Hampshire County Council

NOTICE OF MEETING

Meeting Health and Wellbeing Board

Date and Time Thursday, 5th October, 2017 at 10.00 am

Place Ashburton Hall, Elizabeth II Court, The Castle, Winchester

Enquires 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

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence received.

2. DECLARATIONS OF INTEREST

All Members who believe they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to 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.

3. MINUTES OF PREVIOUS MEETING (Pages 5 - 10) 10.05

To confirm the minutes of the previous meeting

4. DEPUTATIONS

To receive any deputations notified under Standing Order 12.

5.	**CHAIRMAN'S ANNOUNCEMENTS** To receive any announcements the Chairman may wish to make.	10.10
6.	**DOMESTIC ABUSE JOINT TARGETED AREA INSPECTION** (Pages 11 - 32) To consider an overview of the key findings of the joint targeted area inspection on Domestic Abuse, and progress to date regarding response to the recommendations.	10.15
7.	**ANNUAL REPORT OF THE HAMPSHIRE SAFEGUARDING CHILDREN'S BOARD** To consider the annual report of the Hampshire Safeguarding Children's Board and discuss the strategic priorities going forward.	10.30
8.	**HAMPSHIRE AND ISLE OF WIGHT SUSTAINABILITY AND TRANSFORMATION PLAN** To receive a presentation providing an update on the implementation of the Hampshire and Isle of Wight Sustainability and Transformation Plan, including regarding communication and community engagement, and the development of an inter-authority Health and Wellbeing Board Chairman's forum.	10.45
9.	**HEALTH AND WELLBEING DISTRICT FORUM** (Pages 33 - 36) To receive an update from the Chair of the Hampshire District Health and Wellbeing Forum.	11.00
10.	**HEALTH AND WELLBEING BOARD BUSINESS SUBGROUP REPORT** (Pages 37 - 58) To receive an update from the Health and Wellbeing Board Business Sub Group, and to discuss proposed membership changes, and arrangements regarding the refresh of the Hampshire Joint Health and Wellbeing Strategy.	11.10
11.	**ANY OTHER BUSINESS** To discuss any other business Members of the Health and Wellbeing Board wish to raise.	11.25
12.	**DATE OF NEXT MEETING** To note the date scheduled for the next meeting of the Health and Wellbeing Board is 14 December 2017.	11.30

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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AT A MEETING of the Health and Wellbeing Board of HAMPSHIRE COUNTY COUNCIL held at Ashburton Hall, Elizabeth II Court, The Castle, Winchester on Thursday, 29th June, 2017

PRESENT

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

Vice-Chairman:
p Dr Barbara Rushton (Chair, South Eastern Hampshire Clinical Commissioning Group)

p Graham Allen (Director of Adults' Health and Care, Hampshire County Council)
p Councillor Roger Allen (Gosport Borough Council)
a Paul Archer (Director of Transformation & Governance, Hampshire County Council)
p Dr Sallie Bacon (Director of Public Health, Hampshire County Council)
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)
a Julie Dawes (Acting Chief Executive, Southern Health NHS Foundation Trust)
p Dr Nicola Decker (Chair, North Hampshire Clinical Commissioning Group)
p Dominic Hardy (Director of Commissioning Operations, NHS England Wessex)
p Christine Holloway (Chair, Healthwatch Hampshire)
a Michael Lane (Hampshire Police and Crime Commissioner)
p Councillor Keith Mans (Executive Lead Member for Childrens Services and Deputy Leader, Hampshire County Council)
a Dr Sarah Schofield (Chair, West Hampshire Clinical Commissioning Group)
p Councillor Patricia Stallard (Executive Member for Public Health, Hampshire County Council)
p Phil Taverner (Test Valley Community Services, Voluntary Sector Representative)
p Nick Tustian (Chief Executive, Eastleigh Borough Council)
p Alex Whitfield (Chief Executive, Hampshire Hospitals NHS Foundation Trust)
a Dr Andrew Whitfield (Chair, North East Hampshire and Farnham Clinical Commissioning Group)

Also in attendance:
Councillor Roger Huxstep, Chairman of Hampshire Health and Adult Social Care Select Committee (standing observer)

1. **APOLOGIES FOR ABSENCE**

Apologies were received from:

- Dr Sarah Schofield, Chairman West Hampshire Clinical Commissioning Group, her substitute Heather Hauschild, Chief Officer, was unable to attend in her place due to a CCG Board meeting.
- Michael Lane, Police and Crime Commissioner for Hampshire. He did not have a nominated substitute.

- Julie Dawes, Acting Chief Executive, Southern Health NHS FT. Her substitute Sue Harriman, Chief Executive, Solent NHS Trust also sent apologies.
- Steve Crocker, Director of Children's Services, due to attending the Isle of Wight Health and Wellbeing Board meeting. He did not have a nominated substitute.
- Dr Andrew Whitfield, Chairman North East Hampshire and Farnham Clinical Commissioning Group. Dr Peter Bibawy, Medical Director, his substitute, attended in his place.

2. 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.

3. MINUTES OF PREVIOUS MEETING

The Minutes of the Health and Wellbeing Board meeting held on 23 February 2017 were confirmed as a correct record and signed by the Chairman.

4. DEPUTATIONS

No deputation requests had been received.

5. ELECTION OF VICE CHAIRMAN

The Chairman proposed that Dr Barbara Rushton continue as Vice Chairman of the Health and Wellbeing Board for the coming year. This nomination was seconded by Dr David Chilvers, and was agreed by the Board.

RESOLVED:

Dr Barbara Rushton appointed Vice Chairman of the Health and Wellbeing Board for 2017/18.

6. CHAIRMAN'S ANNOUNCEMENTS

The Chairman welcomed members of the Board who had not attended a meeting before.

7. HAMPSHIRE DOMESTIC ABUSE STRATEGY

The Board received a presentation on behalf of the Director of Public Health (see Item 7 in the Minute Book) regarding the Hampshire Domestic Abuse Strategy for 2017-2022.

The Board heard that:

- It was important to learn from Domestic Homicide Reviews, for example a recent case involved a couple in their seventies, which showed it is important not to make assumptions about who may or may not be affected by domestic abuse

Board Members commented:

- That it would be helpful for NHS Providers to be involved in the strategy group
- That dementia can change people's behaviour and make them more aggressive. This could be a developing risk area for domestic abuse

RESOLVED:

That the Health and Wellbeing Board endorse the strategy, and support partnership actions to take the strategy forward.

8. IMPROVED AND INTEGRATED BETTER CARE FUND UPDATE

The Board received a report from the Director of Adults' Health and Care (see Item 8 in the Minute Book) regarding the Improved and Integrated Better Care Fund.

The Board heard that:

- In March 2017 an improved Better Care Fund had been announced in the budget by central government, aimed at supporting social care pressures, including in relation to the care market and reducing pressure on the NHS in terms of delayed discharge from hospital
- The additional funding was welcome, however there remained significant financial challenges in social care
- The five Clinical Commissioning Groups in Hampshire had met with the County Council to discuss use of the funding for the 2017/18 financial year
- The split of use of the additional funding in Hampshire was planned to be 30% for social care needs, 37% towards alleviating NHS pressures, and 32% to support care provider stability. It was noted that this spread was more even than in other parts of the country
- By 2020 19% would be removed from Hampshire County Council's budget due to reductions in Revenue Support Grant, which equated to a £56 million reduction to the Adults' Health and Care department budget

Board Members commented:

- The Voluntary Sector representative highlighted that engaging communities in commissioning decisions had been shown to be

effective. It was noted that engagement was taking place in Hampshire with the voluntary sector through the Supportive Communities Programme, and with specific populations where services were being adapted locally e.g. under the vanguard programmes

- The NHS England representative commented that it would be important to establish at the outset how many people were estimated to benefit from the additional funding. It was noted that discussions were due shortly to determine this.

RESOLVED:

The Health and Wellbeing Board:

1. Note the current position with regard to the Better Care Fund policy and guidance.

2. Consider and confirm the proposed application of the IBCF.

3. Note that a Deed of Variation to the current Section 75 agreement will be required, so that Hampshire meets expected National Conditions for a jointly agreed plan.

9. JOINT STRATEGIC NEEDS ASSESSMENT UPDATE

The Board received a presentation from the Director of Public Health (see Item 9 in the Minute Book) regarding the Hampshire Joint Strategic Needs Assessment.

The Board heard that:

- Areas of focus included reducing levels of smoking during pregnancy, and self harm rates which are higher in Hampshire than the national average
- Healthy life expectancy has not increased in line with life expectancy
- It was planned to create a JSNA steering group, to prioritise requests for indepth needs assessments. It was discussed that the membership of this steering group could be explored via the Business Sub Group or the Executive Group supporting the Board
- A form would be available on the website for requesting an indepth needs assessment

RESOLVED:

The Health and Wellbeing Board note the update and agree to publication of the JSNA.

10. HAMPSHIRE CLINICAL COMMISSIONING GROUP PARTNERSHIP

The Board received a presentation from the Chair of North Hampshire Clinical Commissioning Group and the Chair of North East Hampshire and Farnham Clinical Commissioning Group (see Item 10 in the Minute Book) regarding the Hampshire Clinical Commissioning Group Partnership.

The Board heard that:

- Four of the five Clinical Commissioning Groups (CCGs) in Hampshire had come together as a partnership, under one Chief Executive
- This arrangement was part of a journey and the partnership was open to other partners joining in future

Board Members commented:

- Board Members welcomed the development

RESOLVED:

The Health and Wellbeing Board note the arrangements for the Hampshire CCG Partnership.

11. HAMPSHIRE AND ISLE OF WIGHT SUSTAINABILITY AND TRANSFORMATION PLAN

The Board received an update from the Lead Officer for the Hampshire and Isle of Wight Sustainability and Transformation Plan (HIOW STP) regarding progress with the HIOW STP.

The Board heard that:

- The STP was pushing for a more joined up approach across the HIOW STP area including joint commissioning. The Health and Wellbeing Board could help with identifying and removing any barriers to achieving this
- Independent advice had been sought regarding potential governance structures for the STP, and it was hoped that proposals would be presented to the four Health and Wellbeing Board Chairmen for the Hampshire and Isle of Wight area in the next few months.

Board Members commented:

- That consideration could be given to opportunities to make efficiencies through working together on back office functions. It was reported that the STP Executive Delivery Group would be considering this issue.

RESOLVED:

The Health and Wellbeing Board note the update regarding the Hampshire and Isle of Wight Sustainability and Transformation Plan.

12. HEALTH AND WELLBEING BOARD BUSINESS SUB GROUP UPDATE

The Board received a report from the Director of Adults' Health and Care (see Item 12 in the Minute Book) regarding the work of the Business Sub Group of the Health and Wellbeing Board.

The Board heard that:

- The sub groups were now set up and included good representation

- The Business sub group was continuing to review membership, and whether organisations could best provide input via a seat on the Board or involvement in a sub group
- Proposals regarding ongoing support to the Board had been made to the Director of Adults' Health and Care and were being discussed with partners

RESOLVED:

The Health and Wellbeing Board:

1. Note progress regarding the implementation of the Hampshire Health and Wellbeing Board Business Plan.

2. The Business Subgroup to complete the review of board membership and to bring back recommendations to the HWB in October. The HWB to make recommendations to the County Council for a final decision.

3. Note the progress regarding permanent HWB business support arrangements.

13. **ANY OTHER BUSINESS**

No other business was raised on this occasion.

14. **DATE OF NEXT MEETING**

The Chairman proposed that the planned workshop following the meeting be deferred to the next meeting, as a number of Board Members couldn't stay on this occasion. This was agreed.

The Chairman of the Co-design, Co-production and Community Participation sub group sought assurance that the Board was supportive of the amended purpose for this group to pursue in the meantime (as indicated in a briefing paper circulated in support of the workshop). This was agreed.

The Chairman confirmed that the next meeting of the Board was due to take place on Thursday 5 October from 10:00am, with the deferred workshop session to follow the formal business of that meeting.

Chairman,

HAMPSHIRE COUNTY COUNCIL

Report

Committee/Panel:	Hampshire County Council Health and Wellbeing Board
Date:	5 October 2017
Title:	Joint Targeted Area Inspection - report and letter of findings
Report From:	*Steve Crocker, Director of Children's Services*

Contact name: Stuart Ashley, Assistant Director Children and Families

Tel: 01962 846370 **Email:** stuart.ashley@hants.gov.uk

1. Summary

1.1. The purpose of this paper is to provide the Health and Wellbeing Board with an overview of the Joint Targeted Area Inspection (JTAI) of the multi-agency response to abuse and neglect in Hampshire and the positive letter of findings.

2. Contextual information

2.1. Joint Targeted Area Inspections (JTAI) were introduced in 2016 as a multiagency inspection that evaluates 'front door' and safeguarding services in an area across agencies that work with children, young people and their families. The term 'front door' in this context means the initial multi or single agency response to a referral about the neglect or abuse or a child. As well as assessing front door services, the inspection also considers the response to specific children and young people through a 'deep dive' theme.

2.2. These multi-agency inspections involve Ofsted, Her Majesty's Inspectorate of Constabulary (HMIC), the Care Quality Commission (CQC) and Her Majesty's Inspectorate of Probation (HMI Probation). The lead inspector of the JTAI is always an Ofsted inspector which represents the local authority's statutory role in leading the partnership for children.

2.3. From February to June 2016, five areas were inspected evaluating the deep dive theme '*the experiences of children and young people at risk of, or subject to, child sexual exploitation and missing from home or care*'.

2.4. From September 2016, the deep dive theme became '*children living with domestic abuse*' and this was the theme for Hampshire.

2.5. Hampshire received notification from Ofsted on 22 November 2016, with the week of on site inspection commencing on 5 December 2016.

2.6. The inspection takes place over a three week period with at least 12 inspectors on site during the last week. During the on site week, the

inspectors work across inspectorates in three pods to evaluate leadership, front door services and the deep dive theme.

2.7. The two weeks prior to the inspection team being on site are for the local authority and partners to gather the information required, including an extensive data requirement, known as Annex A.

2.8. From Annex A, produced by the local authority, the lead inspector selects 20 cases for additional information. From this 20, 5-7 cases are selected for a multi-agency audit. In Hampshire we found that the data requirements exceeded this 20 with a further requirement of;

- 10 good practice cases
- 10 multi-agency cases
- 10 Multi-agency Risk Assessment Conference (MARAC) cases
- 10 Probation cases

2.9. It is estimated that 150 files were ultimately audited by the Children and Families branch prior to their submission to the lead inspector.

2.10. During the week on site inspectors;

- Track the cases selected for multi-agency audit, meeting with the front line staff and discussing the case in depth
- Forensically sample the other cases selected
- Follow cases through front door arrangements onwards through children's social care
- Attend multi-agency meetings
- Meet with key people both from within the organisations being inspected and in the community, such as voluntary organisations.
- Speak to children, young people and their families

3. Performance

3.1. Please note the final letter regarding the inspection attached.

3.2. This is an exceptionally positive report, and although no graded judgements are given in such reports it reads as one of the most positive JTAI feedback letters written nationally. There is recognition of the strong performance of the Children and Families branch in tackling the issue of domestic abuse and also particularly positive in respect of the mature multi agency children's safeguarding partnership arrangements across Hampshire, that are seen to be making a real difference to children and families. The inspection stated clearly that '*the local authority shows a clear commitment to partnership working*' and this is threaded through the report in terms of the local authority's leadership of the partnership, its support of other partners and the visibility and transparency of senior managers.

3.3. No priority actions were identified and only one area for improvement directly relates to children's social care.

3.4. Key joint area headlines are;

- *It is evident that leaders in all organisations are committed to the partnership and that they appropriately prioritise the protection of these children. This shared commitment results in strong, established and mature partnership working.*
- *Strategic arrangements for responding to domestic abuse in Hampshire are robust and effective.*
- *Across all partners, the overall standard of practice is strong and the areas for improvement are minor.*
- *It is evident that leaders in all organisations are committed to the partnership and that they appropriately prioritise the protection of these children.*
- *The HSCB [Hampshire Safeguarding Children Board] is dynamic and forward thinking.*

3.5. Key Hampshire Children's Services headlines are;

- *The open style of leadership and innovation is creatively driven by the director of children's services. Considerable support for this innovation is offered from both the lead member and the chief executive.*
- *Good examples of a sophisticated understanding of domestic abuse are evident through the innovative role of the domestic abuse workers in the family intervention team (FIT), which is based within the local authority child in need teams.*
- *Social workers place a high priority on the voice of the child and know children with whom they work well. This was evident in all work and particularly strong in longer term casework.*
- *There is a high level of senior leadership awareness of the 'front door' service and domestic abuse, which is assisted by a continuity of leadership and a focus on keeping in touch with frontline practice and individual outcomes for children. The director of children's services and the assistant director have a good understanding of the experiences of children in Hampshire.*
- *The style of both senior and operational management encourages learning and reflection within a strong culture of performance management, including, for example, the robust, well-embedded peer review process.*
- *Frontline social workers are committed and highly knowledgeable about individual children.*

4. Other key issues

4.1. The JTAI process requires that a *statement of action* is completed which details what each partner organisation will do to address the areas of improvement identified in the feedback letter. The local authority is identified

as the coordinator of the statement albeit there is only one small area of suggested improvement.

4.2. Children's Services coordinated the writing of this action plan, which went to the HSCB management board on 21 March 2017 for approval. Children's Services are coordinating reporting of the progress against the plan, which is monitored and if necessary challenged by the HSCB sub group.

4.3. Progress is reported on a six monthly basis with the first formal agency updates to be requested at the end of September and reported to the JTAI sub group in December.

4.4. Progress to date, as confirmed at the JTAI sub group in June 2017, includes;

Hampshire Constabulary:

- A new referral form has been developed that strengthens the 'voice of the child'. The next step will be to evaluate how well it has been embedded.
- A robust monitoring system for the quality of referral forms is in place. 40 cases have been dip-sampled and there is progress with regards to the number graded sufficient or good.
- Training on the quality of DASH domestic abuse risk assessments is progressing well.

Hampshire & Isle of Wight CRC (HIOWCRC):

- Staff awareness sessions for both HIOWCRC and the Multi-Agency Safeguarding Hub (MASH) have taken place around referral processes. A quality assurance framework is also in place.
- CRC are working through the current waiting list for service users accessing the Building Better Relationships domestic abuse programme. It is expected that this will be completed by the end of the year.

Health:

- A task and finish group has been set up to audit 50 case records with a specific focus on completion of the DASH domestic abuse risk assessment.
- Identification and Referral to Improve Safety (IRIS) training for GPs has been scoped and it has been decided that a holistic approach will be progressed.
- An audit around consistency in enquiry of domestic abuse in pregnancy has been completed. Changes to paperwork have been made and this will be implemented across Hampshire, Portsmouth, Southampton and the Isle of Wight.
- Progress has been made regarding health providers attending Multi-Agency Risk Assessment Conferences (MARAC).

Children's Services:

- Updated Child Protection and Child in Need plans have been developed, including consultation with staff, and are expected to launch on 2 October 2017.
- An audit of cases stepped down from Child Protection to Child in Need was completed in May 2017 and progress against action plans are being monitored by HSCB's Quality Assurance Subgroup.

5. Conclusion or Recommendation(s)

5.1. That Health and Wellbeing Board note the exceptionally positive JTAI letter and the progress made to address the minor areas for improvement.

CORPORATE OR LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	yes
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

Other Significant Links

Links to previous Member decisions:	
Title	Date
Direct links to specific legislation or Government Directives	
Title	Date
Joint Targeted Area Inspections are conducted under section 20 of the Children Act 2004.	

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:

The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;

Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;

Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionally low.

1.2. **Equalities Impact Assessment:**

See guidance at http://intranet.hants.gov.uk/equality/equality-assessments.htm

*Inset in full your **Equality Statement** which will either state*

why you consider that the project/proposal will have a low or no impact on groups with protected characteristics or

will give details of the identified impacts and potential mitigating actions.

2. Impact on Crime and Disorder:

2.1. Impact assessment is not considered necessary as the report is not proposing any change.

3. Climate Change:

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

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

3.2. Impact assessment is not considered necessary as the report is not proposing any change.

1 February 2017

Steve Crocker, Director of Children's Services, Hampshire County Council
Heather Hauschild, Chief Officer for NHS West Hampshire CCG
Kim Jones, Designated Nurse Safeguarding Children
Michael Lane, Police and Crime Commissioner for Hampshire
Olivia Pinkney QPM, Chief Constable of Hampshire Constabulary
Alison Smailes, Head of Hampshire and Isle of Wight Youth Offending Teams
Kim Thornden-Edwards, CEO, Hampshire and Isle of Wight Community Rehabilitation Company
Angela Cossins, Deputy Director, SWSC National Probation Service
Derek Benson, Chair of Hampshire LSCB

Dear local partnership

Joint targeted area inspection of the multi-agency response to abuse and neglect in Hampshire

Between 5 and 9 December 2016, Ofsted, the Care Quality Commission (CQC), HMI Constabulary (HMIC) and HMI Probation (HMI Prob) undertook a joint inspection of the multi-agency response to abuse and neglect in Hampshire.[1] This inspection included a 'deep dive' focus on the response to children living with domestic abuse.

This letter to all the service leaders in the area outlines our findings about the effectiveness of partnership working and of the work of individual agencies in Hampshire.

The inspectorates recognise the complexities for agencies in intervening in families where there is more than one victim and where, as a consequence, risk assessment and decision-making have a number of complexities and challenges, not least that the impact on the child is sometimes not immediately apparent. A multi-agency inspection of this area of practice is more likely to highlight some of the significant challenges to partnerships in improving practice. We anticipate that each of these joint targeted area inspections (JTAIs) will identify learning for all agencies and will contribute to the debate about what 'good practice' looks like in relation to children living with domestic abuse. In a significant proportion of cases seen by inspectors, there were risk factors in addition to domestic abuse, which reflects the complexity of the work.

[1] This joint inspection was conducted under section 20 of the Children Act 2004.

Strategic arrangements for responding to domestic abuse in Hampshire are robust and effective. Across all partners, the overall standard of practice is strong and the areas for improvement are minor. Inspectorates found some variability in frontline practice and in a small number of cases considered that improvements were required. In a county of such size this may be expected to some degree nevertheless there remains scope for a greater consistency of service provision.

Hampshire is a large local authority with geographic and demographic complexities that present significant challenge to the partnership. Leaders respond to this well, demonstrating a clear culture of strong, co-ordinated leadership which is underpinned by a commitment to continuously improving services. All partners are dedicated to improving outcomes for all vulnerable children, including those experiencing domestic abuse. It is evident that leaders in all organisations are committed to the partnership and that they appropriately prioritise the protection of these children.

This shared commitment results in strong, established and mature partnership working. A key aspect of this maturity is the ability and openness to challenge and be challenged. This was demonstrated effectively through the recent undertaking of a multi-agency audit which focused on the effectiveness of the front door Multi Agency Safeguarding Hub (MASH) as well as service provision in relation to domestic abuse. Findings showed much good work and also opportunities for the partnership to continue to do better. The partnership has sustained and continued to build upon its work, despite challenges that include constraints on finances and external pressures such as significant re-structuring in some agencies. An example of this is the effective work of the Hampshire Safeguarding Children Board (HSCB) which ensured that the National Probation Service (NPS) and Community Rehabilitation Company (CRC) were supported to remain active partners during their organisational transition.

The multi-agency service delivery arrangements in Hampshire are complex and reflect the need for an understanding of the nuance of the impact of domestic abuse rather than a 'one size fits all' approach. Good examples of a sophisticated understanding of domestic abuse are evident through the innovative role of the domestic abuse workers in the family intervention team (FIT), which is based within the local authority child in need teams. These examples of good practice evidence a highly effective service that provides one of many examples where the strategic intention of the partnership has been successfully translated into practice.

The HSCB is dynamic and forward thinking. During inspection, it was evident that individual leaders take responsibility for their organisation's role within the board and that this has led to tangible improvements in multi-agency arrangements. For example, the police have worked effectively to ensure that the data they provide to

the board is appropriate, purposeful and in line with that of other partners, to inform planning and improve service provision.

There are a number of effective sub-groups that support and feed into the HSCB. The health sub-group is attended both by health commissioners and providers and has demonstrated some notable progress. For example, it has developed a dataset which reports on the wider commitment of health partners. This includes a 94% return rate from GP practices of section 11 audit returns. This is the first time these audit returns have been included in the dataset, and they are significant because they require orginasations to have appropriate safeguarding arrangements in place. This is reflective of concerted effort and engagement with and by GPs.

The partnership has been particularly successful in ensuring that there is shared understanding of the impact of domestic abuse for all those affected by it – children, victims and perpetrators. This has informed planning and the delivery of services. This clear and distinct focus on the needs of each of these three groups means, for example, that there is a particularly impressive range of perpetrator programmes available.

Consideration and analysis of the regular multi-agency audits undertaken by the partnership promotes a high degree of self-awareness, and this knowledge is used to ensure that learning is fully shared and makes a difference to improving practice. There is a strong degree of self-evaluation and self-reflection and a relentless aspiration to achieve and continually improve services.

Overall, frontline practice is strong, although with a small degree of variability and there are some specific actions that would improve practice further. For example, the consistent use of domestic abuse, stalking and honour based violence (DASH) assessments across agencies and the sharing of the full documents with children's social care. There are no priority actions that the partnership is required to consider. The priority for the partnership is to ensure that all work is consistently of a strong standard and in line with the partnership's own expectations and intent. The wide range of existing high-quality audits, data and performance information provides a wealth of information. This is used to good effect and is leading to changes in policies and practice.

Key strengths

- Senior leaders in Hampshire ensure that there is good planning and long-term foresight to promote the protection of children living with domestic abuse. There is clarity in commissioning arrangements that have streamlined domestic abuse services effectively into two key providers supported by smaller localised grant-supported projects and individual agency work. The range of services are very

impressive. Through innovation, the partnership ensures that there is a range of provision, including interventions to prevent escalation of risk, such as the innovative police project Operation Cara. This is an award winning project using conditional cautions for domestic abuse offences effectively alongside other interventions. The CRC is currently working with HMP Winchester to review interventions within the prison and, where possible, to link delivery of domestic violence interventions seamlessly from 'inside' to 'outside'. The local authority dedicated domestic abuse specialists in the FIT are also demonstrating highly effective work.

- Hampshire has had a dedicated domestic abuse steering group in place for over five years, reflecting the identification by the joint task force partners of the need to focus on domestic abuse. The refreshed domestic abuse strategy for 2017 to 2022 has recently been agreed and demonstrates a good understanding of the extent and nature of domestic abuse including localised variations. The partnership has carefully considered how its response to domestic abuse aligns with other areas of complex needs, such as neglect, and continues to monitor how the issues of neglect and domestic abuse are linked. The maturity of the partnership is evident in this approach taken to understand the best way to support children and families with entrenched, multiple and highly complex needs.
- The partnership in Hampshire has thoughtful and accessible senior managers who are visible to practitioners and who know their services well. There are clear performance management arrangements in each agency, and these are particularly strong in the local authority. The narrative behind the data, and what this means for children, is well understood. Individual agencies understand the prevalence of domestic abuse and have ensured that this has had an appropriate profile within practice and service delivery. Considerable work has been undertaken within the HSCB to ensure that the shared dataset informs partnership working by focusing on the key criteria and supporting any partner who requires additional input to provide the most relevant data.
- The Community Safety Partnership and the Children's Trust are effective mechanisms by which partners work, plan and evaluate their work together. Consideration of domestic abuse has a profile in each of these groups in addition to the HSCB and the dedicated Domestic Abuse Steering Group, which leads on this area of work.
- All partners in Hampshire appropriately identify the prevalence and impact of domestic abuse. Clear referral pathways are consistently used by the partnership to ensure that children who are at risk or in need as a result of domestic abuse are referred appropriately for a service in the Children's Reception Team (CRT) and the MASH. Thresholds for referral into children's social care are clearly understood and consistently applied. Children are appropriately referred for a social work assessment if required. The majority of referrals are made by the police, but good evidence was seen to demonstrate that a wide range of partners

refer appropriately when domestic abuse is a concern. These partners include staff at school, nursery, health and the perinatal mental health service. Strong specific examples were seen, including a referral from the Vulnerable Adults Safeguarding Team (VAST) in the Emergency Department of Southampton Hospital. This demonstrates a clear understanding of risk, including coercive control, the relevance of previous domestic abuse as well as the impact of social isolation.

- Children at risk of domestic abuse who meet the threshold for social work intervention are progressed to MASH for multi-agency information gathering and decision-making. Co-located agencies work well together to share information, which supports effective decision-making about the next steps. Case summaries include clear analysis and recommendations that inform appropriate management decisions for further action. Children are promptly seen by social workers and their needs assessed in a timely manner. This includes a response from the well organised and well managed out of hours service, which offers an appropriate response to risk, including the convening of strategy meetings to ensure timely action to protect children.
- There has been significant investment to co-locate key partner agencies, including children's social care, police and health in the MASH. This supports effective and timely communication between these agencies. This investment provides senior police officer oversight at chief inspector rank, MASH police inspectors leading the team on site, and police sergeants attending strategy meetings. There is a daily police safeguarding meeting chaired by a MASH inspector immediately preceding and feeding into force management meetings, which reviews overnight and ongoing safeguarding concerns as well as MASH workloads, staff resilience and other critical areas of business.
- Agencies who are 'virtual partners' in MASH, such as the NPS and CRC, find communication more of a challenge. Agencies continue to work hard to mitigate any impact from this and have found ways to ensure appropriate communication takes place. Examples include the identification of single points of contact in both of the probation services and agreements to address issues of consent. The CRC and NPS are currently reviewing their roles and contributions as virtual partners.
- Information Technology (IT) systems ensure that agencies can access and share information. For example, MASH health practitioners have access to the children's social care records. The recent facility for health services to have access to a number of GP summary care records for adults and children has been helpful, both in enhancing initial information gathering and the quality of risk assessment within the MASH. The Youth Offending Team (YOT) has access to children's social care records and is now better able to see whether young people are known to children's social care.

- The voice of the child is well understood and is given a high profile across partners. The voice and lived experience of children was particularly well recorded in perinatal mental health, child and adolescent mental health service (CAHMS) and health visitors' records considered by inspectors. Social workers place a high priority on the voice of the child and know children with whom they work well. This was evident in all work and particularly strong in longer term casework. However, it is more limited by the short-term nature of work in some teams. The local authority is aware of this and is reviewing the current structure of service provision.

- The local authority shows a clear commitment to partnership working. The open style of leadership and innovation is creatively driven by the director of children's services. Considerable support for this innovation is offered from both the lead member and the chief executive. There is a high level of senior leadership awareness of the 'front door' service and domestic abuse, which is assisted by a continuity of leadership and a focus on keeping in touch with frontline practice and individual outcomes for children. The director of children's services and the assistant director have a good understanding of the experiences of children in Hampshire. The championing of Supporting Families, Hampshire's troubled families programme, by the lead member is a good example of this. The style of both senior and operational management encourages learning and reflection within a strong culture of performance management, including, for example, the robust, well-embedded peer review process.

- Frontline social workers are committed and highly knowledgeable about individual children and strive to ensure that each child has their needs met at an appropriate level of intervention. Not all case records or plans fully reflect the degree of detail, understanding or effort that is made by social workers. Inspectors observed focused skilled practitioners who understood the needs of children and the impact that domestic abuse has on them. Children are supported by social workers who they know and trust. Practitioners and managers understand the complex inter-play between neglect, domestic abuse and other forms of abuse. As a result, there is a considerable willingness and commitment to address complex issues and not seek single-issue solutions. Social workers work hard to understand the complicated experiences that children face. Demands on the service are high and some staff are managing caseloads that are higher than expected. Social workers manage these caseloads well and describe themselves as being very well supported by their managers. Child protection work is understandably given priority and a concerted focus on children in need must continue.

- Management oversight in children's social work and on case records is a strength. All cases reviewed demonstrated regular management oversight of the work undertaken by social workers. Managers authorise all key decisions and good

examples were seen in all the teams of their oversight and analysis to improve outcomes for children. This included, for example, appropriately changing the outcome of assessments to recommend that children are protected through consideration of their needs at initial child protection conferences.

- Police leaders are highly committed to the partnership and have prioritised the protection of children living in homes where domestic abuse occurs. There is a clear determination to reduce the risks to those identified as being vulnerable, as well as evidence of police leaders working to develop a culture of continual improvement to enhance decision-making and protective practices. Significant investment in a sophisticated and robust performance management process is demonstrative of this commitment. There is clear evidence of the shift in the culture of the police towards thinking about the wider context of domestic abuse and of the force prioritising the reduction of risk and harm to children experiencing domestic abuse. This is evident at all levels of the force and is leading to improvements in processes and decision-making.
- Senior police leaders understand clearly the need to have a line of sight between strategic intent and operational delivery. The force leadership has placed clear emphasis on being assured as to the nature and quality of decision-making at the frontline.
- Frontline police officers routinely and appropriately identify and respond to domestic abuse incidents. They make appropriate referrals to social care using the appropriate forms, DASH assessments and the separate police referral forms. These are completed in the vast majority of cases, however there are further opportunities for improvement in the quality of the information contained in these forms and the way in which information is shared with children's social care to assess risk and inform the development of protective plans. In the majority of cases, it was not evident whether children had been seen, spoken to, or their welfare had been assessed. Police leaders are aware of this and work is ongoing to ensure that this information is evident and fully shared with partners.
- The five clinical commissioning groups within the complex health economy of Hampshire work collaboratively on the safeguarding agenda, including on policies, strategies and working groups. The senior safeguarding leads show commitment to improving quality across provider organisations within the county. An example of this is the Hampshire-wide Safeguarding Schedule for 2017/18 which includes reporting linked to domestic abuse.
- A strong commitment has been made to the Named GP (Safeguarding Children) role across Hampshire. The four GPs work collaboratively and lead on initiatives to support safe practice in primary care. GPs spoken to were aware of the named GP in their locality and could offer examples of work undertaken by them in relation to practice. Impact at an operational level is shown through the safeguarding primary care meetings and through Named GP safeguarding leads meetings held regularly. In one practice, a range of professionals including

a health visitor, a school nurse, a community mental health, a community police officer, a troubled family worker attended. An invitation had also been made to the military welfare office, and the inspector saw evidence of a number of domestic abuse cases being discussed.

- The work of the YOT, CRC and NPS is well integrated into the partnership. The needs of those people who offend are represented well by each organisation. As a result, partners understand the roles and specific contributions of these agencies to domestic abuse work. The expertise from these agencies in managing risk of harm and reducing reoffending is shared to inform policy and operational practice to help to protect victims, and includes the effective use of multi-agency public protection arrangements (MAPPA).

- Hampshire MAPPAs are managed effectively and are making a positive difference to safeguarding children work. MAPPA leads actively seek to foster the engagement of partners at the right level in Hampshire and out of area. They have put measures in place to hold agencies to account, move cases through levels to help achieve their aims and are able to provide examples of joined up, effective action to protect primary victims of domestic abuse and their children.

- Assessments in the YOT as well as the impact of domestic abuse on the child are well analysed and understood. They lead to the appropriate provision of targeted interventions including the use of parenting support, restorative justice and some sensitive one-to-one work with children and young people. A considerable amount of work has been successfully undertaken to support the transition of young people who transfer from YOT to the CRC or the NPS. The YOT similarly works well with the police; for example, through the joint triage process and the flagging of young domestic abuse instigators through the police offender management hub to safer neighbourhood officers. This improves the ability of both agencies to better manage the risk of harm to others.

- The CRC has established a strategic focus on safeguarding and domestic abuse. Its new operating model means that offenders will be seen in the community and in their homes, rather than at an office. CRC managers have recognised that this provides a better opportunity to observe the interaction of families and are developing a training programme for staff to best utilise this opportunity.

- Multi-agency risk assessment conferences (MARACs) in Hampshire were already under review through the MARAC Evolution Group at the time of the inspection. Good practice was seen through MARAC, including specialist police safeguarding, involvement of independent domestic violence advocates (IDVA) support, and action to support a victim to seek a restraining order. A very small number of cases seen would have benefited from consideration at MARAC. Children's social care have been monitoring their attendance at a senior management level and this oversight needs to continue.

- Within Hampshire there is a substantial presence of armed forces personnel. The CRC is part of an established group that considered the best way to support serving personnel and veterans, recognising their distinct needs. This has enabled the CRC to develop effective and trusted links so that assessments, planning and support can be effectively targeted. This includes finding the most appropriate support around mental health, peer mentoring and addressing offending behaviour.

Case Study: highly effective practice

The dedicated domestic abuse specialist role in the FIT is an impressive and creative service, generating its own evidence of effectiveness and impact, and supported through external evaluation. It challenges misconceptions about domestic abuse, provides high-quality and sensitive direct services to families and works to dispel myths among the professional community.

As part of the Department for Education Innovation Fund, a 12-month pilot started in September 2015, and on the success that is evident to date, it will now be extended more widely. Eight domestic abuse workers are placed in eight child in need teams, but accessible to a whole locality service. Seventy seven per cent of the families in the pilot displayed issues of domestic abuse. A total of 321 families were involved, and one in five showed some early short-term improvements – an impressive performance given that more than half of the families had historical long-term entrenched issues and involvement with children's social care.

This innovative pilot placed the domestic abuse expertise within child in need teams, and these seconded professionals work as a part of the multi-agency team. Partnership working with social workers occurs through a wide range of methods, including weekly team meetings where cases are discussed, the co-location of staff, use of tools such as the 'abuse wheel' and literature, including a 'Living with a Dominator' book. This promotes a more personalised and thought-provoking style of working, such as the sharing of poems – including 'Why doesn't she just leave' – at team away days. This helps to dispel and challenge myths among professionals about the emotional impact of domestic abuse.

Initial engagement of families has been a key factor in the success of the work, as mistrust of professionals is quickly eliminated. The workers have been influential in being seen not as a 'social worker' but more as a separate embedded voice for the parent victim. This direct involvement in the family home has offered social workers further insight on how compliance and control might be identified. The FIT workers have

particularly seen a difference in working with issues of coercion and controlling behaviour. They have immediate and direct routes into systems and services to expedite action, for example, the immediate initiation of target-hardening activity such as the fitting of alarms and the changing of locks.

The FIT teams works closely with IDVAs and refers cases directly to MARAC. It is notable that it has been found that a victim is more likely to speak at a child protection conference and attend a one-to-one freedom programme as a result of the support and encouragement of a FIT worker. FIT workers run the Freedom programme themselves but also offer 'lower level' safety planning. As secondees, they can refer back into their own dedicated domestic abuse commissioned services for direct work with children and have undertaken direct work with children themselves when this has been appropriate as part of a plan of support.

In addition to the specific benefits with regard to domestic abuse, this work is forming part of a wider understanding and plan to move towards multi-disciplinary teams.

Areas for improvement

- Partners need to ensure that there is greater consistency of frontline practice. Multi-agency strategy discussions take place in a timely way and are routinely attended by the three key partners of children's social care, police and health. Decision-making in respect of single or joint agency investigations is clear. This is good practice. However, the involvement of virtual partners is inconsistent and the strategy discussions do not include the written plan of how enquiries will be undertaken. This did not impact on the immediate safety of children considered during the period of the inspection.

- Greater emphasis could be placed on identifying performance information linked to domestic abuse by the partnership to ensure that it is fully exploiting all of the data already available to it. Health partners should particularly evidence that they are making a difference in this area.

- The Hampshire partnership needs to ensure that it consistently uses a single assessment tool for domestic abuse and uses it qualitatively to ensure that all partners are able to fully assess the extent of risk at the first opportunity. The police use both a DASH risk assessment and a separate referral form that incorporates the outcome of the DASH form but not the qualitative detail. Improved supervision of the frontline police response to domestic abuse would ensure that children were seen and their needs were immediately recognised. Dip

sampling of the quality of referrals is undertaken within the force but the overview of current practice needs to be expanded.

- Police DASH risk assessments are completed for every incident featuring domestic abuse. The quality varies and too often officers focused on risks in isolation and focused on the incident they are currently attending without sufficient consideration of history, type of risk indicators, vulnerability and wider factors. There are reviews of risk in MASH that are upgraded or downgraded appropriately with written reasoning. This demonstrates that the MASH effectively triages risk, but also supports a finding that there is more work to be undertaken by the police regarding their initial response.

- Health services are not routinely completing a DASH risk assessment tool when domestic abuse is suspected, disclosed or reported. Information is shared with children's social care and other relevant professionals, but this would be strengthened by conducting a full risk assessment to inform any discussions, joint decision-making and actions required to protect a child or unborn.
- The assessments and plans drawn up by the NPS and CRC varied in quality, with some missing essential details about the impact of domestic abuse on the primary victim and children. This in turn affected the quality of planning, with plans to manage risk of harm lacking, in many cases, details about how agencies would work together to protect the primary victim and children. There was evidence of timely first contact with the CRT/MASH, but it was often difficult to follow the experience of the child thereafter.
- In social care, a very small number of cases were stepped down from child protection to child in need before significant change had been maintained in a family's life, or there was an element of over-optimism of the change that had been achieved. The individual needs of children within large families should be fully evident within the plans to fully reflect the needs of each child. This is within an overall context of strong engagement and involvement of children and both parents.

- There is room for improvement in adult mental health and adult substance misuse services. For example, the impact of domestic abuse on children and parental capacity to safeguard them was not consistently well-evidenced in cases that were seen in adult substance misuse records. Referrals to children's social care by adult mental health practitioners did not consistently provide a clear analysis of the risks to and the impact on children and there is more to do to embed a 'think family' approach in this service. Adult substance misuse and adult mental health services need to ensure that they are sufficiently engaged at an operational level as key partners within local safeguarding children arrangements and processes.

- There are areas of work within health that need strategic leadership to progress and continue to support the identification and protection of children living with domestic abuse. These include engagement with MARAC, which is not consistent across all health providers, as well as a consistent approach to routine enquiry of domestic abuse in pregnancy. This is key to early identification and assessment.
- The CRC delivers the nationally accredited domestic abuse programme, the 'Building Better Relationship' programme. There are currently delays for people trying to access this programme. The NPS and CRC are aware of the issue and some steps have been taken to resolve this; both organisations need to ensure that this vital programme is available at the optimum time for the offender.
- Since August 2015, there has been a single provider for both health visiting and school nursing. There have been some capacity issues in the school nursing service and the partnership is aware that there is still more work to be done to increase the profile of this service. Hampshire County Council (Public Health) should continue to lead on progressing this.

Case study: area for improvement

Inspectors found that in almost all cases of domestic abuse attended by police, police officers completed both a DASH risk assessment and a safeguarding referral into the CRT. Risk is therefore recognised and responded to. However, there are opportunities for improvement in the quality of the information obtained in order to understand and respond to risk. This does have an impact on the way in which information is then shared with children's social care to inform the development of protective plans. Police leaders are aware of this and work is ongoing to consolidate and rationalise the way in which information is shared with partners.

In general, assessments are routinely conducted by the police and are of a good quality. There is some variability, and where the risk was highest, the response was the best. The DASH assessments themselves are not routinely shared with children's social care, which means that the detail is not fully understood and the score or rating can be misleading. This can lead to children's social care and the MASH not having the full picture of the extent of the risk.

In the case of one adult victim that was reviewd following the disclosure of an assault, a DASH assessment was undertaken. In response to the question of whether the abuse was happening more often, the victim had answered 'no'. Underneath she had written that this was because it was happening constantly. The tick rating or score in this case would have implied that the risk was not escalating and was the opposite of what was actually happening.

The police, in conjunction with the partnership, are aware of the need to respond when the incident is 'live' and are planning to alter the way of working to offer a more comprehensive multi-agency first response.

Next steps

The local authority should prepare a written statement of proposed action responding to the findings outlined in this letter. This should be a multi-agency response involving the NPS, the CRC, clinical commissioning groups and health

providers in Hampshire and Hampshire Police. The response should set out the actions for the partnership and, where appropriate, individual agencies.[2]

The local authority should send the written statement of action to ProtectionOfChildren@ofsted.gov.uk by Friday 5 May 2017. This statement will inform the lines of enquiry at any future joint or single agency activity by the inspectorates.

Yours sincerely

Ofsted	**Care Quality Commission**
 Eleanor Schooling National Director, Social Care	 Ursula Gallagher Deputy Chief Inspector
HMI Constabulary	**HMI Probation**
 Wendy Williams Her Majesty's Inspector of Constabulary	 Alan MacDonald Assistant Chief Inspector

[2] The Children Act 2004 (Joint Area Reviews) Regulations 2015 www.legislation.gov.uk/uksi/2015/1792/contents/made enable Ofsted's chief inspector to determine which agency should make the written statement and which other agencies should cooperate in its writing.

Hampshire County Council

HAMPSHIRE COUNTY COUNCIL

HAMPSHIRE HEALTH AND WELLBEING BOARD

Report

Committee:	Health and Wellbeing Board
Date:	5 October 2017
Title:	Report of the District Health and Wellbeing Forum
Report From:	Councillor Anne Crampton, Chair of the District Forum

1. Summary

1.1. This report provides an update on the work of the District Health and Wellbeing Forum which was set up as a subgroup of the Hampshire Health and Wellbeing Board. It has been established that there should be better two-way communication between the Forum and its parent Board so that the Forum is properly aligned with and delivering against the Hampshire Health and Wellbeing Strategy priorities and so that the Board can understand how its own members can support delivery of health and health inequalities outcomes at district level.

2. Defining the role of the Forum

2.1. The Forum met most recently on 19 September 2017. The Forum agreed its Terms of Reference and its main role: to lead on the Healthy Communities ambitions of the Hampshire Health and Wellbeing Strategy and to link with other subgroups to champion the role of district councils in delivering wider Strategy objectives (Starting, Living and Ageing Well). The District Forum is now represented at each of the other 3 subgroups, and reports back to from these groups will be a standing item on the Forum agenda; Forum members will be asked to participate in the programs and projects of these subgroups.

2.2. The Terms of Reference refer explicitly to the 'skills and facilities already present in our Communities'. This reflects the asset-based approach (as opposed to a deficit model) to our work as well as the role of local councils and other organisations in making crucial links between fragmented constituent parts of the health and social care system often commissioned at scale across large geographies.

2.3. District councils have a good opportunity to impact on the key determinants of health: housing, leisure, the built and natural environment, community safety, incomes, employment, transport, air and water quality. District councils can also play a role in prevention and early intervention; district councils have

contact with residents on a range of issues which present opportunities for brief interventions or signposting to useful sources of information such as 'Connect to Support'. As the pattern of ill health widens from single illnesses to multiple conditions including mental health issues, District councils should form part of the way in which the public and voluntary sector manages demand by responding better to 'whole person' problems.

2.4. The Terms of Reference require the Forum to work with others; this should be a 'two-way street', which requires other HHWB organisations to be ready to collaborate with the Forum. District councils will not achieve the HHWB ambition to reduce health inequalities on their own. This matter warrants further partnership discussion in light of recent publication of proposals for budget and service reductions and changes at Hampshire County Council. Of particular concern are the Health Impacts of decreases in Community Transport services, which currently help many to access services that keep them well and independent and reduce costs for the health and care system

2.5. The joining of health and planning is a key priority area for the Forum and has been led by HCC Public Health. Forum members are committed to working towards having planning policies in place which maximise the health of current and future residents. Supplementary Planning Documents, Public health responses to major planning applications and Health Impact Assessments are all useful tools to achieve this, as in the case of the development proposals at Manydown.

2.6. Forum members will also deploy green infrastructure and leisure assets to meet physical health and mental wellbeing objectives particularly for those who are currently inactive.

3. Finance

3.1. This report has no financial implications for the Board. Districts make a significant contribution towards improving and protecting the health and wellbeing of Hampshire residents through both statutory and non-statutory functions (where they are carried out), preventing an even higher cost burden on NHS, social care and other budgets. The District Forum has no budget and no infrastructure support funded from Hampshire County Council or the Hampshire Health and Wellbeing Board; infrastructure support is provided by members of the Forum in kind (currently Hart District Council and Eastleigh Borough Council). (The Forum is grateful for the role of HCC Public Health in providing briefings and advice to the Forum.)

4. Recommendations

4.1. It is recommended that the Hampshire Health and Wellbeing Board notes and comments on the ongoing development of the role for the Districts Forum.

CORPORATE OR LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	Yes
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:

The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;

Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;

Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionally low.

1.2. **Equalities Impact Assessment:**

District Councils also have a duty under Section 149 of the Equality Act 2010 and can go further in meeting this duty by working with the support of members of the Hampshire Health and Wellbeing Board, particularly in relation to health inequalities.

2. Impact on Crime and Disorder:

2.1. There is a dynamic relationship between health and wellbeing and crime and disorder. The safety of neighbourhoods is a key determinant of health and wellbeing. Improved health can enhance resilience to address (perceptions of) crime and antisocial behaviour.

HAMPSHIRE COUNTY COUNCIL

Report

Committee/Panel:	Health and Wellbeing Board
Date:	5 October 2017
Title:	Report of the Health and Wellbeing Board Business Subgroup
Report From:	Director of Adults' Health and Care

Contact name: Sue Lee

Tel: 07551 152760 **Email:** susan.lee@hants.gov.uk

1. Summary

1.1 A Business Subgroup has been established to support the Hampshire Health and Wellbeing Board's business planning process and to coordinate the implementation of the Health and Wellbeing Board (HWB) business plan. The business subgroup comprises the chairs of each HWB subgroup. The purpose of this report is to outline progress against the agreed HHWB Business Plan.

2. HWB Business Plan 2017/18

2.1 Subgroups are now set up around each of the priorities in the Health and Wellbeing Strategy as follows:

- Resilience for young people (Starting Well)
- Obesity and physical activity (Living Well)
- Social isolation (Ageing Well)
- Wider determinants of health and wellbeing (Healthy Communities)

2.2 Each subgroup has a nominated chair (taken from a diverse range of agencies) and a multi-agency membership. There is representation from public health and districts on each subgroup in order to promote co-ordination and consistency.

2.3 Each subgroup has developed terms of reference. Existing forums and/or work streams relating to specific HWB themes have been mapped so as to avoid unnecessary overlap and duplication. The approach adopted has been to identify what currently exists and to build on this to support delivery of the HWB priority theme. In some cases, this has meant that an existing forum now acts as the HWB subgroup with the existing forum having reviewed terms of reference and objectives so that objectives and activities appropriately link.

2.4 This has happened with the Starting Well Subgroup where a forum already existed under Public Health, regarding Emotional Wellbeing and Resilience. Living Well is

being progressed via the pre existing Healthy Weights Group and the Healthy Communities is being addressed via the District Forum.

2.5 It is recommended that from December 2017, the HWB adopts a thematic programme of meetings based on the layout and Priorities of the HWB Strategy. The format of the workshop sessions of future Board meetings would therefore, focus on one of the HWB strategic priorities and include a joint presentation from partner organisations outlining evidence of progress against this priority area. This approach would enable the HWB to undertake continuous review of the Strategy throughout the year. It also provides an opportunity for any 'system blockages' to be highlighted to the HWB and potentially resolved. The 'deep-dive' approach of each HWB Priority across the year would make the agenda more meaningful and enable a continuous review of progress.

2.6 A more detailed update on the subgroups will be provided in the workshop session taking place after the business section of the meeting.

2.7 **Appendix A** includes a copy of the current HHWB Business Plan

3. Membership of the Health and Wellbeing Board

3.1 The Business Subgroup was tasked with reviewing membership of the Health and Wellbeing Board to ensure all relevant sectors are represented. Membership has now been reviewed and potential gaps identified.

3.2 It is recommended that a representative of Hampshire Fire and Rescue be added as a full member of the HWB – this reflects the Safe and Well Programme the service is leading and the obvious links to the wider health and wellbeing programme, in place of the Director of Transformation and Governance, who would instead be a nominated substitute for the Director of Adults' Health and Care. The full membership of the HWB is set out in Appendix B to this report.

3.3 A number of Substitute Member changes are also suggested in Appendix B to this report. These changes will be effected by the County Council's Monitoring Officer, in consultation with the Chairman of the HWB, in accordance with the Monitoring Officer's delegated authority.

3.4 Potential gaps were identified regarding other sectors such as the business community, housing, transport, environment, planning and culture which contribute to the wider determinants of health and wellbeing. However, it is recommended that these sectors are better engaged at the local level via the District HWB Forum and/or in relevant HWB work streams.

3.5 Independent sector representation on the HWB has also been discussed. In the light of the diversity of the sector, it is recommended that representation is managed on a rotational basis for example, in line with the cycle of the HWB Business Plan.

4. Joint Protocol between HWB and Hampshire Safeguarding Boards

4.1 The joint protocol on the working arrangements between the Hampshire Health and

Wellbeing Board, the Hampshire Safeguarding Adults Board (HSAB) and the Hampshire Safeguarding Children's Board (HSCB) has been refreshed. The executive groups of the Safeguarding Boards have worked to together to draft a combined document (where previously each Safeguarding Board produced an individual protocol with the HWB). The document outlines the relationship between the Boards, their functions, responsibilities, accountability and channels of communication. It is recommended that the Hampshire HWB ratifies this protocol.

4.2 A copy of the draft Protocol has been circulated with the Board papers.

5. HWB Strategy Refresh

5.1 It will be necessary to review and refresh the HWB Strategy 2013 - 2018. This process will be co-ordinated by the HWB Business Group with input and contributions as needed from member organisations. A detailed action plan will be presented at the December HWB Board to include:

- Review of progress
- Timeline for publication of the updated HWB Strategy (deadline: Q1 of 2019)
- Public involvement and engagement in the process (to be led by the HWB Community Engagement and Co-production Group).
- Contributions required from member organisations
- Communications plan.

5.2 The approach outlined in paragraph 2.4 will enable the strategy to be reviewed over the next calendar year.

6. Board Support Arrangements

6.1 Business management and support arrangements for the HWB have been agreed going forward. Corporate Services continue to administer the main Board meetings. The current business manager will continue to support the Board on an on-going basis and additional administrative support has been put in place. This will provided on the basis of an integrated business support model to help rationalise and streamline business management and support across a number of statutory strategic partnerships.

7. Recommendations

7.1 The Board is asked to agree the following recommendations:

a) To note progress of the HWB Business Plan and the work of the subgroups.

b) To adopt the thematic programme of meetings and the review arrangements outlined in para in 2.5.

c) To endorse the proposal to appoint a representative of the Hampshire Fire and Rescue Service as a full member of the HWB in place of the County Council's Director of Transformation and Governance, and to recommend this change to a meeting of the County Council.

d) To note the proposed changes in respect of Substitute Members as shown in Appendix B.

e) To ratify the Joint HWB, Hampshire Safeguarding Children's Board and Hampshire Safeguarding Adults Board protocol.

f) To receive an action plan at the December HWB regarding the Strategy refresh.

g) To note the progress regarding permanent HWB business support arrangements.

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

Links to previous Member decisions:		
Title Update: Review of the Health and Wellbeing Board	Reference 7967	Date 6 December 2016
Direct links to specific legislation or Government Directives		
Title		Date

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 disproportionally low.

1.2. **Equalities Impact Assessment:**

This report does not propose any decision therefore an impact assessment has not been undertaken.

2. Impact on Crime and Disorder:

2.1. No impact anticipated.

3. Climate Change:

a) How does what is being proposed impact on our carbon footprint / energy consumption? No impact anticipated.

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 anticipated.

Appendix A

Health and Wellbeing Board Business Plan 2017
Working together for a healthier Hampshire

No.	Objective	Actions required	Owner	How	By when
1.	**Clear, effective governance of the Health and Wellbeing Board**	Set up a Business subgroup - to comprise board manager (chair), 5 subgroup chairs.	HWB manager to chair	Identify potential chairs – monthly meeting initially	January 2017 – completed
		Set up subgroups each addressing one of the HWB published strategic priorities.	Business Subgroup	Meeting of the Business Subgroup	February 2017 - completed
		Identify a HWB sponsor for each published priority and chairs for each subgroup and (if different).	HWB chair	Report and decision at the February HWB meeting	February 2017 – completed
		Produce a business plan focussing on Board development and the delivery of the HWB published priorities.	Business Subgroup	Meeting of the Business Subgroup	February 2017 - completed
		Develop and implement a topic based meeting programme for the year.	Business Subgroup	Meeting of the Business Subgroup	June 2017 – completed
		Establish links with other strategic forums/partnerships - clarify communication and information sharing needs.	Business Subgroup	Briefings at other forums re the HWB and possible areas of mutual interest	April 2017 – completed
		Review the HWB Operating Framework against the LGA HWB Self Assessment tool.	Business Subgroup	Task and finish (TFG) group	To action – will be part of the review of HWB Plan

No.	Objective	Actions required	Owner	How	By when
2.	**Effective information and communication and improved visibility of the Board**	Produce a HWB communication plan focusing on: - Visibility of HWB and its role - Publication/launch of the JNSA, Joint Health and Wellbeing Strategy, annual report - Support workgroups on specific themes	Business Subgroup (Jane Vidler nominated to lead this work stream)	Task and finish group chaired by HWB manager	In progress – Communication Plan drafted and being led by HCC Comms Team
		Establish a multi-agency HWB communication network – local authority, NHS, Districts, Healthwatch, CVS, etc.	Business Subgroup	Meetings every 6 months chaired by Jane Vidler HCC Comms.	In progress – forms part of the CCP subgroup TOR
		Review and update the Health and Wellbeing Board web pages.	Business Subgroup	Task and finish group	Communication Plan drafted - led by HCC Comms Team
		Develop a Hampshire HWB branding and logo.	Business Subgroup	Meeting of the Business Subgroup	Communication Plan drafted
		Development of local publicity material/products and roll out of	Business Subgroup	Task and finish group	Communication Plan drafted
No.	**Objective**	**Actions required**	**Owner**	**How**	**By when**

	Themed campaigns in 2017 linked subgroup priority themes (isolation, resilience, obesity)	Business Subgroup	Coordinated by the HWB communication network	Staged throughout 2017 Communication Plan drafted	To action – comms plan drafted
	Publish a quarterly Stakeholder HWB Newsletter	Business Subgroup	Coordinated by Jane Vidler and HWB Comms Network	To action Communication Plan drafted	To action – comms plan drafted
3.	**Co-production and community participation in the work of the Health and Wellbeing Board**	Establish a Community Participation and Co-production (CCP) Subgroup.	Business subgroup	Christine Holloway to chair	February 2017 - completed
		Produce a community participation and co-production plan.	CCP Subgroup	Work group meetings	March 2017 – forms part of TOR
		Source and examine best practice re co-production and community participation in the work of HWBs	CCP Subgroup	Work group meetings	March – May 2017 – in progress
		Make recommendations about appropriate approaches to be used as part of its development of the Hampshire JNSA and HWB strategy.	CCP Subgroup	Report to HWB	June 2017 - Completed
No.	**Objective**	**Actions required**	**Owner**	**How**	**By when**

		Map consultation mechanisms currently available across the health and social system – HWB to use these when undertaking specific consultation exercises.	CCP Subgroup	Work group meetings	In progress as part of subgroup TOR
		Identify and collect relevant data and service user, CVS and Healthwatch feedback to inform the development of the HWB Strategy.	CCP Subgroup	Collection and analysis of relevant data and feedback	To action
		Organise HWB stakeholder events to support the development of the JHWB strategy.	CCP Subgroup	Stakeholder events	To action
4.	**Delivery of the Health and Wellbeing Board's strategic priorities**	Subgroup chairs/business group to identify the membership of work groups – to ensure access to relevant expertise.	Business subgroup	Meeting of Business Subgroup	March 2017 – completed
		Public health & district reps to attend all of the work groups - to ensure alignment of respective work streams.	Public Health District Forum	Work group meetings	Completed
		Agree the priority theme the subgroup will focus on in 2017.	Business subgroup & work group chairs	Meeting of Business Subgroup	Completed
No.	**Objective**	**Action**	**Owner**	**How**	**When**

		Terms of reference, key actions and work plan to be produced.	Work group chairs	Initial meeting of the work group	Completed
		Identify required data sources. data collection and reporting arrangements.	Work groups chairs	Initial meeting of the work group	In progress
		Hold an event to introduce the HWB work programme and gain information from partners of local activities/resources in place to support delivery of this.	Business Subgroup	Audit, collation and mapping of local activity/resources. Multi-agency engagement event	To action
		Work groups to sponsor Public Health to undertake in depth review & analysis linked to priority themes.	Work group chairs	Work group meetings	On-going
5.	**Refresh of the Hampshire Joint Strategic Needs Assessment**	Development of the first draft of the 2017 JSNA - a web based resource with supporting database of evidence structured in line with HWB priorities.	Briefing of the HWB. Public Health (Sallie Bacon)	Presentation at the HWB.	June 2017 - completed
		Production of a communication and launch plan.	Public Health (Sallie Bacon)	Task and finish group	Sept 2017 – in progress
		Final publication including briefing of the HWB	Public Health (Sallie Bacon)	Business subgroup and Public Health	Dec 2017
No.	**Objective**	**Action**	**Owner**	**How**	**When**

6.	**Development of a Joint Health and Wellbeing Board Strategy 2018 onwards**	Review of progress against the Strategy and agreement of priorities going forward.	Business Subgroup	Multi-agency event – (future focus, how to embed the new strategy, success criteria?	Dec 2017 – 18 In progress
		Gathering of feedback and views about the content and focus of the new Strategy.	CCP Subgroup	Stakeholder events	To action
		Production of a draft 2018 HWB Strategy and a communication and launch plan.	Business and CCP Subgroups	Task and finish group	To action - December 2018
		Final draft of the 2018 Strategy and communication plan to the HWB for ratification.	Business Subgroup	Workshop at the HWB meeting	To action - March 2019
7.	**A well informed and up to date Health and Wellbeing Board**	Produce a regular bulletin of national and local developments - circulate to HWB members in advance of Board meetings.	HWB manager	Quarterly bulletin of local and national developments linked to the work of the HWB	Forms part of Comms Plan
		HWB members to circulate the Bulletin within their organisation and any networks they are linked to.	HWB members		
		Local developments and initiatives to be promoted on the HWB website	HCC Communications team (Jane Vidler) HWB manager		
No.	**Objective**	**Action**	**Owner**	**How**	**When**

8.	**Development of sustainable board support arrangements going forwards**	Produce a costed business case regarding the support arrangements of the HWB from June 2017 onwards.	Business Subgroup	Options paper to the Business Subgroup – agreement of recommendations to take to the next HWB.	Completed

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Appendix B

Health and Wellbeing Board Members and nominated Substitute
(Names in Red denote a change)

Organisation	Board Main Member	Nominated Substitute
Hampshire County Council	Cllr Keith Mans, Executive Lead Member Children's Services	Cllr Roy Perry, Executive Member for Policy & Resources & HCC Leader
Hampshire County Council	Cllr Patricia Stallard, Executive Member for Public Health	Councillor Ray Bolton
Hampshire County Council (Chairman of the HWB)	Cllr Liz Fairhurst, Executive Member Adult Social Care and Health	Councillor Zilliah Brooks
Hampshire County Council – Director of Adult Services	Graham Allen, Director of Adults' Health and Care	Paul Archer, Director Policy and Governance
Hampshire County Council – Director of Children's Services	Steve Crocker, Director of Children's Services	Stuart Ashley, Assistant Director, Children & Families
Hampshire County Council – Director of Public Health	Dr Sallie Bacon, Director of Public Health	Simon Bryant, Associate Director of Public Health
North Hampshire Clinical Commissioning Group	Dr Nicola Decker, Clinical Chair	Peter Kelly, Lay Member on governing body
South East Hampshire Clinical Commissioning Group (and Vice Chair of HWB)	Dr Barbara Rushton, Clinical Chairman	TBC
West Hampshire Clinical Commissioning Group	Dr Sarah Schofield, Clinical Chairman	Heather Hauschild, Chief Officer
Fareham & Gosport Clinical Commissioning Group	Dr David Chilvers, Clinical Chair	Dr Paul Howden, Deputy Chair
North East Hampshire and Farnham Clinical Commissioning Group	Dr Andrew Whitfield, Clinical Chairman	Dr Peter Bibawy, Medical Director
Healthwatch Hampshire	Christine Holloway, Chair	Steve Manley, Manager
Wessex Local Area Team of NHS England	Vacancy as of 1 Oct 2017	Dr Liz Mearns, Medical Director and Dr John Duffy, Assistant Director
Police and Crime Commissioner for Hampshire	Michael Lane	Deputy Police and Crime Commissioner for Hampshire

Organisation	Board Main Member	Nominated Deputy
District/Borough Council Chief Executive	Nick Tustian, Eastleigh Borough Council	Tricia Hughes, Hart District Council
District/Borough Council Elected Member 1	Cllr Anne Crampton, Hart District Council	Councillor Philip Raffaelli, Gosport Borough Council
District/ Borough Council Elected Member 2	Cllr Roger Allen, Gosport Borough Council	(TBC via HIOWLA)
Voluntary Sector Representative	Phil Taverner, Test Valley Community Services	Carol Harrowell, Head of Client Services, Home Group
Provider Representative: Acute Trusts	Alex Whitfield, Chief Executive, Hampshire Hospitals NHS FT	Fiona Dalton, Chief Executive, University Hospitals Southampton NHS FT
Provider Representative: Community and Mental Health Trusts	Julie Dawes, Acting Chief Executive, Southern Health NHS FT	Sue Harriman, Chief Executive, Solent NHS Trust
Hampshire Fire and Rescue Service	Shantha Dickinson, Assistant Chief Fire Officer	Nigel Cooper, Area Manager HFRS

PROTOCOL ON THE WORKING ARRANGEMENTS BETWEEN THE

HAMPSHIRE HEALTH AND WELLBEING BOARD

AND THE

HAMPSHIRE SAFEGUARDING ADULTS BOARD and

HAMPSHIRE SAFEGUARDING CHILDRENS BOARD

June 2017

Agreed by	HSAB Executive Group	
	HSCB Executive Group	
	Health and Wellbeing Board	
Review date	September 2018	

1. PURPOSE OF PROTOCOL

1.1 This document sets out the working arrangement between Hampshire Health and Wellbeing Board (HHWB), the Hampshire Safeguarding Adults Board (HSAB) and the Hampshire Safeguarding Children Board (HSCB). It outlines the relationship between the two boards, their functions, responsibilities, accountability and channels of communication.

2. THE ROLE OF HAMSPHIRE SAFEGUARDING ADULTS BOARD

2.1 HSAB is a statutory, multi-organisation partnership, co-ordinated by the Hampshire County Council, which gives strategic leadership for adult safeguarding, across the Hampshire County Council area.

2.2 The primary roles, duties and objectives of HSAB is to:

- Develop a culture that does not tolerate abuse and raise awareness about abuse
- Co-ordinate the activities of the HSAB members in relation to adults at risk of, or suffering, abuse, neglect or self neglect in the geographical area and ensure the effectiveness of members in carrying out this role
- Produce safeguarding policies, procedures, protocols and guidance for all organisations
- Give information or advice, or make proposals, to any public body on the delivery of their function in relation to safeguarding adults
- Improve the skills and knowledge of professionals who have responsibilities which relate to safeguarding adults
- Monitor performance and hold organisations to account relating to the delivery of safeguarding
- Commission Safeguarding Adults Reviews as required
- Provide strategic oversight in relation to safeguarding trends
- Produce and publish an annual report which highlights the work of the Board and reports on achievements against previous statements

3. THE ROLE OF HAMPSHIRE HEALTH AND WELLBEING BOARD

3.1 HHWB is a statutory, multi-organisation committee of NHS and local authority commissioners and public involvement agencies, co-ordinated by Hampshire County Council, which gives strategic leadership across Hampshire.

3.2 The role of the HHWB is to:

- To oversee and assure the translation of the Joint Strategic Needs Assessment (JSNA) into a Joint Health and Wellbeing Strategy (JHWS) to address the identified health and social care needs

- To join up commissioning through a robust knowledge of need by ensuring the delivery of a comprehensive Joint Health and Wellbeing Strategy (JHWS).

- To provide an opinion to CCG's and the Local Authority on whether commissioning plans have taken proper account of the JHWS and to refer plans to NHS Commissioning Board where there are concerns.

- To ensure that the CCGs, Hampshire County Council and NHS Commissioning Board Wessex Local Area Team execute their commissioning activities in accordance with the JHWS.

- To encourage integrated working between health and social care commissioners and health related services in order to ensure appropriate use of resources across all partners' budgets in order to achieve the best outcomes for local residents.

4. THE ROLE OF HAMPSHIRE SAFEGUARDING CHILDRENS BOARD

4.1 The key objectives of the Hampshire Safeguarding Children Board (HSCB) as set out in 'Working Together to Safeguard Children 2013' are:

- To co-ordinate local work to safeguard and promote the well-being of children;

- To ensure the effectiveness of that work

4.2 Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment

- Preventing impairment of children's health or development

- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care

- Taking action to enable all children to have the best outcomes

4.3 A key objective in undertaking these roles is to enable children to have optimum life chances and enter adulthood successfully.

4.4 The role of an LSCB is to scrutinise and challenge the work of agencies both individually and collectively. The LSCB is not operationally responsible for managers and staff in constituent agencies.

5. THE RELATIONSHIP BETWEEN THE HAMSPSHIRE HEALTH AND WELLBEING BOARD, THE HAMPSHIRE SAFEGUARDING ADULTS BOARD AND THE HAMPSHIRE SAFEGUARDING CHILDREN BOARD

5.1 HHWB, HSAB and HSCB have particular and complementary roles in keeping both children and adults safe.

5.2 HSAB provides the strategic leadership across the county to keep adults safe. It creates a framework within which all responsible agencies work together to ensure a coherent policy for the protection of adults at risk of abuse and neglect. The Independent Chair of HSAB is accountable to all board partners, and directly accountable to the Chief Executive of HCC.

5.3 HSCB provides the strategic leadership across the county to keep children safe. It creates a framework within which all responsible agencies work together to ensure a coherent policy for the protection of children at risk of abuse and neglect. The Independent Chair of HSCB is accountable to all board partners, and directly accountable to the Chief Executive of HCC.

5.4 HHWB is the principal structure in Hampshire responsible for improving health and wellbeing of people of the county through joint working between NHS and Local Authority commissioners and public involvement organisations.

6. WORKING TOGETHER

6.1 HHWB, HSAB and HSCB have a shared membership in relation to the Director of Adult Services (DAS) / Director of Children's Services (DCS). The DAS / DCS will liaise closely with the independent chair of HSAB / HSCB to support the on-going and direct relationship and support regular communication. They will support effective working between the three boards to prevent duplication of effort to:

- Understand and evaluate the effectiveness of service outcomes – including where services need to be improved, reshaped or developed;
- Ensure action taken complements each board and does not duplicate
- Ensure alignment of strategy and associated work

6.2 The Independent Chair of HSAB and the Independent Chair of HSCB will attend the HHWB annually to present the HSAB and HSCB Annual Reports. The reports will contain an honest assessment of local safeguarding arrangements for both adults and children and recommend areas of safeguarding that need to be addressed within the Joint Health and Wellbeing Strategy.

6.3 The HHWB will ensure that the advice and information from HSAB and HSCB is disseminated within the HHWB infrastructure, informs the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

6.4 The HHWB will seek assurance from the HSAB and HSCB that both boards will work effectively through their membership to address local concerns and implement any changes required as a result from new statutory guidance or lessons learnt from serious case reviews.

7. EVALUATION AND REVIEW

7.1 If there are any areas of significant concern that cannot be resolved in accordance with this protocol then a strategy meeting will be held between the Independent Chair of HSAB, the Director of Adult Services and the Chair of HHWB and / or the Independent Chair of HSCB, the Director of Children's Services and the Chair of the HHWB and any other senior person that is regarded as being required.

7.2 The HHWB, HSAB and HSCB should undertake to review the implementation of this protocol annually.

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