

# Public Document Pack

## Health and Wellbeing Board

Wednesday, 4th November,  
2015  
at 5.30 pm

## Council Chamber - Civic Centre

This meeting is open to the public

### Members

Councillor Shields – (Chair)  
Councillor Jeffery  
Councillor White  
Councillor Lewzey  
Councillor Chamberlain

Rob Kurn – Healthwatch  
Hilary Brooks – Interim Head of Service  
Dr A Mortimore – Director of Public Health – (Vice-Chair)  
Dr S Robinson – Clinical Commissioning Group  
Dr E Mearns – NHS England Wessex Local Area Team

### Contacts

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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

### **Southampton City Council's Priorities:**

- Jobs for local people
- Prevention and early intervention
- Protecting vulnerable people
- Affordable housing
- Services for all
- City pride
- A sustainable Council

**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.

**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.

### **Dates of Meetings: Municipal Year 2015/16**

<b>2015</b>	<b>2016</b>
29 July	27 January
30 September	23 March
4 November	

## 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

**Agendas and papers are now available via the Council's Website**

### **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 30<sup>th</sup> September 2015 and to deal with any matters arising, attached.

### **5 HAMPSHIRE FIRE AND RESCUE CONSULTATION**

To receive a verbal presentation from the Hampshire Fire and Rescue Service concerning the launch of the Future of the Fire Service consultation, link attached.

<http://www.hantsfire.gov.uk/incidents-news-and-events/news/2015/consultation-launches-on-the-future-of-the-fire-service/>

### **6 HEALTH AND WELLBEING STRATEGY COMMITMENTS - PROGRESS TRACKER 2015/16 QUARTER 2**

Report of the Chair of the Health and Wellbeing Board detailing progress on the Health and Wellbeing Strategy, attached.

### **7 HEALTH AND WELLBEING STRATEGY: UPDATE**

Report of the Assistant Chief Executive detailing the new timetable for the consultation on and development of the Health and Wellbeing Strategy, attached.

### **8 HEALTHWATCH SOUTHAMPTON ANNUAL REPORT**

Report of the Healthwatch Southampton Manager Independent detailing the Annual

Report, attached.

Tuesday, 27 October 2015

Head of Legal and Democratic Services

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## HEALTH AND WELLBEING BOARD

### MINUTES OF THE MEETING HELD ON 30 SEPTEMBER 2015

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Present: Councillors Shields (Chair), Lewzey and White  
Dr Sue Robinson (Vice-Chair), Dr Elizabeth Mearns, Mark Howell, Rob Kurn and Andrew Mortimore

Also in Attendance John Richards – Chief Officer, NHS Southampton City CCG  
Fiona Bateman, Independent Chair, LSAB  
Alex Whitfield, Chief Operating Officer, Solent NHS Foundation Trust

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

Apologies for absence were submitted on behalf of Councillors Chamberlain and Jeffery.

12. **STATEMENT FROM THE CHAIR**

The Chair made the following statements in accordance with accepted practice and informed Members:-

- that Kim Drake, Service Director, Children's and Families Services had taken up her post with the Council. The Chair welcomed Kim to the meeting as a Member of the Health and Well-being Board in place of Hilary Brooks;
- that World Mental Health Day would be held on 10<sup>th</sup> October with a number of events being held. The Council would be supporting the 'Time for Change' campaign and charter and he urged Partner organisations to consider this.
- that the decision on the Bitterne Walk-in Centre had now been made.

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

Councillor Shields declared a personal interest in that he was a Council appointed representative of Solent NHS Trust and remained in the meeting and took part in the consideration and determination 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 determination of items on the agenda.

Councillor White declared that he was an appointed Member of the Health Overview and Scrutiny Panel and that in addition held a position of trustee at the Hampshire Autism Trust and remained in the meeting and took part in the consideration and determination of items on the agenda.

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

RESOLVED: that the minutes for the Board meeting held on 29<sup>th</sup> July 2015, be approved and signed as a correct record.

15. **FAIRNESS COMMISSION RECOMMENDATIONS**

The report of the Fairness Commission Independent Chair was submitted detailing the Fairness Commission Recommendations.

The Board noted the following:

- Recommendation 3 – the need to link this recommendation to the Strategy to provide a comprehensive monitoring policy
- Recommendation 5 – acknowledge that all agencies should do more and that campaigns are only one way of engagement. This needs to become a routine way of supporting individuals
- Recommendation 6 – the need for the Health and Well-being Board to not only monitor inequalities but to lead in ensuring outcomes are fair and that thought is given to how and what is measured.
- Recommendation 8(b) – to recognise that mental health inequality indices may have an impact
- Recommendation 10 – that Community Well-being should be promoted
- To recognise the transport issues in the East of the City
- That support for individuals to make choices should recognise the wider environment and the support that is needed
- The need to join up organisations to transfer knowledge, draw on expertise of groups and to change behaviour
- The need for training sessions to raise awareness of the issues
- The possibility of a public sector audit for living wage compliance and to put pressure on providers to carry these out
- To recognise that sanctions may need some latitude as associated costs may not prove beneficial

RESOLVED that the Health and Wellbeing Board endorse the Fairness Commission recommendations and agree the Board's role for the recommendations from the Commission.

16. **LOCAL SAFEGUARDING ADULTS BOARD ANNUAL REPORT**

The report of the Independent Chair of the Local Safeguarding Adults Board was submitted detailing the Annual Report.

The Board noted the following:

- Suicide performance measures worst in comparator group
- 50% of suicides not known to mental health services or GPs
- Impact of Deprivation of Liberty Safeguards (DOLS), particularly in respect of capacity to meet increasing demands and resource implications
- Need to manage resources to maximise benefits
- Increasing concern over compliance with Care Act Duties
- Need to look at training for Education establishments so that behaviour becomes ingrained and build in resilience
- Need to look at recruitment and skills sets and to be inventive with appointments and to look wider than the traditional Social Worker role
- Safe City Partnership to look at Drugs and Alcohol abuse



- Community and Engagement Sub-Group looking at awareness raising with the Public

**RESOLVED:**

- (i) That the Local Safeguarding Adults Board's (LSAB) Annual Report be noted in respect of the following:
  - The LSAB was peer reviewed in 2014/15 which concluded its structure and membership ensured it would comply with the new legal duties introduced by the Care Act 2014. The reviewers also praised the good multi-agency ownership at senior level, found partners were being held to account by LSAB and that partners '*contribute equally and fully participated*' and were '*driven to improve and modernise services*'
  - The substantial increase in concerns this year and the changing nature of the types of abuse being reported.

17. **HEALTH AND WELLBEING STRATEGY PRIORITIES**

The Board received a verbal update from the Assistant Chief Executive on the Health and Well Being Strategy Priorities and Timetable for approval.

**RESOLVED:**

- (i) That the proposed approach to focus qualitative and quantitative analysis on the themes of Child Health, Early Years, Long Term Conditions, Taking responsibility for own health and Inequalities be endorsed;
- (ii) That the proposed timetable be reviewed in light of the tight timescales involved with a view to extending the timeline until June 2016; and
- (iii) That the revised timetable be circulated to Board Members.

18. **INTEGRATED COMMISSIONING UPDATE**

The report of the Director of Quality and Integration was submitted detailing the Integrated Commissioning Update.

The Board noted the following:

- The need for a briefing on the targets, priorities and the statistical information.
- The possibility of combining this report with the Better Care Southampton Implementation report.
- The implications on the budgets through the changes made by the Government and the effects on contracts and the tendering process.

**RESOLVED:**

That the progress with the priorities for integrated commissioning be noted.

19. **BETTER CARE SOUTHAMPTON IMPLEMENTATION**

The report of the Director of Quality and Integration was submitted detailing the Better Care Southampton Implementation.

The Board noted the following:

- That the forms were difficult to read and the need for better presentation
- The Cluster development work that was progressing
- The Public Consultation that was being undertaken
- That the Board would look at Children's Well-being issues
- The need to investigate what was being done elsewhere and to set this into context in Southampton.

**RESOLVED:**

- (i) That the progress with the implementation of Better Care Southampton be noted;  
and
- (ii) That the Quarter 1 2015/16 BCF national return be signed off as approved by the Commissioning Partnership Board (CPB) prior to submission to NHS England and the national Better Care team by 28 August 2015.

# Agenda Item 6

<b>DECISION-MAKER:</b>	HEALTH AND WELLBEING BOARD		
<b>SUBJECT:</b>	HEALTH AND WELLBEING STRATEGY COMMITMENTS – PROGRESS TRACKER 2015/16 QUARTER 2		
<b>DATE OF DECISION:</b>	4 NOVEMBER 2015		
<b>REPORT OF:</b>	CHAIR OF THE HEALTH AND WELLBEING BOARD		
<b><u>CONTACT DETAILS</u></b>			
<b>AUTHOR:</b>	<b>Name:</b>	<b>Dottie Goble</b>	<b>Tel:</b> 023 8083 3317
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## STATEMENT OF CONFIDENTIALITY

None.

## BRIEF SUMMARY

This report highlights progress against the commitments in the Health and Wellbeing Strategy 2013 – 2016. The commitments form the basis of monitoring success against the Health and Wellbeing Strategy and will inform the new Health and Wellbeing Strategy to 2025.

## RECOMMENDATIONS:

- (i) To note the progress against the commitments in the Health and Wellbeing Strategy 2013 – 2016.
- (ii) To agree further actions to be taken to progress the commitments in the Health and Wellbeing Strategy 2013 - 2016, with a particular focus on the actions that are significantly off target (red).

## REASONS FOR REPORT RECOMMENDATIONS

1. The Health and Wellbeing Board sets the strategic direction for commissioning in the City. It is also responsible for developing the Health and Wellbeing Strategy. Performance and action monitoring is an important part of this process.

## ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None.

## DETAIL (Including consultation carried out)

3. An important element of assessing the effectiveness and success of the Health and Wellbeing Strategy is to consider progress against the commitments in the Health and Wellbeing Strategy 2013 – 16. Effective monitoring of these commitments will ensure that a focus is maintained on the areas for improvement and influence future priorities and commitments for the new Health and Wellbeing Strategy to 2025.
4. Progress using Red, Amber and Green (RAG) rating alerts are outlined against the Health and Wellbeing Strategy 2013 – 16 commitments, attached at Appendix 1.

5. Overall, of the 64 commitments set out in the strategy:

RAG rating	Q1 2015/16	Which way is good?	Q2 2015/16
Green (on target or complete)	27	↑	45
Amber (ongoing but slightly off target)	30	↓	17
Red (significantly off target)	5	↓	2
Grey (insufficient or no information)	2	↓	0

6. 95% of commitments have been achieved or are underway. These commitments are being achieved through working with a range of partners. The commitments will continue to develop and provide a focus for potential actions within the next Health and Wellbeing Strategy.

7. Much of the recorded progress has been achieved through identifying who owns or is responsible for the commitment and what work is being undertaken to achieve it. With commitments where a number of people are engaged in activities, this can prove more difficult and an evaluation against the commitment has been more difficult to assess. In future, this will need to be tackled in a more coordinated way. This is a key lesson for the next Health and Wellbeing Strategy to be developed by July 2016.

8. The following 3 commitments, which were significantly off target (red) are now amber (ongoing but delayed):

**Theme 1: Building resilience and using preventive measures to achieve better health and wellbeing:**

8. Increase numbers accessing both drug and alcohol services. This will enhance numbers achieving recovery from alcohol or other drugs.

**Theme 3: Ageing and Living Well Theme:**

39. Make the most of existing services (voluntary, public and private sector) that offer free or discounted access to leisure, learning, transport and care.

58. Encourage partners within the Health and Wellbeing Board to lead by example and produce plans for improving employment of people with learning difficulties.

9. The following 2 commitments, continue to be significantly off target (red):

**Theme 2: Best start in life:**

27. Continue to develop high class education provision, raise attainment faster than comparator cities and improve school attendance rates where they are low.

**Theme 3: Ageing and Living Well Theme:**

63. Establish an end of life care register accessible to all appropriate service providers (e.g. Out of Hours Service).

10. The Board are requested to consider the progress against the Health and Wellbeing Strategy commitments and agree any further action that should be taken by partners. The Board should particularly focus on the red measures highlighted above

## RESOURCE IMPLICATIONS

### Capital/Revenue

14. The achievement of commitments and improved outcomes will be achieved within existing partner resources or pooling of partner budgets through the Better Care Plan and other similar initiatives in the future.

### Property/Other

15. None.

## LEGAL IMPLICATIONS

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

16. The duty to undertake health overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000. The Health and Social Care Act 2012 required Health and Being Boards to act in the best interest of improving the health of an area.

### Other Legal Implications:

17. None

## POLICY FRAMEWORK IMPLICATIONS

18. The Health and Wellbeing Board Performance Scorecard and Health and Wellbeing Action Plan will be used as evidence for consideration for the next iteration of the Health and Wellbeing Strategy.

<b>KEY DECISION?</b>	No	
<b>WARDS/COMMUNITIES AFFECTED:</b>	All	
<b><u>SUPPORTING DOCUMENTATION</u></b>		
<b>Appendices</b>		
1.	Joint Health and Wellbeing Strategy 2013 – 2016 Commitments – Progress tracker Q2 2015/16	
<b>Documents In Members' Rooms</b>		
1.	<a href="#">Health and Wellbeing Strategy 2013 - 2016</a>	
<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>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.		
2.		

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**JOINT HEALTH AND WELLBEING STRATEGY COMMITMENTS - PROGRESS TRACKER REPORT Q2 2015/16**

	<b>ACTION</b>	<b>PROGRESS (RAG)</b>	<b>COMMENT</b>	<b>Updater</b>
	<b>KEY: Green</b> – On track or completed; <b>Amber</b> – Off target; <b>Red</b> – Significantly off target; <b>Grey</b> – Missing information or status N/A			
<b>THEME 1: BUILDING RESILIENCE AND USING PREVENTATIVE MEASURES TO ACHIEVE BETTER HEALTH AND WELLBEING</b>				
<b>Smoking and Tobacco Control</b>				
1.	Develop and implement a comprehensive Tobacco Control Plan for the City in conjunction with the Police and Customs, which tackles prevention, provision of smoking cessation support, illicit supply of cheap smuggled tobacco, and implementation of tobacco control policies at a local level.	GREEN	Tobacco control plan in place and implemented for 2014-15. Smoking cessation services also commissioned. Review of plan being undertaken and used to inform for 2015-16 refresh.	Public Health
2.	Sustain implementation of the national NHS Health Check programme across the City to support early detection/screening for cardiovascular disease and to tackle lifestyle risk factors.	GREEN	NHS Health Checks programme implemented across the City as well as additional opportunistic outreach work targeted at key groups within the population to address potential health inequalities. In 2014/15 99% of eligible population were invited for health checks (over 11,000 invitations). Uptake has increased to 40%.	Public Health
<b>Obesity and Physical Activity</b>				
3.	Identify and implement options determining better health and support healthy lifestyle behaviours leading to improved diet and physical activity in key target groups e.g. health promoting workplaces, breastfeeding friendly environments, healthy early years and childcare settings.	GREEN	A range of activities and services are available to support healthy lifestyle behaviours. These are accessible for children, families and adults and include activities in key settings such as workplaces, early years and schools. The public health nursing service (school nursing) has been commissioned for 1 April 2015. New service specification has a specific focus on healthy weight. The breastfeeding action plan has been developed, with progress monitored by the 0-5 year working group (under the 0-19 commissioning group). Health improvement plan in maternity services specification monitored at maternity trust board meetings.	Public Health

	<b>ACTION</b>	<b>PROGRESS (RAG)</b>	<b>COMMENT</b>	<b>Updater</b>
	<b>KEY:</b> <b>Green</b> – On track or completed; <b>Amber</b> – Off target; <b>Red</b> – Significantly off target; <b>Grey</b> – Missing information or status N/A			
4.	Support initiatives and services that are effective in preventing and managing overweight and obesity in our high risk individuals in the children, young people and adults sectors.	GREEN	Initiatives and services for children, young people and adults to prevent obesity and manage their weight are supported. Additional insight work being undertaken to better understand further needs of key target groups.	Public Health
<b>Alcohol and Drugs</b>				
5.	Work together with local agencies to reduce detrimental effects of adults' problem drug and alcohol use, particularly parents.	GREEN	New Integrated Substance Misuse Services (SMS) have been commissioned from December 2014 and have been subject to a comprehensive redesign process. There are now four main contracts, with a Young People's substance misuse service dealing with young people aged 11-24 years inclusive. Service providers work in partnership in order to deliver holistic treatment pathways across the City. All clients have a treatment plan (focused on recovery) and issues relating to safeguarding children are addressed proactively. Additional training on substance misuse has been targeted at social workers working with vulnerable adults and children. Service providers work closely with local agencies including police, probation, Youth Offending services, children and adult safeguarding services, JobCentre Plus, Liaison and Diversion Service, CAMHS and adult mental health services, as well as a wide range of other voluntary services targeted at people with a substance misuse problem and their carers. Although national performance reports still show a reduction in performance based on the previous rolling year's data, live information from provider services shows that the number of successful completions for adults is improving steadily.	Bob Coates
6.	Sustain and expand public education initiatives that raise awareness around alcohol and substance misuse and maintain existing schemes that address underage drinking and associated behaviours, including in school settings.	GREEN	The younger persons SMS has been newly commissioned with No Limits. This enables the delivery of comprehensive school and college based campaigns with access to confidential advice and individual treatment planning, where appropriate. The Healthy Southampton communications plan has prioritised alcohol campaigns for 2015 and identified additional resources to support awareness raising.	Bob Coates



	<b>ACTION</b>	<b>PROGRESS (RAG)</b>	<b>COMMENT</b>	<b>Updater</b>
	<b>KEY: Green</b> – On track or completed; <b>Amber</b> – Off target; <b>Red</b> – Significantly off target; <b>Grey</b> – Missing information or status			N/A
7.	Develop and expand the current services through partnership working approaches that develop ‘wrap around’ services’ (including housing and access to Education, Employment and Training) and link health, social care, housing, leisure, night-time activities and criminal justice to include tackling alcohol and substance abuse in the young.	GREEN	The new service model for both young people (YP) and adults is designed to enable a multi-disciplinary and multi-agency response to the needs of service users. Effective partnership working with a wide range of statutory and voluntary organisations is given a high priority. This builds upon the established partnership and educational activities that the Young People’s substance misuse service (DASH) had previously developed. Since the new service commenced in December 2014, DASH has expanded its offer to young people to include not only engagement at schools and colleges, but has developed in-reach into Southampton University to address the issues of recreational drug and alcohol use amongst the young adult student population and is hoping to develop a similar relationship with Solent University. The service has also expanded its ability to offer meaningful activity and skills based opportunities to young people to build confidence and develop pro-active approaches to finding employment and training opportunities. The service works closely with a range of partners and agencies in order to develop and provide wrap around services, promoting young people’s health services and working closely with the Safe City Partnership, police and probation services in order to tackle the problems associated with drug and alcohol problems in the young.	Bob Coates
8.	Increase numbers accessing both drug and alcohol services. This will enhance numbers achieving recovery from alcohol or other drugs.	AMBER	Following the redesign of the substance misuse services and what has proved to be a challenging implementation period, there has been a reduction in the numbers of service users accessing treatment, particularly alcohol users. Part of the reason for this is that more service users who require an alcohol brief intervention are being seen as part of the “open access” service which means that they are not uploaded onto the National Drug Treatment and Monitoring System and therefore numbers appear to have reduced. In addition, the decision was taken for the Alcohol Specialist Nurse team not to upload onto NDTMS, which has also led to a slight apparent reduction in numbers. Numbers of successful completions have reduced but national figures involve a “time lag” based on a rolling years data, which means that performance reports are still being affected by data from the previous treatment services. Live information received from the current service providers is showing signs of improvement. Although routine data does not yet suggest higher numbers are accessing treatment, treatment providers have improvement plans in place which are being monitored by commissioners and senior managers from the	Bob Coates

	ACTION	PROGRESS (RAG)	COMMENT	Updater
	<b>KEY:</b> <b>Green</b> – On track or completed; <b>Amber</b> – Off target; <b>Red</b> – Significantly off target; <b>Grey</b> – Missing information or status N/A			
			partnership. Services are due to report in detail on their performance at the DAAT Partnership shortly and to explain their plans for improvement.	
9.	Review drug treatment services, particularly to young people to ensure a value, high quality treatment system reflective of their drug use patterns.	GREEN	The new service was implemented following the review.	Bob Coates
10.	Increase the range of effective treatment interventions for crack cocaine and stimulant users.	GREEN	The last available data on treatment outcomes in this group was encouraging.	Bob Coates
11.	Develop an appropriate suite of abstinence and harm reduction services for blood borne viruses (BBV), such as HIV etc.	GREEN	Needle exchange, BBV screening, and access to new hepatitis treatments was in the top quintile of performance nationally last year. A programme of enhanced HIV surveillance has been agreed with the CCG and Integrated Commissioning team.	Bob Coates
<b>Housing</b>				
12.	Endeavour to help people to have access to good quality, energy efficient housing that is both affordable and meets their needs. The priorities below aim to provide opportunities to help promote health and wellbeing in the working age population across the city by working with local employers, improving economic wellbeing and helping particularly young people into employment.	GREEN	The homelessness Prevention Strategy for 2013-2018 is the third strategy to tackle homelessness. It demonstrates a commitment to build on our experience to provide a comprehensive service that tackles homelessness in Southampton. The strategy focuses on early intervention and prevention where possible and assisting people in need.	Liz Slater
13.	Provide a comprehensive homelessness service that supports people to make independent choices about their housing future.	GREEN		

	<b>ACTION</b>	<b>PROGRESS (RAG)</b>	<b>COMMENT</b>	<b>Updater</b>
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14.	Work with the voluntary and supported housing sectors and the Homeless Healthcare Team to ensure that provision in the city meets the needs of the most challenging people to safeguard both their housing and health needs and reduce the impact on the general population.	AMBER	Housing Related Support is one of the priorities in the ICU work plan. Current services will be reviewed and a new model of care will be developed through consultation and best practice review. This will address vulnerable groups in the city including people who are homeless, people with disabilities and young people. Significant work is already underway in relation to care leavers and homeless young people. Action plan in place to address Ofsted recommendations and proactively working with providers to implement changes which support a stronger focus on care leavers, a move away from properties of multiple occupation, improved processes and joint working with children's services. Also exploring the possibility of a more targeted resource and support for the most challenging young people. Services for people suffering domestic violence have recently been re-tendered. This work will inform the system wide review.	Donna Chapman/ Sandy Jerrim
15.	Having an additional Licensing scheme for all HMOs in the city to help ensure the conditions in the private rented sector are improved and poor or inadequate housing is brought up to acceptable standards.	GREEN	Southampton City Council introduced an additional HMO Licensing scheme in four wards (Bevois, Bargate, Portswood and Swaythling) in July 2013. The scheme is working to improve management and conditions in HMOs and reduce the impact on the communities. Consideration is currently being given to extend the scheme to include Freemantle, Shirley, Bassett and Millbrook wards. The statutory consultation period has ended and subject to due process the new scheme will commence in October 2015. There is insufficient evidence of poorly managed HMO's in other parts of the city to legally extend the scheme further.	Mitch Sanders
16.	Develop local hubs for quality support and care in the city, for example dementia friendly facilities with support activities and interactions for people with dementia from the wider community.	AMBER	All mental health services are currently been reviewed and this will lead to a new model of service for all groups including people with dementia and their carers. A key feature emerging in the review is the need to link with better care initiatives to provide holistic seamless services. The need for local services/hub is now part of the work to develop community solutions to support people in their own homes and localities in a number of different ways . Initiative being taken by OSMC, a special City Council Scrutiny Panel will be looking at the situation for people with dementia and their carers in Southampton, it will assess how the city is progressing and will also identify further actions needed in making Southampton a dementia friendly city using the recognised framework developed by the Alzheimer's Society. Actions will be progressed throughout the inquiry period (September 2015 – March 2016), starting with an application 'working to become dementia-friendly'. A carers	Amanda Luker

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			support services has recently been procured which offers support to those caring for people with dementia	
17.	Raise awareness of falls and reduce or prevent trips, slips and falls within Council older people's accommodation. Good design can do much in this sector.	GREEN	This is being progressed as a key Better Care programme target. A falls action plan is in place with all agencies committed to delivering key actions. A new exercise class programme is being piloted with a local voluntary sector organisation and other partners to reduce repeat falls. A new falls liaison pathway has also been introduced between UHS and Solent NHS Trust to reduce repeat falls. Specific work is being undertaken with nursing homes to introduce "falls champions" to prevent trips, slips and falls. A publicity week is also planned in September to raise awareness of falls and how to prevent them.	Donna Chapman
<b>Workplace Health</b>				
18.	Implement a programme of work to support employers in improving the health and wellbeing of their workforce through recognised good practice at work; improve the support for those stopping work due to sickness to get them back into work sooner or to rethink their future job prospects. Harassment and bullying need preventative policies.	GREEN	National Workplace Wellbeing Charter implemented through the Well & Working programme. Supporting a range of employers to improve the health and wellbeing of their workforce. Some work undertaken to better understand the issues around Fit Note. Work being undertaken to address the worklessness agenda for those with a health condition.  Every review will be assessing the value for money and opportunities for achieving further access across Hampshire.	Stephanie Ramsey
19.	Support more vulnerable people into good quality work, such as young people, carers and people with learning disabilities, mental health and long term health conditions and disabilities.	AMBER	Southampton and Portsmouth City Deal has made significant progress since the last report. Over 100 long term unemployed people with health conditions have been supported to find work, with over 20% positive sustained job outcomes. The Solent Jobs Pilot is now ready to enter into the second phase of the programme, but this is dependent on the allocation of European Social Fund (updates on this are due November 2015). The City Deal Youth Programme is now underway and 3 key workers are now working in Early Help teams and Youth Offending and Pathways services to provide advice and support to the most vulnerable NEET young people. 30 young people have been supported since mid-August (start of the programme) and 7 are in employment or training.	Kathryn Rankin

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20.	Promote and develop the 'Time to Change' campaign to reduce the stigma of mental illness in the workplace.	GREEN	Successful Citywide anti-stigma campaign undertaken for two weeks in October which included: <ul style="list-style-type: none"> <li>• 5K park run,</li> <li>• Time to Change pop up village event in Guildhall Square with a recovery choir, local health services, charities over 450 people were held on mental health,</li> <li>• Further work to be undertaken at the Health and Wellbeing board for organisations to sign up to a mental health pledge.</li> </ul>	Sally Denley
<b>Mental Health</b>				
21.	Adopt a public health approach in the development of strategies which promote wellbeing for the whole population including activities which reduce health inequalities and which promote good mental health across the city.	GREEN	The public mental health Be Well strategy is due for a refresh by the end of the year. The majority of the ten pledges have been met.	Sally Denley
22.	Ensure early access to psychological therapy/services, such as counselling and talk, which help people remain in or return to employment.	GREEN	Access to Southampton Steps to Wellbeing (National Improving Access to Psychological Therapies (IAPT) scheme) has met the national ambition for the proportion of people who have received psychological therapies.	Amanda Luker
23.	Develop and implement a suicide prevention strategy across the city.	GREEN	The evidence obtained by the Southampton Suicide audit undertaken jointly with the Coroner's Office will inform a local Public Health Prevention Plan for Southampton. This will be rolled out as part of the Be Well Strategy refresh, following input from Mental Health matters. Safe care approaches to suicide prevention in the CQUIN scheme; includes review and adaptation of risk assessment. By rolling out 'connecting with people' training for clinicians and USI Suicide Prevention Training together with Mental Health First Aid we aim to make Southampton a suicide safer city.	Sally Denley/ Amanda Luker

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<b>THEME 2: BEST START IN LIFE</b>				
<b>Giving every child the best start in life</b>				
24.	Develop and deliver early learning for 2 year olds who are disadvantaged.	AMBER	<p>The 2014-2015 Southampton Childcare Sufficiency Assessment shows that where sufficient capacity has not been developed there are the necessary plans in place to achieve this by September 2015. The exception to this is in the Thornhill area where, as yet, suitable premises have not been identified and all existing local provision has already been expanded to the limit. Take up of places is currently at 54.7% of entitled children placing us in the bottom 30 local authorities nationally. The Chief Executive has recently received a letter from the minister pointing this out and asking for a focus on improving take up. This is despite a comprehensive communications plan and follow up with families. Investigation of other authorities' approaches suggests that more outreach to families is needed to proactively support take up of places. There is currently minimal additional capacity within children's centres to do this. The existing outreach contract has been extended until November /December 2016. For the September 15 list of eligible 2 year olds additional funding was made available for overtime in children's centres to increase outreach. Next figures indicating the level of take up will be available in late October following the early years headcount</p> <p>A strategic meeting is in place for November with the south east regional DfE representative to look at progress and the way forward.</p> <p>Developing a plan to address low take up.</p>	Sue Thompson
25.	Develop an integrated early years' service incorporating children's centre provision, family and parenting support services and the Healthy Child Programme.	GREEN	<p>With commissioning responsibility for Public Health Nursing services (health visiting and family nurse partnership) moving to the local authority (Public health) in October 2015, work has been underway to explore a more integrated 0-5 year old offer. We are aiming to implement a virtual model of integration with joint management teams comprising health visiting, children's centres and midwifery leadership from July 2015 to achieve greater integration of resources and alignment of health, education and social care performance indicators and outcomes. At the same time, we plan to undertake a review of MASH and Early Help services to inform the future direction of travel, with a view to potentially working towards an integrated 0-19 offer based around localities.</p>	Donna Chapman

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26.	Develop health visiting and maternity services to achieve optimum health outcomes in the early years and tackle inequalities.	GREEN	Work continues with Solent NHS Trust, NHS England and University Hospital Southampton Foundation Trust (UHSFT) to improve outcomes in the early years and tackle inequalities. For Maternity Services, this has been negotiated as part of the 2015/16 Service Specification held by the CCG which includes specific reference to key public health priorities, in particular smoking cessation (including the universal implementation of Carbon monoxide monitoring), healthy weight, healthy start, mental health and breast feeding. Work is underway to ensure that the new Maternity Payment by Results tariff is driving a stronger focus on tackling inequalities. For health visiting, the Council is working closely with NHS England (current commissioner) to improve outcomes in the early years, with reference to the 6 high impact areas described by NHSE. This will be further supported by the integrated 0-5 offer described above.	Donna Chapman
27.	Continue to develop high class education provision, raise attainment faster than comparator cities and improve school attendance rates where they are low.	RED	Attainment data published in October indicates the following: Early Years: development is in line with national figures; KS2: 1% below national average KS4: 6% below national average KS5: 90.5 below national average point score The focus on school attendance has been refreshed with the Southampton School Attendance Action Plan launched and overseen jointly with schools and health colleagues, underpinned by a communication strategy. FPN (fixed penalty notices) since the start of the year have reached 1,300	Robert Hardy/ Jo Cassey
<b>Intervening early when problems occur</b>				
28.	Develop an integrated assessment process for all types of needs which identifies them early and facilitates a holistic multiagency approach to providing good quality education, health and care services.	GREEN	This is a key element of the Better Care programme and implementation of the cluster interagency team model. Six clusters have been established, based around GP practice populations, bringing together health, social care, housing and voluntary staff. The clusters are at varying stages of development but a core principle for all is the use of risk stratification tools to identify people at most risk and shared assessment and care planning. These principles are also being applied for children and their families, where use of the Universal Help Assessment and Family Help Assessment tools are being used by Children's Centres, school nursing, Early Help and the MASH. Work is also underway to explore a more integrated approach to bringing together the 2-3 year old assessments of the Healthy Child Programme and Early Years Foundation Stage. Integrated process established for safeguarding set up through the	Donna Chapman

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			MASH (Multi-agency safeguarding hub), Early Help teams and scrutiny of services via the section 11 audit process. On track.	
29.	Shift the focus of provision and resources towards prevention, ensuring that the workforce at all levels and across all agencies is equipped with the skills and knowledge to identify needs and intervene early in situations of risk.	GREEN	<p>This is a key element of the 0-19 Prevention and Early Intervention Strategy which has 5 key strands:</p> <ul style="list-style-type: none"> <li>• Implementation of a core parenting offer and family support;</li> <li>• Better use of data, information and intelligence across the system to identify gaps, provide information to staff and families on what is available and share evidence based interventions;</li> <li>• Community engagement and development of capacity within the voluntary and community sector to better meet need at an earlier stage;</li> <li>• Interagency workforce development and training to support prevention</li> <li>• Early intervention and inclusive integrated services.</li> </ul> <p>Significant progress has been made in implementing the parenting offer for 0-5s and a parenting toolkit has been launched with schools to support development of the 5-14 years offer. Different models for strengthening engagement of the community/voluntary sector have been explored through the Delivering Differently and Headstart initiatives and will be further supported through the Prevention and Early Intervention Strategy. Further work required on interagency workforce development and equipping staff with skills and knowledge to identify needs and intervene at a much earlier stage.</p> <p>The Better Care Programme has its own workforce development project being rolled out in 2015/16. This will focus on NHS / Council staff in addition to nursing home and domiciliary care staff. Better Care will lead to prevention and early intervention and initial work has commenced on developing a plan for health and social care outcomes.</p>	Donna Chapman
30.	Develop and maintain a stable, skilled, high calibre and experienced safeguarding workforce which is well managed and supported.	GREEN	<p>The Safeguarding Adults Team is fully staffed, apart from a 0.67 FTE Investigator post, which is vacant pending recruitment.</p> <p>In terms of the skill set within the team, it is recognised that there are areas where more specific expertise is needed. This includes Learning Disabilities and Mental Health and actions are being taken to develop these skill areas.</p> <p>The final area for development is the need to broaden the professional vocational base of team members. The team is almost exclusively staffed by colleagues from a Social Care/Work background and would benefit from having staff with a broader professional background (probation/working with offenders etc.) This should be a future objective, to be a multi agency service.</p>	Mark Howell



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<b>Supporting children, young people and their families with additional needs</b>				
31.	Increase personalisation and choice through implementation of a core offer and personal budgets, building on the learning from the Government-sponsored SEN and Disability Pathfinder.	GREEN	An integrated 0-25 service is being developed across education, health and social care. This includes the integration of Council and Solent NHS Trust staff within a single service structure and the development of a strong person-centred ethos. The SEND offer is published on the Southampton Information Directory and provides information about what is available and how to access services. A revised Impartial Information and Advice Service is being commissioned to meet the requirements of the Children and Family Act.	
32.	Narrow the gap in attainments and outcomes for children with SEN and disabilities, increasing their aspirations, skills and qualifications.	AMBER	Current work to create a more nuanced set of performance indicators with Education, Health & Care via the SEND Partnership Board will further support targeted activity in narrowing gaps between this vulnerable groups of children & YP and their peers. Agreed regional benchmarking indicators will be incorporated into the SEND dataset to enable comparisons and opportunities to learn from others to improve outcomes.	Vaughan Clark Jo Cassey
33.	Improve outcomes for children looked-after by the Council (corporate parent) building on the findings from the Integrated Ofsted/CQC inspection.	AMBER	An OFSTED Action Plan and performance monitoring is in place. The outcomes for children are continually monitored to ascertain where improvements need to be made.  To be updated at the meeting.	Robert South Christine Robertson
34.	Develop holistic approaches to support and challenge for the most vulnerable families in the city through the Families Matter programme.	GREEN	Phase 1 completed with 100% families turned around, Southampton ranked 7 of 152 local authorities. Phase 2 starting 2015/16 is based on a new set of criteria and families. Links with new families have already been established.	Simon McKenzie
<b>Supporting young people to become healthy, responsible adults</b>				
35.	Develop Raising Participation Age support for schools and colleges.	GREEN	Raising Participation Age has been implemented effectively with schools.	Jo Cassey
36.	Redesign substance misuse treatment services for young people to improve uptake and compliance with treatment.	GREEN	Procurement and redesign completed in Dec 2014.	Bob Coates

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37.	Continue to improve sexual health and reduce teenage conceptions through delivery of the Children and Young People's Trust reducing teenage pregnancy strategy.	GREEN	Teenage pregnancy city wide event held in October 2014. Sexual health strategy developed and intentions reviewed quarterly by sexual health steering group. Teenage pregnancy is a key strategic priority. Teenage pregnancy action plan currently being updated, with assurance of delivery from the 0-19 commissioning group.	Donna Chapman
38.	Make sure young people leaving care are well supported to achieve their aspirations and become independent, self-reliant citizens.	AMBER	A care leavers action plan is in place and monitored. Improvements have been seen for care leavers in terms of NEETs and accommodation, however, our performance are both worse than the national average and work continues to assess potential improvements on an individual basis.	Robert South
<b>Theme 3 – Ageing and Living Well</b>				
<b>Tackling poverty</b>				
39.	Make the most of existing services (voluntary, public and private sector) that offer free or discounted access to leisure, learning, transport and care.	AMBER	Southampton Gets Active is working to develop a plan to increase active participation in sport and recreation. Further partnership work is needed to assess where potential free or discounted services are on offer and promoted more widely.	Andrew Mortimore
40.	Support the development and use of information advice assistance to help people to maximise their income, ensure winter warmth and improve their quality of life.	GREEN	Additional advice provision has been made available in the city in response to welfare reforms. Training for staff has been provided on debt awareness. The funding for Local Welfare Provision, which has supported people in crisis since April 2013, is ending in March 2016. The Welfare Monitoring Group have aimed to support people through the Welfare Reforms changes and have achieved a sustainable solution for affordable loans has been secured with the Credit Union. Southampton are progressing the Fairness Commission's report will take forward these issues where possible. In particular, the following recommendations will look to tackle issues of debt and fair access to welfare entitlement in the city: <ul style="list-style-type: none"> <li>• Promoting and providing learning modules for debt and money management in schools and colleges.</li> <li>• Developing and implementing a programme to increase awareness of and fair access to welfare entitlements, particularly linked to key life-transition points.</li> </ul>	Sara Crawford

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			<p>The Southampton Information Directory sign posts people to key services.</p> <p>Significant work has been undertaken to coordinate advice services through the Southampton Advice Services Alliance (SASA) which was established following a successful bid for funding. This has resulted in the establishment of an advice portal and cross-agency specialist advice. The funding has now ceased, although funding has been secured for the specialist advice worker to continue. Work is underway to agree a way forward for the alliance into the future.</p> <p>In July the HWBB supported the Southampton Warmth for All Partnership (SWAP) to ensure City wide partnership working to address public health, energy efficiency and fuel poverty concerns, especially in the development of bids for future funding. Work on this is continuing. The Fuel Poverty Strategy has been published to work alongside this.</p>	
<b>Prevention and earlier intervention</b>				
41.	Offer an annual health check to carers and promote support networks for carers across the City.	AMBER	<p>New services were commissioned to promote and develop support networks for carers across the City. This has been extended to include provision of carer assessments.</p> <p>Annual Health Checks are offered to a significant number of carers. The process for health checks being offered to carers will be reviewed as part of the behaviour change tender. As part of this work a consultation is taking place in the next few months.</p>	Sandy Jerrim
42.	Review tele-care and tele-health services in the City, re-shape and re-launch these so that local people are more aware of the ways in which they can use technology to retain their independence.	AMBER	<p>Plans being developed under oversight of Health and Social Care System Chief Officers.</p> <p>Diagnostics have been completed and the project will move into phase 1 to pilot the scheme. This will inform a business case.</p>	Sandy Jerrim

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43.	Extend re-ablement services so that people can help to regain their confidence and skills after an illness.	GREEN	The integrated rehabilitation and reablement service designed to intervene rapidly and early when people are at risk of crisis, nursing or rest home or hospital care or are ready to discharge from hospital care back into the community. The service dovetails with the developing cluster teams to promote simple, integrated and shared care pathways for clients and patients. On target.	Jamie Schofield
44.	Promote healthy, active lifestyles through a dedicated team of Activity Coordinators.	GREEN	Through programmes such as health trainers and My Journey residents and visitors are encouraged and supported to be more physically active.	Andrew Mortimore
<b>Being 'person' centred and not 'disease' centred</b>				
45.	Increasing the number of people who can say how best to spend the money allocated for their health and care, either through direct payments or personal health/care budgets.	GREEN	Adult Social Care Direct Payment performance is improving and is on target to achieve 22.5% by March 2016. Spectrum CIL has been commissioned to provide additional support to individuals as part of a pilot aimed at further increasing uptake.	Michael Cooke /Paul Juan/Ricky Rossiter
46.	Joining up health and social care services so that the number of assessments is reduced and a person's experience of moving between professionals is much smoother and less fragmented.	AMBER	Service functions related to crisis response, rehabilitation, reablement and hospital discharge will be integrated with pooled funding arrangements, single management, referral, governance, planning and performance arrangements to ensure greater fluidity and shared responsibility. Awaiting the outcome of the consultation and clarification of contribution from social care on shared care records.	Jamie Schofield
47.	Developing a shared understanding of how best to support people to retain their independence and make changes to practice which improve the achievement of this objective.	AMBER	This is a key area of focus of the three Better Care principles. A fundamental element of this is the recommissioning of the long term care pathways and self-management approach. The review of behaviour change will also have an impact. Examples of work underway include: Age UK are piloting Person Centre Planning in three GP practice for people with long-term conditions. Two GP practices are running pilots for the over 50's who use alcohol with long-term conditions. Also piloting with Spectrum community navigation, with workshops being held June 2015. Southampton Advice Services Alliance (SASA) have developed the advice and information website.	Morag Forest – Charde

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48.	Promotion of a focus on recovery rather than simply procedures for admission avoidance and/or hospital discharge when people need any form of secondary care.	GREEN	The integrated crisis response, rehabilitation, reablement and hospital discharge provision will focus on promoting independence by having a community cluster focus at all time, developing self-management planning, involvement in risk stratification processes, developing city wide single care planning and information sharing processes and protocols. Focusing on reconditioning pathways in the tender for behaviour change.	Morag Forest-Charde
<b>Care of long-term conditions, including cancer and dementia</b>				
49.	To ensure that the enduring issues for people living with long-term conditions are recognised and that they are supported in the management of their conditions	GREEN	The Better Care Programme aims to address needs of individuals, especially vulnerable older adults. The focus is explicitly on Long Term Conditions and frailty. BCP is in its second year of roll –out. The programme benefits from “pooled” health and social care funding and is given high priority by partner organisations.  Prevention and early intervention work relating to the behaviour change review is underway and will have an impact.	Bob Coates/ Stephanie Ramsey
50.	Work with GPs to more accurately achieve earlier diagnosis of those most at risk of experiencing dementia	GREEN	Focused work undertaken with Primary Care during 2014/15 has resulted in an increased diagnosis rate, preliminary March 2015 data 65%, which is an increase of 10.5% from the March 2014 position.	Amanda Luker ICU
51.	More support for people with dementia to remain in their own homes for as long as it is safe for them to do so.	GREEN	Services promoting social inclusion to those living with dementia, working with individuals and families to review and establish self-management goals within a personal programme. Working with the voluntary sector and community settings to improve the health and wellbeing of people living with dementia and to reduce loneliness and social isolation, by participating in a range of activities.	Amanda Luker ICU

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52.	<p>The development of extra-care services for people with long term conditions and those with dementia</p> <p>Launching a new approach to provision of aids and adaptations which encourage better access and information for individuals able to fund themselves and improves response times to those requiring equipment to maintain their independence.</p>	GREEN	<p>Extra care provision at Graylings available for individuals with dementia. An innovative project is running until August 2015 featuring GPS technology to help people with dementia who are at risk of becoming lost and confused in the community.</p> <p>This now sits within a range of areas: the wider Better Care agenda; Person centred Planning, Personal Budgets, JES, telecare and telehealth and the Prevention and Early Intervention portfolios.</p> <p>Launched joint equipment store and retail mobility facilities.</p>	<p>Amanda Luker</p> <p>Chrissie Dawson</p> <p>SCC</p>
53.	<p>Raising awareness amongst all care and health staff about appropriate responses for people with dementia, mental capacity issues including deprivation of liberty guidelines and protocols.</p>	GREEN	<p>NHSE mandate that 80% of front facing staff should receive dementia awareness training. Community Trust has developed a bespoke e-learning package to deliver tier 1 training, and currently reviewing tier 2 and 3 training. An Acute Trust Dementia Strategy is now in place, and linked to the Trust education plan.</p> <p>VIP training with 5 dementia modules being offered, with additional module being developed.</p> <p>MIND have raised awareness of IMCA/DoLS within hospitals and regularly link closely with residential homes.</p>	Amanda Luker
54.	<p>Work with the Clinical Commissioning Group and providers of social care to raise the standard of medicines management across the health and care system.</p>	GREEN	<p>Public health advise on medicines evaluation and prescribing policy (across SW Hampshire). CQC and CCG Clinical Governance monitor quality of medicines management. The CCG medicines management team have a comprehensive programme to improve the safety and effectiveness and medicines management.</p>	Bob Coates. (Julia Bowey and Liz Bere)
55.	<p>To improve health outcomes of those living with cancer action will be taken to improve understanding amongst the public about the signs and symptoms of cancer and encourage early checks with their GP.</p>	GREEN	<p>We worked with Public Health England and NHS England on cancer awareness programmes including 'Blood in pee' and the 'lung cancer awareness' programmes. These proved to be effective in increasing the number of diagnoses.</p>	Bob Coates

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<b>Improve the response to learning disabilities</b>				
56.	Work with the Clinical Commissioning Group to ensure the implementation across GP practices of annual health and dental checks for people with learning disabilities.	GREEN	30-37% of people with learning disability on the GP registers have had a annual health check. A city wide plan has been developed covering, engagement with GPs, Wessex AT, Southern Health, LDPB, Choices Advocacy, people with learning disabilities and their carers. Implementation is planned to reach 50% within 2015/16.  However more work needs to continue on increasing take up.	Kate Dench
57.	Better coordinate and promote services which support people with learning disabilities and their carers across the City.	GREEN	The online Southampton Information Directory (SID) has been developed to include information about all services available and how they can be accessed. Carers in Southampton services are being promoted widely. Advocacy services have been re-commissioned with a strong emphasis in supporting people with learning disabilities.	Kate Dench
58.	Encourage partners within the Health and Wellbeing Board to lead by example and produce plans for improving employment of people with learning difficulties.	AMBER	Further analysis is required to assess whether partner plans are in place and their effectiveness.  Liaising with Skills Regeneration team to feed into City Deal. SCC are considering employment when undertaking reviews.	Kate Dench
59.	Involve the Learning Disability Partnership Board which includes people with learning disabilities in the City in shaping all improvements.	GREEN	The Partnership board regularly requests and receives information from the council, CCG and other partners about current service developments and is involved in shaping them.	Kate Dench
<b>End of life care</b>				
60.	Increase public awareness and discussion around death and dying.	GREEN	Southampton, in conjunction with Health Education Wessex, provided information and awareness sessions through community groups (for Southampton it was Carers Together). Their remit was to develop teaching and training to raise awareness of EOL care planning amongst voluntary organisations and their members.	Chrissie Dawson/C arole Binns

	ACTION	PROGRESS (RAG)	COMMENT	Updater
	<b>KEY:</b> <b>Green</b> – On track or completed; <b>Amber</b> – Off target; <b>Red</b> – Significantly off target; <b>Grey</b> – Missing information or status N/A			
61.	Map current provision to ensure that appropriate national care pathways are incorporated and audited in hospitals and the community.	AMBER	Southampton are represented nationally to ensure national directives are implemented, e.g. following the demise of the LCP, we have developed and implemented an 'individualised care plan for the last days and hours of life' based on the 5 Key Priorities of Care document. DNACPR is audited in acute hospitals with adherence to the recent Tracey judgement AMBER care bundle to identify and support people to achieve their preferred wishes at the EOL (rolled out in acute hospital). The Transform programme - enabling more people to be supported to live and die well in their preferred place. Actively working with UHS west Hampshire looking at recommissioning end of life care,	Chrissie Dawson
62.	Extend palliative care to other diseases besides cancer and ensure access to physical, psychological, social and spiritual care.	AMBER	Countess Mountbatten House was successful in a DOH grant to improve the facilities at the hospice, the refurbishment included appropriate surroundings to care for people with a non-cancer diagnosis approaching EOL, as a result CMH has seen an increase in the number of people with a non-malignancy receiving care. Currently working with providers e.g. UHS to look at recommissioning end of life care to extend beyond cancer and increase opportunities to enable people to die at home as a choice.	Chrissie Dawson
63.	Establish an end of life care register accessible to all appropriate service providers (e.g. Out of Hours Service).	RED	This has slipped for Southampton (and SHIP) as the preferred IT platform has been superseded by the Hampshire Health Record, with the timescales for the End of Life plans for the end of summer 2015.  This action will be reviewed. Consideration will be given on the best approach in the End of Life Review and Better Care planning.	Chrissie Dawson
64.	Have timely bereavement counselling available.	AMBER	Family member/carers receive an initial contact from provider who cared for deceased with signposting to appropriate services as required. SCCC is continuing to work with providers and the voluntary sector to ensure feedback from the national VOICES survey is considered going forward.  This has been included in the End of Life Review.	Chrissie Dawson



# Agenda Item 7

<b>DECISION-MAKER:</b>	HEALTH AND WELLBEING BOARD		
<b>SUBJECT:</b>	HEALTH AND WELLBEING STRATEGY: UPDATE		
<b>DATE OF DECISION:</b>	4 NOVEMBER 2015		
<b>REPORT OF:</b>	ASSISTANT CHIEF EXECUTIVE		
<b><u>CONTACT DETAILS</u></b>			
<b>AUTHOR:</b>	<b>Name:</b>	<b>Dottie Goble</b>	<b>Tel:</b> 023 8083 3317
	<b>E-mail:</b>	Dottie.goble@southampton.gov.uk	
<b>Director</b>	<b>Name:</b>	<b>Suki Sitaram</b>	<b>Tel:</b> 023 8084 2060
	<b>E-mail:</b>	suki.sitaram@southampton.gov.uk	
<b>STATEMENT OF CONFIDENTIALITY</b>			
None.			

## **BRIEF SUMMARY**

The current Joint Health and Wellbeing Strategy (JHWS) for Southampton was adopted in 2013 and is due to expire in 2016. There is therefore a need to develop a new JHWS for the city, informed by an updated Joint Strategic Needs Assessment (JSNA). Local authorities and Clinical Commissioning Groups have equal and joint duties to prepare JSNAs and JHWSs, through the Health and Wellbeing Board (HWBB). This report details an updated timetable for the development of the JHWS following the Health and Wellbeing Board meeting on 30 September, where members requested that the timescales was extended to ensure meaningful consultation with stakeholders and the wider community.

## **RECOMMENDATIONS:**

- (i) To consider and agree the new timetable, detailed in paragraph 7, for the consultation on and development of the Health and Wellbeing Strategy.

## **REASONS FOR REPORT RECOMMENDATIONS**

1. The Health and Social Care Act 2012 sets out the Health and Wellbeing Board's duty to promote health and wellbeing and reduce inequalities in health in their area.

## **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

2. None.

## **DETAIL (Including consultation carried out)**

### **Background**

3. At their meeting on 30<sup>th</sup> September 2016 the Health and Wellbeing Board considered the draft timetable and initial analysis of the priority areas for the review of the Health and Wellbeing Strategy.
4. A number of priority areas for focus for updating the Joint Strategic Needs Assessment were agreed at the meeting based on initial analysis. These include:
  - Early years / child health

- Long term conditions
- Taking responsibility for health
- Inequalities

A summary of the initial analysis and reasons for focussing on these areas is provided in Appendix 1.

5. It was agreed that further analysis is undertaken on these themes, through work to update the JSNA compendium, and the upcoming public consultations. This will provide a range of qualitative and quantitative information which will enable HWBB to identify the priority outcomes and themes for the JHWS.
6. The original intention was to develop the JHWS for approval in March 2016. However, HWBB noted that the timelines to achieve that would be very challenging and would limit the opportunity for a full and meaningful consultation with all stakeholders, particularly patients and users. It was agreed that Healthwatch Southampton will be involved in developing and supporting the consultation process.
7. There is a significant amount of work required over the coming months in order to update the JSNA and deliver a full programme of consultation for stakeholders. To enable this more meaningful consultation it was therefore agreed that the timetable would be reviewed. An amended timetable the strategy is developed for approval in July 2016. The table below outlines proposed key milestones:

Activity	Board/Mechanism	Timescale	Deadline for papers
<i>Agreeing the Approach and Priorities</i>			
Present proposed timetable and priority areas for data/ analysis and consultation to HWBB	Health and Wellbeing Board	30.09.15	Tabled
Present proposed timetable and priority areas for data/ analysis and consultation to CMT	CMT	06.10.15	Tabled
<i>Consultation</i>			
Draft survey and focus group topics, circulate for approval	Meeting with key stakeholders	Oct/Nov	
Survey goes live		Early Dec 15	
Survey closes		End Jan 16	
Focus groups		Jan 16	
Focus group session with Health Watch		Jan 16	
Analysis		Early Feb 16	
<i>Consultation and JSNA Data Feedback, Finalising Priorities and Outcomes</i>			
Update on data, feedback, finalising outcomes	CMT/CCG	Feb 16	
	HWBB		
	HOSP		
	CMB		

<i>Developing a First Draft and Stakeholder Engagement</i>			
Writing a first draft		Feb/March	
Requesting views and input	Other Stakeholders inc. Health Watch, criminal justice agencies, providers, GPs, housing services etc.	March/April 16	
	CMT/CGG	April 16	
	LSCB		
	LSAB		
	CCG Board		
	CMT/Cabinet		
	Connect		
	CCG SMT		
	CEG		
Discussion/ update	HWBB	May 16	
Requesting views and input, reviewing work to date	Commissioning Board	May 16	
<i>Final Draft and Approvals</i>			
Presentation and Sign off of Final Draft	CCG Board	<i>25.05.16</i>	<i>13.05.16</i>
	CMB	June 16	
Minor amends in line with feedback	HOSP	<i>16.06.16</i>	<i>09.06.16</i>
	HWBB	<i>22.06.16</i>	<i>13.06.16</i>
Approval	CMT/CCG	<i>28.06.16</i>	<i>24.06.16</i>
	Cabinet/CMT	<i>28.06.16</i>	<i>24.06.16</i>
	Cabinet	19.07.16	28.06.16
	Full Council	20.07.16	08.07.16

\*Dates in italic tbc in diaries

- The Health and Wellbeing Board is requested to consider the amended timetable for the development of the Joint Health and Wellbeing Strategy; particularly to ensure that the Board and Healthwatch Southampton will be appropriately involved in the strategy as it progresses.

## **RESOURCE IMPLICATIONS**

### **Capital/Revenue**

- None.

### **Property/Other**

- None.

**LEGAL IMPLICATIONS**

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

8. None.

**Other Legal Implications:**

9. None.

**POLICY FRAMEWORK IMPLICATIONS**

10. None.

**KEY DECISION?** No

<b>WARDS/COMMUNITIES AFFECTED:</b>	All
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**SUPPORTING DOCUMENTATION**

**Appendices**

1.	Initial Analysis of Priority Areas for the Joint Strategic Needs Assessment work
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**Documents In Members' Rooms**

1.	
----	--

**Equality Impact Assessment**

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No
--	----

### INITIAL ANALYSIS OF PRIORITY AREAS

#### Child Health / Early Years

1. From 2002 to 2014, the number of births in Southampton has risen by a third, which equates to over 800 extra births per year. These higher levels of birth will increase demands upon a whole range of universal services such as schools, GPs and dentists as well as for targeted and specialised services such as parenting support, speech and language therapy or specialist social care services.
2. One of the key Marmot recommendations was to give every child the best start in life in order to ensure children remain healthy throughout life, reduce health inequalities and (given the increasing demand) to help ensure the provision of health and social care services are sustainable in the future. Therefore, in Southampton the intention is to ensure that all children enjoy good health throughout life, are kept safe from abuse, harm and neglect, enjoy growing up and are able to achieve well academically to increase life chances and be well placed to achieve economic wellbeing.
3. However, this is currently not the case for all children and young people in the city. We know that too many of our children have their potential wasted; not achieving as well as they could at school, having poor health due to obesity, poor diet, poor choices in relation to alcohol etc. Some examples are below:
  - 23.5% of children under 16 live in poverty, which is significantly higher than the England average of 19.2% (2012)
  - Only 51% of children in Southampton achieved 5 or more A\*-C grades at GCSE (Inc England & Maths), which is significantly lower than the England average of 56.8% (2013/14 data)
  - Southampton has a significantly higher level of pupil absence from school at 5.1% compared to the England average of 4.5% (2013/14), although this has been falling in recent years.
  - Despite recent improvements, Southampton continues to have a significantly higher teenage conception rate (36.2 per 1000 females aged 15-19) compared to England (24.3) and is the third highest in our comparator group (2013 data).
  - Southampton has significantly higher proportion of children classified as overweight or obese compared to England for both Year R and Year 6 children. For Year 6 children, Southampton has the third highest percentage amongst our comparator group – 37.2% compared to 33.5% for England (2013/14 data)
  - 13.9% of mothers in Southampton report smoking at time of delivery which is significantly higher than the England average of 10.3% (2014/15 Q3 data)
  - Southampton has the highest rate of children in care in the South East Region at 104 per 10,000 children (aged under 18), significantly higher than the England rate of 60; this equates to 500 children in the city and this number is rising year on year (2014 data).

- Southampton has the second highest rate of alcohol specific hospital admissions in the South East Region at 87.1 per 100,000 population (aged under 18) which is significantly higher than the England average of 40.1 (2011/12 to 2013/14 pooled data)

## Long Term Conditions

4. According to the DoH (2010), people suffering with long term conditions represent 69% of health and care spend, 77% of inpatient bed days, 55% of GP appointments and 68% of outpatient and emergency department appointments. The number of people aged over 65 in Southampton is forecast to grow by 19% between 2014 and 2021, the equivalent of an extra 33,000 people. This will mean that the management of long term conditions will make a growing contribution to the overall burden of disease and costs to the local health & social care system. However, many long term conditions and their complications are often preventable.
5. Some of the main issues facing Southampton are below:
  - Premature mortality (under 75s) from cancer in Southampton is 159.9 per 100,000 population, significantly higher than the England average of 144.4
  - Breast cancer screening coverage (amongst women aged 53-70) in Southampton is 69.5%, significantly lower than the England average of 75.9% and 5<sup>th</sup> lowest amongst our comparator group. The picture is similar for cervical cancer screening.
  - Premature mortality (under 75s) from cardiovascular diseases in Southampton is 93.8 per 100,000 population, significantly higher than the England average of 78.2
  - Premature mortality (under 75s) from respiratory diseases in Southampton is 45.8 per 100,000 population, significantly higher than the England average of 33.2, and the fourth highest amongst our ONS comparator group.
  - Diabetes is a serious life threatening condition and can lead to complications such as heart disease, kidney disease and stroke. In Southampton the diagnosed prevalence of diabetes has risen from 3% in 2004/05 to 5.4% in 2013/14. Diabetic retinopathy is the greatest cause of blindness in working age people and Southampton has a significantly higher rate than England and second highest amongst its comparator group. Up to 80% of type 2 cases of diabetes can be prevented or the onset delayed if people led healthier lifestyles.

## Taking Responsibility for Health

6. Much of the premature mortality and morbidity experienced in Southampton could be prevented or delayed if people took responsibility for health and led healthier lifestyles. Some of the main issues for Southampton are highlighted below:
  - The WHO acknowledges that smoking is the single largest preventable cause of death and disability in the developed world. Smoking prevalence in Southampton is 21.5%, significantly higher than the England average of

18.4%. Southampton also has a significantly higher mortality rate attributable to smoking (329.2 per 100,000 pop vs 288.7).

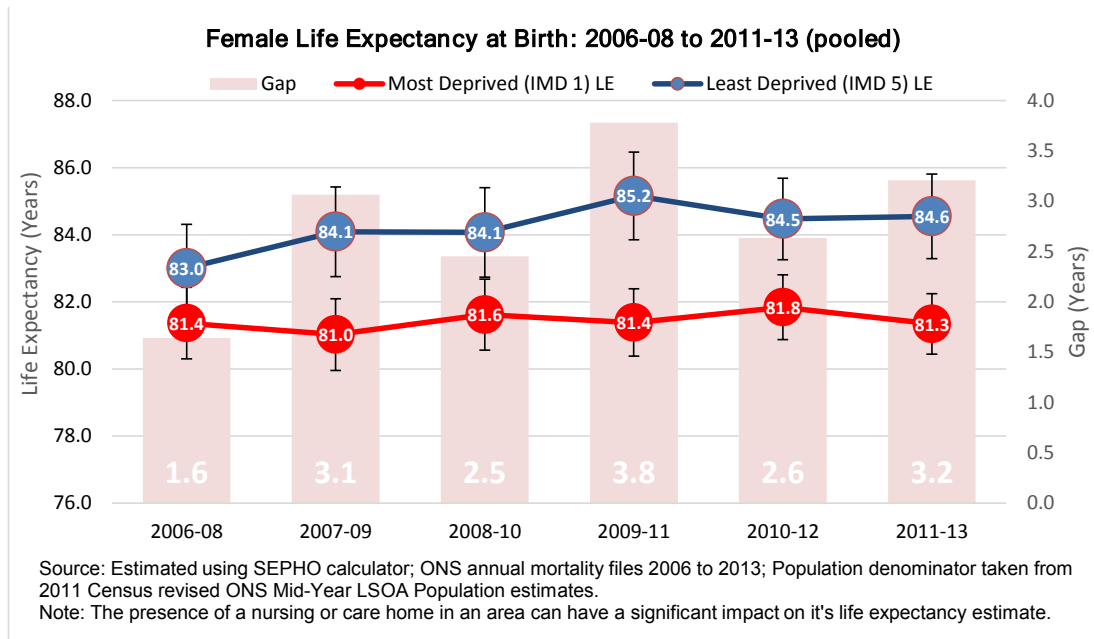
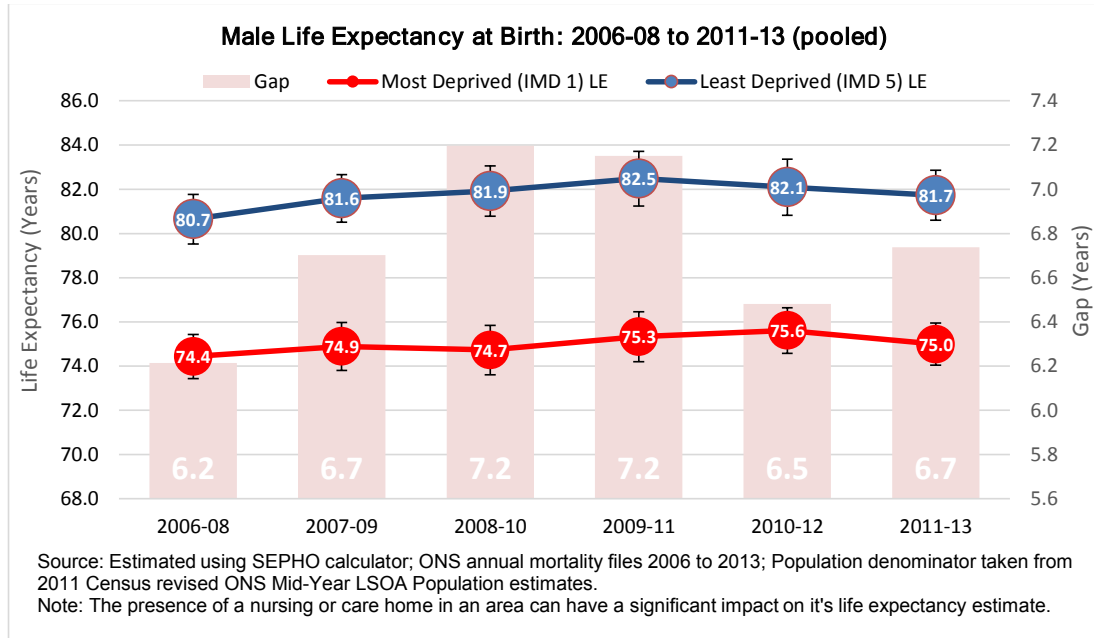
- Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually. Alcohol specific mortality and mortality from chronic liver disease are both significantly higher in Southampton compared to the England average (2011-13 data).
- Southampton also has a significantly higher rate of benefit claimants due to alcoholism (201.3 per 100,000 working age population compared to 131 for England in 2014)
- The human costs of unplanned pregnancy, STDs and HIV are enormous. Treating STDs and their consequences cost the NHS an estimated £1 billion every year. The most costly infection is HIV, with an annual treatment cost of around £15,000 per person. Southampton has a significantly higher rate of new STI diagnoses compared to the England average (899 per 100,000 population aged 15-64 compared to 829). We also have one of the highest teenage conception rates (see above).
- Levels of obesity have increased over the last 20 years for both adults and children. Obesity is linked to poor health in the longer term and increases the risk of conditions like diabetes, CVD and some cancers. It can also cause joint and back pain, mental health problems and social difficulties. Being overweight can reduce life expectancy by up to 3 years and being obese can reduce it by up to 10 years. Southampton has the second highest prevalence of childhood obesity in Year 6 in the South East and is significantly higher than the England average (21.8 % compared to 19.1% in 2013/14). This picture is similar for children in Year R.

## Health Inequalities in Southampton

7. Over recent years health inequalities have persisted between the most deprived and least deprived populations in the City. The current status of health inequalities in the City has been outlined comprehensively in two city publications: the Director of Public Health's Annual Health Report 2014 and the briefing report, Health Inequalities in Southampton City – Analysis of Trends (Refresh November 2014). The Health and Wellbeing Board has received presentations on both of these data sources. A draft Health Inequalities Framework was also presented to the Board in July 2015, and included the recommendation that further consultation and engagement on this issue be undertaken as part of JHWS development in order to:

- Support consensus building on key principles/core themes and progress discussion to agree high impact actions.
- Expand the picture of current activity underway across core themes.
- Implement consultation with local population (community/voluntary groups and wider population).
- Inform the focus of the next iteration of the Joint Health and Wellbeing Strategy.

8. The reports all present a picture of consistent and persistent health inequalities in the city. For illustrative purposes the figures on male and female life expectancy between the least and most deprived populations in the city are outlined below.





<b>DECISION-MAKER:</b>	HEALTH AND WELLBEING BOARD		
<b>SUBJECT:</b>	HEALTHWATCH SOUTHAMPTON ANNUAL REPORT		
<b>DATE OF DECISION:</b>	4 NOVEMBER 2015		
<b>REPORT OF:</b>	HEALTHWATCH SOUTHAMPTON MANAGER		
<b><u>CONTACT DETAILS</u></b>			
<b>AUTHOR:</b>	<b>Name:</b>	<b>Rob Kurn</b>	<b>Tel: 023 80216031</b>
	<b>E-mail:</b>	<a href="mailto:R.Kurn@southamptonvs.org.uk">R.Kurn@southamptonvs.org.uk</a>	
<b>STATEMENT OF CONFIDENTIALITY</b>			
None.			

## BRIEF SUMMARY

This report presents the Healthwatch Southampton Annual Report for 2014/15 to the Health and Wellbeing Board and outlines the process for agreeing the forward plan for 2015/16. At the meeting, the Healthwatch Southampton Manager will also outline proposals to set up a feedback link on all Health and Social Care providers in the city via software on the Healthwatch Southampton website.

## RECOMMENDATIONS:

- (i) To note the progress and actions in the Healthwatch Southampton Annual Report 2014/15.
- (ii) To consider the principle and engage in the development of the proposal for Healthwatch Southampton to use feedback software on their website for Health and Social Care providers in the city.

## REASONS FOR REPORT RECOMMENDATIONS

1. The Health and Wellbeing Board have a duty within the Council's Constitution to exercise any functions that are exercisable by the Authority to promote or advance health and wellbeing not otherwise reserved to Council or the Executive.

## ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None.

## DETAIL (Including consultation carried out)

### Background

3. Healthwatch Southampton are required to review their activities against their strategic priorities and set these out in an annual report. This report presents the Healthwatch Southampton Annual Report for 2014/15, attached at Appendix 1.
4. Issues raised by the public have been prioritised by Healthwatch Southampton Strategic Group, and have formed the basis of a strategic work plan. Progress has been made according to the strategic work plan over the last year. These issues are further explored throughout this annual report and include:
  - Access to GP services
  - Adult Mental Health Services
  - Integration of Health and Social Care
5. Overall, it should be noted that where the first year's Healthwatch Southampton Annual Report outlined their development journey, whereas this year's report is

- able to highlight the outcomes achieved through the work programme.
6. Successful impacts have been achieved by:
    - Building relationships with both commissioners and providers of health and social care
    - Engaging with high impact situations and inspections
    - Providing information and signposting people who use health and social care services
    - Engaging with and providing advocacy for people who use health and social care services
    - Influencing decision makers with evidence from local people
  7. Particular successes have been achieved in:
    - Influencing the Mental Health services review including focussed engagement with mental health groups and services users and working closely with commissioners and Southern Health NHS Foundation Trust in the redesign of the Psychosis pathway (page 24).
    - Raising awareness and increasing access to GP registration for vulnerable groups through working with partners, resulting in real improvements (pages 25-26).
    - Seeking reassurance from the University Hospital Southampton that the situation around the child, Ashya King, was being dealt with correctly (Page 31).
  8. The report also outlines Healthwatch Southampton's plans for its first voting AGM (page 36) in autumn 2015. Following the election there will be a prioritisations exercise for the next forward plan for 2016/17 to ensure that its strategic focus is appropriate. These priorities will be reported to the Health and Wellbeing Board in March 2016.
  8. Finally it should be noted that these priorities will be developed alongside negotiations with commissioners to deliver savings of 5% and 10% in the next two years. Healthwatch Southampton will be looking very closely at what it continues to deliver in the future.
  9. The Health and Wellbeing Board are requested to note the progress and actions in the Healthwatch Southampton Annual Report 2014/15.
  10. At the meeting, the Healthwatch Southampton Manager will also outline a proposal to use a new software package to rate health and social care providers through their website.
  11. The Health and Wellbeing Board are asked to consider the plans and agree how they wish to be involved in the shaping the proposal and influencing the system going forward.

## **RESOURCE IMPLICATIONS**

### **Capital/Revenue**

12. None. The activities outlined in this report are resourced through a commissioning arrangement with Southampton City Council.

### **Property/Other**

13. None.

**LEGAL IMPLICATIONS**

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

14. None.

**Other Legal Implications:**

15. None.

**POLICY FRAMEWORK IMPLICATIONS**

16. None.

**KEY DECISION?** No

<b>WARDS/COMMUNITIES AFFECTED:</b>	All
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**SUPPORTING DOCUMENTATION**

**Appendices**

1.	Health Annual Report 2014/15
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**Documents In Members' Rooms**

1.	
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**Equality Impact Assessment**

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	Yes/No
--	--------

**Other Background Documents**

**Equality Impact Assessment and Other Background documents available for inspection at:**

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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1.		
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# Healthwatch Southampton



Annual Report  
2014/15





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# Note from the Chair & Manager

**The year under review has been a busy one for Healthwatch Southampton as the changes brought about by the Health and Social Care act have begun to take effect. Increasingly various NHS and social care bodies realised their commitment to public engagement inviting us to engage with them.**

Southampton is generally regarded as a good place to live; however, there are major health inequalities across the City. Life expectancy is 8.9 years lower for men and 4.5 years lower for women in the most deprived areas of Southampton than in the least deprived areas.

Healthwatch Southampton (HWS) is disproportionately busy for its size as the city has a very large regional specialist teaching hospital. It is also the headquarters of a community trust that serves Southampton, Portsmouth and large parts of southern Hampshire. In addition we have a large mental health hospital in the city.

We continued to build relationships with both commissioners and providers of health and social care. The local Clinical Commissioning Group (CCG) on which we have speaking



**Harry F Dymond MBE**  
**HWS Chairperson**

rights on the main Board and on the clinical Governance Committee has been very active and we have been engaged with them on a number of issues to ensure that services are

designed to meet the needs of the city. We have worked very closely with the Acute Trust which provides general hospital, maternity and hospice care.



**Rob Kurn**  
**HWS Manager**

During the year under review there was a high profile situation which caused national publicity and Healthwatch Southampton was quick to seek the necessary assurances of appropriate action. The hospital instituted internal reviews of its performance and we were directly involved. The Care Quality Commission (CQC) conducted its inspection in December and we were engaged with them prior to their visit and at the quality summit. We have agreed with the Trust to meet with them to review progress on their action plan prior to reporting back to the CQC.

HWS was also involved with an earlier inspection by the CQC of the community trust and in its thematic review of Mental Health in the city.

Healthwatch Southampton actively participates as full members of the Health and Wellbeing Board, Southampton Safeguarding Adults Board and the Wessex Quality Surveillance Group. In addition we contribute to the Health Overview and Scrutiny Panel. Our seat at the Health and Wellbeing Board has enabled us to influence the agenda in terms of mental health services, with a full review of the city's offer now underway by commissioners.





Community engagement continues to be a most important part of our activity and our community worker has been very active. He has attended well over 100 meetings of groups and societies as well as meeting individuals across the city, thus ensuring their views play a central role in all we do. Our website is now well developed and we reach over 2000 people through Twitter.

We have seen an increased demand for our signposting services and our work with the local Citizens Advice Bureau means that members of the public have convenient access to services. In addition, people contact our office directly.

We are conscious that people are still reluctant to complain about health services and we have made strenuous efforts to reassure patients that if they have cause to complain they can do so without fear of repercussions. We continue to commission SEAP to provide the independent complaints advocacy service.

Regular reporting from them ensures that we can build up a picture of common issues and deal with them as they arise. Satisfaction from users of this service remains high.

We have made slow but steady progress on our three main work items viz; mental health, registration with GP services and the Better Care programme. We have recruited a team of volunteers to help us undertake the increasing workload and we will continue to expand this in the coming year.

We have participated in Patient Led Assessment of the Care Environment (PLACE) inspections at the General Hospital, Western Hospital, South Hants Hospital, Princess Anne Hospital, the Countess Mountbatten Unit, the Southampton Treatment Centre, and the Spire Hospital. We have commented on the quality accounts of University Hospital Southampton FT, Solent NHS Trust and Southern Health FT.

We would like to take this opportunity to thank members of the Strategic Group and staff

team for their dedication, commitment and conscientious efforts on behalf of the citizens of the city.

We look forward to the next year in what promises to be a very challenging time for both health and social care in the city.

*Harry & Rob*



*Harry Dymond and Sam Goold with members of a PLACE Team*



# About Healthwatch

**Healthwatch is here to make health and social care better for ordinary people. We believe that the best way to do this is by designing local services around their needs and experiences.**

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care.

We are uniquely placed as a network, with a local Healthwatch in every local authority area in England.

As a statutory watchdog our role is to ensure that local health and social care services, and the local decision makers, put the experiences of people at the heart of their care.

## Our vision/mission

Our vision is for high-quality health and social care services that are based upon strong user evidence and public feedback.

## Our strategic priorities

Issues raised by the public have been prioritised by Healthwatch Southampton Strategic Group, and have formed the basis of a strategic work plan. Progress has been made according to the strategic work plan over the last year. These issues are further explored throughout this annual report.

- **Access to GP services**
- **Adult Mental Health Services**
- **Integration of Health and Social Care**

**Healthwatch  
Southampton  
your voice in  
improving  
health and  
social care**



Our Healthwatch Team (from left to right): Sam Goold; Rob Kurn; Janette Smith.



# Engaging with people who use health and social care services

## How local people's needs and experiences of health and social care services have been obtained.

Healthwatch Southampton uses a variety of methods to understand people's needs and experiences. Our primary approach has been ongoing outreach by our Community Development Worker, members and volunteers. We also network extensively throughout the city and using our contacts within the statutory and voluntary sectors.

Healthwatch Southampton collects experiences in a variety of ways; listening to people through open questions, surveys or campaigns and in person, or through our website and social media. We publicise ourselves through quarterly newsletters, local radio, and leaflets and posters at NHS and other public buildings. Our partnership work has included organising events such as with QualityWatch and a Mental Health Round Table with key stakeholders in the city.

## Young people (under 21)

During the year, Healthwatch Southampton sought to get the views of young people in a number of ways:

**Itchen College** - We were invited to be part of the enrolment day for sixth formers at Itchen College and took the opportunity to carry out a survey. This revealed:

- **8 out of 30 students said they didn't have or didn't know if they had a GP**
- **A third said they didn't think at all or much about their health**
- **Getting appointments when they want was the top answer in regard to improving services**
- **Most said they would go to their GP or family for help with their health**
- **Most said improving their diet was the one change that would improve their health**

## Case study - Easy read leaflet

Having identified the need for an easy read leaflet for people with learning difficulties, we co-produced an Easy read leaflet in conjunction with the Busy People group.

Our data and communications worker met with the group to discuss their needs and preferences for a leaflet. A prototype was then shown to the group for approval and review. After a few adjustments the leaflet was produced in September and presented to the group. The finished product was well received by Busy People and they expressed a wish to help in any future projects.





**City College** - Healthwatch Southampton gave a talk to City College Health & Social Care students and led a class discussion on some key health questions. A third said they didn't do anything in particular to keep healthy and most would go to a doctor first if they had a health problem (other answers included parents, Google or friends).

In terms of how health services can be better, students said; more GPs, quicker waiting times, out of hours' appointments, and not to restrict certain medicines to young people.

If there was one change that would improve their health, four said more exercise, seven eating more healthily, six said to stop smoking and one person said less stress.

**University of Southampton** - We have been in regular contact with students at the University of Southampton and sought views at a number of events including an Ideas Café, Make a Difference Day, Health Sciences Information Day, and Employability Week. We also teamed up with the University through their Student Consultancy Scheme asking a team of students to research student mental wellbeing. The team produced a fascinating and insightful report which is available at our website: [www.healthwatchsouthampton.co.uk/news/student-mental-health](http://www.healthwatchsouthampton.co.uk/news/student-mental-health)

**Southampton Children's Hospital Youth Partnership (SCHYP) -**

Healthwatch Southampton gave advice in the establishment of the Southampton Children's Hospital Youth Partnership (SCHYP) which



*The Student Consultancy Scheme team with their completed mental wellbeing report*



launched in January. This brings together young people to develop ideas about how the Children’s Hospital can be made the best experience for people who use it.

Views and issues of young people are also raised by a member of our Strategic Group who is Chief Executive of a young person’s charity. She has highlighted problems facing young people, particularly in the area of mental health.

### Non-city Residents

Many people who volunteer, work and access health services in Southampton come from outside the city. When seeking the views of

this group of people our approach has been to have outreach events at health centres in the city which serve a wider population - most obviously at Southampton General Hospital and the Royal South Hants Hospital. By doing this, we have been able to build a picture of some of the issues facing people who may not live here. Transport and accommodation issues have been raised as has the inconvenience that comes from cancelled appointments. We have taken up these issues and welcome the work by Southampton General Hospital in seeking to improve car parking and accommodation for parents at the Children’s Hospital.

### Getting the views of...

#### Disadvantaged people, vulnerable people and people who are seldom heard

Since Healthwatch Southampton was established, we have always actively sought views from people that may be defined in these groups. Our outreach has continued this year and has included:





## Enter and View

Healthwatch Southampton has established strong relationships with all providers of health care in the city and is currently working to build strong relationships with social care providers. As a result, we have not found the need to use our statutory powers to enter and view. This does not imply that we have not inspected services; on the contrary, we have been fully engaged and conducted several inspections. Due to the developed relationship we enjoy with providers and commissioners these are usually done by mutual consent and in fact they frequently ask us to comment on their services.

Possibly the most obvious example is a scheme established by University Hospitals Southampton FT which is an area/ward accreditation scheme, established a few years ago. This involves two or three 'assessors', one of which is a lay member, mostly members of Healthwatch, making an unannounced visit to an individual area. They use the 'fifteen steps challenge' as the basis of the inspection. Following the unannounced visit, there is a formal panel meeting with the manager of the area and the Matron to discuss the performance of the area. At the conclusion of the meeting the area may be fully accredited, accredited with improvement conditions, or referred for further assessment. Using these assessments, Healthwatch Southampton has seen considerable changes to some of the areas inspected. If, as a result of patient or public feedback, we become concerned about an area, we can request an inspection of that area.

In addition Healthwatch Southampton was heavily involved in the Patient Led Assessment

of the Care Environment (PLACE) inspections. For these inspections Healthwatch must be invited to participate. In Southampton we provide the majority of lay assessors. Inspections of NHS hospitals were performed at the General Hospital, Princess Anne Hospital, Countess Mountbatten Hospice, the Western Hospital, the Royal South Hants Hospital, as well as the two Private hospitals that treat NHS patients (the Southampton Treatment Centre and the Spire hospital). As a result of the PLACE inspection, many changes were made to the environment in these locations.

The Hospital Trust embarked on a series of Divisional reviews based on the new CQC approach to inspections. The reviews, which were intended to be developmental, were organised by the Medical Director and



Director of Nursing. Staff from the division were encouraged to be completely open and learn from the process and we were invited to participate as part of the review team. As part of the process we were able to speak freely to both patients and staff to gain their views. The process was very thorough and our feedback was actively sought.



# Providing information and signposting for people who use health and social care services

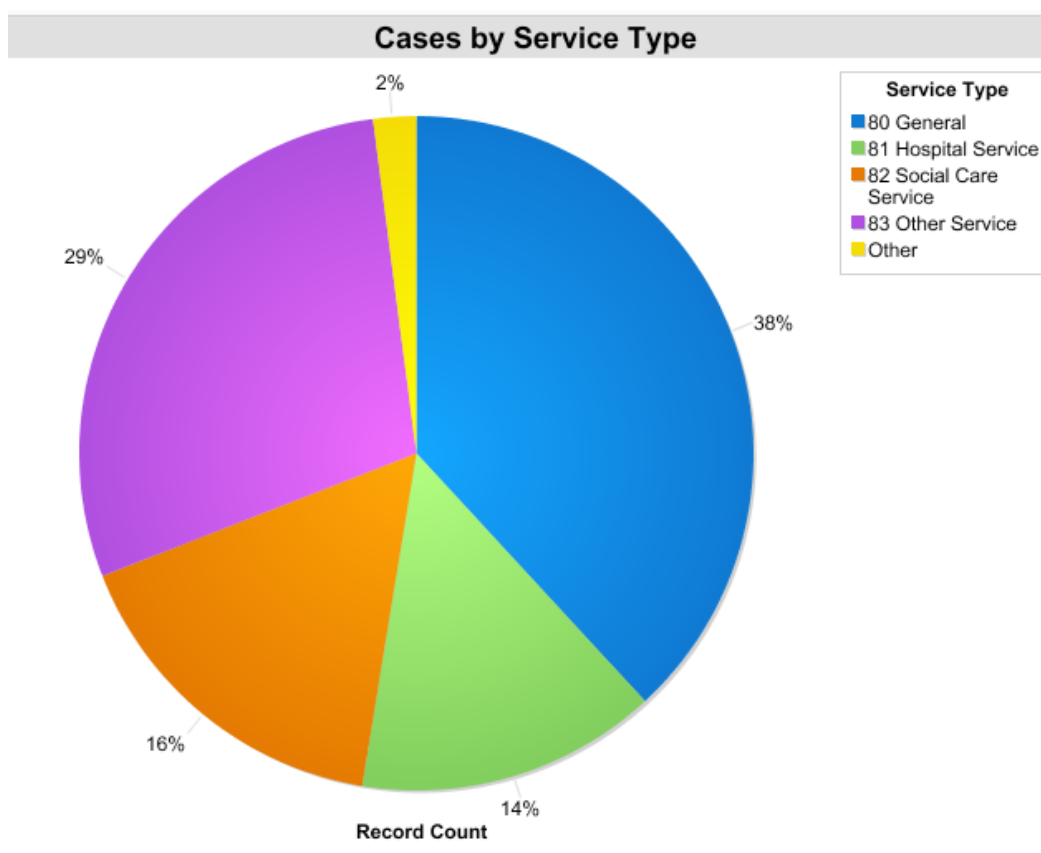
Healthwatch Southampton continues to provide information, advice and signposting in collaboration with Southampton Citizens Advice Bureau. We aim to respond quickly and efficiently to public enquiries, and if we do not have the information or answer, we will always seek to find the person or organisation who does.

Healthwatch Southampton also has partnerships with SEAP and Choices Advocacy to increase access to information and advice in health and social care.

## Healthwatch Case Statistics

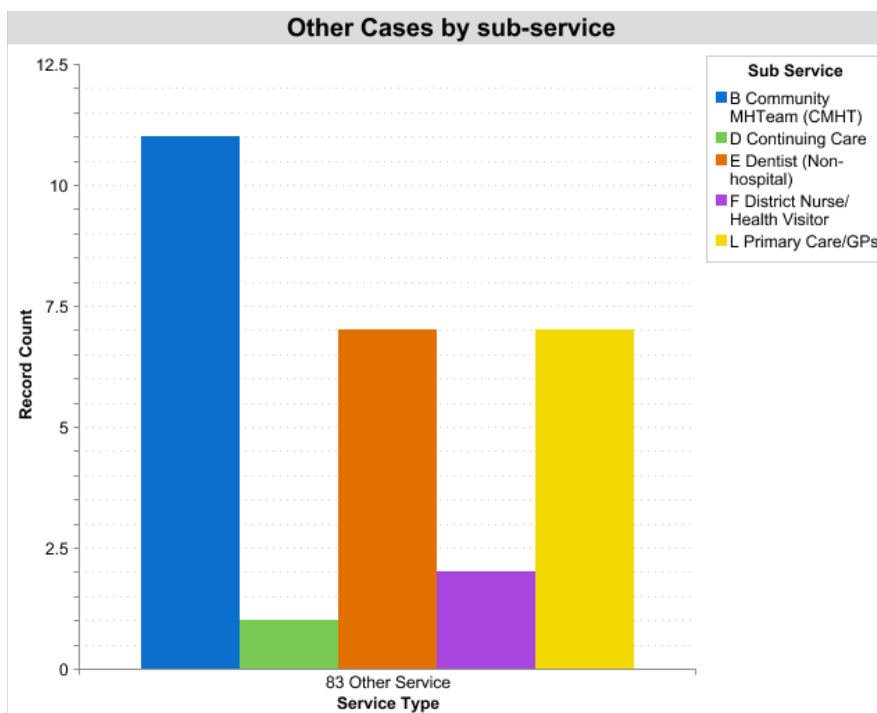
Along with enquires which came via SEAP and the CAB we received and worked on 97 direct enquires from the public during the year. Many of these were complex cases which required significant time to reach a satisfactory outcome for the client.

The majority of these were categorised as 'General' or 'Other Services' with 16% relating to 'Social Care Services' and 14% relating to 'Hospital Services'.

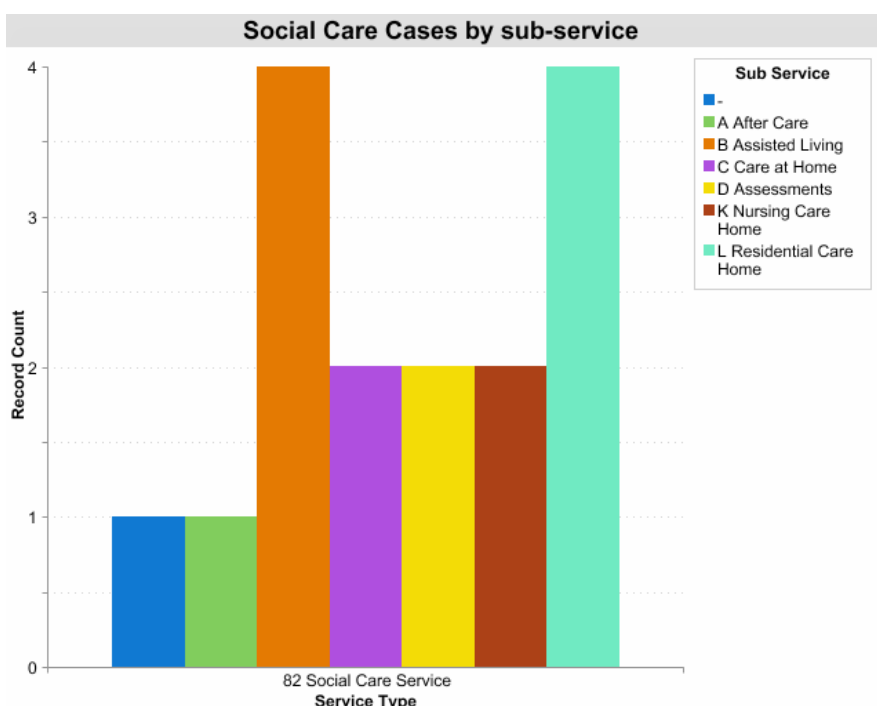




Within the 'Other Services' category, 12 cases related to mental health, followed by dentists (7) and primary care/GPs (7).



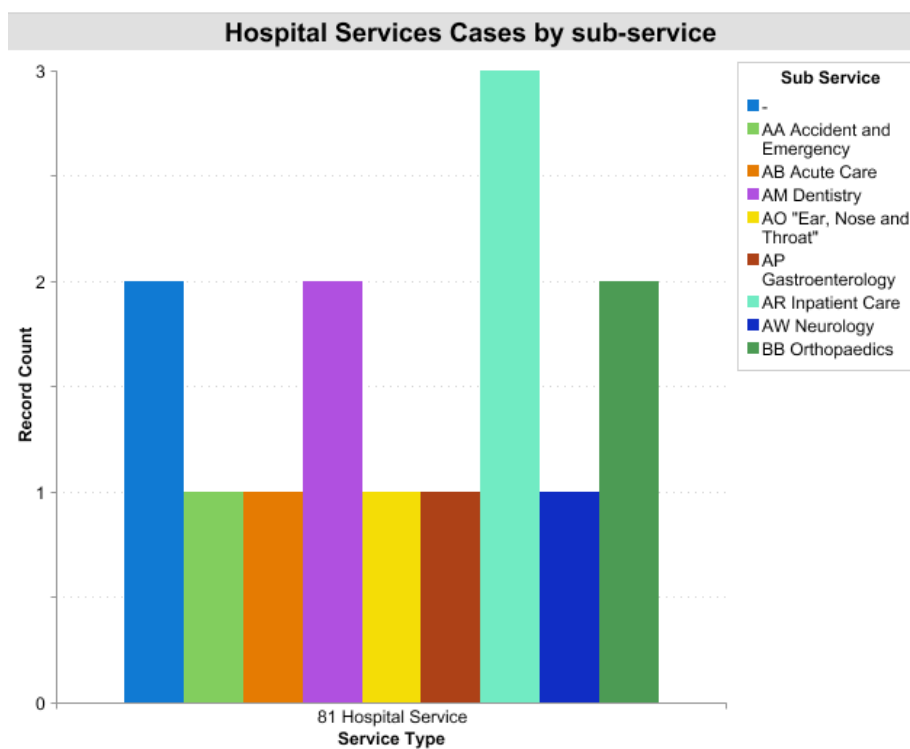
Within the 'Social Care Services' category most cases concerned assisted living (4) and residential care homes (4).



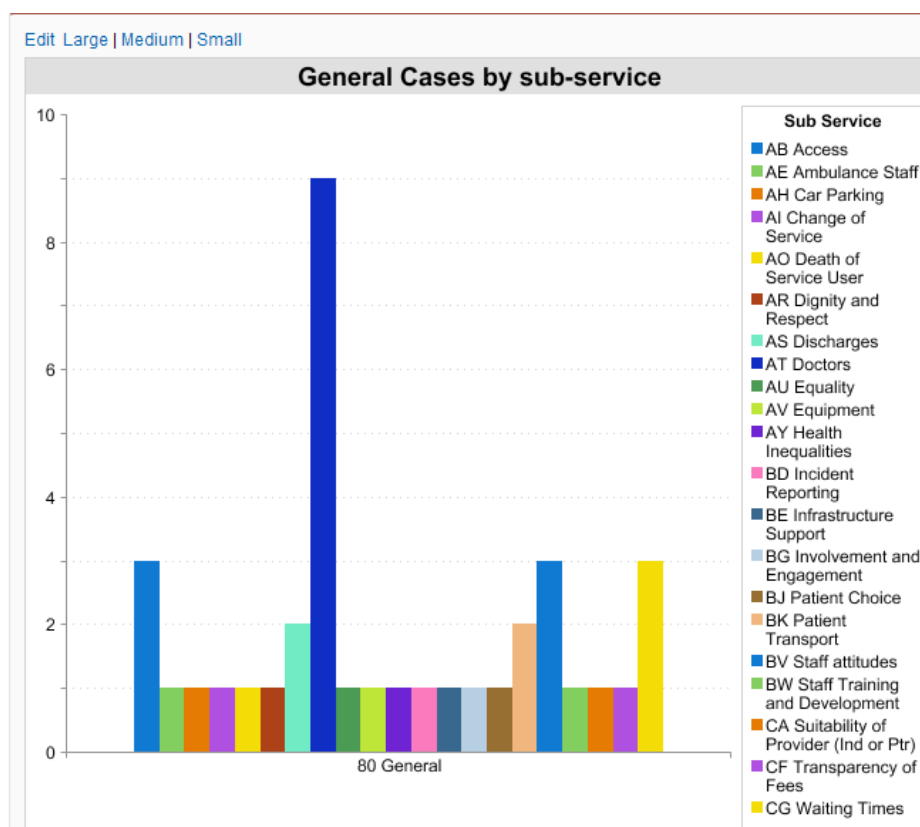




Within the 'Hospital Services' category most requests for information and advice were regarding inpatient care (3).



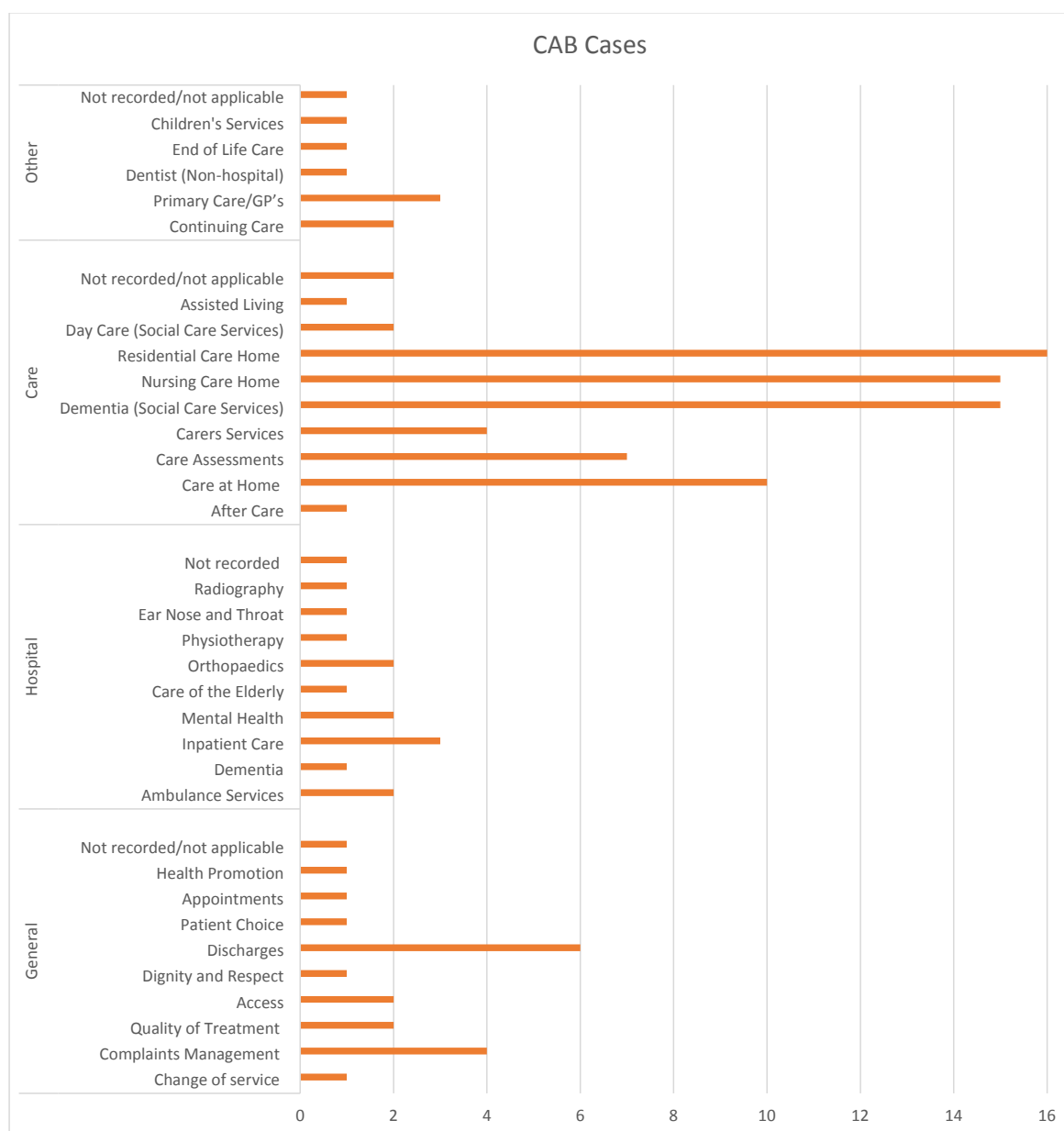
And cases under 'General' show that information and advice regarding doctors (9) was most requested.





## Citizen's Advice Bureau

Through joint-working we have provided information and advice to people using CAB services in the city. During the year, most requests for information and advice via the CAB concerned social care. The fact that there is currently no independent complaints advocacy service for social care may be a contributing factor and this is an issue that we have escalated to Healthwatch England.





## Case study

The client was infected with Hepatitis C more than 40 years ago possibly due to blood transfusions when in an NHS hospital for childbirth. A biopsy initially established her problem was mild. Recently, however, the client's condition deteriorated and she was diagnosed with Cirrhosis.

She appealed to the Skipton Fund Appeal Panel, as she was unable to benefit from ex gratia payments. According to the refusal letter she received, the client had failed to prove that her blood

was contaminated as samples do not exist anymore. Medical records have also been destroyed. The refusal letter establishes there is an option to appeal to the High Court via judicial review and advises her to contact CAB or a solicitor to explore this or other options. From the information provided by the letter, it was established that the client will need help at a higher level and was therefore signposted to solicitors offering free initial consultation in medical negligence.



*Irene Warrican and Anne Cato, HWS Community Supporters*



# Healthwatch Impact Stories

## Case Study Snap Shots



Mr H contacted Healthwatch Southampton with the issue of accessibility at a local GP surgery. Two heavy doors open outwards and are impossible to open for a wheelchair user. We called the Practice Manager who recognised this as a problem but said that it had not been a priority. She said she would chase this up with her team and get automatic doors fitted.

Following outreach work, our Community Development Worker met Mr Z who has been waiting several months for the renewal of his Blue Badge. This was particularly important as he cares for his wife and needs a car and parking access for shopping. We contacted the council who resolved the matter the next day.

A young couple who had recently moved from Lordshill were trying to register with a new GP practice. He had recently moved into temporary accommodation and she was staying with him unofficially. She was also pregnant and needed to see a doctor but

couldn't afford to travel to her old GP. Neither knew where their nearest GP practice was or had identification, which is often asked for. We directed them to their nearest practice and let them know that they couldn't be turned away due to not having proof of identity. We followed-up with a call to see that they were registered.

Mrs B is a carer for her husband. They live on the Channel Islands and came to Southampton General Hospital for an appointment. This was cancelled due to a lack of beds. Mrs B wanted to enquire whether she can get any compensation for the travel and hotel costs. We contacted the Patient Advice and Liaison Service (PALS) team at the hospital.

Healthwatch Southampton received a call from Mrs P who lost her Care Co-ordinator in October and was not allocated a new one. She had also not seen her psychiatrist for a long while and felt 'in limbo'. We contacted mental health services on her request. She then called again about who could sign her bus pass as her GP wouldn't do it. We contacted the council who explained any medical practitioner can do this and then contacted Mrs P to explain this. She said mental health services had just called her, had offered to sign the bus pass and were on the case with arranging a new Care Co-ordinator. Mrs P said she was sure that mental health services had been in touch thanks to Healthwatch Southampton's intervention.





## Case Study Snap Shots...

Mr G called regarding his mother's house boiler which had stopped working. He failed to get anywhere with the boiler insurance company as they needed to speak to his mother, but she has dementia and cannot communicate well. He needed to get the boiler fixed but was not sure where to go. We referred him to the Age UK helpline in Southampton.

We were called by Mr K regarding a friend who recently died and is in the mortuary at hospital. She was a British Citizen but had no family here. Her family live in another continent and want her body flown there for burial but there is no money for this. Healthwatch Southampton researched this area and recommended speaking to a funeral director to get advice. There is government help for funerals but this was unlikely to cover repatriating the deceased to such a distance. She may have had insurance or credit card insurance and this needed to be checked. This information was given to the caller.



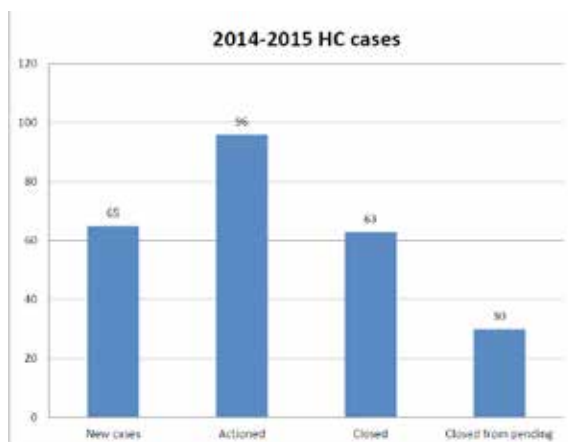
*Healthwatch reviewed some of the promotional materials for a Southampton City CCG campaign aimed at giving people knowledge to help access appropriate services. We joined members of staff and volunteers in handing them out to the public at various locations across the city.*





### Case overview

SEAP Health Complaints advocacy has supported 96 clients with direct advocacy support for the year 2014-2015. In addition to this, SEAP has also supported an additional 30 clients by use of the Self Help Information Pack (SHIP pack) containing letter templates, information, and advice. These cases have been recorded as 'closed from pending'. These clients have also accessed support from our duty advocates and have then chosen to pursue their complaint independently upon receipt of the SHIP pack.



SEAP advocates continue to deliver on the networking strategy:

#### Southampton libraries:

The SEAP advocates have supplied Health Complaints posters and leaflets to be distributed to all libraries within the city.

#### Southampton Carers Forum:

SEAP advocates attended the Southampton Carers Forum and gave a short presentation about Health Complaints Advocacy. A short article was also placed in their newsletter.

**M**r H had a bad experience at a dental surgery in Southampton. He had an infected tooth which was extracted whilst the tooth was infected and caused him intense pain for two weeks. He went to a walk-in dentist who X-rayed him and gave stronger pain killers which were never offered by the original dentist. He has written an email to complain but wanted advice. He was referred to SEAP.

**Referral to SEAP**

#### Solent NHS Trust:

A meeting was arranged with Sarah Logan - Complaints Manager. Sarah agreed to include our leaflets with each acknowledgement and confirmed that there is a paragraph regarding our service in the letter itself. Solent NHS Trust agreed to display the posters within all their services, clinics and wards. 100 posters were supplied to start this process.

#### University Hospital Southampton NHS Trust:

After several meetings with the UHST Complaints team, it was agreed that they would support any complaints by supplying our Health Complaints leaflets and display joint Healthwatch/Health Complaint posters.

#### Southern Health NHS Trust:

SEAP advocates met with Cathy Lakin and her team. They have agreed to send a Health Complaint leaflet with each acknowledgement letter and confirmed they have a paragraph



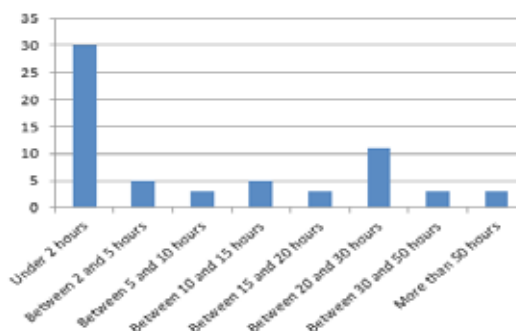
## SEAP Advocacy

on their response letter referring the patients to our service. The leaflets and posters are being placed in the waiting rooms of Cannon House, College Keep and Antelope House. Southern Health NHS trust have also received an electronic copy of the Health Complaint leaflet.

### GP and Dental Surgeries

Advocates have continued to contact GP and Dental surgeries. Many of the Practice managers are now including our leaflets with their correspondence and displaying posters in their surgeries. However, this is an ongoing networking strategy that SEAP will continue to monitor.

However, 17% of the year's cases were recorded as being between 20 - 30 hours. These cases would have involved Local Resolution meetings and are more complex. SEAP believes that this also demonstrates the high level of vulnerability for many clients and also the slow process when Health Ombudsman involvement is required.



Referral to SEAP

**W**e received a call from Miss R regarding ongoing problems with her GP. She feels that she was not being listened to regarding her pain issues and treatment. This had been ongoing for a number of months and as a result she has had to stop her studies. She was referred to SEAP for complaints advocacy.

### Closed Case Time:

47% of the years closed cases were recorded as under the two-hour period. This indicates that these clients were able to gain a fast resolution to their complaint without the necessity for Local Resolution meetings. This demonstrates empowerment for clients as they were in control from the start of the process.

**M**r X had to wait over an hour at his appointment at hospital. The appointment had already been rescheduled as it had run out of time. Mr X questioned the wait but was told he would just have to wait longer. He had to be at work so couldn't wait any longer. When he tried to complain to the complaints department at the hospital he was told "It's your fault because you left". Mr X was very angry about this as he still hasn't been seen by his consultant and was blamed personally for missing the appointment. Mr X was referred to SEAP for complaints advocacy.

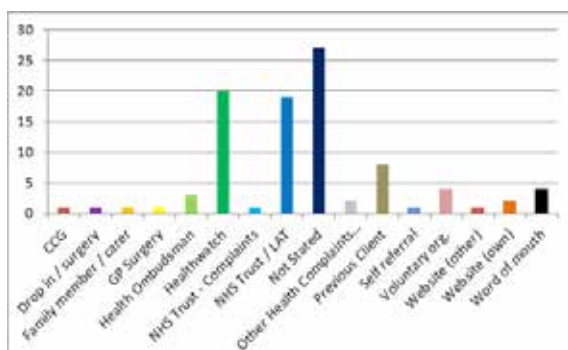
Referral to SEAP



## SEAP Advocacy

### Referral Source:

We have broken down the referral figures to help identify the routes clients are taking to be referred to the Advocacy Service. This data is used to identify areas that may require more awareness raising or intervention.



We have continued to see an increase in referrals directly from Healthwatch, now standing at 21% of the yearly figure. This is due to the advocates being contacted directly by Healthwatch. This speeds up the process and ensures a seamless service. Local Authority and NHS routes now account for 20% of the referrals received.

**“I found my advocate to be very helpful in preparing letters and wording everything correctly”.**  
*Client feedback*

Other referral routes have not yet seen significant increases but SEAP continue to deliver the networking strategy to raise awareness in these areas. We also have experienced a slight increase in clients returning to the service with new service complaints. 8% of the referrals for 2014-15

were from returning clients, although with new issues. SEAP believe that this demonstrates the client’s confidence in the value of our service.

**“It was very helpful to have an advocate attend the meeting with the complainant and to see the advocate support them.”**  
*NHS Professional*

### Outcomes of interventions:

SEAP is able to report the following outcomes for patients at Southampton General Hospital

- **The Ethnicity Inclusive Network (EIN) is now working with the hospital to help it deliver on its public sector equality duties concerning race equality for the benefit of both patients and staff. They have staff who are undertaking some detailed work looking specifically at the dietary requirements of patients from different ethnicities.**
- **Senior management changes to ward D5. The ward leadership has been reviewed and changed including the appointment of a new Senior Sister and Junior Sister team. The Senior Sister has been transferred from another area and is more experienced. She has, with the Matron’s support, led an extensive review of practices**





## SEAP Advocacy

and processes on the ward. This has assisted staff to improve and develop the overall care patients and families receive.

“Thank you for your kind and much appreciated help. It is invaluable to me and takes away so much of the anxiety.”

*Client feedback*

- Clients’ complaints have been shared with all staff as part of learning outcomes “so they can see how managing a person’s perception with good communication plays a vital role in care.”

We were really impressed with SEAP and in particular with the agenda we had provided for the meeting which was very clear”.

*NHS Professional*

- The Trust now uses Visual Infusion Phlebitis Score (VIPS). Cannulae are also inspected daily and changed routinely every three days.
- Staff have been advised that complaints/problems are to be reported at the time they occur.

## Issues and trends within Southampton Health Complaints:

SEAP continues to collect and record evaluation data and pass this onto Healthwatch Southampton to assist in shaping services and continue to raise the quality of the services delivered.

“Very appreciative of our support and information. Very impressed at efficiency of service.”

*Client feedback*

For example, our advocates have identified difficulties for clients wishing to access telephone support at Cannon House. Clients are being expected to leave a phone message and they are not receiving timely responses to these.

“Many thanks for all your help, kindness and support given to me in making my complaint. It was invaluable and much appreciated.”

*Client feedback*



## SEAP Impact Stories

### Case study

The client is an elderly gentleman with a wife from an ethnic minority. They are both suffering from mental health problems, but have not had any input from mental health services since moving into the area from a different part of the country. They also felt they were experiencing racial tension from various neighbours.

The advocate assessed the case and arranged a home visit. The advocate discussed all support needs with the client and his wife, and it was agreed with the client that Age UK would assist with rehousing and racial tension problems, whereas SEAP would deal with the health complaints side of their support needs. The SEAP advocate contacted mental health services on the clients' behalf and arranged for a home visit by a case worker. The advocate supported the client during a home visit at the client's request.

The culmination of the complaint resulted in the client and his wife receiving mental health treatment and having a care plan put in place. Age UK also managed to find new accommodation for them.

In conclusion, we think this is a good example of interservice cooperation working well through signposting. It also highlights the strengths and advantages of health complaints advocacy when intervening on behalf of clients directly, with NHS mental health services.

### Case study

The client is a woman who suffers from severe anxiety problems many of which are linked to medical care. The client required a knee operation and was very worried about it. Because of this, a detailed care plan was agreed prior to surgery with the surgeon and anaesthetist who were both very understanding. Unfortunately, on the day of the operation the anaesthetist was unable to be present and many of the details agreed in the plan were changed or ignored. As a result, the client suffered a severe panic attack and pain which led to her becoming unwell. The client wanted to know why the plan had not been followed and had many other questions. Ultimately, she knew that she would have to return to the hospital at some point and wanted reassurance that this wouldn't happen to her again.

The advocate visited the client and her husband at their home and provided support by writing to the Trust on the client's behalf and helping her to process their response. Eventually, the advocate arranged and attended a very successful resolution meeting with the client, her husband, and managers of the departments involved. As well as agreeing to use the complaint as a learning tool, the Trust also agreed to add notes to the client's medical records regarding her specific needs and made arrangements for her should she have to return to the hospital. Following the meeting, the client felt that she could return to the hospital for treatment if needed.



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# Influencing decision makers with evidence from local people

## HWS Influence

Healthwatch Southampton aims to influence decision makers within health and social care, in both the commissioning and provision of services. Through our strategic priorities we have worked proactively to influence the agenda in Mental Health Services, Access to GP Services and the integration of health and social care through Better Care Southampton. Activities and outcomes on these priorities are reported below.

Throughout the course of our day-to-day engagement with patients and the public, and through the relationships we have built with commissioners and providers alike, we also create many other opportunities to bring about change in public services. We have illustrated below some of the changes we have influenced.



*Healthwatch Southampton Annual meeting 2015*



## Influencing decision makers...

### Mental Health Services

Throughout our engagement work, mental health services have been raised many times. This led to us undertaking focused engagement with mental health groups and service users in the city. By raising their issues at Southampton Health and Wellbeing Board (HWB), HWS was able to influence the Board's agenda, and push for a review of local services. This process started in December 2014 at an event badged as a Mental Health Roundtable, attended by 80 local stakeholders. Furthermore, the HWB has now appointed a Mental Health Champion (Cllr Lewzey), with Healthwatch Manager playing a supporting "deputy" role.

Whilst other parties had raised the issue of local services, including the Health Overview

and Scrutiny Panel (HOSP) and Hampshire Police, the additional engagement with services users undertaken by HWS played a central role in influencing the uptake of this issue. Furthermore, over the coming year we are working closely with Southampton University to undertake a piece of qualitative research to better understand the experience of people living with mental health problems in Southampton.

HWS has also worked closely with Southern Health NHS Foundation Trust in the redesign of the Psychosis Care pathway. Our main role was encouraging the involvement of service users at an early stage of the redesign, to better understand their experiences and needs and to ensure they are fully engaged in the process.



*World Mental Health Day*



## Influencing decision makers...

### World Mental Health Day

Healthwatch Southampton facilitated a debate on mental health for World Mental Health Day. The event took place at the Open House Drop-in at the Central Baptist Church, Devonshire Road. We discussed several issues on the theme of mental health including causes of mental health problems, getting help, barriers to getting help and living with schizophrenia - which was the theme of World Mental Health Day. Over the course of an hour there were many contributions and results from the debate showed:

- The phrase 'mental health' tended to have negative connotations when compared to 'physical health'
- Causes of mental health problems varied according to the group
- Barriers to getting help include a lack of understanding or a hostile attitude from others
- There were many good suggestions for overcoming these barriers
- There is a question mark over what schizophrenia is and whether it is used to 'fit the box' for treatment.

For more information visit: [www.healthwatchsouthampton.co.uk/news/world-mental-health-day](http://www.healthwatchsouthampton.co.uk/news/world-mental-health-day)

### GP Registration - Translating need and experiences into change

During a number of Healthwatch outreach sessions, individuals and groups had raised the issue of problems in being able to register at GP practices. This was due to practices regularly asking for proof of identity or address and people being turned away if they didn't have any. With further research we established this disproportionately affected groups such as people who are homeless and recently homeless, young people, refugees and asylum seekers, women and older people. Without being able to register there were potentially serious health consequences to individuals along with added pressures to other health services, such as A&E.

Healthwatch Southampton raised this as a priority with a wide variety of NHS organisations in an effort to establish the policy behind it and to seek change. This included meeting with the Southampton City Clinical Commissioning Group, the Wessex Local Area Team, Wessex Local Medical Committees and the Southampton Practice Manager's Forum.



Rob speaking at the Mental Health roundtable event



## Influencing decision makers...

As a result of work throughout the year an agreement was reached with Southampton GP practices and the support of the Wessex Local Medical Committees (LMCs). This offered the following guidance:

*“Under the terms of the GMS contract there is no obligation to ask for verification of identification. However, if your local practice protocol includes this, please remember that no patient should be refused registration if they cannot produce the necessary documents. There should be a process in place, within your practice, to ensure that patients without ID can register.”*

Wessex LMC's New Patient Registration – April 2015

And the work is now seeing results:

*“I just wanted to let you know that I believe we are experiencing the winds of change*

*with regard to our patients registering with local GPs when they are ready to move on.*

**“I believe we are experiencing the winds of change with regard to our patients registering with local GPs”**

*We are finding that they are less frequently asked to present photographic ID or utility bills as proof of address.*

*So I would like to thank you for the hard work you put in raising the awareness of this issue among practice staff.”*

Pamela Campbell, Consultant Nurse Homelessness and Health Inequalities, Solent Healthcare.

Dr Nigel Watson, Chief Executive, Wessex LMCs, said: *“We were delighted to work with Healthwatch Southampton last year in order to agree up to date guidance for local GP practices on good practice in registering new patients.”*



Tiffany Ridd and Christine Beal, HWS Community Supporters



## Influencing decision makers...

### **Better Care Southampton - User Involvement**

HWS has been involved as a partner in the Better Care integration programme, at both a Board and operational level. HWS focus has been to ensure that there is high quality communication with the public about Better Care, and that those who will benefit from the integrated Better Care approach are fully involved in the programme in terms of their views and experiences being fed back into the design of interventions. HWS is now working closely with commissioners to pilot focus groups in two of the GP cluster areas to gain patients perspectives on engagement and involvement mechanisms that can be taken forward to ensure patients are at the centre of Better Care Southampton's development as a system.

### **CCG approach to difficult decisions**

HWS was critical of the CCG's approach to its Winter Pilot in Autumn 2014, particularly concerning its engagement around the closure of Bitterne Walk-In Centre - views which were vocalised at a public HOSP meeting about this issue. Through subsequent meetings with John Richards, Southampton City CCG CEO, Steve Townsend, SCCC Chair, and Dawn Buck, SCCC Head of Stakeholder Relations and Engagement, HWS was able to articulate its view that the CCG needed to open an honest dialogue with patients and the public about the very real and difficult decisions it is facing regarding resources, set against the context of a changing city demographic.

The CCG has embraced HWS views about these issues and has designed an



*Sam at a University outreach event*



## Influencing decision makers...

engagement approach that takes on board our feedback. HWS is now a member of the steering group for the future consultation on the closure of Bitterne Walk-In Centre, our role being one of critical friend with a focus on the process SCCCG is undertaking. We are pleased to see that pre-consultation the CCG has undertaken numerous engagement activities focusing on the issue of resource allocation, service prioritisation and the context within which these decisions are being made. We welcome these developments and feel this is adding transparency to the decision making process.

## Wessex Community Voice

Throughout the last year we have collaborated with the local Healthwatches across the Wessex region (Dorset, Hampshire, Isle of Wight, and Portsmouth) to undertake a piece of work with NHS England (Wessex) and NHS Wessex Strategic Clinical Networks and Clinical Senate. Wessex Community Voice aims to encourage public and patient involvement in strategic commissioning decisions. The project developed a toolkit for commissioners about meaningful patient engagement, with ideas tested by voluntary sector organisations. A series of training sessions were delivered to



members of the public who are keen to get involved in public engagement opportunities in the future. Healthwatch Hampshire developed a short film about the project which is available on our website.

Over the next year we are keen to build on this initial project and find further opportunities for collaboration between both NHS Wessex and our neighbouring local Healthwatches.

## One Change

Since July 2014, we asked people for 'One change that would improve my health.' Having collected over 300 replies, a report was written, shared with health professionals and placed on our website. It showed:







- Changes to improve exercise and diet made up half the responses
- The third most popular answer was giving up smoking and/or drinking
- Followed by less waiting times for GP appointments
- The range of answers was very varied and some imaginative answers were given (e.g. safer bike lanes).

The survey proved to be a popular way of engaging with the public and we believe it shows people are aware and engaged with their own health and how to improve it. What also stands out is that the majority of answers to improve health were outside the traditional medical model.



## Call Bells - Southampton General Hospital

As part of a CAS (Clinical Accreditation Scheme) inspection visit we became aware of a potentially serious problem in the Emergency Department at the General Hospital. As a result of ward reconfiguration a whole section of the majors' area was without functioning call bells. This was reported as part of the standard procedure but then escalated to the Director of Quality at the hospital. The Trust quickly confirmed the findings and took immediate action by installing a temporary system pending a full review of the area; a completely new system has since been installed.

## Complaints Process

A major theme that we hear during consultation with the public, and one which is repeated nationally, is that members of the public find the complaints process very difficult to understand and negotiate and as a result a large proportion are put off bothering; it is estimated that at least 50% do not bother. Recognising the difficulty for Southampton patients about how to express their concerns, Southampton CCG decided to create its own Patient Experience service to deal with complaints. Healthwatch Southampton worked with them to ensure that our complaints advocacy service (SEAP) was promoted where appropriate. The issue of complaints and the lack of patient information about how to complain were brought up by NHS England (Wessex) at a Quality Surveillance Group meeting and Healthwatch Southampton confirmed that



## Influencing decision makers...

it had experienced problems with providers in Southampton. Following this meeting, the subject was raised with the management of University Hospital Southampton Foundation Trust, who are responsible for the General Hospital and Princess Anne Hospital. Subsequently, Healthwatch Southampton worked with the patient experience department of the hospital to produce a revised leaflet which gives patients explicit details of how to provide feedback about the service and in particular about how to make a complaint and how to contact SEAP if required. These leaflets are now on prominent display throughout the hospital.

### Patient Booklet

We are also working with the Trust to update and issue a booklet for patients coming into

hospital entitled 'Your stay in hospital'. This booklet will provide comprehensive guidance and information and will be available to all elective patients; patients admitted as an emergency will be provided with a copy on admission.

### Patient Experience

Each of the trusts that have hospital or community facilities in Southampton have involved Healthwatch Southampton in a number of trust committees connected with patient experience and patient safety. In particular we attend the Quality Governance Steering Group of University Hospital Southampton Hospital Foundation Trust (UHS FT). Via this mechanism we have influenced the trusts and ensured that patient experience dominates the decision process.



*Lise Marron & Daithí of Capable Creatures*



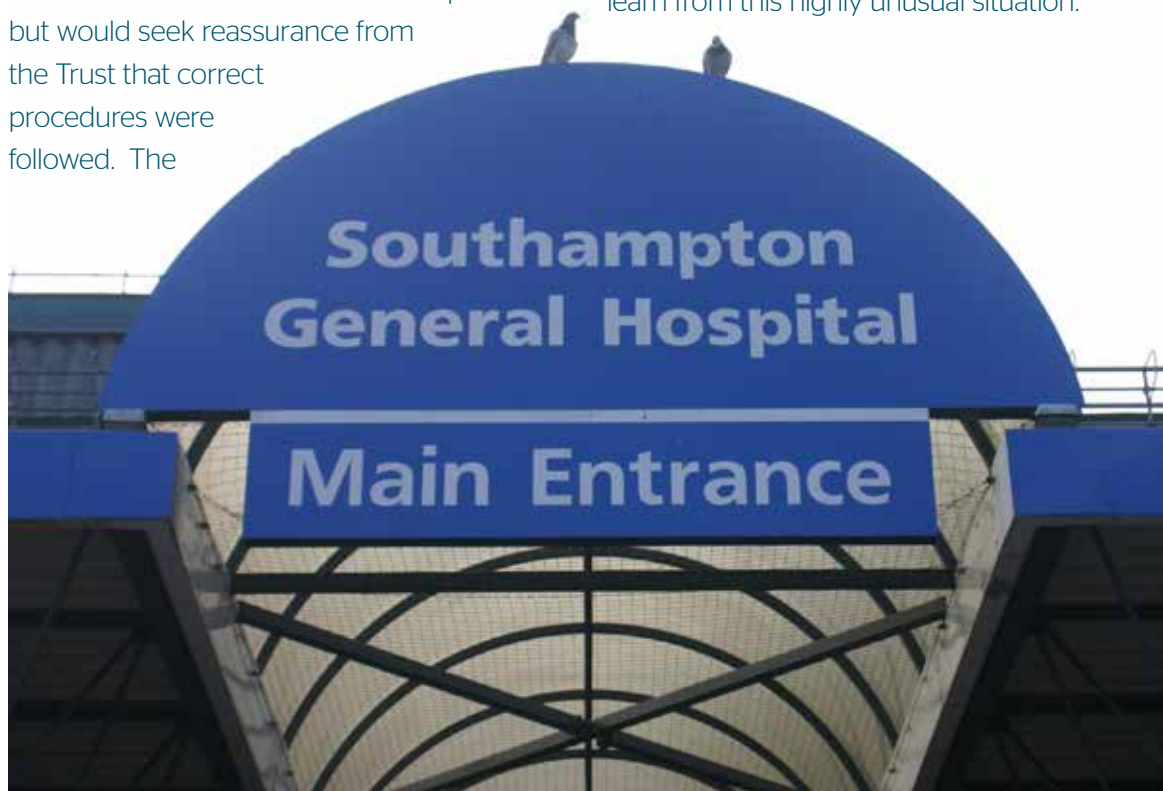
## Influencing decision makers...

As part of their statutory requirement each of the trust submits its quality account for our consideration and we have responded with full comments. In addition we have an input into the Patient improvement framework of the trusts.

As part of the Care Quality Commission (CQC) inspection process, we submitted a detailed report of our dealings with the Trust and held a telephone conference call with the lead inspector. Healthwatch Southampton was involved in the quality summit and has agreed to work with the trust to monitor the progress on its action plan.

The situation surrounding the child, Ashya King, being taken from the local hospital naturally led the media to seek our comment. The line that we adopted was we did not know the facts and would not add to the speculation but would seek reassurance from the Trust that correct procedures were followed. The

Chair of Healthwatch Southampton sent a letter to the Trust with a list of 19 questions. We received an immediate answer from the medical director who forwarded our questions to the Chair of the internal enquiry. Our questions were considered as part of the enquiry and we were kept informed as the enquiry progressed. We have now received verbal feedback from the Chairman of the enquiry on the same basis as other major stakeholders and with answers to our specific questions. The enquiry was validated by an independent expert and we have received a copy of the letter written by him to the Chairman of the internal enquiry. We have also seen a copy of the Root Cause Analysis Investigation Report. We are satisfied, as far as we can judge, that the enquiry has been thorough and that the Trust is determined to learn from this highly unusual situation.





# What our partners say..

## Stakeholder Feedback

### University Hospital Southampton

“University Hospital Southampton has welcomed continuing joint work with HealthWatch to further improve the patient experience.

HealthWatch members have continued to be active members of the Ward Quality Accreditation reviews and worked closely with the Trust on developing Patient Information leaflets.

The ongoing feedback from HealthWatch members representing patient views has been invaluable in helping the hospital continuously improve its services to patients and their carers.

The Trust management has also welcomed representation on various sub-committees such as Quality Governance by senior HealthWatch members, which further develops the collaborative partnership to improve the experiences of local patients.

The Hospital wants to continue and further develop its links with HealthWatch over the coming year.”

*Judy Gillow MBE  
Director of Nursing*



### NHS England (Wessex)

“This year we have continued to work successfully with Southampton Healthwatch on the jointly developed ‘Wessex Community Voice’. This project supports the sharing of good practice in patient and public commissioning and involves local people in choosing and buying health and care services. Our aim is to continue to work with Southampton Healthwatch in 2015/16, ensuring the project continues to grow and increasing numbers of local people can be involved in the commissioning of services.”

*Nicola Priest  
Assistant Director of Nursing (Patient Experience)*



Healthy Selfies are there to remind us about living well



## Stakeholder Feedback

### Southern Health

“Southern Health works closely with Southampton Healthwatch in order to effectively develop our mental health services in the city. In the last year this work has included the local launch of the Crisis Care Concordat, the development of Operation Serenity (improving emergency response for people in crisis) and the Liaison and Diversion service (supporting those with mental health problems as they progress through the criminal justice system). Currently the Trust is working with Southampton Healthwatch in an ongoing review of mental health services in order to ensure those provided best meet the needs of service users and patients in the city. The insight provided by our colleagues at Healthwatch is important in all aspects of our work and we find this to be a very valuable relationship.”

*Katrina Percy  
Chief Executive*



### Solent NHS Trust

“Solent NHS Trust have appreciated the role of Healthwatch in helping shape services for the benefit of patients. Healthwatch have been part of the development of our strategic vision, working with us to ensure that we prioritise patients’ needs when difficult financial decisions are to be made. Healthwatch reviewed and supported the city bid to become a Vanguard site for the NHS New Models of Care Programme. This is a bid to create integrated health and social care provision in the city with the voluntary and community providers working as partners with the statutory organisations. Their input has helped ensure the proposals are fully person centred. On a day to day basis, Healthwatch provide us with useful feedback on our services in order that we can improve the care we provide patients.”

*Alex Whitfield  
Chief Operating Officer*





## Stakeholder Feedback



### **Southampton City Council**

“I am delighted with the excellent progress that continues to be made by Healthwatch Southampton and I was really pleased earlier this year to join with them and other Healthwatch’s in the Wessex Region to look at some really innovative approaches to improving public involvement in commissioning.

This has been a challenging year for local government social services and the future financial position for the City Council - sadly - is far from rosy. Over the past 12 months I have had to oversee consultation on particularly difficult changes to some of our adult respite care, day care and residential services. Healthwatch Southampton’s contribution as a critical friend provided us with some useful additional insight from the consumer’s perspective and this will be helpful to us with implementing necessary change both now and into the future.

Healthwatch Southampton has been a resolute and staunch ally on the Health & Wellbeing Board both in our championing of mental health and in our Better Care programme - especially with the Community Solutions workstream> this provides us in Southampton with a very sound platform on which to address some of the big challenges that lie ahead with health and social care service integration and, possibly, devolved powers from central government to a combined authority.”

*Cllr Dave Shields  
Portfolio Holder for Health & Adult Social Care  
Chairperson - Southampton Health & Wellbeing Board*





## Stakeholder Feedback

### Health Overview and Scrutiny Panel (HOSP)

“Healthwatch Southampton have a standing invitation to attend Southampton City Council’s HOSP but are not Panel members. They always send a representative and engage in a constructive manner to influence the recommendations of the committee.

I understand that Healthwatch in Southampton is building its influence with commissioners in the Integrated Commissioning Unit (joint between the Clinical Commissioning Group and Southampton City Council) and is ensuring that the voice of residents and patients is reflected at the start of the commissioning process so assisting the goal of commissioning services that meet the needs of local people. They have recently been party to and influenced the CCG’s consultation that has just started on the potential closure of the Bitterne walk in centre to fund



alternative approaches to out of hours primary care. They were also very helpful in the recent Scrutiny Inquiry carried out by the Committee into Homelessness and health issues in the city.”

*Cllr Sarah Bogle  
Labour Councillor for Bargate ward  
Southampton City Council*





# Our plans for 2015/16

In autumn this year HWS will hold its first voting AGM, at which two elected members of HWS Strategic Group will stand down and new members will be elected from the membership. Once the new members are inducted, HWS will revisit its strategic priorities, taking into account new data that has been collected, and prioritise its strategic workstreams the following year.

Given the collaborative work we have undertaken with NHS Wessex and our neighbouring local Healthwatches under the guise of “Wessex Community Voice”, we are keen to further develop this work over the coming year and strengthen our relationships with both NHS Wessex and our local Healthwatch colleagues across the Wessex region.

Some other key pieces of work and issues we will be addressing over the coming year include:

- Proposed closure of the Bitterne Walk-in Centre consultation - HWS will be validating the process and taking

oversight of the evidence collected and recommendation.

- Mental health research with Southampton University - A qualitative research project exploring the experience of people living with mental health conditions in Southampton and their experiences.
- Access issues for people with sensory impairments - Following evidence from our members and the public we are keen to look into access issues for those with sensory impairments across health and care services in the city.
- Redesign of the front entrance of Southampton General Hospital - we are keen to have input into the plans to provide information and advice in the newly designed reception area.
- Privacy on wards - an issue raised with us by the public that many wards have no areas where people can speak privately.







# Our governance and decision-making

## HWS Strategic Group

- **Jo Ash - SVS**
- **Paula Barnes - Nominee**
- **Shoreh Doost - Nominee**
- **Harry Dymond - Chair**
- **Lesley Gilder - Public Member**
- **Annabel Hodgson - VCS Member**
- **Nadine Johnson - Public Member**
- **Jeff Page - VCS Member**
- **Will Rosie - VCS Member**

## How we involve lay people and volunteers

### Governance

Healthwatch Southampton sits within the governance structure of Southampton Voluntary Services (SVS), which is Registered Charity (No 1068350) and a Company Limited by Guarantee (No 3515397). SVS' Executive Committee are volunteers who are elected in line with the governance framework set out by SVS in its Memorandum and Articles. SVS Executive Committee are ultimately accountable for all SVS activity, including that of HWS.

HWS has its own Strategic Group, made up of volunteers, as set out within its governing

document. This includes three elected public members, three elected voluntary and community sector members, two members appointed to make up the skills and qualities mix and a link members to the SVS Executive Committee. The election and appointment of the HWS Strategic Group is overseen by an Independent Nominations Committee.

The HWS Strategic Group make "relevant decisions" as set out in "Understanding the Legislation: An overview of the legal requirements for local Healthwatch". The HWS Strategic Group meets at least six times a year in public, and also undertake a variety of engagement and scrutiny activities, as well as acting as strategic links to key statutory organisations.





## Volunteering

HWS believes in the power of social action and we have therefore developed volunteering opportunities throughout our organisation. Opportunities currently being offered include:

- **Community Healthwatch Volunteers** - this is our central volunteering opportunity and involves the volunteers being our eyes and ears in the community as well as raising awareness of Healthwatch and how we can help.
- **Healthwatch Media Trackers** - this office based role involves keeping abreast of media stories and news relating to health and care in the Southampton area. Our Media Trackers enable the strategic group to stay abreast of local developments and opinion.
- **Healthwatch Enter and View Volunteers** - These volunteers are trained in Enter and View powers, but also undertake other inspections such as PLACE.
- **Healthwatch Admin Volunteers** - these volunteers are indispensable around the office, helping with a variety of task to help HWS run smoothly.



*Janette Smith during outreach at the Royal South Hants Hospital*



# Financial information

<b>INCOME</b>	<b>£</b>
Funding received from local authority to deliver local Healthwatch statutory activities	200,000.00
NHS England (Wessex)	99,995.00
<b>Total income</b>	<b>299,995.00</b>

<b>EXPENDITURE</b>	<b>£</b>
Office costs	2,566.12
Staffing costs	94,644.32
CAB	5,507.90
SEAP	50,000.00
Consultancy	1,740.00
Volunteer & Staff expenses	1,146.55
Training	2,662.08
Engagement Activities	7,384.83
Wessex Community Voice	99,995.00
<b>Total expenditure</b>	<b>265,646.80</b>
Balance brought forward	34,348.20





## 2014/15 SEAP Accounts

<b>INCOME</b>	<b>£</b>
Funding received from Healthwatch	50,000.00
<b>EXPENDITURE</b>	<b>£</b>
Staff costs	39,964.00
Staff expenses, training & recruitment	2,152.00
Premises and office supplies	40.00
ICT Costs	1,134.00
Volunteers, publicity and other costs	376.00
Support Services	6,334.00
Transfers	0.00
Total cost	50,000.00
Net surplus/(deficit)	0.00

## 2014/15 CAB Accounts

<b>INCOME</b>	<b>£</b>
Funding received from Healthwatch	5,507.90
<b>EXPENDITURE</b>	<b>£</b>
Staffing and management	3,000.00
Training	1,200.00
Volunteer expenses	407.90
Apportionment of overheads	900.00
Total Expenditure	5,507.90



## Contact us

### Healthwatch Southampton

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Email: [healthwatch@southamptonvs.org.uk](mailto:healthwatch@southamptonvs.org.uk)

Web: [www.healthwatchsouthampton.co.uk](http://www.healthwatchsouthampton.co.uk)

We will be making this annual report publicly available by 30th June 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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Southampton