

# Public Document Pack



## NOTICE OF MEETING

<b>Meeting</b>	Health and Wellbeing Board
<b>Date and Time</b>	Thursday, 15th June, 2023 at 10.00 am
<b>Place</b>	Ashburton Hall, Elizabeth II Court, The Castle, Winchester
<b>Enquiries to</b>	members.services@hants.gov.uk

Carolyn Williamson FCPFA  
Chief Executive  
The Castle, Winchester SO23 8UJ

## FILMING AND BROADCAST NOTIFICATION

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## AGENDA

### 1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

### 2. DECLARATIONS OF INTEREST

All Members who believe they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore all Members with a Personal Interest in a matter being considered at the meeting should consider, having regard to Part 5, Paragraph 4 of the Code, whether such interest should be declared, and having regard to Part 5, Paragraph 5 of the Code, consider whether it is appropriate to leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with the Code.

### 3. MINUTES OF PREVIOUS MEETING (Pages 3 - 6)

To confirm the minutes of the previous meeting held on 2 March 2023.

**4. DEPUTATIONS**

To receive any deputations notified under Standing Order 12.

**5. CHAIRMAN'S ANNOUNCEMENTS**

To receive any announcements the Chairman may wish to make.

**6. HAMPSHIRE AND ISLE OF WIGHT FIRE AND RESCUE SERVICE  
COMMUNITY SAFETY PLAN (Pages 7 - 36)**

To note the Community Safety Plan.

**7. HAMPSHIRE MENTAL WELLBEING STRATEGY AND SUICIDE  
PREVENTION ACTION PLAN (Pages 37 - 78)**

To receive a presentation setting out the Strategy and Plan.

**8. DYING WELL UPDATE - THEME FOCUS (Pages 79 - 106)**

To review ongoing work as part of the Dying Well strand of the Health and Wellbeing Strategy.

**9. FORWARD PLAN (Pages 107 - 112)**

To review the Forward Plan of items for future Board meetings.

**ABOUT THIS AGENDA:**

**On request, this agenda can be provided in alternative versions (such as large print, Braille or audio) and in alternative languages.**

**ABOUT THIS MEETING:**

**The press and public are welcome to attend the public sessions of the meeting. If you have any particular requirements, for example if you require wheelchair access, please contact [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk) for assistance.**

County Councillors attending as appointed members of this Committee or by virtue of Standing Order 18.5; or with the concurrence of the Chairman in connection with their duties as members of the Council or as a local County Councillor qualify for travelling expenses.

# Agenda Item 3

AT A MEETING of the Health and Wellbeing Board of HAMPSHIRE COUNTY  
COUNCIL held at The Castle, Winchester on Thursday, 2nd March, 20233

Chairman:

\* Councillor Jan Warwick

Vice Chairman:

\* Dr Matt Nisbet

Councillor Edward Heron	* Ron Shields
* Graham Allen	Alex Whitfield
* Simon Bryant	David Radbourne
Steve Crocker	Ann Smith
* Ros Hartley	* Jason Avery
Sam Burrows	Donna Jones
Emma Boswell	Clare Jenkins
* Martha Earley	* Suzanne Smith
* Gill Kneller	* Councillor Michael Hope
Councillor Anne Crampton	* Carol Harrowell
Julie Amies	

\*Present

## 68. APOLOGIES FOR ABSENCE

Apologies were received from Alex Whitfield, Penny Emeritt, Julie Amies, Terry Norton, Clare Jenkins, Councillor Edward Heron and Councillor Anne Crampton.

## 69. DECLARATIONS OF INTEREST

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate and, having regard to the circumstances described in Part 3, Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter was discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore Members were mindful that where they believed they had a Personal interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 5 of the Code, considered whether it was appropriate to leave the meeting whilst the matter was discussed, save for exercising any right to speak in accordance with the Code.

## 70. MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 15 December 2022 were agreed as a correct record and signed by the Chairman.

## 71. DEPUTATIONS

There were no deputations.

## 72. CHAIRMAN'S ANNOUNCEMENTS

Councillor Warwick announced that she was delighted to have been appointed as the new Chairman of the Board. She thanked Councillor Fairhurst for her excellent chairing of the Board over many years and noted that the close working relationship would continue as Councillor Fairhurst remained as the Executive Lead Member for Adult Social Care and Public Health. Councillor Warwick also noted that she was looking forward to working with Matt Nisbet, the newly appointed Vice Chairman of the Board.

The Chairman drew Members' attention to the new mental wellbeing strategy for Hampshire setting out the vision for improving outcomes and reducing inequalities in mental wellbeing over the next five years. The Chairman noted a key priority of the strategy was to encourage people to talk about mental health without fear of prejudice or discrimination. In doing so, the Chairman endorsed the County Council's Chat About scheme which provided welcoming spaces where people can gather to connect and talk. The scheme operates out of 23 libraries currently and specially trained staff are on hand at each session. Further information can be found on the [Hampshire Libraries](#) and [Hampshire Mental Wellbeing](#) webpages.

## 73. INTEGRATED CARE STRATEGY

The Board considered the report and presentation setting out the published Integrated Care Strategy for Hampshire and the Isle of Wight (HIOW) Integrated Care System (ICS) as well as the draft strategy for Frimley ICS which was due to be ratified at the Frimley Integrated Care Partnership meeting for publication in March.

Members discussed the importance of developing services that grow alongside and involve communities as opposed to dictating to residents how health services should work. The Board were supportive of the approach taken by both ICS's prioritising co-production and community ownership of health and wellbeing.

RESOLVED:

That the Health and Wellbeing Board:

- i. Receives the report and notes the priorities identified in the two strategies.
- ii. Considers its role in helping to deliver the emerging priorities across both ICS's.

## 74. AGEING WELL UPDATE - THEME FOCUS

The Board considered the report providing an update on the priorities and progress on the Ageing Well chapter of the Health and Wellbeing Board Strategy. A presentation also highlighted key areas of progress across older adults' health and care, digital and technology and public health programmes.

Members discussed the importance of working together to ensure that the network of services and provision which impacted upon ageing well, including but not limited to transport, climate change, social care, vaccination programmes, worked cohesively and the significance of Board partners working in different sectors coming together to enable this.

There was also discussion surrounding the increase in older age groups over the coming years, in particular those aged over 85 and the importance of planning for this to ensure the right care would be in place as needed.

The Board heard that the Covid vaccination programme was being planned to align wherever possible with the seasonal flu vaccinations and that partners were continually working together to encourage vaccination uptake in all age groups.

RESOLVED:

That the Health and Wellbeing Board:

- i. Notes the progress on 'Ageing Well' partnership working over the last year and future plans.
- ii. Notes the increasing demand arising and the complexity of our ageing Older Adults in general.
- iii. Supports the launch of Live Longer Better programme communities of practice.
- iv. Notes the variety of approaches across use of technology and partnership working to provide choices for older people in need of care and support to help them age well and maintain independence.

75. **SMOKEFREE HAMPSHIRE 2030 - ACHIEVING A SMOKEFREE GENERATION FOR HAMPSHIRE BY 2030**

The Board considered the report providing an update on the refreshed Tobacco Control Strategy for Hampshire. It was noted that the purpose of the strategy was to outline Hampshire's roadmap to achieving Smokefree status by 2030.

Members noted the significant progress so far in smoking cessation across Hampshire and agreed that the Hampshire Tobacco Control Alliance would bring together partners to help realise further achievements.

The Board discussed the issue of smoking among clinical professionals and those working in a medical setting and the perception that this created for patients. The County Council's Public Health team offered to work further with NHS Trusts on this and it was highlighted that this formed part of a wider issue around supporting staff with their own health and wellbeing. Members noted the free smoking cessation support programmes in place for anyone working across Hampshire.

Members also discussed the impact of vaping and the difficulty between recognising vaping as a strategy to help stop smoking against the risks associated with vaping itself.

RESOLVED:

That the Health and Wellbeing Board:

- i. Notes and supports the refreshed Tobacco Control Strategy for Hampshire - Smokefree 2030.
- ii. Supports action to deliver on the Smokefree Hampshire 2030 strategic priorities, including building strong place-based partnerships to achieve our Smokefree ambition.

76. **FORWARD PLAN**

RESOLVED:

The Board received and noted the Forward Plan.

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Wellbeing Board
<b>Date:</b>	15 June 2023
<b>Title:</b>	Hampshire and Isle of Wight Fire and Rescue Service Community Safety Plan
<b>Report From:</b>	Hampshire and Isle of Wight Fire and Rescue Service

#### Recommendations:

That the Health and Wellbeing Board:

1. Note the priorities within the Community Safety Plan and the information contained within the attached documents and slides.
2. Engage with the Community Risk Management Plan process, share experiences and provide relevant feedback to Hampshire and Isle of Wight Fire and Rescue Service as outlined within the slide pack.

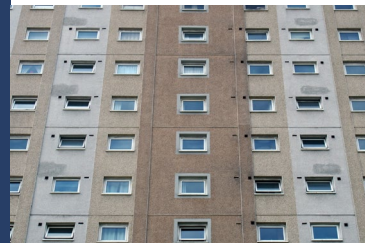
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# Community Safety Plan 2022 - 25

Page 9

Together We Make Life Safer





# Contents

Welcome	3	Protection (Support)	13
Introduction	4	Performance and Governance	15
Our vision	5	The bigger picture	16
Culture and people	6	Working with partners	17
Our priorities	7	Future vision	18
Prevention	8		
Health	10		
Protection (Delivery)	11		



All hyper-links are in **bold and underlined**. Once clicked you will be taken to an external website.

# Welcome

**This is now the second Community Safety Plan which sets out our vision and aspirations in delivering safer communities in Hampshire and the Isle of Wight.**

This plan aligns with the last three years of the **Service Safety Plan**. The aim of this plan is to provide clarity to the public, our teams and other interested partners in the areas of new activity Prevention, Protection (Delivery), Protection (Support) and Health teams will be working on over the next three years to improve our performance.

We in Hampshire and Isle of Wight Fire and Rescue Service (HIWFRS) take our role in working with our partners seriously, so a Community Safety Plan outlining how we will do this is an important part of sharing our vision of 'together making life safer.'

This plan has been consulted on with partners and stakeholders across local authorities and blue light partners.

We have welcomed feedback and used it to shape the plan and we have used this as a platform for discussion to ensure our mutual aims are met.

This document should be read in conjunction with the **HIWFRS Safety Plan** which supports our Integrated Risk Management Plan.



**I would like to thank you for taking the time to read this document which hopefully clearly sets out our plan for being more accountable and explicit in our future Community Safety delivery plans. Finally, I would like to acknowledge with huge appreciation the hard work, professionalism, and dedication shown by all the Community Safety teams in bringing this plan to life everyday.**

**Area Manager Jason Avery**

Assistant Director (Operations) - Prevention and Protection

# Introduction

**The risks in Hampshire and the Isle of Wight change as the people in our communities grow and face new challenges.**

It is important for us to understand the way people live (person, behaviour, environment) and how this affects delivery of our services so that we can suitably adapt our approach, ensuring that we continue to make life in Hampshire and the Isle of Wight a safer place for all.

Through our Community Safety prevention and protection work we seek to prevent incidents occurring in the first place, whether that's by providing free home fire safety advice through Safe and Well visits, through safeguarding intervention, or by protecting people in their place of work through regulation of the **Regulatory Reform (Fire Safety) Order (FSO) 2005**.

It is vital that we fully engage with our communities so we can understand their specific requirements and tailor our service delivery to meet their needs, maintaining a person-centred approach.

Through a decade of prevention work the risk from primary fires occurring has reduced by 32%.

We also know that as our communities change, we need to adapt how we deliver services to them appropriately.

Through our enforcement of the **FSO**, non-domestic premises are safer than ever before. However, to avoid becoming complacent we will acknowledge new challenges which are constantly emerging. As the changes in legislation come into force this will influence the way buildings are designed, constructed, and managed in the future.

We also welcome any learning from feedback given during inspections by Her Majesties Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS). We must therefore build capacity and resilience into this plan to enable HIWFRS to be agile enough to respond quickly to changing demands whilst improving service delivery.



# Our vision

Our vision in Community Safety is to reduce harm by educating our communities in the areas of fire prevention, road safety and water safety, and to make the built environment safe through engineered solutions and effective risk-based inspection programmes.

This will be achieved through matching our resources to risks, understanding where vulnerability and risks exist in our communities (by assessing person, environmental and behavioural factors), and maintaining a well-equipped workforce with the right skills, values and behaviours to deliver this vision in the most effective and efficient way.

We will continue to improve our use of data to inform our decision making, to prioritise our work to reduce risk and harm to communities and set internal performance targets based on known vulnerabilities. This will enable us to focus our valuable resources where they are most needed in the most effective and efficient way using our professional judgement, knowledge, and experience.

## 'Together We Make Life Safer'

Page 13

## What we will do



## How we will do it



# Culture and people

**Prevention and Protection are our frontline capabilities that significantly reduce the risk of emergencies occurring.**

A Business Charter has been designed specifically to underpin our service values and this explains the standards of performance our teams will work to. We have introduced organisational values that define the way we work, and we have embedded these in recruitment, induction and promotion processes.

We recognise that developing our teams is vital; especially in meeting future demands; particularly in technical areas such as regulation of the **Fire Safety Order (FSO) and Fire Engineering.**

We will ensure our teams are trained, competent and confident to conduct their roles as well as being supportive of their physical and emotional wellbeing. Through generating a positive and vibrant workplace we will encourage and create opportunities for colleagues to flourish, develop and increase their knowledge through further training.

**We believe everyone can make a difference and value the diverse range of colleagues within the Community Safety Team.**





## Our priorities

In supporting the [HIWFRS Safety Plan](#) we will focus on the following priorities which will help us to deliver our vision:

- > We help people to stay safe in their own homes
- > We work with our communities to prevent fires
- > We undertake inspections of buildings based on risk
- > We focus on higher risk places
- > We work with our partners to deliver shared outcomes - road and water safety
- > We work with the Hampshire and Isle of Wight Integrated Care System (ICS) to identify joint working opportunities and improve patient outcomes

# Prevention

## Our communities

Our role within the delivery plan will be to ensure:

- Our prevention activity is based on a targeted approach, informed by local and national data to prevent adverse effects on members of our community including vulnerable groups.
- We positively contribute to the behaviour and safety in the community through educating members of the public on fire safety and supporting our trusted partners with road and water safety. This work prioritises life, property and environmental risks. Our education programmes will be delivered to engage with children and young people of school age, with additional delivery options to support the most at risk. Our enrichment activities of [Prince's Trust](#) and [Fire Cadets](#) will support this.

- [Safeguarding](#) remains paramount when delivering our services and supporting our partners. We will support our teams to uphold our moral and statutory duties, and ensure our service is represented on relevant safeguarding and partnership boards to highlight the fire and holistic risks we encounter.
- Our [Safe and Well intervention](#) continues to support people within their homes to help reduce the risk of accidental fires. This will embrace the National Fire Chiefs' Council's (NFCC) ['Person centred framework'](#) whilst supporting and signposting to our partner agencies.
- The products we deliver will reflect best practice identified by the National Fire chief's council (NFCC).
- We review our most serious incidents as a service and multi-agency through the Fire Safety Development Group (FSDG).

## Public Value

We will work with regional fire services and other blue-light partners to provide value for money by sharing ideas, provisions and best practice. Where appropriate we will utilise and expand our volunteering network to support our prevention activities and the needs of the wider service.

## High Performance

Using high-quality data, we will evaluate our activities to ensure our assets and focus are correct whilst developing an enhanced Quality Assurance (QA) framework to identify good practice and improvement within our team.

## Learning and Improving

Organisational improvement is a core principle of prevention and underpins the professional practice we wish to deliver. Through engagement with our internal teams and external partners we will seek feedback on our performance and how we can improve. This will feed into our well-established processes along with National Operational Learning (NOL) and Joint Operational Learning (JOL) to capture and act upon identified learning.

We will provide constructive feedback to internal teams and partners to encourage open dialogue and improvement. We will also welcome any learning from feedback given during inspections by Her Majesties Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS).

**SAFEGUARD  
SUPPORT  
DEVELOP  
ADAPT**



John Amos  
Group Manager for Prevention





**Key**



**ENVIRONMENTAL FACTORS**

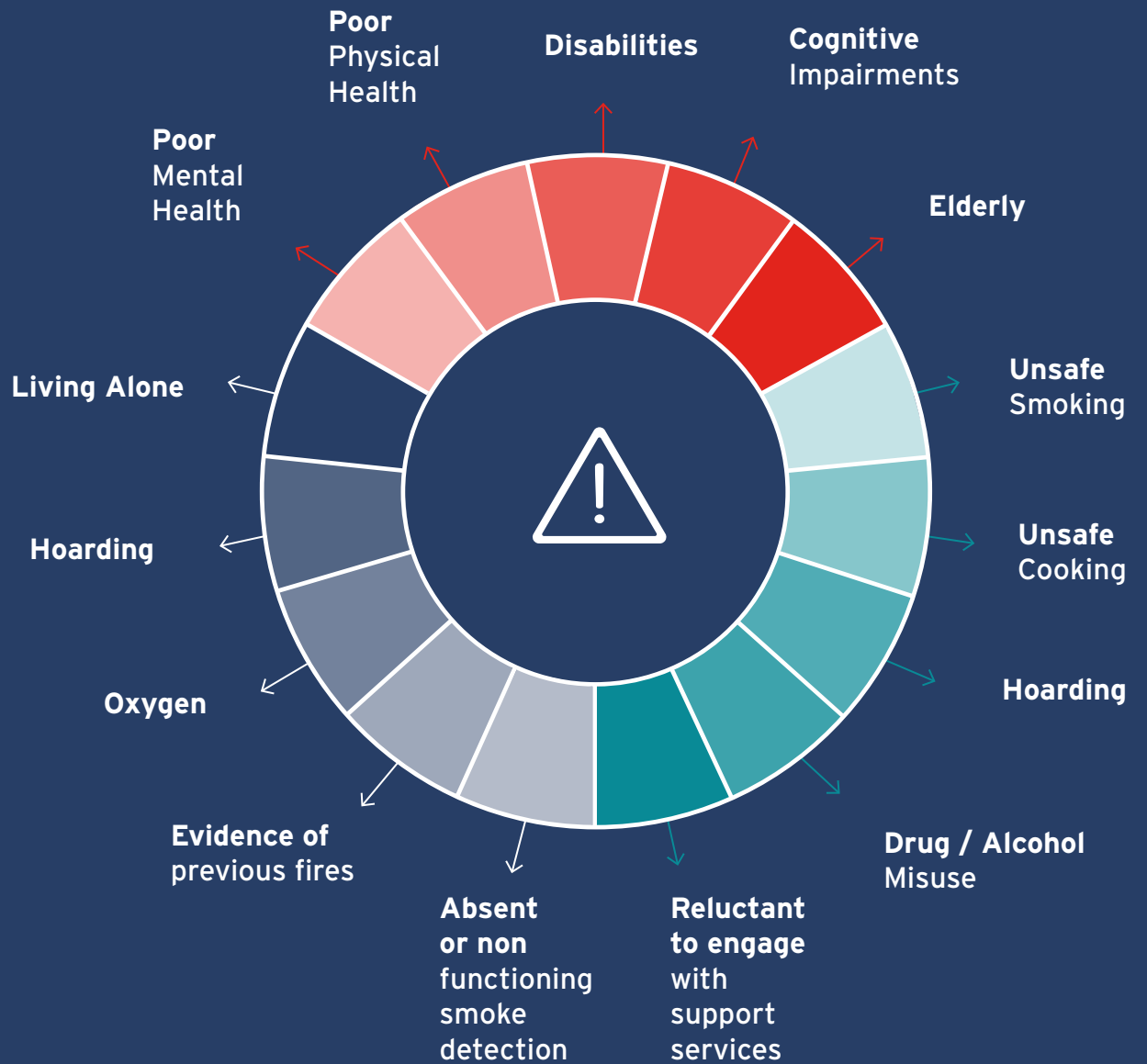


**PERSON FACTORS**

The more risks the individual presents the greater their vulnerability to fire.



**BEHAVIOURAL FACTORS**



Risk factors identified from the Hampshire and Isle of Wight fire death analysis.

# Health

## As part of the delivery plan, we will:

- **Work with the Hampshire and Isle of Wight Integrated Care System (ICS)** to set up joint prevention activities to improve health outcomes for the population of Hampshire and the Isle of Wight
- **Develop data-sharing agreements** between partner agencies working within the Integrated Care Partnership (ICP) to support the creation of a vulnerability register
- **Review the engagement** of HIWFRS teams within local health structures to ensure that local teams develop links within the newly formed ICS structures
- **Review prevention opportunities** within falls response and consider the use of Community Safety Officers to support the response

- **Improve the understanding of health infrastructures** within Hampshire and Isle of Wight health and social care and consider opportunities to collaborate on system wide improvements
- **Improve the knowledge** and understanding of how HIWFRS can help make people safer within Health and Social care teams
- **Identify training opportunities** to improve home fire safety knowledge in health and social care teams
- **Identify joint working opportunities** to improve patient outcomes by supporting the 'Making Every Contact Count' principle

## Integrated Care System/ Integrated Care Partnership

This is a partnership made up of Health and Social Care colleagues who unite to deliver joined up services which help to improve the health of the local population.

## Future planning:

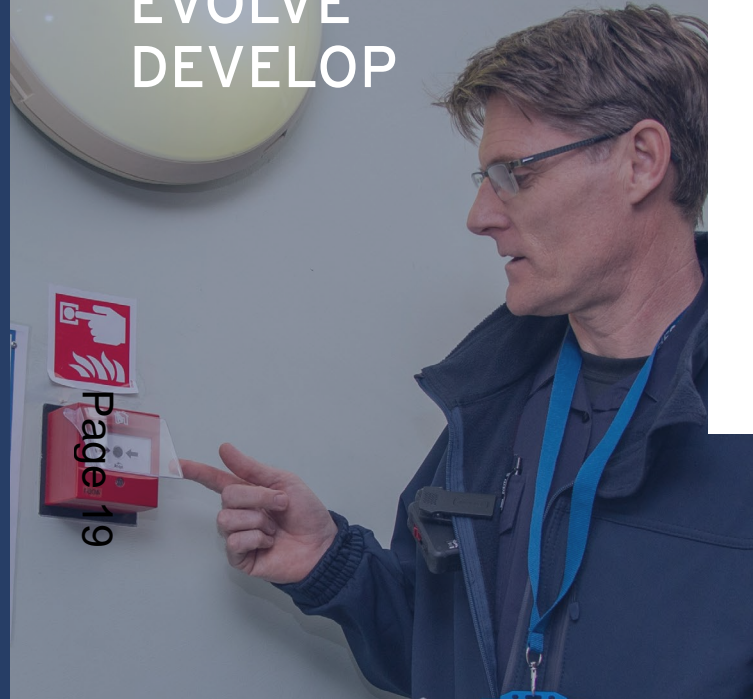
- **Establish a Community Safety Health** Lead role within the Community Safety team
- **Identify joint commissioning opportunities** within the ICS and Office of Police and Crime Commissioner (OPCC)
- **Support ICS joint initiatives**, for example Trauma Informed Training



Craig Gregory  
Group Manager for Health



REACT  
ESTABLISH  
EVOLVE  
DEVELOP



## Protection (Delivery)

As part of the delivery plan, we will:

- **React to any changes** in legislation amending policies and procedures, informing the public where needed
- **Establish workstreams** to remedy any actions from the Protection Standards
- **Embed the Business Charter** to underpin our Quality Assurance (QA) processes and performance management
- **Develop the training and delivery** mechanisms for station-based teams to deliver Protection within the built environment through fire safety checks
- **Embed the processes** for station-based teams to effectively signpost risk post-incident
- **Reduce demand on our resources** through unwanted fire signals and lift incidents by implementing recommendations on how these incidents are managed
- **Continue to evolve QA systems** to improve the effectiveness of our teams
- **Use the Community Safety calendar** and Care Quality Commission (CQC) contacts to enable us to align education to the business and care community supported by regional and national campaigns
- **Investigate and implement** technological advances in body worn video cameras

To reduce risk through planned inspections we will:

- **Over a 3-year period HIWFRS** will inspect or liaise with the Responsible Person/s in all identified High-Risk Premises on Community Fire Risk Management Information System (CFRMIS).
- **Reinspect Very High and High-Risk** premises on CFRMIS
- **Where required, undertake initial** and reinspection of premises identified in Experian Data
- **Identify, educate, and inspect** according to locally based themes e.g., Premises with Sleeping Above Commercial



Andy Lock  
Group Manager for Protection Delivery

## RISK BASED INSPECTION PROGRAMME

Intelligence received from many sources helps HIWFRS to target the work of Protection teams according to the risk and priorities of the service. It will initially be necessary to identify the level of risk within a premises. This will be determined using numerous sources of information available to HIWFRS, considering risks to Protection, Prevention and Response teams.

Complaints against fire safety standards may be received from members of the public, organisations, companies, or other authorities etc. We may receive them in person, by email, letter or telephone and these may be anonymous, but in all instances will be prioritised above other pre-planned work.

## DATA BASED RISK PROFILING - EXPERIAN DATA

HIWFRS use a data set from Experian which shows the types of businesses and buildings that are more likely to experience fires, enabling those not previously audited to be prioritised.

### Inspectors will use data in the following ways:

- To identify new premises for inspection working from highest to lowest risk score.
- To enable reactive risk management (premises identified through the Alleged Fire Risk process) to be prioritised through additional scoring.

HIWFRS will treat these situations as an 'Alleged Fire Risk' (AFR). As a risk is believed to exist in these premises they will take priority. On notification of an AFR, the premises concerned will be allocated points on the scoring matrix for Experian Data, moving it to the top of the list. By placing the premises to the top of the list this prioritises the premises for inspection by Protection Inspectors above all other activity.

## HIGH-RISK RESIDENTIAL BUILDINGS

Inspectors have the specific aim of understanding, confirming, and (if necessary) enforcing the required fire safety standards in our highest risk residential buildings. HIWFRS will inspect flats and the buildings identified below using Level 4 Diploma qualified inspectors over a rolling programme of inspections.

### The premises identified as higher risk residential buildings are defined as:

- Premises defined in legislation as Higher Risk/High Rise Residential Buildings
- Care homes of any height
- Hospitals of any height
- Prisons of any height
- Specialised housing of any height

As these premises are the highest risk premises due to their construction, layout, or occupancy, full inspections are undertaken and where fire protection systems are installed, certification or observation of operation is required to ensure "cause and effect" is maintained (especially where there is smoke control) throughout the buildings life cycle. Close liaison is maintained with Response and Prevention to ensure the vulnerability of the premises and the people that reside within are always considered.

## LOCALLY BASED INSPECTIONS

We understand that premises present a risk to the organisation and to those in and around non-domestic premises, due to a multitude of factors. These operationally significant premises consider risks to Protection, Prevention and Response teams, and are inspected in priority order:

- Statutory Duties
- Post Incident Inspections
- Significant premises
- Themed Inspections
- Re-inspection of Experian Data
- Risk Mapping Data

# Protection (Support)

Our role within this Delivery Plan will be to:

- **Continually improve our systems** and database to work more efficiently
- **Supply up to date risk information** across the Service
- **Develop Building Regulations Workshops** with Local Authority Building Control (LABC) bodies
- **Learn, evaluate and improve** the effectiveness of all our teams
- **Implement the findings from the Grenfell Tower Inquiry** and any other new legislation that will become a statutory requirement
- **Make a career in the fire service more accessible** by highlighting the range of our work and the variety of careers available
- **Embed the Fire-P programme** within national arson prevention partnerships
- **Lead others** across the country to recognise the benefits of Primary Authority Partnerships (PAS).

Our procedures and processes will be measured and reported against national standards and frameworks as well as learning from feedback given during inspections by Her Majesties Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS). We will also open ourselves up to scrutiny by our partners including the Network Fire Service Partnership and the South East Operational Response and Resilience Group.



Mark White  
Group Manager for  
Protection Support



UPSKILL  
EXPAND  
REVIEW  
INVESTIGATE



## Protection (Support)

### Working with partners

In addition to working with blue light and Local Authority partners we will aim to set up working relationships with:

- Academia and research establishments
- Government agencies:
  - Department for Business, Energy and Industrial Strategy (BEIS)
  - Home Office
- Legal advisors
- Subject matter experts

### Learning and improving

Robust quality assurance, coupled with regular evaluation of our activities and outputs will provide value for money for our communities, improve our performance, promote learning and change, and ensure that our people feel valued and recognise the contribution they make to our goals.



# Performance and Governance

We pride ourselves on being a professional team, so performance is important to us. The delivery of this plan will depend on how well we know it and the way we will measure success. Using a performance management framework, we will be able to hold ourselves accountable for how effectively we are operating. The framework focuses on those factors which may prevent our success, metrics to measure progress and line management accountability to drive change.

Our performance dashboards will provide the ability for managers to track how well their teams are performing against agreed metrics and forecast how well they are performing against annual targets.

Data is vital in helping us build a clear picture of our communities so, we will routinely analyse information to make us better informed on where our resources are most efficiently focused in reducing risk.

By using the **Fire Protection** and **Fire Prevention** standards our performance will be benchmarked against a nationally recognised standard, leading to consistency and transparency in how we deliver services. Wherever possible when improvements are identified we will change the way we work.

We will embrace new technologies, adopt modern practices, and seek assurance that our processes and procedures are the best they can be. How we perform in Community Safety and as a Service is subject to scrutiny by the Hampshire and Isle of Wight Fire and Rescue Authority (HIWFRA). We will report on how well we meet our performance standards and how effectively we are delivering this plan via our Operations Management Group who report into the various committees within our governance framework.

**The National Framework Document for England (Section 4)** holds the Chief Fire Officer to account for the effective delivery of the fire and rescue authority's Integrated Risk Management Plan. The Community Safety plan supports this and coupled with robust financial management ensures that due regard is paid to the national framework.



# The bigger picture

The National Fire Chiefs Council (NFCC) is the governing body of the fire and rescue sector in England and the devolved administrations

NFCC represents the sector in local and national structures, helping to develop national policies and strategies.

Where appropriate we will deploy our people to represent HIWFRS in regional and national working groups and committees in our commitment to supporting and developing the sector.

Although our primary focus within the NFCC is the Prevention Committee, for obvious reasons the work of the Digital and Data Programme and the Community Risk Programme will influence our work in the future.

Our connection with the Protection and Policy Reform Unit (PPRU) is vital in enabling us to deliver future changes, and we support the PPRU by seconding officers into their team. This is important with the coming amendments to legislation.

Within the Southeast region, we will continue to represent HIWFRS in prevention and protection matters in an active role, chairing committees and taking the technical lead on relevant subjects. In doing so we will support the NFCC plans, priorities and objectives. We will also strive to improve in any areas identified during HMICFRS inspections.

We will support the NFCC plans, priorities, and objectives.

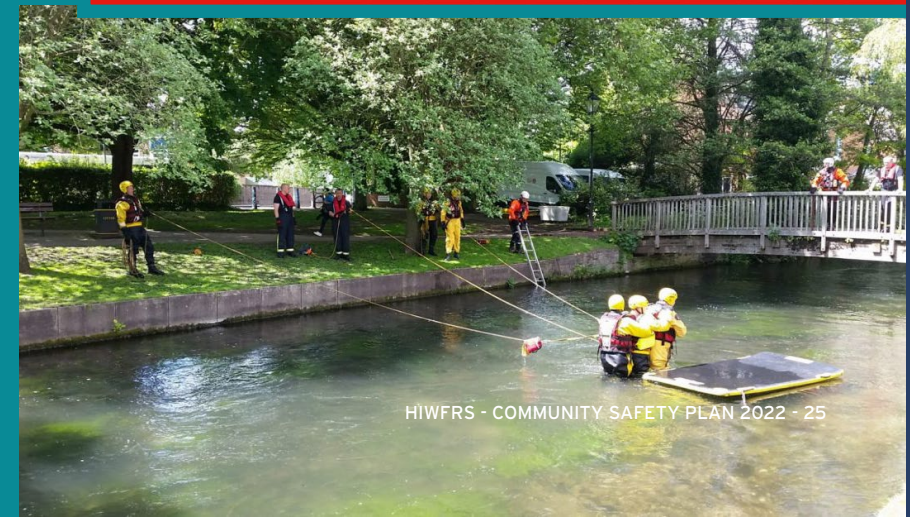


www.nationalfirechiefs.org.uk  
www.fireengland.uk/fire-safety

## FIRE AND RESCUE CAMPAIGN CALENDAR 2022

Key:   
 Fire Kills Campaign   
 NFCC Campaigns   
 Other key dates

Monthly Themes	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
SATURDAY	1	2	3	4	5	6	7	8	9	10	11	12
SUNDAY	3	4	5	6	7	8	9	10	11	12	13	14
MONDAY	4	5	6	7	8	9	10	11	12	13	14	15
TUESDAY	5	6	7	8	9	10	11	12	13	14	15	16
WEDNESDAY	6	7	8	9	10	11	12	13	14	15	16	17
THURSDAY	7	8	9	10	11	12	13	14	15	16	17	18
FRIDAY	8	9	10	11	12	13	14	15	16	17	18	19
SATURDAY	9	10	11	12	13	14	15	16	17	18	19	20
SUNDAY	10	11	12	13	14	15	16	17	18	19	20	21
MONDAY	11	12	13	14	15	16	17	18	19	20	21	22
TUESDAY	12	13	14	15	16	17	18	19	20	21	22	23
WEDNESDAY	13	14	15	16	17	18	19	20	21	22	23	24
THURSDAY	14	15	16	17	18	19	20	21	22	23	24	25
FRIDAY	15	16	17	18	19	20	21	22	23	24	25	26
SATURDAY	16	17	18	19	20	21	22	23	24	25	26	27
SUNDAY	17	18	19	20	21	22	23	24	25	26	27	28
MONDAY	18	19	20	21	22	23	24	25	26	27	28	29
TUESDAY	19	20	21	22	23	24	25	26	27	28	29	30
WEDNESDAY	20	21	22	23	24	25	26	27	28	29	30	31
THURSDAY	21	22	23	24	25	26	27	28	29	30	31	
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THURSDAY	28	29	30	31								
FRIDAY	29	30	31									
SATURDAY	30	31										
SUNDAY	31											



HIWFRS - COMMUNITY SAFETY PLAN 2022 - 25



# Working with partners

In addition to the duty to collaborate with blue light colleagues and work with local authority partners in Hampshire, Southampton, Portsmouth and the Isle of Wight, we also work closely with other partners both within the fire and rescue sector and across other areas such as health and wellbeing and Voluntary Community Social Enterprise (VCSE - Health and Wellbeing alliance).

The value of working in collaboration with other agencies who also have a duty of care to protect people can never be underestimated. We know that we have shared goals and objectives which are mutually beneficial in achieving the common goal of making Hampshire and the Isle of Wight a safer place to live, work and travel.

Where the fire and rescue service are not the statutory agent for relevant legislation ([Fire and Rescue Services Act 2004](#), the [Regulatory Reform \(Fire Safety\) Order 2005](#), [Fire and Rescue National Framework for England](#)), we will work in partnership to support our colleagues in partner organisations to deliver their priorities e.g., road and water safety, safeguarding vulnerable people and investigating the cause of fires.

Page 25



Internal (Fire Sector)	External (Health and other partners)
NFCC Protection and Policy Reform Unit	Mental Health Partnership Board
South East Strategic Prevention Group	PREVENT Partnership Board
South East Protection and Business Fire Safety Group	Hampshire Safeguarding Adults Board
H&IOW Community Safety Forum	Hampshire Health & Wellbeing Board
Fire Standards	Supporting Families Programme Strategic Board
	Local Safeguarding Adults Boards
	Local Safeguarding Children's Boards

Our goal is to make Hampshire and the Isle of Wight a safer place to live, work and travel.

# FIRE AND RESCUE



## Future vision

This is an ambitious plan to deliver but it is achievable providing good teamwork, strong leadership, hard work and perseverance is shown by all. The four delivery plans outlined above already look beyond 2022-25.

These will lay the foundations for future improvements and transformation in how HIWFRS will continue to make the communities of Hampshire and the Isle of Wight safer.

If you would like any further information on the work we do, please visit [hantsfire.gov.uk](https://hantsfire.gov.uk)

# Contact Us

---

**Hampshire and Isle of Wight  
Fire and Rescue Service**

Headquarters, Leigh Road  
Eastleigh, Hampshire, SO50 9SJ

[hantsfire.gov.uk](http://hantsfire.gov.uk)

023 8064 4000

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# Hampshire Health and Wellbeing Board

15<sup>th</sup> June 2023

## Partner Update on Community Safety Plan 2022-2025

Craig Gregory  
Health and Social Care Partnership Lead



Page 29

Community Safety  
Plan 2022-25



Hampshire  
& Isle of Wight  
FIRE & RESCUE SERVICE



# Update

Page 30



Plan published in April 2022



His Majesty's Inspectorate of Constabularies and Fire and Rescue Services (HMIFRS) Inspection Outcomes



Community Risk Management Plan (CRMP)



# Community Safety Prevention Progress

- **Team Restructure**
  - Home Safety Lead
  - Water/Road Safety
  - Community Safety Officers x 7
  - Community Safety Advisors x 10
- **Use of data to improve the targeting of Safe and Well Visits**
  - Heat map to show number of SWVs in relation to areas of deprivations and incidents
- **Introduction of Electronic Safe and Well Process**
  - Referral process to include key partner agencies
  - Feedback from partners
- **Children and Young People**
  - Introduction of new cadet units
  - Prince Trust Schemes
  - Schools team and firesetters





# Health Progress



Page 32

- Community Safety Health Lead – Sam Mitchell
  - Hampshire Suicide Prevention Forum
  - Steady and Strong
  - IOW working groups
- Training provided to GPs and Social Prescribers through online forums
- Frailty Car Pilot (Portsmouth and South-East Hampshire)
  - Urgent Community Response Teams (UCR)
- Pop-up vaccination clinics
  - Gosport
  - St. Marys
  - Opportunity for wider partners
- GP Collaboration Project
  - MOSIAC (Basingstoke)
  - Social Prescribers (IOW)





# Challenges



- Capacity of partners to support initiatives
- Data Sharing progress ( Population Health Management)
- Funding





# Action Required

Page 34



- Engage with the CRMP process
  - Share with us your experiences
    - Relating to public safety in your local area
    - What works well?
    - What could be better?
- Tell us more on our [feedback form](#)
- Ask us a question [here](#) or email us at [CRMP@hantsfire.gov.uk](mailto:CRMP@hantsfire.gov.uk)

‘Keeping our people safe at home, on the road and at leisure.’



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## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Wellbeing Board
<b>Date:</b>	15 June 2023
<b>Title:</b>	Hampshire Mental Wellbeing Strategy & Suicide Prevention Action Plan
<b>Report From:</b>	Simon Bryant, Director of Public Health

**Contact name:** Sue Cochrane, Consultant in Public Health

**Tel:**

**Email:** [Sue.Cochrane@hants.gov.uk](mailto:Sue.Cochrane@hants.gov.uk)

### Purpose of this Report

The purpose of this report is to provide an update on the Hampshire Mental Wellbeing Strategy (2023-28) and associated Suicide Prevention Plan

### Recommendations:

That the Hampshire Health and Wellbeing Board:

1. Note the priorities within the [Hampshire Mental Wellbeing Strategy \(2023-28\)](#) and key mechanisms for delivery.
2. Note the areas for action within the Hampshire Suicide Prevention Plan and key mechanisms for delivery

### Executive Summary

3. This report seeks to:
  - Provide an overview of Hampshire's Mental Wellbeing Strategy, which was launched this year. The strategy has been developed collectively with partners of the multi-agency Hampshire Improving Mental Wellbeing Board and emphasises a preventative approach to address the wide range of factors that influence mental health and wellbeing.
  - Provide an overview of the Hampshire Suicide Prevention Plan, which aims to deliver on the priority within the Mental Wellbeing Strategy of ensuring

that the people of Hampshire will be aware that suicide prevention is everybody's business.

- Update the board on the associated governance arrangements.

## **Contextual Information**

4. Hampshire Improving Mental Wellbeing Board is a multi-agency partnership that works collaboratively and strategically to prevent mental ill health, promote positive mental wellbeing, and reduce death by suicide for people in Hampshire. The Board includes a range of key stakeholders who can provide prevention-focused leadership across the wider public and voluntary sector system. A key function of the Board is to oversee the delivery of the Hampshire Mental Wellbeing Strategy (2023-2028).

## **Hampshire Mental Wellbeing Strategy**

5. The strategy was launched in February 2023 and demonstrates how partners across the system will work together to promote mental wellbeing and support the people of Hampshire to have the best mental health they can, reducing inequalities in mental wellbeing across certain groups. It focuses on the mental wellbeing of all adults across Hampshire, whilst recognising the importance of working across the life course, and of ensuring that mental and physical wellbeing are given equal importance.
6. The strategy takes a two-pronged approach to support mental wellbeing in Hampshire and focuses not on mental health services, but on the actions required to support people before they might require services or reach crisis point. This will be achieved through a:
  - Universal approach to encourage good mental wellbeing, emotional resilience and self-care across all age groups and populations in Hampshire.
  - Targeted approach to tackle mental wellbeing inequalities to reach, engage and improve the mental wellbeing of those at an increased risk of the worst outcomes.
7. Within the strategy, six specific priorities have been identified alongside partners as follows:
  - a) System wide focus on prevention
    - Hampshire people will be able to draw on the support mechanisms in place enabling them to maintain positive wellbeing and prevent mental ill health happening through early intervention.
  - b) Wider determinants of health

- The people of Hampshire will be supported to improve mental wellbeing through other areas of their lives, such as housing, income, employment, transport, access to green space and physical activity, and social aspects.
- c) Lessening the stigma
- The people of Hampshire will be able to talk about their mental health and wellbeing with the same openness as their physical health without fear of prejudice or discrimination.
- d) Suicide prevention
- The people of Hampshire will be aware that suicide prevention is everybody's business.
- e) Capacity and capability across the workforce
- The people of Hampshire will benefit from a competent and confident workforce with the knowledge, skills, empathy and capacity to support them with their mental health and wellbeing.
- f) Groups who are at a higher risk of poorer mental wellbeing
- The people of Hampshire who are at a higher risk of poorer mental wellbeing will be supported in ways that are proven to make a positive difference and suit their needs.
8. The following subgroups have been established to support the Board in delivering the Hampshire Mental Wellbeing Strategy. They will provide regular updates on progress and highlight challenges and risks to the board:
- a) Hampshire Suicide Prevention Forum:
- Brings together key stakeholders from across Hampshire to maintain our strategic commitment to making suicide prevention everybody's business.
  - The forum has a responsibility for developing and overseeing the implementation of the Hampshire Suicide Prevention Plan in line with the national strategy.
  - It facilitates partnership working to ensure system-wide implementation of suicide prevention priorities.
- b) Hampshire Money & Mental Health Partnership
- Brings together key stakeholders in financial and mental health support from across Hampshire to better link up across services and identify common priorities.
  - Identifies gaps, barriers and opportunities to improve the experience of residents experiencing poor financial and mental wellbeing.
  - Ensures frontline staff and volunteers access money and mental health training and have the knowledge, skills and confidence to refer residents for appropriate support.
- c) Hampshire Multi-Agency Mental Health Communications Group

- Enables a joint approach to amplify common messages, including dissemination both internally and externally, around the theme of mental wellbeing and suicide prevention.
- Ensures a coordinated forward plan to mental wellbeing and suicide prevention communications, and meaningful engagement with wider partners, service users and residents using insight and co-production to inform campaigns.

## **Hampshire Suicide Prevention Action Plan 2023-2028**

9. The Hampshire Suicide Prevention Action Plan outlines how we will work with system partners to support earlier intervention and prevention of suicides. It is the main mechanism for coordinating actions identified under priority five within the Hampshire Mental Wellbeing Strategy; supporting our ambition for suicide prevention to be everybody's business. This plan will also serve to refresh the previous [Hampshire Suicide Prevention Strategy 2019-2021](#).
10. The Hampshire Suicide Prevention Forum have worked closely with partners across the Hampshire and Isle of Wight Integrated Care System (ICS) to develop provision around suicide prevention and intervention for Hampshire residents. Key developments include the launch of the local real time surveillance system; commissioning of Amparo bereavement support service; development of Hampshire Voices: A Collective of People with Living Experiences of Suicide; workforce development training for frontline practitioners and work to refresh the postvention protocol for education settings.
11. The refreshed Hampshire Suicide Prevention Plan (2023-28) aligns with the six areas for suicide prevention action identified within the [National Suicide Prevention Strategy](#). It will take an iterative approach, with specific actions and priorities identified and reviewed on an annual basis. The plan identifies the following areas for action, which have been developed alongside members of the multi-agency Hampshire Suicide Prevention Forum:
  - a) Increase awareness and understanding of the economic and social risk factors for suicidality.
    - Suicidal behaviours are shaped by the social, economic, and physical environments in which we live. Key actions within this theme include the delivery of money and mental health training for frontline staff, improving signposting to financial education resources for education staff from early years through to post-16, delivery of workforce suicide prevention training to housing staff, and the expansion of the Collaborative Assessment & Management of Suicidality training to frontline staff from services that work with residents experiencing multiple vulnerabilities.
  - b) Tailor approaches to suicide prevention for particular groups.



- While everyone is at risk of suicide, that risk is not distributing equally amongst the population. Using both national and local insight and intelligence we will target interventions, signposting, and communications at those with the greatest need. Priority groups include middle-aged men, those in touch with the criminal justice system, people misusing substances, and victims and perpetrators of domestic abuse.
- c) Reduce access of means to suicide by promoting suicide safer communities.
- Restricting access to lethal means is an important component of suicide prevention. The National Institute of Clinical Excellence published an [evidence review](#) in 2018 which highlighted effective measures for reducing access of means. We will work closely with our partners from rail, highways and local planning to implement an appropriate measures in line with the evidence base.
- d) Ensure appropriate and sensitive communications of suicide and suicidality across all sectors in Hampshire.
- Sensitive and appropriate use of language can help to reduce the stigma that prevents people from seeking help. Within this area for action, we will continue to develop our workforce development and training offer, work with local media outlets to ensure responsible reporting of suspected suicides and develop a postvention communications toolkit to be used by multiagency partners following a suspected suicide death. This will help support that frontline staff, volunteers, and members of the public to feel confident and equipped to intervene and signpost people to the right support where necessary.
- e) Provide the 'right support' at the 'right time' for those individuals and communities affected by a suspected suicide death.
- Providing guidance and support in a timely manner for those affected by a suspected suicide death is an important aspect of local suicide prevention plans. Actions within this theme include the refresh of the education postvention protocol, promotion of the Amparo bereavement support service, and use of the real time surveillance system to identify those affected sooner.
- f) Equip people with the knowledge and skills necessary to support children and young people who self-harm.
- The [2023 NCISH Annual Report \(2010-2020\)](#) highlights that although suicide rates are declining in England, suicide deaths amongst those <25yrs. are rising, particularly amongst women and girls. Young people are more likely to report suicidal ideation and self-harm than the general population and those with a history for self-harm are significantly more likely to attempt suicide than the general population. It's important that parents,

carers, professionals, and peers feel equipped to support a young person who is self-harming and/or to prevent a young person from self-harming in the first instance.

- Local actions to support this area will include workforce development training, embedding self-harm and suicide prevention into mental health support teams, and further work to understand the picture of self-harm across Hampshire.

g) Improve research, data collection and monitoring.

- Since 2013 Hampshire Public Health has conducted a local suicide audit which enables valuable insight into local needs. This work is now being supported by a Real Time Surveillance System, enabling data to be collected in a timely manner and enabling an appropriate, joined-up postvention response across partners. Further work is planned to enhance this system and to further support for Hampshire Voices: A Collective of People with Living Experience of Suicide.

## **Performance**

12. The Mental Wellbeing Strategy and accompanying suicide prevention plan have identified key areas for action, that have been categorised as 'now' and 'next'. This demonstrates the commitment by all partners to ensure focused action is taken at the right time and that a clear direction has been mapped out for the next five years.
13. These actions will be regularly assessed by the Hampshire Improving Mental Wellbeing Board and Hampshire Suicide Prevention Forum to ensure they are addressed in a timely manner. Actions identified as 'now' are those where work is already underway.
14. Updates and progress on the strategy and suicide prevention plan will be presented to the Hampshire Health & Wellbeing Board annually.
15. Themes within the strategy and suicide prevention plan also align with the refreshed Hampshire Public Health Strategy. The new strategy has three themes: Healthy Lives, Healthy Places & Communities, and Healthy People. Mental wellbeing is cross-cutting across all themes.

## **Co-Production**

16. The Mental Wellbeing Strategy was co-produced with a range of partners who are represented on the Hampshire Improving Mental Wellbeing Board. This included a task and finish group to oversee the development, consultation, writing and final document design.

17. The Suicide Prevention Plan was co-produced with the Hampshire Suicide Prevention Forum multi-agency members, including members from Hampshire Voices: A collective of people with living experience of suicide. A further guiding principle of the plan is to co-produce identified actions with Hampshire Voices.

## **Conclusions**

18. Hampshire Mental Wellbeing Strategy and Hampshire Suicide Prevention Plan demonstrate how partners across Hampshire will work together to promote mental wellbeing and support the people of Hampshire to have the best mental health they can, reducing inequalities in mental wellbeing across certain groups.
19. Governance has been updated to support the ambitions of the Mental Wellbeing Strategy and Suicide Prevention Plan. Implementation of key actions will be reviewed by the Hampshire Improving Mental Wellbeing Board; with the Suicide Prevention Forum, Money and Mental Health Partnership, and Hampshire Multi-Agency Mental Health Communications Group coordinating actions at an operational level. Annual updates will be presented to the Health and Wellbeing Board.

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# Hampshire Mental Wellbeing Strategy and Suicide Prevention Plan



Hampshire  
**Health and  
Wellbeing**  
Board

# What is mental wellbeing?

Everyone has mental wellbeing and everyone has a right to positive mental wellbeing

**Mental wellbeing** includes both our feelings, such as contentment and enjoyment, our ability to function well in our lives and to engage with the world. It could be summarised as living in a way that is good for ourselves and for others.

*“A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.”*

Focus is not on mental health services, but on the actions required to support people before they require services or reach crisis point.



# Why is it important?

Preventing mental ill health, promoting positive mental wellbeing and reducing death by suicide irrespective of anyone's circumstances.

Coordinated action required to support people before they require services or reach crisis point

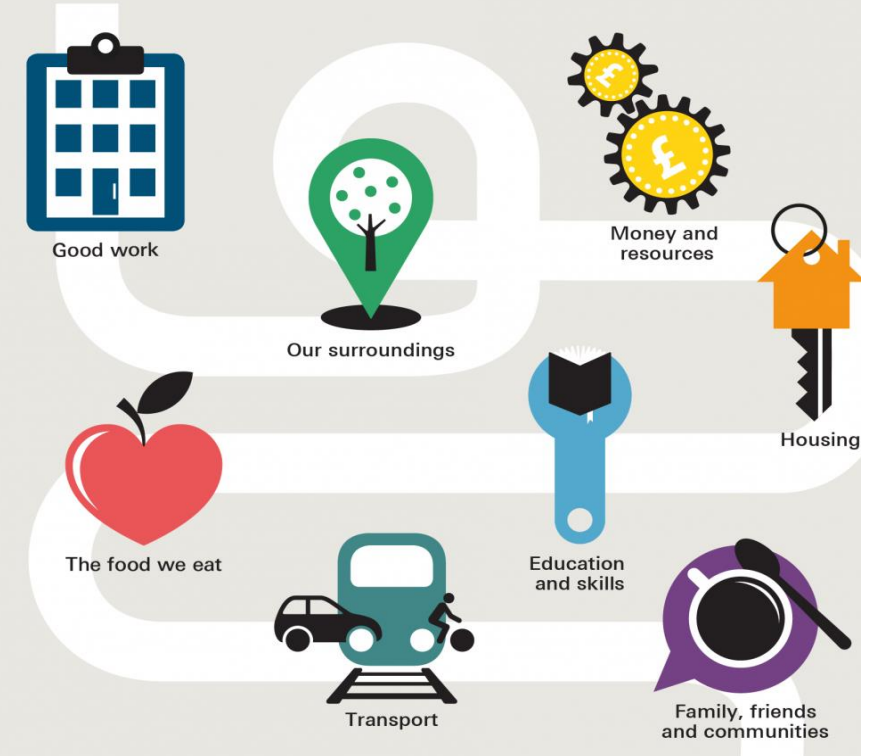
Page 4  
Suicide prevention is a key responsibility of local government

- Inequalities exist in mental wellbeing; some groups more likely to have poor mental wellbeing
- Inequalities also affect mental wellbeing; more likely to have poor mental wellbeing if some of the building blocks are not in place: stable jobs, good pay, quality housing and good education

## What makes us healthy?

Good health matters, to individuals and to society. But we don't all have the same opportunities to live healthy lives.

To understand why, we need to look at the bigger picture:



The healthy life expectancy gap between the most and least deprived areas in England is over **18** YEARS

Find out more: [health.org.uk/what-makes-us-healthy](https://www.health.org.uk/what-makes-us-healthy)



Almost **1 in 5** people aged 16-64 years has a common mental health disorder<sup>2</sup>



Approximately **350,000 people in Hampshire** experience a mental health problem of some kind each year



Women are roughly **1.5 times more likely** to suffer from a mental health disorder<sup>2</sup>



Nationally, in 2020 to 2021 **64% of people** starting alcohol treatment reported a mental health need<sup>9</sup>



**1 in 10 people** in Hampshire accessing alcohol treatment services are also accessing mental health services, suggesting unmet need<sup>10</sup>



**42% of adult carers** aged 65+ years have as much social contact as they would like



The Hampshire suicide rate per 100,000 is **13.6 for men** and **4.5 for women**, this is lower than the England average<sup>5</sup>



**Being employed is a protective factor** for mental wellbeing. Havant has a greater percentage of people unemployed (5%) than the rest of England



**8.6% of Hampshire's population** reported a low happiness score<sup>6</sup>



**Less than 40%** of people in Hampshire who are in contact with secondary mental health services live in stable and appropriate accommodation



Nearly **4 in 10 veterans** report having a mental health disorder<sup>8</sup>

Nationally half of **people in problem debt** are experiencing a mental health problem<sup>11</sup>



Almost **1 in 7** people in Hampshire has depression<sup>4</sup>



In 2021 to 2022 there were **3,075 emergency hospital admissions** for self harm<sup>3</sup> but this is the tip of the iceberg a lot of self-harm does not end up in hospital



Nationally **1 in 4 people** will experience a mental health problem of some kind each year<sup>4</sup>



Nationally in 2018, 14-19 year olds who identify as part of the LGBTQ+ community were over **2.5 times more likely** to have a mental disorder<sup>7</sup>

**21.3% of people** report a high anxiety score<sup>6</sup>



2023-2028

# Hampshire Mental Wellbeing Strategy

Page 49

Mental  
Wellbeing  
Hampshire

All partners have come together and agreed this shared vision for Hampshire.

1

The people of Hampshire will be encouraged and supported to achieve the best mental health and wellbeing they can by partners that are committed, skilled and able to respond in times of need.

2

The people of Hampshire, will be enabled to maintain positive mental health and wellbeing, irrespective of their circumstances, understanding that some individuals and groups may need extra support to achieve this.

3

The people of Hampshire will know that organisations are committed to working in partnership with each other and with local people to implement integrated approaches to mental wellbeing, promotion, support and care and improve wider factors that can help or hinder mental wellbeing.



# Priority outcomes

We have high aspirations for the people of Hampshire but also recognise that many steps need to take place to make our aspirations a reality. We want to show the commitment and the steps that are needed to ensure we are always working towards our end goal of improving the mental wellbeing of our local people.

The actions are categorised as 'now' and 'next.' This demonstrates the commitment by all partners to ensure focused action is taken at the right time and that a clear direction has been mapped out for the next five years.

The Hampshire Improving Mental Health and Wellbeing Board will regularly reassess progress to ensure we move into the 'next' actions in a timely manner. This highlights the dynamic nature of this strategy and that priorities need to be able to flex, as do organisations, in response to local circumstances and needs.

1

## System wide focus on prevention

Hampshire people will be able to draw on the support mechanisms in place enabling them to maintain positive wellbeing and prevent mental ill health happening through early intervention



2

## Wider determinants of health

The people of Hampshire will be supported to improve mental wellbeing through other areas of their lives – housing, income, employment, transport, access to green space and physical activity, and social aspects



3

## Lessen the stigma

The people of Hampshire will be able to talk about their mental health and wellbeing with the same openness as their physical health without fear of prejudice or discrimination



4

## Capacity and capability across the workforce

The people of Hampshire will benefit from a competent and confident workforce with the knowledge, skills, empathy and capacity to support them with their mental health and wellbeing



5

## Suicide prevention

The people of Hampshire will be aware that suicide prevention is everybody's business



6

## Higher risk groups

The people of Hampshire who are at a higher risk of poorer mental wellbeing will be supported in ways that are proven to make a positive difference and suit their needs



# Hampshire Improving Mental Wellbeing Board

## Key achievements

- Established multi-agency sub-groups
  - Money and Mental Health Partnership
  - Communications group – joint insights and campaigns
  - Suicide Prevention Forum
- Increasing capacity / capability of front-line staff
  - Connect 5; Money & Mental Health; Suicide Prevention training
- Launched Chat About - improving wellbeing and social connection in the community.
- [Mental Wellbeing Hampshire](#) website – for professionals and the public
- **Forward view:** focus on impact of wider determinants – money and mental health, access to open space



# Hampshire Suicide Prevention Plan

The Hampshire Suicide Prevention Forum has identified the following areas as priorities for local action in Hampshire:

1. Increase awareness and understanding of the economic and social risk factors for suicidality.
2. Tailor approaches to suicide prevention for particular groups.
3. Reduce access of means to suicide by promoting suicide safer communities.
4. Ensure appropriate and sensitive communications of suicide and suicidality across all sectors in Hampshire.
5. Provide the 'right support' at the 'right time' for those individuals and communities affected by a suspected suicide death.
6. Equip people with the knowledge and skills necessary to support children and young people who self-harm.
7. Improve research, data collection and monitoring.

# Guiding Principles

To achieve our vision of making suicide prevention everybody's business, we have identified 5 guiding principles that will underpin all actions. These principles compliment those outlined within the Hampshire Mental Wellbeing Strategy.

- 1. Living experiences:** Actions will be co-designed and developed alongside Hampshire Voices: A collective of people with living experiences of suicide.
- 2. Adopt a lifecourse approach:** Consider how all ages and key transitions are managed and supported by actions.
- 3. System Ownership:** Partners recognise their roles and responsibilities in implementing actions identified within this plan; working closely with other suicide prevention forum members.
- 4. Data-led decision making:** Actions must make best use of available insight, intelligence and evidence to maximise effectiveness.
- 5. Language:** All partners and actions promote appropriate and de-stigmatising language when discussing suicide and suicidality.




# Our progress so far...

**Established a Local Real Time Surveillance System** to strengthen our ability to respond to suspected suicides in a timely manner.

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**Commissioned Amparo Suicide Bereavement Support Service.** Amparo provide practical & emotional support for anyone (all ages) recently or historically affected by suicide. 

---

**Supported Hampshire Voices: A Collective of People with Living Experience of Suicide.** Voices work collaboratively with organisations across Hampshire to offer guidance, advice and signposting on suicide-related action. 

---

**Rolled-Out Primary Care Suicide Prevention Training** on suicide awareness and suicide intervention to increase knowledge and confidence of primary care staff across Hampshire.

---

**Supported Suicide Prevention and Postvention in Schools and Colleges** through the development of a postvention protocol, self-harm support for professionals training, and managing suicidality in students; educational psychology supervision and training pilot.

---

**Workforce Development** of frontline staff and volunteers across Hampshire through Suicide First Aid Training; Suicide Prevention Safeguarding webinar, and the Collaborative Assessment and Management of Suicidality Training for clinicians.

## Area for Action

## Key Actions for 2023/24

<b>1. Economic and social risk factors for suicidality.</b>	Deliver Money and Mental Health Training to frontline staff and volunteers.
	Improve signposting to financial education resources for education settings
	Deliver appropriate workforce suicide prevention and intervention development training
<b>2. Tailor approaches to suicide prevention for particular groups.</b>	Expand the Collaborative Assessment & Management of Suicidality training to frontline staff from services that work with residents experiencing multiple vulnerabilities.
	Use the 2023 Hampshire Suicide Audit to identify future cohorts to focus on; include development of a joint action plan between domestic abuse and suicide prevention.
	Promote awareness and access to training and support to community led men's health groups.
	Embed suicide awareness and mental health crisis management into the co-occurring conditions workforce training. Suicide prevention pathway is included in the co-occurring conditions joint working protocol.
<b>3. Reducing access to means.</b>	Host a task & finish group with rail partners to understand the roles and current actions being taken.
<b>4. Appropriate and sensitive communication.</b>	Deliver Suicide First Aid Training; Promote Primary Care Training; Expand the Education Suicidality Pilot
	Commission a Media Consultancy Service to identify support needed to promote responsible reporting of suicide across sectors.
<b>5. Timely support for those affected by a suspected suicide.</b>	Commission a Media Consultancy Service to develop a communications postvention response toolkit to support local settings.
	Refresh existing postvention protocol & promote new postvention protocol.
	Continue to promote and signpost to Amparo Bereavement Support Service.
	Develop Real time surveillance system and response plan
<b>6. Self-harm prevention and management in young people.</b>	Provide suicide and self-harm prevention and management training/supervision for education staff through the educational psychology pilot and Solent Mind self-harm support service. Continue to promote HiES e-training and other free, quality assured training offers.
	Through Hampshire Safeguarding Partnership, embed self-harm prevention into the refresh of the children and young people self-harm pathway.
<b>7. Insight &amp; Intelligence.</b>	Conduct regular suicide audits for Hampshire and disseminate findings to inform decision-making.
	Develop Real time surveillance system to ensure data and intelligence drives our actions
	Continue to support and co-develop actions with Hampshire Voices. Support recruitment and promotion of Hampshire Voices.

# Voices



People with Living  
Experience of Suicide

## Voices: People with Living Experience of Suicide

Voices is a collective of People with Living Experience of Suicide. We believe our shared knowledge is fundamental in steering decision-making on suicide prevention and bereavement support. We work collaboratively with organisations across Hampshire, Portsmouth, Southampton and the Isle of Wight to offer strong guidance, advice and signposting on suicide-related action.



Hampshire  
County Council



# What you can do to support this work

## Champion positive mental wellbeing through your work

- Encourage conversations about mental wellbeing: access free training [sue.cochrane2@hants.gov.uk](mailto:sue.cochrane2@hants.gov.uk)
- Consider the language used around mental wellbeing and suicide prevention
- Consider how mental wellbeing can be improved through your communities: [Join Chat About](#)
- Promote 5 ways to wellbeing: [5 steps to mental wellbeing - NHS \(www.nhs.uk\)](http://www.nhs.uk)
- Consider working with Voices: People with Living Experience of Suicide

Page 57



TALK & LISTEN,  
BE THERE,  
FEEL CONNECTED



DO WHAT YOU CAN,  
ENJOY WHAT YOU DO,  
MOVE YOUR HOOD



REMEMBER  
THE SIMPLE  
THINGS THAT  
GIVE YOU JOY



EMBRACE NEW  
EXPERIENCES,  
SEE OPPORTUNITIES,  
SURPRISE YOURSELF



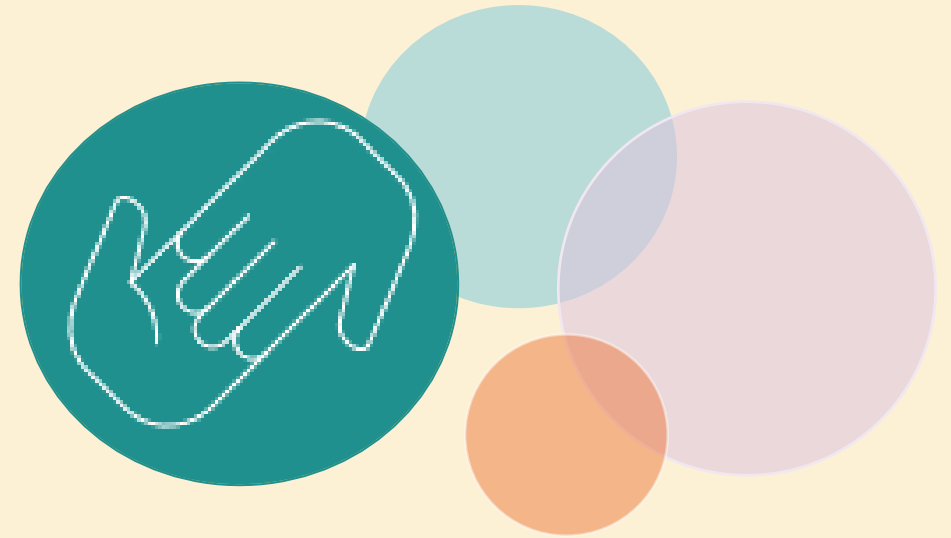
Your time,  
your words,  
your presence

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# Hampshire Suicide Prevention Plan

2023-2028

Page 59



*Ambition: The people of Hampshire will be aware that Suicide Prevention is everybody's business.*

# Contents

## **1. Introduction**

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## **2. Background**

---

## **3. Governance**

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## **4. Our Progress So Far...**

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## **5. Guiding Principles**

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## **6. Timescales, Monitoring, Reviewing**

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## **7. Areas of Action**

# Introduction

Between 2014 to 2020 there were a total of 621 deaths with a verdict of suicide (n=560) or suicide-narrative (n=53) in Hampshire.

The impact of suicide on family, friends, workplaces, schools and communities can be devastating; suicide is a major issue for society and a leading cause of years of life lost.

Suicide is often the end point of a complex history of risk factors and distressing events, but there are many ways in which services, communities, individuals and society as a whole can prevent suicides.

The refreshed Hampshire Suicide Prevention Plan outlines our ways of working together locally to support earlier intervention and prevention of suicides.

Our ambition is for the people of Hampshire to be aware that suicide prevention is everybody's business.

# Background

The [Hampshire Mental Wellbeing Strategy 2023-2028](#) sets out our vision for improving outcomes and reducing inequalities in mental wellbeing for local people in Hampshire. The strategy identifies suicide prevention as an area for focused attention, setting out our ambition for Suicide Prevention to be everybody's business. Actions to support this priority are as follows:

1. Develop joined-up place-based signposting to local services & support that promote positive mental health and wellbeing as well as support those at times of distress building on the current No Wrong Door programme.
2. Ensure all organisations have developed internal processes to enable the HIOW System Response following the Suspected Suicide Plan to be implemented in a multi-agency timely manner to respond and prevent further suicides.
3. Map the range of psychological safety support that is available to people working in the field of suicide prevention in Hampshire and share models of good practice such as dedicated mental health support offer by the Police.
4. Ensure the crisis support developments via the NHS Mental Health Transformation workstreams are embedded within all suicide prevention work.
5. Refresh self-harm pathway for all ages to improve early identification and early intervention.
- 6. Embed a life course approach to the prevention of suicide through the refresh of the suicide prevention action plan.**
7. Actively identify funding opportunities that may enable some pilot projects to be designed, implemented, and evaluated to reduce the risk of suicide in key high-risk populations: those who self-harm, high-risk prisoners on release, middle-aged men, isolated older people, victims and perpetrators of domestic abuse.
8. Encourage commissioners and providers of frontline services to consider how prevention and early intervention of suicide and self-harm can be embedded into their service area. Provide advice and expertise on suicide prevention for those re-commissioning services or establishing new offers.

The main mechanism for coordinating and implementing these actions is through the development and implementation of a Suicide Prevention Action Plan for Hampshire.

# Background

In addition to our local strategy, the national [Preventing Suicide in England Outcomes Strategy](#) has the overall aim of reducing the suicide rate in the general population in England. It identifies six key areas of work that local suicide prevention plans should address:

## **Six Areas for Action Nationally and Locally:**

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring

This strategy also outlines the responsibilities of local public health teams for developing local all-age suicide prevention action plans and for hosting multi-agency suicide prevention partnerships.

A revised National Strategy is due in summer 2023. The Hampshire approach outlined in this document will be reviewed and amended accordingly.

# Draft Governance

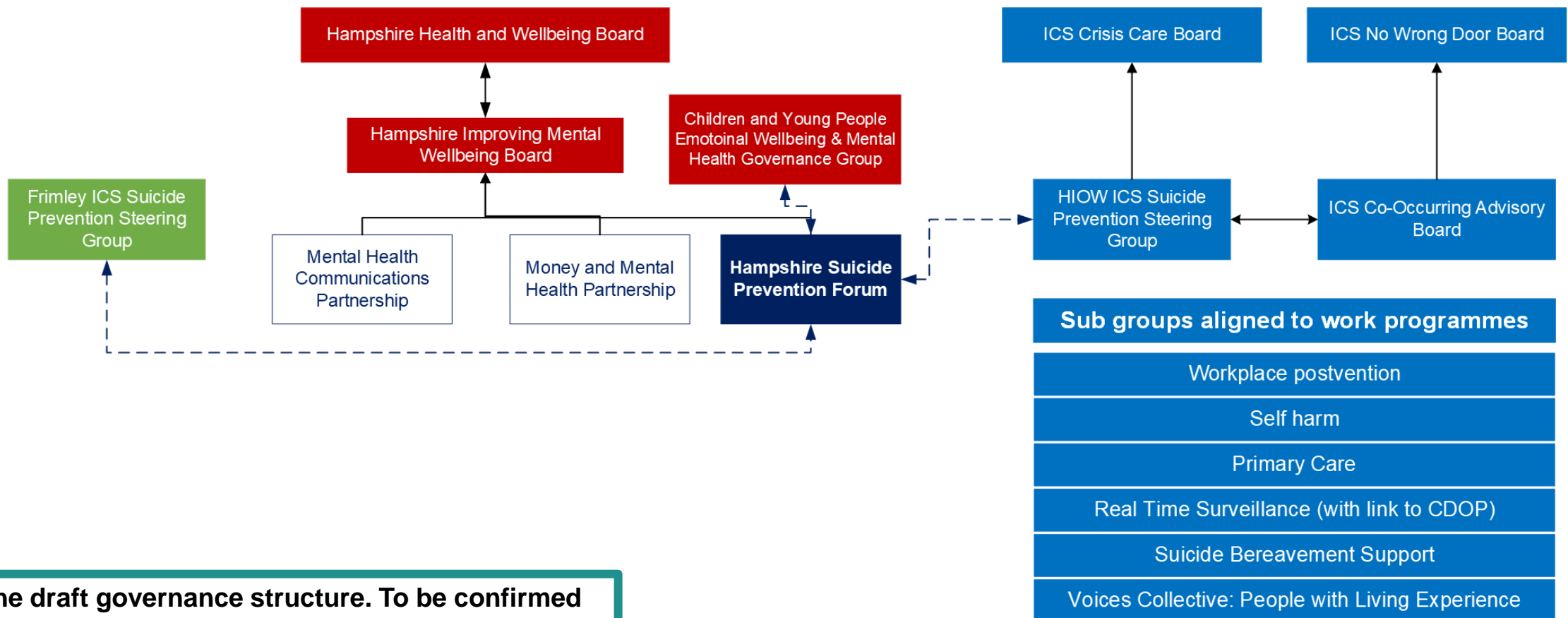
The Hampshire Suicide Prevention Forum has been integral to the implementation and monitoring of the Hampshire suicide prevention strategy 2019-2021. The forum has strong partnership links to mental wellbeing governance across the lifecourse, within Hampshire County Council and within the ICS.

Page 64

Within Frimley ICS

Within Hampshire County Council

Within H10W ICS



**\*This is the draft governance structure. To be confirmed with ICS and CYP partners.**



# Governance

To ensure effectiveness and joined-up working across the system, roles, responsibilities, and member organisations has been reviewed as part of the refresh of this plan. The Suicide Prevention Forum will continue to deliver suicide prevention actions across Hampshire moving forward.

## Hampshire Suicide Prevention Forum Roles & Responsibilities:

- Brings together key stakeholders from across Hampshire to maintain our strategic commitment to making suicide prevention everybody's business.
- Develops and oversees the implementation of the Hampshire Suicide Prevention Plan in line with National Guidance.
- Oversees evaluation of the Hampshire Suicide Prevention Plan.
- Uses data and insight to inform work planning.
- Facilitates partnership working to ensure system-wide implementation of suicide prevention priorities.
- Provides regular updates on progress to the Hampshire Improving Mental Wellbeing Board

Page 65

## Members Include:

- Hampshire County Council
- Hampshire Voices Collective
- Frimley NHS & Hampshire and Isle of Wight Integrated Care Boards
- Southern Health
- Primary Care
- Hampshire CAMHS
- University of Winchester
- Inclusion
- Health and Justice Partnership
- British Transport Police
- Network Rail
- Hampshire Constabulary
- Hampshire Coroner's Office
- Hampshire Isle of Wight Fire & Rescue
- Amparo Bereavement Support Service
- Armed Forces & Veterans Representation
- Hampshire CVS

# Our progress so far...


Since the publication of the Hampshire Suicide Prevention Strategy 2019-2021, Hampshire Suicide Prevention Forum members have worked together to improve our approach to suicide prevention and early intervention locally. Below outlines some of the achievements over the last four years, in partnership with the ICS.

**Established a Local Real Time Surveillance System** to strengthen our ability to respond to suspected suicides in a timely manner.

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**Commissioned Amparo Suicide Bereavement Support Service.** Amparo provide practical & emotional support for anyone (all ages) recently or historically affected by suicide. 

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**Supported Hampshire Voices: A Collective of People with Living Experience of Suicide.** Voices work collaboratively with organisations across Hampshire to offer guidance, advice and signposting on suicide-related action. 

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**Rolled-Out Primary Care Suicide Prevention Training** on suicide awareness and suicide intervention to increase knowledge and confidence of primary care staff across Hampshire.

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**Supported Suicide Prevention and Postvention in Schools and Colleges** through the development of a postvention protocol, self-harm support for professionals training, and managing suicidality in students; educational psychology supervision and training pilot.

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**Workforce Development** of frontline staff and volunteers across Hampshire through Suicide First Aid Training; Suicide Prevention Safeguarding webinar, and the Collaborative Assessment and Management of Suicidality Training for clinicians.

# Guiding Principles

To achieve our vision of making suicide prevention everybody's business, we have identified 5 guiding principles that will underpin all actions. These principles compliment those outlined within the Hampshire Mental Wellbeing Strategy.

- 1. Living experiences:** Actions will be co-designed and developed alongside Hampshire Voices: A collective of people with living experiences of suicide.
- 2. Adopt a lifecourse approach:** Consider how all ages and key transitions are managed and supported by actions.
- 3. System Ownership:** Partners recognise their roles and responsibilities in implementing actions identified within this plan; working closely with other suicide prevention forum members.
- 4. Data-led decision making:** Actions must make best use of available insight, intelligence and evidence to maximise effectiveness.
- 5. Language:** All partners and actions promote appropriate and de-stigmatising language when discussing suicide and suicidality.

Page 67



# Areas for Action

The Hampshire Suicide Prevention Forum has identified the following areas for action for the revised Suicide Prevention Action Plan for Hampshire:

1. Increase awareness and understanding of the economic and social risk factors for suicidality.
2. Tailor approaches to suicide prevention for particular groups.
3. Reduce access of means to suicide by promoting suicide safer communities.
4. Ensure appropriate and sensitive communications of suicide and suicidality across all sectors in Hampshire.
5. Provide the 'right support' at the 'right time' for those individuals and communities affected by a suspected suicide death.
6. Equip people with the knowledge and skills necessary to support children and young people who self-harm.
7. Improve research, data collection and monitoring.

# Timescales, Monitoring & Reviewing

## TIMESCALES

The following slides provide high-level summary of our proposed actions over the lifetime of this plan. Mirroring the Hampshire Mental Wellbeing Strategy, actions are divided into two groups **Now** and **Next**.

Page 69

**Now** actions are those that the Suicide Prevent Forum is committed to delivering by June 2024.

- **Next** actions are those that will be completed within the lifetime of this action plan, but will not commence until 2024 and/or beyond.

## MONITORING

The Suicide Prevention Forum will monitor progress and risks on a quarterly basis. An annual update will also be taken to the Hampshire Improving Mental Wellbeing board and form part of the broader update provided to the Hampshire Health and Wellbeing Board on an annual basis.

An approach to evaluation of actions will be agreed with the Suicide Prevention Forum in July 2023.

## REVIEWING

National and local suicide prevention priorities are rapidly changing. Therefore, an iterative approach to action implementation and development is needed.

We expect that a review of key actions will be required following the publication of the revised national strategy (expected Summer 2023).

In the medium/long-term, actions will be reviewed on an annual basis to determine key actions for the upcoming year.

# 1. Economic and Social Risk Factors for Suicidality

Suicidal behaviours are shaped by the social, economic, and physical environments in which we live. In recent years, the impact of financial stress, poor housing, and social isolation on mental ill health and suicidality has been well documented. Effective suicide prevention strategies have a role to play in increasing awareness and advocating for policy and practice changes which allow for earlier intervention and prevention of suicide.

Area	Action	Outputs	Timescales
Debt	Deliver Money and Mental Health Training to frontline staff and volunteers.	Staff completing the training are aware of the relationship between money and mental wellbeing, and know where to signpost for further support.	Now
Debt	Understand the relationship between different types of debt (e.g., gambling/no-pension/high cost loans etc.) and suicide risk locally to tailor support through a rapid needs assessment.	Clear recommendations for specific actions Suicide Prevention Forum members can take.	Next
Financial Education	Improve signposting to financial education resources for all education settings from early years to post-16  Pilot Financial Education project for children experiencing vulnerability	Creation of financial education page on HiES website  Pilot delivery of Work Out Your Money sessions at targeted HAF programmes/young carers groups/youth services across Hampshire by Citizen's Advice Havant	Now  Next
Housing	Deliver appropriate workforce suicide prevention and intervention development training for housing staff.	Staff completing the training are aware of the signs that someone may be experiencing suicidal thoughts, have the confidence to intervene, and know where to signpost for further support. Learning is reinforced through action learning sets.	Now
Those with Multiple Vulnerabilities	Expand the Collaborative Assessment & Management of Suicidality training to frontline staff from services that work with residents experiencing multiple vulnerabilities.	Staff feel confident supporting and signposting someone experiencing suicidal ideation. Best practice is promoted and supported through clinical supervision of those undertaking CAMS training.	Now
Those with Multiple Vulnerabilities	Work with safeguarding partners to understand how/when it would be suitable for suicide risk to be assessed by frontline staff.	Publish suicide prevention and intervention care pathway(s) and guidance for key frontline services.	Next

# 2. Tailor Approaches For Particular Groups

While everyone is at risk of suicide, that risk is not distributed equally amongst the population. The [2023 NCISH Annual Report \(2010-2020\)](#) highlights some of the population cohorts at greatest risk of suicide and suicide intent in England. Locally, the Hampshire Suicide Audit is used to identify trends amongst particular groups. We will use a combination of local and national insight and intelligence to target interventions at those with the greatest need.

Area	Action	Outputs	Timescales
Insight & Intelligence	Use the 2023 Hampshire Suicide Audit to identify which particular groups to focus interventions and support.	Better understanding of which groups are at the highest risk of suicide in Hampshire.	Now
Those in touch with the criminal justice system	Review probation risk assessments to ensure suicide risk and wider economic and social risk factors are appropriately captured and assessed.	To be identified at a later stage.	Next
Domestic Abuse	Develop and deliver a joint action plan between domestic abuse and suicide prevention.	Publish Joint language guide and delivery of workforce development training on suicide prevention.	Now
Men's Health	Promote awareness and access to training and support to community led men's health groups.	Reduce stigma associated with men's mental ill health & promote men's mental and emotional resilience using the five ways to wellbeing.	Now
Co-occurring conditions	Embed suicide awareness and mental health crisis management into the co-occurring conditions workforce training. Suicide prevention pathway is included in the co-occurring conditions joint working protocol.	Staff have the confidence and skills to: recognise the signs that someone may be experience suicidal ideation, intervene, and signpost to further support.	Now
Public Health Commissioned Services	Ensure suicide prevention is incorporated into commissioned services including; public health nursing, domestic abuse, substance misuse, and sexual health.	To be identified at a later stage.	Next
Tailored support and interventions for other particular groups	Dependent on the findings of local and national insight & intelligence. Decisions on which groups to focus on will made by suicide prevention forum members	To be identified at a later stage.	Next

# 3. Reducing Access of Means to Suicide

Reducing access to suicide means is an important component of suicide prevention. The effectiveness of restricting the availability of pharmaceuticals and chemicals, and restricting access to heights and train stations on suicide rates, has been well documented. The National Institute of Health and Care Excellence published an [evidence review](#) (2018) on soft and hard measures aimed at reducing access of means. It highlights key actions that can be taken both nationally and locally. Local insight into lethal suicide methods will also be used to inform priority actions.

Area	Action	Outputs	Timescales
Rail	Host a task & finish group with rail partners to understand the roles and current actions being taken.	An agreed way of working with rail partners and joint actions.	Now
Signage in Public Places	Review and consult on a formal suicide intervention signage policy for public places for Hampshire.	Hampshire Suicide Prevention and Intervention Policy.	Next
Local Planning	Establish a tall buildings risk assessment taskforce to support facilities management companies and other local organisations to make communities suicide safer.	To be identified at a later stage.	Next
Online Harms	As a proposed theme within the revised national strategy, specific actions will be identified/taken once further guidance is provided.	To be identified at a later stage.	Next



# 4. Appropriate and Sensitive Communication

The topic of suicide should be approached with care and compassion. Irrespective of context (engaging in dialogue, talking to someone with living experience, or writing about the issue in a professional setting) it's important we remain mindful of our language to avoid reinforcing the stigma that prevents people from seeking help. It's also important that frontline staff, volunteers, and members of the public feel confident and equipped to intervene and signpost people to the right support, if they are concerned that someone may be at risk of suicide.

Area	Action	Outputs	Timescales
Workforce Development	Deliver Suicide First Aid Training; Promote Primary Care Training; Expand the Education Suicidality Pilot	Staff completing the training are aware of the signs that someone may be experiencing suicidal thoughts, have the confidence to intervene, and know where to signpost for further support. Learning is reinforced through action learning sets.	Now
Members of the Public	Promote zero suicide alliance training to members of the public; awareness campaign to increase confidence to engage in appropriate conversations about suicide risk and suicide ideation.	Increase in the number of Hampshire residents completing the zero suicide alliance training.	Next
Local Media	Commission a Media Consultancy Service to identify support needed to promote responsible reporting of suicide across sectors.	Improved relationship with local media outlets and responsible reporting; a clear process for reporting on a suspected suicides or serious suicide incidents locally.	Now
Postvention	Commission a Media Consultancy Service to develop a communications postvention response toolkit to support local settings.	Suicide Postvention Response Toolkit to be used in conjunction with postvention protocols and the suicide contagion and cluster response plan.	Now

# 5. Supporting Those Affected by a Suspected Suicide Death

When someone dies by suspected suicide there is an immediate and often devastating effect on the people around them. Suicide has a ripple effect on the community and those affected are 65% more likely to attempt suicide themselves. As a result, providing guidance and support in a timely manner for those navigating this complex grieving process, is an important aspect of local suicide prevention plans.

Area	Action	Outputs	Timescales
Education Postvention Protocol	Refresh existing postvention protocol & promote new postvention protocol.	Increased confidence amongst professionals of the postvention process.  Suicide prevention & postvention policy to be included within annual school safeguarding audit	Now
Amparo Bereavement Support Service	Continue to promote and signpost to amparo support service.	Increased awareness and uptake of Amparo service for those that need it.	Now
Real Time Surveillance System	Review real time surveillance system data on a monthly basis to identify potential suicide contagions and clusters.	Timely communication with partners regarding suspected suicides and clear contagion response process across Hampshire.	Now
Workplace Postvention & Suicide Safety Plans	All Hampshire Suicide Prevention Forum members develop and implement a postvention & suicide safety plan within their organisation; Suicide postvention and safety plan template to be agreed by members.	Organisations have the infrastructure in place to mitigate suicide risk and to provide an appropriate and timely postvention response.	Next
Workplace Postvention	Commission a support package to assist organisations in their response to the suspected suicide of an employee.	Organisations feel supported in their grieving process and potential suicide contagion is prevented.	Next

# 6. Equip people with the knowledge and skills necessary to support children and young people who self-harm.

The [2023 NCISH Annual Report \(2010-2020\)](#) highlights that although suicide rates are declining in England, completed suicides amongst those <25yrs. are rising, particularly amongst women and girls. Young people are more likely to report suicidal ideation and self-harm than the general population. Furthermore, young people that self-harm are at greater risk of suicide. It's important that parents, carers, professionals, and peers feel equipped to support a young person who is self-harming and/or to prevent a young person from self-harming in the first instance.

Area	Action	Outputs	Timescales
Needs Assessment	Conduct a self-harm needs assessment to understand current gaps/priorities, covering self-harm with suicidal intent and non-suicidal self injury.	Clear recommendations for next steps.	Now
Workforce Development	Provide suicide and self-harm prevention and management training/supervision for education staff through the educational psychology pilot and Solent Mind self-harm support service. Continue to promote HiES e-training and other free, quality assured training offers.	Staff completing the training are aware of the signs that someone may be experiencing suicidal thoughts, have the confidence to intervene, and know where to signpost for further support. For those participating in the ed psych pilot, learning is reinforced through group supervision.	Now
Whole Settings Approaches	Work with mental health support teams to embed self-harm prevention (including wider risk factors such as substance misuse), intervention, and management into Whole School Approach audit tool.  Provide resources for education staff through the Hampshire Health in Education Website.	To be identified at a later stage.	Next
Pathways	Through Hampshire Safeguarding Partnership, embed self-harm prevention into the refresh of the children and young people self-harm pathway.	Professionals have a clear understanding of how a child or young person can access support	Now

# 7. Improve Research, Data Collection, and Monitoring

Since 2013 Hampshire Public Health has conducted a local suicide audit which provides us with valuable insight into local needs. Since 2019, the Real Time Surveillance System has allowed us to identify potential suicide contagions and clusters in a timely manner; improving our ability to provide an appropriate, joined-up postvention response. Ongoing work is needed to enhance our understanding of the patterns of suicide, self-harm, and serious suicide attempts.

Page 76

Area	Action	Outputs	Timescales
Hampshire Suicide Audit	Conduct bi-annual suicide audits for Hampshire. Share findings with the Hampshire Suicide Prevention Forum to inform decision-making.	Identify emerging patterns and priorities for future suicide prevention action across the system.	Now
Real Time Surveillance System	Review real time surveillance system data on a monthly basis to identify potential suicide contagions and clusters.	Timely communication with partners regarding suspected suicides and clear contagion response process across Hampshire.	Now
Working with those with living experiences	Continue to support and co-develop actions with Hampshire Voices. Support recruitment and promotion of Hampshire Voices	Voices members feel supported, included, and valued as members of the suicide prevention forum and wider workstreams.	Now



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**HAMPSHIRE COUNTY COUNCIL**

**Report**

<b>Committee:</b>	Health and Wellbeing Board
<b>Date:</b>	15 June 2023
<b>Title:</b>	Dying Well Update – Theme Focus
<b>Report From:</b>	<b>Sponsor:</b> Alex Whitfield, Chief Executive, Hampshire Hospitals NHS Foundation Trust  <b>Author:</b> Faye Prestleton, PEOLC Programme Lead, HIOW Integrated Care System (ICS)

**Contact name:** Faye Prestleton, PEOLC Programme Lead, HIOW ICB

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**Purpose of this Report**

1. The purpose of this report is to provide an update to the Health and Wellbeing Board on the priorities and progress of the Dying Well chapter of the Hampshire Health and Wellbeing Board Strategy following the previous update in October 2021.

The paper seeks to capture the ongoing development and delivery of the Palliative and End of Life Care Programmes (PEOLC) within both Frimley Integrated Care System (ICS) and Hampshire and Isle of Wight ICS – recognising that whilst efforts are underway to establish and maintain links across the programmes are delivered separately within each ICS.

The presentation highlights key areas of progress including development of Palliative and End of Life Care (PEOLC) strategic priorities, community engagement successes, Future Planning tools and resources, death and bereavement campaign alongside key challenges and issues faced in seeking to move this programme of work forward.

**Recommendations:**

2. **That the Hampshire Health and Wellbeing Board:**
  - 2.1. Note the progress of the Dying Well partnership working over the last year.
  - 2.2. To acknowledge and support the plans to continue working together on the programmes of work outlined.

2.3. To support our projects including:

- HLOW ICS Palliative and End of Life Care Strategy – To support focussed feedback from stakeholders within H&W Board noting links with priorities of the Dying Well Strategy.
- Ongoing Community Conversations planned.
- Ongoing development and implementation of PEOLC Single Point of Contacts for ICS.
- Mapping of PEOLC provision in line with the National Commissioning Framework.
- Support the launch of the Death and Bereavement Campaign in Autumn 2023
- Development of a PEOLC data dashboard following the first cut of data in June 2023.

## **Executive Summary**

3. Each chapter of the Hampshire Health and Wellbeing Strategy is underpinned by priorities and a business plan summarises planned areas for focus. The presentation accompanying this report outlines recent progress and future development in the Dying Well theme area.

The paper seeks to capture the ongoing development and delivery of the Palliative and End of Life Care Programmes (PEOLC) within both Frimley Integrated Care System (ICS) and Hampshire and Isle of Wight ICS – recognising that whilst efforts are underway to establish and maintain links across the programmes are delivered separately within each ICS.

## **Consultation and Equalities**

4. This is a progress update. Consultation and equality impact assessment work has not therefore been needed.

## **Working with People and Communities (Co-Production)**

5. Our approach to community engagement has been instrumental in the framing and ongoing development of the ICB PEOLC strategic priorities which then drive and inform the ICB PEOLC programmes of work. This has included targeted community conversations with our patients, families, carers and wider community partners related to our strategic direction, anticipatory care planning, bereavement and care after death and a focus on people at the end of life with a learning disability.

It is our intention that our ongoing engagement with our communities is placed and remains at the centre of everything we do – acting as a golden thread through the development and delivery of all PEOLC strategic priorities. To achieve this, the Alongside Communities approach will be used for the



engagement process including a focus on when developing and delivering our PEOLC strategic priorities we will need to ask:

- a. Where is the voice of the community in informing of knowledge of where we are now?
- b. How will we actively involve communities in the development, design and delivery of each “product”?
- c. What process will we adopt to ensure our community participates in the monitoring of progress?

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	no
<b>People in Hampshire live safe, healthy and independent lives:</b>	Yes
<b>People in Hampshire enjoy a rich and diverse environment:</b>	no
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	yes

**Section 100 D - Local Government Act 1972 - background documents**

**The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)**

Document

Location

None

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

### **2. Equalities Impact Assessment:**

This is a progress update to the Board; therefore an equalities impact assessment has not been completed.

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Hampshire  
County Council

# Health and Wellbeing Strategy Dying Well Update

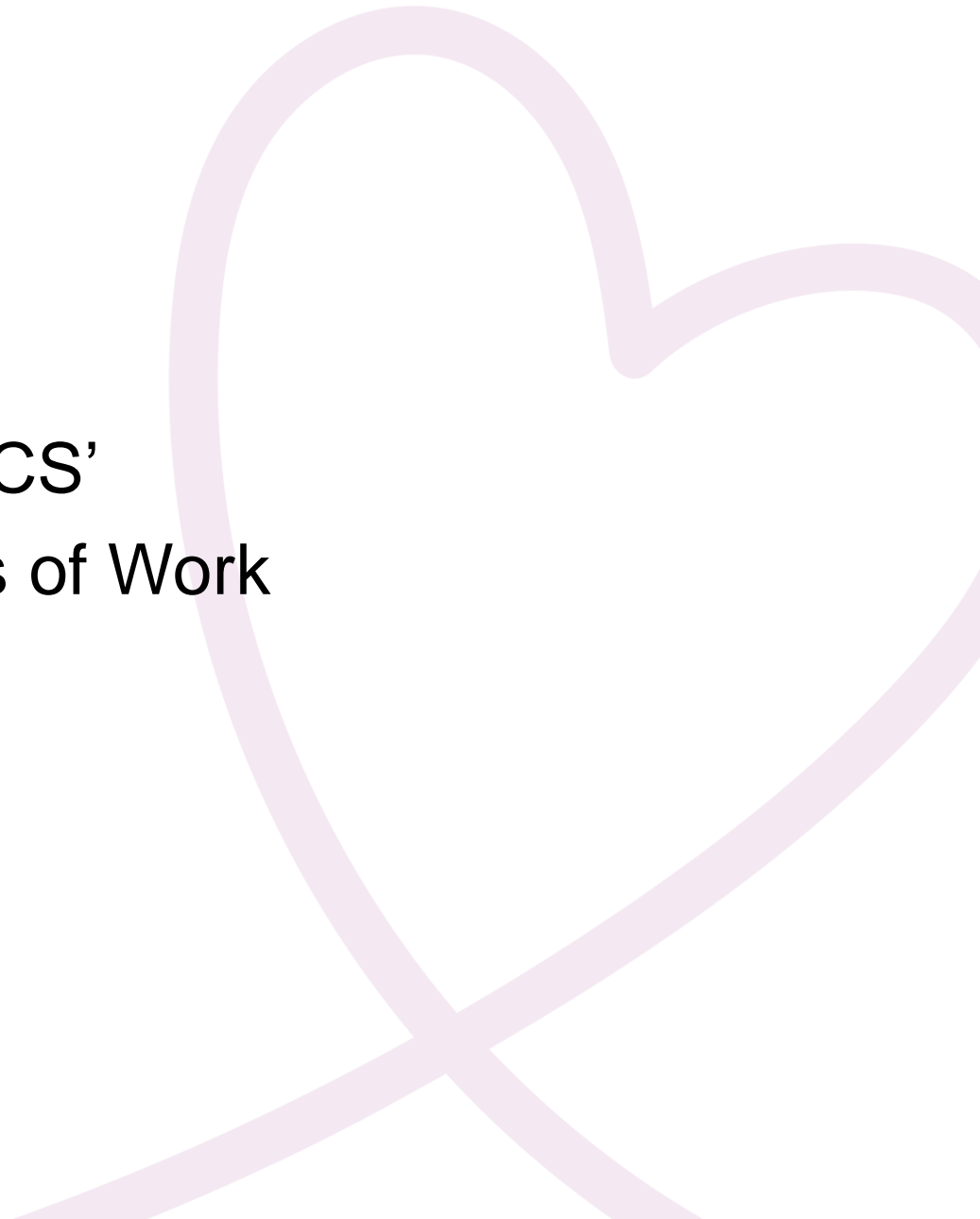
15 June 2023

Hampshire  
**Health and  
Wellbeing**  
Board



# Contents

1. An Overview of Dying Well Priorities
2. Working Together: Frimley & HIOW ICS'
3. An Overview of PEOLC Programmes of Work
4. Challenges & Next Steps
5. Recommendations



# Dying Well Key Priorities (2019 – 2024)

- Ensure person-centred care, choice and control is consistently in place across Hampshire to help people live well with life-limiting conditions
- Support people at end of life to return to or remain in their preferred setting in the last days and hours of life
- Improve skills and capacity across Hampshire to ensure people are encouraged and supported to have early and timely conversations about end of life wishes and choices. This will help individuals and their families to plan and prepare in advance.
- Work together effectively across organisations to provide well integrated care and consistent palliative care, building on a shared care plan irrespective of organisational or funding boundaries
- Improve access to bereavement support and services locally, for all age groups, especially for parents, families and educational communities following the death of a child, for children experiencing the loss of a parent, and for long-term carers who may also need support when their caring role ceases.

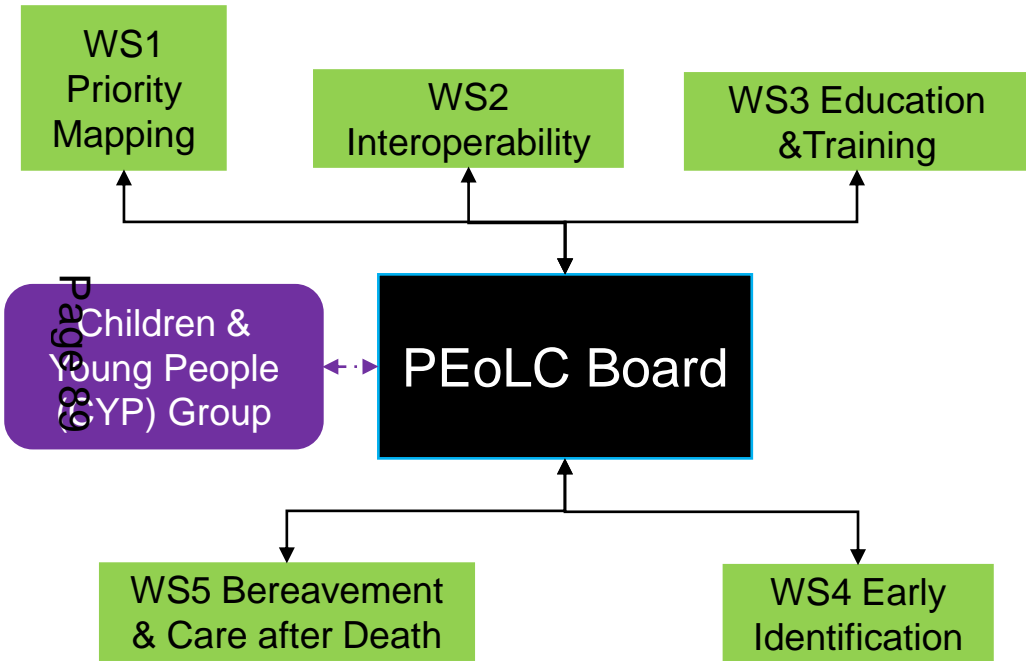
# Partnership Working across Frimley & HLOW

- Full engagement now established with the PEOLC South-East Regional Team within NHS England
  - Representation from both HLOW & Frimley ICS'
- Working together strengthened between Children and Young Adults (CYA) & Adults Palliative and End of Life Care (PEOLC) leads.
- Hospice Collaborative established – further focus needed on bringing together independent and trust-based hospices.
- New Leadership within HLOW further strengthened PEOLC voice within ICB.



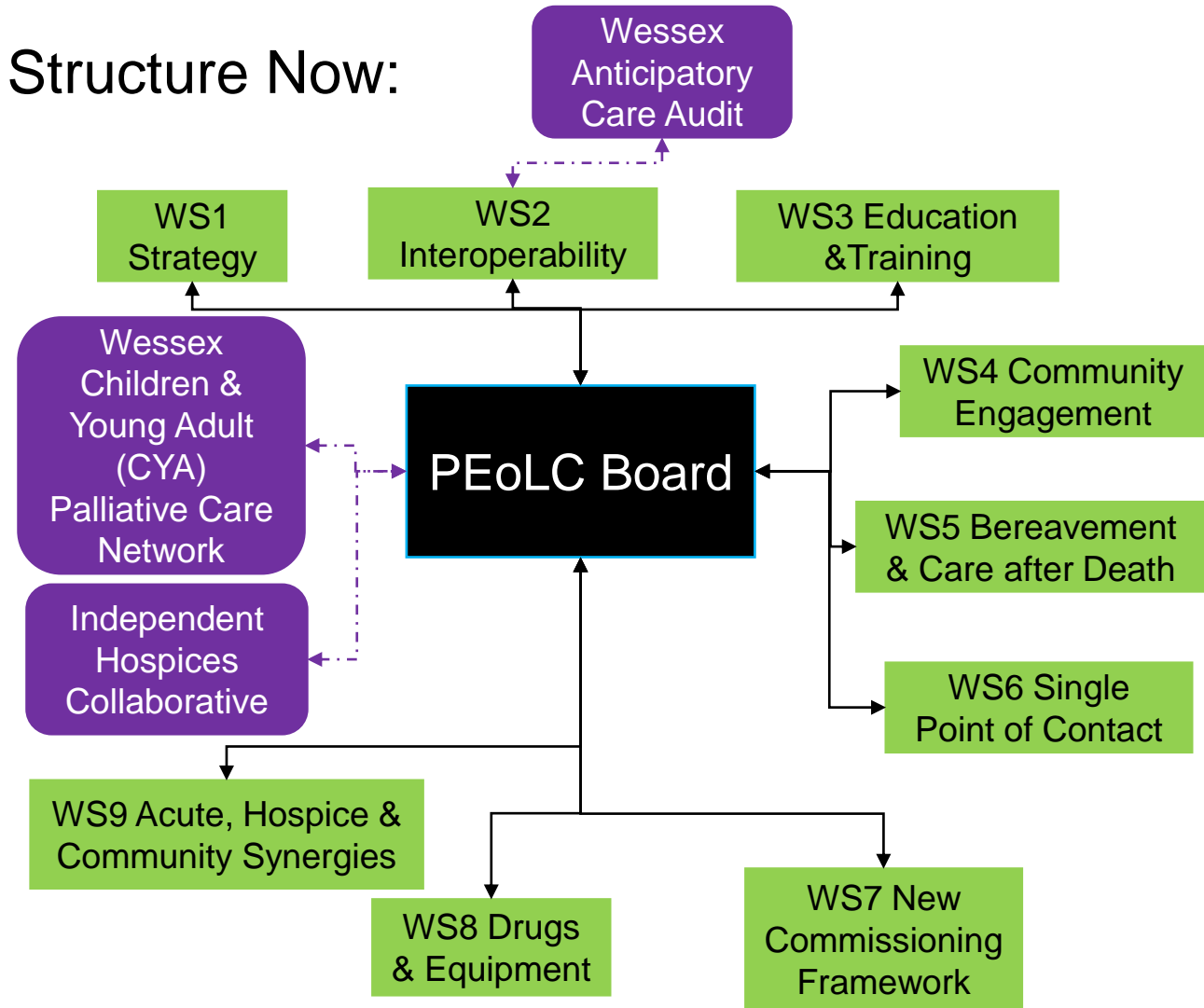
# Palliative and End of Life Care Board & Workstreams

## Initial Structure:



Please note: CYA previously CYP. Wessex covers wider than H&IOW IC as includes Dorset, part of Wiltshire whilst CYA covers Channel Island and UHS is a Tertiary referral centre, covering across the country. Wessex Anticipatory Care Audit is also wider than ICB geography and covers Dorset, part of Wiltshire

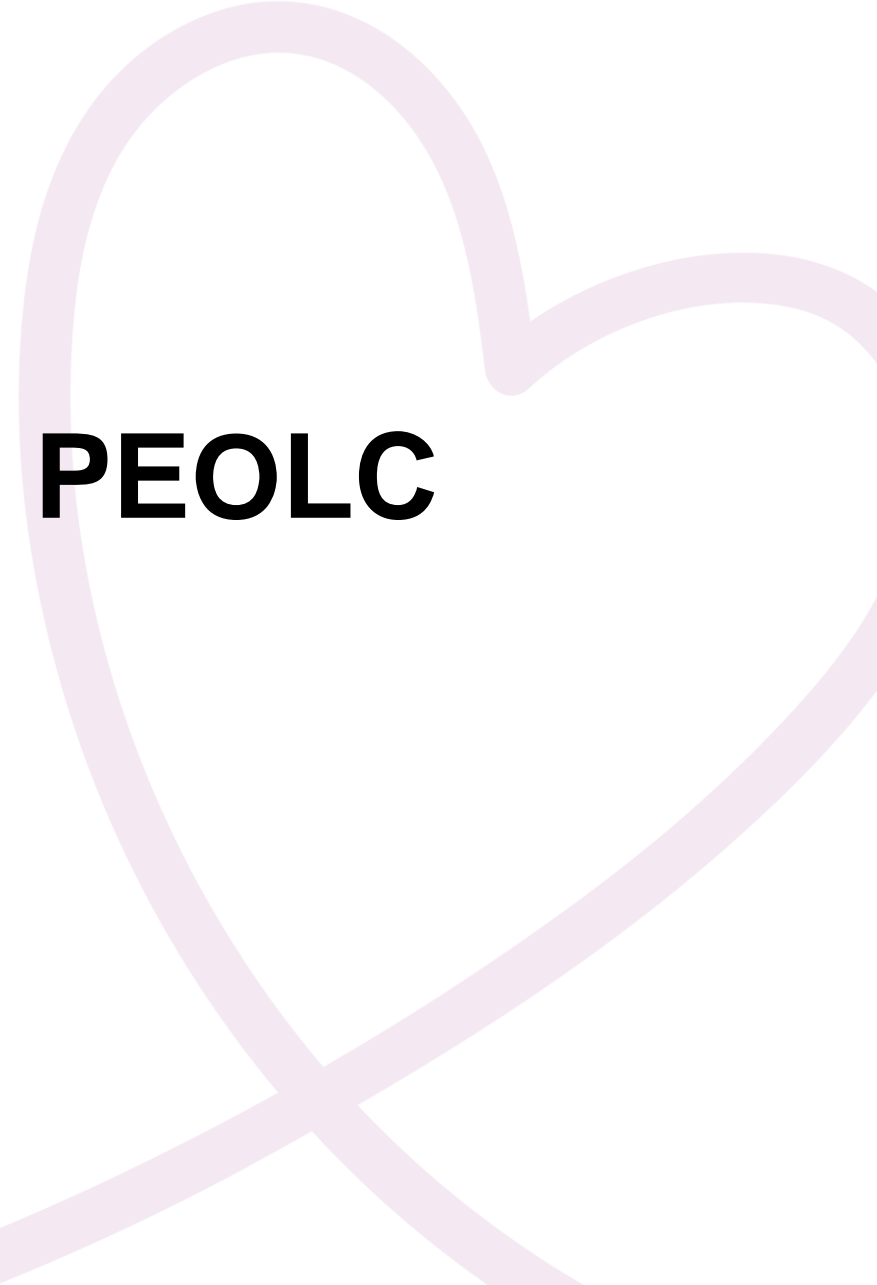
## Structure Now:



# Overview of Work Programmes (2022/23)

Area of Work	Details
EOL Interoperability	<b>Focussed on developing a technical solution to sharing information concerning PEOLC.</b> Wessex AHSN Proactive Care Audit & BA Mapping. Community Conversations held.
Education and Training	<b>Focussed on developing a Training and Education Model across ICS – targeted at specific bands initially.</b> Working with HEE to build into existing platform and establish within <b>HEE Learning Pathways</b>
Community Engagement	Several Community Conversations held, commencing Summer 2021, recommendation being to focus on <b>people with a learning disability and those who support them</b> to design the solutions.
Bereavement and Care After Death	<b>Focussed on strengthening co-ordination and support for bereavement and care after death.</b> Outcomes to date include designing series of death fairs & Community Chaplains booklet.
Health and Care Bill – EOL Commissioning	Following news of pending Health and Care Bill, transformation leads are working together to develop an <b>EOL methodology for initial mapping of core/specialist services delivered, gaps and areas for collaboration.</b>
Single Point of Contact	Models being developed across HIOW and group established to share learning to inform HIOW wide model.
ICS PEOLC All Ages Strategy	Work now underway. All ages strategy drafted and shared with stakeholders for comment. Shared with our community for comment and aim to complete initial draft June 23, final Sept 23.
Data Dashboard	National team core metrics mandate issued. Plans to produce data in June via Population Health Management pulling on primary care dataset.

# Examples of Delivery within PEOLC



# PEOLC Interoperability: Anticipatory Care - Community Perspective & Audit

We spoke with 130 people across communities in HIOW to find out their understanding and experiences with anticipatory care

Overall, communities have limited understanding of anticipatory care and how to access support.

Staff raised concerns with regard to interoperability and accountability, and it's direct impact on patient experience.

Key challenges expressed by communities with prior anticipatory care experience include needing to:

repeat your wishes multiple times, needing additional support to make informed decisions about care, lack of cultural and religious understandings amongst staff, and anticipatory care plans not being followed through.

Communities and staff both shared frustrations on the current stigma around death and dying as well as anticipatory care discussions occurring too late in a person's life.

Communities with prior anticipatory care experience were all able to recognise the potential benefits.



What improvements would communities like to see in the future?

Increased awareness and discussions on anticipatory care, increased challenge towards the stigma surrounding death and dying and additional support to individuals in an unpaid caring role were key themes discussed by communities.

Staff expressed benefiting from additional education and training to ensure they are confident and empowered to have difficult discussions as well as increased and innovative ways of communicating with colleagues internal and external to their organisation.



**ANTICIPATORY CARE**  
A COMMUNITY PERSPECTIVE

SOLENT NHS TRUST  
Community Engagement  
& Experience team  
March 2023



# WS2 - Wessex Anticipatory Care Planning (ACP) Audit

The audit aims to understand the existing Anticipatory Care processes and systems in place, how these are shared and accessed alongside existing examples of best practice and operational challenges.

## What has gone well

58 responses – covering all settings  
 2 ICSs involved – able to share knowledge and learning  
 Great community response – seeking to understand more.  
 Community engagement approach to meet communities needs – 1:1, groups, in person, on line

## Key challenges

Differing levels of engagement across professional groups within the ICSs  
 Unknown staff knowledge level outside those completing audit

## Involvement, awareness, impacted

Staff that completed audit aware/involved  
 Community engagement sessions currently being run - outcome paper due imminently

## Aspirations & recommendations for 2023/24 and beyond

Outcome of Community Engagement sessions – paper drafted March 23  
 Anticipatory Care Feedback event – 29 March 2023. Report due May 23  
 Need to agree how do we take the learning forward – together  
 Anticipate recommendations and community feedback will feed into PEOLC Strategy



Please note: ACP is wider than PEOLC, covers all older people. Wessex also covers wider than ICB as include Dorset and part of Wiltshire.

# Future Planning

- Future Planning Resource in place in multiple locations across HIOW
- Further work underway to operationalise in services across HIOW (alongside other alternatives)
- Site is for patients, families, general practitioners, community nurses and anyone else experiencing or involved in caring for patients with chronic conditions, life shortening illness or frailty with organisational leads from across Solent NHS Trust, Southern Health NHS Foundation Trust, Wessex LMC, Oakhaven Hospice, St Michaels Hospice and The Rowans Hospice.
- <https://www.futureplanning.org.uk/>

# Death and Bereavement Public Mental Wellbeing Campaign

To be shaped by insight from professionals, volunteers and residents during Summer 2023, but aims are proposed as:

- Destigmatise talking about death, dying and bereavement and normalising grief
- Know how to prepare yourself/someone else for dying / a death
- Know where to seek/provide support following a bereavement
- Workforce/volunteers and community leaders know where to signpost for appropriate bereavement support
- Culturally appropriate messaging



# Campaign Call To Action

Talk about death and bereavement • Find the emotional support you need to prepare for a death • Find the emotional support available following a bereavement • Signpost people to appropriate bereavement support.

Launch date proposed September 2023. Print and online.

Campaign will **signpost to:**

- [Mental Wellbeing Hampshire: Bereavement and End of Life](#). This page will be further developed ahead of the campaign to include a richer range of information and resources.
- [Connect to Support Hampshire](#) (for the practical elements)

## Key Campaign Partners

- HCC Death Positive Libraries
- HCC Adults Health and Care
- HCC Registration Services
- Hospices
- Hospitals and ICBs
- Funeral care organisations
- Community and voluntary sector
- Faith groups and community leaders



# WS4 - Community Engagement

## Initial focus - how we work with our community to support development of PEO LC

What has gone well	Key challenges	Involvement, awareness, impacted
<p>2<sup>nd</sup> community conversation resulted in focus on people with a learning disability</p> <p>Opportunity to share their story</p> <p>Genuinely getting underneath and not just touching the surface</p> <p>Greater connections with those non-statutory groups not known to statutory organisations, so connecting with the hidden members, those most likely to have a late diagnosis.</p>	<p>Takes time and resources</p> <p>Full change pending outcomes of conversations which continue, relationships and connections made.</p> <p>Told by communities to shrink down what we are trying to do, as too big</p>	<p>Everything this group does is about utilising alongside communities approach to engaging our communities, which include our staff, patients, carers and their loved ones</p> <p>Always looking for more avenues to share and especially the hidden groups</p> <p>What else to explore:</p> <ol style="list-style-type: none"> <li>1. What will make the most difference to the most people</li> <li>2. Identify the best of what we do</li> <li>3. Share and spread</li> </ol>

## Aspirations & recommendations for 2023/24 and beyond

Key focus on people with a learning disability moving towards the end of their life, agreeing 1 – 3 key focus areas with our community – Q1 23/24

Develop & run Community Conversations through ambition and aspirations, broader conversations regarding learning community -Jun 23

Work with Consultants on supporting community conversation approach – Q1/2 23/24

PEoLC Solent Approach & Audit write up, to share with colleagues across the ICB – Q1 23/24

All workstreams are also including working with people and communities and when reviewing actions, members will ask themselves:

- Where is the voice of the community in informing our knowledge of where we are now?
- How will we actively involve communities in the development, design, and delivery of this “product”?
- What is our process to ensure our community participates in the monitoring of progress?

# Developing our Palliative and End of Life Care Strategy

Information and people involved in shaping the strategy

Our patients, carers and loved ones, community and staff have shared what is important to them and/or impact positively on Palliative & End of Life Care.

Utilising an engagement and inclusion approach, cocreated with people from our local communities

Palliative and End of Life Care Leads reviewed outcomes, workstreams, strategies and directives in line with Nationally identified priorities and recommended adjustments for local need.

Initial thoughts tested with wider group ahead of further community engagement

Baseline information gathered. Further evidence needed to support robust multi-factorial /system conversations.

Plans to strengthen local statistics to further support clinical early thoughts

1. We reviewed the national information on Palliative and End of Life Care direction of travel.
2. We mapped the national requirements alongside the current Palliative and End of Life Care workstreams, clinical feedback and feedback organisations had received from patients, their loved ones & carers
3. We sought, through community conversations with our patients, their loved ones, carers, our communities and staff, their feedback, experiences, and priorities in relation to palliative and end of life care.
4. We drafted an outline strategy which will, once reviewed by the Palliative and End of Life Board, go back to our community for further community conversations to ensure we have interpreted what they shared and ask for their ongoing support to check in to ensure effective delivery and keeping it live.

## This strategy:

- ✓ builds on work already completed/in progress, including work by the Palliative and End of Life Care Board and Workstreams
- ✓ sets out the priorities for developing & delivering Palliative and End of Life Care 2023 and beyond
- ✓ incorporates feedback that our patients, their loved ones, carers, community and staff have shared
- ✓ builds on the trusting & resilient relationship build
- ✓ uses the national Palliative and End of Life Care framework as the basis for its development
- ✓ will be a living document, being updated and adjusted to reflect the changing needs and feedback from our patients, their loved ones, carers, our community and staff and opportunities to work even more closely together

# PEOLC Strategic Priorities 2023 - 2026

Priority	Aim
<b>Identification &amp; Personalised Care and Support Planning</b>	Our ICB will strengthen the ways in which we identify people in their last hours, days, weeks, months and years of life, enabling early and meaningful conversations around what matters most to them, their loved ones and those important to them, to drive the care received.
<b>Shared Care Records</b>	Our ICB will work with an agreed set of information to guide discussions around what matters most you or your loved one in meeting your or their needs, sharing the outcome of these discussions as needed to enable a more co-ordinated, effective approach in the planning of your care for the future. Ultimately, we aim to develop a digital solution in the sharing of information, to strengthen the effectiveness of how we share information to inform you and your care.
<b>Evidence and Information</b>	Our ICB will have access to detailed and timely evidence and information, creating an accurate picture of palliative and end of life care across Hampshire and Isle of Wight. This information will drive and inform our approach to the future development and commissioning of services which remain responsive to your needs.
<b>Involving, Supporting &amp; Caring for those important to the you</b>	Our ICB understands the importance of caring and supporting those important to you, ensuring they receive the advice and care they need during the care of a loved one and/or following a bereavement.
<b>Workforce, Education and Training</b>	Our ICB recognises the value of our workforce in the delivery of high quality PEOLC. We will work to ensure our workforce and wider partners have both the specialist and generalist skills required to support you and your loved ones when receiving PEOLC.
<b>24/7 access</b>	Our ICB will develop services which work together to deliver consistency of access to PEOLC advice and support 24 hours a day, 7 days a week (in line with need).
<b>Co-production</b>	Our ICB will work alongside our patients, carers and communities in equal partnership, seeking to engage at the earliest stage to inform development and evaluation of PEOLC.
<b>Leadership</b>	Our ICS invests in PEOLC leadership, creating the necessary leadership for ongoing delivery of high quality PEOLC.
<b>Integration, Quality and Sustainability</b>	Our ICB will work with partners across the HIOW patch to ensure delivery of integrated PEOLC services, delivered in line with patient need irrespective of organisational boundaries.

# PEOLC Strategic Outcomes

People across Hampshire & Isle of Wight who need palliative and /or end of life care will:

- Be seen and treated as individuals who are encouraged to make and share proactive care plans and be involved in decisions regarding their care and wishes or in their best interests if they are unable to articulate their needs for themselves
- Receive care that is well-coordinated, shared effectively and told once
- Be supported to live well as long as possible, taking account of their expressed wishes and maximising their comfort and wellbeing
- Be assured that their loved ones, carers and those close to them are well supported during and after their care, and that they are kept involved and informed throughout
- Have their care provided by people who are well trained to do so and who have access to the necessary resources
- Have their needs and conditions recognised quickly and be given fair access to services regardless of their background or characteristics
- Be part of communities that talk about death and dying, and that are ready, willing, and able to provide the support needed
- Be part of a community that recognises the value of compassionate leadership to enable effective delivery of palliative and end of life care
- Receive care that is well-coordinated



# What's next for us.....

- **Strengthen Governance Structure:** Formally establish revised reporting and governance structure to further strengthen voice of PEOLC within ICB.
- **Finalise PEOLC All Ages Strategy:** including building in clear outcomes and resource requirements & taking steps to align with the ICB Joint Forward Plan. Target finalise September 2023.
- **Programme Overview:** Work with the ICB PMO office to outline clear deliverables and outcomes for delivery of PEOLC strategy during 2023 – 2026
- **Co-production of an ICS PEOLC Webpage:** which will hold what is important to our patients, their loved ones, carers, staff and communities.
- **Pull in Specialist Expertise:** to inform, support and enable delivery of the PEOLC Strategy e.g. comms, finance, BI etc.
- **Quality Data Oversight:** To strengthen oversight of quality triangulated data via PEOLC ICB wide review – promote shared learning and links with wider programme of work.
- **Strengthen our engagement with our Communities:** Seek to underpin all of our work with the expectation that it will be done working with people and communities and asking each workgroup to ask:
  1. Where is the voice of the community in informing our knowledge of where we are now?
  2. How will we actively involve communities in the development, design and delivery of this “product”?
  3. What is our process to ensure our community participates in the monitoring of progress?

Page 101



# Challenges going forward (23/24)

1. Understanding and navigating the newly formed ICB infrastructure
2. Securing project resources and clinical leadership into second half of 2023/24 (including specialist resources)
3. Embedding and maintaining pace of delivery following launch of the PEOLC Strategy
4. Enabling meaningful access to PEOLC data which represents the successes and challenges within our area.
5. Wider linkages with other ICB programmes of work to support successful delivery e.g. EOL Interoperability
6. Ensuring PEOLC voice remains strong within ICB and wider programmes of work.

# Recommendations for Board

## HWB Board are asked to:

- Note the progress on Dying Well through partnership working over the last year.
- Acknowledge and support the plans to continue working together on programmes of work outlined.
- To support our projects including:
  - **HIOW ICS Palliative and End of Life Care Strategy:** Support focussed feedback from stakeholders within H&W Board noting links with priorities of the Dying Well Strategy.
  - Ongoing Community Conversations planned.
  - Ongoing development and implementation of PEOLC Single Point of Contacts for ICS.
  - Mapping of PEOLC provision in line with the National Commissioning Framework.
  - Support the launch of the Death and Bereavement Campaign in Autumn 2023
  - Development of a PEOLC data dashboard following the first cut of data in June 2023.
  - Consider H&W Representative to support recent developments with Bereavement Alliance

# Additional Information: Signposting and Resources

In the workplace/for employers:

[Bereavement resources for the social care workforce - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[Terminal illness and wellbeing: supporting people in the workplace - OpenLearn - Open University](#)

[The Dying to Work Campaign | Dying to Work](#)

[Workplace Wellbeing Support | Compassionate Employers Workplace Support | Hospice UK \(paid for\) and Compassionate Employers Webinars | Hospice UK- free webinars](#)

[Dying well: work and terminal illness webinar slides - What Works Wellbeing](#)

[Understanding Grief & Loss \(March 2023\) v2.mp4 \(sharepoint.com\)](#) – HCC internal workshop video recording

[Planning for your future :: Southern Health NHS Foundation Trust](#)



# Contact Details (for information)

PEOLC Team	
PEOLC ICB Lead	Sara Courtney, Deputy Chief Nurse, HIOW ICB
PEOLC Programme Lead	Faye Prestleton, Programme Lead <a href="mailto:Faye.prestleton@solent.nhs.uk">Faye.prestleton@solent.nhs.uk</a>
PEOLC Project Manager	Joe Croombs, PEOLC Project Manager <a href="mailto:Joe.croombs@solent.nhs.uk">Joe.croombs@solent.nhs.uk</a>
PEOLC Clinical Leads	PJ Morey Anna Wilkinson
PEOLC Project Support	Annabelle Jenner, PEOLC Project Support Officer

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**Health and Wellbeing Board  
Forward Plan for Future Meetings  
15 June 2023**

Item	Notes	JUN 2022	OCT 2022	DEC 2022	MAR 2023	JUN 2023	OCT 2023	DEC 2023	MAR 2024
<b>Strategic Leadership</b>									
Health and Wellbeing Board Business Plan Update	Last received October 2021								
Board Survey Response and Actions	Last received July 2021								
Joint Strategic Needs Assessment (JSNA) Programme Update		<b>X</b>	X						
JSNA Work Programme and HIA Findings Summary	Workshops held on 29/11/21, 27/01/22								
DPH Annual Report: COVID 19 Inequalities in Mental Health and Wellbeing in Hampshire	Last received March 2022								
Health Protection Annual Report			<b>X</b>						
Hampshire Place Assembly and Integrated Care System Strategy				<b>X</b>					
Terms of Reference Review				<b>X</b>					
Final Integrated Care System Strategy					<b>X</b>				
Climate Change Update	Requested December 2022						<b>X</b>		
Smokefree Hampshire 2030 – Achieving a Smokefree	Received March 2023				<b>X</b>				

Item	Notes	JUN 2022	OCT 2022	DEC 2022	MAR 2023	JUN 2023	OCT 2023	DEC 2023	MAR 2024
Generation for Hampshire by 2030 (refreshed Tobacco Control Strategy)									
<b>Starting Well</b>									
Joint Hampshire and Isle of Wight Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan	Last Received December 2019								
Theme Focus	Last Received October 2020						X		
Household Support Fund and Cost of Living Resources				X					
<b>Living Well</b>									
Theme Focus	Last Received December 2020	X						X	
<b>Starting, Living and Ageing Well</b>									
Hampshire Physical Activity Strategy	Last received October 2021						X		
Mental Health and Wellbeing Recovery Update	Last Received December 2020								
Hampshire Healthy Weight Strategy	Last received December 2021						X		
Suicide Prevention Strategy for Hampshire (Suicide prevention plan now sits under the Mental Wellbeing Strategy)	Last received March 2018								

Item	Notes	JUN 2022	OCT 2022	DEC 2022	MAR 2023	JUN 2023	OCT 2023	DEC 2023	MAR 2024
Mental Wellbeing Strategy/Suicide Prevention Plan						X			
Children and Young People's Physical Activity and Healthy Weight Management	Joint PH and Energise Me item								
<b>Healthier Communities</b>									
District Forum Report on Housing and Health Topic	Last Received July 2020								
Theme Focus				X					
Fire and Rescue Service Community Safety Strategy	Draft received March 2022					X			
<b>Aging Well</b>									
Theme Focus	Update received on priorities and progress March 2023				X				X
<b>Dying Well</b>									
Theme Focus						X			
<b>Integrated Care Systems</b>									
The HIOW Integrated Care System (ICS) - National Context, Local Progress to Date and Next Steps	Last received March 2021								
The HIOW I Integrated Care System - Deep Dive	Last received July 2021								
ICS Update	Written Update November 2022	X							

Item	Notes	JUN 2022	OCT 2022	DEC 2022	MAR 2023	JUN 2023	OCT 2023	DEC 2023	MAR 2024
<b>Additional Business</b>									
Forward Plan	Standing item	X	X	X	X	X	X	X	X
Integrated Intermediate Care (IIC)	Last received March 2021								
Modernising our Hospitals: Impact on Population Health in Relation to the Strategy	Last Received December 2020								
Election of Vice-Chairman				X					
Pharmaceutical Needs Assessment		X (draft)	X						
Hampshire Integration and Better Care Fund Plan 2021-22			X (Update)						
Better Care Fund update	Update					X			
Hampshire Place Board Annual Report								X	
<b>Annual Report</b>									
Health and Wellbeing Board Annual Report	Summary shared for circulation	X					X		
<b>Written Updates</b>									
Autism Partnership Board Report	Circulated September 2020								
Hampshire Local Dementia Profile - Alzheimer's Society	Circulated September 2021								
Adults' Departmental Safeguarding Report	Circulated December 2021								



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