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NOTICE OF MEETING

Meeting	Health and Wellbeing Board
Date and Time	Thursday, 12th December, 2019 at 10.00 am
Place	Ashburton Hall - HCC
Enquiries to	members.services@hants.gov.uk

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

FILMING AND BROADCAST NOTIFICATION

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

AGENDA

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence received.

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF PREVIOUS MEETING (Pages 5 - 12)

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. STRATEGIC LEADERSHIP: COMMISSION OF INQUIRY – VISION FOR HAMPSHIRE 2050 (Pages 13 - 24)

To receive an update on the Commission of Inquiry – Vision for Hampshire 2050 and associated Climate Change Strategy and Action Plan, and to explore linkages and opportunities for collaboration between the Health and Wellbeing Board and the Commission and Climate Change work programmes.

7. STARTING WELL: JOINT HAMPSHIRE AND ISLE OF WIGHT CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND EMOTIONAL WELLBEING LOCAL TRANSFORMATION PLAN (Pages 25 - 126)

To approve the Annual Refresh of the Hampshire Local Transformation Plan.

8. STARTING WELL: HAMPSHIRE SAFEGUARDING CHILDREN BOARD ANNUAL REPORT (Pages 127 - 212)

To receive the annual report from the Hampshire Safeguarding Children Board and to agree the updated Protocol between the Hampshire Safeguarding Children Partnership, the Hampshire Health and Wellbeing Board and the Hampshire Safeguarding Adults Board.

9. STARTING, LIVING AND AGING WELL: HAMPSHIRE PHYSICAL ACTIVITY STRATEGY

To receive a presentation from Energise Me on delivery of Hampshire's Physical Activity Strategy and to explore how organisations across the Hampshire system can support the goal of increasing physical activity levels.

10. HEALTH AND WELLBEING BOARD BUSINESS PLAN UPDATE (Pages 213 - 246)

To receive the Board's business plan and to agree arrangements for the performance dashboard and progress reporting on the plan.

11. STRATEGIC LEADERSHIP: HAMPSHIRE SYSTEM PLANNING FOR WINTER (Pages 247 - 262)

To receive an update on the approach being taken by all statutory agencies across the Hampshire and Isle of Wight geography to prepare for winter 2019/20.

ABOUT THIS AGENDA:

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

ABOUT THIS MEETING:

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

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

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Agenda Item 3

AT A MEETING of the Health and Wellbeing Board of HAMPSHIRE COUNTY
COUNCIL held at the castle, Winchester on Thursday, 27th June, 2019

Chairman:

* Councillor Liz Fairhurst

* Councillor Judith Grajewski
Councillor Patricia Stallard
Councillor Ray Bolton

Councillor Zilliah Brooks
Councillor Roy Perry

*Present

Co-opted members

Dr Barbara Rushton, Graham Allen, Steve Crocker, Cllr Anne Crampton, Cllr Philip Raffaelli, Christine Holloway, Nick Broughton, Shantha Dickinson, Simon Bryant, Dr Andrew Whitfield, Dr Matt Nisbet, Tricia Hughes, Julie Amies and Anja Kimberley

Cllr Huxstep was present at the invitation of the Chairman.

91. APOLOGIES FOR ABSENCE

Apologies were noted from the following Members:

Cllr Patricia Stallard, Executive Lead Member Children's Services
Dr Sarah Schofield, Chairman West Hampshire Clinical Commissioning Group
Dr Peter Bibawy, Clinical Chair North East Hampshire and Farnham Clinical Commissioning Group
Michael Lane, Police and Crime Commissioner for Hampshire
Nick Tustian, Chief Executive Eastleigh Borough Council
Alex Whitfield, Chief Executive Hampshire Hospitals NHS FT
Dr Nicola Decker, Clinical Chair North Hampshire Clinical Commissioning Group
David Radbourne, Regional Director of Strategy and Transformation, NHS England
Dr David Chilvers, Clinical Chair Fareham & Gosport Clinical Commissioning Group
Dr Rory Honney, GP West Hampshire Clinical Commissioning Group
Mark Cubbon, Chief Executive Portsmouth Hospitals Trust
Amanda Lyons, Director of Strategic Transformation Hampshire, IOW and Thames Valley, NHS England
Carol Harrowell, Voluntary Sector Representative
Dr Paul Howden, Deputy Chair, Fareham & Gosport CCG
Maggie Maclsaac, Chief Executive, Hampshire CCGs Partnership
Sue Harriman, Chief Executive, Solent NHS Trust

92. DECLARATIONS OF INTEREST

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate and, having regard to the circumstances described in Part 3, Paragraph 1.5 of the County Council's

Members' Code of Conduct, leave the meeting while the matter was discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore Members were mindful that where they believed they had a Non-Pecuniary interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 2 of the Code, considered whether it was appropriate to leave the meeting whilst the matter was discussed, save for exercising any right to speak in accordance with the Code.

93. **MINUTES OF PREVIOUS MEETING**

The minutes of the last meeting were reviewed and agreed

94. **DEPUTATIONS**

No deputations were received at this meeting.

95. **ELECTION OF VICE CHAIRMAN**

It was noted that the Board is required to appoint the Vice Chairman each year. The Chairman nominated the current Vice Chairman, Dr Barbara Rushton. There were no other nominations and it was unanimously agreed that Dr Rushton will continue in the role of Vice Chairman.

RESOLVED:

Dr Barbara Rushton be appointed as Vice Chairman of the Health and Wellbeing Board for 2019/20.

96. **CHAIRMAN'S ANNOUNCEMENTS**

A. Gosport War Memorial Hospital Deaths

There is a new police investigation regarding deaths that occurred at Gosport War Memorial Hospital between 1987 and 2001. This follows the publication in June last year of the Gosport Independent Panel Review into these events and a subsequent response from the Government in November. Since September 2018 a dedicated team of staff from the Eastern Policing Region have been assessing the panel's findings, to establish if there is sufficient new evidence to support a further police investigation. On 30 April 2019 a statement was issued on behalf of the Eastern Policing Region, confirming that a new, full police investigation will be carried out. The HASC is continuing to monitor this situation, to consider if there is any further learning or follow up for the Hampshire health and care system as a result of this issue.

B. Southampton Lifelab and Airport

The Chairman invited Members to represent the Health and Wellbeing Board at upcoming engagement events at the Southampton Lifelab and Southampton Airport. Board Members were invited to contact the Chairman or Board Manager for further information if they were interested in either of these opportunities.

C. LGA Collaboration

The Chairman requested the Vice Chair, Dr. Barbara Rushton to provide an update as she had recently attended some training for Health and Wellbeing Board members at the Local Government Association (LGA). The LGA was particularly keen for health colleagues to participate in training. It was agreed that dates for future training at the LGA would be sent to Board members by the Board Manager.

97. **INTEGRATED INTERMEDIATE CARE**

The Board received a report from the Director of Adults' Health and Care at Hampshire County Council and supporting presentation from Debbie Butler, Director of Transformation, Patient Flow and Onward Care, regarding Integrated Intermediate Care. Members heard that plans for this proposed new operational model are on track. The proposed joint partnership between Hampshire County Council (HCC) and Southern Health Foundation Trust (SHFT), subject to formal agreement, would operate under a Section 75 agreement. Currently intermediate care services (such as crisis response, reablement and rehabilitation) are being provided separately through Hampshire County Council and Southern Health Foundation Trust, with around 700 staff involved.

The shared vision that has been developed for the proposed new integrated service would provide a strengths-based approach to supporting individuals, and the scope of the services provided would encompass a county wide offer and outcomes, with sufficient flexibility in the operational model to meet local system needs. The proposal is for the new service to be available from 7am to 8pm 7 days a week with same day rapid response within a 6-hour period, where appropriate.

A number of project forerunners are in progress to test enhanced and new ways of working ahead of the proposed full integration in 2020, as outlined in the presentation. Local working groups are being set up to provide support and input to delivery of the IIC service into each system, including user and voluntary sector representation.

Final recommendations for the preferred structure will be brought to an Executive Member Decision Day in October. The aim is for full service rollout in April 2020. The Health and Adult Social Select Committee and the Health and Wellbeing Board will continue to be briefed.

Members thanked the presenter for her leadership and drive to initiate and maintain significant momentum in a short space of time and noted this was an encouraging example of NHS working with local authorities to pool resources effectively to provide a more effective service.

Members agreed this was a positive direction and a solid step forward. Members were interested in learning specifics about the KPIs (Key Performance Indicators) and measurable outcomes for the proposed new service. The importance of working towards a single patient record was stressed. This

Integrated Intermediate Care model builds on other successful, positively evaluated models and further details regarding performance measures will be shared. Collaboration with STPs and district and borough councils (particularly around housing) would be valuable and engagement with users, carers, and with Healthwatch to consider patient experience will inform the development of user-focused measurable outcomes.

RESOLVED:

That the Health and Wellbeing Board:

- Note and support the project approach and the direction of travel in seeking to create an integrated health and social care service.
- Note the managerial, service and legal options available in creating an integrated health and social care and endorse the preferred route to organisational alignment and integration

98. **INTEGRATION AND BETTER CARE FUND AND IMPROVED BETTER CARE FUND UPDATE**

The Board received a presentation from the Director of Adults' Health and Care at Hampshire County Council alongside a report the latest information, key issues, and expectations. Members heard regarding the significance and challenges of aligning all current national policy for developing integrated care delivery and delays in the publication of planning and technical guidance relating specifically to the Integration and Better Care Fund Plan. It was reported that elements of the NHS Long-Term Plan 2019 are significant critical success factors for a shared future vision including the expectation is to deliver new models of out of hospital care, (including intermediate care), for improved population outcomes with significantly improved access to primary care in relation to the adult population.

It was reported that alongside the Integration and Better Care Fund, the three-year, time-limited Improved Better Care Fund (iBCF) was introduced in 2017. This intended to relieve system pressures relating to social care demand and operates within a separate framework of metrics.

The three elements of the nationally pooled fund allocation was explained and it was confirmed that the current Section 75 Partnership Agreement for the pooled fund is being updated to reflect inflationary increases for 2019/20. Insights derived from the national review of Disabled Facilities Grants 2018 were also noted. The national conditions and performance metrics were reported. It was noted that although there has been improved performance in reducing delayed transfers of care, with a 46% reduction in social care delays in Hampshire, there is still further improvement needed for Hampshire to attain top quartile performance nationally.

It was noted that the most pressing issues relate to our ability to collaborate and align across multiple infrastructure bodies to deliver the ambitions that everyone

shares in what is the only program for integrating health, housing, and social care. The proposals in the delayed green paper for social care will also be key to moving forwards. In the meantime, once technical guidance is published the Hampshire system partners will need to refresh the Integration and Better Care Fund Plan for 2019/2020.

Members considered the benefits of a strong partnership in relation to housing needs for people with physical disabilities related to their need to access adaptations with the potential for a county wide framework and single policy e.g. for a stairlift and the potential for joint work to deliver a process. It was confirmed that one of forty-five recommendations of the national review of Disabled Facilities Grants in 2018 was to have a Health, Housing and Social Care Partnership Group that would enhance the current local Housing Partnership arrangement if adopted.

RESOLVED:

That the Health and Wellbeing Board:

- Note the current position with regard to the Integration and Better Care Fund (IBCF) and Improved Better Care Fund (iBCF) policy.
- Note the approach to the application of the IBCF.
- Note that a Deed of Variation to the current Section 75 agreement will be executed so that Hampshire meets expected National Conditions for a jointly agreed plan.
- Delegate authority to the Chair of the Health and Wellbeing Board to take any decisions that are required in relation to IBCF/iBCF approvals before the next Board meeting on 10 October 2019.

99. **HEALTH AND WELLBEING BOARD REPRESENTATIONS TO PHARMACY CONSOLIDATION APPLICATIONS, 2017 TO JUNE 2019**

The Board received a report from the Interim Director of Public Health regarding Pharmacy Consolidation applications to the Board. The Health and Wellbeing Board has a duty to respond to the consolidation of pharmacies and whether an access gap is created.

Four applications have been included in the appendix and there is a clear methodology to consider and evaluate all potential risks. One application has been accepted, two are awaiting decision and one is in appeal.

RESOLVED:

That the Health and Wellbeing Board:

- Note the findings from the document

100. **HEALTH AND WELLBEING BOARD BUSINESS PLAN UPDATE**

The Board received a report and presentation from the Health and Wellbeing Board Manager, on progress with developing the business plan. Theme sponsors have been identified to provide advice to the team as each theme's actions and metrics are developed. Measures to improve both physical and mental health of the population will feature, as well as a range of goals linked to the wider determinants of health, to be achieved by working together across the public sector and targeting interventions appropriately.

Members heard that the business plan will identify both short and longer-term goals. Oversight of progress and unblocking any problems or challenges across the Hampshire system is a key feature of the Board's work. There is some crossover across the thematic age groups and work is happening across all districts and boroughs to support delivery.

The issue of employability across the county was raised and how it affects longer term care and connectivity and it was recommended to collaborate with DWP (Department for Work and Pensions). Planning, land use, and the effect of upstream issues could also be linked in. The Board could hold thematic workshops to create opportunities for those conversations across the table with partner organizations.

Tying in to the County Council's recent declaration of a climate change emergency and the work currently going on across the County Council to develop an action plan is an area of interest and oversight for the Board.

The issue of engaging with seldom heard residents as part of the Board's work was raised. Patient groups are quite defined, and it can be a challenge to engage those who are more difficult to reach. Outreach would take place via the mechanisms that organisations already have in place.

Dr. Barbara Rushton left at this time.

Members discussed the coproduction working group which had not met for a year and agreed that the subgroup should fade away and the goals be embedded in the work of the Board. It can be difficult to bring together users and experts (NHS, local government, etc.) and learn lessons across health and social care to ensure effective systems are in place and good practices shared. HCC departments have been using Facebook to successfully target coproduction in a different way. Pooling the experience and engaging with stakeholders, especially difficult to reach groups such as younger or vulnerable people will be key.

Members recognized the contribution of STPs (Sustainability and Transformation Partnerships) and wished to get them further involved and engaged in the Board workshops. The new STP chair is expected to attend the Board's October meeting. The Hampshire 2050 team is also expected to present a session at a future meeting.

Members agreed that passive, polite language may not have a significant impact on the system when an item moves forward from the Board. It is critical to ensure it reaches those it needs to engage and elicit their views. There is a need for development of personal responsibility to bring about desired changes. Positive cultural changes and a shift in the proactivity of the board would lead to an effective repositioning of the board. The Board KPIs should target seriously reducing those difficult to reach communities and areas of deprivation and test regularly against those metrics.

Members thanked the Board Manager and looked forward to revisiting the near final draft of Year 1 Business Plan at October with measurable KPIs, metrics, and include specific commitments, promises, direction of travel and what this might look like.

RESOLVED:

That the Health and Wellbeing Board:

- Notes and supports the direction of travel to produce a business plan for the first year of the new Joint Health and Wellbeing Strategy
- Agrees to receive and sign off the business plan at its next meeting

The meeting was adjourned at 12:17.

Vice Chairman,

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	12 December 2019
Title:	Update on the Commission of Inquiry – Vision for Hampshire 2050
Report From:	Chitra Nadarajah, Strategic Manager – Climate Change

Contact name: Chitra Nadarajah

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Purpose of this Report

1. The purpose of this report is to update the Hampshire Health and Wellbeing Board on Commission of Inquiry – Vision for Hampshire 2050 (the Commission).

The report specifically covers:

- a) Background to the Commission;
- b) The key identified values, principles and drivers for change;
- c) The recommendations endorsed by Members from the Extraordinary Full Council Meeting on 23 September 2019;
- d) The arrangements for future implementation of the Commission and associated Climate Change Strategy and Action Plan; and
- e) The linkages and opportunities for further collaboration between the Health and Wellbeing Board and the Commission and Climate Change work programmes.

Recommendations

That the Hampshire Health and Wellbeing Board:

2. Note the Member endorsed values, principles and drivers for change detailed within the Commissioners' Summary Report (set out in the Section titled Commissioners' Summary Report)
3. Note the Member endorsed recommendations for further work (set out in the Section titled Extraordinary Full Council Meeting)
4. Note the arrangements being made for the onward delivery and implementation of the Commission (set out in the Section titled Climate

Change Strategy and Action Plan); and

5. Agree to support and explore further work wherever practicable with the Commission and Climate Change work programmes through, but not limited to, the examples provided in the Section titled Synergies with the Hampshire Health and Wellbeing Strategy.

Contextual Information

6. The Commission was set up by Councillor Roy Perry, former Leader of the County Council and Chairman of the Commission in 2018.
7. The Commission was established to consider evidence, deliberate upon key issues and to make recommendations on a high level and long-term Vision for Hampshire to 2050 which would guide and contribute to the future prosperity, quality of life, protection and enhancement of the character and environment of Hampshire.
8. Sixteen individuals with broad experience and strong ties to Hampshire were selected and invited by the Chairman to form the Commission. One Commissioner, Lord Wakeham subsequently had to step down from his role due to ill health.
9. The Commissioners were asked to consider a range of questions across six specific and one cross-cutting themes, focusing on:
 - What do you think might happen in the future?
 - How will that affect/impact on what we do?
 - How will the County Council and Partners need to react in light of this?
10. Each theme was led by a designated officer from across the County Council who gathered a breadth of expert evidence which was then presented to the Commissioners at the respective theme hearings.
11. An open call for public evidence and short interviews with members of the public also helped to contextualise public opinion at each theme hearing. All theme summary reports, supporting evidence, public opinion, videos and presentations from the hearings can be viewed on the Commission of Inquiry at www.hants.gov.uk/visionforhampshire2050

Commissioners' Summary Report

12. The Commissioners' Summary Report is the conclusion of a year's work and sets out a compelling narrative to create a unified vision from a wide variety of differing perspectives in order to achieve continued prosperity for Hampshire towards 2050.
13. The report is structured around three key sections:

- Key Values & Principles
- Drivers for Change, and
- Vision, Policy & Recommendations

Key Values and Principles

14. The Commissioners' recommendations were shaped by key values and principles that the Commissioners identified as fundamental and which are summarised below.

Hampshire the Place

15. Commissioners were passionate that Hampshire (including Southampton and Portsmouth) is a very desirable place to live and work because it offers many qualities and strengths that people are looking for, such as a beautiful natural environment, jobs, education and good access to neighbouring economies. Commissioners felt it was important to ensure that these qualities are sustained and that they are also resilient in the face of the drivers of change.
16. They were also keen to acknowledge that some aspects are less successful and must be addressed including, for example, access to affordable housing, pockets of deprivation, lack of diversity, future of rural areas, maximising the potential of the two cities.

People and Communities

17. There was a clear consensus from Commissioners that human relationships and communities were at the heart of achieving a positive future for Hampshire and should therefore underpin the recommendations. Building communities that are connected, intergenerational, sustainable, resilient and happy was central to many of the discussions.

Diversity

18. Diversity was used to express the view that everyone is welcome, recognising that society is made up of individuals with varying characteristics (race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies). Everyone should have equal access to services and opportunities and life chances, and this requires effort to be put into equalising currently unequal access. Aspects of this part of the Commission's deliberations has been subject to some dissenting voices.

Leadership and Collaboration

19. A key area of consensus was that Hampshire County Council should take a leadership role in ensuring the outcomes of the Commission are taken forward, and that the Council should work collaboratively with public and private sector partners, the third sector and local communities to successfully deliver the far reaching and complex ambitions of the Commission.

Measures of Success

20. The measures of success for outcomes was something the Commissioners were keen to define, and it was agreed that these should be both quantifiable

and value based. Commissioners felt that the human element was as critical as policy. What it feels like to live in Hampshire (happy, safe, isolated, deprived?) will be an integral part of the measure of success of outcomes like a prosperous economy, vibrant cities and towns and a thriving natural environment.

Drivers for change

21. From the thematic hearings, several drivers for change emerged (climate, environment, economy, population & society and technology) which will force change and will require choices to be made. These drivers form the backbone of the Commissioners' Report from which the recommendations flow. More details on each are set out below.

Changing Climate

22. The changing climate was identified by Commissioners as the most important; it was recognised that a well-adapted and resilient Hampshire will be essential to ensure that Hampshire's economy, environment and society continue to thrive and prosper. Commissioners were keen to develop and promote a strategic focus on embedding climate resilience and mitigation across key policies and sectors with communities across Hampshire.
23. Furthermore, areas of focus should include that carbon emissions are reduced from the key sectors of housing and transport, that support is provided to enable and empower communities to be more resilient to the impacts of a changing climate and that there is a focus to develop policies to support the transition to clean, locally generated, renewable energy and sustainable use of natural resources.

Changing Environment

24. Hampshire's built, historic and natural environment was considered an essential component to a high quality of life, as one of Hampshire's most valued assets and part of what makes Hampshire an attractive and prosperous place to live, work and visit.
25. As such, Commissioners expressed the ambition to protect, retain and enhance the special unique features and character of Hampshire into the future and that communities must be able to connect with their place and be able to live more happy and healthy lives.
26. To assist this, the Commissioners consider that our places must be equipped with high performing and adaptable infrastructure to meet local needs, transport networks to increase accessibility and active travel and green spaces to support health and wellbeing.

Changing Economy

27. Commissioners identified that a thriving and prosperous economy is essential to support excellent public services, provide high quality and inclusive employment and business opportunities, maintain and enhance quality of life

and reduce inequality and economic exclusion.

28. As such the key emerging policy objective is to maintain a strategic focus on fostering a knowledge-based and sustainable Hampshire Economy, working closely with businesses, relevant agencies, leading universities and other research assets in Hampshire.
29. Several recommended areas of focus to support this objective include;
 - Developing Hampshire as a brand
 - Maximising opportunities for employment and inclusion
 - Securing economically critical infrastructure investment in Hampshire
 - Developing clear masterplans to aid development
 - Embracing the opportunities of the advances of digital and other technology, and
 - Capitalising on Hampshire's university capacity to retain more graduates living and working in Hampshire.
30. Furthermore, it was recognised that Hampshire County Council, together with other key stakeholders, should ensure that main key urban centres fulfil their roles as key economic drivers and as vibrant places and hubs of commercial and innovation activity. They would also act as magnets for talented individuals and knowledge intensive businesses.

Changing Population and Society

31. Commissioners recognised that a growing and ageing population will impact upon productivity and service delivery including health, housing provision (further compounded by an increase in one-person households) and social care. Other key challenges included the changing skills needs, intergenerational equity and areas of deprivation.
32. Commissioners wanted a focus on promoting the evolution and development of communities and all types of families that support equity, connectivity, diversity, sustainability and resilience.
33. Commissioners discussed the importance of attracting new skills and a younger, diverse population to Hampshire to help to balance the ageing population, whilst also attracting families and enabling those born in Hampshire, to stay and prosper. Their conclusions favoured a balance between needing to attract and retain younger households whilst preparing for a larger proportion of residents to be older and frailer.

Changing Technology

34. Commissioners recognised that Hampshire is home to some key digital clusters and has significant expertise and a strong reputation in digital technologies, infrastructure and skills.
35. Commissioners were keen for Hampshire to take advantage of the opportunities that technology will offer to people, place and economy in the

future, whilst mitigating against potential negative impacts including economic exclusion, loneliness and the potential knock on impacts on health.

36. They also discussed the need to ensure that all members of the community can benefit from technological advancements and take advantage of new opportunities in the labour market. They considered it important to avoid technology replacing richer, authentic human exchanges where possible.
37. As such the emerging key policy objective prioritises a focus on opportunities offered by technology to enhance business and economy, public services, social infrastructure and connectivity.
38. A number of recommended areas of focus underpinning this objective include developing a greater understanding the role of public sector to enable and maximise the opportunities of new technologies, equipping all sectors of society with the skills required to take advantage of technological advances, maximising the benefits offered by Artificial Intelligence to improve public services particularly health, social care and transport, seeking to improve active travel and prioritising public and shared transport.

Recommendations

39. The recommendations from the Commission are outlined in the Commissioners' Summary Report
<https://documents.hants.gov.uk/hampshire2050/2050-summaryreport2019.pdf>
40. The recommendations cover each of the five drivers for change and are structured into:
 - vision statements which set out the overarching conclusion for each driver
 - policy objectives which set out the desired outcome, and
 - recommendations which set out the more detailed work areas to achieve the outcomes.

Extraordinary Full Council Meeting

41. On the 23 September 2019, Members unanimously endorsed the Commissioners' Summary Report as a basis for response and engagement at an Extraordinary Full Council Meeting. Minutes of the meeting can be accessed via democracy.hants.gov.uk
42. In addition to the Commissions' Report, the following recommendations were also supported;
 - a) That the Council take a leadership role in ensuring the Commissioners' report is received and considered by key partners and stakeholders across Hampshire;
 - b) That the Council reviews its key policies where appropriate in light of the Commission's recommendations; and

- c) That the Council establish an evidence base for key policy areas against which progress on the Commission's recommendations can be measured.
43. Furthermore, it was also identified that although the Commission has now concluded its work, the implementation and delivery of the recommendations is a critical component to the success of the Commission and so the following further recommendations were also supported;
- d) That the Council supports the repurposing of the Hampshire Partnership Board to oversee implementation and progress (see the Section titled Re-purposed Hampshire 2050 Partnership below);
 - e) That the Council endorses the approach of engaging key partners to receive and respond to the Commissioners' Report; and
 - f) That the Council approves further work to engage with schools and/or youth organisations to consider the Commission's findings and recommendations.
44. Additionally, to co-ordinate and develop the onward delivery, monitoring, reporting and review, it was noted that dedicated resources would be identified within the Environment Department of the County Council and that, given the connections and complementarity between the work of the Commission and the Climate Change work programmes (see the Section titled Climate Change Strategy and Action Plan below), these resources are being closely aligned.

Re-purposed Hampshire 2050 Partnership

45. The initial meeting of the re-purposed Hampshire 2050 Partnership to oversee implementation and joint progress of the outputs of the Commission took place on 26 November 2019.
46. The Board consists of Leaders and Chief Executives from all Hampshire Districts, Boroughs and Unitaries, as well as the wider public sector. The event focussed on Climate Change and a workshop asked delegates to identify their top three priorities for action in Hampshire, what their role might be and who the key players are.
47. An output from the event will be made available on the website hants.gov.uk/visionforhampshire2050 in due course.

Climate Change Strategy and Action Plan

48. Further to, and complementing the focus on Climate Change identified by the Commission, the County Council also declared a climate emergency on 18 July 2019 committing "to develop an action plan to provide a meaningful and effective set of measures to ensure that Hampshire moves towards carbon neutrality and greater resilience to the effects of climate change".

49. To meet the net zero carbon by 2050 target set by the UK government in 2019, and fully respond to the declaration of a Climate Emergency and the recommendations of the Hampshire 2050 Commission, the County Council will need to ensure that reducing greenhouse gas emissions (mitigation) and increasing climate resilience of both our own assets and the wider Hampshire area is central to the work of the organisation and embedded within the delivery of key objectives in all departments. To support this a climate change strategy and action plan are being developed.
50. To ensure that Hampshire is sufficiently resilient to the impacts of climate change, a target of preparing for a two-degree Celsius rise in temperature has been proposed. This will provide a robust level of resilience for residents and services.
51. The strategy will cover all the services within the County Council, placing climate mitigation and resilience as key considerations in all strategies, policies and decision-making. To meet the targets proposed, services will need to consider how they will actively contribute to reducing emissions and building resilience. It will be essential to ensure that activity is embedded into business as usual and that self-funding/sustainable models are used as much as possible.
52. As identified in Section 44, resources are being identified within the Environment Department of the County Council to develop this work, alongside the connections and complementarity work of the Commission.

Synergies with the Hampshire Health and Wellbeing Strategy

53. Review of the Hampshire Health and Wellbeing Strategy 2019-2024 and Draft Business Plan identifies that there are a number of priority areas that align to the key messages arising from both the Commission and Climate Change work programmes.
54. The Commission's recommendations were structured around the key drivers and there are some particular areas which the Health and Wellbeing Board could align with and focus on.
55. Climate change should be a key priority for the Board as there are many opportunities for co-benefits to be realised. The Commission not only focused on this from a community and place shaping perspective – e.g. active travel and green spaces, but also from a resilience perspective, ensuring communities are able to support themselves and recover from climate related events. Many of the solutions for a low carbon society align well with positive health and wellbeing outcomes and also overlap with the recommendations within the Environment driver.
56. The role of the Health and Wellbeing Strategy in supporting the desired outcomes of the emerging corporate climate change strategy need to be explored further. A Climate Change Board for the County Council is being established and it is proposed that Public Health are represented on that Board to ensure that these links are made.

57. The Changing Population and Society recommendations will also be of particular interest to the Board with many of these aligning with health and wellbeing priorities. These cover a range of issues from the ageing population to role of employment in mental wellbeing to building coherent and resilient communities.

58. Changing Technology also provides some clear priorities including the role of new and developing technology and artificial intelligence in the health and social care service as well as the use of data to maximise opportunities.

59. The following areas from the Health and Wellbeing Strategy in particular align well with the Commission's findings and could be further developed in light of the Commission's recommendations.

60. *Starting Well*

- Improve mental health and emotional resilience for children and young people and their families – in particular, through using technology to support better mental health; and
- Work more collaboratively across organisations, disciplines and with children and young people and their families to improve outcomes and services, including integrated or aligned approaches where appropriate.

61. *Living Well*

- Work together to enable people to live healthier lives; and
- Enable people with long-term conditions to live healthier lives for longer and reduce variation in outcomes – in particular, signposting to and encouraging the systematic use of effective tools/initiatives (including digital) that will enable people to improve their self-management and provide peer support for long-term conditions.

62. *Ageing Well*

- Continue to develop connected communities which can support people to live happy, healthy lives in the place of their choosing – particularly through, improving accessibility of communities and services and improving workforce skills; and
- Creating healthy home environments which allow people to stay well and independent into older age – particularly through, supporting the wider use of technology.

63. *Healthier Communities*

- Health and wellbeing priorities in all local policies – particularly through, improving the accessibility of communities and services; and
- Built and natural environment – particularly through, working together to make Hampshire a more sustainable place through Active travel, supporting the transition to a zero-carbon economy in line with Government legislation and supporting Hampshire's air quality mitigation work.

64. *Strategic Leadership*

- Harness the potential of digital solutions – particularly through, using data to better understand needs and target interventions more effectively, upscaling the use of technology and improving access to information to support better services; and
- Develop leadership capacity and culture change in the Health and Wellbeing Board and wider system to enable the success of the HWB Strategy – particularly through, supporting the implementation of the Hampshire 2050 Commission’s recommendations and in due course Hampshire’s planned Climate Change Strategy and Action Plan.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	Yes
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	Yes
People in Hampshire enjoy being part of strong, inclusive communities:	Yes

Section 100 D - Local Government Act 1972 - background documents

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

Document

Location

None

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

Equality Impact Assessments have not yet been completed for either the Commission or Climate Change Strategy work programmes as current activity does not yet implicate any service changes or impact residents/service users.

Equalities Impact Assessments will be undertaken when required as both programmes progress.

It is likely that, in particular to the onward implementation work of the Commission, any equalities impacts will be positive as inclusion forms a fundamental aspect of the Vision for the future.

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	12 December 2019
Title:	Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan 2019 Refresh
Report From:	Director of Adults' Health and Care

Contact name: Kate Jones

Tel: 01962 845195

Email: kate.jones@hants.gov.uk

Purpose of this Report

1. The purpose of this item is to ask the Health and Wellbeing Board to approve the refresh of the Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan. The draft plan and a background presentation are attached.

Recommendation

2. That the Hampshire Health and Wellbeing Board:

Approves the 2019 refresh of the Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan

Contextual Information

3. All CCGs are required to develop Local Transformation Plans (LTPs) to outline how they will improve the emotional wellbeing and mental health of children and young people through implementing the recommendations of Future in Mind (FiM). Hampshire's original LTP was published in September 2015 and set out the journey to 2020. This 2019 refresh is the first joint Hampshire and Isle of Wight plan.

It sets out how partners will continue to improve mental health and emotional wellbeing support for all children, young people, families and carers across

Hampshire and the Isle of Wight building on the Emotional Wellbeing and Mental Health Strategy 2019-2022, which has recently been developed in partnership with a wide range of professionals and young people.

Finance

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

Performance

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

Consultation and Equalities

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

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	no
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Due regard in this context involves having due regard in particular to:

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

2. Equalities Impact Assessment:

This is a covering report for an item from the NHS. It does not therefore make any proposals which will impact on groups with protected characteristics. The Local Transformation Plan contains analysis of the population needs and outlines interventions that will positively impact on mental ill health.



Hampshire and Isle of Wight
**Children and Young
People's Mental Health
and Emotional Wellbeing**
Local Transformation Plan (LTP)
2019 Refresh DRAFT



Foreword

In Hampshire & Isle of Wight, we are passionate about the wellbeing of our children and young people and their families. We want children and young people to be safe, happy, resilient and able to reach their full potential, and experience good emotional wellbeing and mental health, both now and in the future.

This plan sets out how we will continue to improve mental health and emotional wellbeing support for all children, young people, families and carers across Hampshire and the Isle of Wight building on the Emotional Wellbeing and Mental Health strategy 2019-2024, which has recently been developed in partnership with a wide range of professionals and young people.

In 2015, Hampshire and the Isle of Wight were given government funding to improve access to mental health services for children and young people. This money was given to all CCGs across the country and was linked to the Governments Future in Mind strategy¹.

Each local area was asked to produce a 'Local Transformation Plan' and review and refresh it each year, to evidence that services are improving and that access is increasing.

This 2019 refresh is a little different than previous years and is the very first joint Hampshire and Isle of Wight plan. We have written this plan with more input from other professionals across health, local authority and education. We have compared our data,

our challenges and our successes. We have developed joint meetings and piloted new services to meet the needs of children and young people but most importantly we have included the views of children, young people and their families.

We truly want the best for our children and young people and will make sure that we support the delivery of high quality services. We want to reduce waiting times, provide help and support much earlier and continue to improve the way services work together.

We know that there is a lot of work to be done. We understand the areas that we haven't got quite right yet and will continue to listen to ensure that all children and young people get the right help, at the right time and in the right place.

1. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

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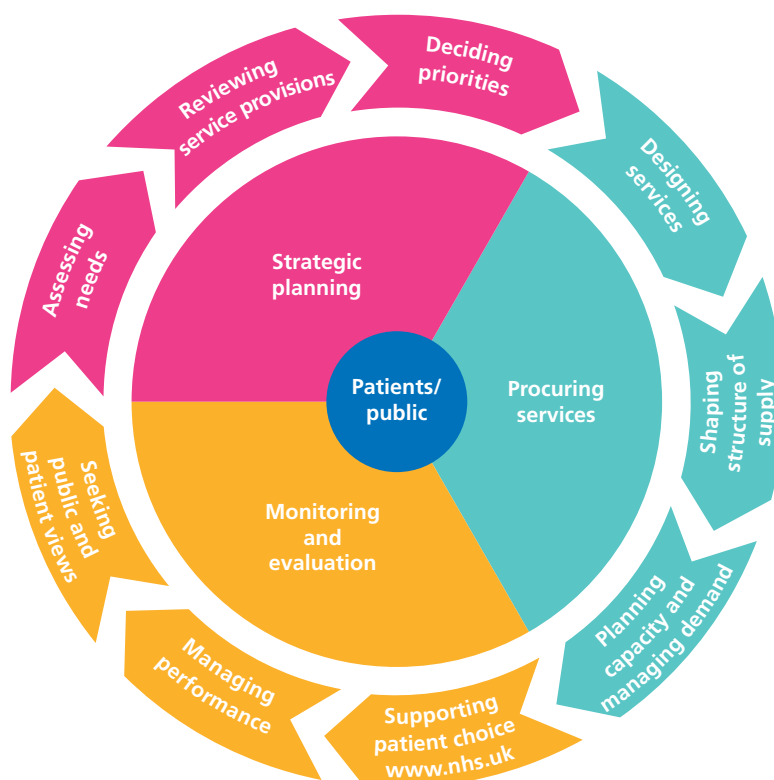
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Executive Summary

The Children and Young People’s Mental Health and Emotional Wellbeing Local Transformation Plan is an evolving plan which has been in place since 2015, is refreshed every year and evaluated by NHS England. The 2019 plan is the first to cover both Hampshire and the Isle of Wight. The plan sets out the needs of the local population which supports commissioners to ensure that fit for purpose services are identified, introduced and reviewed, using the commissioning cycle:

The concept of commissioning was introduced into the NHS in the early 1990s, when reforms separated the purchasing of services from their delivery, creating an ‘internal market’. It was argued that making providers compete for resources would encourage greater efficiency, responsiveness, and innovation. These arrangements have evolved since their introduction, including through numerous changes to the structure and remit of the organisations that commission care. The current arrangements were introduced by the Health and Social Care Act 2012.

Kingsfund.org.uk



Across the NHS, commissioning models are changing to reflect the increasing move towards joint working between different commissioning organisations, local authorities and providers to deliver better coordinated services.

This document sets out our performance against national ambition and highlights the links between Hampshire and Isle of Wight system wide strategies and our own local priorities. Our three key priorities are:

- Reducing waiting times for Tier 3 Children and Adolescent Mental Health Services
- Investing into prevention and early intervention support services
- Developing accessible services by exploring digital and innovative solutions

We are very proud of our services and workforce who consistently go above and beyond their remit to ensure that children and young people remain safe in challenging circumstances where funding is limited and demand for services continues to increase. We know that more needs to be done and we will continue to work hard to identify opportunities for joint commissioning with our partners to ensure that resources are used as effectively as possible.

We know that this plan will continue to evolve. Over the next 12 months we will work with our Local Authority colleagues to increase our knowledge of local need and improve our reporting processes to ensure that the right data is captured and analysed. We want to be able to accurately describe the 'Journey of the Child' as they pass through different services, creating an integrated pathway which delivers the best possible outcomes for children and young people which are measurable. We will enhance our ability to effectively analyse both quantitative and qualitative data and feedback to understand the impact we are making to children and young people in order to continue to improve services.



Introduction

The 2019 refresh marks the first joint Hampshire and Isle of Wight plan and reviews progress made over the past year and the next steps to continue to improve the emotional and mental wellbeing of our children and young people in line with the recommendations of Future in Mind and the NHS Long Term Plan published in 2019. Our commitment to achieving national objectives is supported by the following local strategies.

- Hampshire Health and Wellbeing Strategy, 2019-2024
- Emotional Wellbeing and Mental Health Strategy for Children and young people in Hampshire – 2019 - 2024
- Hampshire’s Children and Young People’s Plan 2018 - 2020
- Hampshire: a safe place to learn, a safe place to grow. LGBT+ guidance for schools and colleges, June 2018
- Isle of Wight Health and Wellbeing Strategy 2018 - 2021
- Isle of Wight Children and Young People’s Plan 2017 – 2020
- Isle of Wight Early Help Strategy 2018-2021
- Improving access to effective support – a system without tiers: changing the way services are delivered to be built around the needs of children, young people and families;
- Care for the most vulnerable: developing a flexible, integrated system without barriers;
- Accountability and transparency: developing clear commissioning arrangements across partners with identified leads;
- Developing the workforce: ensuring everyone who works with children, young people and their families is excellent in their practice and delivering evidence-based care.

Children’s mental health and emotional wellbeing continues to be a key strategic priority for Hampshire and Isle of Wight Commissioners. It is central to giving children and young people the best start in life. We remain committed to delivering the following Future in Mind priorities:

- Promoting resilience, prevention and early intervention: acting early to prevent harm, investing in early years and building resilience through to adulthood;

During 2019, we have been successful in a bid to develop two Mental Health Support Teams in schools and colleges as part of the Wave 2 trailblazers - A Government led (and funded) initiative for expanding access to mental health care for children and young people which will deliver evidence-based interventions for mild to moderate mental health and emotional wellbeing needs; to maximise the opportunity for our young people to thrive and flourish in their academic and personal lives. This is

an exciting opportunity to further develop relationships with education settings, improve the range of interventions available and develop the whole school approach to improve the emotional and mental health of children and young people.

In addition, we were also successful in bidding for funding to improve access rates for the 'Avoidant Restrictive Food Disorder' (ARFID) patient group. This will help improve the waiting time targets for Children and Young People with Eating Disorders (CYP ED) as well as those CYP with ARFID which will support the national target of improving access to mental health services to CYP overall. We were also awarded funding to pilot a number of digital and crisis support projects, that we will evaluate to measure impact and outcomes.

Our joint strategic priorities (Emotional Wellbeing and Mental Health Strategy for Children and Young People in Hampshire 2019-22) to implement Future in Mind and improve the social, emotional and mental health of our children and young people are:

1. Children and young people's emotional wellbeing and mental health is everybody's business
2. Support for good mental health of parents
3. Whole school /educational settings approach to mental health
4. Supporting mental health of vulnerable children and young people
5. Reducing rates of self-harm
6. Improvement of service provision.
7. Improving access and waiting times for Child and Adolescent Mental Health Services

What difference will this make?

- Children and young people's needs will be identified and responded to much earlier, reducing complex conditions and episodes of crisis;
- Parents and Carers will feel better supported, confident and equipped better manage distressed behaviours in the home;
- Schools will be upskilled to offer support that compliments home-based interventions;
- Children and young people will achieve better outcomes educationally, emotionally and socially;
- Children, young people, parents and carers will be able to access support in a timely manner
- Reduced transitions to adult services;
- Reduced attendance at Accident and Emergency (A&E) departments;
- Access to mental health support in schools and other early interventions settings will reduce referrals in specialist mental health services to allow focus on complex and urgent cases as well as reduce long waiting times;
- Children, young people, parents, carers and professionals will have access to seamless support services that are able to provide appropriate interventions in a timely way.

What difference have we made so far?

Three key elements help us to improve services for children and young people:

1. Local Need (pages 18 to 27)
2. Activity and Performance (pages 35-50)
3. What Children and Young People tell us (pages 28-34)

<p>Local Need</p>	<p>We understand the areas in which we need to focus services to meet the needs of vulnerable children, those living in deprivation and those that don't meet the thresholds of specialist CAMHS support but still need intervention and support:</p> <p>Havant and Gosport have been identified as areas of severe deprivation. In addition, waiting lists for CAMHS support in Havant is one of the highest in the area. The Isle of Wight has been identified as having a lack of crisis provision.</p>	<p>Our Mental Health Support Teams pilot is being delivered in Havant and Gosport to support children and young people within schools settings, to provide mental health intervention much earlier and potentially reduce the rate of referrals into CAMHS.</p> <p>We have introduced two Safe Havens in Havant and on the Isle of Wight for children and young people, to provide a safe place in times of crisis.</p> <p>We have commissioned The Isle of Wight CAMHS team to work with the current all age single point of access crisis service to develop an out of hours home treatment crisis service for children and young people.</p> <p>We are introducing ThinkNinja; a free smart phone app designed to support emotional wellbeing which can be stepped up to CBT based therapy via text message or skype. The provider has introduced the app and delivered related training to over 40 schools in the South East area of Hampshire as well as local GP surgeries.</p> <p>Children on the Isle of Wight have been introduced to the app and have expressed a desire to be able to use it. Commissioners are considering how this can be done.</p>
<p>Activity and Performance</p>	<p>Current waiting times for Child and Adolescent Mental Health Services are unacceptable.</p> <p>Until April 2019, children, young people and families on the Isle of Wight:</p> <ul style="list-style-type: none"> • Could only access parenting support if a child was diagnosed with Autism Spectrum Condition. • Had to be discharged from counselling following 6 sessions, regardless of need. • Weren't granted access to counselling services within 6 months of discharge. • Could not access Occupational or speech and language therapy without a diagnosis of autism Spectrum Condition 	<p>An independent Demand and Capacity Peer review of Hampshire CAMHS has taken place. This has demonstrated the need for increased investment in order to reduce waiting times. A stakeholder workshop has also taken place to inform a plan to improve waiting times</p> <p>From April 2019 children, young people and families on the Isle of Wight:</p> <ul style="list-style-type: none"> • Can access parenting support without a diagnosis. • Will be provided with as many counselling sessions as needed – managed by the provider and monitored by commissioners. • Can enter into any counselling services at any time, depending on need. • From April 2020: • Occupational Therapy and Speech and Language therapy will be provided based on need rather than a diagnosis.

What Children and Young People tell us

Children and Young People:

Don't want to be treated in hospitals or other clinical environments for mental health or emotional wellbeing needs

Want services to talk to one another and provide seamless pathways

Want to be listened to all the time and not just when we 'need' information.

Want somewhere safe and welcoming to go in times of crisis. 'Not a hospital'

Want to be able to get help when they need it without having to wait long periods of time with little or no help.

Assessment clinics for Autism on the Isle of Wight are delivered in family centres. From the 1st April 2020, assessments will also be carried out in schools. We have been innovative with our approach and have also been offering Skype based Autism assessments, so children and families can have their diagnosis undertaken in the comfort of their own home.

In Hampshire the Autism provider has increased the number of locations from 1 to 3 across Hampshire giving easier access closer to home and will continue to increase locations.

Hampshire CAMHS have main offices based centrally within each of the CCG areas.

We have expanded our Safe Haven provision from one to three in Aldershot, Havant and the Isle of Wight, where young people have open access to a safe place and someone to talk to when they need it

We have commissioned Think Ninja to act as an instant form of early intervention and support.

The Hampshire CAMHS service have been proactive in delivering a wide range of innovative sessions for young people such as FitFest, PACE and ICE, all designed to provide a safe place for young people to explore how they are feeling, express this and get the help and support they need.

Hampshire CAMHS have also worked with young people to design and develop their website which has interactive parts to reduce the fear and provide advice, guidance and support for young people and their families.

The CCGs recognise that more funding is required, and working with our third sector such as No Limits and Barnardo's is vital to ensure timely access to services.



Vision and Strategic Context

National vision

This plan is informed by and consistent with the strategic vision set out in national policy and best practice, including Future in Mind 2015, the Five Year Forward View for Mental Health, National Child and Adolescent Mental Health Green Paper 2018 and more recently the NHS Long Term Plan, all of which describe an integrated whole system approach to driving improvements in children and young people's mental health outcomes by working in partnership across the NHS, public health, voluntary and community sector, local authority children's services, education and youth justice sectors.

In line with national aims, we want to make sure locally that children and young people have access to the seamless and appropriate services when they need them and where they need them. We will continue to build effective relationships with local schools and colleges as well as other local services in order to spread training and support across the wider workforce to identify and respond to the mental health and emotional wellbeing needs of children and young people across Hampshire and the Isle of Wight.

The Local Plan

This plan will now set out how we will deliver the national vision, respond to what young people need and ensure the services we provide are going to make a difference to the lives of young people. In order to deliver our local plan, we need to ensure we have the right governance in place. We operate at scale across the STP Footprint and Locally within each CCG area. We will highlight where the governance and accountability will be held for the key priorities that we are committed to delivering and for some of our key deliverables working at scale will bring about greater benefits. However, we must ensure locally that we respond to the findings of the joint strategic needs assessment, this is imperative in ensuring our resources are targeted to maximum effect. We will analyse the service we have commissioned so far and what difference they have made. We want to ensure we regularly review the impact and outcomes we are delivering so that we can answer the 'so what' question. Analysing the information based on feedback, needs assessment and current services, will then tell us what the gaps are and what next. We recognise this is a journey that will change over time, needs will differ and what young people need from us must be adaptable and agile enough to provide the right care at the right time in the right place. We understand money isn't always available at the level we need, so we will work with our partners across, health, local authority, third sector and schools to ensure collectively we provide the best possible services for children and young people within all of our resources.

The size and scale of Hampshire & Isle of Wight means we can't capture every single intervention taking place across our geography, but through our networks and joint working with partners we will ensure we maximise our ability to share best practice and learning, identify together areas of weakness or gaps in service and collectively put solutions in place.

Hampshire and Isle of Wight Sustainability Transformation Plan (STP)

Governance

The Hampshire and Isle of Wight Health Sustainability and Transformation Partnership (STP) recognises the importance of good emotional wellbeing and mental health in CYP, not only during childhood and adolescence, but also as predictors for positive mental health outcomes in adulthood.

The national expectations around the Children's agenda continue to grow, and the STP are revising their governance to reflect that ambition. Strategically, CYP leadership are advocating for CYP to ensure a strategic approach that supports growth and additional investment – the strategic focus will be around prevention early intervention, supporting the most vulnerable groups and ensuring we build resilience in childhood to support the lifelong outcomes for our local community.

The STP Children's Governance structure can be seen below:



The Executive Leadership Board will set overarching strategic direction with links to Childrens Trust Board and Health and Wellbeing Boards locally.

The Children's Programme Board will oversee key deliverables against children's priorities set within the NHS Long Term Plan through a combination of interdependencies to other Programme Boards and specific work streams led by the Board reporting into Operational Delivery Group (ODG) and Joint Commissioning Boards/Executive Delivery Group (EDG).

The Adult Mental Health subgroup has now changed to an 'All Age Mental Health' subgroup.

The Children's STP Programme undertakes to:

- Implement New Models of Care, ensuring repatriation of CYP in Tier 4 beds back into locally based provision (thus releasing money into the local CYP mental health care system);
- Strategically review Autistic Spectrum Conditions (ASC)/Attention Deficit Hyperactivity Disorder (ADHD) provision across Hampshire to ensure consistency in pathways and information and support available to parents/carers of CYP undergoing assessment or diagnosed with these conditions;
- Review and implement robust provision for people with Eating Disorders; Achieve 95% CYP eating disorders target by 2020/21 and maintain this, through the clinical network and associated clinical best practice programme
- By 2023/24 it is expected that each acute hospital will have a core 24/7 offer for children and young people to provide appropriate services to patients attending A&E, the STP programme Board will ensure this is met
- Continue to increase CYP mental health access rates and reduce the level of variation across HIOW (current range from 33% to 63% across CCGs)
- NHS 111: To support patients and their parents/carers, we will embed a single multidisciplinary Clinical Assessment Service (CAS) within integrated NHS 111, ambulance dispatch and GP out of hours services from 2019/20, aiming to simplify the process for GPs, ambulance services, community teams and social care to make referrals via a single point of access for an urgent response from community health services

New Care Models Partnership

Hampshire and Isle of Wight are key partners in the New Care Models Partnership which is seeking to implement new models of support to vulnerable young people experiencing mental health crisis and severe mental illness, ensuring that wherever possible their needs can be met as locally as possible. This will include the development of a new intensive home treatment service in 2020/21 which will operate across HIOW and Dorset, interfacing with local services.

Delivery of inpatient bed target: Based on national programme, we will bring number of inpatient beds available for patients with learning disabilities down from 12-15 to 7 by 2023/24. This will be led by the new models of care programme board.

Learning Disabilities & Autism

In Partnership, we will re-design the diagnostic and treatment pathways to support children and young people with autism or other neurodevelopmental disorders including attention deficit hyperactivity disorder (ADHD) and their families, throughout the diagnostic process. We will aim to have a 0-25 service delivery model by 2021

Feeding in to quality improvements on LD and autism there will be a range of Programme outputs from Children's, Mental Health, Transforming Care Partnership strands of work, collaborating with local systems and existing organisational structures to deliver the anticipated impacts of the Long Term Plan

We will continue to develop our process to ensure that Care, Education & Treatment Reviews (CETRs) for children and young people are appropriately available in a timely way.

Across the Transforming Care Partnership Board, the dynamic support risk register will continue to be developed so that timely support is provided to support delivery of the above inpatient admission reduction

To support the provision of physical health checks for patients in the 14-17-year age bracket, we will develop a HIOW-wide process to improve access and take up.

Working at scale will bring about key benefits, however our local needs must be driven through based on the information local people have told us, the next section highlights the themes that have emerged in the production of local strategic documents.

Local Strategic Context

A summary of key strategic documents and how the Local Transformation Plan (LTP) links to these priorities, can be viewed below.

Strategy	Priority/outcome
Hampshire and Isle of Wight Joint Strategic Needs Assessment, 2019	<ul style="list-style-type: none"> • Increase support for children with learning disabilities and autism and improve access to children and young people's mental health services • Increase funding for children and young people's mental health; • Providing the right care for children with a learning disability; • Bringing down waiting times for autism assessments; • Increasing access to support for children and young people with an autism diagnosis, • Improve access to Child and Adolescent Mental Health Services (CAMHS) • Access support via NHS funded mental health services and school or college-based Mental Health Support Teams; • Commitment to developing new models of care - create a comprehensive offer for children and young people, from birth to age 25, with a view to tackling problems with transitions of care; • Emergency attendances – being managed effectively in primary care or community settings to reduce attendances.

<p>Hampshire Health and Wellbeing Strategy, 2019-2024</p>	<ul style="list-style-type: none"> • Improve mental health and emotional resilience for children and young people. This will prioritise prevention and earlier intervention to improve mental health and reduce pressure on CAMHS; • There will be a particular focus on vulnerable groups, including ACEs, the mental health of parents including perinatal mental health, and emotional resilience in educational settings; • Improve physical health in children and young people through prevention and early intervention. This will prioritise healthy weights, physical activity and reducing smoking in pregnancy; • Work more collaboratively across organisations and disciplines to improve outcomes and services, including integrated or aligned approaches where appropriate.
<p>Emotional Wellbeing and Mental Health Strategy for Children and young people in Hampshire, 2019 - 2022</p>	<ul style="list-style-type: none"> • Children and young people’s emotional wellbeing and mental health is everybody’s business • Support for good mental health of parents • Whole school /educational settings approach to mental health • Supporting mental health of vulnerable children and young people • Reducing rates of self-harm • Improvement of service provision. • Improving access and waiting times for Child and Adolescent Mental Health Services
<p>Hampshire’s Children and Young People’s Plan 2019- 2021</p>	<p>Be Healthy</p> <ul style="list-style-type: none"> • Employ strategies with all agencies to promote emotional wellbeing and good mental health; • Promote healthy weights and physical activity; • Promote health and wellbeing in pregnancy and childhood; • Promote equality of access to health services for vulnerable groups of children and young people; • Continue to work to reduce the rate of teenage conceptions among girls aged 15-17; • Reduce and tackle substance misuse in parents and children. <p>Be Safe</p> <ul style="list-style-type: none"> • Improve awareness of, and responsiveness to the exploitation of children • Reduce the number of reoccurrences of children going missing from home or care; • Educate children and young people to manage risks and understand unhealthy and risky behaviour; • Improve support to adults to mitigate the impact of domestic abuse on CYP, ensuring that young people are supported; • Reduce offending and reoffending by young people; • Continue to develop responses and approaches to the trigger trio in children and families.



Enjoy and Achieve

- Continue to improve educational outcomes for disadvantaged children, especially those in care, those eligible for free school meals, those with special educational needs and those with minority ethnic and traveller group heritages that do not achieve as well as children in other groups;
- Promote the opportunity for CYP to participate in their local community;
- Promote school attendance to all cohorts of CYP, and improve school attendance for the vulnerable cohorts, and reduce exclusions;
- Building resilience in schools;
- Promoting resilience and support to parents and professionals;
- Ensure opportunities for children and young people are available to all.

Making a Positive Contribution

- The voice of the child / young person is heard and influences services;
- Promote Rights Respecting Education (United Nations Convention on the Rights of the Child) as a whole -school approach to interpret the Convention in a meaningful way for CYP and thus enable them to become responsible citizens, understand and promote their own rights and their responsibilities, and respect the rights of others;
- Promote school participation in the selection of Hampshire members of the UK Youth Parliament, and the promotion of Members of Youth Parliaments (MYPs) priorities and campaigns;

Economic Wellbeing

- Support programmes to deliver change to identified children and their families with multiple problems including parent/carers not in work and children not attending school;
- To support young people to develop the skills that will support their future careers by participating in education, employment and training;
- To provide young people with access to high quality Careers Education Information, Advice and Guidance (CEIAG) and inspirational experiences that will allow them to make informed decisions for their future careers;
- To ensure that the Hampshire employment and skills system is effective and responsive to the needs of employers and individuals;
- Improve housing options for vulnerable young people and ensure young people are prepared for independent living.

<p>Hampshire: A safe place to learn, a safe place to grow. LGBT+ guidance for schools and colleges, June 2018</p>	<ul style="list-style-type: none"> • Provide practical information in regard to supporting the emotional health and wellbeing of all members of the school community, including Lesbian, Gay, Bisexual, Transgender (LGBT+) pupils and staff; • Ensure that teachers and governors receive high-quality advice, support and professional development in all matters relating to LGBT+; • Build on the good practice that already exists in Hampshire schools, particularly in developing a rights respecting ethos and the promotion of British values (the values we ascribe to as a liberal democracy) through Spiritual, Moral, Social and Cultural (SMSC) education; • Support schools in developing a culture and environment that celebrates diversity and values each and every member of the school community; • Support schools in developing a curriculum that will give all pupils a voice, challenge stereotypes and create and sustain effective policies, such as anti-bullying <p>Purpose of this document Hampshire: a safe place to learn, a safe place to grow 3</p> <ul style="list-style-type: none"> • Enable schools to develop an inclusive and diverse ethos in respect to the Equality Act 2010
<p>Isle of Wight Health and Wellbeing Strategy 2018 - 2021</p>	<ul style="list-style-type: none"> • Children are supported to get the best start in life that will lead to good health and wellbeing. This will provide the foundation to ensure they are able to achieve the best opportunities and wellbeing outcomes throughout their lives.
<p>Isle of Wight Children and Young People's Plan, 2017 – 2020</p>	<ul style="list-style-type: none"> • Help children to live in safe and supportive families; • Ensure that the most vulnerable are protected; • Improve achievement and achievement gaps for vulnerable children; • Increase numbers participating and engaging; • Improve outcomes for children with special educational needs and/or disability; • Support children to have the best start in life and be ready for learning; • Support schools and settings to improve attendance and develop positive behaviour; • Encourage physical activity and healthy eating; • Promote sexual health; • Minimise the misuse of drugs, alcohol and tobacco; • Provide play, leisure, culture and sporting opportunities; • Improve mental health and wellbeing; • Reduce crime and anti-social behaviour; • Increase participation, voice and influence.



<p>Isle of Wight Early Help Strategy, 2018-2021</p>	<ul style="list-style-type: none"> • Developing positive relationships with families is at the heart of what we do; • Strengths-based approaches, which develop and build resilience in children, families, communities and our workforce will mean that we get the best from each other and deliver improvement in outcomes; • Safeguarding is everybody's business - for services to be effective each professional and organisation need to play their full part in: identifying; responding to and managing risk safely; • In order to achieve the best outcomes, we need to ensure we listen to and respect the views and wishes of children and families and we are child and family – focused; • Integrated, multi-disciplinary services, which draw upon evidence - based approaches are more effective and efficient in delivering positive and sustained outcomes for families.
<p>Isle of Wight Council Corporate Plan, 2017-2020</p>	<ul style="list-style-type: none"> • Consider and implement arrangements for the long - term strategic management of Children's Services; • Work with and challenge schools' performance to ensure that all are good or outstanding. • Work with and challenge schools in financial deficit to secure a more sustainable position for the schools and the council. • Consider the options, including the benefits and risks in altering the current arrangements for school term times, following a wide-ranging consultation exercise with all stakeholders; any identified changes to be implemented no earlier than the 2019/20 academic year; • Support schools and the education system in adapting to changes in the National Funding Formula; • Maintain focus on children's safeguarding practice to ensure a high quality of service with effective systems to protect children and keep them safe; • Work with partners and key stakeholders to deliver an annual youth conference to increase the council's connections to young people and promote local wellbeing opportunities.
<p>Hampshire and Isle of Wight STP Priorities</p>	<ul style="list-style-type: none"> • Help children to live in safe and supportive families; • Ensure that the most vulnerable are protected; • Improve achievement and achievement gaps for vulnerable children; • Increase numbers participating and engaging; • Improve outcomes for children with special educational needs and/or disability; • Support children to have the best start in life and be ready for learning; • Support schools and settings to improve attendance and develop positive behaviour; • Encourage physical activity and healthy eating; • Promote sexual health; • Minimise the misuse of drugs, alcohol and tobacco; • Provide play, leisure, culture and sporting opportunities; • Improve mental health and wellbeing; • Reduce crime and anti-social behaviour; • Increase participation, voice and influence.





The Needs of Our Local Population

This section reviews what we know about the needs of children and young people across Hampshire and Isle of Wight in order to commission fit for purpose services.

National Context

The Mental Health of Children and Young People survey was carried out in 2017; this was the first update since 2004. This survey for the first time provides findings on the prevalence of mental disorder in 2 to 4 year olds, and spans the transition into adulthood by covering 17 to 19 year olds.

The key findings from the survey are as follows:

- Slight increase over time in the prevalence of mental disorder in 5 to 15 year olds - rising from 9.7% in 1999 and 10.1% in 2004, to 11.2% in 2017;
- One in eight (12.8%) 5 to 19 year olds had at least one mental disorder when assessed in 2017;
- One in twenty (5.0%) 5 to 19 year olds met the criteria for two or more individual mental disorders at the time of the interview;
- Young people aged 17 to 19 were three times more likely to have a disorder (16.9%) than preschool children aged 2 to 4 (5.5%);
- Girls aged 17 to 19 years old were over twice more likely to have a mental disorder than boys at this age (23.9% and 10.3% respectively);
- One in four (24.1%) children with a disorder had no contact with either professional services or informal support in relation to worries about their mental health.

Half of all mental health conditions first occur by the age of 14, and three quarters by the time someone is 24. Poor mental health in childhood is associated with a number of negative outcomes in later life, including poorer educational attainment and employment prospects, and is strongly associated with behaviours that pose a risk to health such as: smoking; drug and alcohol abuse and risky sexual behaviour. Children from deprived backgrounds are significantly more likely to experience mental health difficulties than those from more affluent backgrounds.

- Nationally 1 in 10 children aged 5-16 have a diagnosable condition;
- ½ of all mental health conditions are established by age 14;
- ¾ of all MH conditions are established by the age of 24;
- Whilst only a small proportion of children and young people, up to 10%, will develop mental health disorders, there is a robust evidence base which shows that there is a higher prevalence of mental health problems among vulnerable groups and particularly those whose home environment or family life is chaotic.

Mental Health Prevalence across Hampshire and the Isle of Wight

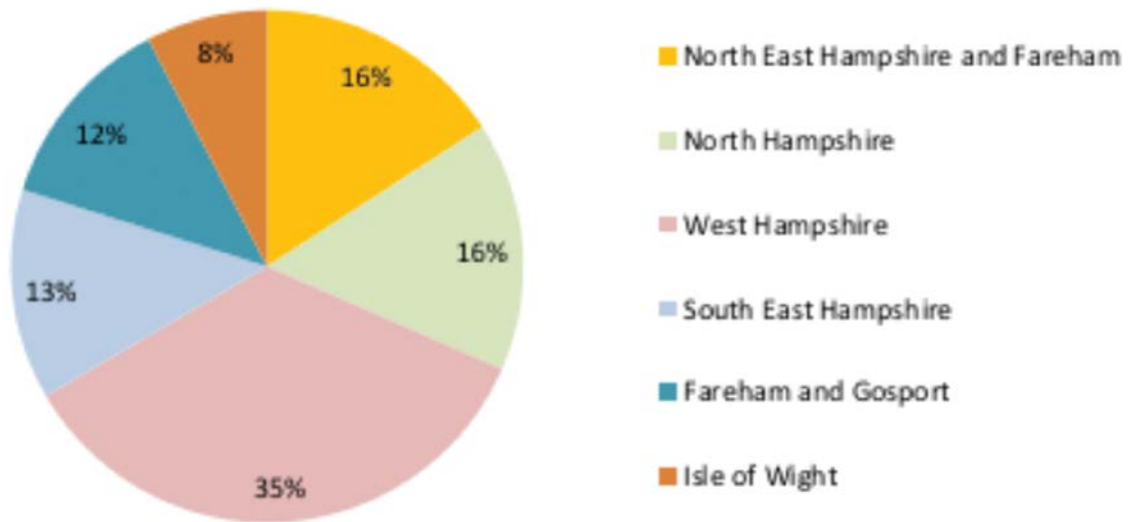
The national mental health prevalence by gender within the 2017 national survey has been extrapolated using the Hampshire and Isle of Wight registered population. Based on this 34,475 children and young people will have a mental health disorder. The table shows the number by age range.

Age Range	% with MH Diagnosis	Hampshire	Isle of Wight
2-4 years	5.5%	2,529	177
5-10 years	9.5%	9,833	838
11-16 years	14.4%	13,769	1,278
17 – 19 years	17.1%	7,486	597
Total	11.7%	33,617	2,858

Population

There are 345,212 children and young people registered with a GP Practice across Hampshire and the Isle of Wight – 0-19 years. As at October 2019.

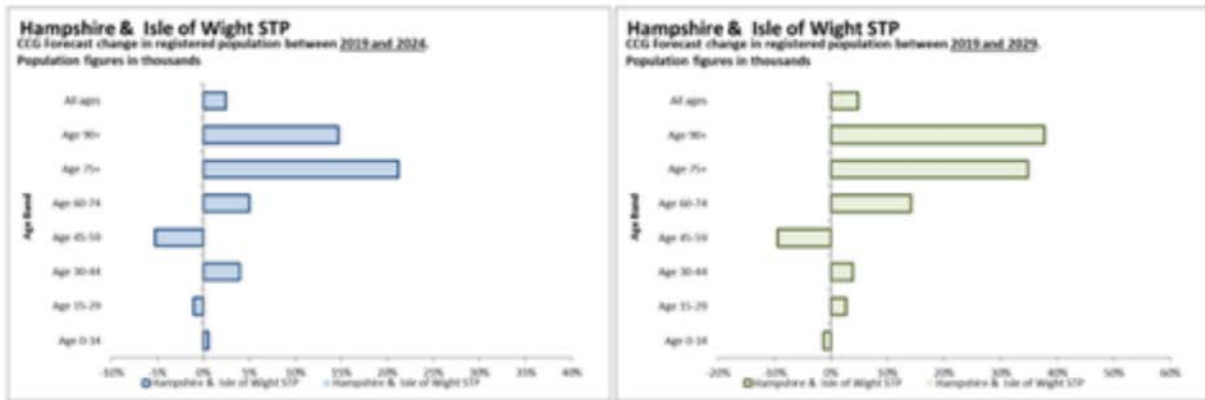
CCG	Female	Male	Total
North East Hampshire and Fareham	27,074	26,173	53,247
North Hampshire	26,859	25,201	52,060
West Hampshire	59,795	62,526	122,321
South East Hampshire	22,701	23,825	46,526
Fareham and Gosport	21,338	22,510	43,848
Isle of Wight	13,111	14,099	27,210



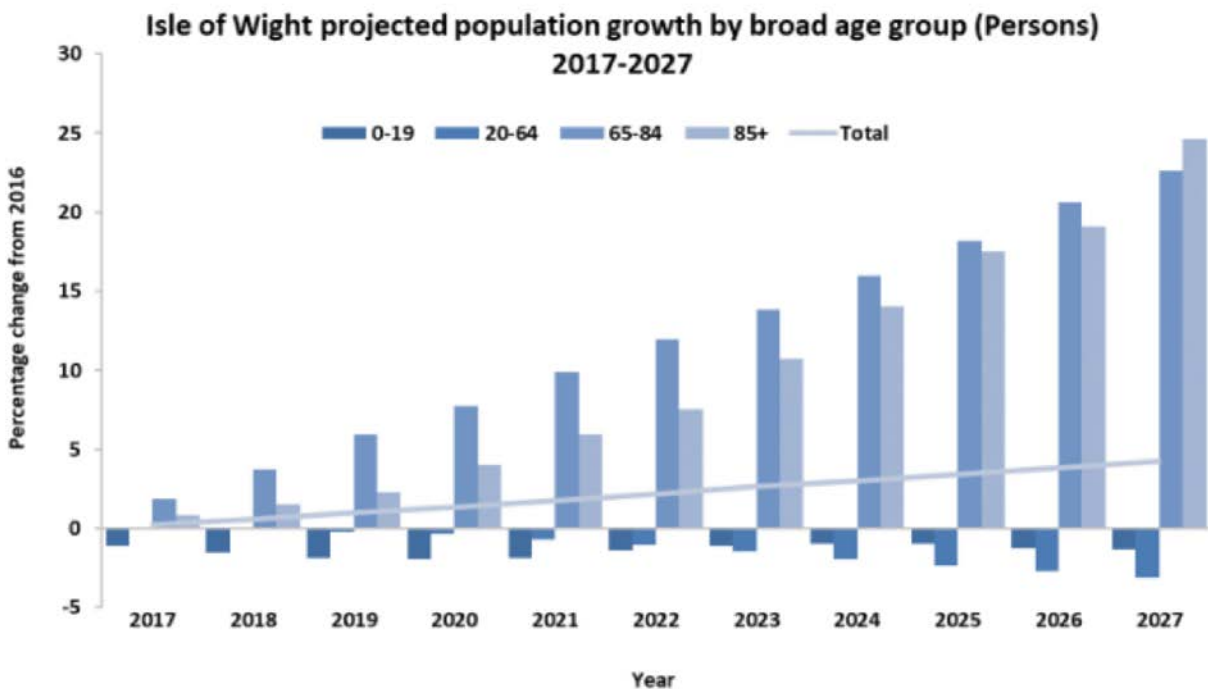
Population Forecasts

Population change over the next five years

Population change over the next decade



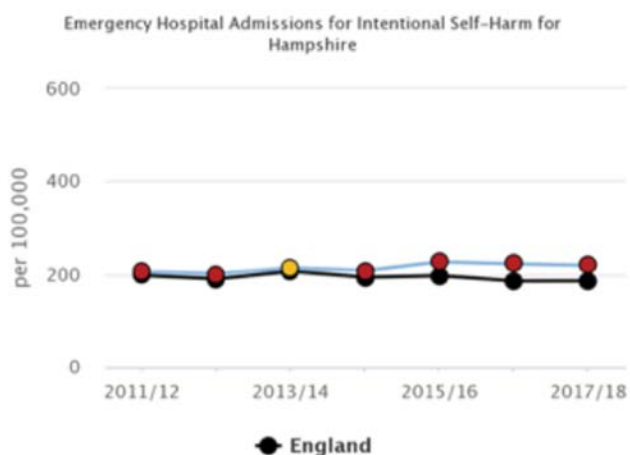
Source: ONS 2016-based subnational population projections for NHS regions and clinical commissioning groups in England



Population Needs

Summary of Needs

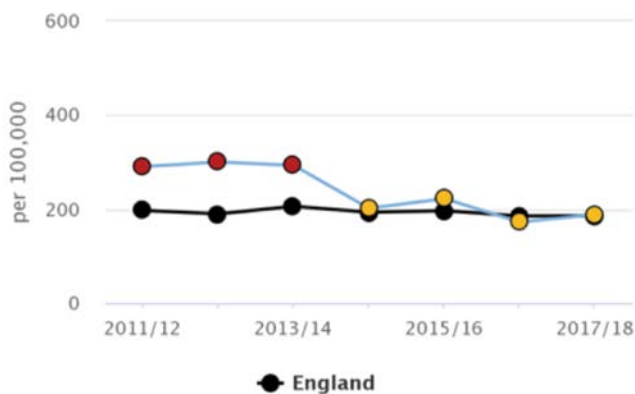
Estimated prevalence of mental health disorders in children and young people % population aged 5-16	Hampshire	Isle of Wight	10 closest CIPFA nearest neighbours	SE England	England	Year	Comments
% of school pupils with social emotional and mental health needs (school age)	8.4%	9.6%	9.6%	8.5%	9.2%	2015	
Percentage of 15 year olds reporting positive life satisfaction	2.9	2.8%	3.0%	2.4%	2.4%	2018	Source: Fingertips tool
Self - Harm Admissions 10-24 year olds per 100,00	69.2	60.3	62.4%	63.3%	63.8%	14/15	Source: Fingertips tool
First time entrants to the youth justice system aged 10-17 year olds per 100,00	591.8	453.3	530.8	467.6	419.5	17/18	
Looked After Children rate per 10,000	220	379	291	169	239	2018	
Children in Need per 10,000	56	90	82.3	51	64	17/18	LAIT tool – comparators are children's statistical neighbours
Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)	319.4	482	475.9	245.1	341	Apr 18	
Care Leavers	48.3	46.2	47.2	47.5	47.6	14/15	Source: Fingertips tool
	485	81					



Period	Hampshire				South East region	England
	Count	Value	Lower CI	Upper CI		
2011/12	2,675	205.2	197.4	213.1	185.0	197.2
2012/13	2,627	200.6	192.9	208.4	182.2	189.6
2013/14	2,797	213.4	205.5	221.5	204.8	205.9
2014/15	2,736	207.6	199.9	215.6	192.3	193.2
2015/16	2,987	226.2	218.2	234.5	211.8	196.5
2016/17	2,906	221.9	213.9	230.2	197.2	185.3
2017/18	2,847	218.7	210.7	226.9	195.0	185.5

Source: Hospital Episode Statistics (HES), NHS Digital, for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2019, Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to Public Health England and Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to the Public Health England. Analysis uses the single year of age grouped into quinary age bands, by sex.

Emergency Hospital Admissions for Intentional Self-Harm for Isle of Wight



Period	Isle of Wight				South East region	England
	Count	Value	Lower CI	Upper CI		
2011/12	377	290.4	261.4	321.7	185.0	197.2
2012/13	386	300.0	270.4	332.0	182.2	189.6
2013/14	381	293.1	264.0	324.6	204.8	205.9
2014/15	262	201.5	177.4	227.9	192.3	193.2
2015/16	280	222.3	196.5	250.4	211.8	196.5
2016/17	219	172.4	149.9	197.2	197.2	185.3
2017/18	239	188.1	164.6	214.0	195.0	185.5

Source: Hospital Episode Statistics (HES), NHS Digital, for the respective financial year. England. Hospital Episode Statistics (HES) Copyright © 2019, Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to Public Health England and Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to the Public Health England. Analysis uses the single year of age grouped into quinary age bands, by sex.

Key performance data for children in need of help and protection

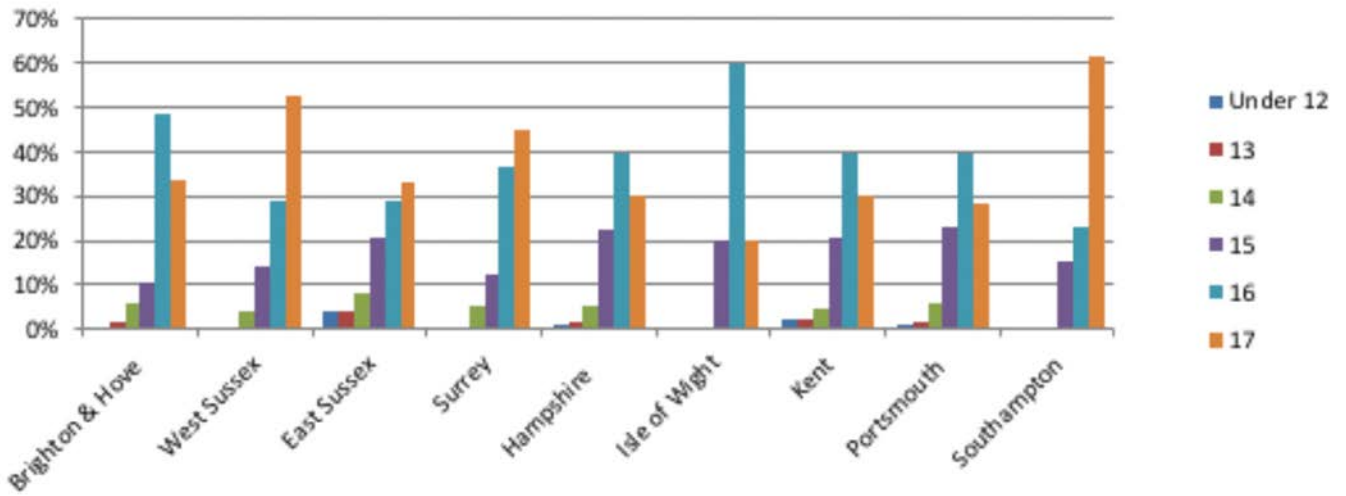
Asylum applications by Unaccompanied Children – National Picture:

Year	Numbers	Year	Numbers
2019	951 (Q1 only)	2017	1,875
2018	2,872	2016	3,290

September to August

	2016-17	2017-18	2018-19	Total
Brighton & Hove	22	14	31	67
West Sussex	98	89	59	246
East Sussex	16	17	30	63
Surrey	137	133	145	415
Hampshire	86	98	44	228
Isle of Wight	4	0	0	4
Kent	233	174	268	675
Portsmouth	51	97	88	236
Southampton	37	41	153	231
				2165

South East Regional Age Profile by Percentage



	Male	Female
Brighton & Hove	87%	13%
West Sussex	85%	15%
East Sussex	85%	15%
Surrey	92%	8%
Hampshire	94%	6%
Isle of Wight	100%	0%
Kent	97%	3%
Portsmouth	99%	1%
Southampton	96%	4%

Health Needs Analysis:

- Following the significant numbers of new arrivals into Kent and other areas of the South East in 2015/16 a health needs analysis was undertaken, the findings reflect the ones detailed above
- Psychological symptoms were reported in 41% of the children, with the most common being Post-Traumatic Stress Disorder, anxiety and depression.
- The implications for the South East Region of continued high numbers of unaccompanied asylum seeking children arriving is clear. Our already overstretched resources will be less able to provide health care in a timely way. Our CAMHS services, who already struggle to meet the need of our citizenship population, will be unable to meet the challenging needs of these particular vulnerable individuals.

Full report can be found at www.uaschealth.org

Children in Care:

	Hampshire	Isle of Wight	10 closest CIPFA nearest neighbours	SE England	England	Year	Comments
Looked After Children rate per 10,000	56	90	82.3	51	64	17/18	LAIT tool – comparators are children's statistical neighbours
Children in Need per 10,000	319.4	482	475.9	245.1	341	Apr 18	
Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)	48.3	46.2	47.2	47.5	47.6	14/15	Source: Fingertips tool
Care Leavers	485	81					

Adopted Children

Hampshire:

- Currently there are 264 children open to the Hampshire County Council adoption support team. If a child is open to the team, emotional support is routinely offered as part of the care plan.
- According to the school census in April 2019 there are 726 adopted children in Hampshire Schools.
- Approximately two thirds of these children will have been provided emotional support by Emotional Literacy Support Assistants (ELSA) or another source.

Isle of Wight:

Information to follow.

Health Needs Analysis:

- Research indicates that looked after children are five to six times more likely to develop mental health problems than their peers. In 2015/16 36% of LAC in Hampshire indicates there was a concern with their emotional and or mental health compared to 12% in the general population.
- The Mental Health and Wellbeing Index encompasses data providing additional insights alongside conventional deprivation measures showing a detailed picture of local underlying indicators of mental health and wellbeing. Evidence from a recent safeguarding deep dive highlights Gosport and Havant as high reporting areas, particularly with Children in Care; findings suggest a correlation between deprivation and safeguarding.

The 2019 IDACI (Income Deprivation Affecting Children Index)

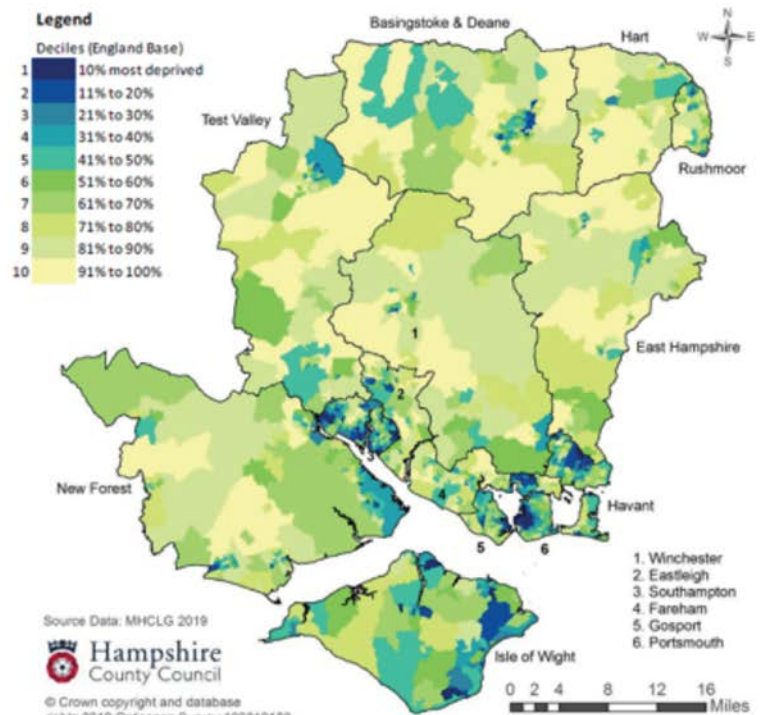


Measures: the proportion of all children aged 0 to 15 living in income deprived families, here defined as families that either receive Income Support or income-based Jobseekers Allowance or income-based Employment and Support Allowance or Pension Credit (Guarantee) or elements of Universal Credit.

The Income Deprivation Affecting Children Index is a supplementary index produced alongside the Income Deprivation Domain. IDACI covers only children aged 0-15 living in income deprived households. The score is expressed as the proportion of all children aged 0-15 living in income deprived families. There are 32,844 areas (lower super output areas) in England. They are ranked with 1 most deprived.

Area (Number of LSOAs in each area are in brackets)	No. of LSOAs in the 10% Most Deprived areas in England (% of LSOA in brackets)	No of LSOAs in the 11%-20% Most Deprived areas in England (% of LSOA in brackets)
Hampshire & Isle of Wight (1,194)	49	76
Hampshire Economic Area (1,105)	43	67
Hampshire County area (832)	8	35
Isle of Wight (89)	6	9
Portsmouth (125)	16	14
Southampton (148)	19	18
Basingstoke and Deane (109)	0	6
East Hampshire (72)	0	0
Eastleigh (77)	0	2
Fareham (73)	0	1
Gosport (53)	1	6
Hart (57)	0	0
Havant (78)	6	11
New Forest (114)	0	6
Rushmoor (58)	1	0
Test Valley (71)	0	2
Winchester (70)	0	1

LSOA are census based population areas of between 1,000 and 3,000 residents.



Health outcomes and life chances for CYP in Hampshire are generally good but there are areas within the county that have their opportunities limited for a range of reasons.

- Early identification of special educational needs and putting the right support in place is key to achieving positive outcomes in health, education and employment
- The number of CYP receiving elective home education is increasing in Hampshire. Reasons given for educated child at home include negative experience of school, academic needs not being met and child experiencing bullying. We need to ensure this population has access to same opportunities to promoting mental health as those in school.
- LGBT: using figure from 2016 it has been estimated that there are 10,000 LGBT young people living in Hampshire. Despite living in a more equal society, research does show that the LGBT community still faces significant health and socio-economic inequalities. LGBT people are at higher risk of suicidal behaviour, mental disorder and substance misuse and dependence than heterosexual people
- In Hampshire, there has been a year on year reduction in first time entrants to youth justice system. However, the reoffending rate has not decreased since 2010, which suggests that this smaller cohort of CYP may be additionally vulnerable and perhaps more challenging to work with. Children who offend often have health, education and social care needs which, if not met at an early age, can lead to a lifetime of declining health and worsening offending behaviour.
- Since 2014 the number of fixed period exclusions in Hampshire has increased. The number of permanent exclusions is low and remains static. Recent research has shown that CYP who have been excluded can develop long term mental health problems and that those excluded can often be living with existing mental health conditions. In Hampshire looked after children are 2.5 times more likely to have one or more periods of fixed exclusion compared to all children.
- Using census data (2011) there are 4,109 Young Carers in Hampshire. This is likely to be an underestimation. Young carers are at increased risk of poor mental health specifically anxiety and depression; are more likely to be bullied; often miss more days off school and subsequent drop out of education, therefore making it more difficult to realise potential both academically and in future employment.
- Tackling any form of child exploitation is a priority for all working with children under 18 years old. Any exploitation of a child can impact on their development, including their health and wellbeing. Exploitation and abuse is associated with increased risk of depression, anxiety, eating disorders, post-traumatic stress disorder, sleep disorders and suicide attempts. It can also lead to difficulties in building positive relationships in adulthood and result in future victimisation.
- The highest levels of deprivation, inequality and need within schools has been identified in Havant and Gosport where there is a high degree of correlation between the Mental Health and Wellbeing Index and measures of deprivation.

- The Mental Health and Wellbeing Index encompasses data providing additional insights alongside conventional deprivation measures showing a detailed picture of local underlying indicators of mental health and wellbeing. Evidence from a recent safeguarding deep dive highlights Gosport and Havant as high reporting areas, particularly with Children in Care; findings suggest a correlation between deprivation and safeguarding.
- Overall, it is estimated that one in eight children and young people have a diagnosable mental disorder which is the equivalent of three or more pupils in every classroom across the Hampshire. Therefore schools and colleges are a vital part of a wider system approach to promoting positive mental wellbeing and preventing mental illness for the age group.
- Demand for specialist CAMHS is increasing. CAMHS in Hampshire saw a 23% increase in the number of referrals from 6,844 in 2015/16 to 8,405 in 2016/17. This volume of activity has remained constant and is replicated in 2017/18 and 2018/19
- In 2016/17, and consistently since then nearly a quarter of CAMHS referrals did not meet the eligibility criteria for the service and needs could have been met in other ways.
- More females than males are referred to Hampshire CAMHS.
- Highest proportion of CYP seen by CAMHS is aged 11-15 and the highest rate (per 1000 population) was from South Eastern CCG area and Fareham & Gosport CCG areas.
- In 2017, due to high demand, counselling services for young people were reporting waiting times of between 3 and 10 months.

Public Health data which illustrates deprivation levels across Hampshire can be found in appendices ? -?

Further national data is also available within the Children and Young People's Mental Health

Fingertips data tool published by Public Health England, enabling comparison over time and benchmarking against comparator areas.

<https://fingertips.phe.org.uk/profile-group/child-health/profile/cypmh>





Engagement with Children and Young People

As well as understanding quantitative we also need to know how children and young people feel about the services we provide and how we can enhance the offer to make sure our services maintain quality and remain responsive and supportive.

In June 2019, Wessex Voices published the 'Hampshire and Isle of Wight Mental Health Service User and Carer Engagement and Experience Literature Review (2016-19)'

The independent review, commissioned by the Wessex Clinical Network and Hampshire and Isle Wight Sustainability and Transformation Partnership (HloW STP), was to identify key themes from existing mental health service user and carer experience and engagement reports across Hampshire and the Isle of Wight from the last 3 years. The main points specifically from Children and Young People were as follows:

- Children and young people highly value meaningful and supportive relationships, including young listener or peer to peer approaches, as well as with mental health professionals. They also highlighted it was important for them to remain autonomous and independent rather than adults taking control.
- Young people report that they are not certain of who to go to for mental health support and fear they will not be taken seriously. They also have concerns around confidentiality.
- Several different children and young people's groups said they were disaffected by school, and an educational setting would not be the best place to find support for poor mental health. For some, it could be a contributing cause. Many, however, want more signposting to come through school.
- Many children and young people outlined that they want an identified person to speak to face to face, rather than a technological solution, and feel that they are too readily passed on to organisations that they have to contact themselves.
- On the Isle of Wight, half of all Special Educational Needs Coordinators (SENCOs) felt they lacked confidence and expertise in dealing with children with Autism and Attention Deficit Hyperactivity Disorder (ADHD).
- Adults continue to have a stronger voice than children and young people. Much of the evidence reviewed was from parents, carers and the services.

In 2019, Southern Health NHS Foundation Partnership and 'Unloc' (which specialises in linking organisations with young audiences) carried out a survey conducted with more than **1,600** school and college students across Hampshire. The survey revealed that almost a third of youngsters identify as someone with a mental health condition. The survey interviewed 10-19 year olds from across **100** different Hampshire schools and colleges.

The results of the survey – which showed that only 1 in 3 young people feel comfortable talking about their mental health with others helped to inform a series of four stand-alone ‘summit’ events held over the spring and summer, each over a full school-day and for up to **50** students from each local area.

Southern Health have shared the survey results with us as well as permission to include in our Local Transformation Plan

- Almost a third of youngsters identify as someone with a mental health condition
- Nearly a quarter (23%) struggle to feel positive most of the time
- Only 1 in 3 young people (35%) feel comfortable talking about their mental health
- 42% would feel embarrassed talking to their teacher about their mental health
- Majority would find talking to other young people with similar problems helpful
- Fewer than 4 in 10 thought their school/college had adequate mental health services. Less than two thirds would know who to contact if they were feeling low
- 57% were unaware of the variety of services available to help them
- Only 19 per cent said they’d felt ‘judged’ for their mental health (a positive sign that stigma within this age group is lower than for previous generations)

CAMHS Engagement events

Over the past few years, Hampshire CAMHS have listened to service users in regards to how increasing information and understanding. The provider has worked hard to secure funding in order to deliver a range of engagement events across Hampshire for service users, parents / carers and professionals.

Event	Numbers of CYP	Outcomes
SAFE Campaign 2016-2017	c. 837	<ul style="list-style-type: none"> • Increased awareness of Suicide awareness • Increased awareness of mental health • 17000 MJH information cards provided across Hampshire • Safe boards giving information to young people (81% of CYP at events found these helpful) • Significant media interest
Everybody Campaign 2018	1797	<ul style="list-style-type: none"> • 91 organisations took part in the big bunting event • 21880 flags for bunting produced • MH and body image awareness stickers produced • Workshops run across the county to discuss body image and eating disorders • Increased awareness of eating disorders

The graphic below depicts some of the self-critical judgement statements that young people shared within the workshops:



Event	Numbers of CYP	Outcomes
Fit Fest 2018 - "Get Fit, Get happy, Get healthy"	216	<ul style="list-style-type: none"> Workshops in schools focussing on coping and resilience, Body Image, Martial Arts and Pottery.
PACE (Parent and Carer events) 2018	698	<ul style="list-style-type: none"> Raised awareness of MH issues Increased confidence in managing situations Signposting
School Ambassador Service	50	<ul style="list-style-type: none"> 50 CYP aged 11-12 trained as school MH ambassadors to be a resource for fellow pupils regarding emotional wellbeing
Fit Fest 2019 - "Get Fit, Get happy, Get healthy"	170	<ul style="list-style-type: none"> Workshops in schools focussing on coping and resilience, life skills, Arts and exercise.
Mobile Fit Fest	112	<ul style="list-style-type: none"> Workshops in schools focussing on coping and resilience, life skills, Arts and exercise.
PACE (Parent and Carer events) 2019	235	<ul style="list-style-type: none"> Raised awareness of MH issues Increased confidence in managing situations Signposting

Isle of Wight Autism Improvement – Engagement with families

Event	Numbers of CYP	Outcomes
Autism Service Launch	300 parents and professionals	<ul style="list-style-type: none"> To introduce families to the providers of the new service To offer families the opportunity to receive advice and support from other services such as speech and language, occupational health and family support (Barnardos)
Autism Service Update	70 parents and professionals	<ul style="list-style-type: none"> To update families regarding service progress To offer families the opportunity to receive advice and support from other services such as speech and language, occupational health and family support (Barnardos), Social Care and the Special Educational Needs team
Autism Facebook Page	332 Parents and professionals	<ul style="list-style-type: none"> Social media space for parents to receive service updates and share concerns. The page also brings families together who may be experiencing similar worries about their children.

Pride Youth Games

During August 2019, Commissioners funded a group of young people to attend the 2019 Pride Youth Games in Manchester. The event, designed for 16-25-year-old lesbian, gay, bisexual, transgender, intersex, non-binary, queer and other diversely identifying young people, provides the space to meet and get to know other young people from across the UK, and is a chance to try out different sports and activities in a safe, inclusive and validating environment. The event was attended by 20 young people across Hampshire and Isle of Wight:

"For me, the Pride Youth Games were a completely life changing experience that I couldn't get from any other event. It improved my self-confidence and gave me experiences and friends I will remember forever.....I didn't feel pressured or not good enough when doing any of the activities."

Personally, as a trans male, I found these games the only way that I was able to try out sports as there was no discrimination..... I found a new love for sports at the Pride Youth Games and treasure it as a truly special adventure. It would mean everything for me to be able to go back again next year and reconnect with the community in such an amazing way.

Isle of Wight Youth Trust Schools Charter

The Isle of Wight Youth Trust has launched its Mental Health Charter for Island schools, which it hopes will improve conditions for children and young people in mainstream schools. The charter has been developed with teenagers, as well as health experts, in a bid to ensure a base level of support for the Island's young people. The Youth Trust will continue to promote the charter with all schools on the island

Isle of Wight Youth Trust Census July 2019.

Partial findings only. Full analysis due December 2019

- The Youth Trust received approximately 5000 responses to its Island Wide Youth Mental Health Census, an increase of 100% compared to the 2017 Census.
- The Census consisted of two age appropriate questionnaires, one for primary schools (under 11) and one for 11-25 yr. olds, with the majority of responses from the 11-16 secondary school age bracket.
- Initial (partial only – 65%) analysis of trends show that:
- 60% of under 11's, rising to 70% for over 11 year olds, stated that it was either true or sometimes true that they had been worrying a lot.
- For the over 11 year olds, 39% said they mostly cope well with 61% stating that they either do not cope well or sometimes cope well.

- When asked about the top three ways they cope when things are tough, there were some clear differences in strategies between those under 11 and those over. For under 11's the top coping mechanism was pets, followed by video games and family. For the over 11's, music was most popular with 48% choosing this strategy followed by friends and then family and video games sharing joint third.
- The special adult that most young people chose to go to if they had a problem was their Mum, with 80% of under 11's decreasing to 67% of over 11's specifying the importance of this relationship. However, 6% of under 11's and 13% of over 11's specified that they had no one they could go to if they had a problem.
- 58% of over 11 year olds shared that they had been bullied, with verbal bullying being the most common form, the most popular social media form used for bullying was Instagram.
- When young people across the Isle of Wight were asked about self-harm, 29% of over 11 year olds shared that they had deliberately hurt themselves. 39% had thought about taking their life and 11% had made an attempt to take their own life.
- 23% of over 11's had been diagnosed with a mental health condition with 61% specifying Anxiety Disorders as the most common reason.

Havant Safe Haven

"The staff are friendly and it helps me a lot"
- Male, aged 14

"I like how friendly and open Safe Haven is, I feel like I can talk about anything I need to"
-Female, aged 15
"I can be myself and know there are people to help. I like the crafts and group work. I like that I can have a one to one talk if needed" -Female, aged 15"

Barnardos Parenting Programme

"My confidence in my own ability to help my child has increased and I no longer think he needs mental health support/ I will not be pursuing a CAMHS referral at this stage'

"We have learnt so much on how to help us parent our children. It is hard, to have to always think first before responding but we have put in to practice some of the strategies and as a result we are seeing changes already..... still hard at times, our house is calmer and happier and I feel we are becoming a family again.

Psicon Autism Assessment Service

July/August 2019 –

“Excellent service well looked after.”

Parent after developmental history appointment

July/August 2019 –

“Having gone through CAMHS this is an excellent service. Thank you.”

Parent after developmental history appointment

July/August 2019 –

“Really quick appointment times, lovely staff.”

Parent after developmental history appointment

July/August 2019 –

“Having fun.”

CYP when asked best thing about ADOS appointment

Mental Health Support Teams in Schools Project - Pupil engagement:

- Group discussion with 9 pupils aged 11-16 and 2 teachers from Park Community School in Havant
- Group discussion with 10 Pupils from Newtown C of E primary school in Gosport
- SHFT school survey sent to all secondary schools in Hampshire
- Attendance at SHFT school and college engagement events with pupils which attracted over 200 Young people aged between 11 and 17 across 4 events pan Hampshire.

Summary of Needs Analysis

Our needs analysis highlights that children and young people's needs are complex and vary across our geography, with some areas seeing much greater demand and need (South East Hampshire – Havant and Gosport) with increasing prevalence data (Isle of Wight).

By analysing this data and listening to the views of children, young people and their families, we have identified strategic priorities which in partnership with system wide colleagues, we will respond to those needs and target our effort and resources in the right place. The actions we have taken to date and will continue to be taking are detailed within our Local priorities (page 43) and include expected outcomes as these actions are completed and evaluated.

The next chapter reviews our progress against national priorities and highlights areas where we need to improve.

Performance and Service Activity

This section provides an overview of performance in a number of key areas. Performance is linked directly to the National Ambitions set out in the Five Year Forward View to be met by 2020/21 and 2023/24 for children and young people:

National Ambition 1: Access

- At least 35% of CYP with a diagnosable mental health condition will be receiving treatment from an NHS-funded service (FYFV) – 32% for 18/19, 34% in 19/20 (FYFV);
- By 2023/24, nationally 345,000 additional CYP aged 0-25 will have access to support via NHS-funded mental health services and school or college-based Mental Health Support Teams (LTP);

Current Performance

- The Mental Health Service Data Set (MHSDS) published data for June 2019 highlighted that all Hampshire and Isle of Wight CCGs are exceeding this target based on the MHSDS for the first time with all providers (including third sector) now uploading data.

CCG	Actual Number of CYP receiving treatment	Total number of CYP with a diagnosable mental health condition	Target Access rate 19/20	Percentage Access Rate
North East Hampshire and Farnham	1,310	3,750	34%	34.9%
North Hampshire	1,545	4,053	34%	38.1%
West Hampshire	3,195	9,294	34%	34.4%
South East Hampshire	1,370	3,799	34%	36.1%
Fareham and Gasport	1,505	3,495	34%	43.1%
Isle of Wight	1,445	2,387	34%	60.6%

- Commissioners receive regular local reporting from Providers and compare with MHSDS to build our understanding of demand.

Next steps:

- Increase investment and capacity within mental health services including Mental Health Support Teams (MHST) in schools;
- Continue to work with Providers to improve the quality of reporting to the MHSDS;
- To aim to upload SNOMED-CT (a structured clinical vocabulary for use in an electronic health record) outcome codes to the MHSDS.

National Ambition 2: Eating Disorders

- Achieve 2020/21 target of 95% of children and young people with eating disorders accessing treatment within 1 week for urgent cases and 4 weeks for routine cases (FYFV);
- Maintain these standards from 2020/21 (LTP).

Current Performance	
Hampshire	Isle of Wight
Routine: 49.3% Urgent – 50%	Routine: 95% No urgent referrals received to date
<ul style="list-style-type: none"> • Eating Disorder services are integrated into local CAMHS delivered by Sussex Partnership Foundation Trust and additional investment has been made to ensure they are delivering against the National Institute of Health and Care Excellence (NICE) standards; • Hampshire has recently been successful in a bid to pilot the ARFID in Children and Young People Eating Disorder Community Project; • ARFID is defined as a restriction of a person's own eating by consuming smaller amounts of food, or by avoiding certain foods or entire food groups. ARFID differs significantly from bulimia or anorexia in that it is not always accompanied by weight loss. It appears to be more prevalent among younger children (2-12 year olds) as well as those with autism, anxiety, and ADHD. Left untreated, ARFID can lead to malnutrition; • Currently children and young people who present with this illness may be turned away by Community Eating Disorder, neurodevelopmental or standard CYPMH services. This results in a gap in care and difficulty for the child, family and GP services to access appropriate care. <p>Next steps:</p> <ul style="list-style-type: none"> • Support the implementation of the ARFID project to improve access and provide care for CYP presenting with ARFID. Transformation funding will support a pilot in each region to roll out the adjustment, including support for the training of staff, data collection and participation in a national evaluation. In the medium term, we anticipate all CYP Community Eating Disorders Services (CEDS) will provide this care. This will be supported by the additional funding (uplift) in CCG baselines in 2019/20 and over the course of the NHS Long Term Plan to enhance CYP CEDS. • Continue to work with Wessex Clinical Network to scope how the comprehensive package in-line with NICE Standards can be delivered to all e.g. multi-family therapy, Cognitive Behavioural Therapy for Eating Disorders (To continue to engage with key stakeholders to promote service / referral pathways and ensure eating disorder is identified on referral to ensure timely access. 	<ul style="list-style-type: none"> • Eating Disorder services are integrated into local CAMHS delivered by St Marys Foundation Trust and additional investment has been made to ensure they are delivering against the NICE standards. Numbers of children and young people presenting with and eating disorders are very few and therefore performance can be difficult to interpret. <p>Next steps:</p> <ul style="list-style-type: none"> • Continue to work with Wessex Clinical Network to scope how the comprehensive package in-line with NICE Standards can be delivered to all e.g. • To continue to engage with key stakeholders to promote service / referral pathways and ensure eating disorder is identified on referral to ensure timely access.

National Ambition 3: Crisis Care

- Ensure there is a CYP crisis response that meets the needs of under 18 year olds (FYFV);
- By 2020/21, areas will provide Crisis Resolution and Home Treatment (CRHT) functions that are resourced to operate in line with recognised best practice, delivering a 24/7 community-based CRHT as an alternative to acute inpatient admission;
- By 2020/21, all acute hospitals will have mental health liaison services that can meet the specific needs of people of all ages by 2020/21;
- By 2023/24, there will be 24/7 mental health crisis provision for children and young people that combines crisis assessment, brief response and intensive home treatment functions (LTP).

Current Performance	
Hampshire	Isle of Wight
<ul style="list-style-type: none"> • Plans in place for delivery in 20/21 of CRHT functions through New Care Models (NCMs) Partnership and joint developments with Children's Social Care; • A joint project across the HIOW STP is underway to look at improving crisis support for children and young people and avoiding A&E admissions. Identified areas for focus are: <ul style="list-style-type: none"> - Data analysis - Policy, process, protocol under developed - Learning from Portsmouth to inform system design - Effective early Intervention is crucial - moving financial investment back to earlier in system - Appropriate admission and wider alternatives for care - Care co-ordination (CAMHS focussed) within Acute settings needs integration between Social Care and CAMHS. - Integrating crisis team – recognising the potential of NCMs - Timely placement i.e. stepping - up - Agreement between private providers and Acute Trusts and CCG Commissioners - Timely and safe discharge; starting planning within first week of admission, ideally first two days - Below 300 Consultant Psychiatrists in a small national pool to draw on, but irrespective of the pool, the arrangement is not reviewed or governed - Develop governance procedure for consultant on-call 	<ul style="list-style-type: none"> • Plans in place for delivery in 20/21 of crisis resolution and home treatment functions through New Care Models Partnership and joint developments with Children's Social Care • A joint project across the HIOW STP is underway to look at improving crisis support for children and young people and avoiding A&E admissions. Identified areas for focus are: <ul style="list-style-type: none"> - Data analysis - Policy, process, protocol under developed - Learning from Portsmouth to inform system design - Effective Early Intervention is crucial - moving financial investment back to earlier in system - Appropriate admission and wider alternatives for care - Care co-ordination (CAMHS focussed) within Acute settings (daily updates on each child) [looking after the 'sick children' – physical] – needs integration between Social Care and CAMHS. - Integrating crisis team – recognising the potential of NCMs - Timely placement i.e. stepping up - Agreement between private providers and Acute Trusts and CCG Commissioners - Timely and safe discharge; starting planning within first week of admission, ideally first two days - Below 300 Consultant Psychiatrists in a small national pool to draw on, but irrespective of the pool, the arrangement is not reviewed or governed - Develop governance procedure for consultant on-call • Safe Haven (No Limits) being piloted from October 2019;

continued overleaf

National Ambition 3: Crisis Care (continued)

Current Performance	
Hampshire	Isle of Wight
<ul style="list-style-type: none"> The i2i crisis service (embedded within Hampshire CAMHS) undertakes all hospital assessments across Hampshire within 24 hours and works in partnership with other Trusts on a place-based model to ensure CYP are seen within expected time-frames. Home treatment service working well with good feedback from CYP and families who benefit from its flexibility. Recruitment and retention continue to be challenging. Innovation in recruitment – appointing social workers into team - broadening skills. Service works with many systems to ensure appropriate discharge for children and young people; Safe Haven (Just Wellbeing) in Aldershot continues to deliver successfully and is monitored by commissioners; Safe Haven (Solent Mind) opened in Havant during mid - 2019, and is being piloted. <p>Next steps:</p> <ul style="list-style-type: none"> Subject to available funding, increase capacity of Safe Havens and identify recurrent funding for pilot sites; Implementation of the new intensive home treatment team as part of the CAMHS New Care Models Partnership and development of the interface with local services. This is due to be delivered from April 2020; Continue to explore funding options for psychiatric liaison in acute settings. 	<p>Next steps:</p> <ul style="list-style-type: none"> IOW CAMHS to upskill all age crisis service to respond to children and young people out of hours. IOW CAMHS to develop out of hour's service Subject to available funding, increase capacity of Safe Havens and identify recurrent funding for pilot sites; Implementation of the new intensive home treatment team as part of the CAMHS NCMs; Partnership and development of the interface with local services. This is due to be delivered from April 2020; Continue to explore funding options for psychiatric liaison in acute settings.



National Ambition 4: Transition / 0-25 offer

- By 2023/24, there will be a comprehensive offer for 0-25 year olds that reaches across mental health services for CYP and adults.

Current Performance	
Hampshire	Isle of Wight
<ul style="list-style-type: none"> • Continue to commission the 'Futures in Mind' project delivered by Hampshire Parent Carer Network which provides intervention, aimed at improving the wellbeing of parent carers of children and young people aged 0-25 years. The objectives of the programmes are to promote resilience and individual strengths, create pathways to community and peer support and focus on the wellbeing of parent carers to improve the outcomes of the CYP under their care; • Working across CYP and adult services we will co-produce service models to create a comprehensive offer for 0-25 year olds that will deliver an integrated approach across health, social care, education and the voluntary sector. Initial scoping of opportunities has started in 2019/20; • Proactively plan for and oversee the transition to 0-25 CYP services, as set out in the 10 - year plan, focussing on identifying the systems vulnerabilities associated with transition and agree minimum standards to provide a consistent framework for LDS and CCG/LA Commissioners. 	<ul style="list-style-type: none"> • Continue to commission the 'Futures in Mind' project delivered by Hampshire Parent Carer Network which provides intervention, aimed at improving the wellbeing of parent carers of children and young people aged 0-25 years. The objectives of the programmes are to promote resilience and individual strengths, create pathways to community and peer support and focus on the wellbeing of parent carers to improve the outcomes of the children and young people under their care; • Working across CYP and adult services we will co-produce service models to create a comprehensive offer for 0-25 year olds that will deliver an integrated approach across health, social care, education and the voluntary sector. Initial scoping of opportunities has started in 2019/20; • Proactively plan for and oversee the transition to 0-25 CYP services, as set out in the 10 - year plan, focussing on identifying the systems vulnerabilities associated with transition and agree minimum standards to provide a consistent framework for LDS and CCG/LA Commissioners; • Continue to progress 0-25 mental health services pathway within the Isle of Wight Mental Health Sustainability Transformation Programme Steering Group.

Summary of 2018/19 data

Hampshire – Current ASC Assessment Service								Isle of Wight - Current					
	Community Counselling	Parenting Support	Frankie Workers	Willow Team	Hampshire Parent Carer Network	Breakout Youth	ASC Assessment Service	Community Counselling	Parenting Support ADHD	Parenting Support ASC	Frankie Workers	Breakout Youth	ASC Assessment Service
Routine referrals into service	875	708	87	342	560	15	2195	839	137	147	78	20	941
Average wait from referral to assessment (weeks)	21 Group 17 Indiv sessions	1.63	3-4	2-3	Maximum of 4 weeks	4	N/A	4	N/A	N/A	3-4	2	N/A
Average wait from assessment to treatment (weeks)	Immediate Treatment following assessments	11.1	5-6	N/A		1	N/A	11	16	18	4-5	1	N/A
Caseload	172 group 439 Indiv sessions	835	56	107		N/A	N/A	821	121	104	17	N/A	N/A
face to face contacts	Not locally reported	2143	1600	Not locally reported	N/A	378	Not locally reported	Not locally reported	67	111	Not locally reported	486	Not locally reported
2 or more contacts in past 12 months	Not locally reported	411	5	Not locally reported	N/A	14	Not locally reported	Not locally reported	67	111	Not locally reported	18	Not locally reported

Out of Hours Crisis and Emergency Provision – Progress to Date

Hampshire and Isle of Wight emergency and crisis CAMHS services are delivered by our CAMHS providers and Safe Havens.

Care and Education Treatment Reviews or Blue Light meetings are carried out ahead of any Tier 4 CAMHS admission for children with learning disabilities and/or autism that are in crisis and there is good joint working between the CCG and the provider organisations in this regard.

Crisis Care Concordat

The Hampshire & Isle of Wight Crisis Care Concordat is committed to improving services for people of all ages in, or at risk, of a mental health crisis. The actions listed on the plan therefore apply to children, adults and older person's mental health services. This includes:

- Developing end to end pathways for people of all ages in crisis which are shared across the multi-agency team
- Improving responsiveness of services to people approaching or undergoing mental health crisis – ensuring people get the right care at the right time through agreed pathways encompassing
- community and acute hospital care.
- Reduction in the use of s136 detention and increased appropriate use of s136
- Improving the experience of young people when subject to s136/135(1).
- Reduction in use of inappropriate urgent care pathways (including reducing hospital admissions and LOS) for people who are known and unknown to mental health services by 20% in 2 years such as 999/111 and Emergency Department by people in Mental Health Crisis

Adolescents in Crisis

A joint project across the HIOW STP is underway to look at improving crisis support for children and young people and avoiding A&E admissions. Identified areas for focus are:

- Data analysis
- Policy, process, protocol under developed
- Learning from Portsmouth to inform system design
- Effective Early Intervention is crucial - moving financial investment back to earlier in system
- Appropriate admission and wider alternatives for care
- Care co-ordination (CAMHS focussed) within Acute settings (daily updates on each child) [looking after the 'sick children' – physical] – needs integration between Social Care and CAMHS, CAMHS leadership is likely
- Integrating crisis team – recognising the potential of NCM
- Timely placement i.e. stepping up
- Agreement between private providers and Acute Trusts and CCG Commissioners

- Timely and safe discharge; starting planning within first week of admission, ideally first two days
- Below 300 Consultant Psychiatrists in a small national pool to draw on, but irrespective of the pool, the arrangement is not reviewed or governed
- Develop governance procedure for consultant on-call

24/7 Crisis Care – Current Provision

An all age 24/7 crisis support service is available on the Isle of Wight. Staff within the Mental Health Crisis Advice (Single Point of Access) service have been trained to respond to the need of children and young people and work in close liaison with Isle of Wight CAMHS.

Hampshire CAMHS provides a comprehensive out of hours' crisis service. The i2i service is an Urgent Assessment and Home Treatment Team and will provide specialist intensive assessment and treatment to young people who are experiencing crisis or who require extra care to try to prevent crisis from happening. This service can only be accessed by young people already known to CAMHS and who have been referred by their CAMHS worker. The team provide urgent assessments and help develop care plans with the young person, their family, the CAMHS team, school and other agencies (where needed) that aim to keep young people as safe as possible.

Early Intervention in Psychosis

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

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

Treatment and support are offered in person's home and in local places in the community.

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

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

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

Current Performance across Hampshire and the Isle of Wight (August 2019 – NHS England)

From 1 April 2016, more than 50% of people with first episode of psychosis (FEP) are treated with a NICE-approved package of care within two weeks of referral. The current expectation is that, within a maximum of two weeks of referral, more than 50% of people will have been assessed by the EIP service.

CCG Name	March 2016	March 2017	March 2018	March 199	August 2019
Fareham & Gosport CCG	28.5%	0% (1 referrals received) breached 2 wks	100%	66%	100%
Isle Of Wight CCG	0% (2 referrals received) breached 2 wks	100%	No referrals	25%	75%
North East Hampshire & Farnham CCG	25%	100%	100%	100%	No referrals
North Hampshire CCG	42.8%	No referrals	33.3%	100%	66%
South Eastern Hampshire CCG	28.5%	100%	100%	100%	100%
West Hampshire CCG	20%	75%	100%	42.8%	66%
South East England Commissioning Region	31.9%	54.1%	46.2%	53.3%	48.7%



Mental Health Triage

From 2019, children's mental health nurses have been co-located with South Central Ambulance Service NHS 111/999 in the Call Centre to support HIOW mental health calls. The mental health nurses receive transferred calls from NHS111 when the caller to NHS111/999 is assessed as possibly having a mental health need with no physical health need. This service provides 24/7 – 365 days access to Mental Health nurses across a rotational basis to ensure a consistent, confident and reliable service can be provided.

The model also provides telephone access to timely advice and support for professionals who come into contact with people who may be suffering a mental health problem. This ensures the person the professional is in contact with receives the most appropriate support at the earliest opportunity which may reduce the mental health decline and therefore achieve a better outcome for the person as well as more efficient use of professional time and a reduction in inappropriate dispatches of ambulance's and transfers to accident and emergency depts.

The Mental Health Triage service takes calls from Hampshire Constabulary when officers come into contact with a member of the public presenting with mental health needs that require 'immediate care' and 'control' under the legal framework of S136 of the Mental Health Act. Prior to detaining under this act, Hampshire Constabulary will contact the Mental Health Triage service for advice, guidance and triage of the individual. A dynamic risk assessment will be carried out and as part of a multi-team response a decision will be made on either detaining under S136 or another least restrictive alternative to support the immediate crisis.

The mental health nurses are now managing an average of 1600 calls a month from 'all ages', they support Ambulance with Cat 3 and 4 revalidations, ambulance crews on scene and Hampshire Police with mental health advice, especially confirmation of S136. In July 2019, compared to baseline there has been (all ages):

- 83.3% reduction in ED endpoints
- 78.6% Reduction in 999 Endpoints
- 74.8% Reduction in Primary Care endpoints
- 66.6% are supported with Home Management / Self Care / No further action compared to 11.3% in Dec-18 before 111 triage
- 'Attend ED immediately for a Crisis Mental Health Assessment' activity and the conversion to Home Management/Self Care 71.8% vs attend ED 1.8%
- At present data is not available to identify under 18 activity but there are plans in place to report this in future.

New Care Models (NCM)

Hampshire and Isle of Wight CCGs are part of the CAMHS New Care Models partnership.

The main focus during 2017/18 was to implement a single point of access and management system for bed usage in order to release clinical capacity to support young people in their homes. This project was delivered successfully.

During 2018/19 – 2019/20, the partnership has been developing a business case for an intensive home treatment team to further reduce the need for Tier 4 admission or extensive length of stay – anticipated to go live from April 2020/21.

Hampshire Inpatient information						
Primary service type	Section	2016 - 2017	2017 - 2018	2018 - 2019	2019 - 2020*	Totals
CAMHS Acute	2	9	20	14	10	53
	3	2	10	12	3	27
	136	1				1
	Informal	63	60	59	15	197
	Unknown	7				7
CAMHS LD	2				1	1
	3		1	1		2
	Informal			2		2
CAMHS Low Secure	2			1		1
	3		2	2	1	5
	Informal			1		1
	Unknown	1				1
CAMHS Medium Secure	2			1		1
	3	1	2			3
	37			1		1
	38		1	1		2
	48/19		1	1		2
CAMHS PICU	2	1	7	11	2	21
	3		4	3	2	9
	Informal	6	1			7
Eating Disorders	2	4	2	7	4	17
	3	1	3	3		7
	Informal	18	21	15	17	71
	Not Known	1				1
High Dependency	3			2		2
	Informal			1		1
Not Known CAMHS	2		2	1		3
	3				1	1
Totals		115	137	139	56	447

* To July 2019

Safe Havens

As part of our commitment to early intervention and crisis support we commission 3 Safe Havens across Hampshire and the Isle of Wight. A summary of the activity to date can be found below:

Service	Provider	Activity
<p>Young People's Safe Havant:</p> <ul style="list-style-type: none"> • Open access/ self-defined crisis; • Initial intake completed; • Delivered by experienced staff plus trained and supported volunteers; • The service works with the young person to de-escalate crisis and equip them with coping skills through a range of therapeutic interventions; such as Dialectical Behavioural Therapy (DBT) and Cognitive Behavioural Therapy (CBT). 	<p>Solent Mind – Havant and East Hants</p>	<p>128 attendances within the first quarter</p> <h3>Demographics</h3> <h3>Attendance trends</h3>
<p>The Young Person's Safe Haven – Aldershot:</p> <ul style="list-style-type: none"> • An evening drop-in service to provide people with a safe place to turn to when requiring mental health support out of hours. NHS staff, with voluntary sector partners are on site to provide mental health crisis support, with the aim of helping people avoid the need for emergency NHS care. This new model of care offers mental health support in a welcoming environment provided by trained mental nurses and other mental health professionals, as well as peer support. 	<p>Just Wellbeing</p>	<p>79 young people have accessed the service between 1st April 2019 and 30th June 2019.</p> <h3>NUMBER OF ATTENDEES</h3>
<p>Space4U – Safe Haven for Children and Young People – Isle of Wight:</p> <ul style="list-style-type: none"> • Support service for young people aged 11-17 years experiencing difficulties with their mental health and who need access to instant emotional and practical support; 	<p>No Limits</p>	<p>Service commenced 7th October 2019. No data available at the time of writing this plan. However it is anticipated that the service will receive high levels of attendance over the winter months.</p>

Activity Breakdowns

Hampshire CAMHS – Contract Value: 13.3m

Hampshire CAMHS Referrals	Referral	Urgent referrals	Urgent referrals meeting criteria	Emergency referrals in hours	Emergency referrals OOH	Open Caseload	Cases closed	Signposted referrals
April 2016 - March 2017	8405	531	160	592	77	6275	7242	2213
April 2017 - March 2018	7883	607	169	580	80	7173	6757	2334
April 2018 - March 2019	8121	483	96	621	71	7015	7978	3373

Hampshire CAMHS Assessment / Treatment	First Assessment	First Treatment	Follow up appointments (Total)	Offered Contacts
April 2016 - March 2017	3871	2863	70872	81088
April 2017 - March 2018	3786	2535	66181	75938
April 2018 - March 2019	2987	2166	64943	75689

Hampshire CAMHS Eating Disorder service	Referrals	Referrals signposted	Initial contact	Follow up contact
April 2016 - March 2017	116	2	-	-
April 2017 - March 2018	174	0	448	4772
April 2018 - March 2019	214	1	569	6212

Key Headlines for Hampshire CAMHS:

- Hampshire CAMHS are currently experiencing demands for the service above the contracted activity rate with the number of referrals at the highest number since 2017;
- Number of urgent referrals has reduced to lowest amount for three years with a significant drop in those meeting the criteria for urgent.
- There is an increasing trend for emergency referrals across Hampshire
- Signposting to more appropriate services has increased over the contract period.
- In the current contractual year, the average wait to assessment across Hampshire is 16 weeks with the average wait to assessment at 40 weeks. This is above the contractual requirement however work is being undertaken between the provider and commissioners to explore how to reduce the waiting time.
- The open caseload peaked in 2017 - 2018 but has reduced since with an overall figure that is 40 CYP above the number from 2016 - 2017
- CAMHS are providing a number of groups within schools with an annual focus. These are well attended.
- Hampshire CAMHS have recently been nominated for 3 HSJ awards.
- Over the past 12 months ASC assessments have been taken out of the core contract and awarded to another provider with the intention of reducing waiting times for ASC assessments;



Isle of Wight CAMHS

IOW CAMHS	Referral	Referrals Accepted	Caseload	Average Waiting Time from Referral to Assessment (weeks)	Average Waiting Time from assessment to treatment (weeks)	Total number of face to face contacts	Number with 2 or more contacts in past 12 months
April 2016 - March 2017	709	709	479	4.4	0.15	5942	481
April 2017 - March 2018	743	739	463	5.3	2.9	5114	594
April 2018 - March 2019	805	804	443	2.6	3.8	4874	645

Key Headlines for IOW CAMHS:

- Number of referrals increasing year on year;
- The number of rejected referrals is not currently recorded correctly – work is underway to correct this;
- Average waiting time from referral to first appointment has reduced year on year. The IOW is 2.6 week. NHS Benchmarking for 18/19 highlights a national mean of 9 weeks
- Average waiting from 1st appointment to 2nd appointment is 3.8 weeks (which nationally it is 6 weeks according to the NHS benchmarking);
- Caseload at the end of each year has reduced year on year (by around 30 from the first year to the last year);
- Three clinicians trained over the past two years in CYP Improving Access to Psychological Therapy (IAPT) has contributed to reduction in caseload due to shorter (where clinically appropriate) interventions;
- The number of groups run by CAMHS has increased, resulting in a more timely treatment pathway for children and young people;
- ASC diagnostic pathway improvements has allowed the service to signpost appropriately and prevented escalation and the need for CAMHS intervention;
- Due to workforce challenges, the number of contacts have decreased year on year
- Number of CYP with 2 or more contacts in the past 12 months has increased year on year.

Hampshire & Isle of Wight Youth Offending Team (YOT) 2018/2019

Hampshire:

- 22 children and young people secured in Youth Offending Institutions:
- 10 were offered emotional health support
- 9 accessed emotional health support
- 3 did not access support

Isle of Wight:

- The numbers for 2018-2019 are low and therefore individuals are at risk of being indentified. Out of the young people secured in Youth Offending Institutions, all were offered emotional health support but did not access it due to no identifiable mental health issues.

ASC Assessment Services

Isle of Wight – Contract Value £500k

ASC Assessment Service	Referrals	Assessments Completed**	Reports Sent Out	Diagnosis Rate	Did Not Attend (DNA) Rate
August 2018 to September 2019	941	337	290-	95%	5.68%-

Hampshire – Contract Value £989k

ASC Assessment Service	Referrals	Assessments Completed**	Reports Sent Out	Diagnosis Rate	DNA Rate
September 2018 to September 2019	2195	809	790	92.8	1.03%

Hampshire Parent Carer Network

The Futures in Mind' project delivered by Hampshire Parent Carer Network provides intervention, aimed at improving the wellbeing of parent carers of children and young people aged 0-25 years. The objectives of the programmes are to promote resilience and individual strengths, create pathways to community and peer support and focus on the wellbeing of parent carers to improve the outcomes of the children and young people under their care.

Over the year, 560 parents have attended group intervention.

"You have saved my life. I felt so alone. Now I know that it's not just me and I can see an end to it. I cannot thank you enough."

Parent of a 15 year old struggling with significant anxiety and low mood

Transformation plan

Investment and Progress so far

Hampshire

Service	Contract Value	Status
Recurrent		
Child and Adolescent Mental Health Service (CAMHS)	£13.3m	Contract Expires March 2021 – service review underway
Eating Disorder service (Hampshire CAMHS)	£1.6m	Future in Mind (FIM) funded
Barnardo's – Parenting programme	£400k	Expires March 2021
Counselling Services	£795k	Expires March 2020. Procurement process underway
Primary School Mental Health Support	£130k	Expires March 2020. Ongoing funding being explored
Frankie Workers (Sexually abused children)	£100k	FIM funded
Willow Team (Sexually exploited/ Trafficked)	£86k	Expires March 2020. Ongoing funding being explored
Break out Youth (LGBTQ+ group counselling)	£20k	Expires March 2020. Ongoing funding being explored
Hampshire Parent Carer Network Peer support training	£25k	Expires March 2020. Ongoing funding being explored
Transformation		
Child and Adolescent Mental Health Service (CAMHS)	£13.3m	Contract Expires March 2021 – service review underway
Havant Safe haven (Pilot)	£60k	Expires March 2020. Ongoing funding being explored
Think Ninja Self Help App	£110k	Expires March 2020. Ongoing funding being explored
Autism Spectrum Condition Assessment Service	£989k	Expires January 2020, service under review
Primary Behaviour Service – Primary Mental Health Support	£60k	Expires March 2020
Hampshire Parent Carer Network – Parent Support	£20k	Expires March 2020

The above funding does not include recently awarded funding streams for ARFID (£100k) and MHST (£720k)

Isle of Wight

Service	Contract Value	Status
Recurrent		
Child and Adolescent Mental Health Service (CAMHS)	£3.1m	Service review underway
Eating Disorder service (IOW CAMHS)	£105k	FIM funded
CAMHS Out Hours	£159k	FIM funded
Barnardo's Parenting	£52k	Expires March 2020. Ongoing funding being explored
Counselling Services	£250k	Expires March 2020. Procurement process underway
Autism Spectrum Condition Assessment Service	£467k	Procurement process underway
ADHD service	£110k	Service review underway
Frankie Workers (Sexually abused children)	£17.5k	Expires March 2020. Ongoing funding being explored
YOT	£47.5k	Recurrent Funding
Transformation		
Safe Haven	£30k	Expires March 2020. Ongoing funding being explored
Primary Behaviour Service – Primary Mental Health Support	£10k	Pilot completed. Ongoing funding being explored

Reviewing the performance of our services is a regular occurrence, we work in partnership with our providers to understand demand and capacity challenges and what additional resources are required to meet needs. We recognise that demand is growing and the needs of children and young people are becoming more complex. We must ensure our resources are targeted in earlier intervention and prevention services, to avoid children and young people going in to crisis and requiring costly interventions.

Future investment will be prioritised to meet the Long Term Plan ambitions

We have identified the following priority areas for investment:

- Continued development of CAMHS improvement to reduce waiting times. A stakeholder workshop has also taken place to inform a plan to improve waiting times.
- Autism assessment services for children and young people; in 19/20 we secured £1m extra investment and an additional £0.5 for the remainder of 19/20 has been confirmed.
- All age neurodevelopment services for children and young people; this is work under development to identify funding required
- Acute psychiatric liaison; some areas have already started to pilot models and funding will be considered during the financial planning rounds
- Eating Disorders; extra investment to support meeting the targets
- Safe Havens/Crisis Support; early intervention is a vital part of our strategy
- Parent / Carer Network capacity;
- Collaboration around the development of transition arrangements and 0-25 pathways;
- Explore the 0-5 mental health and emotional wellbeing offer including growing Mental Health Support Teams (MHSTs) capacity;
- Expanding support services to CYP in further education (colleges)
- Digital solutions



Achieving Our Local Priorities

This section explains how we link our local priorities to need, current performance, the money we have to invest and to what children and young people tell us as set out in pages 14 to 41.

Our aim is to act early to prevent harm, by investing in the early years, supporting families and those who care for children and building resilience through to adulthood. Strategies should be developed in partnership with children and young people to support self-care. this will reduce the burden on mental and physical ill health over the whole life course.

(Future in Mind, 2015)

We will work with our partners and providers to deliver intervention and prevention at the earliest opportunity. Our Hampshire CAMHS team have adapted the I-Thrive Model <http://implementingthrive.org/wpcontent/uploads/2019/03/THRIVE-Framework-for-system-change-2019.pdf> and we have worked with stakeholders to identify where all services across the system can contribute to meeting needs of CYP much earlier, thereby reducing referrals into specialist CAMHS which in turn will improve waiting times. We will also work with our Isle of Wight CAMHS team to adopt a similar approach.



Moving On

Primary Care, Inspire Create Exchange project (ICE) run by CAMHS, Mental Health First Aid (resilience) training, Intensive Home treatment (i2i), care education and treatment reviews, section117 aftercare, Tier 4 CAMHS, Transition Protocol to adult services

Family, school, community and social media

Adapted from THRIVE elaborated framework (Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., McKenna, C., Law, D., York, A., Jones, M. and Fonagy, P. (2015) *THRIVE elaborated*)





Local priorities for Hampshire and the Isle of Wight are aligned with the Joint Emotional Wellbeing and Mental Health Strategy for Children and young people 2019 – 2024 and are developed by following the commissioning cycle, the key priorities are:

1. Children and young people's emotional wellbeing and mental health is everybody's business
2. Support for good mental health of parents
3. Whole school /educational settings approach to mental health
4. Supporting mental health of vulnerable children and young people
5. Reducing rates of self-harm
6. Improvement of service provision.
7. Improving access and waiting times for Child and Adolescent Mental Health Services

1

Local Priority 1:

Children and young people's emotional wellbeing and mental health is everybody's business

Core Offer

Provider/Project	Service	Outcomes/Aims
System Wide Partners	<p>Having a clear governance framework is of paramount importance so we can ensure a joint approach to meeting the needs of young people</p> <p>Governance will be led strategically at the STP level and locally through local forums</p> <p>Meeting the needs of children and young people is everyone's business and we need to work collectively by upskilling our whole workforce, ensuring we have clear protocols and pathways and clarity of signposting so that young people get the best support they can when they need it.</p>	<ul style="list-style-type: none"> • All partners and providers feel equal in terms of opportunities to contribute to wider strategies and shape future services; • The workforce receives consistent and joined up messages/ways of working and can make informed decision and recommendations related to appropriate service pathways for children and young people. • We will build on our collective knowledge of services and develop a local directory of services and how to access them so that everyone understands the tapestry of services available
Hampshire CAMHS	<p>Currently delivers clinical supervision and education to a number of support services including YOT, Social Care, Schools and Primary Care Mental Health Workers.</p> <p>The Hear Me Campaign - made up of a number of creative, innovative and inclusive projects and events to benefit young people, parents/carers and professionals.</p> <p>The Everybody Campaign - made up of a number of creative, innovative and inclusive projects and events which will benefit young people, parents/carers and professionals.</p>	<ul style="list-style-type: none"> • High quality, consistent and safe services are delivered to children and young people regardless of the provider and/or authority; • Train, support and advise the systemic network that supports these young people in order to enhance their work with young people in their care and ensure its effectiveness; • Raise awareness and promote better understanding of eating disorders; • Improve knowledge and encourage early identification of eating disorders; • Promote awareness of where and how to make referrals to Hampshire CAMHS Specialist Eating Disorder Team; • Improve body image acceptance, self-esteem and confidence in young people; • Promote compassion and kindness • Inspire and empower young people to develop positive ways of coping.

No Limits Community Counselling	Works with schools to train staff to identify emotional and mental health needs of CYP at the earliest opportunity.	<ul style="list-style-type: none"> Schools feel empowered and equipped to make informed decisions and recommendations related to appropriate services for CYP.
St Marys CAMHS	Provides clinical supervision to YOT and Looked After Children Nursing team.	<ul style="list-style-type: none"> Service designed for vulnerable groups follow consistent and high quality models to ensure appropriate mental health and emotional wellbeing support is delivered – ensuring equity of care.
St Marys Occupational Health team	Delivers ASC awareness workshops to schools to help staff recognise and respond to need.	<ul style="list-style-type: none"> Schools learn to quickly recognise needs of children and people presenting with traits of ASC and other conditions such as Attachment Disorder.; Schools learn how to support those needs at a local level by developing an inclusive, in-house offer in education settings without defaulting to Education Health and Care Plan (EHCP) applications and/or recommending a diagnostic assessment straightway; Children, young people and families feel supported and welcomed by schools, regardless of need – reduction in numbers of home educated children and young people.

Transformation Plans

Provider/Project	Service Progress	Outcomes/Aims
Working together as system partners	<p>To upskill the Education workforce in developing the skills to manage and support CYP with atypical sensory presentation related to their learning disability and/or autism.</p> <p>The focus will be on developing a train the trainer approach, employing a highly specialist occupational therapist to develop a training programme which will:</p> <ul style="list-style-type: none"> focus initially on upskilling the workforce in our special school and college provision (2-19); developing a school's information pack; cascading a training programme through a "train the trainer" approach to reach schools and colleges across the TCP who have the highest level of need. <p>The role will be embedded into one of the local community trusts (to be determined) but will work across the TCP.</p>	<ul style="list-style-type: none"> A more confident resilient school's workforce equipped to deal with children with autism and learning disabilities; CYP enabled to settle in local education placements, leading to fewer placements outside the county boundary; Increased parental confidence in local education provision leading to fewer appeals via Tribunal; Fewer admissions to Tier 4 (inpatient) provision.

<p>Restorative Practice</p>	<p>The Hampshire and Isle of Wight Children's Mental Health Commissioning team attended Restorative Practice training in early October 2019 along with agencies from across the system.</p> <p>"The fundamental premise of restorative practices is that people are happier, more cooperative and productive, and more likely to make positive changes when those in positions of authority do things with them, rather than to them or for them".</p> <p><i>International Institute of Restorative Practices</i></p> <p>Restorative Practice underpins the Hampshire County Councils 'Hampshire Approach' model which focuses on delivering system wide change that places children and families at the centre of a multi-disciplinary service, based around a single approach and evidence based practice.</p>	<ul style="list-style-type: none"> • The service model will be supported by process and technology, driving efficiencies to release capacity of staff so they can undertake evidence - based work with children and families, building strength and resilience in families; • Agencies across health, social care and education are committed to promoting restorative practice techniques and language to develop and sustain effective partnership working.
<p>Healios Think Ninja</p>	<p>This service is currently being piloted to test out a new self - help smartphone app which provides emotional wellbeing support to children and young people. The tool is built on proven therapy-based techniques such as cognitive behavioural therapy (CBT) and motivational interviewing, to help deal with anxiety and low mood. ThinkNinja also contains other really useful techniques such as mindfulness meditation and relaxation techniques to help with mental health, emotional wellbeing and resilience.</p> <p>Alongside the app, training is delivered to all school teaching staff to embed supportive techniques into the classroom environment and identify and respond to needs at the earliest opportunity.</p>	<ul style="list-style-type: none"> • CYP people will have instant access to support which help them manage and cope better. The hope is that the app will reduce the burden on schools and NHS mental health services.



Primary Behaviour Service

Supports Hampshire primary schools with children who have social, emotional and mental health needs that result in distressed behaviours in school.

The service primarily works with mainstream primary schools, supporting children who do not currently have an EHCP and who go to school in Hampshire. This includes children who live in a bordering local authority but attend a Hampshire primary school. By providing early, targeted support through a child-centred approach, the service aims to:

- remove barriers to learning;
- help children get the most from their education and reduce exclusion;
- Assessment and identification of a pupil's individual needs relating to behaviour and emotional wellbeing. This ensures that any early intervention and support is appropriate;
- Hands-on advice and support for classroom staff and school leadership teams, for a wide range of behavioural, emotional and social development needs;
- Support for parents/carers, including help with developing a positive home/school relationship, as well as direct work with parents/carers;
- Training and development for school staff, including sharing of skills and best practice;
- Transition support between schools, key stages or during a move to/from specialist provision;
- Access to six in-reach centres, which offer part time provision to complement mainstream school placement. The centres offer a tailored curriculum designed for each pupil to ensure maximum inclusion at school;
- support to schools about crisis management and conflict resolution;
- support and advice to schools during assessment for EHCP;
- supporting schools to meet the needs of children who are unable to attend school for medical reasons.

Recurrent funding of £50k has recently been agreed by health commissioners to joint fund this service alongside the Isle of Wight Local Authority – to commence 1st April 2020.

- Children learn strategies that work for them, so that they can self-regulate their behaviour;
- Children have their individual needs met, helping them to develop their strengths, emotional resilience and independence. They become better engaged with their learning and can access more of the curriculum. Staff in mainstream schools have increased understanding, confidence and knowledge, and are better equipped to work with distressed behaviours. The service supports the positive relationships and partnership working between schools, families and children, resulting in a consistent approach to behaviour at home and school.

Mental Health Support in Schools

Hampshire was recently successful in securing £720k to implement the Mental Health Support Team in schools project which is a national initiative project run by the NHS and the Department of Education and is designed to help improve schools approaches to CYP mental health and provide additional capacity, supplementing specialist NHS services.

The Hampshire Mental Health Support Team (MHST) programme will be rolled out during the latter half of 2019 in Gosport and Havant. The Isle of Wight will be submitting a bid for MHST in Wave 4 (January 2020).

As part of the initiative, the government has committed:

- Funding for new MHSTs, to provide extra capacity for early intervention and ongoing help within a school and college setting;
- Encouraging schools and colleges to identify a senior mental health lead, with a new offer of training to help leads and staff to deliver whole school / college approaches to promoting better mental health;
- Mental Health Awareness Training for a member of staff from all state-funded secondary schools in England by March 2020;
- National roll out of the Mental Health Services and school/college Link Programme training nationally from Autumn 2019, supporting stronger partnerships between schools and colleges and local specialist NHS Children and Young People's Mental Health Services (CYPMHS).



2

Local Priority 2:

Support for good mental health of parents

Core Offer

Provider/Project	Service	Outcomes/Aims
<p>Hampshire County Council – Support and advice for parents carers</p>	<p>Connect to Support Hampshire Local groups, activities and services within the community as well as formal care services for adults.</p> <p>Family Information and Services Hub Information about what is going on locally, details on how to access services, organisations and activities in Hampshire, and the advice and support that’s available for children and families.</p> <p>Five ways to wellbeing resources to help improve enjoyment of life, self-esteem and engagement with the world around you; supporting wellbeing.</p> <p>Relate offers relationship support to couples, families and individuals.</p> <p>I Talk offers support to people with common mental health problems including depression and anxiety. The service is open to anyone aged 16 and over who is registered with a GP in the localities of Andover, Basingstoke, Bordon, Eastleigh, Fareham, Gosport, Havant, New Forest, Petersfield, Romsey and Winchester</p> <p>Parental mental illness: the impact on children and adolescents for parents and carers information from the Royal College of Psychiatrists</p> <p>Family Support Service a County Council service for families with children aged 0–19 years (or up to 25 for young adults with learning difficulties and/or disabilities).</p>	<p>Families are supported as a ‘whole’. Services recognise that the mental health and emotional wellbeing needs of the individual child or parent/carer should not be addressed in isolation to the wider family unit.</p> <p>Families feel supported and able to build ongoing positive and supportive family dynamics.</p>
<p>Hampshire Parent Carer Network</p>	<p>We continue to commission the ‘Futures in Mind’ project delivered by Hampshire Parent Carer Network which provides intervention, aimed at improving the wellbeing of parent carers of children and young people aged 0-25 years.</p>	<ul style="list-style-type: none"> • Parents and Carers recognise own resilience and individual strengths • Pathways to community and peer support are created and focus on the wellbeing of parent carere to improve the outcomes of the CYP under their care.

<p>Barnardo's Family Support (Hampshire and Isle of Wight)</p>	<p>Specialist parenting support services across Hampshire and Isle of Wight. The service offers both group based and 1:1 programmes for parents of children and young people distressed behaviours associated with mild-moderate conduct disorders, Autism, ADHD or are teenagers displaying anti-social behaviour including child of parent violence. Practitioners work in close partnership with colleagues from local authority Family Support and Early Help Services and the Supporting Families Programme.</p>	<ul style="list-style-type: none"> • Parents and carers feel better able to manage distressed behaviour presented by children and implement mechanisms to create a positive home environment. • Promote resilience which enables the child to cope with life's ups and downs and to 'bounce back' in the face of difficulties. It can help to mitigate the effect of some of the risk factors for adverse outcomes in adult life.
<p>Hampshire CAMHS Website</p>	<p>The Hampshire CAMHS website was developed in 2017 to prove a portal of mental health and emotional wellbeing resources for parents and professionals. The website is regularly reviewed and updated.</p>	<ul style="list-style-type: none"> • Fully accessible website for anyone to find specific guidance in relation to the different mental health difficulties that they may be experiencing. • Families can access high quality guidance and self - help and top tips to help manage mental health emotional wellbeing difficulties together as a family.
<p>Parenting workshops for parents of children presenting with traits of an/ or diagnosed with Autism – St Mary's Occupational Therapy Team</p>	<p>Group based workshops focusing on educating parents and carer about Autism and how they can support children to achieve the best outcome possible.</p>	<ul style="list-style-type: none"> • Parents gain a better understanding of Autism as a lifelong condition; • Parents feel more confident to effectively manage behaviours by using tools and techniques provided by ASC specialist Occupational Therapists.



Transformation Plans

Provider/Project	Service Progress	Outcomes/Aims
<p>Isle of Wight Early Help Strategy</p>	<p>It is estimated that over two million children in the UK are living in difficult family circumstances. These include children who are affected by neglect, parental mental ill health and substance abuse and parental conflict. An effective early help strategy should provide the best quality professional help at the earliest opportunity to prevent difficulties escalating, family circumstances deteriorating and reduce the risk of children suffering significant harm.</p> <p>Commissioners are key stakeholders building the 2019 IOW Council's Early Help Strategy. Early Help covers a wide array of services and different sectors including education, health, and crime. Children and families can experience an array of difficulties at the same time and therefore developing a co-ordinated approach to assessing what the issues are and bringing together the right team of people around the family is essential to delivering a holistic, collaborative plan of support.</p> <p>There is a clear process in place for families to access early help services with multi-agency co-ordination via the early help service. There are a range of intervention services available depending on the level of need. Lead professionals are drawn from a large cohort of staff trained across partner agencies (pre-schools, schools, family centres, health professionals, voluntary sector and support is provided by local authority Early Help Co-ordinators. This well-developed approach includes; workforce development, Early Help locality hub meetings, early help audits for quality assurance, peer supervision, surgeries, telephone consultation line, joint visiting and training opportunities to share good practice. It has successfully built significant capacity and confidence across multi-agency practitioners in regards to early help planning and support.</p> <p>The early help offer improves the child's situation and supports sustainable progress and outcomes for children.</p> <p>Part of the early help offer is commissioned by the local authority through Barnardo's who provide a range of interventions and support through a network of 0-19 Family Centres for cases assessed to be at level 2 and 3, (including the Troubled Families programme). The model of 0-19 Family Centres has been identified by the Children's Commissioner for England as a model of good practice. Family Centres work in partnership with voluntary and statutory services with health being a key partner. The services provided from the centres are targeted at families most in need. There is excellent engagement with the voluntary sector. Children's social care has commissioned Home Start to recruit and train volunteers specifically to work with families with children subject to child protection.</p> <p>The Isle of Wight council commissions other early help provision through the Short Breaks programme, Special Educational Needs and Disabilities (SEND) and young carers support.</p>	<p>323 early help assessments were received during the period April 2017-March 2018 compared to 368 in 2016/17, a decrease of 12%. The top presenting factors have not changed at over the past 2 years. Poor mental health of both adults and children are some of the highest factors seen, alongside behavioural issues and relationship difficulties within the home.</p> <p>There were:</p> <ul style="list-style-type: none"> • 80 (27%) step downs compared to 128 (35%) step downs in 2016/17 • 51 (18%) step ups to CSC from early help compared to 53 (14%) in 2016/17 <p>64% of cases who were closed to Targeted Early Help during 2017 - 2018 did so having achieved positive outcomes for the child and family. Only 18% were stepped up to Children's Services-demonstrating the positive impact of the co-ordinated delivery of early help services.</p> <p>This suggests that the early help offer remains stable, accessible, and consistent and that partner agencies remain confident in the assessment and effectiveness of early help. Schools, Family Centres, Health Visitors, voluntary organisations and School Nurses undertake the majority of lead professional roles.</p> <p>The Early Help Strategy aims to:</p> <ul style="list-style-type: none"> • Ensure effective use of resources-integrated commissioning informed by needs assessment; • Revise the Isle of Wight Early Help Offer, with contributions across all Children's Trust partners and publicise with families ; • Further develop evidence based early help approach to child and parental emotional wellbeing; • Deliver early help targeted at substance misuse and domestic abuse; • Review current early help assessment and planning process to develop strengths based approach-that includes wider family and community to promote resilience in conjunction with Children's Services Transformation programme. <p>The above aims will be monitored through the Early Help Board and reported annual to the Children's Trust.</p>

<p>Hampshire Early Help Services</p>	<p>The Early Help model is coordinated through ten multi-agency hubs: Eastleigh, Gosport, Test Valley, Basingstoke, Hart and Rushmoor, New Forest, Havant, Winchester, Fareham and East Hants.</p> <p>The hubs are coordinated by the Family Support Service (FSS) and involve a range of practitioners who contribute to the local Early Help offer.</p> <p>FSS is part of the 'early help' provision for Hampshire run by the County Council for families with children aged 0 to 19 years (or up to 25 for young adults with learning difficulties and/or disabilities) to provide a joined-up, whole-family service to those who have high levels of need including:</p> <ul style="list-style-type: none"> • family relationships • behaviours that are challenging • housing issues • emotional and mental health • healthy relationships • alcohol and drug issues 	<ul style="list-style-type: none"> • By enabling children and young people to access the support they need earlier, and in familiar settings, it will in turn reduce the burden on specialist CAMHS. This enables quicker assessment, treatment and support to those who still need it.
<p>IOW CAMHS Website</p>	<p>It has been recognised that the Isle of Wight CAMHS website requires significant improvement. Commissioners plan to work with the provider, CYP and their families to develop an online portal of resource and guidance.</p>	<ul style="list-style-type: none"> • Build parent knowledge in order to recognize and respond to symptoms of mental health issues as early as possible; • Parents will understand the difference between mental health issues and emotional wellbeing issues, and how to support both in the home. • Families can download resources and follow informant guides to respond to distressed behavior whilst their child is waiting for CAMHS assessment/treatment • Families can explore complementary support services as signposted by CAMHS; • Parents and CYP will receive high quality and expert information relating to mental health and emotional wellbeing issues.

Local Priority 3:

Whole school /educational settings approach to mental health

Core Offer

Provider/Project	Service	Outcomes/Aims
Primary Behaviour Service	<p>Supports Hampshire primary schools with children who have social, emotional and mental health needs that result in distressed behaviours in school.</p> <p>The service primarily works with mainstream primary schools, supporting children who do not currently have an EHCP and who go to school in Hampshire. This includes children who live in a bordering local authority but attend a Hampshire primary school. By providing early, targeted support through a child-centred approach, the service aims to:</p> <ul style="list-style-type: none"> • remove barriers to learning; • help children get the most from their education and reduce exclusion; • Assessment and identification of a pupil's individual needs relating to behaviour and emotional wellbeing. This ensures that any early intervention and support is appropriate; • Hands-on advice and support for classroom staff and school leadership teams, for a wide range of behavioural, emotional and social development needs; • Support for parents/carers, including help with developing a positive home/school relationship, as well as direct work with parents/carers; • Training and development for school staff, including sharing of skills and best practice; • Transition support between schools, key stages or during a move to/from specialist provision; • Access to six in-reach centres, which offer part time provision to complement mainstream school placement. The centres offer a tailored curriculum designed for each pupil to ensure maximum inclusion at school; • support to schools about crisis management and conflict resolution; • support and advice to schools during assessment for EHCP; • supporting schools to meet the needs of children who are unable to attend school for medical reasons. <p>Recurrent funding of £50k has recently been agreed by health commissioners to joint fund this service alongside the Isle of Wight Local Authority – to commence 1st April 2020.</p>	<ul style="list-style-type: none"> • Children learn strategies that work for them, so that they can self-regulate their behaviour; • Children have their individual needs met, helping them to develop their strengths, emotional resilience and independence. They become better engaged with their learning and can access more of the curriculum. Staff in mainstream schools have increased understanding, confidence and knowledge, and are better equipped to work with distressed behaviours. The service supports the positive relationships and partnership working between schools, families and children, resulting in a consistent approach to behaviour at home and school.

<p>Mental Health Support in Schools</p>	<p>Hampshire was recently successful in securing £720k to implement the Mental Health Support Team in schools project which is a national initiative project run by the NHS and the Department of Education and is designed to help improve schools approaches to CYP mental health and provide additional capacity, supplementing specialist NHS services.</p> <p>The Hampshire Mental Health Support Team (MHST) programme will be rolled out during the latter half of 2019 in Gosport and Havant. The Isle of Wight will be submitting a bid for MHST in Wave 4 (January 2020).</p>	<p>As part of the initiative, the government has committed:</p> <ul style="list-style-type: none"> • Funding for new MHSTs, to provide extra capacity for early intervention and ongoing help within a school and college setting; • Encouraging schools and colleges to identify a senior mental health lead, with a new offer of training to help leads and staff to deliver whole school / college approaches to promoting better mental health; • Mental Health Awareness Training for a member of staff from all state-funded secondary schools in England by March 2020; • National roll out of the Mental Health Services and school/college Link Programme training nationally from Autumn 2019, supporting stronger partnerships between schools and colleges and local specialist NHS Children and Young People's Mental Health Services (CYPMHS).
<p>Hampshire CAMHS Campaigns</p>	<p>Hampshire CAMHS have an engagement officer in post who delivers specific campaigns depending on need identified through their engagement work with CYP and families.</p> <p>Campaigns run throughout the year at various locations around the county and information can be found at https://hampshirecamhs.nhs.uk/campaigns/</p> <p>This is additional to Hampshire CAMHS core contract.</p>	<p>The Campaign for 2019 is the "Hear Me" campaign and focusses specifically on children in care and the aims are:</p> <ul style="list-style-type: none"> • To provide opportunities directly with young people to gain skills that enhances their self-worth, empowers them to achieve their potential, and increase self-confidence which in turn will improve their emotional and mental health. • To train, support and advise the systemic network that supports these young people in order to enhance their work with young people in their care and ensure its effectiveness. • To provide young people across Hampshire with the chance to contribute and feedback to wider conversations about pertinent issues relating to young people's health and wellbeing. <p>Previous campaigns have focussed on:</p> <ul style="list-style-type: none"> • 2018 – Every body matters – focussing on eating disorders and body image • SAFE campaign – focussing on suicide awareness.

Transformation Plans

Provider/Project	Service Progress	Outcomes/Aims
<p>Mental Health Support in schools</p>	<p>Submit a bid for the Isle of Wight to implement the Mental Health Support Team in schools project which is a national initiative project run by the NHS and the Department of Education and is designed to help improve schools' approaches to CYP mental health and provide additional capacity, supplementing specialist NHS services.</p> <p>The Hampshire Mental Health Support Team (MHST) programme will be rolled out during the latter half of 2019 in Gosport and Havant. The Isle of Wight will be submitting a bid for MHST in Wave 4 (January 2020).</p>	<p>As part of the initiative, the government has committed:</p> <ul style="list-style-type: none"> • Funding for new MHSTs, to provide extra capacity for early intervention and ongoing help within a school and college setting; • Encouraging schools and colleges to identify a senior mental health lead, with a new offer of training to help leads and staff to deliver whole school / college approaches to promoting better mental health; • Mental Health Awareness Training for a member of staff from all state-funded secondary schools in England by March 2020; • National roll out of the Mental Health Services and school/college Link Programme training nationally from Autumn 2019, supporting stronger partnerships between schools and colleges and local specialist NHS Children and Young People's Mental Health Services (CYPMHS).



4

Local Priority 4:

Supporting mental health of vulnerable children and young people

Core Offer

Provider/Project	Service	Outcomes/Aims
Adverse Child experience – Trauma Informed	<p>In the last ten years a significant body of evidence has developed on the impact of ‘Trauma Informed Childhood Experiences’ in terms of poorer outcomes in later life which includes childhood abuse or neglect, exposure to domestic abuse, parental substance misuse, parental mental ill health and bereavement.</p> <p>Studies have confirmed a strong correlation between experiencing a higher number of ACE’s and the subsequent risks to the individual in relation to mental ill health, chronic diseases, involvement in criminal activity and other poor outcomes in later life. At least one quarter of the population have experienced four or more recognised traumas during childhood.</p> <p>Support for this cohort of children will be identified through the early help assessment or if required a child and family assessment within children’s social care. NHS Commissioners are part of the working groups focusing on this cohort.</p>	<ul style="list-style-type: none"> • Ensure that the needs of this cohort are recognised at the earliest opportunity and responded to. • Work across the system to develop an integrated pathway for this cohort to ensure the best outcome in terms of educational, social and emotional wellbeing
Frankie Workers	<p>The Police and Crime Commissioners launched a dedicated counselling service for victims of child sexual abuse. The service, called Frankie Workers, is inspired by Frankie, an adult survivor of child sexual abuse. The Frankie Worker offers outreach therapeutic counselling to those aged 0 to 18 years who are traumatised as a result of being missing, exploited, trafficked or sexually abused. Individuals are seen for around 14 weeks (one session a week) depending on need.</p>	<ul style="list-style-type: none"> • Continue to invest and build on already established partnership working with this service.

Willow Team	<p>The Willow Team is a multi-agency team that specifically addresses the needs of children who repeatedly go missing, or are at risk of exploitation and/or trafficking.</p> <p>The team operates across the Hampshire Local Authority area and receives referrals from Hampshire's Multi Agency Safeguarding Hub (MASH) relating to children who are not currently open to Children's Social Care and where concerns are raised that they are at risk of exploitation/missing or being trafficked; and/or children who are in contact with known perpetrators of child exploitation.</p>	<ul style="list-style-type: none"> • Continue to invest and build on already established partnership working with this service.
Solent NHS Trust delivering the Sexual Assault Referral Centre (SARC)	<p>Known as 'Treetops, which is located in Cosham, Portsmouth, and whose remit spans across Hampshire and the Isle of Wight and provides expert care and support to people following their involvement in what can only be described as one of the most traumatic experiences a person can suffer.</p>	<ul style="list-style-type: none"> • The centre offers a supportive environment where specially trained doctors and project workers can see a client through forensic examination, getting counselling and ongoing support, screening for possible sexually transmitted infections, or reporting the incident to the police.
Youth Offending teams	<p>Two Specialist Trauma Counsellors are based in the Hampshire YOT team with 0.5 equivalent in the IOW Youth Offending Service/Team. Treatment will include Somatic experiencing, CBT (cognitive behaviour therapy) and EMDR Eye movement desensitisation and reprocessing).</p> <p>The Counsellor will provide effective and evidence-based interventions, for example; NICE Clinical Guidelines (depression), (anxiety) (Post Traumatic Stress Disorder) and (Attachment Difficulties).</p> <p>Face-to-face therapeutic support will be child and young person centred and tailored to individual need and presenting problems. As such the Counsellor must be able to provide a range of different interventions. All therapies/counselling are delivered in line with the BACP (British Association of Counselling and Psychotherapy) or UKCP (UK Council for Psychotherapies) guidance and standards.</p>	<ul style="list-style-type: none"> • Reduce reoffending by supporting emotional needs and support individuals to re-enter education.
Breakout Youth	<p>Breakout Youth Hampshire and Isle of Wight wide charity offering support to young people aged 11-21 (up to 25, with additional needs) who identify as LGBTQ+.</p>	<ul style="list-style-type: none"> • Reduce rates of self harm/suicidal intent • Promote inclusivity • Reduce family breakdown • Ensure the best outcomes in terms of social, emotional and educational well being for this cohort of young people.

Transformation Plans

Provider/Project	Service Progress	Outcomes/Aims
<p>The Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) Transforming Care Partnership (TCP)</p>	<p>The Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) Transforming Care Partnership (TCP) will contribute to support the delivery of person-centred, strengths-based and coordinated health and social care, and support through delivery against its vision to “Build on a Child, Young Person’s or Adult’s unique strengths and abilities, getting it right for the person first time through ensuring there is the right care in the right place at the right time that is consistent across the SHIP TCP”.</p> <p>Specifically, the Transforming Care Partnership is working towards:</p> <ul style="list-style-type: none"> • Implementing early intervention and prevention agendas to avoid people being admitted to hospital, this includes supporting good physical health as well as mental health and having learning disability friendly GP practices • Improving access to timely assessment, diagnosis and support (which may be required life-long). • Appropriate intensive and crisis support • Increase the number of Annual Health Checks • Improve health outcomes, e.g. via screening programmes • Participating in the roll-out of STOMP (Stopping Over Medication of People with a learning disability, autism or both) • Closing the life expectancy gap between people with Learning Disability, and/or autism and the general population • Reducing the number of inpatients in specialist learning disability units • Reducing the length of stay for those individuals requiring assessment, diagnosis and treatment within inpatient settings. • Improve the training, support and development of all support staff, including unpaid and family carers (including Learning Disability awareness training for mainstream and not just specialist services) • Bringing people back who are living in residential placements out of the Hampshire & Isle of Wight area, reducing the need for care away from home, their families and communities 	<p>Expected Outcomes are:</p> <ul style="list-style-type: none"> • Young people are educated in their local in day school for longer • Young people avoid residential placement • Use of physical restraint / seclusion / restrictive practices will reduce • Better cross-organisation understanding about Positive Behaviour Support. • Better Local Offer. • Children’s Services and SEN <p>The specialist team for this initial pilot will be commissioned from The Centre for the Advancement of Positive Behaviour Support (CAPBS)</p> <ul style="list-style-type: none"> • A more confident resilient school’s workforce equipped to deal with children with autism and learning disabilities • CYP enabled to settle in local education placements, leading to fewer placements outside the county boundary. • Increased parental confidence in local education provision leading to fewer appeals via Tribunal. • Fewer admissions to Tier 4 provision • Shorter stays and earlier discharges from hospital <p>How does this work to achieve the ambitions of the NHS Long Term Plan?</p> <ul style="list-style-type: none"> • By taking a proactive approach and developing robust local community services for children with LD and autism. • By improving the skills of schools workforce and thereby aligning SEN and LD/Autism transformation • By embedding a financially sustainable model through a “train the trainer approach”

The Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) Transforming Care Partnership (TCP)

(continued)

- Increase the offer and uptake of personal budgets
- Increase the number of personal assistants available in the region
- Work with providers to expand and build upon the use of Positive Behavioural Support rather than physical interventions as a means of managing behaviour that challenges
- Establish robust care planning processes, including relapse prevention strategies with pre-agreed funding in place either directly funded or via personal budgets to help keep people well
- Establish a community forensic rehabilitation service
- Develop a joint Regional approach to Housing Development and a portfolio of housing options for individuals.
- Care and Treatment Reviews (CTR's) are being carried out to reduce the number of children and adults being admitted to learning disability and mental health hospitals.

Since the last refresh the following projects have been progressed:

- Reviewed and improved the Care, Educations, Treatment & Review (CET) process across Hampshire and Isle of Wight joining up CAMHS, social care, education and children's services much more effectively
- Recruited a Transforming Care Project lead
- Recruited a Learning Disability Nurse Assessor to strengthen the children's collaborative team
- Invested into the Hampshire County Council Primary Behaviour Service to employ trained practitioners to work with schools and support children with distressed behaviours and learning disabilities.
- Introduced the Best Support Register across Hampshire and Isle of Wight
- Introduced the Transforming Care Panel to jointly review then agree care packages between health and social care.

Two new bids have recently (September 2019) been approved by the SHIP Transforming Care Partnership to further improve services and respond to aspirations within the NHS Long Term Plan:

The Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) Transforming Care Partnership (TCP)

(continued)

Understand and reduce the use of restrictive practice in school by implementing Positive Behaviour Support:

- A review of policy and procedures and recording systems
- Audit of staff needs including learning and development needs / attitudes and attributions / stress levels
- Restrictive practices and reduction strategies audit
- Behaviour Support Plan audit
- Stakeholder consultations
- Ongoing advisory consultancy support factored in for a specified period of time
- Review of client interactions

The pilot school will:

- be Local Authority funded and situated in Hampshire
- cater for secondary-aged / 16-19 pupils with autism, moderate/ severe learning disability and behaviour that challenges
- have pupils on-roll who have 2:1 staffing to manage needs relating to behaviour or have daily routines that isolate and segregate them from their families or peers be selected in consultation with CAMHS,

To upskill the education workforce in developing the skills to manage and support children and young people with atypical sensory presentation related to their learning disability and/ or autism.

The focus will be on developing a train the trainer approach, employing a highly specialist occupational therapist to develop a training programme which will

- focus initially on upskilling the workforce in our special school and college provision (2-19)
- developing a school's information pack
- cascading a training programme through a "train the trainer" approach to reach schools and colleges across the TCP who have the highest level of need

The role will be embedded into one of the local community trusts (to be determined) but will work across the TCP

LGBTQ++ - Hampshire CAMHS – part of the RESPECT project Free training for professionals (education, social care, health, voluntary sector) on LGBTQ+ in youth including considering factors such as mental health.

LGBT+ Suicide and Self Harm Prevention Training is a 1 day interactive, informative and thought provoking face-to-face workshop, that allows participants to experience how it may feel to be in the shoes of an LGBT+ person in our society, and highlights the difficulties faced on a day to day basis by LGBT+ people.

The objective of the workshop is to:

- a. Improve the ability of organisations, teams and suicide programmes who work with the LGBT+ community to identify individuals who are suicidal or whom deliberately self-harm.
- b. After the training workshop participants will have the following skills:
- c. Ability to describe relevant research related to LGBT+ Suicide behaviour and self-harm
- d. Ability to discuss LGBT+ suicide/ self-harm risk and protective factors
- e. Ability to assess LGBT+ Cultural competence of team/ organisation
- f. Ability to increase personal LGBT+ cultural competence



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Local Priority 5:

Reducing rates of self-harm

Core Offer

Provider/Project	Service	Outcomes/Aims
Hampshire CAMHS campaigns	<p>LGBTQ+ SUICIDE PREVENTION AND SELF HARM TRAINING</p> <p>This training can be booked via our website: www.hampshirecamhs.nhs.uk</p> <p>Free training for professionals (education, social care, health, voluntary sector) on LGBTQ+ in youth including considering factors such as mental health.</p> <p>Monitor rates of self harm referrals into CAMHS and other services working with vulnerable groups</p>	Recognise the sign of self harm in children and young people at the earliest opportunity and provide safe pathways to offer support and reduce rates of self harm and escalation.

Transformation Plans

Provider/Project	Service Progress	Outcomes/Aims
Emotional Wellbeing and Mental Health Strategy for Children and young people in Hampshire – 2019 - 2024	<p>Support Local Authorities to:</p> <ul style="list-style-type: none"> • Undertake a review of the self-harm pathway for under 18s in Hampshire • Review Hampshire's statistical neighbours to identify any areas of good practice which can be used to address self-harm locally • Undertake engagement with young people who have experience of self-harm to help inform action to address issues 	<ul style="list-style-type: none"> • Reduce rates of self harm in children and young people • Support early identification • Support children and young people to understand why they self harm • Work with partners to prevent to 'glamour' associated with self harm • Reduce escalation • Recognise triggers for children and young people • Equip schools to identify signs at the earliest opportunity and provide support for children young people.

Mental Health Support in Schools

Hampshire was recently successful in securing £720k to implement the Mental Health Support Team in schools project which is a national initiative project run by the NHS and the Department of Education and is designed to help improve schools approaches to CYP mental health and provide additional capacity, supplementing specialist NHS services.

The Hampshire Mental Health Support Team (MHST) programme will be rolled out during the latter half of 2019 in Gosport and Havant. The Isle of Wight will be submitting a bid for MHST in Wave 4 (January 2020).

- As part of the initiative, the government has committed:
- Funding for new MHSTs, to provide extra capacity for early intervention and ongoing help within a school and college setting;
- Encouraging schools and colleges to identify a senior mental health lead, with a new offer of training to help leads and staff to deliver whole school / college approaches to promoting better mental health;
- Mental Health Awareness Training for a member of staff from all state-funded secondary schools in England by March 2020;
- National roll out of the Mental Health Services and school/college Link Programme training nationally from Autumn 2019, supporting stronger partnerships between schools and colleges and local specialist NHS Children and Young People's Mental Health Services (CYPMHS).



6

Local Priority 6:

Improvement of service provision

Core Offer

Provider/Project	Service	Outcomes/Aims
Closer Working with Partners	We are aligning our priorities of the Hampshire 'Starting Well for Emotional Wellbeing and Mental Health Partnership' and 'The Isle of Wight 'Mental Health and Emotional Wellbeing Transformation Group (CYP)'	<ul style="list-style-type: none"> • Deliver objectives within the Local Transformation Plan as set out by Future In Mind.
Data Quality	We will work closer with our partners to truly understand the needs of our population. We recognise that there are gaps in our knowledge of the 'whole' child and will work to link our data streams with children's services and social care.	<ul style="list-style-type: none"> • Commission fit for purpose mental health and emotional wellbeing services. • Understand the impact of these services on children and young people.

Transformation Plans

Provider/Project	Service Progress	Outcomes/Aims
CAMHS Phased Investment	<p>An independent Demand and Capacity Peer review of Hampshire CAMHS has taken place.</p> <p>This has demonstrated the need for increased investment in order to reduce waiting times. A stakeholder workshop has also taken place to inform a plan to improve waiting times.</p>	<ul style="list-style-type: none"> • Implement findings of Independent Demand and Capacity Peer review in order to reduce waiting times.
Autism Assessments on the Isle of Wight	The Isle of Wight Autism Assessment service will move to a needs led model from 1st April 2020. As well as continuing to provide an assessment service, commissioners will also introduce early intervention support for families and schools (jointly commissioned with the local authority) and post diagnostic support services. Historically children and young people have been unable to access therapeutic intervention without a diagnosis of Autism Spectrum condition. From the 1st April 2020 this will no longer be the case and all children will be able to access the support they need.	<ul style="list-style-type: none"> • Assessments will not be a 'default' service for children and families. • An assessment for a diagnosis will be requested through a more informed process • Diagnosis rates will reduce; fewer assessments will cost less money. Savings will be re-invested into early support. • Needs will be identified much earlier • Children and young people will understand their needs at a much earlier stage. • Schools will feel more equipped to identify and support children and young people presenting with traits of Autism Spectrum Condition and/or Attachment Disorder. • A 'medicalised' culture will move to a 'needs led 'culture'

Hampshire
Autism
Assessment
service Review

Review of current service provision with a view to implementing a new long term pathway.

- System plans should set out how they will deliver the Long Term Plan commitments to improve services and outcomes for people with learning disabilities, autism or both, reducing the reliance on inpatient provision and increasing community capacity;
- To do this effectively, systems must ensure that they understand their local unmet need, gaps in care, including local health inequalities;



Local Priority 7:

Improving access and waiting times for Child and Adolescent Mental Health Services

Core Offer

Provider/Project	Service	Outcomes/Aims
Isle of Wight CAMHS	Review of Current Service Specification. Review and recommendations to be completed by 31st December 2019.	<ul style="list-style-type: none"> • Understand service gaps and recommission where appropriate • Enhance the core offer to include emotional wellbeing support for children and young people. More referrals will be accepted • Promote the current service and help families and professionals to understand the service offer • Introduce joint multi-disciplinary referral panels for children and young people with complex needs • Develop a 24/7 Crisis support service

Transformation Plans

Provider/Project	Service Progress	Outcomes/Aims
Hampshire CAMHS	<p>An independent Demand and Capacity Peer review of Hampshire CAMHS has taken place.</p> <p>This has demonstrated the need for increased investment in order to reduce waiting times. A stakeholder workshop has also taken place to inform a plan to improve waiting times.</p>	<ul style="list-style-type: none"> • Implement findings of Independent Demand and Capacity Peer review in order to reduce waiting times. • Additional investment will help services to reduce waiting times as we work towards national targets.

What are our risks and what are we doing about them?

Risk Factors and Protective Factors for Mental Health

Mental illnesses are a leading cause of health-related disabilities in children and young people and can have adverse and long-lasting effects. Good mental wellbeing in children is associated with better educational attainment and improved future prospects.

Risk Factors

<ul style="list-style-type: none"> ✗ Genetic influences ✗ Low IQ and learning disabilities ✗ Specific development delay ✗ Communication difficulties ✗ Difficult temperament ✗ Physical illness ✗ Academic failure ✗ Low self-esteem 	<ul style="list-style-type: none"> ✗ Family disharmony, or break up ✗ Inconsistent discipline style ✗ Parent/s with mental illness or substance abuse ✗ Physical, sexual, neglect or emotional abuse ✗ Parental criminality or alcoholism ✗ Death and loss 	<ul style="list-style-type: none"> ✗ Bullying ✗ Discrimination ✗ Breakdown in or lack of positive friendships ✗ Deviant peer influences ✗ Peer pressure ✗ Poor pupil to teacher relationships 	<ul style="list-style-type: none"> ✗ Socio-economic disadvantage ✗ Homelessness ✗ Disaster, accidents, war or other overwhelming events ✗ Discrimination ✗ Other significant life events ✗ Lack of access to support services
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 Child	 Family	 School	 Community
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<ul style="list-style-type: none"> ✓ Secure attachment experience ✓ Good communication skills ✓ Having a belief in control ✓ A positive attitude ✓ Experiences of success and achievement ✓ Capacity to reflect 	<ul style="list-style-type: none"> ✓ Family harmony and stability ✓ Supportive parenting ✓ Strong family values ✓ Affection ✓ Clear, consistent discipline ✓ Support for education 	<ul style="list-style-type: none"> ✓ Positive school climate that enhances belonging and connectedness ✓ Clear policies on behaviour and bullying ✓ 'Open door' policy for children to raise problems ✓ A whole-school approach to promoting good mental health 	<ul style="list-style-type: none"> ✓ Wider supportive network ✓ Good housing ✓ High standard of living ✓ Opportunities for valued social roles ✓ Range of sport/leisure activities
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Protective Factors


Our Risks

Description	Impact	RAG	Mitigation
<p>Referrals across mental health services are on the increase.</p> <p>Trajectories indicate that numbers will continue to outweigh capacity in all areas. Waiting lists are exceeding national waiting time standards in some areas. CYP will not be able to access the support they need.</p>	<ul style="list-style-type: none"> • CYP could potentially fail at school creating a life-long challenge for them, reducing their opportunity to thrive; • CYP could come to significant harm from risk taking behaviours due to high levels of vulnerability and reduced coping mechanisms; • CYP could inflict harm on other people, families, friends, others in society, which could have a negative impact of a severe magnitude; • CYP could impact on already overstretched adult mental health services, causing life-long costs to the system; • CYP could cause themselves significant self-harm, causing the acute system extra pressure; • The above will impact on other areas of the system such as education, safeguarding and social care. 	<div style="background-color: red; width: 100%; height: 100%;"></div>	<ul style="list-style-type: none"> • The Hampshire County council Primary Behaviour Service (PBS) is jointly commissioned between the local authority and the CCGs in Hampshire. The service supports children who do not currently have an EHCP and who go to school in Hampshire; • By providing early, targeted support through a child-centred approach, the service aims to: <ul style="list-style-type: none"> – remove barriers to learning – help children get the most from their education – reduce exclusion • Isle of Wight is reviewing the current CAMHS model including remit and age range, linking in with perinatal and family support services; • An independent Demand and Capacity Peer review of Hampshire CAMHS has taken place. This has demonstrated the need for increased investment in order to reduce waiting times. • The CCG recognises that children who are presenting with multiple needs require multiple services. Therefore, Multi-disciplinary panels and Single Points of Access (SPAs) for transforming care and neuro-diverse conditions are being reviewed; • Referrals for vulnerable children (children in need, young offenders and learning disabilities) are prioritised. YOT mental health support is currently being reviewed; • In Hampshire, CAMHS are informed of those CYP on the waiting list who are at risk of school exclusion and referrals are re-prioritised as appropriate; • The CCG contributes to newly established groups focusing on ACEs and trauma Informed children and young people. We continue to invest in services for LGBTQ, sexually exploited and trafficked and/or abused CYP; • An early intervention self Help App: Think Ninja is being piloted across Hampshire to support children and young people to self-manage low levels of anxiety and low mood;



			<ul style="list-style-type: none"> • All HIOW CCGs are exploring ways to respond to the need for crisis intervention by coming together as a collective. Psychiatric liaison continues to be explored. The Hampshire CAMHS i2i service continues to effectively provide crisis support and the Isle of Wight CAMHS service has been awarded funding to provide an out of hours support service; • Three Safe Havens specifically for young people are now open in Hampshire (Aldershot, Havant and the Isle of Wight) to provide a safe space for children and young people to attending times of crisis and alleviate the pressure on Emergency Departments. • In addition to Barnardo’s parenting support, the Hampshire Parent Carer Network deliver programmes of support for families experiencing distressed behaviours in the home; • Services for Autism across HIOW are currently being reviewed with online assessments piloted very successfully on the Isle of Wight in 2018/19. Online assessments are aimed at older teenagers and children; • Commissioners are working with third sector and community groups to enhance available support and make use of social prescribing opportunities, such as working with the fire service, wildlife trusts and scout groups.
	<ul style="list-style-type: none"> • Demand outweighing provider capacity is resulting in existing staff retention challenges, both of which contribute to a further reduction in capacity the capacity of the service and exacerbating the national challenges with mental health workforce recruitment. 		<ul style="list-style-type: none"> • The enhanced Evidence based practice programme (IAPT) should see a growth in the mental health workforce; • Commissioners are part of the Restorative Practice initiative which enables change through engagement, high challenge and high support within a respectful, exploratory environment.
<p>Transition</p>	<ul style="list-style-type: none"> • CYP may reach the age of 18/19 years before they are seen and will automatically be transferred to adult services where they will have to continue to wait even longer. 		<ul style="list-style-type: none"> • The joint Southampton, Hampshire, Isle of Wight and Portsmouth CCGs (SHIP) Transition protocol supports transition from children’s to adult mental health services. • Online Autism assessments for older teenagers have provided very successful on the Isle of Wight. The service is like lobe included in the future model for Hampshire.

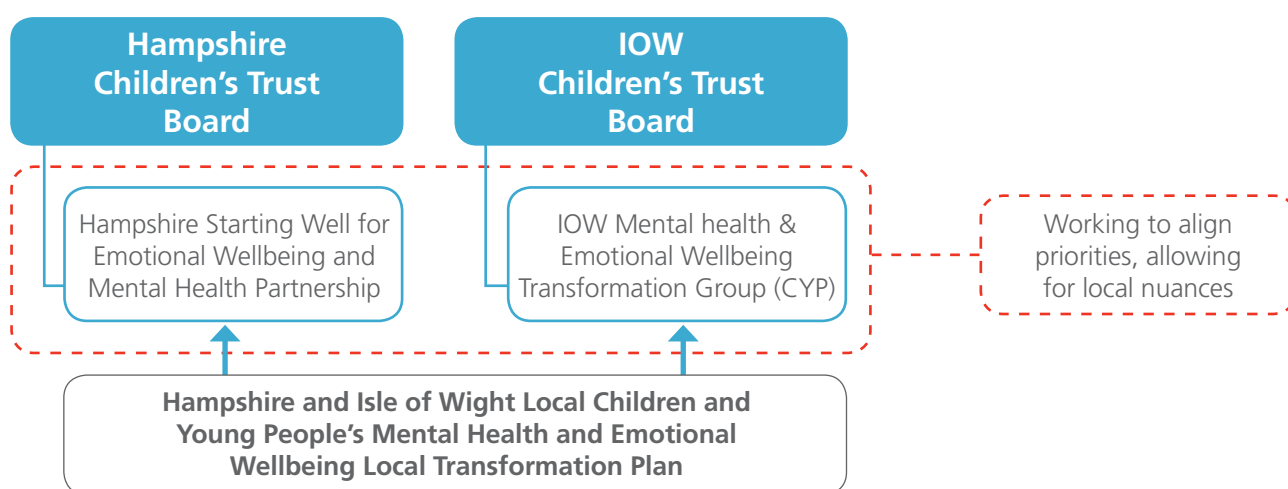


<p>Service Gaps</p>	<p>Gaps in service and/or systems working in isolation could result in children and young people being 'transferred between' different services and lack of specialist care for SEN, ASC and LD.</p>		<ul style="list-style-type: none"> • Children's representation at the quarterly SHIP TCP Board is now in place; • The Mandatory Dynamic Risk Register is now in place for HIOW; • The CYP Transforming Care Project is now part of New Care Models and also includes Southampton and Portsmouth; • The Care, Education and Treatment Reviews (CETRs) are showing that commissioned services are often not equipped to make the reasonable adjustments expected for LD and / or autism – work needed in this area. • Strategic meetings now established across HIOW and attended by health, social care, education and children's services. These meetings provide opportunities to co-design and joint fund services as well as highlight gaps and identify overlaps; • A review of all mental Health service specifications is underway; • Commissioners are focusing on engaging much more proactively with CYP , supported by Wessex Voices and Isle of Wight People Matter groups. • Current processes to ensure that children and young people with SEN and/or LD have their needs identified at the earliest opportunity is underway; • A review of the current quality assurance for health input to EHCPs is underway; • Special Education Needs Area join inspections are imminent for both Hampshire and the Isle of Wight. A SEN/Health steering group has been established and self-evaluations are complete. Commissioners have a clear understanding of CCG duties;
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Accountability and Transparency

Approval and monitoring of the Children and Young People’s Mental Health Local Transformation Plan.



- Continued progress against the Mental Health Local Transformation Plan will be supported by the Hampshire ‘Starting Well for Emotional Wellbeing and Mental Health Partnership’ and, the Isle of Wight ‘Mental Health and Emotional Wellbeing Transformation Group (CYP)’;
- These groups will meet quarterly. Attendees are invited to attend both meetings;
- Priorities for both groups will be aligned with attendees focusing on local issues which impact on progress against the Local Transformation Plan.

Local Transformation Plan Approval

This plan will be discussed at the following meetings:

Meeting	Date
Hampshire Starting Well for Emotional Wellbeing and Mental Health	14 th October 2019
IOW Mental Health and emotional Wellbeing Transformation Group	15 th October 2019
IOW Integrated Commissioning Board	7 th November 2019
Hampshire County Council Joint Commissioning Board	11 th November 2019
Hampshire Children and Young People’s Select Committee	20 th November 2019
IOW Childrens Trust Board	28 th November 2019
HIOW STP Childrens Programme Board	21 st November 2019

KLOEs Summary

NHS England have issued national guidance which supports the refresh of Children and Young People's Mental Health and Wellbeing (CYP MHWB) Local Transformation Plans (LTPs) for 2019/20. It builds on the initial Key Lines of Enquiry (KLoEs) developed in 2015 to support the original LTPs.

The aim was to confirm that there is transparent commitment and local engagement to deliver existing planning commitments for CYP MHWB and to make the necessary preparations for future years in line with the Five Year Forward View for Mental Health and the recently published NHS Long Term Plan.

The guidance uses a RAG (Red, Amber, Green) rating system to assess progress.

- **Green – Fully confident:** Objective clearly identified and delivered. All requirements in place.
- **Amber – Partially confident:** Objective not clearly identified, some requirements in place or plans/actions require strengthening.
- **Red – Not confident:** Objective not identified or no confidence that actions will result in requirements being achieved.

The review of these KLOEs will assess that identified actions and intentions are progressing and are supported by a substantive, transparent and system-wide commitment to meet the KLOEs.

The table below is summary of Hampshire and Isle of Wight's current self-assessment of our 'Red' KLOEs which we will work to improve our evidence for in 2020/21.

Understanding Need

- We need to work on linking our data requirements with the local authorities and be able to accurately describe the our mental health and emotional support services are meeting the needs of children and young people across Hampshire and isle of Wight.

Ambition

- We need to be clearer regarding our action planning, our future funding commitments and identifying agencies that we would use through the action plan
- We need to be more signed on the transitions CQUIN
- We need to have clear plans in place as we move towards outcomes based reporting

Health and Justice

- Need to work better with colleagues to support transition on health and justice grounds

Crisis

- Need further evidence that shows the re-profiling of inpatient expenditure into community provision.

Glossary

Attention Deficit Hyperactivity Disorder	Symptoms include chronic problems with inattention, impulsivity and hyperactivity.
Attachment Disorder	A broad term that is used to describe a series of emotional and behavioural problems that can develop in young children who struggle to form expected bonds to primary caregivers, usually their parents.
Autistic Spectrum Condition	Complex disorder of brain development characterised by difficulties with social interaction, verbal and non-verbal communication and repetitive behaviours.
Adverse Childhood Experiences/Trauma Informed	Adverse childhood experiences are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders.
Avoidant Restrictive Food Disorder	Avoidant Restrictive Food Disorder (ARFID) is defined as a restriction of a person's own eating by consuming smaller amounts of food, or by avoiding certain foods or entire food groups. ARFID differs significantly from bulimia or anorexia in that it is not always accompanied by weight loss. It appears to be more prevalent among younger children (2-12 year olds) as well as those with autism, anxiety, and ADHD. Left untreated, ARFID can lead to malnutrition.
Child and Adolescent Mental Health Service	Children and Adolescent Mental Health Services (CAMHS) are made up of specialist teams offering assessment and treatment to children and young people up to age 18 who have emotional, behavioural or mental health problems. Services are also provided for children and young people with eating disorders.
Frankie Workers	The Frankie Workers provide a therapeutic counselling for children and young people up to age 18 years who have experienced trauma through being missing, exploited, trafficked or sexually abused.
Willow Team	The Willow Team is a Hampshire Council Team within Children Services working within specialist Missing, Exploited and Trafficked children.
Mental Health Service Data Set	The Mental Health Service Data Set (MHSDS) is a patient level, output based, secondary uses data set which delivers robust, comprehensive, nationally consistent and comparable person-based information for children, young people and adults who are in contact with Mental Health Services.
New Care Models	The New Care Models seeks to address this fragmentation by empowering local systems to work together through Provider Collaboratives, with a view to reducing the number of people who are cared for out of area and creating the services their population need through local re-investment. This will enable providers to better address health inequalities and tailor services to local needs
Neurodevelopmental Disorders / Conditions	Neurodevelopmental disorders are impairments of the growth and development of the brain or central nervous system. A narrower use of the term refers to a disorder of brain function that affects emotion, learning ability, self-control and memory and that unfolds as an individual develops and grows. Autistic Spectrum Conditions and Attention Deficit Hyperactivity Disorder are examples of neuro-developmental conditions.
Think Family	Think Family is the approach used by the Troubled Families programme to encourage services to deal with families as a whole, rather than responding to each problem, or person, separately.
Troubled Families	Troubled Families is a programme of targeted intervention for families with multiple problems, including crime, anti-social behaviour, truancy, unemployment, mental health problems and domestic abuse.
Sustainability and Transformation Partnerships.	In 2016, NHS organisations and local councils joined forces in every part of England to develop proposals for improved health and care. They formed new partnerships – known as sustainability and transformation partnerships (STPs) – to run services in a more coordinated way, to agree system-wide priorities, and to plan collectively how to improve residents' day-to-day health. Partnerships published their initial proposals in 2016 which have since continued to develop to reflect local priorities, views from people who use and provide services, elected representatives and local voluntary organisations.



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Improving Mental Health Services for Children and Young People

Hampshire and Isle of Wight Local Transformation Plan 2019

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The right care at the right time, in the right place for local people

Background

- Future in Mind – 2015
- Local Transformation Plans – Hampshire and Isle of Wight
- Structure mandated by NHSE
- Emotional Wellbeing and Mental Health Strategy for Children and Young People in Hampshire, 2019 - 2022
- Increasing access by 2021 to mental health support by 35% (70,000 more children and young people):

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- **Current Performance for 2019/20 (34%)**

North East Hampshire and Farnham	34.9%
North Hampshire	38.1%
West Hampshire	34.4%
South East Hampshire	36.1%
Fareham and Gosport	43.2%
Isle of Wight	60.6%

All CCGs on track to meet the target pf 35% by 2021

By 2023/24, nationally 345,000 additional CYP aged 0-25 will have access to support via NHS-funded mental health services and school or college-based Mental Health Support Teams (LTP);



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Number of children and young people with a diagnosable mental health condition:

Age Range	% with MH Diagnosis	Hampshire	Isle of Wight
2-4 years	5.5%	2,529	177
5-10 years	9.5%	9,833	838
11-16 years	14.4%	13,769	1,278
17 – 19 years	17.1%	7,486	597
Total	11.7%	33,617	2,858

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CYP Mental Health CCG spend – 2018/19

Organisation Name	CYP Mental Health CCG spend – excluding Eating Disorders	CYP Mental Health CCG spend Eating Disorders
NHS Fareham and Gosport CCG	£1.9m	£267k
NHS North East Hampshire and Farnham CCG	£2.9m	£102k
NHS North Hampshire CCG	£2.4m	£277k
NHS South Eastern Hampshire CCG	£2.1m	£306k
NHS West Hampshire CCG	£5.3m	£712k
NHS Isle of Wight CCG	£2.8m	£77k



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Summary of Need – Children and Young People

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Estimated prevalence of mental health disorders in children and young people % population aged 5-16	Hampshire	Isle of Wight	10 closest CIPFA nearest neighbours	SE England	England	Year	Comments
% of school pupils with social emotional and mental health needs (school age)	8.4%	9.6%	9.6%	8.5%	9.2%	2015	
Percentage of 15 year olds reporting positive life satisfaction	2.9	2.8%	3.0%	2.4%	2.4%	2018	Source: Fingertips tool
Self - Harm Admissions 10-24 year olds per 100,00	69.2	60.3	62.4%	63.3%	63.8%	14/15	
First time entrants to the youth justice system aged 10-17 year olds per 100,00	591.8	453.3	530.8	467.6	419.5	17/18	Source: Fingertips tool
Looked After Children rate per 10,000	220	379	291	169	239	2018	
Children in Need per 10,000	56	90	82.3	51	64	17/18	LAI tool – comparators are children's statistical neighbours
Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)	319.4	482	475.9	245.1	341	Apr 18	
Care Leavers	48.3	46.2	47.2	47.5	47.6	14/15	Source: Fingertips tool

Current Services:

Across Hampshire and the Isle of Wight here are multiple providers, delivering emotional wellbeing and mental health services for children:

	Hampshire	Isle of Wight
CAMHS	Sussex Partnership Foundation Trust	St Marys NHS Foundation Trust
Attention Deficit Hyperactivity Disorder (ADHD) Services	Sussex Partnership Foundation Trust	St Marys NHS Foundation Trust
Autism Spectrum Condition (ASC) Assessment Services	Psicon Ltd	Psicon Ltd
Youth Counselling	No Limits	Isle of Wight Youth Trust Barnardos
Parenting Support	Barnardos Hampshire Parent Carer Network	Barnardos
Frankie Workers (Sexually abused children)	Hampshire County Council	Hampshire County Council
Breakout Youth (LGTQ+)	No Limits	No Limits
Safe Havens	Solent Mind	No Limits



National Progress:

Achievements in first three years of FYFVMH funding: Children and Young People's Mental Health



- 377,866 children and young people accessed mental health services in 2018/19, an access rate nationally of 36.1% based on ONS 2004, 33.1% based on ONS 2018



- CYP eating disorder services are on track for 95% access target by 2020/21
- Over 180 new Mental Health Support Teams in the process of being established since 2018
- The 2018 survey of crisis services shows an increase in comprehensive offer (crisis assessment, brief response and intensive home treatment) being commissioned, as well as significant growth in services operating 24/7 or over extended hours.



- Increased spend on CYP MH and Mental Health Investment Standard met in all CCG plans 2018/19
- CYP IAPT rolled out across 100% of the country and is now business as usual with existing and new staff trained to deliver evidence-based therapies
- Re-distribution of inpatient beds to provide more beds across a range of needs and in places where previously there were no beds



- 20% increase in core CYP MH posts, with a 23% increase in WTE in NHS Trusts
- 13 FCAMHS regional teams established, SECURE STAIRS evidence based interventions in all secure settings



Future in mind

Working in partnership with Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups



Local Progress:

- Successful bids for additional funding;
 - Mental Health Support Teams in Schools
 - Avoidant Restrictive Food Intake Disorder
- Redesigning Autism Pathways
- Safe Havens Pilot
- Digital Self Help App 'Think Ninja'
- Primary Mental Health Workers – Hampshire and Isle of Wight
- Joint Commissioning
- Partnership Working between Health and Local Authority – Aligning our priorities



The right care at the right time, in the right place for local people

Key focus Areas for 2019/20 - Emotional Wellbeing and Mental Health Strategy for Children and Young People in Hampshire 2019-22)

- Children and young people's emotional wellbeing and mental health is everybody's business
- Support for good mental health of parents
- Whole school /educational settings approach to mental health
- Supporting mental health of vulnerable children and young people
- Reducing rates of self-harm
- Improvement of service provision.
- Improving access and waiting times for Child and Adolescent Mental Health Services



What difference will this make?

- Children and young people's needs will be identified and responded to much earlier, reducing complex conditions and episodes of crisis;
- Parents and Carers will feel better supported, confident and equipped better manage distressed behaviours in the home;
- Schools will be upskilled to offer support that compliments home-based interventions;
- Children and young people will achieve better outcomes educationally, emotionally and socially;
- Children, young people, parents and carers will be able to access support in a timely manner
- Reduced transitions to adult services;
- Reduced attendance at Accident and Emergency (A&E) departments;
- Access to mental health support in schools and other early interventions settings will reduce referrals in specialist mental health services to allow focus on complex and urgent cases as well as reduce long waiting times;
- Children, young people, parents, carers and professionals will have access to seamless support services that are able to provide appropriate interventions in a timely way.

Local Transformation Plan 2019 – Next Steps

- Approval and sign off
- Final amendments
- Easy Read Version
- Summary Document
- Republication
- Work towards 2020 Local Transformation Plan

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	12 December 2019
Title:	Hampshire Safeguarding Children Board (HSCB) Annual Report 2018/19
Report From:	Derek Benson, Independent Chair, HSCB

Contact name: Sophie Butt, Strategic Partnerships Manager

Tel: 01962 876231 **Email:** Sophie.butt@hants.gov.uk

1. Purpose of this Report

The attached annual report from the Hampshire Safeguarding Children Board (HSCB) provides an independent analysis of the safeguarding services provided to children and young people in Hampshire over 2018/19. It contains a summary of the work undertaken to deliver the HSCB's Business Plan and outlines the priorities over the next year.

2. Recommendations

That the Hampshire Health and Wellbeing Board:

Note that the child protection partnership is working effectively across Hampshire but there are pressure points in relation to the increased activity in the system and improvement programmes within agencies where relevant.

Note that the Hampshire Safeguarding Children Partnership is the new statutory vehicle (under Working Together to Safeguard Children 2018) to coordinate the work of the multi-agency child protection partnership, commission learning reviews, and hold agencies to account for their work individually and together.

Agree the updated Protocol between the HSCP, Health and Wellbeing Board, and the Hampshire Safeguarding Adults Board.

3. Executive Summary

- 3.1 The HSCB was constituted of membership of a range of partner agencies including Children Social Care, Health (Clinical Commissioning Group/ Provider / Public Health), the Police, Probation, Youth Offending Team, Education, Diocese and the voluntary sector. The annual business plan and work programme is developed in partnership with all agencies.
- 3.2 The HSCB had four strategic priorities during 2018/19. Information on key highlights delivered under each priority is contained in the Annual Report:
1. Adopting a Family Approach
 2. Strengthening our Assurance Programmes
 3. Engagement
 4. Leadership and Transformation
- 3.3 In addition to the above, as part of its scrutiny and assurance role, the Board has maintained a close focus on any change programmes ongoing in partner agencies, that may have an impact on the broader system. Board partners are invited to provide briefings on a quarterly basis on any transformation or change programmes so that the partnership has early sight on any changes in service delivery or practice that may impact on single agencies or broader partnership working.

4. Conclusions

- 4.1. The Health and Wellbeing Board should be aware that the Department for Education released updated Working Together to Safeguard Children statutory guidance in June 2018. This guidance abolished Local Safeguarding Children Boards (LSCBs) in their previous statutory format and made provision for new local safeguarding partnerships. The effectiveness of the new partnerships is the joint responsibility of the new Local Safeguarding Partners, the Local Authority (Children's Services), Police Service for an area, and the Clinical Commissioning Group for an area. The Hampshire Safeguarding Children Partnership's new arrangements were published in June 2019 and can be found [here](#).
- 4.2. As such this is the last annual report published under the old LSCB arrangements. All future reporting will take place under the banner of the Hampshire Safeguarding Children Partnership (HSCP). In addition, the previously agreed Protocol between the Health and Wellbeing Board, the HSCB and the Hampshire Safeguarding Adults Board has been updated to reflect these new arrangements.

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

Section 100 D - Local Government Act 1972 - background documents

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

Document

Location

None

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

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

2018/19

HSCB Annual Report

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Hampshire
Safeguarding
Children
Board



www.hampshirescp.org.uk

<https://twitter.com/HampshireSCP>

Foreword

It is my pleasure to introduce the 2018/19 Annual Report for the Hampshire Safeguarding Children Board (HSCB). This will be the last such report published by the HSCB before responsibility for local safeguarding transfers to the named Safeguarding Partners in September 2019. I am pleased to say that plans for the new arrangements are on track and the Safeguarding Partners; the Local Authority, Hampshire Constabulary and the Clinical Commissioning Groups for Health, will inherit a partnership that continues to be robust, innovative and committed to achieving the best possible outcomes for the children and young people of Hampshire.

The strength of the existing partnership is due to the shared determination of the broad range of agencies and organisations from across the statutory and voluntary sectors that come together as the HSCB to ensure children are safeguarded and whose wellbeing is actively promoted. The activity of the Board is effectively and diligently coordinated and supported by the Partnership Support Team, and I would like to record my appreciation for their ongoing energy and enthusiasm.

The purpose of Local Safeguarding Children Boards has been to co-ordinate effective safeguarding arrangements across those agencies, a responsibility that the three Safeguarding Partners are well placed to take on. They are already active and engaged in partnership activity in Hampshire and are well sighted on the good practice that is in place and are open to delivering further improvements for the county's children and young people. I am confident that the transition will be a smooth one and that momentum will be maintained.

The Annual Report provides information as to what has been achieved in Hampshire during 2018/19 and includes updates on local priorities, initiatives and learning. This is built on a wide-ranging audit programme, detailed performance data from partners and importantly, feedback from service users including children and young people. The Report also includes relevant information on national issues and the development of shared activity across the whole of Hampshire that involves Portsmouth, Southampton and the Isle of Wight.

Throughout the last year, the HSCB has worked together to deliver its key priorities; further embedding a 'Family Approach', refining our assurance processes, better understanding the lived experiences of children and preparing for the transition to the new arrangements. I would also want to highlight the development of the ICON programme, a vitally important initiative led by Health colleagues and supported by the HSCB that aims to reduce abusive head trauma in young babies.

Safeguarding has never been more important and we, as individuals and organisations, must remain focussed in our efforts to deliver positive outcomes for our children and young people.



Derek Benson
Independent Chair
Hampshire Safeguarding Children Board



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The Board

What is the Hampshire Safeguarding Children Board (HSCB)?

HSCB is the key statutory body overseeing multi-agency child safeguarding arrangements across the Hampshire Local Authority Area. The work of the Board in 2018/19 was governed by statutory guidance Working Together to Safeguard Children 2015 and 2018.

Section 14 of the Children Act 2004 set out the statutory objectives of Local Safeguarding Children Boards, which are:

- To co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in their area.
- To ensure the effectiveness of what is done by each such person or body for those purposes.

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How the Board works

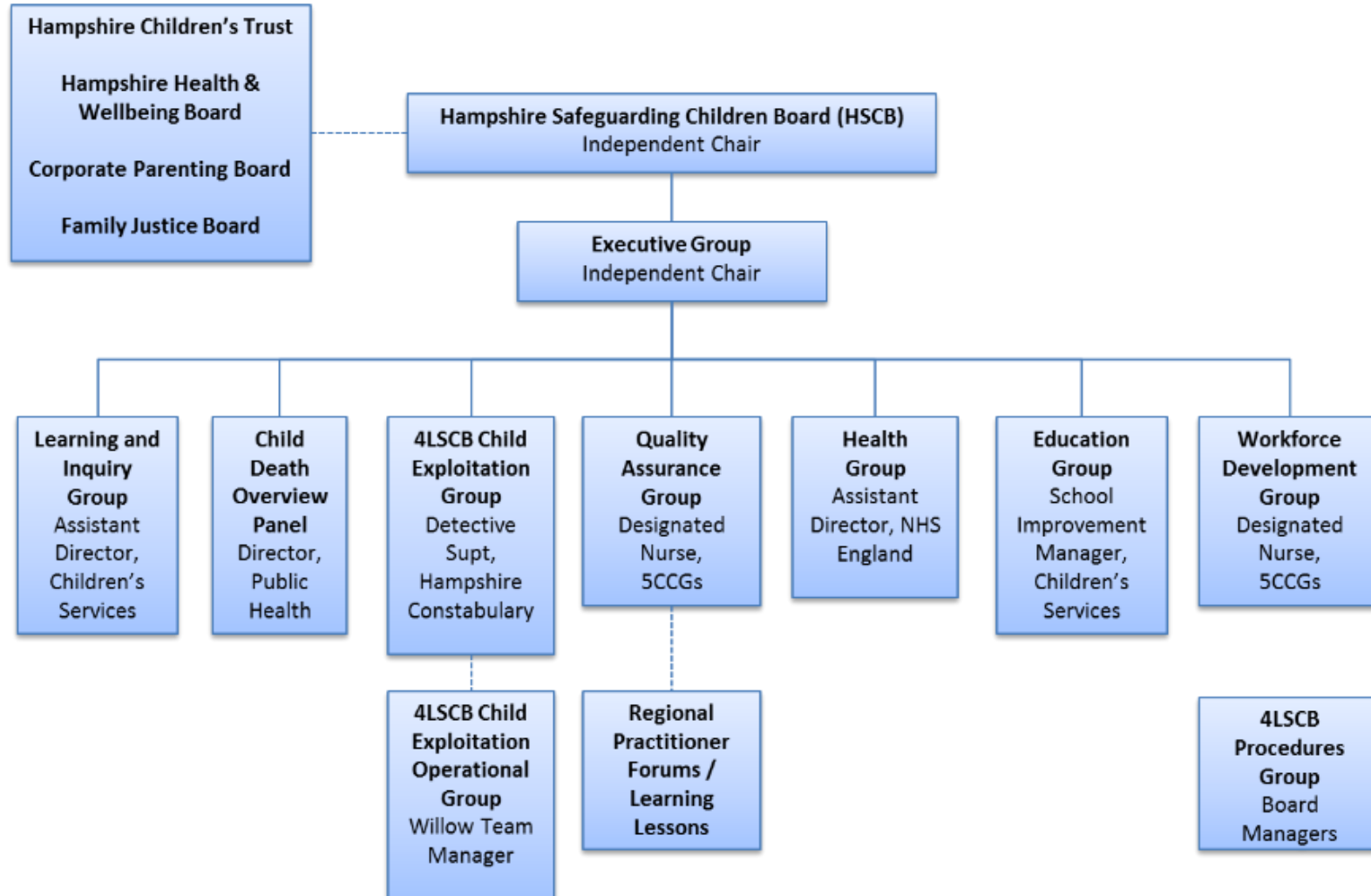
Everything we do is underpinned by two key principles:

- **Safeguarding is everybody's responsibility** - For services to be effective each professional and organisation should play their full part.
- **A child centred approach** - For services to be effective they should be based on a clear understanding of the needs and views of the individual children whilst recognising the support parents and carers may require.

HSCB has an Independent Chair and members who are leaders from a range of agencies. The Board is collectively responsible for the strategic oversight of local safeguarding arrangements. It does this by leading, coordinating, challenging and monitoring the delivery of safeguarding practice by all agencies across the count

Structure of HSCB in 2018/19

The main Board is supported by a range of subgroups that enable its functioning. The overall structure is illustrated below.



Day to day, the work of HSCB includes:

Undertaking multi-agency thematic audits and partnership reviews into the effectiveness of services.

Scrutinising quarterly data and producing a partnership analysis so that HSCB is clear on the needs of children and the challenges in relation to safeguarding.

Commissioning, designing and delivering training and learning opportunities that are available for the children's workforce and reviewing the effectiveness of these through evaluations, observations and longer-term impact audits.

Managing completion and publication of Serious Case Reviews (SCRs) and other reviews ensuring that the learning from these improves services for children.

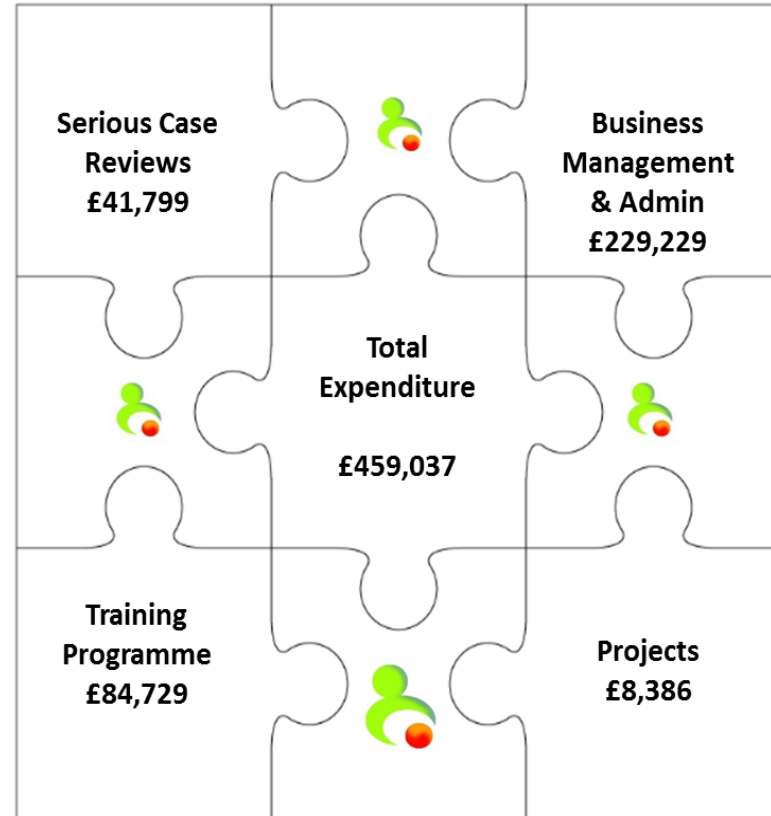
Checking partners are fulfilling their statutory obligations in relation to safeguarding and promoting the welfare of children within their organisations through audits, visits and challenge days.

Coordinating complex multi-agency working in respect of emerging safeguarding themes.

Finance

The budget for HSCB in 2018/19 was £462,825. 1.2 The final outturn for 2018/19 was a carry forward of £98,237 relating to several areas of agreed spend (case reviews and projects) that are profiled across both 2018/19 and 2019/20.

HSCB Expenditure



The Local Partnership and Safeguarding Context

Independent Chair

The Board is led by an Independent Chair, Derek Benson, ensuring a continued independent voice for the Board. The Independent Chair is directly accountable to the Chief Executive of Hampshire County Council and responsible with partner agencies for the effective working of the Board and delivery of its agreed objectives. The Independent Chair works closely with the Director of Children's Services and the Executive Lead Member for Children's Services.

Hampshire County Council

Hampshire County Council is responsible for establishing an LSCB in their area and ensuring that it is run effectively. The ultimate responsibility for the effectiveness of the HSCB rests with the Leader of Hampshire County Council. The Chief Executive of the Council is accountable to the Leader.

The Lead Member for Children's Services is the councillor elected locally with responsibility for ensuring that the local authority fulfils its legal responsibilities to safeguard children. The Lead Member contributes to HSCB as a participating observer and is not part of the decision-making process.



Hampshire Constabulary

Hampshire Constabulary is steadfast in protecting children, vulnerable people, those who require a policing service and communities across Hampshire and the Isle of Wight.



In 2018/19, Hampshire Constabulary was represented by Chief Superintendent Craig Dibdin, the head of prevention and neighbourhood command, and supported by Detective Superintendent Darren Rawlings, head of Public Protection, Detective Chief Inspector Nick Plummer, head of missing, trafficked and exploited children and Chief Inspector Dave Winter, head of the multi-agency safeguarding hubs (MASH) and safeguarding.

Hampshire Constabulary strongly believe effective policing and the protection of communities can only be achieved through strong partnership working and are committed with, and embedded within, statutory partners and third sector agencies to identifying risk and responding accordingly.

Hampshire Constabulary is a vulnerability led force and the Public Protection Department are currently focusing on strengthening and enhancing partnership approaches, identifying and robustly responding to those who are exploiting children and the vulnerable, how to enhance the timeliness and quality of information sharing with partners to inform risk and the correct partnership response and how to ensure targeted focus remains on those who commit offences against children and the vulnerable.

Clinical Commissioning Groups – Safeguarding and Looked After Children Team



West Hampshire Clinical Commissioning Group (CCG) on behalf of the five Hampshire CCGs employs the expertise of Designated and Named Professionals for safeguarding and looked after children. The

CCG Safeguarding and Looked After Children Team provide the CCGs, NHS England, Public Health, Healthcare providers and partners with training, advice and support to ensure that outcomes for children and young people continue to improve.

The Team lead work-streams on the behalf of the Board and CCG team members chair the Workforce Development Group, Quality Assurance Group and the ICON Working Group.

Lay Members

HSCB had two Lay Members on its Board through 2018/19 who played an important role in challenging, supporting and holding partners to account in the way they met their safeguarding duties. Lay Members also assist in developing stronger public engagement and awareness of children's safeguarding issues.

Lay Members help the Board stay in touch with local issues so that its work is relevant to local communities.

'I am now into my second year as a Lay Member on Hampshire Safeguarding Children Board and I continue to be impressed by the great sense of joint purpose, professionalism and commitment of all those who sit upon the board, despite the diversity of the services and agencies which they represent and lead. It has been a year of planning for significant change for the board with the new Working Together 2018 allowing for more flexibility in how safeguarding arrangements are delivered. As a lay person, I have felt fully consulted and involved in this process and I believe the new structures and processes that are being put into place will lead to even greater oversight and less duplication of the work to safeguard the wellbeing of Hampshire's children. At a personal level, I find the reading required for the meetings to be both challenging and fascinating. I continue to feel well supported and valued in my Lay role. My questions, when I have them, are always taken seriously and I am never made to feel that there is not time for my questions.'

(Camilla Pearse, HSCB Lay Member).

'I was appointed as a lay member of the HSCB in 2017. I am a retired healthcare professional, and in my retirement, I became a member of East Hampshire Police IAG (Independent Advisory Group). It was an eye opener to learn how much police time is spent with the vulnerable in society - rather than the criminal fraternity. When an opportunity arose to join the HSCB, I was keen to learn about the interaction of police, social services and health. I wanted to see how the professions work together to protect our vulnerable young people, and how they help prevent them from beginning a downward spiral which ends up with mental health problems, substance abuse or prison.'

The role of the HSCB is fundamental in helping to protect our children and ensure the provision of a safe, nurturing environment. I have been very impressed with the quality and dedication of the professional members of the HSCB and they have all been encouraging and supportive of the lay role. Though the Board meetings can be quite daunting, the excellent Chairmanship and administrative team support ensures that I feel comfortable raising issues and challenging performance and priorities. I feel listened to, and I feel that any issues I raise are responded to appropriately. I have observed the open, questioning approach of the HSCB support team as they interrogate Hampshire Safeguarding performance. I am impressed by the way that they experiment with different models of Board activity to ensure maximum engagement of all Board partners. Increasing demands and diminishing resources are sadly an all too common backdrop to Safeguarding, but I have every confidence that this Board is committed to getting things as right as they can be.'

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(Claire Cox, Lay Member).



District/Borough/City Councils

The 11 councils were represented on the Board by Bob Jackson, Chief Executive of New Forest District Council. There was also council representation on the Learning & Inquiry Group, Quality Assurance Group and the Workforce Development Group.

'The involvement of District/Borough/City Councils in the work of the Board continues to help improve the welfare chances of children in Hampshire. District Councils can provide a local knowledge of their communities and open up local points of contact which can provide an opportunity for better community engagement. Safeguarding is everybody's responsibility and many of the services provided by District Councils can assist with a child's safety. The importance of access to good quality housing and housing services is one example where a significant contribution can be made to the wellbeing of children. Significant progress was made last year with regard to ensuring there was a coordinated approach to ensuring local Hampshire Taxi Drivers have safeguarding training built in to the licence process administered by District Councils. Being part of the Board helps ensure that the approach to children's safeguarding is more broadly coordinated and, as a result, provides greater opportunity to help improve the lives of children in Hampshire.'

(Bob Jackson, Chief Executive of New Forest District Council).

NHS England (Wessex)



NHS England ensures that safeguarding duties are met in relation to the services that it directly commissions, such as health and justice and specialised services and that the health commissioning system is working effectively to safeguard children and adults at risk of abuse or neglect. NHS

England is the policy lead for NHS safeguarding, working across health and social care, including leading and defining improvement in safeguarding practice and outcomes. Key areas of focus include:

- Provide leadership support to safeguarding professionals.
- Ensure the implementation of effective safeguarding assurance arrangements and peer review processes across the health system from which assurance is provided to the Board.
- Provide specialist safeguarding advice to the NHS.
- Lead a system where there is a culture that supports staff in raising concerns regarding safeguarding issues.
- Ensure that robust processes are in place to learn lessons from cases where children or adults die or are seriously harmed, and abuse or neglect is suspected.
- Ensure that locally NHS England teams are appropriately engaged in the Local Safeguarding Children's Boards (LSCBs).

This role is discharged through the Chief Nursing Officer (CNO) who has a national safeguarding leadership role. The CNO is the Lead Board Director

for Safeguarding and has several forums through which to gain assurance and oversight, particularly through the NHS England National Safeguarding Steering Group (NSSG).

During 2018/19, NHSE SE has engaged with both the wider health system and multi-agency partnership both at a regional and local level to improve the understanding of safeguarding and ensure it is embedded and reflected in current practice and is central to future planning, commissioning and delivery of services – underpinning this has been an approach to balancing both assurance and improvement.

National Probation Service

The National Probation Service (NPS) are responsible for the management of offenders who pose a high or very high risk of serious harm. In addition, the NPS provide assessments to the courts to inform sentencing decisions and understanding of risk.

The NPS also manage all offenders who are subject to Multi-Agency Public Protection Arrangements (MAPPA) including: most registered sex offenders, people who have committed serious violent offences (receiving more than 12 months custody either served or suspended) and other offenders who present a significant risk where a coordinated approach is required to manage them. As well as the direct management of offenders, the NPS provide a network of hostel places for high risk offenders as well as programmes to address sexual offending.



The NPS works in collaboration with the Community Rehabilitation Company (CRC) who provide some services to NPS offenders through a system called the rate card (the list of available specialist services and programmes that CRCs offer and which the NPS can purchase).

Hampshire and IOW Community Rehabilitation Company



Hampshire and IOW Community Rehabilitation Company (HIOW CRC) supervise offenders aged 18 and over in the community who are sentenced by the court to either a Community Order or a Suspended

Sentence Order and are low or medium risk of serious harm. It also supervises people allocated to the service who are in custody and those released from prison on licence. HIOW CRC commissions a service called through the Gate which aims to help prisoners preparing to make the transition from custody through to the community.

HIOW CRC provides group work spaces for men convicted of more serious or persistent domestic abuse offences, who have been made subject to Community Orders with a requirement to attend Building Better Relationships (BBR) – a 26-week accredited programme targeted at reducing domestic violence. These men are often living within the family home, where children could be impacted by their behaviour. While on the programme, a participant's partner will be visited and supported by a Partner Link Worker.

In addition, the CRC is commissioned by CAFCASS to provide a limited number of spaces on the BBR programme to men ordered by the Family Courts to undertake a targeted domestic abuse intervention.

Diocese of Winchester

The Diocese of Winchester covers most of Hampshire, takes in a part of Dorset and stretches through to the edges of Surrey suburbia, covering 1,048 square miles and 1.27 million people. The diocese has 407 churches and 102 schools.

The Diocesan safeguarding team works across all of these, advising the Bishop of Winchester on safeguarding policy and processes, acting as link to statutory agencies, taking a multi-agency approach, making referrals and ensuring that all concerns are addressed in line with current guidance and legislation.

The safeguarding team has expanded and now has a full-time safeguarding trainer and administrative support as well as a manager and caseworkers.



The Diocese has a multi-agency Independent Safeguarding Panel and it has developed its strategic priorities and published an implementation plan. This includes rolling-out a new national training programme, implementing the recommendations from the successful independent audit, and developing new policies and handbooks to support local safeguarding delivery.

As a result, the Diocese’s priorities for the period focused largely on embedding these changes:

- Being Proactive & Strategic - Embedding the role of the new Safeguarding Panel, building a new proactive approach to safeguarding across the diocese, growing links to statutory agencies to ensure an inter-agency approach is taken wherever possible. This includes referrals via the MASH and the Early Help hubs. Diocesan staff have attended multi-agency safeguarding training provided by HSCB and in turn have been able to host a number of these events.
- Raising Awareness - Ensuring a consistent and high level of understanding of safeguarding matters is present in all clergy, ministers and worshipping communities.
- To Embed Systems & Resources - Continue to develop and invest in the operational infrastructure of the Diocesan Team, ensuring systems and protocols are robust and embedded into the daily working of the team.

Andrew Robinson, Chief Executive, is a member of the Hampshire Safeguarding Children Board (HSCB).

The safeguarding manager represents the Diocese and supports HSCB by being part of several working groups including the quality assurance group.

‘Safeguarding is at the heart of our mission as a Diocese, and we are committed to ensuring that our churches, schools, and communities continue to be safe places for all. Our strong partnership with HSCB is

central to our work in this area across Hampshire, ensuring that we are continually reviewing and improving the processes that we have in place.’
(Andrew Robinson, Chief Executive, Diocese of Winchester).

Key relationships with other partnerships

Hampshire Children’s Trust

Hampshire Children’s Trust is responsible for developing and promoting integrated frontline delivery of services which serve to safeguard children. The Independent Chair of HSCB is a member of the Children’s Trust and the Chair of the Trust sits on HSCB. HSCB presents its annual report to the Children’s Trust outlining key safeguarding challenges and any action required from the Children’s Trust.

The Health and Wellbeing Board

The Health and Wellbeing Board brings together leaders from the County Council, NHS and District/Borough/City Councils to develop a shared understanding of local needs, priorities and service developments. The two Boards have an established protocol outlining how they will work together including consultation on commissioning proposals that affect how children are safeguarded. HSCB reports annually to the Health and Wellbeing Board and checks how it is tackling the key safeguarding issues for children.

Police and Crime Commissioner

The Police and Crime Commissioner (PCC) is an elected official charged with securing efficient and effective policing services in his or her area. The Police

and Crime Commissioner's Youth Commission is actively involved in the work of HSCB. During 2018/19, this included attending and participating in the HSCB & HSAB joint annual conference along with several other initiatives.

Corporate Parenting Board

The Corporate Parenting Board (CPB) is a sub-committee of the Children and Families Advisory Panel, created with the purpose of promoting the best outcomes for Hampshire children in care and care leavers. The Board enables detailed Member led engagement and advice to the Panel and to the Executive Lead Member for Children's Services on the key area of corporate parenting. In 2018/19, HSCP agreed a new protocol with the CPB which provides a clearer platform to share information of mutual interest in relation to children who are looked after. Information and data are presented at both HSCP and the CPB to enable joint scrutiny of the service provision provided to Looked After Children (LAC).

Local Family Justice Board

Local Family Justice Boards (LFJB) were established to support the work of the national Family Justice Board by bringing together the key local agencies, including decision makers and front-line staff, to achieve significant improvement in the performance of the family justice system in their local areas. HSCP has, through its shared members of the LFJB, provided briefings on local safeguarding themes and trends to inform a broader understanding of challenges in the safeguarding system in Hampshire. This included a bespoke presentation on the ICON programme, outlined later in this report.

Local Demographics and Safeguarding Context

Local Demographics

Hampshire County Council is the third largest county in the country (based on population) with 1.32 million people including 309,462 children and young people aged 0-19 (ONS Census, 2011). The population of Hampshire is forecast to increase to 1.47 million people by 2024 (Small Area Population Forecasts 2017). The population of children aged 0-17 is forecast to increase from 282,750 to 307,350 over the same period.

Hampshire has a predominantly white ethnic population with 91% of children of compulsory school age and above of white ethnicity (DfE sfr/28/2017). 94% of children in Hampshire of compulsory school age and above have English as their first language (DfE sfr/28/2017).

The county is a mix of urban and rural populations, with areas of affluence and areas of significant deprivation. There are six areas in Hampshire that are listed in the 20% most deprived in England, including Eastleigh, Gosport, Havant, New Forest, Rushmoor and Test Valley (Index of Multiple Deprivation, 2015).

Vulnerable groups

Many groups of children in Hampshire are vulnerable and are at increased risk of being abused and/or neglected. These groups are not exhaustive and many factors, such as going missing from home, living in households where there is domestic abuse, substance misuse and/or parents with mental ill health can place children at increased risk of harm. The needs of these

children, and other vulnerable groups, are outlined below to provide an understanding of local context.¹

Children with a Child Protection Plan

Children who have a child protection plan (CPP) need protection from either neglect, physical, sexual or emotional abuse, or a combination of one or more of these. The CPP details the main areas of concern, what action will be taken to reduce those concerns and by whom and how we will know when progress is being made.

Child Protection	2015/16	2016/17	2017/18	2018/19
Total number of s.47 enquires across the year	4,387	4,211	3,926	4,317
Number of children with a Child Protection Plan (CPP) (at year end)	1,435	1,263	1,294	1,097
Total number of new CPP during the year	1,665	1,582	1,536	1,476

The number of children subject to a CPP has slowly reduced over the last few years, although the number of Section 47 investigations has remained the same, other than a slight dip in 2017/18. Audit and other work consistently confirm that thresholds are consistently applied, and the recent Ofsted focussed visit (2018) and full inspection (April 2019) confirmed that children are protected well.

¹ Please note that some figures in this section are subject to official validation.

The HSCB routinely scrutinises child protection activity at a county level and periodically carries out themed reviews to assure itself of the quality of work and that good outcomes are being achieved for children.

Children in Care

Children in care are those looked after by the local authority. Only after exploring every possibility of protecting a child at home will the local authority seek a court decision to move a child away from his or her family. Such decisions, whilst incredibly difficult, are made when it is in the best interest of the child.

There were 1,644 in care at the end of May 2019, compared to 1,599 children in care at the end of May 2018.

While the total number of children in care has increased, this is in part due to an ongoing increase in the number of Unaccompanied Asylum-Seeking Children (131 at the end of May 2019 which is 8% of the total children in care population). Children’s Services also have an increasing number of children who are subject to Care Orders (thus making them ‘looked after’) but placed at home with parents (147 at the end of June 2018 which is 9% of the total children in care population).

Significant work continues through the Transforming Social Care programme to work with families in an intensive way to ensure that as many children as possible can safely remain at home. The reunification programme is continuing to embed with the training of staff happening

apace. Children’s Social Care have developed, through the Transformation programme, multi-disciplinary hubs consisting of the pre-existing cohort of children and families support workers (now Intensive Workers) and specialist workers from other disciplines. In addition, the department has employed a further 19 Intensive Workers and plans are underway to increase this even further.

All children in care are subject to regular independent reviews to ensure that their circumstances are reviewed, and their needs are met. The local authority, and other agencies, work together to ensure that children are offered the best possible care and this work is coordinated and overseen by the Hampshire ‘Corporate Parenting Board’.

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Most of these children are placed in foster care (72%). The ethnic profile of children in care in Hampshire is consistent with the general population and the overall profile is like that of England as a whole.

Children who are privately fostered

Private fostering is a statutory status afforded to children aged under 16yrs when they are placed by someone who has legal responsibility for them - or where the child decides for themselves to live- with a carer who is not a close relative and the arrangement continues for 28 consecutive days or more. In such situations, the local authority has a safeguarding duty to these children and is required to assess their situation and monitor their wellbeing. However, the authority can only assess the situations of which it is made aware, so inevitably the role of other agencies, and indeed the public, in recognising and referring such circumstances is of key importance.

Whilst it is recognised that there is no known culture of private fostering in Hampshire, the number of such cases referred to the authority continues to be quite low; fifteen children had a ‘Privately Fostered’ status at the end of March 2019. This follows an awareness raising campaign which may have contributed to the slight increase in numbers from 10 at the end of 2018. The Board’s Quality Assurance Group regularly monitors this data.

Children with Disabilities

The need to safeguard children with disabilities, and to provide effective strengths-based support to children and their families, is a priority both nationally and locally. Hampshire Safeguarding Children Board (HSCB)

ensures that the voice of all children, including children with disabilities, is reflected across the broad subgroups including Health, Education, Child Exploitation, Workforce Development, Procedures and Learning & Inquiries. The Hampshire Parent Carer Network (HPCN) also provides valuable feedback from the parent/carer perspective.

Disabled Children	2015/16	2016/17	2017/18	2018/19
Referrals to Children's Services	2,495	2,765	2,007	1,741
Total number of children who became subject to a Child Protection Plan in the year	80	104	82	49
Number of children subject to a Child Protection Plan at year end	84	84	74	45
Total number of children Looked After by the Local Authority across the year	311	334	311	289
Total number of children Looked After by the Local Authority at year end	245	248	242	224

The Disabled Childrens Teams (DCTs) are acutely aware of the vulnerabilities of children with disabilities and complex needs and have devised ways of communicating with and observing carefully, children who may not be able to easily convey when there is a need for them to be protected. Peer inspections confirm that while the numbers of disabled children who are subject to Section 47 or on child protection plans are low, there is a clear focus on safeguarding in the everyday work of the staff in these teams.

The transformation work that started under the Partners in Practice (PiP) programme has continued to develop and the DCTs have led the way in

transforming the way that families and children are supported. The use of technology has had a significant impact on this work and innovative ways of working will continue to be developed.



Children who offend or are at risk of offending

Hampshire Youth Offending Team's priorities are:

- To reduce the numbers of children coming into the Youth Justice System for the first time.
- To prevent children from offending in the first place.
- To minimise the number of children coming into custody.
- To reduce reoffending in those subject to a statutory order.
- To keep children safe.

The number of children who are under the supervision of the Youth Offending Team (YOT) continues to fall. This is the result of a concentrated effort to keep children out of the Youth Justice system and address their needs in a different way.

420 young people received pre-court disposals in 2018/19 and a further 164 were sentenced in court. The Youth Crime Prevention programme worked with 242 young people in the same period. During 2018/19, the number of young people either remanded or sentenced to custody was 22, which is largely consistent with the previous year.

The reduction of first-time entrants (FTE) has been a challenge for the YOT and its partners. The last quarter measured (the year up to December 2018) showed a significant drop of 39 to 214 which is the lowest rate since July 2017.

This reduction in the young people the YOT are working with has meant the needs are more complex and an impact on their offending harder to achieve. The current reoffending rate for the YOT is 43.6% which is slightly above the average for England and Wales. Key to improving outcomes is: timely engagement, thorough assessment, detailed plans and targeted interventions. This is supported by our specialist services which assigns an Education Training and Employment and Restorative Justice Workers to each team.

As a partnership, the YOT is supported by other agencies who second staff. Therefore, each team has access to the skills and experience of the Police, National Probation Service and Child and Adolescent CAMHS.

These partners contribute to the holistic approach to meeting the needs of children under the YOT's supervision.

Early Help



The provision of preventative, integrated support to Hampshire's children and families through the early help offer continued at a pace during 2018/2019 with a further increase in the number of families reached.

As of February 2019, 3,222 vulnerable children were being supported by the multi-agency group at Level 3. Of this number, 56.5% of children's cases were held by partner agencies in the early help co-ordinator role, evidencing continued commitment to partnership working despite the challenges of reduced capacity and resources.

A Hampshire Safeguarding Children's Board Multi-agency Audit of Cases Managed at Level 3 early help evidenced positive feedback from families about the quality of support provided; effective working relationships established with families by professionals; improvements in accessing employment and addressing finances as well as increased education attendance; robust management oversight to track progress and outcomes

for families, and use of the 'Outcome Star' distance-travelled tool to evidence progress made.

Allowing some variation in service delivery across Hampshire's 10 early help hubs has ensured that specific local needs continue to be addressed through the provision of targeted services in districts.

Priority groups during 2018/2019 have included working with elective home education families and special guardians; provision of workshops to share information around county lines and child sexual exploitation; school attendance workshops and adult learning sessions including first aid for parents, confidence building and managing anxiety.

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Delivery of early help across the county has faced several challenges to its partnership approach during 2018/2019 because of increasing workloads across all agencies and financial constraints. However shared ownership and a partnership approach remain the cornerstones to maintaining the effectiveness of the early help offer across Hampshire and the Family Support Service continues to support partnership contribution through the professional of professional development sessions and early help coordinator workshops.

Supporting Families Programme

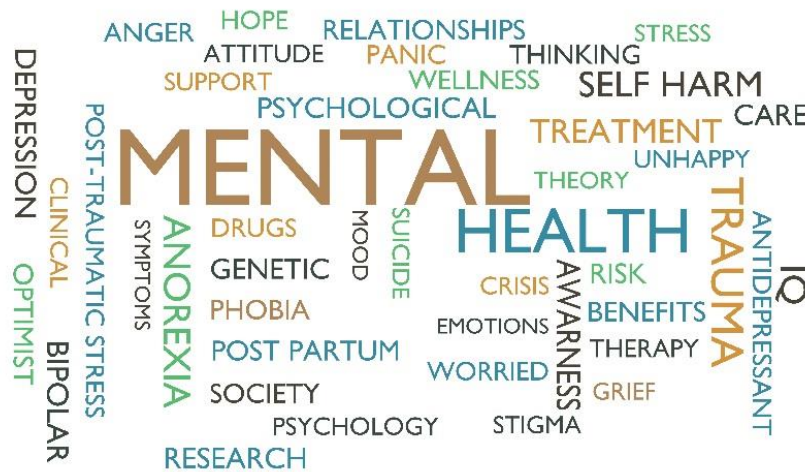
In September 2017, Hampshire's Supporting (troubled) Families Programme was renamed the Supporting Families Programme (SFP). SFP has operated since 2012 and since its inception nearly 7,000 Hampshire families have been identified and engaged by the programme. Phase 2 of the expanded programme commenced in 2015 and government targets were significantly increased. In 2016/17 and 2017/18, Hampshire was short of their increased target number of families by 670 families, despite the rate that families are identified/engaged being much quicker than the early years of the programme. A recovery plan was put in place and by the end of 2018/19 the had reduced to 353 leaving 630 families to be attached in the early part of the 2019/20 (the final year of the programme) to reach the Government minimum target of 5,540.

The programme remains targeted at families with more complex needs and so far, positive outcomes have been recorded for 2,500 families under the Government's payment by results element of the programme. In 2018, Young Carers and new parents struggling to cope were added as target groups.

Under Phase 2 of the programme, a significant number of families with mental health issues (67%) continue to be nominated to the programme. About half of the families nominated to the Phase 2 programme have children with poor school attendance/exclusion, require early help or are claiming out of work benefits. There are also significant numbers of families where anti-social behaviour, domestic abuse or substance misuse exists.

The Government has yet to decide as to whether to continue to fund the Troubled Families Programme nationally beyond 2019/20. An announcement is expected as part of the Comprehensive Spending Review due in the summer of 2019.

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Young people with mental health issues

During 2018/19, 8,230 children and young people were referred to the specialist Child and Adolescent Mental Health Service (CAMHS). This continues to be higher than the anticipated demand which has resulted in sustained pressure on the service. 2,987 initial assessments were undertaken, and 2,166 young people started treatment in this period. More than 75,869 clinical appointments were undertaken throughout the year. At the end of March 2018, there were 7,173 open cases of young people receiving an on-going service, which is approximately 2,000 more than the anticipated caseload.

Waiting times

Hampshire CAMHS waiting times for both assessment and treatment have remained outside of target levels in 2018/19 with the influence of continued higher than expected demand. 33.5% of young people were assessed within the four weeks target and 44.5% were treated within 18 weeks of referral. The service received 692 referrals marked as urgent. Of these referrals, those assessed as urgent were all responded to within four hours of receipt of the referral. Timeliness of assessment and treatment remained a key area of focus for the wider partnership with updates provided to HSCB during 2018/19.

A recent independent review of the service found that ‘...the service is doing what it can within the current resource to maintain patient flow and tackle waiting times’. Working with partner agencies is ongoing to ensure that the service can reach a sustainable position and reduce waiting time to

acceptable levels. This has included establishing a transformation board which will oversee the development of initiatives to reduce waiting times.

Inpatient admissions

The total number of young people admitted to psychiatric inpatient care in Hampshire throughout 2018/19 was 95; this was eight more than 2017/18 where there were 85. This reflects a general increase in admission numbers nationally, with pressure on specialist eating disorder provision and Psychiatric Intensive Care (PICU) and these admissions tend to be out of area. It is unsurprising that in-area bed usage has remained static as this is a fixed number, albeit with some nuances with Priory Blandford, a specialist provision for young people with learning disabilities and/or autism coming on-line this year and a relatively low average occupancy rate at Leigh House.

The New Care Model across Wessex and Dorset aims to bring patients closer home, helps them to maintain a better connection with their families and friends and improve how they interact with local services. This programme aims to reduce length of stay and the number of patients who are out-of-area in specialised mental health services. It delegates responsibility for the budget for in-patient services to local provider partnerships so they can ensure funding is spent as effectively as possible. Any expenditure gains are retained by the partnerships to invest in improving patient pathways, including in the community.

The clinical model for this programme has been developed with local stakeholders and is based around a model of intensive home treatment as an alternative to admission, particularly for those groups of young people for whom hospital can cause harm because of medical examination or

treatment, such as those with an eating disorder or presenting with emotional dysregulation.



Children Not Brought to Appointments

CAMHS have a significant number of children not brought to appointments. It is a credit to the whole service that they have embraced and implemented this work stream.

All initial appointment letters sent from the single point of access signposts parents/carers to an 'About your appointment' leaflet which explains the importance of appointment attendance. The leaflet can be downloaded from our Hampshire CAMHS website. A letter template for cancellation and rescheduling of appointments has also been developed. The named nurse presented the Child Not Brought work implemented within the service to the HSCB main board attendees. This work resulted in a reduction in the number of children not brought to CAMHS appointments.



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Children who are Electively Home Educated (EHE)

The Department for Education (DfE) has published new non-statutory EHE guidance for local authorities and parents including the recommendation that local authorities should contact families at least annually to ensure the education of all EHE children is suitable. The local authorities are considering the implications of the new guidance for Hampshire. The DfE is consulting on the introduction of legislation for a compulsory register of children who are EHE and support for EHE families.

Hampshire has a very busy telephone and email service for Hampshire parents, schools and other professionals. All children who are known to become EHE are registered and a safeguarding system check is completed, liaising with allocated workers as necessary. Parents are provided with an information pack and the offer of an EHE Visitor appointment. Hampshire County Council (HCC) offers to pay a contribution to the cost of GCSEs (conditions apply) and maintains a website.

Team Expansion

The EHE team consists of an EHE Coordinator, EHE Administrator, and 2.4 term-time only EHE Visitors with line management from the Inclusion Support Service Manager.

The three EHE Visitors started training in February 2019 and are delivering home visits. The team are focussing on children listed with Child in Need or Child Protection Plans and children who have had both Free School Meals and SEN. HCC has, where possible, continued to challenge and offer support to parents where a lack of suitable education provision is evident. Other

families can also request support. We have started the School Attendance Order process for a small number of cases.

The EHE register has continued to grow. There are now over 1,529 registered cases. The rate of new EHE cases from April to March is higher than at this point than year - 750 cases compared to 633. There is a trend for parents opting for temporary periods of EHE when dissatisfied with a school or when moving home. Around 14% of the cohort returned schools during September to April 2019.

Where poor practice in schools is identified, such as allegations of 'off-rolling', Hampshire County Council (HCC) has continued to challenge schools. HCC has published new guidance for Hampshire Schools and included a policy for the SEN Service to arrange an Annual Review within one term of a child becoming EHE for children who have an Education, Health and Care Plan (EHCP).

HCC continues to liaise with schools, Social Workers, Youth Offending Teams, Family Support Services, HCC Services for Young Children, the Children Missing Education Officer, School Nursing Teams, Health Visitors, Further Education College under 16 provision and Hampshire School Admissions, SEN teams and some of the home education groups. The EHE Coordinator has attended or provided reports for Child Protection Conferences. There are usually up to 10 Hampshire children who are EHE and on CP plans at any one time.

HCC work with other local authorities and regional forums. The Hampshire strategic lead is the Chair of the National Association of Elective Home Education Professionals (AEHEP) and has represented the AEHEP in communications with the DfE, the Children's Commissioner and is also on

the national executive with the Association of Education Welfare Managers (AEWM) with a remit for EHE.

Local Authority Designated Officer (LADO)

The LADO role is statutory, sits within the local authority and plays a key part in ensuring the children's workforce is a 'safe' workforce. LADOs are charged with the oversight of all relevant allegations against adults working with children in a voluntary or paid role, providing advice and guidance to ensure individual cases are resolved as quickly as possible. LADO work in Hampshire is measured over the academic year as a significant proportion of the work relates to referrals involving staff in academic settings. The last full year's data for referrals therefore runs to 31 August 2018. In this period in Hampshire, 748 referrals were received, 42% of which related to school or college settings. This mirrors the proportion in the previous year's data.

Hampshire LADOs also discharge a broader safeguarding advisory role which is much appreciated by those contacting the service.



Children’s Reception Team

Contacts from professionals/practitioners and members of the public regarding child welfare or safeguarding concerns are reviewed by the Children’s Reception Team.

Children's Reception Team Contacts				
	Total CRT Contacts	Police Contacts	Combined Contact Calls/Emails	Out of Hours Contacts (not included in total CRT Contacts)
2017/18	77,602	36,808	40,794	18,124
2018/19	89,340	38,621	50,719	17,008

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In 2018/19, the Children’s Reception Team (CRT) in Hampshire was managing more than 6,500 contacts per month, peaking at 8,502 in November 2018.

The volume of Public Protection Notices (PPNs²) from Hampshire Constabulary accounted for 43% of the contacts received. To address this

² A form completed by officers and staff who become aware of children who are ‘at risk’ and/or who are either witnesses to, or victims of, a crime. The form is shared with partner agencies via the Multi-Agency Safeguarding Hub.

high volume, MASH is continuing to work closely with the Police to improve the quality of the PPN information and to identify improvements in the information sharing process, which may reduce demand.



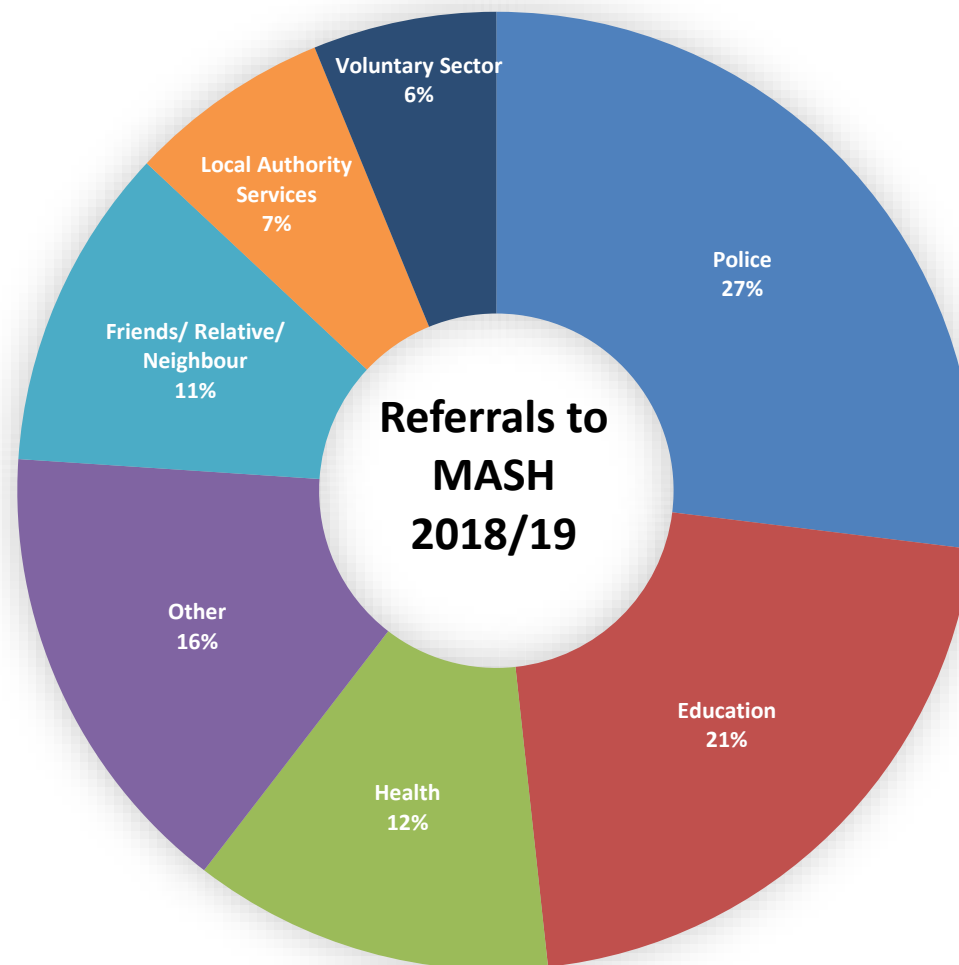
Referrals to Hampshire Multi-agency Safeguarding Hub (MASH)

Following a review by the Children’s Reception Team, a decision is made as whether a referral to the Multi-Agency Safeguarding Hub (MASH) is required. MASH provides triage and multi-agency assessment of safeguarding concerns. It brings together professionals from a range of agencies into an integrated multi-agency team.

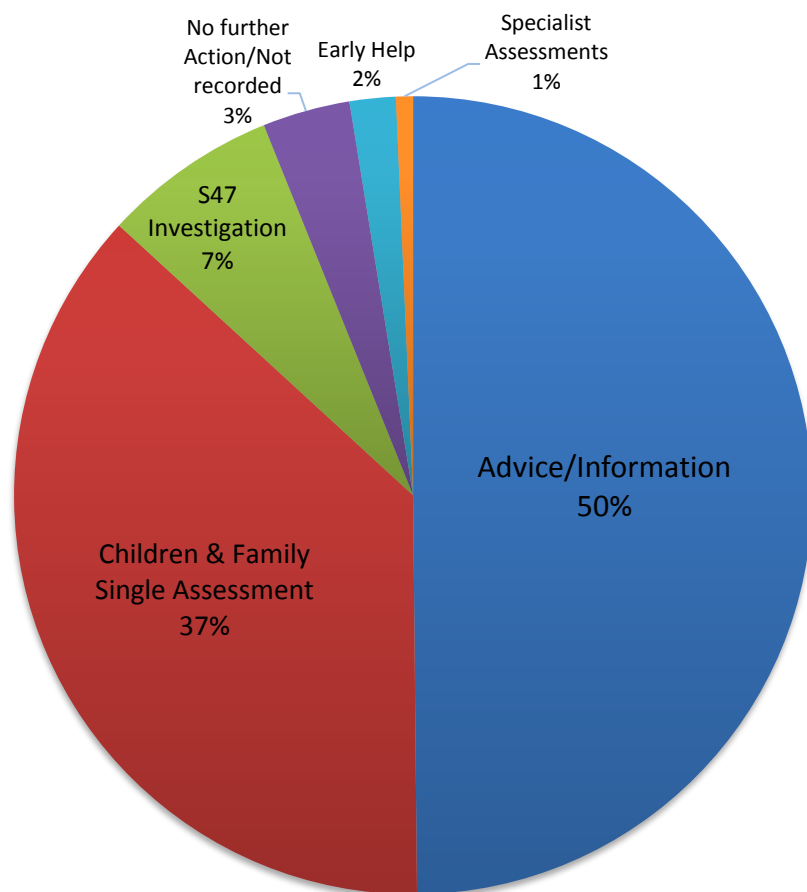
Police and education are the main sources of referrals. Police account for 27% of the total number of referrals into MASH with education making up 21%. As previously noted, fewer than 15% of referrals received from Public Protection Notices (PPNs) result in assessment by a social worker.

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Referrals to MASH		
Agency	2017/18	2018/19
Police	9,492	9,768
Education	6,906	7,734
Health	4,696	4,410
Other	4,566	5,659
Friends/ Relative/ Neighbour	3,610	3,961
Local Authority Services	2,404	2,475
Voluntary Sector	767	2,245
Total	32,441	36,252



Outcomes Following Referral to Hampshire Multi-agency Safeguarding Hub



Outcomes of Referrals to MASH		
Outcome	2017/18	2018/19
Advice/Information	16,593	17,995
Children & Family Single Assessment	11,836	13,347
S47 Investigation	2,528	2,558
No further Action/Not recorded	816	1,280
Early Help	349	673
Other Local Authority Child Protection Plan	151	119
Specialist Assessments	155	249
Progress to Assessment (A&OP)	8	11
Referral to Another Agency	4	19
Progress to Post-Adoption Services	1	1
Total	32,441	36,252

Over the last 12 months, 37% of all MASH referrals progressed to Children and Family Assessments, which remains consistent with figures from 2017/18. Over 2018/19, MASH have managed a total of 36,252 referrals of which 2,558 (7%) progressed to Section 47 investigations.

Figures for 2018/19 illustrates that thresholds within CRT and MASH have remained consistent. This is particularly relevant for the percentage of contacts resolved and those progressed to referral. The MASH continues to complete regular audits of work undertaken along with the multi-agency audit days, led by the HSCB Partnership Support Team, which ensures that the thresholds are consistent and robust. This has been further reinforced

within findings from the recent Ofsted inspection in addition to a previous Joint Targeted Area Inspection in 2015. Ofsted commented that the current MASH was both ‘impressive and very solid with children receiving a good response and things happen in a timely way’.

CRT/MASH have worked closely with the Willow Team to review and update the initial sexual exploitation screening tool used at first contact to assist with the identification of Child Sexual Exploitation. This screening tool is completed for all contacts where a child is over the age of ten years and ensures that the need for a full Sexual Exploitation Risk Assessment Framework³ (SERAF) form is identified where required. The initial screening tool has been used within the Out of Hours Service throughout 2018/19.

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All Prevent referrals are managed through CRT and MASH, ensuring a consistent multi-agency response to concerns about radicalisation.

MASH have worked with partners to introduce and embed High-Risk Domestic Abuse meetings into MASH. These meetings ensure a faster and more coordinated response to high risk domestic incidents, enabling a timely multi-agency response.

The online Inter Agency Referral Form (IARF) is now fully integrated and CRT have seen a steady increase in the use of the form since coming into effect. The IARFs have replaced email referrals, enabling staff within CRT to manage contacts and referrals more efficiently. MASH managers continue to be involved in the delivery of threshold workshops, supported by HSCB, which

³ A screening and assessment tool developed by Barnardo’s to identify children at risk of sexual exploitation.

have been delivered to a variety of agencies across the county. These workshops are aimed at improving the quality of contacts and referrals and have been well received by partner agencies.

Transforming Social Care - Partners in Practice Programme



The third year of the PIP programme (2018/19) has seen the previous detailed planning move into implementation and the delivery of direct interventions to families. In line with the development of multi-disciplinary working, four virtual multi-disciplinary hubs have been established across children’s social care in which social care teams are enhanced by the co-location of specialist workers from other professions to support families to achieve improved outcomes. Implementing this model has been supported through the adoption of a new approach, this being:

- Recruitment and deployment of additional staff in an ‘Intensive worker’ role.
- Re-purposing of existing Children and Families Support Workers to the Intensive Worker role.

- Targeting of interventions to ‘priority cohort’ families to have the most impact and increase the number of children living safely at home.
- Working with families for the right length of time to ensure that positive changes are embedded and can be sustained.
- Delivering interventions to families in a flexible manner, including outside of usual business hours.
- Ensuring interventions are evidence-based.

This year has seen the transition of the ‘Hampshire Approach’ from a concept to a reality impacting upon practice. There has been significant training of staff in the elements which underpin the Hampshire Approach, these being:

- Strengths based working.
- Motivational Interviewing.
- Restorative Practice.
- Brief Solution-focused therapy.

In addition, there has been a review of the Children and Families Assessment and child protection and children in care plans to ensure they reflect the Hampshire Approach and the way in which we want to work with families in a strength-based way that builds upon, and increases, their resilience.

Improvements to existing processes and the development of new ones has brought about efficiencies which have freed up social workers to enable them to spend more time working directly with children and their families. The issuing of hybrid devices to social care staff has facilitated mobile

working as well as increasing engagement and participation levels due to the interactive nature of this new technology.

Whilst being a Partner in Practice with the DfE has provided the opportunity to effect change across children’s social care in Hampshire, it is not a one-off event, continuous review and scrutiny will drive the agenda for continuous development both into the final year of the PIP grant funding and beyond.

Serious case reviews and child deaths

Serious Case Reviews (SCRs)

A serious case requiring review is one where:

- Abuse or neglect of a child is known or suspected; and
- Either — (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.



LSCBs must always undertake a review of cases that meet the criteria of an SCR. The purpose of an SCR is to establish whether there are lessons to be learnt from the case about the way in which local professionals and organisations work together to safeguard and promote the welfare of children.

During 2019/20 HSCB will transition to Hampshire Safeguarding Children Partnership (HSCP). Following this the criteria as set out in Working Together to Safeguard Children 2018 for a Child Safeguarding Practice Review will be followed.

HSCB has also been committed to undertaking smaller scale multi-agency case reviews for instances where the case does not meet the criteria for an SCR, but it is considered that there are lessons to be learnt.

During 2018/19, the Learning and Inquiry Group (LIG) has seen a small decrease in the number of cases being referred. Of the cases referred, there was a decrease in the number of Serious Case Reviews and other reviews commissioned. Within 2018/19, the LIG received 8 referrals for multi-agency discussion.

Of the 9 cases referred to the LIG:

- One resulted in SCRs being commissioned.
- Three resulted in Multi-Agency Reviews (MARs) being commissioned.
- A case study was produced based on one case to share learning
- Four did not result in any requirement for a review.

Following the updated guidance in Working Together to Safeguard Children 2018 LSCBs are required to undertake a rapid review of a case if it meets the criteria for a Serious Incident Notification by the Local Authority. During 2018/19 HSCB have undertaken four rapid reviews, the remaining five cases that were referred did not meet the criteria for a rapid review.

Year	Referrals	No Further Action	SCR	MAR/ Single Agency Reviews
2015/16	17	10	1	6
2016/17	12	6	2	4
2017/18	10	2	5	3
2018/19	9	4	1	4

These figures illustrate the impact in volume of work immediately following amendments in the additional guidance and definition of an SCR provided in Working Together 2013, and again updated in 2015.

Working Together to Safeguard Children 2018 was published in July 2018. The guidance sets out the new processes in respect of undertaking case reviews. A national panel has also been established to undertake reviews where it is determined that the case(s) raise issues which are complex or of national importance.

HSCB is committed to exploring and using different methodology for all types of reviews and will consider which methodology is the most appropriate to extract learning.

During 2018/19, HSCB published a SCR on Child K which is available on the HSCB website. Child K died at eleven weeks of age after being placed in his parent’s bed to sleep overnight. Both parents were at the time under the influence of alcohol. Some of the key learning arising from the SCR included the need for all practitioners to:

- Ascertain, understand and consider the ‘voice’, experience and participation of all children, especially including those with additional communication and learning needs;
- Consider all the children and young people in a family and take a ‘whole family’ perspective when primarily working with or providing services for specific family members;
- Identify and liaise with other services and practitioners who have/had contact, who work/have worked with a child, young person or family when undertaking assessments or providing services;
- Share historic information about a child, young person or family with relevant practitioners and services (where appropriate) and include this in all assessments;
- Act confidently within the current safeguarding arrangements and procedures, including in relation to making a referral to Children’s Services, if it is considered that a child or young person is unable to have access to necessary services or may be at risk of harm through actions of parents or carers.

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The SCR also recommended that a review was undertaken of the current information provided to parents on ‘safe-sleeping’ arrangements (including known risk factors, for example alcohol consumption) provided to all prospective and new parents (including fathers or partners) and to the

practitioners who may work with them; and consider promoting public awareness through a media campaign. As a result of this SCR, a task and finish group were established to review and develop information given to parents about safer sleep. The learning was also incorporated within a work-stream to develop a multi-agency Family Approach Protocol.

Abusive Head Trauma

ICON was launched across Hampshire in September 2018 as a result of the Serious Case Review of [Child U](#). A further Serious Case Review on [Child N](#) has highlighted the importance of this programme for professionals. The launch event had a reach of over 500 professionals and was a massive success. The launch was opened by independent chair of the HSCB, Derek Benson which was followed by Dr Sue Smith (ICON Founder) and Mae Pleydell-Pearce (Parent representative). Several ICON task and finish group members also presented on the day and explained the ICON programme and prevention strategy.

ICON represents:

- Infant crying is normal.
- Comforting methods can help.
- It’s OK to walk away.
- **N**ever, ever shake a baby.



Following the launch, organisations across Hampshire have been working hard to embed ICON into existing pathways. This has been especially important across Midwifery, Health Visiting services and Primary Care

Services. The HSCB presented ICON at Regional Practitioner Forums, Early Years Briefings and Learning Lessons events to share the ICON message.

The latest round of training has centred on a ‘train the trainer’ model.



In January 2019, the public launch took place, with a week of communication activity. This included promotion via ‘Daisy the Bus’ in Basingstoke and Havant, stands in hospital entrances and media interviews and presence (including social media). The communications teams from Hampshire County Council and West Hampshire CCG had a media strategy in place to ensure that the message was shared with as many members of the public as possible.

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Presentations have been made at national events including:

Family Justice Board

In November 2018, the ICON programme was presented at the annual Family Justice Board Conference. Dr Sue Smith (chief programme advisor), Mae Pleydell-Pearce (parent representative) and West Hampshire CCG Designated Nurse Kim Jones, all shared the ICON message to 150 judiciary

colleagues. The feedback has been extremely positive, some examples are below:

‘Thank you so much for giving your talk at the conference. I found it thoughtful... moving and hard hitting. I am extremely grateful for your help in making the day be as enjoyable as it was.’ - HHJ Christopher Simmonds, Nominated Judge of the Court of Protection

‘I would like to say that your presentation on AHT was both exceedingly informative, thought provoking as well as highly emotional and one I will never forget. Thank you.’ - Stephen Rowntree, Jigsaw Family Support Trustee and Lawyer at Glenlea Chambers

Royal College of Paediatrics and Child Health Conference 2019

The Named GP (SE CCG), in collaboration with Designated Nurse (West & North Hampshire CCGs) and the chief programme advisor developed an abstract for the RCPCH Annual Conference. The abstract was sponsored by Dr Geoff Debelle (Officer for Child Protection, RCPCH) and was successful in being accepted for an oral presentation at the conference in 2019.

The focus of the presentation was in relation to the implementation of a standardised assessment for the 6-8-week postnatal check, which includes ICON and other safeguarding risk factors. The template has been endorsed by the Royal College of GPs.

Work continues into 2019/20 increasing agency involvement in the programme.

ICON General Practice Pilot Results

GPs and Practice Nurses routinely see parents of infants at 6-8 weeks coinciding with the peak of normal infant crying, the GP appointment is a vital opportunity to address maternal mental health.

The purpose of the ICON Primary Care pilot was to design and evaluate use of a bespoke consultation template that incorporates the ICON message about coping with infant crying.

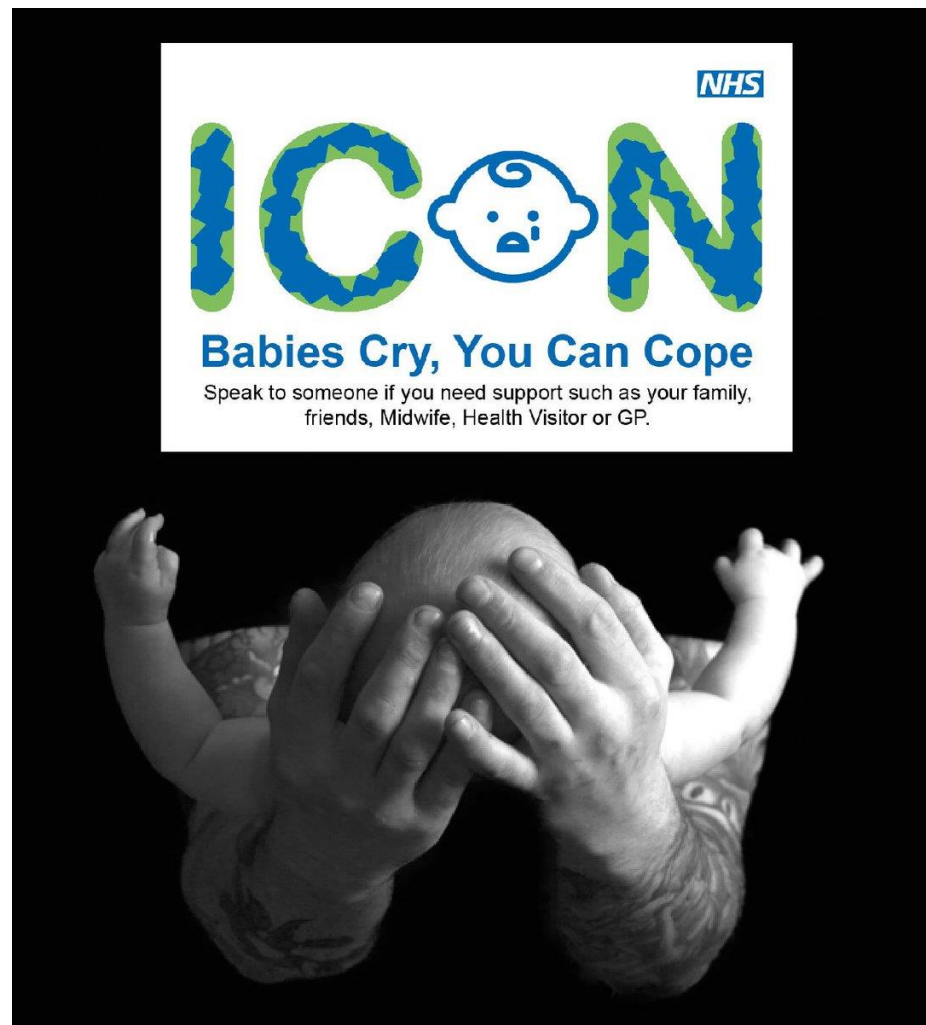
12 GPs covering three practices participated in the pilot over a three-month period. Clinicians were asked to give feedback using a written questionnaire and to encourage parents to provide feedback via a questionnaire to complete post appointment. Key results included:

- 92% of GPs in the pilot felt that using the consultation template had changed their practice.
- 100% of the GPs found that the ICON message and training had helped them to discuss coping with crying.
- 70% of parents said they would change their behaviour in response to their baby's crying after hearing the ICON message from their GP.

Feedback from GPs included:

"I was really sceptical when [the Named GP] came to train us on the template and was worried about asking these personal questions... BUT it's totally changed my practice and has really got patients to open up and ask for help." – GP

"I found asking 'is motherhood everything you thought it would be?' was a great way to get mum to open up" – GP



Use of a standardised postnatal template coupled with training on discussing coping with crying led to a positive change in both clinician practice and parenting behaviour. Following a pilot, roll-out commenced across the whole of Hampshire GPs.

Royal College of GPs: Following the pilot Dr Jenny Rattray presented the Maternal Postnatal Template for the 6-8 week to the Royal College of GPs, who have endorsed them template and plan to include it within their forthcoming RCGPs Safeguarding Children Online Toolkit.

Wessex Healthier Together: Information for parents/carers on coping with crying, including the ICON leaflet and information is available on the [Wessex Healthier Together](#) website.

Health Services Journal: ICON leads, West Hampshire CCG, Hampshire County Council and Hampshire Safeguarding Children Board were [HSJ Finalists](#) for the Communication Initiative Award.

Royal College of Paediatrics and Child Health (RCPCH) Annual Conference: An abstract was submitted to the RCPCH annual conference, which was successful in gaining a slot to orally present the ICON findings.

Child Death Overview Panel Annual Conference: An abstract was submitted to the CDOP annual conference, which was successful in gaining a slot to present a poster with the ICON findings.

Wessex Public Health Conference: An abstract was submitted to the [Public Health annual conference](#), which was successful in gaining a slot to present a poster with the ICON findings.

Task and Finish Groups

In addition to commissioning and overseeing SCRs and MARs, the Hampshire Learning and Inquiry Group established a task and finish groups in mid-2018 to review information given to parents about safer sleep. The group have reviewed currently available material and developed a pan Hampshire booklet as well as professional scripts and agreed touch points for conversations with parents across agencies. The programme is due to be piloted during 2019.

Disseminating Lessons Learnt from Reviews

Five Learning Lessons workshops were held during 2018/19 utilising learning from SCRs and MARs completed since 2017/18. These sessions were attended by 61 multi-agency professionals. Case studies were written to include a mixture of the complex needs identified in reviews pertinent to Hampshire. The sessions were aimed at frontline staff and team managers in all agencies involved in working with children and families. The sessions were interactive and required frontline staff to consider what information in relation to a family may be held within other agencies and the importance of information sharing. Learning from SCRs has also been included in the quarterly Regional Practitioner Forums.

Learning from Serious Case Reviews within the CCGs

Vulnerable Family Meetings

The Named GP (WHCCG), in collaboration with midwifery and health visiting leads across provider organisations in Hampshire, developed a practical guide for successful Vulnerable Family Meetings. The guide is supported by a tool to aid discussion and a recording spread sheet. The tool asks professionals to consider the protective factors and risks based on the information known about the child and family. Concerns about the implementation of Vulnerable Family Meetings has been identified in local SCRs.

Early feedback regarding practices who have implemented the guide highlights that it has been successful.

Paediatric Preliminary Opinion Form

The Preliminary Paediatric Opinion Form was designed by the Designated Doctor for Safeguarding Children with consultation following two learning reviews to give an immediate written opinion for Children's Services and Police following a Child Protection medical. The form will be launched and evaluated in 2019/20.

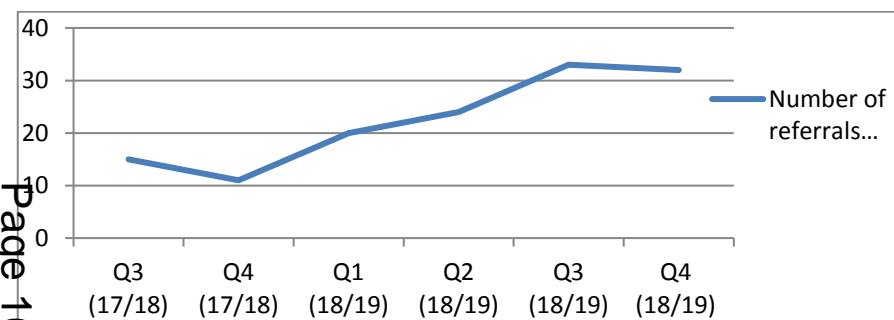
Bruising Protocol Application

The Safeguarding and Looked After Children (LAC) Team completed prospective auditing of referrals made to MASH under the Bruising Protocol during 2018/19. Data are collated for the HSCB to review the number of



referrals across the geographical area of Hampshire. Since the Safeguarding and LAC Team have been auditing, reviewing and raising the profile of the Bruising Protocol, alongside promotion of the ICON programme and dissemination of lessons learnt, there has been a 191% increase in the number of referrals made to MASH compared to the last financial year.

Number of referrals to MASH under the Bruising Protocol



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Inter-Agency Referral Form (IARF)

Following an audit of health referrals into MASH, the Children’s Services lead for MASH, the Designated Nurse (WH & NH CCGs) and a member of the HSCB Support Team reviewed the current referral process and form and develop a Safeguarding SAFE Tool to help prompt professionals when making a referral.

The SAFE Tool and proposed changes to the IARF was circulated to relevant health professionals and feedback was collated prior to it being approval at the June 2018 HSCB Board meeting. Following the implementation of the SAFE Tool and changes to the IARF, a further audit will be conducted to

establish if referrals made by health professionals are more robust in terms of clearly articulating risks and mitigations.



Child Deaths

The arrangements for the review of child deaths continued from 2018/19 with deaths being reviewed individually by the 4LSCB Child Death Overview Panels (CDOPs) across Hampshire, Isle of Wight, Portsmouth and Southampton. Data and analyses are shared to identify common themes and patterns and to inform the 4LSCB CDOP Annual Report.

The CDOP in Hampshire has worked with agencies to improve the quality and timeliness of notifications and then resulting analyses. The CDOP database, developed by the Board's Partnership Support Team, has also enabled a comprehensive analysis of cases reviewed by the panel to inform this year's CDOP annual report.

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 A total of 35 child death reviews were undertaken in 2018/19 out of the 50 deaths that the Hampshire CDOP were notified of. The remaining 15 cases were scheduled for review in 2019/20. In addition, the Hampshire CDOP reviewed 35 child death reviews from 2017/18. These deaths were included in the 2017/18 CDOP annual report addendum.

Overall, the number of child deaths reported has reduced when compared with 2017/18 when 91 notifications were received.

43% of the reviews completed during 2018/19 were of children who died under the age of one. Of those cases, 60% were for neonatal deaths (under the age of 28 days) and 40% for children aged between 28 and 364 days at the time of death.

This year, there was an equal preponderance of child death reviews among boys (51%) compared to girls (49%). The majority were of white ethnicity (77%) with some mixed, Asian and unknown ethnic backgrounds.

None of the reviews identified children as being subject to statutory orders or subject to child protection plans at the time of the child's death. There were no children with an asylum-seeking background across the cases reviewed in 2018/19.

Of the 35 deaths reviewed by the Hampshire CDOP, nine (26%) were identified as having modifiable factors including:

- Smoking in pregnancy/in the household
- Safe Sleep
- Mental health issues and complex social factors
- Substance misuse
- Parental capacity



Information on the full range of recommendations made to HSCB can be found in the [CDOP Annual Report 2018/19](#) available on the Board's website.

Progressing the Board’s business plan

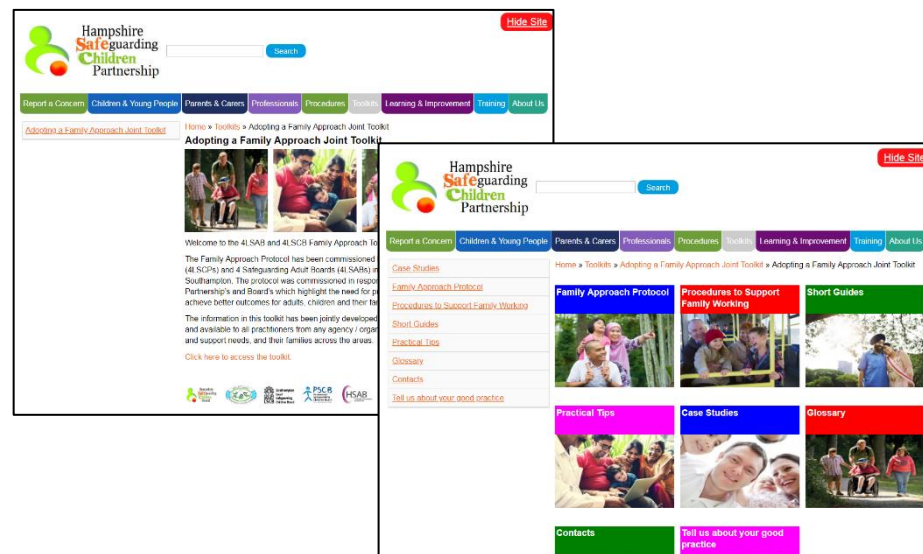
Adopting a Family Approach

In response to learning from the Child K SCR, as well as audits and other reviews, HSCP developed a multi-agency Family Approach Protocol. The Protocol was developed in partnership with the Local Safeguarding Children, and the Local Safeguarding Adults Boards across Hampshire, Isle of Wight, Portsmouth and Southampton in response to findings from a range of reviews across all Board’s which highlight the need for professionals to work effectively together to achieve better outcomes for adults, children and their families across all areas. It is the first area of collaborative work between all eight safeguarding boards.

A Family Approach is one that secures better outcomes for children (including unborn babies), adults with care and support needs, children and their families by co-ordinating the support they receive from Adult and Children and Family Services. The support provided by these services should be focused on problems affecting the family as this is the only effective way of working with families experiencing the most significant problems.

The Protocol sets out high level principles of how the members of the safeguarding boards, and individual agencies, will work together to best achieve a family approach. The Protocol was formally ratified by all 8 Boards between January – March 2019 and launched to the multi-agency workforce as part of an online [Family Approach toolkit](#) in May 2019. The toolkit contains a range of resources and information to assist frontline professionals embed the principles and ways of working outlined in the Protocol. The Family Approach protocol and toolkit will be rolled out via a

series of workshops over 19/20 and this will be included in the next annual report.



In addition to the planned workshops on a Family Approach, HSCB, in partnership with the Hampshire Safeguarding Adult Board (HSAB), continued to roll out the multi-agency training on ‘Adopting a Family Approach’ with 170 delegates attending in 2018/19.

As part of the Board’s approach to training, regular evaluations of courses are undertaken. Two members of the Board’s Workforce Development Group observed delivery of the course in 2018/19 and fed back that delegates were engaged, enthused and motivated to apply the learning and make changes to their practice.

Self-reported change in delegates' knowledge from before attending the training to afterwards, scored out of a maximum of ten, showed a significant average change of +2.25 points. Prior to attendance average knowledge was scored at 6.5/10 and afterwards 8.75/10. The improvement equates to an average knowledge increase of 34.6% per delegate.

Professionals from across the partnership have also used the toolkit within their own organisations to upskill front-line staff and positive feedback has been received:

'I ran a session on the family approach toolkit with my team yesterday. It is user friendly, easy to access and navigate and has everything that you would need to understand how to apply a family approach in your work. We thought the short guides were a great way to introduce different subjects to people and help them understand it without needing to be an expert in everything'
(Hampshire-based charity).



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HSCB and HSAB Annual Conference

The HSCB and HSAB held a joint conference for multi-agency professionals entitled 'The Whole Family (Strengths Based) Approach: Working Together to Achieve Better Outcomes', which was attended by 215 delegates from across HSCB and HSAB partner agencies. The conference included a range of presentations including Hampshire Children's Services strengths-based approach, the HSCB & HSAB family approach protocol and toolkit, the impact of the Mental Capacity Act (2005) on children and adults, fabricated and induced illness, trauma-informed practice within policing and Early Help/Family Support Services.

Evaluations indicated that there was an increase in understanding by most delegates following attendance at this conference with 100% of those responding to the post-conference survey indicating that they could confidently identify the key benefits of a strengths-based approach for clients, their families, practitioners and the organisation.

'...this will inform my future practice – to look for solutions within the family and community'.

Keeping My Friends Safe

In 2018/19, the Board commissioned a task and finish group to develop and promote a set of resources, and good practice principles, to support schools and post-16 colleges in enabling pupils/students to identify and report safeguarding concerns regarding their peers.

Following a survey of designated safeguarding leads within schools and post-16 settings, to benchmark their arrangements in enabling

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pupils/students to report concerns, a lesson plan/presentation was developed by a member of the Board’s Education Group regarding what it means to be a good friend and to encourage the sharing of concerns/worries about friends and peers. This work will be launched and expanded to secondary and post-16 settings in 2019/20.

Strengthening our Assurance Programmes

- HSCB is assured that the services provided to children and their families in Hampshire are timely, appropriate and effective.

HSCB undertakes regular auditing of multi-agency safeguarding arrangements in Hampshire. This work is commissioned by the Board’s Quality Assurance Group and learning is disseminated to front-line practitioners through a programme of events, briefings and conferences. Over the last year, the Board undertook four multi-agency audits to establish how well agencies work together to identify and respond to key safeguarding issues.

Early Help Audit

In July 2018, a multi-agency group reviewed the quality of practice regarding seven cases that had been discussed at Early Help Hubs and tasked to agencies to lead at Level 3. The key strengths identified were as follows:

- ✓ Consistent Application of thresholds at the outset.
- ✓ Outcome-focused Early Help plans that addressed the identified areas of need.

- ✓ Clearly understood, and agreed, lines of accountability regarding the lead professionals.
- ✓ Agencies/professionals were proactive in supporting the Lead Professional to ensure a robust multi-agency response.
- ✓ Agencies worked together to ensure the children and family received the services they needed to improve outcomes.
- ✓ Children and families were involved/engaged at all stages.
- ✓ Positive comments were received from families as part of the audit process, which highlighted good working relationships between parents/carers, and children, with the lead coordinators. A range of positive outcomes had also been achieved (e.g. feeling more confident with parenting, improved attendance at school, counselling support).

Opportunities for strengthening practice: information-sharing between health professionals and Early Help Hubs.



Multi-Agency Safeguarding Hub (MASH) Audit

In September and October 2018, a multi-agency group reviewed 11 cases referred to the Hampshire local authority area MASH due to alleged child exploitation. The key strengths identified were as follows:

- ✓ Consideration of the voice of the child and their lived experience.
- ✓ Timely and effective information-sharing between partner agencies.
- ✓ Multi-agency involvement in the risk assessment and decision-making processes.
- ✓ Consistent and appropriate application of thresholds.
- ✓ Feedback provided by MASH to referrers.
- ✓ Subsequent actions taken by social work teams.
- ✓ Management oversight within MASH.



Opportunities for strengthening practice: hand-over between local authority areas for county lines cases. This has been taken forward by the Out of Hours Service for children's services.

Section 11 Audit

As part of its statutory duty to ensure the effectiveness of what is done by each organisation in relation to safeguarding and promoting the welfare of children, Hampshire Safeguarding Children Board undertakes annual monitoring of compliance with Section 11 of the Children Act (2004). The purpose of the audit is to support Board partners in achieving compliance through:

- Seeking assurance from Board partners that services are compliant with safeguarding standards.
- Enabling Board partners to showcase areas of good practice where positive outcomes for children can be evidenced.
- Enabling Board partners to reflect on their safeguarding priorities and to identify areas for improvement.
- Providing a feedback mechanism to Boards on progress against areas for improvement including any barriers to partnership working.

The Section 11 audit process was strengthened in 2018/19 through the addition of an all-staff survey and a programme of scrutiny visits to a range of settings to test front-line practice and professional awareness.

A clear commitment to keeping children safe was evident across partners agencies including positive examples of how agencies improve outcomes for children and young people.

When combined, the results of the 37 agency/departmental self-assessments and the staff survey supported further exploration of the following 10 themes:

1. Safeguarding messages within staff induction.
2. Dissemination and implementation of LSCB policies, procedures and resources.
3. Promoting and enabling attendance at multi-agency training/briefings.
4. Knowledge of, and reference to, referral thresholds.
5. Support and resources for working with disabled children and families.
6. Implementing safeguarding practice within the appraisal/annual review process.
7. Conflict resolution/escalation within multi-agency working.
8. Safer recruitment Training.
9. The inclusion of safeguarding standards within contracted services.
10. Safeguarding supervision.

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Agencies visited for the 2018/19 process included: University Hospital Southampton NHS Foundation Trust, Hampshire Constabulary, Hampshire Hospitals NHS Foundation Trust, South Central Ambulance Service NHS Foundation Trust and Hampshire & Isle of Wight Community Rehabilitation Company.

Across these visits, there was a good level of assurance that staff at the front-line knew how to recognise and respond to abuse, including onward referral to children's services. The level of safeguarding training, including within induction, was good with some opportunities for further promotion

of multi-agency training identified. An increasing focus on a 'Family Approach' to safeguarding and child protection was highlighted as a strength, and there was good evidence that feedback from the evaluation team regarding the self-assessments and survey results had been reviewed, prioritised and embedded within the agencies' action plans.



Safeguarding in Education Audit

In 2018, there was a 96% return rate from education settings, across all sectors, regarding the annual education audit (compared to 97.5% in 2017). The figures below show the return rate across all sectors by the deadline of 30 October 2018:

- Maintained schools 99%
- Academies 87%
- Independent 79%
- Colleges 93 %

The returned audits indicated compliance across all areas and good levels of compliance with statutory obligations under Section 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 and the Non-Maintained Special Schools (England) Regulations 2015.



Settings that did not submit an audit received a letter from the Independent Chair of HSCB and the Director of Children’s Services to re-iterate expectations regarding the audit. For academy schools, the letter was shared with the Regional Commissioner.

In the autumn term of 2018, Hampshire Safeguarding Children’s Board and the Assistant Director (Education and Inclusion) of Hampshire Children’s Services commissioned a quality assurance exercise in relation to the annual school audit process. This looked at a range of information regarding safeguarding procedures and practice in schools, generated through the annual safeguarding audit return.

Ten settings were selected for quality assurance visits. These were a mix of two special schools, two independent schools, two primary schools, three secondary schools and a college.

Quality assurance visits took place between November 2018 and February 2019 and were led by the Local Authority Designated Officers (LADOs) who worked with representatives from the HSCB Education Group. As part of each visit, the quality assurance team interviewed:

- The Headteacher / Proprietor.
- The Designated Safeguarding Lead (DSL).
- A long standing and recently appointed member of staff.
- The Chair of Governors (or equivalent).
- A group of mixed age /attainment pupils.

All settings co-operated well with the process and provided documentary and verbal evidence in the focus areas as follows:

1. The school’s approach to undertaking the annual safeguarding audit, including the evidence base used to inform the self-assessment.
2. How closely the school’s audit submission reflects practice in the school.
3. The school’s use of the audit process to strengthen safeguarding governance, processes and practice.
4. Identification of what is working well and what could be improved/strengthened.

There were two additional thematic areas:

1. Allegations against staff, with reference to whistleblowing.
2. Sexual violence and sexual harassment between children in schools (or ‘peer on peer abuse’).

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Areas of strength

- ✓ Pupils said that they felt safe in school and college and were able to explain how they were taught to recognise risk, and how to get help and support if they need it.
- ✓ There was strong evidence that DSLs are working effectively to ensure all staff and volunteers understand their safeguarding responsibilities.
- ✓ DSLs were highly valued by other members of staff and governors.
- ✓ Where self-evaluation was effective, the process and findings led to informed action planning, pro-active development and improving practice.

- ✓ There was good evidence that the DfE guidance regarding sexual violence and sexual violence between children in schools and colleges was being implemented.
- ✓ There was evidence that schools and colleges had a good working knowledge of procedures for allegations against staff.
- ✓ Where schools and colleges had managed an allegation against a member of staff, there was evidence of thorough record keeping.
- ✓ Where schools worked on the principle of ‘it could happen here’ there was a clear culture of self-reflection and development.



Areas for consideration

- Policies and procedures need to be regularly reviewed and website information kept up to date.
- The leadership and management of safeguarding should be considered in the same way as for a subject area or departmental/faculty responsibility; it needs the same level of management scrutiny with an improvement cycle of auditing, prioritising, planning, monitoring, evaluating and reporting.
- All staff need to be clear about how to contact the Chair of Governors or equivalent if there is an allegation against the Headteacher/Proprietor.
- All staff need to be clear about the purpose of the whistleblowing policy and how it sits separately from allegations against staff procedures.
- Governing bodies need to be clear about their roles and responsibilities for evaluating the effectiveness of their safeguarding frameworks. This is much better developed in schools and colleges where there is a robust action plan coming from the audit process.
- Governors must have a clear and accurate view of all aspects of safeguarding and the impact of policies/procedures through a formal monitoring programme.



Joint Targeted Area Inspection (JTAI) Dry Run Audit

Hampshire Safeguarding Children Board conducted a JTAI dry-run audit in December 2018 focussing on referral, assessment and decision-making processes for seven cases referred due to intra-familial sexual abuse.

The audit was carried out in line with national JTAI time-scales to identify good practice and potential areas for improvement, and to enable agencies to prepare for the conditions of a multi-agency inspection. Areas of learning were transferred into an HSCB audit recommendation tracker and monitored frequently until completion.

West Hampshire CCG led the coordination of the health response on behalf of Hampshire's five CCGs.

Areas of strength:

- ✓ Timely and effective risk identification.
- ✓ Clear evidence that the multi-agency context of the cases was recognised and understood by the safeguarding partners and a clear sense of shared ownership in respect of the actions required to keep children safe.
- ✓ Professionals working with parents/carers to implement protective strategies.
- ✓ Proactive engagement with children, and associated siblings.
- ✓ Single and multi-agency management oversight.
- ✓ Positive and proactive multi-agency working, which led to children being protected and kept safe.

A learning theme was identified regarding professional awareness of the role and remit of partner agencies in respect of Multi-Agency Public Protection Arrangements (MAPPA).

This area of learning has been taken forward through a programme of MAPPA briefing events led by the Strategic MAPPA Board with support from HSCB. An evaluation of the impact of these briefings is planned for 2019/20.

Overall, this audit provided assurance to HSCB about its ability to work together in assessing and scrutinising the outcomes achieved for children and families.

Adolescent Neglect Audit

In March and April 2019, a multi-agency group reviewed 12 cases referred and/or managed due to neglect.

The audit team held multi-agency case discussions over a two-day period with the social worker/team manager and other professionals in attendance where possible. The key strengths identified were as follows:

- ✓ The impact of neglect on the child’s emotional well-being, self-worth and the ability to recognise risk was fully recognised by multi-agency professionals.
- ✓ Multi-agency information sharing regarding adults who had limited parenting capacity due to domestic abuse, substance misuse, mental ill health and/or criminality.
- ✓ Multi-agency plans included outcome-focussed actions to address concerns in relation to parenting capacity.

- ✓ Agencies were proactive in tackling the underlying issues of neglect as opposed to being reactive to the child’s behaviour/events in their life
- ✓ Children and families had been involved/engaged throughout agency involvement.
- ✓ The risks associated with neglect had decreased because of multi-agency partnership work.

Opportunities for strengthening practice: application of LSCB resources/toolkits to support the multi-agency response.



Children Living in Secure Accommodation

Hampshire Safeguarding Children Board receives annual reports from two secure establishments in the local authority area (Swanwick Lodge and Bluebird House). A report is also received from Leigh House, which is an open unit that provides acute psychiatric assessment, diagnosis, treatment and care for children experiencing a wide range of psychiatric problems. These reports, which include analysis of the use of restraint, are scrutinised by the Board’s Quality Assurance Group.

Swanwick Lodge



Swanwick Lodge, a Secure Children’s Home, is a national resource registered with Ofsted to care for 16 young people of either gender aged 10 to 17 years who are deemed to be at such a significant risk of harm to themselves and others that they need to reside in secure accommodation. This provision is usually made under Section 25 of the Children Act (1989).

Occupancy

During 2018/19, Swanwick Lodge did not operate at full occupancy. Staffing vacancies and absence, alongside planned improvements to the premises through a grant award from the Department for Education, and the challenging and complex needs of the cohort of young people accessing the

secure welfare estate, have been factors that have impacted on Swanwick Lodge being able to achieve full occupancy. Whilst the building works are ongoing, occupancy is reduced to eight beds with an expectation that this will increase again once the works are completed in November 2018. Due to these issues, the average percentage of occupancy in the home was 35%.

Approach to behaviour management

Swanwick Lodge has a ‘positive management of behaviour’ policy and procedure and continues to use the Team Teach approach to behaviour management. This approach promotes a continuum of gradual and graded techniques, with an emphasis and preference for the use of verbal and non-verbal strategies being used and exhausted before positive handling strategies are utilised. All care and education professionals receive two days of initial Team Teach training and receive one day refresher training every year.

Restraint is also minimised via individual risk assessments which aim to identify triggers to challenging behaviour and controls to minimise incidents. In addition, all young people have an individual behaviour management plan developed both in consultation with the young person concerned and via input across several disciplines including (embedded) healthcare, psychiatric and psychology services and Team Teach instructors.

All incidents involving the use of restraint are documented on incident report forms which are reviewed (along with CCTV recordings) by Swanwick Lodge management as part of a detailed de-brief. Management review and de-briefing of incidents is used to identify the antecedents to the incident and whether de-escalation strategies were used effectively by staff to

prevent both the occurrence and escalation of the incident. Risk assessments and behaviour management plans are then updated accordingly.

Incidents and the use of physical restraint are subject to regular review via internal performance monitoring arrangements and to external scrutiny Ofsted inspections (twice yearly) and by an Independent Regulation 44 Visitor (monthly).

Use of Restraint

During the reporting period, there were a total of 595 recorded incidents in the home and 434 of these involved two young people. Incidents related to aggressive behaviours by young people towards others, significant damage to property caused by young people, a lapse or breach in security or self-harm. 559 of those instances resulted in the restraint of a young person.

There was a significant increase in restraints during January 2019 due to the dynamics of the two young people who escalated their self-harming and security breach behaviours requiring physical intervention. Both displayed extremely challenging and violent behaviour towards staff, damage to property, as well as significant self-harm that resulted in staff having to intervene physically to prevent harm to self.

Each restraint will usually involve multiple holds. The complexities of the young people over the last 12 months has seen an increase in the use of more restrictive holds; lower level techniques such as guided away, and single elbow have accounted for 59% with the most restrictive holds accounting for 1%.

Summary

There has been an increase in the use of restraint in 2018/19 as compared with the previous reporting period. Internal management reviews of incidents, analysis of trends and Ofsted inspection, suggest that there are no emerging themes/issues that would indicate deterioration in the quality of care or the inappropriate use of restraint.



Swanwick Lodge Young Person's Story

Jayden is a 15-year-old male who had broken down numerous placements due to high substance misuse, prolific absconding, self-harm, fire setting and possible association with gangs.

The placement (Swanwick Lodge) was required to work with Jayden around his substance misuse, aggression, self-harm and consequential thinking as well as to try and stabilise Jayden and to engage him back into education and then the community. Jayden was placed at the home in August 2018 after several short-term placements in open residential homes around the country.

At the start of the placement, Jayden was unwilling to engage in education or take the medication that had previously been prescribed. Jayden had ADHD and without medication his behaviour was dangerous and unpredictable. He behaved disruptively, he was unable to concentrate, was verbally and physically aggressive towards staff and he refused to engage with substance misuse services.

The home implemented a routine of boundaries and consistency for Jayden which included a reward-based behaviour programme and took the lead in his plan by identifying what would help him.

Jayden stated that areas that would help him progress were:

- Staff using easy to understand instructions.
- Consistent boundaries.

In combination with individual child-focused staff sessions held with an educational psychologist, and a multi-disciplinary team approach put together by the education, care and the health team, Jayden began to attend education and to engage with substance misuse services. Jayden began to take prescribed medication and built positive relationships with staff and other young people in the home.

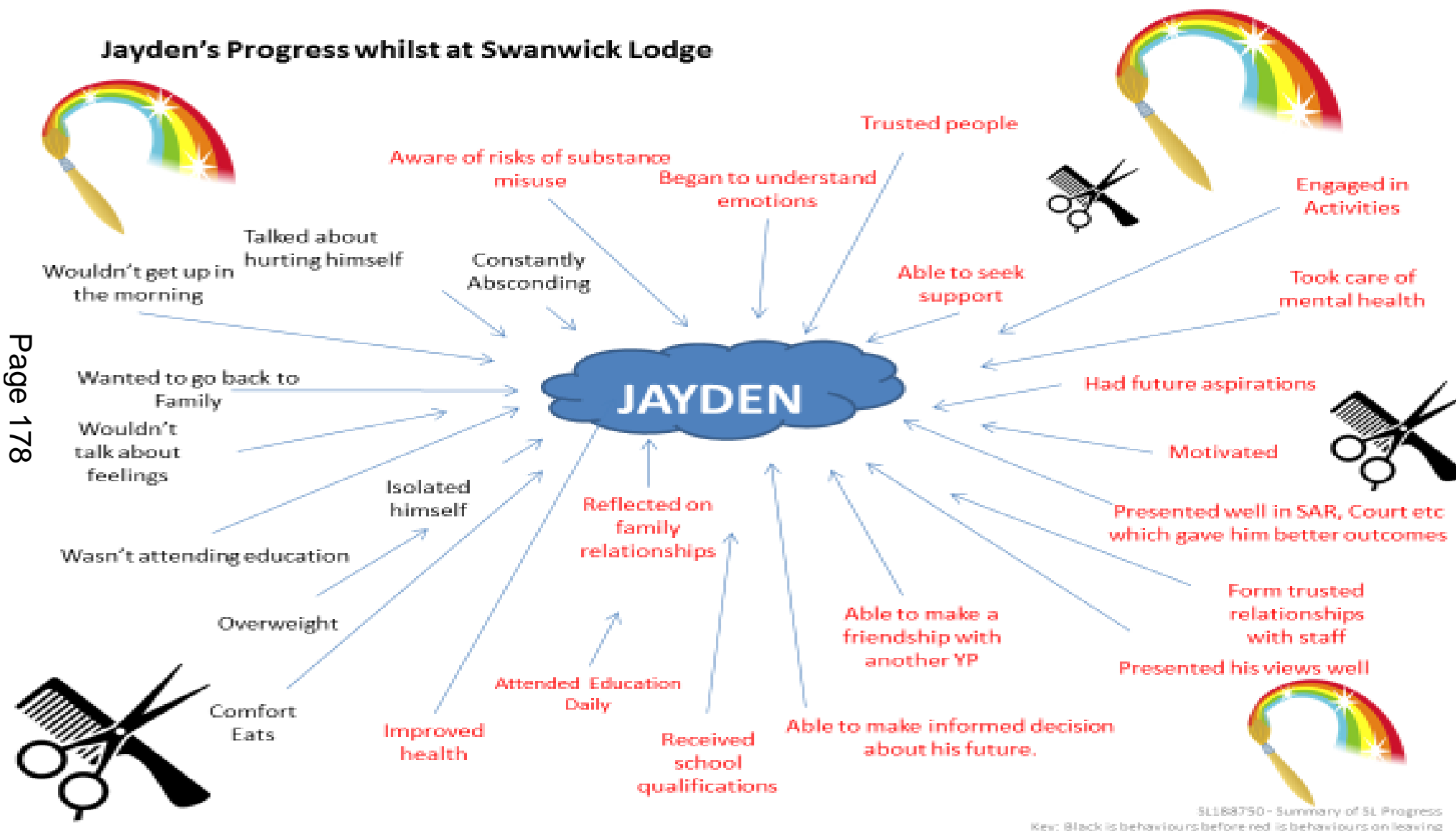
Incidents of aggression and impulsive behaviour reduced, and Jayden commenced a full community mobility programme which culminated in the successful transition of Jayden to a community placement that he was excited to go to.

Prior to Jayden leaving the home, a consultation was held with the staff team and a progress sheet was put together for him, so he could see how far he had come and the positive progress that he made in all areas.

Some of the areas that really stand out are:

- He had lost weight which had been a concern due to his weight gain.
- He got up for school each day and fully engaged.
- He formed age-appropriate relationships and spoke highly of each staff member.
- He had increased resilience and self-esteem.
- He took responsibility for his future and attended meetings, his statutory reviews and he didn't rush into decisions to ensure he was given the best start to life in the community.

Jayden's Progress whilst at Swanwick Lodge



Bluebird House

Introduction

Bluebird House is an adolescent forensic medium secure unit, part of the national network of adolescent medium secure services. It is a national unit, commissioned by NHS England, and admits young people from all over the country. Young people are aged between 12 and 18 years, and admission criteria include that they suffer from a mental disorder, are detained under the Mental Health Act (MHA) 1983 and pose a high risk of harm to other people. There are three wards, with 20 beds altogether.

Use of Restrictive Interventions

Young people admitted to Bluebird House pose many high risks of harm to others, and as such, present with a range of severely challenging behaviours. This sometimes requires the use of restrictive interventions such as restraint to manage the immediate risk, to keep not only that young person, but the other young people as well as staff members safe. All restraint is carried out in accordance with the legal framework as prescribed in the MHA Code of Practice, and trust policies and procedures.

All incidents, including episodes of restraint are reported on the trust incident reporting system. This information is available to clinical teams in Bluebird House to identify emerging trends, and to track the progress of individual young people.

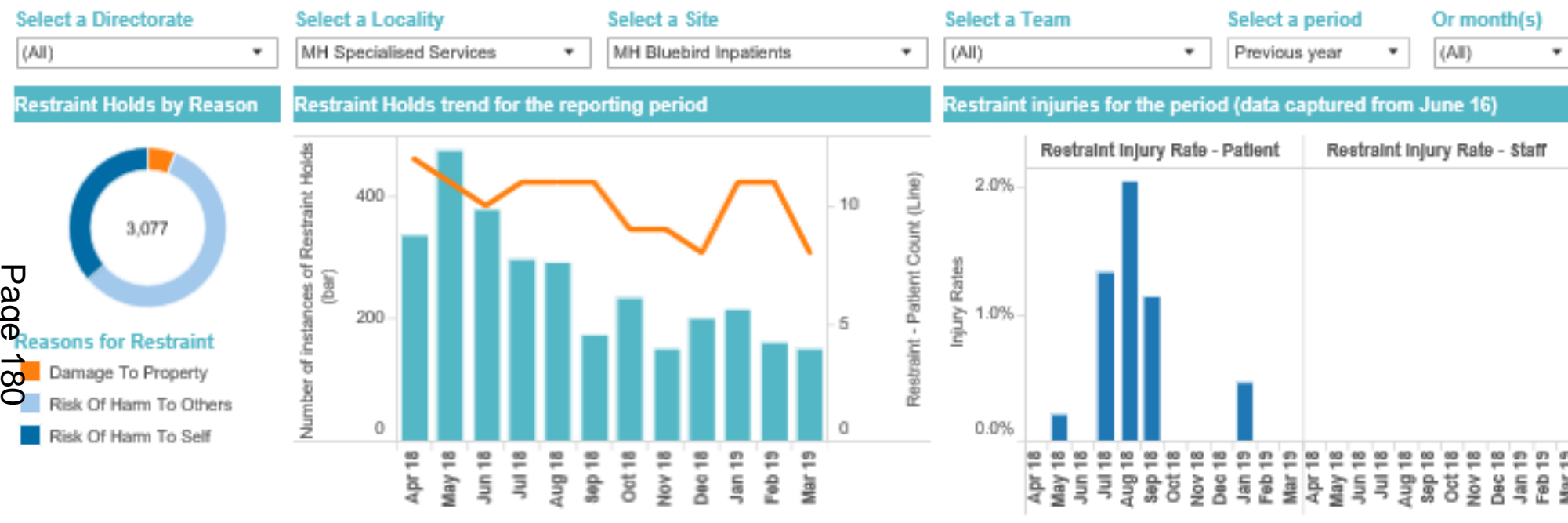
Although Bluebird house was commissioned for 20 medium secure beds originally, from September 2017 there has been a maximum of 13 medium

secure and six low secure beds available for occupancy. This bed configuration has remained the same throughout 2018/19. The occupancy has been 61.38%.



Use of Restraint

There were 3,077 episodes of restraint in 2018/19 and this is a reduction of 679 incidents on the previous year.

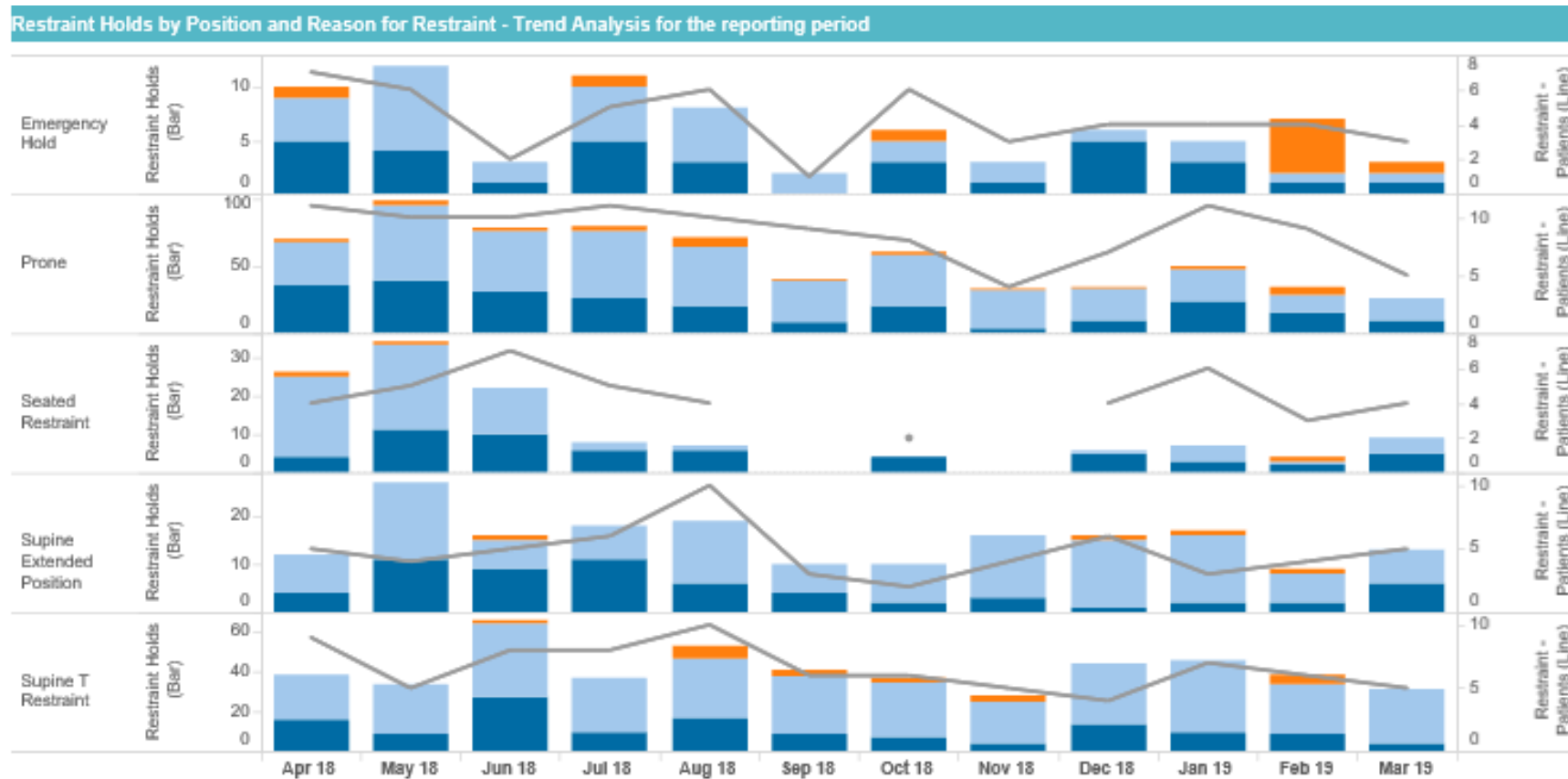


Of these, 1,785 were required to manage the risk of harm to others, 1,114 interventions were to manage risk of harm to self, 178 to stop patients from inflicting serious damage to property, and this year there were no incidents reported where the cause of the intervention was unknown.

Over the last year, the medium secure ward has been involved in the national reducing restrictive practices quality improvement project and this has led to continual review of internal processes including staff inductions. This project has involved frontline staff and young people working together to reduce seclusion, restraint and rapid tranquilisation on the ward.

Of the 3,077 episodes of restraint recorded in 2018/19, 681 episodes involved the use of prone restraint, while 676 episodes involved the use of supine restraint. The hold known as ‘walking figure of four’ was used 598 times, whilst the hold described as ‘seated figure of four’ was used 369 times.

The next graph shows the use of all holds across the unit. This clearly demonstrates a shift from the use of prone restraint and team continues to work towards reducing this number further.



Analysis

- Restraint continues to be necessary as an intervention of last resort, when other measures such as de-escalation have failed.
- The use of prone restraint has declined as a percentage overall over the last year.
- Initiatives are in place to reduce the use of restrictive practices described in an action plan which is reviewed regularly through a local governance forum.
- A development programme is in place for all Band 6 staff that covers the duty senior nurse role and management of incidents as they occur within the unit.

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Bluebird House Young Person's Story

Jade lived at home in an unpredictable family environment. She moved around London with her mother, had short periods of time where she lived with other family members, moved abroad and at times lived between her mother and her father. When Jade was around the age of nine her mother left her with a suitcase at a children service department. It is reported that Jade's mother turned to her abruptly and briefly said goodbye.

Jade has a history of being extremely violent and causing significant property damage. Jade's violence has been the primary cause of her multiple placement breakdowns. She has some history of self-harm (e.g., superficial cutting/scratching and has attempted to tie ligatures), however this has been a rare behaviour.

Early into her admission, Jade really struggled to build stable and reliable relationships with staff. During this time, to support Jade with day to day life and difficult feelings and emotions, a Zoning Care Plan was completed collaboratively with Jade. This plan has different coloured zones that describe how Jade is feeling in each one (red-crisis, orange-starting to struggle, green-okay, and blue-feeling low) and how she may present when in the zone. It also outlines early warning signs as well as what Jade and the team can do if she requires support. This gave both Jade and staff an insight into how she experiences different emotions and how to best support her. This was especially important during a time when Jade had not yet made positive attachments and thus did not feel safe and able to communicate her needs or when she was struggling. As staff began to get to know Jade better they were able to support her even when she did not seek out support herself. Staff could identify when Jade was struggling and support her appropriately. The support she received then, and continues to receive at the time of writing, enables Jade to feel an increase sense of safety and in return she can have key attachments which she uses for support.

Since being at Bluebird House, Jade has been able to develop new coping strategies that she can access and use instead of violence. Staff can now lone work with her (something that was assessed as high risk previously) and she has also achieved long periods of Section 17 leave. Finally, incidents of violence have significantly reduced and in general there has been a stable continuous decline in all types of incidents.



Engagement

- The Board engages with children, their families, and professionals to receive feedback on its work and to gain assurance that services to support children in Hampshire are fit for purpose.

Multi-Agency Professionals

During 2018, the HSCB ran eight Regional Practitioner Forums. The forums operate twice a year in several locations including the Winchester Diocese, New Forest District Council and Havant Council. The events are free to attend and are supported by the generosity of our Board partners who enable us to use their facilities at no cost.

The Regional Practitioner Forums are aimed at frontline professionals and provide an opportunity to brief staff on learning from reviews and audits (e.g. Serious Case Reviews), increase knowledge of updated policies and procedures and consult on new initiatives and resources such as the Unidentified Adults Toolkit and the Abusive Head Trauma (ICON) campaign. The forums also enable professionals to receive briefings from other agencies and areas of work. This year the forums included presentations from CAMHS, the Family Support Service along with briefings from Children’s Services and the Strategic Multi-Agency Public Protection Arrangements (MAPPA) Board. At each forum, attendees are asked for feedback on areas to escalate to the Board and/or its subgroups, as well as themes or agencies that they would like to learn more about at future forums.

The first round of practitioner forums was held during May 2018 and the second round over November 2018. These events were attended by approximately 270 professionals from across the multi-agency partnership. For the November forums, 100% of those completing the post-course survey (48 in total) indicated they agreed or strongly agreed that they were engaged throughout the event and were clear about how to implement the learning to their practice.

‘Really well-presented information session’.

‘Very informative and relevant training’.



HSCB also arrange the popular Multi-Agency Safeguarding Hub (MASH) workshops over the course of the year. Four workshops were attended by over 180 professionals in 2018/19. Feedback regarding these events has been positive with more planned for 2019/20 given the demand.

Children and Young People

During 2018/19, HSCB has engaged with children and young people on several different areas of work.

HSCB have a proactive relationship with the Police and Crime Commissioner's Youth Commission. HSCB's Partnership Support Team meets with the Youth Commission several times a year to consult with them and receive feedback on different themes.



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OPCC Youth Commission



In this reporting period, the Youth Commission were involved in planning for the content of the ICON abusive head trauma Personal, Social, Health and Economic (PSHE) lesson. They provided advice on how to present the materials and engage with young people recommending that it was an interactive session.

The Youth Commission were invited to provide support and independent scrutiny to the work of the pan-Hampshire and Isle of Wight child exploitation group, which was established in the autumn of 2018 to ensure a cross-local authority response to these issues.

Members of the Youth Commission attended the joint HSCB/HSAB annual conference in January 2019. The event was also attended by post-16 students and trainee social workers from the adults and children's sector.

The Youth Commission were consulted on to provide input into the HSCBs work on online safety. The feedback was used to inform the specification for a newly commissioned course for professionals on safeguarding in the context of social media.

In 2018/19, the Board established a network/group to promote a joined-up approach to participation between partner agencies and to coordinate activities, where appropriate, with children, young people and their families.

Youth Parliament

The HSCB met with the Hampshire members of the Youth Parliament to seek their views on our plans to promote the ICON programme within schools. Members had some clear ideas on how this could best work, suggesting that the subject be covered in PHSE lessons rather than in Tutor time, recommending which age groups to target, and suggesting the most effective ways to include factual but sensitive information on abusive head trauma. These suggestions all went forward to inform the lesson plan.

Early Years Sector



The HSCB Partnership Support Team has provided learning and themes arising from SCRs and MARs to support the Hampshire County Council Services for Young People team to develop a termly programme of safeguarding briefings for Early Years providers including nurseries, pre-schools, childminders and nannies.

The support team have also developed briefings on a range of safeguarding topics including Neglect, families that move across borders, 4LSCB online procedures and child and family engagement. The briefings, which also include updates from the Board as well as local and national guidance changes, provide the opportunity for the Early Years sector to inform the work of the Board and request themes for future safeguarding events.

HSCB Website

HSCB continued to develop its website during 2018/19 and the Partnership Support Team developed the following toolkits to support professionals:

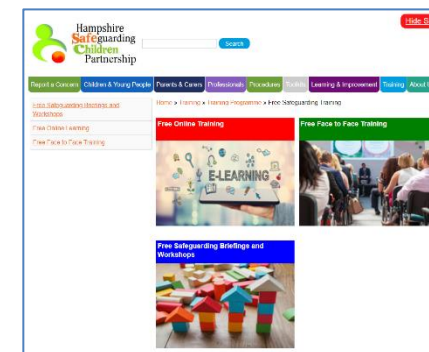
- Female Genital Mutilation (June 18)
- Abusive Head Trauma/ ICON (September 18)
- Adopting a Family Approach Joint Toolkit (January 19)

During 2018/19, there were a total of 50,155 visits to the HSCB website compared to 35,150 in 2017/18. This reflects a significant and positive increase in the reach of the Board's work.

Website Stats in 2018/19 vs. 2017/18



2018/19 showed a 43% increase in unique users and individual visits to the HSCB website. There were 6,731 return visitors to the website, who accounted for 17% of the unique users. The training pages proved the most popular followed by the Report a Concern page.



Communication from the Board

Newsletters are produced after each Board meeting for dissemination across the HSCB network. They provide an overview of decisions made by the Board, signpost to any new policies or resources and give notice of upcoming events and training.

The 4LSCBs across Hampshire & Isle of Wight also produced regular briefing documents (Spotlight On) to highlight changes and promote awareness and understanding of key policies, procedures and other resources. These briefings summarise key learning points from the full protocols and in 2018/19, topics included:

- Child and Family Engagement Guidance.
- Key 4LSCB Procedures.
- 4LSCB Protocol for Protecting Children who move Across Local Authority Borders.
- 4LSCB MET Information Guide.
- HSCP & IOWSCB Neglect Toolkit.
- 4LSCB Bruising Protocol.

Hampshire CAMHS Campaigns

Last year, the campaign 'Everybody' focused upon body image, self-esteem and eating disorders. The aims of the project were to:

- Raise awareness and promote better understanding of eating disorders.

- Improve knowledge and encourage early identification of eating disorders.
- Promote awareness of where and how to make referrals to Hampshire CAMHS Specialist Eating Disorder Team.
- Improve body image acceptance, self-esteem and confidence in young people.
- Promote compassion and kindness.
- Inspire and empower young people to develop positive ways of coping.



The campaign included the 'Great Big Bunting Off'. This project was an inclusive, colourful and ambitious celebration of difference and diversity. The service received over 21,000 flags with at least 91 organisations taking part. School body image workshops were run and approximately 1,800 young people took part. The service produced regular newsletters for schools and topics included: Fitness; Activity and Exercise; Food and Nutrition; Personal Expression and Creativity; Values, Talents and Strengths; Kindness and Compassion; Internet Awareness and Digital Downtime; Friendship and Family; Communication and Connecting with each other. The service produced A5 stickers to raise awareness of eating disorders and distributed them to every GP practice in Hampshire as well as via the school nursing service and other youth organisations. Ambassador events were facilitated, and 268 young people took part. A professionals' conference was also held and 85% of delegates rated that their knowledge and awareness had increased 'very much' or 'a fair amount'.

Leadership and Transformation

- The HSCB leads the safeguarding agenda, challenges the work of partner organisations, and commits to an approach that learns lessons, embeds good practice and is continually influenced by children, young people and their families.

New Safeguarding Arrangements

A key part of the Board's work this year has been to prepare for the change in statutory guidance following the publication of Working Together 2018. Working Together outlines how current Boards will cease to exist during 2019/20 to allow for the design and implementation of new Safeguarding Partnerships, led by the three new Safeguarding Partners: Local Authority, Police and Clinical Commissioning Groups (CCGs) for the health economy.

In preparation for these new arrangements the Board undertook a full consultation with all members and agency representatives in 2018/19. The focus of discussions was to seek views on how to respond to the changes, whilst being clear on which elements of the current Board arrangements were working well, and to use the opportunity to consider how things could be done differently to add greater value.

The themes arising from this consultation were discussed at a development day in January 2019 and informed the new business plan. The new [Hampshire Safeguarding Children Partnership arrangements](#) were published on the Board's website.



Key safeguarding issues

Neglect

Neglect seriously impacts on the long-term life chances for children. Neglect in the first three years of life can seriously effect brain development and have significant consequences through adolescence and into adulthood.

Neglect is defined as:

'The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or Development. Neglect may occur during pregnancy because of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment).
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers).
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs' (Working Together to Safeguard Children 2018).

⁴ Each period is a snapshot as at 31 March of each statutory year. Statutory year statistics extracted from DfE published reports.

The table below indicates a reduction in the number of children in Hampshire who are subject to a Child Protection Plans (CPP) under the category of neglect. Despite this reduction, the annual referrals to children's services under the category of neglect increased by 178 and 80 in 2018/19 and 2017/18 respectively. The Board has undertaken considerable work on neglect and its impact in the last two years and the figures show greater awareness of the indicators of neglect among professionals.

Number of children who were the subject of a child protection plan (CPP) at 31 March by initial category of abuse⁴

		2016/17	2017/18	2018/19
Hampshire	CPP	1,263	1,294	1,091
	Neglect	829	950	663
	%	65.6%	73.4%	61%
South East	CPP	7,980	8,980	Comparative data not yet available
	Neglect	4,490	4,930	
	%	56.3%	54.9%	
England	CPP	51,080	53,790	
	Neglect	24,590	25,820	
	%	48.1%	48%	



HSCB commissioned bespoke multi-agency training to support the implementation of the neglect strategy and toolkit. The training commenced delivery in 2018 with 73 professionals attending between April 2018 and March 2019.

A longitudinal evaluation of the training took place in 2018/19. Overwhelmingly, all delegates who completed an evaluation form reported that they would describe the course positively to their colleagues. Language used included: excellent, worthwhile, helpful, informative and very practical. In addition, 90% of respondents indicated positive responses for all the survey questions. The opportunity to share ideas, deepen knowledge and reflect with a range of colleagues was viewed as beneficial, which demonstrates the value of the Board's multi-agency training, which is

provided at no cost to partner agencies. All delegates who responded to a request for feedback two-months after the course indicated that they could give specific examples of how the learning had been applied in practice, which was positive.

Domestic Abuse

In the Hampshire Local Authority Area, the 2018 needs assessment estimated that the following numbers of people had been affected by domestic violence and abuse in the previous year:

- 15,607 men and 30,083 women aged 16-59.
- 734 men and 2,306 women aged 60-65.
- 1,345 men and 5,615 women aged 66 and over.

This includes:

- At least 544 men and 705 women who identify as lesbian, gay or bisexual.
- 1,000 women and 368 men of Asian origin.
- 481 women and 323 men of Black origin.
- 13,296 women and 5,799 men with some degree of limiting disability or health problem.
- Over 40,000 children affected.

The effects of domestic abuse on children are well-researched and there is a wealth of good evidence on its significant impact on children's mental, emotional and physical health, and on the development of their subsequent

choices and behaviours as adults. The importance of early identification and intervention is stressed in national and local strategies, both to prevent further immediate harm to the children concerned and to promote healthy relationships for those children's futures.

National research indicates that 12% of children aged under 11 and 18% of children aged 11-17 had been exposed to domestic violence and abuse between adults in their childhood. If these percentages are applied to the Hampshire population, it suggests that 21,034 under 11s and 19,351 11-17s have experienced domestic abuse between adults in their homes (40,385 in total).

The Hampshire Domestic Abuse Partnership (HDAP) reports to the Hampshire Safeguarding Children Board and through its multi-agency domestic abuse strategy, places a strong focus on reducing the impact of abuse on children, adults at risk, families and communities. Through this work, they aim to achieve the best outcomes for children, to protect those most vulnerable to the impact of abuse and to reduce the cycle of abuse through a whole family approach.

The greatest development during the last 12 months has been the recommissioning and start of a new domestic abuse support service, aimed at all members of the family (including perpetrators, victims and their children), called the Hampshire Domestic Abuse Service. As part of this service (which is provided by Stop Domestic Abuse and the Hampton Trust), there is a new 'front door' or single way into to all services via the Advice Line. Stop Domestic Abuse will act as the first point of contact, information, advice, assessment and triage for victims, their children, perpetrators and professionals – providing a whole family approach.

In addition to the Advice Line, the Hampshire Domestic Abuse Service will provide early intervention and prevention (including some training to professionals), interventions and support to all members of a family – this may include refuge, one to one outreach, group work, dedicated interventions for children and young people and interventions for perpetrators. The service will also provide some support to the new High-Risk Domestic Abuse (HRDA) process which works alongside the Multi-Agency Safeguarding Hub (MASH) and Multi-Agency Risk Assessment Conferences (MARAC).

Further information about the new service and the wider Hampshire Domestic Abuse Partnership can be found at the new [HDAP web pages](#).



Domestic Abuse Pathway for Health Professionals

A Task and Finish Group led by the Named GP (North Hampshire CCG) and the Designated Nurse (West and North Hampshire CCGs) developed a health-specific screening tool, which includes 'opening questions' and 'screening questions' and a pathway for victims of Domestic Violence and Abuse. The pathway, which was approved by the Hampshire Domestic Abuse Partnership and the Hampshire Safeguarding Children Board, was launched across health in 2018/19. Training regarding the use of the pathway has been delivered across Primary Care at several forums including the Lead GP Safeguarding Training, target events and GP trainee conferences.

Operation Encompass

Operation Encompass, implemented within Hampshire in 2017/18, involves information-sharing between police and schools when a child or young person has been exposed to, or involved in, any domestic incident. This enables schools to make provision for possible difficulties experienced by children, or their families involved in these situations.

In 2018/19, 9,216 Operational Encompass notifications were sent to Hampshire and Isle of Wight schools, which enabled actions to be put in place to support children impacted by domestic abuse within the family home.

Hampshire Constabulary completed an evaluation process by means of a survey to schools to assess the impact of the initiative. 382 responses were received from Head teachers and Designated Safeguarding Leads (DSLs) and 87% agreed or strongly agreed that the Operation Encompass process provided relevant information for schools to enhance their safeguarding of children.

Further work is being undertaken to scope the inclusion of post-16 settings in 2019/20 along with reviewing and refining the processes.

Children at Risk of Exploitation

The multi-agency working to identify children and young people who may be at risk of exploitation and trafficking was a key priority area for 2018/19. Children deemed at risk are managed through the Hampshire Operational Missing, Exploited and Trafficked Group. The work from this group is carried



forward through the multi-agency specialist Willow Team and Hampshire Constabulary's Missing, Exploited and Trafficked Team.

The dominant themes of child sexual exploitation in Hampshire present as:

- **County Lines/Criminal Exploitation** – There is increasing evidence of transient/out of county drug dealers exploiting vulnerable children to commit criminal acts through drug dealing. This will include children going missing and being trafficked and groomed to engage in criminal activity such as shop lifting.
- **On-Line exploitation** – Perpetrators using the internet to groom and exploit vulnerable children with the aim of committing sexual offences as well as enticing children to engage in criminal activity. Given the global nature of the internet, the perpetrators are not always present in the UK.
- **Peer-on-Peer sexual exploitation** - Particularly notable in cyber enabled sexual exploitation offences where there are higher levels of young people communicating on line, using Apps dangerously and sharing sexual images. Peer groups also can have elements of sexual behaviours as part of gang/peer group activity.

Work started in 2018 to bring together the Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS) child exploitation subgroups in recognition that child exploitation is not limited by geographic boundaries. This group, chaired by the Head of Serious and Organised Crime for Hampshire Constabulary, reflects a commitment to collaborate with other local authority areas on this key safeguarding issue. A cross-area action plan was developed including 14 outcomes to be delivered over a two-year period. The actions are mapped to five domains:

1. Understand and Identify
2. Prevention
3. Intervene and Support
4. Disrupt and Divert
5. Scrutiny and Oversight

These arrangements will be developed further in 2019/20 including continued scrutiny from the Police and Crime Commissioner's Youth Commission who attend the meetings and contribute to delivery of the action plan.



County Lines Workshops

HSCB delivered four county lines and gang exit workshops to multi-agency professionals in March 2019. These sessions were delivered by Junior Smart, founder of the SOS Gangs Project, and colleagues from the children’s social care led specialist multi-agency Willow Team and the police Missing, Exploited and Trafficked Team.

These workshops were attended by over 275 professionals and feedback was extremely positive.

Following the workshops, delegates rated their understanding of the subject as positive with learning gains regarding the national picture and how this translates to issues within Hampshire.

95% of delegates indicated that they were clear about how the learning from these events would be implemented in their practice and 99% agreed that there would be value in running similar events over the coming year.

‘This event was brilliant, very informative and interesting... I learnt so much more from this training that I will use in my everyday job’.

‘Great to have a guest speaker who has direct knowledge/experiences but proof that you can change mindsets and support young people to choose a different path’.

Safeguarding Training for Taxi Drivers

In 2018/19, HSCB endorsed an updated version of the New Forest District Council (NFDC) mandatory training for taxi drivers. This training, which is a requirement of the licence process, is fully embedded within NFDC and ensures that drivers are aware of their responsibilities in keeping children and young people safe and can report their concerns. The number of new drivers passing the safeguarding module and being granted a driver licence module from 1 April 2018 to 31 March 2019 was 200. Further work is being undertaken in 2019/20 to ensure that this approach is more broadly coordinated across the 11 district/borough/city councils.

The Willow Team



The Willow Team is a children’s social care led specialist multi-agency child exploitation team launched in September 2015. The team comprises a team manager, three social workers, two specialist CAMHS Mental Health Practitioners, one child and family support worker (CFSW) and administrative support. The Willow Team works collaboratively with Hampshire Constabulary’s Missing, Exploited, Trafficked (MET) team, Hampshire’s Youth Offending Team, Barnardo’s workers and various health teams.

The team operates across Hampshire and works directly with children identified at risk of one or more elements of child exploitation. The team receives referrals from Hampshire’s Multi Agency Safeguarding Hub (MASH)



relating to children who are not currently open to Children’s Services and where concerns are raised that they are at high risk of or being exploited. In addition, the Willow Team supports missing children and those at risk of, or being, trafficked which often goes together with child exploitation.

The team takes cases from the CAST teams within social care for children ready open. In these cases, support can be offered in several ways such as:

- Direct work with the child/parent/carers/residential workers.
- Mentoring to professionals including teachers, social workers and school nurses to support them to undertake direct work with the child.
- Consultation advice and support to professional groups.
- Undertaking awareness initiatives.
- Disruption of perpetrators in collaboration with Hampshire Constabulary.

An external evaluation was undertaken by The Institute of Public Care at Oxford Brookes University, which focussed on the quality and impact of

support to young people identified as being at risk of sexual exploitation. The report highlighted that:

‘Local agencies have a good understanding of the remit of the Willow Team and that there is strong support for a dedicated multi-disciplinary team providing a range of services including 1:1 work with children at risk, or who have suffered from CSE’.

‘Where the young person engages with the Willow worker, they and their key carer(s) almost invariably appreciate the warm, non-judgemental approach and the ability of the worker to educate both the young person and the broader family about risks relating to sexual exploitation (through use of one to one conversations, DVD’s, and worksheets)’.

Unaccompanied and Separated Children

There were 163 Unaccompanied Asylum-Seeking Children (UASC) at the end of March 2019 compared with 113 at the end of March 2018. The increase is due to Hampshire Children’s Services being proactive in the National Transfer Scheme whereby those local authorities with high numbers of UASC can transfer young people to an authority with lower numbers. In contrast to last year, there has been a reduction in the number of spontaneous arrivals in Hampshire.

Hampshire County Council continues to offer foster care as a first response including all the support that comes with a wrap-around Children Looked After plan. The Willow Team supports all unaccompanied asylum-seeking children and undertakes trafficking assessments. Social workers from the team will also support with age assessments where deemed necessary.

Willow Team also refers to the Barnardo’s Independent Trafficking Advocates (ICTA) Service. Children’s Services also undertake a Section 47 investigation on all new UASC coming into Hampshire.

Willow Team Case Study

Willow Team became involved in an exploitation investigation in the south of the county. Of interest was the fact that many of the issues were spread across our County Borders so involving other local authorities.

Operationally, all agencies worked very well together and for the first-time, social care staff from different authorities became embedded alongside police colleagues in a very close way. This offered cross-border working and joined up approaches to sharing resources.

One family came to our attention due to a teenage female said to be in a relationship with one of the males who we felt was a risk. The family did have several issues of note and when we considered child trauma and ‘push’ factors, we noted a history of issues around behaviour and the children in the family experiencing neglect and so some traumatic experiences. Different agencies in Hampshire have started to explore the impact of child trauma and having Adverse Childhood Experiences (ACEs). Whilst social care staff have this embedded in their work it’s positive that other colleagues are using this model to enhance their communication with children and support for families.

The family of concern was assessed, and we offered trusted Willow Worker relationships which were positive, supportive, and trauma-informed. We worked alongside the female on her relationships and offered her different insights and alternative thinking about her previous experiences with

boyfriends. Some of this was around knowing how grooming takes place, power issues in relationships and outlining clearly the risks to relationships not built on trust and respect.

The success for us comes again from her being able to speak openly about her experiences and she has subsequently left that relationship. Other issues in the family are being supported by a multi-agency plan and the worker is confident that this child will be able to make safer choices in her relationships as she continues to grow.



Hampshire Constabulary Missing, Exploited and Trafficked Team

Throughout 2017/18, Hampshire Constabulary’s Missing, Exploited and Trafficked Team (METT) has developed a greater focus on perpetrators of exploitation and the trafficking of unaccompanied asylum-seeking children, whilst maintaining the current partnership management of young people at risk from criminal and sexual exploitation.



The METT continues to proactively manage those children who are at the highest risk of Child Sexual Exploitation (CSE) and now those at highest risk of Child Criminal exploitation (CCE). This includes those children involved

with drug dealing networks often referred to as ‘county lines’. The safeguarding of young people often involves a focused review and management of missing incidents, with a renewed focus on targeting and disruption of perpetrators. The use of Child Abduction Warning Notices (CAWNs) has proved an effective tool in managing and preventing further harm. The team is also pioneering the use of the C5 perpetrator notice to identify and divert those people who display worrying sexual behaviour but whose actions have not reached the threshold for a prosecution.

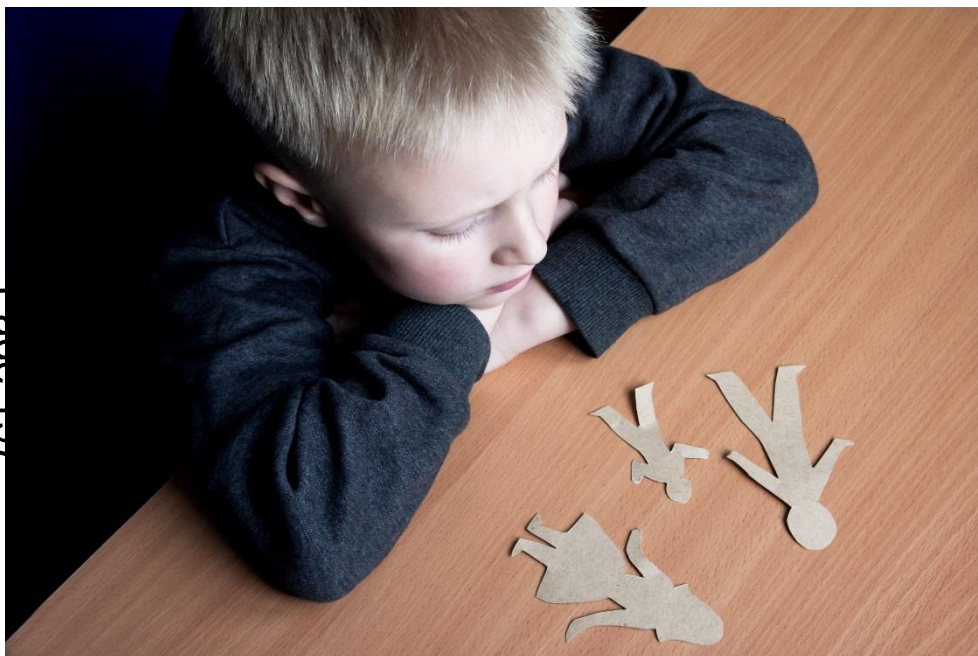
One of the METT aims is to decrease the demand that frequent missing children place on colleagues by seeking practical solutions to reduce the number of incidents. This is achieved through proactive intervention and effective partnership working. The team also support colleagues conducting missing person investigations, providing up-to-date information on risk management plans and, where possible, offering practical support and expertise.

In addition, the team seek to identify victims and perpetrators at the earliest opportunity and to coordinate the initial police response, as well as raising awareness within districts of vulnerable individuals, directing any intervention and safeguarding work where it is appropriate to do so, allowing leaders to better manage and reduce the risk of harm.

The engagement with perpetrators and management of vulnerable young people allows the METT team to develop a detailed understanding of mechanisms underpinning and driving exploitation of young people. From this process, intelligence gaps are identified and public, police and partners can be tasked to assist with filling those gaps. The public is encouraged to use Crimestoppers or local police to report intelligence, and partners make

use of a bespoke intelligence submission process using a Community Partnership Intelligence (CPI) form.

In 2018/19, the METT was led by Detective Chief Inspector Nick Plummer, with support from Detective Inspector Ross Toms, Detective Inspector Lee Colvin and Detective Sergeants Leith Morrison and Matt Gillooly.



Child Exploitation and the CCGs

During this reporting year, the Hampshire Missing, Exploited and Trafficked (MET) multi agency strategic group who reported into the HSCB changed its

title to the Strategic Exploitation Group. This was to ensure that areas of modern slavery, Prevent and child criminal exploitation were incorporated. Further revision was made as the four children’s boards within Hampshire, Isle of Wight, Southampton and Portsmouth (HIPS) agreed to amalgamate into a HIPS Child Exploitation Group. The West Hampshire CCG Director of Nursing represented the Hampshire Clinical Commissioning Groups on this group in 2018/19.

The Designated Nurse for Looked After Children represented the five Hampshire CCGs on the HIPS Child Exploitation Operational Group.

Guidance for Primary Care was developed to support the completion of the Community Partnership Information Form (CPI) to share information regarding young people who may be at risk of exploitation.

Suicide and Self-Harm

Hampshire’s suicide rate is lower than the England average. Comparable to national data, the male rate is around three times higher than the female rate. Despite the lower than national rates, suicide prevention is a priority for Hampshire. The effects of a suicide on family, friends and community are huge. It is estimated that for every person who dies by suicide, 135 people who knew the person will be exposed. Each suicide affects a large circle of people who may need clinician services or support following exposure.

Every year, Hampshire Public Health conduct an audit of suicide deaths. This is across all three coroner offices who cover the Hampshire County area. The suicide audit provides local contextual evidence, which informs the suicide prevention strategy and action plan.

A total of 344 deaths were audited over a four-year period. 48 (14%) of the suicides were children and young people aged 24 years and under. In the UK, suicide is the leading cause of death in young people, accounting for 14% of deaths in 10-19-year olds and 21% of deaths in 20-34-year olds. The number of children and young people dying by suicide in Hampshire is small and over recent years has decreased. The risk factors identified before suicide are common in young people; most come through them without serious harm.

The latest national report *Suicide by Children and Young People, July 2017* reported that suicide in young people is rarely caused by one thing; it usually follows a combination of previous vulnerability and recent events. This is evident in our local audit; the lives of the children and young people were quite often chaotic and had many antecedents of suicide recorded. Many stemmed from early childhood including sexual/physical abuse, domestic abuse and bereavement. Relationship problems and poor mental health factored in many of their lives. There were only two deaths which appeared to be 'out of the blue'. Self-harm, including attempted suicide, is the single biggest indicator of suicide risk; the local audit has suggested that some children and young people with complex and multi-faceted lives who self-harm may not be known to services.

Key messages and important themes for suicide prevention from the national report resonate with local findings. These are support for, or management of, family factors (e.g. mental illness, physical illness or substance misuse), childhood abuse, bullying, physical health, social isolation, mental ill-health and alcohol or drug misuse.

Suicide Prevention Programmes of Work

Through the work of the multi-agency Hampshire Suicide Prevention Forum, work has been undertaken in the following areas in the period 2018-2019:



Postvention Protocol for Schools and Colleges

This was developed in 2017 to assist schools and colleges in the event of a (suspected) suicide by a member of the school/college community. The protocol was developed with the aim of preventing further suicides by helping staff identify those who might be struggling and signposting them

to relevant support and process. The protocol also helps schools and colleges plan and to think about what they might do if they were ever (tragically) in this position. The protocol has been used in Hampshire to support establishments when the need has arisen.

Sustainability & Transformation Plan (STP) HIOW

Hampshire Public Health has developed a plan in conjunction with Public Health colleagues in Portsmouth, Southampton and the IOW, NHS and other key partners to further develop suicide prevention programmes of work in the following areas:

Suicide Prevention in Primary Care: Embedding robust risk identification and care planning for those at risk of suicide. This is likely to include training, development of comorbidity pathways and other support mechanisms, ensuring that those presenting in primary care who are at greater risk are identified and supported.

Bereavement Support and Postvention: Delivering improvements in quality and capacity of the bereavement support offer. This will ensure, through a more robust pathway between first responders, other key partners (i.e. Coroners, schools, police) and bereavement support services, comprehensive postvention support is available across the STP area.

Workplace Health: Focussing on key employers and those professions where there is a higher risk of suicide identified through local suicide audits (i.e. those that are employers of middle-aged men and minority and more vulnerable groups) to work with them to promote clear pathways of support, training and awareness of suicide.

Self-Harm and Crisis Care: Reviewing the self-harm pathway for adults and CYP to improve assessment and identification and pilot and develop an effective model of support and care. This approach will include training for front-line staff (clinical and non-clinical) to have conversations and provide appropriate level of support / advice for people about self-harm.

Workshop for those with Lived Experience of Suicide: A workshop took place in March 2019 for those with lived experience of suicide. Those with lived experience includes those who are experiencing, or have previously experienced, suicidal thoughts/behaviours as well as those who have been bereaved by suicide. There is a plan to take forward this work to develop a 'team' of those with lived experience who will be able to plan and help implement parts of the Hampshire Suicide Prevention Strategy.

Emotional Wellbeing

Emotional wellbeing is an area of both national and local concern. A local needs assessment for Hampshire Children and Young people has identified:

- Children and young people aged 5-16 with mental health disorders (2015) =15,716.
- Young people aged 16-24 with a potential eating disorder (2013) =17,414.
- Young people aged 16-24 with Attention Deficit Hyperactivity Disorder (2013) = 18,518.

An Emotional Wellbeing and Mental Health Strategy for Children and Young People (2019-2022) has been drafted with a strong theme around

safeguarding and early intervention to stop mental health problems from escalating, this is aligned with the Hampshire Children and Young People’s Plan and will be delivered through the Starting Well for Emotional Wellbeing and Mental Health Partnership. The strategy aims to promote emotional wellbeing as well as early intervention. The six Priorities areas are:

1. Children and Young People’s emotional wellbeing and mental health is everybody’s business.
2. Support for good mental health of parents.
3. Whole school/educational setting approach to mental health.
4. Supporting mental health of vulnerable children and young people.
5. Reducing rates of self-harm.
6. Improvement of service provision.

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Workforce Development

HSCB continues to support agencies in meeting their responsibility to ensure professionals working with children and families receive safeguarding training by providing a multi-agency training programme. The development of the 2018/19 programme was based on themes from the HSCB annual training needs analysis, HSCB business plan priorities and national and local learning from case reviews.

Multi-agency training provided by HSCB Workforce Development

The top five interventions attended based on the total number of bookings comprised:

1. HSCB/HSAB Conference - 215 delegates.
2. HSCB Missing, Exploited and Trafficked Children – 211 delegates.
3. HSCB Adopting a Family Approach – 170 delegates.
4. HSCB Working Together and Preparing for Child Protection Conferences – 164 delegates.
5. HSCB Managing Safeguarding Supervision – 74 delegates.

Professionals Attending HSCB Core Learning Events

Group/Sector	2017/18	2018/19
Children’s Services	284	582
Health	240	208
Police	99	102
Education	160	105
Others (incl. YOT)	74	62
Voluntary	83	66
Total	1,018	1,162

Multi-agency workshops, briefings and conferences provided by HSCB Partnership Team

Professionals Attending HSCB Workshops, Briefings and Conferences

Group/Sector	2018/19
Children's Services	273
Health	316
Police	130
Education	524
Others (incl. YOT)	327
Total	1,570

The above events included:

- Eight Regional Practitioner Forums delivered by members of the Partnership Support Team alongside representatives from HSCB partner agencies.
- Three Bruising Protocol Workshops delivered by Dr Simon Jones, West Hampshire CCG on behalf of Hampshire's five CCGs.
- Three FGM Workshops delivered by Cynthia Condliffe, West Hampshire CCG on behalf of Hampshire's five CCGs.
- Four conferences for safeguarding leads within schools and post-16 settings. Organised by the Partnership Support Team and Education & Inclusion branch of children's services along with support from the Local Authority Designated Officers (LADOs).
- Three Abusive Head Trauma Launch events (morning, afternoon and evening sessions).

- Four ICON Multi Agency Train the Trainer events led by West Hampshire CCG and the Partnership Support Team.
- Four Hampshire Multi Agency Safeguarding Hub (MASH) Workshops facilitated by the Partnership Support Team and delivered by colleagues within Hampshire MASH.
- Four County Lines Briefings facilitated by the Partnership Support Team, Willow Team, Police MET Team and Junior Smart from the SOS Gangs project.

Feedback from Delegates (county lines briefings)

'Extremely informative and excellent lecturer. Very relevant to my job'.

'Excellent course with knowledgeable, engaging speakers'.

'This was one of the best training events I have been on in years'.

'Great to have a guest speaker who has direct knowledge/experiences but proof that you can change mindsets and support young people to choose a different path'.

Summary of Impact and Evaluation Reports

Course evaluation is undertaken by Children's Services Workforce Development Team (WDT), supported by direct observations of training events by members of the HSCB and WDT colleagues.

The methodology used is Guskey's model of training evaluation and is designed to incorporate multiple sources of information to provide more

reliable results. All HSCB courses delivered between April 2018 and March 2019 were subject to Level 1 Learning Transfer-Reaction Level. This included self-reports from course participants of the level they engaged with and enjoyed the training.

Longitudinal evaluation

The plan for longitudinal evaluation includes more in-depth evaluation of agreed training events. Specifically, data is collected from the trainer and trainees post course, and at intervals after the training (i.e. three or six months) as appropriate. This information is collated and analysed, conclusions determined, and shared with HSCB and any actions identified, implemented and reviewed.

In this context, two courses were subject to longitudinal evaluation during the 2018/19 and reports were provided to the HSCB. A newly developed course, 'Adopting a Whole Family Approach to Tackling Substance / Alcohol Misuse, Mental Health and Domestic Abuse' was delivered for the first time in June 2018 and continues to be delivered. This course was subject to direct observation on two separate occasions by HSCB partner colleagues and received very positive feedback, including the following comments:

'The golden thread of the family approach was constant during the day with clear links to the trigger trio. Motivating comments to empower delegates in changing culture were very impactful'.

'A very good, well delivered and in-depth course. Delegates seemed engaged and motivated by it'.

And additionally, the following comments from delegates as part of the longitudinal evaluation:

'Brilliant training with a knowledgeable and engaging trainer. Highly recommended'.

'I found this course enlightening and have recommended my colleagues attend this course'.

'Extremely informative'.

The second longitudinal evaluation was completed for the HSCB 'Managing Safeguarding Supervision' course which was re-commissioned in January 2018. The following are some of the positive comments from delegates:

'The trainer was excellent and kept the learning very real. Well worth attending'.

'I enjoyed the course as it discussed some of the realities of making supervision work in today's environment, rather than just being a theoretical look about how supervision should work'.

Priorities for 2019/20

The HSCB Business Plan 2019-20 is intentionally focused on strategic priorities and activities that form the basis of the work already agreed by the Board over the coming year. These priorities support the statutory functions of the HSCB and the partnership response to protecting vulnerable children, preventing harm and promoting their welfare.

The structure of the Business Plan allows the Board to remain flexible to respond to the emerging areas of work and transition into the new statutory partnership arrangements. To support the delivery of the Business Plan, the HSCB have produced more detailed work plans, aligned to the Board's priorities, to be delivered by each subgroup and working group.

HSCB will take a leadership role in the delivery and quality assurance of partnership work in these areas. Progress against this plan will be reviewed and monitored by the Executive Group with chairs of the relevant subgroups reporting on progress against their actions. Where necessary and appropriate, the Executive Group will highlight areas of concern to the full HSCB Board meetings for further action. HSCB will also identify and promote good practice across its partner agencies.

Further embed and evaluate HSCB initiatives

- That the HSCB fully delivers its agreed programme of initiatives to safeguard and protect Hampshire children and their families.
- That staff working with children and families are provided with tools and information to support them in their roles.

- That the HSCB, via delivery of different initiatives, can evidence positive impact and Hampshire children and families.

Strengthening our Assurance Programmes

- HSCB is assured that the services provided to children and their families in Hampshire are timely, appropriate and effective.

Leadership and Transformation

- *The HSCB and the new Safeguarding Children Partnership, leads the safeguarding agenda, challenges the work of partner organisations, and commits to an approach that learns lessons, embeds good practice and is continually influenced by children, young people and their families.*





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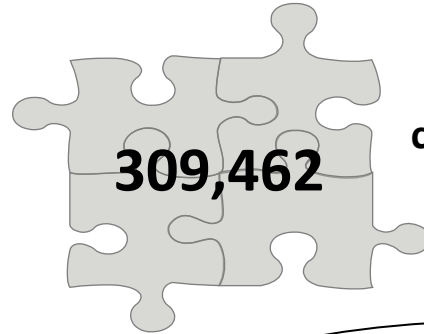
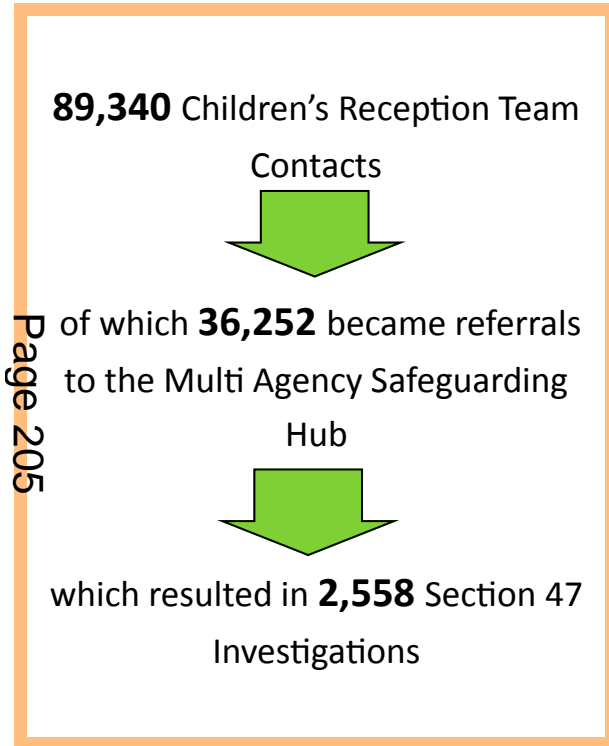
Additional Photo Credits:

Jan Brayley, Hampshire Constabulary

Annual Report Summary 2018-19

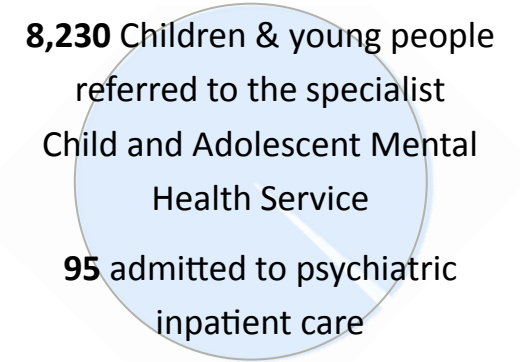
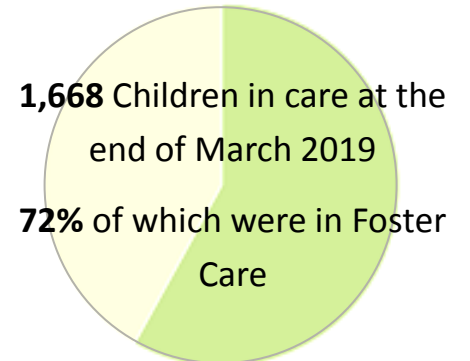
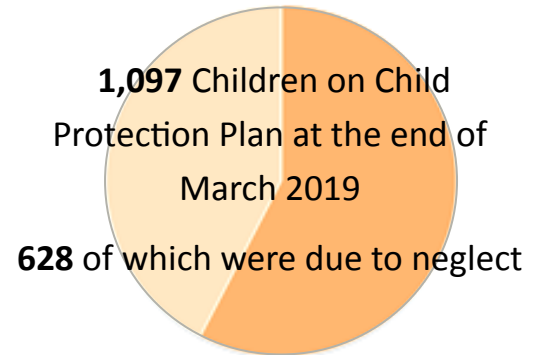


Hampshire Safeguarding Children Board (HSCB) is a statutory body that leads on keeping children safe and insuring their wellbeing in the local authority (LA) area of Hampshire. The Board is a partnership of local agencies who work together to make sure that child protection services in Hampshire are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

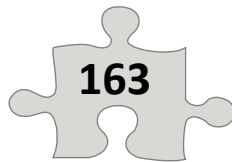


94% of children in Hampshire of compulsory school age and above have English as their first language

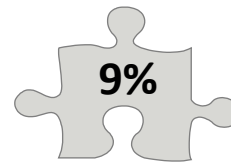
Hampshire has areas of affluence and significant deprivation. Six small areas are in the most multiple deprived areas in England



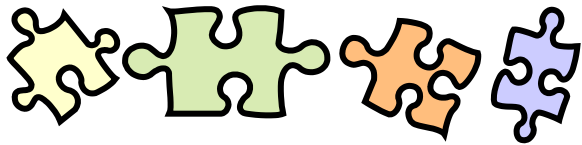
Children receiving Targeted Early Help support at the end of March 2019



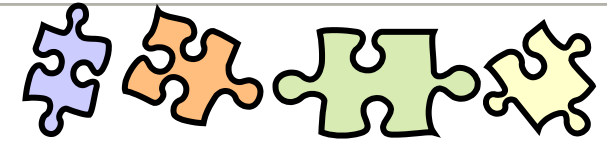
Unaccompanied Asylum Seeking Children who are the responsibility of the LA



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



Learning from Reviews and Audits



- Implementation of a 'Family Approach'
- Ascertaining, understanding and considering the 'voice', experience and participation of children
- The importance of sharing historic information about a child, young person or family
- Development of a programme to promote safe sleep for babies

- Launch and roll out of ICON, an abusive head trauma prevention programme
- Application of HSCB resources and toolkits
- The importance of robust hand-over between local authority areas for county lines cases
- Ensuring timely information-sharing between health professionals and Early Help Hubs

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1,162 staff attended HSCB Training

1,570 staff attending events provided by HSCB Partnership Team

215 delegates attended HSCB/HSAB Annual Conference

279 staff attended County Lines Briefings

Audits and Assurance

- 4 'deep-dive' multi-agency audits undertaken focussing on the experiences of 37 children
- 37 organisations submitted a self-assessment of compliance with safeguarding standards
- 1,554 staff completed a survey to establish the extent to which policies, products and learning had been embedded

2019-20 Priorities

- Further embed and evaluate HSCB initiatives
- Strengthening our Assurance Programmes
- Leadership and Transformation

PROTOCOL ON THE WORKING ARRANGEMENTS BETWEEN THE

HAMPSHIRE HEALTH AND WELLBEING BOARD

AND THE

HAMPSHIRE SAFEGUARDING ADULTS BOARD

AND THE

HAMPSHIRE SAFEGUARDING CHILDREN PARTNERSHIP

DATE AGREED

Agreed by	HSAB Executive Group	
	Health and Wellbeing Board	
	HSCP Executive Group	19 November 2018
Review date	November 2019	

1. PURPOSE OF PROTOCOL

- 1.1 This document sets out the working arrangement between Hampshire Health and Wellbeing Board (HHWB), the Hampshire Safeguarding Adults Board (HSAB) and the Hampshire

Safeguarding Children Partnership (HSCP). It outlines the relationship between the three boards, their functions, responsibilities, accountability and channels of communication.

2. THE ROLE OF HAMPSHIRE SAFEGUARDING ADULTS BOARD

2.1 The Hampshire Safeguarding Adults Board is a multi-agency partnership providing strategic leadership for adult safeguarding across the local authority area. It has an independent chair and its remit is to agree objectives, set priorities and co-ordinate the strategic development of adult safeguarding.

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

- develop a culture that does not tolerate abuse and raise awareness about abuse
- co-ordinate the activities of the HSAB members in relation to adults at risk of, or suffering, abuse, neglect or self-neglect in the geographical area and ensure the effectiveness of members in carrying out this role
- produce safeguarding policies, procedures, protocols and guidance for all organisations
- give information or advice, or make proposals, to any public body on the delivery of their function in relation to safeguarding adults
- improve the skills and knowledge of professionals who have responsibilities which relate to safeguarding adults
- monitor performance and hold organisations to account relating to the delivery of safeguarding
- commission Safeguarding Adults Reviews and may arrange for there to be a review of any other case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs)
- provide strategic oversight in relation to safeguarding trends
- produce and publish an annual accountability statement which highlights the work of the Board and reports on achievements against previous statements

3. THE ROLE OF HAMPSHIRE HEALTH AND WELLBEING BOARD

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

3.2 The role of the HHWB is to:

- to oversee and assure the translation of the Joint Strategic Needs Assessment (JSNA) into a Joint Health and Wellbeing Strategy (JHWS) to address the identified health and social care needs
- to join up commissioning through a robust knowledge of need by ensuring the delivery of a comprehensive JHWS

- to provide an opinion to CCG's and the Local Authority on whether commissioning plans have taken proper account of the JHWS and to refer plans to NHS Commissioning Board where there are concerns.
- to ensure that the CCGs, Hampshire County Council and NHS Commissioning Board Wessex LAT execute their commissioning activities in accordance with the JHWS.
- to encourage integrated working between health and social care commissioners and health related services in order to ensure appropriate use of resources across all partners' budgets in order to achieve the best outcomes for local residents.

4. THE ROLE OF HAMPSHIRE SAFEGUARDING CHILDREN PARTNERSHIP

4.1 The key objectives of the Hampshire Safeguarding Children Partnership (HSCP) as set out in 'Working Together to Safeguard Children 2018' are:

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

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

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

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

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

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

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

- 5.2 HSAB provides the strategic leadership across the county to keep adults safe. It creates a framework within which all responsible agencies work together to ensure a coherent policy for the protection of adults at risk of abuse and neglect.
- 5.3 HSCP provides the strategic leadership across the county to keep children safe. It creates a framework within which all responsible agencies work together to ensure a coherent policy for the protection of children at risk of abuse and neglect. The Independent Chair of HSCP is accountable to all board partners, and directly accountable to the Chief Executive of HCC.
- 5.4 HHWB is the principal structure in Hampshire responsible for improving health and wellbeing of people of the county through joint working between NHS and Local Authority commissioners.

6. WORKING TOGETHER

- 6.1 HHWB, HSAB and HSCP have a shared membership in relation to the Director of Adult Services (DAS) / Director of Children's Services (DCS). The DAS / DCS will liaise closely with the independent chair of HSAB / HSCP to support the on-going and direct relationship and support regular communication. They will support effective working between the three boards to prevent duplication of effort to:
- understand and evaluate the effectiveness of service outcomes – including where services need to be improved, reshaped or developed;
 - ensure action taken complements each board and does not duplicate
 - ensure alignment of strategy and associated work
- 6.2 The Independent Chair of HSAB and the Independent Chair of HSCP will attend the HHWB annually to present the HSAB and HSCP Annual Reports. The reports will contain an honest assessment of local safeguarding arrangements for both adults and children and recommend areas of safeguarding that need to be addressed within the Joint Health and Wellbeing Strategy.
- 6.3 The HHWB will ensure that the advice and information from HSAB and HSCP is disseminated within the HHWB infrastructure, informs the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.
- 6.4 The HHWB will seek assurance from the HSAB and HSCP that both boards will work effectively through their membership to address local concerns and implement any changes required as a result from new statutory guidance or lessons learnt from serious case reviews.

7. EVALUATION AND REVIEW

- 7.1 If there are any areas of significant concern that cannot be resolved in accordance with this protocol then a strategy meeting will be held between the Independent Chair of HSAB, the Director of Adult Services and the Chair of HHWB and / or the Independent Chair of HSCP,

the Director of Children's Services and the Chair of the HHWB and any other senior person that is regarded as being required.

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

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Wellbeing Board
Date:	12 December 2019
Title:	Health and Wellbeing Board Business Plan Update
Report From:	Director of Adults' Health and Care

Contact name: Graham Allen / Kate Jones

Tel: 01962 845195

Email: kate.jones@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to share the business plan that has been collated to support the delivery of the new Joint Health and Wellbeing Strategy ([A Strategy for the Health and Wellbeing of Hampshire 2019–2024](#)).
2. The plan is intended to be a living document, which will be updated and refined over time in line with direction from the Board.

Recommendations

That the Health and Wellbeing Board:

- notes the overarching business plan for the new Joint Health and Wellbeing Strategy, and that this plan will be regularly updated to keep it current and relevant
- requests that the six theme sponsors identify appropriate leads to assist with progress reporting on each action
- requests that the sponsors agree the performance measures for a Health and Wellbeing Board dashboard
- agrees that at each Board meeting, one or two theme sponsors will report on progress of their theme, so that all themes are covered on an annual basis

Executive Summary

3. The business plan will support delivery of the Board's Joint Health and Wellbeing Strategy, outlining the key activities the Board will do, monitor and observe. For each theme, a small number of performance measures will be agreed with the theme sponsors prior to the Board's next meeting to enable the Board to assess progress on the delivery of the strategy over time.

These measures will be combined to produce a single Health and Wellbeing Board dashboard.

Business Plan development and reporting

4. The business plan for the Board is a high level action plan, which will capture a range of key work programmes that require partnership working from partner organisations on the Board to ensure successful delivery. As previously advised, the six theme sponsors are as follows:

Starting Well:	Steve Crocker, Director of Children's Services, Hampshire County Council
Living Well:	Dr Barbara Rushton, Clinical Chair, South Eastern Hampshire Clinical Commissioning Group
Ageing Well:	Graham Allen, Director of Adults' Health and Care, Hampshire County Council
Dying Well:	Dr Peter Bibawy, Clinical Chair, North East Hampshire and Farnham Clinical Commissioning Group
Healthier Communities:	Cllr Anne Crampton, Chair of Hampshire HWB District Forum
Strategic Leadership:	Dr Nick Broughton, Chief Executive, Southern Health

5. The business plan has been developed with input from Public Health and from a number of other local authority and CCG colleagues. The significant involvement of Public Health colleagues has ensured that the plan aligns with the Joint Strategic Needs Assessment. The plan also complements the priorities in the NHS Long Term Plan.
6. The draft business plan was circulated to the Board Members on 16 October 2019 for their feedback. Comments received have been taken into account in order to produce this plan.
7. It is suggested that the Health and Wellbeing Board plans its future meeting agendas so that there can be an in-depth review of at least one of the business plan themes at each meeting. This will allow the sponsor (supported by relevant key leads) to share qualitative and quantitative progress on the theme they are sponsoring with the rest of the Board. Theme sponsors will be asked to agree the performance measures to share with the Board so that the Board can monitor improvement over time. Performance measures for each theme will be combined to produce one overall performance dashboard.

Finance

8. This business plan will of necessity be delivered within the existing financial resources of the partner organisations involved. Given the number of partners who could potentially be contributing to an area of work, it is not considered practical to try to set out a total budget for each activity.
9. Recognising the need for some additional staffing resource, Hampshire County Council and Hart District Council have offered to jointly fund a one-year part-time project officer secondment to support district level delivery of the business plan objectives.

Consultation and Equalities

10. It is expected that equality impact assessments would be completed as required across the system for specific work programmes that feature in the business plan.

Conclusion

11. The successful implementation of a business plan and performance dashboard will require assistance of Board members and their organisations. Officers supporting the Board will be very grateful for this support, to assist the sponsors to identify appropriate individuals who can support the timely flow of information on progress to the Board and to share performance data where requested.
12. Over time, the business planning process will undoubtedly evolve and become more sophisticated. Ongoing feedback will be welcomed in order to continuously improve how the Board works.

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

Section 100 D - Local Government Act 1972 - background documents

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

Document

Location

None

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

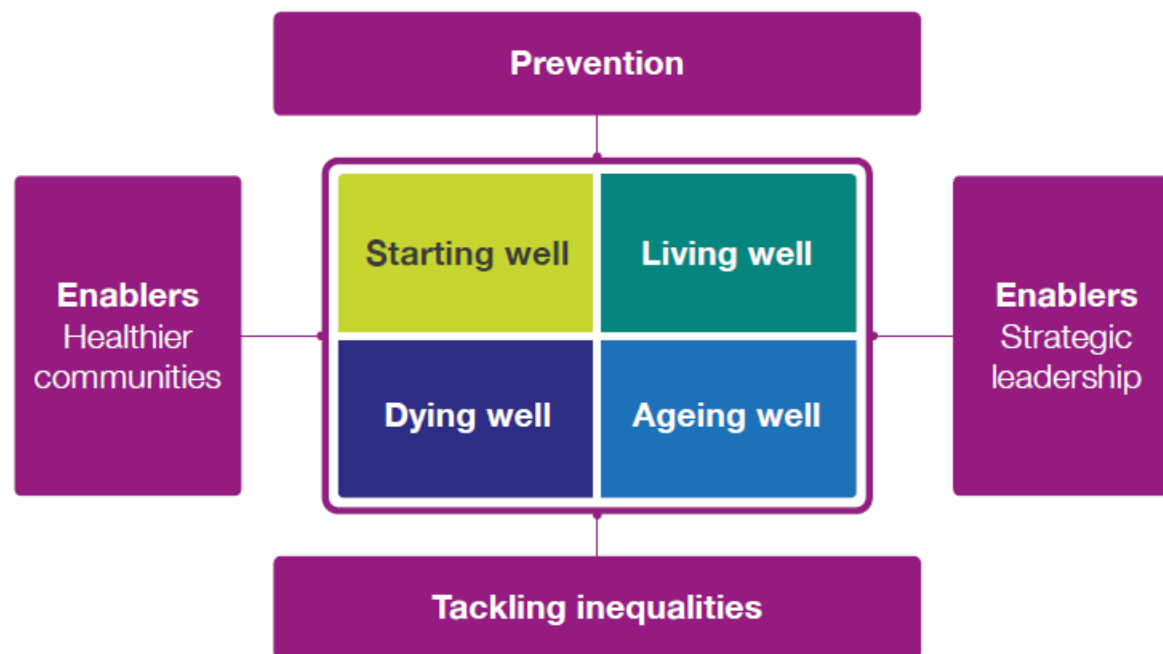
It is expected that equality impact assessments would be completed as appropriate across the system for specific work programmes or decisions that feature in the business plan.

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Hampshire Health and Wellbeing Board Business Plan – DECEMBER 2019

This business plan responds to the key priorities set out in [A Strategy for the Health and Wellbeing of Hampshire 2019–2024](#). It outlines the key areas for the Board’s focus and attention to support the delivery of the first year of the Strategy.

The Strategy has four key priority areas, in addition to two ‘enabling’ priority areas which span the whole Strategy. Prioritising prevention, tackling inequalities and taking a place-based approach are also golden threads running through all areas of the Strategy and this Plan.



STARTING WELL

SPONSOR: STEVE CROCKER, DIRECTOR OF CHILDREN'S SERVICES, HAMPSHIRE COUNTY COUNCIL

No.	Priority	Key actions for 2019/2020	Lead + other key partners	Success measures	Key timescales
1.	Improve mental health and emotional resilience for children and young people and their families				
	Build capacity across the system to ensure children and young people can access services as early as possible and reduce the need for access in the first place				
1a	Implement the Emotional Wellbeing & Mental Health Strategy recommendations	<p>In year 1 of the Strategy implementation, the HWB Board will focus on the following:</p> <p>Develop a strategy to reduce hospital admissions for self-harm over the next 3-5 years</p> <p>Health in educational settings</p>	Public Health, Children's Services, Schools, CCGs, Starting Well for Emotional Wellbeing & MH Partnership	<p>Children with increased resilience through improved access to services</p> <p>Approval of the strategy, with outputs to start being delivered in 2020/21</p> <p>Online training for early years settings</p>	<p>Strategy launch by end 2019</p> <p>Survey to go to all schools (years 5,7 and 10) by end November, with results early 2020</p>
1b	Increase mental health support in schools	Implement Mental Health Support	CAMHS and schools	Teams are established and training is	

		Teams within two areas where funding has been secured (Gosport and Havant)		underway for mental health workers	
1c	Use technology to support better mental health	Make better use of technology and connectivity to support children and young people's (CYP) mental health and wellbeing	CCGs	Testing and roll out of Think Ninja app Increased access to DadPad (an app to support new fathers) Reduced referrals to counselling or Child and Adolescent Mental Health Services (CAMHS)	
2.	Improve physical health through prevention and early intervention				
2a	Promote physical activity	Promote physical activity both in and outside schools through increased partnership working and exploiting our resources to best effect	Public Health, Energise Me, Active Travel team, Children's Services (Outdoor Ed), Schools, Outdoor Centres	Sport and Physical Activity Levels (CYP in school years 1-11) Hampshire (2019 data release) Increase in the number of CYP active every day (18.5% baseline) Increase in the number of CYP active across the week (26.2% baseline)	Lifetime of the strategy (progress can be monitored every 6/12 months)

				<p>Number of schools selected to be part of the Active Lives (CYP) Survey completing the survey</p> <p>Number of schools that meet the requirement of the Department for Education to publish their PE and school sport and swimming plans (Energise Me audit)</p>	
2b	Reduce the proportion of women smoking at the time of delivery	Embed brief advice and referral into maternity services	HCC Public Health + all acute trusts + NHS commissioners	17/18 8.7% - Reduction	
2c	Support breast feeding	Improve breastfeeding sustainability at 6-8 weeks	HCC Public Health and NHS maternity providers	Increase in mothers continuing to breastfeed at 6-8 weeks	
3.	Maximise effectiveness and efficiency of partnership working				
3a	Co-design, collaboration and procurement to enable system integration	Redesign partnership governance arrangements across the system for children and young people's services	Suzanne Smith, HCC Children's Services and Angela Murphy, HIOW CCG Partnership	<p>System agreement of new streamlined structure of governance and meetings</p> <p>Rationalisation of meetings</p> <p>New CYP commissioning/</p>	

				partnership board to be set up and KPIs to be agreed to evaluate benefits and impact of improved integrated working	
3b	Partnership working on continuing health care	Deliver improvements to the way in which Children's Services and CCGs work together for children with continuing health care and complex health needs	CCGs and Children's Services	Increase in jointly commissioned packages of care Mapping of business processes and improved understanding of Care, Education and Treatment Review (CETR) and Section 117 pathways within Children's Services	

4.	Resilience in families: maximise opportunities for early intervention and prevention of need				
4a	Work with partners to build resilience in children and their families	Increase participation of families in parenting programmes or other support to improve skills of parents	Children's Services and Public Health	Number of parents who have completed parenting programmes run by Family Support Service (FSS) or other support services Number who evidence progress made from their starting point	
4b	Improve support to families and young people with problematic	Enable more young people with	Children's Services and Public Health	Number of young people accessing the	

	<p>drug and alcohol use to mitigate the impact of substance misuse and domestic violence</p>	<p>problematic drug/alcohol use to access specialist substance misuse treatment</p> <p>Increase the number of young people whose parents are accessing substance misuse services who are offered support</p>		<p>specialist young people's substance misuse service (Baseline 317; target 315)</p> <p>No Baseline - new measure. Target 30</p> <p>Percentage of service users with a reduced Domestic Abuse, Stalking and Honour Based Violence (DASH) Risk Identification Checklist (RIC)</p> <p>Successful completions of those who are parents and living with children:</p> <ul style="list-style-type: none"> • Opiates • Non-opiates • Alcohol • Alcohol and non-opiates 	
4c	<p>Improve outcomes for children in receipt of children's social care through technology-enabled care (TEC) and collaborative working</p>	<p>Accelerate joint working on TEC to increase uptake and trial new ways of working</p>	<p>Children's Services and HCC TEC Partner</p>	<p>Increase in number of TEC packages in homes</p> <p>Pilot of TEC in residential care homes</p>	

				Complete business case for use of TEC in supported accommodation for young people aged 16+	
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LIVING WELL

SPONSOR: DR BARBARA RUSHTON, CLINICAL CHAIR, SOUTH EASTERN HAMPSHIRE CCG

No.	Priority	Key actions for 2019/2020	Lead + other key partners	Success measures	Key timescales
1.	Work together to enable people to live healthier lives				
	Systemwide action with targeted interventions to stop people starting to smoke and to help smokers to quit				
1a	Reduce the proportion of women smoking at the time of delivery	Embed brief advice and referral into maternity services	HCC Public Health + all acute trusts + NHS commissioners/maternity providers	17/18 8.7% - Reduction	
1b	Reduce the gap in smoking between people in routine and manual occupations & the general population	Marketing and engagement Targeted work with primary care in deprived areas Full implementation of Commissioning for Quality and	HCC Public Health + all acute trusts + Primary Care Networks	Percentage of people from routine and manual backgrounds successfully quitting at 4 weeks (target to achieve and maintain at least 60%)	

		Innovation (CQUIN) in acute trusts		successful quit rate by Q4 2019/20)	
	Align with community enablers to tackle the wider causes of obesity and physical inactivity				
1c	Implement whole systems approach to childhood obesity in one area of Hampshire	Develop action plan on food environment in one area of Hampshire	HCC Public Health + District/Borough Council	Work to halt the rise in prevalence of excess weight in Reception Year and Year 6 (Baseline Public Health Outcomes Framework 2017/18)	
	Work with the wider health and social care system to accelerate the reduction of inactivity amongst adults				
1d	Implement the Hampshire Physical Activity Strategy with a specific focus on enabling the workforce to be competent to promote physical activity for life	Develop training and signposting from NHS providers to community physical activity offers Encourage uptake of the 'Moving Health Professionals' programme and further work on incorporating physical activity guidance into the work of clinicians and other professionals, eg in social care	Energise Me + HCC + Clinical Commissioning Groups	Decrease in % people physically inactive Number of health and care professionals trained Participation in key interventions	

2.	Improve population level mental wellbeing				
2a	Take a community approach to resilience, supporting the 5 ways to wellbeing initiative	Promote 5 ways to wellbeing Implement Connect 5 training across organisations	Communication leads in HWB organisations; HCC Public Health Frontline staff in all organisations	Number of views / click throughs Number of people trained	
2b	Work in partnership with local stakeholders to understand and take action on the wider determinants of health as a major influence on mental wellbeing	Collaborative working with partners, with specific reference to the Communities	CCGs, HCC, District Councils, CVS	Number of shared action plans	
3.	Enable people with long-term conditions to live healthier lives for longer				
3a	Signpost to and encourage the systematic use of effective tools/initiatives (including digital) that will enable people to improve their self-management and provide peer support for long-term conditions	Year 1: research effectiveness of available resources and tools that could be used	CCGs/Public Health/Adults' Health and Care		

AGEING WELL

SPONSOR: GRAHAM ALLEN, DIRECTOR OF ADULTS' HEALTH AND CARE, HAMPSHIRE COUNTY COUNCIL

No.	Priority	Key actions for 2019/2020	Lead + other key partners	Success measures	Key timescales
1.	Continue to develop connected communities which can support people to live happy, healthy lives in the place of their choosing				
1a	Promote strength-based community approaches to support health and wellbeing	Develop joined up social prescribing and connector models across health and social care to provide support for people who need help outside formal services	HCC and CCGs – joint leads District/borough councils and VCS additional partners	A joint model tested in each CCG area during 2019/20 Evaluation framework developed and data analysed	Review progress in Spring 2020
1b	Improve accessibility of communities and services	Improve community access and reduce barriers for older people, eg accessible transport, better facilities for people with impairments, dementia friendly communities and digital inclusion Encourage businesses to sign up to their local Dementia	All HWB partners Public Health and dementia partners	 Increase in number of businesses signed up	

		Action Alliance to commit to making their services easier to use for people affected by dementia			
1c	Improve workforce skills	Upskill the workforce to better support the needs of older people, building on existing good practice.	Public Health, other HWB Board partners	Number of dementia friends trained Number of falls friends/champions trained	March 2020
2.	Enable people to plan for a fulfilling, purposeful older age				
2a	Maintain positive mental health and reduce social isolation	Seek to reduce social isolation for groups who are at risk, including people about to retire, who live alone, have been bereaved or have a long-term condition or disability	Voluntary and community sector	Evidence of volunteer recruitment Number of volunteers recruited from different groups Percentage of adult social care service users who have as much social contact as they would like Percentage of adult carers who have as much social contact as they would like	Ongoing

2b	Help people to plan for a time when they may lose capacity, to support decision making	Implement the Liberty Protection Safeguards (LPS) legislation	HCC + NHS provider organisations; care providers, voluntary and community sector partners	Successful implementation of Liberty Protection Safeguards, in line with Government-set timeframes tbc. Success measures could include monitoring the number and role of individuals trained by October 2020, whether there is adequate coverage countywide of Approved Mental Capacity Professionals	October 2020
2c	Monitor pensioner poverty levels in Hampshire	Monitor Income Deprivation Affecting Older People (IDAOPI) and consider steps to alleviate poverty/encourage benefit take-up	HWB organisations working with voluntary and community sector	No. of Lower Super Output Areas in the 10% Most Deprived areas in each Hampshire district No. of Lower Super Output Areas in the 11-20% Most Deprived areas in each Hampshire district	
3.	Create healthy home environments which allow people to stay well and independent into older age				
3a	Better understand the factors that enable people to be independent at home for longer	Conduct a healthy homes needs assessment to understand what more we can do to help people stay well and	Public Health + districts/boroughs	Needs assessment complete Workshop to share findings with HWB District Forum	Autumn 2019 December 2019

		independent at home for longer (looking at data on falls risks, fuel poverty, damp housing, overcrowding, repairs etc).		Action plan based on recommendations in place	By March 2020
3b	Work together to support an effective adaptations process	Work together to support effective disabled facilities grant process across the county to enable older people to remain at home for longer with disabilities	Districts/boroughs and HCC leading	TBC but could look at: improved timeframes for: days from initial request to works agreed; days from application for grant to decision; days from works agreed to works being completed; total length of process	
3c	Collaborate with Hampshire Fire and Rescue Service	Increase referrals from partners for HFRS Safe and Well visits	HFRS + other partners	Increase in number of Safe and Well visits	March 2020
3d	Support wider use of technology	Raise awareness of the use of technology to enable people with dementia to remain as independent as possible	HCC/Argenti partnership, working with HWB partners and voluntary/ community sector	Some examples of data that could be reported: Number of referrals made as percentage of Older People's assessments undertaken Percentage of teams receiving training	

				Number of referrals converted into installations	
4.	Enable older people to lead healthy, active lives				
4a	Support falls prevention initiatives	Upscale opportunities for strength and balance exercise for people over 50 HWB members to promote communication campaigns (especially digital) around strength and balance for 50+ group who are too young for most Older People's activities (yoga/pilates etc)	HCC Public Health + NHS (CCGs and providers) + districts and boroughs + voluntary and private sector	Hip fractures in people aged 65 and over Emergency admissions due to falls in people aged 65 and over	
4b	Support delivery of the Physical Activity Strategy	Implement the Physical Activity Strategy, targeting specific cohorts, eg those with long-term conditions/disabilities; older adults (especially women)	HCC Public Health + NHS (CCGs and providers) + districts and boroughs + voluntary and private sector	Healthy life expectancy at age 65 years Gap in life expectancy between people living in the most and least deprived areas	

		<ul style="list-style-type: none"> • Embed physical activity into long-term condition management and pathways • Collaborate with community, sport and leisure providers to adapt the physical activity offer to meet the needs of people with long-term conditions 		Reduction in inactivity rates within two key groups: those with long-term conditions/disabilities and women including older adults (Active Lives Survey)	
4c	Ensure the workforce is better protected to reduce flu incidence amongst vulnerable groups, particularly older people	Increase uptake of flu vaccination in health and care frontline staff groups	HCC, NHS Trusts, CCGs and other health/care providers	Organisations to monitor and report uptake against their target	Ongoing monitoring through winter period

DYING WELL

SPONSOR: DR PETER BIBAWY, CLINICAL CHAIR, NORTH EAST HAMPSHIRE AND FARNHAM CCG

Introduction

Dying Well is a new priority area for the Health and Wellbeing Board, with the aim of improving the experiences of people in Hampshire at the end of their life, whatever their age. The aspiration is that more people will die at home or in the place that they choose. Support for families, carers and the bereaved will be enhanced.

The first year of the Business Plan will be developmental, to agree an approach and understanding of the issues and data at a Hampshire level. This will review and build on the needs assessment undertaken by Public Health in 2015, and look to review policies, workforce skills and implementation of palliative care services at all levels throughout Hampshire.

It is proposed to bring together a steering/subgroup of the HWB Board, to undertake this work, including NHS, HCC, districts and boroughs, hospices, voluntary and community sector and other HWB partners.

The group will consider a Hampshire approach to the priorities identified in the HWB Strategy:

1. Ensure person-centred care, choice and control is consistently in place to help people live well with life-limiting conditions
2. Support people at end of life to return to or remain in their preferred setting in the last days and hours of life
3. Improve skills and capacity to ensure people are encouraged and supported to have early and timely conversations about end of life wishes and choices
4. Work together effectively across organisations to provide well integrated care and consistent palliative care
5. Improve access to bereavement support and services locally, for all age groups

Short-term priorities for the first year will focus on setting up the steering group, producing a year 2 Dying Well action plan and monitoring the progress of existing work:

Identify lead to coordinate a Dying Well Steering Group to shape the approach. Group to be chaired by the Board sponsor, Dr Peter Bibawy	Initial scoping workshop to take place in January 2020
Steering Group to develop an action plan for year 2 This will include some engagement and coproduction with frontline staff and communities in order to better understand different perspective on death, loss, and grief, involving carers, those who are bereaved, and those with life limiting conditions	Start Jan 2020
HWB organisations to seek continued improvements in key relevant performance targets, such as: <ul style="list-style-type: none"> • Proportion of people dying in the place of their choosing • Improved timeliness of CHC fast track assessments and increase in number completed outside an acute hospital setting • Reduction in emergency admissions 	Regular performance reporting to the HWB Board as part of dashboard
Steering Group to facilitate learning and sharing of developments and good practice already happening across different parts of Hampshire, eg around workforce, training, use of EOL Care tools and pathways (eg Gold Standards Framework, Six Steps Programme and the ReSPECT tool)	Jan-June 2020
Develop an approach to supporting bereaved families, as part of the suicide prevention programme across the STP	by April 2020
Take learning from child deaths and embed the new Child Death Overview Review process throughout Hampshire (+IOW, Portsmouth and Southampton). Bereavement support is a key part of this work, led by Child Death Overview Panel (CDOP)	Review April 2020

HEALTHIER COMMUNITIES

SPONSOR: CLLR ANNE CRAMPTON, CHAIR OF THE DISTRICTS HEALTH AND WELLBEING FORUM

No.	Priority	Key actions for 2019/2020	Lead + other key partners	Success measures	Key timescales
1.	Health and wellbeing priorities in all local policies				
1a	Ensure health and wellbeing is 'everyone's business'	Scope and develop proposals for how a 'health and wellbeing' in all policies approach could be implemented across HWB Board organisations. Share good practice on what is already working well.	HCC and districts HWB Forum joint lead		
2.	Family, friends and community				
2a	Promote strength-based community approaches to support health and wellbeing	Develop joined up social prescribing and connector models across health and social care to provide support for people who need help outside formal services: Year 1 focus will be development of an evaluation framework	HCC AHC and CCGs – joint leads District/borough councils and VCS additional partners	A joint model tested in each CCG area during 2019/20 Evaluation framework developed and data analysed	District HWB Forum workshop on 'Friends, family and community' to be arranged in Spring/Summer 2020 Review progress Spring 2020

2b	Improve accessibility of communities and services	<p>Improve community access and reduce barriers for older people, eg accessible transport, better facilities for people with impairments and dementia friendly communities</p> <p>Use insight to develop a community-based approach to increasing physical activity in one district area in Hampshire that has high levels of inactivity</p>	HCC, Energise Me, TVBC and primary care		Insight report by end 2019/20, with measures and work programme to be developed in year 2
3.	Housing				
3a	<p>Homelessness reduction:</p> <p>Improve partnership working so that Local Authority Housing services assistance is sought as early as possible when someone is at risk of homelessness</p>	<p>Embed the Homelessness Reduction Act Duty to Refer consistently in all relevant public bodies</p> <p>Work to secure buy-in to the Commitment to Refer from health,</p>	District/borough housing exec leads, working with HWB partners	<p>Outcome is increased tenancy sustainment</p> <p>Increase in the number of referrals to housing authorities from other statutory referees</p> <p>Number of organisations signing up to the Commitment</p>	

		care and voluntary sector partners that are not bound by the Duty to Refer, and support organisations to implement this at an operational level		to Refer– if not already bound by Duty to Refer	
3b		Develop stronger mechanisms between districts and county and national park authorities to cooperate on the development of specialist housing programmes, eg supported or extra care housing schemes across all client groups.	HCC AHC, districts and boroughs, National Park Authorities	Possible housing metrics: <ul style="list-style-type: none"> • No of supported accommodation units completed by end 2019/20 • No of people who move into new builds out of residential care 2019/20 • No of people coming through transition moved into new build accommodation in 2019/20 	
3c	Better understand the factors that enable people to be independent at home for longer	Begin the implementation of recommendations from Public Health's healthy homes needs assessment	Public health, district housing/planning teams	District HWB Forum workshop planned to discuss findings and action plan	District HWB Forum workshop planned for January 2020 March 2020

				Action plan based on recommendations in place	
4.	Built and natural environment				
4a	Recognise health and wellbeing as priorities in local planning	Encourage SPD development collaboration (and Local Plan, when due) between Districts and Public Health.	Public Health and planning authorities		District HWB Forum Planning workshop planned for 2020
4b	Work together to make Hampshire a more sustainable place through: <ul style="list-style-type: none"> • Active travel 	Facilitate active travel ('making active travel easier') in HWB member organisations, commissioned providers and to service users. HWB Board members to actively engage in the development of Hampshire's new Local Transport Plan – eg via a workshop session with HCC Transport lead	HWB organisations, leads tbc		

	<ul style="list-style-type: none"> • Supporting the transition to a zero carbon economy in line with Government legislation • Supporting Hampshire's air quality mitigation work • Work together to promote activities which increase health and wellbeing, promote community cohesion and maximise use of natural resources 	<p>Promote energy efficiency/hybrid technology in Facilities Management, vehicle fleet, and supply chain within HWB member organisations</p> <p>Demonstrate the positive impact of transport policy/programmes on delivering active travel opportunities or air quality mitigations (Air Quality Supplementary Planning Document, Clean Air Zones, HCC active travel team etc).</p> <p>Engage residents in actions to reduce consumption and reuse items which deliver carbon reduction as well as health and wellbeing outcomes (eg portion control, household</p>			
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		budgeting, volunteering and upskilling, reducing hoarding etc)			
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STRATEGIC LEADERSHIP

SPONSOR: DR NICK BROUGHTON, CHIEF EXECUTIVE, SOUTHERN HEALTH NHS FOUNDATION TRUST

No.	Priority	Key actions for 2019/2020	Lead + other key partners	Success measures	Key timescales
1.	Deliver care closer to home				
1a	Deliver the Patient Flow and Onward Care programme (Hampshire Together) Universal adoption of the 'New Care Models'	Primary care networks in place Integrated care teams in place Demand management and prevention programme underway Self care	HCC, Hampshire CCGs, NHS trusts (acute and community)	Metrics: Reduction in emergency admissions Reduction in Delayed Transfers of Care (DToC) to agreed local system targets Reduction in proportion of patients where length of stay is > 7 days	

				<p>Increase in the number of individuals starting HCC reablement</p> <p>Reduction in number of patients placed by AHC in permanent res/nursing care</p> <p>Increase in percentage of CHC decision support tools completed in the community</p>	
1b	Implement a countywide Integrated Intermediate Care (IIC) Service	Hampshire County Council and Southern Health NHS Foundation Trust to develop a jointly led and integrated health and care urgent response, rehabilitation and reablement service	HCC and Southern Health	<p>Executive approval of the new service (HCC and SHFT)</p> <p>Proposed launch of new IIC service</p>	<p>March 2020</p> <p>April 2020</p>
2.	Harness the potential of digital solutions				
2a	Use data to better understand needs and target interventions more effectively	Deliver a Population Health Management (PHM) Strategy and action plan to provide analytical capability to clinicians, building on CHIE (Care and Health Information Exchange)	Public Health and NHS	Successful delivery against the PHM action plan	

		and CHIA (Care and Health Information Analytics)			
2b	Upscale the use of technology	Make TEC a central plank in the delivery of care services, and offer it to a wider set of organisations	HCC AHC and Argenti	Success measures to include monitoring number of referrals; number of referrals converted to a TEC installation; percentage of teams trained	
2c	Improve access to information to support better outcomes	Deliver an integrated health and care record across Hampshire to provide clinicians with seamless access to a shared care record with a rich data set	HIOW STP Digital programme		
3.	Support a sustainable workforce of paid staff and support unpaid carers and volunteers				
3a	Improve workforce sustainability	Monitor implementation of the Hampshire <i>Care Workforce Strategy 2019–2024</i>	Led by the Workforce Strategy Group, including Hampshire Care Association		
3b	Work together to support carers better	Implement the Hampshire Joint Carers' Strategy 2018–2023. Actions to be developed around the 4 priority areas in the strategy:	HWB organisations, Carers Strategy group	Proposed metrics: <ul style="list-style-type: none"> Number of carers registered with their GP: currently 1% (13,300) aiming to increase to 1.5% (19,950) 	

		<ul style="list-style-type: none"> Identifying and recognising carers Carers' health and wellbeing Having a life alongside caring Communications and Carers' Charter 		<ul style="list-style-type: none"> Number of organisations signed up to the Carers Charter (currently 12, aiming for 20) Number of staff trained on carer awareness 	
4.	Consistent and accessible information and advice				
4a	Improve the quality and accessibility of information available to the public and partners	Further strengthen & promote the use of Connect to Support Hampshire	HCC working with districts, NHS partners and voluntary/community sector	50% increase in hits on the site: <ul style="list-style-type: none"> from the public from staff 	By April 2020
5.	Improved health and wellbeing for people in organisations on the HWB Board				
5a	Support the workforce to be healthy	Ensure healthy eating options are provided and accessed at HCC and other Board organisations' catered premises. Share the learning with other public sector and commercial providers	Public Health lead, involves all HWB Board organisations		
5b	Build 'healthy conversations' into interactions with residents/patients	Build awareness across all public sector staff and the voluntary sector to have healthy conversations and to	Public Health lead, involves all HWB Board organisations	Number of staff who have had MECC training	Monitor 6/12 monthly

		Make Every Contact Count (MECC)			
6.	Champion coproduction and engagement in service design				
6a	Develop the Board's approach to coproduction and engagement	Agree a coproduction and engagement approach that HWB Board organisations will adopt – working in partnership with some experts by experience	HWB Board / service user/carer representatives		April 2020
6b	Monitor the involvement of residents/patients in service design	Each HWB Plan theme lead to report back on how service users/patients/residents (as applicable) have been involved in developing new /different services	HWB Board Theme Sponsors		Ongoing – include in regular performance reporting to the Board
7.	Develop leadership capacity and culture change in the Health and Wellbeing Board and wider system to enable the success of the HWB Strategy				
7a	Support the implementation of the Hampshire 2050 Commission's recommendations and in due course Hampshire's planned Climate Change Strategy and Action Plan	Initial actions: Invite Hampshire 2050 team to present the Hampshire 2050 recommendations to the Board and discuss future collaboration	Board Manager / Chitra Nadarajah, Strategic Manager – Climate Change		December 2019

		HWB Board members to engage with development of Climate Change Strategy and Action Plan for Hampshire	Board Manager / Chitra Nadarajah		
7b	Support opportunities for joint learning programmes across different organisations in the health/care system	Widen the 20:20 system leadership programme to other parts of the system (currently operating in North & Mid Hants and PSEH system, involving NHS, local authorities, Police, Fire and other partners)	Lead: Integrated Care Partnerships, with other HWB Board organisations participating		During 2019 and 2020
7c	Continue to develop the Health and Wellbeing Board	Plan and deliver Board development activity, potentially in conjunction with external partner (eg LGA)	Lead: tbc, with all HWB Board Members participating		To be delivered during 2020

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Wellbeing Board
Date:	12 December 2019
Title:	Urgent and Emergency Care Programme – Preparing for Winter 2019/20
Report From:	Director of Adults' Health and Care

Contact name: Kate Jones

Tel: 01962 845195

Email: kate.jones@hants.gov.uk

Purpose of this Report

1. The purpose of the attached report is to brief the Health and Wellbeing Board about the approach being taken by all statutory agencies across the Hampshire and Isle of Wight geography to prepare for Winter 2019/20.
2. The Director of Delivery will present this report on behalf of the three Hampshire system convenors. Representatives from the Integrated Care Partnerships (North and Mid Hampshire, Portsmouth and South East Hampshire and Southampton and South West Hampshire) will also be in attendance to answer any questions from Board Members.

Recommendation

That the Health and Wellbeing Board:

- notes the overview of the urgent and emergency care programme for Winter 2019/20 and the summary of each Integrated Care Partnership plan, which sets out key initiatives to manage increase demand over the Winter period

Executive Summary

3. The Integrated Care Partnerships have worked collaboratively to assess the key risks and challenges at both a local and Hampshire-wide level, and have used a multi-system approach to learning from and adopting best practice across the geography.
4. At a collective level the plan focuses on:
 - Key messages from last year
 - Primary Risks

- Multi-system co-ordination and tactical response to winter surveillance and surges in demand
 - Preparations to manage workforce challenges
 - Initiatives that will support patient flow challenges across the Hampshire and Isle of Wight geography
5. A summary of each local Integrated Care Partnership plan is included and sets out key initiatives to manage increased demands for:
- Acute Care
 - Community Health and Social Care
 - Mental Health
 - Primary Care
 - Ambulance Services

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

Section 100 D - Local Government Act 1972 - background documents

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

Document

Location

None

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

This is a covering report for an item from the NHS which was requested by the Health and Wellbeing Board Chairman. It does not therefore make any proposals which will impact on groups with protected characteristics.

Urgent and Emergency Care Programme

Preparing for Winter 2019/20

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Hampshire Health and Wellbeing Board
12 December 2019

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Introduction

This paper sets out the approach being taken by all statutory agencies across the Hampshire and Isle of Wight geography to prepare for winter 2019/20.

Each of the four Integrated Care Partnerships (Portsmouth and South East Hampshire; Southampton and South West Hampshire; North and Mid Hampshire; Isle of Wight) have worked collaboratively to assess the key risks and challenges at both a local and Hampshire-wide level, and have used a multi-system approach to learning from and adopting best practice across the geography.

At a collective level the plan focuses on:

- Key messages from last year
- Our Primary Risks
- Multi-system co-ordination and tactical response to winter surveillance and surges in demand
- Our preparations to manage workforce challenges
- Initiatives that will support patient flow challenges across the Hampshire and Isle of Wight geography

A summary of each local ICP plan is included and sets out key initiatives to manage increased demands for:

- Acute Care
- Community Health and Social Care
- Mental Health
- Primary Care
- Ambulance Services

Key messages from 2018/19

1. Planning:

- a) Start early and year long
- b) Consistent approach to demand and capacity modelling
- c) Hampshire and Isle of Wight oversight and sharing of best practice

2. Surge and Escalation

- a) Single on-call system
- b) Collaborative SHREWD and Early warning indicators
- c) Greater clarity of roles: Hampshire and Isle of Wight versus regional team

3. Additional capacity:

- a) Even more community/intermediate care
- b) Greater focus on attendance/admission avoidance
- c) Greater focus on continuing healthcare
- d) Manage elective care throughout the year

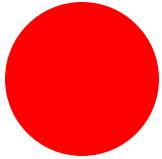
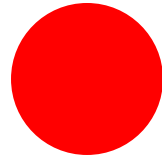
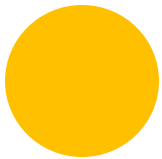
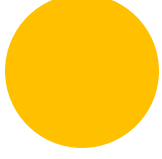

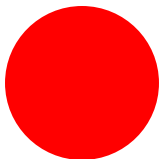
4. Inter-system collaboration:

- a) Joint planning between local systems and acute providers (surge; workforce; staff flu immunisation)
- b) Joint public communication plan

5. Transformation

- a) Integrated Urgent Care (Improving access to the right service via NHS 111)

Primary Risks 2019/20

RISK	IMPACT	PLANS	Current level
Workforce resilience	<ul style="list-style-type: none"> • Under-capacity patient services • Increase sickness absence • Inappropriate and/or poor quality care 	Staff Flu immunisation programme Local workforce risk mitigation plans	
Insufficient out of hospital capacity and poor flow	<ul style="list-style-type: none"> • Delayed transfers of care • Avoidable A&E attendances • Ambulance handover delays 	Planned additional social care capacity Increase in urgent primary care capacity Enhanced integrated urgent care (NHS 111)	
Flu and norovirus outbreaks	<ul style="list-style-type: none"> • Reduction in available acute/ community beds/ service provision • Increase in acuity • Reduction in workforce 	Refreshed flu plans Staff immunisation Respiratory illness initiative	
Sub-optimal response to system escalation	<ul style="list-style-type: none"> • Reduced ability for systems to de-escalate • Overly reactive response • Poor decision-making 	Multiple System Escalation Plan refresh Winter scenario planning ongoing SHREWD and early warning indicators	
Severe weather	<ul style="list-style-type: none"> • Increase in acute demand • Transport in the community is compromised • Reduction in workforce 	Severe Weather Plans Refresh Business Continuity Plans Local Health Resilience 4x4	
Ambulance handover delays	<ul style="list-style-type: none"> • Compromised patient safety • Poor emergency response • Unacceptable downtime 	Full Hospital protocols Ambulance and Hospital Handover Procedure	

Hampshire and Isle of Wight system tactical response

- ✓ Peer review and sharing of best practice
- ✓ Refresh of local surge and escalation plans and multiple-system response
- ✓ Monitoring of Early Warning Indicators and multi-system surveillance
- ✓ MiDoS : My Directory of Service commenced 1st October (*this is a mobile app that helps professionals locate the most appropriate local service to meet their service user's need*):
- ✓ Creation of multiple-system Winter Control Centre and 'response team'
- ✓ Hampshire and the Isle of Wight on-call system
- ✓ Appointment of a 'Winter Director'

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Workforce

Risks

- ❖ Medical staffing in A&E
- ❖ Nursing vacancies
- ❖ Resilience of staffing in Care and Nursing Homes
- ❖ Availability of domiciliary care through Christmas and New Year
- ❖ Resilience of primary care workforce

Plan

- ✓ Additional locum medical staff and consultant staff working additional hours
- ✓ Flexible working initiatives
- ✓ Additional bank and agency staff
- ✓ Staff flu immunisation programme
- ✓ Multi-disciplinary approach to workforce planning
- ✓ Arrangements in place to maximise availability of services through the critical Christmas and New Year period.

Supporting patient flow through winter

Communicating with Patients and the Public:

System wide communications campaign with single messaging, covering (but not limited to): Radio advertising; Social media; Newspaper and magazines; Posters and leaflets; School bag drops; Bus shelters; community centres; lift lobbies.

Frailty Pathways: This pathway means that patients can be assessed, treated and supported by skilled multidisciplinary teams delivering comprehensive geriatric assessments in A&E and acute receiving units

NHS 111: Hampshire and the Isle of Wight CCGs have been collaborating with primary care and the South Central Ambulance Service to improve the integrated urgent care pathway services including NHS 111 online

Influenza Campaign: Ensuring that our influenza immunisation plans achieve high coverage of 'at risk' groups and our staff is a primary goal, alongside the early identification of those suffering from norovirus or flu when they come into contact with hospital services.

Handovers between Ambulance and Hospital: The development of site-specific plans for each integrated care partnership so that the focus is the cause of delays rather than the symptoms. A protocol that sets out the actions and responsibilities to support clinical teams and avoid ambulance handover delays

Same Day Emergency Care Access: SDEC model in place at all 4 acute sites to enable patients to access same day acute ambulatory care. Currently achieving over 30% of admissions discharged on the day of attendance.

Mental Health: Mental Approximately £3 million has been allocated to Hampshire and Isle of Wight to improve crisis mental health services in 2019/20-2020/21 including management of individuals who present in crisis at A&E departments. Over the next 5 year we will be monitoring capacity and demand to ensure adequate investment in the Crisis Resolution and Home Treatment Teams (CRHTT)

Integration of Primary and Community Care: Additional investment in primary care has enabled the availability of services throughout the 24 hour period over Christmas and New Year. By integrating local community nursing, therapists and social care teams with primary care we will enable more people to be cared for at home, thus avoiding admission to hospital when appropriate.

Additional Community Care Capacity: All service sectors are preparing to introduce additional care capacity including improving the availability of care and nursing home beds, and domiciliary services. In addition all local systems have plans in place to enhance support to local authority and independent sector care and nursing homes.

Isle of Wight Winter Plan Summary

Main issues and risks for 2019/20

1. Workforce vacancies across key staff groups and service areas in all sectors.
2. Increasing capacity gap in the elective care programme
3. Delaying or providing less effective care by managing patients in the wrong settings due to not sufficient capacity in the right areas to meet expected demand
4. The independent sector care market (particularly domiciliary care) is unable to maintain demand levels to support system flow
5. Assurance required to ensure best practice and pathway processes are embedded
6. Infection control and flu outbreaks

Key Schemes

Acute Services	Elective Care Programme Operational efficiency plan to reduce length of stay UTC in place from November	Additional support to hospital discharge administration Increase in hospital social work team Implementation of Health and Care Plan schemes
Community Health and Social Care	10 additional residential home beds Voluntary sector winter support programme Increase in 'bridging' Domiciliary care	Increase in weekend brokerage Increase in weekend reablement capacity Implementation of Health and Care plan schemes
Mental Health	Increase operational hours of safe haven Children's safe haven (Place 4U) Pilot Mental Health Strategic Partner in place	Well-being service for secondary tier commenced May 2019
Primary Care	GP led streaming in Urgent Treatment Centres	Urgent primary care capacity
Ambulance services	Isle of Wight Trust working with South Central Ambulance as a strategic partner to improve performance	

North and Mid Hampshire Winter Plan Summary

Main issues and risks for 2019/20

1. Increase in Emergency Care Demand and Higher System Pressure compared to 2018/19
2. Financial Challenges resulting in limited additional capacity over Winter
3. Workforce shortages across the system (including bank and agency availability over holiday dates)
4. Challenges within discharge pathways into community and primary care reducing Bed Flow through hospital
5. Impact of influenza in both patients and workforce (including influenza vaccination uptake)
6. Impact of Severe weather (Rain/Snow) on system and system flow
7. Infection Control Outbreaks (Hospital, Community, Care Homes)
8. Maintaining good system working through period of high pressure

Page 0960	Key Schemes	
Acute Services	7 Day Discharge Drive Operational efficiency plan to reduce length of stay Improve Discharges to Care/Nursing Homes	System Action Weeks to support discharge from acute care Same Day Emergency Care Rollout
Community Health and Social Care	Enhanced Nursing Home Support Increase Care Package availability Integrated In reach Services	Rapid community care support (admission avoidance) <i>Considering</i> Discharge team budget to support discharge (keys cut, handyman)
Mental Health	Embedded teams within the ED Departments CAMHS Liaison Service	<i>Considering</i> Scheme to support high system attenders who do not meet Specialist Criteria
Urgent Primary Care	GP Streaming Capacity Improvements (Basingstoke) GP Admissions Line Developments	Same day access x 2 hubs (North Hampshire) (2020) Transforming Emergency Care Project (including Acute)
Ambulance services	Extended Direct Admission Pathways (not via ED)	MiDoS

Portsmouth and South East Hampshire Winter Plan Summary

Main issues and risks for 2019/20

1. Managing patient flow through periods of surges in demand
2. Ambulance handover delays
3. High numbers of medically fit patients from Hampshire
4. Workforce shortages across the system particularly over holiday periods
5. Impact of reduced patient flow on elective care
6. Infection control outbreaks
7. Maintaining effective relationships across all providers during times of increased pressure

Key Schemes		
Acute Services	Elective Care capacity plan Hampshire Care Assessor on site Additional integrated intermediate care resource on site with therapy champion team	Primary care redirection service in the Emergency Department Increase utilisation of same day emergency/ambulatory care
Community Health and Social Care	Significant additional capacity commissioned in risk share arrangement Hampshire system discharge coordinator & case management Additional Southern intermediate care rapid response capacity Red Cross Welcome home scheme Respiratory admission avoidance programme High Intensity Users Programme (Humanising Healthcare)	Frailty redesign programme Community escalation (step down) beds Technicians Rapid Adaptations Service Portsmouth winter capacity plan
Mental Health	Mental health liaison service in place 24 hours a day in ED	Child and Adolescent Mental Health Liaison service
Primary Care	Additional urgent primary care capacity Urgent Care Charter Redirection project from ED to primary care	Clinical Assessment Service of Cat 3&4 ambulance and Emergency Department dispositions from 111 Development of Urgent Treatment Centres
Ambulance services	Ambulance and acute hospital handover plan Ambulance social worker scheme Specialist MDT community response service for Gosport and Havant Conveyance pathways for Urgent Treatment Centres/Minor Injuries Units /Ambulatory Emergency Care	Welfare checks for those patients waiting for an ambulance during high pressure MiDoS

Southampton and South West Hampshire Winter Plan Summary

Main issues and risks for 2019/20

1. Increased demand in Emergency Care demand across the system
2. Workforce vacancies across the system
3. Capacity and flow through community and independent sector care market
4. Availability of mental health beds
5. Repatriation of patients from UHS, impacting on flow
6. Infection control and flu outbreaks

Key Schemes

<p>Acute Services</p> <p>Page 262</p>	<p>3 additional hyper acute beds opened in January 2019 to support the MT service. Outlier plan for 35 beds across the adult divisions to support medicine. A further 35 flex beds in Day unit spaces will be available but dependent upon staffing. ED capacity is improved for paediatric patients following the co-location of the Paediatric Assessment Unit in September 2019. Reduction in failed discharges New resus will open in December and releases space to manage flow in Emergency Department (ED) majors.</p>	<p>Same Day Emergency Care improvements (6 additional trollies and additional consultant staffing). Planned operational efficiencies ongoing to reduce length of stay and internal flow. Hampshire social care plan to improve social worker support to discharge SAFER Increase Home For Lunch</p>
<p>Community Health and Social Care</p>	<p>System focus on three discharge pathways Additional capacity in social care Increased reablement capacity Community in-reach to UHS for Pathway 2 Very High Intensity Users (VHIU) programme focus on top 200 frequent users</p>	<p>Focus support to Nursing homes to avoid admissions Increase in trusted assessors Reduce CHC Fasttrack ratification to no more than 1 Day turnaround Increase capacity of frailty support team</p>
<p>Mental Health</p>	<p>Implement divisional bed model to release capacity and reduce out of area bed use Local mental health teams strengthened to manage flow Increased staffing to support psychiatric liaison</p>	<p>Children and young people access in ED (exploring provision of a paediatric psychiatric liaison) Move Southampton crisis lounge to a more accessible location in the community</p>
<p>Primary Care</p>	<p>Primary Care and Extended Access Plan Enhanced Health in Care Homes implementation Acute Visiting Service</p>	<p>Primary Care Out Of Hours Plan (Partnering Health Ltd) Local Clinical Assessment Service</p>
<p>Ambulance services</p>	<p>Extend Direct Admission Pathways (not via ED) Mental Health desk in 111 Conveyance pathways for Ambulatory Emergency Care and Urgent Treatment Centre</p>	<p>Demand practitioner supporting Very High Intensity Users programme Social worker and falls practitioner based in call centre for admission avoidance</p>