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NOTICE OF MEETING

Meeting	Health and Wellbeing Board
Date and Time	Thursday, 10th December, 2020 at 10.00 am
Place	Virtual Teams Meeting - Microsoft Teams
Enquiries to	members.services@hants.gov.uk

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

FILMING AND BROADCAST NOTIFICATION

This meeting is being held remotely and will be recorded and broadcast live via the County Council's website.

AGENDA

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

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

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.

6. MENTAL HEALTH AND WELLBEING RECOVERY UPDATE (Pages 11 - 34)

To receive an update on the work currently taking place to support the mental health and wellbeing of Hampshire residents, including work linked to COVID-19 Recovery.

7. LIVING WELL THEME FOCUS (Pages 35 - 52)

To receive an update on the priorities and progress of the Living Well strand of the Health and Wellbeing Strategy.

8. MODERNIZING OUR HOSPITALS: IMPACT ON POPULATION HEALTH IN RELATION TO THE STRATEGY (Pages 53 - 76)

To receive an overview of the Hampshire Together: Modernising our Hospitals and Health Services programme in relation to the impact on population health.

9. HAMPSHIRE SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT (Pages 77 - 108)

To receive an annual report from the Hampshire Safeguarding Children Partnership (HSCP) providing an independent analysis of the safeguarding services provided to children and young people in Hampshire over 2019/20 and a summary of the work undertaken to deliver the HSCP's Business Plan and priorities over the next year.

10. FORWARD PLAN FOR FUTURE MEETINGS (Pages 109 - 112)

To review anticipated future business items and progress on actions for the Health and Wellbeing Board.

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 observe the public sessions of the meeting via the webcast.

Agenda Item 3

AT A VIRTUAL MEETING of the Health and Wellbeing Board of HAMPSHIRE
COUNTY COUNCIL, on Thursday, 1st October, 2020

Chairman:

* Councillor Liz Fairhurst

* Councillor Judith Grajewski

Councillor Zilliah Brooks

* Councillor Patricia Stallard

Councillor Roy Perry

Councillor Ray Bolton

*Present

Co-opted members

Dr Barbara Rushton, Graham Allen, Simon Bryant, Steve Crocker, Dr Peter Bibawy, Dr David Chilvers, Cllr Philip Raffaelli, Tricia Hughes, Christine Holloway, Julie Amies, Alex Whitfield, Rob Cole, Dr Rory Honney, Dr Matt Nisbet, Nick Tustian and Anja Kimberley

Councillors Keith Mans and Roger Huxstep were present with the agreement of the Chairman.

124. APOLOGIES FOR ABSENCE

Apologies were noted from the following Members:

Mark Cubbon, Co-opted Deputy for Provider Representative: Acute Health Trusts

Michael Lane, Police and Crime Commissioner for Hampshire

Ron Shields, Provider Representative: Community and Mental Health

Sue Harriman, Co-opted Deputy for Provider Representative: Community and Mental Health

David Radbourne, NHS England (Wessex)

Amanda Lyons, Co-opted Deputy for Wessex Local Area Team of NHS England

Dr Sarah Schofield, West Hampshire Clinical Commissioning Group

Dr Nicola Decker, North Hampshire Clinical Commissioning Group

Cllr Anne Crampton, District/Borough Council Member Representative

125. DECLARATIONS OF INTEREST

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There were no declarations of interest.

126. **MINUTES OF PREVIOUS MEETING**

The minutes of the 2 July meeting were reviewed agreed.

127. **DEPUTATIONS**

There were no deputations received.

128. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made the following announcements:

- The Chairman made Members aware of the Public Health, Adult Social Care, and Hampshire and Isle of Wight COVID19 Updates that have recently been shared at the HASC. The Board is continuing to follow along closely and the Weekly COVID19 Hampshire Update is a useful source for the most up to date information.
- The Healthy Homes Survey has now been circulated as part of the Healthier Communities theme supported by the Board and the Chairman requested that Members share extensively with colleagues and organizations.
- A report from the Autism Partnership Board analysing the data on the incidents of people with autism across HIOW has also been circulated and will likely be of interest to Members.

129. **STRATEGIC LEADERSHIP: HEALTH INEQUALITIES AND RISKS**

The Board received a report from the Director of Public Health at Hampshire County Council and the Strategic Leadership Sponsor for the Board. Members received an overview on health inequalities and risks, outcomes, approach in relation to the impact of Covid-19.

The Integrated Care System plans going forward will consider inequalities and differences in health across population to best determine where to focus efforts. Similarly, the Health and Wellbeing Board strategy aims to address inequalities and gaps based on age, gender, ethnicity, access to healthcare, disparities, etc. alongside the impact of Covid to work with communities to provide support and address poor outcomes.

In response to questions, Members heard:

Sophisticated risk assessment profiles considering age, ethnicity, gender, and underlying health issues are used to protect NHS colleagues and determine where and how they work.

Healthwatch colleagues understand the consideration of excess deaths and the importance of collaboration and support for the council in addressing any issues. Current number of excess deaths are low and will need to be reviewed over a

longer period. Resources will be circulated to Board Members following the meeting.

The effect of the move to digital health care access and exploring how to further this work will be critical. Unpaid carers have been struggling with increasing issues about lack of support and will need further help. A further and recent report about informal carers will be circulated to Members following the meeting - 92 million hours of unpaid care were provided to people with needs across England, on top of routine unpaid hours, a truly astounding amount of time and dedication.

Health care has changed more in the last 6 months than over the last 20 years and this work has been of much value. Good Wifi connection to access digital services will be key, ideally fibre optic to the front door especially in rural Hampshire.

Excess deaths not attributed to Covid in care home settings will be critically important to understand but will need to be reviewed over time. Work has been commissioned with partners to better understand the situation and will be shared with colleagues.

While there were challenges with face to face engagement, the digital revolution has been inclusive and reached a broader population. There is an increased awareness for identifying digitally excluded people and particular areas or pockets where deprivation is a factor, and an onus on organizations to reach out to these communities to address concerns in a joint up way.

Connecting with groups harder to connect with due to excess Covid risks will be key to work through any resurgence. Care services are open with a triage system in place and easier in many ways, but challenges remain with safe in-person visits. Staff in primary care have also been reassessed and enabled due to the ability to work remotely with video consultations and access to patient records. Work is being done to ensure that people are no longer afraid of trying to come forward and this must continue.

While there have been inequalities in primary care access and challenges around digital consults, late diagnoses, etc. for some, there have been different thresholds of accessing services. The next step is to address the concerns of those exacerbated by lack of access.

Not leaving communities behind, building health resilience, disease prevention, and preventing ill health are ongoing priorities. The Joint Strategic Needs Assessment will also be refreshed in light of Covid for awareness of changes in need and up-to-date, longer term data.

RESOLVED:

That the Health and Wellbeing Board--

- Noted the inequalities and health and wellbeing impact of COVID-19 to the residents of Hampshire.

130. **STARTING WELL: THEME UPDATE**

The Director of Children's Services at Hampshire County Council provided an update on the priorities and progress of the Starting Well strand of the Health and Wellbeing Strategy and the impact of the Covid-19 pandemic on progress in this area. Members heard:

While services are holding up well through the response to Covid, new trauma and a range of other factors have been leading to family breakdown.

In reviewing the Starting Well priorities with Covid-related challenges, universal services were not always in place and thus there were fewer collective eyes on children. Families did not always have the support or help they would have usually had and rather than receiving early assistance, children are now becoming visible having suffered serious harm.

With schools and nurseries currently open, the number of referrals will now continue to rise. The cohort entering the system from April to August was distressing to witness but social workers worked diligently to help them. Universal services will now be able to identify families needing help early on.

Emotional wellbeing issues at school did not quite play out as anticipated. Many children have enjoyed the last 6 months and there was less repair of trauma, but more anxiety about returning to school full time – a slightly different and new worry.

An action plan based the impact of Covid will determine priority areas and picking up on key issues with a joint delivery partnership, including self-harm tool kits, school surveys, websites with resources and training, etc.

In tackling wider issues, reducing wait times for treatment, acute setting colleagues for paediatric psychiatric liaison services, prevention and early help models and mental health support teams in schools have been prioritized in keeping with the NHS long term plan. Work continues to bring in young people and family voices to bolster bids for increase in mental health support and provide link programmes between the voluntary sector, mental health, and schools. Partnership with young people for digital offers and how to best connect them to services, digital options, and Child and Adolescent Mental Health Services (CAMHS) solutions in addition to face to face meetings.

Physical education in schools, maternity smoking cessation, encouraging breastfeeding, strong referral pathways and tools to support people remain priorities alongside existing Covid challenges.

In terms of codesign and collaboration, working well together requires doing so consistently and timely with a focus on the action plan for an effective joint commissioning board with strategic commissioning priorities, positive feedback, formalizing work to be completed and refining by partners.

Work in mental health pathways slowed down during lockdown due to Covid priorities but are now approaching being business as usual and with

improvements in those pathways. The Isle of White is represented in these arrangements as well. The decision-making body and forum around continuing care is embedded with all partners for effective care commissioning, packages, and managing care support markets collectively together.

Next steps are now being considered in developing a different approach of how these packages are funded. The number of children coming into the system are rising but being tracked and addressed with colleagues. There was more virtual working over lockdown, but there has been a return to face-to-face working in meeting the rise in demand. Family recovery workers for substance issues and domestic abuse have been working through increasing demand and monitoring continues to provide support, training, and risk assessments for staff.

Priorities have been agreed with Adults' health and care for enabled care offers and how children's services can avail them to provide families with technology enabled packages and building their confidence in using them, especially for shielded and vulnerable children, ensuring social care teams really understand what is on offer and the benefits that can be accessed.

In response to questions, Members heard:

There have been challenges but also positive outcomes and good work at the district and council level and efforts made to do better with more involvement, a coherent approach and joint up working.

A district level health and wellbeing co-ordinator has been recruited with part-funding from Hampshire County Council and will be coordinating at the district level, which is an opportunity to use resources already available to reflect in a broader spectrum. There is a Public Health district link also working closely to consider complexities and ensure that priorities are embedded in the districts.

The bid to secure additional cross county mental health services was not successful and the Ninja self-help application received mixed reception with limited advertisement and uptake. It had been targeted for under 18 but was less appealing to older young adults. It is a piece of work that remains to be done.

Endorsing the range of work and providing support for CAHMS in light of the shocking figures for self-harm hospital inpatients, comparing them to national numbers, and potential interventions. The Children's Commissioner published report in February highlighting disparate levels of funding which affected Hampshire significantly. This report will be circulated to Members following the meeting. Acute Trusts colleagues confirmed they would support more funds being allocated to CAMHS, as the best place for treatment is home.

With regards to codesign with service users or other providers, clarity for improving the baseline and engagement would be helpful. The action plan will identify the best places to work together and how to bring together shared priorities. There is a 12-month action plan until next March and going forwards, more explicit details will be shared.

The Fire service offers schemes around self-esteem for children and due to Covid, had lost many of the referrals from school nurses and other colleagues with a decline in numbers participating. While there have been fewer eyes on children, this component is beginning to be built back in.

Involving partners, patients, and districts will be critical and voluntary sector colleagues requested being included in planning at the earliest possible stages.

Members congratulated the department and partners on their efforts.

RESOLVED:

That the Health and Wellbeing Board--

- Noted the report.

131. **STARTING, LIVING AND AGEING WELL: HAMPSHIRE PHYSICAL ACTIVITY STRATEGY UPDATE**

Members received an update from Energise Me representatives on the impact of Covid on physical activity, with a focus on inequalities and modifiable actions in linking the risks to the general population in terms of exercise and obesity.

Members heard:

In terms of the context for existing inequalities, research has focused on local voices and looking at what was happening at the local level in disadvantaged communities, with work continuing through and after the Covid period. As an organization and sector making connections to people, building trust with targeted groups and providing funding to help them build activity into their own lives. The social prescribing application was successful in taking part across the region to match supply and demand, to innovate around people experiencing disadvantage, and provide benefit from physical activity with further recruitment underway with support of regional partners.

Covid exposed fault lines in society and research confirms the same - physical activity levels are lower for disadvantaged people. Getting people moving would help with some of these challenges. The map shared translates numbers pre-Covid, but it is unclear if those numbers will increase going forward and a new data drop is expected in March. Currently mapped are those points where organizations and partners stepped in to create a message, but case studies indicate that it is not always easy.

Highlights from cases studies depict various situations. While lack of outdoor space can be an issue, using free NHS applications was up 92% and downloaded by 850,000 people nationally. People in the work force can be encouraged, if they are able, to help others. In some cases, such as online classes for wheelchair dances, going online made it easier to access due to no travel and channel efforts into the classes at home. Some have even gone international, a positive aspect of Covid. Online offers will remain but in person activities will pick up.

Place based work continues in Hampshire and while things can appear one way on paper, in speaking to the community in some cases it was contradictory – people loved where they lived and were happy to stay and be part of it, but perhaps green spaces existing but didn't allow for playing ball, being active, etc. Finding ways to work around these challenges would help take the work forwards.

Local communities are connecting, and the approach is key to helping people care for themselves and get fitter. Improved mental health is a significant benefit that goes along with physical fitness.

In response to questions, Members heard:

The question of why some people exercise and some do not, remains at the heart of the issue.

A recent consultation has taken place regarding transport and cycling benefit for communities and their health and wellbeing, but concrete results will require a system approach. Ideally physical activity ought to be built into people's days so as not have to make a separate decision.

A focus on active travel, working with partners to bring travel within the scope of the physical activity strategy, and inviting transport officers to a Board discussion would be useful. Work with Environment Transport and Environment colleagues and travel team will continue, and parish councils will be involved to benefit local communities and help local people access the significant benefits of physical activity.

Post-Covid anxiety after extended shielding and in the true spirit of co-production, communication about physical activity without turning people off, being inclusive, using non-sports terminology, and reaching all parts of the population has been the priority for an overall improvement to physical and mental health and wellbeing.

Energize Me cannot be effective on their own. Board members can help with making change in their communities, alongside traditional consultations. There needs to be more conversations with the people hardest to reach with the help of external organization to make connections, which includes low socioeconomic groups, women, people with underlying conditions, among others. Without supporting the structural changes and transport arrangements, inadvertently embedding inequitable uptake of exercise can worsen health outcomes.

The recommendations were approved by a majority with four abstentions.

RESOLVED:

That the Health and Wellbeing Board--

- Share relevant insight across partners to inform future actions and investments
- Use the insight to inform recovery/restoration plans.

- Encourage the schools that are selected, to take part in the Children and Young People Active Lives Survey to gather better data to inform future actions and investments.
- Use physical activity as a resource to improve people’s physical and mental wellbeing.
- Embed physical activity in all care pathways
- Support and engage in the development of the next physical activity strategy

132. **FORWARD PLAN FOR FUTURE MEETINGS**

Members considered anticipated future business items and progress on actions for the Health and Wellbeing Board.

There was a request to include strategic transport colleagues at the next meeting to discuss arrangements, implications on physical wellbeing and influencing future plans.

Considering physical activity as a bigger issue and a general discussion was suggested.

The Health and Wellbeing Strategy ranges across age groups and can span the strategy. How different organizations take responsibility for delivering on the strategy, how to share the work being done and at scale from parishes upwards is critical. Board Members must go back to their organizations, action the work, and provide updates.

The Board received a request for the Modernizing Our Hospitals Programme on the next agenda.

The next Health and Wellbeing Board meeting will take place on 10 December 2020.

The meeting ended at 12:36pm.

Chairman,

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	10 th December 2020
Title:	STARTING, LIVING AND AGEING WELL: MENTAL HEALTH AND WELLBEING RECOVERY UPDATE
Report From:	Simon Bryant, Director of Public Health Sue Cochrane, Public Health Consultant Sandra O'Hagan, Public Health Consultant Ileana Cahill, Public Health Principal

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Purpose of this Report

1. The purpose of this report is to provide an update on the work currently taking place to support the mental health and wellbeing of Hampshire residents, including work linked to COVID-19 Recovery.

Recommendation(s)

2. To note the ongoing work to improve the mental health and wellbeing of Hampshire residents alongside partners through the Mental Health and Wellbeing Plan. This delivers on Hampshire County Council's pledge of commitment made through the Mental Health Prevention Concordat.

Executive Summary

3. This report seeks to:
 - Provide an overview of the effect of Covid-19 on the mental health and wellbeing across the life course.

- Provide details of the work currently being undertaken across Hampshire County Council and the wider system to improve mental health and wellbeing through universal and targeted workstreams.
- Update the board on the associated governance arrangements.

Contextual Information

4. The effects of COVID-19 on mental health will be significant and far reaching, both in terms of time and impact, across all sections of society and all ages. There is evidence that self-reported mental health and wellbeing has worsened during the pandemic, with the main psychological impact being elevated rates of stress, anxiety, depression, loneliness and worsening levels of common mental disorders. Longer term impacts in terms of trauma, grief and distress may exacerbate the burden of mental ill-health in the community long after recovery.
5. Hampshire's Mental Health and Wellbeing plan recognises the significant impact COVID-19 has had on our population's mental health and wellbeing. It takes an evidence-based approach, developing interventions that target the whole population, populations at higher risk and people who need additional support. It follows key principles including a whole system, population wide and life-course approach; building on existing partnership arrangements and ensuring good communication both to professionals and to the public. The plan is aligned to a number of strategies and workstreams, both across the council and the wider system. Actions are delivered alongside key partners including health partners, districts, the community and voluntary sector.
6. This integrates and builds upon the existing suicide prevention and mental health plans and is in line with the Mental Health Prevention Concordat, which was signed in October 2019 outlining Hampshire County Council's pledge to work across the system to deliver a comprehensive and coordinated plan to improving mental health and wellbeing. This work will be overseen by the multi-agency Hampshire Mental Health Partnership Board, which aims to work strategically to develop a holistic, prevention focused approach to mental health and wellbeing across Hampshire.
7. The Mental Health and Wellbeing plan is supported by a comprehensive communications plan to support recovery through weekly universal and targeted messaging, signposting to appropriate guidance and support. Resources have been developed with partners across the system to support the general public, workforce and volunteers. A multi-agency mental health

and suicide prevention communications group is in place to ensure consistency in messaging and engagement with a range of partners from districts, the voluntary and statutory sectors.

8. Children and young people

COVID-19 has disproportionately impacted on vulnerable children, including those with existing mental health conditions, special educational needs and from minority ethnic groups. Evidence suggests that many children and young people have experienced changes within their home environment, with both positive and negative impacts on their mental health. For some children and young people, they have enjoyed more time with family or caregivers. However, where safeguarding concerns exist, professionals have reported increased complexity of cases. Indications of strains in family relationships has been linked to an increase in reporting of loneliness and domestic abuse, and evidence has emerged of increasing presentations to services for young people in crisis, including those seeking support for suicidal thoughts.

As part of the Mental Health Plan, clear guidance and communications has been made available for parents and carers around how to look after their mental health, with signposting to local and online support to enable early intervention and strengthen family resilience. The 0-19 Public Health Nursing Service provides a universal offer of professional advice and support through Hampshire Healthy Families and the ChatHealth messaging service, with additional targeted support where unmet health need has been identified.

The Mental Health Plan is aligned to the Emotional Health and Wellbeing Strategy, with multi-agency workstreams delivered across 6 priority areas:

- Children and young people's emotional wellbeing and mental health is everybody's business
- Support for good mental health of parents
- Whole school/education settings approach to mental health
- Supporting mental health of vulnerable children and young people
- Reducing rates of self-harm
- Improvement of service provision

Work has taken place with a range of partners to develop the Managing Self-Harm Toolkit, providing professionals with access to evidence-based resources, advice and support. In addition, the Council's "Health in Educational Settings" workstream has included the development of a robust schools' resource and the launch of the Hampshire Health in Education website, providing information,

advice, teaching resources and training for education partners. Public Health has also contributed to the Anna Freud Centre School Link Programme, Wellbeing for Education Return and Rockpool Trauma Informed practice.

9. Adults

Data from the UK Household Longitudinal Study suggests that mental distress in adults was 8.1% higher in April 2020 than it was between 2017 and 2019. The proportion of people experiencing sleep problems increased from 16% before the pandemic to 25% in April. In addition, evidence suggests that the pandemic has increased inequalities relating to mental health and wellbeing amongst particular population groups, including young adults (aged between 18 and 34), women, people from specific ethnic groups, people on a low income or unemployed, people with existing health conditions, key workers and those living alone. These groups have been identified as experiencing higher levels of anxiety, depression, loneliness and self-harm when compared to other age groups.

Work has taken place across HCC to ensure clear communications, signposting and support for working age adults. This has included delivery of key mental health messages through the 'Its Ok to Not be 'Ok' campaign and developing a signposting resource for adults that includes links to existing pathways of support and online self-help resources.

A comprehensive Mental Health and Wellbeing training offer has been developed to support the development of skills and competence of the wider workforce. This brings together available opportunities to support improved skills and confidence in talking about and supporting each other's mental health and wellbeing through an accessible, tiered approach that includes short online training and face to face opportunities. It incorporates mental health awareness and suicide prevention training and aims to improve the knowledge and skills of frontline workers and volunteers to supporting emotional and mental health wellbeing. This training will be promoted across organisations, with plans for targeted promotion for frontline workers across wider housing, health and care sectors.

Partnership work between Public Health and HCC Workforce Development has also enabled the development of a corporate workforce offer for HCC staff. This has included the development of specific guidance for HCC staff and managers, actively promoting key mental health and wellbeing messages, signposting to available pathways of support and training opportunities. Mental Health and Wellbeing resources available to staff and managers have been expanded on a dedicated intranet site which is regularly promoted. Specific pdf guides have also been developed that provide staff with information of both the internal and external support available.

Partnership work between Public Health and wider partners such as the LRF voluntary sector forum and HCC welfare group has also resulted in the production

and dissemination of mental health and wellbeing resource guides aimed at volunteers and their managers and a suicide prevention guide has been circulated to partners. Work is currently underway to review and refresh these along with a specific guide to support the mental health and wellbeing of the wider population.

Targeted approaches have been developed for those at most risk of ill health, including working through existing workstreams to integrate mental health and wellbeing into response and recovery efforts. This has been supported by coordinated work at an STP level which includes promoting access to crisis support pathways, access to age-appropriate, specialist bereavement support and developing specific support for people experiencing financial anxiety, unemployment and social isolation. An innovation fund has also been set up to provide small grants for grassroots, community led initiatives and enabling specific initiatives for key target groups.

The SBS Men's Health programme aims to improve the health, wellbeing and employment prospects of men through community connections, access to training and resources to support good physical and mental health. Work has taken place alongside our district and wider system health partners to develop the focus of this programme to target groups and areas most affected by COVID-19. This includes the recruitment and training of Community Champions within communities at increased risk such as BAME groups and is linking to wider efforts across the Integrated Care System to ensure appropriate services and support.

10. Older adults and clinically extremely vulnerable

COVID-19 has had a disproportionate effect on older adults, with evidence showing heightened levels of loneliness, depression and physical deconditioning. Communication campaigns have tailored messages specifically to older people, including signposting to available services, promoting the importance of staying active, and encouraging digital inclusion. A dedicated [webpage](#) on staying well at home was published, with messages targeting physical and mental health, as well as enhancing the home environment.

During the period when the clinically extremely vulnerable were advised to stay at home, the Public Health England Active at Home booklet and the Connect to Support care guide was emailed to those on the shielding list. Partner organisations supported with delivering hard copies to some of those who were not digitally connected. Targeted communications were also published under the 'It's OK to' banner, to build confidence in those who were clinically extremely vulnerable to come out of official 'shielding'.

A direct referral route to a mental health support service was set up from the Hampshire Coronavirus Support and Helpline to ensure those who expressed mental health concerns on calls were able to access appropriate support. In addition, mental health guides to equip staff and volunteers with knowledge in

having conversations about mental health have been developed, including the wide range of signposting options in Hampshire. A further guide to support the mental health of the wider population is in the final stages of development.

Performance

11. The Mental Health and Wellbeing workstream is aligned to the delivery of a number of multi-agency strategies including the Public Health Strategy, Children and Young People's Emotional Wellbeing Strategy and the Suicide Prevention Strategy. A Public Health Mental Health Working Group has been established to progress key areas of work within the plan, with a separate Mental Health and Suicide Prevention Communications Group set up to ensure a cohesive approach to communication and engagement across sectors and organisations.

12. A strategic level, Mental Health Partnership Board has been set up to provide further oversight and prevention-focused leadership across the wider public and voluntary sector system. The initial focus of the Partnership will be on ensuring a system-wide response to prevention of mental health problems and suicide, early intervention for those most at risk and access to services for crisis care. The Partnership will report and celebrate on progress via bi-annual partnership events chaired by the Hampshire County Council Elected Member for Public Health. It will also report to a number of linked, strategic LRF and STP level boards and appropriate groups within Hampshire County Council (including the CYP Starting Well Group, Suicide Prevention Forum and Public Service Board).

Consultation and Equalities

13. COVID-19 has increased inequalities relating to mental health and wellbeing amongst particular population groups, including:
 - women, young people, people from specific ethnic groups
 - people on a low income/low socio-economic position or unemployed
 - key workers
 - people in urban areas
 - people with children, carers, people living alone
 - people with mental health conditions and/or long-term physical health conditions

The Mental Health plan includes details of targeted work to support these population groups, including communications campaigns, targeted training offers and integration of mental health and wellbeing across existing workstreams. This bridges to wider work happening across the ICS to understand and tackle social disparities linked to the recovery agenda, including work with BAME groups.

Co-Production

14. The Mental Health and Wellbeing plans have been developed and delivered alongside a range of partners, both within Hampshire County Council and across the wider health and social care system. It feeds in to work on mental health, wellbeing and suicide prevention that takes place across the LRF, ICS and STP footprints, ensuring collaboration, coordination and consistency across programmes of work
15. People with Lived Experience (PLE) form a key part of the delivery of Mental Health and Suicide Prevention workstreams. A separate PLE group exists which feeds directly into plans and provide advice where appropriate. Members of this group sit on the panel for the small grant innovation fund and advise on specific aspects of the communications plan.
16. Insight into the thoughts and feelings of Hampshire children and young people have been gained through delivery and analysis of the Hampshire School Survey which was recently completed. This has been shared extensively amongst partners to provide the “voice of the child” and inform current and future service delivery.
17. A strategic level, Mental Health Partnership Board has been set up to provide further oversight and provide prevention-focused leadership across the wider public and voluntary sector system.
18. A councillor-led conversation on mental health and wellbeing is planned for the New Year to enable further collaboration and engagement across partners. This will provide a stocktake of work undertaken so far and encourage partners to further commit to working in partnership to promote coordinated action, improving mental health and wellbeing across the county.

Conclusions

19. The Hampshire Mental Health and Wellbeing Plan outlines the comprehensive and collaborative approach to improving mental health and

wellbeing through universal and targeted action aimed at supporting COVID-19 recovery efforts. This work builds on existing efforts and delivers on Hampshire's pledge of commitment through the Prevention Concordat.

20. System-wide improvements will be made through bringing together work across levels, including encouraging grassroots work alongside our communities; at strategic level through the Mental Health Partnership Board and alongside our system partners in the LRF and STP. This work will remain responsive to the changing needs of the population as the pandemic progresses.

REQUIRED CORPORATE AND 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
OR	
<p>This proposal does not link to the Strategic Plan but, nevertheless, requires a decision because:</p> <p><i>NB: Only complete this section if you have not completed any of the Strategic Plan tick boxes above. Whichever section is not applicable, please delete.</i></p>	

NB: If the 'Other significant links' section below is not applicable, please delete it.

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

<p>Section 100 D - Local Government Act 1972 - background documents</p> <p>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.)</p>
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<u>Document</u>	<u>Location</u>
None	

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

2.1 COVID-19 has increased inequalities relating to mental health and wellbeing amongst particular population groups, including those with protected characteristics:

- young people
- older people
- women, including those who are pregnant
- people from specific ethnic groups

- people with mental health conditions and/or long-term physical health conditions

and other factors such as:

- people on a low income/low socio-economic position or unemployed
- key workers
- people in urban areas
- people with children, carers, people living alone

2.2 The Mental Health plan includes details of targeted work to support these population groups, including communications campaigns, targeted training offers and integration of mental health and wellbeing within existing workstream. This bridges to wider work happening across the ICS to understand and tackle social disparities linked to the recovery agenda, including work with BAME groups.

2.3 A full equalities impact statement was not completed at this stage as the purpose of this report is to provide details of the work currently being undertaken across Hampshire County Council and the wider system to improve mental health and wellbeing.



Starting, Living and Ageing Well

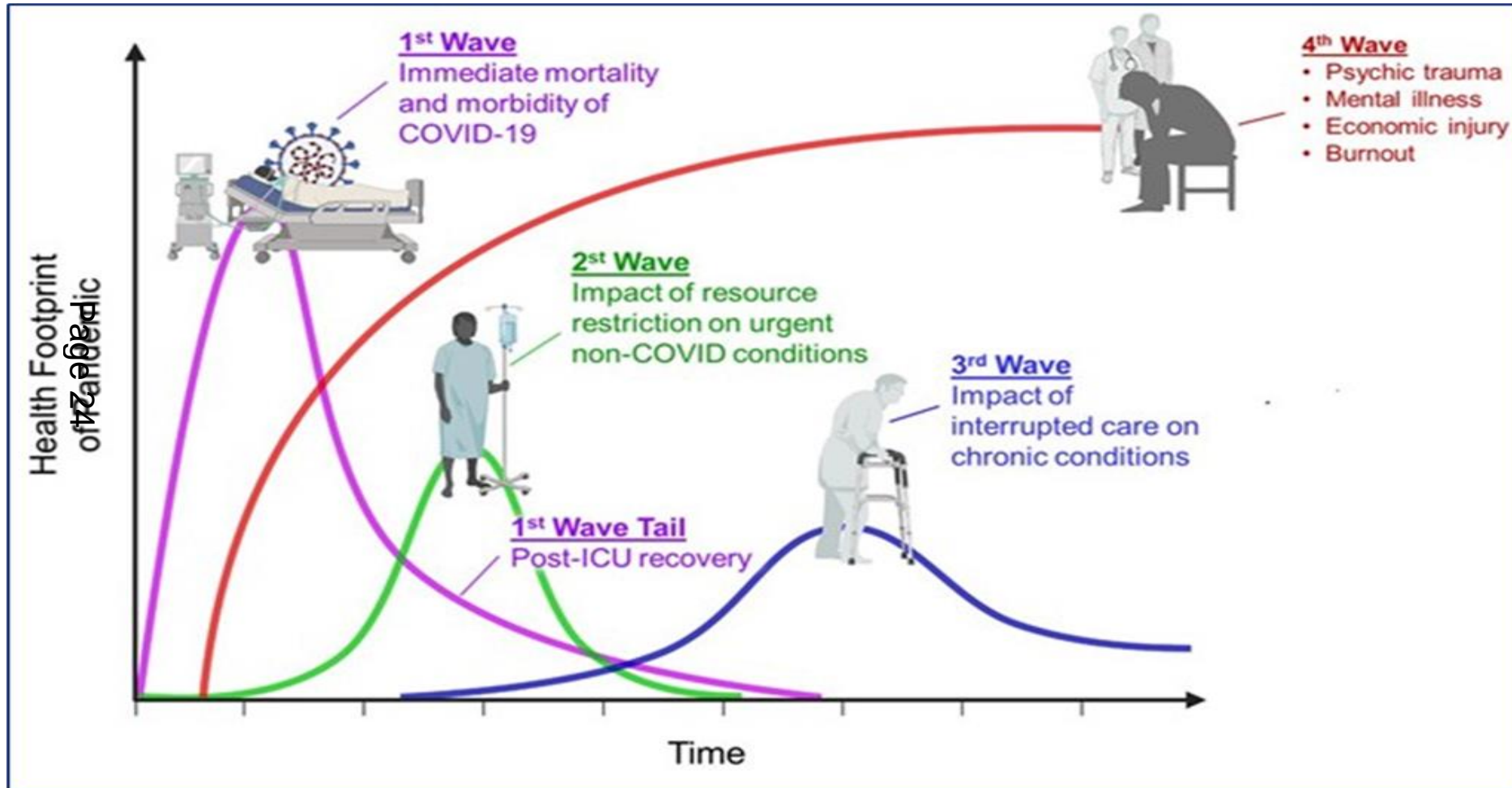
Mental Health and Wellbeing Recovery Update

Update for the Health and Wellbeing Board

Simon Bryant, Director of Public Health
Sue Cochrane, Public Health Consultant

Mental Health and Wellbeing

Impact of Covid-19



Psychological Impacts of COVID-19

- mental distress - anxiety, depression - loneliness - common mental disorders

Young adults	Anxiety, depression, loneliness and self-harm higher than other age groups
Women	Worse mental health and wellbeing, increased loneliness
Ethnic groups	Asian groups in particular suffered more mental distress
Key workers	Worse mental health and wellbeing Increased stress, anxiety
People on a low income/low socio-economic position/unemployed	Increased anxiety and depression Increased loneliness
People in urban areas, people with children, carers, people living alone	Worse mental health and wellbeing and increasing mental distress linked to loneliness
People with existing mental health and long-term physical health conditions	Increased anxiety, depression and loneliness
People who have had COVID-related symptoms	Higher levels of mental distress and loneliness

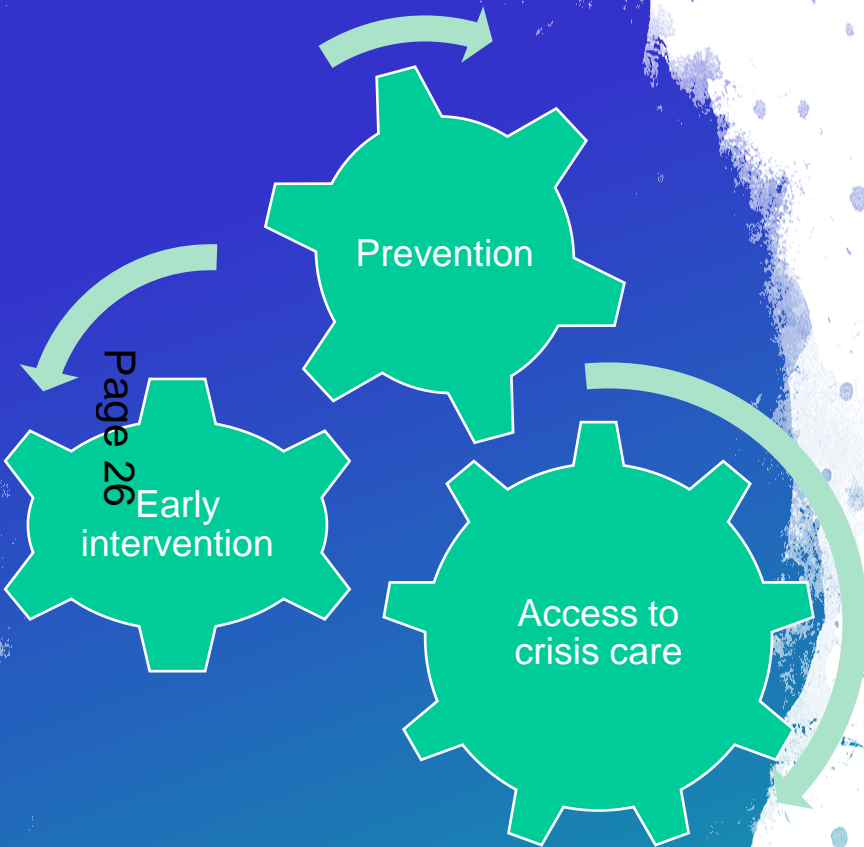
Priorities

Covid Recovery

- Addressing drivers of poor mental health and wellbeing
- Focus on inequalities and key risk factors
- Determinants of poor mental health affected by COVID-19
 - shielding,
 - financial difficulties, debt, unemployment,
 - bereavement,
 - domestic violence and abuse, risky alcohol consumption, substance misuse, gambling addiction.
- Access to and responsive mental health services

Business as Usual

- Public mental health:
 - Preventing mental health problems and suicide
 - Promoting mental health and wellbeing
 - Improving the lives of people experiencing and recovering from mental health problems
 - Reducing mental health inequalities
- PHE Prevention Concordat for Better Mental Health - a framework for action



Hampshire's Mental Health and Wellbeing plan

Key principles

- **Whole System Approach**
- **Population wide & life course approach**
- **Building on existing partnerships and structures**
- **Joined up communications & messaging**

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Communications Plan

Children & Young People

Adults of Working Age

Older People

Bereavement & Trauma

Suicide Prevention

Social Disparities



Communications

- Universal and weekly targeted messaging
- Signposting to appropriate guidance and support
- Specific campaigns e.g. 'Its okay not to be okay'
- Delivered through multiagency MH communications group: consistent messaging across partners

Children and young people

- Disproportionate impact on vulnerable children: existing MH conditions, SENs, minority ethnic groups
- Clear, targeted guidance and communications for parents and carers
 - Specific campaigns e.g. children with autism, CYP with physical health issues, young carers
- Utilising opportunities through existing workstreams
 - Health in Educational Settings: robust school resource focusing on increasing resilience and wellbeing
 - Supporting staff and settings to ensure that emotional wellbeing is integrated throughout environment and activities
 - Mental health support in schools
 - Using technology to support better mental health: ChatHealth, Think Ninja
 - Targeted support for vulnerable children
 - Promoting resources through Hampshire Healthy Families and Hampshire CAMHS website

Hampshire County Council
Published by Kate Ball (7) · May 1 at 4:24 PM · G
Children and young people will all react differently to the coronavirus outbreak. If you're a parent or carer, follow these 10 top tips to look after the mental health of those you care for.
<https://www.nhs.uk/.../looking-after-children-and-young-peop.../>



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think *Ninja*

Adults

- Key mental health messages through targeted communications
- Workforce:
 - MH and wellbeing resource guides aimed at volunteers and managers
 - Comprehensive training offer for frontline staff
 - Development of HCC corporate workforce offer
- STP wide efforts bringing together MH and Suicide Prevention:
 - Developing pathways for specialist bereavement support
 - Specific support for people experiencing financial anxiety
- Grassroots community initiatives
 - Innovation Funding
 - SBS Mens Health: recruitment and training of community champions



What's in this guide and who is it for?

This guide is to support your mental health and wellbeing. Here you will find helpful tips and links to a range of resources, including information on where to find specific support and urgent care if needed.

Looking after your mental health and wellbeing

Having good mental health helps us relax more, achieve more and enjoy our lives more. Evidence shows there are 5 key elements which contribute to mental wellbeing:

- 
Five ways to wellbeing
 - Connecting with the people around you
 - Be active by building activity into your everyday routine
 - Keep learning to gain self-confidence and learn new skills
 - Give helping others can boost wellbeing
 - Take Notice by taking focus of our thoughts and feelings

hants.gov.uk/socialcareandhealth/publichealth/five-ways-wellbeing
- 
One You

Our physical health impacts how we are feeling. One You provides easy steps on how to make changes that can fit your lifestyle. nhs.uk/oneyou

National advice from Public Health England on how to look after your physical health in the home is also available: publichealthengland.exposure.co/health-and-wellbeing-at-home
- 
Every Mind Matters

Every Mind Matters offers expert advice and practical tips that cover the 5 ways to wellbeing and other topics such as what to do if you're worried about coronavirus, sleeping better and managing difficult thoughts and feelings. nhs.uk/oneyou/every-mind-matters/
- 
Apps

These mental health and wellbeing NHS approved phone apps include findings ways to exercise and practical ideas for healthy meals. You also find free apps and tools that can help lift your mood: nhs.uk/oneyou/apps/



Visit our Coronavirus Resource Page for a range of useful information and links to support you throughout the coronavirus pandemic. www.connecttosupporthampshire.org.uk/coronavirus

hants.gov.uk

Top tips to look after your mental health and wellbeing

There are simple things we can do to help take care of our mental health and wellbeing during times of uncertainty. Doing so will help us think clearly, and make sure we can look after ourselves and those we care about. For further information search **Every Mind Matters**.

- 
Stay connected

Maintaining healthy relationships with people we trust is important for our mental wellbeing. If you can't meet up in person stay in touch by phone, video call or social media.
- 
Do things you enjoy

Focusing on a hobby, relaxing or connecting with others can help with anxious thoughts and feelings. If you cannot do the things you normally enjoy, think about how you could adapt them, or try something new.
- 
Talk about your worries

It's OK to share your concerns with others you trust – and doing so may help them too. If you cannot speak to someone you know or if doing so has not helped, there are plenty of helplines you can try instead.
- 
Stay on top of difficult feelings

Try to focus on the things you can control, such as your behaviour and who you speak to. Try some ideas to help manage such as listening to an audio guide. Seek further support if needed by calling NHS 111 or talking to your GP.
- 
Look after your body

Our physical health has a big impact on how we feel. Try to eat healthy meals, drink enough water and exercise. Going for a walk or run can help lift your mood and clear your mind.
- 
Stick to the facts

Find a credible source you can trust – such as **Keep Hampshire Safe** and the **NHS** – and fact-check information you get from newsfeeds, social media or other people.
- 
Feel prepared

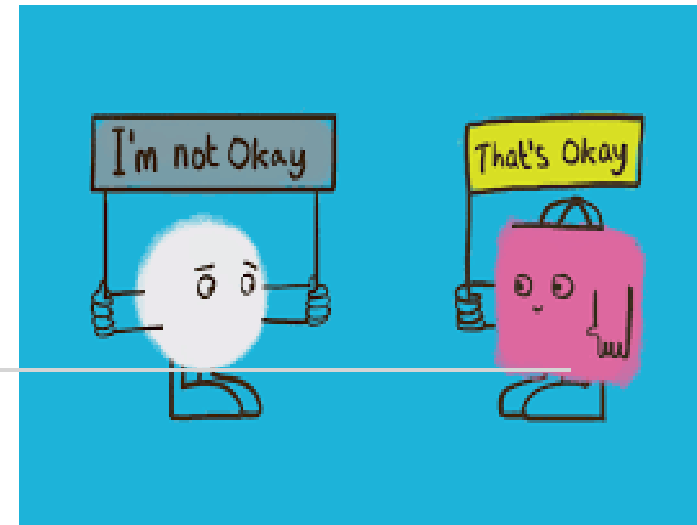
As the outbreak continues, it can help to work through what changes to government guidelines mean for you. It can help to think through a typical week: how will you continue to be affected and what will you need to do to solve any problems.
- 
Focus on the present

Focusing on the present rather than worrying about the future, can help with difficult emotions and improve our wellbeing. Relaxation techniques such as **mindful breathing** can also help some people deal with feelings of anxiety.
- 
Support and help others

Helping someone else can benefit you as well as them. Try to think of things you can do to help those around you.
- 
Look after your sleep

Good-quality sleep makes a big difference to how we feel mentally. See these helpful tips on how to make a change.

Source adapted from Every Mind Matters: 10 tips to help if you are worried about coronavirus. Hampshire County Council Mental Health and Wellbeing Guide



every mind
matters

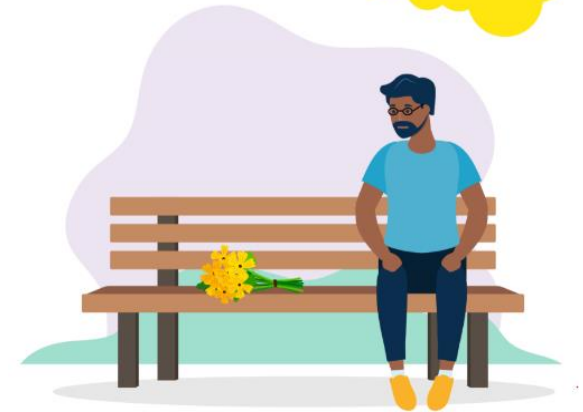


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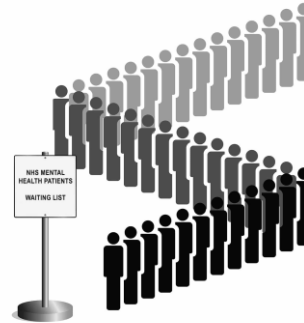
Older adults and clinically extremely vulnerable



every mind
matters



- Communication campaigns with tailored messages
 - signposting to available services
 - promoting the importance of staying active
 - encouraging digital inclusion
- Dedicated HCC webpage 'Staying well at home'
- Distribution of the Public Health England Active at Home booklet to support mental and physical health.
- Targeted communications under 'It's Ok to' banner to build confidence after coming out of 'shielding'.
- Mental Health guides to support staff, volunteers and the wider population
- Direct referral routes to mental health support services from the Hampshire Coronavirus Support and Helpline



CO-OCCURRING DISORDERS ARE THE SIMULTANEOUS EXISTENCE OF TWO CONDITIONS

DUAL DIAGNOSIS: FACING ADDICTION AND MENTAL ILLNESS

- Half of all addicts also have a mental illness, known as a dual diagnosis
- Their coexistence makes both disorders considerably worse



Moving forward

-
- Hampshire Mental Health Partnership Board:
 - Providing strategic oversight and prevention -focused leadership
 - Page 33: Bi-annual Councillor-led conversation with partners
 - Page 33: SHE Prevention Concordat for Better Mental Health
 - applying this as a framework for Hampshire-wide action
 - Hampshire MH and SP Comms group
 - Promoting the universal and targeted workforce offer
 - Training
 - Launch of support guides
 - Partnership working across STP



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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	10 th December 2020
Title:	Living Well Theme Focus
Report From:	Dr Barbara Rushton, Board Sponsor for Living Well

Contact name: Morna Corr

Tel: 02392282062

Email: morna.corr1@nhs.net

Purpose of this Report

1. The purpose of this report is to provide an updated to the Hampshire Health and Wellbeing Board on the priorities and progress of the Living Well strand of the Health and Wellbeing Strategy. The presentation also makes reference to some of the schemes that have been implemented rapidly as a result of the pandemic.

Recommendation(s)

That the Hampshire Health and Wellbeing Board:

Reduce the proportion of women smoking at the time of delivery

The Board are asked to note the progress in this area and highlight the value of working in partnership on this and other key priorities to reduce health inequalities in Hampshire.

Reduce the gap in smoking between people in routine and manual occupations & the general population

The Board is asked to note the work achieved by our acute providers in this area and support a renewed effort through Public Health, NHS Commissioning, NHS provision and the voluntary sector to reduce the proportion of women smoking at the time of delivery.

Implement whole systems approach to childhood obesity in one area of Hampshire

The Board is asked to support and promote the Healthy Weight agenda within their organisations including working collaboratively through a whole system approach.

Implement the Hampshire Physical Activity Strategy with a specific focus on enabling the workforce to be competent to promote physical activity for life

The Board is asked to ensure their organisations are sighted on and contribute to the Strategy Consultation.

Signpost to and encourage the systematic use of effective tools/initiatives (including digital) that will enable people to improve their self-management and provide peer support for long-term conditions

The Board is asked to note the various tools open to clinician and the public to support them in their conditions.

Executive Summary

2. Each chapter of the Health and Wellbeing Strategy is underpinned by an action plans setting out the priorities for action. The presentation to be delivered to the Health and Wellbeing Board outlines the priorities, progress and next steps for the Living Well action plan.

Co-Production

3. The report and presentation have been co-produced between Health, Public Health and Energise Me.

REQUIRED CORPORATE AND 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:	No

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

2. Equalities Impact Assessment:

An equalities impact assessment has not been completed for this item which is an update during Covid.



Hampshire Wellbeing Board

Living Well Update

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December
2020

Living Well Priorities

1. Reduce the proportion of women smoking at the time of delivery
2. Reduce the gap in smoking between people in routine and manual occupations & the general population
3. Implement whole systems approach to childhood obesity in one area of Hampshire
4. Implement the Hampshire Physical Activity Strategy with a specific focus on enabling the workforce to be competent to promote physical activity for life
5. Take a community approach to resilience, supporting the 5 ways to wellbeing initiative
6. Work in partnership with local stakeholders to understand and take action on the wider determinants of health as a major influence on mental wellbeing
7. Signpost to and encourage the systematic use of effective tools/initiatives (including digital) that will enable people to improve their self-management and provide peer support for long-term conditions

Reduce the proportion of women smoking at the time of delivery

- **Increased from 8.7% in 18/19 to 9.3% in 19/20.** (England: 10.8% in 18/19 and 10.4% in 19/20). Improved identification of smokers in early pregnancy may have contributed to this rise.
- **HCC Public health have worked with all trusts to undertake Public Health England's Deep Dive Assessment of Pathways and audit levels of CO Screening at booking.** All four hospital trusts are actively working to increase the number of women who stop smoking during pregnancy
- **Smokefree Hampshire have reviewed their smoking in pregnancy service and implemented a number of improvements for maintaining the engagement of women and improving their chance of quitting;** 52% of pregnant women quit at 4 weeks. A digital marketing campaign aimed at pregnant women and their partners is planned for launch in December.
- **It is anticipated that Covid-19 will have a direct and negative impact on rates for the remainder of 19/20 and into 20/21 as CO monitoring at booking is temporarily on hold.** This has seen an reduced level of women coming forward as smokers (i.e. reduced smoking at time of booking rates) and therefore a reduction in the number of women referred for support.

Reduce the gap in smoking between people in routine and manual occupations & the general population



- **In Hampshire, the proportion of people who smoke in routine and manual occupations was 19.3% in 2019, compared to 10% of adults overall** (England: 23.2% in R&M compared to 13.9% in adults overall)
- **Smokefree Hampshire are actively engaging with key groups** such as people living in the most deprived areas of Hampshire and certain ethnic communities including targeted marketing, mobile outreach clinics, telephone support, the provision of 'Quit with Bella' app support and home visiting for the most vulnerable members in our community (pre Covid-19)
- **45% of people who used Smokefree Hampshire and quit successfully at 4 weeks are from routine and manual occupations (2019/20)**. Of those people in routine and manual occupations that set a quit date, 65% have successfully quit at 4 weeks
- **Initial results from the Quit for Covid campaign have demonstrated the value of working in partnership with 1,084 self referrals in October and November compared to 251 in September.** We are working with Smokefree Hampshire to determine the proportion of those quitting that are from our priority groups

Example of targeted campaign during the Pandemic - Quit for Covid



- Smoking damages your lungs and weakens your immune system, increasing your risk of developing life-threatening complications from COVID-19.
- The Public Health team in Hampshire and IoW, working with the CCGs and supported by the LMC developed a programme, with the aim of reducing the number of smokers locally.
- Practices were asked to send a predefined text message to all their smokers with some simple advice which also directed them to the local smoke stop service who were primed to receive an increase in people seeking help.
- This messaging was linked with two features on BBC South.

Healthy Hearts - Programme vision and Principles

To develop an operating model for cardiovascular disease prevention and to support the practical implementation of opportunities identified by CVD Prevent programme in an equitable way that addresses unwarranted variation across our geography

Principles:

- ❖ Take a holistic approach to CVD prevention
- ❖ Maximise encounters
- ❖ Promote remote technology for diagnosis and monitoring
- ❖ Use extended primary care teams
- ❖ Optimise NHS health checks

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Programme Outcomes:

- Support behaviour change and promote cardiovascular health by making every contact count
- Optimise medication;
- Extend the work on cholesterol across HIOW and adapt the model to review all CVD risk factors at the Identify stage for this cohort;
- Initiate the work on blood pressure initially based on a similar model;
- Increase the use of technology to support diagnosis and monitoring;
- Adapt the programme when PCN CVD DES is published, emphasising a need to assist 'struggling' practices.

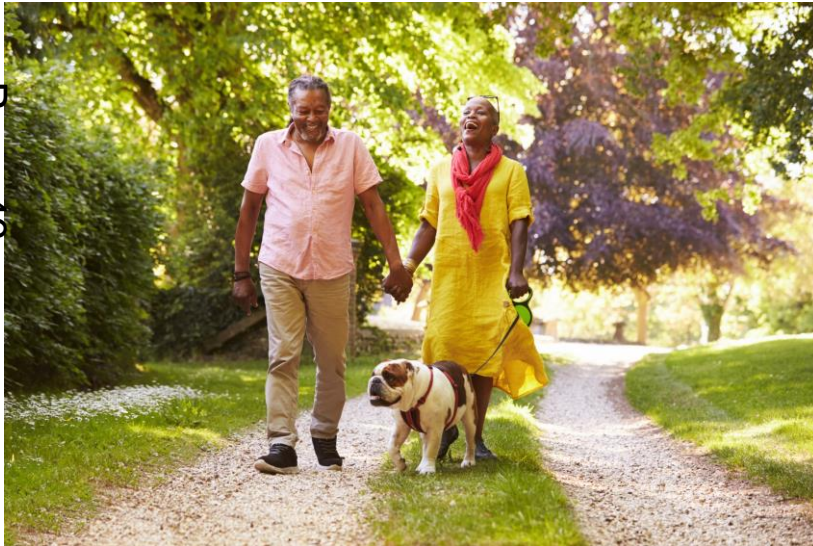
Implement whole systems approach to childhood obesity in one area of Hampshire

- Pilot started in Rushmoor: A whole systems working group has been established in Rushmoor with Hampshire Public Health, Rushmoor Borough Council, North East Hampshire and Farnham CCG and Energise Me. This group connects to wider stakeholders and local partners via the Local Obesity Action Group
- The team have engaged with key partners, such as MIND, food retailers and housing associations to explain the approach and why it's important
- Five Rushmoor early years settings have piloted the healthy early years award, including the 'Healthy Weight, Healthy Eating' topic. This has now gone live to all early years settings in Hampshire
- Work paused in March 2020 due to the Covid-19 pandemic. We envisage the following will be priority actions when the work is restarted:
 - Marketing of opportunities: Digital marketing and promotion of the key healthy weight offers, including WW and Better Health and free physical activity opportunities and working with primary care to increase signposting to their patients
 - Influencing the food environment through targeted actions to improve access to and promotion of healthier eating
 - Promoting Health in Educational Settings resources (including healthy weight resources) to schools and early years settings
 - Increasing access to play/physical activity opportunities through funding opportunities
 - Increasing local stakeholder participation in the Whole System Approach
 - Promoting Innovation Fund to grassroots/community organisations
- Our plan is to roll-out the approach to another District/Borough in late 2021 focussing on an area with the highest rates of child and adult excess weight

Hampshire Physical Activity Strategy –developing the workforce to promote physical activity for life



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- Workforce training for the health sector, social prescribing and volunteer workforces
- National Academy for Social Prescribing Thriving Communities Programme
- We Can Be Active Big Online Conversation

Signpost to and encourage the systematic use of effective tools/initiatives (including digital) that will enable people to improve their self-management and provide peer support for long-term conditions

- A library of free, accredited, readily available **digital resources** that HIOW Primary Care Clinicians can access at any time.
- Ranges from educational websites, video libraries and apps.
- Includes a range of diagnosed long term conditions, as well as self-help resources such as lifestyle, weight and mood management tools.
- **Library has had 546 Downloads**

A Service Finder is also available on **the HIOW Personalised Care Website**. This features educational materials as well as details regarding local peer support groups



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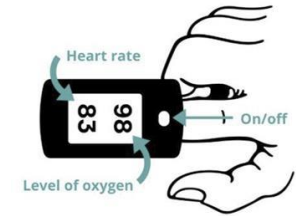
Home Hello my name is... Our work ▾ Events & training Your stories ▾ **Resources** ^ Contact us

Resources

What Matters to You Resources Guides	Patient Activation Measure (PAM) Self Care and Self Management	One page profile template & how to guide YouTube clips
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Example of initiative during the Pandemic COVID Oximetry@home

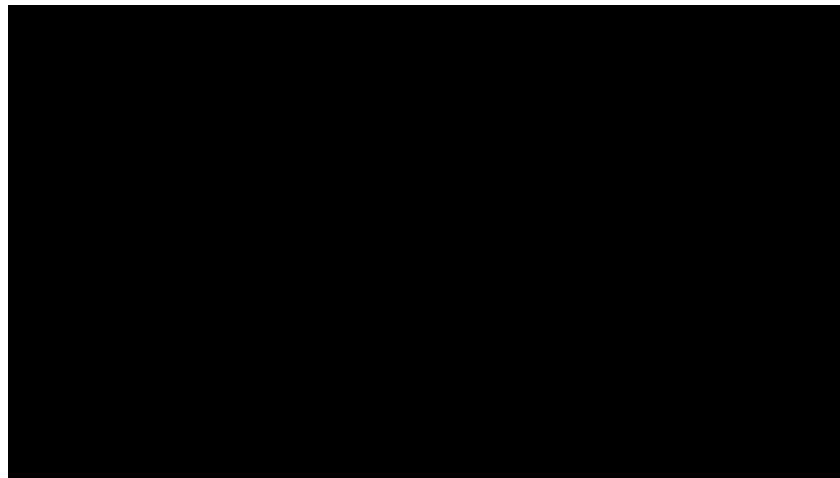


- The COVID Oximetry at Home pathway should be available to people who have suspected or diagnosed COVID 19 **AND** are symptomatic **AND** are aged 65 years or older **OR** are under 65 years where there is clinical concern.
- Patients provided with a pulse oximeter and supporting information or suitable app / (regular recall mechanism), contact details to report oximetry reading / symptoms.
- Patients will be encouraged to record oximetry readings daily, usually three times a day.
- Patients whose data indicating deterioration will have a clear instruction on the course of action

Social Prescribing

This video outlines the value and role of social prescribers as members of the multidisciplinary team at the Sovereign Network of GP practices in South East Hampshire.

Jane Majidzadeh and Andrew Partridge - Social prescribers, Ria Shingdia - Clinical Practice Pharmacist and Dr Jennifer Rattray - GP



Recommendations to the Board



1. Reduce the proportion of women smoking at the time of delivery

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The Board is asked to ensure their organisations are sighted on and contribute to the Strategy Consultation

5. Signpost to and encourage the systematic use of effective tools/initiatives (including digital) that will enable people to improve their self-management and provide peer support for long-term conditions

The Board is asked to note the various tools open to clinician and the public to support them in their conditions

Discussion



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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	10 December 2020
Title:	Hampshire Together: Modernising our Hospitals and Health Services – Impact on Population Health
Report From:	James Lawrence-Parr, Population Health Lead – north and mid Hampshire, Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups

Contact name: John Boyman

Tel: 01256 852615

Email: john.boyman@hhft.nhs.uk

Purpose of this Report

1. The purpose of this report is to provide a summary of the impact on population health in relation to the Hampshire Together: Modernising our Hospitals and Health Services programme.

Recommendation(s)

That the Hampshire Health and Wellbeing Board:

2. Confirms how they would like to be kept involved in the consultation process
 - 2.1. Suggests any areas they feel require additional focus or input relating to population health impacts

Executive Summary

3. This report seeks to set out the background to the Hampshire Together: Modernising our Hospitals and Health Service programme and consider the potential benefits and impacts for the population of Hampshire.

Contextual Information

4. The programme is looking at the best way to organise services to meet the population's changing health needs and to adapt the way some services are delivered so they can continue to meet best practice and clinical quality

guidelines, and are sustainable for the long-term. To meet these challenges the local NHS has been exploring the possibility of centralising some of the most specialist hospital services for the sickest people on one site, rather than spread across two main sites (Basingstoke and Winchester) as they currently are.

5. Consolidating the most specialist services in one place would mean a better use of senior clinicians, who are currently spread too thinly across hospital sites. It would also mean clinical teams treat more patients with particular conditions and illnesses, helping to better maintain their specialist expertise.
6. The programme also includes the potential for the construction of a brand new hospital as part of the Government's Health Infrastructure Plan. Hampshire Hospitals was last year named as one of the trusts chosen to receive capital funding as part of this Department of Health and Social Care's plan, which is designed to support 40 hospital building projects across the country between 2025 and 2030.
7. A process of options development began in August 2020. Doctors, nurses and other clinicians from north and mid Hampshire held a series of conversations and virtual workshops to look at how health and care services could be designed for the future. More than 100 people, including current patients with experience of using hospital services, clinicians from across the health and care system, and representatives of various groups from the community took part in a variety of sessions throughout the autumn.
8. After a comprehensive search for sites across Alton, Andover, Basingstoke, Eastleigh, Winchester and the surrounding areas was carried out, two locations have been identified as potential sites for a proposed new acute centralised hospital. The first is located between Basingstoke and Winchester, near to junction seven of the M3, with the other being based on the current site of Basingstoke and North Hampshire Hospital. If an acute centralised hospital was to be built at either of these locations, significant investment would also be made at Royal Hampshire County Hospital with a view to it becoming a main local hospital.

Integrated Impact Assessment

9. Mott MacDonald has been commissioned by Hampshire Hospitals NHS Foundation Trust to undertake an Integrated Impact Assessment (IIA) to support the Modernising our Hospitals and Health Services programme. The IIA aims to analyse the consequences of clinical service change and/or reconfiguration option (s); and produce evidence-based recommendations to maximise positive impacts, and minimise the negative impacts of an option(s). The IIA is an iterative process with the most recent interim IIA report received on 20th November 2020.

10. The geographical study area for the IIA covers a population of 924,000 people and is based on historical activity to Hampshire Hospitals NHS Foundation Trust

11. A summary of the key impacts are detailed below. It is important to note that the impact analysis recommends mitigating actions where needed, but does not factor the impact of mitigations into the analysis at this stage:

11.1. Patient outcomes - significant beneficial impact

- Improved evidence based clinical model with increased consultant staff cover to improve patient outcomes
- The achievement of workforce standards that promote consultant-delivered care and remove variation.
- A model that allows for a critical mass of cases to be undertaken and provides opportunities for sub-specialisation
- Separation of low complexity planned surgery into a planned surgery centre

11.2. Journey time impacts for patients, visitors and staff - marginal adverse

- Centralising acute hospital services into a single hub will create additional journey time impacts for some patients and visitors - services provided locally at Royal Hampshire County Hospital will help to minimise impact

11.3. Transportation cost and accessibility - Marginal adverse

- Increases for a proportion of the population travelling to access the centralised hub.

11.4. Health inequalities - Minor beneficial

- Potential for positive impacts experienced through local care model and local developments

11.5. Impact on service delivery - Significant beneficial

- Potential to improve patient pathways through revised clinical models
- The impact of consultant delivered care which has been demonstrated to facilitate the efficient and effective use of resources.
- The separation of low complexity planned surgery and emergency surgery has been evidenced to reduce length of stay. This ensures that hospital resources are utilised in the most effective way as well as avoiding the complications for patients which are associated with long lengths of stay in hospital.
- If more services are delivered across two sites, this will lead to less opportunity for development of new models of care.
- Service delivery across main acute hospital and local hospital sites will provide a model of care which allows patients to receive a level of care which is proportionate to their need.

11.6. Impact on workforce - Marginal beneficial

- Workforce benefits from improvements in the clinical model
- Workforce challenges from adjusting to working at alternative site
- The Programme's proposals have the potential to positively impact the workforce through:
 - The creation of sustainable rotas and working patterns
 - Increased or different training opportunities will also be beneficial for some staff
 - Staff may also feel increased motivation through working in hospital facilities

11.7. Deliverability – Neutral

- Assumes that implementation is well planned
- The potential location of the centralised hub will bring different risks to deliverability.
- Should the centralised hub be located at BNHH existing facilities at BNHH will require some refurbishment. The arrangements for temporarily moving (or “decanting”) services to allow for refurbishment, whilst maintaining safe services and the required co-dependencies between services, are likely to be complex. If this is not appropriately planned and undertaken, there is a risk that the sustainability of existing patient services could be negatively impacted during this transitional period.
- A new build facility where clinicians will be able to influence the specification of the hospital, including its' clinical adjacencies, has the potential to deliver benefits in terms of improved patient flow and efficiencies in the delivery of care, improved accessibility of facilities for patients, improved patient experience, as well as a reduction in the risk of hospital-acquired infections as a result of improved healthcare facilities which are practically easier to maintain and clean.

11.8. Impact on other providers

- The impact of change on neighbouring providers is in the process of being determined.

11.9. Wider sustainability (air quality) - Minor beneficial

- Reduction in traffic around Winchester. Relevant if Basingstoke Hospital is selected as the site of the acute centralised hospital.
- Reduction in traffic around Winchester and Basingstoke. Relevant if J7 M3 selected as the site of the acute centralised hospital.
- Minor adverse impact on increased reduction in air quality at neighbouring providers, particularly Southampton
- Green House Gases (GHG): Marginal adverse – increase in GHGs because of longer travel to central site
- The entrance to the Royal Hampshire County Hospital is located on Romsey Road in Winchester, within the Winchester Town Centre Air Quality Management Area (AQMA). The nitrogen dioxide (NO₂) annual mean objective has been exceeded on Romsey Road for several years, and there are several residential properties on this road.

- Basingstoke and North Hampshire Hospital is not located near an AQMA. The main route to access the hospital by car and ambulance is from the A339, where national modelling (Pollution Climate Mapping) predicts average NO₂ roadside concentrations for the year 2020 near the annual mean objective.
- The Junction 7 South site is located in a rural area to the south west of Basingstoke, where existing air quality is good and there are few sensitive receptors (residential properties) nearby. The net effect of the transfer of services from the Basingstoke and North Hampshire Hospital to the new Junction 7 South site is likely to be beneficial because the hospital traffic would be moved to an area with lower sensitivity to air quality impacts.

Consultation and Equalities

12. Initial public engagement activity was held between 1 June and 7 August 2020, based on a [listening document](#) that set out the challenges facing our health and care system, the opportunities provided by the Hampshire Together programme and the decisions that will need to be taken in order to maintain safe, high quality, sustainable services for the long-term. Feedback received during engagement was independently analysed and a summary, including a breakdown of the key themes identified, can be [found here](#).

Co-Production

13. Hampshire Together is the name associated with a number of projects that involve NHS and social care organisations working in partnership. The key partners are:
 - Hampshire Hospitals NHS Foundation Trust, which provides acute hospital services at Andover War Memorial Hospital, Basingstoke and North Hampshire Hospital and Royal Hampshire County Hospital, as well as some services either at or close to patients' homes.
 - The Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups and West Hampshire Clinical Commissioning Group, who are responsible for planning and commissioning NHS services across north and mid Hampshire. This involves assessing local needs, deciding priorities and strategies, and then buying services on behalf of the population from providers.
 - Southern Health NHS Foundation Trust and Solent NHS Trust, who provide community and mental health services for the population of north and mid Hampshire.
 - South Central Ambulance Service, who not only provide ambulance services, but run the 111 provision and co-ordinate urgent care for the county.

- The 10 Primary Care Networks and GP practices who provide primary care services to our population.
- Hampshire County Council, the borough and district councils as well as Parish and Town councils across the county
- Voluntary and community sector organisations
- The University of Winchester and other educational providers in the area.
- The Local Enterprise Partnership.

14. The programme governance structure can be found [here](#)

REQUIRED CORPORATE AND 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:	No
People in Hampshire enjoy being part of strong, inclusive communities:	No

Section 100 D - Local Government Act 1972 - background documents

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

Document

Location

None

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

A full equalities impact statement was not completed at this stage as the purpose of this report is to provide details of the work currently being undertaken.

Hampshire Together

*Modernising our Hospitals and Health
Services*

Background

- Opportunity arises out of the government's programme for new hospitals – The Health Infrastructure Programme 2 (HIP2)

Page 62.

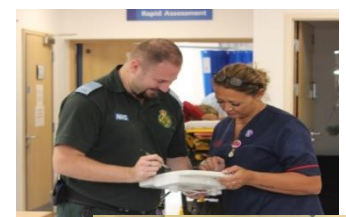
Hampshire is part of the second round - with construction aimed for **2025 to 2030**

- The money is for a new hospital. But a new building can be a catalyst for **so much more**
- We've received £5 million to start developing the plan that will deliver for **all the people** of Mid & North Hampshire

The challenges



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Our vision

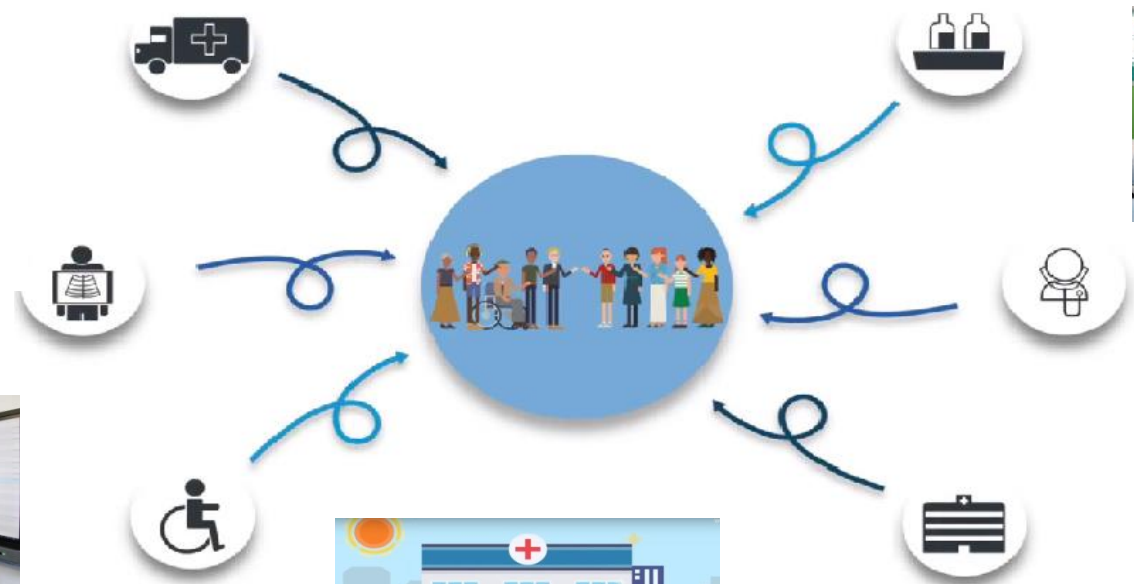
A health, well-being and care service which will support people to access the **right care, in the right place at the right time.**



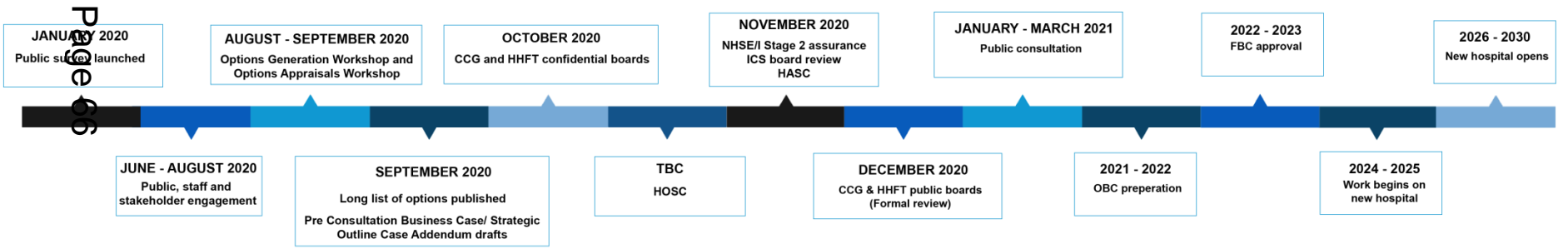
The opportunity



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Timeline



Formal engagement

- ✓ Informal Survey carried out Jan/ Feb 2020
 - ✓ 1,500 responses from public, patients and staff
- ✓ Formal engagement launched 1 June 2020
 - ✓ Website, listening document, introductory animation, social media, media & digital collateral produced
 - ✓ Extensive weekly media coverage across all channels (broadcast, digital and print)
 - ✓ 54 engagement events undertaken throughout June / July/ August 2020
 - ✓ Extra 16 added in response to requests/ feedback from local stakeholders
 - ✓ Events covered the whole of Mid & North Hampshire and multiple services
 - ✓ Engagement extended by a week to ensure maximum participation
 - ✓ Over 1,500 items of individual feedback
 - ✓ 323 stakeholder, interest, community and patient groups contacted
 - ✓ Result was a very strong demographic spread

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Hampshire Together
 MODERNISING OUR HOSPITALS AND HEALTH SERVICES
HAMPSHIRE TOGETHER:
 MODERNISING OUR HOSPITALS AND HEALTH SERVICES
 with Dr Christian Chilcott
 Clinical lead for diabetes, North Hampshire
 Clinical Commissioning Group
 and Diabetes UK.
 #HaveYourSay 25 July 2020 11am -12pm



Emerging themes

GET IT RIGHT:

Keen to ensure the opportunity is maximised
e.g:

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This could be a significant moment in the history of healthcare delivery.

INTEGRATE SERVICES:

Support for more integrated ways of working
e.g:

Joining up health and social care is the biggest advantage I see.

INCLUSION & HOLISTIC CARE:

Importance of making sure everyone has equal access
e.g.

I wish there was more care for people with autism who also have specific mental health issues.

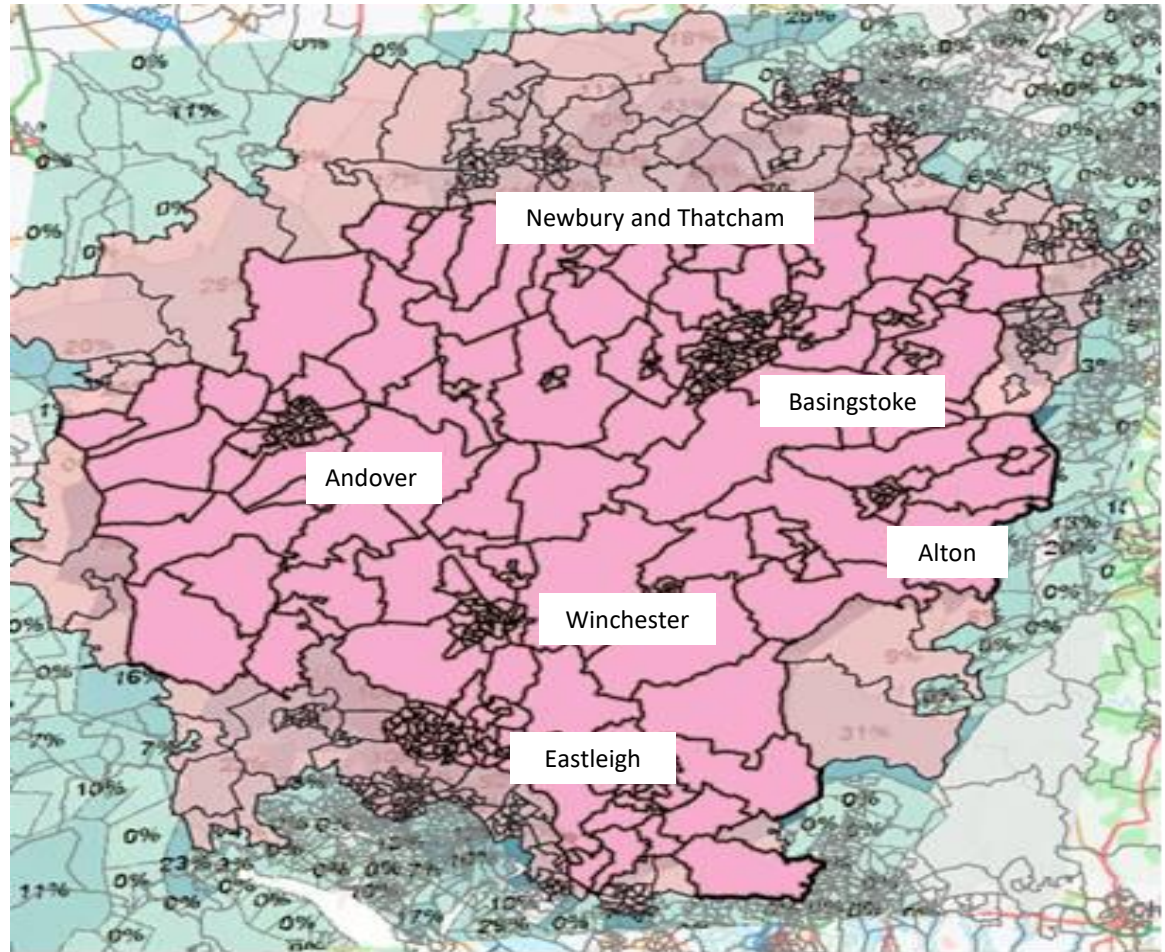
ACCESSIBILITY MATTERS:

Improvements to parking and (green) public transport, e.g:

You need to consider the actual needs of patients ... and increase their access to local care.

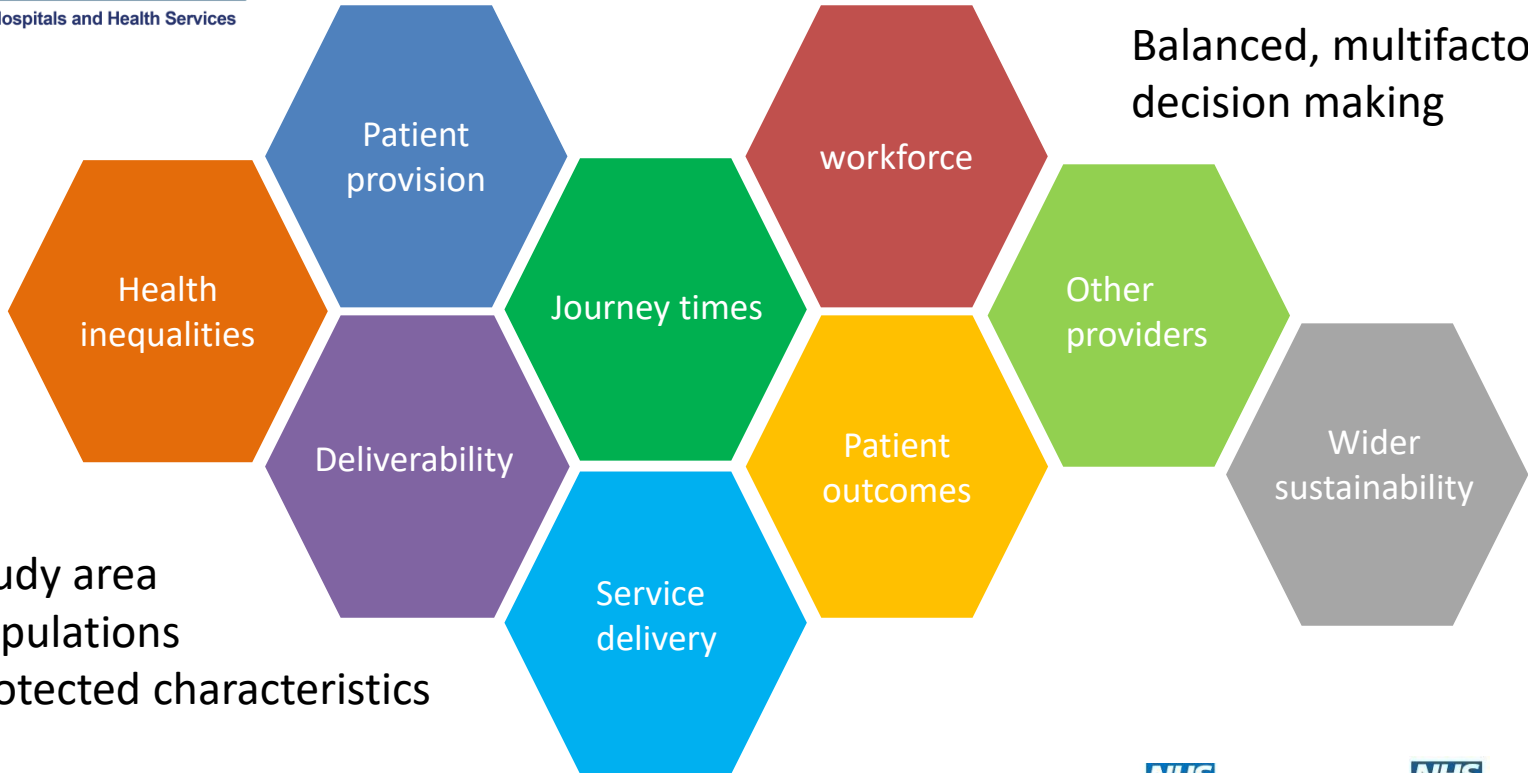
Population & Geography

- Coverage of the population currently accessing services provided by Hampshire Hospitals.



Integrated impact assessment

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Balanced, multifactorial
decision making

- Study area
- Populations
- Protected characteristics

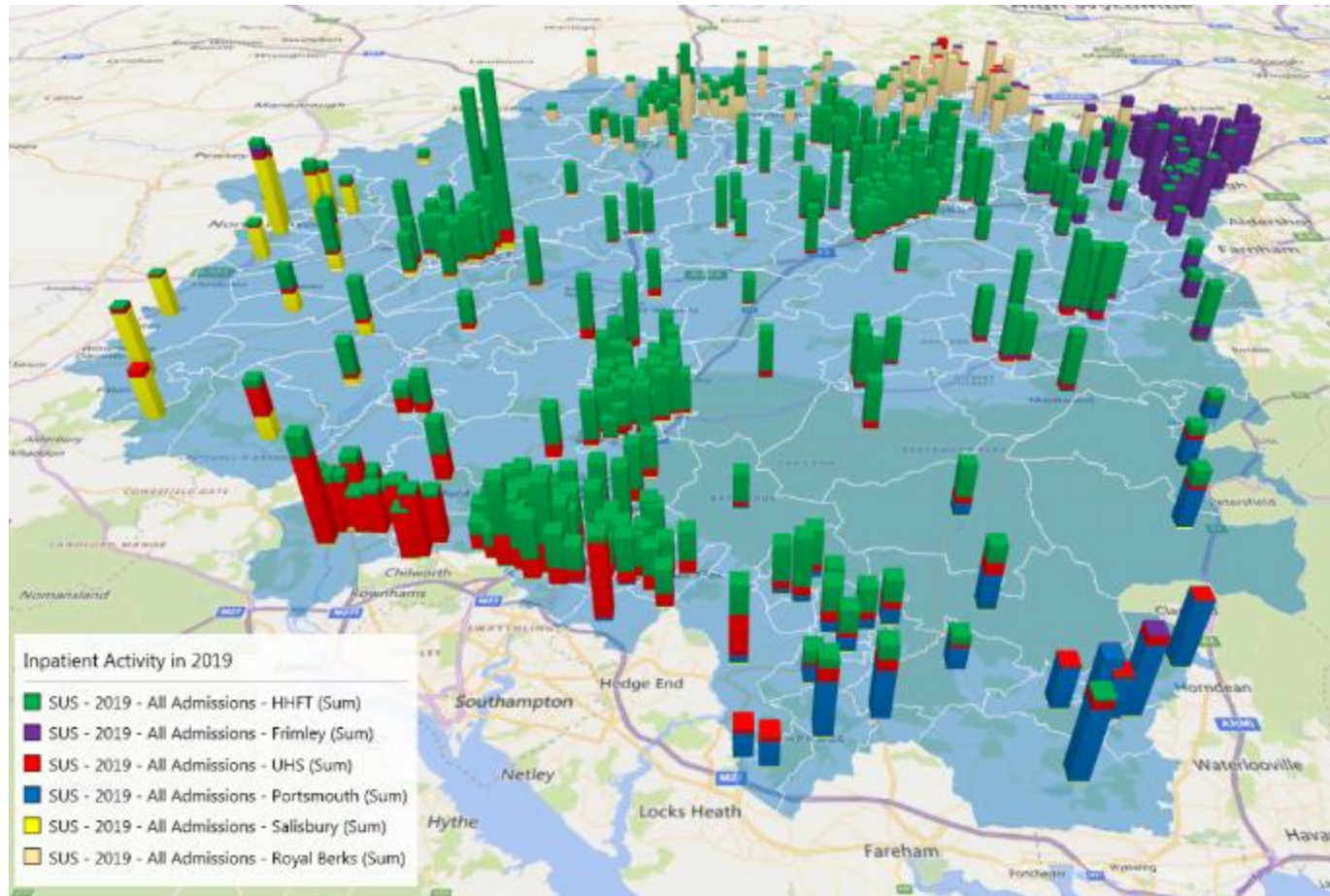
Our System

Inpatient Activity – Selected Providers (2019)

Study area of 509 LSOAs

Inpatient activity in 2019 is shown for each of the six named providers

HHFT is the dominant provider in the centre of the study area, with each of the five other providers accounting for the majority of the activity in some of the LSOAs.



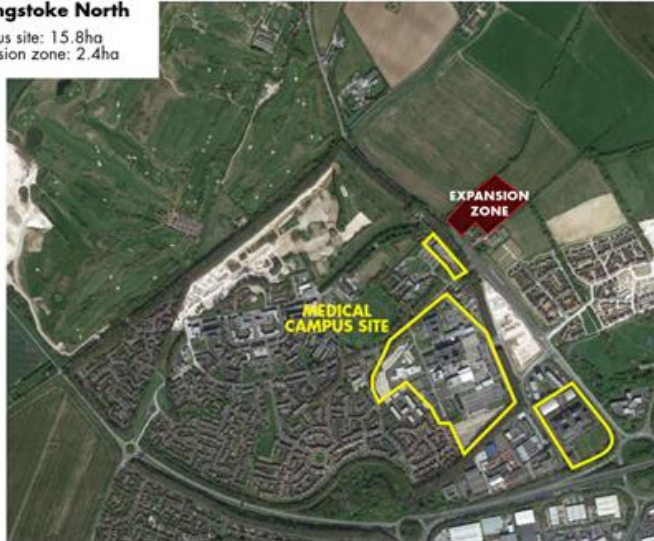
Site selection

Two potential site options for a possible new centralised acute hospital:

- The current site of **Basingstoke and North Hampshire Hospital**
- Land near to **Junction 7 of the M3**

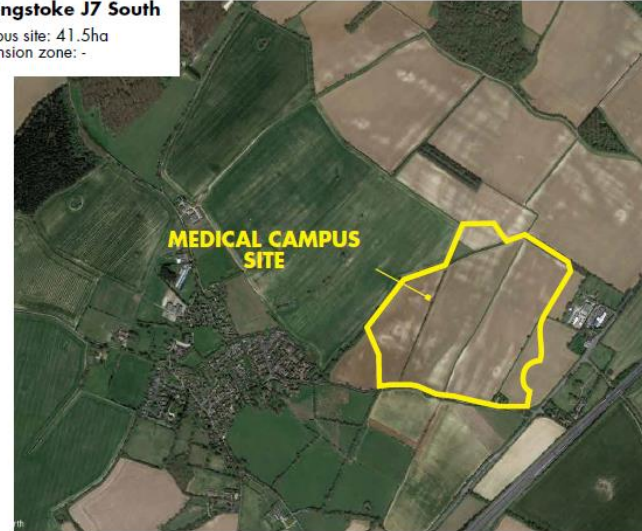
Basingstoke North

Campus site: 15.8ha
Expansion zone: 2.4ha



Basingstoke J7 South

Campus site: 41.5ha
Expansion zone: -



Options development

- Series of meetings and workshops held with clinicians and patients to help us draw up and narrow down list of options
- Work ongoing but will result in a shortlist of options for public consultation
- December – planned meeting with clinical senate to present the work undertaken since receiving formal feedback in October

Next steps

- December – Pre-Consultation Business Case and **Consultation Document** published
- December- meet with clinical senate
- January 2021 – **Public Consultation**

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Any questions?

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	10 th December 2020
Title:	Hampshire Safeguarding Children Partnership (HSCP) Annual Report 2019/20
Report From:	Derek Benson, Independent Chair, HSCB

Contact name: Tim Sandle, Strategic Partnerships Manager

Tel: 01962 876231 **Email:** Tim.Sandle@hants.gov.uk

Purpose of this Report

1.1 This attached [Annual Report](#) from the Hampshire Safeguarding Children Partnership (HSCP) provides an independent analysis of the safeguarding services provided to children and young people in Hampshire over 2019/20. It contains a summary of the work undertaken to deliver the HSCP's Business Plan and outlines the priorities over the next year.

Recommendation(s)

2.1 The Health and Wellbeing Board to note that--

- the Annual Report of the Hampshire Safeguarding Children Partnership and in particular the assessment that arrangements remain effective.
- the transition to the new arrangements under Working Together 2018 was successfully implemented in September 2019, and within these arrangements the statutory status of the three Safeguarding Partners; Hampshire County Council, Hampshire Constabulary and the Clinical Commissioning Group. The HSCP will continue to ensure the effective implementation of the arrangements for Safeguarding Partners laid out in Working Together 2018.
- that whilst the report covers the year 2019/20, the ongoing COVID-19 pandemic has impacted on requirements for service and has seen a renewed commitment to partnership working.

Executive Summary

3.1 The statutory responsibility for the effectiveness of the HSCP is held jointly between Hampshire County Council Children's Services, Hampshire Constabulary, and West Hampshire Clinical Commissioning Group (on behalf of the Hampshire Partnership of Clinical Commissioning Group). The Hampshire Safeguarding Children Partnership (HSCP) reviewed its Local Safeguarding Arrangements document in October 2020, and this is attached to this paper for information.

3.2 Safeguarding remains a firm priority for all partner agencies, demonstrated by consistently good levels of attendance, effective engagement in subgroups, and a strong culture of constructive challenge and debate.

3.3 Key to the success of the HSCP is the focus on the different safeguarding contexts that exist across Hampshire, with the emphasis being placed on children and young people being safeguarded in their lives at home, in their friendship circles, in health, in education and in the public spaces that they occupy both offline and online.

3.4 Multi-agency work within the HSCP's groups and subgroups continue to promote work to drive a range of improvements to both the safety and welfare of children and young people. Partnership membership extends across several working groups to provide continuity.

3.5 The Hampshire statutory safeguarding partners for the Isle of Wight, Portsmouth, and Southampton known locally as 'HIPS' continue to collaborate over the wider geographical area. This benefits professionals working across more than one of the local authority areas, ensuring greater joined-up working on strategic issues and common themes.

3.6 The annual business plan and work programme is developed in partnership with all agencies. The HSCB had four Business Plan priorities during 2019/20. Information on key highlights delivered under each priority is contained in the Annual Report and a summary is detailed below.

Priority 1. Further embed and evaluate HSCP initiatives.

a) Formally launching the Family Approach Protocol and Toolkit with the other LSCBs and Local Safeguarding Adults Boards (LSABs) in the Pan-Hampshire

area. Running a programme of multi-agency briefings and agree evaluation criteria for an end of year evaluation.

b) Developing and embedding the ICON programme, completing the public launch of the programme. Including undertaking first stage professional and public evaluation of impact of the programme to date.

c) Launching the 'Safe Sleep' campaign with the other LSCBs and Child Death Overview Panels (CDOPs) in the Pan-Hampshire and Isle of Wight area by Summer 2019. Conducting a first phase evaluation by the end of the reporting period.

d) Reviewing the joint HSCB/IOWSCB Neglect Toolkit and consider additional information to include. Conducting an evaluation of the understanding, use of the Strategy and Toolkit by frontline professionals, and assess impact on children and families

Priority 2. Strengthening our Assurance Programmes

a) Responding to the outcomes of the Keeping Children Safe (Section 11) audit to better promote staff understanding and awareness of key policies and procedures.

b) Reviewing learning from Serious Case Reviews to test impact on frontline practice.

Priority 3. Leadership and Transformation

a) Publishing new safeguarding partnership arrangements by 29 June 2019, and full implementation by 29 September 2019 in line with Working Together 2018 statutory guidance.

b) Publishing new Child Death Overview Panel (CDOP) arrangements by 29 June 2019, and full implementation by 29 September 2019 in line with Working Together 2018 statutory guidance.

c) With colleagues across the other LSCBs in Pan-Hampshire and Isle of Wight, developing and implementing new Pan-Hampshire and Isle of Wight work streams, including Exploitation and Health groups.

3.7 As part of the above, and in line with its scrutiny and assurance role, the Partnership has maintained a close focus on any change programmes ongoing in partner agencies, that may have an impact on the broader system. Safeguarding Partners and Relevant Agencies are invited to provide briefings on a quarterly basis on any transformation or change programmes so that the partnership has early sight on any changes in service delivery or practice that may impact on single agencies or broader partnership working.

Co-production

4.1 The strength of the partnership continues through good communication and information sharing and innovative work in response to safeguarding.

Remote working has promoted greater participation from colleagues who were often covering more than one geographical area and supporting more than one Local Safeguarding Partnership.

4.2 The HSCP response to the 'new normal' arrangements have allowed us to adapt and build on our success further, at a time when resources are stretched, the HSCP response has helped facilitate a strategic coordination of activity and understanding of impact.

4.3 The HSCP, in line with its duties, continues to scrutinise and challenge performance, identify, disseminate, and embed lessons, engage with children, young people, and families, and evaluate the impact on outcomes.

4.4 Covid-19 has inevitably had an impact on the capacity of partners and relevant agencies. Statutory Partners have had to balance increased demand to continue support for working groups and engage in auditing.

4.5 In response to Covid-19, fortnightly Covid-19 meetings are held with senior managers to share information and respond to any issues that arise. This has ensured that responses to safeguarding is timely and effective.

4.6 Despite the demand issues, remote working has reduced travel time and attendance for working groups, which has generally been good. Attendance for our groups, including task and finish groups, has remained high.

The impact of Covid and increase in the complexity of work has impacted on deadlines and some of our development work has been slowed by Covid-19. However, we are progressing the work we set out in our business plan.

Conclusions

5.1 Note that the Safeguarding Children Partnership which is overseen by the three Safeguarding partners is working effectively across Hampshire. Robust delivery of business plan priorities is supporting collaborative working across organisations and agencies who work with children, young people, and families to ensure that they are effectively safeguarded and supported.

REQUIRED CORPORATE AND 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:	No

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

2. Equalities Impact Assessment:

Race and equality impact assessment has been considered in the development of this report and no adverse impact has been identified.



Hampshire
Safeguarding
Children
Partnership

Local Safeguarding Arrangements

Hampshire Safeguarding Children Partnership

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Appendix 1 - Hampshire, Isle of Wight, Portsmouth & Southampton (HIPS) Safeguarding Children Partnership Executive Group Arrangements 19

 Figure 1 23

Foreword

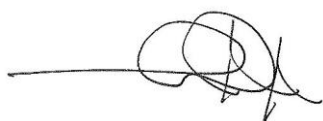
Welcome to the Hampshire multi-agency safeguarding arrangements, known locally as the Hampshire Safeguarding Children Partnership (HSCP). These Local Safeguarding Arrangements are published in line with the requirements outlined in Working Together 2018.

As leaders we recognise that safeguarding children cannot be achieved in isolation from other partnerships, or our communities. This has been an area of strength in Hampshire in recent years. Our vision is founded on the belief that safeguarding is everyone's business and that, in conjunction with other strategic boards and partnerships, children and young people in Hampshire are safe and achieve their potential. As a safeguarding partnership we have to be clear about how we do this and what this means for partner organisations, children, young people, and their families as well as the wider community.

The multi-agency partnership in Hampshire is robust and effective, with clear commitment from senior leaders. We believe the changes outlined in this document will enhance the already strong partnerships we have in Hampshire. The development of the new partnership arrangements has given us the opportunity to review and change some of our ways of working, building on strengths within the good partnership relationships that already exist but focusing on how we can make a real difference to multi-agency frontline practice to improve outcomes for Hampshire children, young people and their families.

We aim to achieve these improvements by developing and spreading good practice based on what we know works well and is evidenced based. This ensures a proactive and responsive approach to the needs of children, young people and families in the area and drives opportunities to shape and influence policy development leading to improved practice and outcomes.

This plan of arrangements, known hereafter as the plan, sets out the arrangements for us, the safeguarding partners to work together and with other agencies, to identify and safeguard children in need of protection in Hampshire.



Steve Crocker

Director of Children's Services
Hampshire County Council



Ellen McNicholas

Director of Quality & Board Nurse
West Hampshire Clinical Commissioning
Group (CCG) (on behalf of the five
Hampshire CCGs)



Rachel Farrell

Chief Superintendent
Hampshire Constabulary

Introduction and Context

Helping and protecting children through a co-ordinated approach to safeguarding children is everyone's responsibility. Through collaborative working across organisations and agencies who work with children, young people and families, including those who work with parents/carers, the ambition of our arrangements is that everyone can recognise, respond and fulfil their responsibilities to ensure that children, young people and families are effectively safeguarded and supported.

Organisations, agencies and practitioners should be aware of, and comply with, this plan set out by the safeguarding partners.

The safeguarding arrangements have developed to build on the strengths of the previous arrangements under the Hampshire Safeguarding Children Board. The learning and improvement framework, which included clear and robust Local Child Safeguarding Practice Review processes, multi-agency audits and a comprehensive multi-agency training programme, has been retained with some additions to enable the new Partnership to extend its programme of scrutiny functions and respond to changes in statutory guidance.

Safeguarding Partnership Aims and Objectives

To ensure that the children of Hampshire are safeguarded, and their welfare promoted, the Hampshire Safeguarding Children Partnership will:

- Work effectively and collaboratively towards shared priorities to achieve improved outcomes for our children.
- Build working relationships between partners which support continuous improvement, professional curiosity, constructive challenge, and enable partners to hold each other to account for the outcomes we deliver for children.
- Be self-reflective, open and committed to learning and improvement.
- Embed the learning from local and national safeguarding reviews, and local scrutiny and assurance practices to improve the way children are safeguarded.
- Work, and share information, proactively to enable the early identification and response to new areas of safeguarding and emerging themes.
- Listen and respond to children and young people, and adult victims / survivors of child abuse to inform how services are delivered.
- Ensure services for children and families in Hampshire support parents and carers to provide the best possible care for their children and enable families to live together where possible.

- Facilitate collaborative working beyond organisational boundaries and agency constraints to deliver best outcomes for children and families.

Thresholds

The safeguarding partners will oversee regular review and dissemination of the Hampshire Thresholds Document. This document will be available to all professionals via the Partnership's website.

Legislative Context

The Hampshire Safeguarding Children Partnership (HSCP) is established in accordance with the Children and Social Work Act 2017 (the Act) and Working Together to Safeguard Children 2018 statutory guidance. The HSCP provides the safeguarding arrangements under which the safeguarding partners and relevant agencies work together to coordinate their safeguarding services, identify and respond to the needs of children in Hampshire, commission and publish local child safeguarding practice reviews and provide scrutiny to ensure the effectiveness of the arrangements.

Working Together 2018 explains that the three safeguarding partners in relation to a local authority area are defined under the Children Act 2004 (as amended by the Children and Social Work Act 2017) as:

- the Local Authority
- a Clinical Commissioning Group for an area any part of which falls within the local authority area
- the Chief Officer of Police for an area any part of which falls within the local authority area

The Three Statutory Safeguarding Partners

For each of these three partners, Working Together 2018 defines the lead representatives from each as 'the Local Authority Chief Executive, the Accountable Officer of the Clinical Commissioning Group and a Chief Officer of Police'.

For Hampshire the lead representatives are:

John Coughlan, Chief Executive

Hampshire County Council

Maggie Maclsaac, Chief Executive

Hampshire and Isle of Wight Clinical Commissioning Group (on behalf of the five Hampshire CCGs)

Rachel Farrell, Chief Superintendent
Hampshire Constabulary

As set out in Working Together 2018, the lead representatives can delegate their functions, although they retain accountability for any actions taken on behalf of their agency. In

Hampshire, the lead representatives have identified the following senior officers in their respective agencies who have responsibility and authority for ensuring full participation with these arrangements:

For Hampshire, the agency representatives are:

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

Ellen McNicholas, Director of Quality & Board Nurse
West Hampshire Clinical Commissioning Group (on behalf of the 5 Hampshire CCGs)

Rachel Farrell, Chief Superintendent
Hampshire Constabulary

The representatives, or those they delegate authority to, will:

- Speak with authority for the safeguarding partner they represent.
- Take decisions on behalf of their organisation or agency and commit them on policy, resourcing and practice matters.
- Hold their own organisation or agency to account on how effectively they participate and implement the local arrangements.

Geographical Area

The area covered by the arrangements is defined by the Hampshire County Council local authority boundary. It is acknowledged that partners to these arrangements may have responsibility for services outside this area, either due to their organisational boundaries overlapping other local authority areas or because they have responsibilities for children living in another area. Arrangements for how the HSCP will work with its neighbouring partnerships in the Pan-Hampshire and Isle of Wight area are outlined further below.

Relevant agencies

The strength of local partnership working is predicated on safeguarding partners working together collaboratively with relevant agencies whose involvement the safeguarding partners consider is required to safeguard and promote the welfare of children.

The safeguarding partners are obliged to set out within their arrangements which organisations and agencies are required to work as part of those arrangements to safeguard and promote the welfare of local children. These organisations and agencies are referred to as relevant agencies and when nominated by the safeguarding partners as relevant agency organisations, should act in accordance with the arrangements

Acting in accordance with the safeguarding arrangements requires safeguarding partners and relevant agencies to work together and:

- Fully engage with the Hampshire Safeguarding Children Partnership functions as set out within this document.
- Provide information which enables and assists the safeguarding partners to perform their functions to safeguard and promote the welfare of children in their area, including as related to local and national child safeguarding practice reviews.
- Ensure that their organisation works in accordance with the safeguarding procedures and protocols approved by the partnership.
- Have robust safeguarding policies and procedures in place specifically relevant to their organisation.
- Provide evidence of the above to the Partnership when requested as part of its scrutiny arrangements.
- Participate fully in multi-agency audits and assurance activities when required.

The relevant agencies as named by the safeguarding partners are:

- Ministry of Defence
- District/Borough/City Councils
- Child and Family Court Advisory Service (CAFCASS) (listed in WT2018 but who have adopted a national position of not attending)
- Education establishments (primary, secondary, independent, post-16 years and special schools, Pupil Referral units and Early Years Settings).
- Hampshire County Council, Adults' Health and Care
- Hampshire County Council, Children and Families
- Hampshire County Council, Education and Inclusion
- Hampshire County Council, Public Health
- Hampshire Constabulary

- Hampshire Fire & Rescue Service
- Hampshire Hospitals NHS Foundation Trust
- National Probation Service in the Hampshire Local Authority Area
- Hampshire & Isle of Wight Community Rehabilitation Company
- Hampshire Youth Offending Team
- NHS Clinical Commissioning Groups (CCG) (West Hampshire CCG, Fareham and Gosport CCG, North Hampshire CCG, South Eastern Hampshire CCG, North East Hampshire and Farnham CCG).
- NHS England, Local Area Team
- Health providers:
 - Southern Health NHS Foundation Trust
 - Hampshire Hospitals NHS Foundation Trust
 - Frimley Park NHS Foundation Trust
 - University of Southampton NHS Foundation Trust
 - Portsmouth Hospitals NHS Foundation Trust
 - South Central Ambulance Service
 - North Hampshire Urgent Care
 - Solent NHS Trust
 - Sussex Partnership NHS Foundation Trust
 - All Primary Care providers commissioned by the five Hampshire CCGs.
 - Partnering Health Limited (PHL)
 - Independent Providers
 - Commissioned Providers of Substance Misuse Services
- The Office of the Police and Crime Commissioner (for the Hampshire Constabulary force area)
- Commissioned Providers of Domestic Abuse Services
- Voluntary Sector
- Winchester Diocese
- Portsmouth Diocese
- Sporting organisations via the Hampshire and Isle of Wight County Sports Partnership (Energise Me). This includes national sporting bodies who have branches operating in Hampshire such as the Football Agency (FA) for example.
- Language Schools

All schools are named as relevant partners. Schools are represented on the main Partnership Board by Head Teacher representatives of Primary Schools, Secondary Schools, Post-16 years establishments, Independent Schools, Special Schools and Pupil Referral Units. Early Years settings are also represented via the Hampshire County Council Services for Young Children Early Years team.

Hampshire does have a local authority secure children's home in its borders (Swanwick Lodge). Hampshire also has a specialist, secure mental health inpatient unit that provides assessment, treatment, and care for young people (Austen and Bluebird House). These are managed by the Local Authority and Southern Health Foundation Trust, both of whom are represented in the Partnership.

There are no youth custody facilities within the geographical boundaries of the partnership.

The Lead Member for Children (Hampshire County Council) will be a participating observer of the HSCP. This includes attending meetings and receiving all its written reports.

Whilst the legislation and statutory guidance draws a distinction between safeguarding partners and relevant agencies to ensure clarity around accountability, it is clear that all members of the Hampshire Safeguarding Children Partnership have a shared responsibility to work collaboratively to provide targeted support to children and families.

This document describes the arrangements through which the statutory safeguarding partners and those named as relevant agencies, work together to safeguard, and promote the welfare of children in Hampshire.

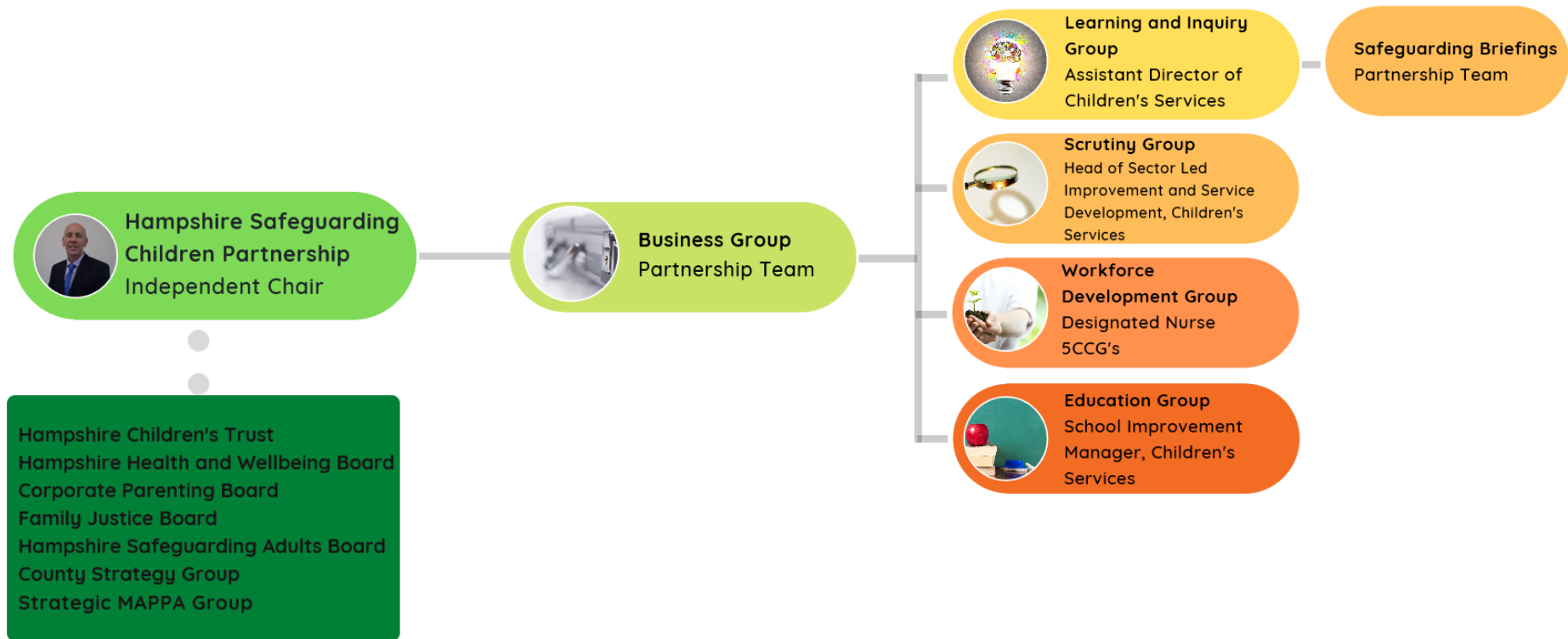
If your organisation is not named and you think it should be, please get in touch with the HSCP by emailing HSCP@hants.gov.uk to discuss this.

Pan-Hampshire and Isle of Wight collaboration

The statutory safeguarding partners in Hampshire have agreed to work in partnership with the statutory safeguarding partners for Isle of Wight, Portsmouth and Southampton, to ensure coherence in safeguarding arrangements across the wider geographical area. The arrangements for Hampshire and Isle of Wight collaboration are known locally as 'HIPS' and are set out in Appendix 1 to this document. The description of arrangements in Hampshire in the paragraphs below need to be read alongside the description of the collaboration arrangements in Appendix 1.

Hampshire Safeguarding Children Partnership

A diagram of the Partnership and its related subgroups is shown here:



Partnership Board

All relevant agencies and safeguarding partners are members of the Hampshire Safeguarding Children's Partnership Board. Attendees are expected to have a good understanding of safeguarding and be of a senior level to represent their organisation or sector. The partnership meetings will be led by the Independent Chair and meet quarterly. Summary of functions include:

- Facilitating communication between all the safeguarding partners and relevant agencies, strengthening working relationships between organisations.
- Means of consulting with senior safeguarding leads in agencies / sectors.
- Dissemination of learning from Local Child Safeguarding Practice Reviews and assurance activities.
- Identifying emerging issues to inform priority setting and raising awareness of emerging issues across the partnership.
- Identifying challenges to safeguarding work and contributing towards the development of solutions
- Linking with other strategic partnerships including the Health and Wellbeing Board, Adult Safeguarding Board, Local Family Justice Board, Strategic MAPPA Board, Corporate Parenting Board and Community Safety Partnerships.

Business Group

The Business Group comprises those with lead responsibility from each of the safeguarding partners and the chairs of the subgroups of the main Partnership Board. The group has overall responsibility for the safeguarding arrangements. Summary of functions:

- Defining how the safeguarding arrangements will operate.
- Ensuring the safeguarding arrangements are working effectively.
- Identify and escalate concerns regarding the delivery of services and/or interagency working regarding the delivery of services and/or interagency working
- Setting the strategic priorities for the partnership.
- Supporting and engaging with relevant agencies through the Partnership Group.
- Ensuring that local and national learning is implemented.
- Maintaining a risk register that identifies strategic risks to the safeguarding of children in the area and the operation of the safeguarding arrangements.
- Produce and publish a yearly report on behalf of the partnership.

Wherever possible, decisions will be made by consensus. Where this is not possible, decisions of the Business Group will be taken by a majority vote of the safeguarding partners.

Education subgroup

This group is chaired by a member of the partnership nominated by the Business Group. The core membership of the group is made up of senior education leaders from primary, secondary and special schools including academies; further education colleges; independent education establishments, pupil referral units and senior local authority officers within the Education and Inclusion branch of Children's Services. Summary of functions:

- Provide a forum for strategic discussion of child protection and safeguarding in educational establishments across Hampshire.
- Develop and review new and relevant safeguarding guidance and disseminate information accordingly.
- Consider HSCP decisions and recommendations relating to educational establishments and to ensure that they are implemented through a co-ordinated education response.
- Monitor compliance with S175/S157 Education Act 2002 and 'Keeping children safe in education: for schools and colleges' (2020).
- Ensure that there is appropriate discussion and dissemination of lessons emerging from Local Child Safeguarding Practice Reviews audits and best practice and to ensure required actions are completed, reviewed, and monitored for impact.
- Review local, regional and national guidance relevant to educational establishments in relation to child protection and safeguarding.
- Identify and address concerns in relation to the delivery of services and/or interagency working within the educational sector.

Scrutiny Subgroup

This group is chaired by a member of the partnership nominated by the Business Group. The core membership of the group is made up of senior operational managers from the safeguarding partners who act as decision makers for their organisations. Summary of functions:

- Develop an annual scrutiny and assurance programme derived from the annual business plan, emerging safeguarding issues and inspections of services.
- Commission audits and reviews of safeguarding arrangements and practice within partner agencies.
- Maintain a multi-agency dataset of agreed safeguarding indicators and provide a quarterly analysis on trends and themes to the Partnership Board.
- Ensure that the 'voice of the child' is considered in scrutiny and assurance work undertaken.
- Ensure findings identified from audits, including good practice, are disseminated to front-line professionals.
- Monitor agency compliance with Section 11 of the Children Act 2004, challenge organisations where appropriate and report findings to the Partnership Board.

- Ensure actions arising from quality assurance activities are completed, reviewed and monitored for impact.
- Escalate risks to the Business Group and Partnership Board through the Risk Register.

Learning and Inquiry Group

This group is chaired by a member of the partnership nominated by the Business Group. The core membership of the group is made up of senior operational managers from the safeguarding partners who act as decision makers for their organisations. Representatives from relevant agencies are invited to contribute to the group depending on the nature of the cases involved. Summary of functions:

- Undertaking a 'Rapid Review' of cases in accordance with the requirements in Working Together 2018
- Making recommendations about whether to undertake a Local Child Safeguarding Practice Reviews / or to recommend a National Learning Review.
- Receive details of cases which have undergone a Rapid Review and undertake further analysis when requested by the safeguarding partners.
- Draft Terms of Reference for Local Child Safeguarding Practice Reviews Oversee the conduct of and / or undertake Local Child Safeguarding Practice Reviews
- Report to the Partnership Board with review findings and proposed actions.
- Dissemination of learning via the Partnership Board and the Workforce and Development group.
- Informing the Partnership Board and relevant subgroups of emerging issues and risks

Decisions on recommendations arising from Rapid Reviews will be made by the three safeguarding partners. They will be shared with the Independent Chair to allow independent oversight and scrutiny of the recommendations and decisions.

Learning arising from local reviews will be shared with the HIPS Executive as outlined in Appendix 1.

Workforce Development Group

This group is chaired by a member of the partnership nominated by the Business Group. The core membership of the group is made up of senior operational managers from the safeguarding partners who act as decision makers for their organisations. Summary of functions:

- Identify multi-agency learning and development needs by undertaking an annual needs analysis.
- Develop, maintain and review a multi-agency learning policy.

- Agree a costed programme of learning events and contribute to commissioning arrangements on behalf of the Partnership Board.
- Ensure that learning events remain up to date, relevant and provide local context.
- Ensure that the 'voice of the child' is considered in the commissioning of the multi-agency learning programme.
- Ensure that learning from audits, inspections and Local Child Safeguarding Practice Reviews is incorporated within the multi-agency learning programme.
- Consider opportunities for children to contribute to the Partnership Board's annual conference.
- Consider, through member updates, agency compliance with in-house and multi-agency training and to escalate risks to the Business Group and Partnership Board through the risk register
- Monitor and evaluate the effectiveness of the programme of learning through observations and impact assessments.
- Work with other strategic boards to maximise co-commissioning of learning events to achieve efficiency and promote a family approach.

Independent Scrutiny, Audit and Assurance

The Hampshire Safeguarding Children's Partnership has an Independent Chair who will also act as an Independent Scrutineer. The Chair is appointed by, and accountable to, the lead representatives from the safeguarding partners. The appointment of the Independent Chair, should, in the local authority's case, be subject to the approval of the Chief Executive. The Chair facilitates the Board's business, allowing all Board member agencies to participate fully without any perceived or actual bias towards any one agency. The Chair can also intervene or mediate in issues where there are differences of opinion or tensions in partnership activity. The Chair acts as a critical friend, encouraging reflection on practice and an openness to improving services and provide an objective assessment of the effectiveness of the safeguarding arrangements including how they are working for children and families as well as practitioners.

The Hampshire Safeguarding Children's Partnership continues to explore a range of additional scrutiny options within its arrangements including the use of peer scrutineers. A rolling annual programme of peer scrutiny visits has been implemented, providing an opportunity for Partnership agencies to visit other settings, meet with frontline staff and gain a better understanding of how safeguarding duties are discharged in practice.

The Hampshire Safeguarding Children's Partnership Learning and Improvement Framework describes the partnership approach to multi-agency audits. HSCP will lead an annual programme of scrutiny activities on themed areas to be agreed by the Partnership and overseen by the Scrutiny Group. The programme will reflect the priorities for safeguarding children in Hampshire and will be informed by:

- Local Child Safeguarding Practice Reviews.
- Performance indicators.
- The need to further explore issues that have caused of concern, including those highlighted through previous audits.
- Feedback from learning and development, management forums or policy implementation.

The programme will be led by members of the Safeguarding Children Partnership Team and professionals from Partnership member agencies. Recommendations for practice change will be made to the Partnership Board as necessary and the Scrutiny Group will oversee implementation and monitoring of these changes. Audit findings will be shared with HIPS Exec Group as set out in Appendix 1.

Governance & Accountability

The HSCP has an independent chairperson who will hold all agencies to account.

Each statutory Partnership Board member agency has set out their will set out their agency's responsibilities and has clear line of accountability, including delegated functions, for safeguarding and promoting the welfare of children.

The HSCP is responsible for coordinating and ensuring the effectiveness of work undertaken by local agencies to safeguard and promote the welfare of children, but it is not accountable for their operational work. Each agency retains their own existing lines of accountability for their services.

The HSCP does not have the power to direct other organisations; however, it will bring concerns to the attention of the agency concerned and the Partnership Board and escalate to other bodies where appropriate.

The HSCP has a clear work programme, including measurable objectives, and a budget. The budget is agreed by the three safeguarding partners and outlines the agencies that are required to contribute to the Partnership and the level of financial contribution.

Annual Report

The HSCP will publish an annual report which enables the work of the Partnership to be scrutinised by the Independent Reviewer, safeguarding partners and other local partners, and broader partnership bodies such as the Health and Wellbeing Board and the Children's Trust. The annual report will provide an analysis of the work of the partnership in Hampshire and also the work undertaken with partners in the Pan Hampshire and Isle of Wight area. The report will include:

- A summary of the activities undertaken by the partnership.
- Details of child safeguarding practice reviews undertaken during the year and action taken to improve practice.
- Evidence of the impact of the work of the partnership, including training, on outcomes for children and families from early help to looked-after children and care leavers.
- An analysis of any areas where there has been little or no evidence of progress on agreed priorities.
- A record of decisions and actions taken by the partners in the report's period (or planned to be taken) to implement the recommendations of any local and national child safeguarding practice reviews, including any resulting improvements.
- Ways in which the partners have sought and utilised feedback from children and families to inform their work and influence service provision.
- A review of the use of restraint in secure settings.
- The Independent Chair's assessment of the effectiveness of the partnership arrangements over the preceding year.
- Any changes to the safeguarding arrangements.

The Hampshire Safeguarding Children's Partnership will be independent and will not be subordinate to, nor subsumed within, other local structures. However, to be effective, the Hampshire Safeguarding Children's Partnership arrangements will link to other strategic partnership work happening locally to support children and families. This will include other public boards including the Health and Wellbeing Board, the Children's Trust, Hampshire Adult Safeguarding Board, Channel Panels and the PREVENT Board, Community Safety Partnerships, the Local Family Justice Board and the Strategic MAPPA Board (Multi-Agency Public Protection Arrangements).

Child Safeguarding Practice Reviews

To deliver on the key functions outlined in Working Together 2018, the partnership will oversee a Learning and Inquiry Group (LIG) which will consider:

- Serious child safeguarding cases that raise issues of importance to the local area.
- 'Near misses'.
- Cases where there has been good practice.

The LIG will conduct Rapid Reviews and recommend the notification of incidents to the National Child Safeguarding Practice Review Panel.

All safeguarding partners and relevant agencies are expected to refer cases to the LIG for consideration, to provide case file information to any case under review and to participate in learning events.

The Learning and Enquiry Group reports quarterly into the Business Group and Partnership Board with summary information on all the cases considered, any findings and its recommendations for improvement. It will also provide detailed analysis of findings for the Annual Report. The Learning and Enquiry Group makes recommendations to the Board for the dissemination of learning through multi-agency training and professional development.

Findings from case reviews are also shared with the HIPS Executive as outlined in Appendix 1.

Multi-Agency Professional Learning and Development

Locally, there is an ongoing commitment to developing a consistent approach and access to good quality multi-agency training, which is underpinned by robust evaluation processes to ensure that the training programme is clearly focused on the needs of partners to deliver effective services. In addition to the needs analysis, the training programme is informed by case audit processes, local and national Child Safeguarding Practice Reviews, and contemporary research.

The partnership will provide multi-agency learning opportunities guided by learning needs analyses and learning from reviews and audits. The partnership is committed to providing a comprehensive multi-agency training programme which includes the following elements:

- Core safeguarding training courses – these provide a foundation for good multi-agency safeguarding practice with the opportunity to attend refresher events to keep knowledge up to date. These courses are offered regularly throughout the year to enable all partners to attend as and when required.
- Subject-specific workshops, conferences, practitioner forums and seminars – these provide an opportunity to explore safeguarding children issues in greater depth. These events vary from year to year, depending on the safeguarding themes identified both nationally and locally.

The Learning and Development Programme is flexible and adaptable to ensure that the needs of the partnership workforce are met, and additional courses will be arranged according to demand.

HSCP events are available free of charge to all safeguarding partners/relevant agencies, and organisations who contribute financially to the Partnership. Other organisations may access training however, charges may apply. During 2020 the training offer has been expanded to include a range of virtual and e-learning courses.

Funding Arrangements

The funding arrangements for the HSCP have been agreed for 2020/21 and will comprise of contributions by partner organisations at the same level as previously provided to the Hampshire Safeguarding Children Board 2019/20. Accommodation, legal and communications services are provided by Hampshire County Council.

A review of the funding arrangements was undertaken during 2020 to enable the safeguarding partners to consider the future resourcing requirements, agree the level of funding provided by each safeguarding partner and any contributions from relevant agencies.

Safeguarding Children Partnership Team

The work of the HSCP will be led and coordinated by the Safeguarding Children Partnership Team. The Team are funded by the financial contributions as set out above. The team work closely with the Safeguarding Partners, Independent Chair and Scrutineer, and partner agencies to ensure the partnership operates effectively and fulfils its statutory requirements.

Voice and Engagement

The voice and experience of children and families will be central to how safeguarding arrangements work effectively.

Whenever a Local Child Safeguarding Practice Review is undertaken, the consideration will be given to how best to engage with children, parents and carers and support them to effectively contribute to the review. The findings from any reviews will be explained to those involved on completion of the review and prior to any publication.

Multi-agency audits will include views and opinions from children (where appropriate) and / or their families and will be used to inform recommendations for practice improvement.

Multi-agency learning programmes will include collation of the views and experience of children and families in receiving the support and help they need to safeguard children. The HSCP will directly engage with young people's forums in Hampshire and use the voice and feedback from these groups to inform products and initiatives as well as receive feedback on the services provided to them.

Performance Data and Intelligence

The Learning and Improvement Framework for the partnership sets out the way performance information is provided to the Quality Assurance Group to inform its

assessment of the effectiveness of the help being provided to children and families (including early help). Data relating to key safeguarding processes and particularly vulnerable groups of children will be provided each quarter with an analysis that provides an explanation of any trends and issues for attention of the group. This information will be collated by the Safeguarding Children Partnership Team, reviewed and analysed to inform a quarterly report outlining key trends and themes, recommendations for further scrutiny and identifying areas for potential strategic intervention.

This will be supplemented by specific reports on topics that have been identified by the Scrutiny Group as requiring assurance monitoring. The framework will be subject to regular review by the Business Group and therefore the issues covered may vary according to the needs of children in Hampshire and risks identified.

Multi-Agency Procedures and Guidance

The Pan Hampshire and Isle of Wight safeguarding children procedures apply across Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS). They provide a clear framework under which organisations will work together to safeguard children. The procedures are updated regularly to take account of local and national learning and any changes in legislation or statutory guidance. Additional guidance and procedures that cover a range of specific circumstances are included and the following areas of safeguarding are addressed:

- Risks, indicators and the protection of children with disabilities.
- Resolving professional disagreements and escalating.
- Information sharing between practitioners.
- Safe recruitment, selection and retention of staff and volunteers.
- Expectations around whistleblowing mechanisms and training.
- Children living away from home.

All member organisations of the HSCP should have in place appropriate, robust safeguarding policies and procedures that should be compatible and aligned to the HIPS interagency procedures. These 'single agency' procedures must include the escalation process within that organisation and clear whistleblowing procedures.

Review of the safeguarding arrangements

These arrangements were reviewed by the safeguarding partners in November 2020 with the next review being scheduled for 2023 and every three years thereafter. Additional or amended statutory guidance will be responded to at the time of publication.

Appendix 1 - Hampshire, Isle of Wight, Portsmouth & Southampton (HIPS) Safeguarding Children Partnership Executive Group Arrangements

1. Background

- 1.1. Working Together 2018 (WT2018) provides flexibility for safeguarding arrangements to operate across larger areas/multiple local authority boundaries. Each local authority area retains responsibility for their own local safeguarding arrangements, under the auspices of the three safeguarding partners (local authority, police, and health via the CCG).
- 1.2. For many agencies and professionals who work across more than one of the local authority areas, there is benefit in greater joined-up working on strategic issues and common themes.
- 1.3. Given that each local area retains some degree of local arrangement the Hampshire, Isle of Wight, Portsmouth, and Southampton (HIPS) Executive Group, supported by some specific four-area subgroups works alongside the four local partnerships.

2. Desired outcomes

- 2.1. The overarching outcome of these arrangements is that children in Hampshire, Portsmouth, Southampton, and the Isle of Wight should be safeguarded from harm based on the following principles:
 - All work is designed to ensure that services are delivered in the best interests of the child.
 - There will be no duplication of existing work but provide strategic direction and challenge to enable enhanced co-ordination of activity and understanding of impact.
 - Work will provide a clear route for escalation of any system-wide issues and an agreed forum for the Safeguarding Partners to collectively fulfil their statutory duties.
 - Work will ensure that we make the best use of collective resources.

- Work will be established within the existing resources (both financial and in professional time / hours and terms) and should not incur additional cost to agencies.

- Local partnerships will continue to identify their own priorities in addition to any identified at a strategic level by the HIPS Executive.

- Local areas will continue to ensure that the voices of children and families are clearly represented in local partnership work.

3. Role of HIPS arrangements and relationship with Local Safeguarding Children Partnership

4. The role of the HIPS Executive Group is to provide strategic direction and coordination of safeguarding activity across the pan Hampshire and Isle of Wight area, to promote best practice, implement local and national learning and identify issues requiring strategic intervention by the Safeguarding Partners across the HIPS area.

5. Membership and frequency of HIPS Executive

- 5.1. To support this role and relationship of mutual accountability, the membership of the HIPS Executive will be focussed towards the three Safeguarding Partners across each of the four HIPS areas, namely:

- Directors of Children's Services from each of the represented local authorities. Directors of Children's Services will represent education establishments (those who are maintained by the Local Authority) including Early Years services.
- Hampshire Constabulary represented through the Chief Superintendent with lead safeguarding responsibility.
- Health, represented by Clinical Commissioning Groups (CCGs) of West Hampshire CCG, Hampshire and Isle of Wight CCG, Portsmouth CCG and Southampton CCG. Clinical Commissioning Group representatives will represent the health sector in their local area. They will ensure dialogue with other health commissioning bodies across the HIPS area, namely NHS England (South East) and NHS England Specialist Commissioning.
- The Safeguarding Partners have also invited the Regional Schools Commissioner to attend the group to represent Academy educational establishments.

5.2. The Safeguarding Partners will act as the conduits and facilitate the flow of information and business between the HIPS Executive and the local Safeguarding Children Partnerships.

6. Chairing of a HIPS Executive

6.1. The HIPS Executive will be chaired by an Independent Chair recruited by the Safeguarding Partners for this role.

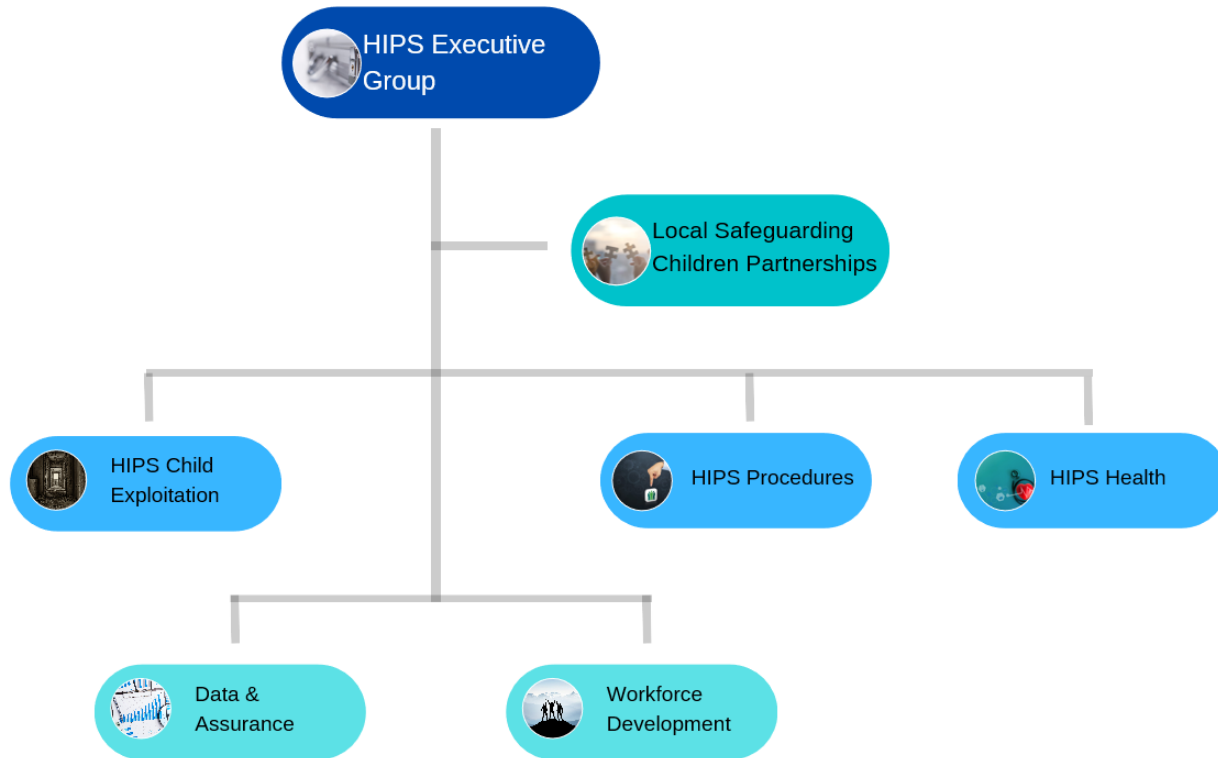
7. Related groups

7.1. The HIPS Executive will convene four standing subgroups where there is a clear benefit to coordinating specific areas of business across the HIPS area:

- **Health group** – This group coordinates safeguarding business across the health economy across the HIPS area. The group takes the lead on the promotion and implementation of any best practice and learning for the health sector. It should be noted that the Isle of Wight holds its own local Health Subgroup across Children and Adults but core members from that group, including the Chair, attend the HIPS Health Group to ensure alignment and cross-communication of health themes.
- **Child Exploitation group** – This group develops a shared understanding of the threat/need in respect of child exploitation, including patterns of activity that may reflect the organised exploitation of children; identify risks requiring strategic intervention and operational issues that can be dealt with more appropriately through the existing local structures; to drive forward the response to child exploitation through a tasking system that maximises the specialist skills and experience of staff across the pan-Hampshire and Isle of Wight area; to ensure that the vulnerabilities and risks associated with children who go missing are understood and incorporated within a consistent and robust multi-agency response.
- **Procedures group** – This group develops all common multi-agency policies and procedures that informs a single agency policy and practice across the HIPS area and leads on the Section 11 self-assessment audit.

7.2. Other workstreams, e.g. Quality Assurance, Workforce Development, and specific areas of business will be undertaken via Task and Finish or project focussed groups. The partners remain committed to undertaking the Section 11 Audit process on a Pan Hampshire and Isle of Wight basis. The arrangements are shown in Figure 1 below:

Figure 1



8. Local Child Safeguarding Practice Reviews

- 8.1. Local Partnerships commission and carry out their own Local Child Safeguarding Practice Reviews. The learning and good practice arising feed into both the local partnerships and the HIPS Executive to allow themes to be reviewed across the broad area and inform future initiatives.

9. Review

- 9.1. The implementation and effectiveness of the new arrangements will be reviewed by the Safeguarding Partners in November 2021.

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**Health and Wellbeing Board
Forward Plan for Future Meetings**

Item	Notes	December 2019	July 2020	October 2020	December 2020	March 2020
Strategic Leadership						
Commission of Inquiry – Vision for Hampshire 2050	Written update shared September 2020	X				
Health and Wellbeing Board Business Plan Update	Update pending	X				
Hampshire System Planning for Winter		X				
Starting Well						
Joint Hampshire and Isle of Wight Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan	Annual refresh update	X				
Hampshire Safeguarding Children Board Annual Report	Annual report				X	
Theme Focus	Rescheduled from cancelled March meeting			X		
Living Well						
Hampshire Safeguarding Adults Board Annual Report	March meeting cancelled, circulated via email					
"Was Not Brought" Policy	Feedback given, to return early 2021		X			X
Theme Focus					X	

Item	Notes	December 2019	July 2020	October 2020	December 2020	March 2020
Starting, Living and Ageing Well						
Hampshire Physical Activity Strategy		X		X		
Mental Health and Wellbeing Recovery Update					X	
Healthier Communities						
District Forum Report on Housing and Health Topic	Rescheduled from cancelled March meeting. Survey circulated via email.		X			
Theme Focus						X
Covid-19 Updates						
Public Health Covid-19 Overview and Impact on Health and Wellbeing and Outbreak Control Plans			X			
Care Home Support Offer and Update			X			
Hampshire Welfare Response			X			
Children's Services Update on Covid Response			X			
Additional Business						
Co-Production Update	Verbal update		X			
Forward Plan	New standing item			X	X	X
Integrated Intermediate Care						X

Item	Notes	December 2019	July 2020	October 2020	December 2020	March 2020
Modernising our Hospitals: Impact on Population Health in Relation to the Strategy					X	
Annual Report						
Health and Wellbeing Board 2020-21 Annual Report	Progress within each theme in Strategy to include Transport, post-Covid economic recovery					X
Written Updates						
Autism Partnership Board Report	Circulated September 2020					
District Forum Housing and Health Survey Findings	To be circulated					

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