

NOTICE OF MEETING

Meeting	Health and Wellbeing Board
Date and Time	Thursday, 13th December, 2018 at 10.00 am
Place	Ashburton Hall, Elizabeth II Court, The Castle, Winchester
Enquiries to	members.services@hants.gov.uk

John Coughlan CBE
Chief Executive
The Castle, Winchester SO23 8UJ

FILMING AND BROADCAST NOTIFICATION

This meeting may be recorded and broadcast live on the County Council's website. The meeting may also be recorded and broadcast by the press and members of the public – please see the Filming Protocol available on the County Council's website.

AGENDA

	Approx. Timings
<p>1. APOLOGIES FOR ABSENCE</p> <p>To receive any apologies for absence received.</p>	1 min
<p>2. DECLARATIONS OF INTEREST</p> <p>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 the circumstances described in 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 Non-Pecuniary interest in a matter being considered at the meeting should consider whether such interest should be declared, and having regard to Part 5, Paragraph 2 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.</p>	
<p>3. MINUTES OF PREVIOUS MEETING (Pages 5 - 10)</p> <p>To confirm the minutes of the previous meeting</p>	2 mins
<p>4. DEPUTATIONS</p> <p>To receive any deputations notified under Standing Order 12.</p>	

5.	CHAIRMAN'S ANNOUNCEMENTS	2 mins
	To receive any announcements the Chairman may wish to make.	
6.	DRAFT REFRESHED JOINT HEALTH AND WELLBEING STRATEGY (Pages 11 - 34)	45 mins
	To approve for consultation the draft refreshed Joint Health and Wellbeing Strategy.	
7.	CHILDREN'S TRANSFORMATION UPDATE (Pages 35 - 98)	30 mins
	To receive an update on integration of children and young people's services, and to approve the Annual Refresh of the Hampshire Local Transformation Plan.	
8.	CQC LOCAL SYSTEM REVIEW - UPDATE ON PERFORMANCE AGAINST ACTION PLAN (Pages 99 - 114)	25 mins
	To receive an update on performance against the actions with a 3 month completion target in the action plan arising from the Local System Review of the Hampshire health and care system. (including an update on actions relating to patient flow and onward care)	
9.	HAMPSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT (Pages 115 - 150)	1 min
	To note circulation of the Hampshire Safeguarding Adults Board Annual Report (no presentation/discussion planned).	
10.	HAMPSHIRE SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT (Pages 151 - 154)	1 min
	To note circulation of the Hampshire Safeguarding Children's Board Annual Report (no presentation/discussion due).	

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 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.

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Agenda Item 3

AT A MEETING of the Health and Wellbeing Board of HAMPSHIRE COUNTY COUNCIL held at the castle, Winchester on Thursday, 11th October, 2018

Chairman:

p Councillor Liz Fairhurst (Executive Member for Adult Social Care and Health, Hampshire County Council)

Vice-Chairman:

a Dr Barbara Rushton (Chair, South Eastern Hampshire Clinical Commissioning Group)

p Graham Allen (Director of Adults' Health and Care, Hampshire County Council)

a Dr Sallie Bacon (Director of Public Health, Hampshire County Council)

a Dr Peter Bibawy (Medical Director, North East Hampshire and Farnham Clinical Commissioning Group)

a Nick Broughton (Chief Executive, Southern Health NHS Foundation Trust)

p Dr David Chilvers (Chair, Fareham & Gosport Clinical Commissioning Group)

a Steve Crocker (Director of Children's Services, Hampshire County Council)

p Councillor Anne Crampton (Hart District Council)

p Dr Nicola Decker (Chair, North Hampshire Clinical Commissioning Group)

p Shantha Dickinson (Hampshire Fire and Rescue Service)

p Carol Harrowell (Voluntary Sector Representative)

p Christine Holloway (Chair, Healthwatch Hampshire)

a Michael Lane (Hampshire Police and Crime Commissioner)

a Councillor Keith Mans (Executive Lead Member for Children's Services and Deputy Leader, Hampshire County Council)

p David Radbourne (NHS England Wessex)

p Councillor Philip Raffaelli (Gosport Borough Council)

a Dr Sarah Schofield (Chair, West Hampshire Clinical Commissioning Group)

p Councillor Patricia Stallard (Executive Member for Public Health, Hampshire County Council)

p Nick Tustian (Chief Executive, Eastleigh Borough Council)

p Alex Whitfield (Chief Executive, Hampshire Hospitals NHS Foundation Trust)

63. APOLOGIES FOR ABSENCE

Apologies were noted from the following:

- Steve Crocker, Director of Children's Services. His substitute Stuart Ashley, Deputy Director for Children and Families also gave apologies.
- Dr Barbara Rushton, Chairman South East Hampshire Clinical Commissioning Group (Vice Chairman of the Board). Her substitute Susanne Hasselmann attended in her place.
- Dr Sarah Schofield, Chairman West Hampshire Clinical Commissioning Group. Her substitute Dr Rory Honney also gave apologies.
- Michael Lane Police and Crime Commissioner for Hampshire. His substitute Anja Kimberley, Head of Performance and Information attended in his place.
- Dr Sallie Bacon, Director of Public Health. Her substitute Simon Bryant attended in her place.
- Nick Broughton, Southern Health. His substitute Sue Harriman from Solent also gave apologies.

- Dr Peter Bibawy, North East Hampshire and Farnham Clinical Commissioning Group. His substitute Dr Andrew Whitfield also gave apologies.

64. **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 Non-Pecuniary interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 2 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.

65. **MINUTES OF PREVIOUS MEETING**

The minutes of the last meeting were reviewed and agreed.

66. **DEPUTATIONS**

No deputations were received at this meeting.

67. **CHAIRMAN'S ANNOUNCEMENTS**

Co-production workshop

The Chairman reported that at the last meeting she had announced that it was planned to hold a coproduction workshop following this meeting. It had since been decided that as this was an important area of work for the Board and linked into an action in the CQC action plan, that the Board should plan a standalone workshop event on this topic. It was hoped to hold this early in 2019, involving experts by experience in planning and participating in the workshop.

Care and Health Information Exchange (CHIE)

The Chairman sought to raise Board Members awareness of the Care and Health Information Exchange – previously known as the Hampshire Health Record. This provided a way of sharing information better, reducing delays to care and treatment and helping reduce the need for patients/service users to keep telling their story to different professionals. A briefing on it had been produced that would be circulated to Board Members after the meeting.

68. **APPOINTMENT OF VICE CHAIRMAN**

It was noted that the Board is required to appoint the Vice Chairman each year. It was proposed that Dr Barbara Rushton continue as Vice Chairman, which

received unanimous agreement. Susanne Hasselmann gave thanks on her behalf and highlighted that Dr Rushton had recently been appointed as co-chair of a national body of clinical commissioners. The Chairman congratulated her on this appointment on behalf of the Board, and it was agreed to send her a letter of congratulation from the Board.

RESOLVED:

Dr Barbara Rushton be appointed as Vice Chairman of the Health and Wellbeing Board for 2018/19.

69. **CQC LOCAL SYSTEM REVIEW ACTION PLAN**

The Board received a report and supporting presentation from the Director of Adults' Health and Care at Hampshire County Council, regarding the Action Plan developed in response to the Care Quality Commission (CQC) local system review of the Hampshire health and care system.

It was noted that the CQC had made eleven recommendations for improvement in their report. System partners had already been aware that delayed transfers of care were an issue in Hampshire, and had commissioned an external party, Newton Europe, to do some detailed analysis of the issues. Their findings had informed the response proposed in the Action Plan. The system was starting to see improvements in this area, however the pressure would build going in to winter. The actions in the Action Plan had completion timescales of three, six and twelve months, across five themes. It was planned to present performance after the three month milestone to the Board at the December meeting.

Following questions, the Board heard:

- The findings of the Newton Europe work on delayed transfers of care could be circulated to Board Members
- The CQC had since published a report called 'beyond barriers' regarding the overall findings from the twenty system reviews they had undertaken to date. This could be circulated to Board Members for information
- The Governance remit for the local system review sits with the Board. The Board could hold the system to account for the actions taken as a result of the review, based on performance information that would be provided at future meetings. The review of the Joint Health and Wellbeing Strategy would also seek to clarify the role of the Board.
- An Improvement and Transformation Board had recently been established, and as it found it's feet, there would be opportunity for this to report up to the Board

RESOLVED:

That the Health and Wellbeing Board:

a) notes the overview of the Care Quality Commission's Local System Review of Hampshire and the Action Plan that had been jointly developed by Hampshire's health and care system leaders to respond to the Review's findings.

b) agrees to oversee the delivery of the Action Plan, initially via an update at the next meeting in December including performance data.

70. **GOVERNANCE UPDATE**

The Board received an update from the Director of Adults' Health and Care at Hampshire County Council regarding governance developments relevant to the Board. It was noted that an Improvement and Transformation Board (ITB) had been established, which included senior officer representation from providers and commissioners of health and care services in Hampshire, with a remit to focus on six areas of work. (the terms of reference had been included in the agenda pack)

The Healthwatch representative requested that co-production of solutions be explicitly recognised within the terms of reference of this group. The Director of Adults' Health and Care indicated that this was an enabling thread that runs through all of the programmes this group was considering.

The South East Hampshire CCG representative queried how the Integrated Care Partnership Board linked in to this governance structure. It was acknowledged the governance architecture was complex, and the ITB was one part of a wider system.

RESOLVED:

The Health and Wellbeing Board note the Governance update.

71. **JOINT HEALTH AND WELLBEING STRATEGY: REFRESH UPDATE**

The Board received a presentation from the Board Manager regarding the refresh of the Joint Health and Wellbeing Strategy. It was requested that the Board support the extension of the current Strategy up to March 2019, so that the new Strategy could be prepared to start from April 2019 and follow the financial year. It was noted that it was planned to bring the draft Strategy to the December meeting of the Board, to then undertake engagement on the Strategy in early 2019 and then the Board to agree the final version at the March 2019 meeting.

It was proposed that the Strategy outline high level aims for a five year period, and then each year a programme of work in support of the Strategy could be undertaken. The Strategy would be focused on the remit of the Board and grounded in the findings of the Joint Strategic Needs Assessment. It was proposed to continue the themes in the current Joint Health and Wellbeing Strategy, with the addition of a 'Strategic Leadership' cross cutting theme, and a 'dying well' theme to cover end of life care. It was planned to provide a dashboard accompanying the Strategy to enable the Board to measure performance over time.

Board Members were supportive of the direction of travel outlined for the planned Strategy, including the proposed addition of an 'end of life' theme. The NHS England representative highlighted that a long term plan for the health

service nationally was due to be published in November, which could help inform the Strategy. The Director of Adults' Health and Care welcomed feedback on the opportunity for the Board to have a small budget to enable it to undertake activity in support of the Strategy.

RESOLVED:

- a) To extend the current Joint Health and Wellbeing Strategy to cover up to March 2019.
- b) The Board note the progress with refreshing the Joint Health and Wellbeing Strategy.

72. **SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP - SYSTEM REFORM PROPOSALS**

The Board received a presentation regarding the System Reform Proposals by the Hampshire and Isle of Wight Sustainability and Transformation Partnership (STP) from the Director of Adults' Health and Care and the Senior Responsible Officer for the STP. This was in support of the Statutory Body Pack about the proposals included in the agenda pack. It was noted that the Frimley Hospital came under a different Integrated Care System and a different STP.

The Board heard that the cornerstone of the proposed delivery model was to provide primary and community care based on clusters, of which there would be 23 across Hampshire. Clusters would include groups of GP practices, based around natural communities, and include provision of other health services to those communities through multi agency teams. It was discussed that the Clinical Commissioning Groups were providing transformation funding to support the establishment of clusters. The model was in development, and governance structures to support this way of working would be established in due course.

One of the District Council representatives expressed concern that the Board was being asked to support a model that was still in development. It was acknowledged support was sought for the direction of travel. It was discussed that there was increasing evidence that Integrated Care Systems delivered better outcomes, and the regulatory system was increasingly looking at systems rather than individual organisations. Board Members commented that supporting governance structures were needed to clarify responsibility and decision making under this model. It was noted that legislative change would help to support this new way of working in the NHS.

RESOLVED:

The Health and Wellbeing Board support the direction of travel of the Hampshire and Isle of Wight Sustainability and Transformation Partnership System Reform Proposals.

73. **NEXT MEETING**

The Chairman reminded Board Members that the next meeting of the Committee was due to take place on 13 December 2018. The South East Hampshire CCG

representative requested an update on progress with joint commissioning of children's health services be provided for the next meeting.

Chairman,

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	13 December 2018
Title:	Hampshire Joint Health and Wellbeing Strategy 2019–24 Draft for consultation
Report From:	Graham Allen, Director of Adults' Health and Care

Contact name: Kate Jones, Health and Wellbeing Board Manager

Tel: 01962 845195

Email: kate.jones@hants.gov.uk

1. Recommendations

That the Health and Wellbeing Board:

- 1.1 Approves the attached draft Joint Health and Wellbeing Strategy document prepared for consultation
- 1.2 Agrees to receive a final Strategy for sign-off at its meeting on 14 March 2019

2. Summary

- 2.1. Hampshire's current Joint Health and Wellbeing Strategy ends in March 2019. Progress on a revised Strategy for 2019–24 is well underway. The purpose of this paper is to ask the Health and Wellbeing Board to give permission to proceed with consultation on a draft of the new Strategy. The proposal is to engage with partner organisations and stakeholders during January and February 2019 to seek feedback on the draft, prior to signing off the new Strategy at the Health and Wellbeing Board's meeting on 14 March 2019.

3. Contextual information

- 3.1. The Health and Wellbeing Board is required to develop and publish a Strategy setting out its vision and priorities for improving the health and wellbeing of its residents. Work is progressing well to develop the Board's second strategy, which again is proposed to be a five-year strategy.
- 3.2. Board Members want the Strategy to stay fit for purpose over its five year duration, so the intention is for the Strategy itself to be a broad strategic document, underpinned by a more detailed annual implementation plan and set of performance measures. This will enable the Board to better monitor progress each year against the Strategy's five-year strategic vision and goals.
- 3.3. Priorities in the draft Strategy document have been informed by the evidence set out in Hampshire's Joint Strategic Needs Assessment, discussions with system leaders and other groups and individuals, and a number of workshops

at the Health and Wellbeing Board. The draft has been coordinated by the Board Manager, with significant input into the drafting process from a number of colleagues from the County Council and CCGs.

3.4. The suggested priority areas for the new Strategy are:

- a) Starting Well
- b) Living Well
- c) Ageing Well
- d) Dying Well – a new theme, requested by the Board to ensure that attention is being paid to health and wellbeing across the whole life course
- e) Healthier Communities
- f) Strategic Leadership – a new theme, which will describe a number of ways in which the Board will help join up the system better across Hampshire

4. Finance

4.1. The priorities and activities set out in the Health and Wellbeing Strategy will be delivered using the capacity and financial resources of the wide range of partner organisations and groups across Hampshire who support the health and wellbeing agenda. The Board is able to call on a very limited budget, where a minimal investment is required to facilitate engagement or to kick start a new piece of work.

5. Performance

- 5.1. The Strategy will set out priorities and outline how progress will be measured. At this stage, the draft Strategy suggests a number of performance indicators that could be measured for the four core priority areas. When the content is finalised, a data dashboard of performance measures will be compiled to allow for progress to be monitored by the Board.
- 5.2. An implementation plan for year 1 of the Strategy will also be prepared. The draft Strategy includes some indicative areas of activity that would appear in the implementation plan.
- 5.3. The intention is that the content of the year 1 implementation plan and the data dashboard will be brought together over the next few months, to reflect the agreed content of the Strategy itself. The year 1 implementation plan and data dashboard will then be presented to the June meeting of the Board for sign-off.

6. Consultation and Equalities

6.1 The Health and Wellbeing Strategy is very much an overview strategy, and reflects at a high level a wide range of work programmes and strategies that are being delivered across Hampshire. These work programmes will all have been informed by consultation and engagement with residents and data analysis of the needs of the population, particularly vulnerable groups.

- 6.2 The main audience for the draft Strategy document itself is public, private, voluntary and community sector organisations and stakeholder groups in Hampshire who contribute to improving the health and wellbeing agenda.
- 6.3 The intention is to publish the draft Strategy online in January 2019, and to circulate it to organisations and groups in Hampshire to seek feedback on the draft Strategy during January and February 2019. Health and Wellbeing Board Members are requested to share the draft in their own organisation and with any service user/patient representative groups with whom they work. Written feedback from HWB partner organisations would be most valuable.
- 6.4 The Board Manager or another colleague will also be happy to attend meetings of relevant Boards in HWB partner organisations to present the draft Strategy and hear feedback.

CORPORATE OR LEGAL INFORMATION:**Links to the Strategic Plan**

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

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. 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 under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

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

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

1.2. Equalities Impact Assessment:

- a) The draft Strategy and the priorities and interventions described are informed by analysis of the needs of the population as set out in the Joint Strategic Needs Assessment. A key principle of the Strategy is to tackle inequalities, and to focus on reducing the significant difference between those with the best and worst health in Hampshire.

2. Impact on Crime and Disorder:

2.1. No specific issues have been identified.

3. Climate Change:

- a) How does what is being proposed impact on our carbon footprint / energy consumption? N/a
- b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts? N/a

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v6 4/12/2018 for HWB

Hampshire's Joint Health and Wellbeing Strategy 2019–2024

Draft for Consultation

DRAFT

[Note: design work will be undertaken once the text of this Word document has been approved]

Hampshire's Joint Health and Wellbeing Strategy 2019–2024

Introduction

Hampshire's Health and Wellbeing Board brings together partners from local government, the NHS, other public services, and the voluntary and community sector. The Board aims to ensure that organisations plan and work together to improve the health and wellbeing of Hampshire residents. It is only by working together that we can make a big difference to outcomes for all our residents.

This draft Strategy document sets out the Board's vision and key priorities for the next five years. It looks at both short and longer-term goals, and how we will measure success.

Our Vision

Our vision is to help people in Hampshire to live long, healthy and happy lives, with the greatest possible independence. We want to narrow the gap in life expectancy and improve healthy life expectancy. In simple terms, we want to ensure that those living longer are also healthier for longer. Making best use of the limited resources we have, we want to improve outcomes and resilience for people of all ages. We want children to have the best possible start in life. We also want people to have choice, control and dignity at all stages of life, including at the end of life.

We will do this by:

- Promoting wellbeing and taking a preventative approach
- Supporting people to take responsibility for their own health and wellbeing
- Improving services so they deliver good, accessible and joined-up care
- Focusing on reducing the significant difference between those with the best and worst health in Hampshire
- Using local networks, knowledge and partnerships to ensure services and activities are more joined up and respond to what communities need
- Putting together a plan each year to communicate what areas the Health and Wellbeing Board will focus on to help deliver this Strategy

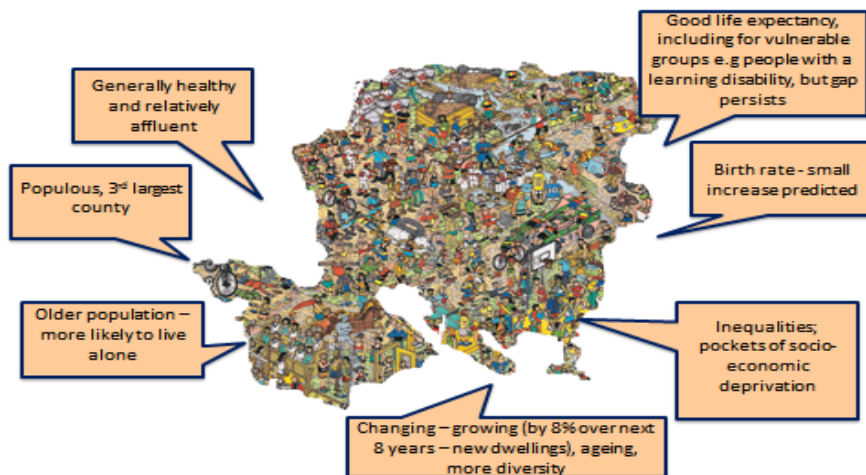
What do we already know?

The Joint Strategic Needs Assessment (JSNA) is a key source of information, as it looks at the current and future health and wellbeing needs within our Hampshire population. The priorities and challenges covered in this draft Strategy link back to the JSNA.

As outlined in the JSNA, overall Hampshire is a prosperous county. However, there are inequalities between areas. Parts of Eastleigh, New Forest, Test Valley, Havant, Rushmoor and Gosport rank among the most deprived 20% of areas in England.

The population is changing, getting older and becoming more diverse. The proportion of the population who are 85 years and over is expected to increase by almost 30% by 2023.

In Hampshire, life expectancy at birth for both men and women is better than the England average and is increasing. However, there is a gap between life expectancy and healthy life expectancy. Men spend 14 years and women spend 16 years of their life in poor health.

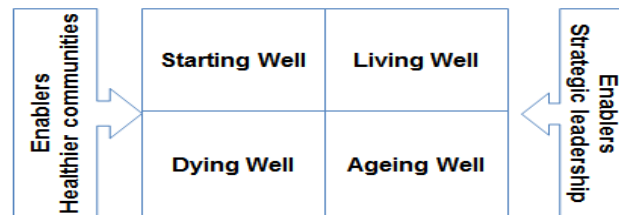


A second source of information that underpins the priorities and activities described in the Strategy is feedback from residents and users of services. Organisations involved in the Health and Wellbeing Board regularly carry out consultation, engagement and coproduction to develop and improve services. This feedback has been incorporated into the priorities and suggested areas of activity.

Thirdly, Board members and individuals in partner organisations have also helped to shape the Strategy through workshops and discussions and contributing towards the drafting process.

This is the Health and Wellbeing Board's second Strategy. We aim to build on the good work that has already taken place. We are looking at new ways of implementing and monitoring this new Strategy. We want to make sure it stays fit for purpose over its five year duration.

In this draft Strategy, we have identified four key priority areas, and two 'enabling' priority areas as follows:



Starting Well

How are we doing in Hampshire?

There are just over 322,000 children and young people in Hampshire aged 0–19. This represents 21% of the county’s population. The number of 0–19s is projected to increase by 4.8% in the next 5 years.

Generally Hampshire’s children have good health and good life chances. They are less likely than the national average to:

- live in poverty;
- be homeless;
- be born with low or very low birth weight; or
- be born to teenage mothers.

They are more likely to attend school regularly and be immunised against infectious diseases. Educational attainment is good, but with some variations in performance in disadvantaged groups.

The main causes of concern in Hampshire are:

- increasing obesity;
- emotional wellbeing and mental health;
- educational attainment in disadvantaged groups, including those children with Special Educational Needs and Disabilities (SEND); and
- insufficient levels of physical activity.

Hampshire has higher rates of hospital admissions for self harm in 10–24 year olds than nationally. In 2015–17 there was an increase in Hampshire’s infant mortality rate.



Where do we want to be in five years' time?

Our aim is to improve health, happiness and achievement of children and young people. We will transform health and care services by:

- Bringing services together where this will lead to improved outcomes for children and young people
- Developing the service model with service users, children and young people and their families
- Providing the right support at the earliest opportunity
- Intervening earlier and placing more emphasis on preventing children and young people from needing Child and Adolescent Mental Health Services (CAMHS)
- Helping people access their own advice and guidance
- Planning successful transition to adulthood
- Using technology and encouraging self care
- Ensuring equitable access to services

We will achieve our aim by:

- Implementing family centred and strengths based approaches
- Hampshire Clinical Commissioning Groups (CCGs), NHS England, Hampshire County Council Public Health and Children's Services working together to deliver an integrated service delivery model where this improves outcomes
- Developing an integrated wider mental health service with a focus on prevention and earlier intervention to improve mental health and reduce pressure on CAMHS

Key priorities for improvement

- Improve mental health and emotional resilience for children and young people. This will prioritise mental health in vulnerable groups, including

Adverse Childhood Events, the mental health of parents including perinatal mental health, and emotional resilience in educational settings.

- Improve physical health in children and young people through prevention and early intervention. This will prioritise healthy weights, physical activity and reducing smoking in pregnancy.
- Service and system transformation, including integration of NHS and Public Health services, where this will improve outcomes and reduce inequalities for children and young people.

Where will we start in 2019/2020?

The Year 1 implementation plan will deliver progress on all three priorities:

- **Mental health and emotional resilience**
 - The publication and start of implementation of an Emotional Wellbeing and Mental Health Strategy for Hampshire
 - Increased investment in mental health through the Local Transformation Plan funding announced in the Budget
 - Starting to co-design a wider mental health service model ahead of procurement in 2021/2022
 - Ensuring perinatal mental health services are providing timely access to women
 - Agreement of system approach to supporting children and young people who have had Adverse Childhood Events under leadership of the Police
- **Improving physical health**
 - Development of prevention and early intervention approaches
 - Continued delivery of Hampshire's childhood obesity action plan
 - Continue to develop a strategic approach to reducing smoking in pregnancy. This includes the work of the High Impact Area Board, which aims to improve pathways between maternity and health visiting, a procurement of smoking cessation services in Hampshire and work being done through the Local Maternity System led by maternity
- **Transforming services**
 - The re-procurement of Public Health nursing services with an increased focus on vulnerable families, digital transformation of the service and increased co-design with service users and frontline staff
 - The development of an integrated community service for children with complex needs through a CCG-led procurement which aligns with Public Health nursing
 - Continued implementation of Transforming Social Care with support from system partners

How will we measure our progress?

We will put together a small number of performance measures that we can monitor over the five years of the Strategy. These will be underpinned by a Children and

Young People's integration outcomes framework and a shift towards outcomes based commissioning and a move away from process based commissioning. The outcomes framework needs further work and will develop iteratively over time. The Starting Well theme will be supported by an implementation plan related to the individual priorities, which in turn will have more detailed progress measures. Measuring the impact of system level transformation is difficult and so will require academic expertise to determine whether it is leading to improvements in outcomes for children, young people and their families.

Some potential examples of performance measures for 'Starting Well':

Improved mental health and emotional resilience:

- Improved school readiness measured through attainment of a good level of developmental readiness
- A reduction in hospital admissions for self harm in 15-24 year olds
- Reduced waiting list and times for CAMHS during lifetime of this strategy
- Improvement in self reported emotional resilience in school surveys during the lifetime of this strategy

Improved physical health:

- Reduction in prevalence of smoking in pregnancy
- Stabilisation of rates of overweight and obesity in Years 1 and 6 during the lifetime of this strategy
- Improvement in self-reported physical activity in school surveys

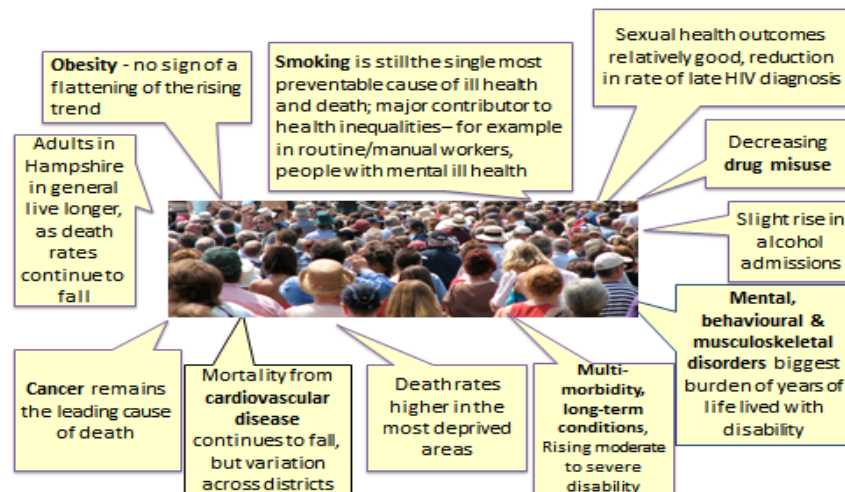
Service and system transformation:

- Agreement on system level outcomes to be included in all service specifications in aligned procurements
- Public Health nursing (start date of new service 1/8/2020); CCG community services procurements (start date of new service 1/4/2021); and CAMHS procurement (start date of new service 1/4/2022) being delivered in time.
- A reduction in the number of Children in Care and Looked After Children
- Evaluation of system integration by a local university to determine whether efforts have led to improved outcomes or not.

Living Well

How are we doing in Hampshire?

There are just over 1.07 million adults aged 18 and over in Hampshire. This represents 79% of the total population. Hampshire has an older population compared to England with a higher proportion of the population aged 45 years and fewer young working aged people (aged 20–39). The proportion of residents with a limiting long-term illness or disability is comparable to England. However, the size of the Hampshire population means that the absolute numbers of people experiencing ill health or disability are large.



Where do we want to be in five years' time?

We want to reduce preventable ill-health. We will do this through concerted action on the risk factors we know contribute most to disease. We want to accelerate the reductions in people smoking, especially in our more deprived communities. We want to have a clear understanding of mental wellbeing in our communities and how we can influence it. We want to maximise the life opportunities of people living with health conditions and disabilities. We will use a strengths based approach to care and support.

Key priorities for improvement

- Work together to enable people to live healthier lives focusing on the main lifestyle risk factors. We will start with smoking, obesity and physical inactivity.
- Improve population level mental wellbeing and reduce mental ill-health.
- Enable people with long-term conditions to live healthier lives for longer and reduce variation in outcomes.

Where will we start in 2019/2020?

The Year 1 implementation plan will deliver progress on all three priorities:

Enable people to live healthier lives

- Scale up our approaches to addressing lifestyle risk factors, using evidence based behaviour change approaches
- System wide action to stop people starting to smoke and to help smokers to quit
- Align with community enablers to tackle the wider causes of obesity, and ensure we make every contact count
- Implement the Hampshire Physical Activity Strategy across our organisations

Improve population level mental wellbeing and reduce mental ill-health

- Take a community approach to resilience, supporting the 'Five Ways to Wellbeing' initiative
- Support a Zero approach to suicides within organisations and the whole population
- Take a system wide approach to self harm prevention
- Increase focus on improving the physical health of people with serious mental illness across our organisations and helping people into work

Enable people with long-term conditions to live healthier lives for longer and reduce variation in outcomes

- Develop clear plans with the STP to address variation in outcomes for people with long-term conditions
- Use the emerging population health management approach to work with primary care groups serving neighbourhoods to identify local actions
- Commission and learn from initiatives to enable people to improve their self management and provide peer support for long-term conditions
- Mental Health Resilience programmes are being developed and enhanced in Wellbeing Centres across Hampshire
- Take action to address the gap in acute hospital investment in addressing the mental health needs of inpatients to support physical health recovery

How will we measure our progress?

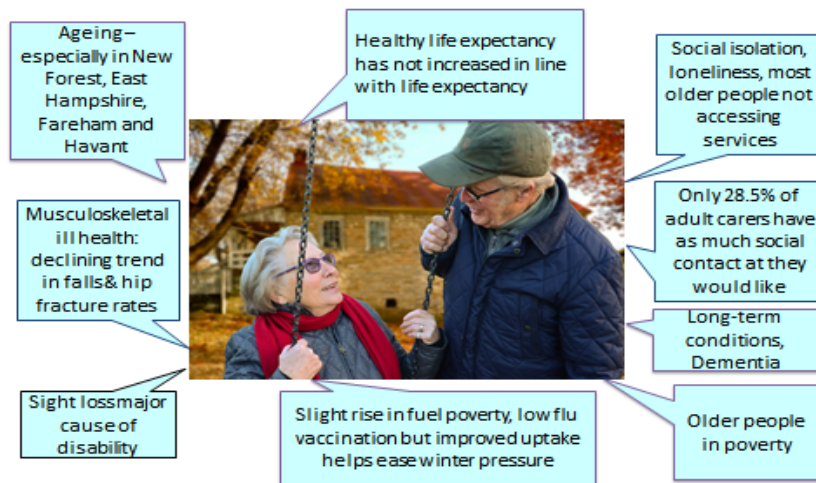
We will put together a small number of performance measures that we can monitor over the five years of the Strategy. Some examples for 'Living Well':

- Proportion of the adult population who are current smokers, including those in lower socio-economic groups
- Proportion of the adult population with excess weight
- Proportion of the adult population who are physically inactive
- Proportion of the adult population who have a current diagnosis of anxiety / depression
- Suicide rate, with the aim of reducing suicides by 10% in 5 years
- Long-term condition management: Improvement in answer from the GP Patient Survey on support and confidence managing your own condition
- Improvement in clinical outcomes for selected long-term conditions

Ageing Well

How are we doing in Hampshire?

Across Hampshire, just over 1 in 5 people are 65 years and over compared to nearly 1 in 6 nationally. The population of people over 65 in Hampshire is projected to increase to over 333,000 people by 2023. People in Hampshire are enjoying longer lives than ever before, but not all of these extra years are lived in good health. Long-term conditions, dementia, musculoskeletal problems and social isolation are more common in older age and can significantly affect the wellbeing of our older population.



Where do we want to be in five years' time?

We want residents to be able to live their later years in a way that helps them to feel healthy, connected and purposeful. This means living in places that enable social connections, offering opportunities to take part in meaningful activity and being surrounded by people who offer support and value the contribution of older people.

Key priorities for improvement

- Continue to develop connected communities which can support people to live happy, healthy lives in the place of their choosing
- Enable people to plan for a fulfilling, purposeful older age
- Create healthy home environments which allow people to stay well and independent into older age
- Enable older people to lead healthy, active lives

Where will we start in 2019/2020?

The Year 1 implementation plan will deliver progress on the four priorities:

- Conduct a healthy homes needs assessment to understand what more we can do to help people stay well and independent at home for longer
- Use the principles of the Social Value Act to enhance wider social, economic and environmental benefits through commissioned services
- Develop joined up social prescribing and connector models across health and social care to provide support for people who need help outside formal services
- Encourage volunteering opportunities for people who feel lonely
- Upscale opportunities for strength and balance exercise for people over 50

How will we measure our progress?

We will put together a small number of performance measures that we can monitor over the five years of the Strategy. Some examples for 'Ageing Well':

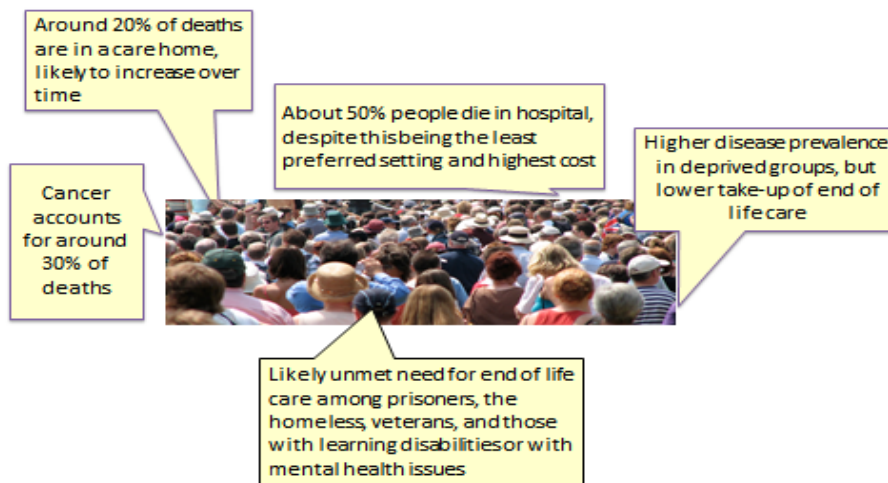
- Healthy life expectancy at age 65 years
- Gap in life expectancy between people living in the most and least deprived areas
- Emergency admissions due to falls in people aged 65 and over
- Hip fractures in people aged 65 and over
- Social isolation: percentage of adult social care service users who have as much social contact as they would like
- Social isolation: percentage of adult carers who have as much social contact as they would like
- Reduction in delayed transfers of care (ie when a patient is ready for discharge but is still occupying a hospital bed)

Dying Well

How are we doing in Hampshire?

During 2016, 12,480 residents of Hampshire died. Almost one third of deaths were due to cancer. Almost 27% of all deaths were premature: almost half of these were due to cancer and over one fifth were circulatory diseases. Around 10% of deaths had mental and behavioural disorders as the underlying cause of death, the huge majority of which were from dementia. Amongst other long-term conditions, dementia is an important chronic condition for which palliative care is needed because unlike other long-term conditions there is a shorter window of opportunity to have meaningful conversations with people about their wishes for the end of their life.

Whilst child deaths are rare, in Hampshire 92 child deaths were notified to the Child Death Overview Panel in 2017/18. Over two-thirds (67%) of child deaths reviewed in Hampshire were of children under the age of one.



Where do we want to be in five years' time?

We want to move to a situation where people of all ages have an improved experience so that the last phase of their life can be as good as possible. Individuals will have timely, honest and well informed conversations about dying, death and bereavement. Their preferences and wishes will be known and recorded in advance to ensure clear communication with all involved in providing care and support at end of life. Parents, family, friends and other loved ones will be supported with preparing for loss, grief and bereavement. This support will continue after the death of the person. More people will be enabled to die well in a place of their choosing, receiving equitable end of life/palliative care irrespective of their primary diagnosis. Care will be well integrated and coordinated, between the NHS, specialist palliative care, hospice services, social care and the voluntary sector. There will be transparency about the role each organisation plays so that it is clear to everyone, including the person at end of life, their family and support networks.

Key priorities for improvement

- Ensure person-centred care, choice and control is consistently in place across Hampshire.
- Make available carers and nursing staff 24 hours a day, to 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, 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, and for children experiencing the loss of a parent.

Where will we start in 2019/2020?

The Year 1 implementation plan will deliver progress on the four priorities:

- Establish a steering/reference group at Health and Wellbeing Board level to:
 - lead a review of priorities and measures
 - define and drive activity to implement the revised priorities; and
 - ensure all activity locally/nationally is shared consistently across the system
- Ensure that a systematic approach is taken to identification and consistent implementation of relevant tools and pathways across Hampshire, such as the Gold Standards Framework, Six Steps Programme and the ReSPECT tool
- Work together to ensure a systematic identification of people who are on an end of life pathway
- Work together on a systematic instigation of key conversations and recording of wishes, enabling open two-way conversation between the individual, family and all the relevant health and care professionals and providers of end of life support

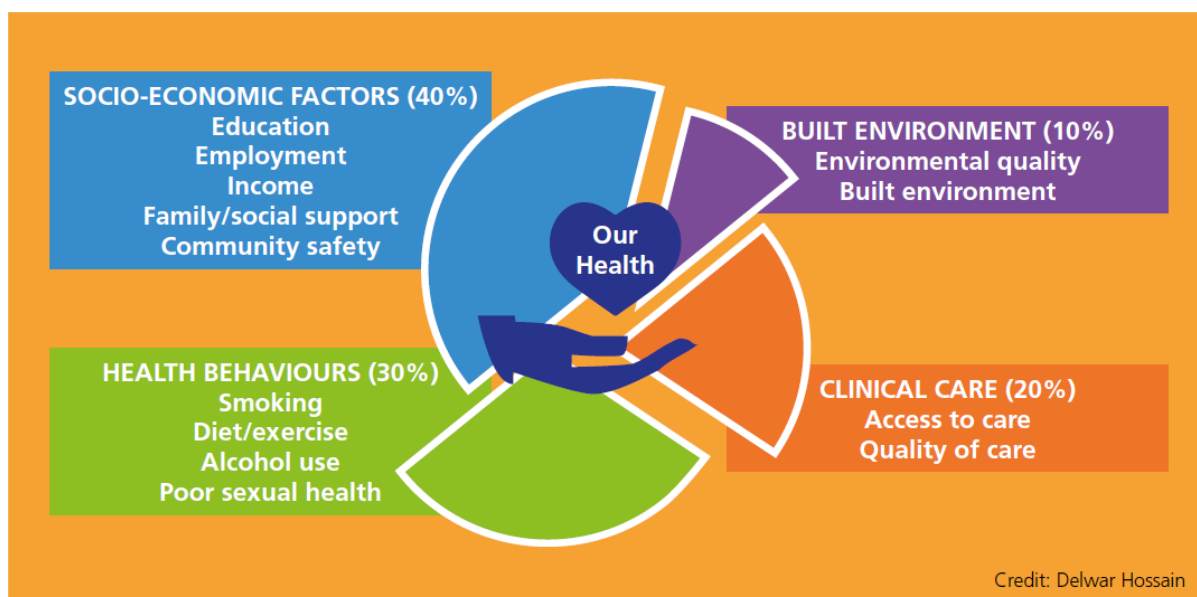
How will we measure our progress?

We will put together a small number of performance measures that we can monitor over the five years of the Strategy. Some examples for 'Dying Well':

- Proportion of people dying in the place of their choosing
- Bereaved carers' views on the quality of care in the last three months of life
- The proportion of carers who report that they have been included or consulted in discussion about the person they care for
- Access to NHS Continuing Health Care fast track

Healthier communities

Many factors contribute to our health and wellbeing and only about half of these factors are 'health related'. The type of housing and neighbourhood we live in, how connected we are with family, friends and our local community, how much money we have, whether we have a job, the lifestyle we follow, and whether we can access transport, leisure and other facilities all play a part.



To achieve the ambitions in this Strategy, and particularly to address health inequalities, we recognise that all partners will need to work together on some key enablers (often called the ‘wider determinants of health’):

- Making sure that health and wellbeing priorities are reflected in all local policies
- Supporting communities to be strong and connected to reduce loneliness and isolation
- Ensuring neighbourhoods are well designed to help people make healthy choices
- Advocating for more affordable housing; promoting accessible design in housing; tackling homelessness
- Education and skill development from early years through schools and into adulthood
- Tackling poverty where possible, and helping people to access jobs
- Promoting sustainable, accessible transport and active travel
- Improving access to green and blue spaces and leisure facilities
- Reducing impact on the environment
- Improving air quality

The County Council, district and borough councils and the community and voluntary sector are well placed to influence the above factors but NHS partners also have a central role to play.

Local level organisations are particularly well placed to identify trigger points for crisis and to implement interventions that divert or prevent people’s needs from escalating. They also have invaluable knowledge that can be better utilised to inform commissioning. There is a recognition however that resources are diminishing, so we need to join up support and target resources better, seeking to reduce duplication of effort and spend.

Early engagement with district and borough councils has suggested the following three potential priority areas for enhanced joint working:

- Family, friends and community – eg supporting communities to be more resilient, building social networks and reducing loneliness and isolation; linking in with the County Council’s place-based demand management and prevention programme which will be working in each Hampshire district area
- Housing – eg reducing homelessness, helping people access affordable housing, helping vulnerable people to maintain tenancies, lifetime homes
- Built and natural environment – eg ensuring new developments are designed with health and wellbeing in mind; ensuring access to green spaces, facilitating active travel and physical activity, eg through accessible leisure facilities and opportunities

As part of the ongoing Strategy consultation process, the Health and Wellbeing Board will continue its engagement with district and borough councils and the voluntary and community sector to define what support organisations want from the Health and Wellbeing Board, and to develop some shared goals for healthier communities in Hampshire.

Strategic leadership – how we can join up the system better across Hampshire

Hampshire is a large county, with a complex range of services in the public, private voluntary and community sectors. A crucial part of the Health and Wellbeing Board’s role is to join up the system better, adding value to the collective delivery arrangements of all the different organisations involved in health and wellbeing.

We want to see transformational improvement across the whole system, so that wherever you live in Hampshire, you can expect consistent outcomes when you interact with services and organisations that support health and wellbeing.

The Board will use a population health management approach to inform this work, and over the next five years will oversee a number of ‘enabling’ workstreams to help join up and improve the health and wellbeing of the population. Progress on these workstreams will be reported regularly to the Board. These key enablers, with some examples of activity that the Board will oversee, are outlined below:

1. Deliver care closer to home

Outcome:

To support people at the right time, in the right place, and with the right services, so that fewer people are unnecessarily admitted to hospital or delayed there once they are ready to leave, and they can access suitable services after being in hospital to help them recover.

How:

- Delivery of the Patient Flow and Onward Care programme

- Universal adoption of the ‘New Care Models’, which bring together local health, care, council, and voluntary services and communities to focus on the needs, priorities and assets of people in NHS ‘cluster’ localities, including work around prevention and self-care
- Demand Management and Prevention programme, including developing one system of signposters and connectors across the county: and working with the local communities and the voluntary sector in a place-based way to increase resilience
- Integrated intermediate care, to facilitate care in the most suitable setting for people, wherever possible in their own home

2. Harness the potential of digital solutions

Outcome:

To give people the opportunity to take control of their information and to enable organisations to work together better to deliver seamless care

How:

- Make Technology Enabled Care (TEC) a central plank in the delivery of care services and the broader offer to residents, as well as offering TEC to a wider set of authorities and organisations
- Continue to develop the Hampshire-wide IT systems (called CHIE and CHIA) to facilitate greater sharing of records and use of analytical information to better understand the needs of residents
- Link up different organisations’ IT systems so services can work together better across Hampshire

3. Support a sustainable workforce of paid staff, unpaid carers and volunteers

Outcome:

To create the conditions where individuals receive sufficient support from the right people – whether paid or unpaid – who have the knowledge, training and motivation required for their roles

How:

- Develop a system-wide workforce strategy for the Hampshire local care system
- Implement the Hampshire Joint Carers’ Strategy 2018–2023
- Work together to increase volunteer numbers

4. Consistent and accessible information and advice

Outcome:

To enable people to take control and access the information they need

How:

- Make Connect to Support Hampshire the ‘go to’ site for:
 - anyone looking for care and support information and advice in Hampshire

- statutory and voluntary organisations as their primary resource for signposting, linking in with development of more consistent connector/signposting services

5. Improve health and wellbeing for people in HWB organisations

Outcome: people in our organisations feel supported to be healthy and can help others

How:

- Ensure healthy eating options are provided and accessed at HCC and other catered premises and share the learning with public sector and commercial providers
- Improve physical and mental health in schools and colleges (through healthy schools initiatives)
- Build awareness across all of the public sector staff and the voluntary sector to have healthy conversations and to make every contact count

6. Make better shared use of our buildings and community resources

Outcome: we use our reducing resources wisely to provide joined-up services that are easy to access

How:

- Continue to identify better ways to use public sector land and buildings to increase their efficiency, support integration and provide multipurpose community hubs

Your views

We would like to hear your views, in particular:

- Are there any key issues missing from the Strategy that would benefit from a joint pan-Hampshire approach being taken at Health and Wellbeing Board level?
- How could you or your organisation contribute towards delivering on the priorities and proposed areas of activity in this Strategy?
- Are there any other comments you would like to make?

Your feedback will be used to improve the draft Strategy and to inform the implementation planning process for the Strategy. A final version will be presented to the Hampshire Health and Wellbeing Board for approval in March 2019. We will then develop an implementation plan to set out how we will deliver on the strategy in its first year.

Please email any feedback to hampshirehwb@hants.gov.uk or write to us with your views:

Kate Jones
Hampshire Health and Wellbeing Board
c/o Adults' Health and Care
Hampshire County Council
Elizabeth II Court West, 3rd floor
The Castle
Winchester SO23 8UJ

Closing date: 22 February 2019

Your data

Privacy notice

Hampshire County Council is seeking to record your views, comments and other information about you through this consultation. The information you provide will only be used to understand views on the draft Strategy set out in this consultation. All individuals' responses will be kept confidential and will not be shared with third party processors, but responses from organisations may be published in full. All data will remain within the UK. Responses will be anonymised and summarised in a public consultation findings report. Responses will be stored securely and retained for one year following the end of the consultation before being deleted or destroyed.

Where the information provided is personal information, you have certain legal rights. You may ask us for the information we hold about you, to rectify inaccurate information the County Council holds about you, to restrict our use of your personal information, and to erase your personal data. When the County Council uses your personal information on the basis of your consent, you will also have the right to withdraw your consent to our use of your personal information at any time. Please see our website www.hants.gov.uk/privacy for further details.

You can contact the County Council's Data Protection Officer at data.protection@hants.gov.uk. If you have a concern about the way we are collecting or using your personal data, you should raise your concern with us in the first instance or directly to the Information Commissioner's Office at ico.org.uk/concerns.

Alternative formats and queries

To request this information in another format such as large print, audio or Braille, or for any queries about the consultation, please contact Hampshire's Health and Wellbeing Board at:

E-mail: hampshirehwb@hants.gov.uk
Telephone: 01962 845195

HAMPSHIRE COUNTY COUNCIL

Report

Committee/Panel:	Hampshire Health and Wellbeing Board
Date:	13 December 2018
Title:	Delivering system wide integration of children and young people's services by 2022/23.
Report From:	Dr Sallie Bacon, Director of Public Health

Contact name: Robert Pears, Public Health Consultant

Tel: 023 8038 3323

Email: robert.pears@hants.gov.uk

1. Recommendations

The Health and Wellbeing Board is asked to:

- Agree the inclusion of an integrated children and young people's delivery system by 2023, in the new Health and Wellbeing Strategy to support system transformation.
- Endorse the areas for focused partnership work
- Endorse the implementation of a shared outcomes framework for children and young people

2. Summary

2.1. There has been an increased focus on improved integration of services for children and young people in Hampshire. Successful integration would result in:

more child and family centred care;
a prevention, early intervention and assets-based approach;
multi agency working with improved staff retention;
integrated IT and information sharing;
cost efficiencies;
and improved outcomes.

2.2. Stakeholders; including service users, frontline staff and system leaders; want that integration to be bold and ambitious. Integration is developing through focused partnership work, a shared outcomes framework and a series of three aligned procurements.

2.3. Together these approaches to integration will result in an integrated delivery system for children and young people's services in Hampshire by 2023.

Integration is not an end in itself but is expected to improve outcomes for children, young people and their families.

2.4. The delivery of three aligned procurements which include the following services:

Phase	Services in scope	Total contract value
1	Health Visiting (PH HCC) School Nursing (PH HCC) Childhood imms and screening (NHS E)	~20.5m
2	Integrated therapies (CCG) Parenting (CCG) Continence (CCG) Therapies – occupational therapy (HCC CS) Portage (HCC CS – TBC) Special School Nursing* (CCG) Community Childrens Nursing* (CCG) Community paediatrics* (CCG) Wheelchair assessment* (CCG – TBC)	~£13m
3	CAMHS* (CCG) Counselling* (CCG) Neuro development* (CCG) Behaviour support* (HCC CS –TBC)	~£12m

*Services that have been added to scope in September

3. Contextual information

3.1. Over the last 2-3 years, there has been an increased focus on improved integration of services for children and young people (CYP) in Hampshire. Our extensive engagement activity; including with practitioners, the public, service users, commissioners, providers and system leaders; has demonstrated that all these groups want bold and ambitious system level integration. Integration is a means of improving outcomes for children and young people, improving the efficiency and effectiveness of staff and making service delivery pathways clearer. More detailed benefits of integration are described further in Section 2.

3.2. Key work has included extensive stakeholder engagement through workshops, an online survey with over 600 responses and discussions at decision making bodies of partner organisations; development of a shared outcomes framework and discussions to improve current service pathways.

3.3. Integration is being delivered through three approaches:

- Focused partnership working,

- The implementation of a children and young people’s integration shared outcomes framework
 - Opportunities around aligned procurement.
- 3.4. Individual agencies undertaking internal service changes are not sufficient, to deliver the integrated delivery system for services expected by stakeholders. All organisations need to work together to integrate service delivery and deliver the transformational change required to improve both service user and practitioner experience of services.
- 3.5. All three aspects of the approaches are therefore needed concurrently to deliver transformation. Unlike the changes being undertaken for adult systems, there is no legislative requirement for children and young people’s integration. Instead it will “rest on the willingness and commitment of organisations and leaders to work collaboratively”.
- 3.6. National policy such as integrated care systems and the integrated provider contract being developed by NHS England, is driving integrationⁱⁱ.
- 3.7. **Partnership working** to embed children and young people’s integration has been a long-held ambition in Hampshire. That work has become more focused recently as a result of pressures the system faces, greater involvement of frontline staff such as GPs, and learning from local integration of community services for adults.
- 3.8. A number of initiatives are ongoing including: social care transition to adulthood; closer community working between CCG and Children’s Services teams; and the work of the high impact area board that is tackling shared concerns across maternity and health visiting. High Impact Areas are a set of national priorities for health visiting. These priorities include perinatal health, rates of breastfeeding (currently about 55% at 6-8 weeks in Hampshire) and obesity. Locally another priority has been added: reducing smoking in pregnancy. Though maternity and health visiting have individual professional roles in tackling these priority areas they can accomplish more working closely together.
- 3.9. **An integrated CYP outcomes framework** has been developed (see appendix A for details). Using these outcomes to inform the design and commissioning of services will help unite integrated services under a single framework. The outcomes framework comprises a set of shared outcomes that have been developed by/in partnership with Public Health, Children’s Services, Hampshire CCGs and NHS England. It includes priorities such as improved school readiness, reduced emergency admissions, improved emotional wellbeing and reduced childhood obesity. The development of the outcomes framework is an iterative process and it will continue to evolve over the coming months and years.
- 3.10. Underpinning the outcomes framework will be a suite of key performance indicators that are intended to both drive performance, and act as proxy measures for higher-level outcomes, as new service specifications are developed. For instance there is not a single measure for school readiness but there are indicators for having a good level of development before school. These will be agreed within each contract to ensure that they are both the most appropriate for the service and to act as a golden thread to the shared outcomes framework.

- 3.11. **Aligned and joint procurements:** As a result of a number of the contracts for services for children and young people coming to an end in March 2020, discussions between the Hampshire CCGs, Hampshire County Council Public Health and Children Services, and NHS England have been taking place over several months about the best way to realise integration of services.
- 3.12. During September, all partner decision making bodies received a presentation that outlined the development work so far and described the approach and future operating model. All organisations fully supported integration, although the following feedback was received:
- Increase the scope and pace of the work where feasible,
 - Differing perspectives on the most appropriate procurement process to achieve integration. This has led to the approach of having three aligned procurements rather than a single joint procurement.
 - The need to develop partnership contract management arrangements
 - Ensuring that due diligence has been completed

4. Benefits and delivery of integration

4.1. Integration aims to improve outcomes and the experience of care for services users, families and frontline staff. Key features of the integrated delivery system include:

- Move to integrated IT system
- Seamless transition – step in/step out/step up/step down
- Right service at right time
- Shared approach to safeguarding
- Potential shared back office and estates
- Development of mixed skill teams
- Meet system wide objectives
- Pool resources to promote self-care, including digital opportunities
- Single point of access to model of care
- Greater responsiveness of services to innovative ideas and feedback from service users and frontline staff.

4.2. A high-level description of the integrated delivery system was presented to decision making bodies in September. . The delivery of an integrated system is being taken forward through detailed consideration of integration opportunities during the writing of service specifications, discussions with providers during market engagement, through negotiated procurement routes and during service mobilisation.

4.3. Our engagement work has identified some specific operational challenges that can be addressed through integration e.g. the need for clearer signposting to self help and professional representation at child protection conferences, a requirement to have more resources for self-help in families, support for young people on CAMHS waiting lists and the development of integrated IT systems to improve information sharing. Though most children’s services provision is out

of scope for procurement, the integrated delivery system will need to align with that provision through integrated care pathways e.g. early help, the Family Support Service, Supporting Families and Transforming Social Care.

- 4.4. As a result of the discussions undertaken by decision making bodies in September, the services in scope and the pace of change around procurement have increased, as presented in appendix B. Greater ambition should deliver increased benefits for Hampshire. The value of the phase 1 Public Health nursing services is approximately £20.5m; the value of phase 2 CCG community services £13m & £0.87m for Children's Services; and the value of phase 3 CAMHS is £12m p.a. This results in an integrated delivery system with a value of over £45m p.a. (further detail is available in Appendix B). HCC and NHS England Public Health nursing will be procured at the same time, with alignment to phase 2 and 3 CCG led procurements.

5. Programme planning and governance

- 5.1. The development of the outcomes framework and aligned procurement are being managed by a programme manager working independently as part of the Council's Transformation Practice. Day-to-day decisions around the aligned procurements are taken by a programme board which has appropriate representation from: programme management, procurement, the Partnership CCGs, West Hampshire CCG, Children's Services and Public Health. Key strategic decisions are escalated to partner organisations' decision-making bodies. The implications of aligned procurements have been carefully considered by the programme board with advice from the procurement professionals (HCC and South of England Procurement) and this approach will enable us to deliver the desired outcomes. We are working to build on the experiences of joint contract management for instance the sexual health contract management arrangements between CCGs and councils in HIOW.
- 5.2. The aligned procurement approach will mean that the procurements themselves are less technically demanding than a joint procurement. However, there will be an emphasis to deliver integration through shared market engagement, written specifications, and the alignment of service pathways. It is suggested that it would be useful to include as an objective in the Health and Wellbeing Strategy the delivery of an integrated children and young people's delivery system by 2023, through a series of aligned procurements as it supports system transformation. It will also be important to:
- Utilise the children and young people's integration outcomes framework to coordinate integration work streams.
 - Share with potential providers the overarching intention and the vision for integration
 - Develop a joint prospectus to encourage market engagement and signal the three phases of procurement.
 - Develop a set of key principles which clearly state our expectations of how the services will operate e.g. the right provision, at the right time, in the right place and focus on early intervention and prevention.
 - Develop a shared contract review process where some key indicators are the focus of the contract management process, perhaps modelled on the

approach successfully used across Hampshire and the Isle of Wight in the procurement of sexual health services. .

5.3. The date for completion of all procurement phases and for all services to be part of the integrated delivery system is 1 April 2023.

6. Key issues/challenges

The main challenges are:

- 6.1. Integration can only be achieved by designing and describing services appropriately. It would be easier in the short term for commissioners to continue to write specifications for unintegrated services. The programme board will ensure that there is scope for review and challenge.
- 6.2. Integration is a long-term plan with the final contract going live in April 2022. It is important that this plan continues to have the support of all organisation leadership teams throughout the development of the programme, including the Health and Well-being Board. Members of the Health and Wellbeing Board are well placed to understand Hampshire's services for children and young people at a system level, make suggestions to support integration, remove barriers and improve outcomes for families.
- 6.3. Although the programme will be delivered through three aligned procurements, there must be a clear statement of intent from all partners and system leaders that integration is a non-negotiable means of improving both the service user experience and outcomes.

6.4. Timelines/next steps

Immediate next steps are:

Finalising the key principles of integration that will be included in all service specifications in the aligned procurement

Finalising priorities in the outcomes framework to inform the procurement of Public Health nursing

Market engagement event for Public Health nursing and flagging up the next two stages of procurement – January 2019

Service specifications for school nursing, health visiting and school aged immunisations will be issued starting phase 1 of the aligned procurement - February 2019

Phase 2 CCG led procurement of CCG community services to start in July 2019.

7. Conclusion

- 7.1. Our engagement work has shown that system leaders, service users and front line staff expect bold and ambitious integration of services for children and young people in Hampshire in order to improve outcomes and make the best use of resources.
- 7.2. Integration is being delivered through focused partnership working, an outcomes framework and three aligned procurements. This phased approach to procurement will support the integration of services with a value of over £45m p.a.

7.3. A new integrated delivery system for services for children and young people will be in place by 2023.

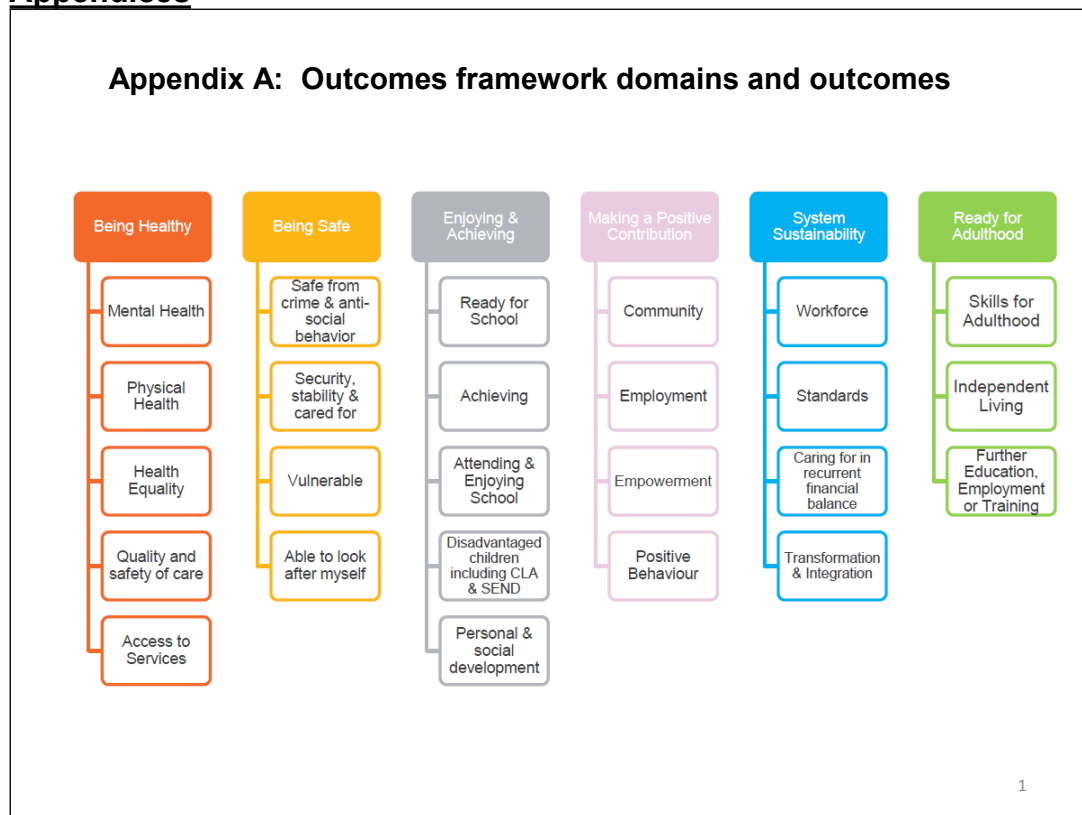
8. Recommendations

That the Health and Wellbeing Board

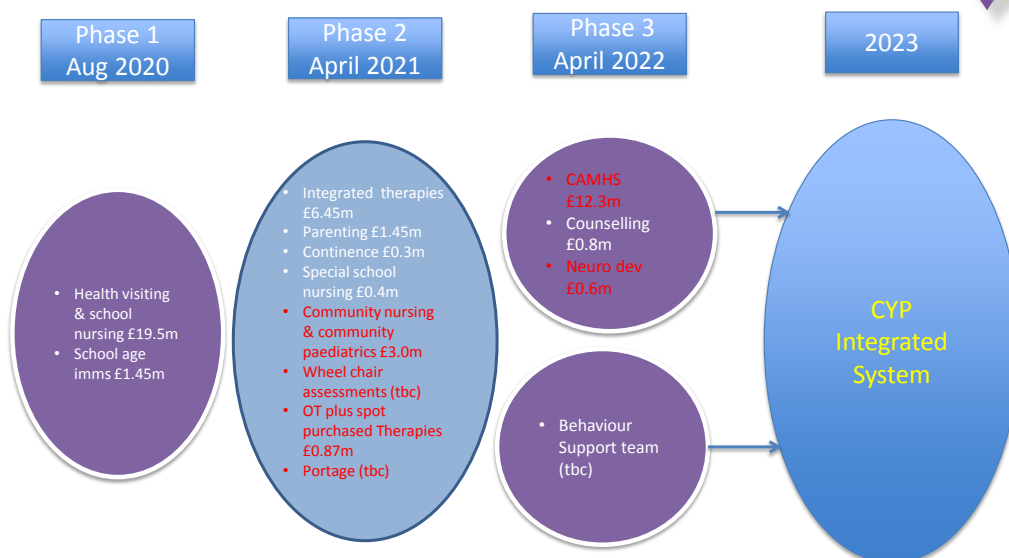
- Agree the inclusion of an integrated children and young people’s delivery system by 2023, in the new Health and Wellbeing Strategy to support system transformation.
- Endorse the areas for focused partnership work
- Endorse the implementation of a shared outcomes framework for children and young people

<https://www.kingsfund.org.uk/publications/year-integrated-care-systems>

Appendices



Appendix B: Procurement stages



Alignment with HCC children's services
Early help, family support service, supporting families, school readiness, Transforming Social Care (formerly Partners in Practice (PIP))

Scale and scope of services

Phase 1	Hampshire County Council Public Health and NHS England	Budget (£)
		20/21
	Health visiting (PH HCC)	19.5m
	School nursing (PH HCC)	
	School aged imms (NHSE)	1.45m
Phase 2	Hampshire CCGs and Hampshire County Council Children's Services	Budget (£)
		20/21
	Integrated Therapies (CCG)	6.45m
	Parenting	1.45m
	Continence	0.3m
	Special School Nursing	0.4m
	Community Nursing/Paediatrics	3.0m
	Wheel chair assessment	TBC
	Therapies – occupational therapy (HCC CS)	0.87
	Portage (HCC CS)	TBC
Phase 3	Hampshire CCGs and Hampshire County Council Children's Services	Budget (£)
		20/21
	CAMHS	12.3m
	Counselling	0.8m
	Neuro development	0.6m
	Behaviour support (HCC CS)	TBC

Key
HCC – Black
CCG – Green
NHS England - Red

HAMPSHIRE COUNTY COUNCIL

Report

Committee/Panel:	Hampshire Health and Wellbeing Board
Date:	13 December 2018
Title:	Local Transformation Plan (LTP) for Children and Young People's Mental Health and Wellbeing 2018/19 Refresh
Report From:	Angela Murphy Deputy Director, Hampshire and IOW CCG Partnership and Lead for Children & Maternity Collaborative

Contact name: Angela Murphy

Tel: 07880 782775

Email: Angela.Murphy7@nhs.net

1. Recommendation

That the Health and Wellbeing Board approves the refresh of the Local Transformation Plan for Children and Young People's Mental Health and Wellbeing 2018/19.

2. Summary

2.1. The purpose of this paper is to briefly outline the background to Local Transformation Plans (LTPs) for Children and Young People's Mental Health and Wellbeing and to ask the Health and Wellbeing Board to approve the refresh of the LTP.

3. Contextual information

3.1. All CCGs are required to develop Local Transformation Plans (LTPs) to outline how they will improve the emotional and mental health of children and young people through implementing the recommendations of Future in Mind (FiM). Hampshire's original LTP was published in Sep-15 and set out our journey to 2020.

3.2. A series of strategies and publications underpin the Local Transformation Plan which is reviewed and refreshed annually:

Emotional Wellbeing and Mental Health Needs Assessment for Children and Young People in Hampshire

Make It Worthwhile Strategy 2014 - 2017

Five Year Forward View for Mental Health (2016)

Hampshire and Isle of Wight Sustainability and Transformation Plan (2016)

Sustainability and Transformation Plan Children's Programme (2017)
Children and Maternity Collaborative Operating Plan and Vision 2020
Starting Well - Emotional Wellbeing and Mental Health Strategy for Children and Young People in Hampshire 2018-21
Autism Strategy
Autism Pioneer review programme 2018
Transforming Care Plans

Our original Future in Mind plan was developed based on comprehensive feedback from children, young people, parents, carers and professionals, and evidence from the Joint Strategic Needs Assessment published in 2015, which has been updated and refreshed to understand current need.

4. Finance

4.1. A financial overview is provided within the LTP document.

5. Performance

5.1. Governance and performance are outlined in the LTP document.

6. Consultation and Equalities

6.1. Priorities in the LTP have been shaped by engagement with children, young people, parents, carers and professionals across the county. The LTP document describes how this has taken place.

CORPORATE OR LEGAL INFORMATION:**Links to the Strategic Plan**

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

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. 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 under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

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

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

1.2. Equalities Impact Assessment:

- a) The LTP contains analysis of the population needs and outlines interventions that will positively impact on mental ill health.

2. Impact on Crime and Disorder:

2.1. No specific issues have been identified.

3. Climate Change:

- a) How does what is being proposed impact on our carbon footprint / energy consumption? N/a
- b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts? N/a

Hampshire Local Transformation Plan 2018/19

Annual Refresh



Future in mind

Promoting, protecting and improving our children and young people's mental health and wellbeing



Local Transformation Plan Summary



October 2017

Make it worthwhile



A Joint Hampshire Strategy for Emotional Wellbeing and Mental Health (Children and Young People)
A strategy prepared on behalf of Hampshire's Children's Trust
2014 – 2017



Foreword

Children matter to us in Hampshire, we want to ensure they have the best possible start in life, have access to the right services at the right time that is responsive and meets their needs in a timely way. We recognise that in some of our mental health services demand has been high and we need to continuously review and re-design our services to ensure they are fit for purpose and provide the best possible outcomes.

Intervening early and supporting the mental health needs of our children and young people means they will be happier at home, learn better at school and more likely to grow up to enjoy healthy and fulfilling lives.

With this goal in mind, we are committed to working in partnership with a wide range of organisations to deliver the priorities set out in our annual plan. Working collaboratively we are stronger and more likely to succeed.

We are proud of some of the successes we have had with improving access to services for our young people, but much more needs to be done, through more aspirational and transformational agendas.

Our priority areas will respond to the feedback we have received from children, young people, professionals and partners. Children told us they wanted to ‘make it worthwhile’ ensuring every service made a difference and achieved positive outcomes. We want to fulfil that ambition and our vision is for all children in Hampshire to be happy, resilient, safe and experience good emotional wellbeing and mental health, both now and in the future.

Chief Executive

Director of Children’s Services

Clinical Director

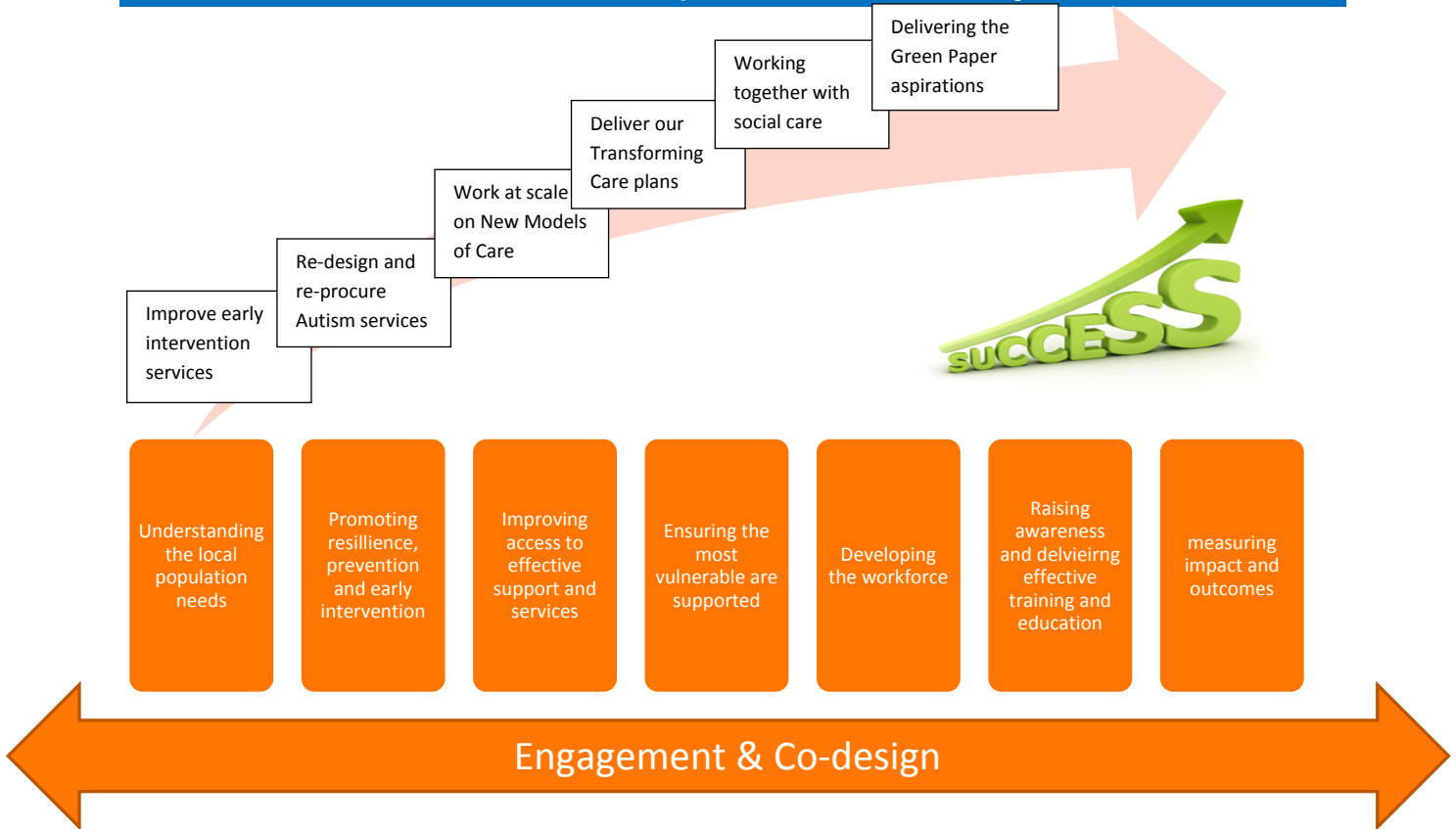
Maggie Maclsaac

Steve Crocker

Dr Andy Whitfield



The Five Year Forward View Road Map – Executive Summary



Our aspiration is clear; we want to build capacity within the system so that children get the best possible start in life. Need within the system will change over the life of our plan and we will adapt and modify our priorities to ensure we are focusing on areas of the system that needs the most transformation.

Our journey began by understanding our baseline so we knew where capacity was needed. We are constantly reviewing the needs of our population and modifying our plans to adapt to current challenges. We engaged with a wide range of parent/carers and young people to understand the needs of our communities and continue to listen to service user experiences to help inform our priority setting.

At the start of our transformational programme there were some key deliverables we wanted to prioritise which included more counselling services and more parenting programmes. Together they would start to build resilience and provide support through intervening earlier. Nonetheless, we recognise some people need more focused support, we have ensured we have effective perinatal mental health services in place, early intervention in Psychosis, eating disorder service that is working towards the 2020 standards and services focused on the most vulnerable of children including those who may have experienced sexual abuse. In addition to service modelling and commissioning, we have also worked hard to ensure the workforce and wider system have the right skills, knowledge and training to support young people at every stage in their journey to adulthood. We are committed to the roll out of Improving Access to Psychological Therapies training.



There is more to be done on our journey of transformation and some changes have occurred that we want to respond to. We work in an adaptive system and we need to be agile in our approaches to ensure we are focusing on need and opportunity. Our 2018/19 plans will focus on whole system transformation both locally and at scale and will build on the work we have been doing to understand demand and pressures in the system.

We want to re-design our counselling offer, to increase our reach, use different methods of delivery and support earlier intervention through closer working with schools. Most importantly we want to reduce waiting times for young people so they have access to services in a timely manner.

We know that Autism demand has been growing significantly over recent years, outstripping capacity. We want our children and young people to have access to a timely service when required and not have to wait unacceptable lengths of time to be seen. We have undertaken a detailed review and listened to what young people and other stakeholders have told us. We have a comprehensive plan as to how we can respond and re-design our service offer.

Our New model of care crisis programme has been a huge success; we want to build upon that success and do more at scale where it makes sense to do so. This will support our workforce re-modelling and ensure the services we deliver are sustainable.

Transforming Care for children with learning disability and autism is a key priority to ensure we are able to respond in a timely way to crisis intervention, but also to ensure the care they receive is closer to home.

Our work with social care is critical to ensuring our most vulnerable children have access to dedicated resource and support. Aligning our primary care mental health workers to social work teams will not only enhance the support young people receive but also support training and development of multi-agency teams.

Our most exciting opportunity is becoming a Trailblazer for the Green Paper. This is an area of work we are passionate about, we have done a lot of work already to work closer with our schools, becoming a trail blazer will enable us to roll this work out further and to share the learning across a wider geography.

Whilst transforming our system we will continue to deliver other priorities we have already started along our journey of transformation. We are in a continuous cycle of change and development and will continue to evolve and develop.

The refresh plan highlights some of the work we have started and the impact we have had so far and provides more detail about the next phase of our transformation journey.



Vision for service re-design



Children and young people will have access to services in a timely manner in the right place at the right time. In order to achieve this, we want to transform the way in which we provide services for young people.

Our approach will be to develop a wraparound system of care from the beginning. We will work with the local authority and schools to implement robust intervention & prevention services, to reduce the need for referral to specialist support. For children who require more intensive treatment or diagnosis we will ensure timely access to services. Those young people who experience acute episodes of distress will be supported closer to home and where appropriate within the community. Our close working relationship with the Sustainability and Transformation programme will ensure we have good access to step up and step down care. All of our approaches will be developed on a needs led basis for the whole age range of children and young people aged 0-25

We will work closer with schools, transforming the skills and competence of staff and providing earlier intervention and prevention for young people. We will build on our aspirations we have submit within the Trailblazer bid and continue to increase support, training and development to school based staff

We will work closer with the third sector to increase their confidence and skills through evidence based work programmes and joint training and supervision. We recognise the value and importance of the third sector and want to maximise their close working relationships and knowledge of local communities

We will undertake a deep dive across the system to review all pathways to ensure we are offering a seamless service and to ensure we have no gaps in provision, we will co-design services alongside children and young people to capture their feelings and experiences which will help us to implement sustainable services

We will work in partnership with NHS and private providers to ensure access to specialist support and to ensure transition between services is well coordinated

Our action plan for 2019 will support our journey of system transformation

Governance and Transparency

This document represents an update of completed, ongoing and planned work in the area of children and young people's mental health in Hampshire. It is prepared for and on behalf of the five Hampshire Clinical Commissioning Groups (CCGs):

- Fareham and Gosport CCG
- North East Hampshire and Farnham CCG
- North Hampshire CCG



- South East Hampshire CCG
- West Hampshire CCG

The North East Hampshire & Farnham CCG leads on the commissioning of children and young people's mental health provision on behalf of the five Hampshire CCGs, and works closely in partnership with Hampshire County Council and other key partners to ensure services are commissioned in order to address all levels of need - universal, targeted, specialist and acute.

The refresh is a comprehensive review of original plans submitted to NHS England in 2015; it contains information on progress made since that time, and identifies gaps and how these will be addressed over the lifetime of Future in Mind programme in Hampshire.

We look back on decisions made in 2017 to enhance and expand services, review how successful these service developments have been and the difference they have made, and identify what we still need to do to ensure that the system addressing children and young people's mental health undergoes truly transformative change to be fit for the future.

In Hampshire, there is a local focus on improving health outcomes through more effective education, prevention, early intervention, promotion and resilience building. This is enshrined in Hampshire's Strategy for Improving the Public's Health – Towards a Healthier Hampshire. There is also a system-wide commitment to effectively address health inequalities across all age groups by reducing stigma, committing to parity of esteem with physical health, recognising and removing barriers to accessing services and identifying and filling gaps in provision.

The Make it Worthwhile strategy for children and young people's Emotional Wellbeing and Mental Health, prepared on behalf of the Hampshire Children's Trust, states that 'we want all children in Hampshire to enjoy good emotional wellbeing and mental health'. It also recognises that children with good mental health do better. Their outcomes – whether in education, at home or in the community – are better, and they are more likely to develop into healthier adults making a positive contribution to society. Make it Worthwhile identified the Local Transformation Plan priorities, and underpins all the work that has been undertaken since the original submission in Hampshire.

Partnership working

There is evidence of increasing demand for child and adolescent mental health services. Nationally, this is being reported as between 30-40% in the last 12 months. As commissioners and providers we have come together to transform services for young people to ensure we build resilience, have effective prevention strategies and provide appropriate interventions in the right place at the right time, as early as possible. This requires us to take a system-wide approach and our transformation plan demonstrates how we do this.



Hampshire Children and Young People's Plan reflects a shared commitment to improve the lives of children and young people in Hampshire, and to make Hampshire an even better place in which to enjoy a good childhood. The Plan contains the vision, principles and key priorities of the Hampshire Children's Trust Board. The current priorities are:

- Being healthy
- Staying safe
- Enjoying and achieving
- Making a positive contribution
- Achieving economic wellbeing

In addition to the Children and Young People Plan, Hampshire has the Joint Health & Wellbeing Strategy which takes a life course approach to improving the health of the local population.

- Starting well - So every child can thrive
- Living well - Empowering people to live healthier lives
- Ageing well - Supporting people to remain independent, have choice, control and timely access to high quality services.
- Healthier Communities - Helping communities to be strong and support those who may need extra help.

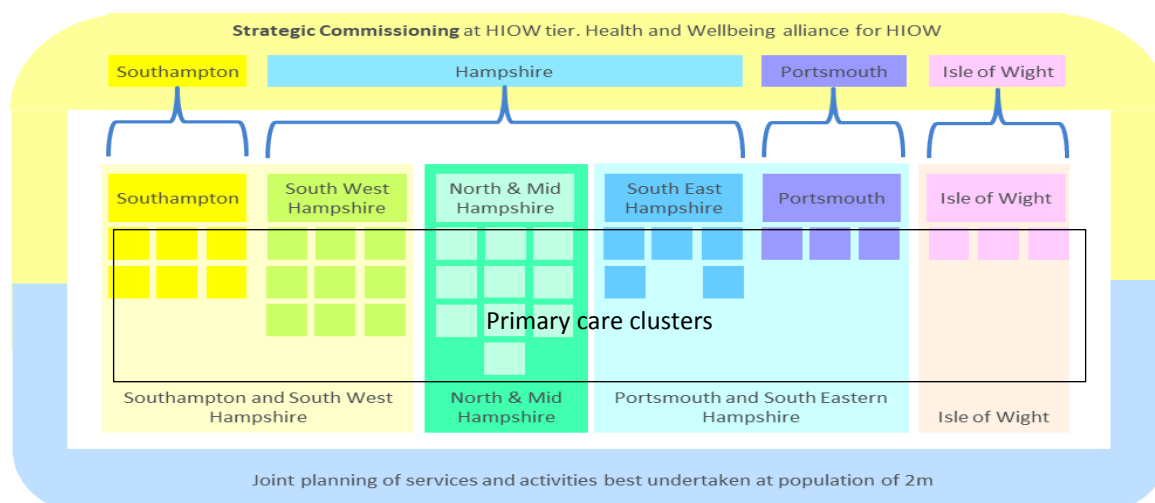
Progress against the implementation of the Starting Well - Emotional Wellbeing and Mental Health Strategy for Children and Young People in Hampshire 2018-21 will be reported to the Health & Wellbeing Board, Children's Trust Executive group and to the Children's Trust Board.

Both the Children and young people plan and the Health & Wellbeing Board Priorities acknowledge the importance of partners working together in order to improve health outcomes for children including mental health. Partnerships will reflect the wide range of organisations required to implement the strategy including involvement of adult mental health, to support action on transition from children's to adult services but also to ensure system wide input into prevention and early intervention, promoting good mental health and to encourage all to take responsibility for their own health and wellbeing.

By working together to implement this plan it will facilitate discussions between key stakeholders to ensure that any changes to service provision are better coordinated and that central to this will be to design services reflecting the needs of Children and young people.

The governance structure operating at Sustainability & Transformation Partnership level provides an opportunity for Hampshire to work with partners at scale and to share learning and best practice. There are key priorities within the Sustainability & Transformation Plan for Hampshire & Isle of Wight.





Across the system primary care is organising itself in to clusters, this provides an opportunity to ensure local delivery for local need. We recognise this as an opportunity to develop further our delivery models both at scale and locally.

As part of the NHS England assurance process for Local Transformation Plans, we are required to provide a statement which outlines how local plans align. This demonstrates our commitment to ensuring governance processes are robust, and there is sufficient consideration given to priorities in different plans.

“The Hampshire and Isle of Wight Health and Care System recognise the importance of good emotional wellbeing and mental health in children and young people, not only during childhood and adolescence, but also as predictors for positive mental health outcomes in adulthood. As such there are a number of strategic commitments / work streams across the Sustainability and Transformation Plan which directly affect children and young people’s mental health.”

Across the system we work with a wide range of stakeholders

- Hampshire County Council
- Hampshire Parent Carer Network
- Autism Hampshire
- Barnardoes
- Third Sector
- District Councils
- Schools
- Police
- Primary care
- Hampshire CAMHS
- Private providers
- Health Watch
- Parent Voice
- Solent NHS Trust



Mental Health Alliance

The Sustainability and Transformation Plan is committed to working towards parity of esteem for mental health services, reviewing and aligning mental health care pathways, out of area pathways, and crisis care. Each Local Transformation Plan gives more local-level detail for these priorities and how they affect children and young people. A key focus of this work stream is to ensure that effective crisis services for all ages are provided.

Hampshire and the Isle of Wight Sustainability Transformation Plan (STP)

The Hampshire and Isle of Wight Health and Care System recognises the importance of good emotional wellbeing and mental health in children and young people (CYP), not only during childhood and adolescence, but also as predictors for positive mental health outcomes in adulthood. As such, there are a number of strategic commitments/work streams across the STP which directly affects CYP mental health. Examples of this include the Core Programme 6 - Mental Health Alliance and Enabling Programme 9 – Workforce.

Core Programme 6 - Mental Health Alliance

The HIOW STP is committed to working towards parity of esteem for mental health services, reviewing and aligning mental health care pathways, out of area placements, and crisis care. The Crisis Concordat Steering Group gives more local-level detail for these priorities and how they affect CYP.

Enabling Programme 9 – Workforce

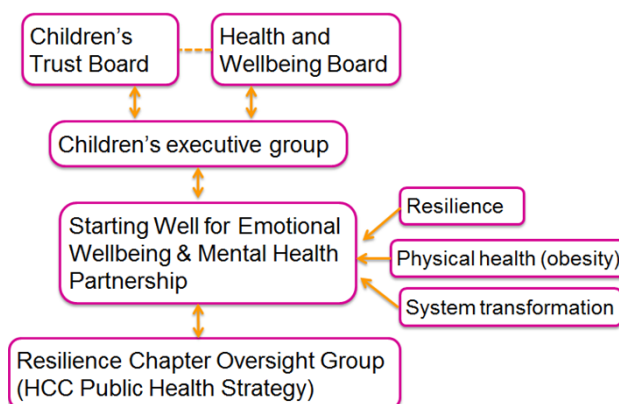
A comprehensive review of mental health workforce requirements is currently under way across the HIOW STP footprint, with a commitment to moving towards a flexible workforce shared across geographical and organisational boundaries, enabling care to be more responsive to CYP needs.

The Children's Programme undertakes to:

1. Implement New Models of Care, ensuring repatriation of CYP in Tier 4 beds back into locally-based provision (thus releasing money into the local CYP mental health care system);
2. Strategically review ASD/ADHD provision across Hampshire to ensure consistency in pathways and information and support available to parents/carers of CYP undergoing assessment or diagnosed with these conditions.
3. Review and implement robust provision people with Eating Disorders.



As well as the commitment through the Sustainability & Transformation Partnership, locally there is a strong partnership commitment to driving forward change through the Health & Wellbeing Board and the Children's Trust Board.



The Starting Well for Emotional Wellbeing and Mental Health Partnership is formed of a multi-agency group; this partnership will monitor and track performance against priorities and shape future transformation planning agendas.

The principles of how we will work together are set out below

Place Based Commissioning

Hampshire created a statement of Intent and reform principles to work towards as part of our commitment to place based commissioning, we are committed,

- To improve population health and wellbeing across Hampshire by joining up a range of support and care services to achieve the outcomes, benefits and experiences that matter to individuals, their carers and families.
- To ensure people have more say and control over their health and wellbeing, care services will be collaboratively planned and delivered in a co-ordinated way that makes best use of resources, including increased use of technology solutions and is focused on prevention and early intervention.

Adopting collaborative approach to the planning,

- Redesign and delivery of services for value, integrated commissioning will maximise opportunities to spread innovation enable the monitoring of sustained quality of improvement across the local population.
- To enable placed based whole system reform across Hampshire we need to ensure the wider reform principles drive out commissioning activity and that we firmly embed this new approach in the way that we work
- Principles build on progress to date and create the long term changes we seek for our population.



Overall reform principles

- There is a new relationship between public services, communities, charitable organisation and providers that enables shared decision making democratic accountability and voice, genuine co production and honest delivery of services. This relationship removes barriers that have prevented effective collaboration in the past.
- There is a placed based approach that redefines services, utilises knowledge and skills of the wide range of service partners and puts individuals, families and communities at the heart. Our asset based approach also recognises the importance of the support provided by our communities, families and unpaid carers. This approach shapes services around common understanding of the outcomes that are important to people.
- We recognise the importance of developing approaches to reform community based models of care which will work best when they reflect communities of identity and interest and the diversity of our local population.
- We focus on driving the behaviour change in our communities that builds on independence and supports residents to be in control of their own health and wellbeing.
- Models of care will support and respect peoples broader sense of wellbeing, retaining personal control of their lives, reducing dependencies and isolation and will ensure seamless transitions between different parts of the system and different sectors. Wellbeing, prevention and early intervention are priorities.

Commissioning principles

We will embed six core principles specific to commissioning for Hampshire residents

People and Places

- Our commissioning ambition has been to drive significant behaviour change. Our children, young people and their families need to be resilient and feel supported when they need help; our organisations need to think beyond their organisational boundaries. Our workforce needs to think differently.
- We need to have clarity about what can be delivered at scale, ensuring consistency and equity of access and outcomes whilst recognising and tackling inequalities.

Co-Design

- Commissioners, providers and families working together will create better proposals, a quicker route to successful change. We will adopt both strategic and pragmatic approaches that enable co-design solutions to achieve whole population benefits.

De-commissioning



- Our success will be defined as much by our de-commissioning decisions and our commissioning activity.
- We need to commission new models of care by embracing different approaches including the use of technology and agile systems. This will mean reviewing existing decisions and decommissioning those that are inefficient, not meeting standards or contributing to the health and wellbeing of our children and young people.

Commissioning at the right level

- To be successful we need to commission services at the most appropriate level. Our plans will be routed in having a solid understanding of our local population needs. We will seek to use strategic partnerships to maximise the skills and resources which voluntary and community sector partners can provide to support our approach.

Be Bold!

- To deliver improved outcomes and achieve financial sustainability we must be bold and embrace new commissioning models such as outcome based commissioning. As partners we must hold ourselves to account to deliver the actions we agree upon.

Commitment to evaluation

- We will measure the impact of the changes we make, quantifying health outcomes and ensuring that any change has positive impact on the health and wellbeing outcomes for the people we service.

The refresh considers how:

- local needs influence decision-making
- children, young people and other stakeholder views influence service design, development and implementation
- local plans and strategies align, and where there are common deliverables
- we identify, mitigate for and manage risk
- our governance arrangements evidence accountability and responsibility across systems
- we will deliver on our priorities

A series of strategies and publications underpin the Local Transformation Plan which is reviewed and refreshed annually. Some of these were in place at the time of the original submission, and some have been published since. The most relevant of these are:

- Emotional Wellbeing and Mental Health Needs Assessment for Children and Young People in Hampshire



- Make It Worthwhile Strategy 2014 - 2017
- Five Year Forward View for Mental Health (2016)
- Hampshire and Isle of Wight Sustainability and Transformation Plan (2016)
- Sustainability and Transformation Plan Children's Programme (2017)
- Children and Maternity Collaborative Operating Plan and Vision 2020
- Starting Well - Emotional Wellbeing and Mental Health Strategy for Children and Young People in Hampshire 2018-21
- Autism Strategy
- Autism Pioneer review programme 2018
- Transforming Care Plans

Our original Future in Mind plan was developed based on comprehensive feedback from children, young people, parents, carers and professionals, and evidence from the Joint Strategic Needs Assessment published in 2015, which has been updated and refreshed to understand current need.

We undertook a comprehensive engagement exercise with children, young people, parents, carers and professionals across the county to inform the Make it Worthwhile strategy. 1647 responses were received as part of this consultation, half of which came from children and young people (87% of whom were aged 13-18).

These responses were referenced in the original Local Transformation Plan alongside an additional consultation which sought to gather views on what stakeholders thought of existing services and what they felt priorities for future service developments should be.

Our stakeholders told us they wanted:

- better communication between services and families
- better coordination across health, education and social care services
- schools and school staff to benefit from training about mental health and how to support CYP experiencing difficulties
- clarity around what support was available to CYP diagnosed with Autism and their families
- better support for parents/carers to be able to help their children
- support to be made available in schools, whilst recognising that some young people will want to access help elsewhere
- more funding for CAMHS to help reduce waiting times
- someone to talk to face-to-face; this was felt more important than providing technological solutions
- more comprehensive information and education available through school on emotional wellbeing and mental health



The services that we commissioned as a result are reviewed within this document.

We are committed to continuing our work with children and young people, hearing and acting on their views about the services we offer. We do this through a range of participation opportunities led by each provider, as well as taking on board views of the Youth Commission of the Police and Crime Commissioner and of school-aged children who provide valuable insights into their experiences.

Financial overview

How much do Mental Health Services cost in Hampshire? Spend to date:

NEHF CCG	2015/16	2016/17	2017/18	2018/19
Provider				
Sussex Partnership FT	£ 1,390,788	£ 1,464,489	£ 1,474,540	£ 1,506,611
Surrey & Borders Partnership FT	£ 315,910	£ 318,704	£ 357,958	£ 358,842
No Limits		£ 94,080	£ 94,080	£ 94,080
Barnardos	£ 47,304	£ 47,304	£ 47,345	£ 47,344
NH CCG	2015/16	2016/17	2017/18	2018/19
Provider				
Sussex Partnership FT	£ 1,856,139	£ 1,897,455	£ 1,915,311	£ 1,958,161
No Limits		£ 121,729	£ 125,229	£ 10,144
Barnardos	£ 5,101	£ 61,209	£ 61,209	£ 56,108
WH CCG	2015/16	2016/17	2017/18	2018/19
Provider				
Sussex Partnership FT	£ 4,701,654	£ 4,812,177	£ 4,856,616	£ 4,964,526
No Limits		£ 323,790	£ 323,790	£ 26,983
Barnardos	£ 13,564	£ 162,771	£ 162,771	£ 149,206
SEH CCH	2015/16	2016/17	2017/18	2018/19
Provider				
Sussex Partnership FT	£ 1,858,007	£ 1,899,514	£ 1,950,238	£ 1,992,746
No Limits		£ 132,297	£ 132,297	£ 11,025
Barnardos	£ 5,544	£ 66,523	£ 66,523	£ 60,979
F&G CCG	2015/16	2016/17	2017/18	2018/19
Provider				
Sussex Partnership FT	£ 1,708,925	£ 1,745,603	£ 1,792,207	£ 1,831,264
No Limits		£ 122,683	£ 122,683	£ 10,224
Barnardos	£ 5,141	£ 61,688	£ 61,688	£ 56,548



In addition to the above spending commitment, the CCGs have responded to system pressures and need in a timely way. Recently this has included £0.9m investment in to Autism services to reduce waiting times and provides diagnostic services for children and young people. There has been £60k investment in to technology solutions supporting the Website design within CAMHS and additional investment in to the Third sector to provide training and support networks through Hampshire Parent, Carer Network. We have invested £1.6m in to the Eating Disorder service.

Workforce

A comprehensive review of mental health workforce requirements is currently under way across the Sustainability and Transformation Plan footprint, with a commitment to moving towards a flexible workforce shared across geographical and organisational boundaries, enabling care to be more responsive to children and young people's needs.

We know there are challenges with recruitment and retention we therefore need a multi-skilled workforce that have access to good quality training and support.

The Sustainability and Transformation Plan sets out our vision for delivery for 2020/2021 and beyond.

Through our commissioned services we have increased capacity of our workforce

- working with a consortium of 12 third sector providers to offer counselling services
- supporting parents through the Barnardo's parenting programme
- enhancing the capacity of our camhs workforce
- recruiting new staff for our eating disorder service
- additional staff have been recruited to work within the Willows Team to support children who have been sexually abused
- we have commissioned Psicon to deliver extra capacity for children with Autism
- there is a comprehensive programme of support through Hampshire Parent Carer network providing training and education peer support

We are committed to building and developing the workforce further and the Green paper trail blazer provides the opportunity to develop our schools workforce further.

Mental Health Support in Education – Green paper

We have submitted an expression of interest to be selected as an NHS England trailblazer site to deliver Mental Health Support Teams in schools in areas of Hampshire to transform schools to being emotionally healthy environments, so that they are places where our children have excellent support and receive timely and prompt help when needed. This will ensure that they have every chance of both meeting their potential and developing habits to achieve lifelong good mental health.

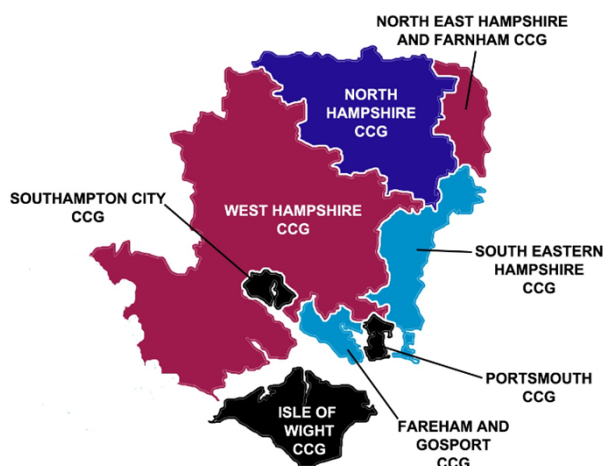


What our joint strategic needs assessment tells us

The aim of this health needs assessment is to provide an overview on the current population and look at how the population is predicted to change.

Within this report, 'children and young people' is used as an inclusive term for children and young people up to the age of 19 years, and up to 25 years for young people with SEND (special educational needs and disability).

GEOGRAPHY



DEMOGRAPHY

Estimates of the registered population are presented as aggregated numbers of 0-19 age groups, as well as age data in five year age groupings for each CCG. See tables 1 and 2.

Registered population

	Population aged 0-19
Hampshire:	
Fareham & Gosport	44,825
North East Hampshire & Farnham	51,820
North Hampshire	54,011
South East Hampshire	48,060
West Hampshire	125,054
Total	323,770

Source: Office for National Statistics, Small Area Population Estimates (SAPE)

Population by age group and CCG

The under-25 population is presented as five age groups – children under five, five to nine, ten to 14, 15 to 19. The 20 to 24 age group is included for SEND purposes.



Table 2: Children and young people population by age group and CCG

CCG	Age bands					TOTAL
	0 to 4 year olds	5 to 9 year olds	10 to 14 year olds	15 to 19 year olds	20 to 24 year olds	0-19 year olds
Fareham & Gosport CCG	10,681	11,637	10,940	11,567	10,955	44,825
North East Hampshire & Farnham CCG	13,544	13,748	12,594	11,934	11,027	51,820
North Hampshire CCG	14,088	14,580	12,908	12,435	10,387	54,011
South East Hampshire CCG	11,354	12,358	11,886	12,462	10,647	48,060
West Hampshire CCG	29,746	32,975	30,871	31,462	28,100	125,054

Source: Office for National Statistics, Small Area Population Estimates (SAPE)

Future forecasts

Hampshire County Council produces the Small Area Population Forecasts (SAPF) providing localised estimates of future resident populations, taking into account the number of dwellings. The 2020 SAPF based estimates of the number of children and young people in Hampshire, Isle of Wight, Portsmouth and Southampton are presented in table 5.

Table 5: Number of predicted children and young people in Hampshire and the Isle of Wight in 2020

CCG	Age bands				
	0 to 4 year olds	5 to 9 year olds	10 to 14 year olds	15 to 19 year olds	20 to 24 year olds
Fareham & Gosport CCG	10,465	11,366	11,456	10,156	10,013
North East Hampshire & Farnham CCG	12,185	13,111	12,840	10,276	9,782
North Hampshire CCG	11,387	12,069	11,299	9,163	8,242
South East Hampshire	6,555	7,538	7,806	6,845	5,172
West Hampshire	15,497	16,476	16,528	15,361	13,173

Source: Hampshire County Environment Department's 2016 based Small Area Population Forecasts (SAPF)



Births

In 2016, there were 14,379 live births in Hampshire. Currently, there is an overall downward trend in the number of births nationally and this is also reflected locally. From 2010 to 2016 there was a 3.96% decrease across Hampshire.

Source: Office for National Statistics, Births by mothers' usual area of residence in the UK

Maternal age at birth

Women at both ends of the spectrum of childbearing age are at increased risk of poor birth outcomes, including factors that are linked with low birth weight and prematurity. Reflecting national trends, Hampshire shows a shift in the age of mothers, with the highest number of births being born to women in the 30-34 year age group.

Table 4: Live birth rates/ 1,000 women in age group – Age of mother, 2016

Area of residence of mother	All ages	Under 18	Under 20	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 and over
England	62.5	5.6	13.5	55.6	98.5	112.4	67.5	14.9	1.1
Hampshire	61.6	4.0	10.0	55.4	107.6	125.5	65.6	12.8	0.7
Basingstoke and Deane	67.3	3.1 u	12.4	67.3	111.5	123.7	69.3	12.4	0.9 u
East Hampshire	55.2	1.4 u	6.1	46.9	96.0	132.1	68.9	14.4	
Eastleigh	61.1	3.8 u	8.6	58.1	98.2	124.1	60.3	9.6	1.3 u
Fareham	56.0	4.6 u	7.4	39.5	104.8	119.9	63.7	12.0	
Gosport	60.8	6.6 u	14.8	73.3	118.5	93.3	52.8	8.8	
Hart	60.3		4.0 u	44.5	93.9	154.2	69.0	17.5	
Havant	65.3	7.1 u	15.2	71.6	119.9	116.7	57.8	11.4	
New Forest	57.0	3.3 u	9.5	55.1	102.3	115.4	61.9	13.1	0.8 u
Rushmoor	71.2	5.0 u	14.2	70.0	118.6	125.9	67.7	12.5	1.1 u
Test Valley	68.0	5.8 u	12.1	70.1	124.2	141.1	63.7	11.8	0.8 u
Winchester	53.3	3.4 u	6.8	23.0	86.7	142.4	80.7	16.4	1.9 u

U = Denotes low reliability

Source: Office for National Statistics, Births by mothers' usual area of residence in the UK

DEPRIVATION

The evidence linking poverty with ill-health is unequivocal. Birthweights in the most deprived areas are significantly lower than in the richest, and children in disadvantaged families are more likely to die suddenly in infancy, to suffer acute infections, and to experience mental ill-health.

Source: Royal College of Paediatrics and Child Health 2018

The income deprivation affecting children index (IDACI)

The income deprivation affecting children aged 0-15 living in income deprived households, defined as either families receiving Income Support or income-based Jobseeker's Allowance or Pension Credit (Guarantee) or those not in receipt of these benefits but in receipt of Child Tax Credit with an equalized income (excluding housing benefits) below 60% of the national median before housing costs.

It is expressed as the proportion of all children aged 0-15 living in income deprived families. According to the 2015 Index of Multiple Deprivation (IMD), 38 out of 832 (4.6%) lower super output areas (LSOA) in Hampshire fall within the 20% most deprived areas in England for children living in income deprived families. To meet the



20% cut off point, a LSOA must have 36% or more children living with income deprived families in that LSOA.

Table 5

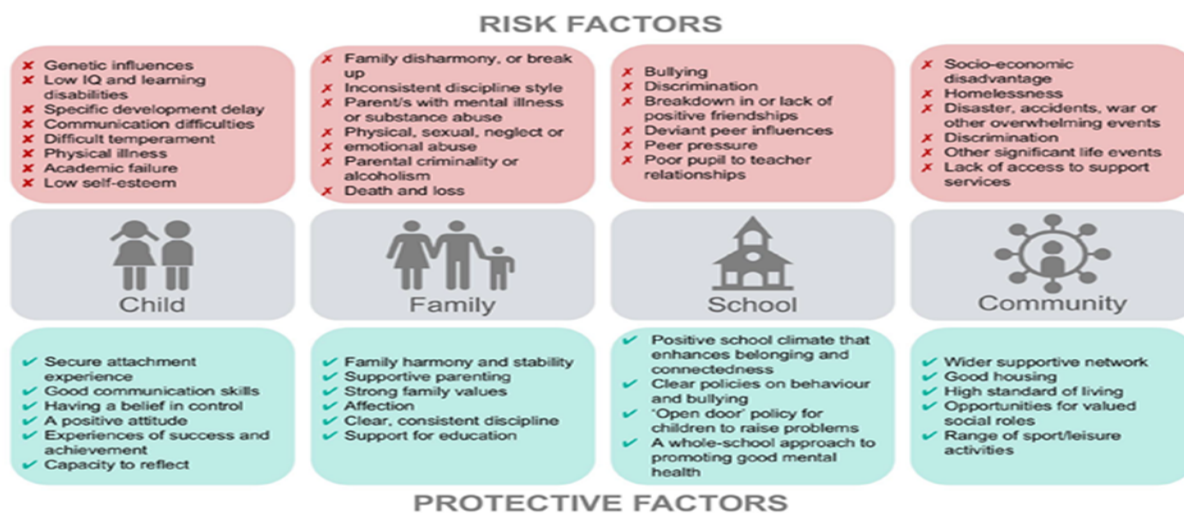
CCG	Proportion of children affected by IDACI, 2015
NHS Fareham & Gosport CCG	1.3%
NHS North East Hampshire & Farnham CCG	0.98%
NHS North Hampshire CCG	1.1%
NHS South Eastern Hampshire CCG	1.6%
NHS West Hampshire CCG	10.4%

There are just over 320,000 children and young people aged 0 to 19 years living in Hampshire. Children and young people make up nearly a quarter of the county's total population (23%). If population forecasts are realised, this may well increase demand for service provision, including mental health services for this cohort of children.

- Half of all **psychiatric disorders** start by age 14 and three quarters by age 24
- Hampshire's **population** of young people aged 10-14 is **projected to increase** between 2016 and 2023; this will impact on service demand
- National research has found that 12% of under 11s, 18% of 11-17s and 24% of 18-24s had been exposed to **domestic abuse** between adults in their homes during childhood
- Young people in Hampshire rated their **wellbeing** as being higher than the national average
- There are increasing numbers of **Looked After Children** in Hampshire, and this cohort is at significantly greater risk of developing poor mental health
- A 2016 audit found that there were 31 **suicides** amongst young people aged under 25 in Hampshire
- Hampshire has higher than national rates for **hospital admissions** as a result of **self-harm** in young people aged 10-19; this is a cause for concern
- It is estimated that 8.4% of CYP aged 5-16 in Hampshire have a **diagnosable mental health condition**
- The number of **referrals** into specialist **CAMHS** has grown from 5,167 in 2015-2016 to 8,400 in 2016-2017 and 7,883 in 2017/18, whilst there has been a slight decline the complexity and volume is still considerably higher than plan.

We know that among children and young people, it is estimated that one in ten children aged 5-16 years old will need support or treatment for mental health problems. This ranges from short spells of depression or anxiety through to more severe conditions that can isolate and frighten those who experience them. There are a range of risk factors and protective factors that impact on a child's wellbeing and emotional resilience. We consider these factors along with adverse childhood experiences when designing services.





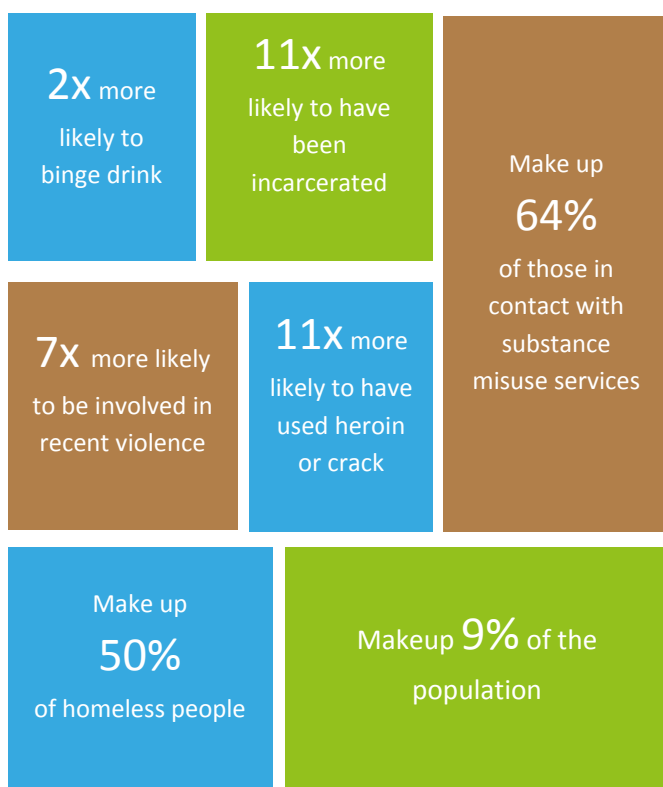
Adverse Childhood Experiences (ACEs)

One of the emerging pieces of research by the Centre for Disease Control and World Health Organisation is that children who suffer adverse childhood experiences are at increased risk of poor mental and physical health well into adult hood. ACEs include abuse, neglect and household dysfunction resulting in the activation of a stress response. Prolonged activation of this high level stress response can result in toxic stress which may result, over an individual's life course, in:

- Disrupted nervous, hormonal and immune development
- Social, emotional and learning problems
- Adoption of health harming behaviours and crime
- Non-communicable disease and disability
- Low productivity
- Early death



A UK study, published by Bellis in 2014, suggests that people with four more ACEs are:



In Hampshire the Public Health team commenced a series of workshops to raise professionals' awareness of the significant impact Adverse Childhood Experiences can have on Children and Young People – both during their early years and throughout the rest of the lives. Scoping work is also being undertaken to explore how the learning arising from this research may be practically incorporated into daily professional approach to wider care delivery, supporting strengths' based approach.

As part of our partner organisations' commitment to utilising emerging data and research to best inform our local pathway and policy development (see *Accountability and Transparency*), this

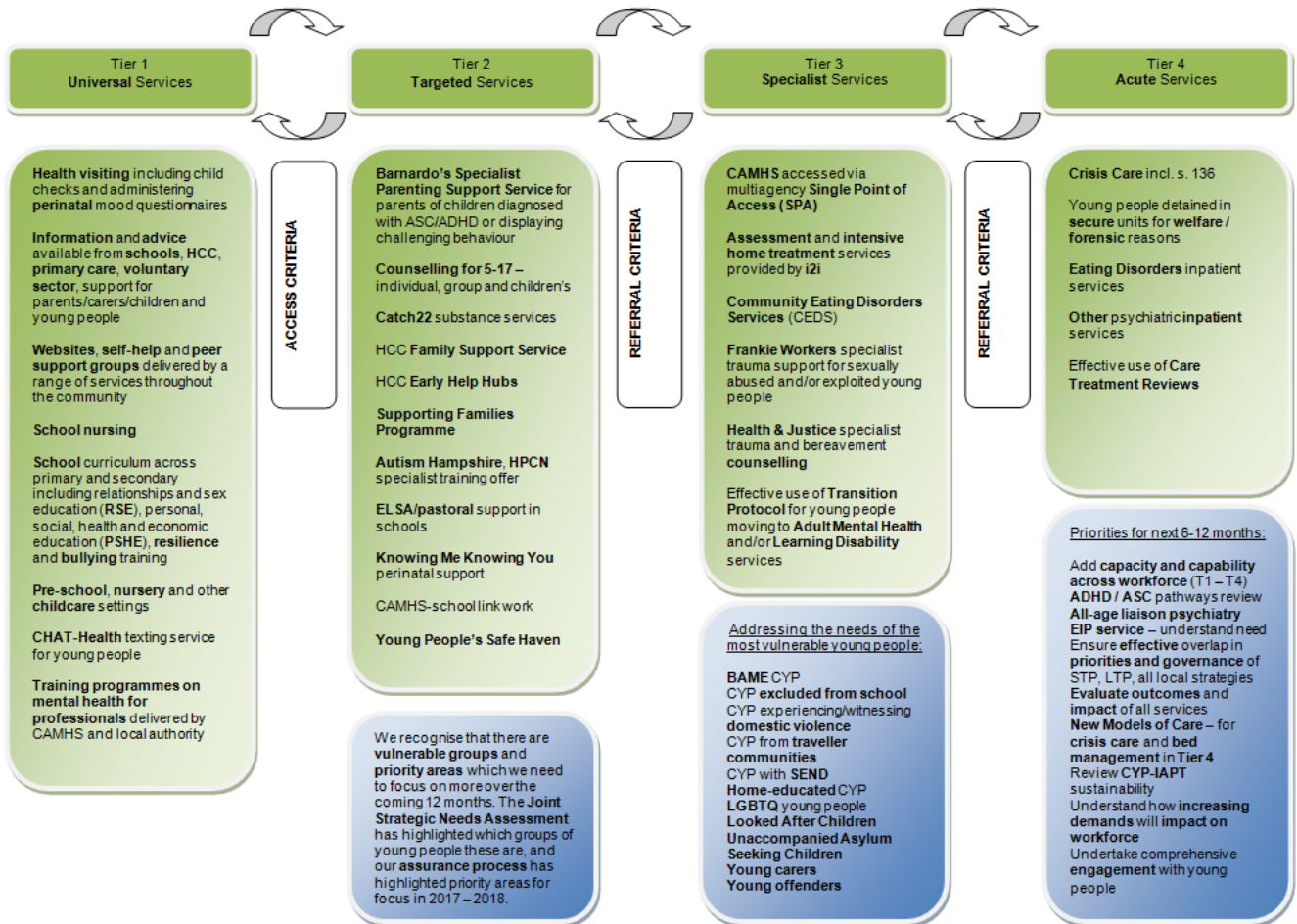
work being led by Public Health will be supported by the partners to this Transformation Plan and any emerging recommendations will be considered for incorporation into the next refresh cycle.

We recognise that there are many levels of need in Hampshire, and we place strategic importance on the mental health of all our children and young people.

Most children and young people will on the whole be well and require few targeted or specialist services. Universal services such as schools, primary care and community provision will be able to meet the needs of the vast majority of children and young people. These may be addressed through the provision of accurate and up-to-date information and advice, the teaching of relationships and sex education, school nursing provision, or the training and upskilling of professionals working with children and young people.



Increasing levels of need; some services span more than one 'tier'; children and young people can move between services depending on access and referral criteria



The above diagram outlines current provision for children, young people and families in Hampshire. It does not illustrate all available services, or the sometimes complex routes in and out of services.

It also sets out our commitment to prioritise the needs of certain vulnerable groups of children and young people, as well as the areas of work we will focus on in the next 6-12 months, identified through the Key Lines of Enquiry, Sustainability and Transformation Plan and other local strategies.



Our original plans highlighted the following services as areas we needed to prioritise, what happened and what has been the impact?

Services we prioritised	How many people have benefited	What has been the impact
Early Intervention services through evidence-based counselling/psychological support	Counselling support for children and young people aged 5 – 17 began in April 2016 under the umbrella of Hampshire Youth Access. The service supports children and young people presenting with a range of issues, and is able to offer short-term therapeutic support, primarily in community-based settings. Counselling is delivered by a partnership of 12 established voluntary-sector providers led by No Limits; each organisation covers a geographical area with relatively well-defined boundaries, although there are parts of the county with little or no access to face to face services. This is being addressed through focused service development and improvement.	<p>During 2017/18:</p> <p>3,114 appropriate referrals were received by the service</p> <p>1,699 children and young people were offered individual counselling sessions, of which 1,587 children and young people accepted and attended.</p> <p>3,785 1,123 children and young people were offered and attended therapeutic group work, of which 1,123 attended smaller groups of 35 children or less.</p>
Early Intervention services through evidence-based parenting programmes	Barnardo's Hampshire Specialist Parenting Support Services began delivering group programmes in September 2016. It offers programmes for parents of children and young people aged 5-17 that are diagnosed with Autistic Spectrum Conditions and/or ADHD, display challenging behaviours associated with mild-moderate conduct disorders or are teenagers displaying anti-social behaviour including child on parent violence. Practitioners work in close partnership with colleagues from local authority Family Support Services and the Supporting Families Programme in order to increase access to appropriate	60 parenting programmes during 2017-2018 have been delivered to 856 families.



	support for parents of children experiencing emotional wellbeing and mental health difficulties.	
Improved access to support for young people who have been sexually abused or exploited	<p>An innovative joint venture, Hampshire's Police and Crime Commissioner, together with the Hampshire 5 and Isle of Wight CCGs have funded a three-year dedicated specialist counselling service for victims of child sexual abuse and exploitation. The Willow Team are based within a dedicated Hampshire County Council children's services team, and are key to delivering on the local authority's strategy for missing, exploited or trafficked young people. The aim of the service is to prevent their trauma from developing into longer-term mental health problems. The service began delivery in the summer of 2017</p>	123 number of children have accessed the service between the ages of 5 and 17yrs., of which 83% per were female and 17% male. 4% of these children were listed as having a disability.
A new Eating Disorder Service to ensure compliance with new standards	<p>A new Community Eating Disorders Service (CEDS) was commissioned by the five Hampshire CCGs and is now fully operational in line with the Access and Waiting Time Standard. The service is signed up to the national quality improvement programme (Quality Network for Community CAMHS) and regularly reports to commissioners on service use. The service is seeing higher than anticipated numbers of young people; this is also reflected in the numbers of young people being treated for Eating Disorders as inpatients.</p>	<p>214 Children and Young people were referred into the service for an eating disorder in 2017/18. When the service first commenced, waiting times fell within the national standards. Since then due to challenges regarding workforce and an increase in service demand the current wait for assessment for a routine referral is 7 weeks. There is no wait for treatment which commences immediately following assessment.</p> <p>100% of urgent and emergency referrals for eating disorders continue to be responded to within</p>



<p>Improved access to technological solutions that support young people's emotional wellbeing and mental health</p>	<p>CAMHS website and app The CAMHS website has been re-designed and launched; the service has worked with designers and young people to come up with a weather-based theme, and the site went live in early 2018. Sussex Partnership NHS Foundation Trust has released a series of online interactive tours showing young people around Hampshire CAMHS clinics. CAMHS have worked in partnership with children and young people to develop a free app called Mind Your Head. It is designed to support young people manage their feelings around anxiety and low mood, and allows users to see which local services are available to them. The website also provides advice and guidance for children, young people, parents and professionals</p>	<p>national targets. The CAMHS website has received 2,378 views since it launched in early 2018.</p>
<p>Additional provision funded by the CCGs in addition to the Future in Mind funding grant</p>		
<p>Additional funding has been secured to increase capacity and access to services for children with Autism. There have been long waiting lists due to the demand on the core camhs contract</p>	<p>Psicon Ltd has been commissioned to provide a service to c.1000 children from October 2018 – June 2019. Providing assessment for autism diagnosis. An additional £0.9m has been invested</p>	<p>1,000 children will benefit from this service, receiving an outcome in a much more timely manner. These children have been transferred from the current Hampshire CAMHS service which will be able to continue focusing efforts on core mental health conditions and bring waiting times within national targets.</p>



Other notable services that have been provided

The Fit Fest website is a product of CAMHS innovation and engagement work. It is directly aimed at engaging children and young people in Hampshire to become more aware, more motivated and more empowered to make choices that enhance their health and wellbeing.

The site provides information about events for young people, as well as for parents/carers and professionals, and has a dedicated area offering advice and signposting information to other local and national organisations. Fit Fest is a collaborative project between CAMHS, the Hampshire Cultural Trust, the Supporting Families Programme and others, and has been enormously successful in engaging young people and school communities, and parents and carers.

The Hampshire Youth Access website provides access routes into all counselling services; it includes information about geographical locations of the service, access criteria and an online referral form which, provided it has been filled in correctly, allows for safe and consented sharing of information between Hampshire Youth Access and CAMHS.

The website provides information and advice for young people, parents/carers and professionals and signposting to other local and national services.

It also has a dedicated entry point to the online counselling portal, open to young people aged 14-17. The platform is secure, and as well as offering counselling it signposts young people to services that they can access in crisis.

CHAT-Health text service although not a directly-commissioned services, our school nursing provider – Southern Health NHS Foundation Trust – has rolled out a texting service for young people where they can access safe, accurate and timely information about all aspects of health – including mental health. Additional information about this service can be found in the table section.

As well as investing in the above new services and developments, health and local authority commissioners have worked with existing providers to expand the range of support available to children, young people and families in order to meet need. Many of these service developments have come about due to innovative and creative ways of working, as well as through making some non-recurrent funding available.

Other developments have been driven at Sustainability and Transformation Plan level.

The CCGs have invested additional non-recurrent funding into CAMHS to enable the service to improve waiting times.

A multi-agency Single Point of Access (SPA) has been implemented; it is staffed by CAMHS practitioners as well as No Limits counselling staff and Catch22 substance



misuse specialists, enabling more streamlined access to these services for children, young people and families.

Additional central funding has been secured for two counsellors who are based within the Youth Offending Service, providing specialist trauma and bereavement support to particularly vulnerable young people; this service started in 2017.

Police staff and other professionals responding to young people in distress have received appropriate training to better manage such situations; Hampshire has designated places of safety for young people who are detained, and commissioners are currently working towards having one dedicated young people-only space.

There are crisis response plans and pathways in place across the Sustainability and Transformation Plan footprint, with a focus on intervening earlier wherever possible.

A Safe Haven for young people opened in May 2016; in the year to April 2017 146 young people and 66 parents/carers accessed the service, with the majority of young people presenting with anxiety and depression.

Specialist perinatal services and support groups are available to new parents county-wide.

The i2i intensive community assessment and treatment service has worked with colleagues in acute settings to raise awareness of how to effectively support and manage CYP admitted on the grounds of mental health difficulties.

Training has been made available through Autism Hampshire and the Hampshire Parent Carer Network to meet the specific needs of parents/carers with children diagnosed with Autism/ADHD or with learning or other disabilities.

Hampshire County Council Inclusion team notify CAMHS of any children or young people who are at risk of exclusion on a weekly basis. This allows CAMHS to review whether those young people are currently receiving support, or waiting for an intervention. Not being in school is a significant risk factor for young people, and support for those waiting is expedited.

Solent NHS Trust delivering the Sexual Assault Referral Centre (SARC)

This is known as Treetops, which is located in Cosham, Portsmouth, and whose remit spans across Hampshire and the Isle of Wight. Since the launch of the SARC in 2006, 2168 people have visited the centre and received expert care and support following their involvement in what can only be described as one of the most traumatic experiences a person can suffer.

More often, people who have been raped or sexually assaulted are taken to the centre after having reported the incident to the police, but they may also be referred by support services such as Rape Crisis or Inscape, or make a self-referral by contacting the centre themselves.



The centre offers a supportive environment where specially trained doctors and project workers can see a client through forensic examination, getting counselling and ongoing support, screening for possible sexually transmitted infections, or reporting the incident to the police.

Frankie Workers

The Police and Crime Commissioners launched a dedicated counselling service for victims of child sexual abuse with funding extended for 2019/2020. The service, called Frankie Workers is inspired by Frankie, an adult survivor of child sexual abuse. The Isle of Wight Frankie Worker service is provided by children's charity Barnardo's and accepts self-referrals.

The Frankie Worker offers outreach therapeutic counselling to those aged 0 to 18 years who are traumatised as a result of being missing, exploited, trafficked or sexually abused. Individuals are seen for around 14 weeks (one session a week) depending on need.

What are we most proud of?

New Models of Care Crisis programme. The pilot phase has shown excellent evidence of improved outcomes for young people.

DBT work stream

The Dialectical Behaviour Therapy (DBT) work stream had two specific aims within the project. The first was to support staff working in community CAMHS, acute hospitals and tier 4 inpatient settings to have improved skills and confidence in talking with young people who are distressed and in crisis. This was to be achieved by providing a two day mixed provider DBT informed training delivered by a nationally recognised trainer. It was expected that this work would enable children, young people and their families to have staff from differing providers talking a similar language and having a shared understanding of their difficulties and what might help.

The second aim of the training was to enable staff within a variety of health providers from the community, acute hospitals and tier 4 settings to share best practise for families through sharing experiences, resources and processes and with each other in a regular DBT meeting.

A total of 137 staff from across the providers had been trained by the end of the forth cohort. Training was provided geographically across Wessex and Dorset to support staff access.



What Has Changed?

- Improved clinical coordination of tier 4 beds, leading to admission avoidance, increased confidence of staff to deliver crisis care.
- New Clinical Coordination role reduces the current ambiguity within the pathway and allows for escalation only when all other avenues have been exhausted.
- Discussions and scrutiny prior to any admission looks as what can be done differently or what can be put in place to prevent admission. Allows for clinical oversight and constructive challenge to determine the least restrictive treatment options
- The same person looking for a bed provides a consistency that has led to much more efficiency and less confusion as opposed to bed searches being handed from person to another with various levels of detail being handed across.
- Alignment with the work of NHS England specialist commissioning Case Managers has allowed for additional capacity to be created reviewing those young people placed outside of the county.
- Perspective of NHS England Case Manager has been that it has made a significant positive impact.
- In terms of consistency and clarity for those involved and this has been demonstrated by the significant reduction of young people in inpatient beds.
- Proactive Case Management gives a forum to look at those currently in inpatient unit and provides the challenge and scrutiny for 'stuck' cases to find alternative solutions to facilitate discharge back to the community. Having social care involved allows the expectations of the Social Services team to be included in the planning discussions for care enabling quicker discharge through proactive health and social care intervention combined.
- From an i2i (Hampshire urgent assessment and home treatment team) perspective the introduction of the crisis project has made a positive impact to the service. It has been effective to have designated individuals in this role enabling protected time to deliver the home treatment element of the service role which supports the work of the project and provides better outcomes for families. The i2i team has benefited from being able to have reflective discussions with Clinical Coordinator and Bed Manager regarding young people in crisis and together formulated plans that have prevented admission or enabled a more appropriate inpatient placement. i2i have also found it helpful for others to be involved in the practicalities of sourcing beds and attending meetings regarding admissions, releasing clinical capacity within the service..
- It is really positive that the Oversight Board has such commitment from partners in mental health and social care along with commissioning support and input from NHS England and third sector and private providers. The shared ethos of improving the system and experiences for young people and their carers and families has enabled organisational politics to be put aside with a common goal and agreement on the way forward.
- The roll out of the DBT training has been well received, and is already being delivered in practice to improve outcomes.



Comparing with the admission data from Hampshire CAMHS alone the numbers of admissions within the last quarter of the year has had a significant decrease from the previous quarters.

Hampshire CAMHS admissions

	Q2 2017/18	Q3 2017/18	Q4 2017/18
Number of children admitted to Tier 4 CAMHS provision	33	41	13

The data from Hampshire CAMHS alone demonstrates a significant difference in the number of out of county placements in the last quarter of the year in comparison to the previous.

	Q2 2017/18	Q3 2017/18	Q4 2017/18
No of children placed in Tier 4 CAMHS provision outside Hampshire	11	28	2
% of children in Tier 4 CAMHS provision placed outside Hampshire	33.0%	40.0%	12.8%

24 admission avoidances savings c£1m and 6 young people repatriated back to the local area

The programme of work has shown huge benefits for young people and as a result of the success; NHS England is now in the process of devolving budgets down to the Community Providers to manage locally.

The next phase of the New Models of care are to reduce the variation across the system relating to intensive community support, psychiatric liaison 24/7 and further work to support the crisis care concordat work plan.

Partnership Working with Hampshire Parent Carer Network (HPCN) 'Futures in Mind' Parenting Support'

“you have saved my life. I felt so alone, like no one else was going through this. Now I know it’s not just me and I can see an end to it. I cannot thank you enough” Parent of 15-year-old young person struggling with significant anxiety and low mood.

- Futures in Mind was launched in Spring 2017 when Hampshire Parent Carer Network and Parent Voice first started non-judgemental and supportive monthly sessions at Basingstoke CAMHS.



- By bringing together parent carers and members of the CAMHS team, a locally cohesive and supportive group was created which encouraged parent carers to focus not on what was wrong, but on solutions.
- Since then, programmes have been rolled out in Aldershot, Eastleigh, Fareham & Gosport, Havant, the New Forest and Winchester & Test Valley.
- All across the County parent carers are reporting that since attending Futures in Mind they have become empowered by the realisation that, whilst they might not be able to change the length of their child's waiting time, they still have access to tools, information and choices.
- With the support of the CAMHS team in each area, Futures in Mind sessions are promoted to all parents and carers with a child or young person on the CAMHS waiting list. Basingstoke is the busiest group and regularly welcomes 25+ parent carers to a session. On average sessions have 12 people at each group.

“A parent attended three Futures in Mind sessions. He told us that his daughter is struggling with depression. He felt isolated and unable to share his worries with other parents who weren't experiencing the same things he was. With Futures in Mind he found the opportunity to voice his concerns, and hear from our CAMHS guest speakers the different types of therapies available within the CAMHS Centre. From this, he recognised a particular type of therapy would suit his daughter. Working with the CAMHS team, he began therapy with his child and has already seen improvements. This opportunity to learn about the different therapies wouldn't have been likely without Futures in Mind.”

Futures in Mind Coordinator

Benefits & Outcomes

- **REDUCED ISOLATION:** Often first-time attendees are feeling isolated, already stretched and teetering on the edge of crisis. Sitting and sharing with other parents who 'get it' is transformative.
- **INCREASED EMOTIONAL RESILIENCE:** Parent carers are empowered through specialist knowledge and support. They start to take initiative and make decisions for their children. They cease to be victims of misinformation and a landscape they feel they cannot change.
- **STRATEGY BUILDING FOR PARENT CARERS AND THEIR FAMILIES:** Group discussions and specialist speakers provide strategies that can help whilst waiting for appointments.
- **INCREASED OPENNESS:** An individual who has remained unsupported on a waiting list for months can become disheartened and oppositional. Providing parents with support and understanding while they wait means they are more likely to be open to meaningful engagement with the CAMHS service when they do reach their appointment date. Individuals come to see the CAMHS department as an







entity that is ultimately trying to help and support their child. They are less likely to view the team as obstructive and with-holding in terms of access.

- **INCREASED REALISM:** Through Futures in Mind parent carers start to understand that one appointment with the CAMHS service cannot solve everything and that all the answers they are looking for cannot POSSIBLY be provided by one CAMHS team member in an hour-long appointment.
- **FOSTERING COLLABORATION:** By supporting parents, it becomes a collaborative experience, and one filled with hope. It becomes a landscape that recognises need, rather than diagnosis and redefines an appointment as PART of the process, rather than the ultimate destination, which it isn't and never can be.

Together HPCN, Parent Voice and CAMHS continue to engage families on the CAMHS waiting lists in a productive and empowering way, knowing that together, better outcomes can continue to be realised.



Impact and feedback – what have people told us

	<p>The majority of people who accessed the services said they received good quality support and a caring professional</p> <p>"I felt welcomed. I have learnt that other people are thinking the same as me, but it just takes a person to open up. I definitely want to pass on what I've learnt to others".</p> <p>"this is the most happy, positive, well-functioning CAMHS service we have seen in years" "We observed many positive and engaging interactions between staff and patients and staff demonstrated a caring attitude towards patients. Patient and carer feedback on staff attitudes was excellent. Patients and carers felt involved with the delivery of their care and felt that their voice was heard." CQC Feedback January 2018</p>
	<p>Some people felt the services they needed were too difficult to access and would be better if they were more integrated</p> <p>"Talk to me. Listen to me. Don't just pass me on." Young woman "Everyone has a way of coping. Some use self harm." Young woman "Self harm experience is unique to each individual. I did it to cope with anger, being out of control" Young woman "This can be scary stuff for some practitioners to handle" Practitioner "I worry that I can make things worse" Practitioner Self harm has been described as "any act of self-poisoning or self-injury carried out by a person, irrespective of their motivation. This commonly involves self-poisoning with medication or self-injury by cutting." Self harm can be a symptom of underlying mental or emotional distress. It can be used as a coping mechanism for people who feel they have no other way to deal with extreme negative emotions.</p>
	<p>Some families felt schools didn't understand their children's needs and access to diagnostic services were too long, resulting in some young people self-harming</p> <p>"Schools need to teach life skills. Like how to best cope with what life throws at you, managing money and bank accounts, not just maths." Young woman "All schools need counsellors" Young man "Teach our children to be resilient" Practitioner "We need to make sure we use our limited resources effectively. Therefore we need to understand what works in school that improves mental health." Practitioner "Some young people, and parents for that matter, are losing the art of communication. Happy to use text but don't like speaking with someone" Practitioner "Some local schools are too quick to label child as difficult including mental health issues and undertake a managed move. Problem (child) just gets moved to another school, nothing changes. Some moves are helpful but most do not deal with situation. Often to do with bullying. School doesn't do enough to deal with bullying." Practitioner "We want school to be positive experience." Practitioner Schools and colleges play an important role in promoting emotional wellbeing, in early identification of mental health issues and in supporting CYP through difficult times including referral and treatment to a specialist mental health service. In addition to schools' early years settings also play a vital role in helping to shape a child's development including the building a foundation for sound mental health. Early Year's settings are also part of the solution in supporting children's readiness for school, developing communication skills and self regulation.</p>
	<p>Too many people told us that waiting times were too long and they were waiting an unacceptable length of time to access treatment</p> <p>"Mental health needs to be addressed the same way as a physical injury" Young Person "I feel disregarded" Young Person "Older people now tend to think that mental instability is an excuse for behaving badly, when they don't fully understand how it affects people" Young Person "Need other practical solutions on offer, not just counselling and CAMHS" Practitioner "Waiting times are ridiculous. Not helpful for anyone. Child, parent or service" Practitioner</p>



	<p><i>“Reform of services and attitudes is needed on a bigger scale. You need to be ambitious about change” Young Man</i></p> <p><i>“Show me that you care. Don’t need all the answers, just listen and care about me. If referred to CAMHS don’t stop supporting me whilst I wait to be seen.” Young woman</i></p> <p>Health outcomes and life chances for CYP in Hampshire are generally good but it is estimated that 8.4% of CYP aged 5-16 years old in Hampshire will have a clinically diagnosed mental disorder. Mental health issues are more likely to be missed in Children and young people than in any other age group. Delay in treatment can exacerbate the problem.</p>
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Meeting the needs of vulnerable groups

We are committed to continuing our work for our most vulnerable groups. The Transforming Care Programme will be a critical driver of change to support some of our most vulnerable young people. We have already highlighted demand for services for children and young people with Autism is high, so ensuring we have good services in place both for young people and adults will be crucial to our success.

Transforming Care Partnership

The Transforming Care Programme was established in the wake of the Winterbourne View scandal to achieve a transformational change to service delivery and redress the health and care inequalities for people living with a learning disability and/or autism in England. The programme is underpinned by Building the Right Support, NHS England’s new service model for individuals with learning disabilities and/or autism, which outlines a move towards delivery models to support more individuals to live independently in the community, with specific plans to reduce the number of individuals living in residential and inpatient settings.

These principles are aligned with national and local strategic priorities as outlined within the NHS Five Year Forward View, (it is expected that the NHS 10 Year Plan will be published before the Government’s next Spending Review), the Care Act 2008, the Better Care agendas and the Strategic Transformation Plans (STP’s). The Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) Transforming Care Partnership (TCP) will contribute to the delivery of these key strategies, supporting the delivery of person-centred, strengths-based and co-ordinated health and social care, and support through delivery against its vision to “Build on a Child, Young Person’s or Adult’s unique strengths and abilities, getting it right for the person first time through ensuring there is the right care in the right place at the right time that is consistent across the SHIP TCP”.

This means bringing to an end the delivery of one size fits all solutions that do not meet individual needs, resulting in regular residential and hospital admissions along with restrictive regimes being put in place.



Specifically the Transforming Care Partnership is working towards:

- Implementing early intervention and prevention agendas to avoid people being admitted to hospital, this includes supporting good physical health as well as mental health and having learning disability friendly GP practices
- Improving access to timely assessment, diagnosis and support (which may be required life-long).
- Appropriate intensive and crisis support
- Increase the number of Annual Health Checks
- Improve health outcomes, e.g. via screening programmes
- Participating in the roll-out of STOMP (Stopping Over Medication Of People with a learning disability, autism or both)
- Closing the life expectancy gap between people with Learning Disability, and/or autism and the general population
- Reducing the number of inpatients in specialist learning disability units
- Reducing the length of stay for those individuals requiring assessment, diagnosis and treatment within inpatient settings.
- Improve the training, support and development of all support staff, including unpaid and family carers (including Learning Disability awareness training for mainstream and not just specialist services)
- Bringing people back who are living in residential placements out of the Hampshire & Isle of Wight area, reducing the need for care away from home, their families and communities
- Increase the offer and uptake of personal budgets
- Increase the number of personal assistants available in the region
- Work with providers to expand and build upon the use of Positive Behavioural Support rather than physical interventions as a means of managing behaviour that challenges
- Establish robust care planning processes, including relapse prevention strategies with pre-agreed funding in place either directly funded or via personal budgets to help keep people well
- Establish a community forensic rehabilitation service
- Develop a joint Regional approach to Housing Development and a portfolio of housing options for individuals.
- Care and Treatment Reviews (CTR's) are being carried out to reduce the number of children and adults being admitted to learning disability and mental health hospitals.



Some groups of children and young people have adverse childhood experiences, we are committed to ensuring we have specialist support in place to support these young people.

The Willow Team

The Willow Team is a multi-agency team that specifically addresses the needs of children who repeatedly go missing, or are at risk of exploitation and/or trafficking.

The team operates across the Hampshire Local Authority area and receives referrals from Hampshire's Multi Agency Safeguarding Hub (MASH) relating to children who are not currently open to Children's Social Care and where concerns are raised that they are at risk of exploitation/missing or being trafficked; and/or children who are in contact with known perpetrators of child exploitation. We will be continuing with our investment and partnership working with this service.

Solent NHS Trust delivering the Sexual Assault Referral Centre (SARC)

This is known as Treetops, which is located in Cosham, Portsmouth, and whose remit spans across Hampshire and the Isle of Wight. Since the launch of the SARC in 2006, 2168 people have visited the centre and received expert care and support following their involvement in what can only be described as one of the most traumatic experiences a person can suffer.

More often, people who have been raped or sexually assaulted are taken to the centre after having reported the incident to the police, but they may also be referred by support services such as Rape Crisis or Inscape, or make a self-referral by contacting the centre themselves.

The centre offers a supportive environment where specially trained doctors and project workers can see a client through forensic examination, getting counselling and ongoing support, screening for possible sexually transmitted infections, or reporting the incident to the police.

Frankie Workers

The Police and Crime Commissioners launched a dedicated counselling service for victims of child sexual abuse with funding extended for 2019/2020. The service, called Frankie Workers, is inspired by Frankie, an adult survivor of child sexual abuse. The Isle of Wight Frankie Worker service is provided by children's charity Barnardo's and accepts self-referrals.

The Frankie Worker offers outreach therapeutic counselling to those aged 0 to 18 years who are traumatised as a result of being missing, exploited, trafficked or sexually abused. Individuals are seen for around 14 weeks (one session a week) depending on need.



Social Care Transformation and meeting the needs of vulnerable groups

Moving forward, services to families will be delivered through multi-disciplinary teams/hubs. Social work teams will be supported through specialist staff from other partner agencies and organisations

Key principles of children's services approach to working with families:

- Whole family approach
- Based on developing trusted relationships between professionals and family members
- Variable intensity of support across phases – more intensive initially to engage and motivate the family then flex and scale to meet the changing needs of the family
- Intensive support will be provided through a specific role meaning more time spent with the family on a weekly basis over a number of months

Specialist support

- Available to families within priority cohorts and meet threshold for intensive support
- Delivered interventions through mix of 1:1 and group work
- Interventions will be evidenced based
- Nature of each intervention will vary and depend on specialist worker
- Can sign post to other services and support within the community
- Support social workers through training/awareness raising sessions and consultation – can be on any of their cases

For a 2 year period 4 FTE staff will be seconded from CAMHS to Children's Services. Current expectation is that specialist staff will be deployed across East and West areas of Hampshire meaning they can support priority families within any of the 4 districts within each area. This is to allow as much flexibility as possible in allocating specialist resource to families that will see the greatest impact.

- To provide expert psychodynamic clinical consultancy, support anchored within a model of normal child development to staff working with Children and Young People both at high risk of entering care or already in care
- Direct therapeutic work with families, children and young people allocated to Children's social care
- Provide expert guidance and support to staff in children's social care teams in carrying out specialised assessments of the young people in their care
- To act as expert resource by providing consultancy, support and advice to managers responsible for providing services within the local authority
- Support to Health and Social Care Colleagues
- Participation in strategy, review and development meetings related to the Children in Care Mental Health Specialist Service
- Specialised psychological assessments of children and young people known to Specialist CAMHS and the CIC (Children in Care) Mental Health Service
- Direct therapeutic work with children and young people referred by Specialist CAMHS clinicians and managers
- Support to parents or carers of children and young people referred by Specialist CAMHS clinicians and managers



- Clinical Supervision to Specialist CAMHS colleagues either individually or as a group. Clinical Supervision to Health, Social Care Colleagues and Trainee Therapists
- Attend Professional CPD Meetings
- Participate in Clinical Supervision

Health & Justice

Specialist Trauma Counsellors x two (2) Specialist Trauma Counsellors based in the Hampshire Youth Offending Service/Team.

Mental health problems in children and young people cause distress, impact on educational attainment and social relationships, and life chances and physical health. 50% of lifetime mental illness starts by age 14, and 75% by age 18. Failure to address these problems can lead to problems that span a lifetime, with significant consequences for the individual and wider society.

Many of the children and young people, including unaccompanied seeking asylum children in contact with the youth justice system in Hampshire will also be known to children's social care and be among those children and young people who are not in education, employment or training. Addressing their health and wellbeing needs should help reduce health inequalities and reduce their risk of re-offending.

NHSE Health and Justice Work stream is focused on those children and young people who are in receipt of services from some or all of the following:

- In the Youth Justice System, including in custody and detention;
- Presenting at Sexual Assault Referral Centres;
- Liaison and Diversion;
- Welfare placements in the Children and Young People's Secure Estate

*Or children and young people whom may be at risk (before they present to one (or more) of the above.

Treatment can include: Somatic experiencing, CBT (cognitive behaviour therapy) and EMDR Eye movement desensitisation and reprocessing).

The Counsellor will provide effective and evidence-based interventions, for example; NICE Clinical Guidelines (depression), (anxiety) (Post Traumatic Stress Disorder) and (Attachment Difficulties).

Face-to-face therapeutic support will be child and young person centred and tailored to individual need and presenting problems. As such the Counsellor must be able to provide a range of different interventions.

All therapies/counselling will be delivered in line with the BACP (British Association of Counselling and Psychotherapy) or UKCP (UK Council for Psychotherapies) guidance and standards.



Early Intervention in psychosis

Southern Health Foundation Trust provides the early intervention service in Psychosis for children age 14 and over. Younger children are seen by CAMHS.

The service assesses treats and supports young people who are or who maybe in the early stages of a psychotic illness.

Treatment and support are offered in persons home and in local places in the community.

The team will carry out an initial screening followed by an assessment to find out more about any problems people may be experiencing and to establish what the needs are.

The treatment and support received will be tailored to individual needs. Some of the ways people get help include:

- Educating individuals, friends and family about psychosis
- Creating plans to help people through crisis
- Medication
- Working with families or guardians
- One-to-one support
- Supporting children in young people in education or employment
- Assisting children and young people to carry on with everyday life



Workforce (HIOW STP Workforce Work stream)

The Workforce and Organisational Development leads across HIOW continue to work together on programmes aligned to shared aims to:

- Improve workforce capacity and planning across the Hampshire and Isle of Wight system
- Redefine a sense of team for all within the Hampshire and Isle of Wight Health and Social care system
- Offer flexible and creative career options across Hampshire and Isle of Wight

COLLABORATIVE BANK



Finance Directors have been working together to develop proposals for a collaborative bank across the STP. This works with existing banks to offer a stage 2 alternative before organisations need to use agency staff.

Staff will be informed this is the route for them to work for any NHS Trust other than their own within the HIOW Health system. Similar plans are taking place within social care to ensure local authorities work together to avoid agency use unless absolutely essential.

Discussions are now taking place at Executive level within Trusts to ensure Boards are prepared for this initiative and the STP executive group will be discussing this for agreement/next steps in November.

This is an important piece of work because using conservative estimates of the impact of the proposed model on bank fill rates drawn from experience in other early adopters, we believe that this could deliver savings of over £5m over a three year implementation period and show a return on investment ratio of 5:15.

The anticipated 'go live' date for this is Spring/Summer 2019 allowing for a robust implementation plan

PORTABILITY



NHS trust staff can now move between similar organisations in HIOW and take with them their pre-employment checks (DBS, ID, Right to work etc) and statutory and mandatory training records.

This will not only save money but time and resources in undertaking this work and speed up the time to start work in the new role. This will be rolled out to CCGs shortly and discussions to progress within local authorities and general practice are taking place over the coming months



Key Milestones set in 2017 and how we did

Through the refresh process and Key Lines of Enquiry in 2017/18 the following milestones emerged and were delivered

Milestone	Target Date	Outcome
Completion of Joint Strategic Needs Assessment	end Nov 2017	Achieved
Sign-off of refreshed Local Transformation Plan at Health and Wellbeing Board	end Dec 2017	Achieved
Completion of Equality Impact Assessment to make explicit which health inequalities are being addressed by the Local Transformation Plan	end Dec 2017	Achieved
Review arrangements for all-age liaison psychiatry and make new recommendations / put plan in place to enact recommendations	end Dec 2017	Achieved
Ensure systems are in place for routine reporting of Early Intervention in Psychosis service access by young people aged 14-18 (non-CAMHS provider)	end Dec 2017	Achieved
Completion of children and young people's emotional wellbeing and mental health strategy 'Starting Well' and setting of priorities to address vulnerable children and young people's needs	early 2018	Achieved
Complete review of access to Children and young people Increasing access to psychological therapies (IAPT) training by non-health staff	March 2018	Achieved
Comprehensive review of workforce needs across the system including review of parallel work being undertaken by Health Education Wessex	April 2018	On-going
Review all provider contracts to ensure specific requirements about data flow to MHMDS are included	April 2018	Achieved
Review and include baseline data for all services using standard datasets	April 2018	Achieved
New Models of Care for Tier 4 will be evaluated to measure outcomes and benefits of the work programme	April 2018	Achieved
A comprehensive review of Neuro-developmental services will be undertaken. Recommendations will be considered and taken forward to reshape future service provision.	April 2018	Achieved



Managing Risk

As with all plans there are certain risks which we need to own, manage and plan mitigation. Responsibility for delivering on particular work streams is often delegated to a number of organisations, who in turn have their own risk management protocols. Multiagency governance arrangements oversee these.

Our directly-commissioned services are required to provide assurances regarding risk management for examples such as performance against targets or business continuity issues which are managed through contract monitoring.

Our Key Risks

Risk	RAG	Mitigation
CAMHS Demand and Capacity Challenges – Increase in waiting times		<p>A range of future service options are being considered to provide short/medium term solutions to the current challenges</p> <p>Further data analysis and review being completed to ascertain a clearer understanding of referral rates and demand on CAMHS services</p> <p>Future in Mind Investment being managed as part of a Transformation Board which aims to ensure that a whole system approach is undertaken and investment is in the right place</p>
Workforce Stability		Ongoing recruitment planning to ensure a stable and sustainable workforce – Monitored at monthly Contract Review Meetings
Trailblazer bid for Mental Health Support in Schools is unsuccessful		We will continue to build on the work already in place to offer mental health awareness and training to support children and young people in education settings. We will continue to invest in current services such as Hampshire CAMHS and Hampshire Parent Carer Network and identify opportunities for partnership working with the local authority.
There is significant demand on autism assessments across the county, overwhelming current services		<p>Investigation of how autism assessment services are being provided across the county including where current gaps are</p> <p>Contractual discussions across providers about how to provide this service into the future including exploration of other service models</p>
Lack of early intervention and prevention services – impacting of CAMHS service demand		Continue to invest Future in Mind funding in services that can support children and young people before they reach crisis.
Challenges regarding uploading accurate CYP Access Data in resulting from Future In Mind investment.		<p>We respond to all performance and data requests from NHS England in line with stipulated deadlines. We use performance dashboards that are produced using this data to inform commissioning decisions. We regularly monitor and report on performance against eating disorders and mental health waiting times.</p> <p>We need to work with our third sector provides to ensure that accurate CYP Access date is uploaded to the National Mental Health Data Sets</p> <p>We need to support all providers to ensure that accurate and timely data is uploaded to the National Mental Health Data sets in order to truly reflect the performance of our mental health services for children and young people</p>



What Will We Do Next? Our Plan for 2019

The Service	Summary	What We Plan to Do	The Vision
Counselling Services for Children and Young People	From April 2016 we have funded counselling support for children aged 5 -17 across Hampshire. Although the service meets the needs of a substantial number of children by offering short term therapeutic support it has become clear that there are some gaps in provision, and we are reviewing alternative options to commission these services in a different way, to increase reach and support available.	Recommission this service to include access to a dedicated online counselling service, so that no Hampshire child is disadvantaged by the area in which they live.	Children and young people in Hampshire are able to access effective therapeutic counselling, wherever they live in a timely manner
Evidenced Based Parenting Programmes	Barnardo’s Hampshire Specialist Parenting Support Services began delivering groups in September 2016. It offers programmes for parents of children and young people aged 5-17 that are diagnosed with Autistic Spectrum Conditions and/or ADHD, display challenging behaviours associated with mild-moderate conduct disorders or are teenagers displaying anti-social behaviour including child of parent violence. Practitioners work in close partnership with colleagues from local authority Family Support Services and the Supporting Families Programme.	Continue to commission the Barnardo’s parenting support for a further year Undertake a review of parenting support offer across the statutory agencies so that the parenting offer is more streamlined, and is part of a stepped approach ensuring that the right support is available	Parents and families feel empowered to manage their child’s behaviour.

Support for young people who have been sexually abused or exploited	In an innovative joint venture, Hampshire's Police and Crime Commissioner, together with the Hampshire 5 and Isle of Wight CCGs have funded a three-year dedicated specialist counselling service for victims of child sexual abuse and exploitation. The Willow Team are based within a dedicated Hampshire County Council children's services team, and are key to delivering on the local authority's strategy for missing, exploited or trafficked young people.	Continue to offer outreach therapeutic counselling to those aged 0 to 18 years who are traumatised as a result of being missing, exploited, trafficked or sexually abused.	Children and young people who are traumatised as a result of being missing, exploited, trafficked or sexually abused, have access to the right support they need.
Autism services re-design pre and post diagnosis pathways	In July 2018 approximately 1000 children and young people were identified as waiting an unacceptable length of time for an Autism Assessment within the current Hampshire CAMHS service. The CCG procured a provider to work alongside Hampshire CAMHS and deliver a new Autism Diagnosis service for Hampshire. This new provider will clear the backlog by the end of July 2019 at the very latest.	A review of ASC diagnostic pathways and provision across Hampshire. This review has made a number of recommendations for going forward.	A timely and needs led service for all children presenting with traits of Autism, supported by a system which provides support and information for parents and professionals.
Vulnerable children	We recognise that across Hampshire there are particular groups of children are particularly disadvantaged and we want to implement a number of ways of working which will impact on their life chances.	We want to build upon the Transforming Care Programme, Social Care practice reform work, and New Care models work to support young people in crisis	All children have access to education and support and the same opportunities as their peers
New Care Models	We want to build upon the success of the New Care Models Crisis programme	Identifying more services we can deliver at scale for the benefit of our populations and management of our workforce; these include offering intensive community support and eating disorder services across a wider footprint	specialist support teams provides services at scale
Psychiatric Liaison	developing a 24/7 psychiatric liaison offer within each of our acute systems	working at scale we can develop a workforce model that enables	all young people in crisis have access to



		coverage and support at times when it is most needed	timely support and intervention
Adolescent Unit	We recognise that some children can have episodes of acute mental health trauma. These children don't always get the best possible service.	We want to ensure there is a place of safety that can support these young people in a therapeutic way, whilst their needs are being met and planned for. Developing an adolescent unit with appropriately trained staff, can reduce the need for in-patient psychiatric treatment or in appropriate placement in a police cell or hospital A&E department	children and young people get access to timely intervention to support their needs in an appropriate setting
Workforce Development	We recognise our most important asset is our workforce. We need to ensure we have a sustainable and resilient workforce that can manage within the complex adaptive environment we operate within.	We want to support our workforce through further developing multi-agency training and development opportunities. We will work in partnership with the STP workforce programme, but also through our multi-agency networks to ensure we develop the right training for professionals and support joint learning opportunities	Professionals feel more able and confident to identify mental health problems in young people, and are clear on the right pathways
Engagement with children and young people	We understand the importance of learning from our service users and ensuring young people are engaged in the design of new service models	We will be undertaking a system wide review of prevention, early intervention and specialist camhs provision, we will ensure children and young people are part of the review and re-design of services	Children and young people are able to influence the design of services and have a voice in service development
Review and deep dive of specialist camhs service	We know that young people have experienced unacceptably long waiting times. We want to review the service specification and demand and capacity within the system to ensure we are making best use of resources	We want young people to support our service review and re-design and we have appointed a Graduate Trainee to help us	Children and young people will be able to help share their experiences and ideas on service re-design



Key Lines of Enquiry (KLOE's)	LTP page ref	Rating
Will the LTP be both refreshed and republished by the deadline of 31 October 2018 with checked URLs, ensuring it is available on partner websites and in accessible formats for CYP, parents, carers and those with a disability?	N/A	
If the plan is not refreshed by the 31st October 2018 deadline, has the CCG confirmed a progress position statement on the refresh on their website?	N/A	
Is the LTP appropriately referenced in the STP? Does the plan align with the STP and other local CYP LTPs? (CCGs are requested to provide a paragraph on alignment)	32,38	
Does the LTP include baseline figures (15/16), updated figures (16/17, 17/18) and planned trajectories for:		
- finance (LTP investment and other wider investment that contributes to deliver of transformation)	14,24	
- staffing (WTE, skill mix, capabilities)	38,40,43,44	
- activity (e.g. referrals made/accepted; initial and follow-on contacts attended; waiting times; CYP in treatment) with a clear year on year plan that demonstrates how performance will improve in line with access targets and increase capacity to deliver evidence based interventions?	19,23,24	
Does the refreshed LTP clearly evidence engagement with CYP and their parents/carers from a range of diverse backgrounds, including groups and communities with a heightened vulnerability to developing a MH problem, including CYP with Learning Disability/Autism spectrum disorder/Attention deficit hyperactivity disorder (ADHD)?	31	
Does it evidence their participation and co-production in:		
- governance	40,5,8,12,40	
- needs assessment	16	
- service planning	28,34,38,40	
- service delivery and evaluation	12	
- treatment and supervision	36,5	
- feedback to inform commissioning and services	31	
Have the following relevant partners been consulted about the proposed key priorities of the refreshed LTP for 18/19:		
- the chair of the Health and Wellbeing Board and their nominated lead members	N/A	
- Children's Partnership arrangements	N/A	
- specialised commissioning	N/A	
- local authorities including Directors of Children's Services and Local Safeguarding Children's Boards	N/A	
- local Transforming Care	N/A	



Partnerships		
- local participation groups for CYP and parents/carers	N/A	
Are there clear and effective multi-agency governance board arrangements in place with senior level oversight for planning and delivery and with a clear statement of roles, responsibilities and expected outputs?	7	
Does the plan evidence a strategy on how to track and improve progress over the plan's period that includes KPIs? i.e. show yr1, 2, 3 etc.	3 to 6	
Does the plan portray a culture of collaborative working across agencies and evidence of where stakeholders have worked in partnership to reduce fragmentation in commissioning and service delivery, including all key investment and performance information from commissioners and providers within the area?	3 to 6	
Does the plan demonstrate links with other key strategic reforms and plans for children and young people with MH conditions, for example Transforming Care and special educational needs and disability (SEND)?	3 to 6	
<u>2. Understanding Local Need</u>		Rating
Is there clear evidence that the plan was designed and built around the needs of all children and young people and their families locally who have or may develop a MH problem, including particular attention to groups and communities with a known heightened prevalence of MH problems, including CYP with LD/ASD/ADHD?	15	
Does the LTP demonstrate how the needs of disabled children and young people, including those with a learning disability, autism or both will be met?	26,32	
Does the plan evidence a strong understanding of local needs and meet those needs identified in the published Joint Strategic Needs Assessment (JSNA), whilst also identifying where gaps exist, with evidenced based plans in place to address these?	15	
Does the plan make explicit how health inequalities are being addressed?		
Does the plan contain up-to-date information about the local level of need and the implications for local services, including where gaps exist and plans to address this?	2 to 6	
<u>3. LTP Ambition 2018-2020</u>		Rating
Does the LTP identify a system-wide breadth of transformation of all relevant partners, including NHS England Specialised Commissioning, the local authority, third sector, youth justice and schools & colleges, primary care and relevant community groups?	3,4,5	
Does the LTP align with the deliverables set out in the Five Year Forward View for Mental Health with a clear vision as to how delivery will be different in 2020 and how this will be evidenced?	3,4,5	
Does the plan evidence the whole system of care including:		
- prevention and early intervention, including universal settings, schools, colleges and primary care	3,4,5	



- early help provision with local authorities, Public Health and Directors of Children`s Services	3,4,5	
- evidenced – based routine care	3,4,5	
- crisis care and intensive interventions	3,4,5	
- identifying needs, care and support for groups who may require alternative intervention types or settings or further outreach services, such as those who have experienced trauma or abuse, 3 or more adverse childhood experiences (ACEs), looked after children , children with learning disabilities, isolated communities, groups with historically poor access to mental health services, those at risk of entering the justice system. This is not an exhaustive list and will vary depending on area	3,4,22,26,35,39	
- inpatient care	24,27,28,23	
- specialist care e.g. CYP with learning disabilities or forensic CAMHS	34	
Where New Models of Care are being tested is there a commitment to continue to invest LTP monies beyond the pilot?	3,9	
Does the LTP evidence: a) commissioning practice and b) local operating procedures which promote and encourage prompt referrals and access to services? e.g. does the plan describe proactive work to support those working with CYP to promptly and appropriately refer to CYPMHS?	5	
Does the LTP clearly set out, based on the best available evidence, the expected and/or intended impact of local prevention services on the wider pathway and on the outcomes for CYP using the services?	5	
Does the plan map out services provided directly by schools to support emotional wellbeing and MH? Are these co-ordinated with services commissioned by CCGs and Local Authority?	15	
Does the LTP include work underway with adult MHS to link to liaison psychiatry in line with the requirements in the Five Year Forward View for Mental Health for CCGs to commission improved access to liaison mental health services?	39	
Does the LTP include joint agencies sustainability plans going forward beyond 2020/21?		
4. Workforce		Rating
Does the LTP include a multi-agency workforce plan or align with wider STP level workforce planning?	38,40,43,44	
Does this include schools and colleges?	38,40,43,44	
Does the workforce plan identify the additional staff required by 2020 and include plans to recruit new staff and train existing staff to deliver the LTP's ambition?	38,40,43,44	
Does the workforce plan include CPD and continued training to deliver evidence based interventions (e.g. CYP IAPT training programmes), including resources to support this?	38,40,43,44	
Does the plan include additional workforce requirements? E.g. to train and retain Wellbeing Practitioners for CYP and additional staff for CYP 24/7 crisis care and dedicated eating disorders services where this is not already in place?	38,40,43,44	
Does the workforce plan detail how it will train staff in skills to work with children with specific needs e.g. children and young	38,40,43,44	



people with learning disabilities, autism or both, ADHD, and communication impairments?		
Does the workforce plan detail the required work and engagement with key organisations, including schools and colleges, and detail how the plans will increase capacity and capability of the wider system?	38,40,43,44	
5. Collaborative and Place Based Commissioning		Rating
Does the LTP include concrete plans to develop and implement joint place based commissioning (between CCGs and specialised commissioning) for integrated urgent and emergency care, including admission avoidance?	10,11	
Does the LTP include the CYPMH pathway across an appropriate footprint, demonstrating the interdependency of the growth of community services aligned with recommissioning inpatient beds, including plans to support crisis, admission prevention and support appropriate and safe discharge?	10,11	
Is the role of the STP reflected in joint place-based commissioning plans?	10,11	
Is there evidence of clear leadership and implementation groups in place to oversee progress of place based plans?	10,11	
6. Health and Justice		Rating
Does the LTP detail how it is ensuring that there is full pathway consideration for CYP in contact with Health and Justice directly commissioned services and services being commissioned through the CYPMH Transformation Team, including those: -within and transitioning to and from the Children and Young People Secure Estate on both welfare and youth justice grounds -receiving specialist or forensic CAMHS (specifically high risk young people with complex needs) -Interacting with liaison and diversion services -presenting at sexual assault referral centres (SARCS) -in crisis care related to police custody	36,27,35	
	36,27,35	
	34	
	36,27,35	
	26	
	36	
7. Children and Young People's Improving Access to Psychological Therapies (CYP-IAPT)		Rating
Does the LTP evidence where CYP IAPT and its principles have been embedded across local CYP MHS in all sectors? These include: - collaboration and participation - evidence-based practice - routine outcome monitoring with improved supervision	37,39	
Are there local arrangements in place to support the participation of staff from all agencies in CYP IAPT training, including salary support? Does it include staff who are in other sectors than health?	37,39	
Are there sustainability plans for CDP to ensure existing and new staff continue to be trained in evidence based interventions?	37,39	



8. Eating Disorders		Rating
Does the LTP identify current performance against the Eating Disorder Access and Waiting Time standards and show improvement from the baseline measure?	3,15,24,37,40	
Where relevant, does the plan clearly state which CCGs are partnering up in the eating disorder cluster?	3,15,24,37,40	
Where in place, is the community eating disorder service (CEDS) in line with the model recommended in NHS England's commissioning guidance?	3,15,24,37,40	
Is the CEDS signed up to a national quality improvement programme?	3,15,24,37,40	
9. Data - access and outcomes		Rating
Does the LTP recognise the requirement for all NHS-commissioned (and jointly commissioned) services, including non-NHS providers, to flow data for key national metrics in the MH Services Data Set (MHSDS)? Does it set out clear expectations on all commissioned providers to flow data directly or via a lead information provider?	40,26	
Does it set out the extent and completeness of MHSDS submissions for all NHS-funded services across the area, and where there are gaps set out a plan of action to improve that data quality?	40,26	
Is there evidence local areas are implementing routine use of outcomes monitoring as recommended by CYP IAPT principles? And is there evidence of a plan to increase the number of paired scores in the MHSDS?	40,26	
Is there evidence in the LTP that data on key ambitions like access (and ED) are routinely monitored and used?	40,26	
Is there evidence of the use of local/regional data reporting and use to enhance local delivery e.g. local CYPMH dashboards?	40,26	
Is there evidence the Clinical Network or other expertise have been part of discussions on improving data and reporting?	40,26	
Does the LTP include evidence that all providers commissioned by the CCG are flowing accurate data?	40,26	
If not is there a plan described to ensure this happens?	40,26	
10. Urgent & Emergency (Crisis) Mental Health Care for CYP		Rating
Does the LTP identify (a) that there is a dedicated 24/7 urgent and emergency mental health service for CYP and their families in place or (b) that there is a commitment with an agreed costed plan, clear milestones, and timelines in place to provide a dedicated 24/7 urgent and emergency mental health service for CYP and their families?	24,26,27,43	
If no, does the LTP identify that there is a commitment with an agreed costed plan, clear milestones, and timelines in place to provide a dedicated 24/7 urgent and emergency mental health service for CYP and their families?	24,26,27,43	
Is there evidence that reasonable adjustments are being made to ensure there is appropriate urgent and emergency (crisis) mental health care for disabled children and young people particularly those with learning disabilities, autism or both?	24,26,27,43	



Is there evidence that the urgent and emergency mental health care for CYP has locally agreed KPIs, access and waiting time ambitions and the involvement of CYP and families, including monitoring their experience and outcomes?	24,26,27,43	
11. Integration		Rating
Does the LTP include local delivery of the Transition CQUIN and include numbers of expected transitions from CYPMHS and year on year improvements in metrics?	7	
12. Early Intervention in Psychosis (EIP)		Rating
Does the LTP identify an EIP service delivering a full age-range service, including all CYP over the age of 14 experiencing a first episode in psychosis and that all referrals are offered NICE-recommended treatment (from both internal and external sources)?	37	
13. Green Paper		Rating
Has the site applied to be a trailblazer site?	15	
If not, is there a plan to apply in future years?	15	
Is there evidence of how this will integrate with the existing transformation plan?	15	
14. Other		Rating
The LTP is a five-year plan of transformation. Does the plan include: <ul style="list-style-type: none"> - a transformation road map - examples of projects which are innovative and key enablers for transformation - examples of how commissioning for outcomes is taking place? 	3	
Does the plan highlight key risks to delivery, controls and mitigating actions? E.g. workforce issues, procurement of new services not being successful or delayed, issues related to MHSDS and flow of local data? Where risk had been identified is it highlighted within this plan?	40	
Does the plan highlight innovation that can be shared as 'best practice? In particular: digital innovation that is used with CYP, parents and carers, schools and colleges and other partners as a tool for tackling stigma, and promoting MH prevention and treatment?	24,25	
Does the plan state how the progress with delivery will be reported, encouraging the transparency in relation to spend and demonstration of outcomes?		
Does the plan show how funding will be allocated throughout the years of the plan?	14	



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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Wellbeing Board
Date:	13 December 2018
Title:	CQC Local System Review – 3 months on
Report From:	Director of Adults' Health and Care

Contact name: Graham Allen

Tel: 01962 847200

Email: graham.allen@hants.gov.uk

1. Recommendations

- 1.1 That the Health and Wellbeing Board note the update on the action plan for the 3 month gateway. At the Board meeting there will be a brief overview presentation on the Action Plan, with a focus on the Patient Flow and Onward Care work stream.
- 1.2 That the Health and Wellbeing Board should receive a further update in March 2019 to report on the 6 month gateway.

2. Executive Summary

- 2.1 The purpose of this briefing paper is to provide a summary of the progress made in relation to the CQC Local System Review action plan. As a result of the CQC Local System Review in Hampshire (published on 22 June 2018), a high level 12 month action plan was developed. The action plan has actions to be achieved at 3 month, 6 month and 12 month points. This paper provides an update at the 3 month gateway.
- 2.2 In summary, progress is being made both strategically and operationally to address the key issues faced by the system. This is especially important in the context of Delayed Transfers of Care (DToC) performance and winter pressures. There are a number of areas of work that all inter-relate and a number of initiatives underway or recently started. The creation of the Improvement and Transformation Board and the system appointments of Debbie Butler, Director of Transformation, Patient Flow and Onward Care and Juanita Pascual, Clinical Lead, are helping to bring some coherence and much needed focused capacity to address the CQC Review findings.

3. Action Plan Update (October 2018)

- 3.1 Appendix 1 contains an update to all the actions due for completion in October 2018. The identified leads and representatives from all organisations were invited to submit action plan updates and the appendix provides details of the updates received.
- 3.2 This information is extracted from the overall action plan which also contains details of the actions due in a further 3 months and 9 months time.

- 3.3 In addition to the information provided for the 3 month update the following have been confirmed as areas of progress:

Strategic Vision, Leadership and Governance

- Health and Wellbeing Board – Engagement with system leaders and key groups has been taking place over recent months, to identify draft priorities for the new Health and Wellbeing Strategy. Work to develop a draft Strategy is well underway, with Clinical Commissioning Group partners involved in the drafting process. A draft Strategy for consultation has been prepared for the Board to sign off on 13 December.

New governance arrangements to feed into the Health and Wellbeing Board have also been put in place, with the first meetings of the Improvement and Transformation Board (ITB) and the Integrated Commissioning Board (ICB) having taken place in September. Over the next 3 months, suitable reporting mechanisms to the Health and Wellbeing Board are being introduced to improve the Board's ability to shape and monitor progress on key activities. Further development of the Health and Wellbeing Board and its architecture will be considered as part of the implementation of the new Strategy.

- Financial Management – Work is in progress: the iBCF is a core programme of the ICB and there are opportunities for further pooling of resources being explored through the ICB: the first priority is for Learning Disabilities & Mental Health placement funding.

Communication and Engagement

- Promoting roles and sharing information – work is also underway to ensure there is effective and coordinated communication across the system, the system has agreed that the County Council's Partnerships in Care Training (PaCT) newsletter and [webpages](#) will be the hub and main source of sharing information and resources with providers. Governance structures have been signed off and the first newsletter was sent out in November 2018.
- Stakeholder engagement – Joint messaging and campaigns are already happening across Hampshire, coordinated through the Hampshire and Isle of Wight Communications and Engagement Network and as part of the development of the new Health and Wellbeing Strategy, the Board Manager will look to build on this existing joint working.
- Carers Strategy – Two engagement events have been held with users, carers and other agencies in the last quarter. Strategy subgroups are currently being set up for the next quarter and will include actions to improve the support that is available to link carers to services and to manage their health and wellbeing.
- Accessibility of information – the continuous development of [Connect to Support Hampshire](#), building on the recently launched app, other multi-media and technology are being explored on the site including Artificial Intelligence – all of which are being designed to ensure as many people as

possible are able to access the good quality advice and information in order to make good decisions about any support that will help them to remain independent.

A workshop is also planned for professionals in the New Year to increase awareness of this key source of information and to explore how to refine the content/functionality so that it works equally well to meet the needs of professionals as well as the public.

Access and Transfer of Care

- Safe Discharge pathway – DToC reduction targets and winter pressure challenges are being worked on comprehensively across the different systems. Reduction targets linked to additional reablement and home care provision and an improved, slicker pathway in respect of access to residential and nursing beds are being finalised. This has resulted in clear monthly trajectories being in play from the beginning of November to cover the immediate winter period. The trajectories will be supported by a number of transparent delivery milestones.
- A series of engagement events took place through October with internal staff, key organisations and local authorities to look at improving the use of social work capacity targeted to reduce length of stay.
- Continuing Health Care – An education programme will be developed once the new pathways are agreed across all stakeholders.
- Integrated Intermediate Care – There has been some progress at both a strategic commissioning and operational level which was reported to the ICB in October. There is an increasing need to focus on the operational service to ensure that the out of hospital system is as best placed as it can be to support the DToC reduction work and able to cope with the pressures that the winter will bring.

Collaborative working

- We are developing plans and implementing a range of solutions to support more flexible working and to improve information sharing across the STP.

Workforce Planning

- A Workforce Strategy paper has been presented to the ITB, with a focus on development of a strategic system wide relationship with the independent sector. A work programme will emerge which will deliver the key outcomes in the CQC action plan.

4. Governance arrangements

4.1 The CQC Local System Review action plan will be governed by the Health and Wellbeing Board and progress updates shared at the newly formed Improvement and Transformation Board and the Integrated Commissioning Board.

5. Conclusion

- 5.1 Progress has been identified in relation to the areas identified by CQC as requiring improvement. Suitable arrangements are now in progress to continue addressing the actions identified and further updates will be made available in March 2019.

CORPORATE OR LEGAL INFORMATION:**Links to the Strategic Plan**

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

Other Significant Links

Direct links to specific legislation or Government Directives	
The review was carried out under Section 48 of the Health and Social Care Act 2008 .	<u>Date</u> July 2008

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.)

<u>Document</u>	<u>Location</u>
None	

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. 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 under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

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

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

1.2. Equalities Impact Assessment:

There are no equalities impacts arising from this covering report.

2. Impact on Crime and Disorder:

2.1. Not applicable.

3. Climate Change:


a) How does what is being proposed impact on our carbon footprint / energy consumption?

No impact identified.

b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

No impact identified.

1. Strategic Vision, Leadership and Governance

Key Area	Action	Lead/Owner	Timescale	Outcome	Progress/Assurance October 2018
1.1 Vision	<p>We will develop one strategic vision to be shared across the STP and HWB.</p> <p>The Vision articulated by system leaders will be cascaded and introduced through all levels of organisations so that it is fully understood by staff and stakeholders, particularly middle management layers.</p>	Graham Allen, Maggie MacIsaac, Heather Hauschild, Richard Samuel, Senior Responsible Officer, Hampshire & Isle of Wight STP	3 months	A common vision that can be articulated at all levels of organisations	<p>Partially Achieved – strategic vision developed as part of the STP plan (see attached)</p> <p>However, need to ensure its fully understood by all staff</p> <p>There has been some cascade through organisations but this needs to be ongoing and revisited.</p> <div style="text-align: center;">  <p>HIOW STP Delivery Plan 21Oct16 FinalDr</p> </div>
1.4 Governance	Introduce ITB	Graham Allen	3 months	ITB initial meeting by September	Achieved – an Improvement and

					Transformation Board has been established with all system leaders represented.
2. Communication and Engagement					
Key Area	Action	Lead/Owner	Timescale	Outcome	Progress/Assurance October 2018
2.2 Promoting roles	Greater transparency and visibility will be provided concerning the roles that staff undertake across the system. This will be driven through the online tools that we have available e.g. Connect to Support Hampshire – pages to include roles a person will come across in all the settings they may encounter.	Nicky Millard, Information and Advice Manager, AHC Kaylee Godfrey, Communication Lead, CCGs	3 months	An understanding of roles and responsibilities across the system	This action is in progress. An interactive map on CTSH is being considered that has key buildings etc. on it from health and social care; identifies roles/services and provides links to more details about the role/service on other organisations websites.
3. Access and Transfers of Care					
Key Area	Action	Lead/Owner	Timescale	Outcome	Progress/Assurance October 2018
3.1 Safe discharge pathways	Appoint an Improvement and Transformation Lead (role to be	HWB Executive Group	3months	System wide co-ordination of	Achieved – the appointment of an

	<p>sponsored by all NHS organisations and Hampshire Adults' Health and Care) supported by Clinical Leadership to:</p> <ul style="list-style-type: none"> • Manage a system wide delayed transfers of care improvement plan • Monitor system performance <p>All actions arising from the Newton Europe work will be undertaken. Overarching action plan has the following strategic aims:</p> <ol style="list-style-type: none"> 1) To implement and align mindset 2) Introduce improvement cycles and dashboards 3) Ensure early referral to the right setting 4) Adequate reablement availability <p>Reduce reliance on bed based solutions and adopt a 'Home First' policy to improve the discharge flow through the hospital system by embedding a</p>	<p>Steve Cameron, Head of Reablement, AHC,</p>	<p>3months</p>	<p>delayed transfers of care activity</p> <p>Reduction in delayed transfers of care across the system</p> <p>Embedding of a Home First approach</p> <p>Initial target to</p>	<p>Improvement and Transformation Director and Clinical Lead has taken place and both post holders confirmed.</p> <p>This action is in progress - commenced Aug 18, approach is to review and redesign HCC</p>
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	<p>home first approach using a reablement pathway</p>	<p>Paula Hull, Director of Nursing Southern Health NHS Foundation Trust, Sarah Austin, Chief Operating Officer, Solent NHS Trust</p>		<p>increase the % of users who go through reablement from 15% to 30%</p> <p>Stretch target for following 6 months to be established using learning from implementation</p>	<p>hospital model to support a home first approach with reablement as the default route. This includes developing a reablement led triage function and subsequent home first routes described as Independent, Supported and Enhanced.</p> <p>Single referral process established between HCC and SHFT for all potential IIC service users, service delivery and discharge support determined based on need rather than agency. Co location on sites achieved with OD work instigated to embed cultural change and ways of working.</p>
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3.4 Continuing Health Care	We will review the CHC process end to end to ensure alignment with system wide priorities. This will include a review of good practice and lessons learned from experience to date and implementation work from current CHC pilots	Ciara Rogers, Deputy Director, NHS Continuing Healthcare and Funded Nursing Care, West Hampshire CCG and the Hampshire and Isle of Wight CCG Partnership, Jess Hutchinson, Assistant Director, Learning Disabilities and Mental Health, AHC	3months	85% of CHC checklists and assessments taking place outside of acute hospital settings	Learning from pilots has taken place. A workshop in June 2018 reviewed the current pathways and agreed the future state pathway
	Review and update CHC measures including performance and outcomes		3months		Phase 1 CHC Discharge to Assess programmes are currently available in all systems
	Consider CHC risk share resource across the Hampshire system		3months		An education programme will be developed once the new pathways are agreed across all stakeholders The length of time at each stage of the CHC pathway from checklist to decisions is being monitored. Time to source care and time to discharge are also being monitored. Outcomes of the CHC

					<p>assessment are recorded and reported on.</p> <p>Funding has been identified from iBCF and CCGs to continue CHC D2A Phase 1 until March 2109. A demand and capacity gap analysis is taking place.</p> <p>Additional staff are being recruited for the D2A CHC Assessor roles.</p> <p>A longer term funding agreement is being actively progressed.</p> <p>A paper is planned for the November 2018 ICB setting out the CHC D2A pathway and requesting approval for the funding arrangements</p>
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	<p>Ensure that partnership working extends across the system (e.g. voluntary sector, carers, patients, GPs), to include a focus on Demand Management and Prevention</p> <p>Identification of ‘quick win’ areas where a joined up partnerships’ approach can deliver tangible outcomes e.g. hospital discharge, community health and social care teams. Promote the benefits of working in a joined up way</p>		3 months	Evidence of joined up working/joint teaming	<p>Demand Management and Prevention strategy has now been finalised and work streams include the voluntary sector, as well as coproduction with service user and carer groups.</p> <p>Operational relationships have been strengthened across the key areas identified.</p>
5. Workforce Planning					
Key Area	Action	Lead/Owner	Timescale	Outcome	Progress/Assurance October 2018
5.2 Workforce Engagement	<p>Identify the sector representatives that we will form a closer working alliance with, including</p> <ul style="list-style-type: none"> ○ Mental Health – Solent Mind 	Sandra Grant, Nikki Griffiths, Mark Allen, Martha Fowler-Dixon, Head of Demand	3 months	Stakeholder Engagement Plan	We have engaged and made progress with a number of the groups that we need to form closer working alliances with; HCA,

Appendix: CQC Review Action Plan – 3 months on progress updates

	<ul style="list-style-type: none"> ○ Voluntary Sector – Communities First Wessex ○ Independent Sector – HCA, HDCP ○ Carers Groups ○ Housing – District Councils ○ Transport 	<p>Management & Prevention, AHC</p>			<p>HDCP, CVSs, Carers. A wider stakeholder engagement plan is in development to ensure that key groups are worked with ahead of the implementation of the strategy (as outlined in 5.1)</p>
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Hampshire Safeguarding Adults Board

Annual Report

2017-2018

Hampshire Safeguarding Adults Board Annual Report 2017/18

Forward from the Independent Chair

I am pleased to be able to introduce the Hampshire Safeguarding Adults Board's Annual Report for 2017/18. As a Board, our aim is to provide strategic leadership to ensure adults with care and support needs, who are at risk of abuse or neglect are effectively safeguarded. Prevention and early intervention is critical to this vision as is the need to identify and apply learning when people experience poor outcomes. We place equal focus on developing a safeguarding culture that focuses on the personalised outcomes desired by those people who may have been abused and who wish to access support.

We are being encouraged from a national perspective to work with the following key themes in relation to Adult Safeguarding:

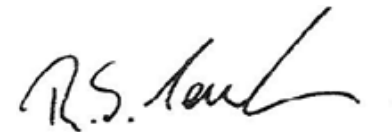
- Prevention
- Making Safeguarding Personal
- Quality

These themes are reflected within our Business plan for the coming year. In particular I wanted to highlight that there are now resources available from the Association of Directors of Adult Social and the Local Government Association to describe what 'good' might look like in Making Safeguarding Personal and promotes ownership of this agenda within and across all organisations.

The recent publication of the Independent Inquiry into deaths at Gosport War Memorial Hospital (and also other similar events such as Mazars) means that going forward HSAB will be placing a specific focus on gaining assurance from partner agencies of their processes to follow up unexpected deaths.

Given the context of increased pressures within all sectors, I am keen that the Board continues to identify opportunities for increased joint working and coordination across Hampshire's wider strategic partnership.

Significant progress has been achieved in undertaking joint work with our neighbouring local safeguarding adult boards as well as the Hampshire Children's Safeguarding Board. This approach has led to the introduction of new 4LSAB work groups addressing areas of common interest. We continue to maximise opportunities for joint working with the Hampshire Childrens Safeguarding Board leading to the development of a Whole Family Protocol and building on our successful joint conference in 2017, planning is underway for another conference in early 2019.



Robert Templeton

Independent Chair, Hampshire Safeguarding Adults Board

About us

The Hampshire Safeguarding Adults Board (HSAB) is a statutory, multi-organisation partnership coordinated by the local authority, which oversees and leads adult safeguarding across the Hampshire County Council (HCC) area. HSAB's main objective is to gain assurance that safeguarding arrangements locally, and its partner organisations work effectively individually and together, to support and safeguard adults in its area who are at risk of abuse and neglect.

The HSAB also has an interest in a range of matters that contribute to the prevention of abuse and neglect including the safety of patients in its local health services, quality of local care and support services, effectiveness of prisons and approved premises in safeguarding offenders and awareness and responsiveness of further education services.

Our purpose

HSAB's remit is to set priorities, agree objectives and to co-ordinate the strategic development of adult safeguarding across the HCC area. It is the key mechanism for agreeing how local agencies will work together effectively to safeguard and promote the safety and wellbeing of adults with care and support needs who are at and/or are in vulnerable situations.

Under the Care Act 2014, HSAB is required to publish a [strategic plan](#) (developed in consultation with local communities) and an Annual Report. The HSAB also acts as an important source of advice and assistance, for example in helping others to improve their safeguarding arrangements.

Our membership

The Board has an independent chair that is responsible for ensuring that all organisations contribute effectively to the work of the Board. The Chair provides accountability for the work undertaken by the HSAB by way of reports to relevant strategic committees and boards.

The HSAB is made up of wide range of statutory, community and voluntary organisations which includes representatives from Hampshire County Council, Police, Clinical Commissioning groups, NHS providers, Emergency services, District and Borough Councils, Independent Care Providers, Housing, Advocacy, Service users and Carers, etc.





Our vision

The HSAB works to promote a zero tolerance culture of abuse and neglect of adults who are vulnerable and its work is underpinned by the following ethos and principles:

- Living a life free from harm and abuse is a fundamental human right of every person;
- Safeguarding adults at risk and their carers is everyone's business and responsibility;
- All organisations and local communities have a responsibility to ensure that they foster a culture which takes all concerns seriously, and enables transparency, reporting of concerns and whistleblowing;
- All staff and volunteers in whatever the setting have a key role in preventing abuse or neglect occurring and in taking prompt action when concerns arise;
- Adults at risk and their families, carers or representatives must have access to information regarding the standards, quality and treatment they can expect to receive from any individuals (paid or unpaid), services or organisations involved in their lives;
- A 'Making Safeguarding Personal' approach is essential in order to ensure that any support offered or provided is person centred and tailored around the needs, wishes and the outcomes identified by the adult. The person at risk at the centre of any safeguarding process must stay as much in control of decision making as possible'.
- Personalised support is for everyone but some people will need more support than others to make choices and manage risks. Making risks clear and understood is crucial to empowering and safeguarding adults.
- All organisations must have processes aimed at preventing abuse from occurring in the first instance and to enable support to be offered at an early stage.
- When abuse does take place, it must be identified early and dealt with swiftly and effectively, and in ways that are the least intrusive and most proportionate.
- People supporting adults with care and support needs and/or their carers must have the appropriate level of skills, knowledge and training to safeguard adults from abuse.
- It is vital that clear processes are in place to identify learning from serious cases so that lessons can be used to improve partnership working.

Our Priorities

HSAB’s vision and principles have been published in our Strategic Plan. A number of factors have influenced these including:

- The Board’s recognition of the need to adopt a more coordinated, joined up approach to avoid overlap and duplication across the wider strategic partnership..
- Response to national and local events which highlight the need for learning from deaths and gaining assurance that lessons learned lead to sustained improvements. These include the independent inquiry into Gosport War Memorial Hospital, Mazars Review, LeDeR programme and learning from the safeguarding adult reviews we have carried out.
- The need to focus on developing a safeguarding culture that focuses on the personalised outcomes desired by those people who may have been abused and who wish to access support. The Making Safeguarding Personal approach needs to be embedded across all organisations. Our priorities are:



- Wide awareness of adult abuse and neglect and neglect and its impact and engaging local communities.
- Prevention and early intervention – promoting well being and safety and acting before harm occurs.
- Well equipped workforces across all sectors.
- Safeguarding services improved and shaped by the views of service users, carers and other stakeholders.
- Clear, effective governance processes in place within and across organisations, and
- Learning from experience - mechanisms to gain learning from serious cases and promote service and practice improvement.

We deliver these priorities via a number of themes and sector based multi-agency work groups who coordinate and manage all the work necessary to achieve the objectives stated in our [business plan](#).



Joint Working

Over the past year, we have made significant progress to ensure we are working in a joined up and coordinated way with our Safeguarding Adult Board colleagues in the neighbouring local authority areas. This approach recognises the fact that the membership and priorities of our respective Safeguarding Adults Boards are often overlapping.

We have therefore, established joined working groups for Policy and Guidance, Workforce Development and Quality Assurance and have agreed a shared vision and common objectives for these areas. We recognise however, the importance of flexibility to enable each individual Board to address specific priorities and objectives relevant to their Board and/or locality.

This joined approach has enabled us to not only reduce duplication but has also led to greater effectiveness and impact in a number of important areas including:

- Availability of consistent multi-agency policy and guidance.
- Sharing of expertise and best practice.
- Improved delivery of training and development.
- Wider application of learning from serious cases.
- Better use of time and resources for the Boards and partners.

HSAB and the Hampshire Safeguarding Childrens' Board (HSCB) have continued to identify and maximise opportunities for greater joint working across the two boards on themes that cross over both children and adult services.



Building on the success of the joint 'Think Family – Domestic Abuse' Conference held in September 2017, we co-commissioned a series of multi-agency training workshops on a Think Family Approach to Domestic Abuse. A further joint conference focusing on 'Think Family – Transition' is being held in January 2019.

We are working with HSCB and the other Safeguarding Children and Adults Boards in the neighbouring local authority areas to develop a joint 'Whole Family' Protocol. This outlines a set of principles including a commitment to joint training, awareness raising within respective workforces, development of joint policies and guidance, awareness of the Mental Capacity Act 2015 and shared Learning into Practice activities. It is anticipated that this protocol will be formally launched at the January 2019 joint conference.

The following Table outlines the HSAB's work programme:

Priority	Key actions			Lead
Board governance	Alignment/coordination with other partnerships	Review of Board membership	Stakeholder events, survey & annual report	HSAB Business subgroup
Prevention, early intervention	Risk Framework and Risk Assessment Tools	Mental Capacity Act guidance, self audit, competency framework	Guidance on raising a safeguarding concern, Escalation protocol	4LSAB Policy Group
Assurance and accountability	Develop a 4LSAB integrated scorecard	Annual MSP themed audits and MSP feedback pilot. Mr C SAR post review audit	Process for effective monitoring/evaluation of SARs – outcome focus	4LSAB Quality Assurance Group
Well equipped workforce	Training programme linked to priorities (awareness Risk, MSP, S42, self neglect, financial abuse)	NHSE training programme – primary care professionals	Learning into Practice Workshops. Joint events with LSABs and HSCB	4LSAB Workforce Group
Awareness and engagement	Refresh of publicity material & social media. Animated scribe	Joint themed conferences/campaigns with LSABs/HSCB	Joint annual calendar of events	HSAB Stakeholder Group
User voice	Service user representation on HSAB	Links with harder to reach groups	Tools for participation and co-production	HSAB Stakeholder Group

What we have accomplished

Over the past year, this is what we have done:

Priority	What we said we'd do	What we've done	Focus for 2018/19
Wide awareness of adult abuse and neglect and its impact and engaging local communities	<p>a) Review HSAB's communication plan and publicity material to reflect the issues highlighted in the 2016 Survey.</p> <p>b) Undertake theme based awareness campaigns to develop community awareness and engagement of adult abuse and neglect and its impact.</p> <p>c) Establish a calendar of events and reboot the 4LSAB communication network.</p> <p>d) Build networks and engage with community level organisations – Neighbourhood Watch, Citizens Advice.</p> <p>e) Focus on breaking down barriers to reporting, personal responsibilities to speak out, 'building confidence' to report concerns and that the 'system' will respond.</p> <p>f) Development of the 'Safeguarding Adult Lead' Network and targeted work in the independent care provider, housing.</p>	<ul style="list-style-type: none"> • New communication plan written and published on HSAB website. • A financial abuse materials and themed campaign was undertaken in 2017 launching newly developed publicity materials – available on the HSAB Website. • Self neglect materials and themed campaign undertaken in 2018. • Stakeholder subgroup membership widened to include Citizens Advice, victim support and sensory services. • HSAB publicity materials on adult abuse and neglect have been reviewed and updated. • A housing subgroup has been established. • Safeguarding Adult Lead (SAL) Network events held twice per year. • A Community Engagement Forum for Hampshire has been established with links to HSAB. 	<ul style="list-style-type: none"> • Development of a social media strategy and plan to increase visibility to a wider audience. • Themed campaign on tackling loneliness and social isolation. • Publication of a 4LSAB animated scribe awareness raising resource. Joint workshop to be held. • Engage the further and higher education sectors on the Board. • HSAB to engage with the Community Engagement Forum for Hampshire. • Stakeholder Group to review membership and develop links with user forums including the Personalisation Expert Panel. • Develop 4LSAB multi-agency guidance on raising a safeguarding concern.

Priority	What we said we'd do	What we've done	Focus for 2018/19
<p>Prevention and early intervention – promoting well being and safety and acting before harm occurs</p>	<p>a) Board activity aligned with wider initiatives aimed at promoting well being, prevention and early intervention</p> <p>b) Promote initiatives aimed at addressing social isolation and loneliness.</p> <p>c) Joint work with partner agencies to embed the 4LSAB multi-agency risk management framework.</p> <p>d) Alignment of Board activities with the broader health and well-being agenda and to deliver accountability to the wider local strategic partnership - Health & Wellbeing Board. Healthwatch.</p> <p>e) Partners to audit against the Prevention Strategy to explore further opportunities to promote wellbeing, prevention and safety within business as usual activity.</p>	<ul style="list-style-type: none"> • Links are been established between HSAB and the Health and Wellbeing Board and other strategic partnerships ensuring initiatives are shared. • Roll out of multi-agency risk management workshops with guidance is published on the HSAB website. • LGA/Age UK guidance on tackling loneliness and isolation adopted. • Joined up working with neighbouring LSABs and also the HSCB. 4LSAB work groups on quality assurance, workforce development and policy development. . 	<ul style="list-style-type: none"> • Include loneliness and social isolation theme in the HSAB training programme. • Joint work with HSCB to develop use of the risk framework within children's services. • Joint work with health trusts to develop use of the risk framework in acute hospital settings and ambulance service. • Joint themed campaign with on the use of the MCA to safeguard against abuse and neglect. Links to be added to the HSAB Website. • Joint work with the further and higher education sector to address student mental health.
<p>Well equipped workforce across all sectors</p>	<p>a) Implement the HSAB Learning and Development Strategy.</p> <p>b) Build networks and partnerships with the safeguarding and workforce leads in partner organisations.</p> <p>c) Joint work with partners to develop a multi-agency safeguarding training programme.</p>	<ul style="list-style-type: none"> • A 4LSAB workforce group has been established. • SAL Network membership has increased to 140 organisations. Regular events have been held for the Network. • HSAB training programme implemented linked to strategic priorities. 	<ul style="list-style-type: none"> • Targeted training for primary care professionals. . • Development of a 4LSAB risk assessment tool & templates. • Joint Learning into Practice events to share learning from the Thematic Review of SARs re learning disability and physical health.

Priority	What we said we'd do	What we've done	Focus for 2018/19
	<p>d) Develop training web pages on HSAB website to support single agency training.</p> <p>e) Source/develop training materials, resources and innovative delivery methods</p> <p>f) Develop a system of HSAB training endorsement.</p> <p>g) Establish a sustainable model for multi-agency training 2017/18 onwards.</p> <p>h) Policy Group to formulate new policy and guidance in response new legislation and national/local developments.</p> <p>i) Learning gained from serious cases is shared within and across organisations and this is used to inform and improve practice.</p>	<ul style="list-style-type: none"> • Programme includes Safeguarding Awareness, Risk, Making Safeguarding Personal, S42 Enquiries, Self Neglect, Financial Abuse, Think Family and Domestic Abuse. • Good engagement and attendance from partners on this programme. A total of 420 partners attended our training events last year. • Training website set up providing access to HSAB learning zone and resources. • Publication of the 4LSAB Multi-Agency Risk Management Framework and Escalation Protocol published. • A joint HSAB/HSCB conference on a 'Family Approach to Domestic Abuse' held in 2017. • Family Approach Domestic Abuse training commissioned with HSCB. • Review of the HSAB website – Professionals section set up as a web based resource. • Usage figures show the website has been viewed 96, 615 times by 31,871 users, with our Professional pages being the most popular. 	<ul style="list-style-type: none"> • Refresh and implementation of the Hampshire MCA Toolkit. • MCA Organisational Self Audit in November 2018. • 4LSAB guidance on raising a safeguarding concern and launch. • Publication of 4LSAB multi-agency guidance on Hoarding. • Publication of a joint LSAB/LSCB Whole Family Protocol. • Joint work with the Serious and Organised Crime Partnership to develop a multi-agency strategy on Vulnerability and Exploitation.

Priority	What we said we'd do	What we've done	Focus for 2018/19
Safeguarding services improved and shaped by the views of service users, carers and other stakeholders	a) Introduce the Making Safeguarding Personal (MSP) approach across all agencies. b) Design and implement a pilot of an independently facilitated user feedback process on a sample of people who have received support through the safeguarding process. c) Develop a sustainable model for the MSP reviews going forward including the sourcing of funding to support this. d) Explore a range of approaches to achieve meaningful involvement of service users and other stakeholders on the Board and work groups to ensure Board activities are informed by the voice of stakeholders.	<ul style="list-style-type: none"> • MSP workshops included in the HSAB training programme. • A MSP feedback tool has been developed. • Development of a Community Engagement Forum • A Community Engagement Plan has been developed. 	<ul style="list-style-type: none"> • Board Development Day on MSP in December 2018. • 4LSAB work programme on MSP. • Pilot an independently facilitated user feedback process.
Clear, effective governance processes are in place within and across organisations	a) Formally adopt the HSAB Assurance and Accountability Framework (AAF). b) Review the Quality Assurance Framework against the HSAB AAF. c) Undertake an annual themed audit. d) Reboot the Integrated Scorecard approach to gain a holistic overview of safeguarding risks across the 'system'.	<ul style="list-style-type: none"> • A 4LSAB Quality Assurance work Group has been established. • A 4LSAB Organisational Self Audit Tool has been published. • A 4LSAB MCA Organisational Self Audit Tool has been published. • A MSP feedback tool has been developed. • Mr C SAR and Thematic Review Action Plan have been implemented. 	<ul style="list-style-type: none"> • Establish a 4LSAB Quality Assurance work programme. • Review and refresh the Quality Assurance Framework. • Undertake the Organisational Self Audit in Nov 2018. • Undertake the MCA Self Audit in Nov 2018. • Develop a 4LSAB Integrated Scorecard for adult safeguarding.

Priority	What we said we'd do	What we've done	Focus for 2018/19
	<p>e) Benchmark local data against the HSAB AAF, government 6 safeguarding principles and national comparator information.</p>		<ul style="list-style-type: none"> • Develop and implement a local peer review programme. • Develop a multi-agency themed audit programme linked to learning from serious cases. • Partner agencies to adopt the Hampshire MCA Toolkit. • Partner agencies to introduce an executive strategic lead for MCA. • Partner agencies to introduce MCA champions in all service delivery areas. • Partner agencies to adopt the national MCA competency framework. • Health Group to set up a task and finish group to address the health related actions in the SAR action plan.
<p>Learning from experience - mechanisms to gain learning from serious cases and promote service and practice improvement.</p>	<p>a) Formally adopt the HSAB Assurance and Accountability Framework (AAF).</p> <p>b) Align single agency governance processes as far as possible to avoid duplication and provide an holistic and multi agency</p>	<ul style="list-style-type: none"> • Development of a new approach has been developed for undertaking multi-agency partnership reviews for cases not meeting SAR criteria. • Learning from Experience Database has been updated. Going forward this will provide a link to the newly 	<ul style="list-style-type: none"> • Partner organisational leads to review training to ensure learning form serious cases is addressed on staff training and development activities. • Develop a memorandum of understanding to ensure

Priority	What we said we'd do	What we've done	Focus for 2018/19
	<p>perspective to learning.</p> <p>c) Undertake activities to ensure lessons from serious cases are shared and applied</p> <p>d) Establish mechanisms to evidence that services have improved as a result of lessons gained from investigations reviews and these have led to better outcomes for service users.</p>	<p>established national SAR repository managed by RiPFA.</p> <ul style="list-style-type: none"> • An analysis of fire deaths has been undertaken with HFRS. This highlights a significant level of risk between vulnerability and fire death as well as common risk factors. 	<p>effective communication and joint responses to critical events.</p> <ul style="list-style-type: none"> • Joint work with HFRS to address findings from the fire death analysis including publication of hoarding guidance. • HSAB to gain assurance from partners about their response to the Gosport War Memorial Inquiry. • Establish a 4LSAB Learning from Deaths Forum to enable the SAB's to gain assurance from partners about the response to critical events and inquiries. This will include Gosport WMH, Mazars, LeDeR and local SARs. • Joint annual learning event covering lessons from local and national SARs, DHR's, LeDeR, SCR's, etc.

Learning and Development



Safeguarding Adult Lead Network

During this period, HSAB has hosted two Safeguarding Lead Network (SAL) events bringing together representatives from a wide range of community, voluntary and statutory agencies. Attended by 112 partners, these events provide local and national Safeguarding updates to support organisations to promote safe environments for adults at risk. The events were very well received by participants.

HSAB Training Programme

The Board has introduced a [multi-agency training programme](#), the content of which links to HSAB strategic priorities. Over the past year, training workshops have been held on:

- Safeguarding awareness
- Undertaking section enquiries
- Multi-Agency Risk Management Framework
- Making Safeguarding Personal
- Self neglect
- Think Family and Domestic Abuse

The HSAB training events have been very well attended with over 420 attendees representing a wide cross section of

agencies and sectors. The events were positively received as the feedback overleaf indicates.

Primary Care Training

The National Health Service (England) has funded HSAB to develop and deliver an adult safeguarding training programme for primary care practitioners in Hampshire. The programme has been designed and it is planned to be delivered between January and the end of 2018

Joint HSAB and HSCB Conference

In September 2017, HSAB and HSCB held our first ever joint conference on the theme of Domestic Abuse – A Family Approach. The conference was co-chaired by the safeguarding board chairs. The event was very well received and attended by over 200 professionals from a wide range of sectors including: Adult Social Care, Childrens Social care, NHS Foundation Trust, Hampshire Fire and Rescue, District and Borough Councils, National Probation Service, Education Services, charity and voluntary services.

A further joint conference has been planned for January 2019 on the theme of a 'Think Family Approach – working together to achieve better outcomes'. This conference will be used as an opportunity to launch the joint Think Family Protocol currently in development.

HSAB Training Programme – Feedback

“Well organised event with all outcomes met”

“Some excellent notes to add to my own safeguarding presentations”

“The variety of speakers and presentations are excellent”

“Fantastic and very informative presentations”

“Very in-depth and good relevant examples”

“Good course, engaging trainer, good delivery style”

“Very well organised and run event. Coming from a social care background I found the day was brilliant”

“it was useful to 'bring to life' case studies and to become more familiar with relevant terms”

“Interesting and though provoking case studies”

Learning and Review



Under the Care Act 2014, local safeguarding adults boards (LSAB) have a statutory duty to carry out a Safeguarding Adults Review (SAR) when an adult with care and support in its area dies; and the Board knows, or suspects the death was as a result of abuse or neglect and there is concern about how the SAB, its members or organisations worked together to safeguard the adult.

The SAR process is designed to establish whether there are any lessons to be learnt from the circumstances of a particular case, about the way in which local professionals and agencies worked together to safeguard the adult at risk. The SAR brings together and analyses findings from investigations carried out by individual agencies involved in the case, in order to make recommendations for improving future practice where this is necessary.

Over the past year, the HSAB has received ten referrals for a SAR. The issues raised in the referrals include concerns about neglect and self neglect, substance misuse, mental health, poor care and serious injury or death from fire. One of these referrals was forwarded to a different SAB as it had lead responsibility. Of the remaining referrals, whilst none met the criteria for a statutory review, the following action was taken:

- 1 case resulted in a multi-agency partnership review.
- 2 cases were referred for a CCG led review as both had similar issues relating to feeding tube care.
- 1 case relating to a fire death was reviewed as part of wider fire death analysis.
- 4 cases were referred back to partner agencies to undertake an investigation.
- 1 case is currently under consideration.

The multi-agency partnership review was carried out in relation to an adult with a history of depression and attempted suicide that sadly died. The adult also had a diagnosis of a mild learning disability and possible autism. At the time of their death the adult was of no fixed abode. A number of safeguarding concerns made in respect of alleged abuse. Despite initial engagement, the adult ceased to be involved in the safeguarding process and subsequently refused to engage with offers of support. The review focused on the multi-agency response to the concerns raised and how the disengagement was managed. The partnership review identified the following learning:

The need for improvements in support for individuals when transitioning between services; increased knowledge and use of the HSAB Multi Agency Risk Management Framework; guidance for services in relation to safeguarding concerns and thresholds for an enquiry under S42 (Care Act 2014) and an increasing demand for support services relating to people who are street homelessness.

Response to the Mr C SAR and Thematic Review of SARs relating to People with a Learning Disability

In December 2016, HSAB commissioned a [SAR](#) to review the circumstances of Mr C's case to draw out specific learning relating to his support, care and treatment. As part of the SAR process, a multi-agency reflective workshop was held with the practitioners and operational managers involved in Mr C's care and support. This event focussed on Mr C's journey through the system and enabled reflection and shared learning in order to identify opportunities for improved working within and between agencies in the future.

Mr C was the third case since 2012 which involved the death of an adult with a learning disability highlighting concerns about the way deteriorating physical health needs of people with complex needs and behaviours are managed (Mr A 2012 and Ms B 2015). HSAB commissioned an [independent thematic review](#) and analysis of the issues and root causes across the three cases. The Thematic Review identified that there has been considerable improvement since the first of the three SARs and therefore there should be recognition of this.

There is, however, still more that can be done to improve the experiences of those people with a learning disability who require admission to an acute hospital for diagnosis, care and/or treatment. People with learning disability often have a range of family, carers and health and social care professionals involved in their care. This makes coordination of that care when there is a change, especially complex for people for whom change can be particularly difficult. Common issues identified across all three cases include:

- Understanding and application of the Mental Capacity Act.
- Access to advocacy.
- Effective management of transitions in placements and transfer to and from acute hospital care.
- Involving family in treatment decisions.
- Availability and access to the Learning Disability Liaison Nursing Service.
- Use of the Hospital passport.
- Effective hospital discharge planning.

- Continued use of the Care Programme Approach during hospital admission.
- Escalation and challenge

The HSAB has developed a multi-agency action plan to respond to the themes and recommendations identified in the reviews. This reflects 3 distinct work streams which the Board and partners will be progressing over the coming year as follows:

1. Understanding and application of the Mental Capacity Act (MCA) 2005:

Partner agencies will:

- Adopt the national MCA Competency Framework and review their training plans and programmes against this.
- Adopt the refreshed Hampshire MCA toolkit as the one tool for use across Hampshire.
- Introduce Agency Executive Strategic MCA Leads and to introduce MCA champions in all service delivery areas.
- Ensure managers use supervision to support and assess competency and confidence of staff in application of MCA.
- Ensure staff can access guidance on eligibility and entitlement to advocacy support.
- Develop and support a culture of professional curiosity which enables professionals to explore and understand what is happening within an environment rather than making assumptions or accepting things at face value.

2. Health Service Delivery:

Health partners to:

- Agree a joint protocol for continuance of Care Programme Approach (CPA) when a person with a Learning Disability is admitted to hospital.

- Adopt the 4LSAB Multi-Agency Risk Management Framework to improve coordination and communication where patients who are admitted to hospital are not subject to CPA.
- Introduce Learning Disability champions within hospital wards and departments.
- Review and develop the hospital passport to address the issues highlighted in the reviews and to include a persons wishes on who they want involved in their care, treatment, environment and discharge.
- Review hospital discharge processes and revise to reflect learning from the reviews.
- Ensure care providers are advised of any change in clinical condition that occurs between the initial assessment and actual discharge date.

3. Transition

Partners, led by Adults Health and Care to:

- Produce guidance on transitions/placement moves that sets out responsibilities of commissioners and providers as well as key agencies.

HSAB has collaborated with our neighbouring LSABs to developed a multi-agency Escalation Protocol to professionals to challenge care and treatment decisions when it is felt these are not in the best interests of the service user and where necessary, to escalate concerns to senior managers for resolution.

Learning from serious cases – key messages for practice

A number of themes have emerged for the learning and review activities undertaken by the Board which we will be focusing and addressing in our overall programme of work:

- Use of the 4LSAB Multi-Agency Risk Management Framework to respond to complex situations the circumstances of which fall outside the statutory section 42 safeguarding enquiry process.
- The importance of effective partnership working with adults, families and other professionals.
- Adopting a Making Safeguarding Personal approach to ensure the support offered meets the personalised outcomes desired by those people who may have been abused
- Using safeguarding support as an opportunity to build personal resilience and the prevention of future risk or harm.
- Recognition of the reality of another form of 'Toxic Trio' involving capacity, unwise decision making and disengagement
- The presence of mental capacity is not an excuse to walk away – there may still be a professional duty to protect the adult from foreseeable harm.
- The importance of adopting a relationship based approach to address long term, entrenched behaviours with a focus on building trust and rapport
- Assessment of an adult's mental capacity needs to include consideration of their executive function and whether they understand the limits of their own ability.
- Preparedness on the part of professionals to challenge and escalate concerns when it is felt the decisions/actions of other professionals are not in the best interests of the adult
- Professional curiosity has also been an important theme in the learning that has been gained. This necessitates a proactive mind set and the communication skill to explore and understand what is happening within an environment rather than making assumptions or accepting things at face value.

Gaining assurance and holding agencies to account

As reported last year, a range of processes have been introduced designed to enable the Boards to hold partner agencies to account and for gaining assurance about the quality, effectiveness and outcomes of the safeguarding work undertaken locally. As part of its continued drive to raise standards, the Board has developed a Safeguarding Organisational Self Assessment tool to support organisational development and self improvement relating to adult safeguarding. This audit will be carried out in the autumn and the information gained will help shape the Board's priorities and work programme going forward.

Recent critical events such as the independent inquiry into Gosport War Memorial Hospital and also similar events and programmes such as Mazars, PHT, LeDeR, local SARs, etc. highlight the need for the HSAB to be proactive in gaining assurance that partners agencies both individually and collectively, have adopted robust implementation of learning in order to ensure similar events cannot happen again in the future. HSAB will therefore, be establishing a multi-agency 'Learning from Deaths' Forum to help drive these improvements.

Safeguarding in Practice – Making a Difference

Effective safeguarding is underpinned by a number of important principles which include prevention and early intervention; capacity, consent and control; Making Safeguarding Personal and Advocacy. The following case studies illustrate how these principles when put into practice, lead to better outcomes for the adult being supported.

Capacity, Consent and Control

The CCG Safeguarding Team was asked to provide support for an adult who was presenting signs of self-neglect. The individual had a septic leg wound and had been recommended for amputation by three different clinicians. The health service multi-disciplinary team was concerned that the adult would die as a result of declining self-care. A meeting was held under the multi-agency risk management framework between the local authority, GP and Community Team. The adult was invited to engage in the process and they advised that they would like all communication on the phone and in writing. The multi-agency meeting identified further opportunities to ensure that the adult was able to make an informed decision regarding their care and treatment. As a result, the adult was able to express their wishes about end of life care. In accordance with the wishes expressed, the adult was able to pass away at home rather than being taken to hospital. As a result of the multi-agency risk management process, the adult was supported to make an informed choice regarding care and treatment.

Prevention

In May 2017, concerns were raised by a local housing association that a male service user was the victim of ongoing financial abuse from local known drug users. The ongoing abuse meant that the service user was visiting his local bank and withdrawing large amounts of cash as well as making credit card applications. He had ongoing support services from a multi agency perspective and the following outcomes were achieved: with the service user's permission, a Lifeline was installed and accommodation door locks changed by the police. Support provided in maintaining a good and healthy diet and arrangements made for a weekly cleaning service. Hampshire Trading Standards Safeguarding Team provided support with contacting credit reference agencies, attending a joint visit to the bank with the service user to review transactions, which identified theft. Support provided to cancel multiple credit card applications, and a limit on his bank account. This limited access to the amount of cash that could be taken from his account each week, for a short term basis until the risk of financial abuse had diminished. The service user was supported by a support worker from the local authority to attend his GP for check up and a medication review, and a deep clean arranged at his property. Weekly visits were carried out from a housing support worker to maintain tenancy and complete checks regarding visits by suspected perpetrators. This Service user is now living in his own home environment safe and well, managing his own safety and is more aware of others taking advantage of him, his home and his finances.

Advocacy

S42 enquiries were made after an older adult wanted to revoke her LPA and 'sack' her commissioned care providers and replace with an informal carer that the family had concerns about. The adult's existing Care Act Advocate supported her to attend meetings where she continued to express her wish to change her LPA and use direct payments so her friend could provide her care. The advocate also supported the adult to contact the Office of the Public Guardian who assessed that she had capacity to revoke the LPA and appoint another one. The adult got her wish of a having her friend as her LPA and paid carer. The local authority and family members put measures in place to minimise the risks of possible financial abuse and that care plans met her assessed care needs.

Making Safeguarding Personal

An adult with mental health issues and learning difficulties was supported to take part in S42 meetings relating to concerns about her support staff. The adult was able to understand the process and give her views after an advocate spent time going through notes of previous meetings and recording her views to be shared with the social worker. The adult was happy with the outcome of the investigation and said she feels safer.

Capacity, Consent and Control

An adult with a severe learning disability wasn't able to verbally communicate his views about whether members of staff, who were suspended following allegations of abuse, should return to work with him. He had been assessed as lacking capacity to make decisions about his care and support. Family members, other support staff who knew him well and a Care Act Advocate were all involved in the best interests' decision and the staff did not return. The adult had increased access to the community and people who knew him well reported that his quality of life had improved.

Performance Summary

Hampshire County Council Adults Health and Care are the lead agency who records all the safeguarding information on behalf of the multi-agency partnership and the Hampshire Adults Safeguarding Board. Overall there were 4,030 Safeguarding concerns in 2017/18 which is just 14 more than the previous year 2016/17 (4,016). Of the 4,030 concerns reported, 1,266 resulted in a S42 safeguarding enquiry. Representing a conversion rate of 31% of concerns that were reported were progressed to an enquiry.

The decrease in referrals was an expected consequence of more rigorous application of the 3 part test for S42 enquiries – and so screening of more concerns away from formal safeguarding if the test was not met.

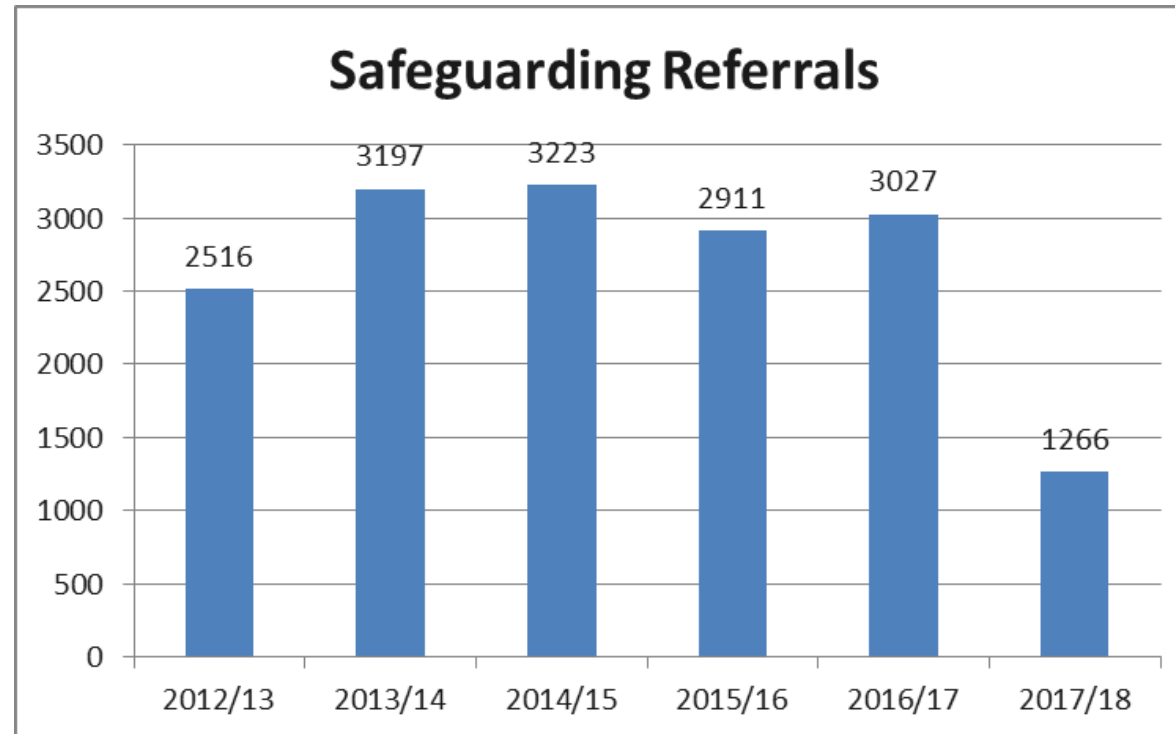
When S42 Enquiries are broken down by client categories as in previous years, S42 Enquiries relating to older people still account for the highest proportion of safeguarding at 64% (63% in 2016/17). Clients aged 65 and under with a Learning Disability were the second most referred group accounting for 15% which is a decrease from last year of 5%. In 2017/18 the number of cases relating to clients aged 65 and under with Mental Health Care and Support needs decreased from 195 to 125. However, this still represented 10% of safeguarding for this year compared to 6% in 2016/17 (see Table 1, Appendix A).

Concerns about neglect or acts of omission as well as physical abuse remain the most common reason for safeguarding (45% and 21% respectively). Reports of Financial and material abuse concerns have reduced from 328 to 167 indicating a continued reduction over the past 4 years. However, for 2017/18 these concerns represent 13%, compared to 11% last year of the overall types of abuse reported.

Further details about safeguarding performance and activity and the figures outlined in this summary can be found in **Appendix A**.

Appendix A - Hampshire Safeguarding Adults Board Annual Statement - Performance and Activity 2017/18

Figure 1 – Safeguarding referrals (2016/17 refers to S42 enquires)



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Additional facts and figures

- The Population of Hampshire is forecast to increase from 1,362,700 to 1,473,500 by 2024, an increase of 110, 800 (8.1%).
- Adult Services are contacted approximately 140,000 times by people needing care advice, information and support, and carries out over 35,000 social care assessments.
- Hampshire is in the top ten of the largest counties by land area, covering approximately 1,400 square miles.

Table 1 shows the number of referrals by client group since 2012/13

Table 1 - Number of referrals by client group	2012/13		2013/14		2014/15		2015/16		2016/17		2017/18	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Older People 65+	1,348	54%	1,828	57%	1,890	58%	1,762	61%	1,915	63%	804	64%
Learning Disability 18-64	701	28%	724	23%	570	18%	541	19%	594	20%	186	15%
Mental Health 18-64	248	10%	317	10%	459	14%	290	10%	195	6%	125	10%
Physical Disability 18-64	200	8%	264	8%	290	9%	239	8%	204	7%	117	9%
Substance Misuse 18-64	6	<1%	37	1%	30	1%	10	<1%	4	<1%	0	<1%
Other/Not Known	13	<1%	27	1%	0	0%	69	2%	115	4%	34	3%
Total*	2,516	100%	3,197	100%	3,223	100%	2,911	100%	3,027	100%	1,266	100%

*A person can have more than one referral during the year

Additional facts and figures

- In Hampshire Age Group 16 – 64 is predicted to increase by 44,000 (+5.4%) by 2024.
- In Hampshire Age Group 65 – 84 is predicted to increase by 35,200 (+14.2%) by 2024.
- In Hampshire Age Group 84+ is predicted to increase by 10,500 (+23.8%) by 2024.
- Dementia is a leading cause of disability in people aged over 65.

Table 2 – Type of abuse reported since 2012/13

Table 2 - Types of abuse reported	2012/13		2013/14		2014/15		2015/16		2016/17		2017/18	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Physical	783	30%	851	26%	941	28%	660	22%	629	20%	276	21%
Neglect or Acts of Omission	908	35%	1,278	39%	1,223	37%	1,292	43%	1,583	51%	598	45%
Financial & Material	440	17%	563	17%	541	16%	433	14%	328	11%	167	13%
Psychological	235	9%	327	10%	319	10%	240	8%	219	7%	86	7%
Sexual	138	5%	183	5%	230	7%	160	5%	104	3%	67	5%
Institutional /Organisational	81	3%	55	2%	42	1%	25	1%	7	0%	7	1%
Discriminatory	20	1%	26	1%	15	<1%	10	<1%	2	0%	5	<1%
Domestic Violence /Abuse	Not recorded in these years						116	4%	60	2%	31	2%
Victim of Hate Crime							3	<1%	Not recorded in these years			
Sexual Exploitation							3	<1%				
Modern Slavery							0	<1%	2	0%	3	<1%
Self Neglect							96	3%	141	5%	82	6%
Total*							2,605	100%	3,283	100%	3,311	100%

*more than one abuse type per referral can be recorded

Table 3 breakdowns the location of where the abuse is reported to have occurred over the last 5 years

Table 3 - Location of abuse reported	2012/13		2013/14		2014/15		2015/16		2016/17		2017/18	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Own Home	839	33%	1340	42%	1489	46%	1267	44%	1492	49%	507	40%
Residential Care	856	34%	806	25%	677	21%	481	17%	417	14%	243	19%
Nursing Care	308	12%	423	13%	509	16%	398	14%	568	19%	260	21%
Mental Health Inpatient Setting	48	2%	63	2%	79	2%	37	1%	32	1%	9	1%
Alleged Perpetrators Home	68	3%	75	2%	55	2%	40	1%	22	1%	14	1%
Acute Hospital	66	3%	118	4%	121	4%	61	2%	40	1%	32	3%
Public Place	57	2%	90	3%	83	3%	53	2%	56	2%	7	1%
Community Hospital	38	2%	27	1%	15	1%	59	2%	77	3%	10	1%
Day Centre/Service	48	2%	21	1%	48	1%	11	<1%	25	1%	7	1%
Other Health Setting	17	1%	16	<1%	14	0%	5	<1%	16	1%	9	1%
Education/Training/Workplace Establishment	9	<1%	17	<1%	3	0%	5	<1%	3	<1%	2	0%
Supported Accommodation	56	2%	38	1%	72	2%	63	2%	29	1%	34	3%
Other/Not Known	106	4%	163	5%	58	2%	431	15%	250	8%	132	10%
Grand Total*	2516	100%	3197	100%	3223	100%	2911	100%	3,027	100%	1,266	100%

Table 4 - Response to the safe and secure questions over the last 4 years, and compared to the average score for 16 local authorities within Hampshire's comparator group; 2014/15 is the most recent comparator information available.

Description	2014/15	2015/16	2016/17	2017/18	England 2016/17
Proportion of people who use services who have control over their daily life	80%	80%	79%	81%	77%
Proportion of people who use services who feel safe	74%	76%	70%	74%	70%
Proportion of people who use services who say that those services have made them feel safe and secure	90%	91%	90%	92%	86%

Nationally local authorities are required to undertake a user satisfaction survey every year which asks clients receiving social care support a range of questions on how the services they receive help to improve their quality of life. Including two questions asking people to rate how safe and secure they feel.

Appendix B Glossary of Terms

This section explains the meaning of terms commonly used in the context of adult safeguarding:

4LSAB: Four Local Safeguarding Adults Boards covering Southampton, Hampshire, Isle of Wight and Portsmouth.

Abuse: includes physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory and organisational abuse.

Advocacy: support to help people say what they want, secure their rights, represent their interests and obtain services they need. Under the Care Act, the Local Authority must arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or a safeguarding adult review if they need help to understand and take part in the enquiry or review and to express their views, wishes, or feelings.

Alert: a concern that a person at risk is or may be a victim of abuse, neglect or exploitation. An alert may be a result of a disclosure, an incident, or other signs or indicators.

Alerter: the person who raises a concern that an adult is being, has been, or is at risk of being abused or neglected. This could be the person themselves, a member of their family, a carer, a friend or neighbour or could be a member of staff or a volunteer.

Assessment: a process to identify the needs of the person and how these impact on the wellbeing and outcomes that they wish to achieve in their day to day life.

Best interests decision: a decision made in the best interests of an individual defined by the Act) when they have been assessed as lacking the mental capacity to make a particular decision. The best interest decision must take into consideration anything relevant such the past or present wishes of the person, a lasting power of attorney or advance directive. There is also a duty to consult with relevant people who know the person such as a family member, friend, GP or advocate.

Care Act 2014: came into force in April 2015 and significantly reforms the law relating to care and support for adults and carers. This legislation also introduces a number of provisions about safeguarding adults at risk from abuse or neglect. Clauses 42-45 of the Care Act provide the statutory framework for protecting adults from abuse and neglect.

Care and support needs: the support a person needs to achieve key outcomes in their daily life as relating to well being, quality of life and safety. The Care Act introduces a national eligibility threshold for adults with care and support needs which consists of three criteria, all of which must be met for a person's needs to be eligible.

Carer: unpaid carers such as relatives or friends of the adult. Paid workers, including personal assistants, whose job title may be 'carer', are called 'staff'.

Clinical Commissioning Group (CCG): these were formally established on 1 April 2013 to replace Primary Care Trusts and are responsible for the planning and commissioning of local health services for the local population.

Crown Prosecution Service (CPS): the government department responsible for prosecuting criminal cases investigated by the police in England and Wales.

Care Quality Commission (CQC): the body responsible for the registration and regulation of health and social care in England.

Domestic Abuse, Stalking and Harassment and 'Honour' Based Violence (DASH): a risk identification checklist (RIC) is a tool used to help front-line practitioners identify high risk cases of domestic abuse, stalking and 'honour'-based violence.

Deprivation of Liberty Safeguards (DOLs): measures to protect people who lack the mental capacity to make certain decisions for themselves which came into effect in April 2009 as part of the Mental Capacity Act 2005, and apply to people in care homes or hospitals where they may be deprived of their liberty.

Domestic abuse: any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to psychological, physical, sexual, financial and emotional abuse. Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family (Home Office 2012).

Domestic Homicide Reviews: statutory reviews commissioned in response to deaths caused through domestic violence. They are subject to the guidance issued by the Home Office in 2006 under the *Domestic Violence Crime and Victims Act 2004*. The basis for the domestic homicide review (DHR) process is to ensure agencies are responding appropriately to victims of domestic abuse offering and/or putting in place suitable support mechanisms, procedures, resources and interventions with an aim to avoid future incidents of domestic homicide and violence.

Duty of Candour: a requirement on all health and adult social care providers registered with the Care Quality Commission (CQC) to be open with people when things go wrong. The duty of candour means that providers have to act in an open and transparent way in relation to service user care and treatment.

Enquiry: An enquiry is any action that is taken (or instigated) by a local authority, under Section 42 of the Care Act 2014, in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves because of those needs.

Family Group Conferences (FGC): an approach used to try and empower people to work out solutions to their own problems. A trained FGC co-ordinator can support the person at risk and their family or wider support network to reach an agreement about why the harm occurred, what needs to be done to repair the harm and what needs to be put into place to prevent it from happening again.

Harm: involves ill treatment (including sexual abuse and forms of ill treatment which are not physical), the impairment of, or an avoidable deterioration in, physical or mental health and/or the impairment of physical, intellectual, emotional, social or behavioural development.

Hate Crime: any crime that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability.

HealthWatch: an independent consumer champion created to gather and represent the views of the public. It exists in two distinct forms - local Healthwatch and Healthwatch England at a national level. The aim of local Healthwatch is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality. Local Healthwatch has taken on the work of the Local Involvement Networks (LINKs).

Human Trafficking: the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation”.

Independent Mental Capacity Advocate (IMCA): established by the Mental Capacity Act 2005, IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions, including decisions about where they live and serious medical treatment options. IMCAs are mainly instructed to represent people where there is no one independent of services (such as a family member or friend) who is able to represent the person. However, in the case of safeguarding concerns, IMCAs can be appointed anyway (i.e. irrespective of whether there are friends or family around and irrespective of whether accommodation or serious medical treatment is an issue).

Local Safeguarding Adults Board (LSAB): a statutory, multi-organisation partnership committee, coordinated by the Local Authority, which gives strategic leadership for adult safeguarding, across the Local Authority. A SAB has the remit of agreeing objectives, setting priorities and coordinating the strategic development of adult safeguarding across its area.

Making Safeguarding Personal (MSP): an approach to safeguarding work which aims to move away from safeguarding being process driven and instead, to place the person at risk at the centre of the process and work with them to achieve the outcomes they want.

Mental Capacity refers to whether someone has the mental capacity to make a decision or not on a specific issue.

Multi-Agency Public Protection Arrangements (MAPPA): statutory arrangements for managing sexual and violent offenders.

Multi-Agency Risk Assessment Conference (MARAC): a multi-agency forum of organisations that manage high risk cases of domestic abuse, stalking and 'honour'-based violence.

Multi-Agency Safeguarding Hub (MASH): a joint service made up of Police, Adult Services, NHS and other organisations. Information from different agencies is collated and used to decide what action to take. This helps agencies to act quickly in a co-ordinated and consistent way, ensuring that the person at risk is kept safe.

Mate Crime: a form of exploitation which occurs when a person is harmed or taken advantage of by someone they thought was their friend.

Mental Capacity: refers to whether someone has the mental capacity to make a decision or not. The Mental Capacity Act 2005 and the Code of Practice outlines how agencies should support someone who lacks the capacity to make a decision.

No Delay: the principle that safeguarding responses are made in a timely fashion commensurate with the level of presenting risk. In practice, this means that timescales act as a guide in recognition that these may need to be shorter or longer depending on a range of factors such as risk level or to work in a way that is consistent with the needs and wishes of the adult.

Patient Advice and Liaison Service (PALS): a NHS service created to provide advice and support to NHS patients and their relatives and carers.

Public interest: a decision about what is in the public interest needs to be made by balancing the rights of the individual to privacy with the rights of others to protection.

Office of the Public Guardian (OPG): the administrative arm of the Court of Protection and supports the Public Guardian in registering enduring powers of attorney, lasting powers of attorney and supervising Court of Protection appointed deputies.

PREVENT: Government strategy launched in 2007 aimed at stopping people becoming terrorists or supporting terrorism. It is the preventative strand of the government's counter-terrorism strategy aiming to respond to the ideological challenge of terrorism and the threat from those who promote it; prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support and work with sectors and institutions where there are risks of radicalisation that need to be addressed.

Prevention: describes how the care and support system (and the organisations forming part of this system) work to actively promote the well being and independence of people rather than waiting to respond when people reach a crisis point. The purpose of this approach is to prevent, reduce or delay needs escalating.

Protection of property: the duty on the Local Authority to protect the moveable property of a person with care and support needs who is being cared for away from home in a hospital or in accommodation such as a care home, and who cannot arrange to protect their property themselves. This could include their pets as well as their personal property (e.g. private possessions and furniture).

Radicalisation: involves the exploitation of susceptible people who are drawn into violent extremism by radicalisers often using a persuasive rationale and charismatic individuals to attract people to their cause. The aim is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. The PREVENT Strategy, launched in 2007, seeks to stop people becoming terrorists or supporting terrorism.

Referral: an alert becomes a referral once it has been assessed and it has been determined that the concerns raised fall within the remit of adult safeguarding arrangements.

Safeguarding: activity to protect a person's right to live in safety, free from abuse and neglect. It involves people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that their well being and safety is promoted.

Safeguarding activity: actions undertaken upon receipt of a safeguarding referral. This may include information gathering, holding a safeguarding planning meeting, activities to resolve the risks highlighted, safeguarding review meetings and developing a safeguarding plan with the adult at risk.

Safeguarding support plan: one outcome of the enquiry may be the formulation of agreed actions for the adult which should be recorded on their care plan. This will be the responsibility of the relevant agencies to implement.

Safeguarding planning meeting: a multi-agency meeting (or discussion) involving professionals and the adult if they choose, to agree how best to deal with the situation as determined by the views and wishes of the individual.

Safeguarding work: describes all the work multi-agency partners undertake either on a single agency basis (as part of their core business) or on a multi agency basis within the context of local adult safeguarding arrangements.

Safeguarding Adult Review (SAR): a statutory review commissioned by the Safeguarding Adults Board in response to the death or serious injury of an adult with needs of care and support (regardless of whether or not the person was in receipt of services) and it is believed abuse or neglect was a factor. The process aims to identify learning in order to improve future practice and partnership working.

Safeguarding enquiry: the action taken or instigated by the Local Authority in response to a concern that abuse or neglect may be taking place. An enquiry could range from a conversation with the adult, or if they lack capacity, or have substantial difficulty in understanding the enquiry their representative or advocate, prior to initiating a formal enquiry under section 42 of the Care Act 2014, right through to a much more formal multi-agency plan or course of action. This is sometimes referred to as a section 42 enquiry'.

Self neglect: the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well being of the self-neglecters and perhaps even to their community.

Serious Incident Requiring Investigation (SIRI): a process used in the NHS to investigate serious incidents resulting in serious harm or unexpected or avoidable death of one or more patients, staff, visitors or members of the public.

Significant harm: the ill treatment (including sexual abuse and forms of ill treatment which are not physical), and impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development.

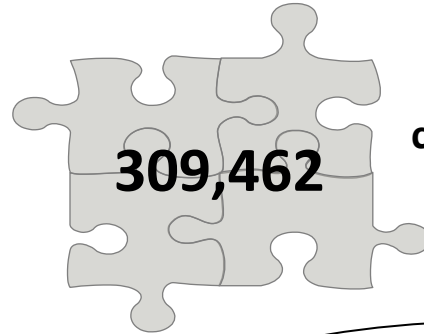
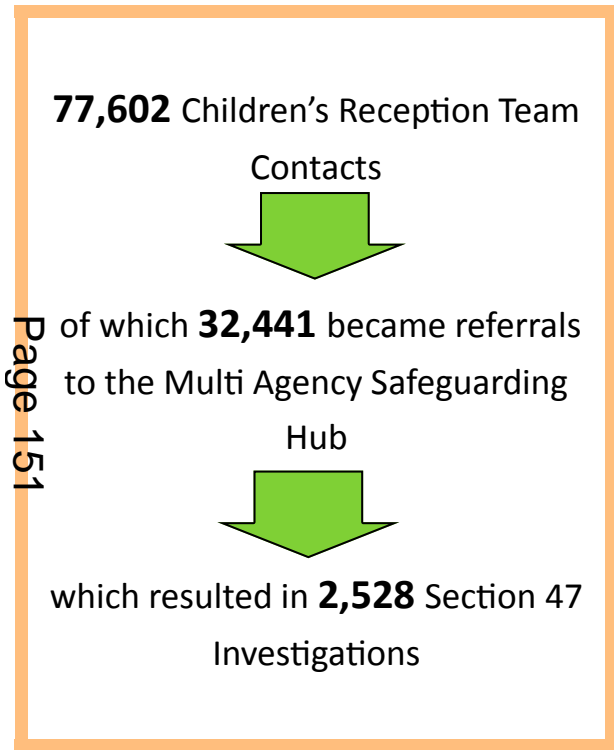
Vital interests: a term used in the Data Protection Act 1998 to permit sharing of information where it is critical to prevent serious harm or distress or in life-threatening situations.

Wilful neglect or ill treatment: an intentional, deliberate or reckless omission or failure to carry out an act of care by someone who has care. Abuse includes physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory and institutional abuse.

Annual Report Summary 2017-18



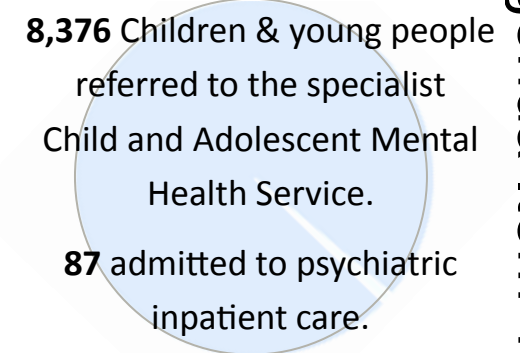
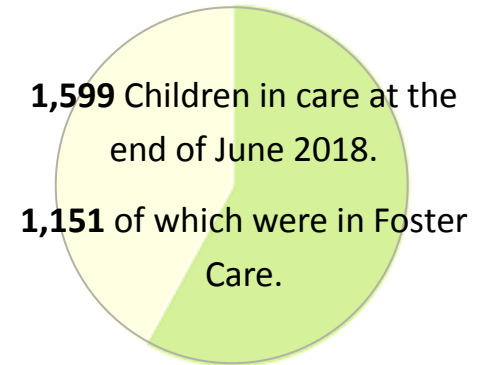
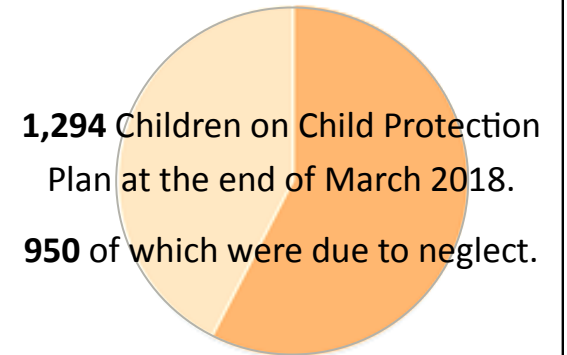
Hampshire Safeguarding Children Board (HSCB) is a statutory body that leads on keeping children safe and insuring their wellbeing in the local authority (LA) area of Hampshire. The Board is a partnership of local agencies who work together to make sure that child protection services in Hampshire are effective and keep our children safe.



children & young people aged 0-19yrs

94% of children in Hampshire of compulsory school age and above have English as their first language

Hampshire has areas of affluence and significant deprivation. Nine small areas are in the most multiple deprived areas in England



Children receiving early help support at the end of March 2018

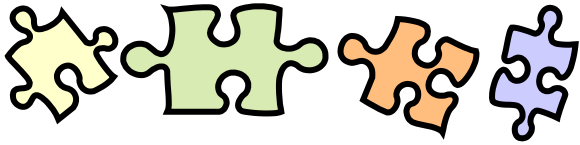


Unaccompanied Asylum Seeking Children who are the responsibility of the LA

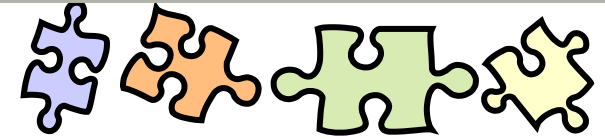


Of children ages 0-17yrs are from black and minority ethnic groups

N.B. The reported figures provide an overview of child protection arrangements in Hampshire and are supported by qualitative analysis and assessment



Lessons Learnt from Serious Case Reviews



- Awareness, understanding and implementation of key policies and procedures.
- Promoting the participation of parents in multi-agency meetings and the importance of involving fathers.
- The need for assessments to be a continuous process including at times of increased vulnerability.

- The need for high quality supervision to enable practitioners to plan and deliver assessments that are both proportionate and robust.
- The need for effective information sharing within and across agencies involved with the family.

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2 Conferences attended by **400** professionals

4 Regional Practitioner Forums attended by **100** professionals

Multi-agency training provided to **650** professionals

9 Distinct multi-agency training courses

Audit and Assurance

- 5 'deep-dive' multi-agency audits undertaken focussing on the experiences of 41 children
- 35 agencies submitted a comprehensive self-assessment of compliance with safeguarding standards

2018-19 Priorities

- Adopting a Family Approach
- Strengthening our Assurance Programmes
- Engagement
- Leadership and Transformation

The full Hampshire Safeguarding Childrens Board Annual Report is available online here:

HSCB Annual report:

<http://www.hampshiresafeguardingchildrenboard.org.uk/wp-content/uploads/2018/10/HSCB-Annual-Report-2017-18.pdf>

A report on Learning from Child Death Reviews is also available here (a summary version and the full version):

CDOP Annual Report summary -

<https://www.hampshiresafeguardingchildrenboard.org.uk/wp-content/uploads/2018/10/4LSCB-CDOP-Annual-Report-Summary-2017-18.pdf>

CDOP Annual Report (full) -

<https://www.hampshiresafeguardingchildrenboard.org.uk/wp-content/uploads/2018/10/4LSCB-CDOP-Annual-Report-2017-18.pdf>

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