources and have been tailored for ages 5-7, 7-11, 11-14, 14-18 and parents and carers. Packs included:

- Lesson plan
- Assembly presentation and script
- Play script
- Quick activities
- Whole school or community activities
- Poster

The LSCB also promoted the day via the following methods:

- Displaying a range of useful resources in the Southampton Civic Centre reception between 6th – 10th February 17
- Sharing important messages via social media throughout the week





**Safer Internet Day 2017** | Tuesday  
7 February  
Be the change. Unite for a better internet  
[www.saferinternetday.org.uk](http://www.saferinternetday.org.uk)



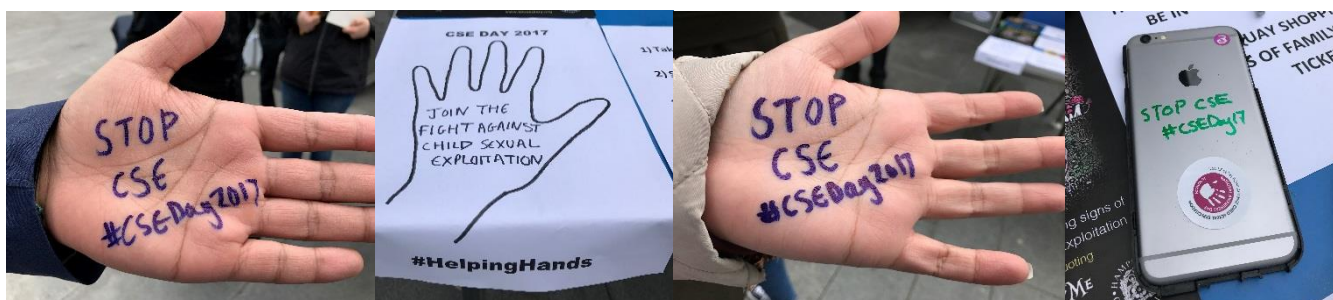
## CSE Awareness Day – March 2017

Southampton LSCB worked with Children and Families Service, The Police and Barnardos to deliver an awareness raising session on National CSE Awareness Day.

We had a trailer filled with resources parked in Southampton's Guildhall Square from 9am – 1.30pm on the day and we had a constant stream of professionals from each of the aforementioned agencies speaking to members of the public.

We engaged with community members and asked them to have a picture with their pledge for CSE Awareness Day

We also shared key messages via our Social Media pages.



## Voice of the child

As the LSCB's Communication Strategy states, we want to ensure that the views of children and young people, their parents and carers and adults at risk themselves and the wider community are heard and their feedback used to improve safeguarding of Southampton's children and adults at risk.

Our aim is to ensure that those we communicate with understand how to keep children, young people and adults at risk safe and are able to recognise and know what to do where they suspect individuals or groups may be at risk of harm.

The Children Act 1989 and 2004 recognises children as citizens with the right to be heard and requires that when working with children in need, their wishes and feelings should be ascertained and used to inform making decisions. The Children and Families Act 2014 section 19 requires that children, young people and families should be involved in decision making at every level of the system. Working Together 2015 states that one of the key principles for effective safeguarding arrangements in a local area is to



take a child centred approach: 'for services to be effective they should be based on a clear understanding of the needs and views of children'.

Throughout the year, the LSCB has been keen to hear young people's views in a variety of ways. Examples of this activity is below:

**a. Looked after Child Case Study at LSCB meeting**

*A young person attended the meeting to share his experience as a Looked after Child. As a 14 year old he went missing from home. Mum had abusive boyfriends and his lifestyle was very chaotic. He got into bad ways, went missing and got arrested. He was eventually placed into care and moved around a lot. He feels he had a messed up view as to what was right and wrong. His social worker became inspirational to him and told him things could get better. At 16 he moved into supported living, he was then rushed into the adult homeless unit quickly and he described it as horrific, he had felt safe in children's homes but felt very vulnerable in adult hostels. He was exposed to the wrong influences and became addicted to heroin, he was involved with the wrong people at the wrong time.*

*He wanted the LSCB to know that it is dangerous to rush young people into that adult situation. Drug use is a major concern. He came out the other side, his support worker used a unique approach, and took him to favourite places where he felt comfortable, shops, open spaces. He has been clean from drugs for 3 1/2 years and it has been almost 3 years from when he was last arrested.*

When the Board asked if there was anything that he felt could have helped him earlier in his youth, he stated that he thought Police could be 'more human' when responding to young, troubled people. He said that he needed someone to talk to and someone to help him understand the way he was expressing himself. The Children and Families representative pledged to take the learning from this back to the service and speak to Social Workers such as workers taking young people to shops and open spaces. We are very grateful to this young person for giving up his time and telling his story!

**b. Case Studies at Neglect Annual Conference**

At the Safeguarding Boards Annual Conference in December 2016 on neglect, delegates heard three case studies from service users and professionals. One case study, which was read out by the Youth Participation Officer (SCC) was about 'Freddy', a young boy who had suffered emotional and physical neglect since birth.

In the afternoon, attendees heard directly from a parent who told her story of self-neglect, the impact of this on the children and how she is now overcoming these issues.

These thought provoking case study were used to set the scene for the morning and afternoon sessions and helped participants to understand the far reaching impact of neglect on children and young people.

**c. Youth led workshop at Neglect Annual Conference - 'Neglect: A day in the life'**

The NSPCC participation group led a workshop which offered a chance to think and talk about how children and young people experience neglect throughout the day through the eyes of a child/young person. The workshop focussed on what that child/young person sees, thinks and feels, as well as the impacts of neglect at different times of the day.

The session was delivered by four members of Southampton's NSPCC Participation Group. This is a group of young people that regularly meet to discuss issues relevant to the NSPCC's work with children and families. They are able to give views and opinions that as adults and professionals we often don't think of, or overlook, and give us relevance to what is going on in the lives of young people.

This was one of the most successful aspects of the conference and was seen to be extremely thought provoking and interactive.

#### d. Youth 'Safeguarding' Survey

We asked a range of young people in Southampton 'what does Safeguarding mean to you?' Below is an example of feedback that was received:

## What does safeguarding mean to you?

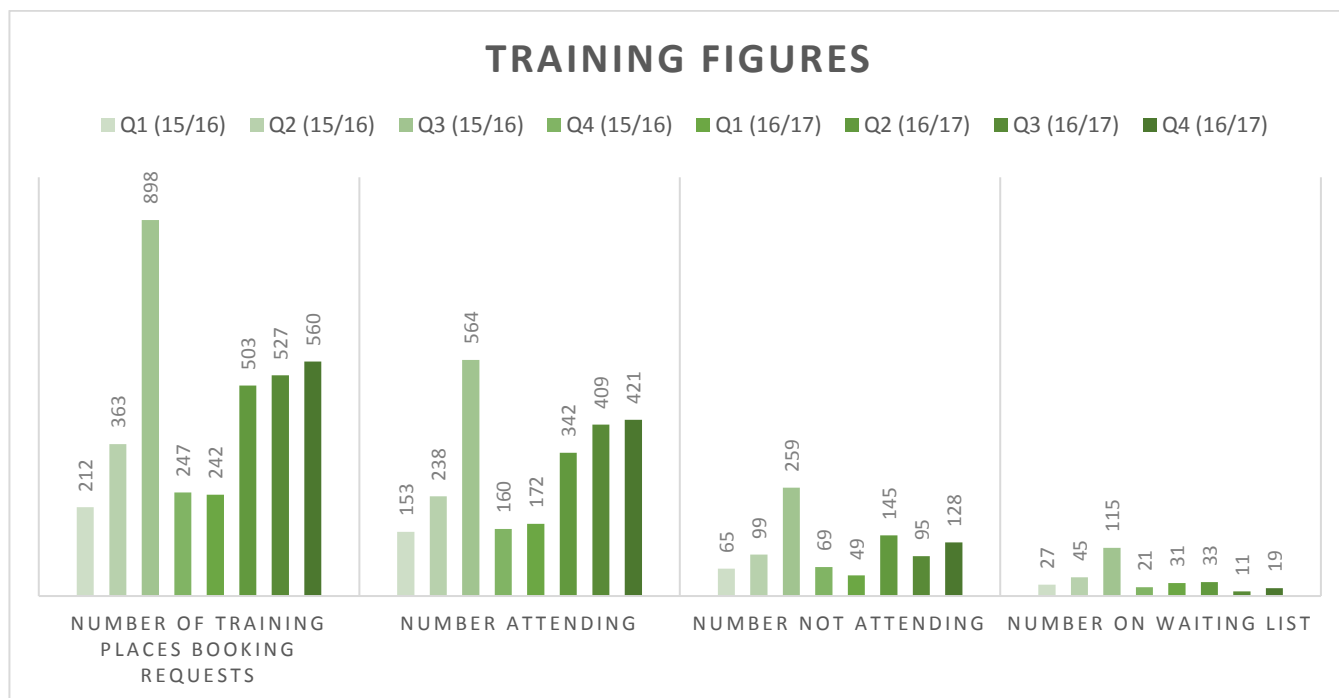


This was fed back to the LSCB at the Business Planning Day in March 2017 by the Youth Participation Worker (SCC). They also shared a video made by the Children in Care Council about their experiences of being in care and about how it has impacted them within their life, since becoming care leavers. This had a great impact and served as an effective reminder of what the Board exists to do and how we all work together to improve the welfare and quality of life for our City's young people. This video directly drove a number of new additions to the Business Plan for 2017 – 18, including a more detailed assurance of Foster Carer procedures in the City.

### Training

The Safeguarding Board has been delivering an agreed programme of Weekly Wednesday Workshops, Level 3 Safeguarding Training and other 'ad hoc' half day workshops for the last year.

Below is a summary of all attendance at LSCB training, broken down by quarter.



**Wednesday Workshops:**

Total number of Weekly Wednesday Workshops: **33**

Total number of attendees: **424**

**Examples of workshops offered:**

- Working with interpreters
- Youth Justice
- Universal Credit
- Fabricated and induced illness
- CSE and BAME communities
- Recognising physical injuries
- Child Abuse Investigation Team
- Working with families affected by suicide

**Our most attended workshops were:**

- Working with interpreters
- Recognising physical injuries
- Child abuse investigation team
- Working with GPs

**Working Together to Safeguard Children and Young People Level 3 Training:**

Total number of Working Together to Safeguard Children and Young People 2 day courses: **6**

2 day course total number of attendees: **137**

Total number of Working Together to Safeguard Children and Young People Refresher Courses: **6**  
Refresher course total number of attendees: **77**

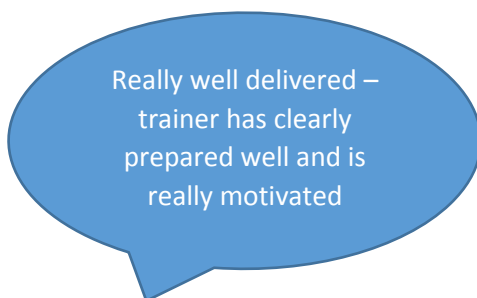
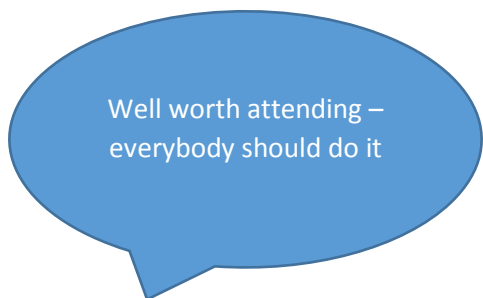
**Half Day Workshops:**

Total number of half day workshops: **13**  
Total number of attendees: **329**

**Half Day Workshop Topics:**

- Substance and Alcohol Misuse
- An Introduction to Child Sexual Exploitation
- An Introduction to Neglect
- Adult Mental Health

Below is an example of feedback received in all types of LSCB training:



## LSCB Membership

Agency	Position
Independent Chair	Independent Chair
Southampton City Council	Director of C&F Director of Housing, Adults & Communities
Hampshire Constabulary	Detective Supt Public Protection
Hampshire Probation	Director of Portsmouth/Southampton LDU
Community Rehabilitation Company	Director of Portsmouth/Southampton
Southampton City Clinical Commissioning Group	Director of Quality and Integration/Executive Nurse
NHS England (Wessex)	Director of Nursing
University Hospitals Southampton NHS Foundation Trust	Director of Nursing and Organisational Development
Solent NHS Trust	Operations Director (Children's Services)
Southern Health Foundation Trust	Director of Children and Families Division and Safeguarding Lead
South Central Ambulance Service	Assistant Director of Quality
CAFCASS	Senior Service Manager
Primary School Rep	Primary Heads Conference Representative Headteacher Compass School
Secondary School Rep	Secondary Schools Conference Representative

Agency	Position
Special Schools Rep	Special Schools Conference Representative
Further Education Rep	Further Education Representative
Voluntary & Community Sector	SVS
Legal advisor	SCC Legal
Designated Health Professional	Designated Nurse                      Designated Doctor
Principal Social Worker	Principal Social Worker
Director of Public Health	Consultant in Public Health
Lead Member for Children's Services	Lead Member
LSCB Business Unit	Board Manager                      Business Coordinator
LSCB Lay Member	LAY Member

## Contact Information

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**Southampton  
Local  
Safeguarding  
Children Board**

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# Agenda Item 6

<b>DECISION-MAKER:</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>SUBJECT:</b>	PHARMACEUTICAL NEEDS ASSESSMENT: CONSULTATION REPORT
<b>DATE OF DECISION:</b>	17 <sup>th</sup> JANUARY 2018
<b>REPORT OF:</b>	DIRECTOR OF PUBLIC HEALTH

## CONTACT DETAILS

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## STATEMENT OF CONFIDENTIALITY

NOT APPLICABLE

## BRIEF SUMMARY

The Health and Wellbeing Board has a statutory responsibility to publish a statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA). It must be published every three years with the next PNA due to be published on 1<sup>st</sup> April 2018. A paper was brought to the Health and Wellbeing Board (HWB) on 18<sup>th</sup> October 2017 where the draft PNA was approved for consultation.

The regulations state that the HWB must undertake a consultation on the content of the PNA and it must run for minimum of 60 days. The consultation took place from 23<sup>rd</sup> October to 22<sup>nd</sup> December 2017. This paper presents preliminary findings from the consultation for discussion with HWB members. A full report on the consultation findings will be tabled at the HWB.

## RECOMMENDATIONS:

	(i)	The Health and Wellbeing Board is asked to note the findings of the consultation on the PNA.
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## REASONS FOR REPORT RECOMMENDATIONS

1.	The PNA is a report on the local needs for pharmaceutical services. It is used to identify gaps in current services or improvements that could be made to current or future service provision. The specific content of the PNA is set out in schedule 1 of the NHS (Pharmaceutical & Local Pharmaceutical Services) Regulations 2013. It is a statutory requirement for the Health and Wellbeing Board to publish a revised assessment within three years of its previous PNA. The refreshed Southampton PNA must be published on 1 <sup>st</sup> April 2018.
2.	There is a regulatory duty (NHS (Pharmaceutical & Local Pharmaceutical Services) Regulations 2013 No 349: Part 2: Reg 8) to have a 60 day consultation about the contents of the assessment it is making. As part of the Southampton PNA refresh, the consultation ran from Monday 23 <sup>rd</sup> October to Friday 22 <sup>nd</sup> December 2017.

<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>	
3.	None
<b>DETAIL</b>	
4.	<p><b><i>What is the requirement for consultation?</i></b></p> <p>According to the Regulations, the following must be consulted:</p> <ul style="list-style-type: none"> <li>• Local Pharmaceutical Committee for its area</li> <li>• Local Medical Committee in its area</li> <li>• Any persons on the pharmaceutical lists and any dispensing doctors list for its area;</li> <li>• Any local pharmaceutical service pharmacy in its area with whom the NHS England has made arrangements for the provision of any local pharmaceutical services;</li> <li>• Local Healthwatch and any other patient, consumer or community group which in the opinion of the Health and Wellbeing Board has an interest in the provision of pharmaceutical services in its area</li> <li>• Any NHS Trust or NHS Foundation Trust in the area</li> <li>• NHS England</li> <li>• Any neighbouring Health &amp; Wellbeing Board</li> </ul>
5.	<p><b><i>How was the consultation undertaken?</i></b></p> <p><b>Consultation questions</b></p> <p>The set of six questions used for the consultation of the Portsmouth PNA 2015 was used (with minor amendments). For each question there was an opportunity for respondents to add free text comments.</p> <p><b>Consultation with professional stakeholders</b></p> <p>All professional stakeholders as specified in the Regulations were contacted by email by Monday 23<sup>rd</sup> October 2017. All contractor pharmacies within the city were contacted by a message on PharmOutcomes (software system used by pharmacies) and by email on 23<sup>rd</sup> October 2017.</p> <p><b>Consultation with the public</b></p> <p>The Southampton City Council insights and communications team shared the consultation with residents using Southampton's City Council's digital communication channels. The surveys were hosted on the Southampton City Council website on both the News and 'Have Your Say' consultation pages. The links to the pages were shared with over 13,000 subscribers to the council's Stay Connected email update service, with residents on social media including Facebook and Twitter and via partners in the health and voluntary sector. A hard copy of the PNA was available on request.</p> <p>NHS Southampton City Clinical Commissioning Group (CCG) publicised the consultation through distributing leaflets at a range of locations in the city and at various community events. The consultation was also discussed as part of the CCG Communications and Engagement reference group meeting on 22<sup>nd</sup> November 2017.</p> <p>Healthwatch Southampton publicised the consultation via their website, in their newsletter (distributed to approx. 400 individuals), and using social media channels (Facebook and Twitter).</p>

6.	<p><b>Summary of consultation findings</b></p> <p><b>Response</b></p> <p>The consultation received fifty-three responses; eight responses from professional stakeholders and 45 responses from members of the public.</p> <p><b>Summary</b></p> <p>Consultation findings showed satisfaction with the PNA. Comments will be addressed in the PNA but there will be no notable changes to the document before formal publication on 1<sup>st</sup> April 2018. A full report on the consultation findings will be tabled at the Health and Wellbeing Board. Overall responses to the consultation questions were as follows:</p> <p><b><i>Has the purpose of the PNA been explained clearly?</i></b></p> <p>75.0% (6/8) of professional stakeholders strongly agreed or agreed that the purpose of the PNA had been clearly explained (two chose not to respond).</p> <p>93.3% (42/45) members of the public who responded strongly agreed, agreed or were neutral that the purpose of the PNA had been clearly explained (three chose not to respond).</p> <p><b><i>Do you know of any relevant information that we have not included that may affect the conclusion of this document?</i></b></p> <p>75.0% (6/8) of professional stakeholders did not know of any further relevant information that should have been included that would affect the document's conclusions (two chose not to respond).</p> <p>75.6% (34/42) members of the public who responded did not know of any further relevant information that should have been included that would affect the document's conclusions (nine chose not to respond). Of the two respondents to the survey who stated there was further relevant information, only one additional comment was provided regarding the quality of service at a specific pharmacy.</p> <p><b><i>From the information in the pharmaceutical needs assessment and my personal experience, I believe the pharmaceutical needs of myself (or my patients and/or the people I represent) are being met.</i></b></p> <p>75.0% (6/8) of professional stakeholders strongly agreed, agreed or were neutral that the pharmaceutical needs of local residents were being met (two chose not to respond).</p> <p>55.6% (25/45) members of the public who responded strongly agreed, agreed or were neutral that the pharmaceutical needs of local residents were being met (five (11.1%) disagreed and another 15 (33.3%) chose not to respond).</p> <p><b><i>From the information in the pharmaceutical needs assessment and my personal experience, I believe that my future pharmaceutical needs for myself (or my patients and/or the people I represent) for the next four years are being met.</i></b></p>
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	<p>75.0% (6/8) of professional stakeholders strongly agreed, agreed or were neutral that the pharmaceutical needs of local residents are likely to be met over the next four years (two chose not to respond).</p> <p>4.4% (2/45) members of the public who responded strongly agreed or agreed that the pharmaceutical needs of local residents are likely to be met over the next four years (43 chose not to respond).</p> <p><b><i>Do you think there is a need for additional pharmacy sites within Southampton?</i></b></p> <p>62.5% (6/8) of professional stakeholders strongly disagreed, disagreed or were neutral that there is a need for additional pharmacy sites in Southampton. One agreed there is a need (no reason given) and one chose not to respond.</p> <p>53.3% (24/45) members of the public strongly disagreed, disagreed or were neutral that there is a need for additional pharmacy sites in Southampton (another 13 (28.9%) chose not to respond). Eight (17.8%) respondents to the public survey considered there to be a need for additional pharmacy sites. There were nineteen written comments from members of the public with nine indicating sufficient pharmacy sites and ten indicating a need for more. The reasons given are not considered to have a bearing on the conclusion of the PNA and will be presented in more depth at the Health and Wellbeing Board.</p> <p><b><i>Do you have any further comments you would like to make about pharmaceutical services in Southampton? This can include good or bad experiences, any concerns, questions or just general comments you might have.</i></b></p> <p>There were a small number of additional comments from professional stakeholders. Additional comments from members of the public could be broadly themed into issues relating to access and quality of service. The comments given are not considered to have a bearing on the conclusion of the PNA.</p>
7.	<p><b><i>Proposed timetable</i></b></p> <ul style="list-style-type: none"> <li>• 17<sup>th</sup> January: Present consultation findings to HWB for discussion</li> <li>• Make final changes based on HWB feedback.</li> <li>• 14<sup>th</sup> March: Present final document for approval</li> <li>• 1<sup>st</sup> April 2018: Final PNA published.</li> <li>•</li> </ul>
<b>RESOUCIE IMPLICATIONS</b>	
<b><u>Capital/Revenue</u></b>	
8	None
<b><u>Property/Other</u></b>	
9	None
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
10.1	There is a statutory duty requiring the Health and Wellbeing Board to undertake and publish this needs assessment under section 128A of the National Health Service Act 2006 and regulations made under that section,

	namely the National Health Service (Pharmaceutical & Local Pharmaceutical Services) Regulations 2013 ("the 2013 Regulations")	
10.2	Regulations 3 to 9 and Schedule 1 of the 2013 Regulations set out the detailed requirements as to the content of needs assessments and the manner in which the assessment is to be made and published.	
10.3	Regulation 8 of the 2013 Regulations, in particular, prescribes those specified persons who must be consulted about the content of the assessment and the manner in which they must be consulted about specified matters.	
<b>Other Legal Implications:</b>		
11	None	
<b>RISK MANAGEMENT IMPLICATIONS</b>		
12	None	
<b>POLICY FRAMEWORK IMPLICATIONS</b>		
13	None	
<b>KEY DECISION?</b>		N/A
<b>WARDS/COMMUNITIES AFFECTED:</b>		All
<b><u>SUPPORTING DOCUMENTATION</u></b>		
<b>Appendices</b>		
1.	None	
<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 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>		
<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.		

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<b>DECISION-MAKER:</b>		<b>HEALTH AND WELLBEING BOARD</b>	
<b>SUBJECT:</b>		UPDATE ON THE ALCOHOL STRATEGY 2017-20	
<b>DATE OF DECISION:</b>		17 <sup>th</sup> January 2017	
<b>REPORT OF:</b>		Director of Public Health	
<b><u>CONTACT DETAILS</u></b>			
<b>AUTHOR:</b>	<b>Name:</b>	<b>Charlotte Matthews</b>	<b>Tel: 023 8083 3794</b>
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<b>Director</b>	<b>Name:</b>	<b>Jason Horsley</b>	<b>Tel: 023 8083 2028</b>
	<b>E-mail:</b>	<b>Jason.Horsley@southampton.gov.uk</b>	
<b>STATEMENT OF CONFIDENTIALITY</b>			
None			
<b>BRIEF SUMMARY</b>			
<p>The purpose of this paper is to update the Health and Wellbeing Board on the progress made on the Alcohol Strategy 2017-20 (Appendix 1).</p> <p>The strategy was approved by the Health and Wellbeing Board in March 2017.</p>			
<b>RECOMMENDATIONS:</b>			
	(i)	That the Board notes the progress made in implementing the Southampton Alcohol Strategy, 2017-20.	
<b>REASONS FOR REPORT RECOMMENDATIONS</b>			
1.	To enable the Health and Wellbeing Board to effectively monitor progress.		
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>			
2.	None.		
<b>DETAIL (Including consultation carried out)</b>			
3.	The <i>Alcohol Strategy 2017-20</i> was developed in 2016 and approved by the Health and Wellbeing Board in March 2017. It is provided as <b>Appendix 1</b> .		
4.	The strategy sets out the priorities for partners across the city to work on. The strategy supports the outcomes of the Health and Wellbeing Strategy 2017-2025, and the Safe City Strategy 2014-2017. It has been developed as an easy to read, high level document, which focuses on key priorities and actions.		
5.	The aim of the strategy is for Southampton to be a safe, healthy and vibrant city where people who choose to drink alcohol do so safely.		
6.	This aim addresses the Health and Wellbeing Board's concern about the impact of alcohol on health, inequalities and violence. It also recognises that the responsible sale and consumption of alcohol can contribute to a vibrant culture and night time economy where communities and business thrive.		
7.	The strategy was based on a detailed review of data and widespread engagement with stakeholders.		
8.	The strategy has three key priorities: Safe, Healthy and Vibrant.		

	<ul style="list-style-type: none"> <li>• Safe - reducing the impact on community and individual safety from antisocial behaviour, violence and crime.</li> <li>• Healthy - raising awareness of the risks of harmful drinking and helping people with alcohol problems.</li> <li>• Vibrant - alcohol consumption as part of the night-time economy and the regulated environment.</li> </ul>
9.	The governance has been subsequently set up. The Safe theme is led by the police; the healthy theme is led by public health; and the Vibrant theme is led by licensing. Each works with a range of agencies. For example, licensing chair a night-time economy group of local bars, the ambulance service, the police, community safety and street pastors. Theme leads form a small steering group, chaired by public health, to link the themes and provide annual assurance to the Health and Wellbeing Board.
10.	The strategy specifies a number of outcomes for monitoring. These have been compiled into a dashboard, which will be updated and reviewed annually by the steering group to inform action. The dashboard is in <b>Appendix 2</b> .
11.	Furthermore, leads have completed the Public Health England self-assessment tool for alcohol (“CLear”). This identified some further areas for development.
12.	Each lead has developed an action plan to implement their part of the strategy and the findings of the CLear self-assessment. The plans are intended to be practical, useable documents for leads. They are provided in <b>Appendix 3</b> (Safe), <b>4</b> (Healthy) and <b>5</b> (Vibrant).
13.	Current action includes rolling out a safe drinking campaign, helping people to understand the health harms of exceeding 14 units a week. We are also working with Solent University for students to develop a campaign for their peers.
14.	Additionally, the Integrated Commissioning Unit are delighted to have been awarded £25k winter pressures money from NHS England to invest in additional community care coordination for people who are identified as having an alcohol problem when they are in hospital.
15.	It is also worth noting that the recommissioning process for specialist substance misuse services is underway, led by the Integrated Commissioning Unit. There is a detailed plan including consultation with stakeholders.
<b>RESOURCE IMPLICATIONS</b>	
<b><u>Capital/Revenue</u></b>	
16.	The recommendations are based within existing work programmes. As such they are not considered likely to initially present any additional financial commitments.
<b><u>Property/Other</u></b>	
17.	None.
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
18.	N/A



<b><u>Other Legal Implications:</u></b>	
19.	None
<b>RISK MANAGEMENT IMPLICATIONS</b>	
20.	No risks have been identified. Any risks will be managed by the relevant workstream leads as identified.
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
21.	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>
22.	The strategy also supports the delivery of the Health and Wellbeing Strategy 2017-2025 and the Safe City Strategy 2017-2020.
<b>KEY DECISION</b>	No
<b>WARDS/COMMUNITIES AFFECTED:</b>	All
<b><u>SUPPORTING DOCUMENTATION</u></b>	
<b>Appendices</b>	
1.	Southampton Alcohol Strategy, 2017-20
2.	Dashboard for Southampton Alcohol Strategy, 2017-20 – December 2017 version
3.	Action plan for “Safe” theme, December 2017
4.	Action plan for “Healthy” theme, December 2017
5.	Action plan for “Vibrant” theme, November 2017
<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>	
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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# Southampton - Alcohol Strategy

Healthy Southampton

A safe, healthy and vibrant city where people who choose to drink alcohol do so safely and responsibly

NEW GUIDELINES FROM THE CHIEF MEDICAL OFFICER (CMO) STATE THAT THERE IS NO 'SAFE' LEVEL OF DRINKING BUT BOTH MEN AND WOMEN ARE ADVISED TO NOT REGULARLY DRINK MORE THAN 14 UNITS A WEEK TO KEEP HEALTH RISKS LOW.



IF YOU ARE PREGNANT OR PLANNING A PREGNANCY, THE SAFEST APPROACH IS NOT TO DRINK ALCOHOL AT ALL, TO KEEP RISKS TO YOUR BABY TO A MINIMUM.

Southampton's Health and Wellbeing Board and Safe City Partnership are committed to reducing the harm caused by alcohol in Southampton. This strategy sets out how members of these Partnerships will work together to do this.

- The strategy recognises that alcohol plays an important role in many people's social lives and can contribute positively to the economy and culture of the city;

- There are 342 licenced premises (off and on) in Southampton;

- 7 million visitors come to the city each year, many of whom enjoy Southampton's vibrant social offer and night time economy.

• National alcohol related costs:

- **£7 billion** lost productivity through unemployment and sickness
- **£3.5 billion** cost to NHS
- **£1 billion** cost of alcohol related crime

However, alcohol is a causal factor in more than 60 medical conditions and there are there are health risks associated with drinking too much, and strong links between alcohol, domestic abuse, antisocial behaviour, crime and disorder.

## Our Priorities

## Why this is important

<p><b>SAFE</b> Reduce alcohol-related crime, disorder and violence in the city. Lead: Safe City Partnership</p>	<ul style="list-style-type: none"> <li>Risky drinking behaviours e.g. pre-loading and binge drinking can affect an individual's ability to keep themselves and others safe.</li> <li>The effects of alcohol can reduce inhibitions, leaving people vulnerable to becoming either a victim or perpetrator of antisocial behaviour, violence, drink driving offences and other crime.</li> <li>Many people who come in to contact with the Criminal Justice System drink alcohol at harmful levels.</li> <li>We want to promote personal responsibility and a culture where alcohol is used safely, and enjoyed by those who choose to drink.</li> </ul>
<p><b>HEALTHY</b> Raise awareness of and reduce the short and long-term harmful effects of alcohol on health. Lead: Health and Wellbeing Board</p>	<ul style="list-style-type: none"> <li>Alcohol is a risk factor for a number of shorter and longer term mental and physical health problems.</li> <li>Raising the level of understanding about health risks associated with alcohol will enable people to make informed choices about how much they drink.</li> <li>We want to ensure that effective support is available to those drinking at harmful levels, or at risk of doing so, in order to support them to prevent, reduce or stop their drinking, and improve their quality and longevity of life.</li> </ul>
<p><b>VIBRANT</b> Develop a vibrant city with a responsible culture towards alcohol and a diverse and welcoming night time economy. Lead: Southampton City Council</p>	<ul style="list-style-type: none"> <li>Responsible drinking can contribute towards a successful city where businesses and communities thrive.</li> <li>Southampton City Council wants to use their licensing and legislative responsibilities to help Southampton to remain a vibrant social and culture destination with a safe and welcoming night time economy where people who choose to drink do so safely and responsibly.</li> </ul>

## Alcohol harm - key facts

<p><b>58%</b> 58% of adults report drinking alcohol in the previous week (1) and 15% of young people aged 15 in Southampton have been drunk in the last 4 weeks (2).</p>	<p><b>1 in 5</b> Drinking is strongly related to income; 1 in 5 high earners drink alcohol on at least 5 days a week. People in the 50-64 age group spend most.</p>	<p><b>2,100</b> In Southampton over 2,100 offences were recorded by the Police as being affected by alcohol in 2015/16.</p>
<p><b>25%</b> Alcohol contributed to domestic violence in 25% of all domestic abuse offences in in Southampton 2014/15 (3).</p>	<p><b>53%</b> Alcohol misuse is a recognised need for 53% of the National Probation Service's supervised offenders and 40% of Community Rehabilitation Company's supervised offenders in 2015/16.</p>	<p><b>30,000</b> An estimated 30,000 Southampton residents drink alcohol at levels that increase their risk of physical and mental harm, with a further 10,000 drinking at levels that place them at significantly higher risk of long term disease.</p>
<p>Hospital admission rates for alcohol are high in Southampton – 1060 adults were admitted in 2014/15 and 112 under 18s 2012-15.</p>	<p>Foetal Alcohol Syndrome is a growing, and it is likely that the numbers of women drinking alcohol, and particularly those drinking harmful amounts of alcohol during pregnancy is underestimated.</p>	<p><b>80</b> 80 people in Southampton died from alcohol specific conditions between 2012/14 – a rate similar to the national average.</p>
<p><b>10%+</b> Over 10% of Southampton General Emergency Department workload is generated by alcohol related harm.</p>		

(1) Peoples Panel Poll May 2016 (2) What About YOUth Survey 2014/15 (3) 2015/16 data not available at time of print.

## What local people say

Information about what local people think about alcohol is available from the Southampton City Survey, Southampton Community Safety Survey and the People's Panel.



The Alcohol Strategy forms part of a collection of strategies across Southampton's partnerships that address health and wellbeing, and community safety in the city.



\*Some strategies are currently in development

	Outcome	What we are going to do	How we will measure success
 <b>SAFE</b>	Southampton has reduced levels of alcohol related antisocial behaviour.	<ul style="list-style-type: none"> <li>Promote and encourage collaboration between those involved in the sale of alcohol and management of the night time economy in the city to ensure that people can enjoy a safe night out without fear of becoming a victim of alcohol-related crime or disorder.</li> <li>Trading Standards and Licencing to work with partners to disrupt the supply of high strength beers and ciders to vulnerable and street drinkers below the price of (duty +VAT) by active and robust enforcement of licence conditions.</li> </ul>	<ul style="list-style-type: none"> <li>All crime affected by alcohol, per 1,000 population</li> <li>Violent crime affected by alcohol, per 1,000 population</li> <li>Violent crime affected by alcohol and with domestic flag applied, per 1,000 population</li> <li>Serious sexual offences, per 1,000 population</li> <li>Number with Alcohol Treatment Requirements successfully completing treatment</li> </ul>
	Southampton is a city with reduced levels of alcohol related violence and abuse.	<ul style="list-style-type: none"> <li>Work with partners through the Multi-Agency Domestic and Sexual Violence Group to address levels of violence and abuse related to alcohol.</li> <li>Work with all stakeholders to ensure that there are clear pathways between domestic and sexual abuse services and alcohol services, and staff are able to identify those at risk, deliver advice and refer people for further support.</li> <li>Establish effective processes for partners to analyse and share health and crime data to better understand alcohol related violence and to inform local action.</li> </ul>	
	Support is available for people in Southampton who come into contact with the Criminal Justice System as a result of their drinking.	<ul style="list-style-type: none"> <li>Increase collaboration between Probation Services and alcohol support services to make best use of Alcohol Treatment Requirements (ATR) and ensure that those who need support to reduce their drinking are able to access services in a timely way.</li> </ul>	
 <b>HEALTHY</b>	People in Southampton are aware of and understand the health risks associated with drinking too much alcohol.	<ul style="list-style-type: none"> <li>Develop and deliver campaigns and online resources to raise awareness of health risks associated with drinking alcohol, including making best use of national campaigns.</li> <li>Work with schools, colleges and universities in Southampton to ensure health related alcohol harm messages are available to young people in the city.</li> </ul>	<ul style="list-style-type: none"> <li>Alcohol-specific hospital admissions – adults and under 18's</li> <li>Alcohol-related hospital admissions - all ages</li> <li>Alcohol-specific mortality (all ages)</li> <li>Alcohol related mortality (all ages)</li> <li>Mortality from chronic liver disease</li> <li>Months of life lost due to alcohol</li> <li>Prevalence of increasing and higher risk drinking in adults</li> <li>Number of adults in alcohol treatment and number of successful completions</li> </ul>
	There is widespread and consistent delivery of brief interventions in health and care services to identify those drinking at higher risk levels and provide advice.	<ul style="list-style-type: none"> <li>Expand the Making Every Contact Count programme across the city to ensure that front line staff are able to deliver evidence based messages about the health risks associated with drinking alcohol and strategies for reducing intake.</li> <li>Improve identification of individuals drinking at higher risk levels by ensuring appropriate staff across all partner agencies including local businesses are trained to deliver Alcohol Identification and Brief Advice interventions.</li> </ul>	
	High quality well-co-ordinated treatment services are accessible to those drinking at harmful levels and those with alcohol dependence to support them to stop or reduce their drinking.	<ul style="list-style-type: none"> <li>Design, commission and deliver evidence based alcohol services to meet the needs of the local population, working across community, hospital and criminal justice settings.</li> <li>Seek to include alcohol service users of all ages, carers and people in recovery in local planning, commissioning and service redesign.</li> </ul>	
Services are targeted to support vulnerable people and reduce health inequalities linked to alcohol consumption.	<ul style="list-style-type: none"> <li>Work with organisations and partnerships in the city to increase public and professional understanding of the extent, and impact, of alcohol misuse on vulnerable groups and ensure that local services respond to this.</li> <li>Design, commission and deliver early help and prevention interventions to reduce the negative impact of parental alcohol misuse on children (including unborn children) and address hidden harms.</li> <li>Work with partners to ensure that appropriate services and pathways are in place for those with co-existing substance misuse and mental health problems.</li> </ul>		
 <b>VIBRANT</b>	Southampton is a vibrant social and cultural destination with a responsible alcohol culture.	<ul style="list-style-type: none"> <li>Work with planners and local businesses to promote a diverse mix of licensed and alcohol free venues in the city that meet residents' and visitors' social and cultural needs, whilst minimising potential disturbance to nearby residential areas.</li> <li>Work with local businesses to encourage responsible promotion and supply of alcohol at off licences and venues in the city.</li> </ul>	<ul style="list-style-type: none"> <li>Number of licensed premises in the city including those in CIP areas</li> <li>Number of establishments signed up to the Best Bar None scheme</li> <li>Perceived extent of antisocial behaviour issues in Southampton</li> <li>Number of license breaches and license reviews</li> <li>Number of tested premises selling alcohol to those who are under age</li> <li>Satisfaction with the local area as a place to live</li> <li>Feelings of safety in the local area</li> </ul>
	Southampton is a city with safe supply and control of alcohol sales.	<ul style="list-style-type: none"> <li>Regularly monitor and review the Statement of Licensing Policy including the use of Cumulative Impact Policies (CIP) in the city to ensure effective promotion of the four key licensing objectives: Prevention of crime and disorder; Public safety; Prevention of public nuisance; Protection of children from harm.</li> <li>Develop the role of partners within the Licensing Action Group to ensure decisions taken about the sale of alcohol and the management of the night time economy are based on reliable data and evidence, and ensure responsibilities in the co-ordination of responses are clear.</li> <li>Work with businesses to prevent underage sales of alcohol in the city and take robust action against offending premises.</li> <li>Reduce street drinking through the implementation of education, outreach and enforcement initiatives.</li> <li>Trading Standards to work with partners to deliver an intelligence led programme of enforcement initiatives targeting the supply of alcohol to persons under 18, the supply of high strength beers below the price of (duty + VAT), retail supply of alcohol where invoices identifying wholesale supplier are not available and other unlawful activity on licensed premises.</li> </ul>	
	Southampton is a city with a welcoming Night Time Economy environment and premises are effectively managed.	<ul style="list-style-type: none"> <li>Work with licensed premises to increase responsibility taken by businesses. To include continued development of the Best Bar None scheme to encourage responsible management and operation of alcohol licensed premises and development of business-led action against individuals who have caused problems in the evening and night time economy.</li> <li>Regularly review the Late Night Levy (LNL) through the LNL Board to ensure that the fund is effectively allocated to reduce the harm caused by alcohol in the night time economy and keep public areas attractive.</li> </ul>	




2017-2020

### Southampton - Alcohol Strategy

Healthy Southampton



A safe, healthy and vibrant city where people who choose to drink alcohol do so safely and responsibly

How we will measure success		Reporting	Current	Previous
 <p>SAFE</p>	1.1 All crime affected by alcohol, per 1,000 population	Annual	9.2	8.8
	1.2 Violent crime affected by alcohol, per 1,000 population	Annual	6.4	5.9
	1.3 Violent crime affected by alcohol and with domestic flag applied, per 1,000 population	Annual	2.6	2.3
	1.4 Serious sexual offences, per 1,000 population	Annual	3.6	3.4
 <p>HEALTHY</p>	2.1 Alcohol-specific hospital admissions (all ages), per 100,000 populations	Annual	982	866
	2.2 Alcohol-related hospital admissions (all ages), per 100,000 populations	Annual	2581	2284
	2.3 Alcohol-specific mortality (all ages), per 100,000 population	Annual	14	14
	2.4 Alcohol related mortality (all ages), per 100,000 population	Annual	47	50
	2.5 Mortality from chronic liver disease, per 100,000 population	Annual	12	11
	2.6 Years of life lost due to alcohol-related conditions, per 100,000 population	Annual	589	518
	2.7 Percentage adults drinking more than 14 units per week	3-yearly	18%	Not available
	2.8 Treatment Completion & Non-representation (% alcohol clients)	Quarterly	29%	34%
 <p>VIBRANT</p>	3.1 Number of licensed premises in the city including those in CIP areas	Annual	776	760
	3.2 Number of establishments signed up to the Best Bar None scheme	Annual	24	N/A
	3.3 Police recorded antisocial behaviour, per 1,000 population	Annual	44	43
	3.4 Number of license breaches and license reviews	Annual	5	5
	3.5 Percentage of tested premises selling alcohol to those who are under age	Annual	27%	26%
	3.6 Satisfaction with the local area as a place to live	Biennial	81%	82%
	3.7 Feel safe or fairly safe in the local area during the day	Biennial	91%	93%

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## Southampton - Alcohol Strategy “Safe” theme – Action Plan.

This action plan is written in support of the agreed actions already published within the Strategy and is led by Hampshire police. Many of the actions listed under the Safe theme already have clear processes in place which I have identified in this plan, whilst also looking to maximise diversionary activities for offenders and support victim.

### Desired Outcome

- Reduce levels of alcohol related ASB
- Reduce levels of alcohol related violence and abuse
- Support is available for people in Southampton who come into contact with the Criminal Justice System as a result of their drinking

### What we are going to do / what we are doing.

1. Promote and encourage collaboration between those involved in the sale of alcohol and management of the night time economy in the city to ensure that people can enjoy a safe night out without fear of becoming a victim of alcohol related crime or disorder.

#### Southampton Police

- Southampton Police will continue to resource night time economy patrols according to the anticipated demand for each weekend. Deployment of additional police officers / Special Constables as required for seasonal events etc.
- Southampton Police Licencing Team will continue to monitor night time economy related incidents and take suitable enforcement action when venues fail to address areas of concern.

- Crime Prevention and Reduction - Tactical Plan for NTE to reduce sexual offending 2017 – Poster Campaign.

Partner agencies and volunteers

- Hampshire Police neighbourhood teams (NPT's) will maintain close links with Street Pastors and the ICE Bus facility working with them to make sure there is an effective method of sharing information, to make best use of their resources.
  - The Night Time Economy Steering Group will meet quarterly providing relevant updates and a review of the previous quarter and plan for the forthcoming quarter to allow for effective deployment of resources.
  - Taxi Marshalls continue to be a vital resource in maintaining public order at taxi ranks. An effective information sharing agreement to be explored to better understand where their problematic customers have been drinking. This debrief process will enable police to identify problem premises. **ACTION to identify information sharing opportunities.**
  - City Watch CCTV operators and door staff to make best use of licencing link radios which provides opportunities to capture good CCTV evidence and bring offenders to justice. **ACTION – “Night time Economy Steering Group”**
  - The Southampton Licencing Action Group (LAG) to meet once a month to ensure a joined up approach to resolving issues with problem premises.
  - Licencing Link meetings – This is a pub watch meeting for the city centre. Currently around 50 members mostly within the city centre.
  - The local NPT already have good links with Southampton's Universities. Police, SCC and Universities work together to provide education and alcohol enforcement. **ACTION – who is current SPOC?**
2. Trading standards and Licencing to work with partners to disrupt the supply of high strength beers and ciders to vulnerable and street drinkers below the price of (duty+VAT) by active and robust enforcement of licence conditions.
- “Reducing the strength campaign” is being introduced in Southampton. This Government initiative encourages off licences to voluntarily remove cheap and super strength alcohol from their shelves. This scheme is supported by Southampton's local policing teams. **ACTION to be further promoted with NPT's.**
  - Southampton City Council Trading Standards will take the lead in enforcing the mandatory condition on premises licences which bans the sale of alcohol below duty +VAT. (Lead is Lucas Marshall)



- Southampton Police to gather and disseminate any intelligence when engaging with street drinkers. **ACTION message to be sent out to NPT Sgts to maximise opportunities to gather intelligence.**
- As per “vibrant” strand. Through the LAG process problem premises and areas will be identified and single agency or joint operations with relevant agencies arranged.
- Test Purchasing Operations will continue to take place across the city to target and disrupt premises flouting their responsibility for the responsible sale of alcohol.

3. Work with partners through the Multi-Agency Domestic and Sexual Violence Group to address levels of violence and abuse related to alcohol.

&

4. Work with stakeholders to ensure that there are clear pathways between domestic and sexual abuse services and alcohol services, and staff are able to identify those at risk, deliver advice and refer people for further support.

*The below Links are the current guidance to Professionals when making referral's for High & Medium Risk Domestic Abuse cases.*



DVA PATHWAYS.pdf



GUIDEANCE FOR  
PROFESSIONALS.pdf



HRDA GUIDANCE  
FOR PROFESSIONAL

## Support for victims

HRDA Process - All high Risk cases are referred to HRDA (High Risk Domestic Abuse) for review and allocation to an IDVA (Independent domestic abuse advocate) where appropriate is allocated.

Pippa offers a range of professional training courses, information and educational material. It also hosts the first single point of contact for professionals and victims offering advice and information to workers on cases to help improve client safety as well as referrals/signposting for ongoing specialist support, advice and counselling services.

## Stakeholders

Stoneham Housing – Womens Refuges

Probation – 02381 244440

Womens Aid – 02380 248116

IDVAs

Aura New Dawn – 02392 479254

Yellow Door – 02380 636312

Victim Support

New Road (CGL) - 02380717171

New Limits

College Keep

Society of St James

Suzy Lamplugh Trust

National Centre for Domestic Violence

## Diversionary Opportunities for Offenders

Op CARA – This is a domestic abuse initiative which diverts offenders of domestic abuse (that meet certain criteria) into a program consisting of two sessions which is proven to have reduced re-offending. **ACTION not currently available for non-English speakers**

Hampton Trust - <https://www.hamptontrust.org.uk/our-programmes/isva/>. Hampton Trust work with offenders of Domestic Abuse.

Respect - <http://respect.uk.net/information-support/domestic-violence-perpetrators/>. Respect work with offenders of Domestic Abuse.

Hampshire Liaison Diversion Service (HDLS) operate within Hampshire Constabulary Custody Centres. They are available for information sharing and can facilitate routes into relevant services for offenders, including Alcohol Services. **ACTION – Promote their use for offenders who do not come into custody and throughout the Criminal Justice Process**

Fixed Penalty Notices for Disorder have the option for offenders to attend diversionary courses rather than simply pay a fine. **ACTION – Is this used? Are officers clearly highlighting this as an option?**

Conditional Cautions and Community Resolutions – **ACTION - Are officers considering diversionary course when related to alcohol.**

5. Establish effective processes for partners to analyse and share health and crime data to better understand alcohol related violence and to inform local action.

- Being looked at under “Healthy” theme.

6. Increase collaboration between Probation Services and alcohol support services to make best use of Alcohol Treatment Requirements (ATR) and ensure that those who need support to reduce their drinking are able to access services in a timely way.

- Hampshire & IOW Community Rehabilitation Company (Southampton Probation) continue to work with CGL (Change, Grow, live) to deliver ATR's. The processes for ensuring the early implementation and delivery of this service has recently been changed with promising results.
- For offenders that do not meet the criteria for ATR's but who are identified as having a drink related problem CRC have good established links with the Society of St James who deliver treatment programs.
- Officers have the option to request ATR's to be considered at Court when completing case papers which is currently being underutilised. **ACTION – Advocate the use of ATRs for relevant cases.**

### Southampton Alcohol Strategy 2017 – 2020 Implementation Plan for “Healthy” theme

#### **The Alcohol Strategy**

The Strategy has 3 themes: “vibrant” for the economy, “safe” including antisocial behaviour, and “healthy”. The strategy lists a number of commitments under each theme.  
[https://www.southampton.gov.uk/images/alcohol-strategy\\_tcm63-391993.pdf](https://www.southampton.gov.uk/images/alcohol-strategy_tcm63-391993.pdf).

The impact of the alcohol strategy as a whole will be monitored through a range of outcome measures, as listed in the strategy. These measures will be presented as a “dashboard” It is important to note that some national factors are beyond our local influence. The result may be that we at least contain or slow a worsening in alcohol-related ill health.

Annual reports will be shared with the Health and Wellbeing Board and Safe City Partnership.

#### **The Healthy theme**

This implementation plan is for the “healthy theme”. The theme is led by Public Health with the Integrated Commissioning Unit of Southampton City Council.

Each of the theme’s commitment is listed below, with actions underneath. It is a working document and will be updated annually.

It is intentionally high level and focusses on the actions within the gift of Southampton City Council. The detail of actions is already contained in lengthy commissioning and workforce development documents.

A range of input, process, output and outcome measures are –or will be- in place to monitor the impact of each action.

**1. People in Southampton are aware of and understand the health risks associated with drinking too much alcohol.**

1.1 *Develop and deliver campaigns and online resources to raise awareness of health risks associated with drinking alcohol, including making best use of national campaigns.*

1.2 *Work with schools, colleges and universities in Southampton to ensure health related alcohol harm messages are available to young people in the city.*

Progress to date

- a. Public health and communications are running an alcohol campaign in the new year. It includes
  - o Poster and social media campaign to the public, based on national materials, focussed on highlighting the CMO guidelines to drink no more than 14 units a week and the health harms of drinking more than this. The drinks tracker app for monitoring drinking and local behaviour change services will be promoted too.
  - o Asking students at Solent University to create a campaign for students across the city, highlighting what constitutes higher risk drinking and the health harms of exceeding 14 units pw.
- b. ICU are including alcohol support for young people in their recommissioning of substance misuse services from July 2019, which may include educational outreach.

Action for 2018/19

- a. Public health and communications teams, SCC, to refresh and repeat 2017/18 campaigns in Winter 2018.
- b. Public health to liaise with SCC colleagues with links to PSHE and schools and colleges more widely and No Limits (substance misuse service for young people) to understand local alcohol and risk taking education and identify any unmet needs. To include consideration of young people with special needs or not in education, training or employment.

Action for 2019/20

- a. Public health and communications teams, SCC, to refresh and repeat 2018/19 campaigns in Winter 2019.
- b. Public health to work in partnership with SCC colleagues, schools and colleges to meet important unmet needs, subject to resources.

**2 *There is widespread and consistent delivery of brief interventions in health and care services to identify those drinking at higher risk levels and provide advice.***

*2.1 Expand the Making Every Contact Count programme across the city to ensure that front line staff are able to deliver evidence based messages about the health risks associated with drinking alcohol and strategies for reducing intake.*

Progress to date

- a. Health Education England are rolling out a programme of MECC training, in part as an STP priority (Prevention theme).
- b. University Hospital Southampton are considering adopting the national 2018/19 CQUIN for “risky behaviour”, specifically smoking and alcohol.
- c. “Southampton Healthy Living” behaviour change service has been commissioned to provide behaviour change training to organisations across Southampton.

Action for 2018/19

- a. Role out of MECC training to continue through STP and HEE.
- b. UHS to undertake additional training and action if required as part of implementing the CQUIN, if they choose to do so.

Action for 2019/20

- a. STP and HEE to recommend any further action.

*2.2 Improve identification of individuals drinking at higher risk levels by ensuring appropriate staff across all partner agencies including local businesses are trained to deliver Alcohol Identification and Brief Advice interventions.*

Progress to date

- a. Training is in place:
  - From the alcohol care team for UHS.
  - From Southampton alcohol brief interventions and counselling service train for other agencies.
- b. General behaviour change training is also available from Southampton Healthy Living.
- c. Southampton Health Living screen all service users with Audit-C and do brief interventions.
- d. Substance Misuse services provide brief interventions to people of any age who are concerned about their alcohol use. The Young Peoples service works with schools, colleges and local universities to deliver “Buzz” educational sessions on a regular basis and to offer support and advice.

Action for 2018/19

- a. Public health and Integrated Commissioning Unit to work with partners to review progress to date including:
  - primary care, including seeking a champion/clinical lead from the CCG and considering whether we include it into our NHS health check programme from 2019/20.
  - overlaps with MECC and the CQUIN
  - training

Action for 2019/20

To be developed pending the 2018/19 review

3. ***High quality well-coordinated treatment services are accessible to those drinking at harmful levels and those with alcohol dependence to support them to stop or reduce their drinking.***
- 3.1 *Design, commission and deliver evidence based alcohol services to meet the needs of the local population, working across community, hospital and criminal justice settings.*
- 3.2 *Seek to include alcohol service users of all ages, carers and people in recovery in local planning, commissioning and service redesign.*

#### Progress to date

- a. Specialist services are commissioned until June 2019. Services are based on evidence and are in place across the community, hospital and criminal justice settings.
- b. Integrated Commissioning Unit manages the contracts for current provision. The ICU is already working with providers to improve the percentage of clients who complete treatment, without reducing the complexity of clients who being treatment or increasing re-presentations.
- c. Integrated Commissioning Unit has positive feedback from services that the transition from young peoples' to adult services works well. Longstanding pathways in place from for people coming into the area from prison and the Public Health Outcomes Framework shows this is working well.
- d. Public health and the integrated commissioning unit has completed the PHE Alcohol "CLeaR" self-assessment tool and identified areas for development, as reflected in this theme implementation plan.
- e. CCG have funded the hospital alcohol to run for 5 days p.w. The Integrated Commissioning Unit is working with the CCG on a QIPP review to see if funding for 7 days p.w. is cost-effective locally. National funding has been secured for Winter 2017/18 to provide additional care coordination capacity to support people identified through this work.
- f. Integrated Commissioning Unit has begun to review current provision and planned the re-commissioning of specialist services from July 2019. This includes the active involvement of service users, carers and people in recovery.
- g. The STP prevention workstream has identified alcohol has a priority, starting with ensuring adequate hospital provision.

#### Action for 2018/19

- a. Public health and the Integrated Commissioning Unit to continue programme of quality improvement. This includes Public health, with the Integrated Commissioning Unit, setting up a multi-agency group to inform the implementation of the "healthy" theme. In time this group may be led by a local provider.
- b. Integrated Commissioning Unit to re-commission specialist services from July 2019.

#### Action for 2019/20

- a. Public health and the Integrated Commissioning Unit to continue programme of quality improvement.
- b. Integrated Commissioning Unit to support new specialist services from July 2019.



**4. Services are targeted to support vulnerable people and reduce health inequalities linked to alcohol consumption.**

**4.1 Work with organisations and partnerships in the city to increase public and professional understanding of the extent, and impact, of alcohol misuse on vulnerable groups and ensure that local services respond to this.**

This commitment will be delivered through the actions listed under 2 and 3 above, i.e. through staff training and the review and commissioning of services. Additionally:

Progress

- a. The strategy development and 2015 health needs assessment has already raised the profile of alcohol harm

Action for 2018/19

- a. Public health and Integrated Commissioning Unit to work with the Strategic Intelligence Team to update the Joint Strategic Needs Assessment for alcohol, as a source of information for stakeholders. This could include links to existing intelligence resources.

Action for 2019/20

Further actions to be developed in 2018/19.

**4.2 Design, commission and deliver early help and prevention interventions to reduce the negative impact of parental alcohol misuse on children (including unborn children) and address hidden harms.**

Progress

- b. Providers work well together; nevertheless commissioners have noted it would be timely to check for any gaps in provision.
- c. Shared with Public Health England that we would welcome learning from other areas.

Action for 2018/19

- a. Public health and Integrated Commissioning Unit to map what is already in place and identify strengths and weaknesses.
- b. Integrated Commissioning Unit to incorporate findings into the recommissioning of specialist substance misuse services
- c. Public health and Integrated Commissioning Unit to progress recommendations for other services and pathways with colleagues, e.g. for 0-19 commissioning, safeguarding children.

Action for 2019/20

- a. To monitor and continually improve through the theme implementation group, if another forum is not better placed to oversee it.
- b. Further actions to be developed, depending on the outcome of the gaps analysis.

4.3 *Work with partners to ensure that appropriate services and pathways are in place for those with co-existing substance misuse and mental health problems.*

Progress

- a. Dual diagnosis protocol is in place for commissioned mental health and substance misuse services.
- b. Integrated Commissioning Unit attends operational quarterly forum run by Southern Health NHS Trust.
- c. Public health and Integrated Commissioning Unit are starting to scope strategic work that can feed into the commissioning of specialist substance misuse and mental health services.
- d. Integrated Commissioning Unit attends the SHIP-wide co-existing conditions forum, where practice and experience is shared.

Action for 2018/19

- a. Public health and Integrated Commissioning Unit to initiate a multiagency strategic review of how the needs of people with dual diagnoses are being met in practice. The review will include making recommendations for improvement by December 2018.
- b. The group will agree whether to disband or continue.

Action for 2019/20

- a. Integrated Commissioning Unit to ensure that the re-commissioning of specialist substance misuse services and mental health services is informed by the recommendations of the review.
- b. Public health and Integrated Commissioning Unit to ensure that any recommendations related to other services are shared with commissioners and providers.

## ALCOHOL STRATEGY 'VIBRANT' SECTION

<b>AIM</b>	<b>HOW</b>	<b>TASKS</b>	<b>WHO</b>	<b>DATE</b>	<b>OUTCOME</b>
Work with planners and local businesses to promote a diverse mix of licensed and alcohol free venues in the city that meet residents' and visitors' social and cultural needs, whilst minimising potential disturbance to nearby residential areas.	<ul style="list-style-type: none"> <li>• Sign post the city centre action plan (Planning) from licensing</li> <li>• Engage with prospective applicants at an early stage</li> <li>• Include licensing with developers of potential sites incorporating licensed premises at planning stage</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure letter/correspondence and website appropriately signpost</li> <li>• Get planning to signpost licensing</li> <li>• Liaise with planning on setting up a process to include licensing at this early stage</li> </ul>	Service Manager Licensing  Service Manager Planning	31 <sup>st</sup> March 2018	Service Manager Planning approached
Work with local businesses to encourage responsible promotion and supply of alcohol at off licences and venues in the city.	<ul style="list-style-type: none"> <li>• Liaise with partners to identify areas of concern</li> <li>• Support premises in identified areas to introduce tactics to reduce problem</li> </ul>	<ul style="list-style-type: none"> <li>• Licensing Action Group (LAG) to identify such areas and implement strategy to resolve</li> <li>• Strategy to include support for premises involved, a list of tools to assist to be maintained</li> </ul>	Service Manager Licensing	31/12/18	
Regularly monitor and review the Statement of Licensing Policy (SLP) including the use of Cumulative Impact Policies (CIP) in the city to ensure effective promotion of the four	<ul style="list-style-type: none"> <li>• SLP is formerly reviewed every five years, the CIPs every three years.</li> <li>• Both the LAG and NTE Steering Group will identify if data is in support of changes</li> </ul>	SLP and CIPs last consulted upon in 2016. LAG and NTE steering group to be informed of role to identify if data exists to support CIPs	Service Manager Licensing	31/12/17	

## ALCOHOL STRATEGY 'VIBRANT' SECTION

key licensing objectives: Prevention of crime and disorder; Public safety; Prevention of public nuisance; Protection of children from harm.	to the SLP.				
Develop the role of partners within the Licensing Action Group to ensure decisions taken about the sale of alcohol and the management of the night time economy are based on reliable data and evidence, and ensure responsibilities in the coordination of responses are clear.	Where a determination about a licensed premises is contrary to the advice or solution sought by the responsible authority then the matter is to be de-briefed at the next LAG, lessons learnt and recorded to relevant Service Managers	Members of the LAG to be informed. SCC licensing team to monitor results of hearings to identify such cases.	Service Manager Licensing	31/12/17	
Work with businesses to prevent underage sales of alcohol in the city and take robust action against offending premises.	<ul style="list-style-type: none"> <li>• Promote the use of Challenge 25</li> <li>• Conduct Test Purchase (TP) operations targeting problems areas and premises</li> <li>• Ensure any premises that fails a TP is re-tested within 3 months</li> </ul>	<ul style="list-style-type: none"> <li>• Frontline staff conducting visits to promote Challenge 25</li> <li>• TP Ops to be coordinated via LAG including re-tests</li> </ul>	Service Manager Licensing Police Trading Standards	31/12/17	
Reduce street drinking through the			Police Service Manager	31/3/20	

## ALCOHOL STRATEGY 'VIBRANT' SECTION

implementation of education, outreach and enforcement initiatives.			Community Safety		
Trading Standards to work with partners to deliver an intelligence led programme of enforcement initiatives targeting the supply of alcohol to persons under 18, the supply of high strength beers below the price of (duty + VAT), retail supply of alcohol where invoices identifying wholesale supplier are not available and other unlawful activity on licensed premises.	Through the LAG process premises and areas will be identified and joint operations with relevant agencies arranged	To be included in LAG meeting	Service Manager Licensing Trading Standards Police	31/12/17	
Work with licensed premises to increase responsibility taken by businesses. To include continued development of the Best Bar None scheme to encourage responsible management and operation of alcohol	<ul style="list-style-type: none"> <li>• Business represented at the NTE Steering group.</li> <li>• BBN funded until 2018 via Late Night Levy. If this ceases alternative funding to be sought.</li> <li>• The desire is to increase applications to BBN year on year</li> </ul>	All in place no further action required			

## ALCOHOL STRATEGY 'VIBRANT' SECTION

licensed premises and development of business-led action against individuals who have caused problems in the evening and night time economy.	<ul style="list-style-type: none"> <li>• Maintain effective info sharing agreement with trade and responsible authorities to support the Red Card Scheme for banning problem customers.</li> </ul>				
Regularly review the Late Night Levy (LNL) through the LNL Board to ensure that the fund is effectively allocated to reduce the harm caused by alcohol in the night time economy and keep public areas attractive.	The LNL Board meet each year to discuss expenditure and reports back to the Safe City Partnership.	All in place no further action required			

# Agenda Item 8

<b>DECISION-MAKER:</b>		Health and Wellbeing Board	
<b>SUBJECT:</b>		Drugs Strategy Update	
<b>DATE OF DECISION:</b>		17 <sup>th</sup> January 2018	
<b>REPORT OF:</b>		Director of Public Health	
<b><u>CONTACT DETAILS</u></b>			
<b>AUTHOR:</b>	<b>Name:</b>	DCI Ben Chivers	<b>Tel:</b> 101
	<b>E-mail:</b>	ben.chivers@hampshire.pnn.police.uk	
<b>Director</b>	<b>Name:</b>	Dr Jason Horsley Director of Public Health	<b>Tel:</b> 023 8083 2028
	<b>E-mail:</b>	Jason.Horsley@southampton.gov.uk	
<b>STATEMENT OF CONFIDENTIALITY</b>			
N/A			
<b>SBRIEF SUMMARY</b>			
<p>The purpose of this paper is to update the Health and Wellbeing Board on the progress made on the Drugs Strategy 2017-20 (Appendix 1).</p> <p>The strategy was approved by the Safe City Partnership and Health and Wellbeing Board in June 2017.</p>			
<b>RECOMMENDATIONS:</b>			
	(i)	That the Board notes the progress made in implementing the Southampton Drugs Strategy, 2017-20.	
<b>REASONS FOR REPORT RECOMMENDATIONS</b>			
1.	To enable the Health and Wellbeing Board to effectively monitor progress.		
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>			
2.	None.		
<b>DETAIL (Including consultation carried out)</b>			
<b>Background</b>			
3.	The Drugs Strategy 2017-20 was approved by the Safe City Partnership and Health and Wellbeing Board in June 2017. It is provided as Appendix 1.		
4.	<p>The aim of the strategy is for Southampton to be 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. The strategy has three key priorities:</p> <ul style="list-style-type: none"> <li>• Engagement and raising awareness</li> <li>• Prevention and treatment</li> <li>• Crime disruption and antisocial behaviour</li> </ul>		

<b>Structure and Governance</b>	
5.	In 2017 Inspector Clive Marsh from Hampshire Constabulary was appointed to lead a multi-agency group to prioritise and guide the operational activity to disrupt supply, reduce antisocial behaviour and protect vulnerable people, this is known as the Fortress Operational Group and occurs monthly.
6.	In 2017 Charlotte Matthews, Consultant in Public Health was appointed to lead a multi-agency group to prioritise the strategy and developmental work, needed regarding prevention and treatment. This group is known as the Drug Strategy Implementation Group – prevention and treatment and sits quarterly.
7.	In October 2017 DCI Ben Chivers from Hampshire Constabulary was appointed to chair the Drugs Board. This is a small, multi-agency board with the mandate to secure the delivery of the Southampton Drugs Strategy 2017-2020 and sits quarterly, with the first meeting having taken place on November 1st 2017.
<b>Measures</b>	
8.	<b>The first dashboard is included with this update. Not all of the measures documented in the strategy have been available. Where possible alternative data has been provided. During 2018 further work will be completed to refine or gain access to data sets, to provide suitable measures for success to be measured against.</b>
<b>Update on priorities</b>	
9.	<p><b><u>Engagement and Raising Awareness</u></b></p> <p>The Drugs Board has identified this priority as an initial area of risk to the strategy being delivered. At present the structure lacks governance and oversight to influence the following activity:</p> <ul style="list-style-type: none"> <li>• Work with Education (schools forum) and businesses (SOBAC) to: <ul style="list-style-type: none"> <li>○ Promote and monitor high quality drugs and resilience education for those in education and employment.</li> <li>○ Increase aspirations and opportunities for people in Southampton, enabling people to see positive alternatives to becoming involved with drugs.</li> </ul> </li> </ul> <p>The current members have made it a priority to identify the correct stakeholder(s) to form a third sub-group to drive this work, with those already engaged in education and business within the city.</p>
10.	<p><b><u>Prevention and treatment</u></b></p> <p>The Drug Strategy Implementation Group – prevention and treatment sat for the first time in October 2017. This group has a wide area of responsibility under the strategy and has brought together the work previously conducted for clinical governance, drug-related deaths, blood-borne viruses and the DAAT partnership.</p>
11.	<p>Its functions are defined as:</p> <ul style="list-style-type: none"> <li>• To monitor intelligence on local need, service activity and outcomes to identify areas for action.</li> <li>• To inform the delivery, provision and commissioning of services and interventions.</li> <li>• To identify and resolve or escalate risks to health or the prevention and</li> </ul>



	<p>treatment system.</p> <ul style="list-style-type: none"> <li>• To identify and share good practice.</li> </ul>
12.	<p>The first meeting of the group focussed on prioritising the evidence-based recommendations from the Public Health England report to reduce drug related deaths <a href="http://www.nta.nhs.uk/uploads/phe-understanding-preventing-drds.pdf">http://www.nta.nhs.uk/uploads/phe-understanding-preventing-drds.pdf</a>.</p> <p>The group prioritised:</p> <ul style="list-style-type: none"> <li>• Adopt proactive approaches to risk management</li> <li>• Focus on intervening following non-fatal overdoses</li> <li>• Improve the recording of comorbidity and encourage co-ordination of psychiatric care services</li> <li>• Support improved access for people who use drugs to mental health care services</li> </ul> <p>These will be progressed through 2018, with the group providing governance.</p>
13.	<p>Further areas were identified to be managed through current contract monitoring, with the group providing oversight to ensure the work continues, these are:</p> <ul style="list-style-type: none"> <li>• Rapidly optimise drug treatment, including adequate doses of opioid substitute medications to protect against continued use of illicit drugs</li> <li>• Follow guidance on adequate dosing of opioid substitution treatment and supervised consumption</li> <li>• Tackle continued illicit drug use with service users, in line with clinical guidelines</li> <li>• Improve the recording of comorbidity and encourage co-ordination of physical healthcare</li> <li>• Support improved access for people who use drugs to physical health care services including (but not limited to) primary healthcare and health screening, smoking cessation, hepatology and respiratory health.</li> <li>• Engage stop smoking services in drug treatment, including the use of e-cigarettes where appropriate</li> </ul> <p>The remaining recommendations will be re-visited in 6 months (April 2018), to re-prioritise and assess capacity to progress with the further recommendations.</p>
14.	<p><b><u>Crime disruption and antisocial behaviour</u></b></p> <p>With police and partnership activity now branded as Fortress monthly activity meetings have been established, and are well attended by a range of partners. These are police led and driven by an intelligence product known as the “Drug related Harm Threat Assessment” and the outcome of the meeting is designed to prioritise:</p> <ul style="list-style-type: none"> <li>• Vulnerable People</li> <li>• Vulnerable Places</li> <li>• Offender(s) / Offending Groups</li> <li>• Intelligence requirement for the next month</li> <li>• Additional business/project/development work required to improve the response to tackling drug related harm in Southampton.</li> </ul>

15.	An example of this last point is to review Automatic Number Plate Recognition coverage in the city. Identify in a priority order where gaps exist according to intelligence, and provide cost estimates and options to secure additional coverage.
16.	The group has been successful at providing these outcomes, with greater prioritisation of offenders required from January 2018. The drive from within this group is to increase the flow of intelligence from the partners, to ensure that the threat assessment is carried out with rich and diverse information. Hampshire Constabulary's Community Partnership Information process is being used to facilitate this.
17.	The incident type specific operations (Heavy, Sceptre etc) are scheduled and continue to be conducted.

## RESOURCE IMPLICATIONS

### Capital/Revenue

18.	The recommendations are based within existing work programmes. As such they are not considered likely to initially present any additional financial commitments.
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### Property/Other

19.	None.
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## LEGAL IMPLICATIONS

### Statutory power to undertake proposals in the report:

20.	N/A
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### Other Legal Implications:

21.	None
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## RISK MANAGEMENT IMPLICATIONS

22.	None
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## POLICY FRAMEWORK IMPLICATIONS

23.	This work contributes to the following priority within the Southampton City Council Strategy 2016-2020:
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- People in Southampton live safe, healthy, independent lives

24.	The strategy also supports the delivery of the Health and Wellbeing Strategy 2017-2025 and the Safe City Strategy 2017-2020.
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<b>KEY DECISION?</b>	<b>No</b>
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<b>WARDS/COMMUNITIES AFFECTED:</b>	<b>All Wards</b>
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### SUPPORTING DOCUMENTATION

#### Appendices

1.	Drugs Strategy 2017-2020
2.	Drugs Strategy Dashboard

#### Documents In Members' Rooms

1.	None
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#### Equality Impact Assessment

<b>Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.</b>		<b>Yes/No</b>
<b>Privacy Impact Assessment</b>		
<b>Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.</b>		<b>Yes/No</b>
<b>Other Background Documents</b>		
<b>Other Background documents available for inspection at:</b>		
<b>Title of Background Paper(s)</b>	<b>Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)</b>	
<b>1.</b>		
<b>2.</b>		

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## 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 will achieve this, in liaison with the Health and Wellbeing Board and other partners. 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 can be at risk of a wide range of different health problems, including lung, liver, heart disease, blood borne viruses and mental health problems. There are strong links between drugs, antisocial behaviour, crime and disorder and the exploitation of vulnerable people. Risk factors for drug misuse in younger people include: school exclusions, 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 and people who use drugs in public places are at increased risk of physical harm and cause community safety concerns and drug litter. Some people who beg do so in order to support drug addiction, and a small number of those who beg can act aggressively, which can be intimidating to the public.

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. Whilst there has been an increase in drug related deaths locally, the increase in Southampton has matched the national trend and not been as significant as in some other comparable cities.

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

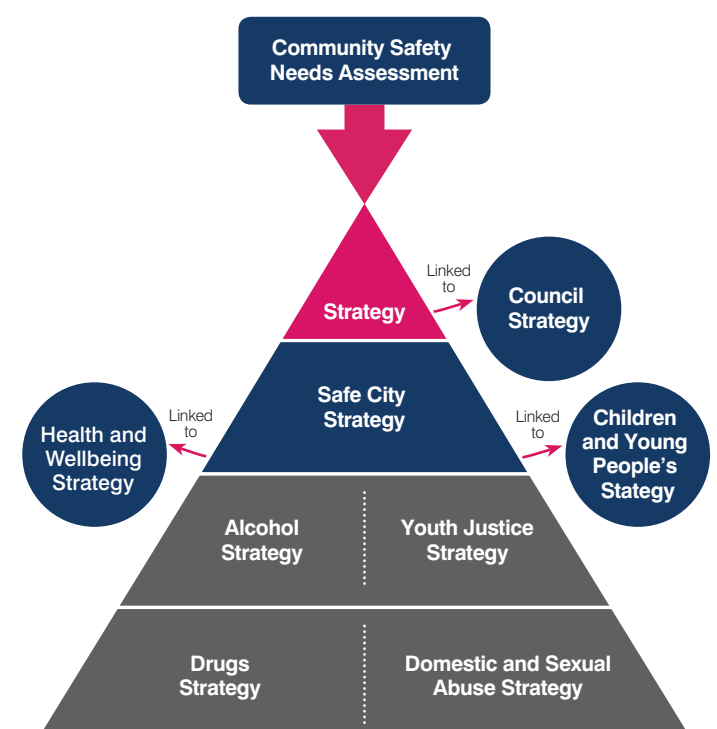
 <p><b>Engagement and Raising Awareness</b></p>	<p>We want Southampton to be a city where drug use and drug services can be openly talked about, so that people (including young people) are aware of the risks, can make informed decisions about drug use and know where to access support. This will help to avoid or minimise the risks of harm to individuals and promote informed, resilient communities.</p>
 <p><b>Prevention and treatment</b></p>	<p>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></p>
 <p><b>Crime disruption and antisocial behaviour</b></p>	<p>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.</p>

### Our approach

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

- Develop a regular partnership forum 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

The Southampton drugs strategy is part of a suite of strategies contributing to keeping people in Southampton safe.





## Engagement and Raising Awareness

### What are we already doing?

- **Local schools** have PSHE programmes which include drug related education
- **Southampton Drugs and Alcohol Recovery Services** are building a visible recovery community in Southampton
- **No Limits** is working with all participating schools to run regular 'Buzz' sessions in which drugs awareness is discussed with year 10 pupils
- **Southampton Healthy Ambition** are providing targeted education and support to those at highest risk
- **Needle exchange services** are working to minimise the harms caused by using drugs
- **Hampshire Constabulary and Southampton City Council** are educating licenced premises on safeguarding issues related to drug use
- **The Local Safeguarding Children's Board/ Local Safeguarding Adults Board** are promoting an understanding that drug misuse may be a complex, chronic, relapsing and remitting condition that requires individualised, person-centred care and support

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> <li>• Number of repeat fixed term exclusions resulting from drug misuse in schools</li> </ul>
Adults and young people in Southampton make informed decisions about drug use	Work with education (schools forum) and businesses (SOBAC) to: <ul style="list-style-type: none"> <li>• Promote and monitor high quality drugs and resilience education for those in education and employment</li> <li>• Increase aspirations and opportunities for people in Southampton, enabling people to see positive alternatives to becoming involved with drugs.</li> </ul>	Safe City Partnership/ Southampton City Council	



## Prevention and treatment

### What are we already doing?

- **The Local Safeguarding Children's Board** is developing ways to identify and share concerns about young children living in an environment with parental substance misuse
- **Public Health Nursing** is working in schools to identify problematic substance misuse early
- **Southampton Public Health team** is completing a needs assessment to understand the health needs of people who use drugs in Southampton
- **MORPH** is consulting with people who use drugs to better understand their views on current drug treatment services
- **Southampton City Council (ICU)** 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
- **Southampton Drug And Alcohol Recovery Service** is balancing the aims of recovery with those of reducing harms in people who use drugs
- **The Homeless-Vulnerable Adult Support Team** 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
- **Southern Health Foundation Trust** is supporting work to improve access to simultaneous substance misuse and mental health services

Outcome	What are we going to do?	Lead	How we will measure success
Services in Southampton respond to the differing needs of individuals	Use the drugs needs assessment, survey and annual drug related deaths reports to commission safe and effective drug treatment services 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  Work within available resources to ensure that people who use drugs have access to independent advocacy services when needed	Integrated Commissioning Unit (Southampton City Council and Southampton Clinical Commissioning Group)  Southampton Drug and Alcohol Recovery Services Southampton Drug and Alcohol Recovery Services	<ul style="list-style-type: none"> <li>• Proportion of people using drugs in Southampton who are accessing drug treatment services</li> <li>• Number of people successfully completing drug treatment</li> <li>• Drug related deaths (Public Health Outcomes Framework)</li> <li>• Uptake of hepatitis B vaccinations amongst those at risk</li> </ul>
Effective treatment and wide ranging support is available for people who use drugs, enabling them to achieve a good quality of life	Continue to work with stakeholders to improve engagement and interventions for those with concurrent problems e.g. related to mental health, housing, employment and/or education  Learn from the DCLG funded Rough Sleeper Initiative and commissioning in other areas to inform future practice  Promote coordination of different organisations providing peer support training within the city  Ensure that service user groups remain available and are able to intervene and influence services	Integrated Commissioning Unit (Southampton City Council and Southampton Clinical Commissioning Group)	<ul style="list-style-type: none"> <li>• Local blood borne virus incidence amongst people who inject drugs</li> </ul>

### What are we already doing?

- **Hampshire Constabulary** is delivering operations to safeguard vulnerable persons and addresses and to carry out enforcement activities for known dealers and locations
- **Hampshire Constabulary & Local Housing Offices** are working closely together to identify vulnerability and enforcement opportunities
- **The Street begging working group** is working to reduce street begging through education and enforcement
- **Hampshire Constabulary** is improving information sharing to build a better evidence base to target resources
- **Probation/ Crown Prosecution Service/ Youth Offending Service** and drug treatment services are supporting people in who come into contact with the Criminal Justice System as a result of their drug use in a timely way
- **The Southampton City Council Community Safety Team** is mapping data from street cleansing services and reporting drug litter finds to relevant organisations in the city

Outcome	What are we going to do?	Lead	How we will measure success
Reduce repeat targeting of vulnerable individuals/ locations	Ensure that court services understand the community impact in order to apply the law effectively  Work in partnership to identify vulnerable persons "cuckooed" and to safeguard them from further exploitation  Promote police referrals for vulnerable people under Operation Fortify  Review the whole systems approach to a partnership approach to organised crime groups to ensure that these are as effective and streamlined as possible	Crown Prosecution Service Hampshire Constabulary Safe City Partnership/ Home Office	<ul style="list-style-type: none"> <li>• Feelings of safety in the local area (Safe City Survey)</li> <li>• All crime affected by drugs, per 1,000 population</li> <li>• Violent crime affected by drugs, per 1,000 population</li> <li>• Number of needles collected</li> <li>• Number of targeted operations</li> </ul>
Restrict supply so Southampton has reduced levels of violence and drug related harm	Rationalise/ combine groups and meetings to see whole picture joined up approach to target resources  Run targeted and intelligence led multiagency operations to tackle drug related violence and knife crime through operations such as Op Heavy (Drug Related Violence), Op Sceptre (Knife), Op Fortify (DRH) and Op Fluorescent (Aggressive Street Begging)	Safe City Partnership Hampshire Constabulary	
Reduce the amount of drugs related litter and antisocial behaviour in the city	Consider providing alternatives to public injecting and methods of reducing drug related litter	Southampton City Council	



## Crime disruption and antisocial behaviour



# Southampton Drugs Strategy | 2017-2020

Dec-17	How we will measure success	Reporting	Current	Previous	
		Period	Number	Number	
 <p>Engagement and Raising Awareness</p>	1.1 Number of people engaging with the central needle exchange service (excluding pharmacies and hostel needle exchange)	Annual	2016/17	775	Not available
	1.2 Number of year 9 or 10 pupils in Southampton who attended a "Buzz" educational session on risk taking behaviours	Annual	2016/17 academic year	1,221	Not available
	1.3 Number of fixed period exclusions resulting from drug/alcohol misuse in schools	Annual	2015/16 academic year	15	30
 <p>Prevention and treatment</p>	2.1 Number of people using opiate type drugs in Southampton who are accessing structured drug treatment services	Quarterly	2017/18 Q2	700	712
	2.2 Number of people using non-opiate type drugs in Southampton who are accessing structured drug treatment services	Quarterly	2017/18 Q2	118	111
	2.3 Percentage of people in treatment for using opiate drugs who successfully complete treatment	Quarterly	2017/18 Q2	6%	6%
	2.4 Percentage of people in treatment for using non-opiate drugs who successfully complete treatment	Quarterly	2017/18 Q2	32%	37%
	2.5 Rate of drug related deaths, directly standardised rate per 100,000 over 3 years	Annual	2013-2015	6.2	5.1
	2.6 Percentage of eligible people in treatment who have completed a course of Hepatitis B vaccinations	Quarterly	2017/18 Q2	39%	38%
	2.7 Percentage of eligible people in treatment who been tested for Hepatitis C	Quarterly	2017/18 Q2	89%	92%
 <p>Crime disruption and antisocial behaviour</p>	3.1 Percentage of people in the city who feel safe in their local areas during the day.	Biennial	2015/16	60%	58%
	3.2 Percentage of people in the city who feel safe in their local areas during the night.	Biennial	2015/16	19%	20%
	3.3 Drugs offences, per 1,000 population	Annual	2016/17	2.8	2.9
	3.4 Violent crime affected by drugs, per 1,000 population	Annual	2016/17	0.4	0.2
	3.5 Percentage of people who identified 'people using or dealing drugs' to be a fairly or very big issue in their local area	Biennial	2016/17	56%	39%

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