



## **NOTICE OF MEETING**

<b>Meeting</b>	Health and Wellbeing Board
<b>Date and Time</b>	Thursday, 17th March, 2022 at 10.00 am
<b>Place</b>	Ashburton Hall, Ell Court, Winchester
<b>Enquiries to</b>	members.services@hants.gov.uk

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

## **FILMING AND BROADCAST NOTIFICATION**

This meeting may be recorded and broadcast live on the County Council's website and available for repeat viewing, it may also be recorded and filmed by the press and public. Filming or recording is only permitted in the meeting room whilst the meeting is taking place so must stop when the meeting is either adjourned or closed. Filming is not permitted elsewhere in the building at any time. Please see the Filming Protocol available on 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 (9 DEC 2021) (Pages 5 - 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. STARTING WELL: THEME FOCUS (Pages 11 - 32)**

To consider a report of the Director of Children's Services providing an update on the progress of the Starting Well priority areas of the emotional wellbeing of children in the context of Covid recovery and the rise of domestic abuse in the context of Covid recovery, as well as the 2021 Holiday Activity and Food (HAF) programme delivered across Hampshire, and the impact of this programme on children and their families.

**7. LIVING WELL: HAMPSHIRE SUICIDE PREVENTION STRATEGY UPDATE (Pages 33 - 56)**

To consider a report of the Director of Public Health to update the Board on progress of the Hampshire Suicide Prevention Strategy 2018-2021 and to highlight the plans for embedding the refresh of the Suicide Prevention Strategy into the planned Hampshire multi-agency Mental Health & Suicide Prevention Strategy.

**8. STRATEGIC LEADERSHIP: ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2021-22 (COVID-19: ADDRESSING INEQUALITIES IN MENTAL HEALTH AND WELLBEING ACROSS HAMPSHIRE) (Pages 57 - 96)**

To consider the Annual Report of the Director of Public Health, which this year has a theme focus of COVID-19: addressing inequalities in mental health and wellbeing across Hampshire.

**9. HEALTHIER COMMUNITIES: HAMPSHIRE AND ISLE OF WIGHT FIRE AND RESCUE SERVICE (Pages 97 - 122)**

For the Board to consider a report from the Hampshire and Isle of Wight Fire and Rescue Service regarding the draft Hampshire and Isle of Wight Fire and Rescue Service (HIWFRS) Community Safety Plan 2022-2025.

**10. FORWARD PLAN (Pages 123 - 126)**

For the Board to consider the Forward Plan of topics for future meetings.

**ABOUT THIS AGENDA:**

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

**ABOUT THIS MEETING:**

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

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

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# Agenda Item 3

AT A MEETING of the Health and Wellbeing Board of HAMPSHIRE COUNTY COUNCIL held at the castle, Winchester on Thursday, 9th December, 2021

Chairman:

\* Councillor Liz Fairhurst

\* Councillor Roz Chadd

\*Present

## **Co-opted members**

Graham Allen, Simon Bryant, Dr Nicola Decker, Dr Gareth Robinson, Gill Kneller, Cllr Anne Crampton, Cllr Philip Raffaelli, Julie Amies, Ron Shields, Alex Whitfield, Jason Avery, Suzanne Smith, Dr Rory Honney and Luke Stubbs

## **13. APOLOGIES FOR ABSENCE**

Apologies were received from:

- Donna Jones, Hampshire Police and Crime Commissioner (Luke Stubbs Deputy Police and Crime Commissioner attended as substitute)
- Ann Smith, Healthwatch Hampshire (substitute for Healthwatch a vacancy)
- Dr Barbara Rushton, Vice Chairman
- Mary O'Brien, NHS England

## **14. DECLARATIONS OF INTEREST**

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

## **15. MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on 7 October 2021 were reviewed and agreed.

## **16. DEPUTATIONS**

The Committee received two deputations regarding the Forward Plan item on the agenda.

Teresa Skelton

Commented on the need for the Board to look into mental health services in Hampshire, alleging that there were issues with Southern Health NHS Foundation Trust in how it deals with patient complaints and that the Trust were not engaging in co-production which the Joint Health and Wellbeing Strategy supports.

Geoff Hill

Commented on the need for the Board to have adult mental health on the forward plan, to look into issues at Southern Health NHS Foundation Trust, including a recent case where one inpatient killed another while under their care.

## **17. CHAIRMAN'S ANNOUNCEMENTS**

The Chairman invited the Director of Public Health to comment on recent developments regarding the Covid-19 pandemic. The Director of Public Health reported that the government had announced the previous evening that Plan B would be invoked due to the spread of the Omicron variant of Covid-19 and therefore new measures would be coming in over the next few days.

The Chairman highlighted that the Annual Adults' Safeguarding Report for the Adults Health and Care Department for 2020-21 had been circulated to Board members by email on 1st December 2021.

The Chairman also reported that the Annual Community Safety Strategy Group Report was also circulated to Board Members on 1st December.

The Chairman noted that an update on the Hampshire and Frimley Integrated Care Systems was circulated to Board Members on 23rd November 2021.

The Chairman reported that the Logo for the Board had been agreed and was shown in the agenda pack under Item 5. The Chairman thanked the Communications and Engagement team for the design, and Board Members for their feedback on the options.

The Chairman announced that Alex Whitfield had agreed to be the Board Sponsor for the Dying Well theme, replacing Dr Bibawy who stood down from the Board in the summer.

The Chairman invited the Director of Adults Health and Care and Director of Childrens Services to provide an update on support to Afghan refugees and asylum seekers. It was reported that 35 families were currently being supported across 3 hotels in Hampshire and work was ongoing to identify accommodation for them. To date 29 properties had been offered and 20 taken up. Funding had been received from the government to provide support for 3 years. School places had been secured for all Afghan refugee children of school age and pre-school places from the spring.

18. **STARTING WELL: HAMPSHIRE SAFEGUARDING CHILDREN BOARD ANNUAL REPORT**

The Independent Chair of the Hampshire Safeguarding Children Partnership (HSCP) presented the annual report of the HSCP covering the period April 2020 to March 2021 (see Item 6 in the Minute Book). It was reported that there had been good information sharing between organisations during the pandemic to safeguard the vulnerable.

Following questions, Board Members heard:

- Each Local Authority area has its own Safeguarding Children Board so there was a separate one for Portsmouth and Southampton, however there was also a pan Hampshire group that had oversight of issues across Hampshire
- It was a priority issue to consider safeguarding of children excluded from school and 'off the radar' of statutory services. It was estimated there were 100,000 'ghost children' across the UK, it was unknown how many were likely in Hampshire
- Vulnerable children had been offered the opportunity to attend school in person during the pandemic or home visits. Hampshire had one of the highest percentages of vulnerable children attending school during the report period

RESOLVED:

The Health and Wellbeing Board note the content of the report.

19. **STARTING WELL: JOINT HIOW CYP MENTAL HEALTH AND EMOTIONAL WELLBEING LTP**

A representative of the Hampshire Southampton & Isle of Wight Clinical Commissioning Group gave a presentation to summarise the report regarding the refresh of the Joint Hampshire and Isle of Wight Children & Young People Mental Health and Emotional Wellbeing Local Transformation Plan (see Item 7 in the Minute Book).

It was reported that waiting times for Child and Adolescent Mental Health Services (CAMHS) had come down by 34% as a result of increased investment. A scheme of community grants to support services such as youth counselling was due to launch in the coming weeks. Offering remote appointments during the pandemic had improved 'did not attend' rates. Both face to face and digital options were offered, and feedback had been in favour of a mixed model.

RESOLVED:

That the Hampshire Health and Wellbeing Board note the 2021 refresh of the Hampshire Children and Young People's Mental Health Local Transformation Plan, the improvements in capacity, quality, reach and timeliness of service access it describes, and how this will achieve a better mental health offer for

children and young people across the county, in line with the priorities of the Hampshire Health and Wellbeing Strategy.

**20. STRATEGIC LEADERSHIP: JOINT STRATEGIC NEEDS ASSESSMENT WORKSHOP UPDATE**

The Director of Public Health gave a presentation to provide an update on a workshop that had taken place since the last Board meeting regarding the Joint Strategic Needs Assessment (see Item 8 in the Minute Book). It was reported that looking at mental health had been a high priority for those in attendance and considering the impact of long covid. It was noted that a further workshop was planned in the new year.

RESOLVED:

That the Hampshire Health and Wellbeing Board consider the update and support and take forward the workshop outcomes.

**21. STRATEGIC LEADERSHIP: HAMPSHIRE INTEGRATION AND BETTER CARE FUND PLAN 2021-22**

Representatives of the Director of Adults' Health and Care and the Hampshire and Isle of Wight Integrated Care System gave a presentation to summarise the report regarding the Hampshire Integration and Better Care Fund Plan for 2021-22 (see Item 9 in the Minute Book). The presentation confirmed investment from the Better Care Fund had been focused on out of hospital care.

It was noted that integration of health and care continued to evolve, with the recently published health and care white paper signalling ambitions for the next ten years. This paper included funding for housing due to the link between housing and health.

RESOLVED:

That the Hampshire Health and Wellbeing Board:

1. Note the approach to the 2021/22 Better Care Planning requirements.
2. Note that due to a mismatch between national planning requirements and local Health and Wellbeing Board arrangements, Chair's action was invoked to enable submission within required timescales.

**22. STARTING, LIVING AND AGEING WELL: HEALTHY WEIGHT STRATEGY**

Representatives from Public Health gave a presentation to summarise the report regarding the refresh of the Hampshire Healthy Weight Strategy (see Item 10 in the Minute Book). It was reported that the latest data showed 60% of adults were overweight, 30% of children at year 6 and 20% of reception age, and in many cases weight had got worse over the pandemic. Following the strategy refresh it was planned to hold an Action Planning workshop in January 2022 and a community engagement plan in February 2022.

RESOLVED:

The Hampshire Health and Wellbeing Board:

1. Note the current status of the Hampshire Healthy Weight Strategy
2. Acknowledge the relevance of this Strategy to improve the health and wellbeing of the residents of Hampshire and alignment with the Joint Health and Wellbeing Strategy and other relevant strategies and policies
3. Endorse the strategy and commit to contributing to the development and implementation of the action plan

23. **FORWARD PLAN**

The Board Manager presented the Forward Plan of items scheduled to come to future meetings of the Health and Wellbeing Board (see Item 11 in the Minute Book). The Hampshire & Isle of Wight Fire & Rescue Service representative requested that the draft Community Services Strategy being developed by H&IOW FRS be discussed at the next Board meeting in March. This was agreed.

RESOLVED:

The Forward Plan was noted.

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Chairman,

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## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Hampshire Health and Wellbeing Board
<b>Date:</b>	17 March 2022
<b>Title:</b>	Starting Well Theme Focus
<b>Report From:</b>	Steve Crocker, Director of Children's Services

**Contact name:** Suzanne Smith

**Tel:** 01962 846270

**Email:** suzanne.smith2@hants.gov.uk

### Purpose of this Report

1. The purpose of this report is to provide an update on the progress of the Starting Well priority areas of the emotional wellbeing of children in the context of Covid recovery and the rise of domestic abuse in the context of Covid recovery.
2. The report will also provide an update on the 2021 Holiday Activity and Food (HAF) programme delivered across Hampshire, and the impact of this programme on children and their families.

### Recommendation(s)

That the Hampshire Health and Wellbeing Board:

3. Note the report and progress against the priority areas.

### Co-Production

4. The HAF programme, including the signposting offer, was delivered by a wide range of organisations. Parental and provider feedback was sought after each period of delivery which informed the approach for the next delivery period.

### REQUIRED CORPORATE AND LEGAL INFORMATION:

### Links to the Strategic Plan

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



## **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:**

Equalities impact assessments have been completed for individual pieces of work covered in the report.

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# Starting Well

Theme Focus

Hampshire Health & Wellbeing Board

17 March 2022

# Starting Well Theme - Priority Areas

Priority Areas	Actions
The emotional wellbeing of children in the context of Covid Recovery	Further coordination of actions and plans
The rise in domestic abuse in the context of Covid Recovery	Overseeing the work of partners engaged in the approach to tackling Domestic Abuse and to understand the broader impact of domestic abuse during Covid and the impact upon services

# Emotional Wellbeing

- The commissioning of a new 24/7 Digital platform for self-help and counselling support (Kooth.com) from May 2021
- Introducing commissioning of consistent paediatric psychiatric liaison arrangements to support children and young people presenting to hospital in mental health crisis
- Increasing the capacity of intensive home treatment services and eating disorder services within specialist CAMHS services to meet additional presentations
- Increasing the capacity of core CAMHS services to increase their contact capacity and the Single Point of Access in response to the increased number of children and young people being referred into community CAMHS services
- Increasing the capacity of the community counselling services outside of specialist CAMHS to increase their capacity to respond to the increased levels of referrals into these services
- Investment in the prevention and early help capacity of Hampshire CAMHS services to work with local schools and services via reinstatement of mental health forums for schools, health and wellbeing drop ins, the Care Programme and the Mental Health Ambassadors Programme
- Mobilisation of an additional five Mental Health Support Teams in schools from January 2022 covering Rushmoor, Hart, Basingstoke, Andover and the New Forest

# Wellbeing for Education Recovery

The Wellbeing for Education Recovery fund has been given to LA's to build on the previous Wellbeing for Education Return project to offer further support to local schools and colleges to better meet the wellbeing and mental health needs of their pupils and students, impacted by COVID, into this academic year and during the recovery period.

## **How has the funding been allocated?**

- Development of Emotional Wellbeing and Mental Health online directory. This will be integrated into the new Family Information Service Hubs (FISH) but will be a specific section within both. The directory will have information for children and young people, and their adult carers / education professionals.
- Funding extension of the online counselling service offered by Kooth (website).
- Additional support for education setting leaders, to include Head Teachers (H & IOW) and Deputy / Assistant Heads.
- Online webinars on a range of emotional wellbeing and mental health topics for all professionals working in education settings and early years across Hampshire.
- HCC training on Emotional Based School Avoidance (EBSA) training for education settings across Hants (dates TBC for summer term).

# Emotional Wellbeing & Mental Health Coordination

Jointly funded posts between Children's Services, the CCG and Public Health for an initial 12 months, which will:

## 1. To improve joint working between key partners through the:

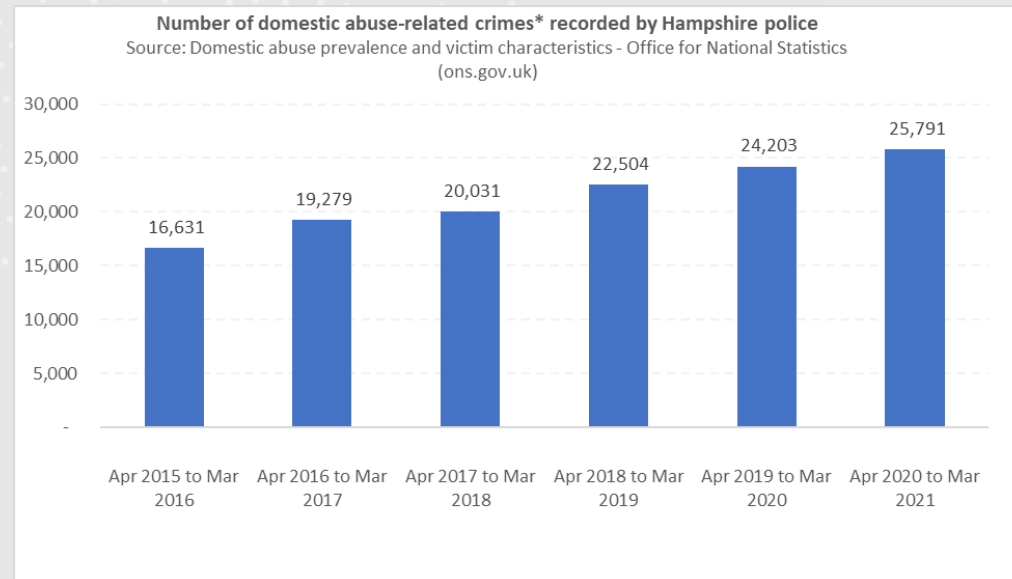
- re-establishment of **joint children's governance**
- establishment of a **single directory of support** for families and professionals, with a complementary multi-agency signposting and comms strategy to drive access and uptake

## 2. To produce a joint business case for the development of emotional wellbeing and mental health interventions for children which includes:

- A comprehensive **map of commissioned and 'in house' services** including key performance indicators
- Working with the JSNA, and other existing metrics, undertake a high-level **assessment of needs** - lead by time/ resource available.
- Developing a **participation strategy/approach** for emotional wellbeing and mental health to ensure the voice of children and their families is heard.
- Working with colleagues in Public Health, Education & Inclusion, and Children and Families branches of Children's Services to clearly **identify opportunities for improvements to existing services and gaps in provision.**
- A high-level **plan** with resource requirements for implementation.
- Identifying **opportunities for closer alignment** between partners (such as Public Health Nursing) and commissioned service providers to reduce demand on CAMHS.

# Domestic Abuse: impact of COVID-19

- Increase in domestic abuse-related crimes in Hampshire, but this follows increases seen in previous years and may reflect improved recording by the police alongside increased reporting by victims



- National increase in demand for support services – more victims sought support after lockdown measures were eased, when it may have been safer for them to do so
- Within HCC footprint, referrals to victim services (Stop Domestic Abuse) rose from 5,357 in 2019/20 to 6,744 in 2020/21. Based on figures for the first three quarters, referrals for 2021/22 are estimated to be in the region of 7,200.





# COVID-19: Domestic Abuse Strategic Partnership Plan



## Training and communications

- Webinar series with HSCP
- Multiple social media awareness campaigns
- Public Space Reporting (hairdressers, libraries, salons, supermarket, pharmacies)
- Schools briefings
- Targeted work with hidden/hard to reach groups
- Improved pathways for CPV/APV



## Work with perpetrators

- 3 new pilot projects across 4 LA areas (incl. academic evaluation):
  - Repeat families pilot
  - Professionals' education pilot
  - Machine learning pilot for risk prediction
- Ensuring adequate responses continued for behaviour change programmes, 1st time perps, CARA, DVPO requests & with courts during the pandemic



## Support for victims

- Specialist services (e.g. refuge, outreach) adapted throughout pandemic.
- Aurora New Dawn created a new COVID-19 out of hours helpline.
- HHFT advocates in maternity and ED settings
- Response to increase in cyber stalking
- Successful virtual MARACs/HRDAs
- Workplace policies renewed



## Children and Young People

- Re-promotion of Op Encompass with schools
- Some additional support and training to schools from providers
- Schools briefings
- Review of safeguarding procedures in light of pandemic
- Online support available by providers to older children & young people



## Partnership data & learning

- DA Exec Group created to oversee delivery of the COVID DA Strategic Partnership Plan
- Data and joint planning work
- Preparation for and implementation of the Domestic Abuse Bill/Act
- DHR's - development of systems, joint working and sharing of learning
- Joint bids to multiple funding streams – e.g. HO, MoJ



## Demand management

- Identify solutions to manage increased demand on victim services
- Research undertaken on Pan Hampshire concept for single point of access to services

# Domestic Abuse Act 2021

The [Domestic Abuse Act](#) received Royal Assent on 29 April 2021

There are six key areas:

Part 1: Definition of “domestic abuse”

Part 2: The Domestic Abuse Commissioner

Part 3: Powers for dealing with domestic abuse

Part 4: Local authority support

Part 5: Protection for victims, witnesses, etc in legal proceedings

Part 6: Offences involving abusive or violent behaviour

An overarching factsheet is here: [Domestic Abuse Act 2021: overarching factsheet - GOV.UK \(www.gov.uk\)](#)

**April – December 2021**

# **Holiday Activities and Food Programme**

- During 2021, Councillor Chadd approved 267 separate grant awards totalling approximately £2,986,436
- Three types of grant:
  - Grant Type A – Existing or New Childcare Places
  - Grant Type B – Events, short activities, innovative projects and initiatives
  - Grant Type C – Creating and connecting (Easter 2021 only)
- Under Type A applications were received from 46 organisations for 194 projects.
- Under Type B applications were received from 20 organisations for 100 projects.
- Under Type C applications were received from 6 organisations for 6 projects.
- The Hampshire HAF Programme through the recommended awards secured 76,756 places, which would provide for 12,668 – 25,322 FSM children to access the scheme.

	Primary-aged children	Secondary-aged young people
FSM / Non-SEND	15,683	2,048
FSM with SEND	1,034	162
Other Vulnerable (Christmas only)	233	35
TOTAL number of HAF-funded attendees	16,950	2,245
Other – paid-for	19,128	1,598
TOTAL number of attendees	36,078	3,843

## Provider breakdown

Organisation type	Voluntary or community based	Local Authority	School	Private organisation
No of providers	7	3	6	32

## Venue breakdown

Venue type	Number
Post 16	4
Primary	39
Secondary	24
Non school	36

# 2021 Performance by District

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District	Total FSM	Awarded Places	Booked Places	% Booked	Attended Places	% Attended	Total Spend
Basingstoke & Deane	4013	9382	8261	88%	6494	79%	£334,546.00
East Hants	1584	4470	3532	79%	2821	80%	£197,518.00
Eastleigh	2990	8046	7206	90%	5613	78%	£267,710.00
Fareham	2073	3423	3641	106%	3085	85%	£162,431.00
Gosport	2480	7977	8658	109%	7538	87%	£273,885.00
Hart	1215	2466	1894	77%	1498	79%	£95,472.00
Havant	4897	11969	11362	95%	9837	87%	£519,451.00
New Forest	3582	8197	6949	85%	5774	83%	£310,815.00
Rushmoor	2056	4844	4637	96%	3906	84%	£149,255.00
Test Valley	2557	5283	4629	88%	3683	80%	£255,004.00
Winchester	1761	6189	6390	103%	4522	71%	£209,909.00
Hampshire wide (C4S schemes)		3000	3000	100%	3000	100%	£154,000.00
Total	29208	75246	70159	93%	57771	82%	£2,929,996.00

# Signposting to other services

- ✓ 11 families were helped to seek support through Early Help Services
- ✓ Providers went to the local food bank to collect and then deliver food to a family in need, others delivered parcels to some families
- ✓ Numerous referrals were made to local food banks
- ✓ Book Trust partnered 7 providers across 9 schemes in Havant and Gosport, promoting reading and literacy
- ✓ Providers helped families apply for food vouchers, Parents were helped to check eligibility for FSM, Tax Free Childcare and other benefits and to sign up to employment projects and training
- ✓ Parents of children with SEN were introduced to local support groups
- ✓ Individual families were signposted to get help such as positive behaviour management, encouraging good sleep, bed wetting, emotional wellbeing.
- ✓ 7,000 free toothbrushes and toothpaste were provided to all settings to promote good oral health
- ✓ 17 referrals were made to the Multi Agency Safeguarding Hub and 1 to the LADO

Providers also referred families to numerous other services, including: free and low cost play schemes; youth clubs; Employment Support Workers; disability advice services; Autism Hampshire; Moving On counselling project; Young Carers; many food banks and community pantries and Fareshare, and many others.



# Feedback

Magna camp has been a life saver. I just want to thank all the team for keeping my son entertained. If it weren't for Magna camp, myself & dad would have really struggled. Please keep up with the great work

I absolutely loved the sessions and honestly looked forward to the following day. Given his additional needs I felt very happy and confident that his needs were met and that nothing was a problem for any of the staff. please book him on all future sessions so that he has a place

This project is so important to us, especially this time of year. Money is tight but our children have had days out, been fed and come home with presents. They had a great time

The scheme really helped with my daughter's sleep problems and her attitude. A huge Thank You. L loves youth hub and all the activities. It helps her to keep busy, active, learning and happy. Thank you for supporting our children

It was a really good experience for my child, he needs to have someone entertaining him at home all the time. Thank you Motiv8



# Case Studies Summary

## Pre-scheme contact with a mum

The week before the project was due to start, we had a conversation with a mum, which started as 'no, nothing else we need to know about X', to recently moved due to DV, homeless, no food/little in the fridge, or cupboards and no money till pay day.

We were able to double check they had all the support re the DV and housing and we also ordered a 'Pay it forward' Christmas hamper, which they picked up next day. The project was worth its weight in gold before it even started.

## Families with SEND

We had a number of students with special needs on this one and the parents commented that they were pleased that their young people could attend a session where they were mixing with other young people from different schools and of different abilities, rather than it just always being special needs focused.

## A grateful mum

The Christmas holidays were genuinely harder than I can tell you, so I was desperate, but half term should be a walk in the park. Honestly, sitting by the stage on that second day, watching X enjoy himself, it brings tears to my eyes even now, because the first fun day was my target, like when you're on a long walk in the rain with a bad blister, and you can see the top of the hill in the distance, you're exhausted and cold and you just keep telling yourself it will all be OK once you get over this hill. Just make it to the fun day, once you've done the fun day it will get easier. I just sat there, so damn thankful, so relieved, because every other thing about his birthday and Christmas was on me, my responsibility entirely, but you gave me that second day, which was OVER the top of the hill, heading down the other side, and the sun was coming out.

## Lessons Learnt from Christmas

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- Organisations who are already working within communities make the most impact
- New providers to an area require greater support to understand and engage with local services
- Some organisations struggle to deliver well across all the HAF standards
- HAF standards have raised the quality of delivery across the holiday activity sector, with more work still to do
- Teen provision in Hampshire and nationally has lower take-up

## 2022

- Gives us the opportunity to think more strategically
- Gives us the opportunity to commission core providers for up to 3 years and to encourage innovation through one-off small grant rounds
- Gives us the opportunity to get children & young people involved in planning
- In the meantime...we are open for grant applications for the Easter holidays until 20 February 2022



# Any Questions?

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## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Wellbeing Board
<b>Date:</b>	17 March 2022
<b>Title:</b>	Hampshire Suicide Prevention Strategy Update
<b>Report From:</b>	Director of Public Health

**Contact name:** [Simon.bryant@hants.gov.uk](mailto:Simon.bryant@hants.gov.uk)

**Tel:** 0370 779 3256

**Email:** [Simon.bryant@hants.gov.uk](mailto:Simon.bryant@hants.gov.uk)

### Purpose of this Report

1. The purpose of this report is to update the Board on progress of the Hampshire Suicide Prevention Strategy 2018-2021 and to highlight the plans for embedding the refresh of the Suicide Prevention Strategy into the planned Hampshire multi-agency Mental Health & Suicide Prevention Strategy. The aim is to align to the ICS Mental Health Long Term Plan developments as well as utilising the recent ICS-wide Mental Health Needs Assessment as the underlying foundation to steer this agenda forward, whilst building on all the previous work highlighted in this report.

It is also an opportunity to demonstrate the significant input that People with Lived/Living Experience of suicide have played and continue to play, in co-producing and shaping the Hampshire response to suicide prevention and support across the system.

### Recommendation(s)

That the Hampshire Health and Wellbeing Board:

2. Note the progress and achievements from the 2018-2021 Suicide Prevention Strategy, including enhanced activity and additional funding secured in the last year.
3. Approve the approach moving forward to embed suicide prevention across the wider mental health agenda across the System.
4. Recognise the significant importance of this agenda by identifying a senior suicide prevention champion/sponsor across each organisation to enable

mobilisation of workstreams across each HWB partner organisation. The role of the champion/sponsor is to ensure adequate resources and workforce capacity are directed to delivering the ambitions of the suicide prevention strategy and action plan.

5. Support the continuation of the approach whereby People with Lived/Living experience integrate and inform (where possible) all workstreams of the Hampshire Suicide Prevention Strategy and action plan moving forward.

## **Executive Summary**

6. This report seeks to provide an update on the Hampshire Suicide Prevention Strategy in the current context of the pandemic, the long-term enduring impact of the pandemic on mental health and suicide, the ceasing of the three-year dedicated STP Suicide Prevention funding stream, the ICS Mental Health Long Term Plan and the refresh of the next Hampshire Suicide Prevention Strategy and the recent pan Hampshire Mental Health Needs Assessment.
7. There is a well-established and quite mature Suicide Prevention Forum in place with strong partnership working across the system with over 35 active participants. The commitment and passion is clear across many organisations with People with Lived/Living Experience as an integral part of the partnership.
8. A Hampshire Suicide Prevention Strategy has been in place since 2018 with detailed action plans, this has now expired in 2021 although it is still being followed. The plan is to refresh the strategy in line with a wider mental health and well-being strategy so that suicide prevention is truly embedded across the system.
9. NHSE/I dedicated Suicide Prevention funding is ceasing from March 2022. This funding enabled a range of work to be implemented across Hampshire. Work has been undertaken with Public Health partners and ICS NHS colleagues to look at how to sustain and develop all the workstreams and embed into the Mental Health Long Term Plan and local infrastructures.
10. This has been combined with securing additional funding, where possible to develop and enhance suicide prevention work further e.g., successful applications for NHSE/I Suicide Bereavement funding for 22/23 and Health Education England Training for the Collaborative Assessment & Management of Suicidality approach in 21/22.
11. Due to the complexity of suicide prevention, a multi-agency approach needs to be taken, with all partners integrating suicide prevention and postvention

approaches and responses into business as usual. The development of sponsors/champions for each organisation is a methodology which will support this to happen as well as ensuring a sustainable approach is adopted across the system once dedicated funding ends.

## **Contextual Information**

12. Sadly, following several years of decline, the number of suicides registered in England increased in 2018 and 2019. The suicide rate in 2019 rose to 10.8 per 100,000 people - a statistically significant increase compared to the 2016 rate of 9.5 per 100,000 people. These increases have been noticeable amongst both males and females, with a statistically significant increase in the number of suicide death registrations in England in 2019, compared to 2017.
13. In Hampshire the suicide rate for 2018-2020 was 8.6 per 100,000 people, representing a slight increase from 8.4 per 100,000 during 2014-2016.
14. On 26<sup>th</sup> July 2018, the standard of proof (the level of evidence needed by coroners to conclude whether a death was caused by suicide) was changed from the criminal standard of “beyond all reasonable doubt”, to the civil standard of “on the balance of probabilities”. This has no doubt contributed to the increase in recorded suicides both nationally and locally but probably does not explain the whole story.
15. The COVID-19 pandemic has had a significant impact on the recording of suicides by coroners (both nationally and in Hampshire) due to delays to inquests. This makes measuring progress towards the original ambition of reducing suicides by 10% in 2021 from a baseline in 2016 very difficult to judge as previous pre-pandemic data is no longer comparable.
16. Whilst it is too early to provide absolute figures from the pandemic period, early indications from real time surveillance data in Hampshire (as well as nationally) have not shown a rise in the number of suicides when comparing pre and post lockdown periods.
17. The previous Hampshire Suicide Prevention Strategy was approved by the Health and Wellbeing Board in March 2018. This was a three-year strategy (2018- 2021) and has a corresponding multi-agency action plan which guides the detailed work.
18. The Suicide Prevention Forum and the corresponding strategy, action plan and workstreams cover both adult and children and young people, hence the wide membership and links with other relevant structures across the system.

19. Hampshire Suicide Prevention Multiagency Forum meets quarterly and reviews the actions on the Action Plan and updates from partners. Currently there are around thirty active partners from a range of sectors and reach into vulnerable populations. The Forum has increased its membership since 2018 and now includes partners from substance misuse, probation, mental health services, CCG, CAMHS, British Transport Police, Network Rail, South Central Ambulance Service, MIND organisations, Samaritans, district council reps and HMP Winchester. People with Living Experience of Suicide input into the Forum as well as providing active engagement in a range of suicide prevention workstreams.
20. The governance structure for the Hampshire Suicide Prevention Forum remains the same, although by the end of 2022 it will also be reporting directly into the Mental Health and Wellbeing in Hampshire Board.
21. The Hampshire Suicide Prevention Multi-Agency Forum also links into both the regional and national suicide prevention networks. This has proved particularly valuable throughout the pandemic with sharing good practice, monitoring issues and changes across the country in relation to suspected suicides and being able to escalate or seek advice on any issues of concern in a timely manner. Hampshire has also been acknowledged for many areas of good practice in this field at a regional level.
22. Throughout the pandemic, both in the response and recovery phases Hampshire County Council Public Health developed more intense mental health and wellbeing plans. Some of these were organisationally specific but some were for the benefit of the wider system e.g., Front line staff and volunteers' mental health and wellbeing signposting resource, multi-agency media communications, anxiety, and debt training. These pandemic mental health and wellbeing plans have now been dovetailed into the wider business as usual agenda for the multi-agency approach to mental health and wellbeing. This ensures any innovation and collaboration initiated in the pandemic can be continually built upon and enhanced.
23. The NHSE/I three-year STP Suicide Prevention Funding has been approximately £1.2m over 3 years across the Hampshire, Isle of Wight, Portsmouth, and Southampton footprint. This funding ends March 2022 although some of the workstreams are still being implemented throughout 22/23. Frimley ICS contribute an additional £32k each year to focus specifically on the NE Hampshire population. This funding will continue until March 2024.
24. A successful Wave 4 Suicide Postvention Bereavement Transformation funding bid for Hampshire, Isle of Wight ICS for £118K for 22/23 is now in place to ensure the newly awarded Suicide Bereavement Support Service can be extended to a 3 year contract.
25. Apart from the NHSE/I three-year STP Suicide Prevention Funding (covering Hampshire, Isle of Wight, Southampton, and Portsmouth) there is no dedicated suicide prevention funding specifically for Hampshire. All partners contribute to this agenda in their own way and bring to the table a range of expertise, passion, in-kind resource (through a proportion of a post being



dedicated to this agenda in some cases), the business-as-usual service delivery, a dedicated suicide prevention budget for some teams and/or organisations. These amounts vary enormously and are not consistent year on year.

26. Hampshire Public Health take the leadership responsibility for the overarching Suicide Prevention Strategy and fund a dedicated suicide prevention part-time post in addition to a suicide prevention budget from core Public Health funds. This primarily funds training and supporting the development of the PLE Bureau.
27. Many work areas have been highlighted as areas of good practice across the SE region e.g., postvention protocol, PLE Bureau, approach to Suicide Prevention training and securing additional resource for the roll out of the CAMS approach (Collaborative Assessment and Management of Suicidality) across the NHS and other partners.
28. Currently, extensive work is underway ensuring suicide prevention is embedded in future across the ICSs and NHS partners, across all council directorates, voluntary and community sector as well other partners. Suicide prevention needs to be embedded into everyone's business, especially considering the ongoing impact of the pandemic, especially in terms of mental health and wellbeing.
29. A Pan Hampshire wide Mental Health Needs Assessment for adults, comprising of both quantitative and qualitative data is due for publication in April 2022. This will be used to underpin future mental health and wellbeing strategies and approaches with suicide prevention being an integral part of these.

#### **Progress against key strands of the strategy:**

##### **Crisis Intervention (Reduce the risk of suicide in key high-risk populations including those who self-harm)**

30. During 2020 Hampshire Public Health Team also developed a repository web page entitled Mental Wellbeing Hampshire. This includes links to support and help for those in crisis themselves or supporting others. [Crisis prevention | Health and social care | Hampshire County Council \(hants.gov.uk\)](https://hants.gov.uk/health-and-social-care/mental-wellbeing-hampshire)
31. Early in the pandemic, Hampshire Suicide Prevention Forum Partners expressed a commitment to develop a multiagency mental health and suicide prevention communications plan to co-ordinate and target messages to more at-risk populations such as young people, older people, those who have been bereaved, men. The Hampshire multiagency mental health and suicide

prevention group meets every 6-8 weeks and has developed a comms plan to meet these needs.

32. A subgroup of organisations and agencies specifically focusing on suicide prevention met to focus on co-ordinating the messaging and comms for World Suicide Prevention Day 2021. There was agreement to share the same signposting to crisis intervention and suicide prevention services/support and this led to a 300% increase in visits to the crisis support page. Hampshire County Council Public Health team developed targeted comms to young men and middle-aged men with signposting to the NHS crisis support services in HLOW and Frimley systems.
33. The Suicide Prevention Strategy 2018-2021 also included an action to provide frontline practitioners with training to manage suicidal conversations. Up until 2021, Samaritans were commissioned to deliver face to face training sessions (and during 2020 these became online sessions) to enable participants to increase confidence, skills and knowledge to support those experiencing suicidal ideation. During 2019-2020 Managing Suicidal Conversations one full day and two-three training sessions were promoted to the following workforce/volunteer groups in every District:  
Commissioned Services such as Inclusion, Hampshire Domestic Abuse Service, HCC Workforce including AHC Social Care, Children's Services, Education, Trading Standards, Countryside Service, Reception staff, District Local Authorities including Housing, Environmental Health, Community Teams, Reception, Parking Attendants, Other stat/public sector orgs including Probation, Jobcentre Plus, Housing Associations, University staff, NHS staff including social prescribers, National Parks and to the VCSE sector including volunteers from a range of organisations, e.g. Street Pastors, Two Saints, British Red Cross, MIND, SSAFA, Royal British Legion, Church Leaders, Hostel Staff, Richmond Fellowship, Citizens Advice, Community First, Forestry Commission.
34. During 2020 a review of the Suicide Prevention Training took place to develop a more sustainable model and as a result, since 2021, Hampshire Public Health has commissioned the National Centre for Suicide Prevention & Education Training to deliver some direct-to-participant training and Train the Trainer Suicide First Aid course. As a result, there are currently six active Trainers in Hampshire delivering sessions to a wide range of agencies/organisations (including Winchester University, HMP Winchester, Hampshire Constabulary, VCSE sector, District LA colleagues) with a further 12 Trainers who are coming to the end of their training and who will be ready to deliver sessions from May 2022.
35. Further training has been developed by Adults' Health & Care workforce development staff with support from Public Health Hampshire and this training will be rolled out to adult social work teams during 2022.

36. To address the need to support those working with at-risk children and young people, Public Health Hampshire will also be delivering some suicide awareness sessions to agencies/organisations working with children and young people, from September 2022.
37. Closer partnership working has also developed with agencies supporting other at-risk populations, such as the Domestic Abuse service, the Hampshire Constabulary Lesbian and Gay Liaison Officers, NHS Veterans' services, Winchester Trinity, and other Homelessness Providers.
38. Working in conjunction with Hampshire Trading Standards team, Public Health Hampshire has also developed a survey to assess and identify the mental health and wellbeing needs of the farming/agricultural sector in Hampshire; a population that also was found to be at higher risk of mental ill-health and/or suicide for several reasons. The survey will run until 11<sup>th</sup> March after which time the results will be analysed, and a multi-disciplinary working party will assess the next steps.
39. Hampshire Public Health led a successful multiagency bid to Health Education England to roll out training to 100 members of NHS and community-based staff in the Collaborative Assessment for the Management of Suicidality (CAMS) Training. This work will be completed by Winter 2022 and an evaluation report will be made available.
40. Hampshire Public Health worked in tandem with key support agencies across Hampshire to develop a training course to help agencies/organisations to identify and support the mental health needs of individuals in combination to their debt/financial worries. The training has been delivered by Escalla and has been well-received, with additional funding found to enable it to continue. A Mental Health & Money Partnership has been set up as a spin-off of this training for networking and sharing good practice across Hampshire.
41. Hampshire Public Health led a workstream to ensure health and local authority partners utilise a joined-up, co-ordinated approach to treating and supporting those with co-occurring conditions. This culminated in the development of, and appointment, to a new Pan Hampshire post to establish best practice in supporting those with co-occurring conditions.

#### **Data, research, and monitoring**

42. Suicide audits have been carried out annually with exception of the last year due to the pandemic. A 2-year suicide audit is due to be completed soon.
43. The annual audit of deaths by suicide continues to help us understand our local picture. Benefits of the local collection of these data, are that it enables

us to review available information on risk factors associated with each case such as mental health service use, GP consultations, long term conditions, criminal record, drug and alcohol use. It can also highlight information on patterns of risk and potential gaps in service.

44. A HIOW Real Time Surveillance (RTS) Working Group meets monthly to review the real time data of suspected suicides. This enables the data to be monitored and for clusters, contagion and or patterns to be observed. It also enables insight into learnings that different services and/or partners may benefit from.
45. The HIOW RTS is a police-led and Public Health surveillance programme, with a Police funded post in place, to ensure this is centrally co-ordinated and embedded within the system. The ambition is to widen this out to include further key partners NHS Trust, GP, Blue light services, transport agencies and other partners information if available. This would ensure completeness of information to understand patterns of suicidal behaviour (including occupation group, location, adverse life circumstances)
45. A real time postvention response has been running in Hampshire for the past 2 years for children and young people. All schools and colleges have been circulated the schools and college postvention response, this should be instigated directly after a death of a young person which is a suspected suicide.
46. An automated RTS system is currently being trialled to establish whether it is 'fit for purpose' for Hampshire. The aim will be to extend the current RTS system to enable other partners to contribute meaningfully to a flow of information regarding a suspected suicide. This will enable a more immediate and appropriate postvention response to be given to all ages of suspected suicides. This will also highlight potential areas of greater prevention approaches.

#### **Communications, supporting the media in delivering sensitive approaches to reporting suicide and suicide behaviour**

47. The media guidelines for journalists working with suicide have been circulated to all local media and various dialogue and encouraging the use of positive signposting to local support services is underway.
48. It is acknowledged that further work is needed to develop work with the media across the system. The Hampshire multiagency mental health and suicide prevention group meets every six to eight weeks to progress the comms plan. This is the vehicle to be used to develop this work further to ensure consistent crisis intervention messaging are rolled-out at regular intervals during the year.

49. Engagement with a journalist with a suicide prevention specialism is planned to enable a shared expertise of communications and good practice amongst journalists pan Hampshire.

### **Reducing access to the means of suicide**

50. Partners from Network Rail, British Transport Police and South Western Railway continue to highlight the work they are doing across the rail network. This includes providing real time surveillance and data concerning incidents, training of platform staff across the rail network, platform lighting and signage.
51. Network Rail has also led some work to improve safety of the railway bridges close to Winchester Railway Station and surveillance/vigilance is in place to mitigate the risk of people accessing the track.
52. Hampshire Highways Team also remain vigilant to any unsolicited posters/signage appearing on road bridges, with such signage taken down. Further work is planned to ensure that those who wish to help support people who are experiencing suicidality are supported in other ways other than through unsolicited signage.
53. Hampshire Public Health has offered support and guidance and useful national and regional contacts to the R;pple Charity which was established during 2021. R;pple aims to save lives by offering a range of support options for those searching online for information about taking their life. More information about R;pple can be found here [R;pple Suicide Prevention \(ripplesuicideprevention.com\)](https://ripplesuicideprevention.com)

### **Provide better information and support to those bereaved and/or affected by suicide**

54. In 2020, Hampshire Public Health led a Pan Hampshire Task and Finish group to ascertain the level of suicide specific support that was available across the footprint and, importantly to identify gaps in provision. This work identified that most postvention provision was delivered by the voluntary sector, that there was a gap in provision specific to children and young people and there was no single point of contact for those bereaved and/or affected by suicide in Hampshire.
55. An extensive consultation and development piece of work was carried out with oversight from a HIOW Suicide Bereavement Support Steering Group. Central to this was input from the People with Living Experience of Suicide Bureau Clinical Psychologist from Solent NHS Trust and the Rowans Hospice, Public Health, Southern Health NHS Trust, Survivors of those Bereaved by Suicide (SOBS), NHS commissioners and managers.
56. A market engagement event took place in September 2021 with potential providers actively engaged in the process of finding out more about the service provision outlined in the service specification. A contract award was made to Listening Ear (the provider of the postvention and bereavement

support agency in several locations in England) for an all-age Suicide Bereavement Support Service (SBSS).

57. From April 2022, the SBSS will work across the ICS and provide a single point of access for those requiring support including emotional and practical help and guidance particularly in the time from bereavement until the inquest. The service will also provide counselling for those bereaved by (suspected) suicide. In addition, the service will also provide information and training sessions to build knowledge and capability across the system to improve support offered to those bereaved and affected by suicide.

### **Consultation and Equalities**

58. An extensive workshop took place in June 2021 with partners to identify progress, map delivery, identify priorities and issues to inform the future strategy. As a result, a more focused approach was agreed moving forward with the setting up of three multi-agency Action Groups: Crisis, Communications & Data. All these group are to be embedded into the current infrastructures within the system to ensure maximum impact, leverage, and influence. Direct alignment of the ongoing suicide prevention crisis care related aspects have been agreed to report directly into to the ICS Crisis Care Board.
59. Various consultations have taken place as an integral part of each workstream for higher risk groups (as detailed in points 28-39).

### **Co-Production**

60. 2019 saw the development of the People with Living Experience of Suicide Bureau with the coming-together of those committed to bringing about positive change and co-production in a range of suicide prevention workstreams. A comprehensive training programme took place and members now meet monthly and provide expertise to ICS and Hampshire-focused workstreams.
61. The People with Lived/Living Experience Bureau is a central tenet to the Suicide Prevention Strategy and action plan. Each workstream can utilise the expertise of the PLE Bureau. It is encouraged that all new developments involve the PLE Bureau from the inception of a project and consider the PLE bureau as an equal partner in co-production and as a critical friend to ensure we are not overlooking critical elements of any new service or development.
62. The PLE Bureau have been instrumental in shaping and being an active part of the following workstreams: developing the specification and awarding the contract for the all-age Suicide Bereavement Support Service, allocation of the Innovation Funds, shaping and advising on suicide specific training, developing GP specific training for working with suicidality, communications and resources advice, trialling a prototype of a web-based browser to block harmful content, Self-Harm support, No Wrong Door Transformation.

63. A plan is now in place to enable further development of the Bureau and individuals. There is a deep commitment to ensure that all suicide prevention/postvention workstreams benefit from input from People with Living Experience of Suicide.

## **Conclusions**

64. Extensive work has been developed and implemented across the suicide prevention agenda across the whole system in Hampshire (Local Authority, NHS and community and voluntary sector) throughout the duration of the 2018-2021 Suicide Prevention strategy.
65. Dedicated funding (STP Suicide Prevention NHSE/I) across Hampshire, Isle of Wight, Portsmouth, and Southampton enabled a significant amount of this work to take place. As this funding is now ending, embedding the suicide prevention work firmly across the system and across business as usual for all partner organisations is critical.
66. It is more important than ever to continue our sustained effort to the suicide prevention agenda given the known impact of the pandemic has had on the mental health and wellbeing of the population, particularly more vulnerable populations.

## 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:	Yes

### 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>
<a href="#">Suicide prevention: Policy and strategy - House of Commons Library (parliament.uk)</a>	January 2022

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

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

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



## **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 The work highlighted in this report (both in the past and for the future) has a positive impact on groups with protected characteristics and those who experience inequalities. In particular, through the suicide audit, Real Time Surveillance and data shared with us by our key partners, we identify those who are at greater risk of suicidality. This has led to the following actions;

- Development of a suicide prevention primary care training pack
- Development of a Bereavement by Suicide Service
- Development of a new ICS-wide post to support those with co-occurring conditions
- Live survey to identify and assess the mental health wellbeing needs of the farming/agricultural sector in Hampshire.

- Targeted mental health comms to specific populations, known to be at higher risk of mental ill-health and/or suicidality: eg young men and middle-aged men, those experiencing bereavement, those people who are lonely/isolated and young people experiencing stress.
- Roll-out of suicide prevention training support to the District Safeguarding Leads, HMP Winchester, Hampshire Domestic Abuse Service, Trinity Housing and University of Winchester settings.
- Roll-out of Collaborative Assessment for the Management of Suicidality Training across the ICS.
- Improved linkage with Hampshire Constabulary Lesbian & Gay Liaison Officers to support their work and ensure the needs of the LGBTQ+ communities are assessed and included in suicide prevention workstreams.

2.2 The Suicide Prevention Plan for 2022-2025 will include actions to further develop workstreams to support at-risk populations, those with protected characteristics and those experiencing inequalities.

# Suicide Prevention Strategy Update

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Hampshire Health & Wellbeing  
Board

17 March 2022

*"My experience of suicide is that it is the equivalent of a bomb going off in your living room while you're sitting watching telly. Afterwards you're astonished you're alive, but everything has changed, and you have a million shards of glass embedded in your soul. Some of them are so big they fall out straight away leaving gaping wounds. But the little pieces, they can take decades to work their way up to the surface."*

*Quote from person with lived/living experience of suicide, taken from the Grief to Hope report*

[From-Grief-to-Hope-Report.pdf](#)  
[\(suicidebereavementuk.com\)](#)






# Purpose

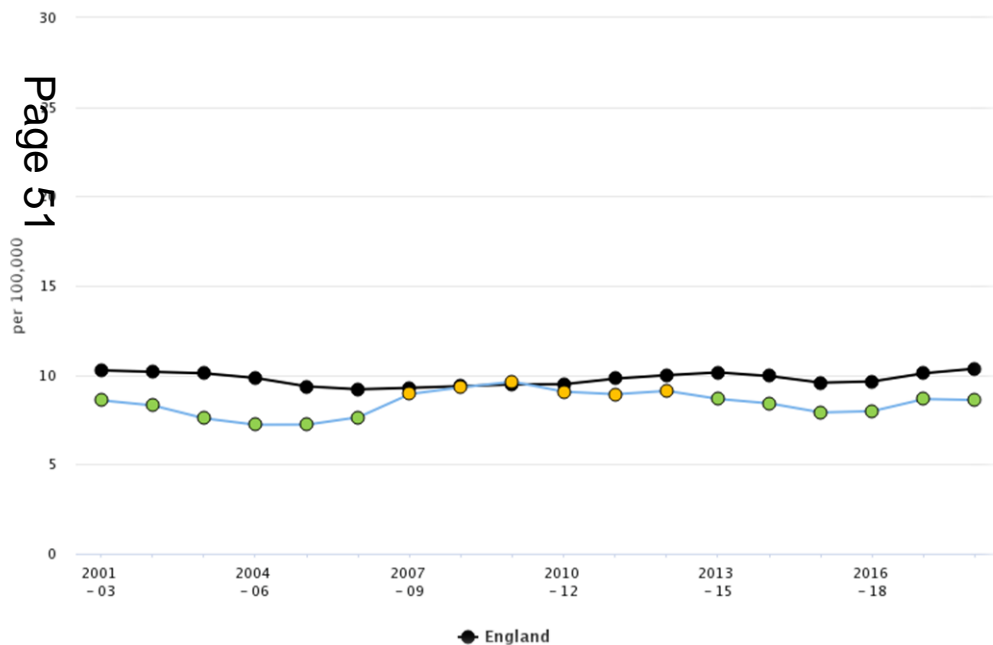
- Update the Board on progress of the Hampshire Suicide Prevention Strategy 2018-2021
- Highlight the plans for embedding the refresh of the Suicide Prevention Strategy into the planned Hampshire multi-agency Mental Health & Suicide Prevention Strategy.
- The aim is to align to the ICS Mental Health Long Term Plan developments as well as utilising the recent ICS-wide Mental Health Needs Assessment as the underlying foundation to steer this agenda forward, whilst building on all the previous work highlighted in this report.
- Demonstrate the significant input that People with Lived/Living Experience of suicide have played and continue to play, in co-producing and shaping the Hampshire response to suicide prevention and support across the system.

# Recommendations to the board

1. **Note the progress and achievements** from the 2018-2021 Suicide Prevention Strategy, including enhanced activity and additional funding secured in the last year.
2. **Approve the approach** moving forward to embed suicide prevention across the wider mental health agenda across the System.
3. Recognise the significant importance of this agenda by **identifying a senior suicide prevention champion/sponsor across each organisation** to enable mobilisation of workstreams across each HWB partner organisation. The role of the champion/sponsor is to ensure adequate resources and workforce capacity are directed to delivering the ambitions of the suicide prevention strategy and action plan.
4. **Support** the continuation of the approach whereby **People with Lived/Living experience** integrate and inform (where possible) all workstreams of the Hampshire Suicide Prevention Strategy and action plan moving forward.

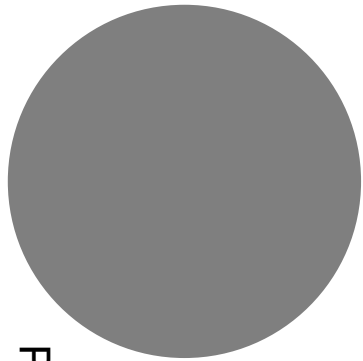
Indicator	Period	Hampshire			Region England			England	
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	
Suicide rate (Persons)	2018 - 20	–	309	8.6	10.1	10.4	18.8		
Suicide rate (Male)	2018 - 20	–	236	13.5	15.3	15.9	28.5		
Suicide rate (Female)	2018 - 20	–	73	3.9	5.2	5.0	10.3		

Suicide rate (Persons) for Hampshire

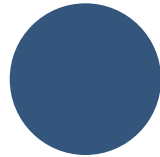


# Hampshire Suicide Rates





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# People with Lived/Living Experience



Hampshire  
County Council

[www.hants.gov.uk](http://www.hants.gov.uk)



# Progress against workstreams

Leadership & management

Crisis Intervention (Reduce the risk of suicide in key high-risk populations including those who self-harm)

Data, research, and monitoring

Comms, supporting the media in delivering sensitive approaches to reporting suicide and suicide behaviour

Reducing access to the means of suicide

Provide better information and support to those bereaved and/or affected by suicide

# Conclusions

1. Extensive work has been developed and implemented across the suicide prevention agenda across the whole system in Hampshire (Local Authority, NHS and community and voluntary sector) throughout the duration of the 2018-2021 Suicide Prevention strategy.
2. Dedicated funding (STP Suicide Prevention NHSE/I) across Pan Hampshire, enabled a significant amount of this work to take place. As this funding is now ending, embedding the suicide prevention work firmly across the system and across business as usual for all partner organisations is critical.
3. **It is more important than ever to continue our sustained effort to the suicide prevention agenda given the known impact the pandemic has had on the mental health and wellbeing of the population, particularly more vulnerable populations.**

# Recommendations

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4. **Support** the continuation of the approach whereby **People with Lived/Living experience** integrate and inform (where possible) all workstreams of the Hampshire Suicide Prevention Strategy and action plan moving forward.

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## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Wellbeing Board
<b>Date:</b>	17 March 2022
<b>Title:</b>	Annual Report of the Director of Public Health 2021-22 <b>Covid-19: addressing inequalities in mental health and wellbeing across Hampshire.</b>
<b>Report From:</b>	Director of Public Health

**Contact name:** Simon Bryant

**Tel:** 0370 779 3256

**Email:** [Simon.bryant@hants.gov.uk](mailto:Simon.bryant@hants.gov.uk)

### Purpose of this Report

1. The purpose of this report is to present Health and Wellbeing Board members with the Annual Report of the Director of Public Health ahead of publication.

### Recommendations

The Health and Wellbeing Board is asked to:

2. Note the Annual Report of the Director of Public Health 2021.
3. Endorse the recommendations within the Annual Report which are listed below in paragraph 8.

### Contextual Information

4. The 2012 Health and Care Act placed a statutory duty on upper tier Local Authorities to improve and protect the health of their residents.
5. The Director of Public Health has a statutory duty to produce an annual report about the health of the local population. The content and structure of the report is decided each year by the Director of Public Health, based on key issue of health and wellbeing that would benefit from a focused review. The requirement

placed on Hampshire County Council as the relevant local authority is to publish the report.

6. The three previous reports have focused on:

- Tackling environmental factors is vital to addressing obesity in Hampshire
- Reducing Serious Violence
- Shaping Place to improve health outcomes

7. The annual report of the Director of Public Health has been published.

### **Report Recommendations**

8. The report recommendations made by the Director of Public Health are as follows:

- i. Work with partners across Hampshire to promote a prevention-focused approach towards improving the public's mental and emotional health through progressing the work of Hampshire's Mental Health Prevention Concordat.
- ii. Work alongside community, voluntary sector and district partners to identify how we can support mental health and wellbeing for people from ethnic minority backgrounds and other populations at increased risk of COVID-19 in Hampshire. This includes utilising Community Researchers to engage with their communities to understand key issues around mental and emotional health and wellbeing.
- iii. Mobilise community assets to promote mental and physical health and wellbeing via the implementation of a Community Champion programme, whilst also strengthening communities through a sustained Men's Activity Network.
- iv. Strengthen the pathways for people with co-occurring mental health and alcohol and drug use conditions, working with the NHS Transforming Mental Health Services programme
- v. Ensuring that mental health services are equally accessible for everyone, including those from ethnic minority groups who are more likely to have been affected by the impact of COVID-19.

- vi. Focus on the wider social and economic factors to address inequalities and mental health. For example, understanding the impact of COVID-19 on people's personal finances and mental wellbeing and seeking to address these through targeted resources for residents and training programmes to support front-line staff.
- vii. Building capacity and capability across frontline workforces to prevent mental health problems and promote good mental and emotional wellbeing within their everyday practice using the Public Mental Health Leadership and Workforce Development Framework Call to Action.
- viii. Continuing to promote public-facing culturally competent mental and emotional wellbeing resources and targeted communications campaigns, especially to address areas of inequalities

## **Executive Summary**

- 9. This year's report is focussed on COVID-19: addressing inequalities in mental health and wellbeing across Hampshire.
- 10. COVID-19 has had a major impact on mental health and wellbeing – both as a direct consequence of illness, of working on the frontline, and because of the policy changes designed to protect us from infection. For some people these will be short-lived, but for others they will have a lasting impact.
- 11. Evidence has shown that Covid-19 has widened existing inequalities and some of the most vulnerable people have been the most badly affected. For example, we know that those living in areas of deprivation, people with existing physical and mental health conditions and black, Asian and ethnic minorities are more likely to be at risk of worsening mental health outcomes. These are the same groups that are often vulnerable in other ways. COVID-19 has therefore put a spotlight on existing inequalities and is a necessary trigger for action to protect those most vulnerable across communities in Hampshire.
- 12. The report provides a summary of the inequalities in mental health and wellbeing that have come to light during the pandemic across different life stages, and some of the actions required to tackle these. Case studies are used to highlight key areas of good practice in Hampshire. These include the use of technology to improve access to mental health services for children, young people and their families, work across the system on debt and anxiety and furthering the work of the Men's Activity Network to improve mental and emotional wellbeing.

## **Conclusion/next steps**

13. The report will showcase the impact of COVID-19 on specific groups within the population, highlighting the inequalities in mental health and wellbeing and the actions needed to address these. It will be vital to work across the whole system to improve mental and emotional wellbeing and reduce inequalities.
14. The recommendations focus on building on the work already taking place to improve mental health and wellbeing in Hampshire through:
  - Harnessing Hampshire's Prevention Concordat for Better Mental Health to improve mental health and wellbeing and reduce inequalities.
  - Working collaboratively with partners, including through the ICS mental health transformation, to support mental health and wellbeing planning and recovery, especially where inequalities exist.
  - Nurture and accelerate work through Public Health-led workstreams, with a continued focus on building capacity, capability and coordinated communications alongside key partners.



# COVID-19: addressing inequalities in mental health and wellbeing across Hampshire



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## Foreword

I am delighted to introduce my third Annual Report as Director of Public Health for Hampshire.

COVID-19 has shone a necessary spotlight on mental health and wellbeing across the country. During the pandemic, evidence emerged that the policies to prevent the spread of the virus, such as restricting the interaction and movement of residents, have had a major impact on mental health and wellbeing. For many, as we begin to recover these effects have not been long lasting. However, the impact of COVID-19 will be felt by some for a long time.

COVID-19 has widened existing inequalities and some of the most vulnerable people

have been the most badly affected. For example, we know that those living in areas of deprivation, people with existing physical and mental health conditions and Black, Asian and ethnic minorities are more likely to be at risk of worsening mental health outcomes. It will be important to understand the full picture of this as we build towards recovery, plan for the longer term and design services, ensuring that we protect our most vulnerable and reduce inequalities in health outcomes.

The impact on inequalities and mental wellbeing for different age groups is explored further throughout my report, including innovations which seek to improve mental and emotional wellbeing and access to mental health services.

Whilst mental health services are essential in supporting early intervention, access to treatment and recovery from mental ill health, this report will focus on prevention and the wider determinants of health that can promote mental and emotional wellbeing. This includes the universal solutions that can protect and promote everyone's mental wellbeing and enable targeted action to support those most at risk.

Before COVID-19 Hampshire County Council, with the NHS, held a 'Better Mental Health for Hampshire' event at which Hampshire's Prevention Concordat was launched. Organisations were invited to give their commitment to taking a whole system approach and working collaboratively across the wider system to improve mental health outcomes for all, including those experiencing inequalities. Improving mental health and wellbeing and reducing inequalities will require change across the system and this was a necessary call to action. We are committed to building on this work through the production of an

Adult Public Mental Health Strategy for Hampshire that recognises the importance of partnership working.

With the establishment of the Improving Mental Health in Hampshire Board, I am keen for Hampshire's Prevention Concordat to be progressed. I will lead by example and support other partners to enable them to play their part. Together with our partners we will prioritise and commit to improving mental health and wellbeing across a range of workstreams.

This includes the NHS, education, early years and childcare settings, Districts and Boroughs, those involved in housing and employment, other public sector partners and the voluntary sector.

The Director of Public Health's annual report is one of the ways in which I can highlight

specific issues to improve the health and wellbeing of the people of Hampshire. With everyone working together, we can accelerate our work to address the wider determinants of mental health and protect those of our residents who are more vulnerable and most at risk. I look forward to taking this forward with you.

### **Simon Bryant, BSc, MSc, MSc, FFPH**

Director of Public Health,  
Hampshire County Council

### **Acknowledgements**

I want to thank my whole team for the work this year which has again put the public health function centre stage. I am grateful for those who have worked on this report especially Sue Cochrane, Ileana Cahill, Jenny Bowers, Alex Anderson, Megan Saunders, Abbie Twaits, Natalie Garwin, Mike Newman, Susan Dewey.

# Executive summary

COVID-19 has had a huge impact on mental health and wellbeing – both as a direct consequence of illness or of working on the frontline, and because of the policy changes designed to protect us from infection. For some people these will be short-lived, but for others they will have a lasting impact.<sup>1</sup>

Some communities and people with specific characteristics are at far greater risk of worsening mental health and wellbeing. These are the same groups that are often vulnerable in other ways such as people on low incomes and those from ethnic minorities. COVID-19 has therefore put a spotlight on existing inequalities – and is a necessary trigger for action to protect those most vulnerable across communities in Hampshire.

COVID-19 has had a disproportionate impact on the mental and emotional health of specific population groups. It has also uncovered inequalities in mental health and wellbeing that already existed and that will worsen unless we work as a system to improve them.<sup>2</sup>

This report will showcase the impact of COVID-19 on specific groups within the population, highlighting the inequalities in mental health and wellbeing and the actions needed to address these. It will be vital to work across the whole system to improve mental and emotional wellbeing and reduce inequalities. The following recommendations are made

- 1.** Work with partners across Hampshire to promote a prevention-focused approach towards improving the public's mental and emotional health through progressing the work of Hampshire's Mental Health Prevention Concordat.
- 2.** Work alongside community, voluntary sector and district partners to identify how we can support mental health and wellbeing for people from ethnic minority backgrounds and other populations at increased risk of COVID-19 in Hampshire. This includes utilising Community Researchers to engage with their communities to understand key issues around mental and emotional health and wellbeing.
- 3.** Mobilise community assets to be resilient and promote mental and physical health and wellbeing via the implementation of a Community Champion programme, whilst also strengthening communities through a sustained Men's Activity Network.
- 4.** Strengthen the pathways for people with co-occurring mental health and alcohol and drug use conditions, working with the NHS Transforming Mental Health Services programme.

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<sup>1</sup>The Centre for Mental Health (2020) [Covid-19: understanding inequalities in mental health during the pandemic](#)

<sup>2</sup>The Health Foundation (2021) [The unequal mental health toll of the pandemic](#)

<sup>3</sup>HCC (2021) (unpublished) Ethnic Minority Groups and COVID-19 Rapid Health Needs Assessment: Hampshire, Portsmouth, Southampton and the Isle of Wight

- 5.** Ensuring that mental health services are equally accessible for everyone, including those from ethnic minority groups who are more likely to have been affected by the impact of COVID-19 than White population groups.
- 6.** Focus on those wider social and economic factors to address inequalities and mental health. For example, understanding the impact of COVID-19 on people's personal finances and mental wellbeing and seeking to address these through targeted resources for residents and training programmes to support front-line staff.
- 7.** Build the capacity and capability across frontline workforces to prevent mental health problems and promote good mental and emotional wellbeing within their everyday practice using the Public Mental Health Leadership and Workforce Development Framework Call to Action.
- 8.** Continuing to promote public-facing culturally competent mental and emotional wellbeing resources and targeted communications campaigns, especially to address areas of inequalities.



# Introduction

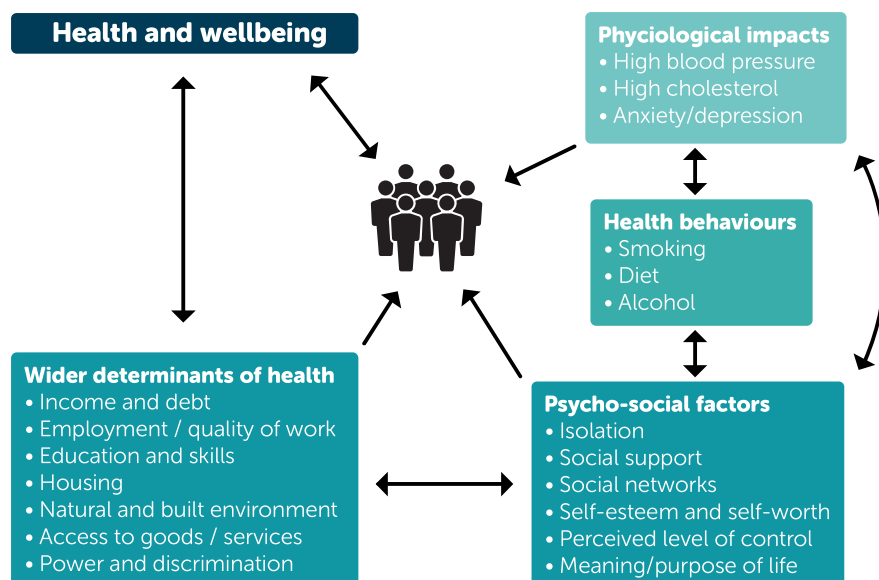
Evidence shows that the psychological impact of the pandemic is still emerging and whilst many in the population will not have any lasting negative effects on their mental health, some communities and individuals are at far greater risk of worsening mental health.<sup>4</sup>

These include:

- people living with mental health problems, whose access to services has been interrupted
- people who live with both mental health problems and long-term physical conditions that put them at greater risk of the virus
- older adults who are both susceptible to the virus themselves and much more likely than others to lose partners and peer
- women and children exposed to trauma and violence at home during lockdown
- people from ethnic groups where the prevalence of COVID-19 has been highest and outcomes have been the worst

## Factors driving health and wellbeing outcomes

Actions taken to protect people and communities from the impact of COVID-19 which restricted population movement, reduced social contacts and ultimately infection transmission rates have also impacted on mental health and wellbeing. These have disrupted wider societal and environmental factors which have affected how we interact with each other, work, learn and move about - all which influence our psychological health. This is illustrated in Figure one.



**Figure one:** Factors driving health and wellbeing outcomes <sup>5</sup>

<sup>4</sup> The Centre for Mental Health (2020) [Covid-19: understanding inequalities in mental health during the pandemic](#)

<sup>5</sup> ADPH (2021) [Living Safely with Covid Moving toward a Strategy for Sustainable Exit from the Pandemic](#)



The impact of these actions include:

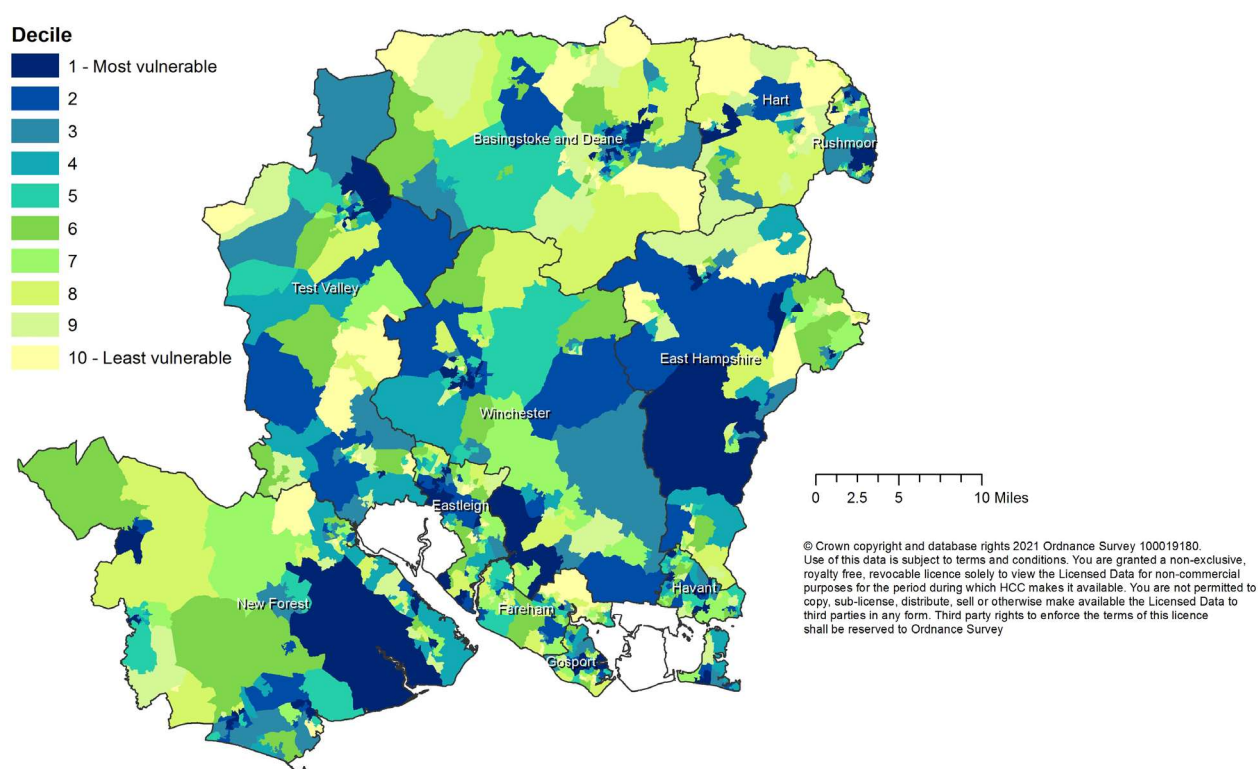
- reports of increased loneliness through reduced social connectiveness
- increased anxiety and depression during periods of great uncertainty
- long-term impact of school closures on education, health and wellbeing and re-engagement of pupils
- impacts for those not able to work due to restrictions or changes in how work is organised.

## Measuring the impact on mental health in Hampshire

Significant work has been undertaken locally through a Health Impact Assessment to understand the impact the pandemic has had on mental health and wellbeing in communities across Hampshire.<sup>6</sup> This will help us to recognise which populations and neighbourhoods have been disproportionately affected and where we should focus interventions, support and services.

### Place

In Hampshire the pattern of mental wellbeing vulnerability does not necessarily reflect the pattern of deprivation found in the 2019 IMD.<sup>7</sup> In many of Hampshire's districts, as illustrated in Figure two, the urban populations are more likely to experience vulnerable mental health resulting from COVID-19 restrictions than the rural populations.



**Figure two:** Mental wellbeing vulnerability index for Hampshire

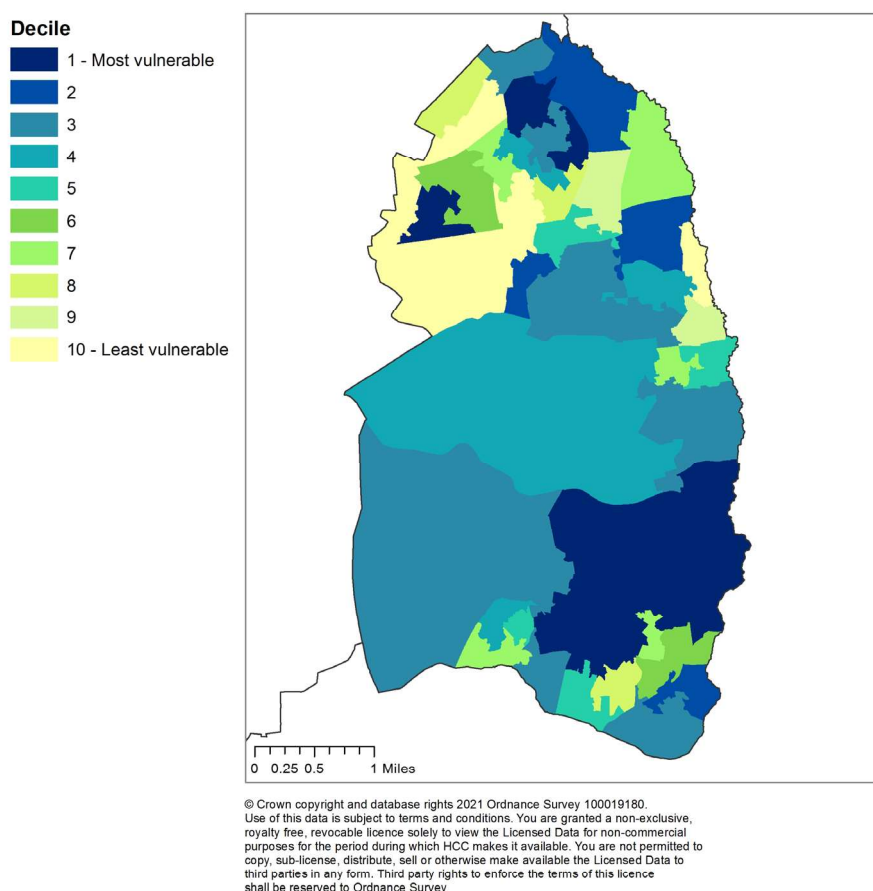
<sup>6</sup> HCC (2021) (unpublished) Health Impact Assessment: COVID-19 Mental Health vulnerabilities

<sup>7</sup> HCC (2019) [The 2019 Index of Multiple Deprivation](#)

Basingstoke town centre, Andover in Test Valley, Eastleigh town centre and Winchester city centre are particularly prominent vulnerable areas compared to the surrounding parts of the districts. Other districts, such as East Hampshire and the New Forest have higher vulnerability in their more rural, sparsely populated areas.

## Case study one: Rushmoor and Hart

The breakdown of mental health vulnerability across a geographical area can be highly varied as illustrated in Figure three which identifies within Rushmoor and Hart those neighbourhoods where inequalities may exist.



**Figure three:** Rushmoor and Hart local authority areas: most and least likely to experience mental wellbeing vulnerabilities

In this example, the population most likely to experience poor mental health due to COVID-19 restrictions is found in Aldershot Town, Rushmoor. This area includes the army barracks and residents who are more likely to rent their home than the Hampshire population average. The location of the army barracks also contributes to the vulnerability in this area as it houses a younger population who are ethnically diverse and live in an institutional setting.

Residents least likely to experience poor mental health due to COVID-19 restrictions live in Fleet North, Elvetham Heath & Ancells Farm within Hart – an area characterized as being a wealthy, rural suburb.

## People

National and local analyses have found that some people have been more likely to experience poor or deteriorating mental health symptoms during the pandemic. This has highlighted those mental health vulnerabilities and inequalities already present in our communities and includes those:

- with pre-existing mental or physical health conditions
- experiencing loss of income or employment
- from deprived neighbourhoods
- from ethnic minority communities<sup>8</sup>
- from lesbian, gay, bisexual, and transgender communities.<sup>9</sup>



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<sup>8</sup> Fancourt, D. et al. (2021) [UCL Covid 19 Social Study Results Release 31](#)

<sup>9</sup> PHE (2021) [COVID-19 mental health and wellbeing surveillance: report](#)

<sup>10</sup> The Health Foundation (2021) [Unequal Pandemic, Fairer Recovery - The COVID-19 impact inquiry report](#)

## Impact of wider determinants on mental health

As Figure one illustrates, the wider determinants of health influence mental and emotional health and wellbeing. For example, type and quality of work, housing conditions, and access to financial support to self-isolate all contributed to increased exposure to the virus among working age adults and subsequent mental ill health.<sup>10</sup> In addition, access to green space will have impacted people very differently during lockdown depending on where they lived and their type of accommodation. Those living in smaller, more crowded homes with less access to private garden space would have experienced greater stress during social distancing restrictions than those with a garden and additional living space.



## Income and employment

Unemployment has consistently been found to have a negative impact on a person's mental wellbeing. Therefore, the economic repercussions of the pandemic and impact on employment is likely to be a major driver of mental ill health.<sup>11</sup> Evidence has also shown that nationally pay or employment reduced more for people living in families with the lowest income. Of those earning less than £10,000, 37% reported depressive symptoms, compared with 11% of those earning more than £50,000<sup>12</sup>. In addition, higher levels of depression and anxiety have been found in young adults, women, people with lower household income, people from ethnic minority backgrounds, those with a physical health condition, and people living with children <sup>13</sup>.

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<sup>11</sup> The Centre for Mental Health (2020) [Covid-19: understanding inequalities in mental health during the pandemic](#)

<sup>12</sup> ONS (2021) [Coronavirus and depression in adults, Great Britain: January to March 2021](#)

<sup>13</sup> The Health Foundation (2021) [Unequal Pandemic, Fairer Recovery - The COVID-19 impact inquiry report](#)

Those disproportionately affected by employment rates during the pandemic have been aged 16 to 24 years, with those aged over 50 most likely to be affected by redundancy.<sup>14</sup> Data suggest that young people were more likely to be employed in more vulnerable industries such as accommodation and food service sectors where there has been the highest uptake in furlough.<sup>15</sup>

The unemployment rate for people from a minority ethnic background increased by a larger proportion than those from a White background from October to December 2020.<sup>16</sup> This inequality may be in part driven by the types of occupation and industry sector ethnic communities work in. The service and hospitality industries were most affected, national reports suggest that around a third of taxi drivers and chauffeurs are Bangladeshi or Pakistani men<sup>17</sup> and almost one third (29%) of Asian / Asian British workers are employed in the service sector.<sup>18</sup> In addition, evidence has shown that people from ethnic minorities are more likely to work in professions that put them at risk of contracting COVID-19, and were more likely to have poorer health outcomes as a result of COVID-19 infection. These factors have put these groups at a disproportionate risk of experiencing impacts on mental health and wellbeing.<sup>19</sup>

In terms of Hampshire this employment data suggest the districts of Hart and Havant are the most likely to be vulnerable to the impacts of the COVID-19 pandemic restrictions, with Test Valley and Winchester being the least likely to be vulnerable.

## Structural racism

When considering these wider socio-economic impacts, evidence shows that structural racism is at the heart of worse living and working conditions for ethnic minority communities, which leads to worse health and mental health.<sup>20</sup> Ethnic groups face discrimination in different aspects of their lives, such as employment, working conditions and earnings, which leads to lower incomes, higher levels of stress and higher poverty rates than those experienced by White British populations, and higher rates of some health conditions.

Structural racism means that some ethnic groups are more likely to be exposed to adverse social and economic conditions, in addition to their experiences of discrimination, which in turn affects their resilience and health outcomes.<sup>21, 22</sup>

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<sup>14</sup> ONS (2021) [Employment in the UK](#)

<sup>15</sup> ONS (2021) [Monthly gross domestic product by gross value added](#) <sup>1</sup>

<sup>16</sup> ONS (2020) [Labour market overview, UK: December 2020](#)

<sup>17</sup> ONS (2020) [Why have Black and South Asian people been hit hardest by COVID-19?](#)

<sup>18</sup> ONS (2014) [Census 2011 analysis: Ethnicity and the Labour Market](#)

<sup>19</sup> ONS (2020) [Why have Black and South Asian people been hit hardest by COVID-19?](#)

<sup>20</sup> Marmot, M. et al (2020) [Build Back Fairer: The COVID-19 Marmot Review](#)

<sup>21</sup> Marmot, M. et al (2020) [Health Equity In England: The Marmot Review 10 Years On](#)

<sup>22</sup> PHE (2020) [Disparities in the risk and outcomes of COVID-19](#)

# Chapter one: Improving the mental health of children and young people

Children and young people with good mental health and wellbeing develop more resilience, are better able to learn, have better outcomes and ability to deal with life's challenges. Despite not being clinically vulnerable to COVID-19 children have been particularly affected by the periods of national restrictions, school closures and limited access to outdoor space such as play parks.

All families receive the universal Healthy Child Programme, delivered by the Public Health Nursing Service, which supports the wellbeing of every child and family. A range of face-to-face and digital services are available to young people and their parents/carers to provide prevention and early intervention services at a time when they may need it. In addition, for those requiring specialist help Hampshire Child and Adolescent Mental Health Services (CAMHS) deliver targeted support.



Social inequality is a key factor in the risk of children and young people developing mental health disorders. Physical health, family situation, community and school environments can all affect the development of mental health disorders. Happy children who have positive relationships with family and friends are more likely to grow into healthy adults, able to make positive contributions to society.



COVID-19 has widened existing inequalities and some of the most vulnerable children have been the most badly affected.<sup>23</sup> It will be important to understand the full picture as part of recovery, long-term planning and design of services, especially those targeted at populations most likely to experience inequalities. A rapid needs assessment for Hampshire is currently underway, which will consider the impact of COVID-19 on children and young people's mental health in more detail.

### **Preconception, pregnancy and early years**

The pandemic has been a challenging time for the mental wellbeing of women during pregnancy and early motherhood. Informal social support from friends and family has been much reduced due to the national restrictions, the likelihood of experiencing a bereavement in the family has increased and there has been added economic pressure in terms of job insecurity.

Early attachment relationships between babies and their caregivers influence how a baby learns and sets a template for later relationships. Parental depression and anxiety are highest for those parents with younger children - this increased with the implementation of each national lockdown and was greatest amongst single parents and those on low incomes.<sup>24</sup>

Early years services support social and emotional development and contribute to school readiness. 68% of parents of children aged 2–4 years reported accessing early years and childcare prior to the pandemic, with 83% of these reporting that their children did not return in June 2020. Early years settings are particularly important for more disadvantaged children, helping to prevent gaps opening up in development levels at this early stage. Lower income families, mothers and those with children with special educational needs and disabilities were most negatively impacted.<sup>25</sup>

### **School age children**

Playing with friends contributes to healthy emotional regulation and development of social skills. Parents have reported a negative impact on their child's social and emotional development, and their language and physical development as a result of the pandemic.<sup>26</sup> Among children of primary school age, 14% had a probable mental disorder in 2020, an increase from 9% in 2017.<sup>27</sup> This increase was evident in boys, with the rate rising from 12% in 2017 to 18% in 2020.<sup>28</sup>

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<sup>23</sup> The Health Foundation (2020) [Emerging evidence on health inequalities and COVID-19](#)

<sup>24</sup> Creswell, C. et al (2021) [Young people's mental health during the COVID-19 pandemic](#)

<sup>25</sup> The Sutton Trust (2020) [COVID-19 and Social Mobility Impact Brief #4: Early Years](#)

<sup>26</sup> ISER (2021) [School closures and children's emotional and behavioural difficulties](#)

<sup>27</sup> NHS Digital (2018) [Mental Health of Children and Young People in England, 2017 \[PAS\]](#)

<sup>28</sup> NHS Digital (2020) [Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey](#)

Older school-aged children have expressed concern about the disruption to their education, exams and transition to another phase of education. In April 2020, young people were three times more likely to report not enjoying day-to-day activities than they were in 2017–18. Young people reported decreased ability to concentrate, worse sleep, and loss of confidence. Young women (58%) reported lower moods than men (43%). Among secondary-aged children (11–16 years), 18% were identified with a probable mental disorder in 2020, an increase from 13% in 2017.<sup>29</sup>

## Special Educational Needs and Disabilities

Parents have reported children and young people with SEND being negatively affected by the pandemic.<sup>30</sup> Parents of children with SEND have reported not having the specialist skills required to teach their children at home, leading to lack of progress when not attending school. Parents also reported that their own mental health had declined due to the increased pressures of providing full-time care during lockdown periods.<sup>31</sup> Parental mental health is known to impact that of children and young people, including siblings of disabled children who may also have experienced an increased care burden.

Locally there are reports of children with SEND finding it more difficult to settle back into school than their non-SEND peers, displaying more extreme behaviour than prior to the pandemic. Some children who were managing in mainstream school pre- pandemic are now struggling and being referred for special school places or being considered by schools for permanent exclusion.<sup>32</sup>



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<sup>29</sup> The Health Foundation (2020) [Generation COVID-19](#)

<sup>30</sup> PHE (2021) [COVID-19 Mental Health and Wellbeing Surveillance report: Children and Young people](#)

<sup>31</sup> Disabled Childrens Partnership (2020) [Left In Lockdown: Parent Carers' experiences of lockdown](#)

<sup>32</sup> HCC (2021) (unpublished) Children and Young People aged 0–25, Mental Health and Covid-19. Rapid Needs Assessment Hampshire, Portsmouth, Southampton and the Isle of Wight




## Young carers

Due to reduced care provision during the pandemic these young people may have found themselves having to shoulder an increased burden of care alongside the worry of COVID-19 transmission to a clinically vulnerable person. The Aspiration Gap report found that 14% have new or increased caring responsibilities due to the pandemic with this figure rising to 19% for those from poorer homes.<sup>33</sup> A survey by the Carers Trust in July 2020 found that young carers were experiencing greater stress, worry about the future and an increased caring burden with 40% of carers aged 12-17 and 59% of those aged 18-25 reporting a decline in mental health.<sup>34</sup>

## Looked After Children (LAC)

Looked After Children are very vulnerable to poor attachment and mental health difficulties. Across Hampshire there are 1,650 children in care. Nationally 62% of children are in care due to abuse or neglect which can have negative impacts on their mental health.<sup>35</sup> Research estimates that approximately 69% of Looked After Children have experienced neglect, 48% physical abuse, 37% emotional abuse and 23% sexual abuse. Many have been looked after by several different foster families and will have had to change school multiple times. The cumulative effects of frequent traumatic events are associated with poorer mental and emotional outcomes than one-off events and many Looked After Children are subject to these.<sup>36</sup>



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<sup>33</sup> The Prince's Trust (2020) [The Aspiration Gap Report](#)

<sup>34</sup> Carer's Trust (2020) [My Future, My Feeling, My Family](#)

<sup>35</sup> DfE (2018) [Improved mental health support for children in care](#)

<sup>36</sup> CCATS [Adverse Childhood Experiences and Complex Trauma in Looked After Children](#)

## Case study two: Using technology to improve access to mental health services for children, young people and families

The pandemic has brought significant progress in the use of technology within Hampshire, enabling different approaches for providing support to children, young people and their families.

This has meant that appointments and interventions to support families in need could continue, facilitating access to services and ensuring support was maintained. For example, the 'Knowing Me, Knowing You' groups, offered by Hampshire's health visiting service in partnership with local talking therapies services, provided online peer support for mothers with postnatal depression.

The online groups were set up within three weeks of the first 'lockdown' being announced and included access to health visitors and psychologists, with nursery nurses to support parents with play activities for the children. Mothers reported a positive experience of this online service.<sup>37</sup>

Digital services commissioned by Hampshire County Council have also been introduced to support children, young people and families via a digital front door - [Hampshire Healthy Families](#). This has meant easy access to mental health services such as [Chathealth](#) and [Health for teens](#).

Feedback from the local 0-19 services has indicated that some families preferred engaging through technology rather than face to face finding it more convenient and would like to continue to have this as an option in the future.



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<sup>37</sup> LGA (2020) [Healthy Child Programme during COVID-19 Hampshire case study](#)

# Chapter two: Improving the mental health of working age adults

## Working age adults

There is evidence nationally that self-reported mental health and wellbeing has worsened during the COVID-19 pandemic. More than two-thirds of adults in the UK (69%) reported feeling somewhat or very worried about the effect COVID-19 is having on their life.<sup>38</sup>

Whilst some people reported an increase in work flexibility, others have experienced financial strain, longer working hours, poorer work-life balance or increased fear of potential exposure to COVID-19.<sup>39</sup> Additional caring responsibilities such as home schooling and caring for older relatives have also been experienced by many. Data suggests that one in five adults have experienced some form of depression, double that observed before the pandemic.<sup>40</sup>

A combination of factors has influenced the worsening of mental health during COVID-19 in the population:



**Social isolation**



**Job and financial losses**



**Housing insecurity and quality**



**Working in a front-line service**



**Loss of coping mechanisms**



**Reduced access to mental health services<sup>41</sup>**

<sup>38</sup> ONS (2020) [Coronavirus and the social impacts on Great Britain](#)

<sup>39</sup> Fancourt, D. et al (2021) [UCL Covid-19 Social Study Results Release 29](#)

<sup>40</sup> ONS (2021) [Coronavirus and depression in adults, Great Britain: Jan to March 2021](#)

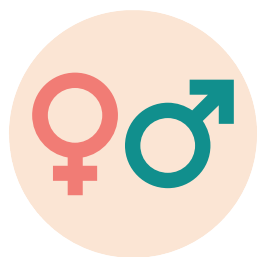
<sup>41</sup> The Health Foundation (2020) [Emerging evidence on COVID-19's impact on mental health and health inequalities](#)

The following inequalities<sup>42</sup> have been highlighted since the start of the COVID-19 pandemic:



### Age

Younger adults (aged 18 to 34) have been reporting both worse symptoms and a larger deterioration in their mental wellbeing. Young people aged 16 to 24 were most likely to work in furloughed industries. Older adults who were classed as Clinically Extremely Vulnerable (CEV) were more likely to report higher levels of depression, anxiety and loneliness than people of a similar age who were not CEV.



### Gender

Women reported worse symptoms and a larger deterioration in mental health after the onset of the pandemic than men. Lone mothers have been shown to be particularly vulnerable. There was also an increase in domestic abuse, especially against women.

For those people living with Long COVID (symptoms that last weeks or months after the infection has gone), the psychological impact can be devastating. Working age women, especially those aged 45 to 64, are most likely to require on-going support with their health after contracting COVID-19.<sup>43</sup>



### Parents and carers

Adults living with children reported a rise in symptoms of anxiety, psychological distress and stress at home. Informal carers have been more likely to report higher and increasing levels of psychological distress, anxiety and depressive symptoms than non-carers throughout the pandemic.<sup>44, 45</sup>



### Pre-existing mental health

There have been worse levels of mental health and wellbeing for those with pre-existing mental health conditions than adults without. Adults with pre-existing mental health conditions have reported higher levels of anxiety, depression.<sup>46, 47</sup>

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<sup>42</sup> PHE (2020) [COVID-19 mental health and wellbeing surveillance: Spotlights](#)

<sup>43</sup> ONS (2021) [Prevalence of ongoing symptoms following coronavirus infection in the UK: April 2021](#)

<sup>44</sup> PHE (2021) [COVID-19 mental health and wellbeing surveillance report: important findings](#)

<sup>45</sup> PHE (2021) [COVID-19 mental health and wellbeing surveillance report: parents and carers](#)

<sup>46</sup> PHE (2021) [COVID-19 mental health and wellbeing surveillance report: important findings](#)

<sup>47</sup> PHE (2021) [COVID-19 mental health and wellbeing surveillance report: pre-existing mental health conditions](#)



## Employment and income

Unemployed adults and adults with lower incomes have reported higher levels of psychological distress, anxiety, depression and loneliness than adults with higher incomes. Specific groups more at risk of furlough and redundancy including retail, hospitality, entertainment and those aged 50 and over. Women in lower socio-economic jobs were more likely to be furloughed than any other positions (including key worker roles) and men in general. Workers on precarious contracts such as zero hours or some self-employed were at high risk of adverse effects from loss of work and no income, and subsequent mental ill health



## Ethnicity

Men of Bangladeshi and Pakistani origin report larger deterioration in their mental wellbeing than White British men. There is a greater proportion of lone parent households in Black, mixed and Pakistani ethnic groups compared with White groups. Lone parent families experienced increased stress and financial pressure. Black ethnic groups have less access to private gardens. There was a higher increase in unemployment rate for those from a minority ethnic background compared with White ethnic groups.<sup>48</sup> Inequalities in physical and mental health outcomes are influenced by a wide range of factors and require action across communities and the wider system. Work is underway to complete a mental health needs assessment for adults across Hampshire, to better understand what these influences are, how they are interconnected and what can be done to improve mental health and wellbeing outcomes for all Hampshire residents. This will build on existing work with partners, for example in tackling the impact of economic factors through focused work on debt and mental health.

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<sup>48</sup> PHE (2021) [COVID-19 mental health and wellbeing surveillance spotlight: ethnicity](#)



**Image one:** source [Money and mental health facts and statistics - A Money and Mental Health Policy Institute factsheet](#)

Debt and mental health are interconnected and can result in a cycle that can become hard to escape. Stigma around financial difficulties can make these issues worse as people often struggle to ask for support or ask for it early enough to prevent crisis. COVID-19 may have worsened both financial concerns and mental health issues, including stress and anxiety around debt and financial management.

In February 2021 Hampshire County Council coordinated a multi-agency Debt and Mental Health workshop to understand the gaps, barriers and needs of residents. The outcome of this informed the content of new Debt and Mental Health training.

Targeted at frontline staff and volunteers in public, voluntary and community sectors, such as housing, council tax and recovery teams, or food pantries, the aim of this training is to support people who may be at risk of financial insecurity or debt to improve their mental and emotional wellbeing and reduce the potential risk of suicide by:

- providing debt and mental health training to frontline staff in Hampshire, working with those most vulnerable
- enabling those working with at-risk populations to develop increased confidence in recognising and discussing debt and mental health concerns and referring or signposting to further help.

In addition to the workforce training, a debt and mental health communications campaign has been delivered, targeted at those aged 18 to 35 to address inequalities identified by data. The campaign signposted to appropriate debt support at [Mental Wellbeing Hampshire](#).



#### Case study four: Men's Activity Network – harnessing the power of community

Men access health services less than women and they experience poorer health outcomes. Around three-quarters of registered suicide deaths in 2020 were for men which follows a consistent trend back to the mid-1990s.<sup>49</sup>

Hampshire's Men's Activity Network part of the Step by Step project,<sup>50</sup> focuses on improving men's health and ability to access services, working through community-run groups of men aged 18+.

As COVID-19 impacted on community groups, Men's Activity Network members met virtually to share ideas on how to support their members, especially those more isolated. Groups concerned about the health and wellbeing of their members accessed Health Champion and Skill Builder training via Zoom so they could help others make healthier choices, look after their mental health and wellbeing, and continue to develop their skills and confidence.

<sup>49</sup> ONS (2020) [Suicides in England and Wales: 2020 registrations](#).

<sup>50</sup> HCC. [SBS Hampshire: support men in our communities](#).



The sense of community among the network was invaluable. Sharing tips between groups helped people to try new ideas, share frustrations and concerns, and benefit from Public Health support.

Many groups wanted to reach out to those who had experienced mental and emotional health difficulties for the first time due to COVID-19, and those who were feeling anxious about having to go to work during the pandemic. Step by Step offered online training for groups on how to engage more men within their communities during the pandemic, including one-to-one consultancy sessions with a marketing professional.

As restrictions eased, grant funding was provided to help members get back to in-person activities safely, supporting IT, safety signage, PPE and marketing materials.

Over the pandemic, membership of the network nearly doubled and now 44 groups receive the benefits of the network. Many of these groups didn't exist before lockdown, showing the power of communities to respond to local needs. The network is very much driven by what the members want and is continues to provide ongoing peer support as Hampshire's communities adapt to life post-lockdown.

# MEN'S ACTIVITY NETWORK



# Chapter three: Improving mental health of older people

## Mental wellbeing

Older people have not only experienced increased risk of serious illness, hospitalisation and death from COVID-19 but have also been impacted by the policies put in place to reduce the spread of COVID-19.

A much higher proportion of older people, aged 65 and over, died following a COVID-19 admission compared to younger age groups. In Hampshire, deaths in care homes comprised 44% of all deaths where COVID-19 was mentioned on the death certificate in wave one.

Although the concept of 'shielding' would have protected older people from the ill effects of COVID-19, there will be many unintended consequences from staying at home. This includes reduced physical activity (affecting mobility and balance), increased social isolation or loneliness and loss of confidence or independence. Older adults who were classed as clinically extremely vulnerable reported experiencing poor mental health. However this was not always in relation to reduced social contact, but also attributed to factors such as higher levels of worry about obtaining food and other essentials and impaired sleep.<sup>51</sup>

Prior to the pandemic it was estimated that 85% of older adults living with depression received no support and were underrepresented in mental health and talking therapy services.<sup>52</sup> Overall, anxiety and depression among older people increased during the pandemic, which can result in self-neglect and loss of confidence.<sup>53</sup>

Factors that support good mental wellbeing were impacted during the pandemic. For example, the closure of non-essential services decreased social interactions for older people, especially for those who were not digitally connected. Employment rate for all people decreased by 1.4%



<sup>51</sup> ELSA (2020) [The experience of older people instructed to shield or self-isolate during the COVID-19 pandemic](#)

<sup>52</sup> The Centre for Mental Health (2020) [Covid-19: understanding inequalities in mental health during the pandemic](#)

<sup>53</sup> Age UK (2020) [The impact of COVID-19 to date on older people's mental and physical health](#)

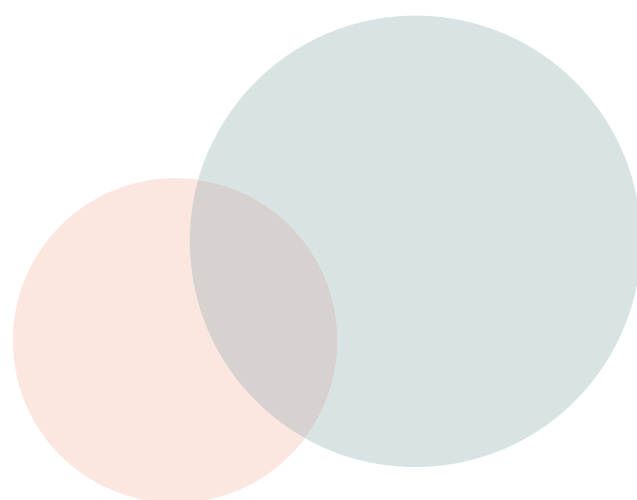
from the start of lockdown<sup>54</sup>. Those aged 65 and over were a key driver for the annual decrease in the number of people in employment, whilst people aged 50 and over were most affected by redundancy.

## Social care

Assessing the extent of the impact of COVID-19 on social care is challenging and may not be apparent for several years. Nationally, there has been an increase in unpaid carers during the pandemic as people provide informal help for family members, increasing this number from nine million to 13.5 million.<sup>55</sup> Evidence has also shown that people with physical disabilities are at particular risk of emotional distress, poor quality of life, and low wellbeing during the COVID-19 pandemic, highlighting the need for additional, targeted support.<sup>56</sup> Locally, there was a decrease in clients attending day care services as many services were cancelled during social distancing restrictions, impacting people's ability to connect with others and increasing the burden on formal and informal carers. More people access assistive technology solutions than before the pandemic, which while positive in supporting people to live independently, may have also resulted in reduced physical contact for those requiring care.

## Wider health impacts

Spending months with reduced physical activity is suggested to have an impact on the four aspects of physical fitness (strength, stamina, suppleness and skill) and on cognitive function and emotional wellbeing. This will increase dependency and reduce life expectancy.<sup>57</sup> This is supported from national survey evidence which suggests that a quarter of older people have found that their ability to do everyday activities has worsened during the pandemic.<sup>58</sup> In the future, this is likely to increase the need for people to receive health and social care services and reduce their independence, potentially having a negative impact on mental health and wellbeing.



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<sup>54</sup> ONS (2021) [Employment in the UK](#)

<sup>55</sup> CarersUK (2020) [Unseen and undervalued: The value of unpaid care provided to date during the COVID-19 pandemic](#)

<sup>56</sup> Steptoe, A. and Di Gessa, G. (2021) Mental health and social interactions of older people with physical disabilities in England during the COVID-19 pandemic: a longitudinal cohort study

<sup>57</sup> BMJ (2020) COVID-19 will be followed by a deconditioning pandemic

<sup>58</sup> Age UK (2021) New analysis finds the pandemic has significantly increased older people's need for social care

A survey by Age UK found that one in three older people reported their anxiety as worse or much worse than before the pandemic, with inequalities between different groups. For example, older people without outside space or with financial anxiety reported particular challenges.<sup>59</sup> Whilst some opportunities to utilise green space opened during the pandemic, many public toilets and facilities were not in use. For many older people, the ability to get to the toilet in time can be a key factor in deciding whether to leave the home, whether for physical activity or social interactions.

The proportion of people with Dementia and Alzheimer's disease in England prescribed anti-psychotic medication in the preceding six weeks (all ages) increased in 2020 when compared to 2019. However, those with a care plan or care plan review has significantly decreased. This is of particular concern as the needs of an individual with dementia changes with time and the care plan can play a vital role in supporting their care.<sup>60</sup>

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<sup>59</sup> Age UK (2020) The impact of COVID-19 to date on older people's mental and physical health

<sup>60</sup> PHE (2021) Wider Impacts of COVID-19 tool

## Case study five: Digital enablement and volunteering to tackle social isolation amongst older people

MHA Communities offer social and online activities and services for people aged 55 and over. These range from befriending and online activities to dance and exercise classes and assisted shopping. The service aim is to enable older people to live independently in their own homes for as long as possible, helping them to live later life well in their local communities.<sup>61</sup>

Those who contacted the service during national restrictions due to loneliness, bereavement and lack of family close by, received support via weekly befriending calls and, when restrictions lifted, face-to-face meetings. The befriending service had a positive impact on an individual's mental wellbeing. To enable individuals to access other activities, the befrienders can work with them to enable them to learn how to use new technologies. The MHA Communities service reports that this has led to individuals becoming more involved with their digital services and in turn to volunteering themselves to support others.

One new volunteer who joined the service through support provided by a befriender has now themselves befriended four other older people in the community, one of whom they meet face-to-face regularly. The befriending service and digital enablement support has meant for this volunteer that their overall wellbeing, including their mental health has benefited hugely.



<sup>61</sup> MHA. [MHA Communities: Befriending, Social & Online Activities](#)

# Chapter four: Taking a Whole Systems Approach to improve the mental health of those experiencing inequalities

It is vital that we take a whole systems approach to improve the mental health and wellbeing of our population and tackle inequalities experienced across our communities. This means working with communities and across sectors to ensure the people know how to improve their own mental and emotional health, know where to go to access the right support, and ensuring that this is available when people need it.

Hampshire County Council has signed up to the Prevention Concordat for Better Mental Health<sup>62</sup> which aims to:

- facilitate local cross-sector action around preventing mental health problems, promoting good mental health and wellbeing
- support planning for mental health and wellbeing recovery
- make mental and emotional health everybody's business
- tackle those wider determinants of mental health and wellbeing such as employment and housing
- build capacity and capability across workforces to prevent mental health problems and promote good mental health and wellbeing.



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<sup>62</sup> PHE (2020) [Prevention Concordat for Better Mental Health](#)

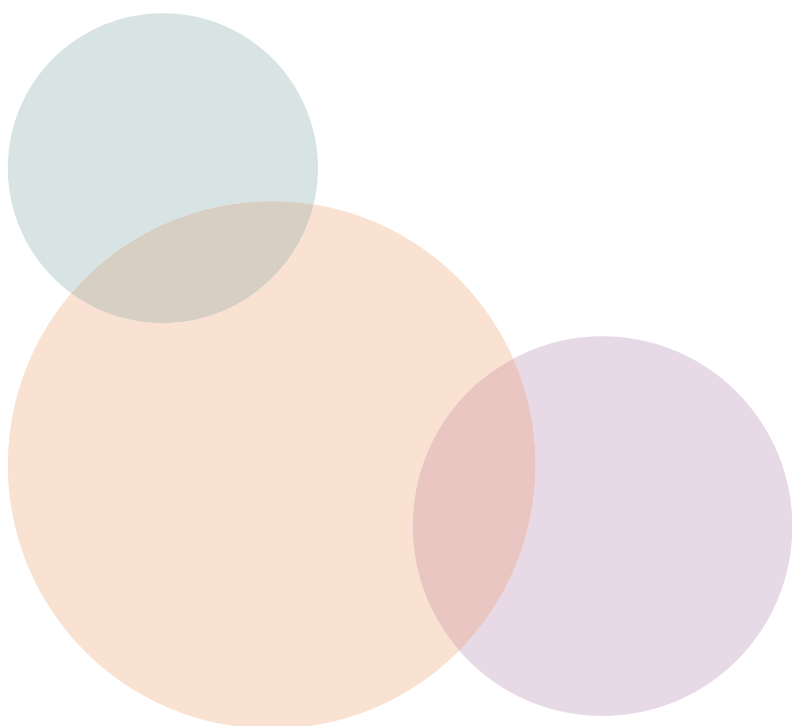
## Improving Mental Health in Hampshire Board

A multi-agency Improving Mental Health in Hampshire Board has now been established to drive forward the commitments in the Concordat. The Board includes a range of key stakeholders who will provide prevention-focused leadership across the wider public and voluntary sector system and agree joint action to tackle the wider determinants of health to reduce mental health inequalities.

Priorities have already been identified to respond to the impact of COVID-19 on mental health and wellbeing and address inequalities which have been highlighted by the pandemic. These include:

- Working alongside partners to identify how we can support mental and emotional health and wellbeing for people from ethnic minority backgrounds at increased risk of COVID-19 in Hampshire. This includes utilising community researchers to engage with their communities to understand key issues around mental health and wellbeing.
- Mobilising community assets using a Community Champion programme model to proactively engage communities in their health and wellbeing, and through the Men's Activity Network to be resilient and promote mental and physical health and wellbeing.
- Strengthening the pathways for people with co-occurring mental health and alcohol and drug use conditions and working closely with the NHS Transforming Mental Health services programme.

Needs assessments are currently in progress mapping the mental health needs of both adults and children across Hampshire to inform the future direction of this work, and make sure that services and support are targeted appropriately across the system.



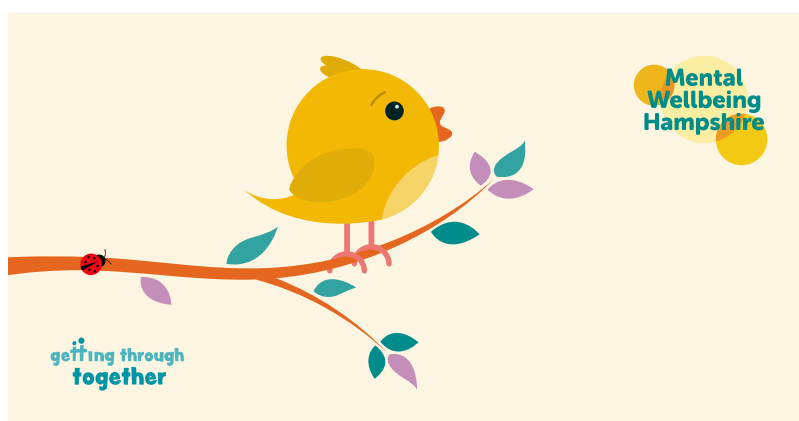
## Case study six: Promoting mental health and wellbeing together across Hampshire

As one of the priorities of the Improving Mental Health in Hampshire Board, a multi-agency group was established to collaborate on campaigns and resources which promote mental health and wellbeing. Co-ordinated by Hampshire County Council the group includes partners from the NHS, mental health services, the voluntary sector, Hampshire Fire and Rescue, Hampshire Constabulary and other organisations, such as the national parks, who can positively impact mental wellbeing.

Over the last year, the group has shared messaging and campaigns – for example, Southern Health Foundation NHS Trust's 'Every Life Matters – help in a crisis' which aims to ensure people have direct access to advice, help and support when they need it. Mental Wellbeing in Hampshire has been developed as an online resource to help amplify consistent messaging across Hampshire, targeted at those most in need, launched in 2021.

Themed messages have been planned across the year to link in with notable events and national awareness days. For example, during May's Mental Health Awareness Week the South Downs National Park, New Forest Park Authority, Hampshire County Council's country parks and Hampshire Wildlife Trust worked together to promote the benefits of nature, green space and physical activity in supporting mental wellbeing.

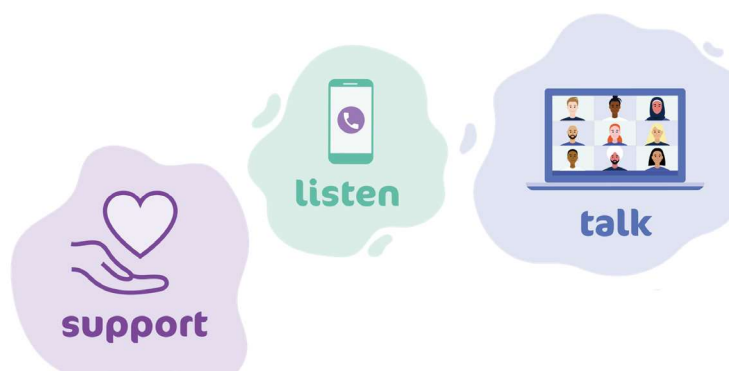
Initial results of the overall campaign are promising with good engagement utilising a variety of social media.







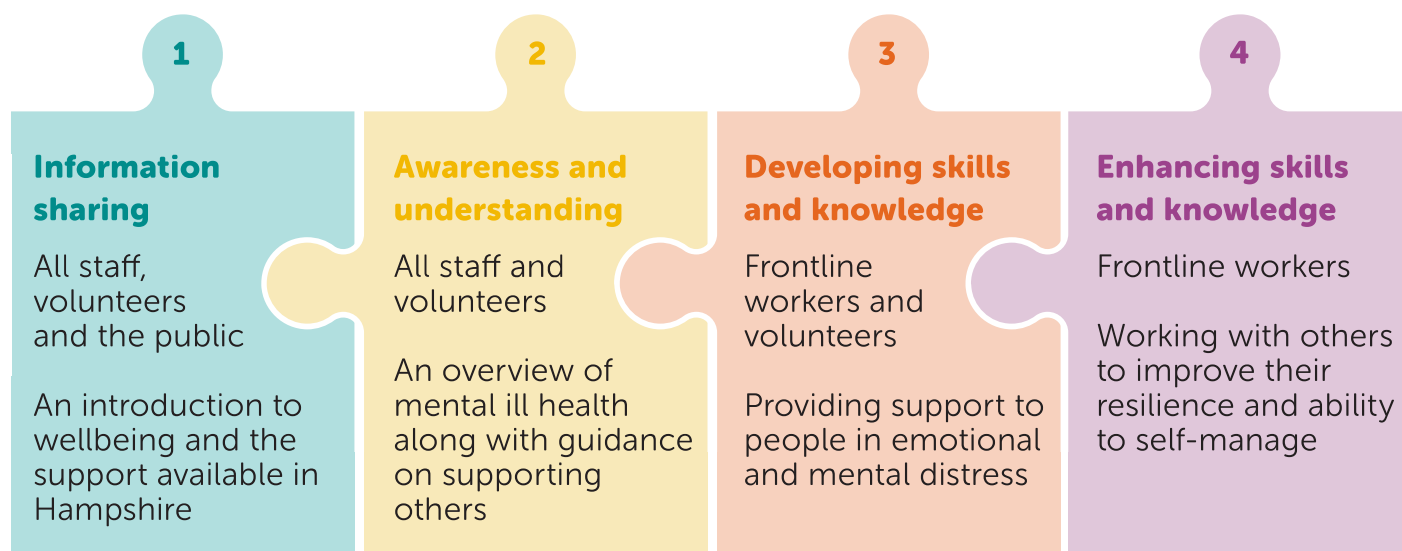
Following the first national lockdown, the Local Resilience Forum Voluntary Sector Group identified a need to strengthen the awareness and understanding of mental health and wellbeing amongst staff, volunteers and managers. This is a further example of collaboration across the wider system to support mental and emotional health.



Mental health and wellbeing guides for [staff, volunteers](#) and [managers](#) working in the community provided an overview of the range of national and local services and support available. The guides included helpful tips and links to self-help resources including information on where to find specific support and urgent care.

A [mental health and wellbeing training offer](#) was also produced to assist staff and volunteers working in the community develop their skills and confidence in supporting others. The offer brought together a range of available e-learning and virtually delivered courses. Figure four illustrates the levels of training available. Courses on offer ranged from an introduction to the Five Ways To Wellbeing and mental ill health to more in-depth training, such as our commissioned [Connect 5](#) training for those working with others.





**Figure four:** Overview of the Mental Health Training Offer strands.

The guides and training offer were targeted at those working with people at highest risk of poor mental and emotional health and wellbeing, including people living in low-income families and ethnic minorities.

# Conclusion

Prior to the pandemic, inequalities in mental health and wellbeing already existed. However, these have been brought sharply into focus by the impact of COVID-19 as this report has explored.

Locally we can harness Hampshire's Prevention Concordat to improve mental health and wellbeing and focus on the groups who were struggling before and during the pandemic. By using our understanding of where mental and emotional health vulnerabilities exist and taking a whole systems approach, it will be possible to focus our efforts and resources on those places and people most in need.

Mental health, wellbeing and inequalities are influenced by wider environmental and social factors which include employment, housing, structural racism and access to services. A rapid health needs assessment is already available regarding ethnic minority groups and COVID-19 across Hampshire and will also help to inform next steps.<sup>63</sup>

This report has highlighted some excellent work already underway in Hampshire, including use of new technologies to access mental health and wellbeing services, ways to increase community resilience and improve social contacts and mental health and wellbeing prevention campaigns. However, we can go further by working collaboratively to support mental health and wellbeing planning and recovery, especially where inequalities exist and where achieving good mental wellbeing is a particular challenge.

With the impact of COVID-19 there is greater urgency to address mental health and wellbeing in Hampshire. The work already underway must be nurtured and accelerated and new opportunities harnessed to improve the public's health in Hampshire. Working to address these inequalities does present a challenge across a county as large as Hampshire – it will require everyone working together across the system to tackle this.

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<sup>63</sup> HCC (2021) (unpublished) Ethnic Minority Groups and COVID-19 Rapid Health Needs Assessment, Hampshire, Portsmouth, Southampton and the Isle of Wight)



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## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Hampshire Health and Wellbeing Board
<b>Date:</b>	17 March 2022
<b>Title:</b>	Hampshire and Isle of Wight Fire and Rescue Service Community Safety Plan 2022-2025
<b>Report From:</b>	Area Manager Jason Avery – Assistant Director Prevention and Protection

**Contact name:** Jason Avery

**Tel:** 07918 887 850

**Email:** jason.avery@hantsfire.gov.uk

### Purpose of this Report

1. The purpose of this report is to inform members of the Health and Wellbeing Board of the draft Hampshire and Isle of Wight Fire and Rescue Service (HIWFRS) Community Safety Plan 2022-2025, and to seek feedback through consultation with key stakeholders.

### Recommendation(s)

That the Hampshire Health and Wellbeing Board:

2. Note the contents of this report with particular reference to the inclusion of Health as a priority (page 7).
3. Partners provide feedback to the Area Manager, Jason Avery by the 23 March 2022.

### Executive Summary

4. This is now the second Community Safety Plan which sets out our vision and aspirations in delivering safer communities in Hampshire and the Isle of Wight. This plan aligns with the last three years of the HIWFRS Service Safety Plan. The aim of this plan is to provide clarity to the public, our teams and other interested partners in the areas of new activity the teams in Prevention, Protection (Delivery), Protection (Support) and Health will be working on over the next three years to improve our performance.

5. We in Hampshire and Isle of Wight Fire and Rescue Service (HIWFRS) take our role in working with our partners seriously, so a Community Safety Plan outlining how we will do this is an important part of sharing our vision of 'together making life safer'. This plan will be consulted on with partners and stakeholders across local authorities and blue light partners. We seek feedback to shape the plan and will use this as a platform for discussion to ensure our mutual aims are met. This document should be read in conjunction with the [HIWFRS Safety Plan](#) which supports our Integrated Risk Management Plan.

## **Contextual Information**

6. The risks in Hampshire and the Isle of Wight change as the people in our communities grow and face new challenges. It is important for us to understand the way people live and how this affects our service so that we can suitably adapt our approach to ensure that we continue to make life in Hampshire and the Isle of Wight a safer place for all. Through our Community Safety prevention and protection work we seek to prevent incidents occurring in the first place, whether that's by providing free home fire safety advice or protecting people in their place of work through regulation of the [Regulatory Reform \(Fire Safety\) Order \(FSO\) 2005](#).
7. It is vital that we fully engage with our communities so we can understand their specific requirements and tailor our service delivery to meet their needs, keeping a person-centred approach. We also know that as our communities change we need to adapt how we deliver services to them appropriately.
8. Through our enforcement of the [FSO](#), non-domestic premises are safer than ever before, however we avoid becoming complacent about this as we recognise that new challenges are constantly emerging.
9. The recommendations from the Grenfell Tower inquiry will lead to changes in legislation and the way buildings are designed, constructed, and managed in the future. We must therefore build capacity and resilience into this plan to enable HIWFRS to be agile enough to respond quickly to changing demands whilst improving service delivery.
10. Our vision in Community Safety is to reduce harm from fire and other risks by educating our communities, and to make the built environment safe through engineered solutions and effective risk-based inspection programmes.
11. This plan will be achieved through matching our resources to risks, understanding where vulnerability and risks exist in our communities (by

assessing person, environmental and behavioural factors), and maintaining a well-equipped workforce with the right skills, values and beliefs to deliver this vision in the most effective and efficient way.

## **Performance**

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

### Our priorities

13. In supporting the [HIWFRS Safety Plan](#) we will focus on the following priorities which will help us to deliver our vision:
  - We help people to stay safe in their own homes
  - We work with our communities to prevent fires
  - We undertake inspections of buildings based on risk
  - We focus on higher risk places
  - We work with our partners to deliver shared outcomes – road and water safety
  - We work with the Hampshire and Isle of Wight Integrated Care System (ICS) to identify joint working opportunities and improve patient outcomes

## **Consultation and Equalities**

14. In addition to the duty to collaborate with blue light colleagues and work with local authority partners in Hampshire, Southampton, Portsmouth and the Isle of Wight, we also work closely with other partners both within the fire and rescue sector and across other areas such as health and wellbeing.
15. The value of working in collaboration with other agencies who also have a duty of care to protect people can never be underestimated, although sometimes this is difficult to evidence. However, we do know that we have shared goals and objectives which are mutually beneficial in achieving the common goal of making Hampshire and the Isle of Wight a safer place to live, work and travel.
16. Where the fire and rescue service are not the statutory agent for relevant legislation (Fire and Rescue Services Act 2004, the Regulatory Reform (Fire Safety) Order 2005, Fire and Rescue National Framework for England), we will work in partnership to support our colleagues in partner organisations to

deliver their priorities e.g., road and water safety, safeguarding vulnerable people and investigating the cause of fires.

17. Impact assessments have been completed through the HIWFRS Change Management Framework and are available on request. No significant impacts have been identified.
18. This draft plan will also be consulted with the Hampshire Community Safety Strategy Group, Hampshire and Isle of Wight PREVENT Partnership Board, and Adults/Childrens Safeguarding Boards in Hampshire, Southampton, Portsmouth and the Isle of Wight.

## **Co-Production**

19. Shared objectives with partners are found within the following strategic plan owners;
  - [Hampshire Safeguarding Adults Board](#)
  - [Southampton Safeguarding Adults Board](#)
  - [Portsmouth Safeguarding Adults Board](#)
  - [Isle of Wight Adults Safeguarding Board](#)
  - [Hampshire Safeguarding Childrens Partnership](#)
  - [Southampton Safeguarding Childrens Partnership](#)
  - [Portsmouth Childrens Safeguarding Board](#)
  - [Isle of Wight Childrens Safeguarding Partnership](#)
  - [Hampshire PREVENT Partnership Board](#)
  - Hampshire Community Safety Strategy Group
  - Unitary and district Community Safety Partnerships

## **Conclusions**

20. This is an ambitious plan to deliver but it is achievable providing good teamwork, strong leadership, hard work and perseverance is shown by all. The four department delivery plans outlined are already looking beyond 2022-25.
21. These will lay the foundations for future improvements and transformation in how HIWFRS will continue to make the communities of Hampshire and the Isle of Wight safer.



## 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

### 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>

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

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

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

## **EQUALITIES IMPACT ASSESSMENT:**

### **22. 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:

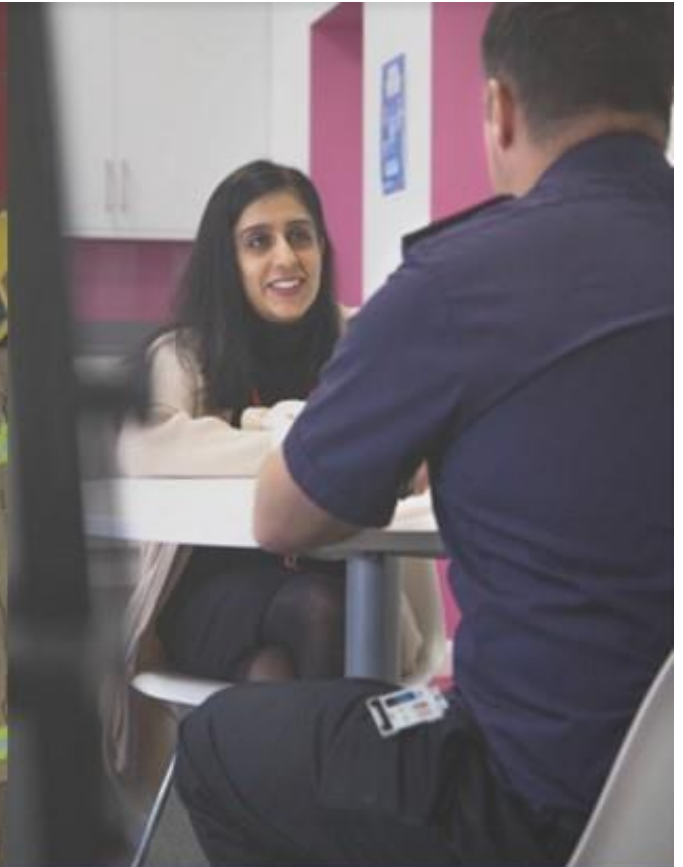
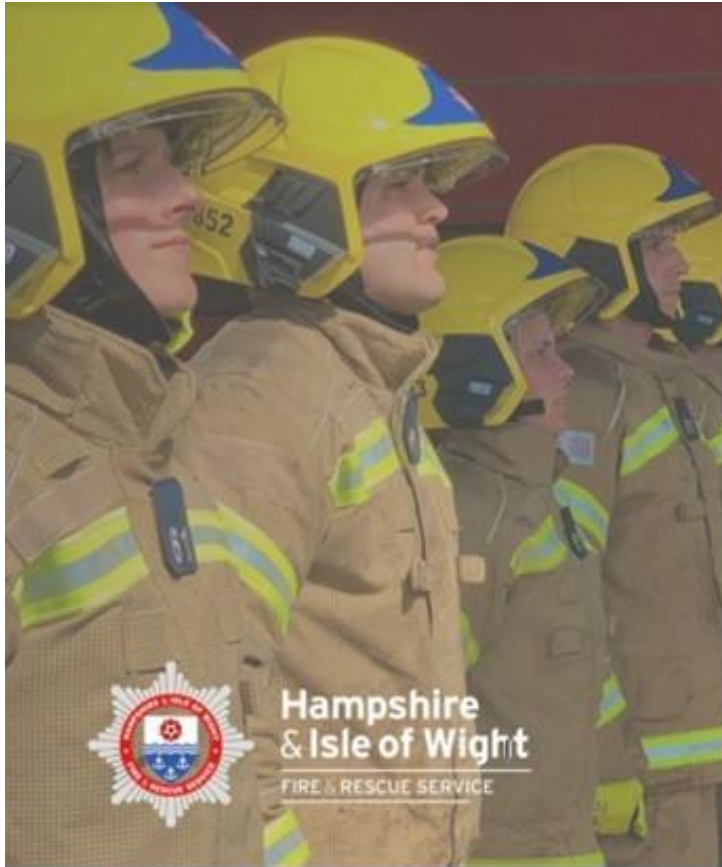
- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share 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.

### **23. Equalities Impact Assessment:**

*Impact assessments have been completed for the following areas;*

- People
- Environment
- Liaison through the HIWFRS Change Management Framework has been with Learning and Development, Physical Assets and ICT departments.

The only significant negative impact has been increased use of petrol/diesel fuelled vehicles. This will be mitigated through better planning of routes and use of electric alternatives whenever possible.



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# Community Safety Plan

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Together we make life safer

## Contents

- Welcome
- Introduction
- Our vision
- Culture and people
- Our priorities
- Prevention
- Health
- Protection (Support)
- Protection (Delivery)
- Performance and Governance
- The bigger picture
- Working with partners
- Future vision



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# Welcome

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This is now the second Community Safety Plan which sets out our vision and aspirations in delivering safer communities in Hampshire and the Isle of Wight. This plan aligns with the last three years of the Service Safety Plan. The aim of this plan is to provide clarity to the public, our teams and other interested partners in the areas of new activity the teams in Prevention, Protection (Delivery), Protection (Support) and health will be working on over the next three years to improve our performance.

We in Hampshire and Isle of Wight Fire and Rescue Service (HIWFRS) take our role in working with our partners seriously, so a Community Safety Plan outlining how we will do this is an important part of sharing our vision of 'together making life safer'. This plan has been consulted on with partners and stakeholders across local authorities and blue light partners. We have welcomed any feedback to shape the plan and have used this as a platform for discussion to ensure our mutual aims are met. This document should be read in conjunction with the [HIWFRS Safety Plan](#) which supports our Integrated Risk Management Plan.

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

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## Introduction

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The risks in Hampshire and the Isle of Wight change as the people in our communities grow and face new challenges. It is important for us to understand the way people live and how this affects our service so that we can suitably adapt our approach to ensure that we continue to make life in Hampshire and the Isle of Wight a safer place for all. Through our Community Safety prevention and protection work we seek to prevent incidents occurring in the first place, whether that's by providing free home fire safety advice or protecting people in their place of work through regulation of the [Regulatory Reform \(Fire Safety\) Order \(FSO\) 2005](#).

It is vital that we fully engage with our communities so we can understand their specific requirements and tailor our service delivery to meet their needs, keeping a person-centred approach. We also know that as our communities change we need to adapt how we deliver services to them appropriately.

Through our enforcement of the [FSO](#), non-domestic premises are safer than ever before, however we avoid becoming complacent about this as we recognise that new challenges are constantly emerging.

The recommendations from the Grenfell Tower inquiry will lead to changes in legislation and the way buildings are designed, constructed, and managed in the future. We must therefore build capacity and resilience into this plan to enable HIWFRS to be agile enough to respond quickly to changing demands whilst improving service delivery.



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## Our vision

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Our vision in Community Safety is to reduce harm from fire and other risks by educating our communities, and to make the built environment safe through engineered solutions and effective risk-based inspection programmes.

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

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

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## Culture and people

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Prevention and Protection are frontline capabilities that significantly reduce the risk of emergencies occurring. Our teams are therefore based and work within our communities as representatives of HIWFRS and ambassadors of their respective disciplines.

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

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

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

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

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# Our priorities

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

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

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## Prevention

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### Our communities

Our role within the delivery plan will be to ensure:

- Our prevention activity is based on a targeted approach, informed by local and national data to prevent adverse effects on members of our community including vulnerable groups.
- We positively contribute to the behaviour and safety in the community through educating members of the public on fire safety and supporting our trusted partners with road and water safety. This work prioritises life, property and environmental risks. Our education programmes will be delivered to engage with children and young people of school age, with additional delivery options to support the most at risk. Our enrichment activities of Prince's Trust and Fire Cadets will support this.
- Safeguarding remains paramount when delivering our services and supporting our partners. We will support our teams to uphold our moral and statutory duties, and ensure our service is represented on relevant safeguarding and partnership boards to highlight the fire and holistic risks we encounter.
- Our Safe and Well intervention continues to support people within their homes to help reduce the risk of accidental fires. This will embrace the [National Fire Chiefs' Council's \(NFCC\) 'Person centred framework'](#) whilst supporting and signposting to our partner agencies. The products we deliver will reflect best practice identified by the National Fire chief's council (NFCC).
- We review our most serious incidents as a service and multi- agency through the Fire Safety Development Group (FSDG).

## Public Value

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

## High performance

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

## Learning and improving

Organisational improvement is a core principle of prevention and underpins the professional practice we wish to deliver. Through engagement with our internal teams and external partners we will seek feedback on our performance and how we can improve. We will also provide constructive feedback to internal teams and partners to encourage open dialogue and improvement.

## Prevention – Vulnerability factors

### Key



ENVIRONMENTAL  
FACTORS



PERSON  
FACTORS

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



BEHAVIOURAL  
FACTORS

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





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# Health

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As part of the delivery plan, we will:

- Work with the Hampshire and Isle of Wight Integrated Care System (ICS) to set up joint prevention activities to improve health outcomes for the population of Hampshire and the Isle of Wight.
- Develop data-sharing agreements between partner agencies working within the Integrated Care Partnership (ICP) to support the creation of a vulnerability register
- Review the engagement of HIWFRS teams within local health structures to ensure that local teams develop links within the newly formed ICS structures
- Review prevention opportunities within falls response and consider the use of Community Safety Officers to support the response
- Improve the understanding of health infrastructures within Hampshire and Isle of Wight health and social care and consider opportunities to collaborate on system wide improvements
- Improve the knowledge and understanding of how HIWFRS can help make people safer within Health and Social care teams
- Identify training opportunities to improve fire safety and home fire safety knowledge in health and social care teams
- Identify joint working opportunities to improve patient outcomes by supporting the 'Making Every contact count' principle

## Future planning:

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



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# Protection Delivery

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As part of the delivery plan, we will:

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

To reduce risk through planned inspections we will:

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

## **Risk Based Inspection Programme**

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

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

### **Data Based Risk Profiling – Experian Data**

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

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

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

### **High-Risk Residential Buildings**

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

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

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

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

### **Locally Based Inspections**

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

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

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# Protection Support

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Our role within this Delivery Plan will be to:

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

Our procedures and processes will be measured and reported against national standards and frameworks. We will also open ourselves up to scrutiny by our partners including the Network Fire Service Partnership and the South East Operational Response and Resilience Group.

## Working with partners

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

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

## Learning and improving

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

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# Performance and Governance

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

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

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

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

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

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

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## The bigger picture

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The [National Fire Chiefs Council \(NFCC\)](#) is the governing body of the fire and rescue sector in England and the devolved administrations. NFCC represents the sector in local and national structures, helping to develop national policies and strategies. Where appropriate we will deploy our people to represent HIWFRS in regional and national working groups and committees in our commitment to supporting and developing the sector.

Although our primary focus within the NFCC is the Prevention Committee, for obvious reasons the work of the Digital and Data Programme and the Community Risk Programme will influence our work in the future. Our connection with the Protection and Policy Reform Unit (PPRU) is vital in enabling us to deliver future changes, and we support the PPRU by seconding officers into their team. This is important with the coming amendments to legislation. Within the Southeast region, we will continue to represent HIWFRS in prevention and protection matters in an active role, chairing committees and taking the technical lead on relevant subjects. In doing so we will support the NFCC plans, priorities and objectives.

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## Working with partners

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In addition to the duty to collaborate with blue light colleagues and work with local authority partners in Hampshire, Southampton, Portsmouth and the Isle of Wight, we also work closely with other partners both within the fire and rescue sector and across other areas such as health and wellbeing.

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

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

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## Future vision

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

These will lay the foundations for future improvements and transformation in how HIWFRS will continue to make the communities of Hampshire and the Isle of Wight safer. If you would like any further information on the work we do, please visit Keeping safe ([hantsfire.gov.uk](https://hantsfire.gov.uk))

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Contact us:

Hampshire and Isle of Wight Fire and Rescue Service Headquarters, Leigh Road Eastleigh, Hampshire, SO50 9SJ, [www.hantsfire.gov.uk](https://www.hantsfire.gov.uk), 023 8064 4000

<Ends>





# Hampshire Health and Wellbeing Board

17 March 2022

## Partner Consultation on Community Safety Plan 2022-2025

Area Manager Jason Avery  
Assistant Director Operations  
Prevention and Protection





# Why have a plan for Community Safety?

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- Legal Frameworks
  - Fire and Rescue Services Act 2004 Pt 2 Sect 6
  - National Framework Document – Section 2 Delivery of Functions and requirement to produce an Integrated Risk Management Plan
  - Duty to collaborate – Police and Crime Act 2017
- HIWFRS Service Safety Plan
- Operations Directorate Plan
- Method of delivery
- HMICFRS Inspection – identification of risk and vulnerability, sharing of information and data, working with partners



# Reasons for consulting with partners

Page 117

- A singular view is polarised and not useful for growth
- To inform partners of the changing agenda for FRS, in particular where we support health
- Feedback is a gift, good practice and adds value
- Shows an openness to other views in a multi-agency environment
- HCC Internal Audit Report and Action Plan





# Health as a priority

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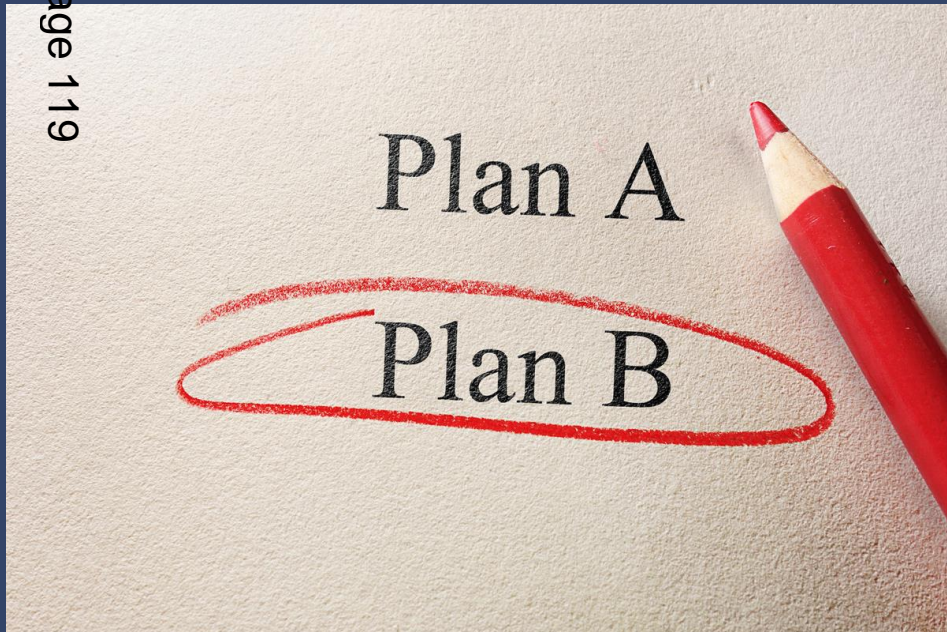


- Dedicated post created to lead health collaboration
- Craig Gregory works with Tim Cooling ICS
- Added value of FRS during COVID and vaccination programme
- Community insights – better understanding of risk and vulnerability
- Better exchange of information and data
- Shared objectives leading to community benefits
- Better understanding of health works (additional post to recruit to)
- Upskilling partner teams in Safe and Well (health and social care teams)
- ‘Making every contact count’ principles
- Opportunities for joint commissioning through ICS and police

# Delivery of the Plan

- Governance and performance management meetings
- Delivery tracker and Power BI dashboards
- Regular team appraisals and reviews
- HMICFRS inspection and report
- Areas for growth and improvement – QA and evaluation

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# The ask today

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- Read and consider the plan and what it can do for your organisation
- Provide feedback to [jason.avery@hantsfire.gov.uk](mailto:jason.avery@hantsfire.gov.uk) by 23 March 2022
- Continue to work with HIWFRS at all levels to seek new opportunities to work more closely together to reduce risk and vulnerability





**QUESTIONS?**

**‘Together  
we make life safer.’**

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

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**Health and Wellbeing Board  
Forward Plan for Future Meetings  
17 March 2022**

Item	Notes	MAR 2021	JUL 2021	OCT 2021	DEC 2021	MAR 2022	JUN 2022	OCT 2022	DEC 2022	MAR 2023
<b>Strategic Leadership</b>										
Health and Wellbeing Board Business Plan Update				X						
Board Survey Response and Actions			X							
Joint Strategic Needs Assessment (JSNA) Programme Update			X		X					
JSNA Work Programme and HIA Findings Summary	Workshops held on 29/11/21, 27/01/22			X						
DPH Annual Report: COVID 19 Inequalities in Mental Health and Wellbeing in Hampshire						X				
<b>Starting Well</b>										
Joint Hampshire and Isle of Wight Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan	Last Received December 2019				X					
Hampshire Safeguarding Children Board Annual Report	Last Received December 2020				X				X	
Theme Focus	Last Received October 2020					X				
<b>Living Well</b>										

Item	Notes	MAR 2021	JUL 2021	OCT 2021	DEC 2021	MAR 2022	JUN 2022	OCT 2022	DEC 2022	MAR 2023
Hampshire Safeguarding Adults Board Annual Report	Report Circulated July 2021						X			
Theme Focus	Last Received December 2020						X			
<b>Starting, Living and Ageing Well</b>										
Hampshire Physical Activity Strategy				X						
Mental Health and Wellbeing Recovery Update	Last Received December 2020									
Hampshire Healthy Weight Strategy					X					
Suicide Prevention Strategy for Hampshire	Last received March 2018					X				
<b>Healthier Communities</b>										
District Forum Report on Housing and Health Topic	Last Received July 2020									
Theme Focus		X						X		
Fire and Rescue Service Draft Community Strategy						X				
<b>Aging Well</b>										
Theme Focus			X						X	
<b>Dying Well</b>										
Theme Focus			X							X
<b>Integrated Care Systems</b>										



[illegible]

Item	Notes	MAR 2021	JUL 2021	OCT 2021	DEC 2021	MAR 2022	JUN 2022	OCT 2022	DEC 2022	MAR 2023
Hampshire Local Dementia Profile - Alzheimer's Society	Circulated September 2021									
Adults' Departmental Safeguarding Report	To be circulated December 2021									
Annual Community Safety Strategy Group Report	To be circulated December 2021									
District Forum Housing and Health Survey Findings	To be circulated									